

# HARFORD COUNTY HEALTH DEPARTMENT



AUGUST 2012

DRAFT COMMUNITY HEALTH ASSESSMENT



**Public Health**  
Prevent. Promote. Protect.



## Acknowledgements

Harford County Health Department was the lead organization in the preparation of this report: Susan Kelly, Health Officer, Russell Moy, MD, Deputy Health Officer, Joan Salim, Laura McIntosh and Bari Klein, Health Policy Analysts, contributed to the preparation of this document.

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## I. Executive Summary

The Harford County Health Department's Community Health Assessment (CHA) is an opportunity to learn about the health status of our community. It is a collaborative process that describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies resources that can be mobilized to improve the population's health.

The Community Health Assessment describes the health status of the residents of Harford County, as compared to the residents of Maryland and the United States. It also examines health trends of County residents over time and identifies racial disparities and geographic areas that lack access to care and that have a high percentage of at-risk populations. Data in this assessment come from a variety of sources, including Maryland Vital Statistics, the United States Census, the Maryland Behavioral Risk Factor Surveillance Survey, the Harford County Department of Community Services, and others.

The Community Health Assessment is part of an ongoing effort in Harford County to identify public health problems and develop initiatives for addressing them. Healthy Harford, a non-profit organization with representatives from a variety of County partners, periodically conducts the Community Health Assessment Project (CHAP). The most recent assessment, conducted in 2010, surveyed residents to identify areas of public health concern. The national County Health Rankings for 2012 and the Maryland State and Local Health Improvement Processes, developed in 2011, provide additional indicators that can be used to assess the health of County residents. These rich sources of data along with the data in this assessment provide a basis for determining the County's most critical public health issues, identifying appropriate initiatives and evaluating chosen strategies.

The demographic data for Harford County suggest a relatively healthy population: Harford is one of the fastest growing jurisdictions in Maryland, with a strong economy and a high proportion of families with incomes above the State average. However, disparities in income exist, with Black or African-American households having a lower median income and being more likely to have incomes below the poverty level when compared to Whites. Most of the County's growth has been along the southern border, an area that also has the greatest concentration of poverty.

For the most part, health indicators for the County compare favorably with those of the State and the nation. However, there are notable exceptions:

- While Harford County's infant mortality rate is lower than the Maryland rate, the County rate increased between 2001-2005 and 2006-2010, unlike the Maryland rate, which decreased.
- Harford County's mortality rate for the three leading causes of death (heart disease, cancer and stroke), is slightly above the Maryland rate, with both County and State rates decreasing over time.
- Harford County's mortality rate for Chronic Obstructive Pulmonary Disease, the fourth leading cause of death, is well above Maryland's rate and increased by 21% between 2004-2006 and 2007-2009, while the State rate remained the same.
- The suicide death rate for Harford County is well-above Maryland's and almost doubled between 2004-2006 and 2007-2009.
- In 2011, Harford County's death rates from intoxication were the third highest in Maryland.

Health behavior data for the Harford County population help explain the higher than expected mortality rates for County residents:

- Adult smoking rates in Harford County did not substantially decrease between 2005-2007 and 2008-2010, remaining at 20% while the Maryland rate dropped from approximately 18% to 15%.
- Adult and youth binge drinking rates in Harford County are higher than those in Maryland, with the County rates increasing between 2005-2007 and 2008-2010 while the State rates remained the same.
- The rate of narcotic use by Harford County youth is above the Maryland rate and showed marked increases between 2004 and 2007.
- The rate for obesity and overweight adults in Harford County is similar to Maryland's rate, and both have increased between 2005-2007 and 2008-2010.

Access to health care was identified as a problem for some Harford County residents:

- While a higher percentage of the Harford residents have health insurance, as compared to Maryland, the Hispanic or Latino population in the County was two times more likely to lack health insurance when compared to the County population.
- One out of every 10 adults between the ages of 18 and 64 could not afford to see a doctor in 2008-2010, an increase from the previous three-year period.
- Approximately one-fourth of adults between the ages of 18 and 64 had not had a dental visit in 2008-2010.
- When compared to Maryland, Harford County had a lower percentage of colonoscopy screenings, mammography screenings, and vaccinations against influenza.

- Harford County’s ratios of population to dental health providers and mental health providers are above Maryland’s, with a severe shortage of mental health providers.
- Four census tracts along the southern border of the County have been designated as Medically Underserved Populations because of a lack of accessible primary care services.

Harford County has a wealth of groups and individuals willing to tackle its difficult public health challenges. The recently convened Local Health Improvement Coalition (LHIC), a component of the Local Health Improvement Process, has over 50 representatives from a wide variety of community organizations. At its meeting in December, 2011, the LHIC identified three major health issues in the County: **obesity prevention, tobacco use prevention, and behavioral health**, and is working on a Local Health Action Plan to address these issues. Concurrently, the Harford County Obesity Task Force, established by the Harford County Council in October 2011 is developing recommendations about programs and policies to create a healthier Harford.

A “Community Health Improvement Plan” is now being developed to reflect the work of the LHIC, Obesity Task Force and the goals and objectives of public health improvement efforts. The Local Health Action Plan, supported in part by funding from the Maryland Department of Health and Mental Hygiene, will serve as a road map to reach these goals.

## II. Introduction

The **mission** of the Harford County Health Department (HCHD) is to *protect and promote the health, safety, and environment of the citizens of Harford County through community assessment, education, collaboration and assurance of services.*

To carry out this mission, the health department has adopted the following goals:

- Harford County will exhibit a culture of well-being.
- Residents will value and seek wellness.
- Residents will respect and appreciate the work of the Health Department.



Community health assessments are an important component of carrying of HCHD’s mission and are used to inform decisions about public health strategies to improve the health, safety and environment for Harford County residents. This assessment builds on previous efforts to identify and quantify public health concerns, which are described in the first section of the assessment, **Health Assessments and Planning Initiatives**, followed by sections containing

demographic and economic information about the County; leading causes of mortality; health behaviors that impact morbidity and mortality; access to health care and healthy foods; and public health care resources.

This assessment highlights trends in health indicators to present a picture of the health of the Harford County population and provide a basis for public health planning. Data in this assessment will serve as a baseline to measure the success of the strategies now being developed to improve the health of all Harford residents.

### III. Health Assessments and Planning Initiatives

#### A. Healthy Harford

Established in 1993 by leaders from Upper Chesapeake Health, Harford County Health Department, and Harford County Government, Healthy Harford is a community coalition dedicated to improved health outcomes in Harford County. Recognizing that good health extends well beyond the confines of somatic care, Healthy Harford seeks to bring both traditional and nontraditional segments of the community together and by removing barriers and limitations to achieving a healthier lifestyle “create a community where the healthy choice is the easy choice.”

Over the years, multiple partners have joined this effort, including additional Harford County governmental agencies and leaders, public schools, local businesses, healthcare providers, community-based organizations, faith-based groups, advocacy groups, and many others.



Some of Healthy Harford’s most ardent supporters include the Harford County Sheriff’s Office, Harford Community College, the Harford County Public Libraries, the Department of Planning and Zoning, the Department of Public Works, and other organizational partners not always traditionally involved in public health issues.

Healthy Harford maintains both a website (<http://www.healthyharford.org/>), where residents can access general wellness information, local community activities, and public health updates, and a Facebook page (<http://www.facebook.com/HealthyHarford>) which provides a more personal interactive venue for health news and trends, local happenings, and events.

Starting in 1996, and roughly every 5 years since, Healthy Harford has conducted a health and lifestyle Community Health Assessment Project (CHAP) survey of Harford County residents to help identify health needs in our community. Based on the Centers for Disease Control (CDC)

Behavioral Risk Factor Surveillance Survey (BRFSS), this demographically representative phone survey conducted by an independent telemarketing firm provides first hand self-reported data on the health habits and lifestyle activities of Harford County residents. This data is then used to develop CHAP Preventive Health and Wellness Report Cards, prioritizing health issues in the community and setting 5 year community health outcome goals which are then re-evaluated and reassessed during the next CHAP survey. The latest CHAP survey was conducted in 2010.

From 1996 to 2006, Healthy Harford had a broad focus conducting programs and projects on a number of different health issues. In 2007, with almost two-thirds of our adult population registering as overweight or obese, a corollary increase in diabetes, and a rising premature death rate, the Healthy Harford Board of Directors voted to narrow that focus to working with community partners to promote healthy lifestyles, improved eating habits and increased physical activity for the prevention of chronic disease and obesity in Harford County. Their goal was to not only provide community education but to improve public health via policy, systems and environmental change.

In 2008, coalition members conducted a Physical Activity and Nutrition Survey, which delved deeper into the reasons behind the moderate rates of regular physical activity amongst Harford County residents, as well as our low fruits and vegetable consumption, to explore attitudes, barriers, and possible solutions.

As part of an effort to increase opportunities for physical activity, Healthy Harford advocates for strategies that will enable people to walk and ride bicycles to meet their transportation needs. In 2009, coalition members conducted a Walkability and Bikability Survey around 3 area schools and in 2010, partnered with the Harford County Department of Planning and Zoning (DPZ) to conduct a bicycle survey which reported on residents' interests and concerns about bicycle transportation and their willingness to use bicycles to commute and for routine travel (<http://www.harfordcountymd.gov/PlanningZoning/Download/323.pdf>).

Information from both of these surveys was used to help draft the 2012 Master Plan and Land Use Element Plan, which for the first time included the concept that the built environment played a strong role in the health of the community. As part of the Land Use Element Plan, a Bicycle and Pedestrian Advisory Board, which includes a number of members from the Healthy Harford Coalition, was convened to draft a Bicycle and Pedestrian Plan (BPP) by the end of 2012. A public workshop/open house took place in March 2012 for the public to learn about the BPP and provide feedback and comments.

In December 2010, the Healthy Harford Advisory Board reviewed information from all of the aforementioned surveys as well as the latest CHAP data and Preventive Health and Wellness

Report Cards to assess the overall health of Harford County adult residents with the goals of ensuring that health improvement strategies were matching the actual needs. Highlighted indicators that measure the health status of Harford residents, include obesity rates, diagnosed diabetes, use of tobacco, high blood pressure, lack of dental care and behavioral health issues, among others. This information was used to develop next steps which included the drafting of the Obesity Resolution and formation of the Obesity Task Force which will be discussed later on in this report. The full resolution can be accessed online at:

<http://www.harfordcountyhealth.com/wp-content/uploads/2012/02/Obesity-Task-Force-Resolution.pdf>

## B. County Health Rankings



The County Health Rankings project, launched in 2010 with funding from the Robert Wood Johnson Foundation, ranks health outcomes and health factors for nearly every county in the

nation, providing data on a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings*, which focus on measuring the overall health of each county on the multiple factors that influence health (<http://www.countyhealthrankings.org/about-project>), are designed to raise awareness of the many factors that influence health and are provided for counties within each state.

The County Health Rankings provide two rankings, one for health outcomes (mortality and morbidity) and the other for health factors (behavioral, clinical, social and economic, and environmental). Harford County was ranked 9<sup>th</sup> highest out of the 24 Maryland jurisdictions on the health outcomes and 8<sup>th</sup> highest on health factors. Of particular note was the difference within the overall health outcomes measure: Harford ranked 6<sup>th</sup> out of the 24 counties on length of life, but only 12<sup>th</sup> on morbidity, with higher average numbers of poor physical health days and poor mental health days.

Within the health factors ranking, Harford County was the 4<sup>th</sup> worst for physical environment, with 23 air pollution-ozone days compared to an average of 16 for Maryland. For reasons of climate and geography, Harford County has poor air quality, with some blame going to the aging power plants in the Midwest, as well as motor vehicles and industry within Maryland.

The data provided by the County Health Rankings has been useful in drawing attention to the public health successes and challenges faced by Harford County. Both the health outcomes and factor rankings, which fall in the second highest quartile for the State, demonstrate that the

County has health problems that could be more effectively addressed. This community health assessment provides an opportunity to more fully define these public health concerns.

### **C. State and Local Health Improvement Process**

In an effort to improve the health of all Marylanders, the Maryland Department of Health and Mental Hygiene (DHMH) launched the State Health Improvement Process (SHIP) (<http://dhmh.maryland.gov/ship>) to focus on health priorities and provide a framework for accountability, local action, and public engagement. Six vision areas, with 39 health objectives, were defined to create and measure progress in Maryland's health. The six vision areas are:

1. Healthy Babies
2. Healthy Social Environments
3. Safe Physical Environments
4. Infectious Disease
5. Chronic Disease
6. Healthcare Access

DHMH provided each state jurisdiction with a Local Health Improvement Profile ([http://eh.dhmh.md.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmh.md.gov/ship/SHIP_Profile_Harford.pdf)), with local data for the 39 objectives. Harford County is comparable to or better than the State average on 28 of the objectives, but ranks worse than the State on the following 11 objectives:

- Objective 8 – Suicide rate
- Objective 19 – Air Quality Index exceeds 100
- Objective 24 – Adult seasonal influenza vaccine rate
- Objective 25 – Heart disease mortality
- Objective 26 – Cancer mortality
- Objective 29 – Drug-induced deaths
- Objective 32 – Adult tobacco use
- Objective 33 – Youth tobacco use
- Objective 34 – Behavioral admissions to the emergency room
- Objective 35 – Alzheimer's related admissions to the emergency room
- Objective 38 – Dental care for children and adolescents

With encouragement and support from DHMH, Maryland county health departments developed Local Health Improvement Processes. In Harford County, this process consisted of convening a Local Health Improvement Coalition (LHIC) which reviewed the results of the 39 health objectives in order to determine local priorities, outlined in the Local Health Action Plan. Information about Harford County's LHIC can be found online at:

<http://www.harfordcountyhealth.com/wp-content/uploads/2012/09/LHIP-Main-Page.pdf>. The LHIC, chaired by the County Health Officer, first met in December 2011 and utilized the World Café method (<http://www.theworldcafe.com/method.html>) to set the course for addressing the County's health issues.

The LHIC emphatically declared its top three health priority areas to be: (1) obesity prevention/healthy eating and active living; (2) tobacco use prevention/tobacco-free living; and (3) behavioral health, including mental health and substance abuse prevention. The Coalition understands that physical and behavioral health issues must be addressed in tandem in order to achieve optimal outcomes. Workgroups for each of these priority areas were established, and the strategies designed to address these priorities are included in the Harford County Local Action Plan (<http://www.harfordcountyhealth.com/wp-content/uploads/2012/03/Action-Plan-Priorities.pdf>).

#### **D. Obesity Task Force**

Healthy Harford has been successful in heightening awareness of public health challenges, which was instrumental in ensuring the passage of the October 18, 2011 Harford County Council Resolution establishing an Obesity Task Force. The Task Force Committee, chaired by the HCHD Health Officer, has been charged with studying and making recommendations about the programs and policies necessary “for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; and to identify ways to develop and implement more opportunities for walkable communities and recreational activities throughout the County.”

The Obesity Task Force Report, due October 2012, is entirely consistent with Harford County's LHIC efforts that have prioritized obesity prevention, as well as tobacco use prevention and behavioral health, as priorities. The Local Health Improvement Coalition Steering Committee will serve as the umbrella entity providing direction to and assuring integration of all Harford County community health improvement efforts, including the Obesity Task Force.

#### **E. Summary**

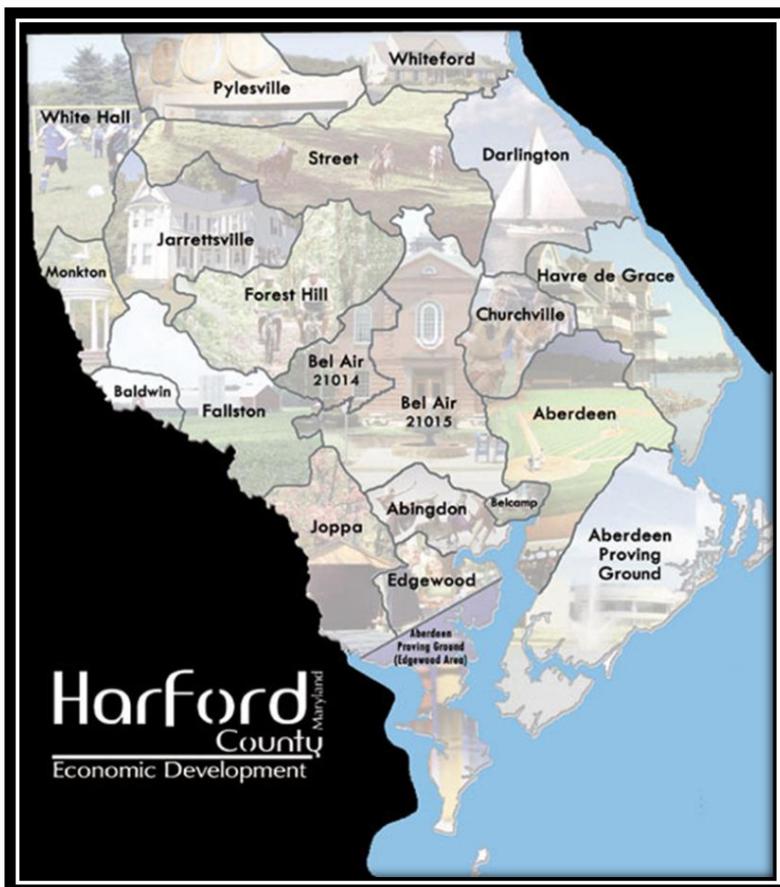
Since the founding of Healthy Harford, the Harford County Health Department, Upper Chesapeake Health and other County partners have worked together to assess and improve the health of local residents. The County Health Rankings and Maryland's State and Local Health Improvement Processes (LHIP) provide data on health status indicators, some of which

compare unfavorably to the State average, focusing attention on these areas of concern. The Local Health Improvement Coalition, established to oversee the LHIP, will provide guidance as health improvement strategies are developed and implemented. This health assessment provides data to highlight public health concerns and to serve as a baseline for evaluation of new initiatives to address health status indicators.

#### IV. Demographic and Economic Profile

At initial glance, economic and demographic information may not seem to belong in a community health assessment. However, many diseases and causes of death are associated with race, age and ethnicity. The well-being of families and individuals is affected by where they live, the jobs they have, their family income and the schooling available. For example, access to health care may depend on the availability of health insurance, often tied to employment, and the availability of transportation to get to health care providers. The profile of Harford County will focus on those indicators that are associated with the health of the population, comparing these to Maryland and the United States, where data are available.

##### A. Location and Population



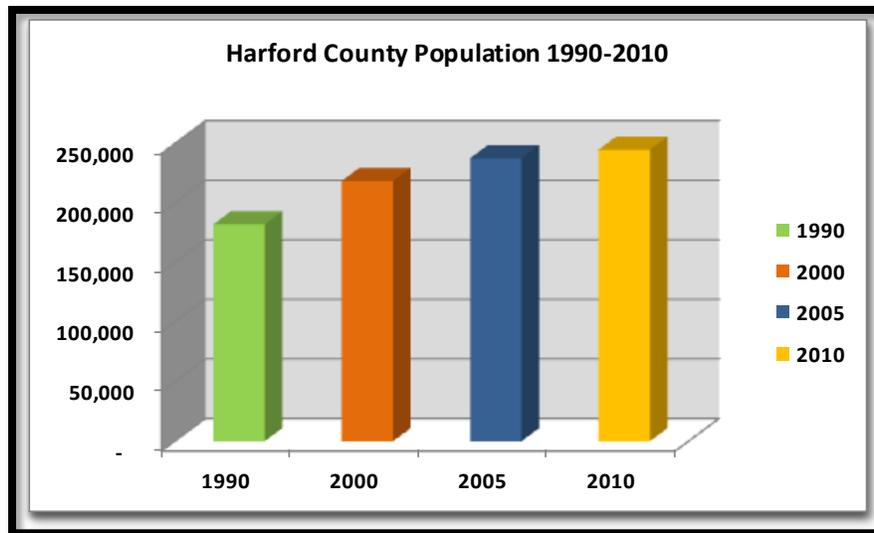
Harford County, located in north central Maryland, at the headwaters of the Chesapeake Bay, is bounded by Baltimore County on the west, Pennsylvania on the north, the Susquehanna River on the east, and on the south by the Aberdeen Proving Ground, a United States Army facility.

Harford began as a rural county but as the population grows, urban areas are expanding. A suburban "Development Envelope" now borders the traditional agricultural environment of the County as growth has been channeled into the southern portion of the county, along the Route 40 corridor

connecting Joppa, Edgewood, Aberdeen and Havre de Grace as well as along Route 24 corridor between Abingdon and Bel Air.

The County is one of the fastest growing jurisdictions in the State, with a strategic location between New York and Washington D.C. and serviced by I-95, a major transportation corridor, and rail lines. Harford's population grew from 182,132 in 1990 to 244,826 in 2010, representing a 34% increase, far surpassing the growth experienced by Maryland (9%) during the same 20-year period. Contributing to the growth was the base realignment and closure of Fort Monmouth, New Jersey in 2005. BRAC, as this process is referred to, resulted in a number of federal jobs being moved to Aberdeen Proving Ground and with it an influx of federal employees and their families.

In his 2012 State of the County address, Harford County Executive David R. Craig noted that, during 2011, 80 new defense contractors relocated to Harford County, and the County's retail base expanded exponentially with the addition of new stores as well as the expansion of eight existing companies. He also reported that 2,300 new jobs were created in Harford County, giving the County "one of the best unemployment rates, better than any other place in the Baltimore Region, better than the State of Maryland, and better than the National Government" (State of the County Address, February 21, 2012).



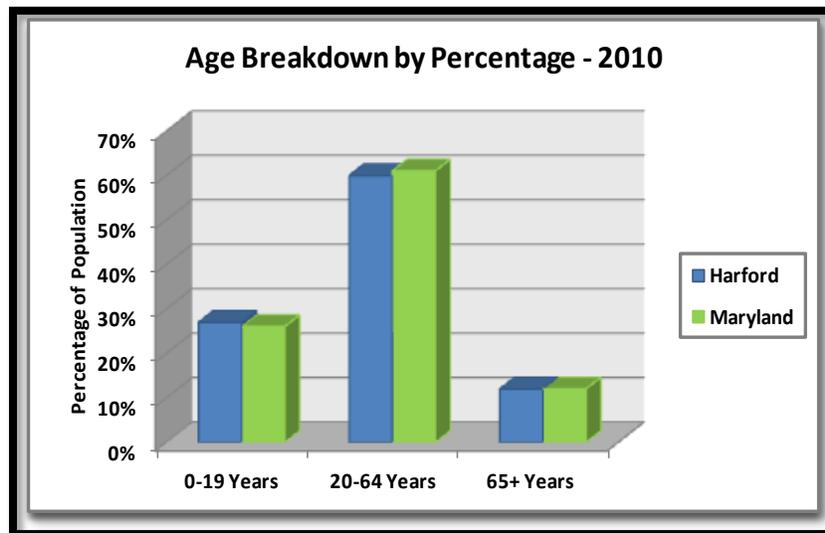
Source: United States Census, Maryland Department of Planning

According to the 2010 U.S. Census, the total number of households in Harford is 90,218, with 73.5% considered family households (where at least one member is related to the householder); the majority of these households have a male householder included. Thirty-six percent of households include individuals under 18 years of age while 12% include individuals

65 years or older. The average family size is 3.13, while the average household size is 2.68. A third of the total households are two-person while approximately 21% are one-person households, the majority of which are female householders.

### B. Age

Harford County resembles the State in age distribution, with approximately three-quarters of the population 18 years of age or older. In both the State and Harford County, the percentage of those 65 years old or over is 12%. Harford’s population includes about 15,000 children under the age of five, and approximately 51,700 of the population are between the ages of five and 19 (U.S. Census, Census 2010).



Source: United States Census Bureau, American Community Survey 2006 – 2010

### C. Diversity

Harford County’s population is less diverse than Maryland’s, with a split of 81.2% White and 12.7% Black or African-American, as compared to the State’s, where Whites comprise 58.2% of the population and Blacks or African-Americans represent 29.4%. The County has grown more diverse over the last ten years, as the population expanded, and the number of Black or African-Americans living in the County increased by over 50% between 2000 and 2010. (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau)

**Percent of Population by Race, Harford County and Maryland, 2010 U.S. Census**

Self-reported Race	Harford County	Maryland
White persons*	81.2%	58.2%
Black persons*	12.7%	29.4%
American Indians & Alaskan Native persons*	0.3%	0.4%
Asian persons*	2.4%	5.5%
Native Hawaiian & Other Pacific Islander*	0.1%	0.1%
Persons reporting two or more races	2.5%	2.9%
Persons of Hispanic or Latino origin**	3.5%	8.2%
White persons not Hispanic	79.2%	54.7%

\* Includes persons reporting only one race

\*\* Hispanics may be of any race, so also are included in applicable race categories

Source: Quick Facts for Harford County and Maryland, United States Census Bureau

The percentage of foreign born persons in Harford County is considerably less than the percentage in Maryland: 4.9% as compared to 13.9% of State residents. Most Harford County residents were born in Maryland (65.5%) as compared to Maryland as a whole (47.5%), so it is not surprising that the percentage of Harford’s population that live in homes where language other than English is spoken (7.9%) is less than half of Maryland’s percentage (16.2%) (Quick Facts for Harford County and Maryland, United States Census Bureau).

**D. Education**

Harford County Public School District has 53 schools that, during the 2011-2012 school year, served 38,222 students in grades pre-kindergarten through 12. The district’s six Title I elementary schools, with the mission to ensure academic achievement for at-risk students attending schools in high poverty areas, are located in the southern portion of the County: two are in Aberdeen, with one each in Edgewood, Havre de Grace, Joppa and Abingdon (<http://www.hcps.org/schools/>).

For the 2011-2012 school year, 87% of the 2,773 Harford County children entering kindergarten were fully “ready to learn,” as compared to the Maryland percentage of 83%. These percentages are based on the results of the Maryland Model for School Readiness assessments, which measures children’s readiness to start school by looking at a number of different domains such as language and literacy, mathematical thinking, social and personal development, and physical development and health.

Not all groups of Harford County kindergarteners had high percentages for readiness to learn:

- 79% of the 829 children who qualified for free and reduced meals entered kindergarten fully ready to learn as compared to 90% of the 1,944 children who did not qualify;
- 81% of the 423 African-American children were fully ready to learn as compared to 89% of the 1,892 White children;
- 83% of the 1,452 male children were fully ready to learn as compared to 91% of the 1,321 female children.

These figures suggest that more African-American, low income and male children were unprepared and face a disadvantage when they begin school (Children Entering School Ready to Learn: The 2011-2012 School Readiness Report, Maryland State Department of Education).

In 2011, the drop-out rate for grades 9-12 was less than 3% for the County, comparable to Maryland's rate (<http://www.mdreportcard.org/>). The district is ranked 11<sup>th</sup> best of the 24 school districts in the State (<http://www.schooldigger.com/go/MD/districtrank.aspx>).

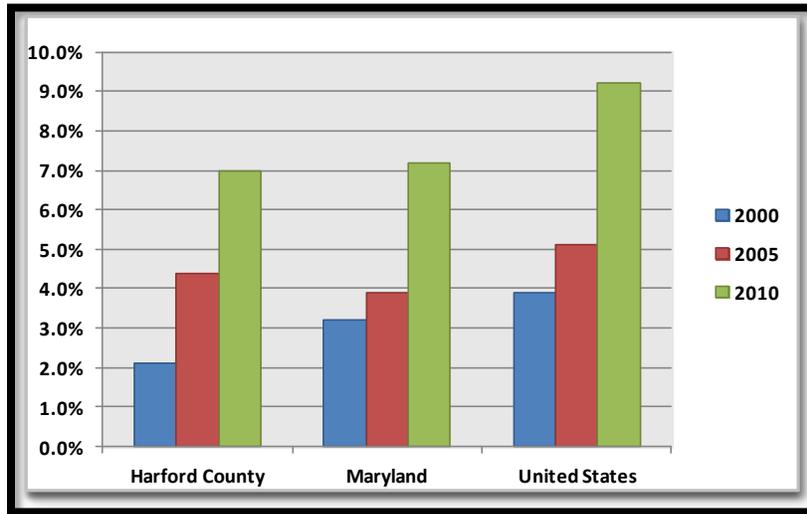
According to the 2010 U. S. Census, a high proportion of Harford residents have high school degrees (91%), as compared to Maryland residents (87.8%). However, less than one-third (30.5%) of County residents 25 years or older have a Bachelor's degree or higher, compared to 35.7% of all Marylanders. The population with the lowest educational attainment is located in Aberdeen and Edgewood, along the southern border of the county (see Map 1, Appendix).

### **E. Income**

The median household income in Harford County was estimated to be \$76,808, higher than the state as a whole (\$70,017), and \$25,000 higher than the median income in the United States. White households had markedly higher median income (\$78,266) than Black or African-American households (\$66,434). Harford County's median family income was estimated to be \$87,636, with White median family income (\$90,324) well above the African-American or Black family median incomes of \$74,894 (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau).

Harford County has not been immune from the effects of the national recession as witnessed by the steep climb in unemployment, which grew from a low of 2.1% in 2000 to an estimated 7% in 2010, only slightly below the rate in Maryland (7.3%).

**Unemployment Rate in Harford County, Maryland  
And the United States, 2000-2010**



Source: United States Bureau of Labor Statistics

**F. Housing and Transportation**

According to the United States 2010 Census, the percentage of housing units that are owner-occupied in Harford County exceeds that of Maryland: of the total 90,218 housing units in Harford County, 80% were owner-occupied as compared to 67% in Maryland. Renters in Harford County occupy 20% of housing units. While the median income for households in owner-occupied units was \$85,931, the median for renter-occupied units was less than half that amount, \$39,897 (2008-2010 American Community Survey 3-year Estimates).

According to the National Low Income Housing Coalition’s 2011 Out of Reach Report, the fair market rent for a two-bedroom unit in Harford County is \$1,263 per month, requiring a \$50,520 income per year, over \$10,000 more than the estimated median income for Harford County renters. This discrepancy suggests that some Harford County residents will be struggling to pay for rental housing.

The County’s public transportation is provided by buses, with the majority of routes located in the lower southern portion of the County, along the Route 40 corridor, with the highest concentration of low to moderate income families (see Map 2, Appendix). The transit routes are not extensive, and it would be impossible to make your way around the entire County using mass transit. However, less than 5% of households do not have a vehicle, and most households have two or more vehicles.

In Harford County, the mean travel time to work is similar to that of Maryland as a whole: about one-half hour (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau). Most workers (84%) drive alone to work, while an estimated 9% of workers carpool. Only about one percent of workers use public transportation (excluding taxicab) to get to work while the remaining workers use other means.

### **G. Poverty**

The estimated poverty rate in Harford County is 6.4%, lower than the Maryland poverty rate, which is slightly above 9%. An estimated 8.5% or 5,168 of those under age 18 are living in families with incomes below the poverty level. At the same time, 1,878 or 6.5% of individuals 65 years and over have incomes below the poverty level (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau).

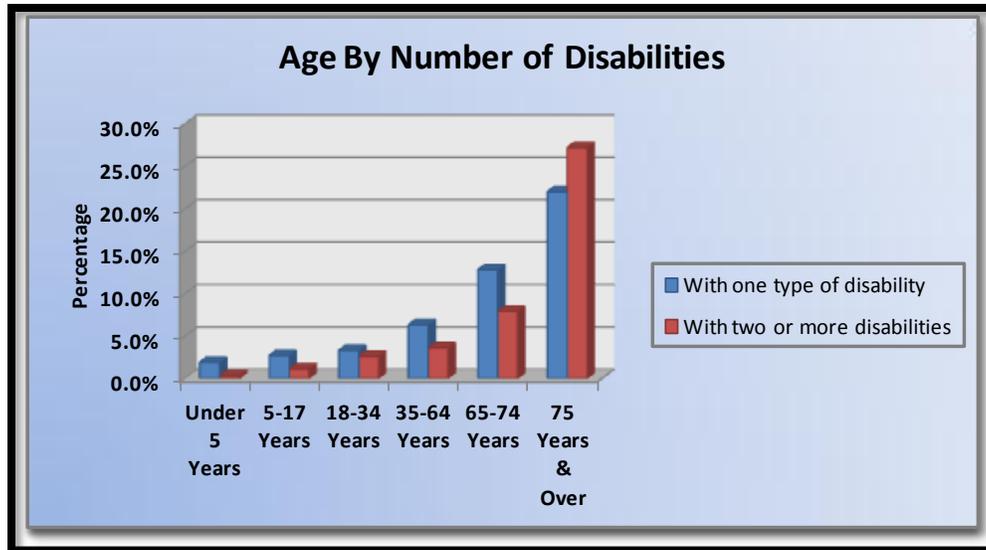
Of the estimated 89,712 households in Harford County, 4,757 households or 5% receive food stamps; an estimated 65% of these households have children less than 18 years of age while 23% have one or more people 60 years of age or older (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau).

The poverty rate for Blacks or African-Americans in Harford County is over twice that of Whites, with an estimated 13.5% of Black residents with income below the poverty level as compared to 5.4% of Whites (2008-2010 American Community Survey, 3-year estimates, U.S. Census Bureau). The greatest concentration of poverty is located in the southern portion of the County (see Maps 3 and 4, Appendix).

### **H. Special Populations**

According to 2010 census data, 3.5% of the Harford County population is of Hispanic or Latino origin. This population has been rising locally, making up only 1.9% of the population in 2000. The number of families served who are refugee or illegal immigrants has also increased. As Harford County plans comprehensive services, it must take into consideration a rising number of families who may have Limited English Proficiency and be in need of translation services.

The U.S. Census Bureau estimates that there are 341 disabled children under 5 years of age in Harford County, about 1.6% of the under 5 population; most have hearing and vision difficulties. The percentage of children with disabilities increases for the population 5 to 17 years of age: 3.2% of this age group is disabled, with the most frequent problem being cognitive difficulty.



Source: United States Census Bureau, American Community Survey, 2008-2010

Approximately 8.7% of adults aged 18 to 64 are disabled, most frequently with cognitive and ambulatory difficulties. Almost one-third (32.7%) of the population 65 years and over is disabled, with over 18% of this group having difficulty with self-care and independent living. A total of 10% of both White and African-American or Black populations are classified as disabled (United States Census Bureau, American Community Survey, 2008-2010).

The number of homeless individuals in Harford County is growing, doubling from 114 in 2005 to 243 in 2011 (Harford County Homeless Point-in-Time Count, Harford County Department of Community Services). Over a quarter of the population is under 17 years of age or younger.

60% of individuals in the homeless count reported having a disability

Half of the homeless population is living in emergency shelters, with most others living in transitional housing. Twenty-one percent of the population is considered “chronically homeless.” Over one-quarter of the homeless population reported having mental health problems, while 12% reported drug or alcohol abuse.

### I. Summary

Harford County is a relatively affluent community in one of the wealthiest states in the nation. The median income of households in the County is above Maryland’s, and well above the nation’s. Indicators of education, homeownership, employment and poverty level draw a picture of a county with a well-educated, prosperous population. However, disparities in

income and education have been identified: African-American or Black households have a lower median income when compared to Whites; African-Americans are more than twice as likely to be poor; and African-American children are less likely to be fully ready to learn when entering kindergarten. The County also has marked differences in poverty levels between the populations in the northern and the southern portion of the County, where most of the County's growth has been. The demographic changes over the last 20 years have brought more diversity to the County's population, with the accompanying growth in population bringing a need for increased social and health services.

## **V. Health Outcomes**

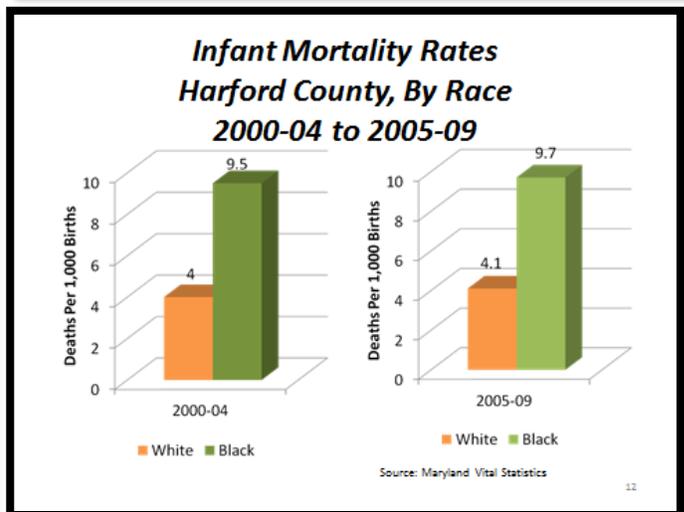
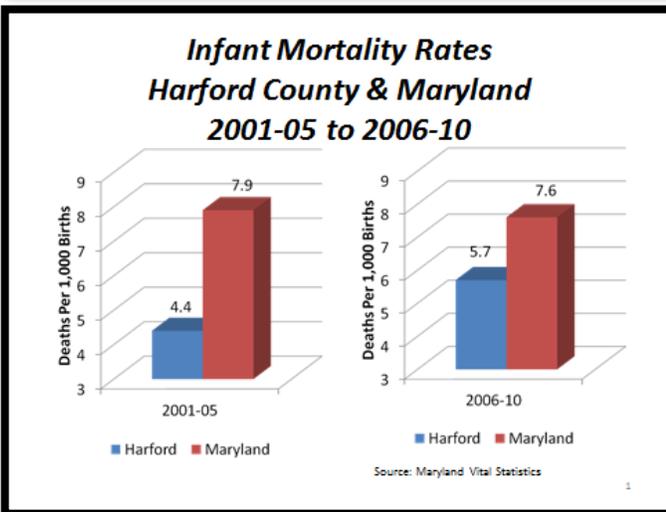
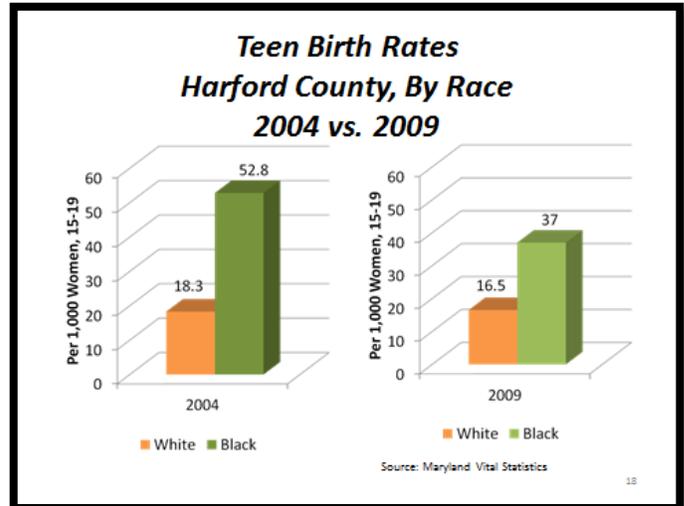
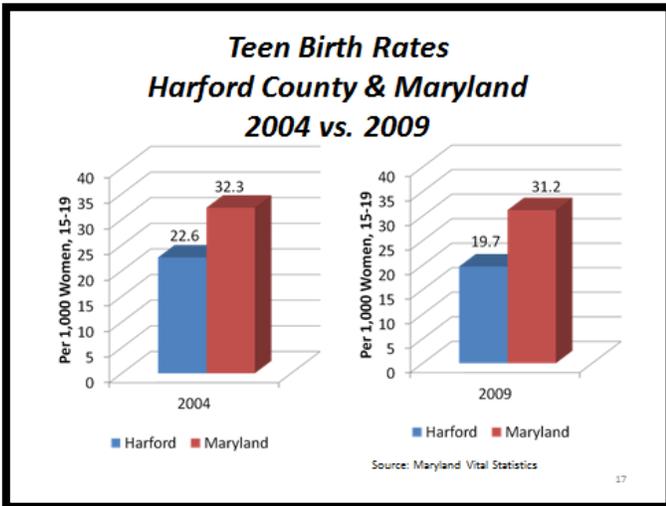
### **A. Births & Infant Deaths**

In 2010, 2,708 babies were born to Harford County residents, for a birth rate of 11.1 per 1,000 population, slightly lower than the birth rate (12.8/1,000) of Maryland as a whole. Both Harford's White birth rate at 10.6/1,000 and the Black rate at 13.5/1,000 were also lower than Maryland's (12.0/1000 and 14.0/1000 respectively). Most births occurred outside of Harford County, with slightly more than 1,000 babies born in the County and 1,395 babies born in other Maryland counties, 204 born in Baltimore City, and the remaining 29 babies born out of state.

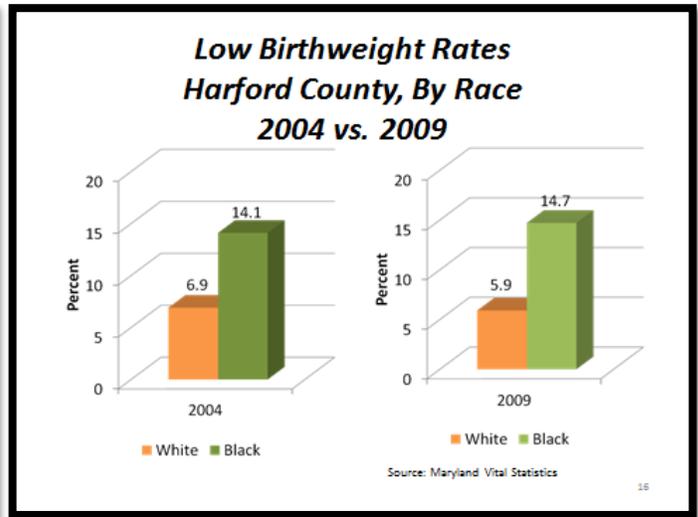
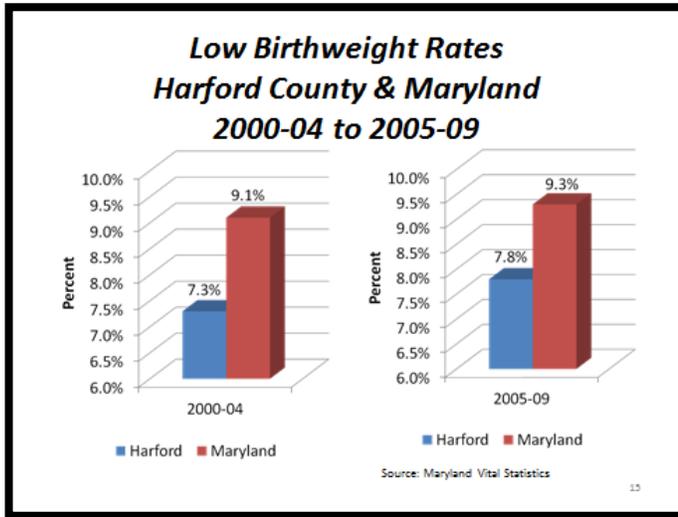
Harford County has seen a decrease in teen births, in line with both national and state-wide trends. Both White and Black rates have decreased significantly since 2001. However, Black rates continue to be higher than Whites.

Infants born to teens are 2 - 6 times more likely to have low birth weight than those born to mothers age 20 or older, most often due to prematurity. Infants born to teenage mothers are also at greater risk for developmental problems

(<http://www.nlm.nih.gov/medlineplus/ency/article/001516.htm>).

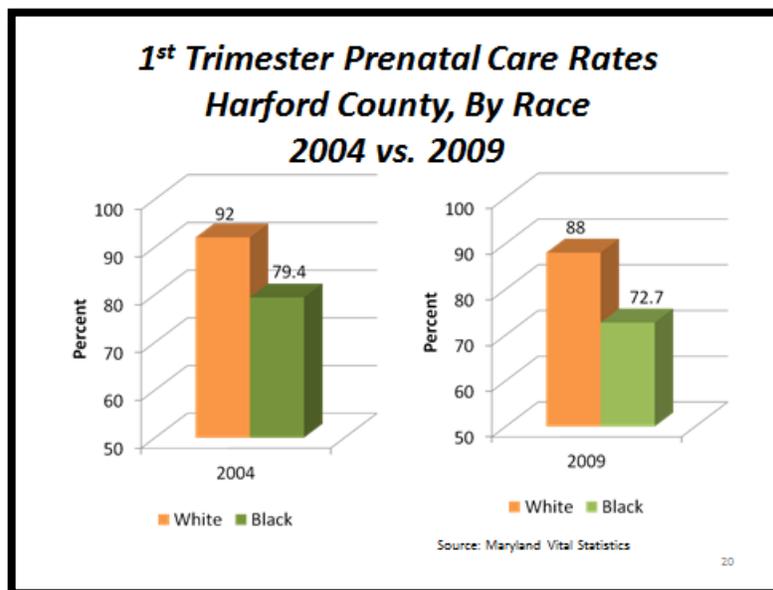


While Harford’s infant mortality rate (i.e. the number of babies who die in the first year of life per 1,000 live births) has been consistently lower than Maryland’s, the rates have increased by 28% between 2001-2005 and 2006-2010, going from 4.4 to 5.7. As in the State as a whole, there is a considerable disparity between Harford County’s White infant mortality rate and the Black rate, although both are lower than Maryland’s rates. The leading causes of infant mortality are preterm/low birthweight births, congenital anomalies, and Sudden Infant Death Syndrome (SIDS). Preterm/low birthweight births are associated with two-thirds of all infant deaths. The low birthweight rates for infants born to Harford County residents have increased between 2001-2004 and 2005-2009, but only for Black infants. Low birthweight for White births has decreased.



While risk factors associated with infant mortality are multiple, including behavioral and environmental risks, and socio-demographic risks, health care risks such as late prenatal care have been shown to increase infant mortality by as much as 40%. The early prenatal care rates in Harford County decreased significantly between 2004 and 2009 for both Whites and Blacks.

Harford County's birth outcomes are better than Maryland's, but little progress has been made in decreasing the percentage of low birthweight births, and the percentage of pregnant women receiving early prenatal care decreased in 2009, compared to 2004. Racial disparities in birth outcomes are substantial in the County, as in the State, with Black babies more likely to be low birthweight and more likely to die before their first birthdays. Black pregnant women are also less likely to get early prenatal care.



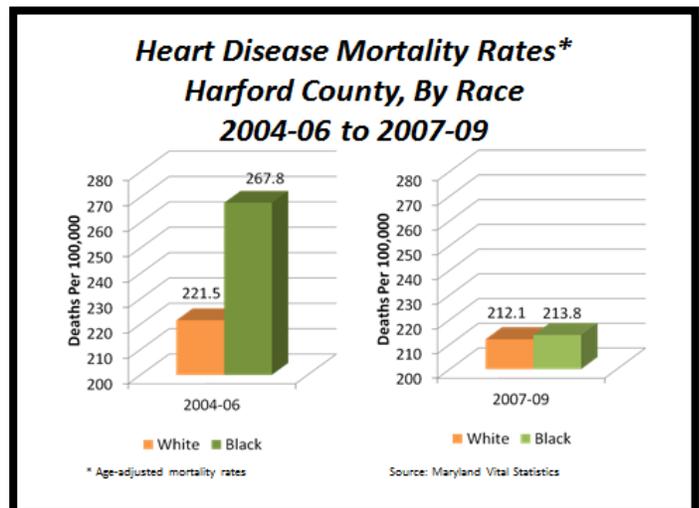
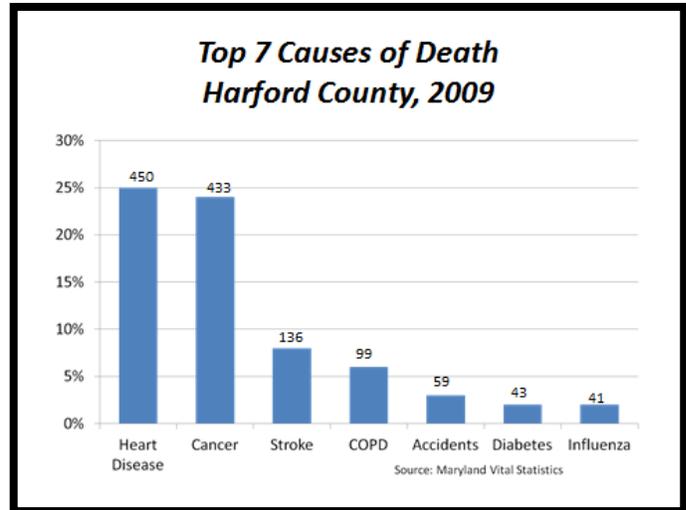
## B. Mortality (Chronic Disease)

Harford County residents have a life expectancy (calculated at time of birth) of 78.9 years, comparable to that of Maryland as a whole. However, as with other many health measures, disparities exist between Whites and Blacks, with the life expectancy for Harford County Whites estimated to be 79.0 years while for Blacks, the estimation is 77.1. Harford County Blacks have a higher life expectancy than the Maryland Black population, which is 75.5 years.

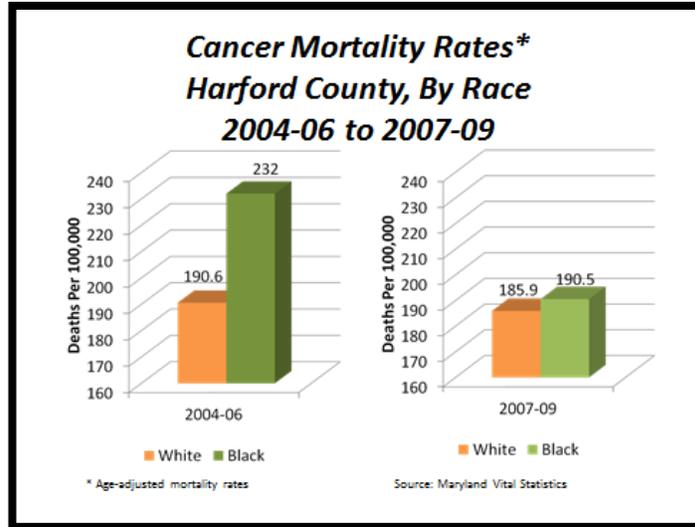
As in Maryland, the leading causes of death in Harford County are heart disease, cancer, stroke and chronic obstructive pulmonary disease (COPD). These deaths are often the result of chronic diseases that can be prevented or treated successfully.

Harford County residents have slightly higher age-adjusted death rates for the leading causes of death when compared to Maryland's population, with the exception of COPD, where the death rates for Harford are significantly greater than those of Maryland. While differences in death rates for Whites and Blacks are slight for the three leading causes of death, there is a clear disparity between the COPD death rates for Whites and Blacks.

Heart disease mortality rates have decreased from 223.6 per 100,000 in 2004-2006 to 210.7 in 2007-2009, reflecting a state-wide trend. However, as noted in Harford's Local Health Improvement Process, Harford's rate is still above Maryland's rate of 194.0 ([http://eh.dhmdh.md.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmdh.md.gov/ship/SHIP_Profile_Harford.pdf)). The most substantial decrease in rates between 2004-2006 and 2007-2009 is that of the Black population, reaching a rate slightly above the White rate.

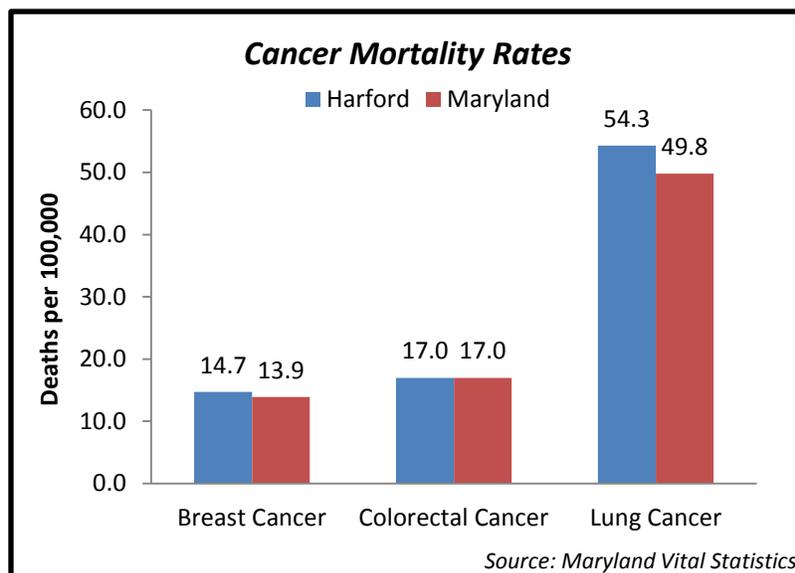


Similarly, cancer mortality has been decreasing, with the Black mortality rate dropping considerably from 2004-2006 to 2007-2009, and with the disparity between White and Black rates decreasing dramatically. However Harford's rate of 185.8 is well above Maryland's rate of 177.7 for 2007-2009 ([http://eh.dhmdh.md.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmdh.md.gov/ship/SHIP_Profile_Harford.pdf)).

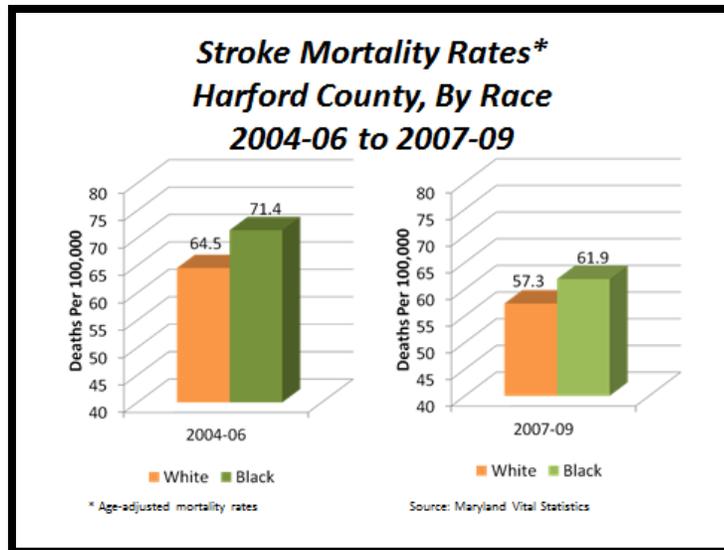


Particularly noteworthy is the decrease in the colorectal mortality rate in Harford County, which is now comparable to the Maryland mortality rate. This may be due to the vigorous colorectal screening program undertaken in the County over the last ten years.

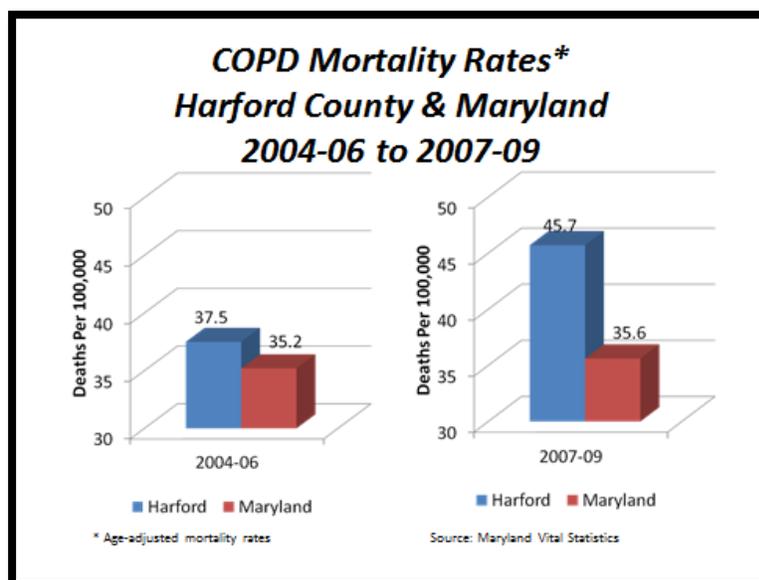
However, other cancer mortality rates are above those of the State as a whole, including breast cancer, which has remained constant between 2004-2007 and 2008-2010, and lung cancer, which has shown less of a decrease than Maryland's rate.



Harford County's stroke mortality rate has also decreased: the 2007-2009 rate was 57.3, only slightly higher than the State rate of 55.7. The mortality rate disparity between the White and Black rates has dropped as well.

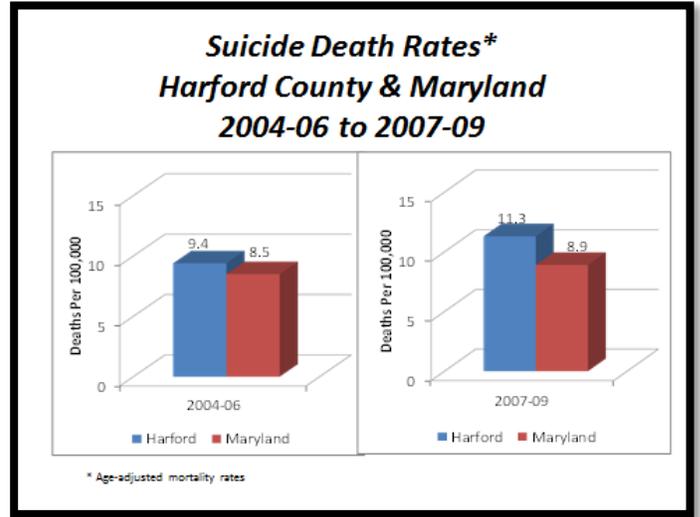


A significant difference is seen between the COPD mortality rates in Harford County and Maryland, with deaths from COPD increasing in Harford County, unlike the mortality rates for the three leading causes of death. The high percentage of Harford County adults (an estimated 20%) who smoke and the high number of days per year when the Air Quality Index exceeded 100, when compared to Maryland, may contribute to the increased COPD mortality rates ([http://eh.dhmd.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmd.gov/ship/SHIP_Profile_Harford.pdf)).

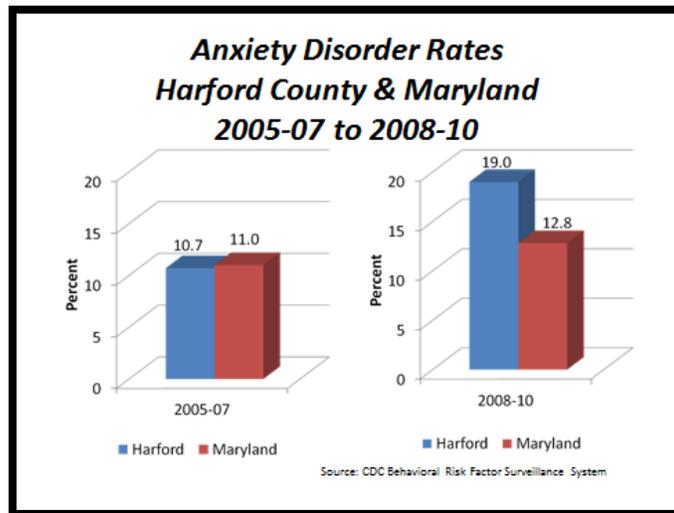


### C. Mortality (other causes)

Harford County's violence mortality rate, that is, deaths due to homicide and suicide, is lower than Maryland's: 14.3 deaths per 100,000 population as compared to 18.3/100,000 (2006-2009, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene). However, when considering the rate of suicides only, Harford compares unfavorably with Maryland, and the County's suicide rate has increased between 2004 -2006 and 2007-2009 (Vital Statistics Administration, Maryland Department of Health and Mental Hygiene).



The increase in suicide rates is consistent with an increase in anxiety disorder rates for the County. While these increased slightly in Maryland between 2005-2007 and 2008-2010, Harford County's rate almost doubled, suggesting a need for increased mental health services for the population.



Harford County's rate of emergency department visits for a behavioral health condition per 100,000 age-adjusted population (LHIP objective 34) is 1,243.7 in comparison with the Maryland rate of 1,206.3, indicating that County residents are more likely to go to the hospital with behavioral health problems (Health Services Cost Review Commission, 2010).

Substance abuse is a serious problem in Harford County, where the 2011 death rate from intoxication (22.22 per 100,000 population over 14 years of age) was the third highest in Maryland, behind its neighbor Cecil County (28.59) and Baltimore City (35.14) but well above Maryland’s rate (13.94). Forty people died from heroin, cocaine, or alcohol use in 2011, an 8% increase over 2010. Twenty-six died from using prescription drugs, such as oxycodone/hydrocodone and methadone, another 9 died from heroin intoxication (Office of the State Medical Examiner, provided by the Harford County Office of Drug Control Policy).

#### D. Summary

Racial disparities are seen in Harford’s birth outcomes, which, while better than Maryland’s, show that Black infants are more likely to be born at low birthweight and over twice as likely to die before their first birthdays. Harford’s age-adjusted rates for the top three causes of death (heart disease, cancer and stroke) reflects racial disparities, with Blacks more likely to die than Whites. The good news is that Black mortality rates for heart disease and cancer, the two most frequent causes of death, dropped markedly from 2004-2006 to 2007-2009, as did the rates for Whites, although Black rates remain above White rates. The mortality rates due to suicide and substance abuse are above the states, and the County’s suicide rate is trending upward.

***For chronic disease outcomes, Harford County ranks worse than the State***

Indicator	Harford	Maryland	Comparison	Disparity
Heart Disease Mortality	210	197.8	X	↔
Cancer Mortality	185.8	177.7	X	↔
Stroke Mortality	57.3	55.7	X	↔
COPD Mortality	45.7	35.6	X	X

Note: Rates are deaths per 100,000 population

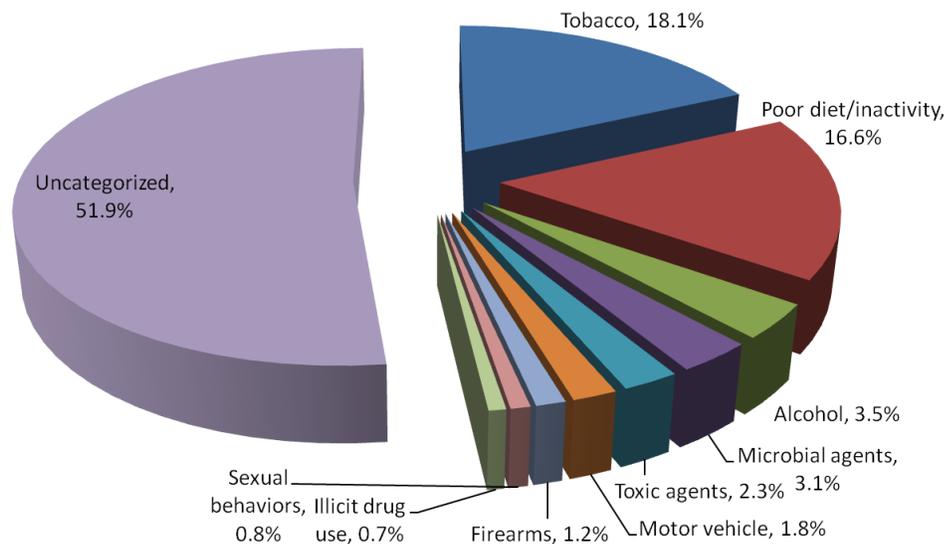
Harford’s mortality rates for the top four causes of death are above Maryland’s, although the socio-economic indicators for the County are better than Maryland’s. Decreasing the

disparities between White and Black mortality rates as well as changing health behaviors, as discussed below, could bring positive changes to the County's death rates.

## VI. Health Behaviors

Deaths from chronic diseases are often preventable, with lifestyle choices having a major effect on health. The following chart illustrates behaviors that have been found to contribute to death. Data on tobacco use, poor diet and inactivity, and alcohol consumption for the Harford County population, which do not compare favorably with Maryland data, suggest that the mortality rates for the top four causes of death for Harford County residents could be decreased by changes in behavior.

**Leading Actual Underlying Causes of Death  
United States, 2000**



## A. Tobacco Use

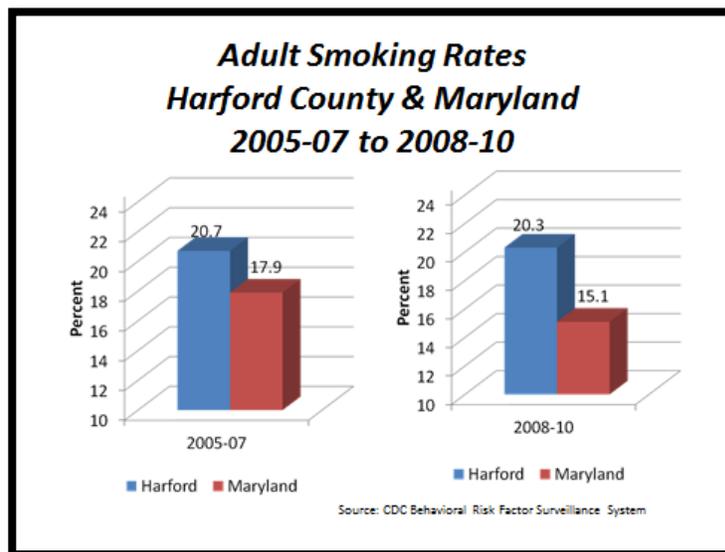


**What are the effects of tobacco use?**

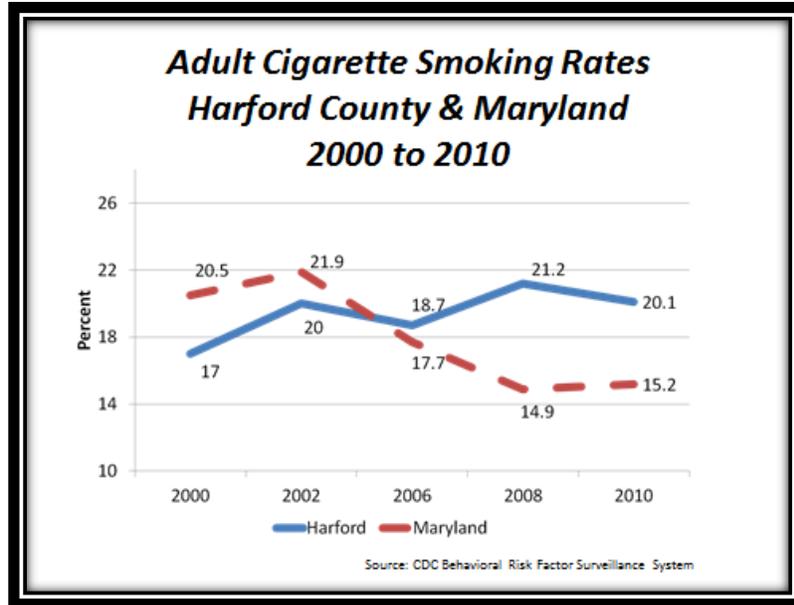
- Contains 250 known harmful chemicals, 69 linked to cancer<sup>1</sup>
- Leads to deaths from cancer, heart disease, stroke, COPD, and others<sup>1</sup>
- Male smokers lose an average of 13 years of life; females an average of 14 years of life<sup>2</sup>
- 20% of low birthweight deliveries could be prevented with elimination of smoking during pregnancy<sup>3</sup>
- Quitting at age 30 reduces chance of premature death by 90%; quitting at age 50 reduces chances by 50%<sup>1</sup>
- Non-smokers exposed to secondhand smoke increase their heart disease risk and lung cancer risk by up to 30%<sup>4</sup>

<sup>1</sup> NCI Fact Sheet  
<sup>2</sup> MMWR, 4/12/02  
<sup>3</sup> CDC PNSS website  
<sup>4</sup> Am Lung Assoc Fact Sheet

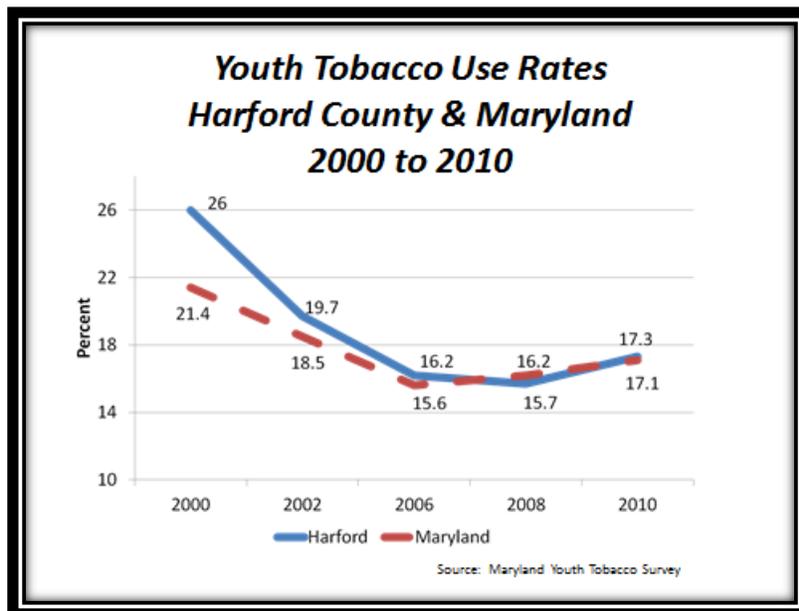
The adult smoking rate in Harford County has changed very little since 2005-2007, possibly contributing to the County's increasing COPD mortality rate. These tobacco use data are independently confirmed by 2010 Harford County Community Health Assessment Project (CHAP) data showing a 19.8% adult tobacco use prevalence rate.



The LHIP Objective 32 on adult smoking indicates that Harford County has a higher rate when compared to the State. In fact, smoking rates in the County increased over the last ten years, with only a slight drop detected in 2010 as the State rate decreased.

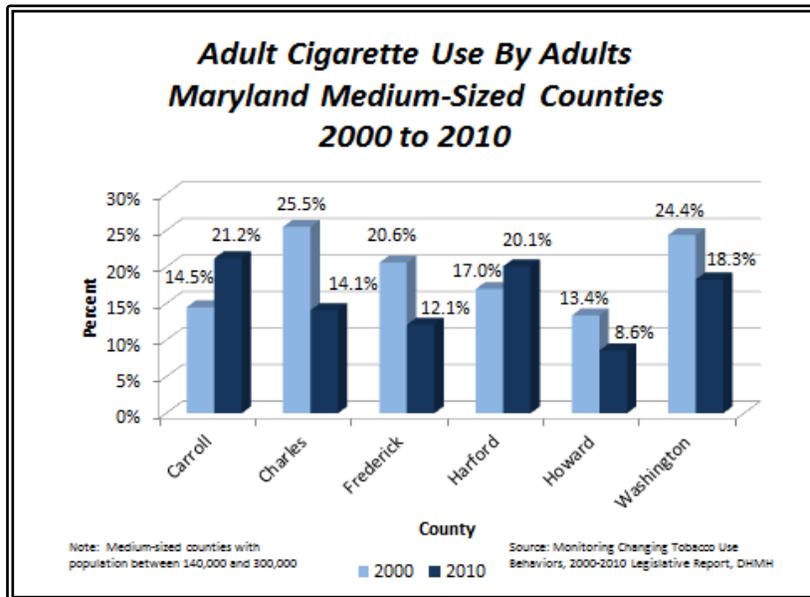


Harford County has seen more success in decreasing the use of tobacco by minors, with tobacco use rates comparable to Maryland as a whole, even with a higher rate of tobacco use by Harford youth as compared to Maryland in 2000. The drop in tobacco use by Harford County youth between 2000 and 2010 was statistically significant for all tobacco products and for cigarettes. However, the percentage of youth smoking cigars decreased between 2000 (11.3%) and 2006 (7.3%), only to rise again in 2010 (10.0%).

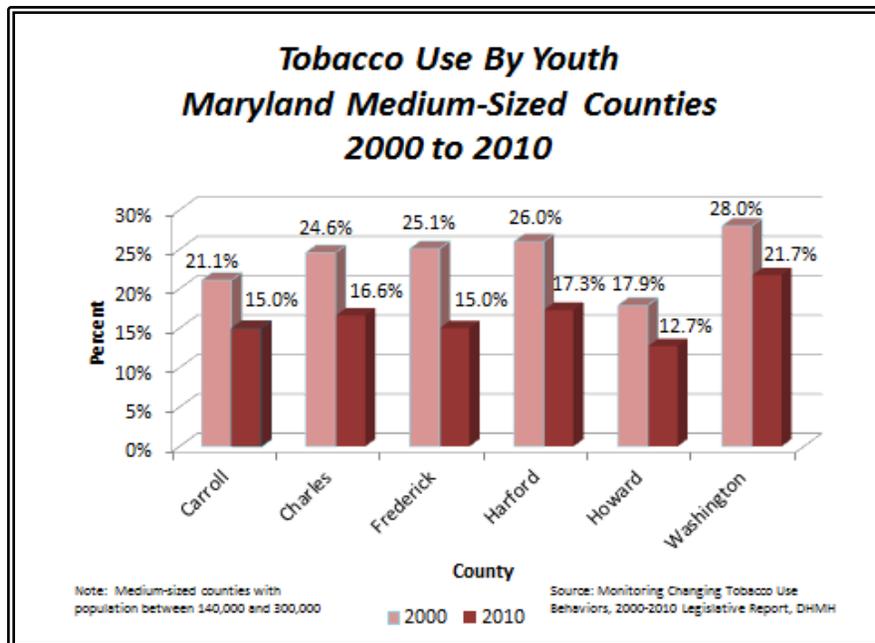


Consistent with adult smoking rates, Harford County has a higher rate for exposure to secondhand smoke (5.2%) when compared to Maryland (4.8%). Secondhand smoke has been linked to asthma, lung cancer, chronic lung disease, among other health problems.

When compared with five counties of comparable size in Maryland, Harford County is one of only two counties that has shown an increase in adult cigarette use from 2000 to 2010.



When compared with similar-sized counties in Maryland, Harford County had the second highest youth tobacco use prevalence in 2010.



## B. Alcohol and Substance Abuse

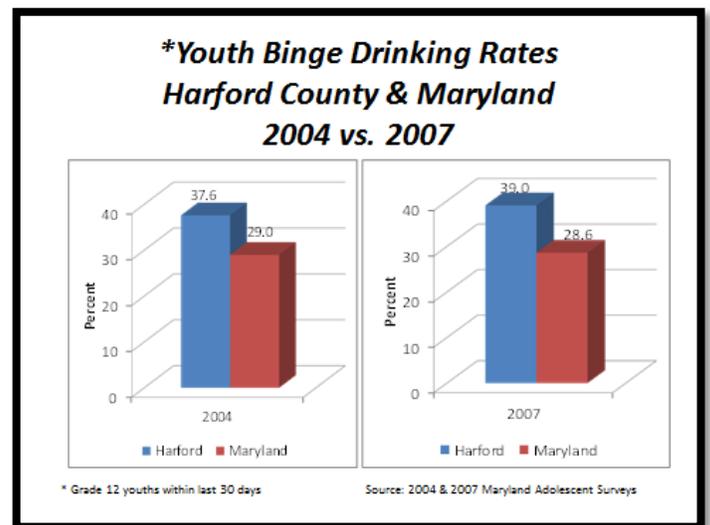
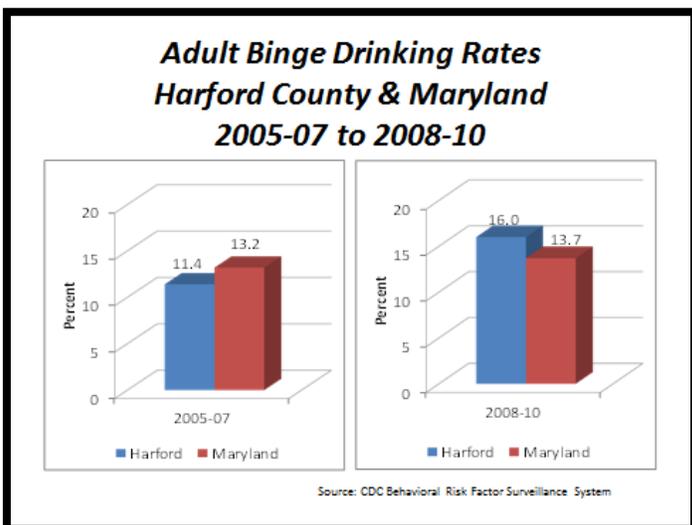


### What are the effects of alcohol and substance abuse?

- Overconsumption of alcohol is the 3<sup>rd</sup> leading preventable cause of death.<sup>1</sup>
- Heavy drinkers have a 57% higher all-cause mortality than non-heavy drinkers.<sup>2</sup>
- 10% of cancer incidence for men and 3% for women is attributable to alcohol.<sup>3</sup>
- Over 50% of all suicides are related to alcohol/drugs. For teens, alcohol/drugs play a role in up to 70% of suicides.<sup>4</sup>
- Fetal alcohol exposure is the leading cause of mental retardation.
- Health effects from heroin use include addiction, hepatitis/HIV, death due to overdose, as well as heart, liver, kidney, pulmonary, skin and other diseases.

<sup>1</sup> CDC Fact Sheet  
<sup>2</sup> Laatikainen, J Epi Comm Hlth, May 2003  
<sup>3</sup> Schutze, BMJ, April 2011  
<sup>4</sup> Miller, J Addictive Dis, 1991

While the estimated percent of Maryland adults who were binge drinking remained about the same between 2005-2007 and 2008-2010, Harford County's percentage jumped from 11% to 16%. Results of the Maryland Adolescent Survey (MAS) show that an estimated 39% of Harford County high school seniors had five drinks in a row or in a single session (binge drinking) in the past 30 days in 2007. Alcohol use plays a role in many of the leading causes of death for young people: motor vehicle accidents, injuries, violence and suicide. Drinking can also lead to risk taking behavior, such as dangerous driving, other drug use, and sexual activity.

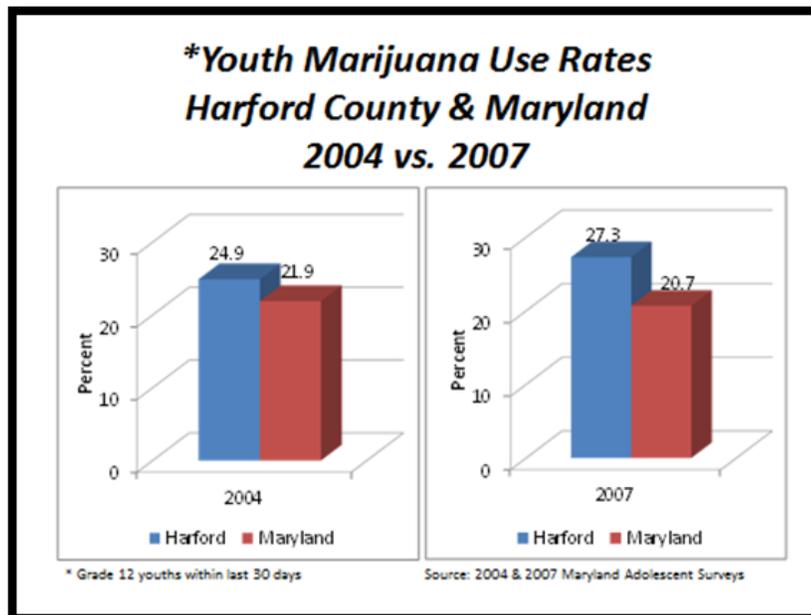


### **Binge drinking costs everyone.**

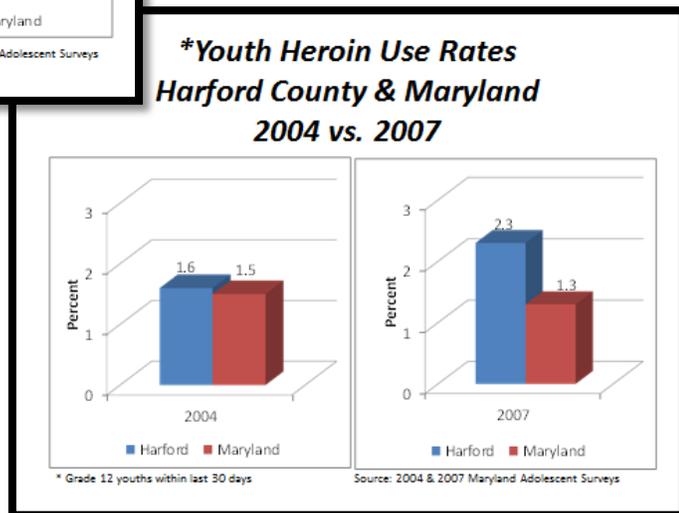
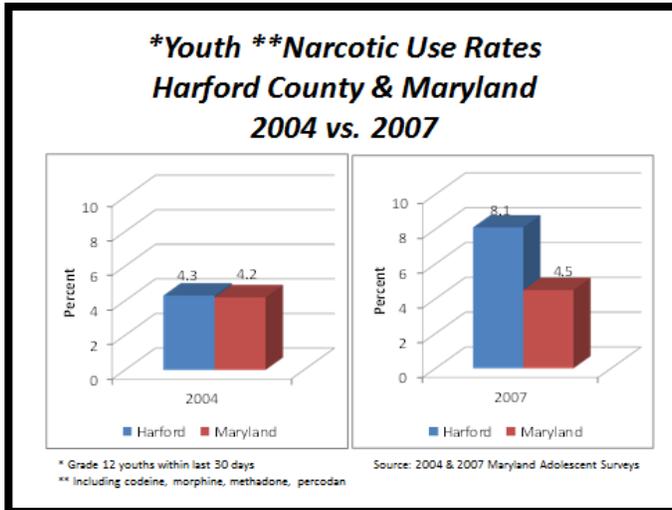
- Drinking too much, including binge drinking, cost \$746 per person, or \$1.90 a drink, in the US in 2006. These costs include health care expenses, crime, and lost productivity.
- Binge drinking cost federal, state, and local governments about 62 cents per drink in 2006, while federal and state income from taxes on alcohol totaled only about 12 cents per drink.
- Drinking too much contributes to over 54 different injuries and diseases, including car crashes, violence, and sexually-transmitted diseases.
- The chance of getting sick and dying from alcohol problems increases significantly for those who binge drink more often and drink more when they do.

Youth substance abuse has been identified as a major health concern for Harford County residents. In February 2012, County Council President Billy Boniface noted that drug and alcohol abuse by teens in the County is growing at an “alarming” rate and noted, “Addiction is a topic most tend to avoid....but now is the time to come together both government and community to address the issue. No one chooses to be an addict. It’s a disease and should be dealt with accordingly.” (2012 Legislative Address, February 21, 2012).

Comparison of 2004 and 2007 data from the MAS shows that marijuana use by Harford 12<sup>th</sup> graders increased and is greater than the marijuana use of the Maryland 12<sup>th</sup> grade population. More recent data from the 2010 Maryland Youth Tobacco Survey (MYTS) show that over 1/3 of all high school students used marijuana: 36% of Harford 9-12 graders and 35% Maryland 9-12 graders. According to the 2010 MYTS, more than one-fifth of high school students in Harford (23%) and in Maryland (22%) used marijuana during the past 30 days.



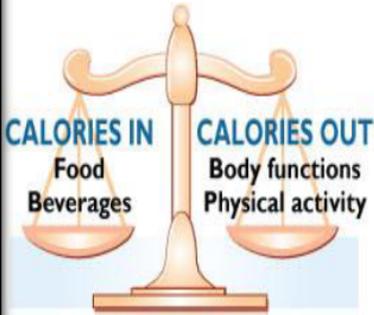
The most recent data available from 2007 indicate that narcotic drug use by youth has increased, with a rate of use in Harford County (8.1%) as compared to the State (4.5%). The use of both narcotics and heroin by high school seniors was almost twice as high in 2007 when compared with Maryland's 12<sup>th</sup> grade population, indicating a growing problem. Narcotics are often prescription medications being used illegally.



Substance abuse is associated with an increased risk for chronic disease, unsafe health behaviors such as high-risk sexual behaviors, unintentional injury and mental health problems. Many other problems for youngsters can also be attributed to substance abuse: absenteeism from school, academic difficulties, poor judgement, as well as long-lasting medical and legal consequences.

According to 2011 data for Harford County, provided by the Maryland Department of Juvenile Justice, 159 juveniles were arrested for offenses involving controlled dangerous substances (CDS), and 84 were arrested for alcohol related offenses. Over 50% of the juveniles arrested for CDS offenses were from the Bel Air and Edgewood communities, while 42% of those arrested on charges involving alcohol were from these two communities.

### C. Obesity

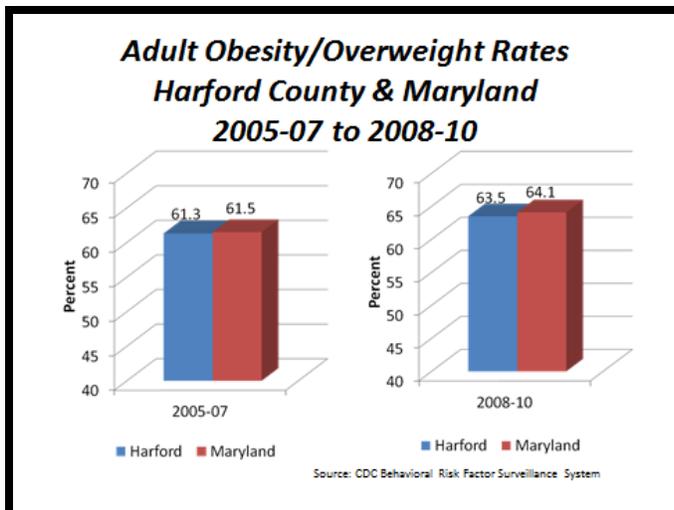


**What are the effects of obesity?**

- Obesity leads to a 50-100% increased risk of premature death; even an additional 10 to 20 lbs can increase the risk of death <sup>1</sup>
- Moderate obesity shortens lives by up to 4 years; severe obesity shortens lives by up to 10 years<sup>2</sup>
- Obesity is associated with heart disease, cancer, diabetes, asthma, arthritis, pregnancy complications, and many other conditions<sup>1</sup>
- Overweight adolescents have a 70% chance of becoming overweight or obese adults<sup>1</sup>
- Modest weight loss can have a big impact on health – 5% weight loss in an obese person can reduce mortality risk by 12%<sup>3</sup>

<sup>1</sup> Office of the Surgeon General  
<sup>2</sup> The Lancet, 3/18/09  
<sup>3</sup> Goldstein et al, Int J Obes, 1992; 16:397-415

Being overweight is defined as having a body mass index (BMI) between 25 and 29.9 while being obese is defined as having a BMI equal to or greater than 30. Obesity increases the risk of having chronic diseases, such as heart disease, stroke, and some cancers (breast, colorectal, endometrial, and kidney). According to the CDC, chronic diseases cause 7 out of 10 deaths each year and account for 75% of costs spent on medical care (Centers for Disease Control and Prevention. *Chronic diseases: the power to prevent, the call to control, at-a-glance 2009*). Consequently, the impact of obesity is substantial in Harford County as well as in Maryland and the United States.



For the 2008-2010, an estimated 35.8% of the adult population in Harford County was classified as overweight, and 27.6% were obese. The White non-Hispanic population had lower percentages of overweight (36.7%) and obesity (26.9%) as compared to the Black-non-Hispanic population (42.4% overweight, 33% obese) (CDC Behavioral Risk Factor Surveillance System).

Type 2 diabetes, which accounts for about 90% to 95% of all diagnosed cases of diabetes, is associated with obesity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans, Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes and its complications

([http://www.cdc.gov/diabetes/pubs/general11.htm#gen\\_c](http://www.cdc.gov/diabetes/pubs/general11.htm#gen_c)).

An estimated 7.4% of White, non-Hispanic and 10.5% Black, non-Hispanic individuals have been diagnosed with diabetes (excluding diabetes in pregnancy) in Harford County. These percentages are lower than comparable percentages for Maryland, where an estimated 8% of the White non-Hispanic and 12.9% of Black non-Hispanic populations have been given the diagnosis (2008 -2010, Maryland Behavioral Risk Surveillance System).

The Maryland Youth Tobacco Survey (MYTS), conducted biannually in public middle and high schools in Maryland to assess the prevalence of risk factors and behaviors, provides data on obesity in 12 – 18 year olds. The survey asks about the height and weight of the respondent, and these values are used to determine overweight and obesity. Overweight and Obese are determined by measuring BMI-for-age, a Centers for Disease Control and Prevention (CDC) methodology that takes into account a youth's height, weight, gender, and age in months.

The results of the MYTS indicate that, in 2010, an estimated 9.8% of Harford County youth were obese as compared to 11.6% of Maryland youth. Black youth had higher percentages of obesity in both Harford County and Maryland.

**Estimated Percentage of Obesity for Middle and High School Students  
Harford County and Maryland, 2010**

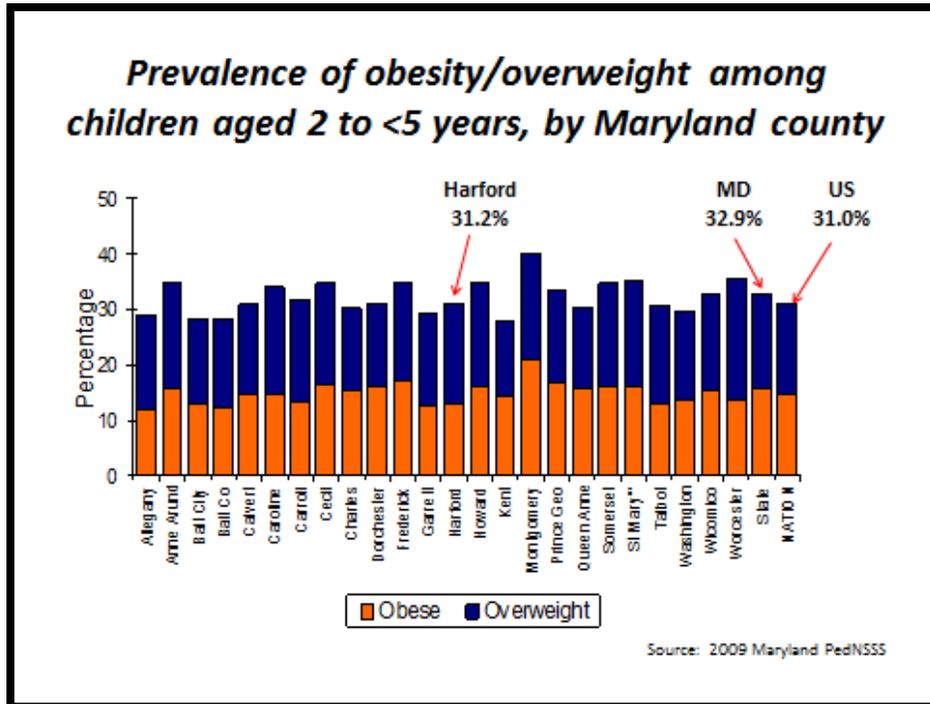
<b>Middle and High School Students</b>	<b>Harford County</b>	<b>Maryland</b>
Total middle and high school	9.8%	11.6%
Total Female	7.2%	9.2%
Total Male	12.5%	14.1%
White	8.2%	8.7%
Black	15.2%	15.1%
Hispanic	12.3%	13.9%

Source: 2010 Maryland Youth Tobacco Survey, Maryland Department of Health and Mental Hygiene

Estimates on the rates of overweight and obesity for children aged two through four are available from the Centers for Disease Control’s Pediatric Nutrition Surveillance System (PedNSS), using data from the federally funded Special Nutrition Program for Women, Infants and Children (WIC). The most recent data available, from the 2010 PedNSS, show that 17.4% of

Harford County WIC participants 2-4 years of age were overweight and 13.6% were obese, as compared to the Maryland results of 16.5% overweight and 15.7% obese.

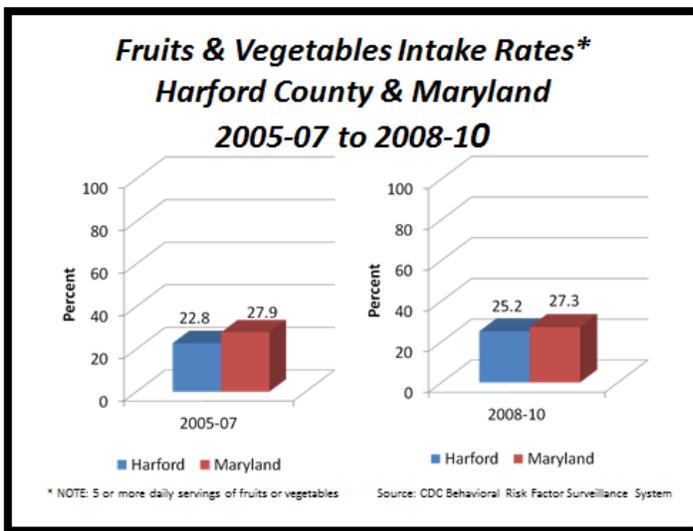
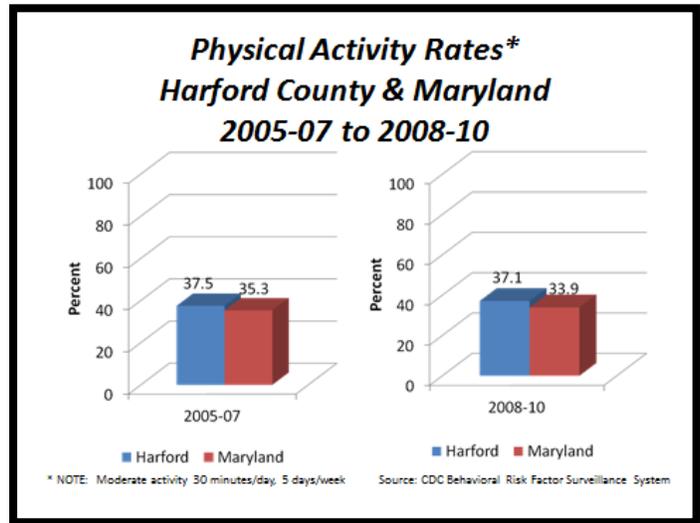
The following bar chart shows data from the 2009 PedNSS report to compare the prevalence of obesity and overweight for preschool WIC participants for the counties, Maryland and the United States.



The PedNSS analysis is for a selected population of children: WIC participants must be income eligible (185% or less of the poverty level) and have a nutritional risk in order to be enrolled in the program. However, these data are consistent with the national increase in the rates of overweight and obesity, even the very young, bringing risk factors for cardiovascular disease, Type 2 diabetes, sleep apnea, asthma and psychosocial consequences (such as social discrimination) (*Childhood Overweight, What Research Tells Us*, Center for Health and Health Care in Schools, September 2007).

A number of explanations have been offered about why obesity is now at epidemic proportions. In 2001, the Surgeon General’s *Call to Action* noted that poor eating habits and physical inactivity contribute to increased levels of overweight and obesity (U.S. Department of Health and Human Services, *The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*. 2001).

The 2008 Guidelines, science-based guidance to help Americans improve their health, recommends that adults do at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity physical activity per week or an equivalent combination of the two (Centers for Disease Control and Prevention, *State Indicator Report on Physical Activity, 2010 National Action Guide*). Slightly more than one-third of Harford County adults exercise as recommended by federal guidelines, a slightly higher percentage than Maryland.



Eating fruits and vegetables contribute to a healthy diet. However, only one-fourth of Harford County adults eat the recommended five or more fruits and vegetables a day, a smaller percentage than the Maryland population.

#### D. Summary

Obesity, tobacco use and behavioral health stand out as three significant health problems in Harford County. The percentage of overweight/obese adults in Harford County is similar to the State as are the percentages of County adults who meet the physical activity guidelines and eat the recommended daily amount of fruits and vegetables. The percent of Harford County's adults who use tobacco, however, is well above the State percent. Tobacco use and obesity contribute to chronic disease, and the mortality rate from heart disease, cancer, and COPD for Harford residents is above the rate for Maryland.

***In lifestyle choices, Harford County ranks worse than or even with the State***

Indicator	Harford	Maryland	Comparison
Adult Tobacco Use	20.3%	15.1%	X
Youth Tobacco Use	17.3%	17.1%	X
Adult Binge Drinking	16.0%	13.7%	X
Youth Binge Drinking	39.0%	28.6%	X
Youth Marijuana Use	27.3%	20.7%	X
Youth Narcotic Use	8.1%	4.5%	X
Youth Heroin Use	2.3%	1.3%	X
Obesity/ Overweight	63.5%	64.1%	↔
Physical Activity	37.1%	33.9%	↔
Fruits/ Vegetables	25.2%	27.3%	X

Substance abuse, both alcohol and illegal drugs, is a major problem in the County, as illustrated by a death rate from intoxication that is the third highest in the State. Suicide rates are also climbing, suggesting that behavioral health is a significant public health problem.

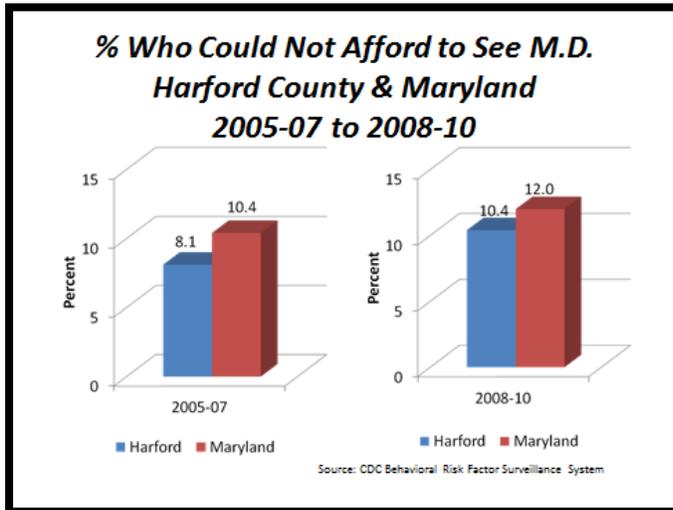
**VII. Access to Health Care**

**A. Health Insurance coverage**

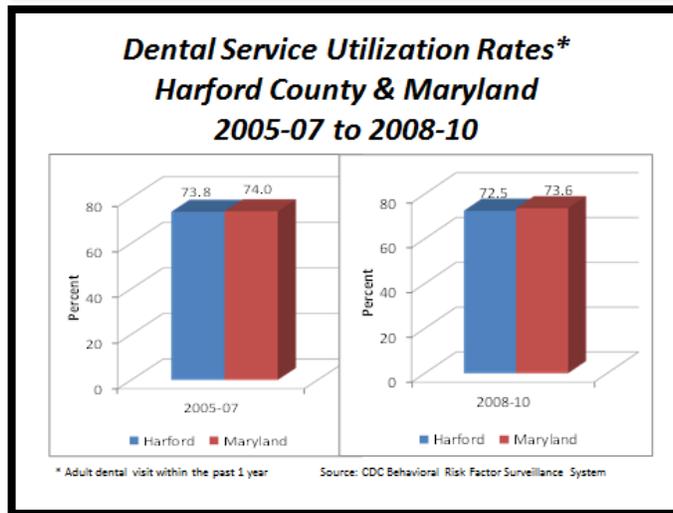
Access to health care takes into consideration the ability of a person to receive health care services, a function of the availability of the services and whether or not the person can pay for services. Lack of health insurance to cover the cost of services often keeps people from accessing needed health care, which can lead to serious health problems. Indeed, for adults under the age of 64, not having health insurance is associated with increased mortality (*Health Insurance and Mortality in US Adults*, Andrew P. Wilper, MD, MPH, Steffie Woolhandler, MD, MPH, Karen E. Lasser, MD, MPH, Danny McCormick, MD, MPH, David H. Bor, MD, and David U. Himmelstein, MD, American Journal of Public Health, 2009).

In Harford County, an estimated 7% of the population does not have health insurance coverage, with 10% of adults between the ages of 18 and 64 years lacking insurance as compared to Maryland where 11.3% of the total population lacks coverage and 15.5% of adults between the ages of 18 to 64 are uninsured (2010 American Community Survey 1-Year Estimates, U. S. Census Bureau). Of the various population groups in Harford County, the Hispanic or Latino

population (of any race) has the highest proportion of uninsured individuals (16.3%), much lower than the estimated 35% of Hispanic or Latino population in Maryland who lack health insurance. Harford’s White population has a lower percentage of uninsured (6.1%), when compared to the Black or African-American population (12.9%) (2010 American Community Survey 1-Year Estimates, U. S. Census Bureau).



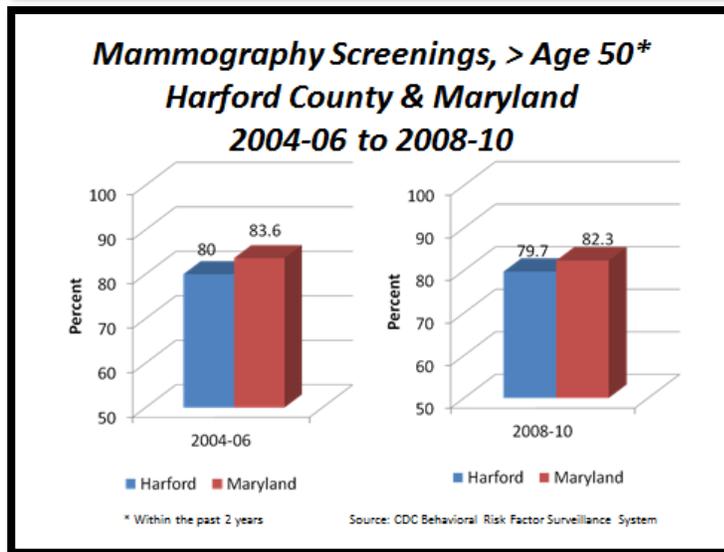
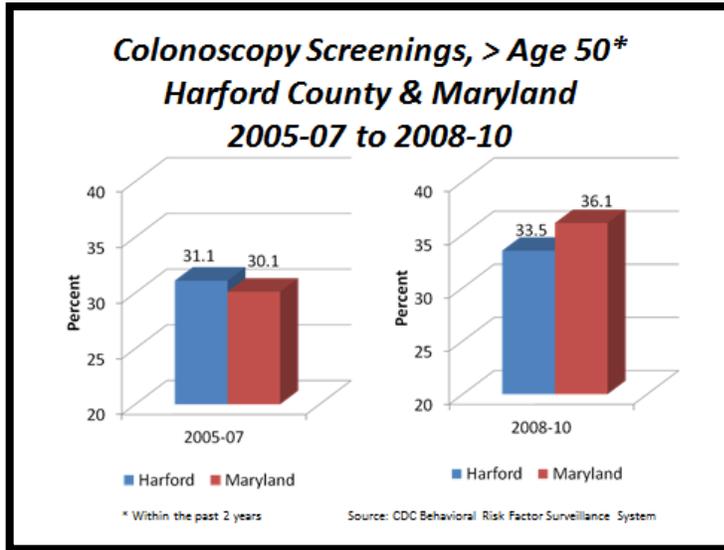
In 2008-2010, one out of every 10 Harford County adults between the ages of 18 and 64 could not afford to see a doctor, an increase over 2005-2007.



Less than three-fourths of adults between the ages of 18 and 64 years had a dental visit in 2008-2010, comparable to Maryland and a slightly lower percentage than 2005-2007.

Harford County’s LHIP objective 38 measuring, “the percentage of children 4-20 years enrolled in Medicaid that received a dental service visit in the past year” (CY 2009 Medicaid data) indicates that, 58.2% Medicaid children received a dental visit, only slightly lower than Maryland’s 59% ([http://eh.dhmd.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmd.gov/ship/SHIP_Profile_Harford.pdf)).

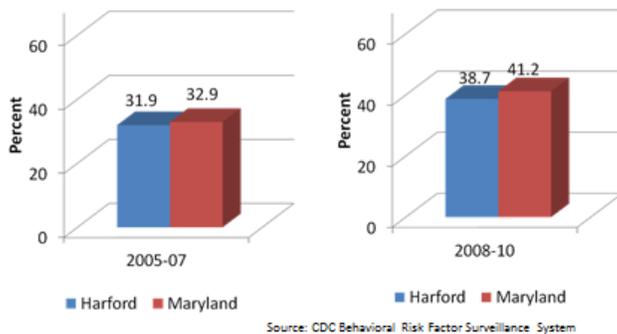
## B. Availability of Preventive Health Services



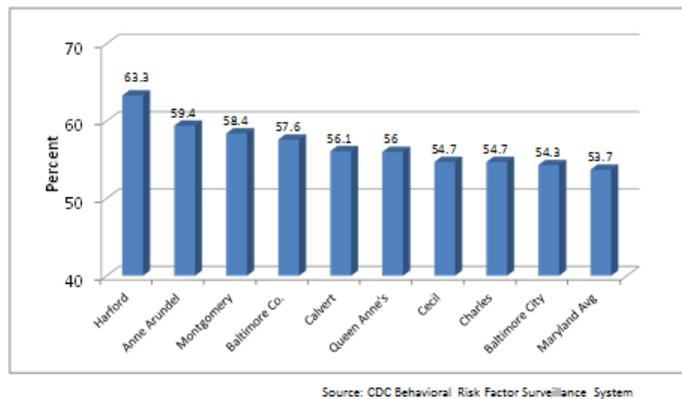
With grants from the Maryland Tobacco Fund Program, Harford County Health Department has supported screening for colorectal and breast cancer since 2001. The County has had a decrease in colorectal cancer deaths in 2007-2009, although breast cancer death rates have remained unchanged and are slightly above the Maryland rate. The County lags behind in the percentage of colonoscopies and mammography screenings performed in 2008-2010 although the percentage of colonoscopy screenings has increased.

Harford County Health Department sponsors influenza immunization clinics for adults and has increased vaccination rates in 2008-2010, as compared to 2005-2007, although the rate remains lower than Maryland's, as noted in the Harford County Health Improvement Process ([http://eh.dhmd.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmd.gov/ship/SHIP_Profile_Harford.pdf)). However, Harford County leads Maryland jurisdictions in childhood influenza vaccination rates, immunizing children in schools during 2011.

### Adult Influenza Vaccination Rates Harford County & Maryland 2005-07 to 2008-10



### Childhood Influenza Vaccination Rates County Leaders, 2010

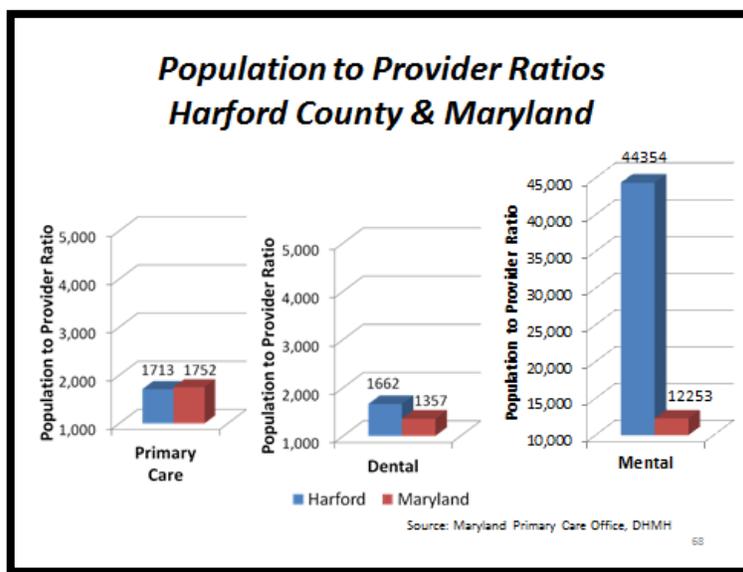


### C. Access to Medical and Dental Care

When health care providers are not available in a geographic area, the federal government can designate the area as a Health Professional Shortage Area (HPSA), which makes the area eligible for additional resources including health care providers who are on a special immigration program through the J1Visa Waiver Program, or who are funded through the National Health Services Corps, or who participate in the dental or physician Loan Assistance Repayment Programs. Also, providers may be entitled to enhanced Medicare and Medicaid reimbursements ([http://fha.dhmd.maryland.gov/ohpp/docs/HPSA\\_Factsheet.pdf](http://fha.dhmd.maryland.gov/ohpp/docs/HPSA_Factsheet.pdf)).

The ratio of population to primary care provider (1 provider for every 1,713 residents) in Harford County is similar to Maryland's. The number by itself does not represent a shortage of physicians. However, four southern census tracts running along the boundary of the Aberdeen

Proving Ground have been included in a HPSA because of a lack of accessible primary care (see Map 5, Appendix). Also, while it appears that there is an adequate number of dentists to provide care to County residents (1 dentist for every 1,662 residents) when compared to the Maryland ratio, the southern portion of the County, bordering Aberdeen Proving Ground, is a Medicaid eligible HPSA for dental professionals, meaning that there are not enough Medicaid providers to see the Medicaid population (see Map 6, Appendix).



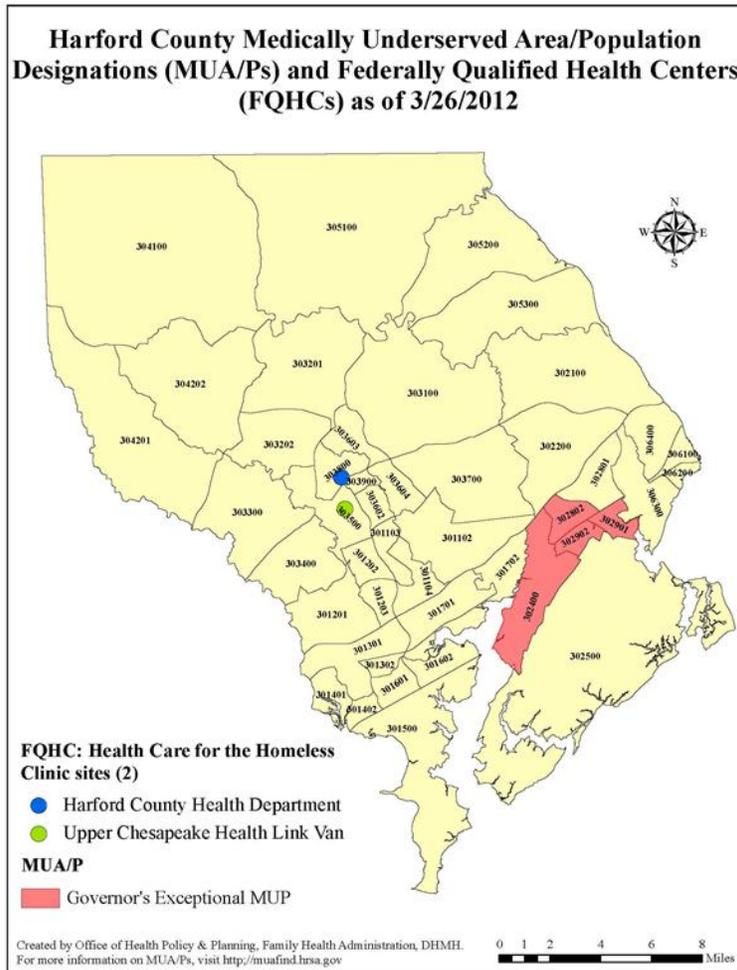
Source: Maryland 2004 Claritas; 2006-2007 Maryland Board of Physicians; 2008 Maryland State Board of Dental Examiners. Data provided by the Maryland Primary Care Organization, 7/1/10

As reflected in the bar chart above, there is a ratio of one mental health professional to every 44,354 residents in Harford County. State-wide this ratio is one mental health professional to every 12,253 residents. This lack of mental health service providers has resulted in the federal designation of Harford County as a mental health HPSA.

Because access to medical services in the southern portion of Harford County is a problem, the County submitted an application to the U.S. Health Services and Resources Administration, Health and Human Services requesting designation of four census tracts in the south as medically underserved, so that the area would be eligible for a Federally Qualified Health Center (<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/primarycarehpsaoverview.html>).

The Maryland Primary Care Organization (Department of Health and Mental Hygiene), in partnership with Healthy Harford and the Harford County Health Department, documented that the tracts highlighted in red on the map below had unusual local conditions that presented a barrier to access to personal health services for the population. The area has received the federal designation of Governor’s Medically Underserved Population, so it is now eligible to

establish an FQHC or to become a satellite clinic for an FQHC, increasing access to health care providers for area residents and providing more affordable care, on a sliding fee scale, to residents who are underinsured or uninsured.



While no FQHC has been established in this area, health services are available, on a sliding fee scale, through the Upper Chesapeake HealthLink Primary Care Clinic (UC HealthLink PCC). The clinic is funded by the Upper Chesapeake Health Foundation and supported by Upper Chesapeake Health Systems. The UC HealthLink PCC provides primary care to adults ages 19 and above who are uninsured or underinsured and are 300% of the federal poverty level. In addition to primary care, the clinic offers on-site mental health counseling by a licensed social worker, diabetes education, medication assistance, and access to specialty care on a sliding scale basis via a cooperative community Specialty Care Network. Spanish language interpretive services are also available.

In addition to its stationary clinic, HealthLink operates a mobile medical van which offers rotating primary care clinics throughout the County, as well as biometric screenings in various

locations and events in the community

([http://www.uchs.org/?section=healthlink&page=about\\_healthlink](http://www.uchs.org/?section=healthlink&page=about_healthlink)). The UC HealthLink PCC serves Harford County's homeless population through a targeted grant from Maryland's Healthcare for the Homeless.

The Harford County Health Department has programs targeted to the County's most vulnerable populations (<http://www.harfordcountyhealth.com/>), including an HIV/AIDS clinic, services for the homeless, family planning services on a sliding fee scale, dental care for children receiving Medicaid, immunizations, school based health centers, insurance coverage for income-eligible breast and cervical cancer patients, and addiction services for adolescents and adults. The Health Department works closely with other government organizations, including the Office of Drug Policy Control in Harford County's Department of Community Services (DCS) and the Harford County Public Schools, to ensure that health care is provided to those in need.

#### **D. Access to Healthy Food**

Healthy foods are an essential component in maintaining a healthy weight and overall well-being. Lack of access to nutritious foods has been associated with obesity and other health problems. The Harford Obesity Task Force collaborated with the DCS in assessing the availability of food to low and moderate income populations, finding that the majority of food resources is in the southern part of the County. This area also has the highest proportion of low income and minority populations.

Harford County does not have an area which meets the federal criteria for a food desert (a low income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store). However, three northeastern communities (Darlington, Street and Whiteford) were identified as lacking food resources, with the recommendation that these areas should be targeted for additional resources. The DCS submitted the results of its assessment to the U.S. Department of Housing and Urban Development, as part of the Harford County Consolidated planning process (<http://www.harfordcountymd.gov/services>).

## E. Summary

***With access to care, Harford County has multiple needs***

Indicator	Harford	Maryland	Comparison
Afford to See M.D.?	10.4%	12.0%	✓
Colonoscopy	33.5%	36.1%	✗
Mammography	79.7%	82.3%	✗
Adult Flu Vaccine	38.7%	41.2%	✗
Child Flu Vaccine	63.3%	53.7%	✓
Health Ins Coverage	7.0%	11.3%	✓
Dental Services	72.5%	73.6%	✗
MH Pop:Prov Ratio	44,354:1	12,253:1	✗

70

Many Harford County residents lack access to primary, mental health and dental care. While the Health Department and HealthLink offer screenings and primary care for low-income residents, a group of four census tracts in the lower southern part of the County has received a designation as a Medically Underserved Population and is eligible for a federally qualified health center, which would provide a wide-variety of health services to Medicaid and Medicare recipients, the insured population, and low income residents who would pay on a sliding fee scale. While no areas of Harford County contain food deserts, the County does have areas in which low income residents may have difficulty accessing healthy foods.

### VIII. Public Health Resources

The Harford County Health Department (HCHD) has a number of programs to address the public health needs of Harford County residents and works with a variety of community organizations to assess community health and to develop strategies to meet these needs. The department's Fiscal Year 2011 **Annual Report** (<http://www.harfordcountyhealth.com/>) gives a summary of the services that the health department provides, and the first section of the plan summarizes efforts underway to identify the most significant health issues in the County and to develop effective strategies to address these.

To support the health improvement strategies, HCHD has applied for and received State funding to implement new initiatives. In January 2012, the Maryland Community Health Resources Commission (<http://dhmh.maryland.gov/mchrc/SitePages/Home.aspx>) awarded the

health department a grant to fund the Family Planning Program's initiative to increase access to comprehensive women's health services in an effort to reduce infant mortality in Harford County. Recognizing the importance of preconception health for both reducing unintended pregnancies and improving pregnancy outcomes, Family Planning is adding comprehensive care coordination and community outreach components to its existing family planning/reproductive health services.

The Maryland Community Health Resources Commission has also funded HCHD to implement several of the strategies outlined in the Local Health Action Plan (<http://www.harfordcountyhealth.com/wp-content/uploads/2012/03/Action-Plan-Priorities.pdf>) developed to address the results of the Local Health Improvement Process ([http://eh.dhmdh.md.gov/ship/SHIP\\_Profile\\_Harford.pdf](http://eh.dhmdh.md.gov/ship/SHIP_Profile_Harford.pdf)). The action plan, developed in consultation with Harford County's Health Improvement Coalition, focuses on obesity, tobacco use prevention, and behavioral health.

Components of the Local Health Action Plan will also be supported with funding awarded by the Maryland Department of Health and Mental Hygiene from the federal Community Transformation Grant, with funding for strategies to change tobacco use policies (e.g. smoke-free municipalities) and to initiate obesity prevention policies.

While the additional funding will enable the HCHD to undertake several initiatives, HCHD continues to work with existing community organizations in addressing public health concerns. HCHD staff participates on a number of committees, coalitions and associations to advocate for public health initiatives and to provide public health expertise. These groups share a common commitment to improve Harford County residents' health and access to care. HCHD staff is active in working with:

- The Harford County Dental Advisory Council, which includes a representative from the County Council as well as the Maryland Office of Oral Health;
- School Health Council, comprised of representatives from the Harford County Public Schools and Department of Health, with other stakeholders;
- Harford County Cancer and Tobacco Community Coalition, comprised of two sections (Tobacco and Cancer), established under the Maryland Cigarette Restitution Fund's enacting legislation;
- Inner County Outreach, HCHD's Minority Outreach and Technical Assistance contractor for Maryland Cigarette Restitution Fund programs;
- FACE IT, a faith-based community coalition working on substance abuse issues;
- Maryland Air Quality Control Council;
- Harford County Environmental Advisory Board;

- Harford County Animal Control Advisory Board;
- Mental Health and Addictions Advisory Council;
- Harford County Fetal and Infant Mortality Review Program and the Child Fatality Review Team;
- Domestic Violence Fatality Review Team;
- Local Management Board, working with other government agencies to coordinate service delivery systems to improve outcomes for children, youth and families;
- Harford Roundtable, sponsored by Homeless Services, Harford County Department of Community Services;
- Harford County Community College Nursing Advisory Board; and
- Harford County Women’s Roundtable.

## IX. Conclusion

Harford County, a relatively wealthy and well-educated Maryland jurisdiction, has an unacceptably high burden of chronic disease. Demographic data for Harford County residents reveal an above average median household income (\$76,808 in Harford vs. \$70,017 in Maryland); a higher than average percent of high school graduates (91 % in Harford vs. 87.8% in Maryland); and a more homogeneous population (81.2% White/12.7% Black populations in Harford vs. 58.2% White/29.4% Black populations in Maryland). Yet, Harford County residents have age-adjusted mortality rates worse than the State average for the four leading causes of death – heart disease, cancer, stroke, and chronic obstructive pulmonary disease (COPD). Furthermore, chronic disease mortality trends are not moving in the right direction. From 2004-06 to 2007-09, Harford County age-adjusted mortality rates failed to improve at the same rate as the State average for cancer, stroke, and COPD.

Racial disparities are also a concern in Harford County: Black infants are more likely to be low birthweight and are more than twice as likely to die before the age of one, as compared to White infants. The Black age-adjusted mortality rates are worse than the White age-adjusted mortality rates for heart disease, cancer, and stroke.

Primary prevention data reflecting adverse lifestyle factors, such as tobacco use, are worse in Harford County than the rest of the State, as evidenced by 2008-10 BRFSS data for adult tobacco use (20.3% in Harford vs. 15.1% in Maryland) and by 2010 Maryland Youth Tobacco Survey data for underage middle and high school youth (17.3% in Harford vs. 17.1% in Maryland). Furthermore, Harford County adults and youth tobacco use trends are moving in the wrong direction.

According to 2008-10 BRFSS data, other lifestyle risk factor indicators, such as adult obesity/overweight prevalence (63.5% in Harford vs. 64.1% in Maryland; physical activity rates (37.1% in Harford vs. 33.9% in Maryland); fruit/vegetable intake rates (25.2% in Harford vs. 27.3% in Maryland), are comparably poor in both Harford County and the State. Similarly, 2009 Pediatric Nutrition Surveillance data reveal comparably poor obesity/overweight indicators for 2 to 4 year olds in both Harford County (31.2%) and Maryland (32.9%).

Mental health and substance abuse are significant public health concerns in Harford County, reflected in an increase in the suicide death rate, which rose by 20% between 2005-07 and 2008-10, reaching 11.3 deaths per 100,000 population, well above the State rate of 8.9. Greater percentages of Harford County adults and of youth are binge drinking, when compared to Maryland. Also, a higher percentage of Harford County high school students use marijuana, heroin, and other narcotics.

While a lower percentage of Harford County residents lacks health insurance (7%) when compared to Maryland (11.3%), one in 10 Harford adults between the ages of 18 and 64 could not afford to see a doctor (2008-2010). Harford's Black population was less likely than the White population to be insured: 6.1% of Whites were estimated to be uninsured as compared to 12.9% of Blacks, possibly leading to the higher mortality rates for chronic diseases that Blacks experience.

In primary prevention, the County also lags behind Maryland with lower percentage of the population receiving colonoscopies and mammography screenings in 2008-2010. During that same time period, a lower percentage of Harford adults received influenza vaccinations when compared to Maryland although Harford led the State in childhood influenza rates.

Lack of access to primary health care and dental care have both been identified as significant in the southern portion of the County, along the boundary of the Aberdeen Proving Grounds, with Health Provider Shortage Areas (HPSA) designations, while the low number of mental health providers in the County earned a HPSA designation for all of Harford County. Four census tracts in southern Harford County received the federal designation of Medically Underserved Population, making the area eligible for Federally Qualified Health Center services. No "food deserts" were identified in the County, but three northeastern communities did lack food resources and should be targeted for additional resources: Darlington, Street and Whiteford.

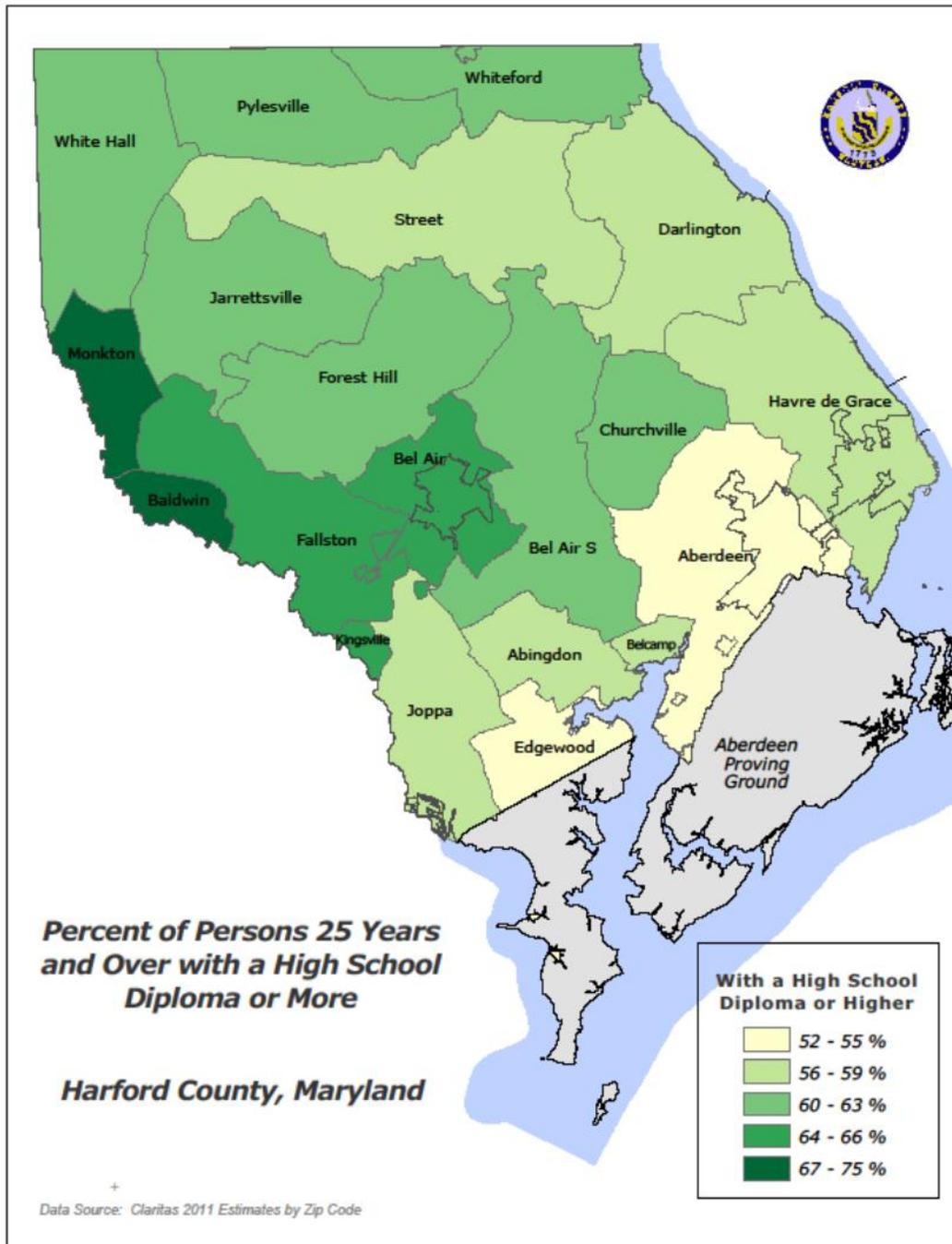
To address the three major health problems identified by the LHIC – obesity, tobacco use, and behavioral health (substance abuse and mental health) – the County's Local Health Improvement Coalition is working on the Local Health Action Plan, which includes a number of

specific strategies to promote healthy lifestyles. The Obesity Task Force is also developing recommendations on programs and policies to create a healthier Harford and will present these to the County Council in October, 2012.

A “Community Health Improvement Plan” is now being written to reflect the work of the LHIC and the Obesity Task Force and the goals and objectives of public health improvement efforts. The Local Health Action Plan, supported in part by funding from the Maryland Department of Health and Mental Hygiene, will serve as a road map to reach these goals.

# Appendix

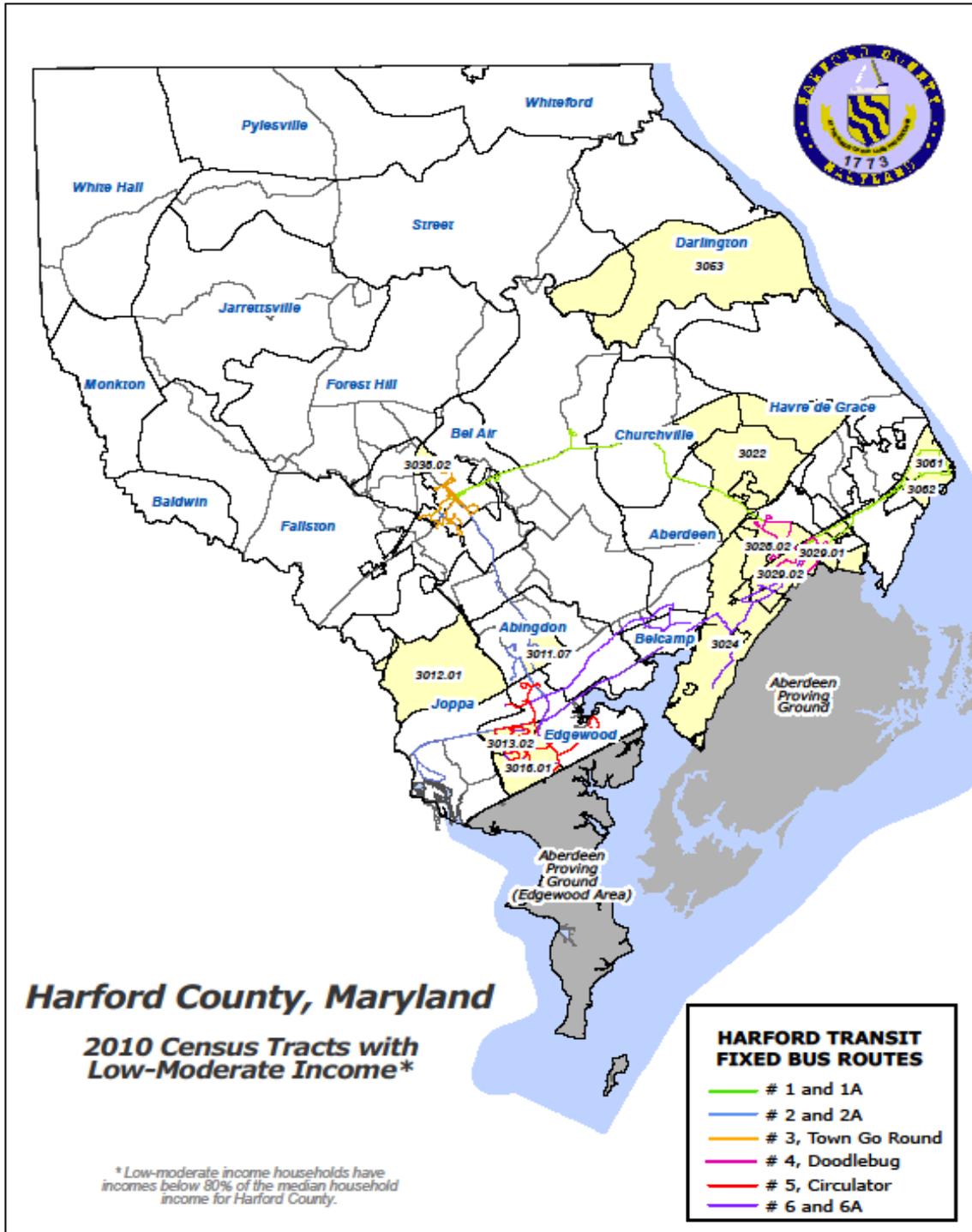
Map 1



Source: Claritas 2011 Estimates

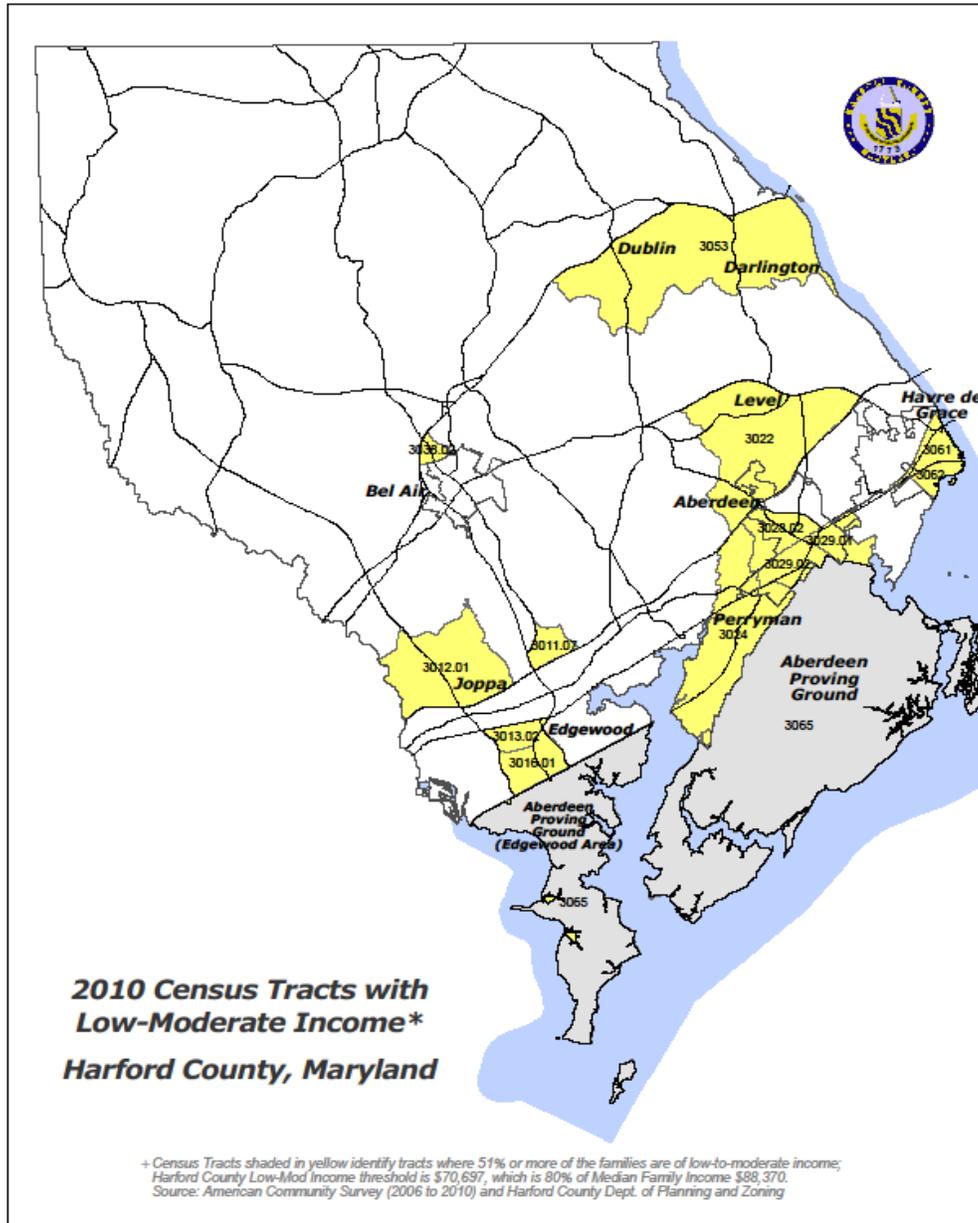
# Appendix

Map 2



## Appendix

Map 3

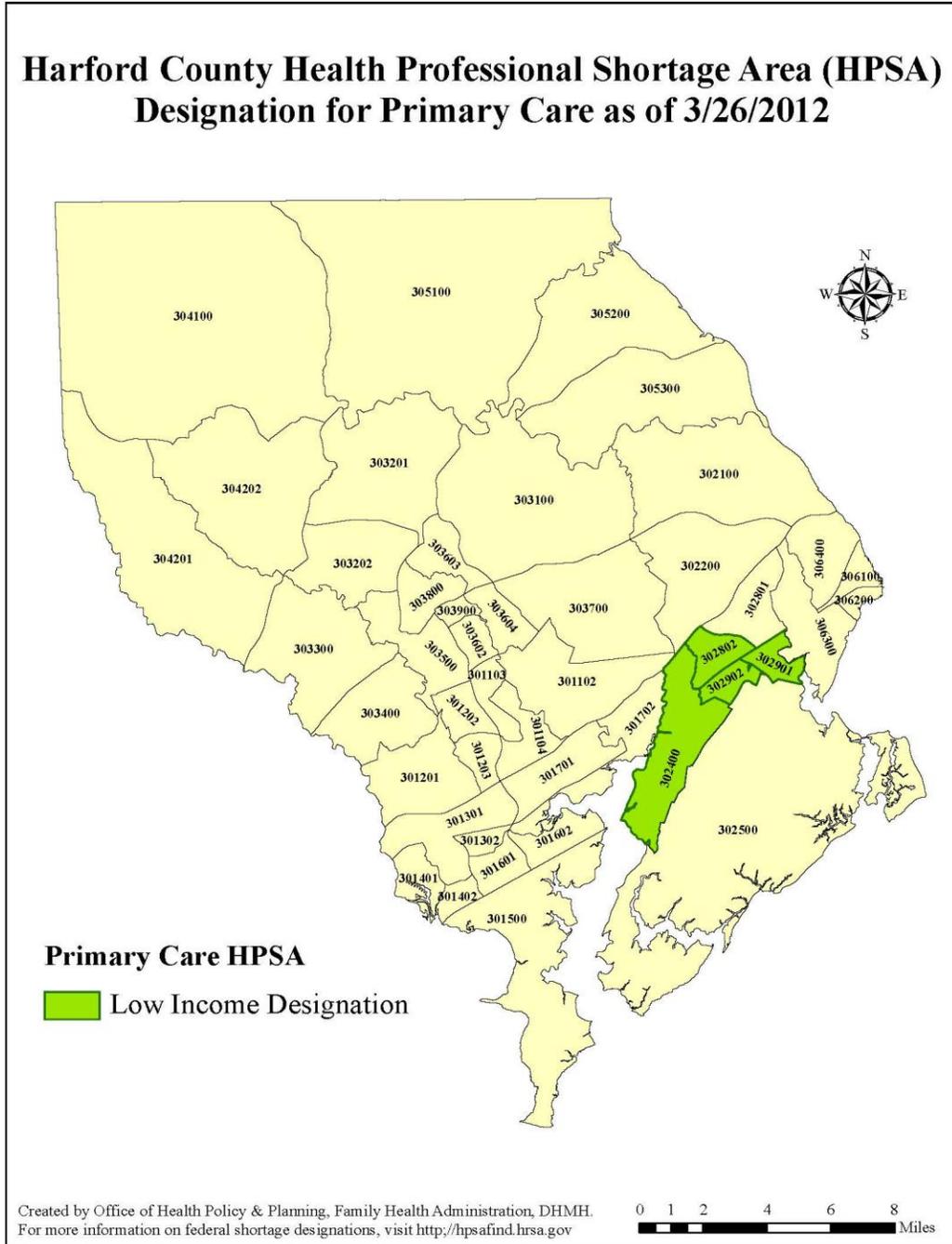


The areas highlighted in yellow in the map above are census tracts where over 51% of families have low to moderate incomes, defined as incomes below \$70,697 (80% of the county's median family income of \$88,370).



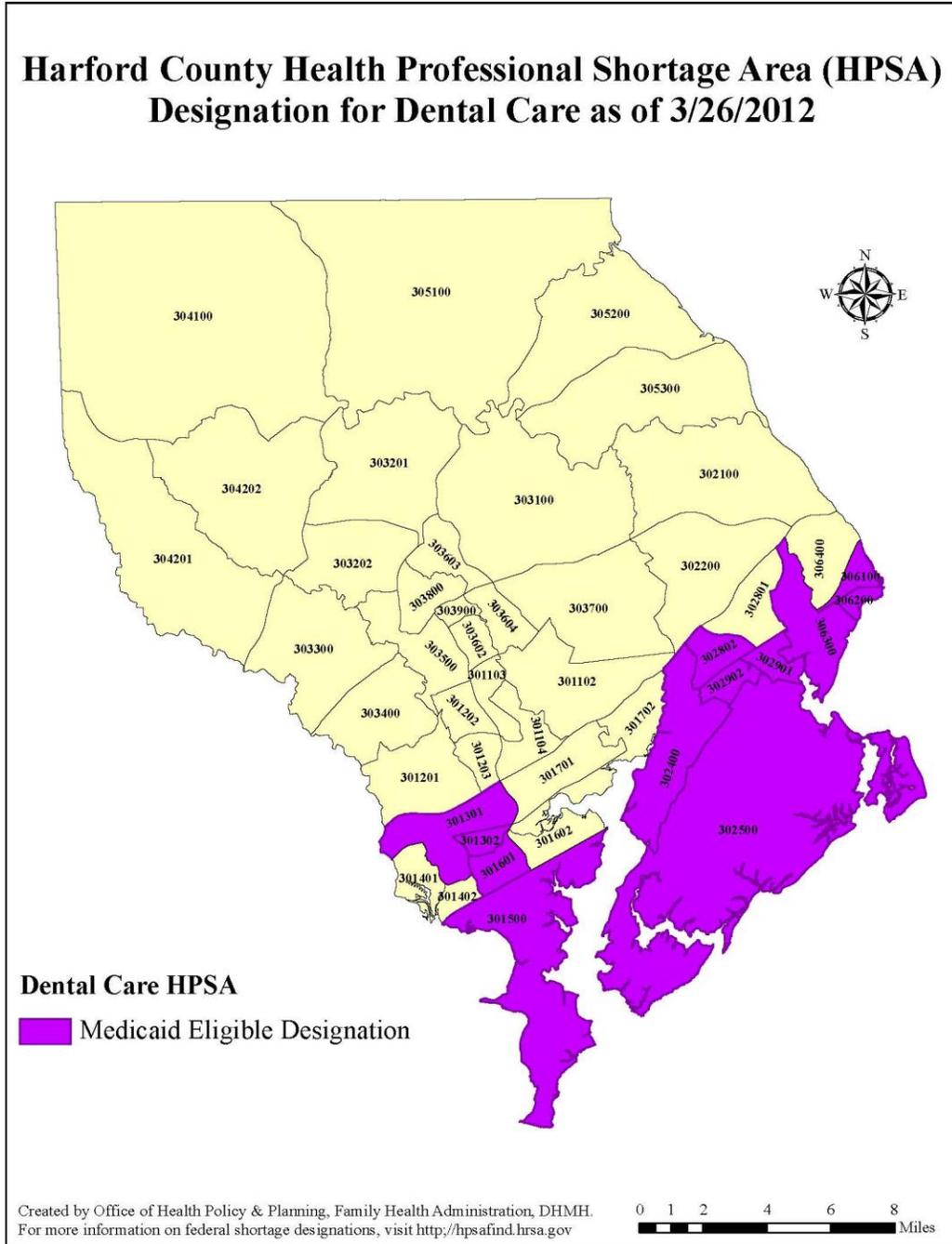
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Map 5



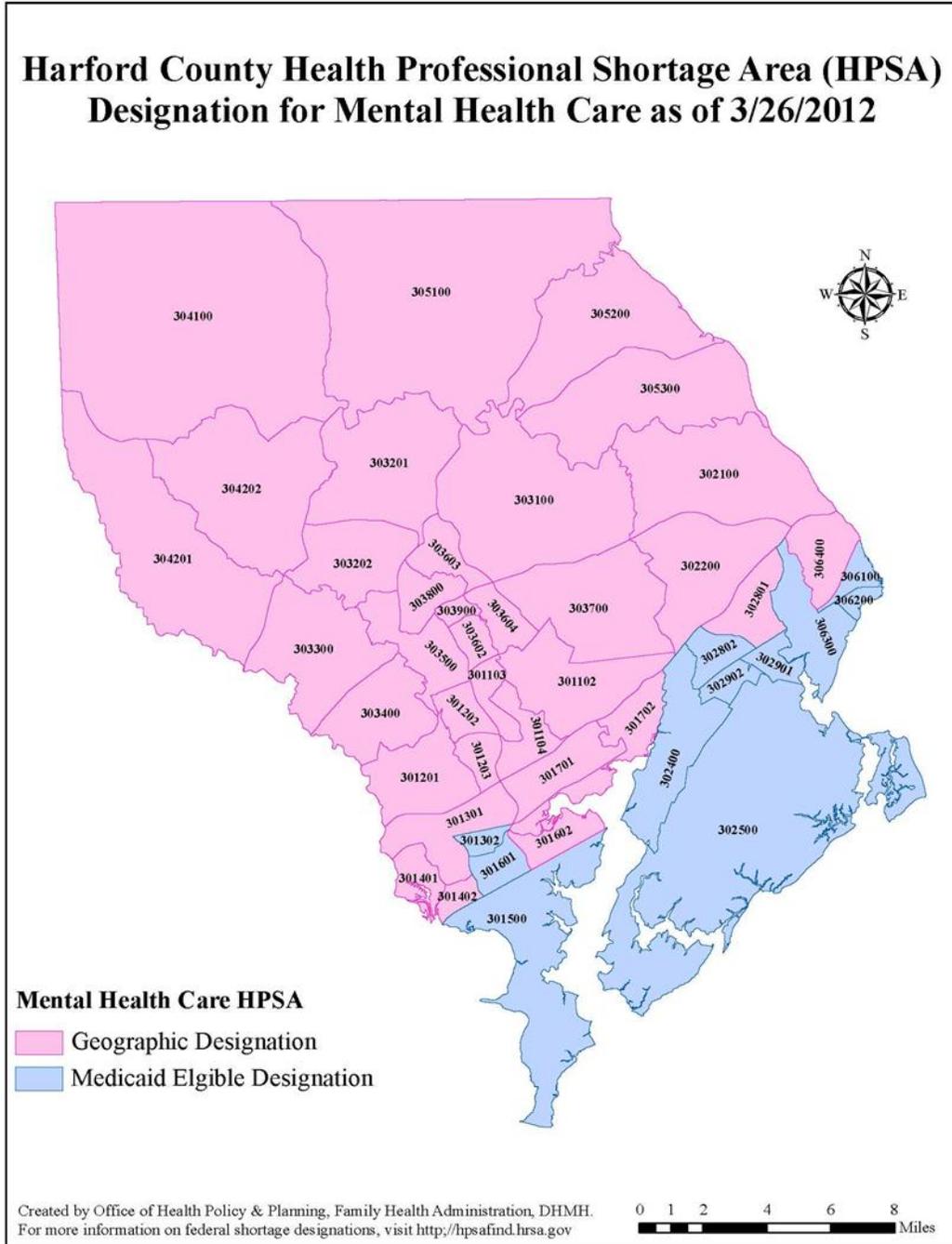
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Map 6



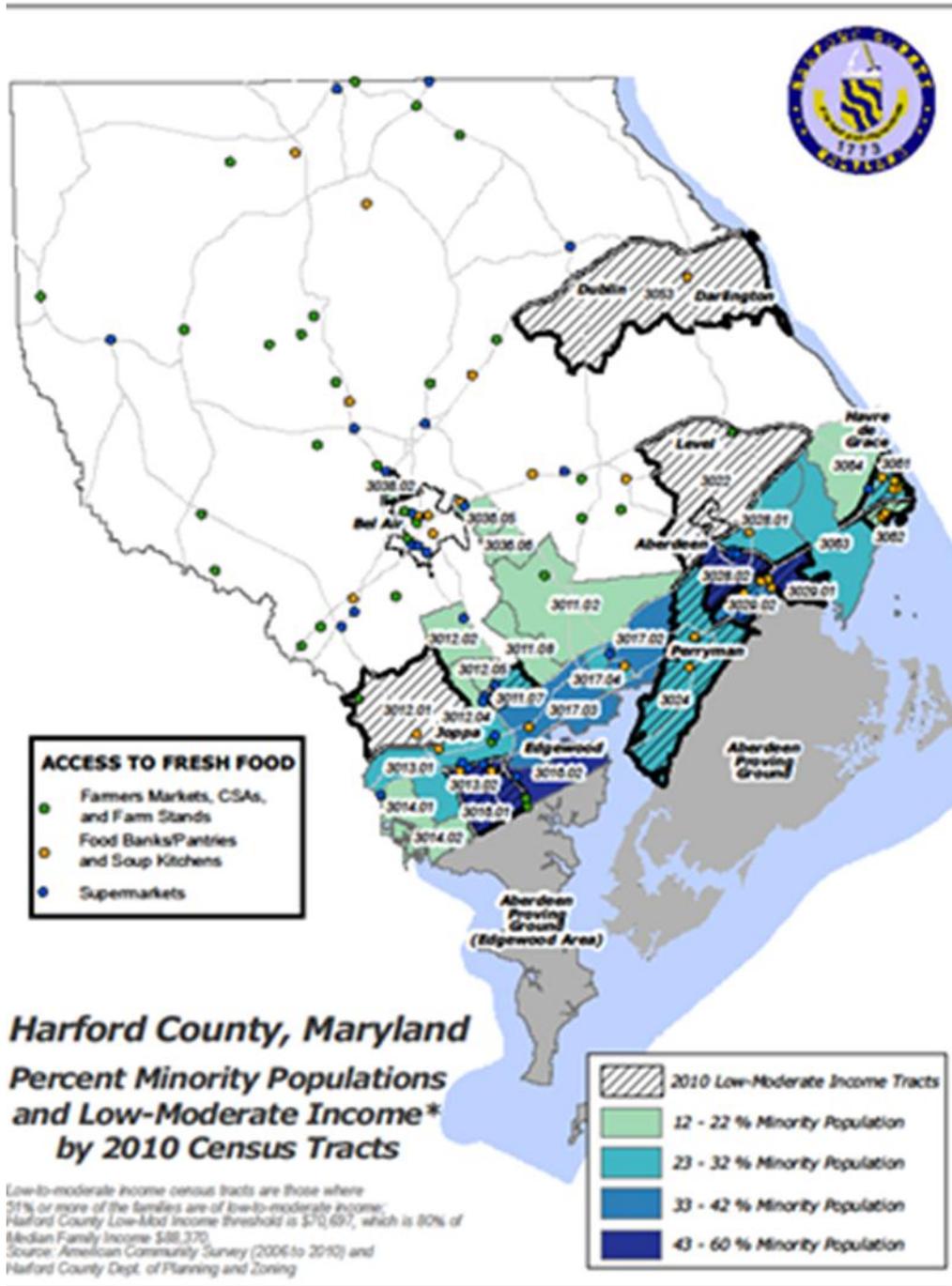
# Appendix

Map 7

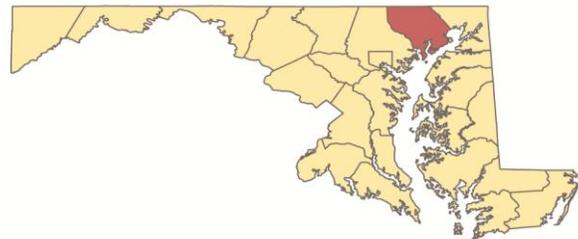


Appendix

Map 8



# HARFORD COUNTY



Harford County has some notable health strengths and other areas where an investment in targeted action could pay dividends over the upcoming years.

**Good News!** In terms of the 39 SHIP measures, Harford County performs best relative to the State baseline on new HIV infections, access to healthy food, and pedestrian injuries on public roads.

**Challenges** – The top five SHIP measures where Harford County performs worse than the State baseline are air quality, adult smoking, hospitalizations for Alzheimer's disease and other dementias, suicides, and drug-induced deaths.

The SHIP website provides continuously updated tools to address health challenges in the County, as well as tips and resources for individuals. The website also features news and opportunities to inform evidence based local action. We invite you to visit the website frequently and let us know how to improve it by clicking on the comment link. You can also friend us on Facebook <http://www.facebook.com/MarylandSHIP> or follow us on Twitter <http://www.twitter.com/MarylandSHIP> for regular news and resources. Click on the link at the bottom of this page or e-mail the coalition contact listed below to get involved or learn more.

Demographics	Harford	Maryland
Total Population*	244,826	5,773,552
Age*, %		
Under 5 Years	6.1%	6.3%
Under 18 Years	24.7%	23.4%
65 Years and Older	12.5%	12.3%
Race/Ethnicity*, %		
White	81.2%	58.2%
Black	12.7%	29.4%
Native American	0.3%	0.4%
Asian	2.4%	5.5%
Hispanic or Latino origin	3.5%	8.2%
Median Household Income**	\$76,808	\$70,017
Households in Poverty**, %	7.0%	8.6%
Pop. 25+ Without H.S. Diploma**, %	8.5%	12.1%
Pop. 25+ With Bachelor's Degree or Above**, %	30.6%	35.6%

Sources: \*U.S. Census (2010), \*\*American Community Survey (2008-2010)

## Health Improvement Coalition Contact:

Susan Kelly  
Health Officer  
410-877-1016  
kellysu@dhmh.state.md.us



**Local Health Improvement Coalition Website:**

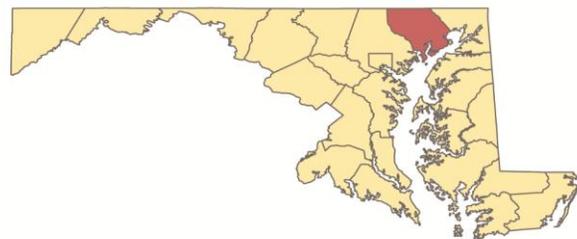
<http://www.harfordcountyhealth.com/?p=4742>

**Minority Outreach Contact:**

Inner County Outreach

<http://dhmh.maryland.gov/hd/mota/pdf/InnerCountyOutreach.pdf>

# HARFORD COUNTY

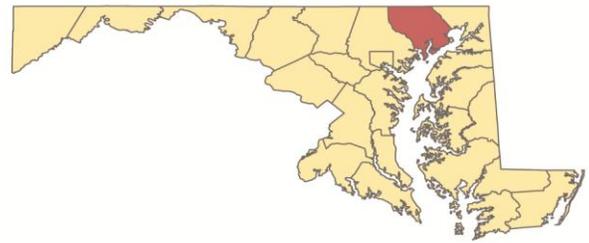


## High Impact Objectives

Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state baseline.

Obj #	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	Maryland 2014 Target
<b>High Morbidity Impact</b>				
17	Rate of ED visits for asthma per 100,000 population (HSCRC 2010)	678.0	850.0	671.0
27	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	285.5	347.2	330.0
28	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	191.6	237.9	225.0
34	Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010)	1,243.7	1,206.3	1,146.0
<b>High Mortality Impact</b>				
25	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	210.7	194.0	173.4
26	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	185.8	177.7	169.2
<b>Multiple Impact Objectives (those objectives with a high rate of return on investment)</b>				
3	Percentage of births that are LBW (VSA 2007-2009)	7.6%	9.2%	8.5%
6	Percentage of births where mother received first trimester prenatal care (VSA 2007-2009)	84.8%	80.2%	84.2%
11	Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010)	84.7%	80.7%	84.7%
30	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	36.6%	34.0%	35.7%
31	Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	11.3%
32	Percentage of adults who currently smoke (BRFSS 2008-2010)	20.3%	15.2%	13.5%
33	Percentage of high school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	22.3%
36	Percentage of civilian, non- institutionalized 18-64 yr olds with any type of health insurance (BRFSS 2008-2010)	87.8%	86.5%	90.9%
38	Percentage of children 4-20 yrs enrolled in Medicaid that received a dental service in the past year (Medicaid CY2009)	58.2%	59.0%	62.0%
39	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	10.4%	12.0%	11.4%

# HARFORD COUNTY



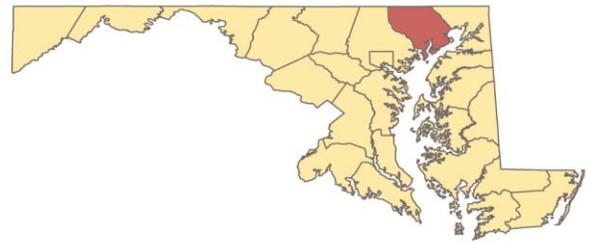
## SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)

Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state and national baselines.

Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
19	Number of days per year the AQI exceeded 100; not all counties are measured for AQI (EPA 2008)	17.0	8.4	11.0		8.0	<b>-102.4</b>	<b>-54.5</b>
32	Percentage of adults who currently smoke (BRFSS 2008-2010)	20.3%	15.2%	20.6%	White/NH- 21.4% Black- 16.4%	13.5%	<b>-33.6</b>	<b>1.5</b>
35	Rate of hospital admissions related to dementia/ Alzheimer's per 100,000 population (HSCRC 2010)	22.1	17.3	N/A		16.4	<b>-27.5</b>	N/A
8	Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.3		9.1	<b>-22.3</b>	<b>-3.9</b>
29	Rate of drug-induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	12.6		12.4	<b>-11.3</b>	<b>-18.4</b>
24	Percentage of adults who have had a flu shot in last year (BRFSS 2008-2010)	38.7%	43.0%	25.0%	White/NH- 39.7% Black- 30.8%	61.5%	<b>-10.0</b>	<b>54.8</b>
25	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	210.7	194.0	190.9	White- 212.1 Black- 213.8	173.4	<b>-8.6</b>	<b>-10.4</b>
33	Percentage of high school students (9-12 grade) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	26.0%		22.3%	<b>-8.1</b>	<b>-3.1</b>

Cont.

# HARFORD COUNTY



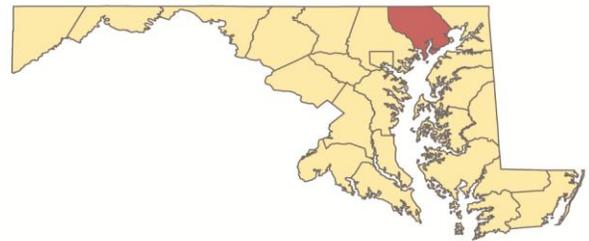
## SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)

Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state and national baselines.

Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
26	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	185.8	177.7	178.4	White-185.9 Black-190.5	169.2	<b>-4.6</b>	<b>-4.1</b>
34	Rate of ED visits for a behavioral health condition per 100,000 population (HSCRC 2010)	1,243.7	1,206.3	N/A	White-1,265.8 Black-1,384.5 Hispanic-301.9	1,146.0	<b>-3.1</b>	N/A
38	Percentage of children 4-20 yrs enrolled in Medicaid that received a dental service in the past year (Medicaid CY2009)	58.2%	59.0%	N/A		62.0%	<b>-1.4</b>	N/A
1	Life expectancy at birth (VSA 2009)	79.2	78.6	77.9		82.5	<b>0.8</b>	<b>1.7</b>
36	Percentage of civilian, non-institutionalized 18-64 yr olds with any type of health insurance (BRFSS 2008-2010)	87.8%	86.5% ^	N/A		90.9%	<b>1.5</b>	N/A
10	Percentage of children who enter kindergarten ready to learn (MSDE 2010-2011)	85.0%	81.0%	N/A		85.0%	<b>4.9</b>	N/A
11	Percentage of students who graduate high school four years after entering 9th grade (MSDE 2010)	84.7%	80.7%	74.9%		84.7%	<b>5.0</b>	<b>13.1</b>

Cont.

# HARFORD COUNTY



## SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)

Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state and national baselines.

Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
6	Percentage of births where mother received first trimester prenatal care (VSA 2007-2009)	84.8%	80.2%	70.8%	White/NH-87.9% Black-73.5% Asian-79.6% Hispanic-77.1%	84.2%	<b>5.7</b>	<b>19.8</b>
14	Rate of deaths associated with falls per 100,000 population (VSA 2007-2009)	6.8	7.3	7.0		6.9	<b>7.3</b>	<b>3.3</b>
30	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	36.6%	34.0%	30.8%	White/NH-36.4% Black-24.7%	35.7%	<b>7.6</b>	<b>18.8</b>
39	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	10.4%	12.0%	14.6%	White/NH-7.5% Black-16.9%	11.4%	<b>13.3</b>	<b>28.8</b>
3	Percentage of births that are LBW (VSA 2007-2009)	7.6%	9.2%	8.2%	White/NH-6.2% Black-13.1% Asian-9.9% Hispanic-8.2%	8.5%	<b>17.4</b>	<b>7.3</b>
27	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	285.5	347.2	N/A	White-250.5 Black-598.9	330.0	<b>17.8</b>	N/A

Cont.

# HARFORD COUNTY



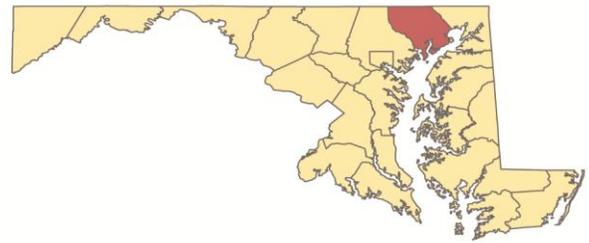
## SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)

Figures in **RED**/**GREEN** represent when the county baseline is **WORSE**/**BETTER** than the state and national baselines.

Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
31	Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	17.9%		11.3%	<b>18.5</b>	<b>45.8</b>
28	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	191.6	237.9	N/A	White- 139.4 Black- 553.8	225.0	<b>19.5</b>	N/A
17	Rate of ED visits for asthma per 10,000 population (HSCRC 2010)	67.8	85.0	N/A	White- 47.9 Black- 190.9 Hispanic- 40.6	67.1	<b>20.2</b>	N/A
2	Infant Mortality Rate per 1,000 births(VSA 2007-2009)	5.6	7.2	6.7	White/NH- 3.9 Black- 11.3	6.6	<b>22.2</b>	<b>16.4</b>
16	Rate of Salmonella infections per 100,000 (IDEHA 2010)	13.5	18.8	15.2		12.7	<b>28.2</b>	<b>11.2</b>
7	Rate of indicated non-fatal child maltreatment cases reported to social services per 1,000 children under age 18 (Dept of Human Resources FY2010)	3.5	5.0	9.4		4.8	<b>29.2</b>	<b>62.3</b>
12	Rate ED visits related to domestic violence/abuse per 100,000 population (HSCRC 2010)	44.5	69.6	N/A		66.0	<b>36.0</b>	N/A
21	Rate of Chlamydia infection for all ages per 100,000 (IDEHA 2009)	209.5	416.7	N/A	White- 106.1 Black- 745.4 (all ages)	N/A	<b>49.7</b>	N/A

Cont.

# HARFORD COUNTY



## SHIP Measures Ranked by Percent Difference from Maryland Baseline (Worst to Best)

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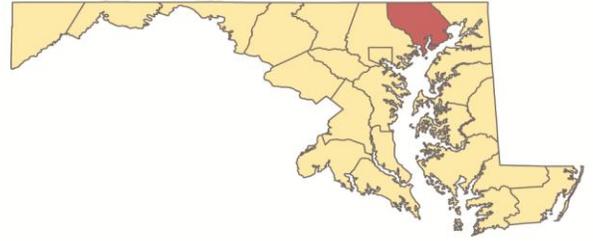
Obj#	SHIP Measure (County Baseline Source)	County Baseline	Maryland Baseline	National Baseline	County by Race/Ethnicity*	Maryland Target 2014	% Diff from Maryland Baseline	% Diff from National Baseline
15	Rate of pedestrian injuries (SHA 2007-2009)	18.1	39.0	22.6		29.7	<b>53.6</b>	<b>20.0</b>
18	Percentage of census tracts with food deserts (USDA 2000)	2.2%	5.8%	10.0%		5.5%	<b>62.1</b>	<b>78.0</b>
20	Rate of new (incident) cases of HIV in persons age 13 and older per 100,000 (IDEHA 2009)	7.0	32.0	N/A		30.4	<b>78.1</b>	N/A
4	Rate of SUIDs (includes deaths attributed to Sudden Infant Death Syndrome (SIDS), Accidental Suffocation and Strangulation in Bed (ASSB) and deaths of unknown cause) per 1,000 births (VSA 2005-2009)	***, 11 (Count only)	1.0	0.9		0.89	N/A	N/A
9	Rate of deaths associated with fatal crashes where driver had alcohol involvement per 100 million Vehicle Miles of Travel (SHA 2009)	***, 4 (Count only)	0.29	0.4		0.27	N/A	N/A
13	Rate of new (incident) cases of elevated blood lead level in children under 6 per 100,000 (MDE 2009)	***, 2 (Count only)	79.1	N/A		39.6	N/A	N/A

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# HARFORD COUNTY

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Three-year rolling averages are presented for many of the measures as a means to display more stable data (less year-to-year variation) while showing change over time. Data details for figures found in "National Baseline" and "Maryland Baseline" columns can be found on the Maryland SHIP webpage under MEASURES at <http://dhmh.maryland.gov/ship/measures.html>.

\* Race/ethnicity definitions based on the sources of data used. Hispanic origin can be from any race; White/NH denotes those who are both White and of Non-Hispanic origin.

\*\*\*Rates based on counts less than 20 are not shown due to instability.

^ Maryland baseline value for Objective #36 - Proportion of persons with health insurance -- has been adjusted to allow for comparison with county level data.

Percent difference formula:

$$\frac{x_{\text{county}} - x_{\text{state}}}{x_{\text{state}}} \times 100$$