

# *The Health of Harford County*

Local Health Improvement Coalition (LHIC)

9<sup>th</sup> Annual Meeting, October 24, 2019

Russell Moy, MD, MPH, Health Officer



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# AGENDA

- Snapshot of Harford County's health
- Maternal-child health
- Sexually transmitted diseases
- Behavioral health
- Tobacco and vaping use
- Diabetes



# Snapshot of Harford County's Health

*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)



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# 2019 County Health Rankings: By Maryland Jurisdiction

## 2019 County Health Rankings for the 24 Ranked Counties in Maryland

Harford ranks 7<sup>th</sup> of 24 for health risk factors and 10<sup>th</sup> of 24 for health outcomes.

County	Health Outcomes	Health Factors
Allegany	20	18
Anne Arundel	8	8
Baltimore	13	10
Baltimore City	24	23
Calvert	6	5
Caroline	21	22
Carroll	4	3
Cecil	18	19

County	Health Outcomes	Health Factors
Charles	12	12
Dorchester	22	21
Frederick	3	4
Garrett	15	13
Harford	10	7
Howard	2	1
Kent	14	14
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	11	16
Queen Anne's	7	6
Somerset	23	24
St. Mary's	5	11
Talbot	9	9
Washington	17	15
Wicomico	19	20
Worcester	16	17



# 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

## Location – Location - Location

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



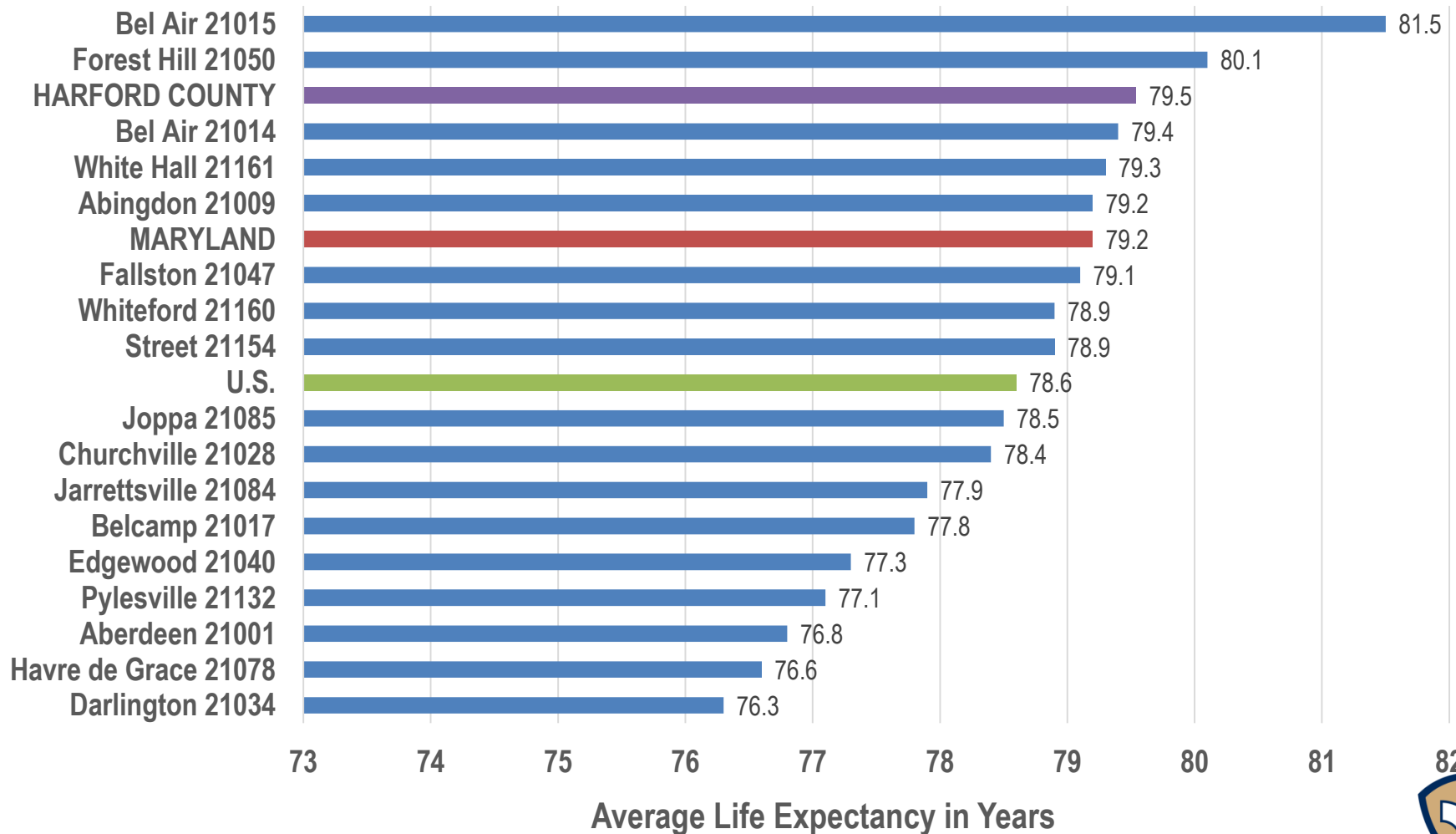
# Which Harford County zip code has the highest average life expectancy?

- (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





# Harford County Health Indicators

## *Doing Better – Doing Worse*

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







UNIVERSITY  
of MARYLAND  
MEDICAL  
CENTER

The Homer Guderson Building

SOUTH ENTRANCE

GREENE ST.

NO  
TURN  
ON RED



LANE  
ENDS  
MERGE  
LEFT





# Infant Mortality

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



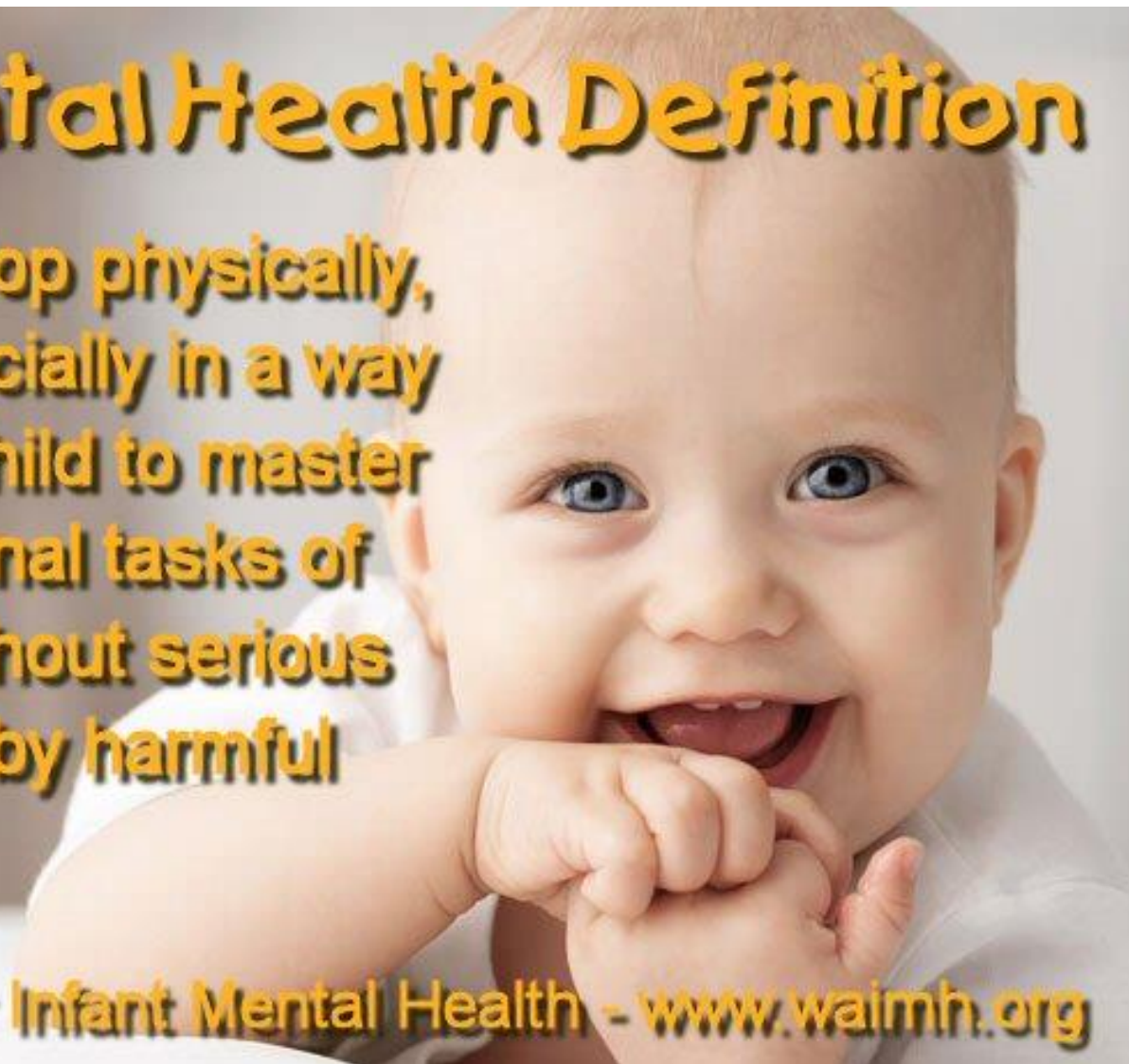
OECD, 2005-2009 Avg.

Deaths per 1,000 live births

# 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](http://www.waimh.org)





# INFANT ORAL CARE

**As they are more susceptible for Oral problems , early precautionary care should be taken**

Malligai Dental Hospital



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# 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*

<b><i>Intervention</i></b>	<b><i>Anticipated Reduction in Infant Mortality Rate</i></b>
Baseline	0.0%
Teenage pregnancy prevention	0.9%
Smoking cessation	0.9%
WIC nutrition	2.0%
Unintended pregnancy prevention	2.3%
Birth interval spacing	2.3%
Surfactant medical therapy	3.6%
Safe sleep-SIDS/SUID prevention	3.7%
Perinatal regionalization	12.7%
Comprehensive prenatal care	12.8%



# Reducing Infant Mortality

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# Reducing Infant Mortality

## Proven Interventions

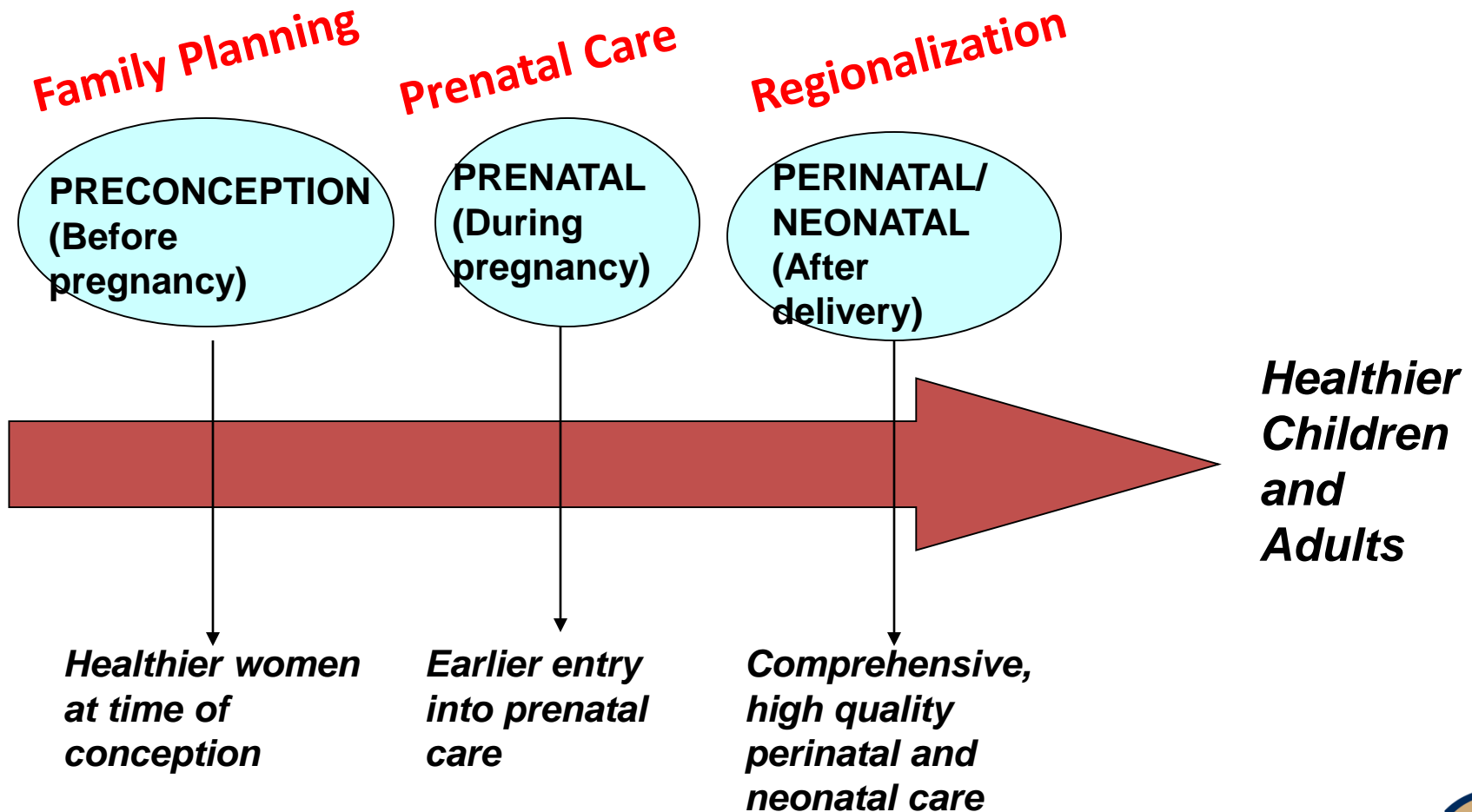
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**PRECONCEPTION HEALTH** (8.4%)



# Reducing Infant Mortality

## *Intervention Points Across the Life Span*





**Preventing  
unintended  
pregnancy**



**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](http://gu.tt/youth) #AddingItUp

# 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 (<https://patch.com/users/deb-belt>)  
Apr 30, 2016 9:02 am ET

Like 0 Share

(<https://patch.com/maryland/annapolis/amp/2640-rate-drops-sharply>)

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.



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# Long-Acting Reversible Contraception (LARC)



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# LARC

## *In the Old Days*



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# Media Messaging



## MEDIA INFLUENCES ON TEEN SEXUAL BEHAVIOR AND CHILDBEARING

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.

8%

of women 18-24 watch the show's more popular episodes



71%

of teens have watched the show

**MOST POPULAR**

often rated most popular show on cable television

SOCIAL MEDIA EVIDENCE: 16 & PREGNANT AND TEEN MOM HAS CHANGED THE WAY TEENS PERCEIVE PREGNANT AND PREGNANT AND PREGNANT

The Twitter hashtag #16andPregnant is the best birth control!



average rate of decline per year between 1991-2008

pace of decline accelerated between 2008 and 2012 to 7.5% per year

ONGOING TRENDS



# Media Messaging In the Old Days

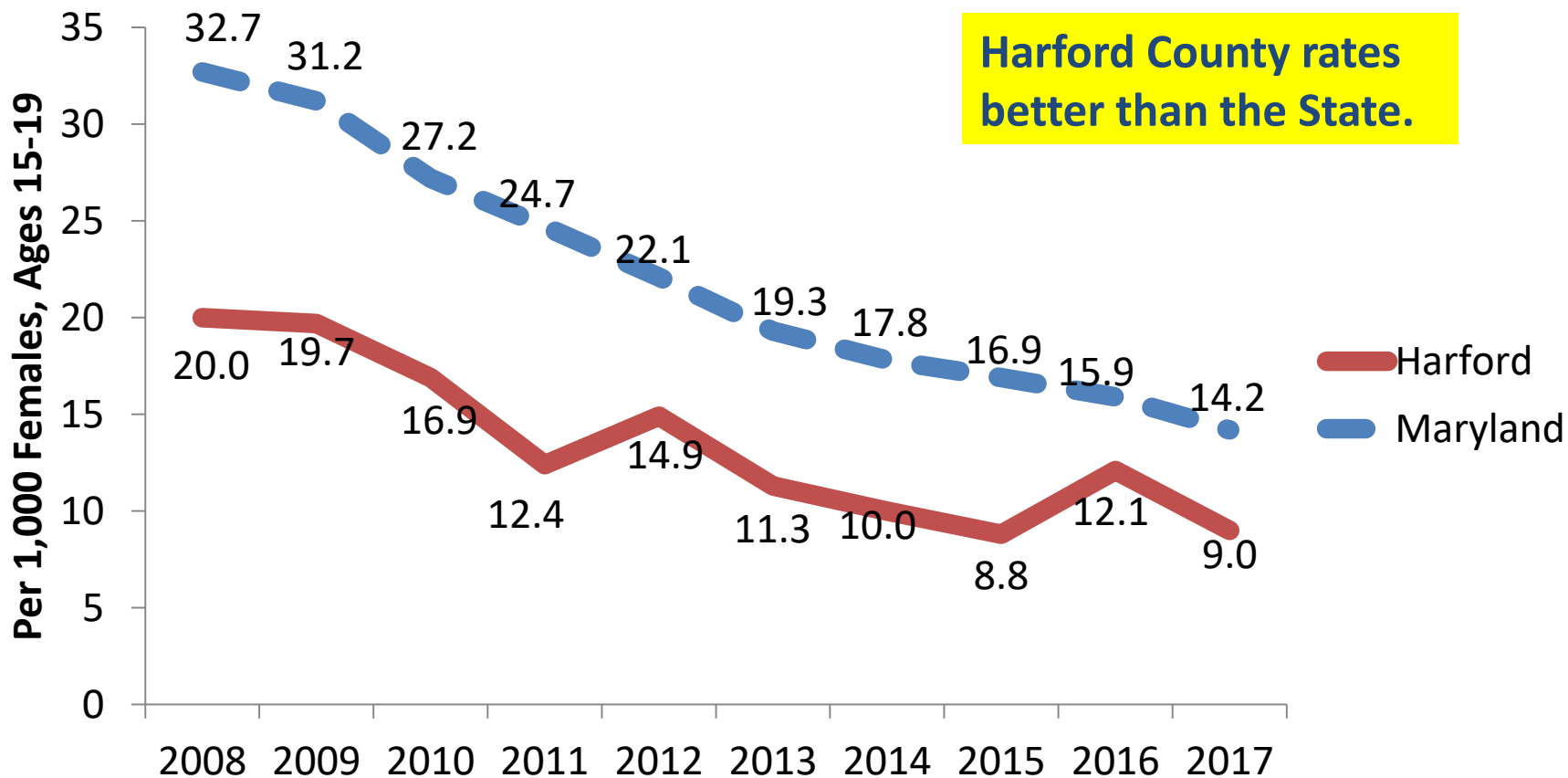


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# Teen Birth Rates

## Harford County & Maryland, 2008-2017

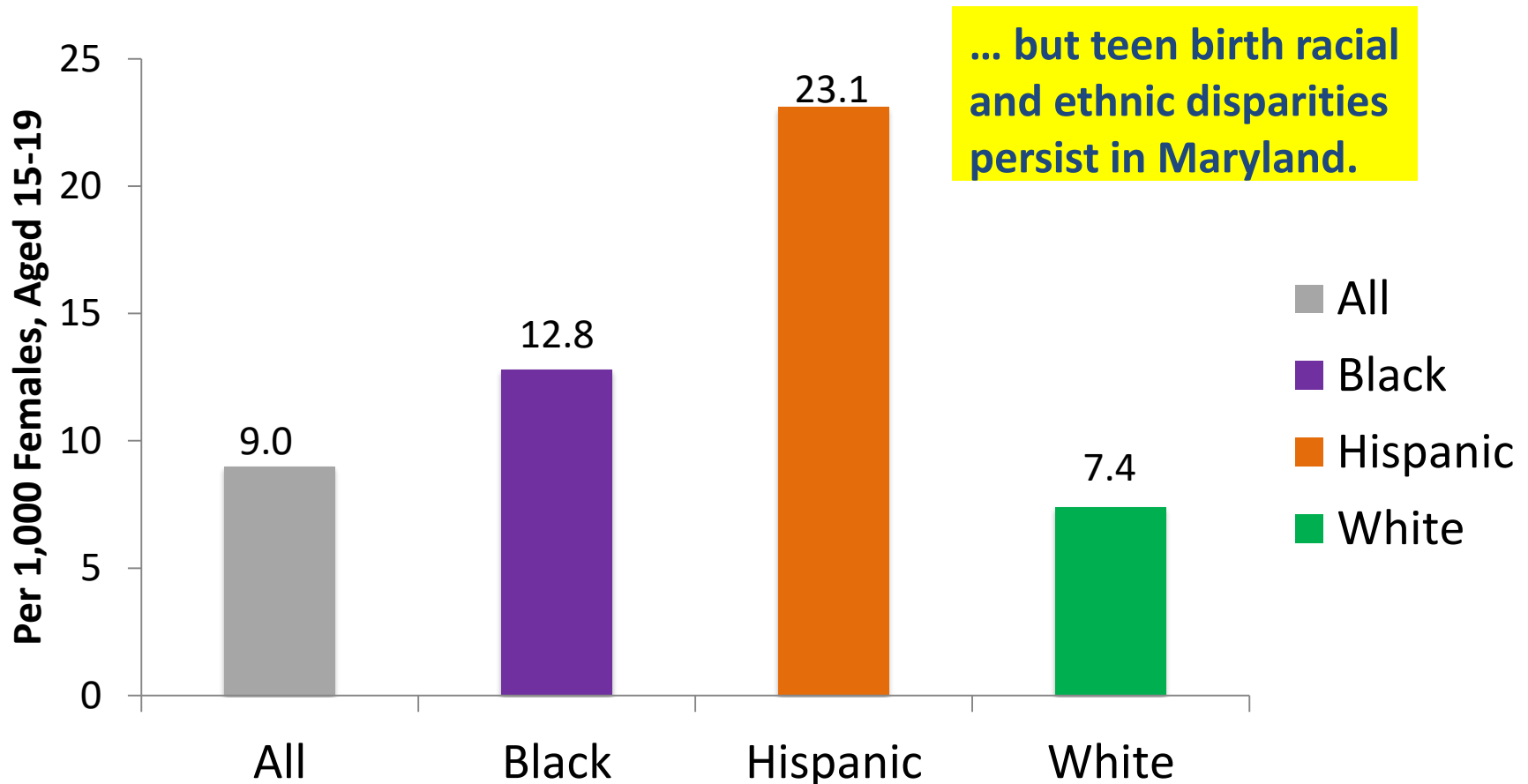


Source: Maryland Vital Statistics Reports



# Teen Birth Rates

## By Race/Ethnicity, Maryland, 2017



Source: Maryland Vital Statistics Reports



MAKING GOVERNMENT WORK

# HOW MARYLAND DECREASED ITS INFANT MORTALITY RATE IN RECORD TIME

April 3, 2014  
by Terri Pous



Shutterstock/PhotoLibrary Images

It comes down to numbers, education... and a focus on preconception health – the health of women of reproductive age before pregnancy.

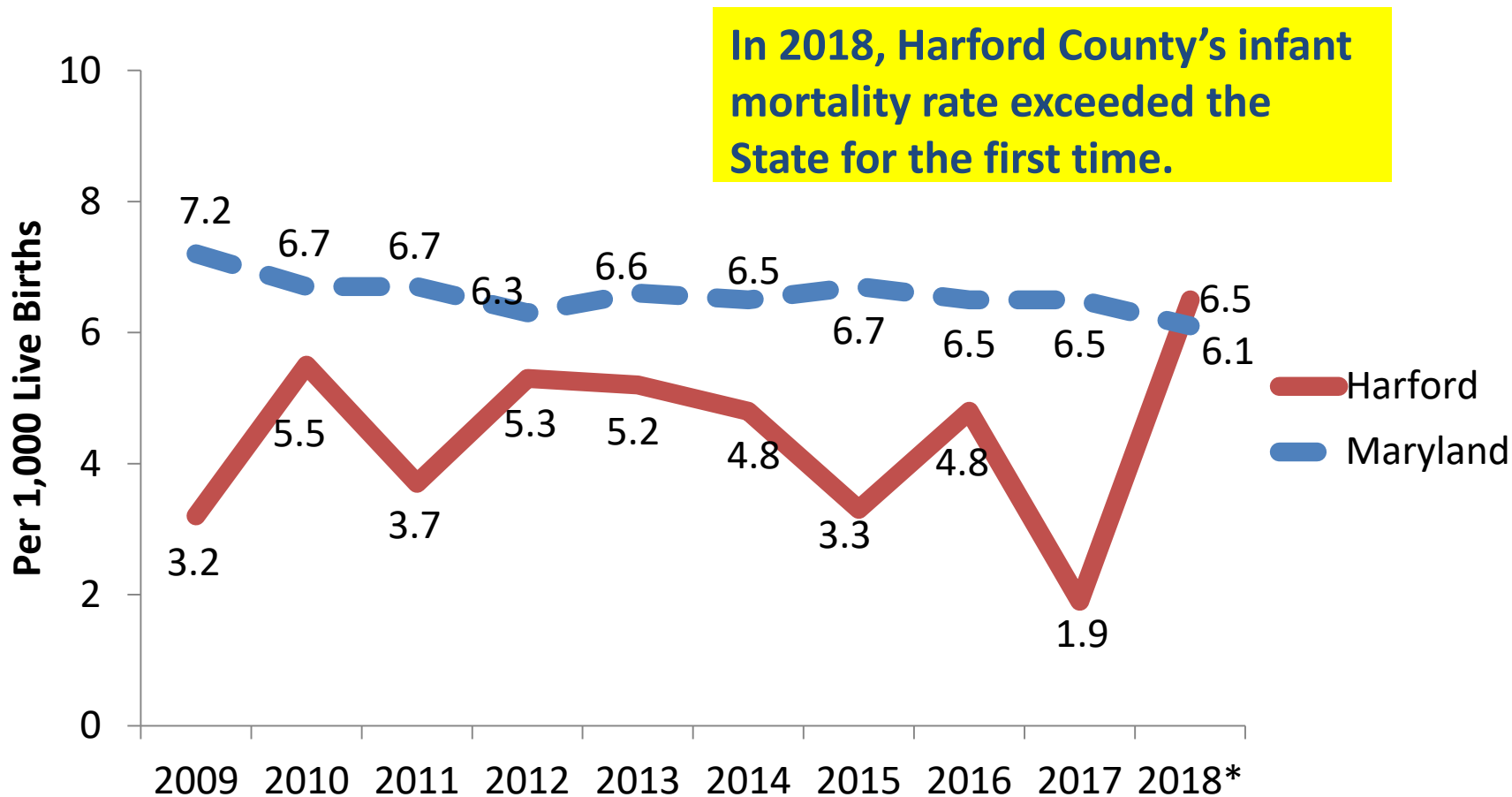
## IT ALL COMES DOWN TO NUMBERS, EDUCATION, AND SOME HYPER-FOCUSED REGIONAL ATTENTION.

People knock local governments for bureaucracy and red tape, but Maryland deserves an equal amount of fanfare for its data-driven — scratch that, *successful* data-driven — push to lower the statewide infant mortality rate.



# Infant Mortality Rates

## Harford County & Maryland, 2009-2018

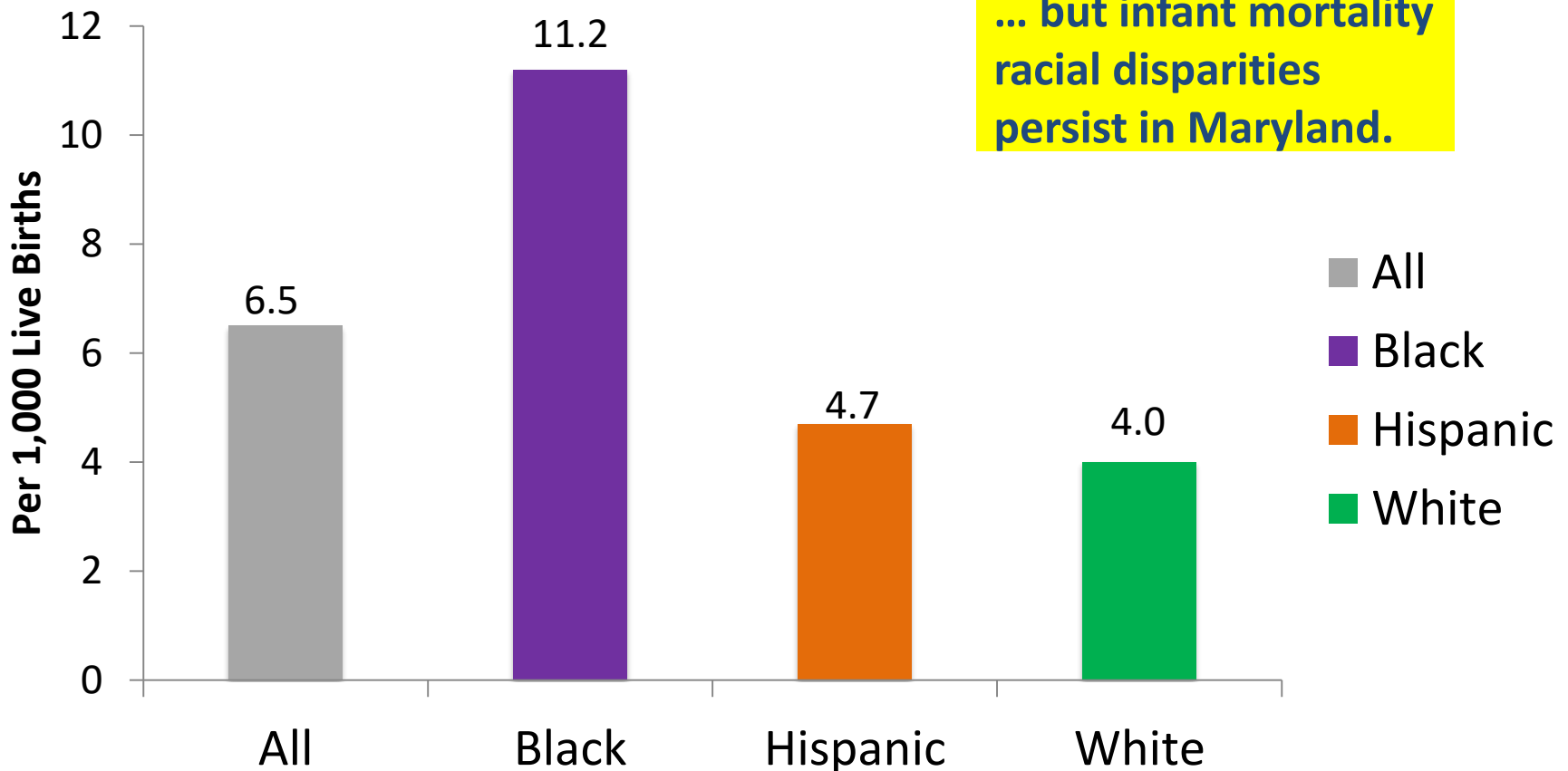


Source: Maryland Vital Statistics Reports  
\* 2018 data is preliminary





# Infant Mortality Rates By Race/Ethnicity, Maryland, 2017

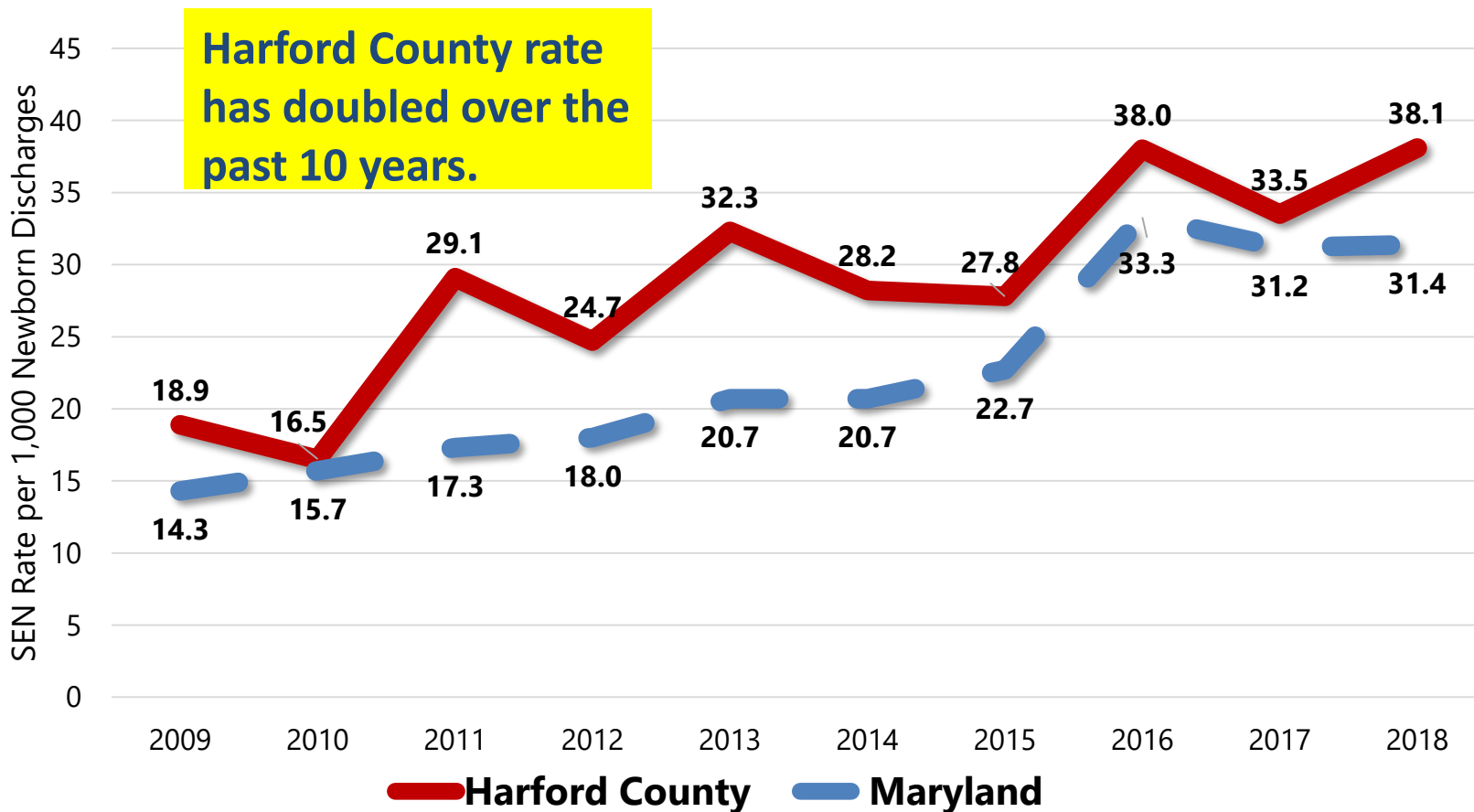


Source: Maryland Vital Statistics Reports



# Substance Exposed Newborns (SEN) Rates

## Harford County & Maryland, 2009-2018

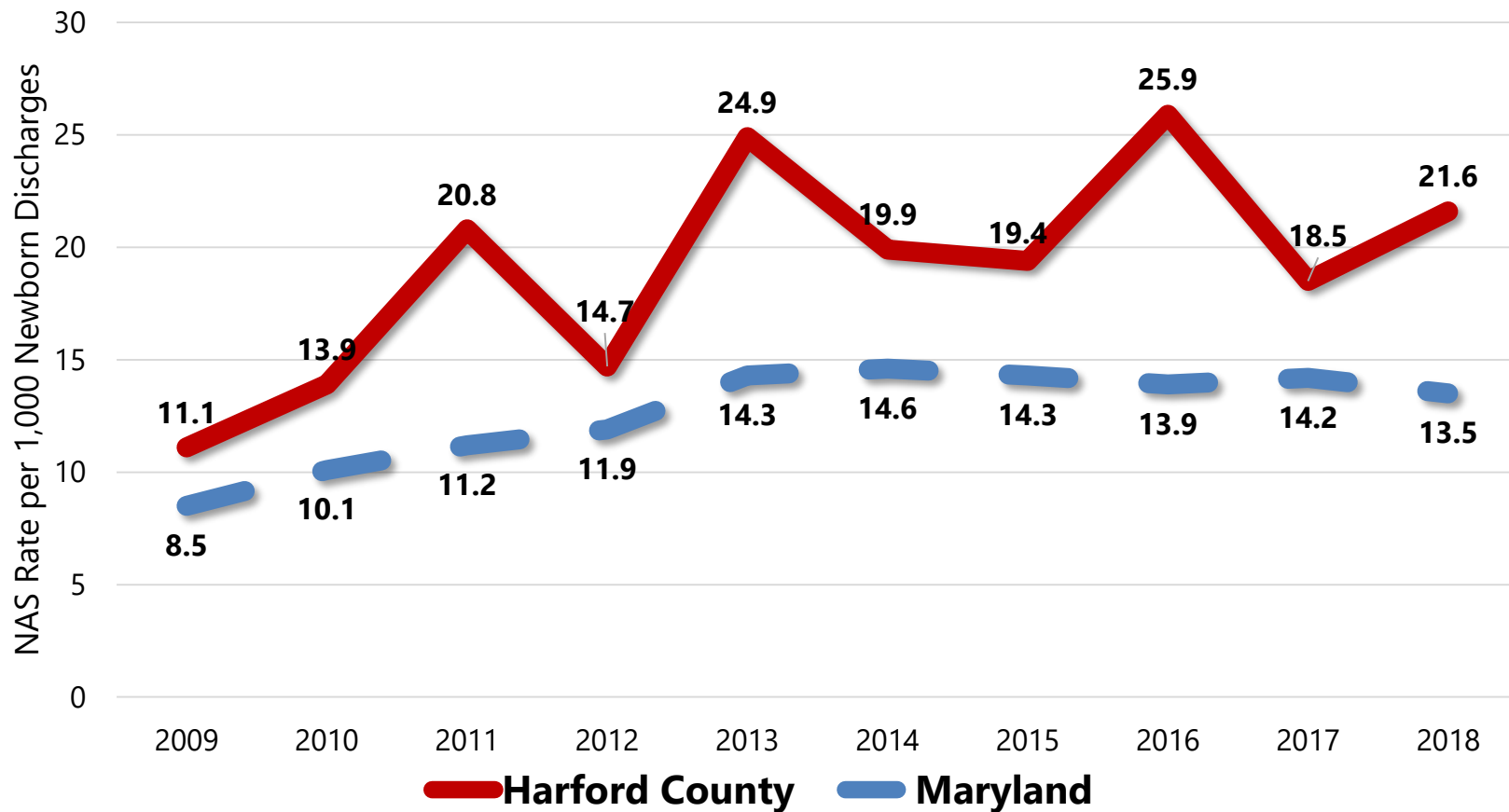


Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state. Newborns identified via ICD 9 V-Codes (V30.x - V34.x, V39) and ICD 10 Z-Codes (Z38.x). SEN identified by ICD-9 Codes (760.80, 760.71, 760.72, 760.3, 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

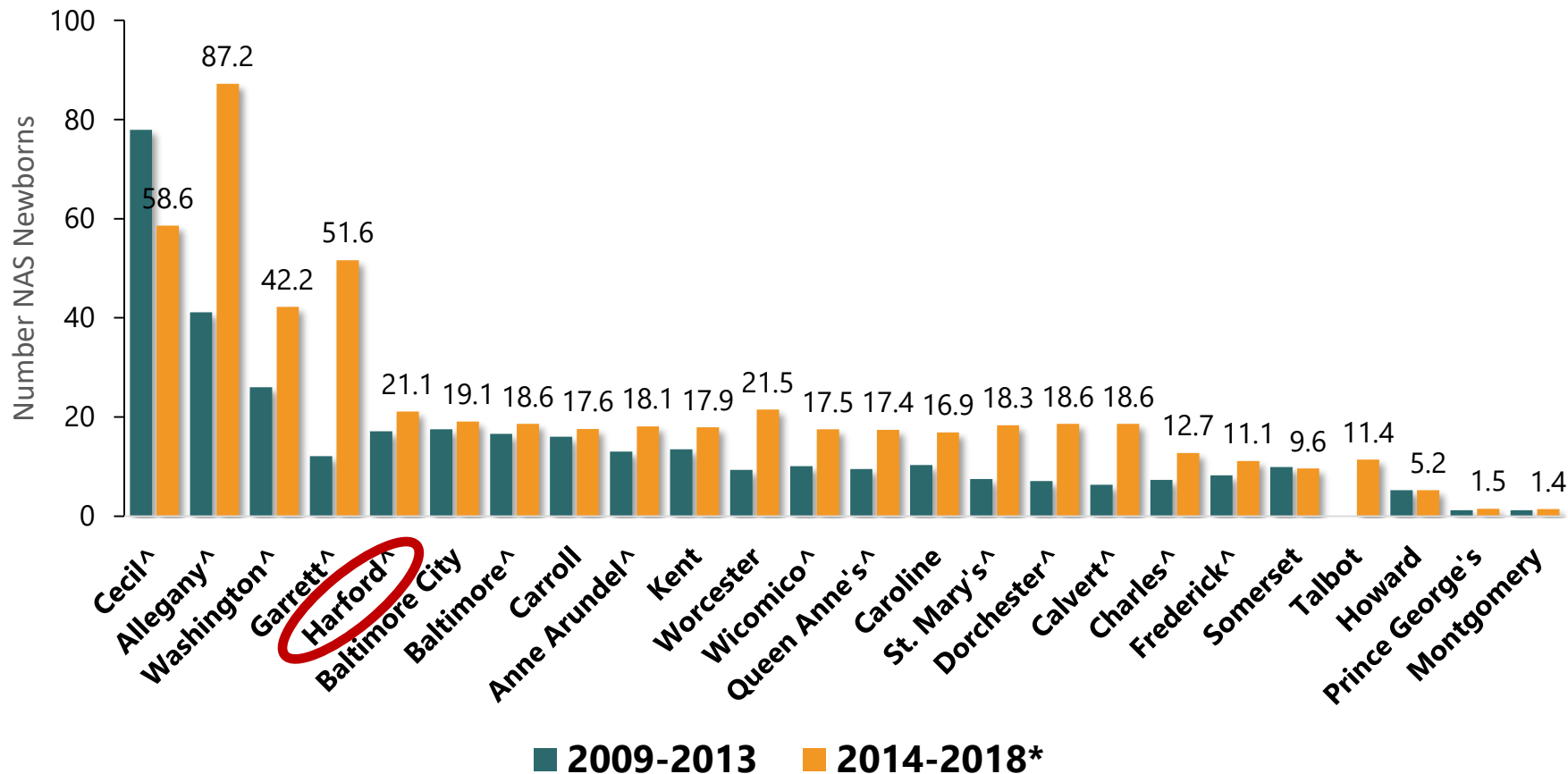


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# Rate of Neonatal Abstinence Syndrome (NAS) Births By Jurisdiction of Residence, 2009-2018



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 addiction. \*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.**



# Review of Local Level Input

Harford County Health Department

## FOCUS GROUP SUMMARIES

Spring 2019 Harford County Focus Groups



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## 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

## Meaningful Environment to Gather and Nurture

### 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



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# MEGAN'S Place

MEANINGFUL ENVIRONMENT TO GATHER AND NURTURE

ARE YOU PREGNANT OR A NEW PARENT?

DO YOU NEED HELP FINDING THE RIGHT RESOURCES?

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  
EDGEWOOD, MD 21040

(ENTRANCE IN THE BACK)

QUESTIONS?  
CALL 410-612-1777 OR EMAIL  
HCHD.MEGANSPLACE@MARYLAND.GOV  
FOR MORE INFORMATION.

WWW.HARFORDCOUNTYHEALTH.COM

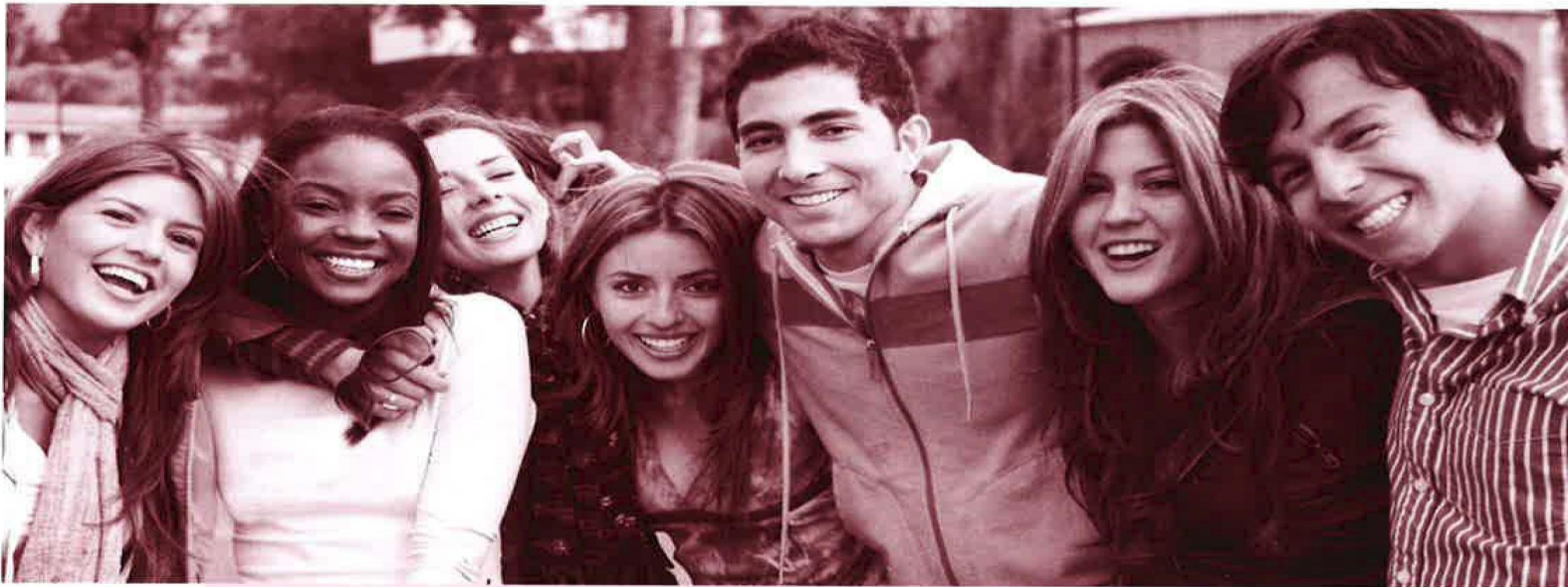
# Prioritizing Health Literacy & Cultural Competency For Promoting Health Equity

14

NACCHO Exchange

## 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.



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# 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.



Photo: Jake Eyel

#### FAMILY PLANNING, HIV, AND HUMAN RIGHTS

- All individuals have a right to determine the number, timing, and spacing of their children, regardless of their HIV status.



## Integrating Behavioral Health and Primary Care



## Integrating Oral and General Health Through Health Literacy Practices



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# Sexually Transmitted Diseases At a Record High in Maryland

4 THE BALTIMORE SUN | NEWS | SUNDAY, OCTOBER 20, 2019

MARYLAND



**SUN**  
INVESTIGATIVE

[baltimoresun.com/sun](http://baltimoresun.com/sun)  
Highlighting results of Sun investigative  
and giving readers a better understand

**U.S. saw a 40% increase in congenital syphilis rate.**

**Maryland has the 9<sup>th</sup> highest congenital syphilis rate in the country.**

## STD cases in Maryland mostly outpacing nation

### 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 ninth worst rate in the country.

■ 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 12th 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.

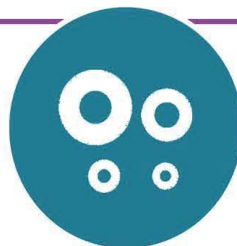


# Sexually Transmitted Diseases *At a Record High in Maryland*

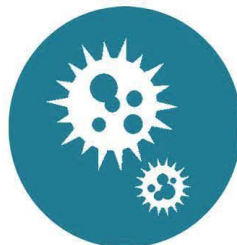
## The State of STDs in MARYLAND



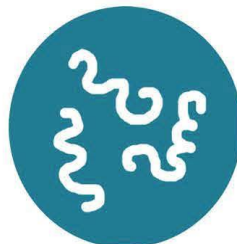
In 2018  
STDs surge for the 5th straight  
year, reaching all-time high.



**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



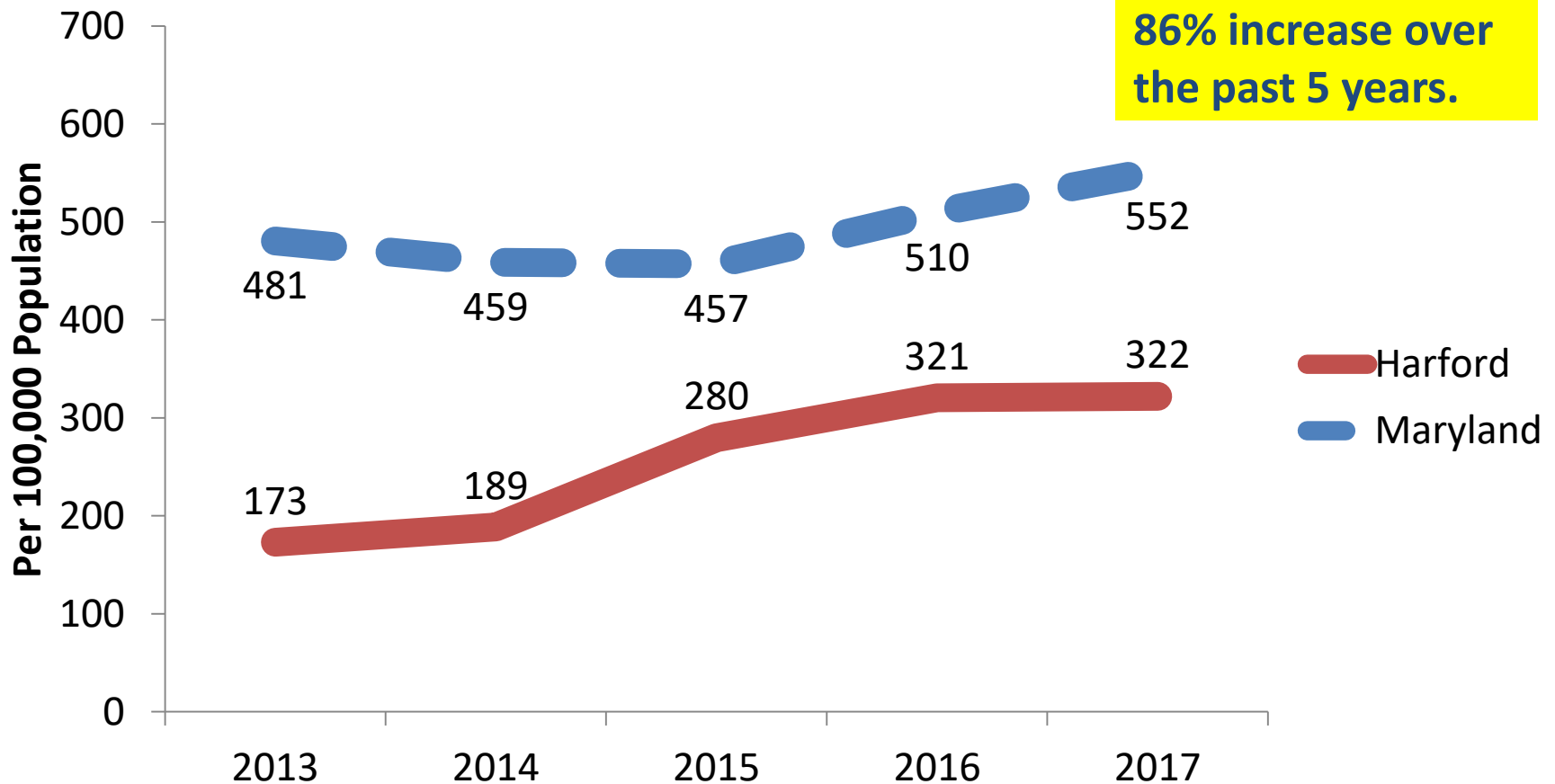
**29**  
CASES OF SYPHILIS  
AMONG NEWBORNS  
9th highest rate in the country

LEARN MORE AT: [www.cdc.gov/std/](http://www.cdc.gov/std/)



# Chlamydia Rates

## Harford County and Maryland, 2013-2017

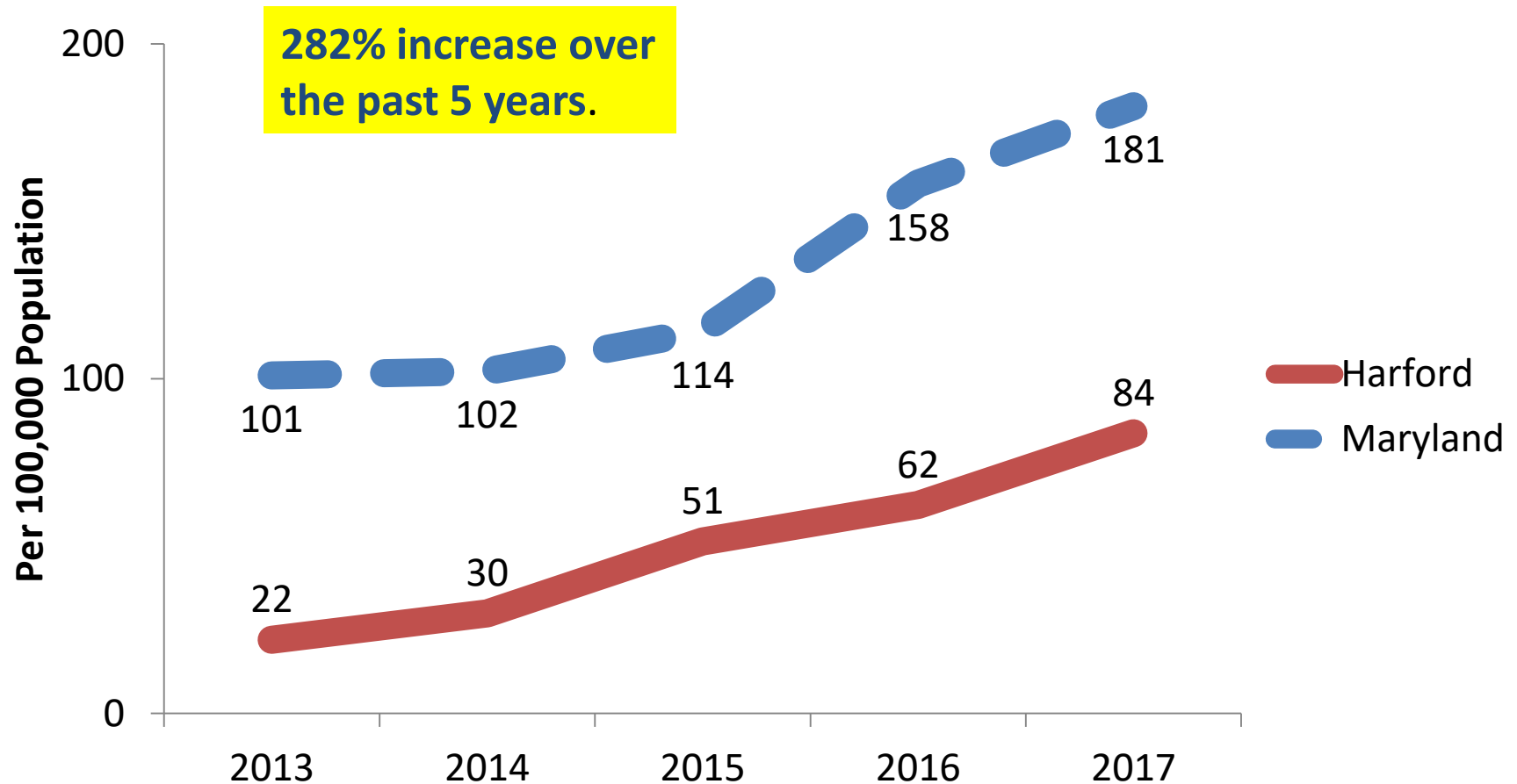


<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Gonorrhea Rates

## Harford County and Maryland, 2013-2017

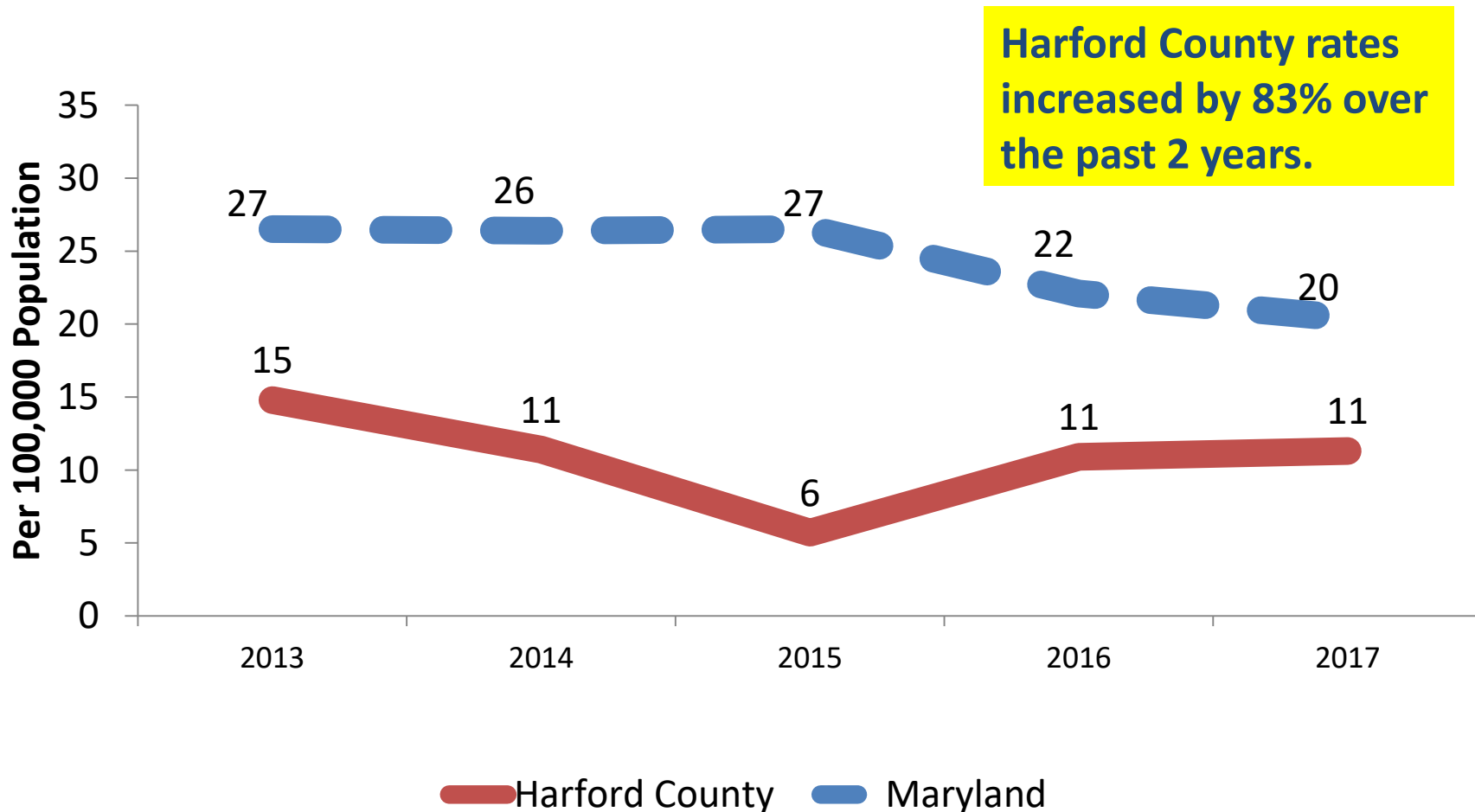


<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# HIV Incidence Rates

## Harford County & Maryland, 2013-2017

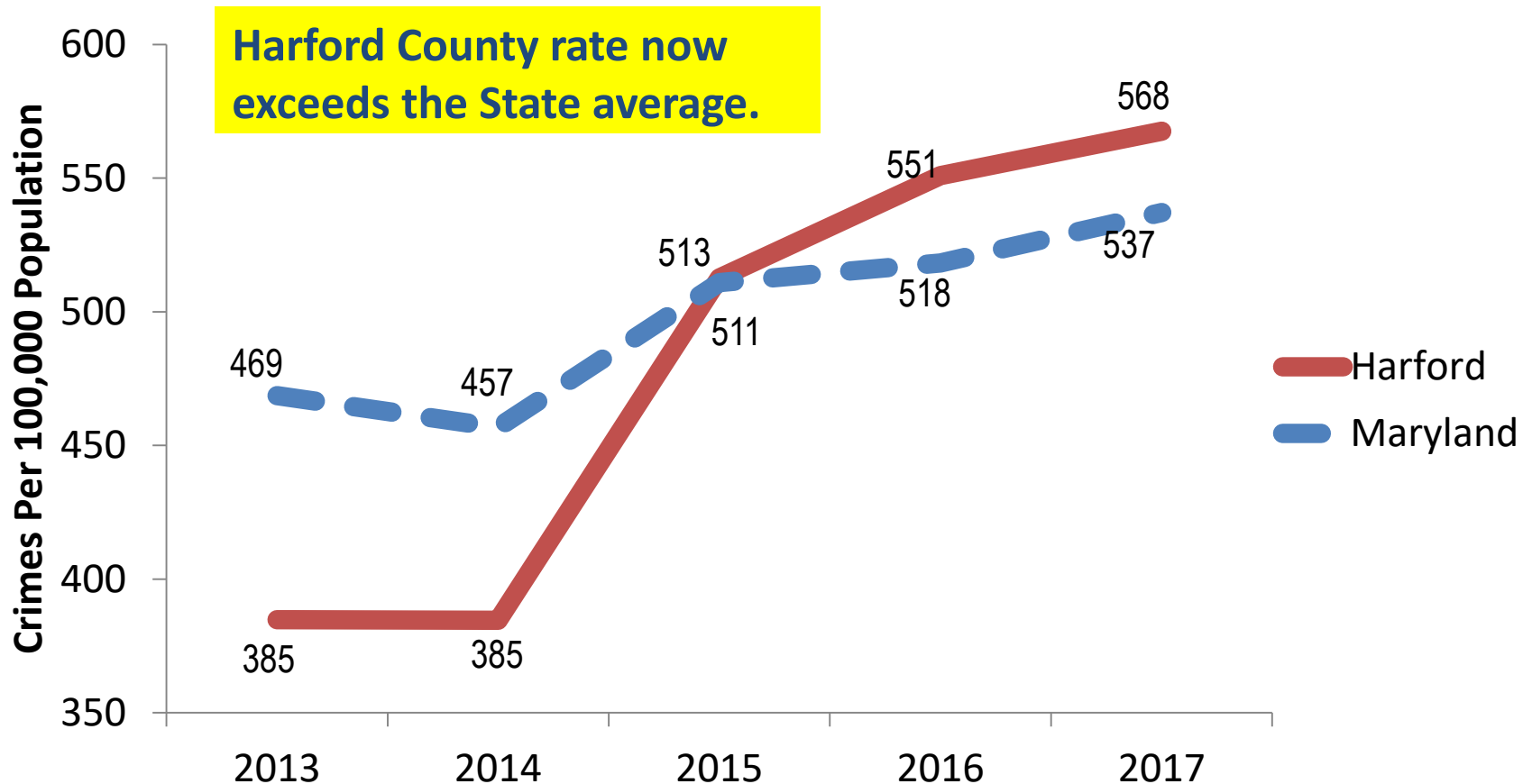


<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Domestic Violence Rates

## Harford County and Maryland, 2013-2017

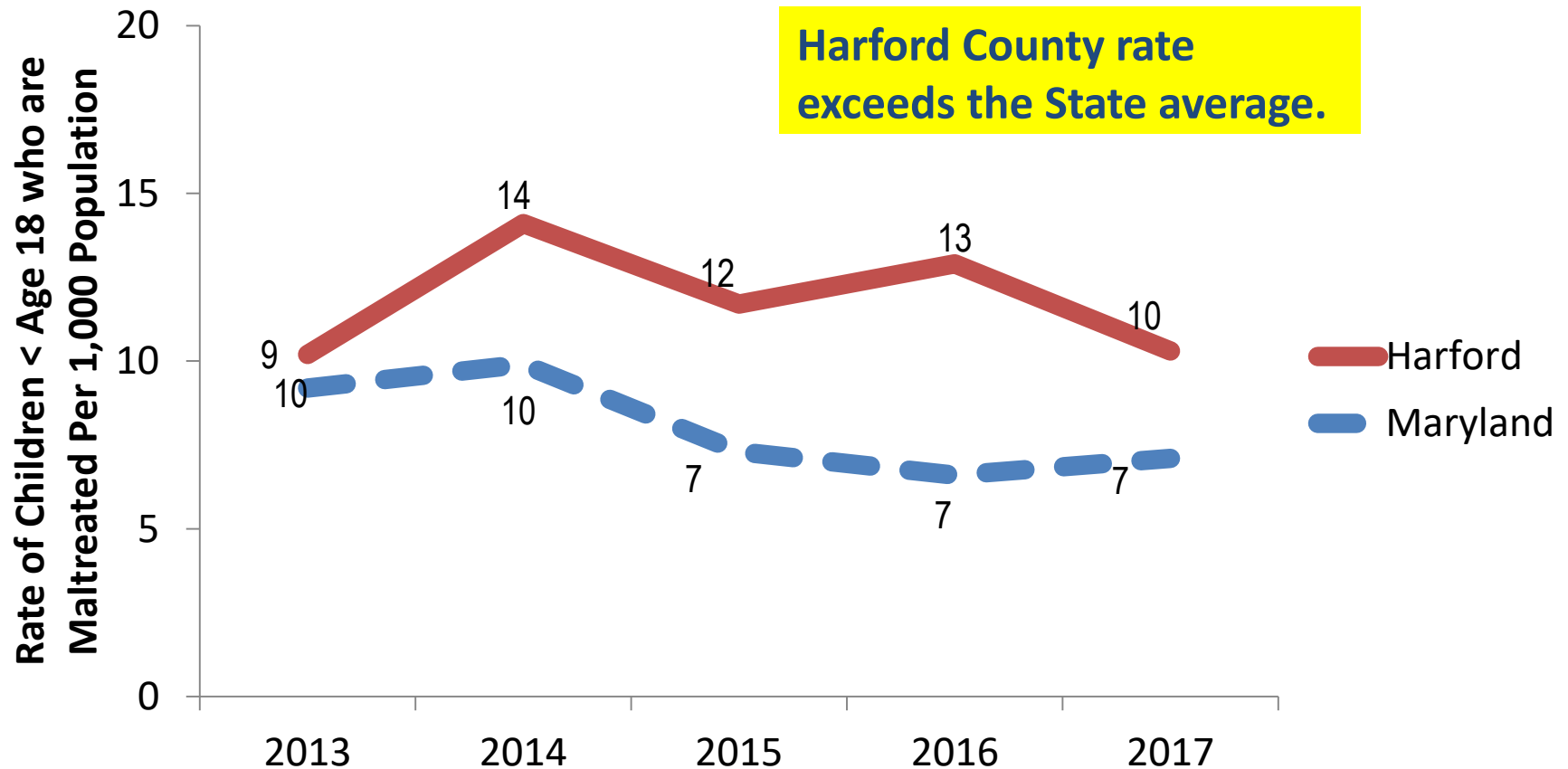


Source: Maryland Uniform Crime Reporting Program  
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Child Maltreatment Rates

## Harford County and Maryland, 2013-2017



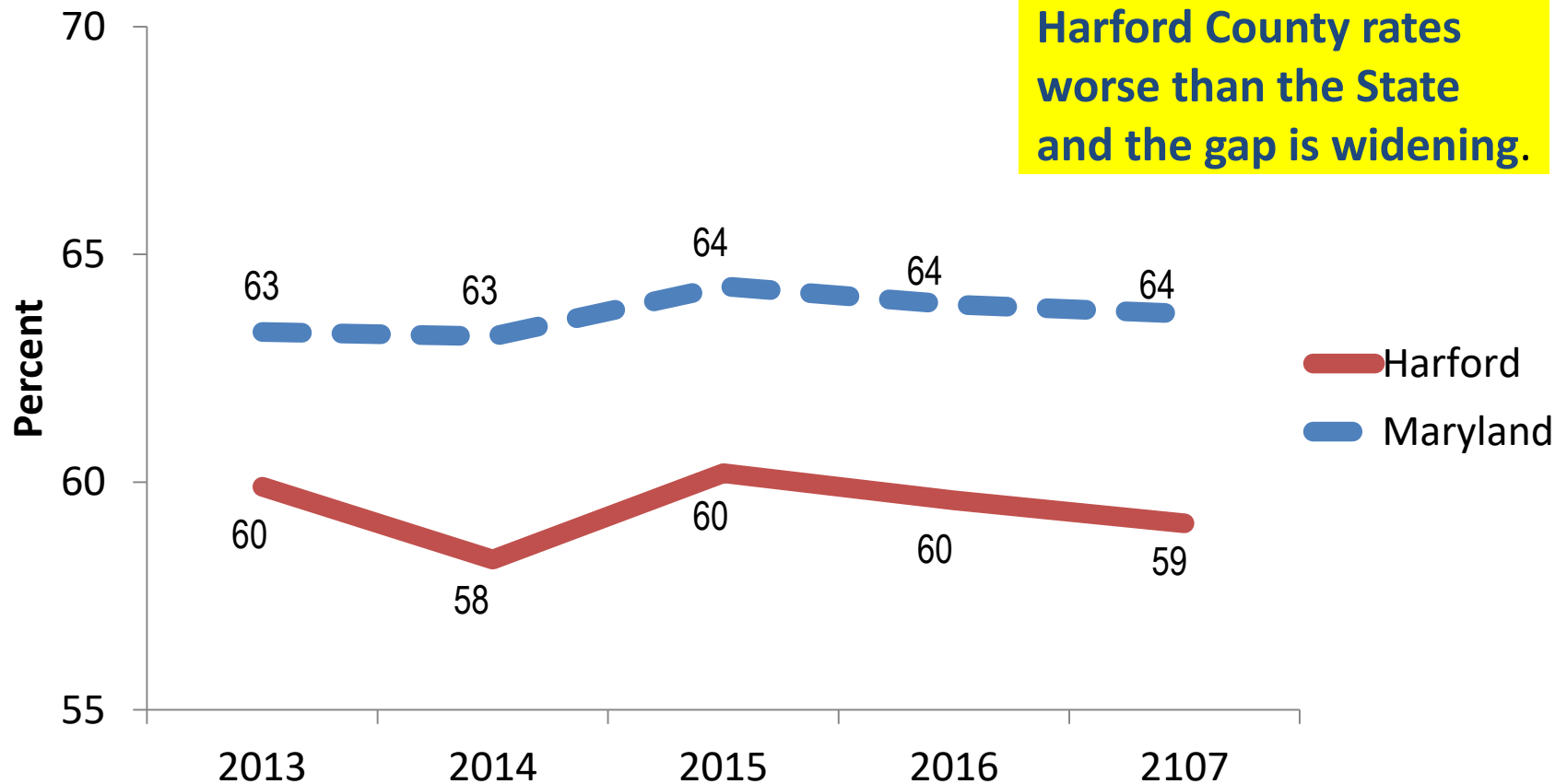
Source: Maryland DHS  
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>





# Children Receiving Dental Care in Past Year

## Harford County and Maryland, 2013-2017



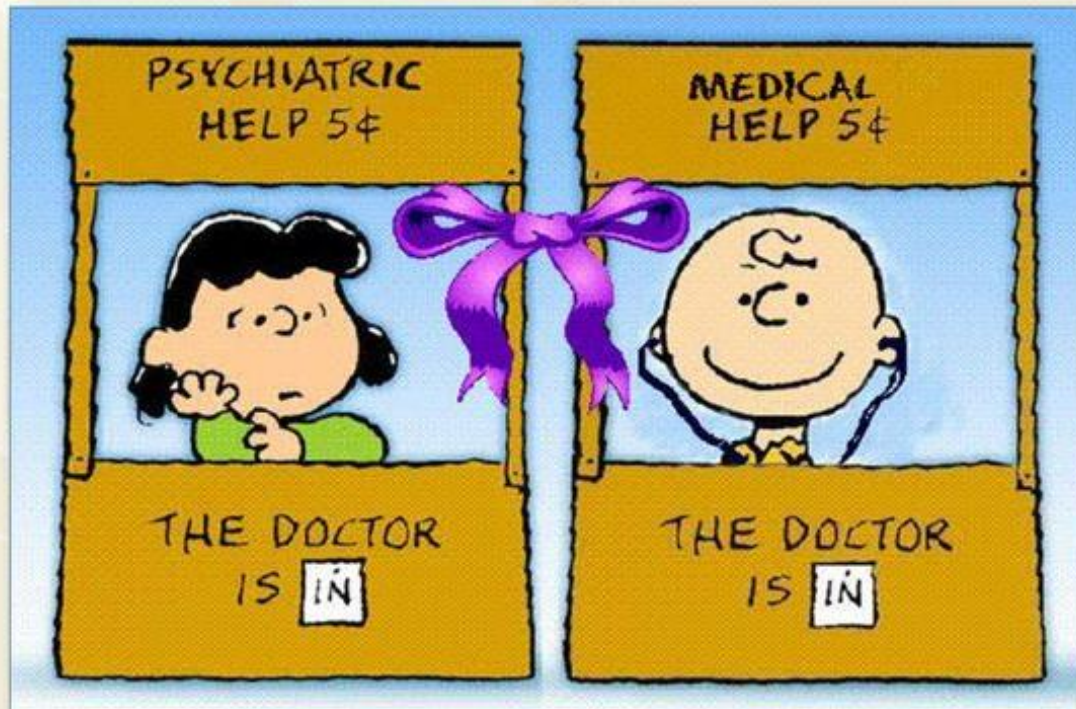
Source: Maryland Medicaid Service Utilization  
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Integrating Health Care

## *A way for improving community health*

**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



Partners in Health - Primary Care/County Mental Health Collaboration Toolkit, Integrated Behavioral Health Project (IBHP), October 2009

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# Impact of the Overdose Crisis

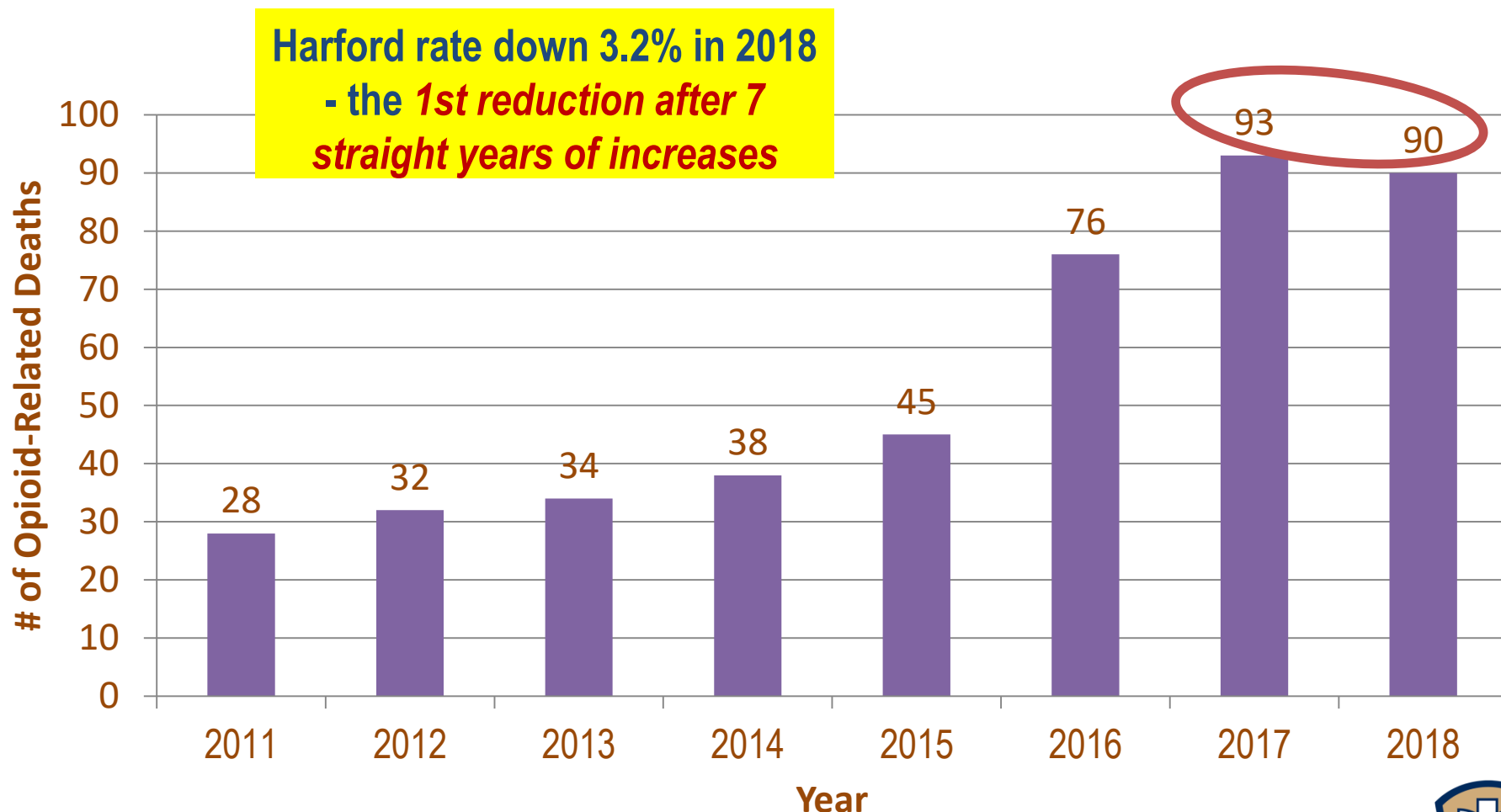


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# Opioid-Related Overdose Deaths

## Harford County, 2011-2018



Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2018

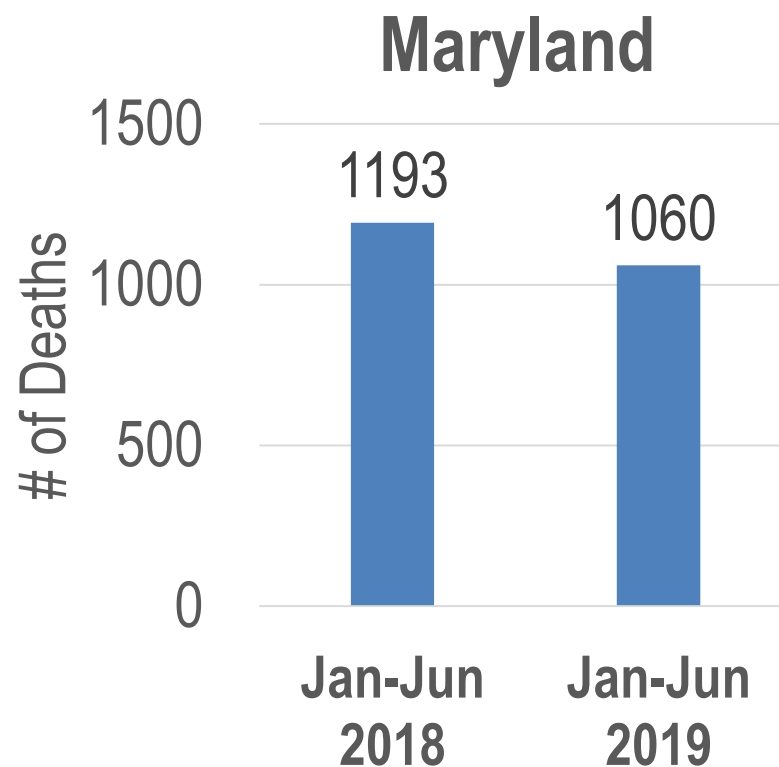
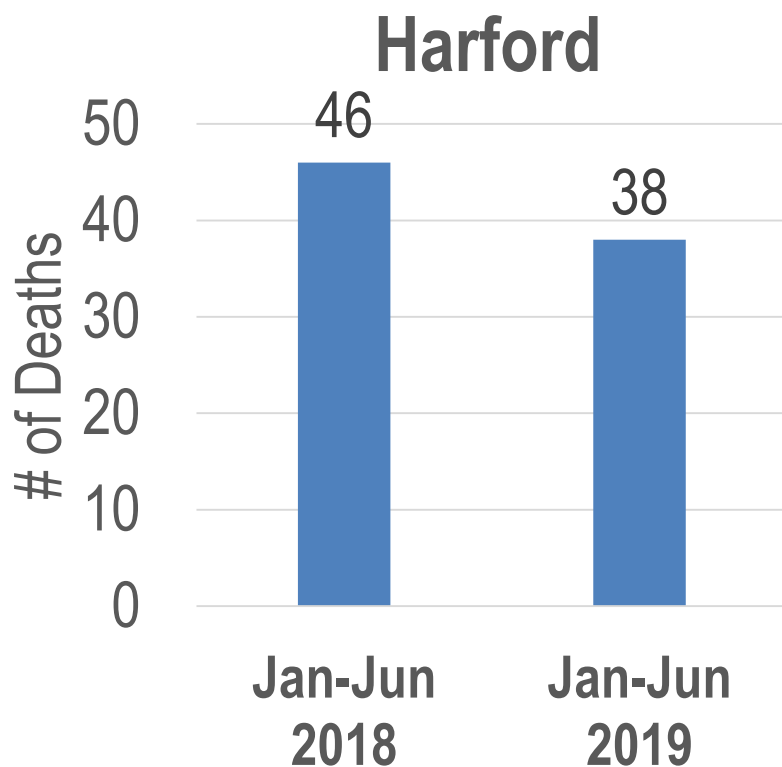




# Opioid-Related Overdose Deaths

## Harford County and Maryland, 2019 YTD

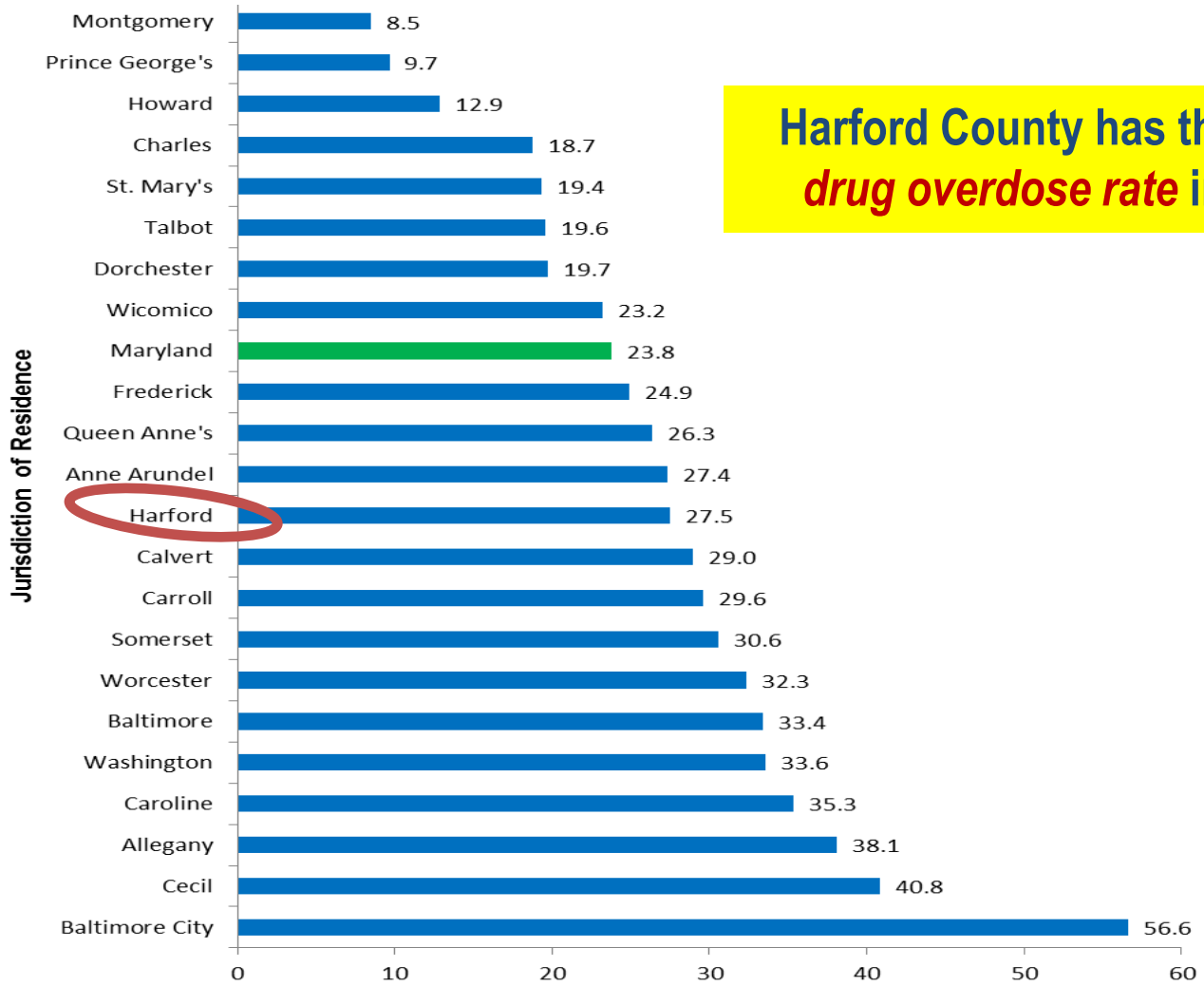
For CY 2019 YTD, # of overdose deaths down by 11% in Maryland, **down by 17% in Harford County**



Source: Maryland Drug and Alcohol-Related Intoxication Deaths, 2019 Q2 Report



# Age-Adjusted Mortality Rates for Total Unintentional Intoxication Deaths by Place of Residence, Maryland, 2013-2017



**Harford County has the 11<sup>th</sup> worst drug overdose rate in Maryland**



# Maryland Opioid Operational Command Center (OOCC)

## Harford County Site Visit Assessment, 5/28/19

PREVENTION • TREATMENT • RECOVERY



“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.”



# DRAFT Findings: Statewide Ethnographic Assessment of Drug Use & Services (SEADS)

ABOUT ACADEMICS ADMISSIONS DEPARTMENTS RESEARCH STUDENT LIFE PRACTICE & TRAINING NEWS GIVING Q

“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

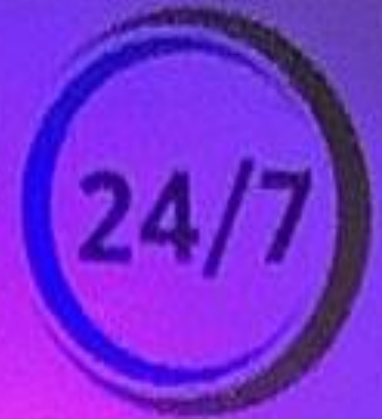
“If someone here says that you are on methadone, immediately the whole conversation changes. The doctor’s attitude towards you changes. Anyone’s attitude toward you changes because you’re suddenly trash. **I keep it to myself because there’s so much negativity.**” PWUD, Female, 30s

“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

# The Klein Family Harford Crisis Center

## *1-800-NEXT-STEP*

THE KLEIN FAMILY  
**HARFORD CRISIS CENTER**  
Behavioral, Mental Health and Addiction Services



**1-800-NEXT-STEP** (1-800-639-8783)

### 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**

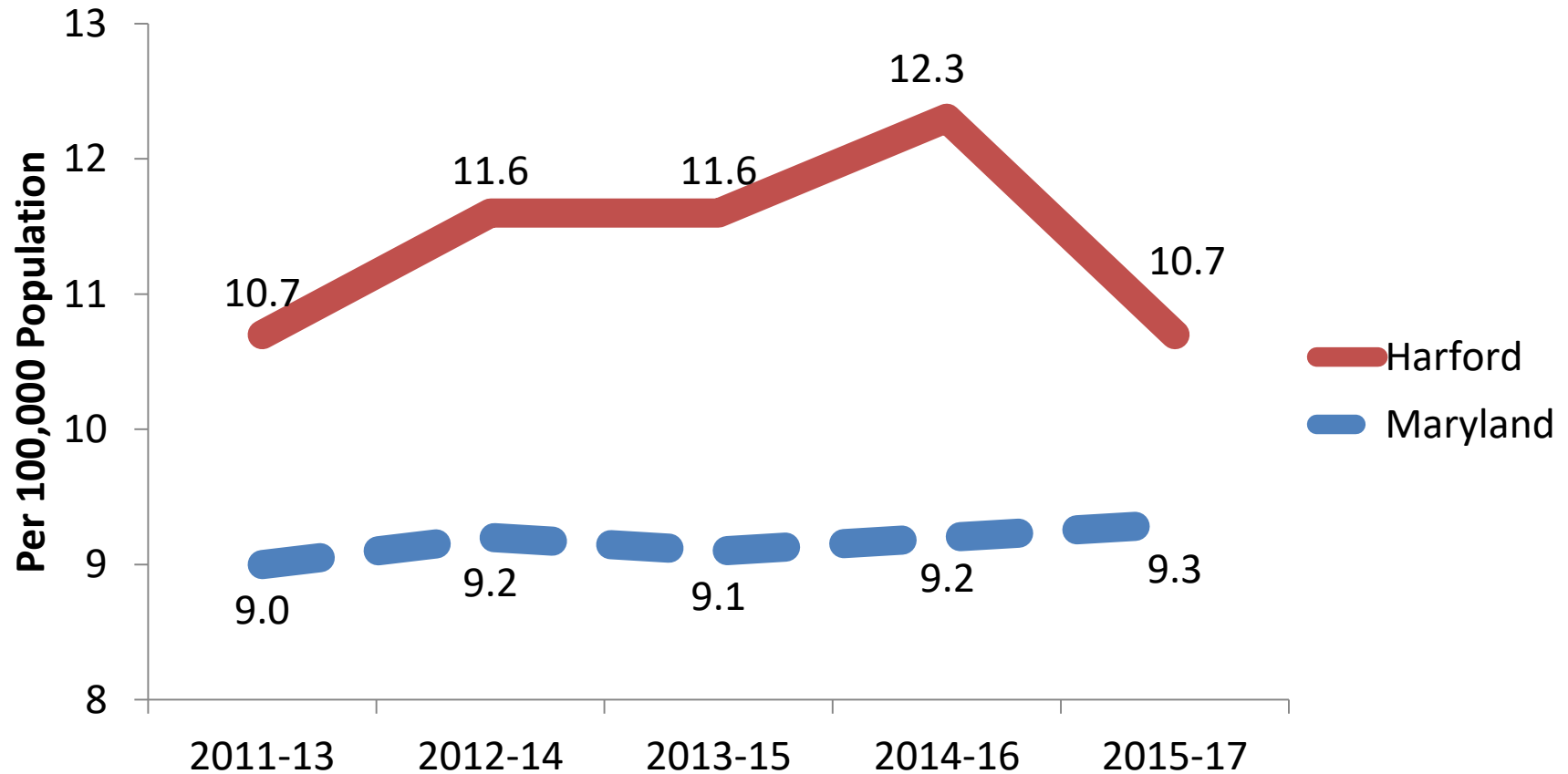
**August 2019: 24/7 Short-Term Residential Center opened**

**September 2019: Full Joint Commission Accreditation awarded**



# Suicide Mortality Rates

## Harford County & Maryland, 2013-2017



\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports



# Suicide is the Top Cause of Death, Ages 15-29

## BIGGEST KILLERS

The top five causes of death in the age group 15-29 in 2010-13.

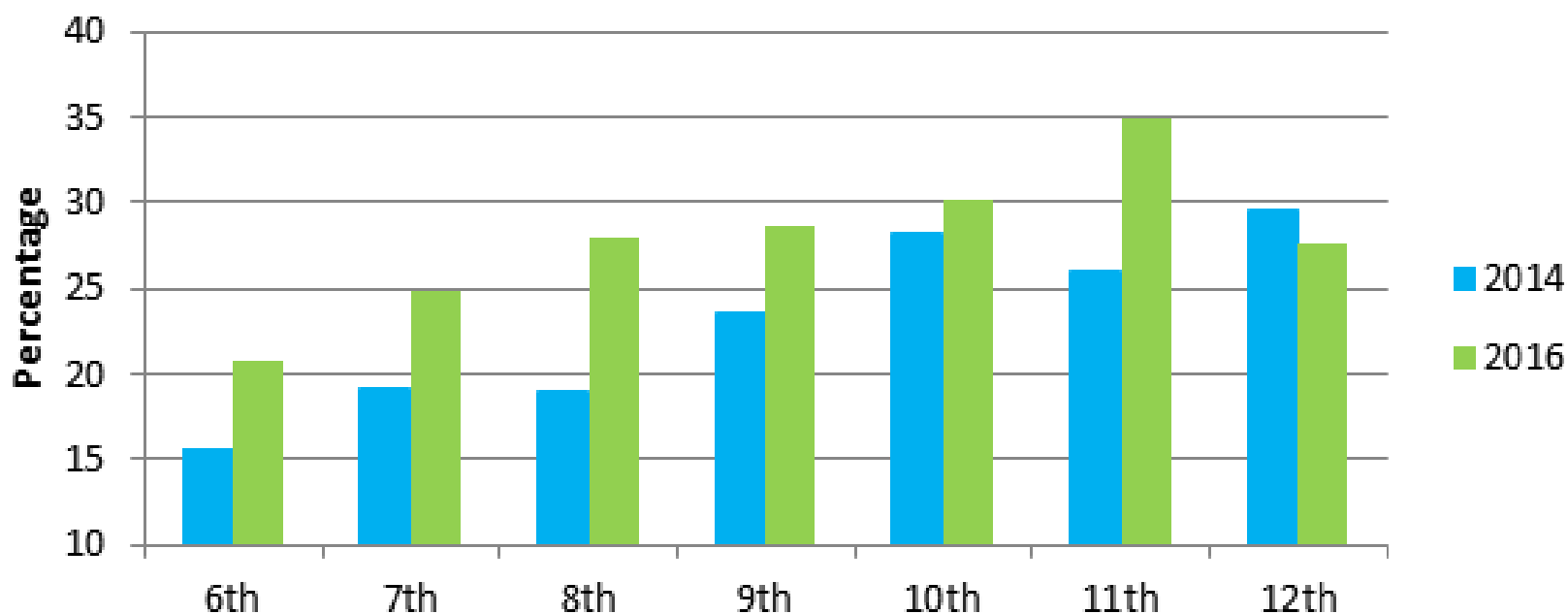
RANK	CAUSE OF DEATH	DEATHS (% OF TOTAL)
1	Suicide	18
2	Unintentional injuries (motor vehicle accidents)	13.7
3	Unintentional injuries (others)	10.9
4	Cardiovascular diseases	7.5
5	Digestive diseases	7.2

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*



# Recent Trends in Serious Psychological Distress and Suicidal Thought Rates

## *Question:*

- In the past 10 years, serious psychological distress and suicidal thought rates for young people ( $\leq$  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



# Recent Trends in Serious Psychological Distress and Suicidal Thought Rates

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  - (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...**”

From: Twenge J et al, “Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017,” *Journal of Abnormal Psychology*, April 2019





# National Public Health News



# Impact of the Vaping Crisis



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Health Department

# Mystery Lung Disease Linked to Vaping



***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*



## Smoking & Tobacco Use

### Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping



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.**

CDC, the U.S. Food and Drug Administration, and other clinical and public health partners are investigating a multistate outbreak of lung injury associated with use of e-cigarette, or vaping, products.



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# Severe Lung Illness Associated with Vaping

## *MDH Recommendations*



MARYLAND  
DEPARTMENT OF HEALTH



Enter search term

**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.**

HOME

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Helpful Links

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- > Environmental Public

## Vaping-Associated Lung Injury

### Background

The Maryland Department of Health is investigating cases of individuals who have developed severe lung illness with no clear infectious cause after using e-cigarettes, or “vaping.” Similar cases have been reported in other states across the United States and are described on the [CDC Webpage](#).

**Cases of Vaping-Associated Lung Injury (as of October 15, 2019): 35**

**Symptoms of Vaping-Associated Lung Injury**



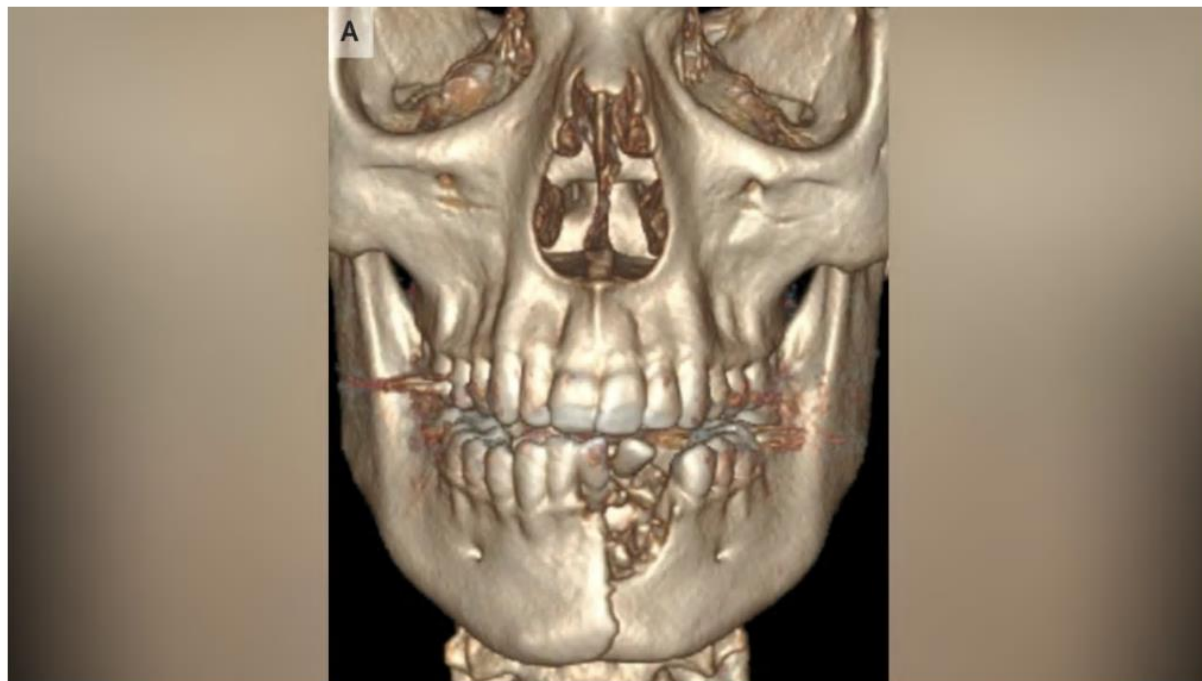
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Health Department**

# 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.**



Washington Post, 7/26/19



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Health Department

# Impact of Vaping on Teens & Young Adults



U.S. Surgeon General @Surgeon\_General · 25m

Nicotine exposure during adolescence can cause addiction & disrupt attention & learning. Learn the risks at [E-cigarettes.Surgeongeneral.gov](https://www.e-cigarettes.surgeongeneral.gov)



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

Know the Risks.  
Visit [E-cigarettes.Surgeongeneral.gov](https://www.e-cigarettes.surgeongeneral.gov)



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# Maryland's Tobacco 21 Law Includes Vaping

## Maryland Becomes 13<sup>th</sup> State to Pass Tobacco 21 Legislation



**MARYLAND**  
Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

May 16, 2019

**Media Contact:**

Brittany Fowler, Deputy Director, Office of Communications, 410-767-1368  
Deidre McCabe, Director, Office of Communications, 410-767-3536

**Maryland becomes 13<sup>th</sup> state to raise minimum legal sales age for tobacco products to 21**  
*MDH will launch statewide campaign to get the word out*

**Baltimore, MD** — The Maryland Department of Health applauds the Maryland General Assembly and Governor Larry Hogan for passing legislation (House Bill 1169) increasing the age from 18 to 21 for the sales of tobacco products and electronic smoking devices (ESDs). Over the coming months, MDH will launch a statewide campaign to get the word out to young adults under age 21 and retailers about the new law, which goes into effect Oct. 1, 2019.

MDH Secretary Robert R. Neall said the state has been tracking a troubling increase in tobacco use in recent years among youth and young adults, particularly since the introduction of e-cigarettes, also referred to as vapes and other names. Maryland's Tobacco 21 law covers e-cigarettes, taking the important step of defining them as tobacco products.

"We know most smokers start when they are underage and their brains are still developing," Neall said. "This can quickly lead to nicotine addiction and also make them more susceptible to other addictions. This is a public health crisis that needs to be addressed immediately."

Maryland's new law covers all individuals under the age of 21, with the exception of *active duty* military age 18 to 20. Approximately 780,000 Marylanders use tobacco products, most of them starting before age 21. This new law aims to protect the 255,000 Marylanders between ages 18 to 20 from developing a nicotine addiction.

Nationally, from 2017 to 2018, use of tobacco products grew by nearly 40 percent among U.S. high school students, with the use of electronic smoking devices increasing by 78 percent. This increase equates to an *additional* 1.5 million tobacco users nationwide.

"Maryland data show that electronic smoking devices are by far the most commonly used product among our high school students," said Dawn Berkowitz, director of MDH's Center for Tobacco Prevention and Control. "Most of these popular candy- and fruit-flavored products that are attractive to youth contain high levels of nicotine. In addition to addiction, the nicotine in these products leads to reduced impulse control, attention deficit, and other learning and mood disorders in youth and young adults. It's troubling that we often hear of older high school students supplying these tobacco products to their younger peers."

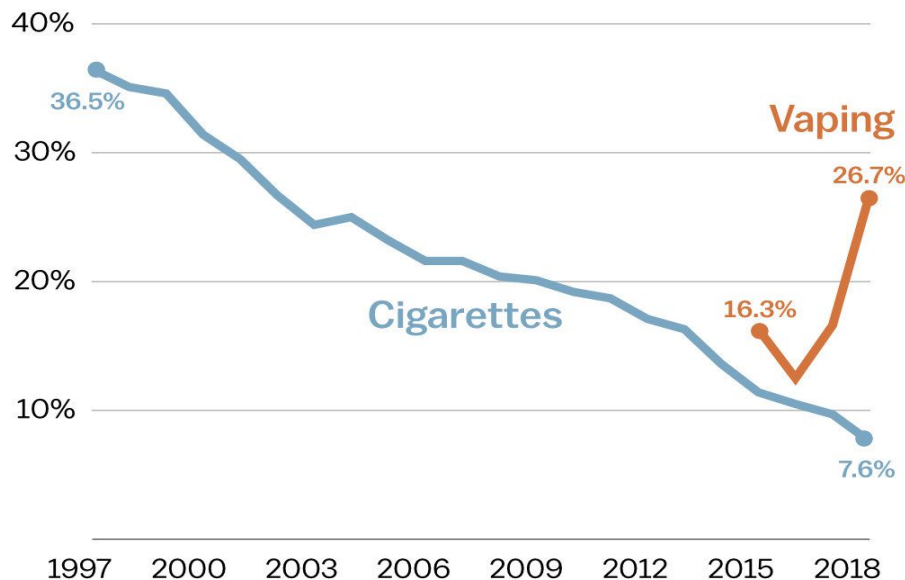


# While Teen Cigarette Use is Going Down Teen Vaping is Skyrocketing Up

## Trends in Youth E-Cigarette Use

### Teen vaping is surging

Trends in use of cigarettes and vape devices in the past 30 days among 12th-graders



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  
Source: <https://www.vox.com/2019/1/25/18194953/vape-juul-e-cigarette-marketing>

Vox



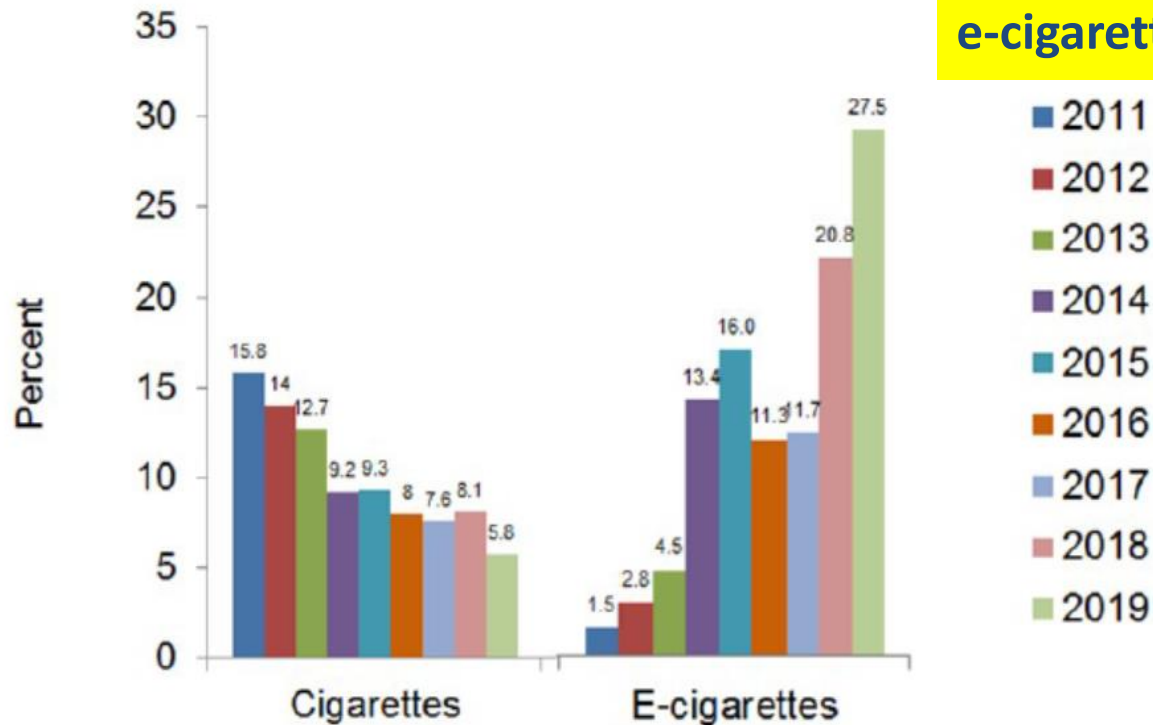


# Youth Vaping is Now An Epidemic

## 27.5% of high-school students vaped in 2019

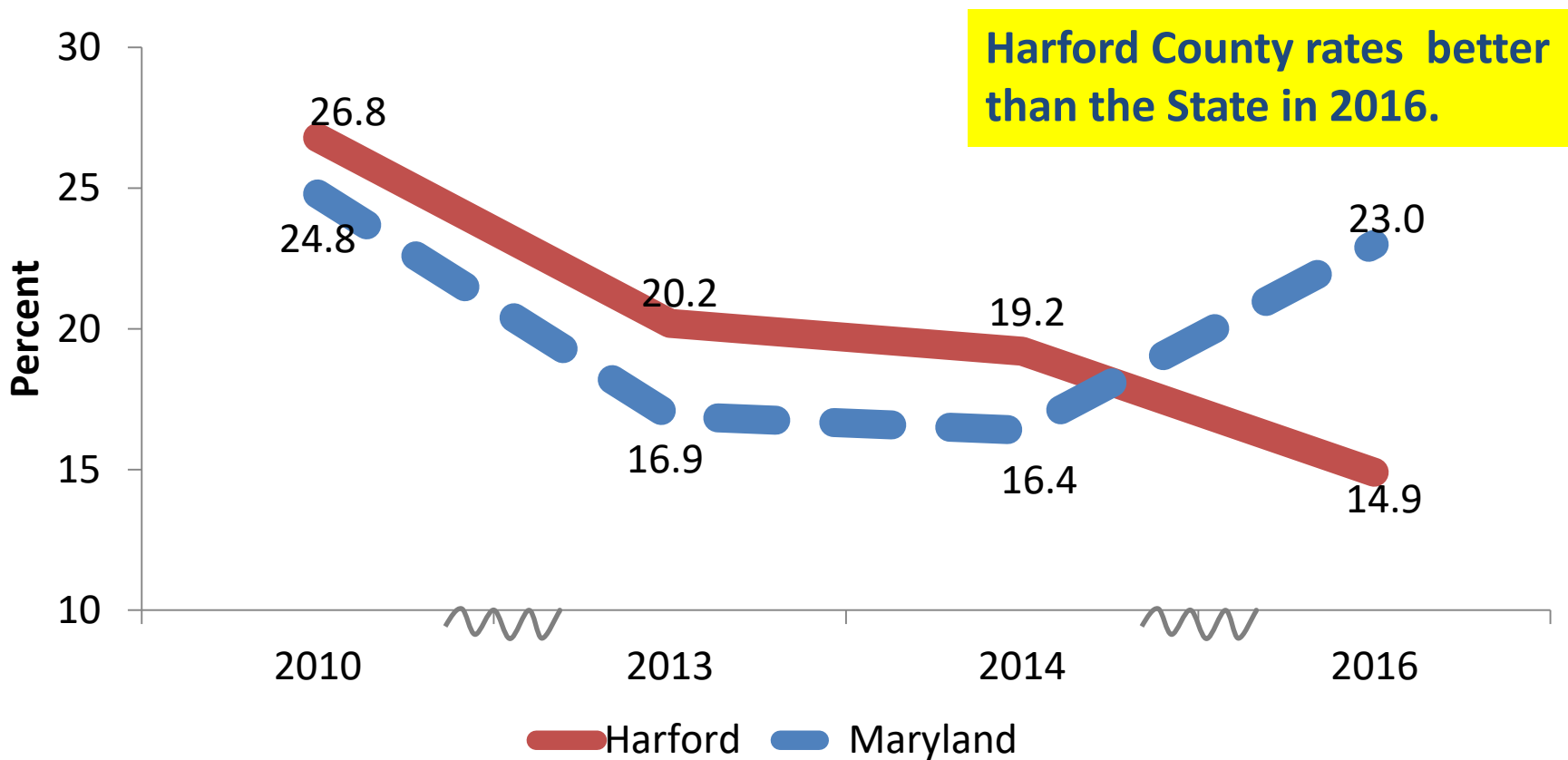
### NATIONAL YOUTH TOBACCO SURVEY\*: YOUTH USE OF E-CIGARETTES CONTINUES TO CLIMB

32% increase in youth e-cigarette use in 2019.



\* Preliminary data  
\* Reported use within 30 days preceding administration of survey.

# % Adolescents Who Use Tobacco Harford County & Maryland, 2010-2016



Source: Maryland Youth Risk Behavior Survey (YRBS)

Note: Students, Gr 9-12 who smoked at least 1 cigarette in the past 30 days

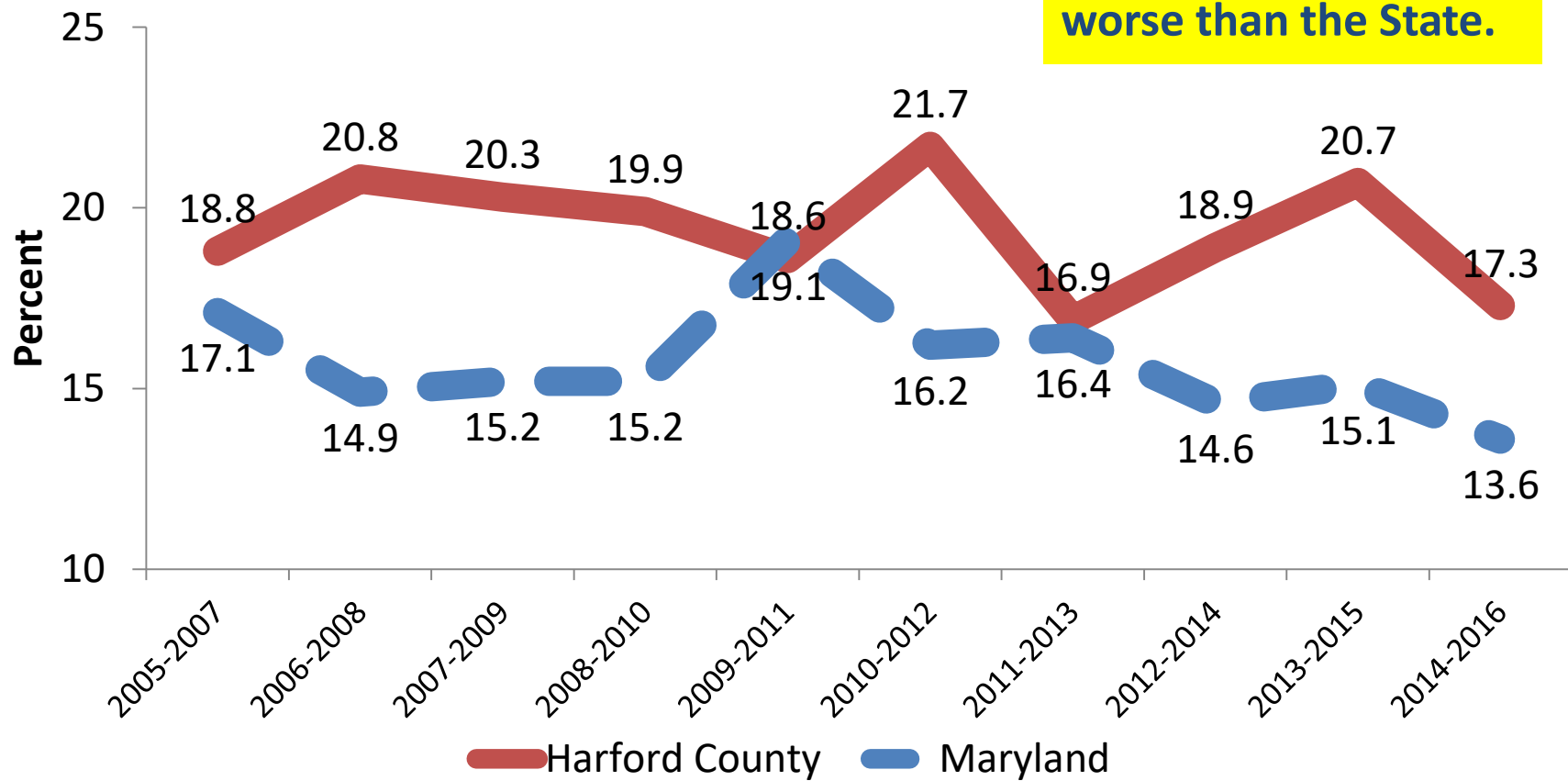
\* Data gap between 2010-2013 and 2014-2016



# Adult Smoking Rates

## Harford County & Maryland, 2007-2016

Harford County rates worse than the State.

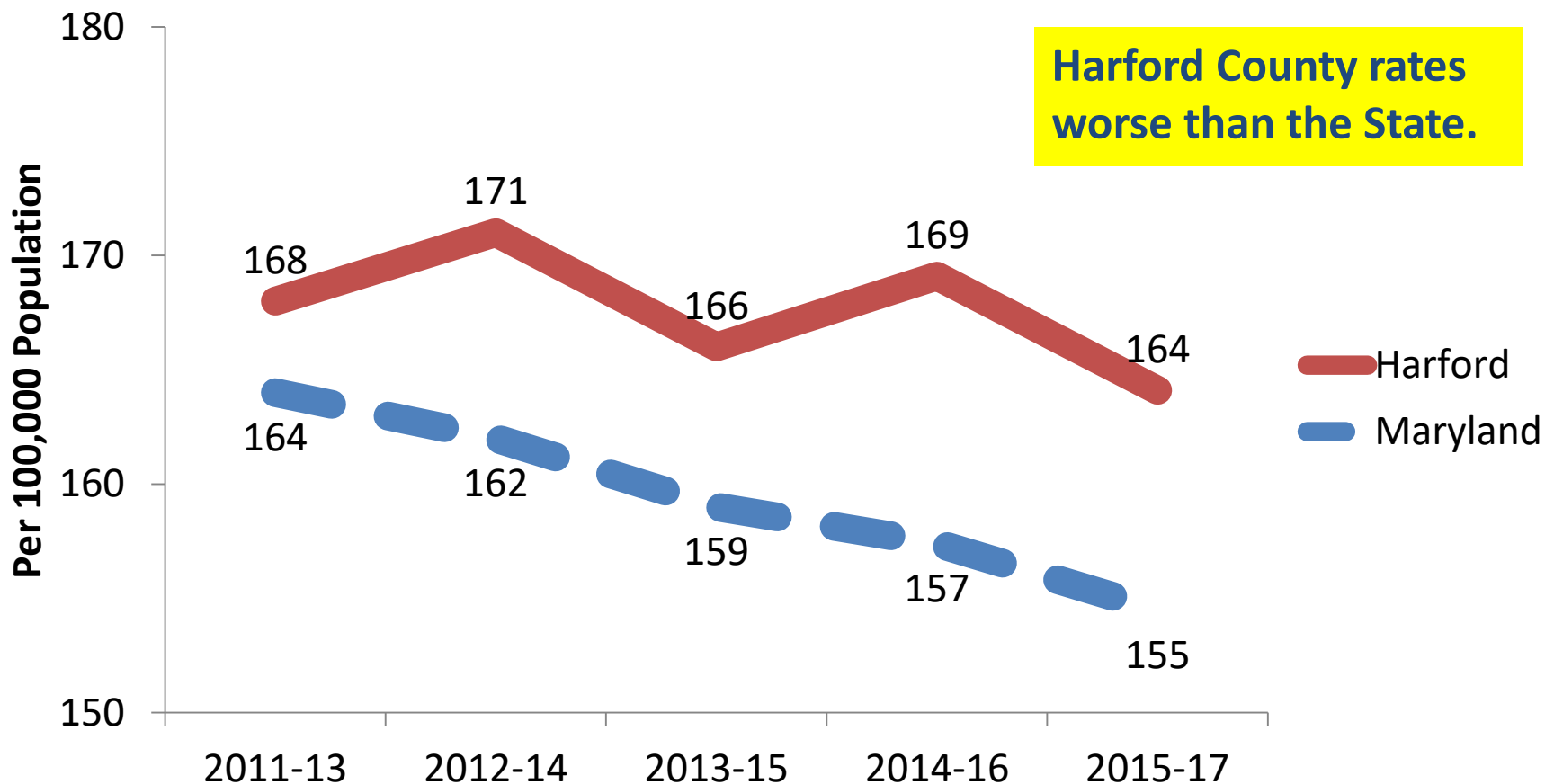


Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS)



# Cancer Mortality Rates

## Harford County and Maryland, 2013-2017

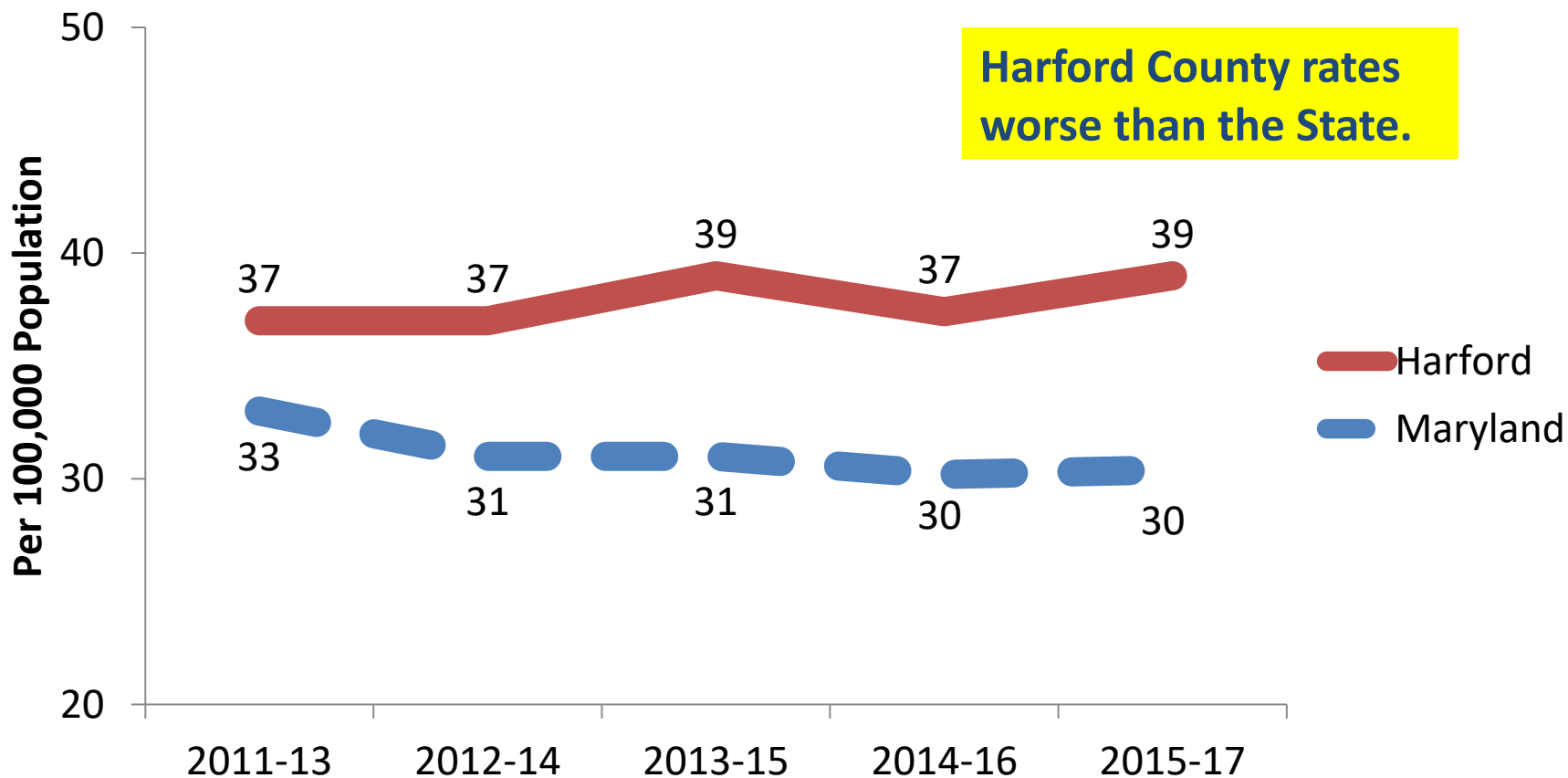


\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports



# COPD Mortality Rates

## Harford County and Maryland, 2013-2017



\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports





# Harford County Local Health Improvement Coalition *Chronic Disease Prevention Workgroup Draft Position*

## DRAFT Position Statement Regarding Vaping and the Use of Electronic Smoking Devices (ESD)

Prepared by the Harford County Local Health Improvement Coalition  
Chronic Disease Prevention & Wellness Workgroup  
October 2019

Vaping has become an epidemic, threatening the health and lives of the community. Presented is the Harford County Local Health Improvement Coalition (LHIC) Chronic Disease Prevention and Wellness

W  
ele

In

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.

○ It is now illegal to sell e-cigarettes to people under the age of 21 in the state of Maryland,

# The E-Cigarette Debate: *U.S. FDA Focus on Protecting Non-Smokers*



# The E-Cigarette Debate: *PHE Focus on Harm Reduction for Current 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**

© Crown copyright 2017



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# The E-Cigarette Debate

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

TABLE 1—Opposing Perspectives on E-Cigarettes for Smokers, Bystanders, and Children

		PHE <sup>8</sup>	NASEM and Major US Agencies
<b>Smokers</b>	Risk of e-cigarettes compared with combustible products Promotion of e-cigarette use	Recognizes e-cigarettes are not “safe,” but safer Endorses widespread availability of e-cigarettes as smoking harm reduction, ideally combined with behavioral intervention	NASEM: Recognizes e-cigarettes are not “safe,” but commits only to endorsing as an alternative if smokers switch completely <sup>11</sup> NASEM: Finds insufficient evidence to promote broad-scale substitution of e-cigarettes for combustible products <sup>11</sup>
<b>Bystanders</b>	Risk of sidestream exposure to particulates and nicotine	Finds no evidence that second-hand vaping poses identifiable health risks to bystanders Concludes that harms of nicotine are “minor”	NASEM: States e-cigarettes in indoor environments may involuntarily expose nonusers to nicotine and particulates, but at lower levels compared with combustibles <sup>11</sup> CDC: States “e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances including nicotine” <sup>12</sup> Surgeon general: Calls to “prevent involuntary exposure to nicotine and other aerosolized emissions from e-cigarettes” <sup>13(p188)</sup>
<b>Children</b>	E-cigarettes as a gateway to combustible cigarettes	Despite some experimentation with these devices among never smokers, e-cigarettes are attracting very few young people who have never smoked into regular use PHE report author (Bauld) describes the impact on youths as “negligible” <sup>14</sup>	NASEM: Cites substantial evidence that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youths and young adults <sup>11</sup> FDA (Zeller): States “For kids who initiate on e-cigarettes, there is a great chance of intensive use of cigarettes” <sup>15</sup>

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.

# Get Help at Maryland's 24/7 Tobacco Quitline 1-800-QUIT-NOW

Call 1-800-QUIT-NOW (1-800-784-8669) | TTY 1-877-777-6534 | [info@smokingstopshere.com](mailto:info@smokingstopshere.com)

[Order Materials](#)

[Enroll Now](#)

[En Español](#)



It's Free. It's Confidential. **IT WORKS!**  
24 Hours, 7 Days A Week

[Getting Started](#)

[Media](#)

[Success Stories](#)

[Find Local Resources](#)

[Resources for Providers](#)

[Enroll Now](#)

**Maryland Tobacco Quitline**  
Free Ways to Help You Quit

[See Video](#)

**Healthcare Provider Training**  
for Electronic Referrals

**Mental Health and Tobacco**

**Are you ready to quit?**  
Take our readiness quiz!

**Ready to quit?**

**We can help.**

**Pregnant & Smoking?**

<https://smokingstopshere.com/>



# Maryland's Tobacco 21 Law

[www.notobaccosalestominors.com](http://www.notobaccosalestominors.com)

[Maryland.gov](#) [Phone Directory](#) [State Agencies](#) [Online Services](#)



MARYLAND  
DEPARTMENT OF HEALTH



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- [> Tobacco 21 FAQ](#)
- [> Maryland Tobacco 21 Law](#)
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- [> Contact Information](#)
- [> Center for Tobacco Prevention and Control](#)

## Announcement!

Age of sale signs compliant with the new law, as well as educational materials, are being sent by the Department to licensed retailers.

Materials are also available for

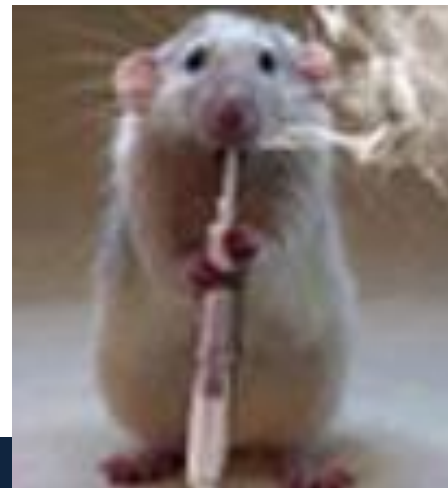
## Maryland Responsible Tobacco Retailer Program



**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).**

<https://health.maryland.gov/notobaccosalestominors/Pages/Home.aspx>

# Impact of Social Media



# Targeting Teens Through 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 as a Countermarketing Tool

Chapter 11

## Media Literacy

*Media literacy is like the dog in “The Wizard of Oz” who pulls back the curtain to reveal the man behind the Wizard image.*

### In This Chapter

- Media Literacy and Youth

**Media Literacy is a 21st century approach to education.**

*From Center for Media Literacy*

Complements

**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>

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Health Department





# State Public Health News



# Maryland's Unique Health Care Delivery System: Total Cost of Care (TCOC)

CENTERS FOR MEDICARE & MEDICAID SERVICES

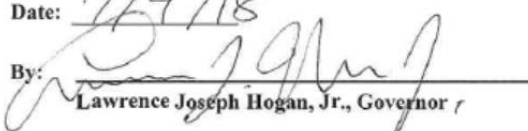
Date: 7/9/18

By: 

Adam Boehler, Director, Center for Medicare and Medicaid Innovation

GOVERNOR OF MARYLAND

Date: 7/9/18

By: 

Lawrence Joseph Hogan, Jr., Governor

MARYLAND DEPARTMENT OF HEALTH

Date: 7/9/2018

By: 

Robert R. Neall, Secretary of Health

HEALTH SERVICES COST REVIEW COMMISSION

Date: 7/9/2018

By: 

Nelson Sabatini, Chairman



TCOC Model Agreement  
Signed on July 9, 2018!



# Maryland's Unique Health Care Delivery System: *Total Cost of Care (TCOC)*

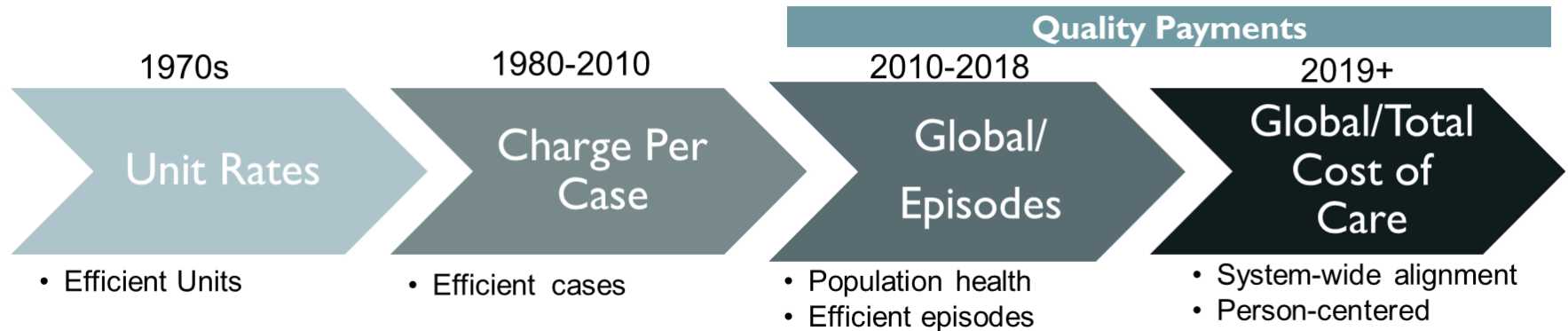
- **1977 – 2014: Maryland All-Payer Hospital Rate Setting System** – the only state in the nation to have federal CMS waiver approval for a regulated fee-for-service (FFS) system.
- **2014 – 2018: Maryland All-Payer Global Budget Model** – Transitioned from FFS system to a Global Budgets that provide 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.



# Maryland's Unique Health Care Delivery System

## Phase 1: 1977-2014 – Rate Setting FFS

- 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

# Maryland's Unique Health Care Delivery System

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

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



# Maryland's Unique Health Care Delivery System

## Phase 3: 2019-2028 – TCOC & Population Health

- **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



# HOW UNCONTROLLED **DIABETES** DAMAGES YOUR



## **BRAIN**

Cerebrovascular Disease



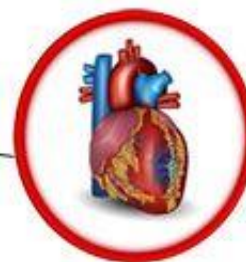
## **EYES**

Diabetic Retinopathy  
Diabetic Macular Edema  
Cataracts  
Glaucoma



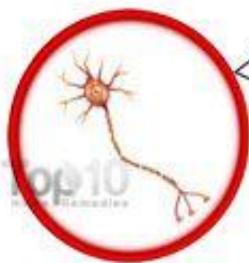
## **TEETH**

Tooth Decay and Cavities  
Gingivitis (early gum disease)  
Periodontitis



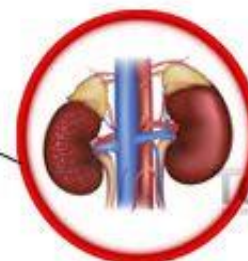
## **HEART**

Coronary Artery Disease



## **NERVES**

Sensorimotor Polyneuropathy  
Autonomic Nerve Damage



## **KIDNEYS**

Diabetic Nephropathy  
(diabetes-induced kidney disease)

# Focus on Diabetes Costs

## In Maryland, diabetics cost Medicaid twice as much, study finds

*Andrea K. McDaniels, Meredith Cohn*



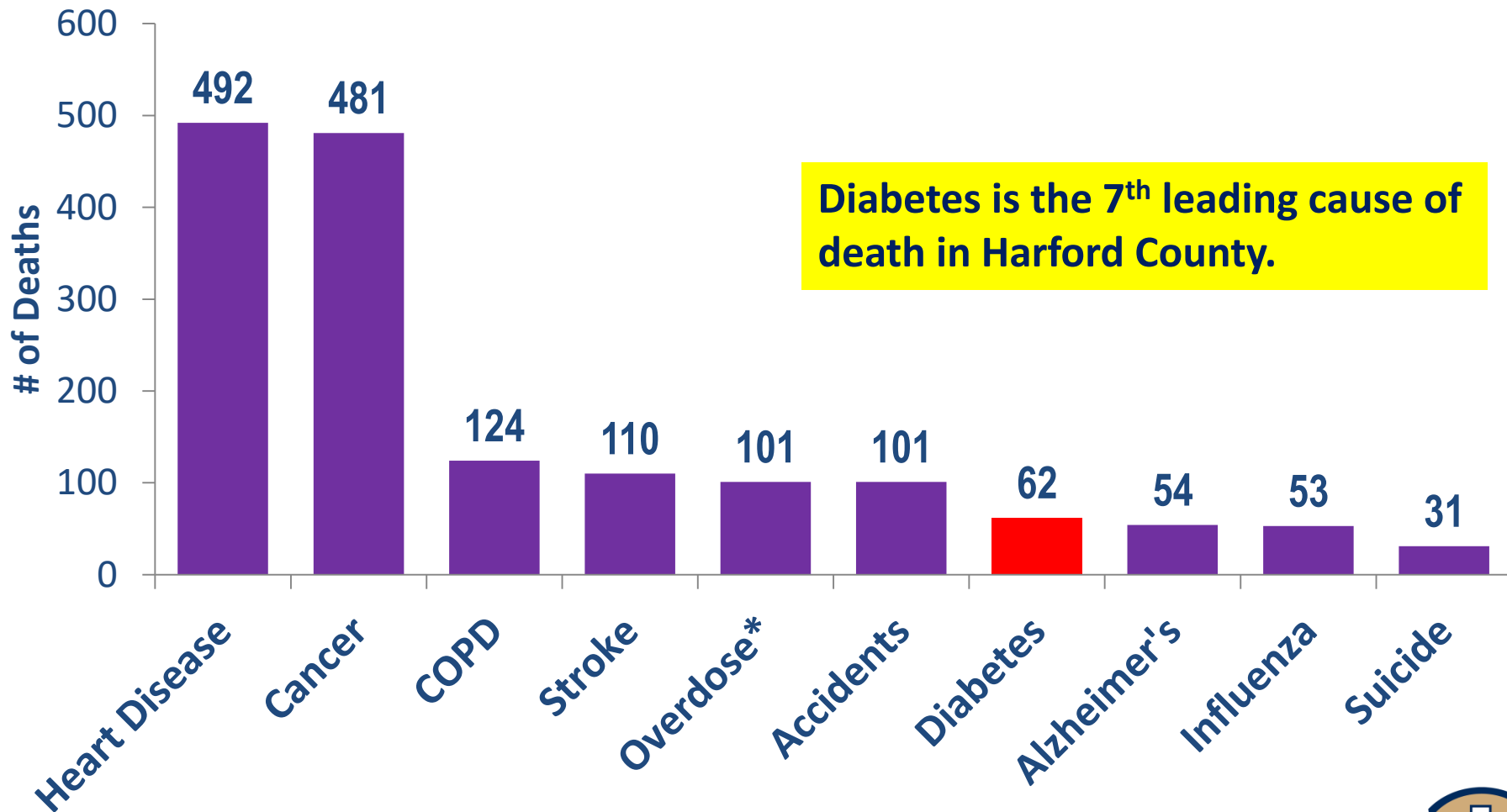
(David J. Phillip / AP)

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.



# Leading Causes of Death

## Harford County, 2017



Source: Maryland Vital Statistics, 2017

Source: \* Maryland Drug and Alcohol-Related Intoxication Deaths, 2017

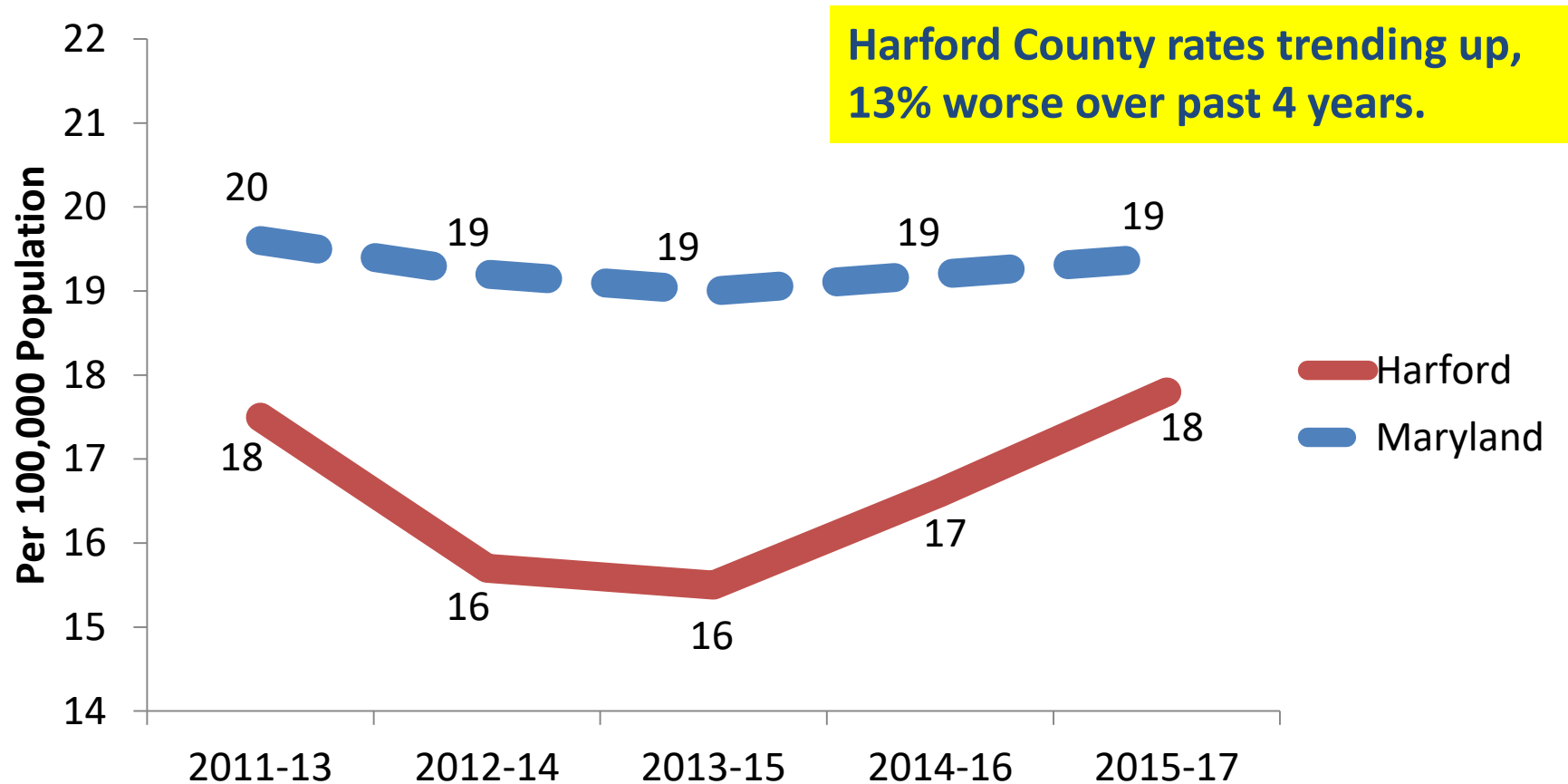


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# Diabetes Mortality Rates

## Harford County & Maryland, 2013-2017



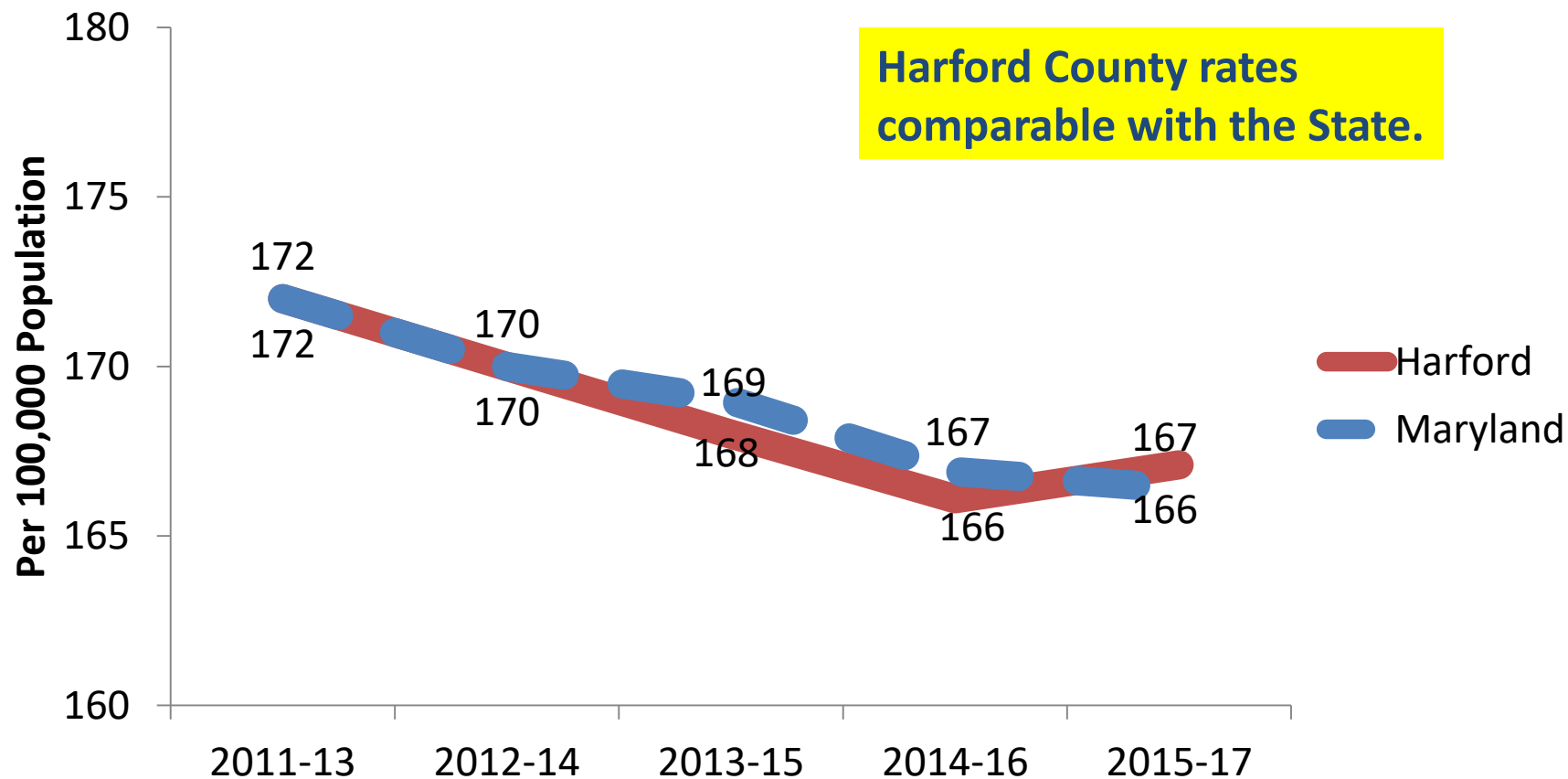
\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports





# Heart Disease Mortality Rates

## Harford County and Maryland, 2013-2017

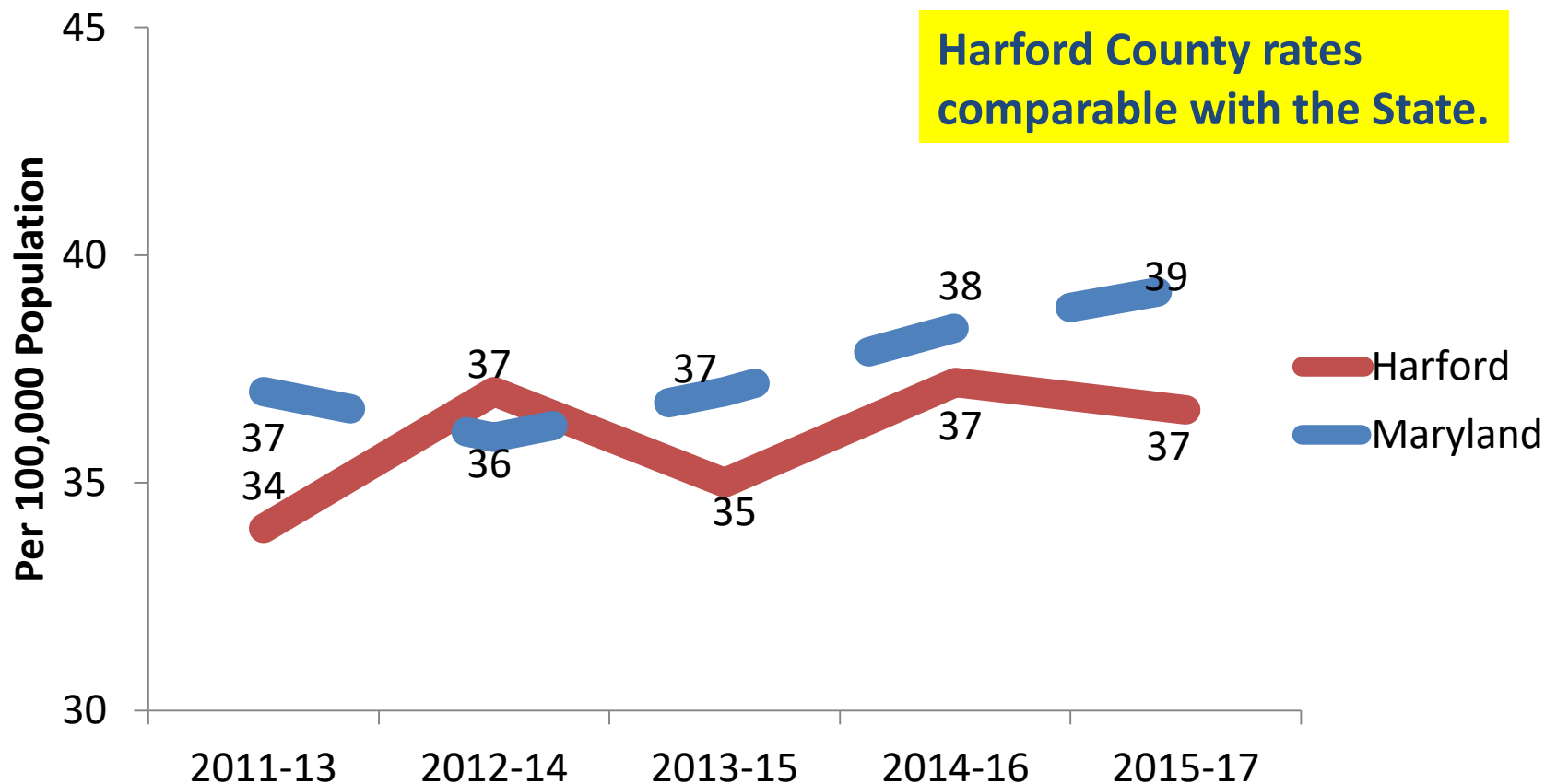


\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports



# Stroke Mortality Rates

## Harford County and Maryland, 2013-2017

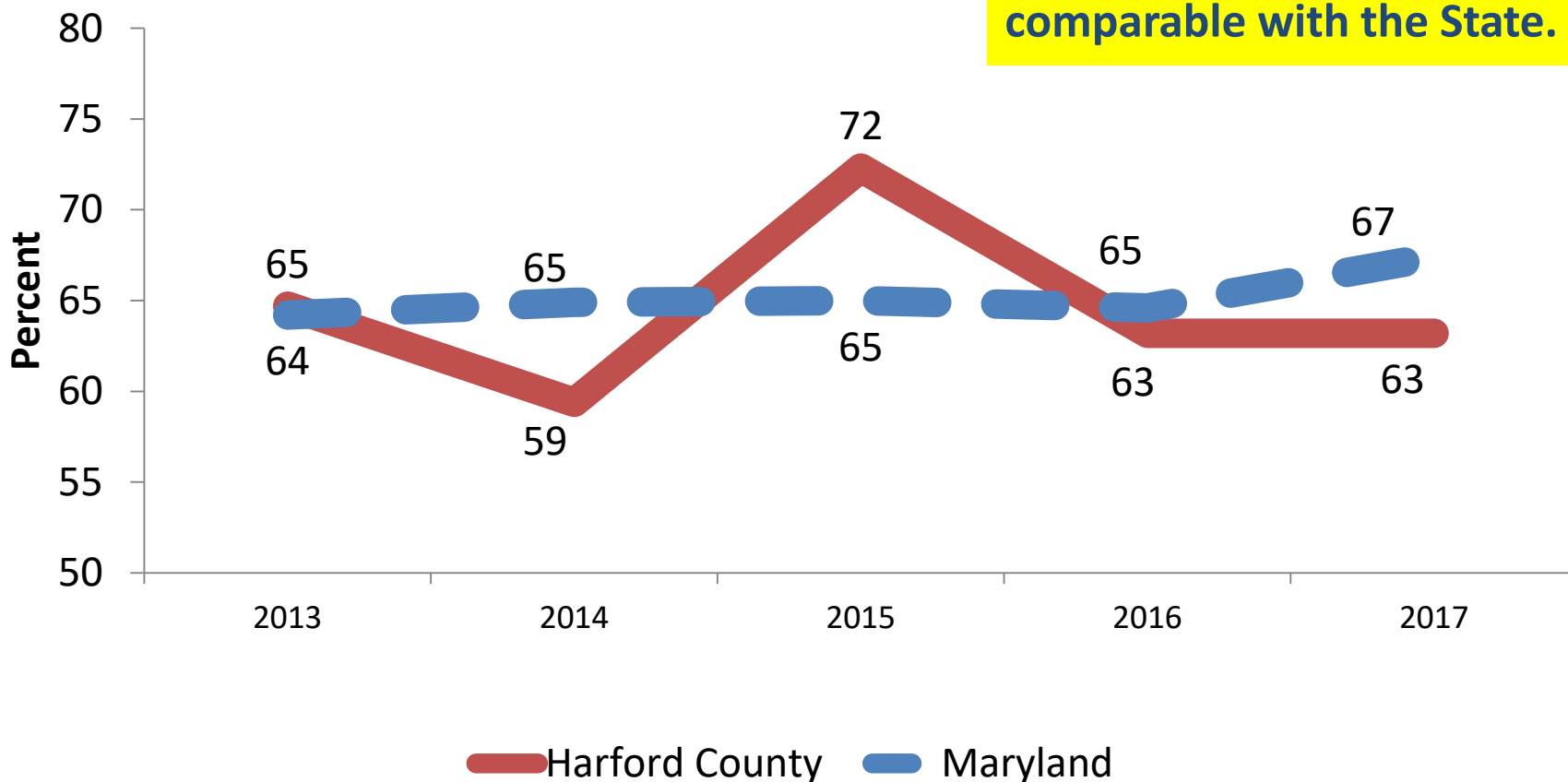


\* Age-Adjusted Rates  
Source: Maryland Vital Statistics Reports



# Adult Overweight/Obesity Rates Harford County & Maryland, 2013-2017

Harford County rates  
comparable with the State.

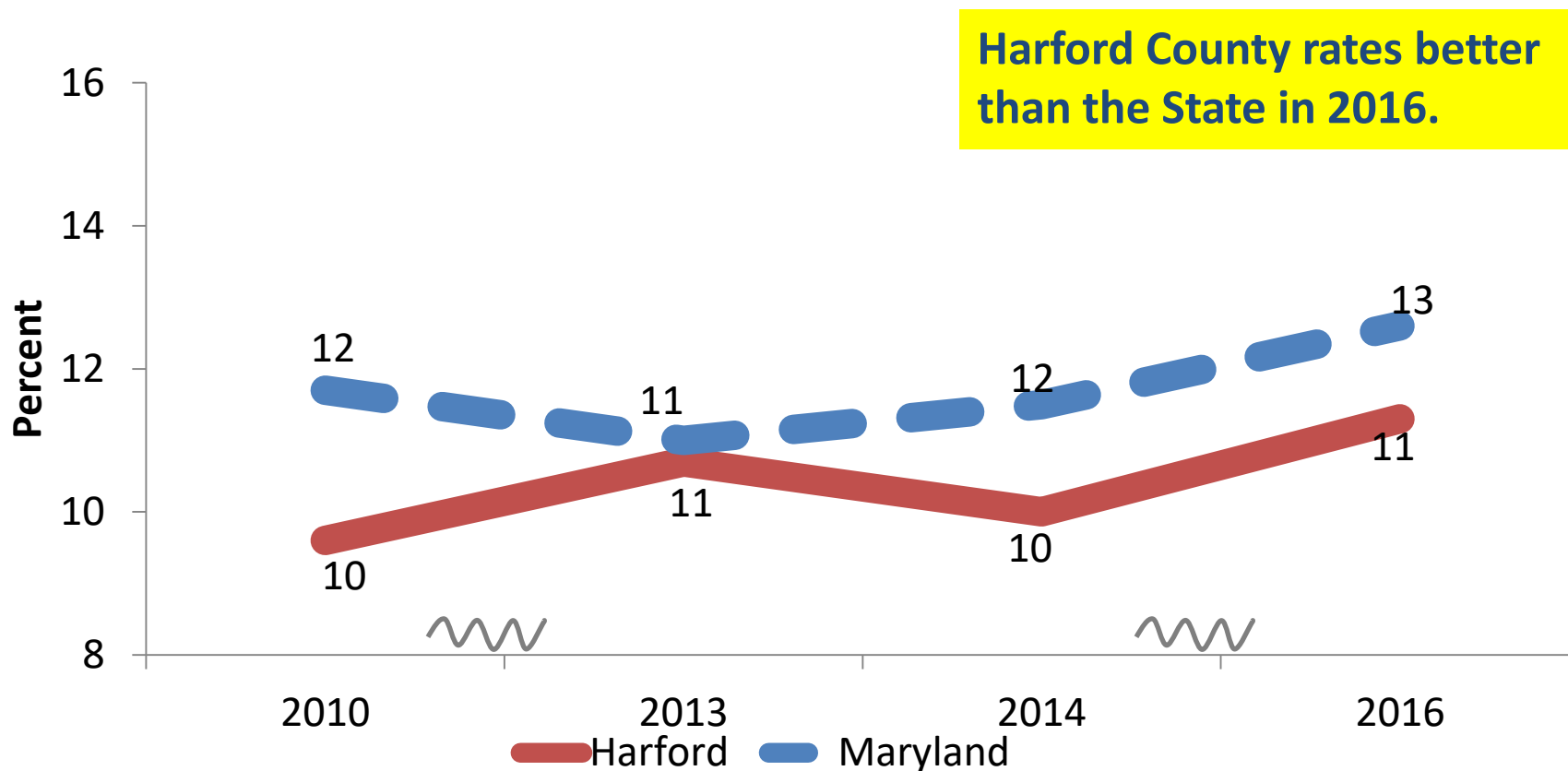


<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Adolescent Obesity

## Harford County & Maryland, 2010-2016



<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

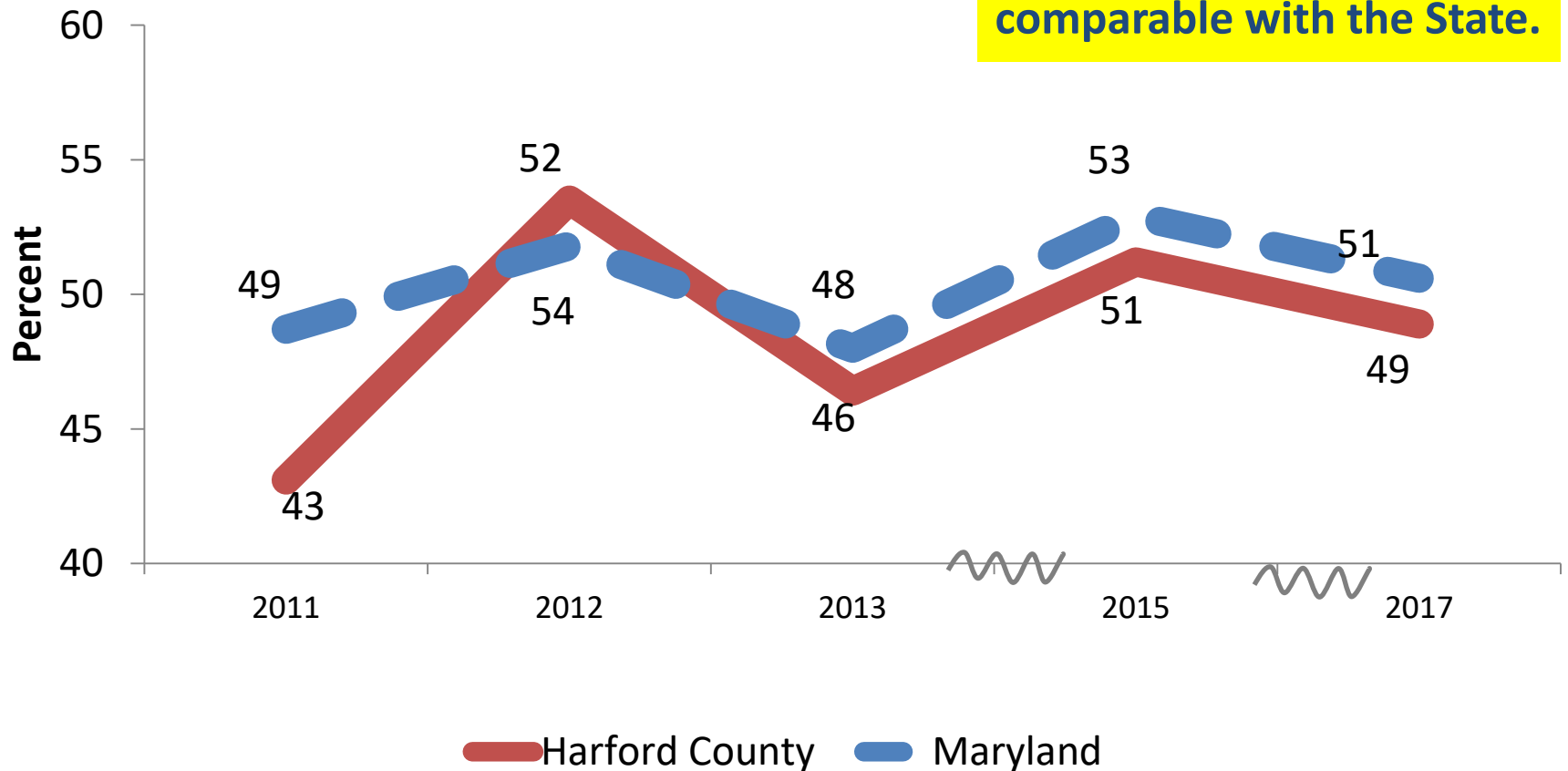
\* Data gap between 2010-2013 and 2014-2016



# Adult Physical Activity Rates

## Harford County & Maryland, 2011-2017

Harford County rates comparable with the State.



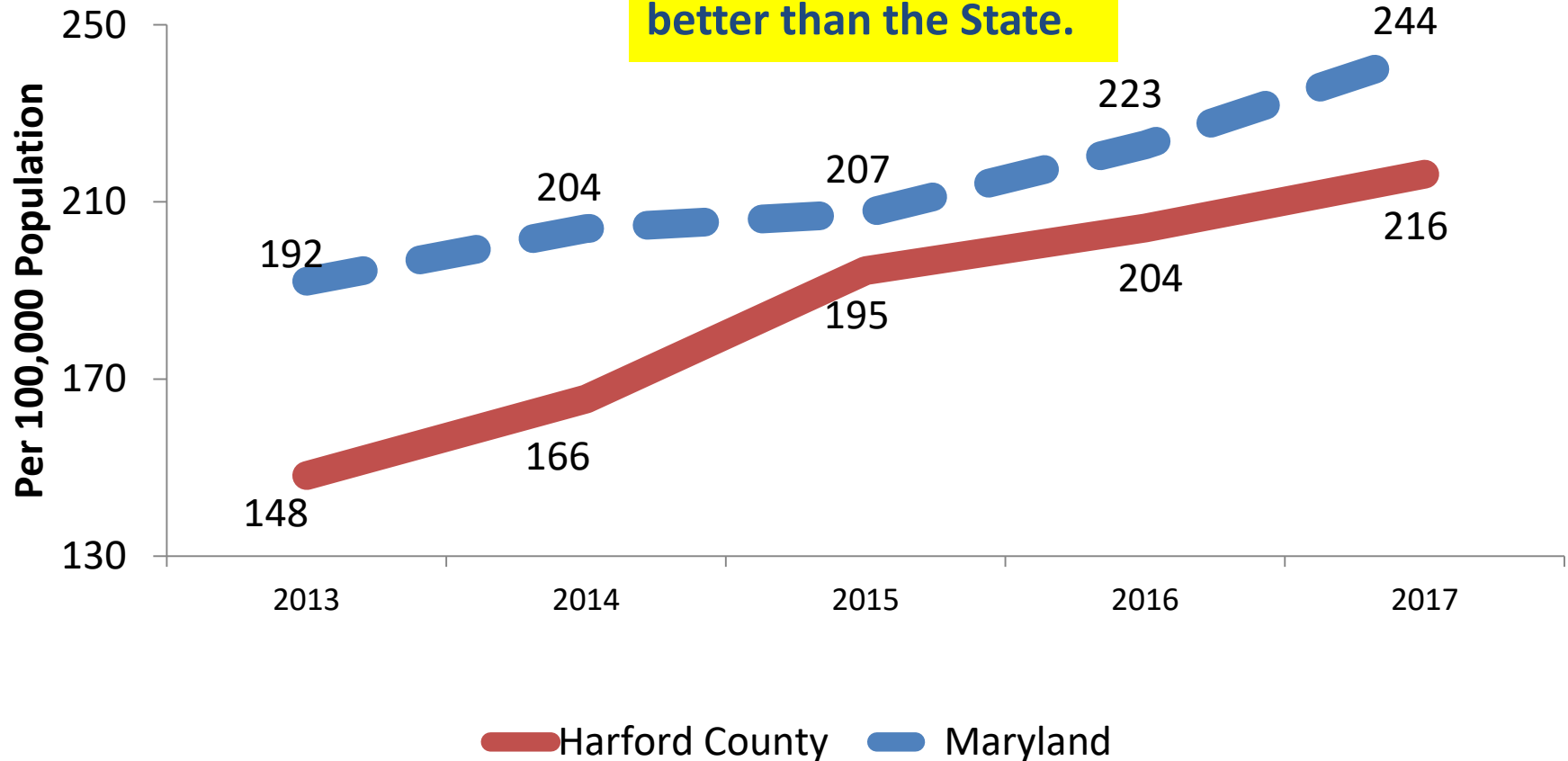
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>





# Emergency Department Visits for Diabetes Harford County & Maryland, 2013-2017

Harford County rates  
better than the State.

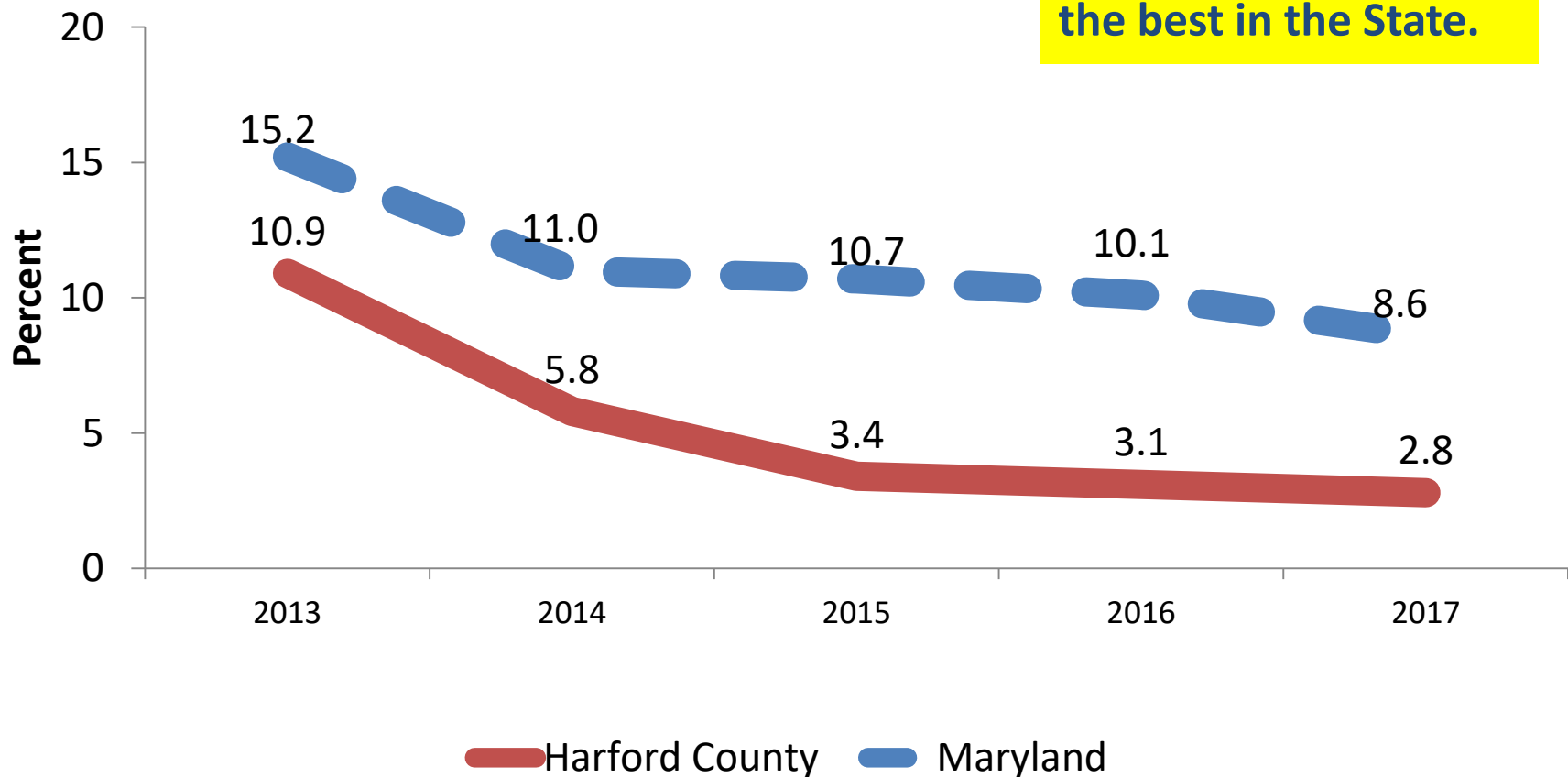


<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Uninsured Emergency Department Rates *Harford County & Maryland, 2013-2017*

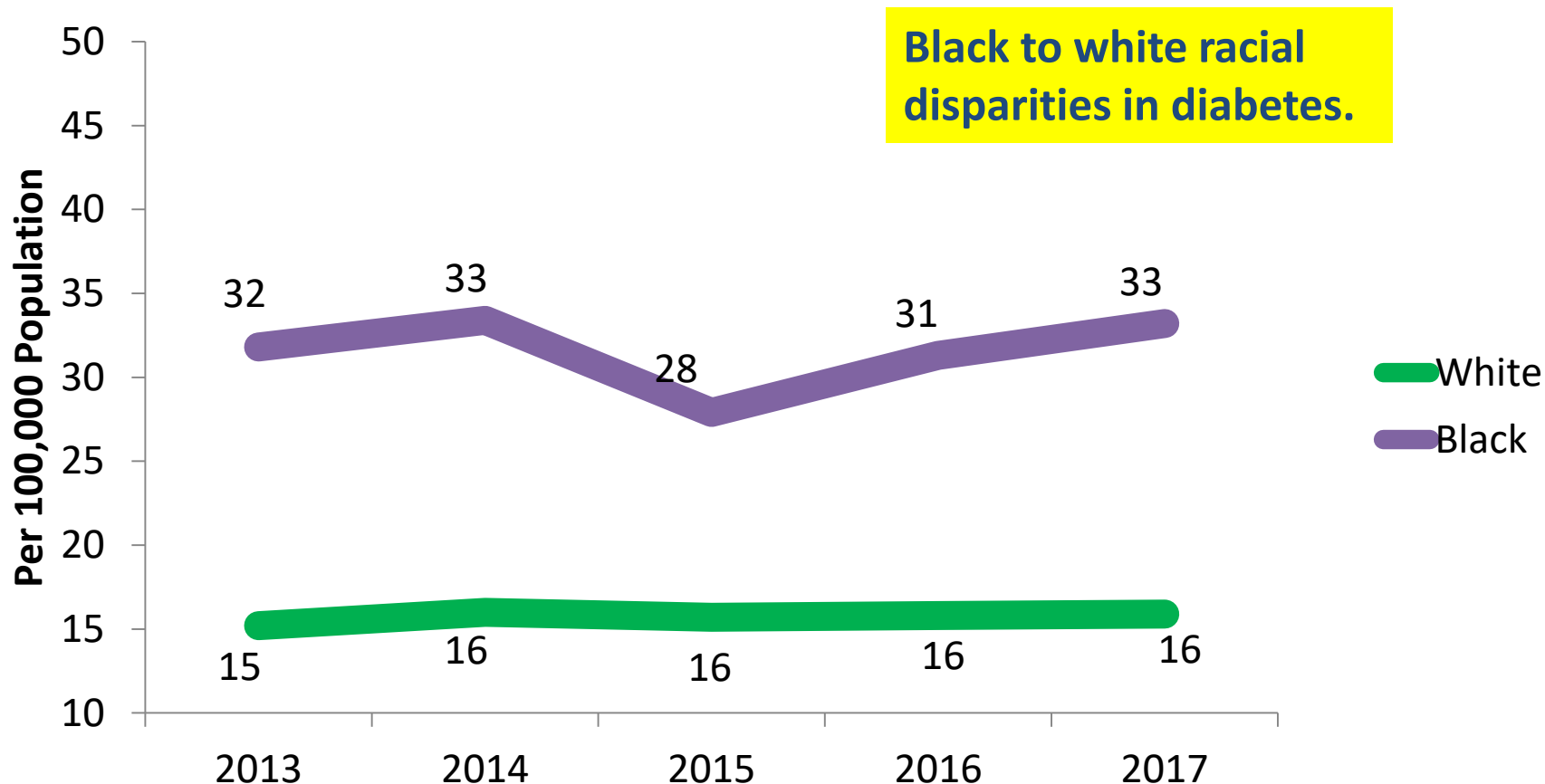
Harford County rates  
the best in the State.



<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>



# Diabetes Mortality Rates By Race, Maryland, 2013-2017



\* Age-Adjusted Rates

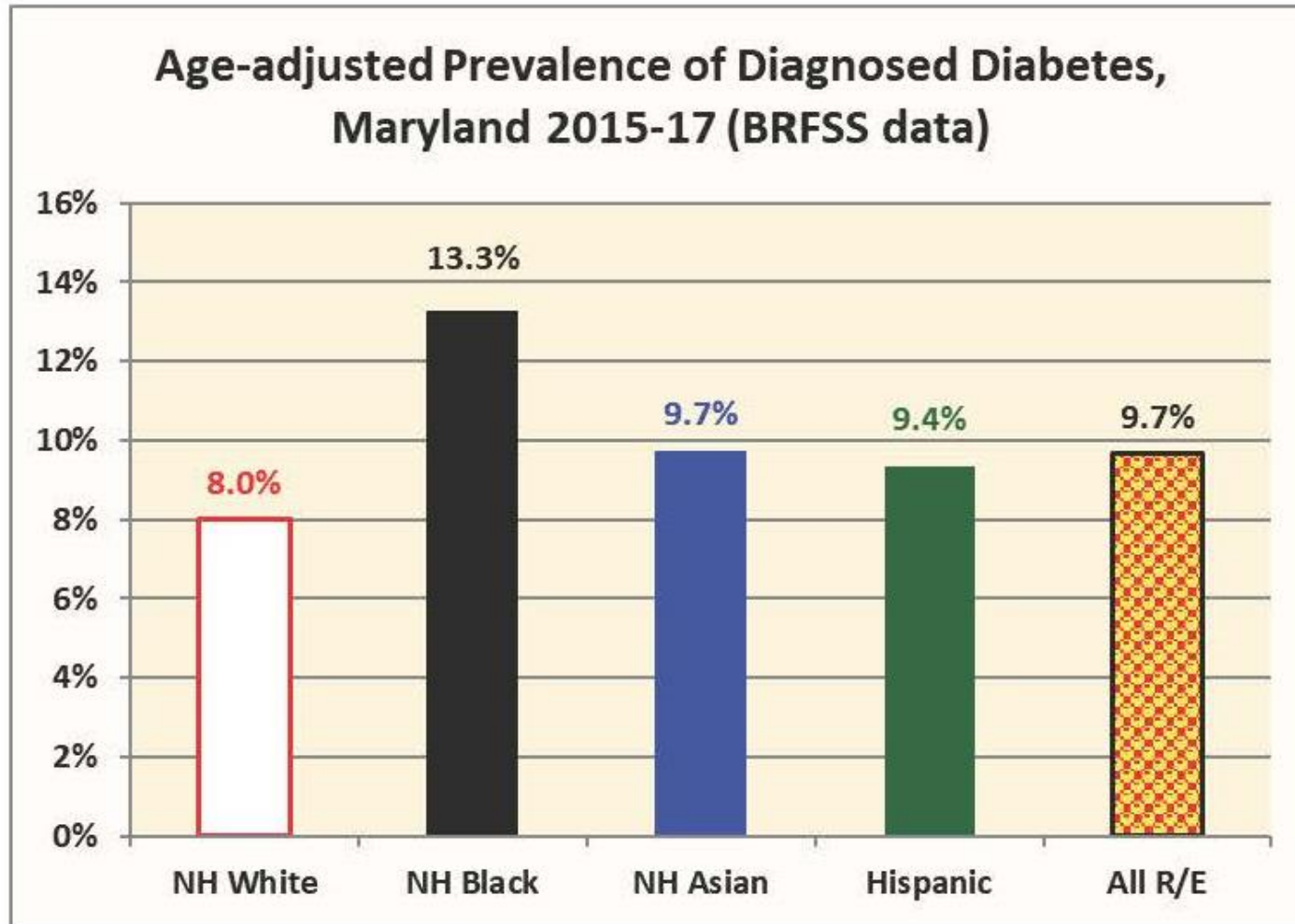
Source: Maryland Vital Statistics Reports



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# Diabetes Prevalence Rates By Race/Ethnicity, Maryland, 2015-2017



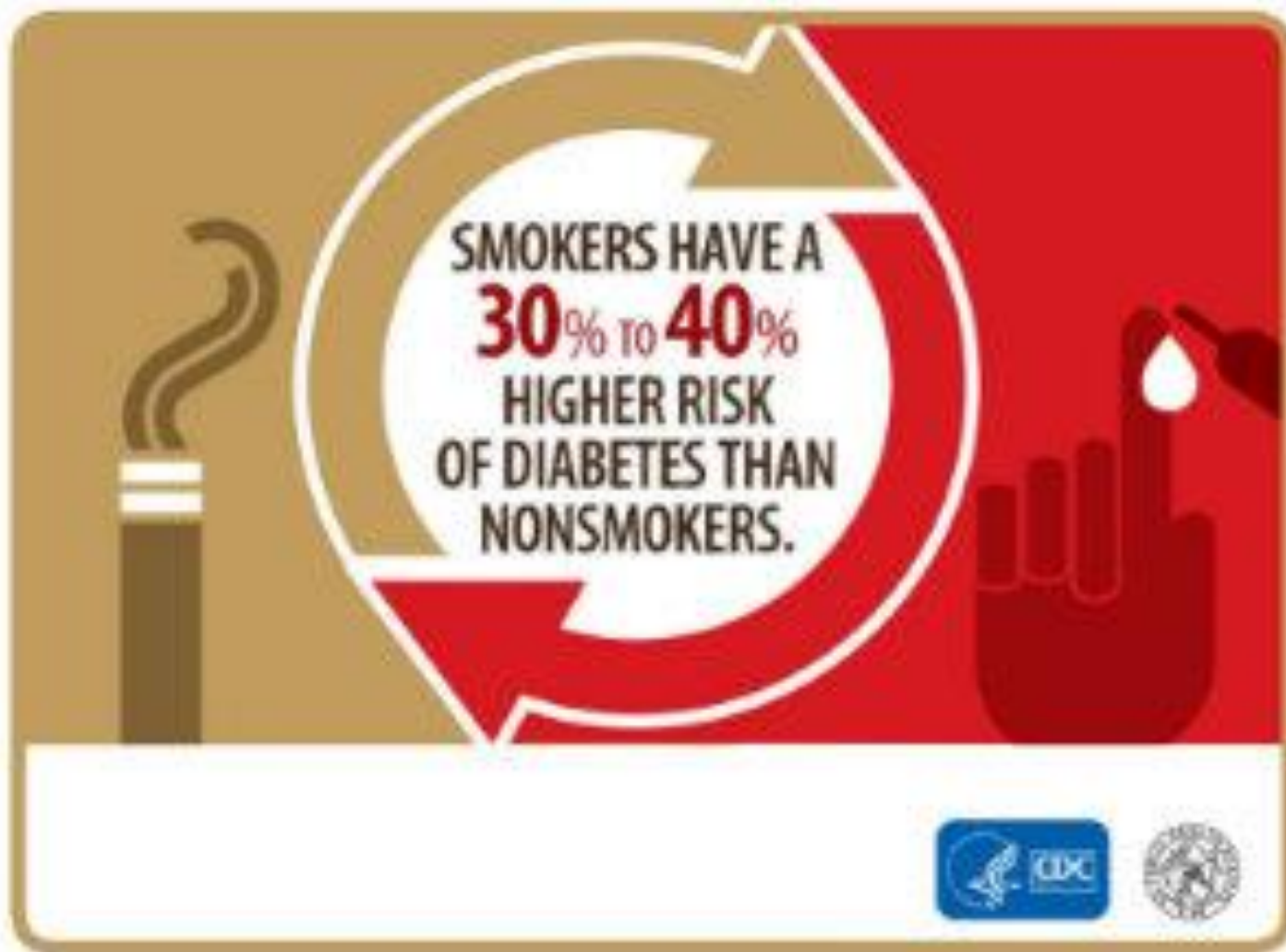
Source: Maryland Diabetes Action Plan 2019, Draft



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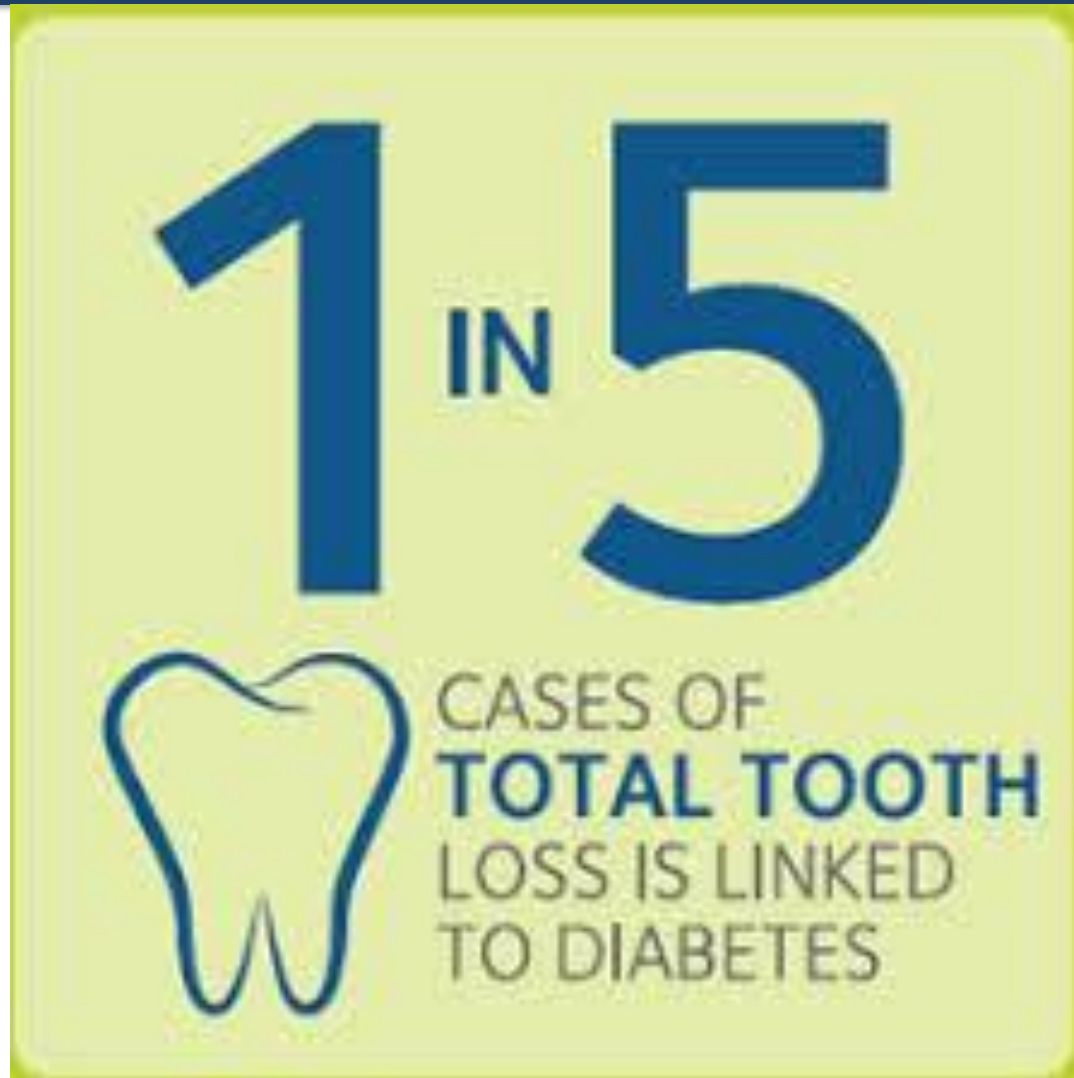
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# Diabetes and Smoking





# Diabetes and Oral Health



# 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

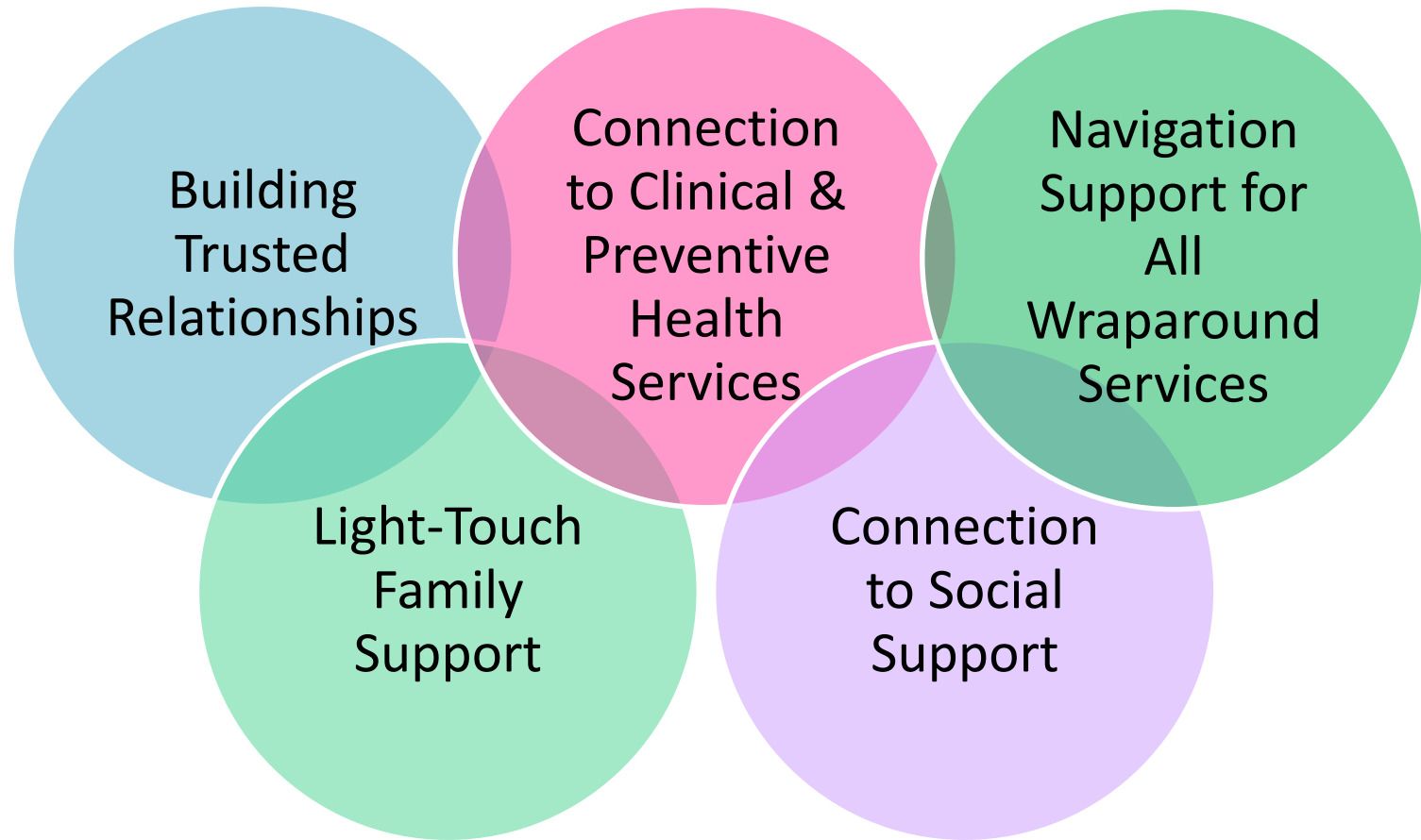


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# Keys to a Healthy Community

*Starts before, during, and after pregnancy*





# MEGAN's Place

MEANINGFUL ENVIRONMENT TO GATHER AND NURTURE

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 1<sup>st</sup> 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](http://www.harfordcountyhealth.com)



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