# Harford County Community Health Needs Assessment

2015 SUMMARY REPORT

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Public Health
Prevent. Promote. Protect.
Harford County
Health Department


# TABLE OF CONTENTS

# Executive Summary

The Harford County Community Health Needs Assessment (CHNA) is a compilation of: secondary statistical data, key informant interviews, and an online community survey. This assessment reflects the current status of the medical and social determinants of health for Harford County residents, and provides qualitative feedback on key health issues. A variety of health indicators, including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease) have been included. Local data was compared, where possible, against state and national trends.

Results from this CHNA have provided Harford County stakeholders with an opportunity to take an in-depth look at the health of the Harford County community, prioritize public health issues, and develop a community health implementation plan focused on meeting community needs. Utilizing the information gathered in the CHNA report, the University of Maryland Upper Chesapeake Health (UM UCH) has selected the following health priorities as the focus of their Community Health Benefit plan:

- Chronic Disease
- Tobacco Use
- Mental Health/Addictions
- Access to Care
- Maternal and Child Health
- Injury and Illness Prevention

## Harford County Profile

Harford County is a relatively well educated affluent community located northwest of the city of Baltimore. With a population of close to a quarter million people, Harford County has grown from a primarily agricultural community to a more suburban environment whose main employers include: the Department of Defense Aberdeen Proving Ground and supporting contractors, the University of Maryland Upper Chesapeake Health, and local government/schools.

The typical profile of a Harford County resident is a White (82.9%), married (54.7%), employed (64.2%), high school graduate (92.4%) between the ages of 25-49 (48.5%) who owns their own home (79.2%). Overall, while indicators of education, homeownership, employment, and poverty level depict a prosperous community, persistent pockets of poverty exist both geographically, and along racial and gender lines. In Harford County, Black households have a lower median income when compared to White; Blacks are more than twice as likely to be poor; and women earn

**Racial Breakdown**

| | |
|---|---|
| **White** | **82.9%** |
| **Black/African American** | 14.4% |
| **Hispanic/Latino*** | 3.9% |
| **Asian/Pacific Islander** | 3.4% |

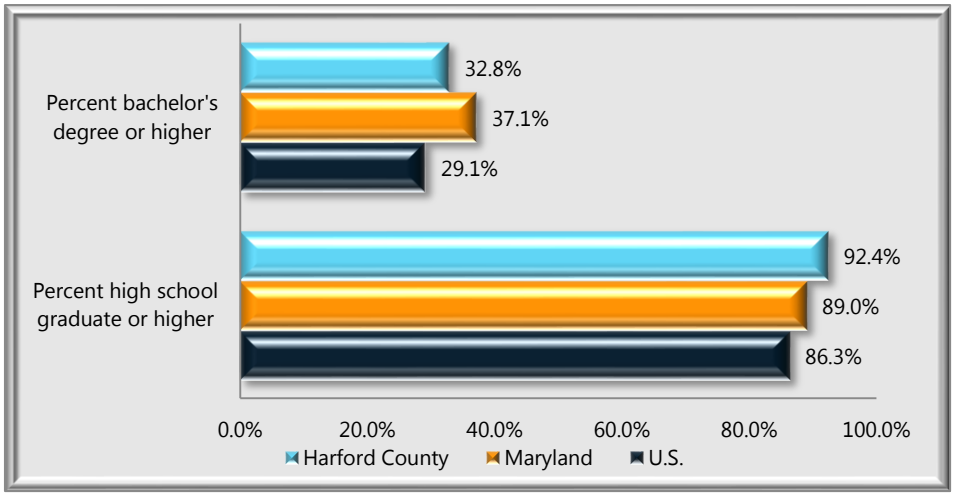
disproportionately lower incomes than men ($12,350 on average), presenting a particular poverty issue for female headed households.

| Percentage of Families below Poverty Level in the past 12 Months (2011-2013) | | | |
|---|---|---|---|
| | **U.S.** | **Maryland** | **Harford County** |
| All families | 11.7% | 7.2% | 6.8% |
| With related children under 18 years | 18.6% | 11.1% | 10.9% |
| With related children under 5 years | 19.0% | 11.1% | 8.9% |
| Married couple families | 5.8% | 2.9% | 2.7% |
| With related children under 18 years | 8.7% | 3.7% | 4.0% |
| With related children under 5 years | 7.2% | 3.3% | 1.5% |
| Female-headed households, no husband present | 31.3% | 20.0% | 22.0% |
| With related children under 18 years | 41.1% | 26.9% | 28.4% |
| **With related children under 5 years** | **47.4%** | **29.5%** | **44.8%** |
| All people | 15.9% | 10.2% | 8.4% |
| Under 18 years | 22.4% | 13.7% | 13.1% |
| 18 years and over | 13.9% | 9.1% | 6.9% |
| 65 years and over | 9.5% | 7.7% | 6.1% |

Source: US Census Bureau

Populations of poverty in the county are concentrated along the Route 40 corridor and in isolated farming communities in the northern end of the county. Rapid growth over the past 20 years has brought demographic changes and more diversity to the county's population, but also a need for increased social and health services.

**Educational attainment for population 25 years and older, 2011 – 2013**




Source: US Census Bureau

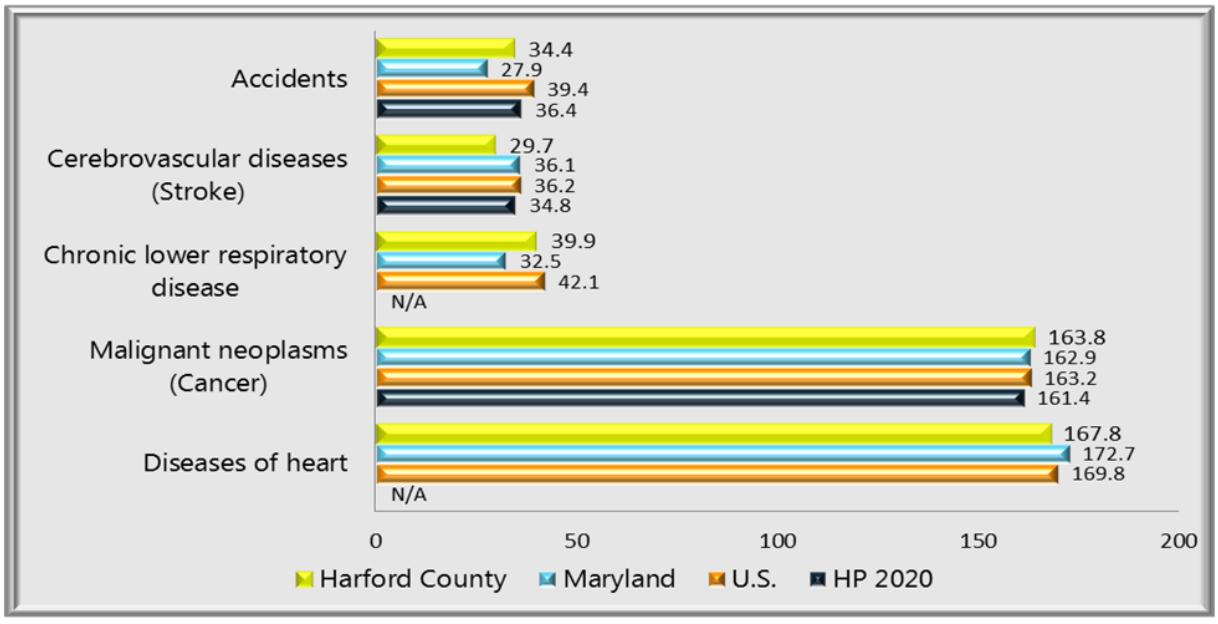
## Chronic Disease/Tobacco

According to self-reported quality of life questions, both Harford County and Maryland adults reported a comparable rate of poor or fair health (13%). Harford County adults, however, reported a slightly higher average number of days of poor physical health (HC: 3.2) when compared to Maryland (MD: 3.0).

As a whole, Harford County residents have access to a better food environment and greater access to exercise opportunities when compared to the state and the nation, however despite greater opportunities to engage in healthy behaviors regarding nutrition and exercise, Harford County adults are just as likely or more likely to be obese (28%) and physically inactive (25%) when compared to the state (28% and 24% respectively). In addition, tobacco use is high among both adults (18%) and youth (20.2%) which correlates with high rates of chronic obstructive pulmonary disease (COPD) and lung cancer in the county. Obesity, insufficient physical exercise, and tobacco use are some of the biggest drivers of preventable chronic diseases and increased risk for many health conditions.

The top five causes of death in Harford County are heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. These conditions are consistent with the state and the nation. However, the age-adjusted death rate for three of these conditions (accidents, chronic lower respiratory disease, and cancer) is higher in Harford County than in Maryland.

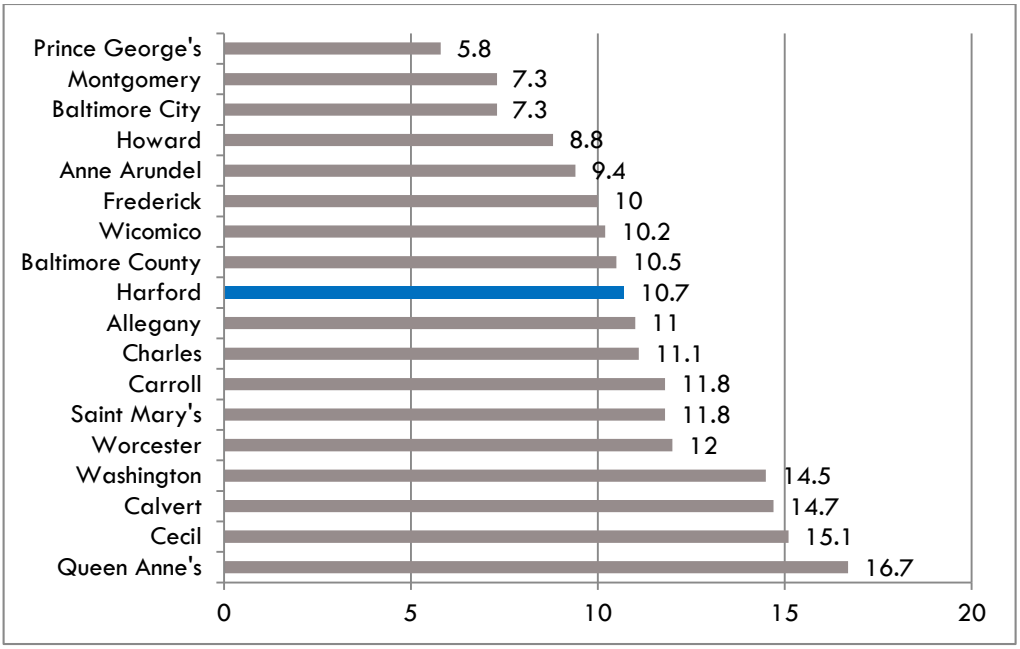
The overall cancer mortality rate is slightly higher in Harford County (163.8) than in Maryland (162.9), and the nation (163.2). In particular, lung cancer mortality among men and breast cancer mortality among women is higher in Harford County when compared to Maryland and the nation.




Sources: Centers for Disease Control and Prevention & Healthy People, 2013

## Mental Health/Addictions

Harford County adults report a higher average number of poor mental health days (HC: 3.8) when compared to Maryland (MD: 3.2). The suicide rate is considered to be a key indicator of the mental health status of an area, and the suicide rate per 100,000 in Harford County is 10.7, higher than the state rate of 9.0. The figure depicted below shows Harford County's ranking compared to other Maryland counties. While ranking towards the middle of the pack, Harford County's suicide rate is still higher than the Maryland 2017 goal of 9.0, and the national Healthy People (HP) 2020 goal of 10.2.



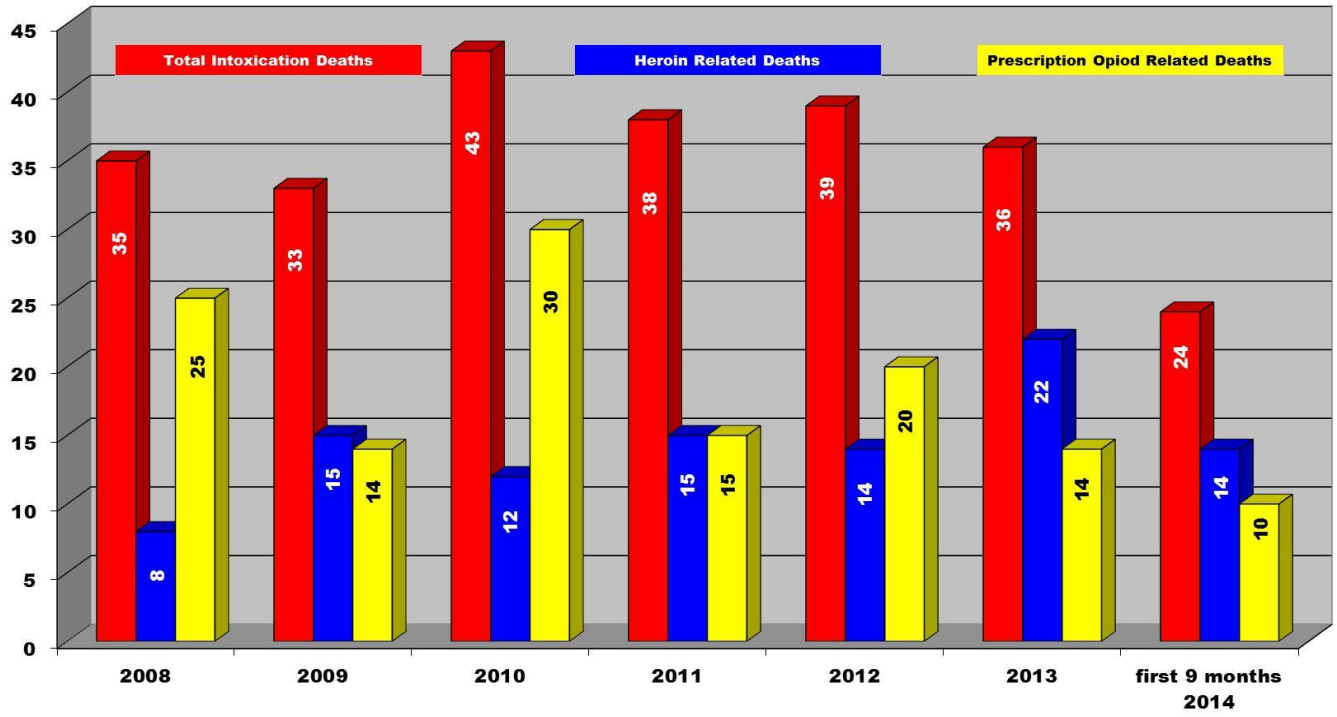

Age adjusted suicide rate per 100,000, 2011-2013 DHMH SHIP

In Harford County, the higher rate of poor mental health days correlates with a higher rate of substance abuse and addiction. Community Health Ranking data states that the Harford County adult population is more likely to drink excessively (16%) when compared to the state (15%) and the national benchmark (10%). Excessive drinking is linked to alcohol poisoning, domestic violence, and motor vehicle crashes. The percentage of alcohol-impaired driving deaths in Harford County (30%) is lower than the state average (33%), but twice as high as the national benchmark (14%).

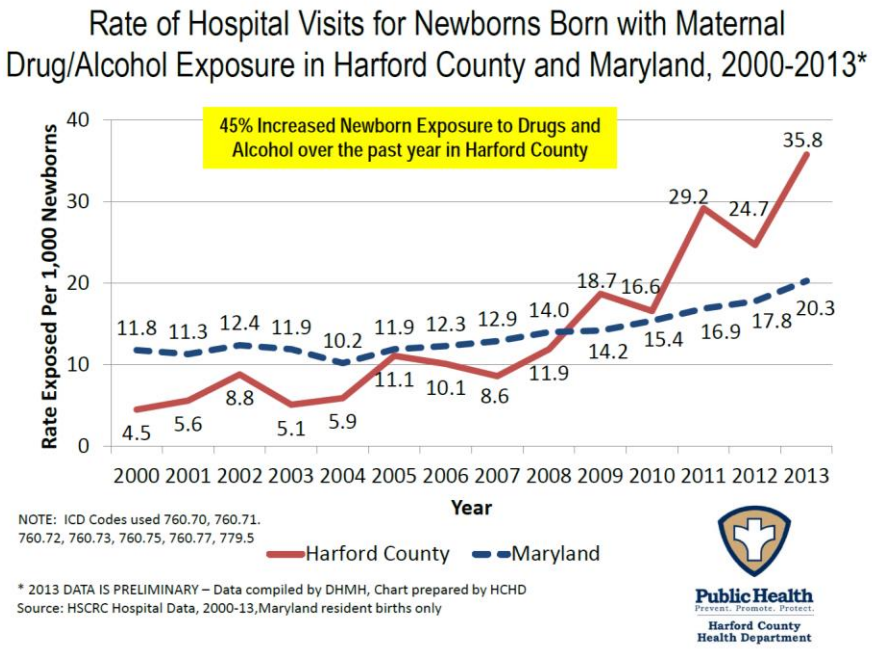
In addition to alcohol, the Harford County community struggles with a high rate of prescription drug and heroin use. Harford County was recently featured on the National Geographic Channel and a corresponding article in the Baltimore Sun, as an affluent Baltimore suburb that has become a profitable place to sell drugs. Maryland Governor Larry Hogan and Harford County Executive Barry Glassman have both made addressing the heroin epidemic a priority. According to the Baltimore Sun article, "In 2010, 30 Harford County residents died from overdoses of prescription drugs, and as local law enforcement began cracking down on their use, they saw a spike in the use of heroin, which was cheaper and easier to get than prescription pills." To combat prescription drug and heroin abuse, UM UCH, the Harford County Health Department, and Harford County government, including law enforcement are working

hard to educate: the public about the dangers of drug abuse, pharmacists about dispensing drugs to minimize abuse, and residents about how to control prescription drugs in their home.

**2008-2014 Harford County Drug and Alcohol Intoxication Deaths: DHMH**




Another indicator of the severity of the addiction problem in Harford County is the number of newborns born with drug/alcohol exposure.



## Access to Care

Ninety six percent of Harford County residents are insured, yet there is a notable lack of health care providers to meet the needs of the community, in particular in the area of mental health.

Table 3. Health Care Provider Density (2014)

| | National Benchmark (90th Percentile) | Maryland | Harford County |
|---|---|---|---|
| **Primary care physician density** | 1,051:1 | 1,134:1 | 1,665:1 |
| **Dentist density** | 1,392:1 | 1,438:1 | 1,703:1 |
| **Mental health providers** | 521:1 | 666:1 | 1,146:1 |

Source: County Health Rankings

In addition, when reviewing the profiles of local hospital emergency department (ED) super utilizers (patients that have visited the ED more than 5 times within a year, and/or been admitted 3 or more times), 60% of them reported having a primary care provider. Overuse of the emergency department by this population indicates that while registered with a primary care provider, these patients are not adequately engaged in primary care. Improved access to care challenges include not only increasing the number of available health providers, but also addressing barriers to care that prevent primary care engagement.

**Prenatal Care Onset by Race (2013)**

| | **Maryland** | **Harford County** |
|---|---|---|
| **1st Trimester prenatal care** | **61.9** | **71.7** |
| White only | 73.1 | 74.8 |
| Black only | 52.8 | 60.5 |
| Hispanic only | 31.4 | 61.7 |
| Asian or Pacific Islander | 63.2 | 69.4 |
| **Late or no prenatal care** | **8.6** | **5.4** |
| White only | 5.7 | 4.1 |
| Black only | 12.5 | 10.5 |
| Hispanic only | 9.3 | 7.5 |
| Asian or Pacific Islander | 7.9 | 6.1 |

Sources: Maryland DHMH and Healthy People

## Maternal and Child Health

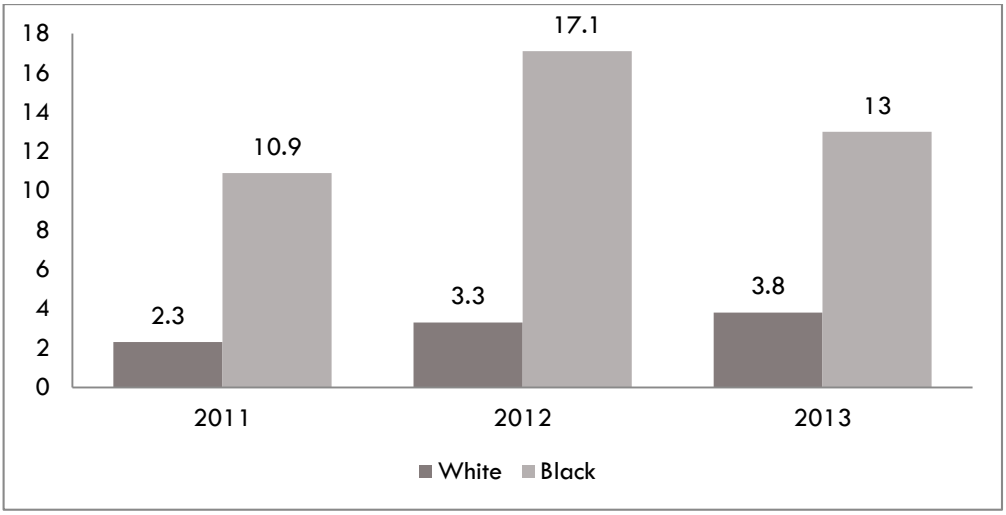
The birth rate per 1,000 in Harford County (10.8) is lower when compared to Maryland (12.1) and the nation (12.4), with the Black population having the highest birth rate in Harford County (13.5 per 1,000). The overall percentage of teenage births and births to unmarried women is lower in Harford County when compared to the state and the nation, however, the percentage of infants born to unmarried women is higher for White and Asian/Pacific Islanders (26.4% and 14.3% respectively) when compared to the state (25.2% and 8.7% respectively).

Overall, rates for low birth weight, very low birth weight, infant mortality, and prenatal care in the first trimester are better in Harford County than the state and the nation. However, when rates are broken down along racial lines, Black infants report notably worse rates in all areas when compared to other racial and ethnic groups.

The percentage of mothers receiving prenatal care in the first trimester is higher in Harford County (71.7%) than in Maryland (61.9%). However, the percentage does not meet the Healthy People 2020 goal of 77.9%. In addition, the percentage of non-White mothers receiving prenatal care in the first trimester is significantly lower than White mothers. In particular, in Harford County only 60.5% of Black mothers receive prenatal care in the first trimester, and 10.5% do not receive any prenatal care at all.

Harford County's very small percentage of babies born at a very low birth weight (1.1%) exceeds the Health People 2020 goal of (1.4%). The percentage of Harford County Black infants born with very low birth weight (1.8%) is slightly higher, but within reach of the Health People 2020 goal.

While overall Harford County's rate of infant mortality (5.2) is lower than the state average (6.6), when broken down along racial lines the rate of infant mortality for Black infants is more than three times higher than for Whites.




Harford County Infant Mortality Rates per 1,000 by Race and Year (2011, 2012, and 2013)
Source: Maryland Department of Health and Mental Hygiene

## Injury and Illness

In Harford County alcohol impaired driving deaths were lower than the state average (HC: 30% vs. MD: 33%) but were more than twice as high as the recommended national benchmark of 14%. Injury deaths were higher than the state average (HC: 57 vs. MD: 56) and higher than national benchmark of 49 (Community Health Rankings 2014). Fall related deaths were of particular concern, with Harford County having one of the highest rates in the state (HC: 9.9 vs. MD: 8.4) (DHMH SHIP

2015). Fall deaths are of particular concern with the senior citizen population. In Harford County, domestic violence rates were lower than the state overall, but were three times higher in the Black population.

## Harford County Fast Facts

- Median Age: 39.9
- Only English spoken at home: 93.2% (MD: 83%)
- Married and living together: 54.7%
- Average family size: 3.18
- Median household income: $79,091
- Mean household income: $92,583
- Female householder no husband: 12.7%
- People in poverty: 8.4%
- Female headed households with children under 5 in poverty: 44.8%
- Unemployment rate: 5.7%
- Drive alone to work: 83.1%
- Mean travel time to work: 31.7
- Have health insurance: 93.9%
- Top causes of mortality: Cancer and heart disease
- Rate of Low Birth weight babies is twice as high for Black mothers: (W: 6.8%; AA: 12.1%)
- Lyme Disease rates are twice as high (per 100,000)in Harford County vs. the State (HC: 41.1 vs. MD: 20.2)
- Suicide rate is higher than the state average per 100,000: (HC: 10.7 vs. MD: 9.0)
- The age-adjusted death rate for all causes per 100,000 is slightly higher (HC: 714.4 vs. MD: 710.4)
- Higher percentage of high school graduates than the state (HC: 92.4% vs. MD: 89.0%), but fewer residents attained a Bachelor's degree or higher (HC: 32.8% vs. MD: 37.1%).

# COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

## Methodology

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

- A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Harford County, Maryland was compiled.

- An Online Community Survey was conducted with Harford County residents between October, 2014 and January, 2015. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. A total of 1,549 resident surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.

- 54 community leaders and partners were surveyed between October and November, 2014. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

## Community Representation

Community engagement and feedback were an integral part of the CHNA process. Community input was sought through an online community survey available to all residents, key informant interviews with community leaders and partners, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

## Research Limitations

It should be noted that the availability and time lag of secondary data may present some research limitations. Additionally, language barriers, timeline, and other restrictions may have impacted the ability to survey all community stakeholders. Limitations were mitigated by including representatives of diverse and underserved populations throughout the research components.

## Prioritization of Needs

Following the completion of the CHNA research, UM UCH prioritized community health issues and developed an Action Plan to address prioritized community needs Appendix B.

# SECONDARY DATA PROFILE OVERVIEW

## Background

One of the initial undertakings of the CHNA was to create a Secondary Data Profile. Secondary data is comprised of data obtained from existing resources and includes demographic and household statistics, education and income measures, morbidity and mortality rates, and health indicators, among other data points. The data was gathered and integrated into a graphical report to portray the current health and socio-economic status of residents in Harford County.

Secondary data was collected from reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), and Maryland Department of Health and Mental Hygiene State Health Improvement Plan (SHIP). Data sources are listed throughout the report and a full reference list is included in Appendix A. The data represents a point in time study using the most recent data possible. When available, state and national comparisons are provided as benchmarks.

The profile details data covering the following areas:

- Demographic/Socioeconomic Statistics
- Mortality & Morbidity Statistics
- Maternal & Child Health Statistics
- Sexually Transmitted Illness & Communicable Disease Statistics
- Mental Health Statistics
- Environmental Health & Crime Statistics

## Secondary Data Profile Key Findings

This section serves as a summary of key community data sources, and takeaways from the secondary data profile. A detailed report of the full findings is available through UM UCH.

# Key Community Partners and Influencers

## University of Maryland Upper Chesapeake Health

### Mission

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

### Vision

*The Vision of University of Maryland Upper Chesapeake Health is to become the preferred, integrated healthcare system creating the healthiest community in Maryland.*

University of Maryland Upper Chesapeake Health (UM UCH) is a not-for-profit, community-based, two-hospital system that is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides the highest quality of care to all. UM UCH is the leading health care system and second largest private employer in Harford County. Approximately 3,129 Team Members and over 647 Medical Staff Physicians serve residents of Harford County and western Cecil County.

The UM UCH is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides high quality care to all. It is committed to service excellence as it offers a broad range of health care services, technology, and facilities. UM UCH continues to work collaboratively with communities and other health organizations to serve as a resource for health promotion and education.

Major centers and services includes two acute care hospitals – UM Upper Chesapeake Medical Center in Bel Air and UM Harford Memorial Hospital in Havre de Grace.

UM UCH operates The Upper Chesapeake Health Foundation, the Klein Ambulatory Care Center and two medical office buildings on the Bel Air campus. UM UCH also owns and operates the Senator Bob Hooper House and the Patricia D. and M. Scot Kaufman Cancer Center.

The UM Upper Chesapeake HealthLink community outreach program provides health screenings, educational programs, and support groups in the community.

## Healthy Harford

Established in 1993 by leaders from UM Upper Chesapeake Health, Harford County Health Department, and Harford County Government, Healthy Harford is a community coalition dedicated to improving health outcomes in Harford County. Recognizing that good health extends well beyond the confines of medical care, Healthy Harford seeks to engage multiple sectors of the community to address social determinants of health. The mission of the Healthy Harford coalition is "to inspire and empower healthy people, healthy families, and healthy communities, in mind, body, and spirit" with the vision of "creating the healthiest community in Maryland".

Over the years a diverse array of partners have joined the Healthy Harford coalition, including various Harford County governmental agencies, the public schools, local businesses, healthcare providers, community-based organizations, faith-based groups, advocacy groups, individual residents, and others. Some of Healthy Harford's most ardent supporters include partners that are not always traditionally directly engaged in public health issues such as the Harford County Sheriff's Office, Harford Community College, the Harford County Public Libraries, the Department of Planning and Zoning, and the Department of Public Works.

Starting in 1996, and roughly every 5 years since, Healthy Harford conducted a health and lifestyle Community Health Assessment Project (CHAP) telephone survey based on the Centers for Disease Control (CDC Behavioral Risk Factor Surveillance Survey (BRFSS) to help identify health needs in our community. This data was then used to develop CHAP Preventive Health and Wellness Report Cards, prioritizing health issues in the community and set 5 year community health outcome goals. The latest CHAP survey was conducted in 2010.

The Affordable Care Act brought about changes that required nonprofit hospitals, in order to maintain their tax exempt status under the section 501(c)(3) of the Internal Revenue Code, to expand their demonstration of community benefits beyond charity care to include diverse activities designed to improve the health of the community as a whole. To meet this new requirement, in 2014 the CHAP survey was replaced with the more universal Community Health Needs Assessment (CHNA) survey which is tied nationally to hospital-based Community Benefit reporting.

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

## Health County Rankings

The County Health Rankings & Roadmaps 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. 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 multiple facets, including social determinants, which affect the health of a community.

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). In 2015, Harford County was ranked 10th out of the 24 Maryland jurisdictions on the Health Outcomes and 6th on Health Factors. Of particular note was that Harford County ranked 7th out of the 24 counties on mortality (length of life), but only 11th on morbidity (quality of life), with higher than the state average number of both poor physical health days (HC:3.2 vs. MD: 3.0) and poor mental health days (HC:3.8 vs. MD:3.2).

Within the Health Factors ranking, Harford County was ranked 14th for physical environment, with a high level of air pollution particulate matter, long commutes, and 84% of residents driving alone to work, but did much better in areas of health behaviors and clinical care. For a full report on Harford County health rankings, visit www.countyhealthrankings.org.

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 Health Factor rankings, which fall in the top 50% of Maryland jurisdictions, demonstrate that while our community is doing well in many areas, there are still health issues that could be more effectively addressed. This CHNA provides an opportunity to more fully define these public health concerns. Please note: much of the raw data utilized in this report is from the 2014 Community Health Rankings, as the 2015 data was not available at the point that secondary data was analyzed.

## Harford County Health Department (HCHD) - State and Local Health Improvement Process

The Harford County Health Department (HCHD) is the local Harford County branch of the Maryland Department of Health and Mental Hygiene (DHMH). As such, it is governed by state rules, but locally reports to the Harford County Council which functions as the Harford County Board of Health. The HCHD's mission is to *Protect and promote the health, safety, and environment of the citizens of Harford County through community assessment, education, collaboration and assurance of services.*

To carry out this mission, the health department has adopted public health values and goals, which are to:

- Conduct community needs assessments;
- Mobilize the community for action;
- Provide targeted outreach and form partnerships; and
- Assure the provision of essential health care services.

In an effort to improve the health of all Marylanders, the Maryland Department of Health and Mental Hygiene (DHMH), through the Office of Population Health Improvement, 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. New goals are reassessed and established every three years. Initial goals were established for 2014 and recently new 2017 goals have been added. The SHIP measures for improvement are aligned with the national Healthy People (HP) 2020 objectives established by the Department of Health and Human Services, and critical health measures data is provided on both the state and county level.

There are five vision areas, with 39 health objectives, that are utilized to measure progress in Maryland's health. The five vision areas are:

1. Healthy Beginnings
2. Healthy Living
3. Healthy Communities
4. Access to Health Care
5. Quality Preventative Care

Harford County's individualized 2015 data profile (http://harford.md.networkofcare.org) highlights where we stand regarding these state prioritized objectives. Harford County is comparable to or better than the state average on 24 of the objectives, but ranks *worse* than the state in the following 15 objectives:

- Children receiving blood lead screenings (% aged 12-35 months, enrolled in Medicaid (90+ days)
- Adults who are a healthy weight (%)
- Adults who currently smoke (%)
- Adolescents who use tobacco (%)
- Life expectancy
- Increased physical activity (% who are active > 150 min/wk)
- Child maltreatment rate (per 1,000 population < age 18)
- Suicide rate
- Fall related death rate
- Affordable housing
- Adolescents with wellness checkup in last year (% aged 13-20 yrs. Enrolled in Medicaid)
- Children receiving dental care in last year ( aged 0-20 yrs. Enrolled in Medicaid)
- Cancer mortality rate
- Drug induced death rate
- Emergency department rate for dental care

Based on SHIP and other data, the Harford County's Local Health Improvement Coalition (LHIC) declared its top three health priority areas to be: (1) obesity prevention/healthy eating and active living, (2) tobacco use prevention/tobacco-free living, (3) and behavioral health, including mental healthcare and substance abuse prevention. The Coalition emphasized 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. The strategies designed to address these priorities are included in the Harford County Local Action Plan http://www.healthyharford.org/wp-content/uploads/2011/06/10.2.12-Obesity-Task-Force-Final-Report.pdf. Please note: much of the raw data utilized in this report is from the 2014 SHIP data, as the 2015 data was not available at the point that secondary data was analyzed.

## Obesity Task Force ⇨ Healthy Community Planning Board

Healthy Harford founding partners, including UM UCH, HCHD, and Harford County Government, have been successful in heightening awareness of public health challenges, and were instrumental in ensuring the passage of the October 18, 2011 Harford County Council Resolution establishing an Obesity Task Force to "***review and make recommendations concerning the programs and policies for creating a healthier Harford County***". The Task Force Committee, co-chaired by a member of County Council and the HCHD Health Officer, was charged with studying and making recommendations about the programs and policies necessary *"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's Final Report, issued to the County Council on October 2012, was entirely consistent with Harford County's LHIC efforts that marked obesity education and prevention, tobacco use/prevention, and behavioral health as priorities. Of the nine recommendations made in the final report which included increased access to healthy food, an improved built environment, and addressing behavioral health issues, the final recommendation included the establishment of a Healthy Community Planning Board (HCPB) to advise County Council members on legislative issues affecting the health of the community. The intent of this Board is to ensure the continued emphasis on health across elected political administrations, and provide subject matter expertise to Council members

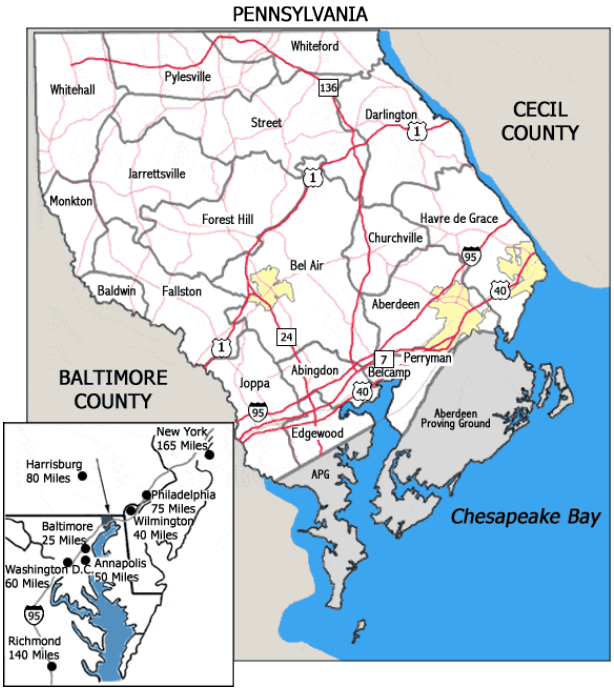
### Summary

UM UCH, the HCHD, Healthy Harford and other County partners have worked to cooperatively assess and improve the health of county residents. The Healthy Harford Community Health Assessment Project (CHAP) and now the Community Health Needs Assessment (CHNA), the County Health Rankings, and Maryland's State (SHIP) and Local Health Improvement Processes (LHIP) provide data on health status indicators, to help us focus attention on areas of concern. The Local Health Improvement Coalition and its workgroups, and the Healthy Community Planning Board provide guidance as health improvement strategies are developed and implemented. This CHNA report provides data to highlight public health concerns and to serve as a baseline for evaluation of new initiatives to address health status indicators.

## Demographic and Economic Profile

### Community Overview

Demographic identifiers such as race, age and ethnicity, as well as social determinants of health such as education level, income, and geographic location are all influencers on the type/rate of diseases and causes of death that may be experienced in a community. For example, access to health care may depend on transportation options, income for co-pays, and availability of health care providers. Lower levels of education levels often correlate to fewer employment opportunities, less safe neighborhoods, and poorer health outcomes. 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 is available.



## Location and Population

Harford County, located in north central Maryland at the headwaters of the Chesapeake Bay, is bordered by Baltimore County on the west- south/west, Pennsylvania on the north, and the Susquehanna River on the east. The southern portion of the county abuts the Chesapeake Bay and the U.S. Department of Defense, United States Army's Aberdeen Proving Ground, which occupies 72,962 acres.

Harford County has a long rural agricultural history, but as the population continues to grow, urban areas are expanding. A "Development Envelope" or Development "T"- referring to its shape, has been mapped along the US Rt. 40 corridor connecting Joppa, Edgewood, Aberdeen and Havre de Grace, and along US Rt. 24 corridor between Abingdon and Bel Air. The purpose of the development envelope is to concentrate growth, maximize utilization of public services, reduce sprawl, and preserve agricultural land.

According to U.S. Census Bureau 2013 estimates, the total population in Harford County is 248,145, an increase of 1.36% since 2010. The vast majority of residents identify their race as White (82.9%), indicating a less diverse population when compared to Maryland and the nation. The second most prevalent racial group in Harford County is Black/African American (14.4%). The median age in Harford County is 39.9, which closely mirrors U.S. and Maryland populations.

The racial breakdown of Harford County provides a foundation for primary language statistics. More than 90% of residents speak English as their primary language. As shown in Figure 1, Harford County residents are less likely than Maryland and the U.S. populations to speak another language.

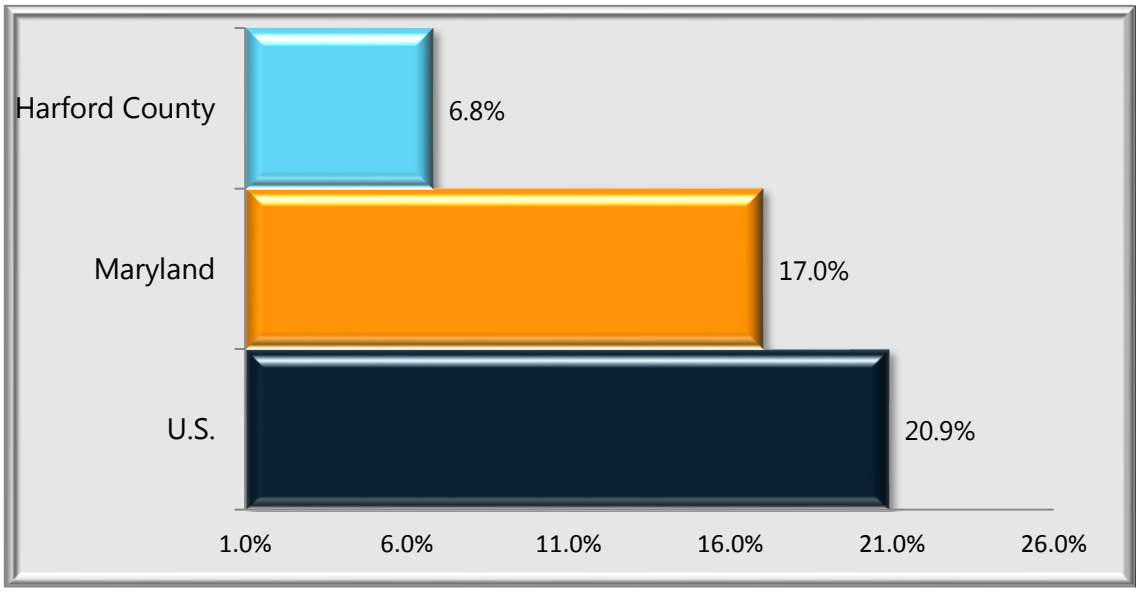



Figure 1. Percentage of population speaking a language other than English at home, 2011- 2013

Households are identified as either family households or non-family households. In Harford County, a higher percentage of households are family households (73.3%) when compared to the state (66.6%)

and the nation (66.1%). In addition, a higher percentage of family households consist of married couples versus single-adult families. In regard to marital status, Harford County residents, aged 15 years and over, are more likely to be currently married and living together (54.7%) and less likely to be separated, divorced, or never married when compared to residents across Maryland and the nation.

Table 1. Percentage of Marital Status, 15 years and over (2011-2013)

| | U.S. | Maryland | Harford County |
|---|---|---|---|
| Never married | 32.7% | 35.1% | 28.1% |
| Married and living together | 48.1% | 46.5% | 54.7% |
| Separated | 2.2% | 2.5% | 1.9% |
| Widowed | 6.0% | 5.7% | 5.9% |
| Divorced | 11.0% | 10.1% | 9.4% |

Source: U.S. Census Bureau

Another household indicator is the percentage of grandparents responsible for grandchildren. Approximately 38% of seniors in Harford County are responsible for grandchildren. This percentage is higher when compared to Maryland (33.7%) and closely resemble that of the nation (38.2%).

## Income and Poverty

The median income for households and families in Harford County ($79,091 and $91,284 respectively) is higher than across all of Maryland ($72,345; $87,060) and the nation ($52,176; $63,784). However, when comparing male and female earnings for full-time, year-round workers, the gap in the median earnings for men and women in Harford County is notably higher than the gap in the state and the nation. The difference is highlighted in Figure 3 below.

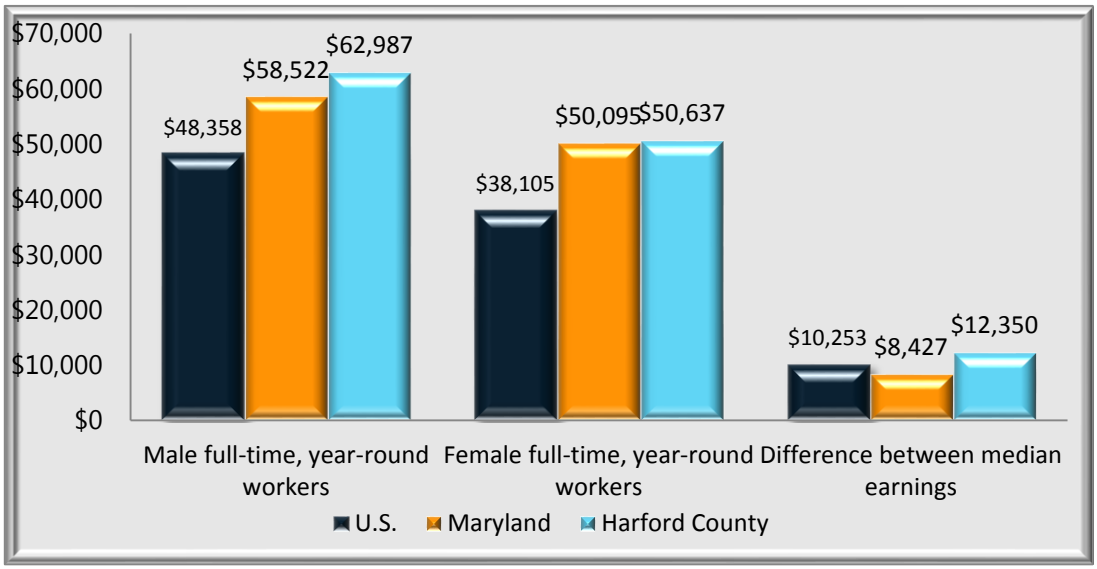



Figure 3. Median income earning difference by gender, 2011 - 2013

Residents in Harford County are less likely to live below the poverty level when compared to residents across Maryland and the nation. In Harford County, only 6.8% of all families and 8.4% of all people live below the poverty level compared to 7.2% and 10.2% respectively in Maryland, and 11.7% and 15.9% respectively in the U.S. However, more female-headed households in Harford County live in poverty (22.0%) when compared to the state (20.0%), which may be reflective of the higher gender based income gap.

A lower percentage of households in Harford County received supplemental security income or cash public assistance in the past 12 months (3.5% and 1.6% respectively) when compared to the state (4.3%; 2.7%) and the nation (5.3%; 2.9%). In addition, the percentage of all households receiving food stamp/SNAP benefits is lower in Harford County (8.3%) than in both the state and the nation. However, households in Harford County with children under 18 years are more likely to receive food stamps (64.6%) when compared to their counterparts in Maryland (54.7%) and the nation (54.5%).

Table 2. Households Receiving Food Stamps/SNAP Benefits in the Past 12 Months (2011 - 2013)

| | U.S. | Maryland | Harford County |
|---|---|---|---|
| Families living below poverty level | 11.7% | 7.2% | 6.8% |
| Individual living below poverty level | 15.9% | 10.2% | 8.4% |
| Households receiving food stamps/SNAP in the past 12 months | 13.4% | 10.7% | 8.3% |
| Households with children under 18 years receiving food stamps | 54.5% | 54.7% | 64.6% |

Source: U.S. Census Bureau

According to the U.S. Bureau of Labor Statistics (2014), the unemployment rate in Harford County is 5.7%. This rate is similar to Maryland's 2014 average unemployment rate (5.8%) and is lower than the nation's figure of 6.2%. Of those employed, the majority work in management, business, science, and arts and are private wage and salary workers; a notable percentage are also government workers.

## 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 60 years old is similar. Harford's population includes 14,296 children under the age of five, and 65,551 of the population are between the ages of five and 24 (U.S. Census, ACS 2006-2010).

| | U.S. | | Maryland | | Harford County | |
|---|---|---|---|---|---|---|
| Under 5 years | 19,948,625 | 6.4 | 367,010 | 6.2 | 14,296 | 5.8 |
| 5 to 14 years | 41,181,077 | 13.1 | 746,942 | 12.7 | 33,571 | 13.5 |
| 15 to 24 years | 43,934,405 | 14.0 | 799,890 | 13.6 | 31,980 | 12.9 |
| 25 to 44 years | 82,836,604 | 26.4 | 1,576,752 | 26.8 | 62,064 | 25.0 |
| 45 to 59 years | 64,888,475 | 20.7 | 1,288,480 | 21.9 | 58,308 | 23.5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 60 to 74 years | 41,913,533 | 13.4 | 772,768 | 13.1 | 34,040 | 13.7 |
| 75 to 84 years | 13,320,509 | 4.2 | 226,555 | 3.8 | 9,495 | 3.8 |
| 85 years and over | 5,838,495 | 1.9 | 106,243 | 1.8 | 4,391 | 1.8 |
| **Median Age (Years)** | | **37.4** | | **38.1** | | **39.9** |

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

## Education

Harford County School District is the 8th largest school district in Maryland with 54 schools which served 37,913 students in grades pre-kindergarten through 12 during the 2013-2014 school year. The district has seven Title I elementary schools, five with a school wide designation, and two with a targeted population designation. The mission of these schools is to ensure academic achievement for at-risk students attending schools in high poverty areas. The majority of these schools are located in the southern portion of the county: three in Aberdeen, one each in Edgewood, Havre de Grace, Joppa and Abingdon (http://www.hcps.org/schools/). In the 2012-2013 school year, Edgewood Elementary was down-listed from school wide Title 1 status to a targeted status due to student scholastic achievement.

In 2014, 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 7th best of the 24 school districts in the state (http://www.schooldigger.com/go/MD/districtrank.aspx).

In general, Harford County residents are more likely to graduate from high school (HC: 92.4%; MD 89%) and less likely to attain a bachelor's degree or higher (HC: 32.8%; MD: 37.1%) when compared to Maryland. Harford County rates are, however, higher on both accounts than the national average.

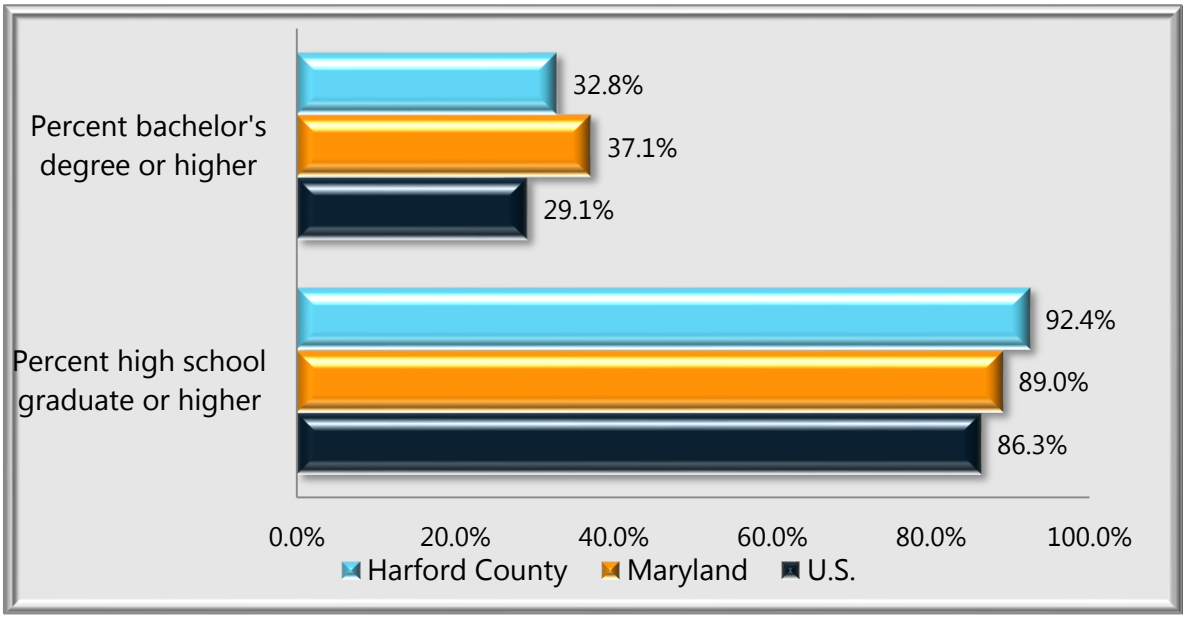
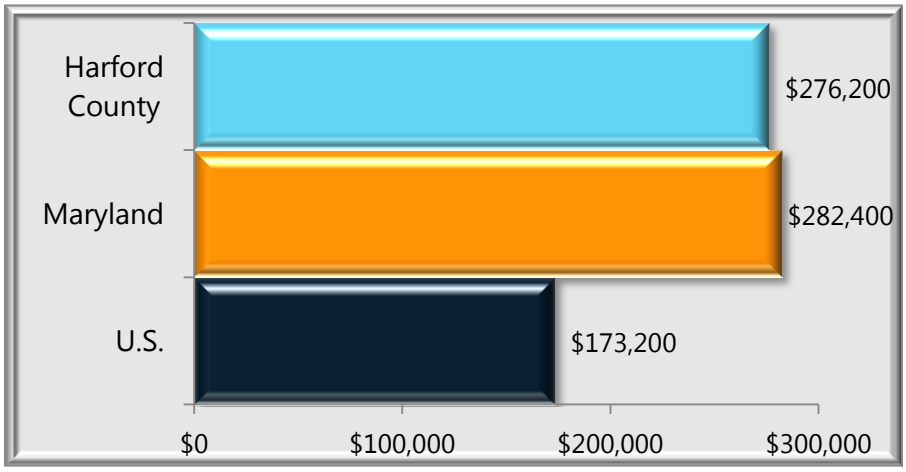



Figure 4. Educational attainment for population 25 years and older, 2011 - 2013

## Housing and Transportation

In general, the majority of Harford County residents own their residences (79.2%) when compared to Maryland (66.8%) and the nation (64.0%). The median home value in Harford County is $276,200, which is lower than the median value across the state ($282,400), but is notably higher than the national median value ($173,200). Although the vast majority of Harford county residents pay a mortgage (74.2%), the percentage of owners spending more than 30% of their income on housing (30.6%) is less when compared to Maryland (34.1%) and the nation (34.2%). According to HUD Maryland Fair Market Rents, in 2014 the fair market rent for a two bedroom unit in Harford County is $1,242. The percentage of renters spending more than 30% of their income on housing (48.9%) is slightly less when compared to Maryland (51.8%) and the nation (52.3%), but much higher than the 30.6% of homeowners that pay more than 30% of their income for housing.

Figure 2. Median value for owner-occupied units, 2011 - 2013




The county's public transportation is provided by buses. The majority of transit routes are located in areas with the highest concentration of low to moderate income families, along the route 40 corridor in the southern portion of the county. The transit routes are not extensive, and it would be impossible to make your way around the entire county solely using mass transit, however, all Harford County transit buses now come equipped with bike racks to help bridge some of those gaps. Most Harford County households do have a vehicle, with less than 5% of households without a vehicle, and most households own two or more vehicles.

In Harford County, 51% of workers commute 30 minutes or more, slightly higher than the Maryland rate of 47% (Community Health Rankings, 2015). Most Harford County workers (84%) drive alone to work, which is slightly higher than 73% for the state. The average travel time to work for residents is 31.7 minutes. Maryland Transit Authority (MTA) commuter buses and MARC and Amtrack trains are available for commutes to Baltimore, Washington DC, and beyond, but few public transit options are available outside of regular commuting hours.

## Health Insurance Coverage and Health Care Access

Nearly 94% of Harford County residents have health care coverage. This figure is higher than both the state and national figures of 89.7% and 85.2% respectively. However, in Harford County, the ratio of primary care physicians, dentists, and mental health providers to residents falls short of the state ratios and the national benchmarks as depicted in Table 3 below.

Table 3. Health Care Provider Density (2014)

| | National Benchmark (90th Percentile) | Maryland | Harford County |
|---|---|---|---|
| Primary care physician density | 1,051:1 | 1,134:1 | 1,665:1 |
| Dentist density | 1,392:1 | 1,438:1 | 1,703:1 |
| Mental health providers | 521:1 | 666:1 | 1,146:1 |

Source: County Health Rankings

### Summary

Harford County is a relatively affluent county in one of the wealthiest states in the nation. The median income of households in the county is above Maryland's, and well above that of the nation. 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: Blacks households have a lower median income when compared to Whites; Blacks are more than twice as likely to be poor; and women earn disproportionately lower incomes than men, presenting a particular poverty issue for female headed households. Populations of poverty are concentrated along the Route 40 corridor and in isolated farming communities in the northern end of the county. Demographic changes over the last 20 years have brought more diversity to the county's population, and along with the accompanying growth, a need for increased social and health services.

## Health Status Indicators

### Mortality Rates

The age-adjusted death rate for all causes per 100,000 is slightly higher in Harford County (714.4) than in Maryland (710.4), but lower than in the nation (731.9). As depicted in Figure 5 below, Harford County has a slightly higher age-adjusted death rate per 100,000 than the state for three of the leading causes of death: accidents, chronic lower respiratory disease, and cancer. In particular, death rates due to chronic lower respiratory disease (39.9) are notably higher in Harford County than in the state (32.5). Harford County has a lower age-adjusted death rate per 100,000 than the nation and the Healthy People 2020 goal for all top five causes of death except cancer. The percentage of premature deaths (death before age 75) is lower in Harford County (43.3%) than in both the state (45.2%) and the nation (44.1%). Men in Harford County are more likely to die prematurely than women.

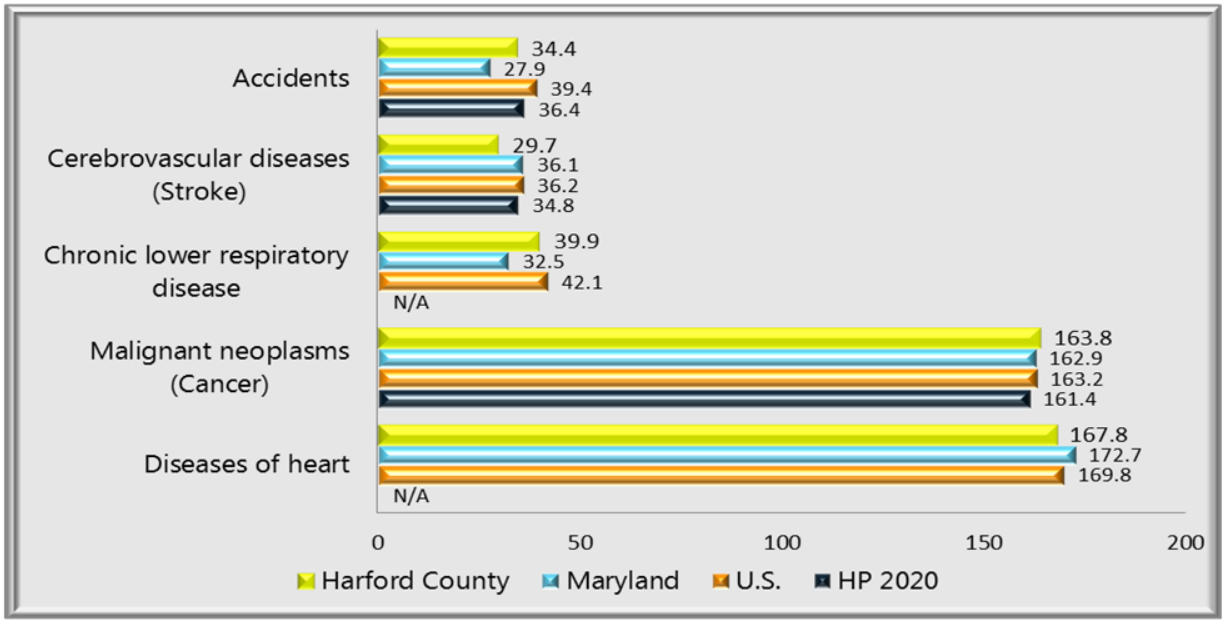



Figure 5. Age-adjusted death rate per 100,000, 2013

## Maternal and Infant Health

The birth rate per 1,000 in Harford County (10.8) is lower when compared to Maryland (12.1) and the nation (12.4); with Blacks having the highest birth rate in Harford County (13.5 per 1,000). The overall percentage of teenage births and births to unmarried women is also lower in Harford County when compared to the state and the nation. The percentage of infants born to unmarried women, however, is higher for White and Asian and Pacific Islander infants (26.4% and 14.3% respectively) when compared to the state (25.2% and 8.7% respectively).

In Harford County the overall low birth weight percentage (6.8%) is lower than that of Maryland (8.5%), the nation (8.0%), and the Healthy People 2020 goal (7.8%). However, the percentage of Black infants born with low birth weight is notably higher both for Harford County and Maryland when compared to other racial and ethnic groups. Harford County's very low birth weight percentage (1.1%) meets the goal for Healthy People 2020 (1.4%). The percentage of Harford County Black infants born with very low birth weight (1.8%) is slightly higher, but within reach of the Healthy People 2020 goal.

The overall percentage of mothers receiving prenatal care in the first trimester is higher in Harford County (71.7%) than in Maryland (61.9%). However, the percentage does not meet the Healthy People 2020 goal of 77.9%. In addition, the percentage of non-White mothers receiving prenatal care in the first trimester is significantly lower than White mothers. In particular, in Harford County, only 60.5% of Black mothers receive prenatal care in the first trimester and 10.5% do not receive any prenatal care.

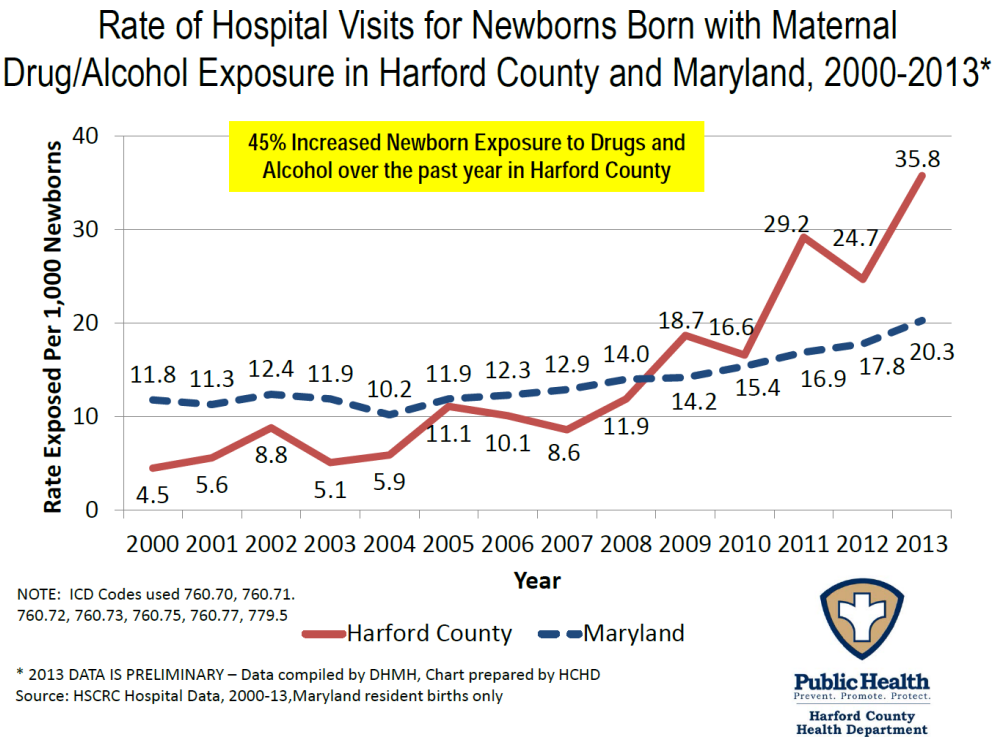
In total, only 14 infant deaths occurred in Harford County in 2013. The corresponding rate of 5.2 per 1,000 live births is lower than the rate for Maryland (6.6), the nation (6.0), and the Healthy People 2020 goal (6.0). Due to the small number of infant deaths in Harford County, multiple years of data are provided below. The 2013 Harford County infant mortality rate is consistent with the 2012 rate of 5.2, but notably higher than the 2011 rate of 3.7.

Table 4. Infant Mortality Rates per 1,000 by Race and Year (2011, 2012, and 2013)

| | Maryland | Harford County |
|---|---|---|
| 2011 | | |
| White | 4.0 | 2.3 |
| Black | 12.0 | 10.9 |
| **Total** | **6.7** | **3.7** |
| 2012 | | |
| White | 4.1 | 3.3 |
| Black | 10.3 | 17.1 |
| **Total** | **6.3** | **5.3** |
| 2013 | | |
| White | 4.5 | 3.8 |
| Black | 10.5 | 13.0 |
| **Total** | **6.6** | **5.2** |

Source: Maryland Department of Health and Mental Hygiene

In addition, Harford County has an increasing problem with drug exposed newborns. While the trend is increasing in both the state and Harford County, as of 2009 rates are much higher in Harford County than the state.



### Sexually Transmitted and Communicable Diseases

The incidence of sexually transmitted diseases in Harford County is significantly lower than in Maryland and the nation. In particular, the rate of chlamydia per 100,000 is 172.9 in Harford County compared to 450.7 in Maryland and 446.6 in the nation.

Other than tuberculosis and HIV, Harford County has considerably higher rates of communicable diseases, specifically for Acute Hepatitis A, Acute Hepatitis B, and Lyme's disease when compared to the state and the nation. The following table illustrates this difference.

Table 5. Sexually Transmitted and Communicable Disease Rates per 100,000 (2013)

| | U.S. | Maryland | Harford County |
|---|---|---|---|
| | Rate | Rate | Rate |
| Acute Hepatitis A | 0.5 | 0.5 | 1.6 |
| Acute Hepatitis B | 0.9 | 0.7 | 2.8 |
| Acute Hepatitis C | 0.6 | 0.9 | 0.4 |
| Lyme's Disease | 8.6 | 20.2 | 41.1 |
| Tuberculosis | 3.0 | 3.0 | 2.4 |
| HIV Diagnoses | 15.3 | 28.7 | 9.1 |

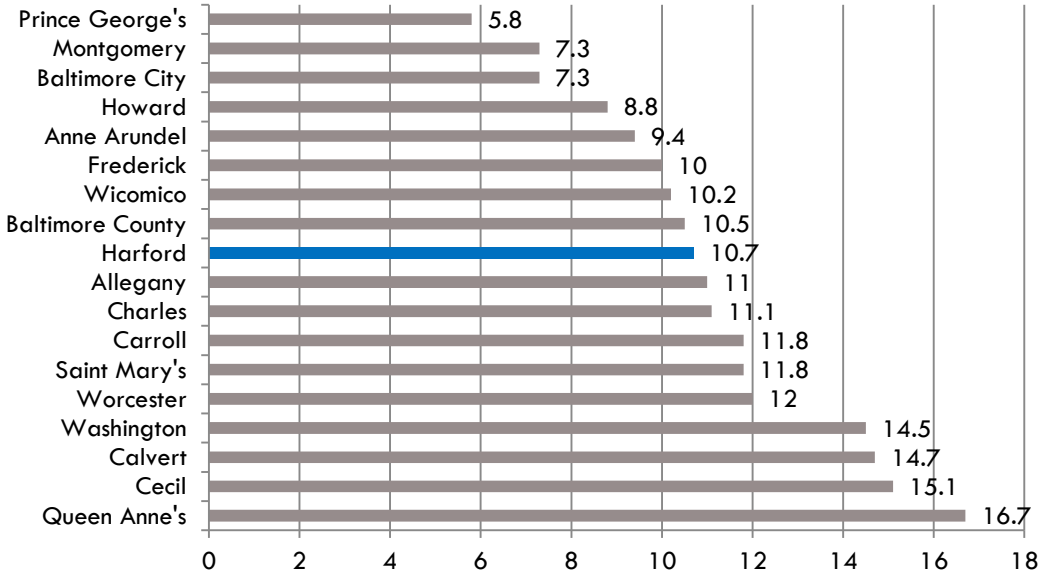
Source: Maryland Department of Health and Mental Hygiene & CDC

## Physical & Mental Health Statistics

### Mental Health Status

The suicide rate is considered to be a key indicator of the mental health status of an area, and the suicide rate per 100,000 in Harford County is 10.7, higher than the state rate of 9.0. The figure 6

Figure 6. Age adjusted suicide rate per 100,000, 2011-2013 DHMH SHIP



depicts Harford County's ranking compared to other Maryland counties, and while Harford County ranks towards the middle of the pack, Harford County's suicide rate is still higher than the Maryland 2017 goal of 9.0, and the HP 2020 goal of 10.2. Additional indicators from the online community survey and key informant interviews should be considered for a more comprehensive understanding of Harford County's mental health status.

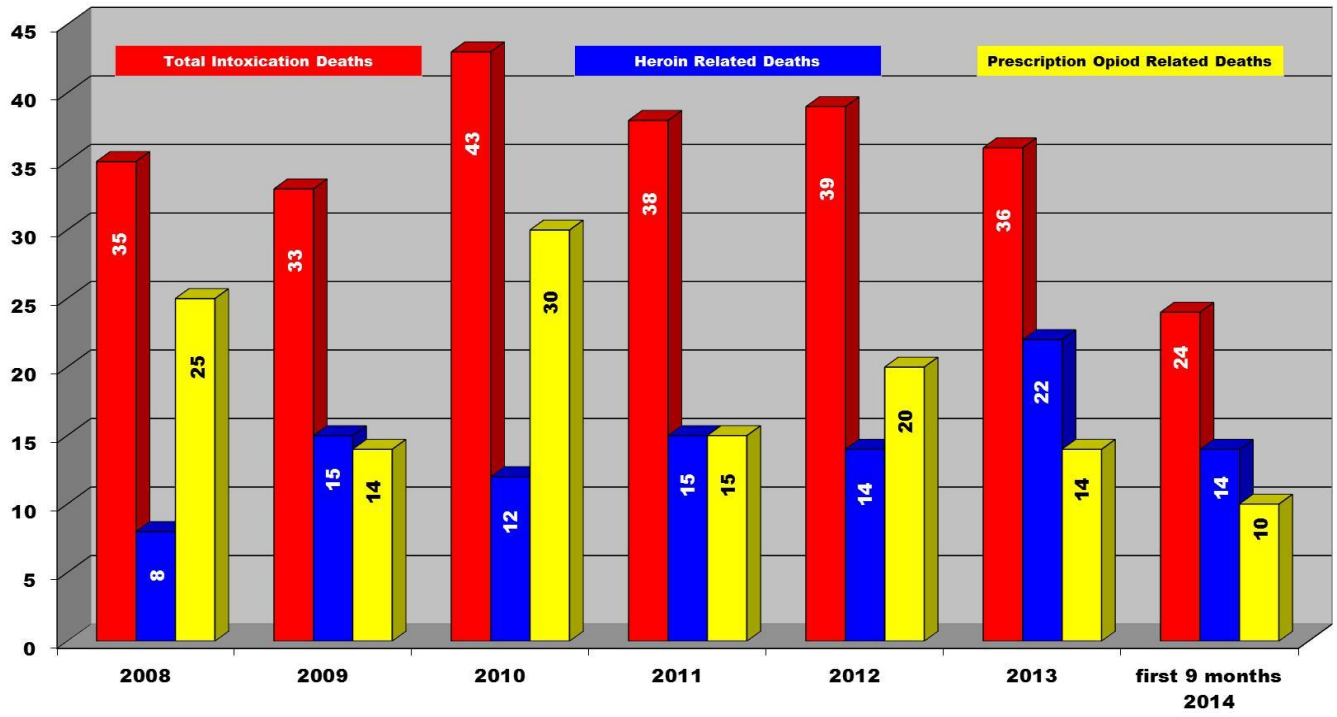
### General Health Status: Physical & Mental

Harford County adults are just as likely or more likely to report having poor or fair overall health and poor physical or mental health when compared to the state and the national benchmark. In Harford County and Maryland 13% of adults report having poor or fair health, which is slightly higher than the national benchmark of 10%. Harford County adults, however, report a higher average number of days with poor physical and mental health (3.2 and 3.8 respectively) when compared to both Maryland (3.0; 3.2) and the national benchmark (2.5; 2.4).

Harford County adults have greater access to opportunities to improve their health behaviors, diet, and exercise, such as having a better food environment and higher access to exercise opportunities when compared to the state and the national benchmark. In spite of increased access however, Harford County adults are just as likely or more likely to be obese (28%) and physically inactive (25%) when compared to the state (28% and 24% respectively) and the national benchmark (25% and 21% respectively). Obesity and insufficient physical exercise are some of the biggest drivers of preventable chronic diseases and increase the risk for many health conditions.

Substance use data for the Harford County adult population demonstrates an issue with tobacco, alcohol, prescription opioids and heroin. Harford County adults are more likely to drink excessively (16%) and smoke (18%) when compared to the state (15% for both) and the national benchmark (10% and 14% respectively). Smoking is one of the leading causes of preventable illnesses and deaths. Excessive drinking is also linked to alcohol poisoning, domestic violence, and motor vehicle crashes. The percentage of alcohol-impaired driving deaths in Harford County (30%) is twice as high as the national benchmark (14%), which may be attributed to the higher percentage of excessive drinking among the adult population. Harford County, like the state and nation, also has an issue with heroin and opioid usage. As prescription opioids have become more difficult to access due to improved public health measures, heroin use and overdose deaths have increased.

**2008-2014 Harford County Drug and Alcohol Intoxication Deaths: DHMH**




# Cancer Statistics

## Cancer Incidence Rate

According to the Centers for Disease Control and Prevention, cancer affects Harford County residents at a rate of 480.6 per 100,000 and is the second leading cause of death. The total cancer incidence rate is higher than that of Maryland (440.7) and the United States (450.6). In particular, incidence rates for colorectal cancer among men, lung cancer among women, and melanoma cancer among men and women are higher in Harford County when compared to the state and nation. The following graph highlights cancer incidence rates for all reported cancer types.

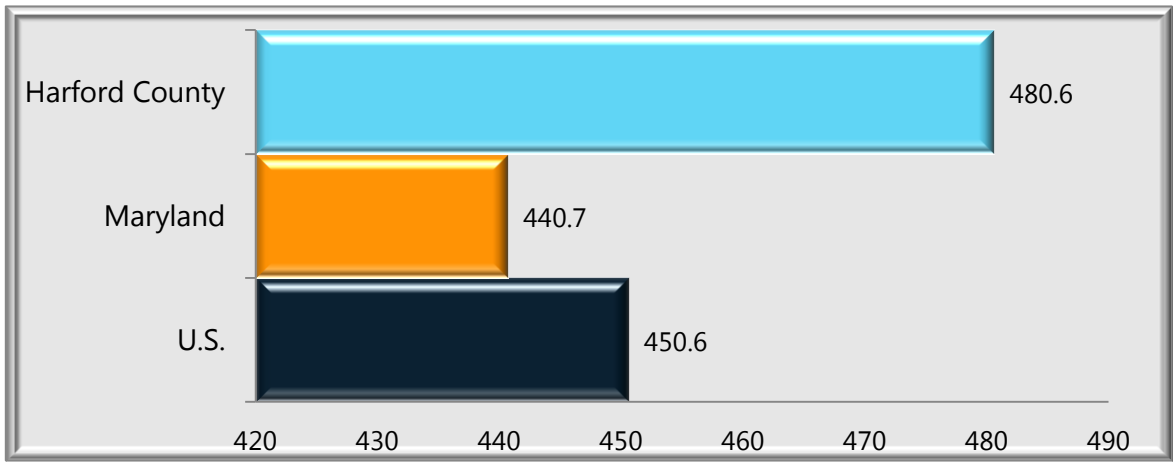



Figure 7. Cancer incidence rates for all sites per age-adjusted 100,000, 2011

### Cancer Mortality Rate

The overall cancer mortality rate is slightly higher for Harford County (163.8) than for Maryland (162.9), the nation (163.2), and the Healthy People 2020 goal (161.4). Male lung cancer mortality and female breast cancer mortality present a concern in Harford County. The lung cancer mortality rate per 100,000 men is 63.8 in Harford County compared to 49.8 in Maryland and 53.7 in the nation. The breast cancer mortality rate per 100,000 women is 23.0 in Harford County compared to 21.5 in Maryland, 20.8 in the nation, and 20.7 for the Healthy People 2020 goal. Table 5 summarizes overall cancer mortality rates.

Table 6. Annual Cancer Mortality Rate per Age-Adjusted 100,000 (2013)

| | HP 2020 | U.S. | Maryland | Harford County |
|---|---|---|---|---|
| | Rate | Rate | Rate | Rate |
| Female breast | 20.7 | 20.8 | 21.5 | 23.0 |
| Colorectal | 14.5 | 14.6 | 14.3 | 11.6 |
| Lung & bronchus | 45.5 | 43.4 | 41.1 | **47.1** |
| Melanoma of the skin | 2.4 | 2.7 | 2.6 | NA |
| Prostate | 21.8 | 19.2 | 19.1 | 18.9 |
| **All sites** | **161.4** | **163.2** | **162.9** | **163.8** |

Sources: Centers for Disease Control and Prevention & Healthy People

## Secondary Data Profile Summary of Findings

The secondary data profile provided valuable context regarding how socioeconomic factors like income, education levels, and housing may influence local health outcomes. Based on the secondary data findings, Harford County has a number of strengths. The major strengths are summarized below.

❖ **Household Statistics**

- A higher percentage of residents in Harford County own their home (79.2%) when compared to Maryland (66.8%) and the nation (64.0%).
- The median home value in Harford County and Maryland is higher when compared to the nation. However, fewer residents in Harford County spend more than 30% of their income on mortgage/owner costs (30.6%) when compared to Maryland (34.1%) and the nation (34.2%).
- The percentage of vacant housing units in Harford County (6.1%) is lower than that of Maryland (10.3%) and the nation (12.6%).
- The percent of marriages that end in divorce is lower in Harford County (9.4%) than in Maryland (10.1%) and the Nation (11.0%).
- A higher percentage of households in Harford County are family households versus non-family households when compared to Maryland and the nation. In addition, among family households, a higher percentage consist of married-couple families (56.1%) versus single-parent families when compared to the state and the nation.

❖ **Income Statistics**

- In Harford County, the median income for households, families, and individuals far exceeds that of Maryland and the nation.
- The proportion of individuals and families living in poverty (8.4% and 6.8% respectively) is lower in Harford County than in Maryland and the nation for all reported categories with the exception of female-headed households.
- Fewer households in Harford County rely on supplemental security income (3.5%), cash public assistance (1.6%), and food stamp/SNAP benefits (8.3%) when compared to Maryland and the nation.

❖ **Employment Statistics**

- The unemployed civilian labor force percentage in Harford County for 2014 (5.7%) closely resembles Maryland's figure (5.8%), but is notably lower than that of the nation (6.2%).

❖ **Health Care Access Statistics**

- The proportion of individuals without health insurance coverage is lower in Harford County (6.1%) than in Maryland (10.3%) and the nation (14.8%).

❖ **Mortality Statistics**

- The percentage of premature deaths is lower in Harford County (43.3%) when compared with that of Maryland (45.2%) and the nation (44.1%).

❖ **Maternal and Child Health Statistics**

- The proportion of births to unmarried women is lower in Harford County (31.9%) when compared to Maryland and the nation (40.3% and 40.6% respectively).
- Pregnancy rate among teenage girls aged 15 to 17 per 1,000 is lower in Harford County (4.4) when compared to Maryland (9.1).
- The percentage of infants born with low birth weight and very low birth weight is lower in Harford County (6.8% and 1.1% respectively) than in Maryland (8.5%; 1.6%) and the nation (8.0%; 1.4%). The percentages also exceed the Healthy People 2020 goal of 7.8% and 1.4%, respectively.
- The infant mortality rate per 1,000 live births is lower in Harford County (5.2) than in Maryland (6.6) and the nation (6.0). It also meets the Healthy People 2020 goal of 6.0.

❖ **Sexually Transmitted Disease Statistics**

- Harford County has notably lower chlamydia and gonorrhea rates per 100,000 (172.9 and 22.0 respectively) when compared to Maryland (450.7; 101.0) and the nation (446.6; 106.1).
- Harford County also has a lower primary and secondary syphilis rate per 100,000 (5.6) when compared to Maryland (7.7).

❖ **Communicable Disease Statistics**

- Harford County has a lower rate of tuberculosis (2.4) when compared to Maryland and the nation (3.0), but does not meet the Healthy People 2020 goal of 1.0.
- Annual HIV/Aids incidence rate per 100,000 is considerably lower in Harford County (9.1) when compared to Maryland (28.7) and the nation (15.3).

❖ **Cancer Statistics**
- The incidence rate per age-adjusted 100,000 for prostate cancer is lower in Harford County (128.0) when compared to Maryland (131.7), but closely resembles that of the nation (128.3).

❖ **Environmental Health Statistics**
- In general, Harford County residents are less likely to have an asthma diagnosis and less likely to be hospitalized or die from the condition when compared to Maryland.

❖ **Crime Statistics**
- The crime rates for both violent and property crime are lower in Harford County (264.5 and 1,623.6 respectively) when compared to Maryland (467.5 and 2,659.9 respectively) and the nation (367.9 and 2,730.7 respectively).

Harford County has a number of strengths and assets, but it also has some areas to improve upon. The following bullet points highlight some of the major findings.

❖ **Household Statistics**
- A higher percentage of grandparents are responsible for raising their grandchildren in Harford County (37.7%) when compared to Maryland (33.7%).
- The percentage of renters spending more than 30% of their income on housing (48.9%) is less when compared to Maryland (51.8%) and the nation (52.3%), but is still notable and has an impact on financial stability.

❖ **Income Statistics**
- The median earnings for all workers is higher in Harford County than in Maryland and the nation. However, the gap in median earnings for men and women in Harford County is notably higher than the gap in the state and the nation.
- The percentage of all households in Harford County receiving food stamps/SNAP benefits is lower when compared to Maryland and the nation. However, the percentage of households with children under 18 years receiving food stamps (64.6%) is higher when compared to Maryland (54.7%) and the nation (54.5%).

❖ **Education Statistics**
- Residents aged 25 years and over in Harford County are more likely to have graduated from high school (92.4%) when compared to Maryland (89.0%) and the nation (86.3%). However, fewer residents (32.8%) have attained a bachelor's degree or higher when compared to the state (37.1%).

❖ **Health Care Access Statistics**
- In Harford County, the ratio of primary care physicians, dentists, and mental health providers to residents falls short of the state ratios and the National Benchmarks.

❖ **Mortality Statistics**

- The age-adjusted mortality rate per 100,000 is slightly higher in Harford County (714.4) when compared to Maryland (710.4), but lower than that of the nation (731.9).
- The top five causes of death in Harford County are heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. These conditions are consistent with the state and the nation. However, the age-adjusted death rate for three of these conditions (accidents, chronic lower respiratory disease, and cancer) is higher in Harford County than in Maryland. The following bullet points detail the top five causes of death in Harford County:
- The death rate due to heart disease is 167.8 in Harford County compared to 172.7 in Maryland and 169.8 in the nation.
- The death rate due to cancer is 163.8 in Harford County compared to 162.9 in Maryland and 163.2 in the nation.
- The death rate due to chronic lower respiratory disease is 39.9 in Harford County compared to 32.5 in Maryland and 42.1 in the nation.
- The death rate due to accidents is 34.4 in Harford County compared to 27.9 in Maryland and 39.4 in the nation.
- The death rate due to stroke is 29.7 in Harford County compared to 36.1 in Maryland and 36.2 in the nation.

❖ **Maternal & Child Health Statistics**

- The percentage of Harford County mothers who started prenatal care in the first trimester (71.7%) is higher when compared to Maryland (61.9%), but does not meet the Healthy People 2020 goal of 77.9%.
- In general, maternal and child health statistics are positive in Harford County. However, there is a notable disparity between White mothers and non-White mothers, particularly Black mothers, in regards to birth weight and prenatal care.

❖ **Communicable Disease Statistics**

- Harford County has higher rates of Acute Hepatitis A and Acute Hepatitis B when compared to Maryland, the nation, and Healthy People 2020 goal.
- The Lyme's disease rate is considerably higher in Harford County (41.1) when compared to Maryland (20.2) and the nation (8.6).

❖ **Mental Health Statistics**

- The suicide rate in Harford County (10.7) is higher than the Maryland rate (9.0), but lower than the national average of 12.6. It is also higher than the Healthy People 2020 goal of 10.2. .

❖ **Cancer Statistics**

- The overall cancer incidence rate per age-adjusted 100,000 is higher in Harford County for both males (535.7) and females (438.3) than in Maryland (489.9 and 407.3 respectively) and the nation (507.5 and 410.3 respectively).
- Overall, residents of Harford County are more likely to be diagnosed with colorectal, lung, and melanoma cancer types than residents across Maryland and the nation. In particular, incidence rates for colorectal cancer among men, lung cancer among women, and melanoma cancer among men and women are higher in Harford County when compared to the state and nation.

- The overall cancer mortality rate is slightly higher in Harford County (163.8) than in Maryland (162.9), the nation (163.2), and the Healthy People 2020 goal (161.4). In particular, lung cancer mortality among men and breast cancer mortality among women is higher in Harford County when compared to Maryland and the nation.

❖ **Health Status: County Health Rankings**

- The percentage of residents who report having poor or fair health in general (13%) is the same as that of Maryland, but higher than the national benchmark (10%).
- Residents also report a higher average number of days with poor physical (3.2) or poor mental health (3.8) when compared to Maryland (3.0 and 3.2 respectively) and the national benchmark (2.5 and 2.4 respectively).
- Harford County adults received comparable or lower rankings compared to Maryland and the national benchmark for physical inactivity and obesity despite having a better food environment and better access to exercise opportunities. Twenty-eight percent of all Harford County adults are obese.
- Harford County adults also have lower rankings compared to Maryland and the national benchmark for smoking and drinking excessively.

# ONLINE COMMUNITY SURVEY

## Background

A customized survey tool consisting of approximately 45 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities was used for this survey, which took approximately 15 to 20 minutes to complete. In total, 1,549 respondents completed the survey.

The following section provides an overview of the findings from the Online Community Survey, including highlights of important health indicators and health disparities.

## Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 56% of all respondents reside in zip codes 21014, 21015, 21009, 21001, and 21078. An additional 12.6% of respondents live in an "Other" zip code, the most common of which are 21901, 21921, and 21903. As depicted in Table 2, of the total 1,549 respondents, 85.6% are female and 14.4% are male. Whites comprise 83.2% of study participants and Blacks/African-Americans represent 12.3%. Approximately 3% of all respondents identify as Latino/Hispanic. Approximately 53% of all respondents are between the ages of 45 and 64 years. An additional 35.4% of all respondents are between the ages of 25 and 44 years.

Table 1. Zip Code Representation

| Zip Code | % | Zip Code | % | Zip Code | % | Zip Code | % |
|---|---|---|---|---|---|---|---|
| 21014 | 15.5 | 21050 | 5.8 | 21017 | 1.5 | 21013 | 0.5 |
| Other | 12.6 | 21040 | 5.4 | 21084 | 1.5 | 21005 | 0.3 |
| 21015 | 12.5 | 21085 | 4.8 | 21160 | 1.0 | 21111 | 0.2 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 21009 | 10.7 | 21047 | 3.4 | 21028 | 0.9 | 21018 | 0.1 |
| 21001 | 8.9 | 21154 | 2.1 | 21087 | 0.8 | 21161 | 0.1 |
| 21078 | 8.8 | 21034 | 1.6 | 21132 | 0.7 | 21130 | 0.1 |

Table 2. Demographic Information

| Demographics | % |
|---|---|
| **Gender** | |
| Male | 14.4 |
| Female | 85.6 |
| **Age** | |
| 18-24 | 4.6 |
| 25 – 34 | 17.5 |
| 35 – 44 | 17.9 |
| 45 – 54 | 28.2 |
| 55 – 64 | 24.5 |
| 65 – 80 | 7.2 |
| 81+ | 0.1 |
| **Race/Ethnicity** | |
| White | 83.2 |
| Black/African American | 12.3 |
| American Indian/Alaska Native | 0.6 |
| Asian/Pacific Islander | 1.8 |
| One or more races | 2.1 |
| Hispanic/Latino* | 2.8 |

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

The marital status, education level, employment status, and income level was also assessed for each respondent. Similar to the secondary data findings for Harford County, the majority of respondents (65.2%) are married. Approximately 13% of respondents are single (never married) and 11% are divorced. Less than 2% of respondents attained less than a high school diploma or GED. One-third (33.1%) of respondents attained some college, technical school or nursing school and 51.9% of respondents have an undergraduate degree or higher.

The majority (72.7%) of respondents are currently employed and working full-time. In addition, half of respondents have an annual household income of $75,000 or more. Less than 11% of respondents have an income less than $25,000.

Table 2. Demographic Information Cont'd

| Demographics | % |
|---|---|
| **Marital Status** | |
| Married | 65.2 |
| Divorced | 11.1 |
| Widowed | 3.2 |
| Separated | 2.6 |
| Never married | 13.2 |
| Member of an unmarried couple | 4.6 |
| **Level of Education** | |
| Never attended school or only attended kindergarten | 0.0 |
| Grades 1-8 (Elementary School) | 0.1 |
| Grades 9-11 (High school, no diploma) | 1.7 |
| High school diploma or GED | 12.6 |
| Some college or Technical school | 33.1 |
| College degree | 31.1 |
| Graduate degree | 20.8 |
| Other | 0.6 |
| **Employment Status** | **%** |
| Full-time employee | 72.7 |
| Part-time employee | 16.3 |
| Unemployed, looking for work | 1.5 |
| Unemployed, not looking for work | 0.2 |
| Retired | 4.2 |
| Disabled, Not able to work | 2.3 |
| Student | 1.0 |
| Homemaker | 1.8 |
| **Annual household income from all sources** | |
| Less than $10,000 | 3.6 |
| $10,000-$14,999 | 2.0 |
| $15,000-$19,999 | 2.1 |
| $20,000-$24,999 | 3.1 |
| $25,000-$34,999 | 7.9 |
| $35,000-$49,999 | 11.6 |
| $50,000-$74,999 | 19.6 |
| $75,000 and more | 50.1 |

Respondents were also asked to identify if they serve on active duty in the United States Armed Forces. Less than 5% of respondents are active military members and less than 5% of respondents work or live on Harford County military installations.

Table 2. Demographic Information Cont'd

| Demographics | % |
|---|---|
| **Military Service** | |
| Yes | 4.8 |
| No | 95.2 |
| **Work or live on Harford County military installations?** | |
| Work | 2.9 |
| Live | 1.1 |
| Work and live | 0.6 |
| Neither | 95.4 |

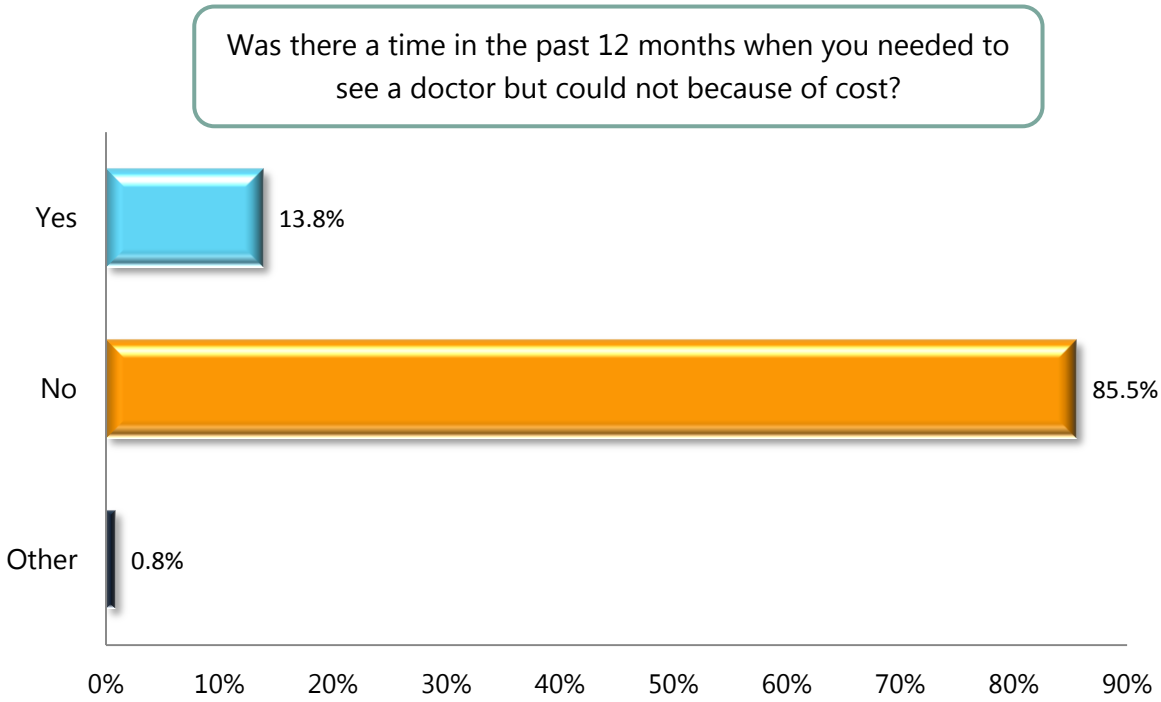
## Access to Health Care

A high proportion of respondents have health care coverage (98.2%) and at least one person who they think of as their personal doctor or health care provider (91.4%). In addition, 70.8% of respondents had a routine checkup within the past year and 17.7% had one within the past two years. The source of respondent's health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

| Health Insurance Source | % |
|---|---|
| Your employer | 60.0 |
| Someone else's employer | 23.6 |
| Medicaid or Medical Assistance, MCHiP | 8.0 |
| The military, CHAMPUS, or the VA | 4.4 |
| Some other source | 3.9 |
| A plan that you or someone else buys on your own | 3.4 |
| The Indian Health Service | 0.1 |
| None/No Health Insurance | 1.8 |

Despite primarily positive findings regarding health insurance and access to primary care, respondents for Harford County still cite the cost of care as a barrier. Nearly 14% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. This finding may be an indicator that out-of-pocket expenses not covered by insurance (e.g. copays) are preventing respondents from seeking care when they need it. In addition, 12 respondents cited an "Other" reason for not being able to see a doctor due to cost. Of these 12 respondents, seven stated they were not able to afford dental care.




Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 70% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 15% stated they could not get an appointment soon enough. Approximately 130 respondents (8.8%) cited an "Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. Others indicated being unable to take time off work.

| Reason: Cost | Reason: Work |
|---|---|
| "Can't afford health insurance or doctor visit." | "Appointment not available after work." |
| "Could not afford amount not covered by insurance." | "Difficulty getting off of work during appointment times." |
| "Co-insurance payments would be too high." | "Don't have time when working myself." |
| "I had to wait until I had the co-pay money and money for the medication." | "I would need to take a day off of work in order to see my endocrinologist for diabetes." |
| "Did not want to create another bill/did not have co-pay." | "Taking time off from work & family responsibilities." |
| "Costly co-pays." | "Busy with work / kids schedules." |
| "Wife was out of work and I could not afford co-pays for needed test." | "Need shoulder replacement. Taking care of spouse with only one income. Can't afford time off work." |
| "Not able to pay copay so I don't go." | "Having to ask for time off from work." |
| "Financially couldn't afford visit." | "Didn't want to miss work." |

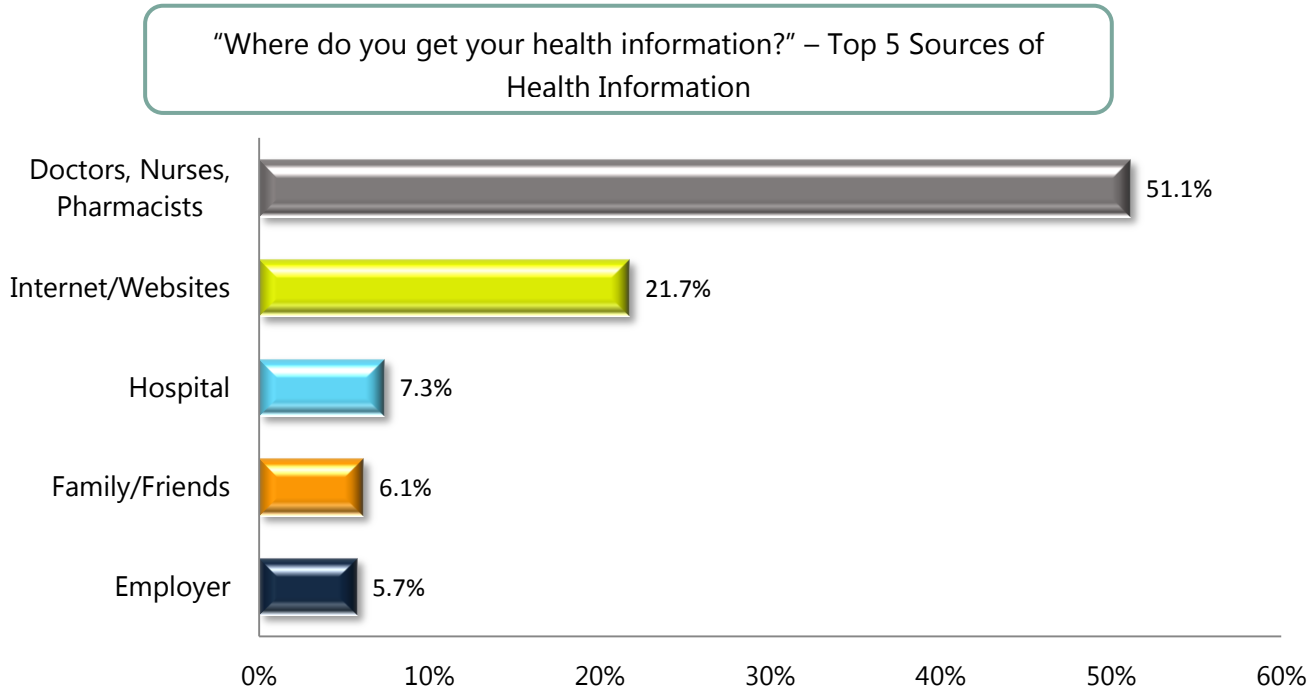
Next, respondents were asked if they travel outside of Harford County to get medical help. More than one-third of respondents (34.1%) travel outside of the County for medical help. Respondents travel outside of the county for primary care, surgery, and specialty care. The following is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

Table 4. "Other" Types of Care/Providers Respondents Travel Outside of the County to Visit

| Type of Care/Provider | Number of Mentions |
|---|---|
| Primary care/Routine care | 112 |
| Obstetrics/Gynecology | 90 |
| Rheumatologist | 27 |
| All types of care | 23 |
| Dentist | 22 |
| Dermatology | 20 |
| Orthopedics | 15 |
| Eye Doctor | 14 |
| Surgery | 12 |
| Pediatric | 9 |

## Health Information

Respondents were asked to indicate where they get their health information. Approximately 92% of respondents get their information from one of the five sources shown in the graph below. More than half of participants (51.1%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just one source.

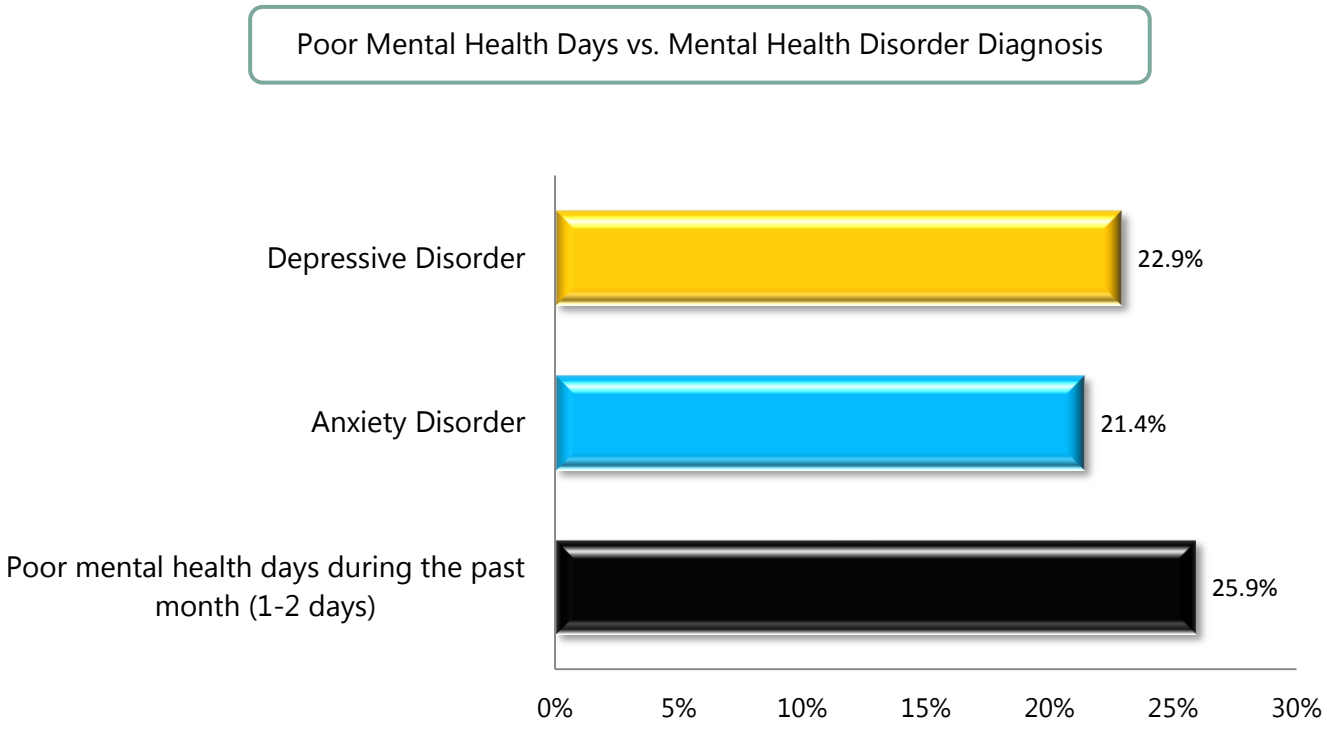


## Health Status & Chronic Health Issues

### Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 55% of respondents stated their general health is very good or excellent. Approximately 9% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days are favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. Thirty percent of respondents reported having poor physical health and 26% reported having poor mental health for a maximum of one to two days during the past 30 days.

As a follow-up to the initial question of poor mental health days, the survey inquired about the incidence of anxiety and depressive disorders. Approximately 21% or respondents have an anxiety disorder diagnosis and 23% have a depressive disorder diagnosis.




Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (87.7%) reported getting 5 to 8 hours of sleep and 7% reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.

## Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 69% of respondents reported that they have participated in leisure time physical activity during the past month. The most common exercises reported by respondents were walking, running, aerobics video or class, weight lifting, and elliptical/EFX machine exercise. The most common "Other" types of exercise included swimming, treadmill, and house cleaning. A summary of the types of physical exercises Harford County respondents engaged in is given in Table 5. (Note: exercises that were rated by less than 1.0% of respondents were not included in the report).

Among respondents who participated in physical activity, the majority (61.4%) reported participating in exercise 1 to 5 times per week, and nearly 11% were physically active 6 to 10 times per week. The majority of respondents (72.4%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

Table 5. Types of Exercise Performed by Respondents

| Type of Exercise | % |
|---|---|
| Walking | 42.0 |
| Running | 6.5 |
| Aerobics video or class | 6.1 |
| Weight lifting | 6.0 |
| Elliptical/EFX machine exercise | 5.5 |
| Other | 5.0 |
| Jogging | 4.7 |
| Dancing | 3.2 |
| Bicycling machine exercise | 3.0 |
| Yoga | 2.5 |
| Bicycling | 2.2 |
| Gardening | 2.0 |
| Calisthenics | 1.3 |
| Raking lawn | 1.3 |
| Pilates | 1.1 |

## Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately only 10% of respondents reported eating fruits and/or vegetables three or more times a day. Approximately one-third of respondents eat fruits and/or vegetables one to two times per day.

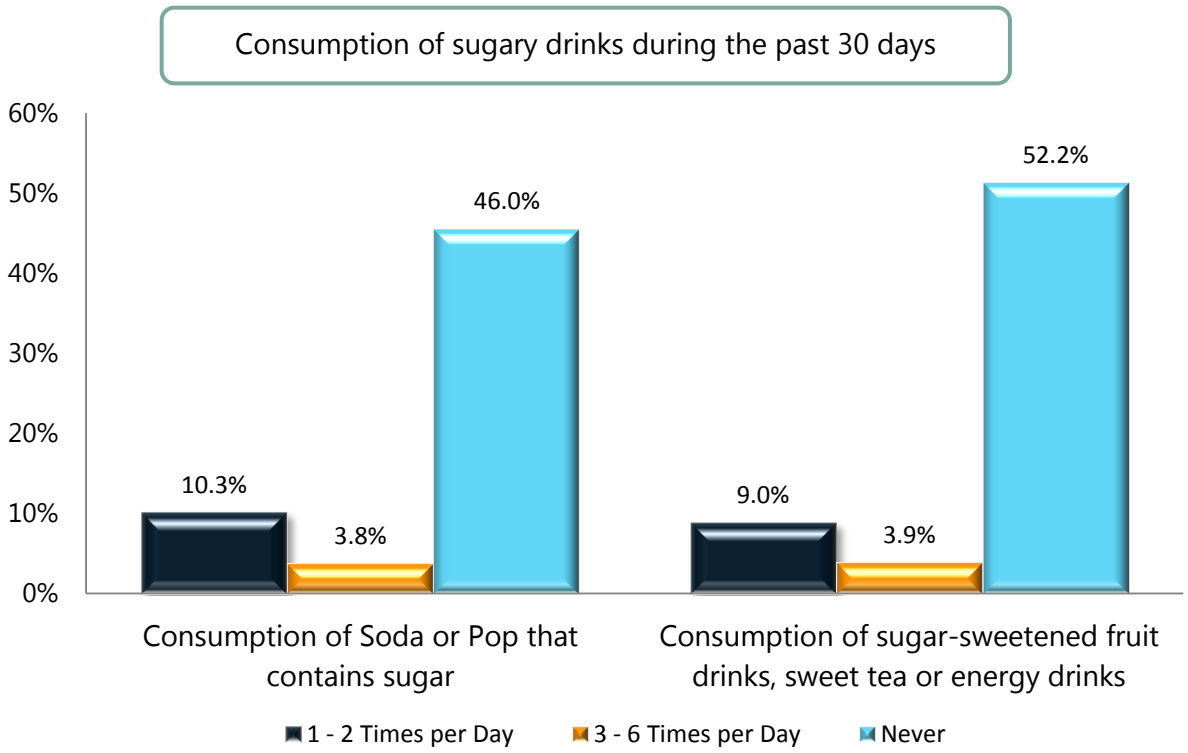
Table 6. Fruit and Vegetable Consumption

| | Consumption of Fruits | Consumption of Vegetables |
|---|---|---|
| 1 to 2 Times per Day | 36.3% | 31.5% |
| 3 to 6 Times per Day | 10.8% | 9.7% |
| 1 to 2 Times per Week | 16.2% | 19.3% |
| 3 to 6 Times per Week | 23.5% | 30.2% |
| 1 to 3 Times per Month | 10.8% | 7.5% |
| Never | 2.4% | 1.8% |

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (46.0% and 52.2% respectively). Approximately one quarter of respondents reported drinking soda and/or sugar-sweetened drinks one to nine times a month (27.8% and 23.0% respectively). In contrast, approximately 14% and 13% of respondents reported drinking soda and sugar-sweetened drinks respectively, one to six times per day. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 7. Regular Soda and Sugar-Sweetened Drink Consumption

| | Consumption of Soda or Pop that contains sugar | Consumption of sugar-sweetened fruit drinks, sweet tea or energy drinks |
|---|---|---|
| 1 - 2 Times per Day | 10.3% | 9.0% |
| 3 - 6 Times per Day | 3.8% | 3.9% |
| 1 - 6 Times per Week | 8.6% | 7.7% |
| 7 - 15 Times per Week | 1.1% | 1.9% |
| More than 15 Times per Week | 0.3% | 0.3% |
| 1 - 9 Times per Month | 27.8% | 23.0% |
| 10 - 25 Times per Month | 1.7% | 1.5% |
| More than 25 Times per Month | 0.3% | 0.5% |
| Never | 46.0% | 52.2% |




Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. Approximately half of the respondents (50.5%) reported that they are not watching or reducing their salt or sodium intake currently and another 49.5% reported that they are currently watching or reducing their sodium or salt intake.

### Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, arthritis, and asthma. Approximately 32% of respondents have been told they have high cholesterol and/or high blood pressure. In addition, 22.8% of respondents have been told they have arthritis and 18% of respondents have been told they have asthma. Respondents also mentioned other chronic conditions that they have been diagnosed with, but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. Findings were positive for other chronic conditions, including angina or coronary disease, myocardial infarction (heart attack), stroke, and COPD as only a small percentage (<3%) of respondents reported being diagnosed with these conditions. A summary of chronic condition diagnoses among respondents is reported in Table 8.

Table 8. Chronic Condition Diagnoses

| Chronic Condition | % |
|---|---|
| High blood pressure | 32.7 |
| High cholesterol | 32.0 |
| Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia | 22.8 |

| | |
|---|---|
| Asthma | 18.0 |
| Other | 15.0 |
| Diabetes | 8.9 |
| Cancer | 8.7 |
| Angina or coronary disease | 2.8 |
| Chronic Obstructive Pulmonary Disease | 2.2 |
| Stroke | 2.0 |
| Heart attack | 1.8 |

Respondents who reported having cancer were asked to specify the type of cancer they were diagnosed with. The most common types of cancer reported by respondents were breast cancer, skin cancer other than melanoma, and melanoma. Table 9 highlights the top 12 cancer types reported by respondents.

Table 9. Most Common Cancer Types Reported

| Cancer Types | % |
|---|---|
| Breast cancer | 29.7 |
| Other skin cancer | 23.2 |
| Melanoma | 14.5 |
| Cervical cancer | 8.0 |
| Lung cancer | 4.3 |
| Thyroid cancer | 4.3 |
| Prostate cancer | 3.6 |
| Bladder cancer | 2.9 |
| Ovarian cancer | 2.2 |
| Head and neck cancer | 1.4 |
| Hodgkin's Lymphoma | 1.4 |
| Non-Hodgkin's Lymphoma | 1.4 |

## Health Risk Factors

### Health Behaviors

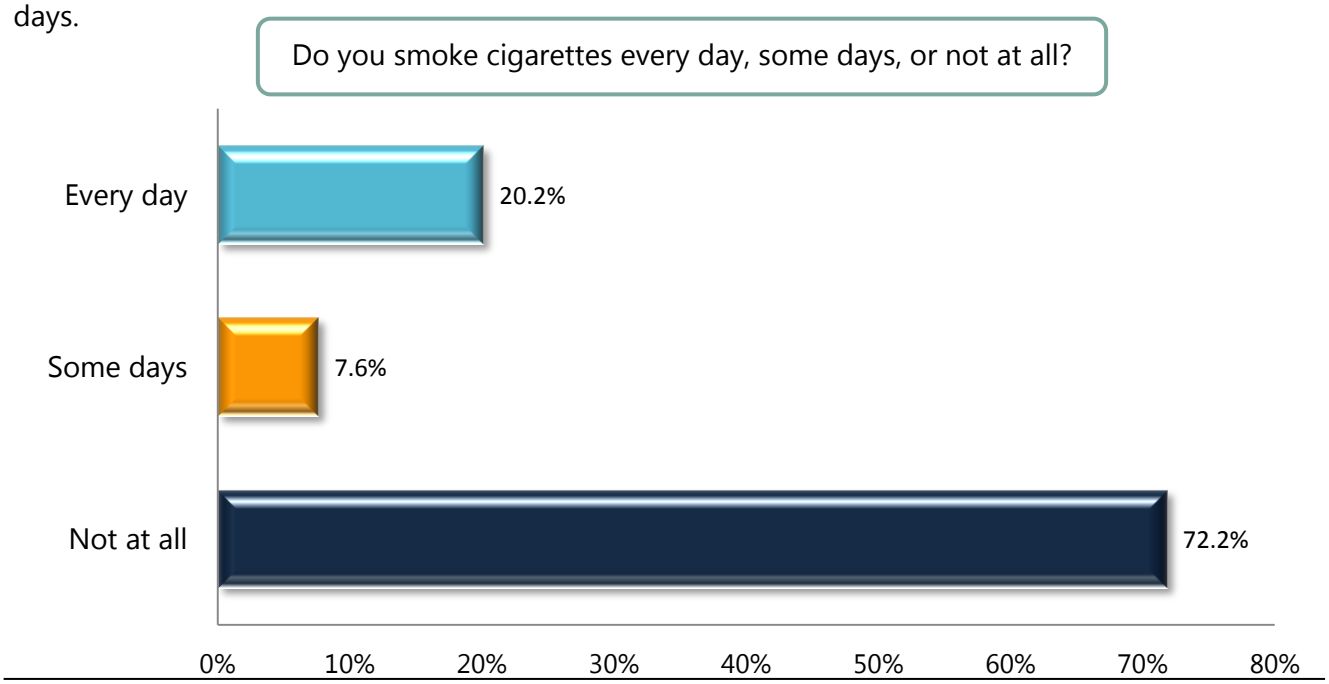
The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use safety measures including wearing a seatbelt and/or a helmet, using sunscreen regularly, practicing safe sex, and driving responsibly. In addition, respondents were less likely to eat fast foods more than once a week, use electronic cigarettes, get exposed to second-hand smoking, use marijuana, or misuse prescription drugs. However, 20.5% of respondents reported feeling stressed out or overwhelmed "Always" or "Most of the time."

Table 10. Respondent Health and Safety Practices

| Factor | Frequency of "Always" and "Most of the Time" Responses |
|---|---|
| Wear a seatbelt | 98.8% |
| Wear a helmet while riding a bicycle, scooter, roller blading, etc. | 71.0% |
| Eat fast food more than once a week | 9.4% |
| Use electronic cigarettes | 2.1% |
| Get exposed to second hand smoke or vaping mist at home or work | 8.0% |
| Use marijuana | 0.8% |
| Misuse prescription drugs, opioids, heroin, or other illegal drugs | 0.7% |
| Exercise 30 minutes a day, 3 times a week | 36.0% |
| Use sunscreen regularly | 52.7% |
| Practice safe sex i.e. use a condom, monogamous, get tested | 87.5% |
| Feel stressed out or overwhelmed | 20.5% |
| Drive responsibly, follow safe rules of the road, drive within the speed limit | 94.8% |

### Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 37% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 72.2% reported they currently do not smoke at all, where as 20.2% smoke every day and 7.6% smoke some days.



In regards to alcohol use, almost two-thirds of respondents (64%) did not have an alcoholic beverage during the past 30 days. Among respondents who did drink an alcoholic beverage, 24.3% participated in binge drinking one to two times during the past month. Only a very small percentage of respondents (approximately 10%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.

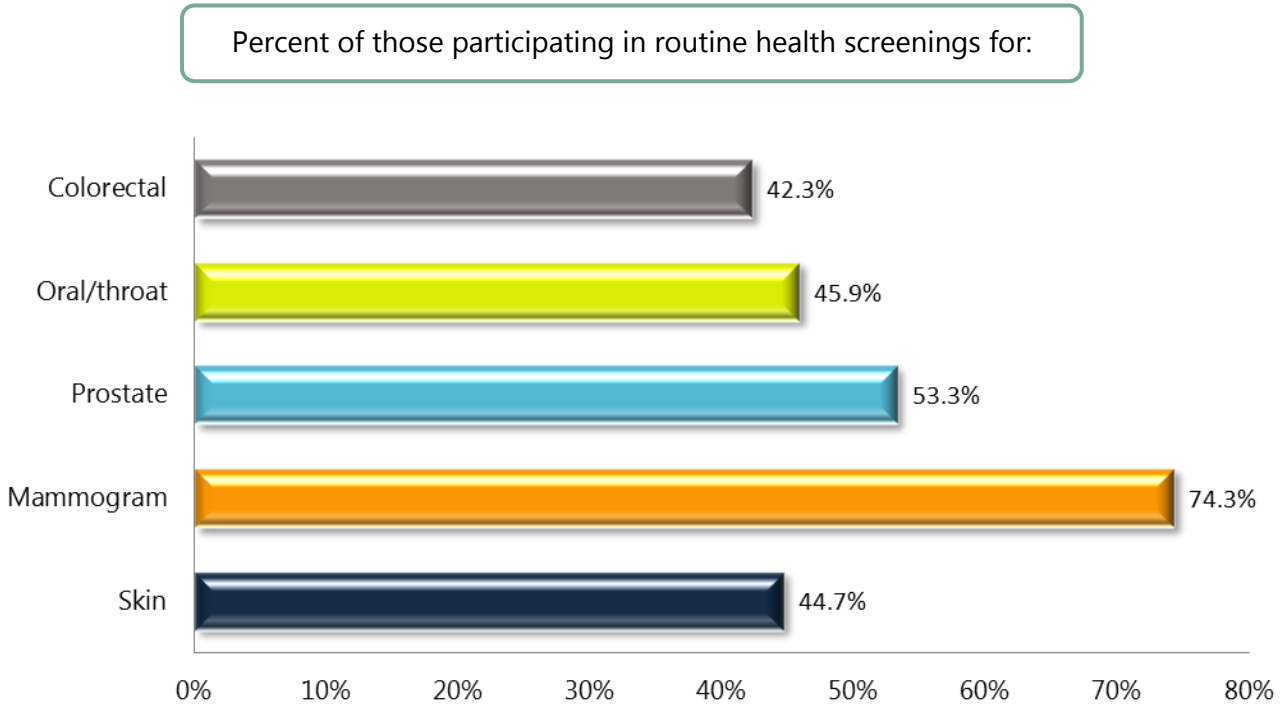
## Preventive Health Practices

### Immunizations

A positive finding among Harford County respondents is the prevalence of immunizations. In the past 12 months, 69.5% of respondents received a flu vaccine either as a shot or a nasal spray.

### Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 44.7% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings are also less prevalent among Harford County respondents as only 45.9% have had a related screening. A low percentage of respondents also participate in routine health screenings for colorectal cancer (42.3%). In contrast, a larger proportion of respondents participate in routine mammogram and prostate cancer screenings (74.3% and 53.3% respectively).



## Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 13 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 59% of respondents selected this issue as one of the top three most pressing health issues facing the county. Overweight/Obesity was also a concern shared by 56% of respondents. The third most pressing health issue, as viewed by the respondents, was cancer with a 34.7% rating. The following table shows the breakdown of the percent of respondents who selected each health issue.

Table 11. Ranking of the Top Three Most Pressing Health Issues

| Rank | Key Health Issues | Count | Percent of Respondents Who Selected The Issue |
|---|---|---|---|
| 1 | Drug Abuse/Alcohol Abuse | 802 | 58.9% |
| 2 | Overweight/Obesity | 764 | 56.0% |
| 3 | Cancer | 474 | 34.7% |
| 4 | Mental Health/Suicide | 468 | 34.6% |
| 5 | Diabetes | 309 | 22.4% |
| 6 | Tobacco Use/Smoking | 300 | 22.2% |
| 7 | Heart Disease | 288 | 21.0% |
| 8 | Access to Health Care/Uninsured | 279 | 20.5% |
| 9 | Alzheimer's Disease/Aging Issues | 126 | 9.0% |
| 10 | Dental Health | 110 | 8.1% |
| 11 | Sexually Transmitted Diseases | 77 | 5.4% |
| 12 | Stroke | 44 | 3.2% |
| 13 | Maternal/Infant Health (Pregnancy) | 30 | 2.2% |
| 14 | Other | 28 | 2.0% |

In addition, respondents were asked through open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issues included lack of physical exercise and unhealthy eating habits, substance abuse, and misuse and abuse of health care services. A complete listing of answers given by respondents is given below.

**Most Pressing Health Issues Facing Harford County:**

- "Access for elderly who can't/ don't drive"
- "Bad politicians"
- "Co-pays for the insured"

- "Confusion between accurate sciences based health info vs advertising by drug & food companies. People want to make healthy choices but are confused by advertising about what is/is not healthy."
- "Drug abuse"
- "Eating habits"
- "Giving health insurance to illegals"
- "Illegal immigrants free care"
- "Interpersonal and domestic violence"
- "Lack of exercise"
- "Lack of physical activity"
- "Misuse and abuse of services"
- "Nutrition/healthy eating"
- "Obama Care and its results"
- "Polycystic kidneys"
- "Prescription drug abuse"
- "Reckless driving"
- "Specialty not available in the county"
- "Substance abuse amongst pregnant women"
- "Unhealthy lifestyles"
- "Work related stress"

## Barriers to Services

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (78.6%), lack of health insurance coverage (60.2%), lack of transportation (38.0%), being unable to find a doctor or get an appointment (33.2%), and basic needs not met (30.0%). Responses are summarized in the table below.

Table 11. Barriers to Accessing Health Care

| Rank | Key Health Issues | Count | Percent of Respondents Who Selected The Barrier |
|---|---|---|---|
| 1 | Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.) | 1064 | 78.6% |
| 2 | Lack of Health Insurance Coverage | 815 | 60.2% |
| 3 | Lack of Transportation | 514 | 38.0% |
| 4 | Can't Find Doctor/Can't Get Appointment | 449 | 33.2% |
| 5 | Basic Needs Not Met (Food/Shelter) | 406 | 30.0% |
| 6 | Difficult to Understand/Navigate Health Care System | 402 | 29.7% |
| 7 | Not Enough Time | 251 | 18.6% |
| 8 | Lack of Trust | 209 | 15.4% |

| | | | |
|---|---|---|---|
| 9 | Lack of Child Care | 162 | 12.0% |
| 10 | Language/Cultural Issues | 142 | 10.5% |
| 11 | Other | 57 | 4.2% |
| 12 | None/No Barriers | 23 | 1.7% |

Respondents also identified through open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out lack of education and awareness as the most significant barrier. Responses such as "people lack education on the importance of seeking health care" and "they lack understanding of health warnings and minimize the severity of the issue" were very common. Other barriers that were mentioned frequently included, conflicting work schedules, laziness, and the stigma or fear of addressing issues.

## Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (52.8%) indicated that free/low cost dental care services are missing in the community. A few other resources identified as missing included, free/low cost medical care (45.0%), free/low cost vision/eye care (41.1%), mental health services (41.1%), and substance abuse services (32.4%). In addition, respondents indicated through an open-ended question that they want to have more access to nutrition education, follow-up clinics after hospitalization, sufficient public transportation, prenatal care, and mental health services. Table 12 includes a listing of missing resources in rank order.

Table 12: Listing of Resources Needed in the Community

| Rank | Resources Needed | Count | Percent of Respondents Who Selected The Resource |
|---|---|---|---|
| 1 | Free/Low Cost Dental Care | 664 | 52.8% |
| 2 | Free/Low Cost Medical Care | 566 | 45.0% |
| 3 | Free/Low Cost Vision/Eye Care | 517 | 41.1% |
| 4 | Mental Health Services | 517 | 41.1% |
| 5 | Substance Abuse Services | 407 | 32.4% |
| 6 | Prescription Assistance | 402 | 32.0% |
| 7 | Transportation | 369 | 29.4% |
| 8 | Access to Affordable Fresh Fruits & Vegetables | 365 | 29.0% |
| 9 | Health Education/Information/Outreach | 334 | 26.6% |
| 10 | Health Screenings | 292 | 23.2% |
| 11 | Primary Care Providers (Family Doctors) | 253 | 20.1% |
| 12 | Elder Care/Senior Services | 246 | 19.6% |
| 13 | Availability of Parks & Recreation Areas | 143 | 11.4% |

| | | | |
|---|---|---|---|
| 14 | Immunization/Vaccination Programs | 130 | 10.3% |
| 15 | Medical Specialists (Ex. Cardiologist) | 120 | 9.5% |
| 16 | Bilingual Services | 114 | 9.1% |
| 17 | Prenatal Care Services | 64 | 5.1% |
| 18 | None/No Resources | 48 | 3.8% |
| 19 | Other | 40 | 3.2% |

## Community Feedback

**What is Being Done Well**

Respondents were asked to comment on what is being done well in the community. The most common responses referenced improved access to health care, available preventative health services including flu shots and free screenings, education and outreach, and parks and recreation. UM UCH was mentioned by several individuals as taking important steps toward creating healthier communities. Many respondents also mentioned the various awareness campaigns and health fairs that encourage people to be more health-conscious.

**Select Responses:**

- "I think that the efforts made by the Health Department, the Harford County Government and various private agencies to expose citizens to proper health care is very commendable. Whether it is helping or not is the question."
- "Bicycle Helmet provision through Greg Krause Fund; Car Safety Seat checking through UCH and law enforcement; cancer care through Kaufman Cancer Center; low income clinic programs through UCH HealthLink."
- "Bus vouchers are provided to help financially challenged people get to their appointments. More use of social media to provide sound health information including how to access services."
- "Collaboration between governmental agencies and non-profit entities such as Healthy Harford. Establishment of the Local Health Improvement Coalition is a positive."
- "Education (programs and marketing) by Health Dept. and Univ. of Md. Upper Chesapeake, doctors in Emergency Departments giving advice, and Healthy Harford Programs. Also, the local farmers provide plenty of access to fresh food and produce."
- "Expansion of hospital and other medical facilities within Harford County that is eliminating the need to travel to other medical facilities outside of the county."
- "Focusing more on drug addiction and services provided: providing free breakfast in all the schools. UMUCHS providing fresh market foods on site to purchase as team members come and go to work."
- "Having Healthlink available for community outreach programs. Mall available for walking inside. Free shuttle service between UCMC and UMMC. Town go round buses to provide transportation."
- "Upper Chesapeake Health System is growing in leaps and bounds. It was good to merge with Univ. of MD Health System. Free flu shots are available at many places."

- "VACCINES FOR CHILDREN PROGRAM, FREE DENTAL PROGRAM, FREE STD CLINIC FOR MINORS."

### Suggestions and Recommendations

The final section of the survey focused on asking respondents to give recommendations and suggestions in regards to what is needed to improve health and quality of life in the community. Many useful themes emerged from this section. The majority of respondents recommended that there needs to be affordable health care, especially dental care. The need for educating people to use primary care providers and discouraging the use of emergency departments for conditions that can be treated in a cost-effective manner was also among those responses that were frequently mentioned. Respondents also pointed out the need for more mental health and drug abuse counseling services in the area.

**Select Responses:**

- "Dental issues affect an overwhelming large part of society. High costs, and little to no insurance turn a little situation into a much larger one. People cannot afford the upkeep on teeth and instead of scraping together money to see a dentist; they just let the situation go."
- "Don't charge co-pays to people with Medicare and a supplemental insurance. I have lots of bills; I cannot afford to pay from all the multiple specialists."
- "Educate the community about utilizing their primary care more than using the ER."
- "Encourage more primary doctors to stay here. Offer some sort of incentive. Have more care facilities available with more reasonable costs."
- "More mental health services are desperately needed. So are endocrine doctors working for the hospital. I know most people seeking help in either of these areas have a 3-4 month wait to be seen or treated."
- "Have more physicians available to the community."
- "Help many homeless and drug/alcohol abuse people."
- "I think more substance abuse help needs to be readily available in the county."
- "I would have to say that the majority of people do not know that Type 2 diabetes is preventable, and in some cases reversible. There is lots of education about eating a healthy diet, but I would like to see education that focuses on the specifics of why the foods we eat can harm us. The message is often general…eat healthy, avoid processed foods. But if folks knew more of the biochemistry of the health issues, they may be more likely to comply."
- "Low cost health clinics in income challenged areas. This could help reduce the volume of patients currently filling emergency rooms for non-emergent issues at much higher costs."
- "There should be as many mental health clinics in Harford County as there are dental offices. People should be encouraged to have mental health check-ups. There is a tremendous need for affordable care for drug addicts."

**General/Additional Comments:**

- "We have greatly improved the availability of health care to the public, it has very hard to obtain dental health that is affordable without insurance. You have to travel to Towson, Jessup or some other area that is not available in Harford County."

- "Too often, I feel like I receive information that turns out to be either wrong, or insufficient, and I can't figure out who to talk to that will be able to direct me in the right direction and provide complete answers."
- "There are a lot of congested communities like on Brookshire, Fountain Rock and Windstream that have a multitude of stay at home or unemployed people with a host of conditions. A mobile vehicle or walk-arounds could help."
- "Take a look at previous prevention efforts in the County and check status of implementation rather than starting from scratch."

# KEY INFORMANT INTERVIEWS

## Background

Key informants were interviewed to gather a combination of quantitative ratings and qualitative feedback through open-ended questions. Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. A total of 54 key informants completed the survey between October and November, 2014.

As members of the Harford County community, key informants completed the same online community survey. However, their responses regarding the most pressing issues in the community, barriers to accessing health care, missing resources, and opportunities and challenges have been highlighted in the summary below. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Harford County.

## Key Informant Demographics

Respondents were asked to provide some demographic information, including gender, race, and community affiliation. The key informants were mostly women (83%) and White (96%). A large percentage of the informants were either community members or affiliated with Health Care/Public Health Organizations (52%). The following table and figure provide a graphical depiction of these demographic characteristics.

Table 1: Key Informant Demographics

| Demographics | % |
|---|---|
| **Gender** | |
| Male | 16.7% |
| Female | 83.3% |
| **Race/Ethnicity** | |
| White | 96.2% |
| Black/African American | 1.9% |
| Asian/Pacific Islander | 1.9% |

Figure 1. Community Affiliation

## Key Health Issues

Key informants were asked to select the top three health issues that they perceived as being the most pressing. The top three issues that were most frequently selected were:

1. Drug abuse/Alcohol abuse
2. Overweight/Obesity
3. Mental Health/Suicide

The first two health issues, drug abuse/alcohol use and overweight/obesity, correspond to what community members selected. The following table shows the breakdown of the percent of key informants who selected each health issue, in rank order.

Table 2: Ranking of the Top Three Most Pressing Key Health Issues

| Rank | Key Health Issue | Count | Percent of Respondents Who Selected The Issue |
|---|---|---|---|
| 1 | Drug Abuse/Alcohol Abuse | 30 | 63.8% |
| 2 | Overweight/Obesity | 27 | 57.4% |
| 3 | Mental Health/Suicide | 21 | 44.7% |
| 4 | Tobacco Use/Smoking | 17 | 36.2% |
| 5 | Cancer | 16 | 34.0% |
| 6 | Access to Health Care/ Uninsured | 10 | 21.3% |
| 7 | Heart Disease | 9 | 19.1% |
| 8 | Dental Health | 4 | 8.5% |
| 9 | Diabetes | 4 | 8.5% |
| 10 | Alzheimer's Disease/Aging Issues | 1 | 2.1% |
| 11 | Maternal/Infant Health (Pregnancy) | 1 | 2.1% |
| 12 | Stroke | 1 | 2.1% |
| 13 | Other (Traffic fatalities) | 1 | 2.1% |
| 14 | Sexually Transmitted Diseases (STDs) | 0 | 0.0% |

Figure 2 shows the key informant rankings of the key health issues. The bar depicts the total percentage of respondents who ranked the issue in their top three choices.

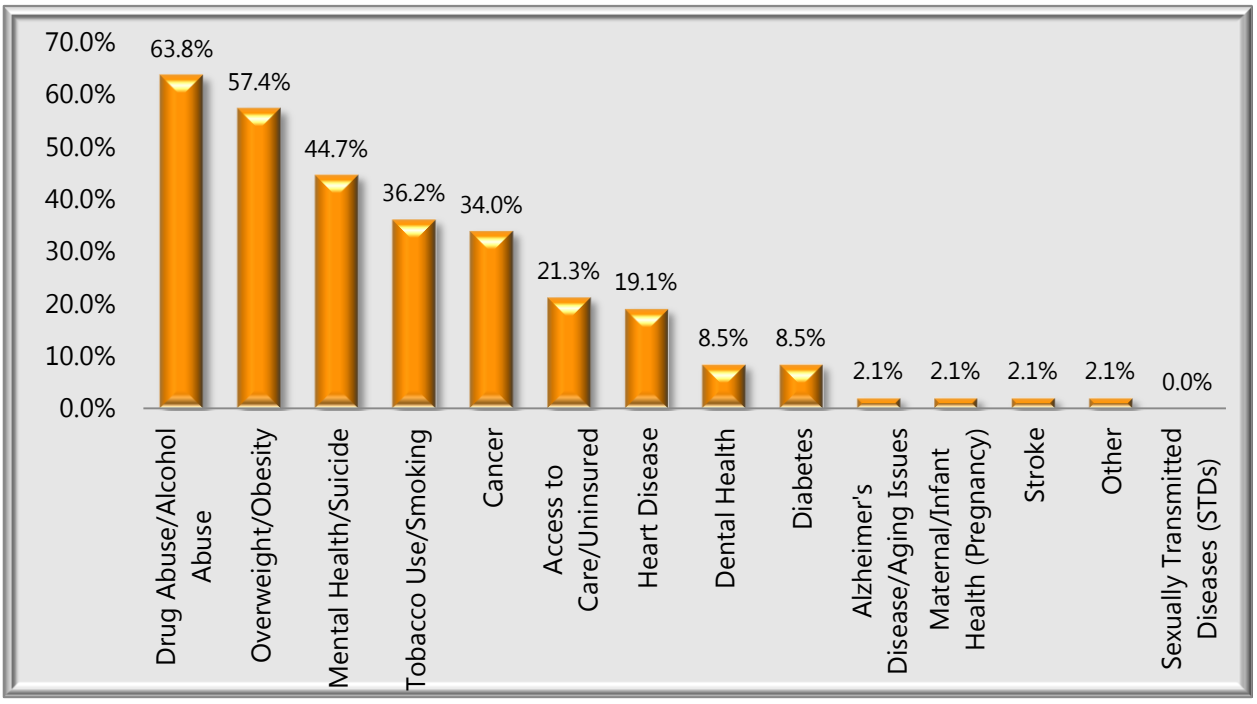



Figure 2. Ranking of the most pressing health issues in Harford County

## Barriers to Health Care Access

After rating the top three most pressing issues facing Harford County, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Lack of Health Insurance Coverage
- Difficult to Understand/Navigate Health Care System

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier.

Table 3: Ranking of Barriers to Health Care Access

| Rank | Barrier to Health Care Access | Count | Percent of Respondents Who Selected The Barrier |
|---|---|---|---|
| 1 | Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.) | 30 | 65.2% |
| 2 | Lack of Health Insurance Coverage | 21 | 45.7% |
| 3 | Difficult to Understand/Navigate Health Care System | 19 | 41.3% |
| 4 | Can't Find Doctor/Can't Get Appointment | 17 | 37.0% |
| 5 | Lack of Transportation | 17 | 37.0% |

| | | | |
|---|---|---|---|
| 6 | Basic Needs Not Met (Food/Shelter) | 12 | 26.1% |
| 7 | Not enough time | 10 | 21.7% |
| 8 | Lack of Child Care | 7 | 15.2% |
| 9 | Lack of Trust | 6 | 13.0% |
| 10 | Other | 2 | 4.3% |
| 11 | Language/Cultural Issues | 1 | 2.2% |
| 12 | None/No Barriers | 0 | 0.0% |

As seen in Table 3, out of pocket expenses for co-pays and prescription medications was perceived by the vast majority of participants as being the most significant barrier that keeps people in the community from accessing health care. Other barriers that were mentioned by more than 40% of key informants included lack of health insurance coverage and difficulty understanding/navigating the health care system. Problems related to being unable to find a doctor or get an appointment and lack of transportation were mentioned by more than one-third of participants as significant barriers. "Other" responses included the inability to keep an appointment and the inconvenience of available office hours. Figure 3 highlights the top five most significant barriers to health care access as rated by participants.

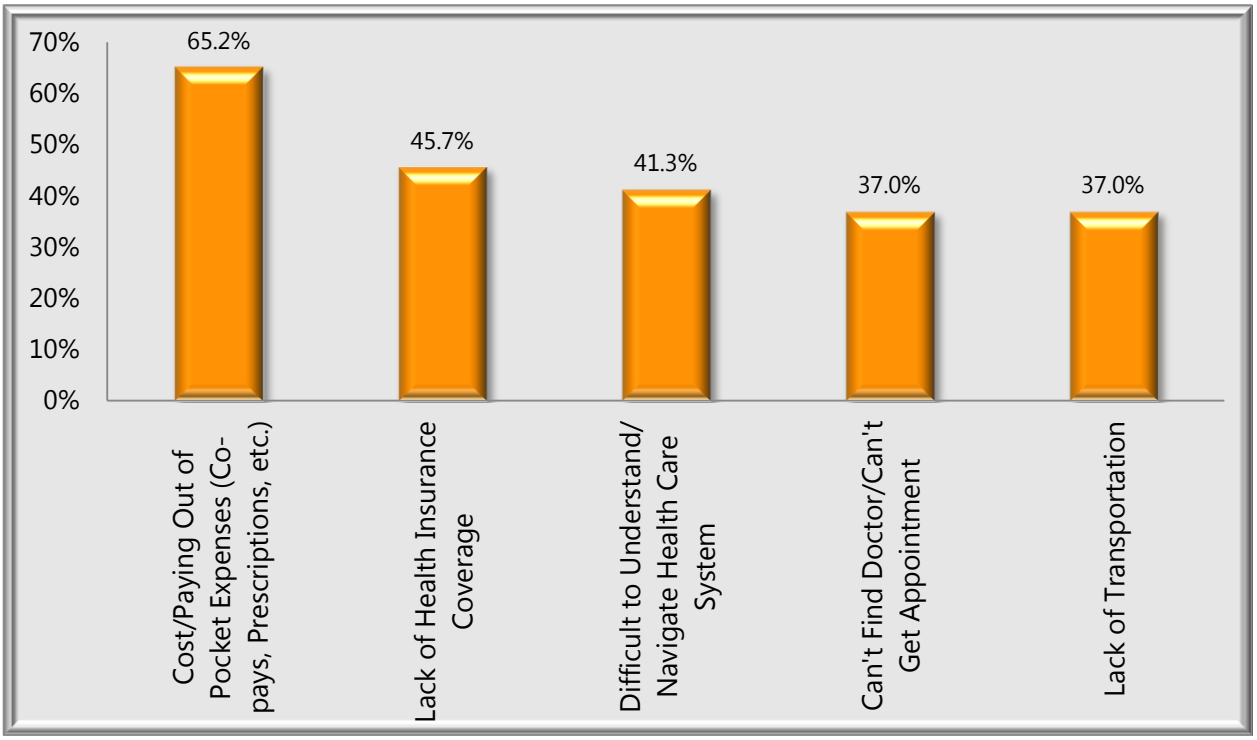



Figure 3: Key informants ranking of the top 5 barriers to health care access

## Resources Needed to Improve Access

Key informants were asked to identify key resources or services they felt were missing to improve health care delivery for residents in the community. Respondents indicated that substance abuse services (53.2%), mental health services (51.1%), free/low cost dental care services (42.6%), transportation (34.0%), and free/low cost medical care services (31.9%) are the five most significantly needed resources/services in the community. "Other" responses included bike trails and detox services Friday thru Monday. Table 4 includes a listing of the resources mentioned, in ranking order based on the number of mentions.

Table 4: Listing of Resources Needed in the Community

| Rank | Resource Needed | Count | Percent of Respondents Who Selected The Resource |
|---|---|---|---|
| 1 | Substance Abuse Services | 25 | 53.2% |
| 2 | Mental Health Services | 24 | 51.1% |
| 3 | Free/Low Cost Dental Care | 20 | 42.6% |
| 4 | Transportation | 16 | 34.0% |
| 5 | Free/Low Cost Medical Care | 15 | 31.9% |
| 6 | Free/Low Cost Vision/Eye Care | 13 | 27.7% |
| 7 | Elder Care/Senior Services | 12 | 25.5% |
| 8 | Access to Affordable Fresh Fruits & Vegetables | 10 | 21.3% |
| 9 | Prescription Assistance | 10 | 21.3% |
| 10 | Health Education/information outreach | 9 | 19.1 |
| 11 | Health Screenings | 7 | 14.9% |
| 12 | Primary Care Providers (Family Doctors) | 7 | 14.9% |
| 13 | Bilingual Services | 6 | 12.8% |
| 14 | Availability of Parks & Recreation Areas | 5 | 10.6% |
| 15 | Immunization/Vaccination Programs | 3 | 6.4% |
| 16 | Medical Specialists (Ex. Cardiologist) | 3 | 6.4% |
| 17 | Other | 3 | 6.4% |
| 18 | Prenatal Care Services | 1 | 2.1% |
| 19 | None | 1 | 2.1% |

## Opportunities and Challenges

Respondents were asked "What is being done well in the community in terms of health and quality of life?" The annual Healthy Harford fair and other community outreach programs were regarded as important initiatives in promoting community health. Several major themes emerged from the comments. Responses that have been frequently mentioned are summarized below.

**Select Comments Regarding What is Being Done Well:**

- "Adequate health care providers; outreach and support services through the Health Department and Upper Chesapeake; availability of fresh fruits and vegetables; availability of recreational opportunities."
- "Affordable Care Act = increased insurance access, continued focus on obesity and behavioral health, annual Healthy Harford fair."
- "Availability of medical services, doctors' offices, urgent care, and hospital."
- "Behavioral crisis management; law enforcement; running races."
- "Cancer center at the hospital."
- "Community Outreach programs, trying to meet the needs of the community by providing programs to include all members of the population."
- "Education and keeping the community informed of health risks."
- "Flu shots, preventative health services, health fairs."
- "Great parks and recreational facilities. Strong recognition by community leaders that addressing health issues is an important matter to our community."
- "Healthy Harford. Growing plant based resources and wellness services."
- "Healthy Harford, UCHC and HCHD working together to promote a Healthy Harford....free helmets, Behavioral Health."
- "Improved roads and transportation."
- "Many things--farmers market, community outreach/education programs, lots of open spaces for people to exercise and get outdoors."
- "Plenty of parks, walking trails; multiple doctors in the area."
- "Service providers and public can attend many events and meetings to share ideas and network."
- "The organization and the understanding of what is needed in the county. The problem is that it is not reaching the people it needs to reach and I think they have not figured out how to reach them."
- "There are a lot of community health programs and free screenings."
- "The people who want to access the services are going to find a way to make it happen; even if it is going to one service and utilizing case management to access the other services to include assistance with making appointments and transportation."

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?"

**Select Comments regarding Suggestions for Improving Health:**

- "A detox at Upper Chesapeake. 24/7 services at the Health Department and transportation services. Run the County resource guide on local cable channel like events or job postings. The MVA may also be a good place to run this; also the Mall and Library - these are places the homeless hang out; and waiting room at hospital - captive audience."
- "Better bike and pedestrian infrastructure. Not only from a recreation stand point, but from a social justice perspective. Not everyone owns a car; youth, elderly, low income and yet everyone

needs to get around. Transportation is a huge issue in this County and not everyone can afford to own a car, pay maintenance, and insurance. We need better safer connectivity."

- "Have local physicians with decent office hours."
- "I find that most of the clients procrastinate, maybe reward them for getting regular check-ups, getting alcohol and drug treatment."
- "Improve the quality of food served to children at school. Employers allow more flexibility and time off with work demands/pressure. Schools & churches encourage family events that more physically active, more community activities--walking, running, biking, etc."
- "Increase mental health providers (prescribers); increase substance abuse services, especially those that are grant funded or accept Medicare; improve transition to and from detention center for mental health clients to ensure continuity of care, especially with antipsychotic medication and treatment."
- "Making the county a walkable/bikeable community."
- "Measures to unify community so we do a better job looking out for each other."
- "More community outreach (health clinics, resources that are advertised, events to bring specific groups of people together)."
- "More bike trails; more home based care/ case management; greater hours of access to primary care; more availability of home based care and personal assistants to keep people in their homes and out of the hospital; eliminate sale of cigarettes, cigars, sugar drinks, trans fats. Create a medical marijuana program. Create a low cost dental program. Expand drug treatment programs and make them available any time, on demand."
- "More biking trails, walking trails, easy access to free outdoor activities. Free educational programs that really stress the importance of exercise and nutrition, to prevent obesity that causes disease. But make them more convenient maybe going into schools in the evenings so people don't have to travel to the hospital for classes or health fairs in different areas in the community."
- "More recess outside in schools!!!!! 15-20 min once a day is NOT ENOUGH and it should be outside. Computer and sitting activities should be off limits during recess. School lunches should not include processed foods or dairy."
- "One of the things that we are struggling with now is teaching pregnant addicted women that abortion is not the only alternative to not having to raise a child. More information and education is needed with staff regarding babies who are born addicted. The people who want to access the services are going to find a way to make it happen; even if it is going to one service and utilizing case management to access the other services to include assistance with making appointment and transportation."
- "Positive incentives for healthy life style. Avoid punitive disincentives."
- "Safer pedestrian routes throughout the county, to encourage alternatives to driving short distances and encourage bicycles/walking."
- "Specific education, recipes, cooking classes, etc. regarding healthy and affordable eating. Increased emphasis on low cost healthcare for those who have limited incomes, no insurance or high co-pays; more availability of treatment services for behavioral and substance abuse."
- "Stronger focus on mental health."
- "Try not talking to everyone on the same level."

Lastly, key informants were asked to share any additional comments.

**General/Additional Comments:**

- "I hope they become more politically active to help generate the change that is needed in this community. It is one thing to offer screenings and services, but what good is it if people can't get to the doctors or the hospital. More should also be done to create a community based on healthy preventative lifestyles. The hospital should back the need for better alternative i.e. bike infrastructure."
- "Not really sure what we can do to get them motivated to stay healthy."
- "The Harford County Health Dept and Upper Chesapeake Hospital System are very pro-active in their approach to health and well-being in the community. They are ready and willing to focus on community partnerships to achieve health and wellness."
- "The hospital is currently open 24 7 so they wouldn't have to make major staffing changes to have weekend accommodations for lost souls cold and hungry mentally ill or drug addicted to be off the streets. Jail isn't the correct place for most of these people yet a lot of them end up there. Many years ago at Connelly Rd (Jones Junction there was a place called the Serenity Club it was for recovering Alcoholics yet it was a safe haven 24 7 for anyone in need of shelter, food, help, No red tape no liability no parole."

## UM UCH Planning Session to Identify Community Health Needs

### Planning Session Participants

| Community Member | Agency |
|---|---|
| **Vickie Bands, Chair** | University of Maryland Upper Chesapeake Health |
| **Ki**mberly Theis | University of Maryland Upper Chesapeake Health |
| Colin Ward | University of Maryland Upper Chesapeake Health |
| Mark Lewis | University of Maryland Upper Chesapeake Health |
| Susan Kelly | Harford County Health Department |
| Dr. Russell Moy | Harford County Health Department |
| Sharon Lipford | Harford County Government |
| Amber Shroads | Harford County Government |
| Bari Klein | University of Maryland UCH/Harford County Health Department |
| Pastor Baron Young | St. James AME Church |
| Pastsy Astarita | University of Maryland Upper Chesapeake Health |
| Nathaniel Albright | University of Maryland Upper Chesapeake Health |
| Barbara Cysyk | University of Maryland Upper Chesapeake Health |
| Charles Elly | University of Maryland Upper Chesapeake Health |
| Elizabeth English | University of Maryland Upper Chesapeake Health |
| Karen Hensley | University of Maryland Upper Chesapeake Health |
| Debra Ostrowski | University of Maryland Upper Chesapeake Health |

| | |
|---|---|
| Mallory McCloskey | Harford County Health Department |
| Tracey Long | University of Maryland Upper Chesapeake Health |

In March of 2015, stakeholders from University of Maryland Upper Chesapeake Health, the Harford County Health Department, Harford County Government, and a representative from the Interfaith Community met to review the aforementioned data and discuss the health priorities that UM UCH would focus on for the next three years. The priority areas were similar to those highlighted in the previous CHNA three years ago, as those issues continue to remain the areas of concern. Please see Appendix B for the UM UCH Action plan moving forward.

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# Appendix B. UM UCH Prioritization of Needs: Action Plan