The Health of Harford County

Local Health Improvement Coalition (LHIC)
9th Annual Meeting, October 24, 2019
Russell Moy, MD, MPH, Health Officer
AGENDA

• Snapshot of Harford County’s health
• Maternal-child health
• Sexually transmitted diseases
• Behavioral health
• Tobacco and vaping use
• Diabetes
Of Maryland’s 24 jurisdictions, what is Harford County’s 2019 health ranking?

(A) # 1 (most healthy)
(B) # 7
(C) # 10
(D) # 16
(E) # 24 (least healthy)
Harford ranks 7th of 24 for health risk factors and 10th of 24 for health outcomes.
What is the average life expectancy of a Harford County resident?

(a) 82 years  
(b) 81 years  
(c) 79 years  
(d) 77 years  
(e) 72 years
What is the average life expectancy of a Harford County resident?

(a) 82.98 years – Howard County
(b) 81.48 years – Montgomery County
(c) 79.54 years – Harford County
(d) 77.01 years – Cecil County
(e) 72.14 years – Baltimore City


There’s a 10-year geographic disparity in average life expectancy within Maryland.
Which Harford County zip code has the highest average life expectancy?

(a) Edgewood
(b) Aberdeen
(c) Havre de Grace
(d) Churchville
(e) Bel Air
Which Harford County zip code has the highest average life expectancy?

(a) Havre de Grace – 76.6 years  
(b) Aberdeen – 76.8 years  
(c) Edgewood – 77.3 years  
(d) Churchville – 78.4 years  
(e) Bel Air (21015) – 81.5 years

Average Life Expectancy
By Harford County Zip Codes, 2017

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Average Life Expectancy in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bel Air 21015</td>
<td>81.5</td>
</tr>
<tr>
<td>Forest Hill 21050</td>
<td>80.1</td>
</tr>
<tr>
<td>HARFORD COUNTY</td>
<td>79.5</td>
</tr>
<tr>
<td>Bel Air 21014</td>
<td>79.4</td>
</tr>
<tr>
<td>White Hall 21161</td>
<td>79.3</td>
</tr>
<tr>
<td>Abingdon 21009</td>
<td>79.2</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>79.2</td>
</tr>
<tr>
<td>Fallston 21047</td>
<td>79.1</td>
</tr>
<tr>
<td>Whiteford 21160</td>
<td>78.9</td>
</tr>
<tr>
<td>Street 21154</td>
<td>78.9</td>
</tr>
<tr>
<td>U.S.</td>
<td>78.6</td>
</tr>
<tr>
<td>Joppa 21085</td>
<td>78.5</td>
</tr>
<tr>
<td>Churchville 21028</td>
<td>78.4</td>
</tr>
<tr>
<td>Jarrettsville 21084</td>
<td>77.9</td>
</tr>
<tr>
<td>Belcamp 21017</td>
<td>77.8</td>
</tr>
<tr>
<td>Edgewood 21040</td>
<td>77.3</td>
</tr>
<tr>
<td>Pylesville 21132</td>
<td>77.1</td>
</tr>
<tr>
<td>Aberdeen 21001</td>
<td>76.8</td>
</tr>
<tr>
<td>Havre de Grace 21078</td>
<td>76.6</td>
</tr>
<tr>
<td>Darlington 21034</td>
<td>76.3</td>
</tr>
</tbody>
</table>

## Harford County Health Indicators

**Doing Better – Doing Worse**

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Harford County</th>
<th>Maryland</th>
<th>Top U.S. Performers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HARFORD COUNTY DOING BETTER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality (per 1k)</td>
<td>4</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Teen births (per 1k)</td>
<td>11</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Uninsured (%)</td>
<td>5</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>HARFORD COUNTY DOING WORSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug overdose deaths (per 100k)</td>
<td>34</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td>Adult smoking (%)</td>
<td>15</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.6</td>
<td>3.5</td>
<td>3.0</td>
</tr>
</tbody>
</table>

[https://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report](https://www.countyhealthrankings.org/reports/2019-county-health-rankings-key-findings-report)
Infant Mortality

Of the industrialized nations, the United States is NUMBER ONE in infant deaths

<table>
<thead>
<tr>
<th>Country</th>
<th>Deaths per 1,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>2.5</td>
</tr>
<tr>
<td>Japan</td>
<td>2.6</td>
</tr>
<tr>
<td>Finland</td>
<td>2.7</td>
</tr>
<tr>
<td>Norway</td>
<td>3</td>
</tr>
<tr>
<td>Portugal</td>
<td>3.4</td>
</tr>
<tr>
<td>Spain</td>
<td>3.5</td>
</tr>
<tr>
<td>Italy</td>
<td>3.6</td>
</tr>
<tr>
<td>Germany</td>
<td>3.7</td>
</tr>
<tr>
<td>Austria</td>
<td>3.8</td>
</tr>
<tr>
<td>Denmark</td>
<td>3.8</td>
</tr>
<tr>
<td>France</td>
<td>3.8</td>
</tr>
<tr>
<td>Switzerland</td>
<td>4.2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>4.5</td>
</tr>
<tr>
<td>Australia</td>
<td>4.8</td>
</tr>
<tr>
<td>Canada</td>
<td>5.2</td>
</tr>
<tr>
<td>United States</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Infant Mental Health Definition

The ability to develop physically, cognitively, and socially in a way which allows the child to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events.

World Association for Infant Mental Health - www.waimh.org
As they are more susceptible for Oral problems, early precautionary care should be taken.
Preventing Preemies

“Why do infants die more often in America than in almost every other industrialized country? . . . Premature births remain a genuine medical mystery.” *Time Magazine, August 3, 2009*
## Reducing Infant Mortality

### Proven Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Anticipated Reduction in Infant Mortality Rate</th>
</tr>
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<tbody>
<tr>
<td>Baseline</td>
<td>0.0%</td>
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**From Strobino et al, Milbank Quarterly, Vol 73, 1995 and Strobino, unpublished data 2006**
Reducing Infant Mortality
*Intervention Points Across the Life Span*

**PRECONCEPTION** (Before pregnancy)
- Healthier women at time of conception

**PRENATAL** (During pregnancy)
- Earlier entry into prenatal care

**PERINATAL/NEONATAL** (After delivery)
- Comprehensive, high quality perinatal and neonatal care

*Healthier Children and Adults*
Preventing unintended pregnancy is critical to adolescent women's well-being.

Contraceptive use helps adolescents...

- Extend their education
- Improve their economic prospects
- Lead healthier lives

For more info please visit gu.tt/youth #AddingItUp

©2016 guttmacher.org
Teen Birth Rates Have Dropped Sharply In Both the U.S. and Maryland

CDC: Maryland Teen Birth Rate Drops Sharply

Racial disparities continue even as teen pregnancies among black and Hispanic teens show most dramatic drop.

By Deb Belt, Patch Staff
Apr 30, 2016 9:02 am ET

Attributed to:
• Access to family planning
• Media messaging
• Peer pressure

The rate of Maryland teenagers having babies dropped nearly 40 percent in the past decade, according to a new study, with abstinence and better birth control options contributing to the decline.
Long-Acting Reversible Contraception (LARC)
LARC

In the Old Days
The decline in the U.S. teen birth rate accelerated suddenly between 2008 and 2011. The Great Recession played the biggest role, but a new study shows that MTV’s 16 & Pregnant and Teen Mom also had a significant impact on the staggering drop in teen birth rates, accounting for 1/3 of the decline after the series first aired.
Media Messaging

In the Old Days

Teach your kid it's not a dirty word.
Teen Birth Rates
Harford County & Maryland, 2008-2017

Harford County rates better than the State.

Source: Maryland Vital Statistics Reports
Teen Birth Rates
By Race/Ethnicity, Maryland, 2017

... but teen birth racial and ethnic disparities persist in Maryland.

Source: Maryland Vital Statistics Reports
It comes down to numbers, education… and a focus on preconception health – the health of women of reproductive age before pregnancy.
In 2018, Harford County’s infant mortality rate exceeded the State for the first time.

Source: Maryland Vital Statistics Reports
* 2018 data is preliminary
Infant Mortality Rates
By Race/Ethnicity, Maryland, 2017

... but infant mortality racial disparities persist in Maryland.

Source: Maryland Vital Statistics Reports
Substance Exposed Newborns (SEN) Rates
Harford County & Maryland, 2009-2018

Harford County rate has doubled over the past 10 years.

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state. Newborns identified via ICD 9 V-Codes (V30.x - V34.x, V39) and ICD 10 Z-Codes (Z38.x).
SEN identified by ICD-9 Codes (760.80, 760.71, 760.72, 760.3, 760.75, 760.77, 779.5) & ICD-10 Codes (P04.3, P04.4, P04.41, P04.49, P04.8, P04.9 and P96.1)
Neonatal Abstinence Syndrome (NAS) Rates
Harford County & Maryland, 2009-2018

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state. Newborns identified via ICD 9 V-Codes (V30.x - V34.x, V39) and ICD 10 Z-Codes (Z38.x).
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Source: Health Services Cost Review Commission (HSCRC). Data reflect Maryland newborn residents in Maryland hospitals only.

NAS based on diagnosis of the following on the newborn discharge record: ICD-9 779.5: drug withdrawal syndrome in newborn or ICD-10 P96.1: neonatal withdrawal symptoms from maternal use of drugs of addition.

*Changes in NAS coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of NAS newborns in those years.

Data suppressed for jurisdiction with less than 11 NAS newborns. ^Rates for 2009-2013 and 2014-2018 differ significantly (p<0.05)
Why do some SEN babies develop NAS and others don’t?
How can mothers and newborns be supported?

• **SEN≠NAS.** It’s a complex picture. NAS is a lot more than opioid exposure. NAS is associated with severe neonatal and maternal mortality and morbidity.

• **Smoking cessation.** Focus on the modifiable behaviors, in particular, smoking cessation. At least 80% of women with opioid use disorder smoke cigarettes. It’s a great opportunity to talk about smoking cessation, even cutting back cigarettes is beneficial.

• **Breastfeeding.** It’s also a great opportunity to talk about breastfeeding and skin-to-skin contact: holding the baby, rooming in if possible, and breastfeeding as ways to reduce the severity and duration of NAS.

• **Continuity of care – through WIC, care coordination, women’s health, and behavioral health services.**

From: ACOG Update, Volume 43, Edition 5
FOCUS GROUP #1: MOTHERS

A group of mothers and one foster parent that currently participate in HCHD’s Helping Families Recover and Healthy Families America programs participated in one 45-minute long focus group. The purpose was: To understand what the participants expect from MEGAN’s Place and what outcomes they hope to achieve while in the program.

01 LOVE OF SUPPORT
They love their current support & want it to expand.

02 WELCOMING SPACE
They need a safe & welcoming space, free of judgment.

03 NO RESOURCE GUIDES
They want care coordination, but not in the form of a resource guide or list of services.

04 COMMUNITY
They want a sense of community & space to come together.

05 BARRIERS
Transportation & hours of services are barriers to coming.

06 SERVICES
Additional services could include parenting classes, self-improvement classes, & assistance with housing/work placement.
MEGAN’s Place is:

- A trusted, safe, non-judgmental physical place for at-risk pregnant, postpartum women and their families to meet in Harford County – for information and guidance, referrals and services, care coordination and support.

- An approach for building family resilience:
  - Start by building **trusted relationships**
  - **Light touch family support** in every day settings
  - Connections to more intensive **clinical services** when needed
  - Connections to and support from dedicated **wraparound** support services
  - **Navigation support** to help make the connections
MEGAN’S PLACE IS A FAMILY-ORIENTED ENVIRONMENT WHERE YOU CAN FEEL SAFE BUILDING RELATIONSHIPS AND PAVING THE WAY FOR A BRIGHTER FUTURE.

Transportation
Parenting Classes
Support Groups
Behavioral Health Services
Family Planning
Immunizations
Care Coordination
WIC
Medicaid Application Assistance

1321 WOODBRIDGE STATION WAY
EDGECWOOD, MD 21040
(ENTRANCE IN THE BACK)

QUESTIONS?
CALL 410-612-1777 OR EMAIL
HCHD.MEGANSPPLACE@MARYLAND.GOV
FOR MORE INFORMATION.
WWW.HARFORDCOUNTYHEALTH.COM
Prioritizing Health Literacy and Cultural Competency as Key Components of Health Equity

By Molly Mraz, Communications Director, Harford County Health Department; and Shelby L. Graves, MPH, CHES, Health Policy Analyst, for the Harford County Health Department, Bel Air, MD

Achieving the vision of the Harford County Health Department means making Harford County the healthiest community in Maryland. The following article explores how this relatively small health department has prioritized health literacy and cultural competency to turn its organizational vision into a reality.
Integrating Health Care
A way for improving community health

FP2020
INTEGRATING FAMILY PLANNING AND HIV

Every woman and girl has the right to safe, voluntary family planning, regardless of her HIV status. Linking family planning and HIV services is crucial for achieving our FP2020 and Sustainable Development Goals and for realizing the global dream of an AIDS-free generation.

Integrating Behavioral Health and Primary Care

Integrating Oral and General Health Through Health Literacy Practices
Infant infection rate ranks as ninth worst in country

BY MEREDITH COHN

There were 29 babies born in Maryland last year with the sexually transmitted disease syphilis. The rate of infant infection was the country’s ninth worst.

The “tragic” figures were among a host of data about STDs alarming experts at the U.S. Centers for Disease Control and Prevention, which recently released the numbers. There were record numbers of cases recorded in all of the three most common STDs: syphilis, gonorrhea and chlamydia.

In many cases, such as congenital syphilis found in newborns, Maryland’s rates were worse than the nation as a whole.

“STDs can come at a high cost for babies and other vulnerable populations,” said Dr. Jonathan Mermin, director of CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, in a statement. “Curbing STDs will improve the overall health of the nation and prevent infertility, HIV and infant deaths.”

Babies born with syphilis who don’t die are at risk for lifelong physical and neurological problems.

The diseases in adults are generally treatable with antibiotics, if people know they are infected. But those who do not know they are infected can suffer consequences including infertility, pregnancy problems and increased HIV risk. They also risk passing STDs to others, including the fetuses of infected pregnant women.

Health officials say the infections are preventable. Studies suggest a number of reasons for the uptick nationally, including cuts to prevention programs, increased drug use and decreased condom use.

Like the national rates of infection, Maryland’s rates also were growing in many circumstances.

■ The state’s congenital syphilis cases rose to 29 in 2018 — a rate of 39.7 per 100,000 people, the nation’s 12th worst rate.

■ Syphilis in the most infectious stages among adults rose to 737 cases last year — a rate of 12.3 per 100,000 people, the nation’s 12th worst rate.

■ Chlamydia rose to 35,482 cases in 2018 — a rate of 586 cases per 100,000 people, the nation’s 24th worst rate.

■ Gonorrhea dropped to 10,305 cases last year — a rate of 170 per 100,000 people, the nation’s 24th worst rate.

In each case, rates for the Baltimore-Columbia-Towson region were worse than those for the state overall, and higher than the average rate for the nation’s biggest metro areas.

Last year, there were 446 cases of syphilis, 17,466 cases of chlamydia, and 5,998 cases of gonorrhea in the metro area.

Officials at the Baltimore City Health Department say they are monitoring the infection data in the city and state, which they called alarming but on par with national trends.

Officials say they are taking steps including offering testing and treatment services in city clinics, conducting outreach to the community and to providers on the need for testing and partnering with community groups on prevention and control efforts.

“Despite our best efforts, we believe more must be done, in partnership with our state and federal partners, to address the underlying causes for this upward trend, which include providing adequate public health funding, further investment in sexual and reproductive health education and an increased focus on stemming risky behaviors,” said D’Paul S. Nibber, a health department spokesman.
Sexually Transmitted Diseases
At a Record High in Maryland

The State of STDs in Maryland

In 2018, STDs surge for the 5th straight year, reaching all-time high.

- **35,482** cases of Chlamydia
  - 12th highest rate in the country
- **10,305** cases of Gonorrhea
  - 24th highest rate in the country
- **737** cases of Syphilis
  - 12th highest rate in the country
- **29** cases of Syphilis among newborns
  - 9th highest rate in the country

Source: CDC
Chlamydia Rates
Harford County and Maryland, 2013-2017

86% increase over the past 5 years.

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Gonorrhea Rates

Harford County and Maryland, 2013-2017

282% increase over the past 5 years.

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
HIV Incidence Rates
**Harford County & Maryland, 2013-2017**

Harford County rates increased by 83% over the past 2 years.

Per 100,000 Population

- **2013**: Harford County - 27, Maryland - 15
- **2014**: Harford County - 26, Maryland - 11
- **2015**: Harford County - 27, Maryland - 6
- **2016**: Harford County - 22, Maryland - 11
- **2017**: Harford County - 20, Maryland - 11

[https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx](https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx)
Domestic Violence Rates
Harford County and Maryland, 2013-2017

Harford County rate now exceeds the State average.

Source: Maryland Uniform Crime Reporting Program
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Child Maltreatment Rates
Harford County and Maryland, 2013-2017

Harford County rate exceeds the State average.

Rate of Children < Age 18 who are Maltreated Per 1,000 Population

Source: Maryland DHS
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Children Receiving Dental Care in Past Year
Harford County and Maryland, 2013-2017

Harford County rates worse than the State and the gap is widening.

Source: Maryland Medicaid Service Utilization
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Integrating Health Care
A way for improving community health
Impact of the Overdose Crisis
Opioid-Related Overdose Deaths
Harford County, 2011-2018

Harford rate down 3.2% in 2018
- the 1st reduction after 7 straight years of increases

Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018
For CY 2019 YTD, # of overdose deaths down by 11% in Maryland, **down by 17% in Harford County**

**Opioid-Related Overdose Deaths**

**Harford County and Maryland, 2019 YTD**

<table>
<thead>
<tr>
<th></th>
<th>Harford</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jun 2018</td>
<td>46</td>
<td>1193</td>
</tr>
<tr>
<td>Jan-Jun 2019</td>
<td>38</td>
<td>1060</td>
</tr>
</tbody>
</table>

Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2019 Q2 Report
Harford County has the 11th worst drug overdose rate in Maryland.
“Our overall assessment is that Harford County has exceptional programs in place supported by passionate and dedicated professionals responding to the heroin and opioid epidemic. The county has implemented several exceptional programs that are models for the rest of the state and has very few gaps in its delivery system.”
“Yeah, it takes a bit of time. It was hard to find them, too. And psychiatric help is really hard to get here in Harford County and Maryland, in general. It’s really hard to get in.” PWUD, Female, 30s

“If someone here says that you are on methadone, immediately the whole conversation changes. The doctor’s attitude towards you changes. Anyone’s attitude toward you changes because you’re suddenly trash. I keep it to myself because there’s so much negativity.” PWUD, Female, 30s

“I just had a miscarriage. I went in that morning to dose, and they decided that was the time to pull me aside to tell me that since I had the miscarriage I’m no longer in the pregnancy part of it. This is the day that I miscarried where all I wanted to do was just cry, walk in there and get my medicine and leave, and they thought it was important to tell me all the changes that was going to happen now that I miscarried. I walked out of that clinic and never walked back in.” PWUD, Female, 40s
TIMELINE
October 2018: 24/7 Hotline and Mobile Crisis opened
April 2019: Outpatient Behavioral Health Clinic opened
June 2019: Crisis Walk-In Stabilization Center opened
August 2019: 24/7 Short-Term Residential Center opened
September 2019: Full Joint Commission Accreditation awarded
Suicide Mortality Rates
Harford County & Maryland, 2013-2017

Per 100,000 Population

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Suicide is the Top Cause of Death, Ages 15-29

<table>
<thead>
<tr>
<th>RANK</th>
<th>CAUSE OF DEATH</th>
<th>DEATHS (% OF TOTAL)</th>
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<tbody>
<tr>
<td>1</td>
<td>Suicide</td>
<td>18</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional injuries (motor vehicle accidents)</td>
<td>13.7</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional injuries (others)</td>
<td>10.9</td>
</tr>
<tr>
<td>4</td>
<td>Cardiovascular diseases</td>
<td>7.5</td>
</tr>
<tr>
<td>5</td>
<td>Digestive diseases</td>
<td>7.2</td>
</tr>
</tbody>
</table>

Source: Office of the Census Commissioner
Students Feeling Sad or Hopeless

2014-2016 Percentage of Students Who Felt Sad or Hopeless by Grade  Harford County

Source: 2014 & 2016 Maryland Youth Risk Behavior Survey
**Question:**

In the past 10 years, serious psychological distress and suicidal thought rates for young people (≤ age 25) have increased by 70%, while adult rates have remained stable. Which of the following groups had the highest increase in suicide rates:

(a) Young people, males, who are low income
(b) Young people, females, who are low income
(c) Young people, males, who are higher income
(d) Young people, females, who are higher income
Question:
• In the past 10 years, serious psychological distress and suicidal thought rates for young people (≤ age 25) have increased by 70%, while adult rates have remained stable. Which of the following groups had the highest increase in suicide rates:
  (a) Young people, males, who are low income
  (b) Young people, females, who are low income
  (c) Young people, males, who are higher income
  (d) Young people, females, who are higher income
The report found the greatest upticks in young people who were wealthier and female. The changes were not connected to poor financial prospects or substance abuse, the report said, noting that they occurred during a period of economic expansion and at a time when drug/alcohol use among young people had been unchanged. Instead, the report said, the increases may be linked to increased time spent on social media and electronic communication, along with a decrease in the sleep young people are getting.

“Social media has moved from being something that about half of teens were using every day to something almost all teens are doing every day... It used to be an optional thing and now especially among girls, it’s virtually mandatory... the perfect place to be verbally aggressive, which can lead to depression and low self-esteem...”
A teenager says vaping every day for 3 years left her in a coma to develop a rare lung disease... The 18-year old, was rushed to a hospital where her symptoms quickly worsened. Doctors found she had *acute eosinophilic pneumonia* – a rare disease caused by a buildup of white blood cells in her lungs in response to inflammation. She was placed on a ventilator after being unable to breathe on her own and was put into an induced coma for 3 days... She wrote: “I am sharing my story so you all are aware that there is something crazy in these pens and they are not safe and almost cost me my life. *I used to say it won’t happen to me, but it can and it will happen to you.* Take my advice: *don’t smoke, don’t vape.*”
Severe Lung Illness Associated with Vaping: CDC Recommendations

As of 10/14/19, 49 state health departments have reported 1,479 patients with cases of EVALI (e-cigarette, or vaping, product use associated lung injury), with 33 confirmed deaths in 24 states. Median age was 23 years. 78% reported using THC-containing products. CDC recommends that persons consider refraining from using all e-cigarettes, or vaping, products, particularly those containing THC.
Severe Lung Illness Associated with Vaping

MDH Recommendations

As of 10/15/19, Maryland has had 35 cases of vaping associated lung disease identified, and no deaths...

The best way members of the public can keep themselves safe is to not vape or use e-cigarettes.
Safety Issues Associated With Vaping

Morning Mix

A teen’s injuries looked like he was in a ‘high-speed’ crash. Instead, a vape pen exploded in his mouth.
Impact of Vaping on Teens & Young Adults

Nicotine exposure during adolescence can cause addiction & disrupt attention & learning. Learn the risks at E-cigarettes.Surgeongeneral.gov

Nicotine can harm brain development, which continues to about age 25.

Know the Risks.
Visit E-cigarettes.SurgeonGeneral.gov
Maryland Becomes 13th State to Pass Tobacco 21 Legislation

Maryland’s Tobacco 21 Law Includes Vaping
While Teen Cigarette Use is Going Down

Teen Vaping is Skyrocketing Up

Trends in Youth E-Cigarette Use

Cigarette smoking rates have steadily declined.

Electronic Smoking Device (ESD) use increased by nearly 80% among HS youth 2017-2018.

An estimated 3.5M youth are current ESD users.

Source: "National Adolescent Drug Trends in 2018," NEJM
Youth Vaping is Now An Epidemic
27.5% of high-school students vaped in 2019


32% increase in youth e-cigarette use in 2019.
Harford County rates better than the State in 2016.

Source: Maryland Youth Risk Behavior Survey (YRBS)
Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days
* Data gap between 2010-2013 and 2014-2016
Adult Smoking Rates
Harford County & Maryland, 2007-2016

Harford County rates worse than the State.

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)
Cancer Mortality Rates
Harford County and Maryland, 2013-2017

Harford County rates worse than the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
COPD Mortality Rates
Harford County and Maryland, 2013-2017

Per 100,000 Population

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

Harford County rates worse than the State.
Vaping has become an epidemic, threatening the health and lives of the community... This position statement recommends that all persons should refrain from vaping or using e-cigarettes, particularly those containing THC, the active component of marijuana.

- They have resulted in over 1,000 cases of sudden, severe lung disease, resulting in at least 18 deaths.
- They pose a safety risk through accidental explosions and poisonings.
- They are especially risky for teens and young adults as they can harm brain development. It is now illegal in Maryland to sell e-cigarettes to people under age 21.
The E-Cigarette Debate:
U.S. FDA Focus on Protecting Non-Smokers
STOP SMOKING
WITH AN
E-CIGARETTE
THIS
STOPTOBER

E-cigarettes are the most popular stop smoking aid in England and there's growing evidence that they can help people quit smoking cigarettes for good.

Join in the 28-day Stoptober challenge and stop with all the support you need.

Ask inside today.

BECAUSE THERE'S ONLY ONE YOU
# The E-Cigarette Debate

## What Constitutes as Evidence? (AJPH April 2019)

<table>
<thead>
<tr>
<th>TABLE 1—Opposing Perspectives on E-Cigarettes for Smokers, Bystanders, and Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smokers</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Bystanders</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Children</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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*Note: CDC = US Centers for Disease Control and Prevention; FDA = US Food and Drug Administration; NASEM = National Academies of Science, Engineering and Medicine; PHE = Public Health England.*
Maryland’s Tobacco 21 Law
www.notobaccosalestominors.com

Maryland Responsible Tobacco Retailer Program

Effective October 1, 2019, the statewide sales age increases to 21 for all tobacco products, including electronic smoking devices (e-cigarettes, vapes, pod-based devices such as JUUL and their e-liquids, and component parts and accessories).
Impact of Social Media
The vape company Juul said it doesn’t target teens. Its early ads tell a different story.

A new analysis of Juul’s marketing campaign suggests it targeted youth from its inception.
Media Literacy is a 21st century approach to education.  
*From Center for Media Literacy*

Media literacy can help change attitudes, teach people how messages are designed to influence them, contribute to changing long-term behavior. Counter-marketing is used to counter pro tobacco messages and increase pro health messages… and can be effective reaching teens and young adults.  
*From LHIC Chronic Disease Workgroup Position Statement*
Media Literacy as a Countermarketing Tool

Andrea Quijada, TED TALK. 2/19/13
https://www.youtube.com/watch?v=aHAApvHZ6XE
Maryland’s Unique Health Care Delivery System: Total Cost of Care (TCOC)

TCOC Model Agreement
Signed on July 9, 2018!
Maryland’s Unique Health Care Delivery System: *Total Cost of Care (TCOC)*

- **1977 – 2014:** Maryland All-Payer Hospital Rate Setting System – the only state in the nation to have federal CMS waiver approval for a regulated fee-for-service (FFS) system.

- **2014 – 2018:** Maryland All-Payer Global Budget Model – Transitioned from FFS system to a Global Budgets that provide hospitals with a fixed amount of revenue for each upcoming year, thereby encouraging the elimination of unnecessary hospitalizations and ED visits.

- **2019- 2028:** Maryland Total Cost of Care Model – that addresses (1) costs and quality for all CMS funded health care costs, including hospital, physician, pharmaceutical, laboratory, imaging, and other costs, as well as (2) population health outcomes.

[https://mhcc.maryland.gov/mhcc/pages/home/commissioners/documents/20190718/Ag7_MD_Model_Overview_MHCC_20190710_Katiev2.pdf](https://mhcc.maryland.gov/mhcc/pages/home/commissioners/documents/20190718/Ag7_MD_Model_Overview_MHCC_20190710_Katiev2.pdf)
• Since 1977, Maryland operated an all-payer, hospital rate setting system

• In 2014, Maryland updated its rate setting approach through the All-Payer Model:
  – Patient-centered approach that focuses on improving care and outcomes
  – Per capita, value-based payment framework for hospitals
  – Stable and predictable revenues for hospitals, especially those providing rural healthcare
  – Provider-led efforts to reduce avoidable use and improve quality and coordination
  – Contractual agreement between Maryland and federal government

https://mhcc.maryland.gov/mhcc/pages/home/commissioners/documents/20190718/Ag7_MD_Model_Overview_MHCC_20190710_Katiev2.pdf
# Maryland’s Unique Health Care Delivery System

## Phase 2: 2014-2018 – Hospital Global Budgets

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>APM Requirements from CMS</th>
<th>2014-2017 Results</th>
<th>On Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Payer Hospital Revenue Growth</td>
<td>≤ 3.58% per capita annually</td>
<td>2.03% average growth per capita</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Savings in Hospital Expenditures</td>
<td>≥$330M cumulative over 5 years (Lower than national average growth rate from 2013 base year to 2018)</td>
<td>$916M cumulative (5.63% below national average growth)</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Savings in Total Cost of Care</td>
<td>Lower than the national average growth rate for total cost of care from 2013 base year</td>
<td>$599M cumulative (1.36% below national average growth)</td>
<td>✓</td>
</tr>
<tr>
<td>All-Payer Reductions in Hospital Acquired Conditions</td>
<td>30% reduction over 5 years</td>
<td>53% reduction since 2013</td>
<td>✓</td>
</tr>
<tr>
<td>Readmissions Reductions for Medicare</td>
<td>≤ National average after 5 years</td>
<td>&lt; National average after 4 years</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Revenue to Global or Population-Based</td>
<td>≥ 80% by year 5</td>
<td>100%</td>
<td>✓</td>
</tr>
</tbody>
</table>
Maryland’s Unique Health Care Delivery System

- CMS/Maryland Goals of the TCOC Model:
  - $1 billion in Medicare cost savings by 2023
  - Population health outcome improvements in 6 high-priority areas:
    - Substance Use Disorder (SUD)
    - Smoking
    - Hypertension
    - Asthma
    - Diabetes
    - Obesity

https://innovation.cms.gov/initiatives/md-tccm/
HOW UNCONTROLLED DIABETES DAMAGES YOUR

- BRAIN: Cerebrovascular Disease
- EYES: Diabetic Retinopathy, Diabetic Macular Edema, Cataracts, Glaucoma
- TEETH: Tooth Decay and Cavities, Gingivitis (early gum disease), Periodontitis
- HEART: Coronary Artery Disease
- NERVES: Sensorimotor Polyneuropathy, Autonomic Nerve Damage
- KIDNEYS: Diabetic Nephropathy (diabetes-induced kidney disease)
In Maryland, diabetics cost Medicaid twice as much, study finds

Andrea K. McDaniels, Meredith Cohn

People with diabetes cost the state’s Medicaid program twice as much as those without the chronic condition, a study commissioned by the society that represents Maryland’s doctors has found.
Diabetes is the 7th leading cause of death in Harford County.

Source: Maryland Vital Statistics, 2017
Source: * Maryland Drug and Alcohol-Related Intoxication Deaths, 2017
Diabetes Mortality Rates
Harford County & Maryland, 2013-2017

Harford County rates trending up, 13% worse over past 4 years.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Heart Disease Mortality Rates
Harford County and Maryland, 2013-2017

Harford County rates comparable with the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Stroke Mortality Rates
Harford County and Maryland, 2013-2017

Per 100,000 Population

Harford County rates comparable with the State.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Harford County rates comparable with the State.

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days
* Data gap between 2010-2013 and 2014-2016
Adult Physical Activity Rates
Harford County & Maryland, 2011-2017

Harford County rates comparable with the State.

Percent

2011 2012 2013 2015 2017

49 52 48 51 49

43 54 46 51 51

40 45 50 55 60

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Emergency Department Visits for Diabetes
Harford County & Maryland, 2013-2017

Harford County rates better than the State.

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Uninsured Emergency Department Rates
Harford County & Maryland, 2013-2017

Harford County rates the best in the State.

Percent

2013 2014 2015 2016 2017

15.2 11.0 10.7 10.1 8.6

10.9 5.8 3.4 3.1 2.8

https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx
Diabetes Mortality Rates
By Race, Maryland, 2013-2017

Black to white racial disparities in diabetes.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports
Diabetes Prevalence Rates
By Race/Ethnicity, Maryland, 2015-2017

Age-adjusted Prevalence of Diagnosed Diabetes, Maryland 2015-17 (BRFSS data)

- NH White: 8.0%
- NH Black: 13.3%
- NH Asian: 9.7%
- Hispanic: 9.4%
- All R/E: 9.7%

Source: Maryland Diabetes Action Plan 2019, Draft
Diabetes and Smoking

Smokers have a 30% to 40% higher risk of diabetes than nonsmokers.
Diabetes and Oral Health

1 in 5 cases of total tooth loss is linked to diabetes.
Diabetes and Pregnancy

Risks and Effects of Gestational Diabetes

On the Baby:
- Might result in high birth-weight, low glucose levels, jaundice, and respiratory distress.

On the Mom:
- Might lead to preeclampsia, premature birth, and developing type 2 diabetes after delivery.

SheCares
Keys to a Healthy Community

*Starts before, during, and after pregnancy*

- Building Trusted Relationships
- Connection to Clinical & Preventive Health Services
- Navigation Support for All Wraparound Services
- Light-Touch Family Support
- Connection to Social Support

*Keys to a Healthy Community Starts before, during, and after pregnancy*
A trusted, safe, non-judgmental physical place for at-risk pregnant, postpartum women and their families to meet in Harford County. Providing information and guidance, referrals and services, care coordination and support to vulnerable families.
In summary

- Harford County has made progress with:
  - The first *decline in opioid deaths* in 7 years.
  - Better than state average rates for *diabetes and stroke mortality, as well as for adolescent obesity* rates.
  - The *lowest uninsured rate* in the State.
- Concerning trends in Harford County include:
  - Although teen smoking has decreased, *teen vaping has increased*.
  - *Infant mortality rate* has exceeded the State rate for the 1st time.
  - *SEN and NAS rates* have doubled over the past 10 years.
  - *STD rates have increased* significantly over the past 5 years.
  - *Suicide, cancer, and COPD* mortality rates higher than the State average.
- We need to focus on:
  - Strengthening the *behavioral health* services system infrastructure.
  - *Smoking and vaping prevention* efforts.
  - Focus on prevention services for *maternal-child and family health*.
Thank you!
410-838-1500
www.harfordcountyhealth.com