Harford County Health Department (HCHD)

Today’s Update

- The health of Harford County residents
- Status of the opioid crisis
- Key health issues ahead
How healthy are Harford County residents? What is our average life expectancy?

Harford County has improved from 79.6 to 79.7 years from 2014 to 2015.

There's a 10-year life expectancy disparity within Maryland.

Legend
Life Expectancy
- Green: Age 80 or over
- Light Green: Age 79
- Yellow: Age 78
- Orange: Age 77
- Red: Age 76 or under

“Beyond Health Care,” RWJF Commission to Build a Healthier America, 2009
State-by-state: Counties rated highest and lowest in health

Researchers ranked counties by “health outcomes” and “health factors.” This map represents “health outcomes,” based on disease and death rates in each county.

Five healthiest counties in state  Five least healthy counties in state

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program
A community’s health is more than mortality and clinical care . . .
80% of what influences your health and life expectancy happens outside of the healthcare system

Health Outcomes Rankings
By Maryland Jurisdiction, 2017

- Montgomery
- Howard
- Carroll
- Frederick
- Talbot
- Calvert
- Queen Anne’s
- St. Mary’s
- Harford
- Worcester
- Anne Arundel
- Charles
- Baltimore
- Prince George’s
- Cecil
- Garrett
- Washington
- Kent
- Allegany
- Wicomico
- Caroline
- Somerset
- Dorchester
- Baltimore City

9th Healthiest for Health Outcomes:
- Birth outcomes
- Death rates
- Quality of life

Source: County Health Rankings, RWJF, 2017
Health Factors Rankings
By Maryland Jurisdiction, 2017

Howard  Montgomery  Frederick  Carroll  Talbot  Queen  Calvert  Harford  Anne  St. Mary's  Baltimore  Kent  Charles  Garrett  Worcester  Prince  Washington  Cecil  Allegany  Wicomico  Caroline  Dorchester  Somerset  Baltimore

8th Healthiest for Health Factors:
- Health behaviors
- Access to care
- Socio-economics
- Environment

Source: County Health Rankings, RWJF, 2017
Heart Disease Mortality Rates
Harford County & Maryland, 2008-2015

Harford County rates improving and comparable with the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Stroke Mortality Rates
Harford County & Maryland, 2008-2015

Harford County rates improving and comparable with the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Teen Birth Rates
Harford County & Maryland, 2010-2015

Per 1,000 Females, Ages 15-19

Harford County rates improving and better than the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Infant Mortality Rates
Harford County & Maryland, 2010-2015

Per 1,000 Live Births

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

Harford County rates improving and better than the State.
Infant Mortality Rates
By Race/Ethnicity, Maryland, 2015

Infant mortality racial disparities exist in Maryland

Cancer Mortality Rates
Harford County & Maryland, 2008-2015

Harford County rates improving but worse than the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
COPD Mortality Rates
Harford County & Maryland, 2008-2015

Harford County rates worse than the State.

Per 100,000 Population

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
The Leading Causes of Death
Harford County, 2015

Heart disease, cancer and COPD are the leading disease causes of death.

Age-Adjusted Rates
The Leading Actual Underlying Causes of Death


But smoking, obesity and alcohol are the leading actual causes of death.
Harford County adult use rates remain higher than the State average.

Source: [phpa.health.maryland.gov](http://phpa.health.maryland.gov)
MD BRFSS, 2011-15
Adolescent Tobacco Use Rates
Harford County & Maryland, 2013-2014

Harford County youth use rates are higher than the State average.

Note: Students Grades 9-12 who used any tobacco products in the past 30 days
Source: Maryland YRBSS, 2013 and 2014:
HCHD Tobacco Use Prevention Efforts

- Public health education and cessation sessions
- Maryland’s Quitline Referrals 1-800-QUIT-NOW
- Unlawful youth tobacco sales – compliance checks
  - HB 185 (2017) – Distribution of Tobacco Products to Minors – statewide law passed, effective 10/1/17
  - Supported by research showing that civil enforcement of youth tobacco sales is more effective than criminal enforcement
  - Youth tobacco use addressed as a public health issue, not a criminal issue
Impact of the opioid overdose crisis
Emergency Dept Visits for Addictions Conditions
Harford County, 2008-2015

Source: Maryland Vital Statistics Reports
Harford County had a 68% increase in overdose deaths from 2015-2016. Preliminary data for 2017 indicate a possible 100% increase from 2016-2017.

The Leading Causes of Death
Harford County, 2015

At the current rate, overdose deaths may become the 3rd leading cause of death in 2017.

Rate of Opioid Prescriptions Per Capita
By Maryland Jurisdiction, 2010 & 2015

Source: Dinsmore, “How Maryland measured up in opioid prescribing,” Baltimore Sun, 7/8/17 – citing CDC data
Rate of Hospital Encounters for Newborns Born with Maternal Drug/Alcohol Exposure in Harford County and Maryland, 2000-2016

>7-fold increase in newborn exposure to drugs/alcohol over the past 16 years for Harford County residents

NOTE: ICD Codes used 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

Source: HSCRC Hospital Data, 2000-16, Maryland resident births only, does not include Maryland resident births born out of state.
Overdose Deaths
In Maryland by Selected Substances, 2007-2016

Heroin increased by 62%
Fentanyl increased by 229%
From 2015 to 2016.

Source: “Drug and Alcohol Related Intoxication Deaths in Maryland, 2016,” Maryland Vital Statistics
Overdose Deaths
In Maryland by Age Group, 2007-2016

Source: “Drug and Alcohol Related Intoxication Deaths in Maryland, 2016,” Maryland Vital Statistics

- 45-54 yr olds impacted most.
- 25-34 yr olds impacted next most.
The Epidemiology of Despair Among Whites: Trends in the Prevalence of Premature Mortality in Young Adult (25-34 yrs) and Middle-Aged (45-64 yrs) Whites in Rural Areas and Suburban Areas

Young adult (25-34 yrs) Whites in suburban areas and middle-aged (45-64 yrs) Whites in rural areas had the most marked increase in premature death relative to other sub-populations in each respective age group...

The marked increases in accidental poisonings and suicide death rates, together with unfavorable chronic disease trends, are driving increased premature mortality in Whites. A large portion of these deaths are caused by underlying behavioral risk factors and behavioral health. Case and Deaton coined such deaths as 'despair deaths'... as they enter the labor market and are met with bleaker prospects and lower paying jobs...

"Despair manifests in health, including ending life intentionally or soothing through opiates, food, tobacco or alcohol use... having the highest increases in poisonings, suicide... CVD and respiratory disease."
Suicide Mortality Rates
Harford County & Maryland, 2008-2015

Harford County rates worse than the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
HCHD Opioid Use Prevention Efforts

• Local Opioid Operational Command Center (OOCC)
  – Opioid Intervention Team project – co-chaired by HCHD and Harford County Dept of Emergency Services.

• HCHD Behavioral Health Clinical Program
  – One of the County’s primary substance use disorder treatment providers for Medicaid and uninsured patients.

• Detention Center collaborative efforts
  – Re-entry program with Vivitrol treatment option
  – Naloxone training
  – Medicaid insurance determinations and enrollment

• Opiate Recovery Court
• Peer Recovery Specialist services
MARYLAND OPIOID OPERATIONAL COMMAND CENTER

WHAT DOES IT DO?
Brings together state and local partners to support prevention, treatment, and enforcement efforts combating the heroin and opioid crisis in Maryland.

WHY?
Residents of all ages, races, genders, and areas across the state are affected by heroin and opioid misuse. State and local health and human services, education, and public safety officials are working together to develop community-based programs and services to combat this public health crisis.
Harford County OOCC OIT Project
Central Intake, Navigation & Recovery Team

- Central Intake
  - Screening
  - Assessment

- Navigation
  - of the treatment system

- Recovery & Support
  - Housing
  - Peer Support

ACR Telephone Resource Line
443-417-7810
HCHD Behavioral Health Clinic Visits FY 2015-17

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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<td>FY 2017</td>
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<td>1,978</td>
<td>2,601</td>
<td>2,873</td>
<td>9,790</td>
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Source: HCHD County Stat Data

5% Increase From FY15-17

# Visits

Source: HCHD County Stat Data
Key Health Issues Ahead

**History**

- MARYLAND – only state where hospitals don’t decide how much to charge for care payment
- “All-Payer” system of hospital payment
- A 40-year agreement with Medicare
- Allows Maryland to “waive” Medicare payment rules, set rates hospitals charge
- Can keep as long as we meet waiver “test”
  - Growth in Medicare spending per hospital stay less than the nation

**Maryland All-Payer Model Goals**

- Limit Annual Cost Growth 3.58%
- Lower 30-Day Readmissions to U.S. Rate
- Save Medicare $330 million
- Reduce Hospital-Acquired Conditions 30%
- Report on Population Health
- Shift to Global Payment
Impact of Maryland’s hospital federal waiver

**COURSE OF DISEASE**
- Outpatient
- Emergency Department
- Inpatient
- Intensive Care
- After Care

**Health of patient**
- Treating the patient early in the course of disease is better for the patient and uses fewer resources.

**Cost of care**
- Thoughtful, comprehensive care transition help patients stay well after discharge and prevent readmissions.
High readmission rates may mean problems with follow up appointments and medications.

Highest rates in Aberdeen, Havre de Grace and Joppa.
HighUtilizers with 3+ Emergency Dept Visits
For SHIP Disease Indicators, Maryland & Harford County ZIP, 2015

By Zip Code

- Aberdeen: 217.8
- Edgewood: 178.6
- Havre de Grace: 175.1
- APG: 162.9
- MARYLAND: 113.7
- DARLINGTON: 92.87
- JOPPA: 88.57
- WHITEFORD: 81.75
- ABINGDON: 73.09
- STREET: 64.40
- CHURCHVILLE: 63.43
- Bel Air 21015: 60.69
- White Hall: 48.34

Per 1,000 Residents

All Conditions
Mental Health
Addictions
Dental

High repeat E.D. visit rates may mean problems accessing ambulatory care in the community.

Highest rates in Aberdeen, Edgewood and Havre de Grace.

Source: “High Utilizer Use of Inpatient Hospitals,” CRISP Reporting Service Dashboards Workbook at https://reports.crisphealth.org/
HCHD Children’s Dental Health Visits, FY 2014-17

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<td>949</td>
<td>1,008</td>
<td>1,097</td>
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<td>FY 2015</td>
<td>1,148</td>
<td>983</td>
<td>1,032</td>
<td>1,124</td>
<td>4,287</td>
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<td>FY 2016</td>
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<td>1,133</td>
<td>1,167</td>
<td>1,156</td>
<td>4,669</td>
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<td>954</td>
<td>1,063</td>
<td>1,126</td>
<td>4,287</td>
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Source: HCHD County Stat Data
Children Receiving Dental Care in Past Year
Harford County & Maryland, 2009-2015

Harford County rates worse than the State.

Source: Maryland Medicaid Service Utilization
HCHD Medicaid Applications Processed, FY 2014-17

Source: HCHD County Stat Data
Uninsured Emergency Dept Visits
Harford County & Maryland, 2008-2015

Harford County uninsured rates much better than the State average.

Source: [phpa.health.maryland.gov](phpa.health.maryland.gov)
MD BRFSS, 2011-15
HCHD Medicaid Care Coordination Contacts, FY 2014-17

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<td>506</td>
<td>864</td>
<td>780</td>
<td>2,581</td>
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<td>609</td>
<td>408</td>
<td>728</td>
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<td>882</td>
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<td>771</td>
<td>703</td>
<td>872</td>
<td>624</td>
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Source: HCHD County Stat Data

15% Increase From FY14-17
HCHD Medicaid Transportation
FY 2014-17

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<td>FY 2016</td>
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<td>16,735</td>
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<td>31,272</td>
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<td>FY 2017</td>
<td>26,448</td>
<td>18,666</td>
<td>20,666</td>
<td>20,628</td>
<td>86,408</td>
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Source: HCHD County Stat Data

61% Increase From FY14-17
### HCHD HIV Client Case Management Encounters, FY 2014-17

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<th>FY 2016</th>
<th>FY 2017</th>
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<td>Q1</td>
<td>1,500</td>
<td>1,368</td>
<td>1,518</td>
<td>1,438</td>
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<td>Q2</td>
<td>972</td>
<td>1,441</td>
<td>1,268</td>
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<td>Q3</td>
<td>1,409</td>
<td>1,862</td>
<td>1,410</td>
<td>1,519</td>
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<tr>
<td>Q4</td>
<td>1,104</td>
<td>1,378</td>
<td>1,080</td>
<td>1,243</td>
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<td>Total</td>
<td>4,985</td>
<td>6,049</td>
<td>5,276</td>
<td>5,356</td>
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Source: HCHD County Stat Data

7% Increase From FY14-17
HCHD Women, Infants and Children (WIC) Nutrition Visits, FY 2014-17

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<td>16,903</td>
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<td>16,150</td>
<td>15,710</td>
<td>15,803</td>
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<td>FY 2017</td>
<td>16,080</td>
<td>15,916</td>
<td>16,036</td>
<td>15,025</td>
<td>63,057</td>
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Source: HCHD County Stat Data
Impact of potential changes to the Affordable Care Act

- Unsubsidized health care premiums under the ACA are expected to rise nationally by about 25% in 2017.
- Uninsured rates may rise.
- Need for safety net services may increase.

Source: ACASignups.net, USA Today, Oct 2017
## Snapshot of FY 2017 HCHD Services

### Administration
- **6,798** Birth Certificates Processed
- **1,850** Death certificates Processed
- **86,408** MA Transport Rides Provided

### Care Coordination
- **2,970** Clients Navigated through Health Choice Health Care System
- **252** High-Risk Postpartum & Infant Hospital Referrals

### Social Work
- **1,509** Student Visits to School-Based Health Centers
- **457** Average Monthly Family Service Coordination - Infants & Toddlers
- **1,300** Number of Monthly Teen Diversion Contacts

### Environmental Health
- **1,469** Inspections of Licensed Food Service Facilities
- **713** Animal Attack Investigations
- **172** Well Permits Issued

### Public Health Education
- **8,683** K-12 Public & Private School Students Educated on Tobacco
- **90** Women Screened for Breast & Cervical Cancer
- **147** Tobacco Cessation Class Participants

### Clinical Services
- **2,307** Number of Women’s Health Visits
- **4,287** Children’s Dental Clinic Visits
- **5,356** HIV Client Case Management Encounters
- **9,790** Individuals Provided Behavioral Health Services
- **484** Sexually Transmitted Disease Clinic Visits
- **5,255** WIC Program Average Monthly Caseload
### HCHD Pool Inspections, FY 2013-17

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<td>FY 2015</td>
<td>88</td>
<td>44</td>
<td>40</td>
<td>101</td>
<td>273</td>
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<tr>
<td>FY 2016</td>
<td>80</td>
<td>60</td>
<td>26</td>
<td>132</td>
<td>298</td>
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<tr>
<td>FY 2017</td>
<td>109</td>
<td>62</td>
<td>34</td>
<td>122</td>
<td>327</td>
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*Source: HCHD County Stat Data*
## HCHD Zoonotic Disease Animal Attack Investigations, FY 2013-17

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<tr>
<td>Total</td>
<td>606</td>
<td>665</td>
<td>713</td>
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11% Increase From FY14-17

Source: HCHD County Stat Data
HCHD Food Inspections, FY 2013-17

Source: HCHD County Stat Data
Harford County's health status is better than the State average.

Improvements need to be focused on substance use, tobacco use, and other behavioral lifestyle improvements.

Safety net providers and care coordination efforts need to be supported in order to meet the needs of vulnerable and underserved populations.

Environmental health professionals need to be supported in order to protect the health and safety of Harford County residents.
Harford County Health Department (HCHD)

Mission and Vision

**Mission**
To protect and promote the health, safety, and environment of the residents of Harford County through public health assessment, education, collaboration and assurance of services.

**Vision**
To make Harford County the healthiest community in Maryland.