Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: https://hscrc.maryland.gov/Pages/init_cb.aspx

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: UM Upper Chesapeake Health	◉	○	
Your hospital's ID is: Harford - 210006, Upper Chesapeake - 210049	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	
The primary Narrative contact at your hospital is Kimberly Theis	◉	○	
The primary Narrative contact email address at your hospital is ktheis@umm.edu	◉	○	
The primary Financial contact at your hospital is Curt Ohler	◉	○	
The primary Financial email at your hospital is cohler@umm.edu	◉	○	

Q4. The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. Please select the community health statistics that your hospital uses in its community benefit efforts.

- ☑ Median household income
- ☑ Percentage below federal poverty line (FPL)
- ☑ Percent uninsured
- ☑ Percent with public health insurance
- ☑ Percent with Medicaid
- ☑ Mean travel time to work
- ☑ Percent speaking language other than English at home
- ☑ Race: percent white
- ☑ Race: percent black
- ☑ Ethnicity: percent Hispanic or Latino
- ☑ Life expectancy
- ☑ Crude death rate
- ☑ Other

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Quantitative Data: Existing Secondary Data: A Statistical Secondary Data Profile depicting population and household statistics, education, and economic measures, morbidity rates, incident rates, and other health statistics for the Harford County community was compiled from publicly available sources. It should be noted that the availability of up to date secondary data presented limitations. Harford County Community Health Survey: An online Community Survey of Harford County residents was conducted between September 2020 and March 2021. The survey was designed to assess health status, health risk and behaviors, preventative health practices, health equity, and health care access primarily related to chronic disease and injury. A total of 1,361 resident surveys were completed, Respondents had a diverse, geographical, gender, race, and ethnic background, however, the survey could not be weighted to offer a statistically representative sample of the community. Qualitative Data: Stakeholder Survey and Focus Groups: In order to gain a better understanding of the Harford County community, qualitative data was collected by stakeholders from the Local Health Improvement Coalition (LHIC) through a survey. There was also a series of targeted focus groups with the stakeholders and community members. Following the October 2020 Virtual Local Health Improvement Coalition (LHIC) Annual meeting, forty-six stakeholders representing diverse community interests filled out a brief survey on health and social determinants. These stakeholders provided particular insight into the challenges facing the medically under-served, low income, marginalized, and minority populations. In addition, six focus groups convened to gather input of targeted groups. These focus groups included members of the Susquehanna Ministerium, participants from the Epicenter (a community center in a predominantly low-income minority community), a diabetes prevention class, MEGAN's Place, key Informants from the Local Health Improvement Coalition (LHIC), and key Informants from a Limited English Proficiency workgroup.

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

CHNA21 Primary Data_2020 Health of Harford County_Focus Groups.pdf
6MB
application/pdf

Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. Please select the county or counties located in your hospital's CBSA.

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

Q10. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Harford County ZIP codes located in your hospital's CBSA.

- [x] 21001
- [x] 21005
- [x] 21009
- [x] 21010
- [x] 21013
- [x] 21014
- [x] 21015
- [x] 21017
- [x] 21018
- [x] 21028
- [x] 21034
- [x] 21040
- [x] 21047
- [x] 21050
- [x] 21078
- [x] 21082
- [x] 21084
- [x] 21085
- [x] 21087
- [x] 21111
- [x] 21130
- [x] 21132
- [x] 21154
- [x] 21160
- [x] 21161

Q23. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.

- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.

- [ ] Based on patterns of utilization. Please describe.

- [x] Other. Please describe.

UM Upper Chesapeake Health functions as one organization with two hospitals located in and serving all of Harford County. Each of the two facilities offers certain services solely at that institution. Harford County residents, no matter their zip code, requiring a specific service must receive that specific service at the facility that offers that service, e.g. cancer services at the Kaufman Cancer Center at Upper Chesapeake Medical Center in Bel Air or behavioral health services at Harford Memorial Hospital in Havre de Grace. As a result of how services are provided between the two facilities, the CHNA was completed as a joint document for the two facilities.

The Harford County CHNA includes all 21 Harford County zip codes. This includes zip codes where our most vulnerable populations reside (21009, 21040, 21001 and 21078). In keeping with University of Maryland Upper Chesapeake Health's mission of maintaining and improving the health of the people in its communities and providing high quality care to all, the CBSA was identified as all of Harford County. While the above four zip codes are identified as containing concentrated areas of poverty, there are pockets of poverty throughout many of the Harford County zip codes particularly in the northern zip codes where it is very rural. Identifying all of Harford County as the CBSA gives the organization a better opportunity to meet the needs of the vulnerable residents of Harford County.

Q35. Provide a link to your hospital's mission statement.

https://www.umms.org/uch/about/mission-vision-values

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

The demographic profile of the respondents who completed the online survey: Approximately 72% of all respondents reside in zip codes 21014, 21078, 21015, 21009, 21001 and 21050. Of the total 1,361 respondents, 64.04% were female and 35.81% were male. Whites comprise 84.79% of study participants and Blacks/African-Americans represented 11.09%. Approximately 2% of all respondents identify as Latino/Hispanic. Approximately 54.8% of all respondents were age 65 and above. An additional 33.1% of all respondents were between the ages of 45 and 64 years. The marital status, education level, employment status, and income level were also assessed for each respondent. The majority of respondents (67.74%) are married. Approximately 6.61% of respondents were single (never married) and 10.87% were divorced. 1.18% of respondents attained less than a high school diploma or GED. Approximately one-third (31.01%) of respondent attained some college or technical school and 50.11% of respondents have an undergraduate degree of higher. The majority (49.60% and 33.43% respectively) of respondents were retired or currently employed and working full-time. In additional, approximately half of respondents (48.13%) had an annual household income of $75,000 or more. 11.24% of respondents had an income less than $25,000. A high portion of respondents had heath care coverage (95.89%) and at least one person who they think of as their personal doctor or health care provider (93.90%). In addition, 79.21% of respondents had a routine checkup within the past year and 13.52% had one within the past two years. The top 3 zip codes that our Medicaid population comes from are 21001, 21040 and 21078. The top 3 zip codes where readmission high utilizers are coming from are 21014, 21001 and 21078. These 3 zip code contain high concentrations of the Medicare population. While our primary service area contains two Cecil County zip codes, our CBSA does not. Due to limited resources, these zip codes where not included in our CBSA. There is a hospital located in Cecil County that serves these two zip codes.

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/13/2021

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://www.umms.org/uch/-/media/files/um-uch/community/chna-2021.pdf?upd=20210628145619

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Harford County Community Health Needs Assessment 2021.pdf
37MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in your most recent CHNA development.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Sr. Vice President Government, Regulatory Affairs and Com Health - University of Maryland Medical System reviews the CH Consultant)

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Board of Directors or Board Committee (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Population Health Staff (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Senior Vice President/CMO Medical Staff Affairs reviews to ass community benefit activities are addressing the three identified the CHNA

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Social Workers	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal HCB Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Sr. Vice President Government, Regulatory Affairs and Community Health - University of Maryland Medical System reviews, critiques and provides feedback. (now Consultant)

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	The Board of Directors reviews and provides feedback on the activity around the initiatives.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Several of our employed physicians participated in community educatio for the community and community partners (i.e., faith based community EMS), such as webex presentations, tv, radio, and podcasts on various health topics.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2022 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2022.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Department -- Please list the Local Health Departments here: Harford County Health Department	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Improvement Coalition -- Please list the LHICs here: Behavioral Health, Chronic Disease Prevention & Wellness, and Family Health & Resilience	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Maryland Department of Health	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Govt. Organizations -- Please list the organizations here: Bel Air Police Department, Harford County Council, Harford County Emergency Service, Harford County Government, Harford County Government Planning & Zoning, Harford County Sheriff's Office, Harford County Office on Aging, Harford County Parks & Rec, Harford County Public Libraries, and Town of Bel Air	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Faith-Based Organizations	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - K-12 -- Please list the schools here: Harford County Public Schools	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - Colleges, Universities, Professional Schools -- Please list the schools here: Harford Community College and Towson University	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Behavioral Health Organizations -- Please list the organizations here: Addictions Connection Resource, Addiction Recovery Systems, Ashley Addiction Treatment, BHA Maryland Commitment to Veterans, Brantwood Family Services, Char Hope Foundation, Core Services Agency, Department of Juvenile Services, District Court of Maryland for Harford County, Empowering Minds Resource Center, Hannah's Hope, Harbor of Grace Recovery, Harford County Detention Center, Harford County Volunteer Fire and EMS Foundation, Maryland Circuit Court, Maryland Coalition of Families, Medmark Treatment Centers, New Day Wellness and Recovery Center, Norkris Services, Northern Chesapeake Counseling, LLC, Office of Drug Control Policy, OIC Counseling Services, Inc., Opioid Operational Command Center, Pyramid Healthcare, Riverside Treatment, Springboard Community Services, The Bergand Group, The Homecoming Project, Upper Bay Counseling, and Voices of Hope	☑	☑	☑	☑	☐	☑	☐	☐	☑	☑	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Social Service Organizations -- Please list the organizations here: Harford County Department of Social Services and Department of Community Services	☑	☑	☑	☑	☐	☑	☐	☐	☑	☑	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Post-Acute Care Facilities -- please list the facilities here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: Breathe 379, Epicenter, Girls on the Run, Horowitz Center for Health Literacy, Klein's Shoprite, LASOS (Linking All So Others Succeed), Mason-Dixon Community Services, National Coalition of 100 Black Women, Leukemia & Lymphoma Society, United Way of Central Maryland, and Y of Central Maryland	☑	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Consumer/Public Advocacy Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other -- If any other people or organizations were involved, please list them here: CareFirst, Habitat for Humanity, Inner County Outreach, Joyce Steinberg – Pharmacist, Meghan Crosby Budinger, LCPC, LLC, Mosaic Group, Seedco, The Judy Center, and United Healthcare	☑	☑	☑	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/13/2021

Q52. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/uch/-/media/files/um-uch/community/chna-implementation-2021.pdf?upd=20210628145642

Q53. Please upload your hospital's CHNA implementation strategy.

2021 Implementation Plan.docx
68.3KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q54. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

While our CHNA identifies our priorities as Chronic Disease Prevention and Wellness, Behavioral Health and Family Stability, we provide a variety of other community benefit programs and activities that are outside of these three priority areas.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ○ Yes
- ◉ No

Q58.

Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

- ☐ Health Conditions - Addiction
- ☐ Health Conditions - Arthritis
- ☐ Health Conditions - Blood Disorders
- ☐ Health Conditions - Cancer
- ☐ Health Conditions - Chronic Kidney Disease
- ☐ Health Conditions - Chronic Pain
- ☐ Health Conditions - Dementias
- ☐ Health Conditions - Diabetes
- ☐ Health Conditions - Foodborne Illness
- ☐ Health Conditions - Health Care-Associated Infections
- ☐ Health Conditions - Heart Disease and Stroke
- ☐ Health Conditions - Infectious Disease
- ☐ Health Conditions - Mental Health and Mental Disorders
- ☑ Health Conditions - Oral Conditions
- ☐ Health Conditions - Osteoporosis
- ☐ Health Conditions - Overweight and Obesity
- ☐ Health Conditions - Pregnancy and Childbirth
- ☐ Health Conditions - Respiratory Disease
- ☐ Health Conditions - Sensory or Communication Disorders
- ☐ Health Conditions - Sexually Transmitted Infections
- ☐ Health Behaviors - Child and Adolescent Development
- ☐ Health Behaviors - Drug and Alcohol Use
- ☐ Health Behaviors - Emergency Preparedness
- ☐ Health Behaviors - Family Planning
- ☐ Health Behaviors - Health Communication
- ☐ Health Behaviors - Injury Prevention
- ☐ Health Behaviors - Nutrition and Healthy Eating
- ☐ Health Behaviors - Physical Activity
- ☐ Health Behaviors - Preventive Care
- ☐ Health Behaviors - Safe Food Handling
- ☐ Health Behaviors - Sleep
- ☐ Health Behaviors - Tobacco Use
- ☐ Health Behaviors - Vaccination
- ☐ Health Behaviors - Violence Prevention
- ☐ Populations - Adolescents
- ☐ Populations - Children
- ☐ Populations - Infants
- ☐ Populations – LGBT
- ☐ Populations - Men
- ☐ Populations - Older Adults
- ☐ Populations - Parents or Caregivers
- ☐ Populations - People with Disabilities
- ☐ Populations - Women
- ☐ Populations - Workforce
- ☐ Other Social Determinants of Health
- ☐ Settings and Systems - Community
- ☐ Settings and Systems - Environmental Health
- ☐ Settings and Systems - Global Health
- ☐ Settings and Systems - Health Care
- ☐ Settings and Systems - Health Insurance
- ☐ Settings and Systems - Health IT
- ☐ Settings and Systems - Health Policy
- ☐ Settings and Systems - Hospital and Emergency Services
- ☐ Settings and Systems - Housing and Homes
- ☐ Settings and Systems - Public Health Infrastructure
- ☐ Settings and Systems - Schools
- ☐ Settings and Systems - Transportation
- ☐ Settings and Systems - Workplace
- ☐ Social Determinants of Health - Economic Stability
- ☐ Social Determinants of Health - Education Access and Quality
- ☐ Social Determinants of Health - Health Care Access and Quality
- ☐ Social Determinants of Health - Neighborhood and Built Environment
- ☐ Social Determinants of Health - Social and Community Context
- ☐ Other (specify)

Q59. Why were these needs unaddressed?

Oral health in Harford County is addressed by the Harford County Health Department through a Dental Care Clinic. The dental clinic provides services to include oral health of children ages 1 -20 enrolled in the Maryland Children's Health Program (MCHP), and pregnant women on the Medical Assistance Program who may not have previously had access to dental care. The clinic is also committed to treating same-day dental emergencies involving infection and trauma. In addition, an FQHC, Beacon Health Center, provides dental services to include pediatric and adult preventative and restorative care, replacement care with dentures, partials, and bridges, emergency care such as extractions and root canals, and cosmetic care.

Q60. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

Our Comprehensive Care Center (CCC) and Care Transformation Organization (CTO) programs provide participants with interdisciplinary teams that manage medical and social challenges as a way of reducing health disparities in our community. Comprised of RNs, SWs, CHWs and supported by behavioral health specialists and a pharmacist, these teams engage with patients- even directly in the patient's home. Early identification of medical issues and social barriers to care is critical to reducing health disparities. UMUCH assists practices with implementing standardized screening tools, including the Patient Health Questionnaire (PHQ-9) and other evidence-based instruments that help to match patients with resources. The CCC and CTO have also developed analytical tools that drive continuous improvement. For example, our Data Warehouse highlights the heightened readmission risk for patients with COPD within four days of discharge. As a result, these patients are prioritized such that care now results in a virtual visit with a nurse prior to the PCP appointment. UMUCH has initiated practice transformation activities through the NCQA PCMH program. The patients in both the CCC and CTO are screened for social determinant of health. We are working with EPIC to develop tracking reports. In addition, UMMS has developed a multi-year plan, backed by a $40 million investment, that outlines our commitment to equity in care delivery, diversity in our workforce, meaningful investments in local communities and expanded opportunities for minority-owned businesses.

Q61. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- ☐ None
- ☐ Regional Partnership Catalyst Grant Program
- ☐ The Medicare Advantage Partnership Grant Program

- [ ] The COVID-19 Long-Term Care Partnership Grant
- [x] The COVID-19 Community Vaccination Program
- [ ] The Population Health Workforce Support for Disadvantaged Areas Program
- [ ] Other (Describe)

Q62. If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q63. Section III - CB Administration

Q64. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [x] Yes, by a third-party auditor
- [ ] No

Q65. Please describe the third party audit process used.

After the completion of audits performed by hospital staff and the hospital system's staff, a final audit is conducted by Ernest and Young, LLP.

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- (●) Yes
- ( ) No

Q67. Please describe the community benefit narrative audit process.

The Director of Community Outreach and Health Improvement and the Community Benefit and Community Health Improvement Business Manager are responsible for the oversight and management of data collection and reporting of all activities. Data is collected throughout the year, validated, and entered into CBISA, a Community Benefit Inventory for Social Accountability Program by Lyon's Software. The director and manager refer to the Catholic Health Association's "A Guide for Planning & Reporting Community Benefit" guide to determine which category is most appropriate for reporting activities. Once the data collection process is been completed, a draft of the State of Maryland Community Inventory Report is generated and submitted to the Director of Reimbursement, who is the UM UCH financial lead for community benefit reporting. The Director of Reimbursement completes the State of Maryland Inventory Report to include hospital related financial data. Once the narrative and inventory report are complete, it is reviewed by the internal hospital Community Benefit Reporting Advisory Committee and the UMMS Senior Vice President of Government and Regulatory Affairs and Community Health. It is then presented through Quality Care Council for Board of Director's approval.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (●) Yes
- ( ) No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- (●) Yes
- ( ) No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- [x] Yes
- [ ] No

Q73. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

University of Maryland Upper Chesapeake Health incorporates community benefit planning into the annual strategic and operational planning process each Spring. This includes creating annual tactics that are tracked on a quarterly basis in the following fiscal year. In addition, UM UCH updates a long term strategic plan every couple of years in association with the community health needs assessment. The planning process allows the organization to invest in and develop programs that increase patient access to existing services, introduce new services, optimize prevention programs and explore how technology can be used to support the health needs of our patients. The planning process runs concurrently with the annual capital and operating budget process to ensure that these ideas are incorporated into the fiscal plan.

Q74. If available, please provide a link to your hospital's strategic plan.

Q75. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

- [x] Diabetes - Reduce the mean BMI for Maryland residents

UM UCH delivers the year-long diabetes prevention lifestyle change program with fidelity to all CDC Diabetes Prevention Recognition Program (DPRP) Standards. We have received full recognition for in person classes and are currently under review for combination class recognition. During FY22, we provided four cohorts that included 43 completers, of which 80% completed 150 minutes of moderate physical activity and a 50% weight loss of 5 to 7%.

There are other activities that are being done to address these issues, but they do not meeting the definition of a community benefit.

- [x] Opioid Use Disorder - Improve overdose mortality

Participation in stakeholder meetings and committees to address opioid use and overdose mortality:
• Overdose Fatality Review Board
• Law Enforcement Assisted Diversion (LEAD) Operational Workgroup
• Mental Health Advisory Council
• Recovery Planning Committee
• LHIC MHAAC-LHIC-OIT Behavioral Health Workgroup – Local Health Improvement Coalition (LHIC), Mental Health and Addictions Advisory Council (MHAAC), Overdose Intervention Team (OIT)

There are other activities that are being done to address these issues, but they do not meeting the definition of a community benefit.

- [x] Maternal and Child Health - Reduce severe maternal morbidity rate

Participation in statewide collaborations:
• Maryland Perinatal-Neonatal Quality Collaborative
• Maryland Perinatal Education Consortium
• NICU/SCN Antibiotic Stewardship Collaborative
• Child Fatality Review

There are other activities that are being done to address these issues, but they do not meeting the definition of a community benefit.

- [ ]

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

☐ None of the Above

Q76. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q77. Section IV - Physician Gaps & Subsidies

Q78. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

- ○ No
- ◉ Yes

Q79. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

	Is there a gap resulting in a subsidy?		What type of subsidy?
	Yes	No	
Allergy & Immunology	○	○	
Anesthesiology	◉	○	Physician provision of financial assistance
Cardiology	○	○	
Dermatology	○	○	
Emergency Medicine	◉	○	Coverage of emergency department call
Endocrinology, Diabetes & Metabolism	○	○	
Family Practice/General Practice	○	○	
Geriatrics	○	○	
Internal Medicine	○	○	
Medical Genetics	○	○	
Neurological Surgery	○	○	
Neurology	○	○	
Obstetrics & Gynecology	○	○	
Oncology-Cancer	○	○	
Ophthalmology	○	○	
Orthopedics	○	○	
Otolaryngology	○	○	
Pathology	○	○	
Pediatrics	○	○	
Physical Medicine & Rehabilitation	○	○	
Plastic Surgery	○	○	
Preventive Medicine	○	○	
Psychiatry	○	○	
Radiology	○	○	
Surgery	○	○	
Urology	○	○	
Other. (Describe)	○	○	

Q80. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

ED coverage is an essential part of access to care in all hospitals. It is provided regardless of socioeconomic status, ability to pay, location of care, or time of day. Even with insurance coverage, we provide medical and specialty care in situations that would not be possible if left solely to the reimbursement system. If a patient required services at 2:00 am, they will get it. If consulting physicians had to rely solely on part-B collections for their services, those services would not be available in our hospitals. That care is subsidized as part of our service to our community and is not reimbursed by our hospital part-A revenue. Physician Subsidies for our Community Benefit Report: Anesthesiology and Emergency Department are required to support the underlying community health needs to address the key and major disease burden's impacting our county. These essential clinical services are required to provide care, programs and impact to the community and as a result of reimbursement models and other funding sources, do not generate sufficient proceeds to fully cover the costs to delivery and meet community need.

Q81. Please attach any files containing further information and data justifying physician subsidies at your hospital.

Q82. Section VI - Financial Assistance Policy (FAP)

Q83. Upload a copy of your hospital's financial assistance policy.

Financial Assistance Policy - Final 10.23.20.docx
196.1KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q84. Provide the link to your hospital's financial assistance policy.

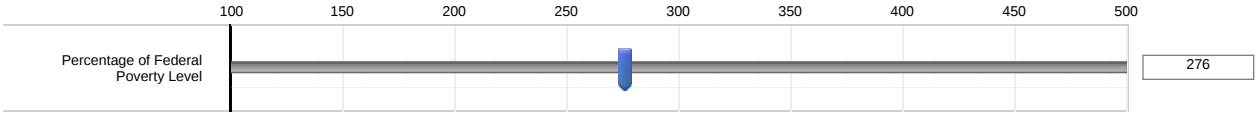
https://www.umms.org/uch/-/media/files/umms/patients-and-visitors/financial-assistance-policy/english-umms-financial-assistance-policy-final-101920.pdf?upd=20211019173043

Q85. Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe:

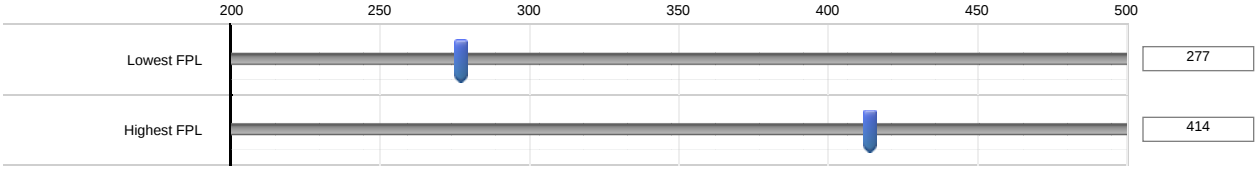
Q86. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



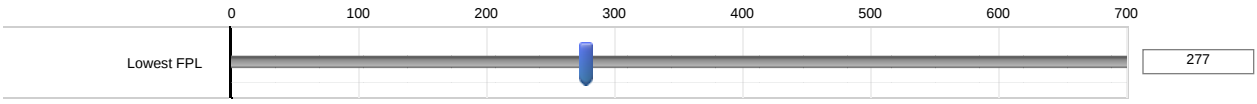
Q87. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q88. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.



Highest FPL: 414

Q89. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

0 10 20 30 40 50 60 70 80 90 100

Debt as Percentage of Income: 25

Q90. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- [x] Federal corporate income tax
- [x] State corporate income tax
- [x] State sales tax
- [x] Local property tax (real and personal)
- [ ] Other (Describe)

Q91. Summary & Report Submission

Q92.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (41.2591, -95.8517)

Source: GeoIP Estimation

UNIVERSITY OF MARYLAND Upper Chesapeake Health CHNA 2021
ON LINE COMMUNITY SURVEY

Background

The customized survey tool consisted of approximately 47 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The online survey took respondentsapproximately 15 minutes to complete. In total, 1,361 respondents completed the survey.

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

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 72% of all respondents reside in zip codes 21014, 21078, 21015, 21009, 21001, and 21050. As depicted in Table 2, of the total 1,361 respondents, 64.04% were female and 35.81% were male. Whites comprised 84.79% of study participants and Blacks/African-Americans represented 11.09%. Approximately 2% of all respondents identified as Latino/Hispanic.

Approximately 54.8% of all respondents were age 65 above. An additional 33.1% of all respondents were between the ages of 45 and 64 years.

Table 1. Zipcode Representation

Zipcode	%	Zipcode	%	Zipcode	%	Zipcode	%
21014	16.31%	21040	5.14%	21028	1.98%	21093	0.15%
21078	14.47%	21085	4.85%	21034	1.54%	21921	0.07%
21015	12.49%	21047	4.26%	21160	1.03%	21237	0.07%
21009	11.02%	21084	3.38%	21132	0.59%	21220	0.07%
21001	9.40%	21154	2.50%	21161	0.37%	21130	0.07%
21050	7.94%	21017	2.06%	21904	0.15%	21005	0.07%

Table 2. Demographic Information

Demographics	%
Gender	
Male	35.81%
Female	64.04%
Other	0.15%

Age	
18-24	0.51%
25-34	3.89%
35-44	7.64%
45-54	10.87%
55-65	22.19%
65-80	48.27%
81+	6.54%
Race/Ethnicity	
White	83.20%
Black/African American	10.89%
American Indian/Alaska Native	0.36%
Asian Pacific Islander	0.87%
Hispanic/Latino*	1.87%
Don't Know/not sure	0.87%
Other	1.95%

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

The marital status, education level, employment status, and income level were also assessed for each respondent.
The majority of respondents (67.74%) were married. Approximately 6.61% of respondents were single (never married) and 10.87% were divorced. 1.18% of respondents attained less than a high school diploma or GED. Approximately one-third (31.01%) of respondents attained some college or technical school, and 50.11% of respondents have an undergraduate degree or higher.

The majority (49.60% and 33.43% respectively) of respondents were retired or currently employed and working full-time. In addition, approximately half of the respondents (48.13%) had an annual household income of $75,000 or more. 11.24% of respondents had an income less than $25,000.

Table 2. Demographic Information Cont'd

Demographics	%
Marital Status	
Married	67.74%
Divorced	10.87%

Widowed	10.87%
Separated	1.03%
Never married	6.61%
Member of an unmarried couple	2.79%
Level of Education	
Never attended school or only attended kindergarten	0.00%
Grades 1-8 (elementary school)	0.00%
Grades 9-11 (some high school, but no diploma)	1.18%
Grade 12 (high school diploma or GED)	15.94%
College 1 year to 3 years (some college or technical school)	31.01%
College 4 years or more (college graduate)	24.54%
Graduate-level degree	25.57%
Other	1.76%
Employment Status	
Employed, working full-time	33.43%
Employed, working part-time	7.20%
Not employed, looking for work	1.32%
Not employed, NOT looking for work	1.32%
Retired	49.60%
Disabled, not able to work	4.34%
Student	0.44%
Homemaker	2.35%
Annual household income from all sources	
Less than $10,000	3.16%
$10,000 - $14,999	2.28%
$15,000 - $19,999	2.28%
$20,000 - $24,999	3.53%
$25,000 - $34,999	7.71%
$35,000 - $49,999	12.27%
$50,000 - $74,999	20.13%
$75,000 or more	48.13%

Access to Health Care

A high proportion of respondents had health care coverage (95.89%) and at least one person who they think of as their personal doctor or health care provider (93.90%). The source of respondent's health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

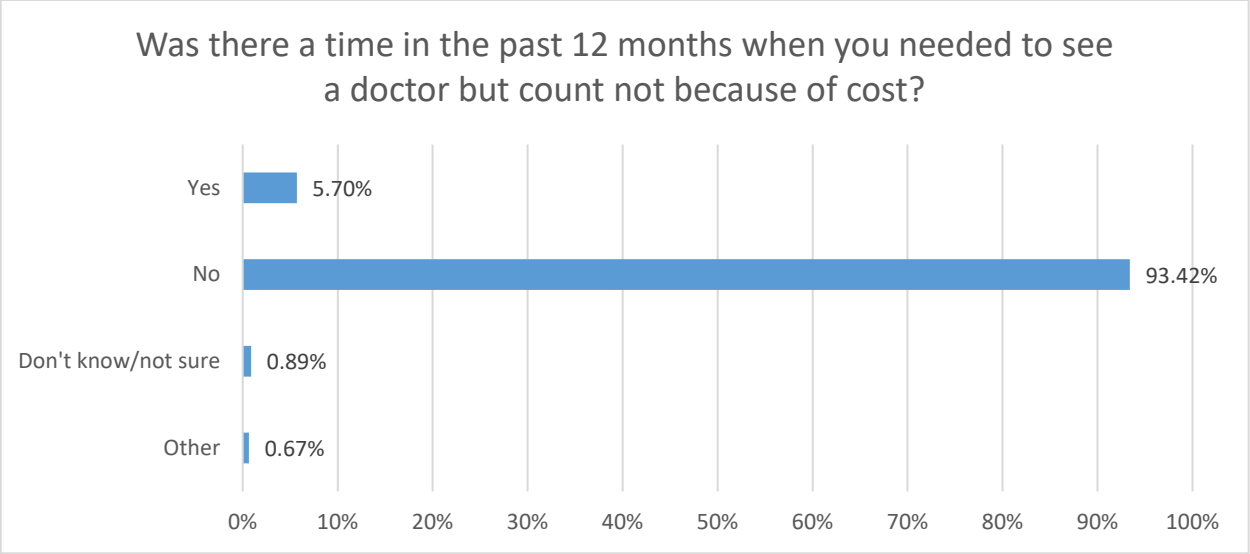
Health Insurance Source	%
Your employer	35.27%
Someone else's Employer	15.14%
A plan that you or someone else buys on your own	11.54%
Medicaid or Medical Assistance, MCHiP	11.61%
The military, CHAMPUS, or the VA	6.69%
The Indian Health Service	0.29%
Some other source	19.47%
None	2.79%
Don't know/not sure	1.32%

In addition, 79.21% of respondents had a routine checkup within the past year and 13.52% had one within the past two years. The responses are detailed in Table 4.

Table 4. Routine checkup

How long since last visited a doctor for a routine checkup?	%
Within the past year (anytime less than 12 months ago)	79.21%
Within the past 2 (1 year but less than 2 years ago)	13.52%
Within the past 5 (2 year but less than 5 years ago)	3.75%
5 or more years ago	1.84%
Never had a routine physical or doctor's visit	1.25%
Don't know/not sure	0.44%

Nearly 6% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In addition, 9 respondents cited "Other" as a reason for not being able to see a doctor due to cost.



Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 70.32% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 10.14% stated they could not get an appointment soon enough. Approximately 172 respondents (12.64%) cited an"Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned COVID-19/Coronavirus/Pandemic as their main reason for delaying needed medical care. Others indicated the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. The reasons for delayed medical care is detailed in Table 5 and 6.

Table 5. Delayed medical care

Reasons	%
You couldn't get through on the telephone	3.16%
You couldn't get an appointment soon enough	10.14%
Once you got there, you had to wait too long to see a doctor	1.32%
The clinic/doctor's office wasn't open when you got there	1.40%
You didn't have transportation	1.03%
Other, please specify	12.64%
No, I did not delay getting medical care/did not need medical care	70.32%

Table 6. Delayed Medical care, cont.d

Other reasons	#
Covid-19/Coronavirus/Pandemic	101
Cost	23
Access	14

Insurance	5

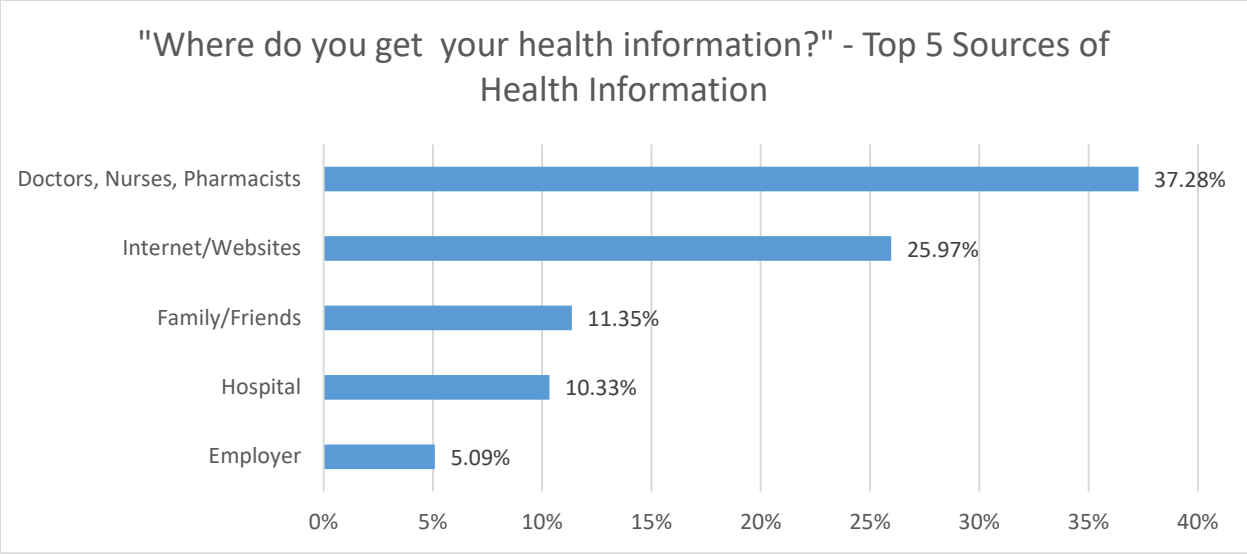
Next, respondents were asked if they travel outside of Harford County to get medical help. Respondents who travel outside of Harford County for medical care (42.17%) mainly do so for cardiac, obstetrics/gynecology, and specialty care. Depicted in Table 7 is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

Table 7. Medical care received outside of Harford County

Medical Care (n=574)	# of multiple responses	%
Cardiac/Pulmonary Heart	30	5%
Gynecology/GYN/OB GYN	30	5%
Primary Care	38	7%
Neurology/Brain Care	22	4%
Surgery/Surgeon	17	3%
Orthopedic	14	2%
Cancer care/surgery	12	2%
All/All medical care/Everything	11	2%
General Care	10	2%
checkup/routine physical	9	2%
Urologist	8	1%
Eye care	7	1%
Mental health/Psychiatry	7	1%
Rheumatologist	7	1%

Health Information

Respondents were asked to indicate where they get their health information. Approximately 90% of respondents get their information from one of the five sources shown in the graph below. More than one-third of participants (37.28%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just
one source.



Health Status & Chronic Health Issues

Overall Physical & Mental Health

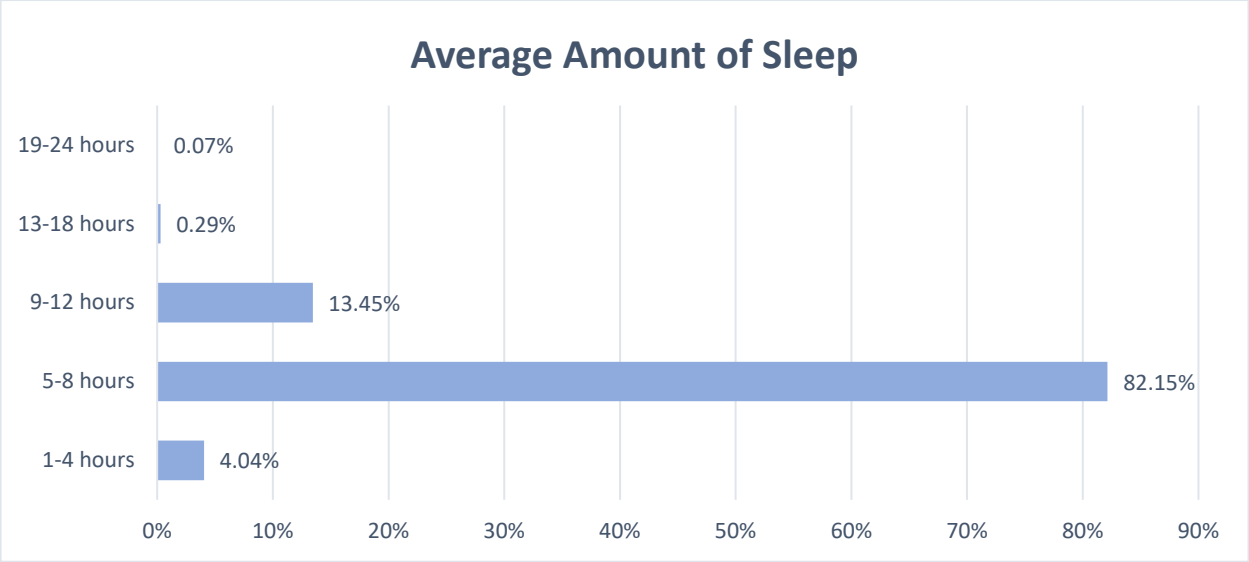
Respondents were asked to rate their general health status. Approximately 70.24% of respondents stated their general health is good or very good. Approximately 21% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days were favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. 21.82% of respondents reported having poor physical health and 18.66% reported having poor mental health for a maximum of one to two days during the past 30 days.

Table 8. Days physical/mental health has not been good

	Physical Health	Mental Health
	%	%
No days	44.82%	54.15%
1-2 days	21.82%	18.66%
3-7 days	15.65%	13.45%
8-14 days	6.83%	6.76%
15-30 days	10.87%	6.98%

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (82.15%) reported getting 5 to 8 hours of sleep and 13.45%

reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.



Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 68.09% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening or walking during the past month. Among respondents who participated in physical activity, 43.94% of respondents took part in physical activity daily, 40.08% reported participating in exercise weekly, and nearly 17% were physically active on a monthly basis (Table 8). The majority of respondents (61.51%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

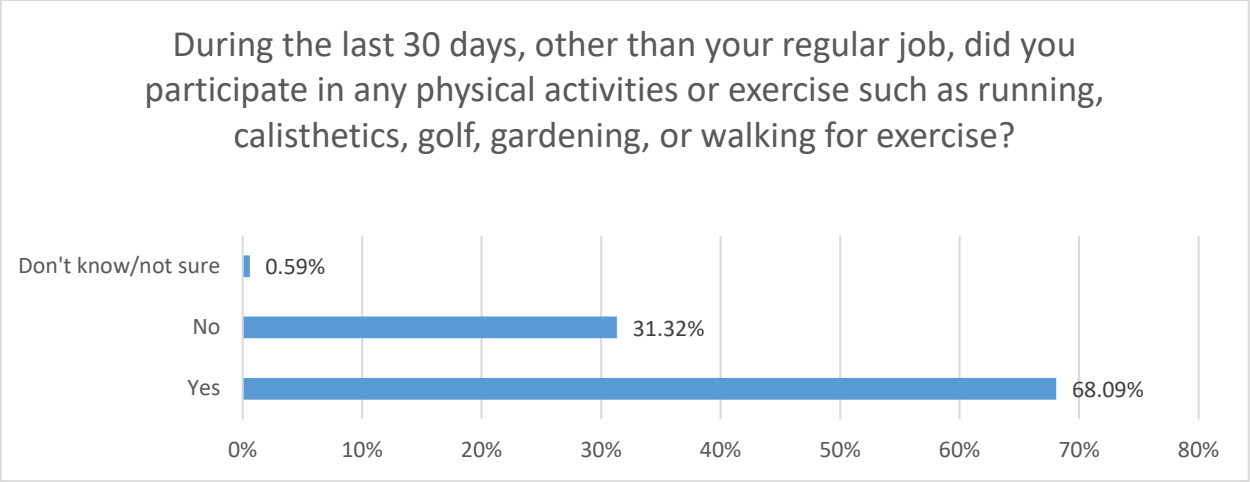


Table 8. Physical Activity

Duration	%
Less than 30 minutes	30.30%
30 minutes to 1 hour 59 minutes	61.51%
2 hours to 3 hours 59 minutes	5.98%
4 hours to 5 hours 59 minutes	1.39%
6 hours or more	0.82%

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately 32.21% of respondents reported eating fruits and/or vegetables daily, 49.78% weekly, and 13.9% monthly. Only 3.16% of respondents reported never eating fruits and/or vegetables.

Table 9. Fruit and Vegetable Consumption

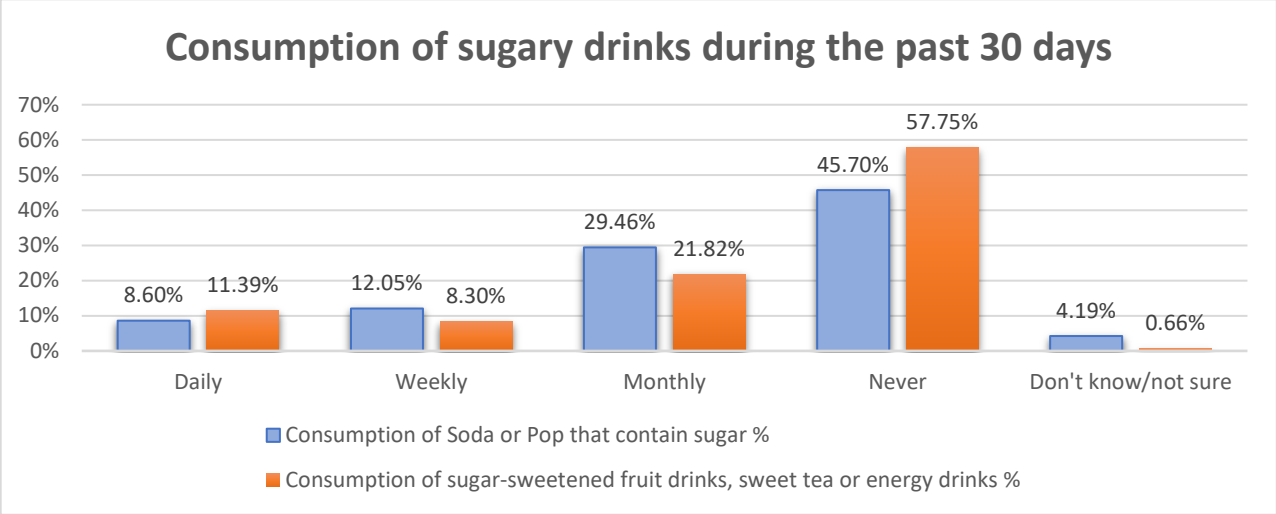
	Fruits	Vegetables
	%	%
Daily	38.68%	25.74%
Weekly	41.54%	58.01%
Monthly	15.59%	12.21%
Never	3.24%	3.09%
Don't know/not sure	0.96%	0.96%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (45.70% and 57.75% respectively). Nearly one quarter of respondents reported drinking soda

and/or sugar-sweetened drinks one tonine times a month (25.28% and 22.70% respectively). Approximately 9% of respondents reported drinking soda and sugar-sweetened drinks daily, 10.18% weekly, and 25.64% monthly. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 10. Soda and Sugary Drink Consumption

	Soda or Pop that contain sugar	Sugar-sweetened fruit drinks, sweet tea or energy drinks
	%	%
Daily	8.60%	11.39%
Weekly	12.05%	8.30%
Monthly	29.46%	21.82%
Never	45.70%	57.75%
Don't know/not sure	4.19%	0.66%



Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than
half of the respondents (57.16%) reported that they are watching or reducing their salt or sodium intake currently and another 40.48% reported that they are currently not watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 55.33% of

respondents have been told they have high cholesterol and/or high blood pressure and 47.91% have been told they have arthritis, rheumatoid arthritis, lupus or fibromyalgia. In addition, 23.36% of respondents have been told they have cancer 20.89% of respondents have been told they have an anxiety disorder or depressive disorder. Respondents also mentioned other chronic conditions that they have been diagnosed with but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 11.

Table 11. Chronic Condition Diagnoses

Chronic Condition	%
High blood pressure	58.29%
High cholesterol	52.37%
Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	47.91%
Cancer	23.36%
Anxiety Disorder	22.32%
Diabetes	21.15%
Depressive Disorder	19.46%
Asthma	16.44%
Angina or coronary disease	13.61%
Chronic obstructive pulmonary disease (COPD)	7.58%
Heart attack (also called a myocardial infraction)	6.74%
Stroke	6.17%

Approximately 19% of respondents reported that they have had cancer. Respondents who reported having cancer were asked to specify the type of cancer with which they were diagnosed. The most common types of cancer reported by respondents included skin cancer (other than melanoma), breast cancer, and prostate cancer. In addition, 17.66% of respondents also mentioned other cancers that they have been diagnosed with but were not included in the survey list. Bladder cancer was the most frequently mentioned. Table 12 highlights the top cancer types reported by respondents.

Table 12. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	26.65%
Breast cancer	24.78%
Other	17.66%
Prostate cancer	15.02%

Melanoma	11.71%
Lung cancer	6.29%
Endometrial (uterus) cancer	5.67%
Colon (intestine) cancer	5.11%
Thyroid cancer	4.20%
Cervical cancer	4.18%
Renal (kidney) cancer	3.60%
Ovarian cancer	2.10%
Esophageal/Esophagus cancer	1.80%
Head and neck cancer	1.80%
Hodgkin's Lymphoma	1.50%
Pancreatic (pancreas) cancer	1.20%
Stomach cancer	1.20%
Liver cancer	0.60%
Pharyngeal (throat) cancer	0.60%
Testicular cancer	0.60%
Rectal/Rectum cancer	0.60%
Heart cancer	0.30%
Oral cancer	0.30%

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use health and safety measures including wearing a seatbelt, driver responsibility, practicing safe sex, using sunscreen regularly and exercising 30 minutes a day, 3 times a week.

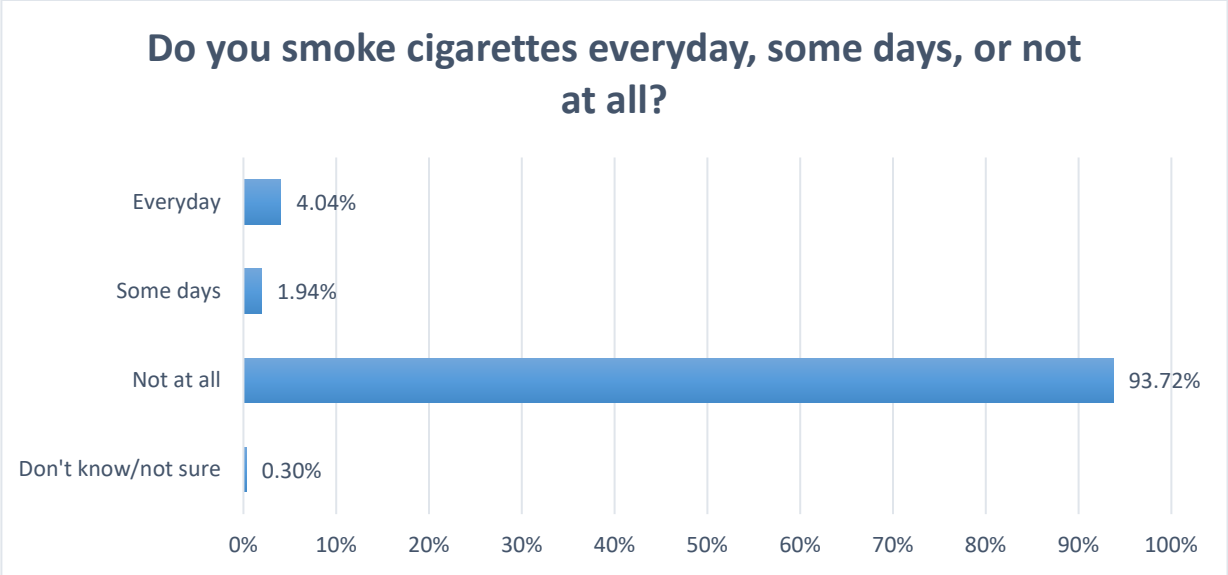
In addition, respondents were less likely to misuse prescription drugs, opiods, heroin, or other illegal drugs, use electronic cigarettes, use marijuana or smoke or use tobacco or smoke or use tobacco or eat fast food more than once a week. However, 37.09% of respondents reported exercising 30 minutes a day, 3 times a week, 19.10% wear a helmet while riding a bicycle, riding a scooter, roller blading, ect., and 13.79% feel stressed out or overwhelmed "Always" or "Most of the time."

Table 13. Respondent Health and Safety Practices

Factor	Frequency of "Always" and "Most of the Time" Responses"
Wear a seatbelt	98.08%
Driver responsibility (i.e. follow the rules of the road, drive within the speed limit	92.51%
Practice safe sex (i.e., use a condom, practice monogamy, get tested)	46.32%
Use sunscreen regularly	40.84%
Exercise 30 minutes a day, 3 times a week	37.09%
Wear a helmet while riding a bicycle, riding a scooter, roller blading, etc.	19.10%
Feel stressed out or overwhelmed	13.79%
Eat fast food more than once a week	6.83%
Smoke or use tobacco	4.12%
Get exposed to secondhand smoke or vaping mist at home or work	3.24%
Use marijuana	2.06%
Use electronic cigarettes/vape	1.18%
Misuse prescription drugs, opiods, heroin, or other illegal drugs	0.52%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 40.07% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 93.72% reported they currently do not smoke at all, whereas 4.04% smoke every day and 1.94% smoke some days.



In regards to alcohol use, almost one-quarter of respondents (73.75%) did not have an alcoholic beverage duringthe past 30 days. Among respondents who did drink an alcoholic beverage, 11.36% participated in drinking one to two times during the past month. Only a very small percentage of respondents (approximately 7%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.

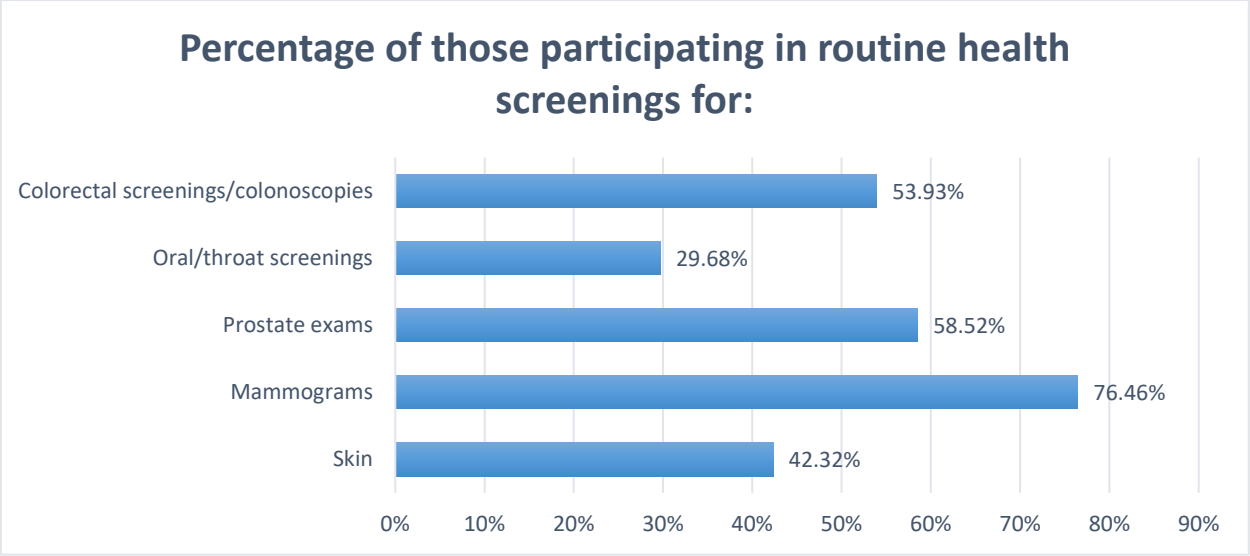
Preventive Health Practices

Immunizations

A positive finding among Harford County respondents was the prevalence of immunizations. In the past 12 months, 79.94% of respondents received a flu vaccine.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 42.32% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and colorectal screenings/colonoscopies are also less prevalent among Harford County respondents (29.68% and 53.93% respectively). A low percentage of respondents also participate in routine health screenings for prostate cancer (58.52%). In contrast, a larger proportion of respondents participate in routine mammogram screening (76.46%).



Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 15 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 60% of respondents selected this issue as one of the top three most pressing health issues facing the county. Overweight/obesity was also a concern shared by 50% of respondents. The third most pressing health issue, as viewed by the respondents was mental health/suicide with a 41% rating. Table 14 shows the breakdown of the percent of respondents who selected each health issue.

Table 14. Ranking of the Top Three Most Pressing Health Issues

Ranking	Key Health Issues	%
1	Drug abuse/alcohol abuse	59%
2	Overweight/obesity	50%
3	Mental health/suicide	41%
4	Cancer	26%
5	Heart disease	22%
6	Access to care/uninsured	22%
7	Tobacco use/smoking	15%
8	Alzheimer's disease/aging issues	13%
9	Diabetes	11%
10	Dental Health	8%
11	Child abuse/violence	5%
12	Intimate partner violence/abuse	5%

13	Stroke	2%
14	Maternal/infant health (pregnancy)	1%
15	Sexually transmitted disease (STDs)	1%

In addition, respondents were asked through an open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issue was COVID-19/coronavirus/pandemic. A complete listing of answers given by respondents shown below.

Table 15. Other Most Pressing Health Issues

Key Health Issues
COVID-19/Coronavirus/Pandemic
Access to nearby emergency room
Alcohol abuse
Antifa
Bad hospital care
Better qualified doctors
Crime
Drugs unaffordable
Fake news
flu and Covid 19
Food insecurity
Good health care - hospital
Harford Memorial closing
Inadequate health/sex-ed in school
kidney disease
Lack of hospital facility in the near future
Lack of information regarding healthy lifestyle
Lack of pain management
Lack of understanding of basic body and health
lose of HMH!!!
Lyme disease
no access or cannot afford
Not enough doctors. Takes months to get an appointment.

Stupidity (Covid is real folks)
Threatened closing of hospital in Havre de Grace

Barriers to Healthcare Access

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (74%), lack of health insurance coverage (67%), lack of transportation (34%), basic needs not met (food/shelter) 33%, and difficult to understand/navigate health care system (33%). Responses are summarized in the Table 16 below.

Table 16. Barriers to Accessing Health Care

Ranking	Key Issues	%
1	Cost/paying out-of-pocket expenses (co-pay, prescriptions)	74%
2	Lack of health insurance coverage	67%
3	Lack of transportation	34%
4	Basic needs no met (food/shelter)	33%
5	Difficult to understand/navigate the healthcare system	32%
6	Can't find a doctor/can't get an appointment	32%
7	Lack of trust	19%
8	Lack of child care	17%
9	Not enough time	15%
10	Lack of interpretation/translation services available	6%
11	Other	6%
12	None/no barriers	3%

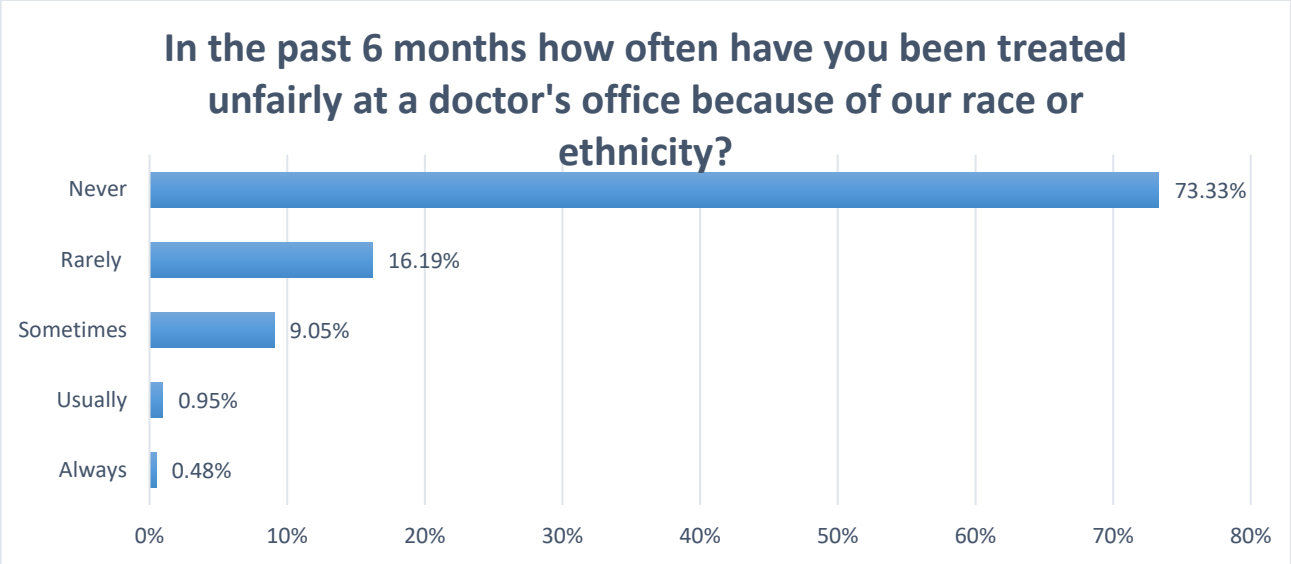
Respondents also identified through an open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out COVID-19/Coronavirus/Pandemic as the most significant barrier. Other barriers that were mentioned are summarized in the table below.

Table 17. Other Barriers to Accessing Health Care

Key Issues

Laziness	Lack of interest
Accessible clinics	Lack of interest in ones own health
Afraid to find something; cost	Lack of personal concern, trust, or fear
Anxiety	Losing HMH!
Apathy - don't care about their health	Motivation
Being treated poorly (dismissed) by providers	No sick leave
Can't afford	Not important or significant to them
Online appts zoom. Need in person, especially for mental health issues.	Not realizing the importance of maintaining one's optimal health
Cost of insurance plans	Not sick
Denial	Convenience
Stigma of admitting a problem exists, and something can be done about it.	People don't understand how important health is
Difficult gaining access to hospitals, poor lighting in parking lots	Providers not taking personal interest in individuals
Don't want to face reality	Right now just fear
Excessive billing	Shortable of certain types of providers
Fear	Denial of early symptoms
Fear of doctors	The cost of medicine
Feat stoked by MSM	Too expense and stigma
Ignorance	Unaware of other issues
Indifference	Uninformed/educated
Just do not go to doctors ignoring their health	Won't admit they have a problem
Undiagnosed mental health, lack of awareness	Racism
Certain groups of people being disproportionately cared for	They use their money for all the wrong things instead of bills, meds,
Fear of contracting COVID-19	Minimizing the health issue

Respondents were asked in the past six months, how often they have been treated unfairly at a doctor's office because of race or ethnicity. Of those respondents who identified as a race other than white (233) approximately 75% have never been treated unfairly. 16.19% rarely, and 9.05% sometimes.



Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51) indicated that free/ low-cost dental care services are missing in the community. A few other resources identified as missing included free/ low-cost vision/eye care (39%), free/low cost medical care (35%), mental health services (35%), and prescription assistance (33%). Table 18 includes a listing of missing resources in rank order.

Table 18. List of Resources Needed in the Community

Ranking	Resources Needed	%
1	Free/low cost dental care	51%
2	Free/low cost vision/eye care	39%
3	Free/low cost medical care	35%
4	Mental health services	35%
5	Prescription assistance	33%
6	Transportation	30%
7	Elder care/senior services	28%
8	Access to affordable fresh fruits and vegetables	24%
9	Health education/information/outreach	23%
10	Health screenings	22%
11	Substance abuse services	20%
12	Primary care providers (family doctors)	19%

13	Immunizations/vaccination programs	12%
14	Medical specialists (ex. Cardiologists)	10%
15	Availability of parks & recreation areas	9%
16	Bilingual services	9%
17	Prenatal care services	5%
18	Other	5%
19	None of these	4%
20	Don't know/not sure	9%

In addition, other resources needed were mentioned are summarized in Table 19 below.

Table 19. Other Resources Needed in the Community

Resources Needed	
Access to walking areas - example locations of tracks that are closed to the public	Dental care beyond MA coverage of basic extractions
Adequate mental health services	Lack of specialty care at Harford Memorial
Affordable medicine	Medicine costs for seniors are outrageous
Quicker access to care. Have to wait 6 mos or more for preventative care visits	More family physicians are needed in the community, along with low cost, assistance.
Better hospital les mediocre doctors	Over priced
Child care/help	Pediatric hospital services
Cost of prescriptions	Pediatric occupation/physical therapy
Dental care for adults with disabilities	People who actually answer the phone
Dental care for elder people	Places for people and their dogs to roam off leach
Dental services for the needy	Primary care will not give flu shot
Doctors that are more reputable	Qualified physicians
Ear Nose throat physicians	Quality surgeons
Emergency/urgent care	Assistance for disabled who are not elderly
Emergency Room Physicians	Kidney doctors

Exercise at work	Free/low cost abuse progams
Seminars and follow-up visits to explain and insure proper care	Services for adults with developmental disabilities
General overall wellness education at a level for non-educated people	Help for vulnerable adults that fall through the cracks
More doctors of color	Sickle cell specialists
GYN doctors	Trauma center
Hearing	Vision therapy
Help with finding appropriate insurance plans	Walkable bikeable streets
Hemodialysis facilities	Wellness support groups/awareness
Housing of homeless	Women's health education
Psychiatrists/MH Prescribers (esp C&A), Info on the importance of health screenings and annual checkups, less confusing/less contradictory info regarding health issues (how many servings of Veg, how long to exercise), more exploration of the influence of internet and social media on health decisions and leveraging both with accurate/evidenced info	Educating people to Natural Health Care instead of so many pharmacy drugs that cause continues problems and addictions! The use of Acupuncture could prevents many illnesses and it builds you immune system!
Lack of physicians willing to see Medicaid patients in consultation	Not enough hospitals to much time in waiting room

Risky Behaviors in our Community

Respondents were asked to rank the three most important "risky behaviors" in Harford County. The respondents could choose from a list of 12 risky behaviors as well as suggest their own that were not on the list. Drug abuse was the most frequently identified risky behavior. Nearly 71% of respondents selected this issue as one of the top three most important risky behaviors in the county. Alcohol abuse was also a concern shared by 45% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 40% rating. Table 20 includes a listing of risky behaviors in rank order.

Table 20. Ranking of the Top Three Most Important "Risky Behaviors"

Ranking	Key Health Issues	%

1	Drug abuse	71%
2	Alcohol abuse	45%
3	Being overweight	40%
4	Poor eating habits	33%
5	Racism	28%
6	Lack of exercise	21%
7	Tobacco use	20%
8	Not getting "shots" to prevent disease	13%
9	Dropping out of school	8%
10	Not using birth control	7%
11	Unsafe sex	6%
12	Not using seat belts/child safety seats	3%
13	Other	4%

In addition, other risky behaviors mentioned are summarized in the Table 21 below.

Table 21. Other "Risky Behaviors"

Key Health Issues
COVID-19/Coronovirus/Pandemic
Driving while on cell phone
Mental health
Violence
Abortion
All types of abuse and addictions
Drivers who speed
Hatred & stupidity
Kids not in school due to politics
Lacking of appropriate trade programos in public schools
Low tolerance levels across the nation
Low wage jobs!
Non compliance with corona virus precautions
Non social distancing
Not social distancing. Not wearing a mask. Not washing hands.
Overall moral decline of society and failure to look out for your neighbor

Probable loss of HMH!
Scared
Sexism, ignoring the pain described by women
Sexism/misogyny
There are definitely more than 3, alcohol, drugs, lack of exercise, diet
Lack of money to buy healthy food
Also listed being overweight, dropping out school, shots, racism and tobacco use
Unemployment
You are keeping kids out of school
Distracted driving
unaddressed/untreated mental health (leads to many of these "risky" behaviors)

Needs for a Healthy Community/Quality of Life

Respondents were asked to rank the three most important needs for a "Healthy Community". The respondentscould choose from a list of 16 things that most improve the quality of life in a community as well as suggest their own that were not on the list. Low crime/safe neighborhoods was the most identified need. Almost half of respondents (44%) selected this issue as one of the top three needs for a healthy community. Good jobs and healthy economy was also a need shared by 35% of respondents. The third most identified need, as viewed by the respondents, access to health care (e.g., family doctor) with a 34% rating. Table 22 includes a listing of important needs for a "Healthy Community" in rank order.

Table 22. Ranking of the Top Three Most Important Needs for a "Healthy Community"

Ranking	Key Health Issues	%
1	Low crime/safe neighborhoods	44%
2	Good jobs and healthy economy	35%
5	Access to health care (e.g., family doctor)	34%
4	Healthy behaviors and lifestyles	29%
6	Good schools	28%
3	Strong family life	27%
8	Affordable housing	27%
7	Religions or spiritual values	18%
10	Excellent race relations	18%

11	Good place to raise children	12%
9	Clean environment	11%
12	Parks and recreation	7%
15	Arts and cultural events	3%
13	Low level of child abuse	2%
14	Low adult deaths and disease rates	2%
16	Low infant deaths	0%
17	Other	3%

Community Feedback

What Prevents You From Being Healthy In Harford County?

Respondents were asked to comment on what prevents them from being healthy in Harford County. The most common responses referenced access to low-income medical care, care for seniors and lack of doctors.

Selected Responses

- ✓ "A ridiculous habit of over eating"
- ✓ "Difficult to get timely appointments. Doctors patient loads are too high."
- ✓ "High cost of medical and dental out of pocket expenses."
- ✓ 1. Myself. 2. Sometimes I don't feel safe in this current environment (so I'm less likely to get moving outside) 3. Prices of healthy food 4. Anxiety"
- ✓ "Abundance of mental health issues and use of illegal drugs"
- ✓ Free access to health care for low income residents. I am personally blessed to have good health insurance."
- ✓ "Seniors need more transportation, a grocery store where we can walk to."
- ✓ "Limited walking neighborhoods or districts. Havre de Grace promenade comes to mind and is popular but no others like that in the county."
- ✓ "Cancer, Diabetes and Heart problems"
- ✓ "More exercise classes through Parks and Rec at convenient time"
- ✓ "Just myself"

- ✓ "Unfortunately the majority of my health problems are my own doing – smoking. In my defense when I was young we were not informed about the health issues related to smoking. I have lived in Harford County my entire life and feel we are being taken care of pretty darn good. I do not think there are health issues in Harford County making people sick. Maybe not let people build houses near the big power lines. I believe that electric around those are toxic."
- ✓ Too much drug abuse on the community"
- ✓ "Stress leads to nicotine addiction"
- ✓ "I do believe there is a higher than normal rate of cancer in Harford County. As an example, I live in a very nice townhome community. Three of my four immediate neighbors have been diagnosed with cancer as well as myself."
- ✓ Right now because of the pandemic I can't use sr. citizen facilities for exercise when that situation changes and access is restored to me personally it should be easier."
- ✓ "crime, stress"
- ✓ "Personal bad habits that are hard to break"
- ✓ "Access to mental health providers in an effective amount of time. The wait time is much too long to be effective. Crisis centers are nice, but could be avoided by some if they were abler to see their provider sooner."
- ✓ "Having poor hospital service. We should be adding to our care centers and not getting rid of hospitals."
- ✓ "The hospital in Bel Air is inaccessible and a pain to get to. Emergency care is insufficient there."
- ✓ "Currently, the way HCPS is handling reopening schools is causing an extreme amount of stress for me and my family. I know it has been very hard for students, parents, and teachers throughout the county."
- ✓ "Arthritis and heart issues"
- ✓ "lack of discipline in controlling my weight"
- ✓ "Local gym with spin classes"
- ✓ "Most of my doctors are in different counties"
- ✓ "Due to high cost of living, both parents must work to provide for family instead of having one parent home and available for the children."
- ✓ Busy work long commute"
- ✓ "myself – just doing the work for healthy lifestyle"
- ✓ "not organizing my time better to exercise"
- ✓ "Access to community centers and parks for kids especially in Edgewood. Very few bike trails, very few healthy food options such as vegetarian/vegan restaurants or smoothie bars. Lack of access to mental health services"
- ✓ "Work hours"
- ✓ "Income, accessibility, personal health habits/care"
- ✓ "Cost of food"
- ✓ "Lower rent/housing/dr. care/ meds"
- ✓ "Gas vehicles"
- ✓ "Bad personal choices'
- ✓ "Knowing how to cook a variant of foods"
- ✓ "not exercising"
- ✓ "Close health facilities"
- ✓ "Lack of work-life balance"

- ✓ “For me it’s focus and will power”
- ✓ “Sickle Cell Disease and Kidney Diseases”
- ✓ “Environment”
- ✓ “Lack of insurance”
- ✓ “because of caregiving more commitment to exercises”
- ✓ “having adequate health insurance”
- ✓ “Exercise”
- ✓ “Finances”
- ✓ “To say a county is preventing someone from being healthy is somewhat misleading. Certain communities have access to healthy options than other communities”
- ✓ “Over eating the wrong foods”
- ✓ “Need more access to doctors”
- ✓ “Healthy and low cost food”
- ✓ “Cost of healthcare, lack of knowledge about living a healthy lifestyle”
- ✓ “My own choices”
- ✓ “Safe neighborhood…dogs not on a leash”
- ✓ “I am overweight”
- ✓ “Cost of medical care”
- ✓ “Work related stress”
- ✓ “High stress working as a nurse”
- ✓ “Lack of pedestrian friendly infrastructure”
- ✓ “Access to specialists considered to be pier 1 with my insurance”
- ✓ “Need more healthy fast food options that have vegetarian option”
- ✓ “Lack of options for healthcare services”
- ✓ “Need to travel to Baltimore County for specialists”
- ✓ “others poor decisions-drinking/driving, smoking, not wearing masks”
- ✓ “lack of time and interest in exercise/physical activity and an injury which impacts ability to be more active.”
- ✓ “Dental care the uninsured and ineligible is an embarrassment to this county. There is virtually NOTHING available to uninsured men who are disabled.”
- ✓ “A family member needs more affordable accessible mental health and primary heatlh care”
- ✓ “Better and lower cost care for our Older and less fortunate citizens”
- ✓ “Access to health care and accurate information”
- ✓ “Educate people about the basics of health! Most health problems are due to the fact that people either do not know or do not care about health basis until they are sick! This puts an enormous pressure on the system. Encourage strong family units. Have safe sex.”
- ✓ “Better services for drug addicted moms and babies”
- ✓ “We live in a sad world where it takes two incomes to get by. Horrible insurance plans. Drug abuse all around Harford County.”
- ✓ Need more medical specialist to decrease wait time. ER needs to be more efficient. Less waiting room times.”
- ✓ “I am blessed to be able to afford my medical, dental and vision needs. But its expensive_out of reach for many due to high health care costs. Adequate health care is a human right”
- ✓ “Should provide health care no matter income”

- ✓ Commerce, governments and vendors should advocate for and enforce the sale of unadulterated, highly nutritious food items sold."
- ✓ "Would love to see more open clinics for the homeless community"
- ✓ "Affordable Housing, Daycare, and Healthcare are critical. Organizations and Agencies working together and removing the discord in the community is also necessary. Spirituality and Higher Consciousness should be encouraged."
- ✓ "I would love to see more mental health services for the general population and in particular mothers."
- ✓ "Heath care costs have gotten out of hand. Out of pocket expense makes us think twice about going to see a doctor."
- ✓ "More affordable exercise programs"
- ✓ "Continue to address clean water and protecting the Chesapeake Work on air quality and environmental programs for quality of life. Decrease carbon footprint No fracking in Maryland"
- ✓ "Harford County needs more primary care physicians. There is an overload of specialty care."
- ✓ "Mental Health and physical health should be a focus for all in our community."
- ✓ "More drug rehabilitation centers. This is a growing crisis everywhere. More senior centers."
- ✓ "Residence, especially elderly and disabled, need affordable home health, food and housing."
- ✓ "To keep the streets low crime to keep people outside using our beautiful parks and trails for running and walking."
- ✓ "We need more primary care physicians who are taking new patients.
- ✓ "We are lacking primary care doctors."

HARFORD COUNTY LHIC

Harford County Health Department

The Health of Harford County

Annual LHIC Meeting
October 20, 2020

Marcy Austin
Acting Health Officer

Ronya Nassar, MPH
Christina Claypool, MPH, CHES
Shelby Graves, MPH, CHES

Public Health
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Harford County Health Department

Accredited Health Department • Public Health Accreditation Board •
PHAB
Advancing public health performance

Agenda

- COVID-19 Update
- Snapshot of Harford County's Health
- Maternal and Infant Health
- Behavioral Health
- Chronic Diseases

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COVID-19 Key Points
As of 10/19/2020

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COVID-19 Key Points
As of 10/19/2020

- **COVID-19** is the name of the disease caused by a new strain of coronavirus called SARS-CoV-2.
  - The U.S. continues to be the area with the highest cases and deaths worldwide
- **Spreads** easily from person to person and most commonly spreads during close contact (within 6 feet) when infected people cough, sneeze, sing, talk, or breathe (respiratory droplets). Can sometimes be spread from airborne transmission and less commonly through contact with contaminated surfaces.
- **Very contagious** and appears to spread more efficiently than the flu, but not as efficiently as measles, which is among the most contagious viruses known to affect people.
- **Symptoms** may appear 2-14 days after virus exposure and can include Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, and Diarrhea
- **Medication/Treatment** FDA has granted an Emergency Use Authorization for the use of Remdesivir to treat severe cases and convalescent plasma for hospitalized patients relatively early in the course of their disease. There are also evolving standards of care utilizing corticosteroids.

COVID-19 Key Points
As of 10/19/2020

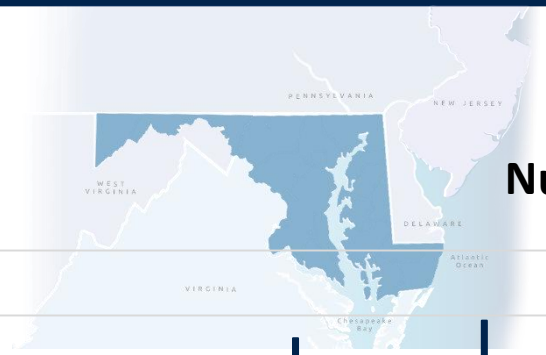
- **Highest risk groups** are older adults and people with medical conditions such as Cancer, Chronic kidney disease, COPD, Heart conditions, Immunocompromised state (weakened immune system) from solid organ transplant, Obesity, Sickle cell disease, Smoking, Type 2 diabetes.
- **Preventive measures** include washing hands, avoiding close contact (6 feet), cover your mouth and nose with a face covering, cover coughs and sneezes, clean and disinfect frequently touched surfaces, and monitor your health daily.
- **Social distancing or physical distancing** means staying at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.
- **If I test positive for COVID-19, what do I do?**
  - Stay home for 10 days since symptoms first appeared and are 24 hours fever free without the use of fever reducing medications and other symptoms of COVID-19 are improving.
  - Follow care instructions from your healthcare provider, stay home, except to get medical care, separate yourself from other people, monitor your symptoms and look for emergency warning signs (i.e. shortness of breath), call ahead before visiting the doctor, practice good hygiene, wear a face covering if you must be around people, and most importantly…rest and take care of yourself !

COVID-19 Statistics

AREA	CASES	DEATHS
Worldwide	40.2 Million	1.1 Million
United States	8.1 Million	219,880
Maryland	136,154	3,895
Harford County	3,417	74

As of 10/12/20:
https://coronavirus.jhu.edu/map.html
https://coronavirus.maryland.gov/

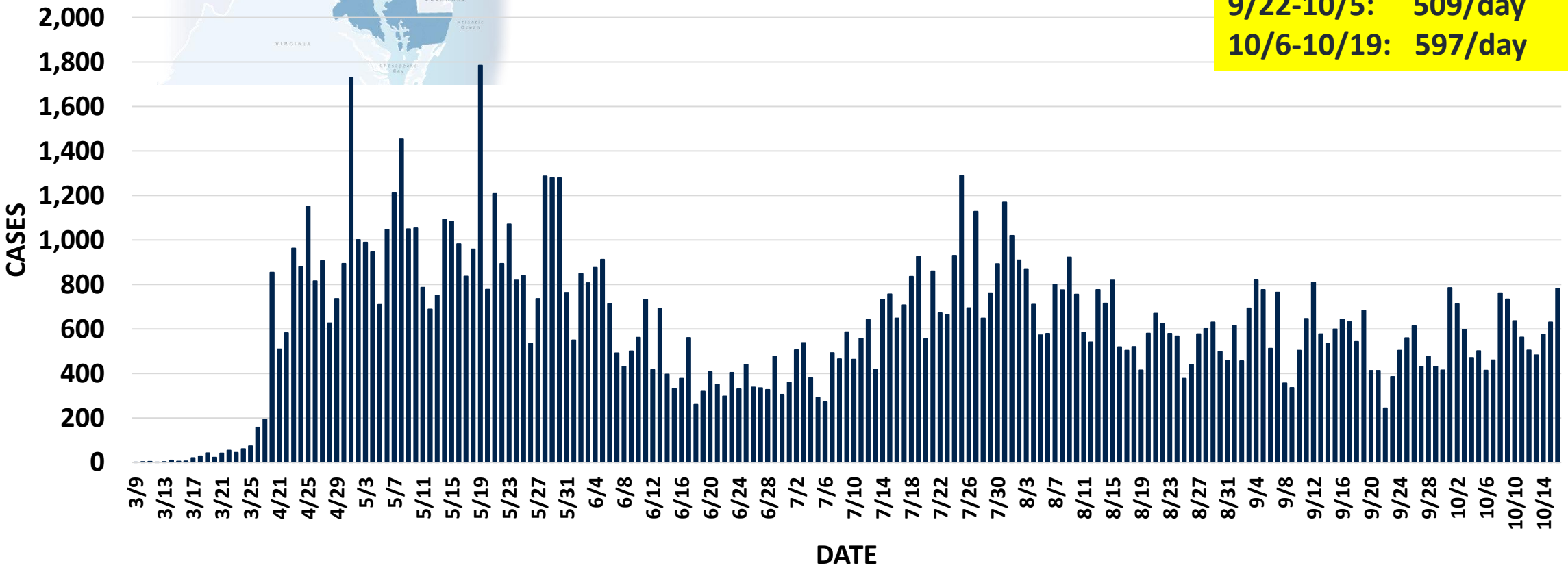
Epi Curve for Maryland COVID-19 New Cases



Number of New COVID-19 Cases in MD

MD new cases up 17%

9/22-10/5: 509/day
10/6-10/19: 597/day



https://coronavirus.maryland.gov/

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Epi Curve for Harford COVID-19 New Cases

Number of New COVID-19 Cases in Harford County

Harford new cases up 27%

9/22-10/5: 15/day
10/6-10/19: 19/day

CASES

0 5 10 15 20 25 30 35 40 45

3/6 3/10 3/14 3/18 3/22 3/26 3/30 4/3 4/7 5/17 5/21 5/25 5/29 6/2 6/6 6/10 6/14 6/18 6/22 6/26 6/30 7/4 7/8 7/12 7/16 7/20 7/24 7/28 8/1 8/5 8/9 8/13 8/17 8/21 8/25 8/29 9/2 9/6 9/10 9/14 9/18 9/22 9/26 9/30 10/4 10/8 10/12 10/16

DATE

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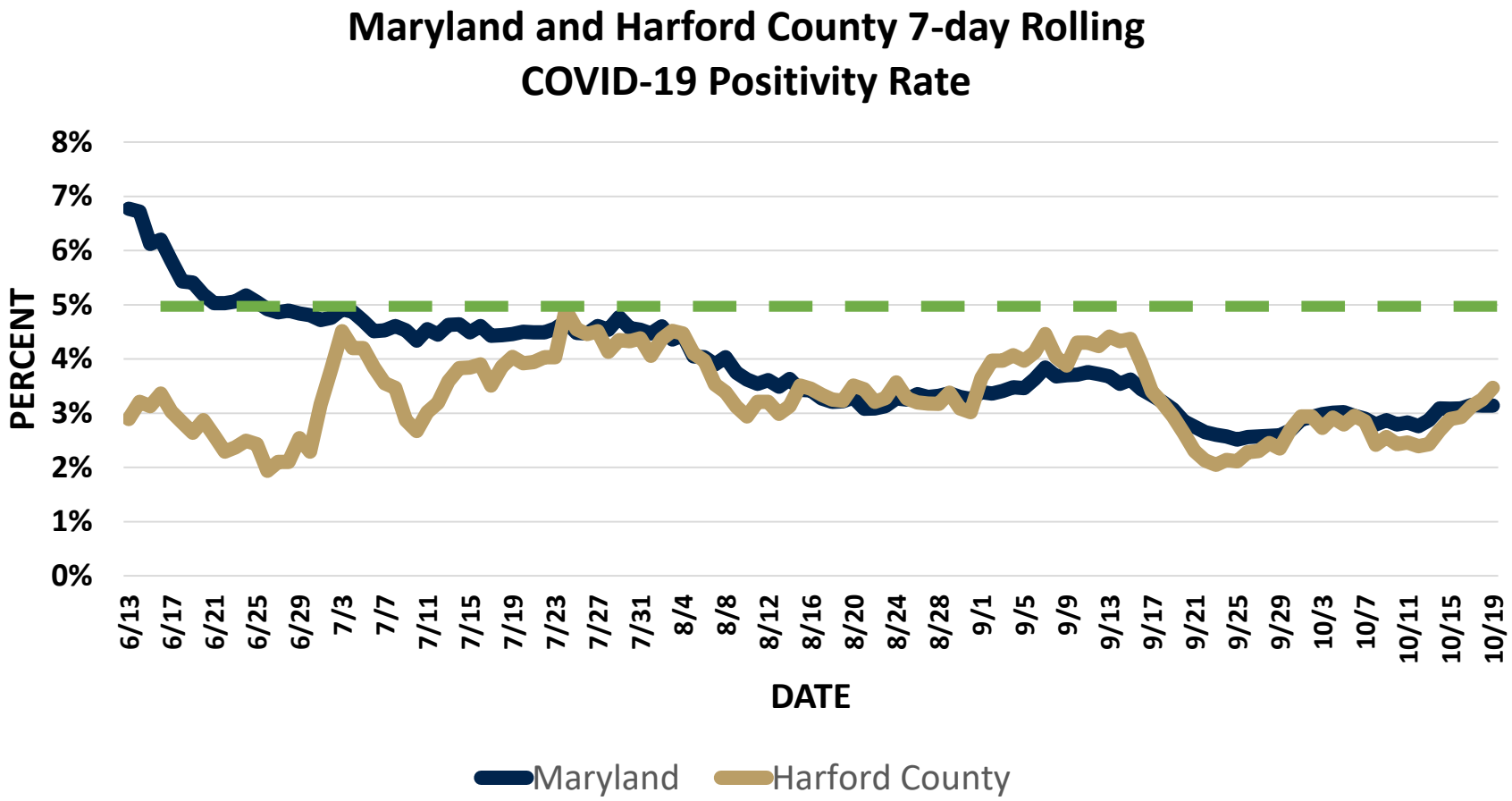
COVID-19 Positivity Rate
Maryland and Harford County



MD positivity rate up 8%

9/22-10/5: 2.72%/day
10/6-10/19: 2.96%/day

Harford positivity rate up 11%

9/22-10/5: 2.49%/day
10/6-10/19: 2.77%/day

https://coronavirus.maryland.gov/

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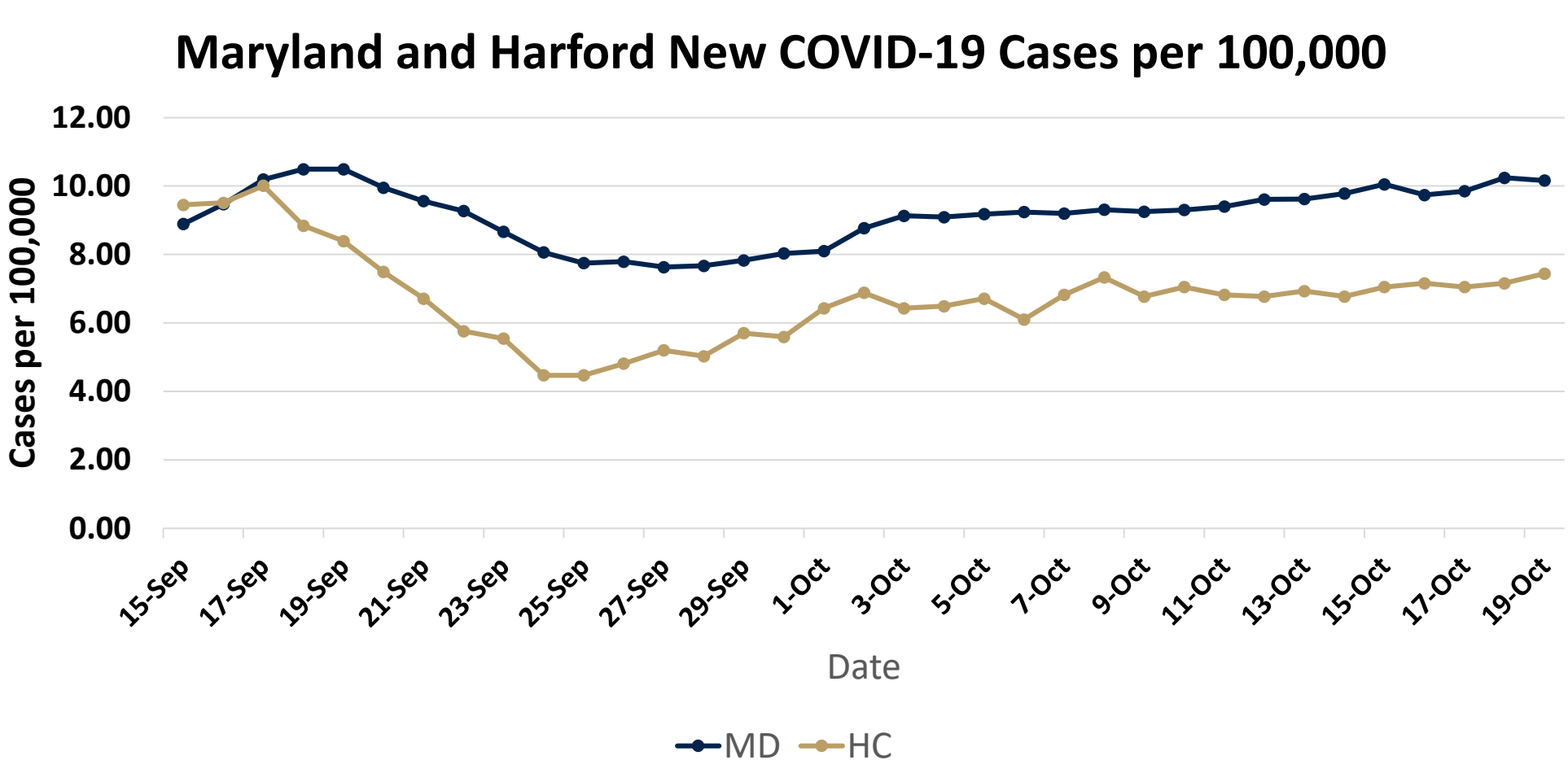
New COVID-19 Cases per 100,000



MD new cases per 100,000 up 15%

9/22-10/5: 8.35/day
10/6-10/19: 9.63/day

Harford new cases per 100,000 down 22%

9/22-10/5: 5.68/day
10/6-10/19: 6.94/day

https://coronavirus.maryland.gov/

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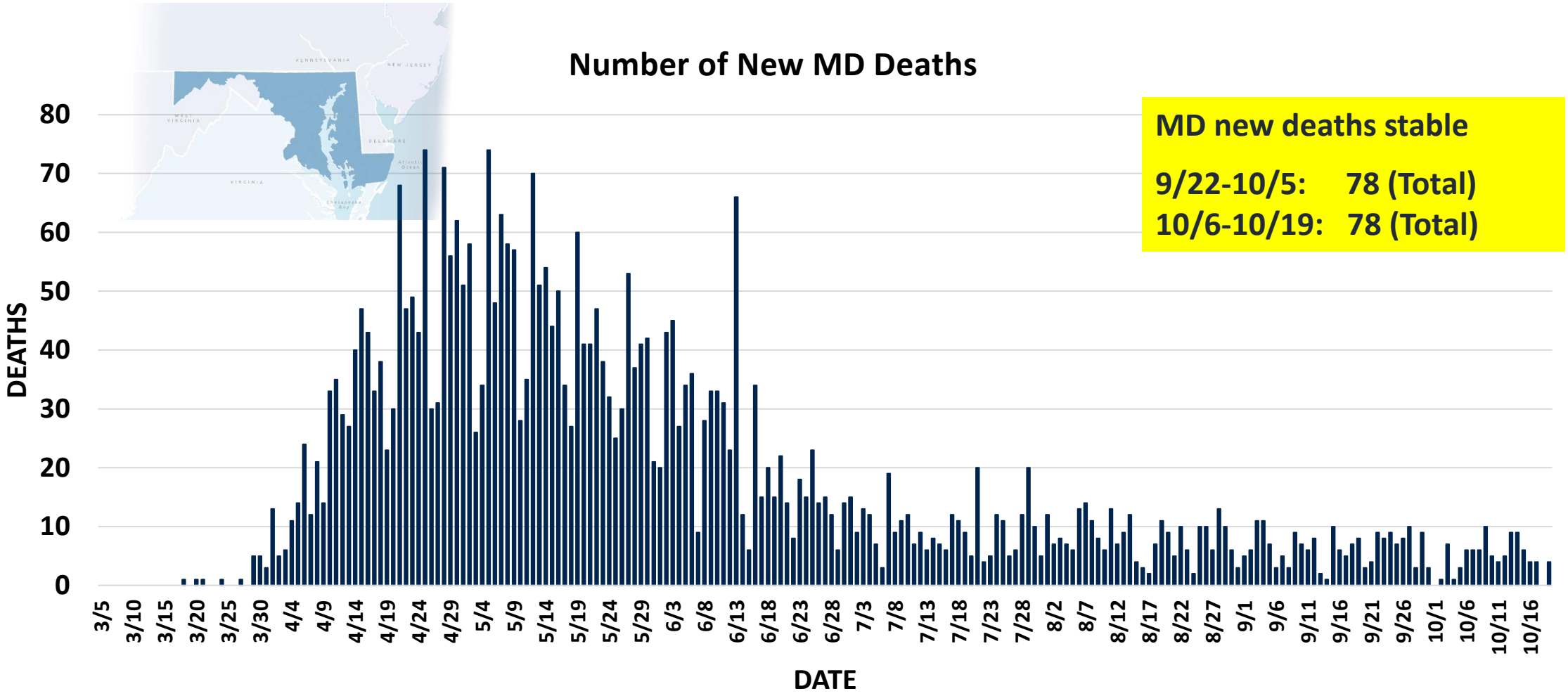
Epi Curve for Maryland COVID-19 New Deaths



https://coronavirus.maryland.gov/

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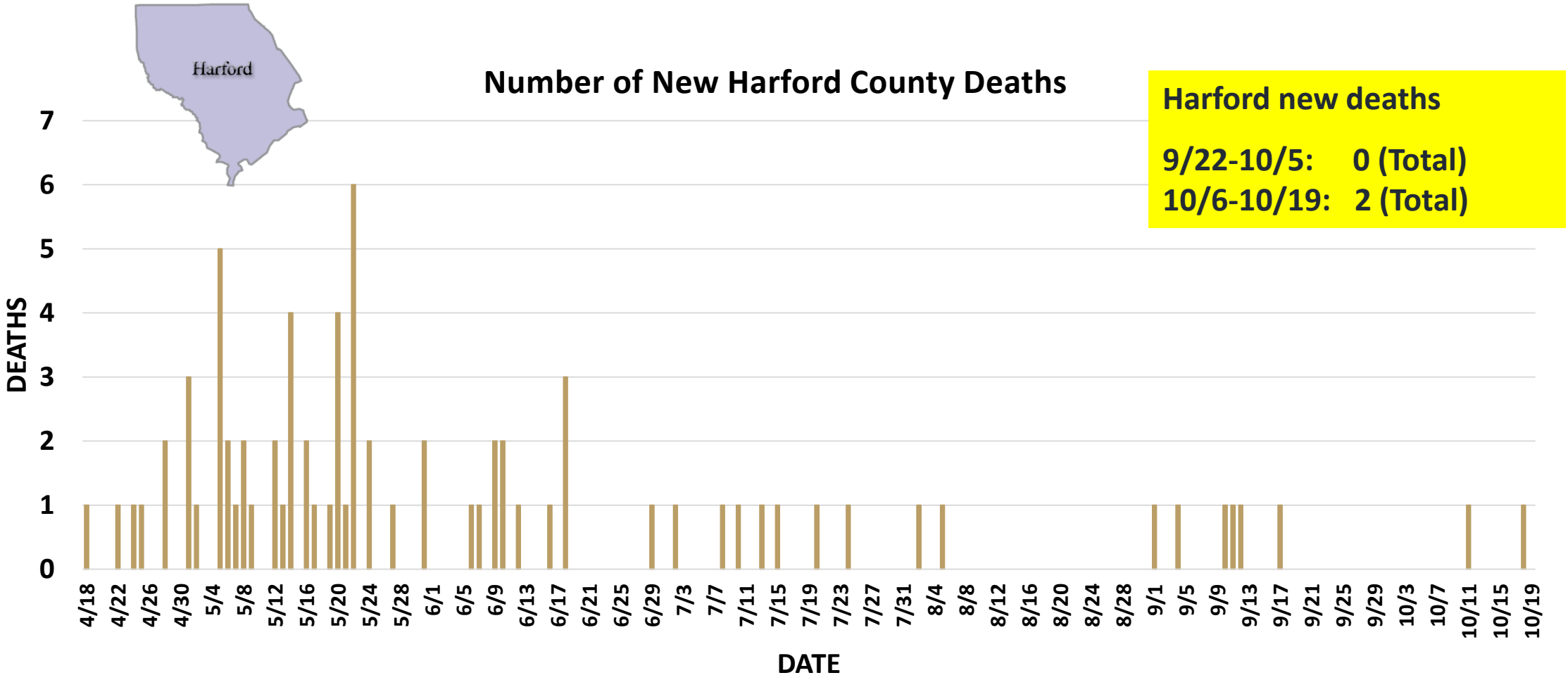
Epi Curve for Harford COVID-19 New Confirmed Deaths



https://coronavirus.maryland.gov/

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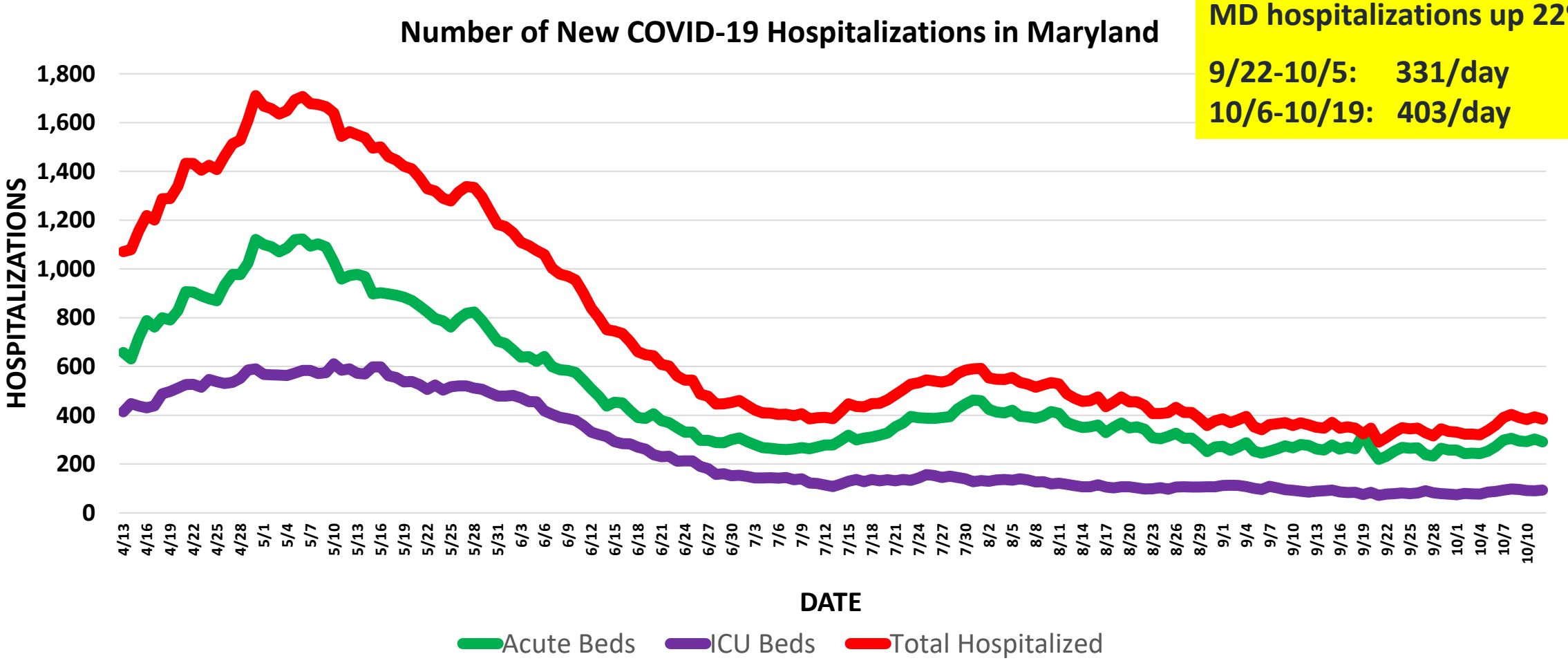
Maryland COVID-19 Total Hospitalizations

MD hospitalizations up 22%

9/22-10/5: 331/day
10/6-10/19: 403/day



https://coronavirus.maryland.gov/

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Harford County COVID-19 Testing

COVID TESTING IS MOVING TO ABERDEEN ON OCTOBER 1ST!

NO DOCTOR'S ORDER. WEAR A MASK.

MUST BE AGES 5+ APPOINTMENTS REQUIRED.

REGISTER HERE:
https://crispcovid19.powerappsportals.com/new-patient/

Mondays – 10 a.m. to 12 noon
Wednesdays – 8 a.m. to 12 noon
Thursdays – 3 p.m. – 7 p.m.
Fridays – 10 a.m. to 12 noon

650 McHenry Road (next to Target)
beginning October 1st.

In partnership with: University of Maryland Upper Chesapeake Health

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Snapshot of Harford County's Health

Of Maryland's 24 jurisdictions, what is Harford County's 2020 health ranking? (1= most healthy, 24= least healthy)

(A) # 1
(B) # 8
(C) # 10
(D) # 16
(E) # 24

2020 County Health Rankings: *By Maryland Jurisdiction*

2020 County Health Rankings for the 24 Ranked Counties in Maryland

Harford County ranks 8th of 24 for health outcomes and health factors.

County	Health Outcomes	Health Factors
Allegany	21	19
Anne Arundel	10	9
Baltimore	15	11
Baltimore City	24	24
Calvert	7	6
Caroline	19	21
Carroll	3	3
Cecil	18	18

County	Health Outcomes	Health Factors
Charles	13	12
Dorchester	23	22
Frederick	4	5
Garrett	12	14
Harford	8	8
Howard	2	1
Kent	16	10
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	11	16
Queen Anne's	9	4
Somerset	22	23
St. Mary's	6	13
Talbot	5	7
Washington	17	15
Wicomico	20	20
Worcester	14	17

For more information on how these ranks are calculated, view the tables at the end of this report and visit

www.countyhealthrankings.org

Life Expectancy

What is the average life expectancy of a Harford County resident?

(A) 82 years
(B) 81 years
(C) 78 years
(D) 77 years
(E) 72 years

Life Expectancy

What is the average life expectancy of a Harford County resident?

(A) 83.38 years – Howard County
(B) 84.44 years – Montgomery County
(C) 78.84 years – Harford County
(D) 76.19 years – Cecil County
(E) 72.78 years – Baltimore City

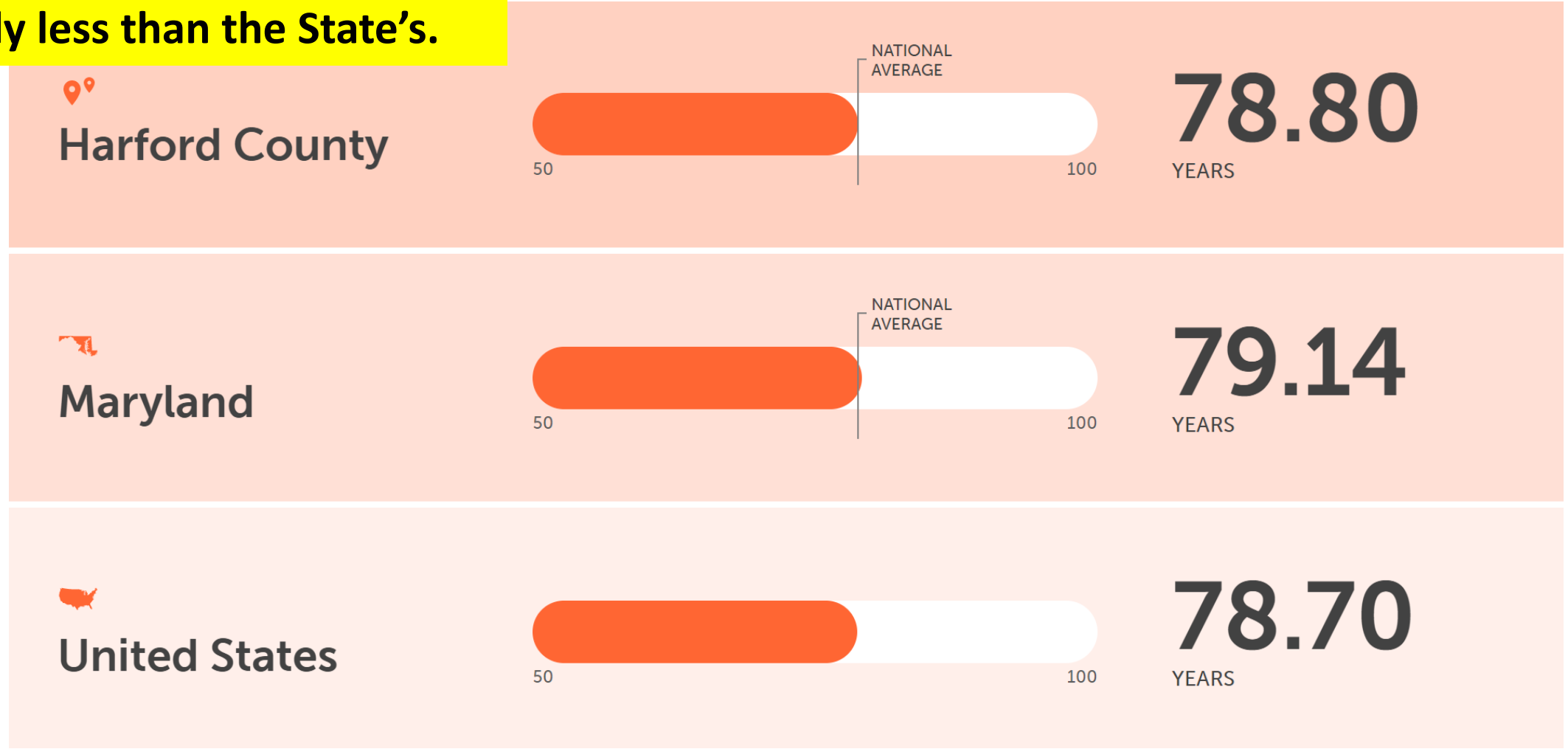
Location – Location - Location

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

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

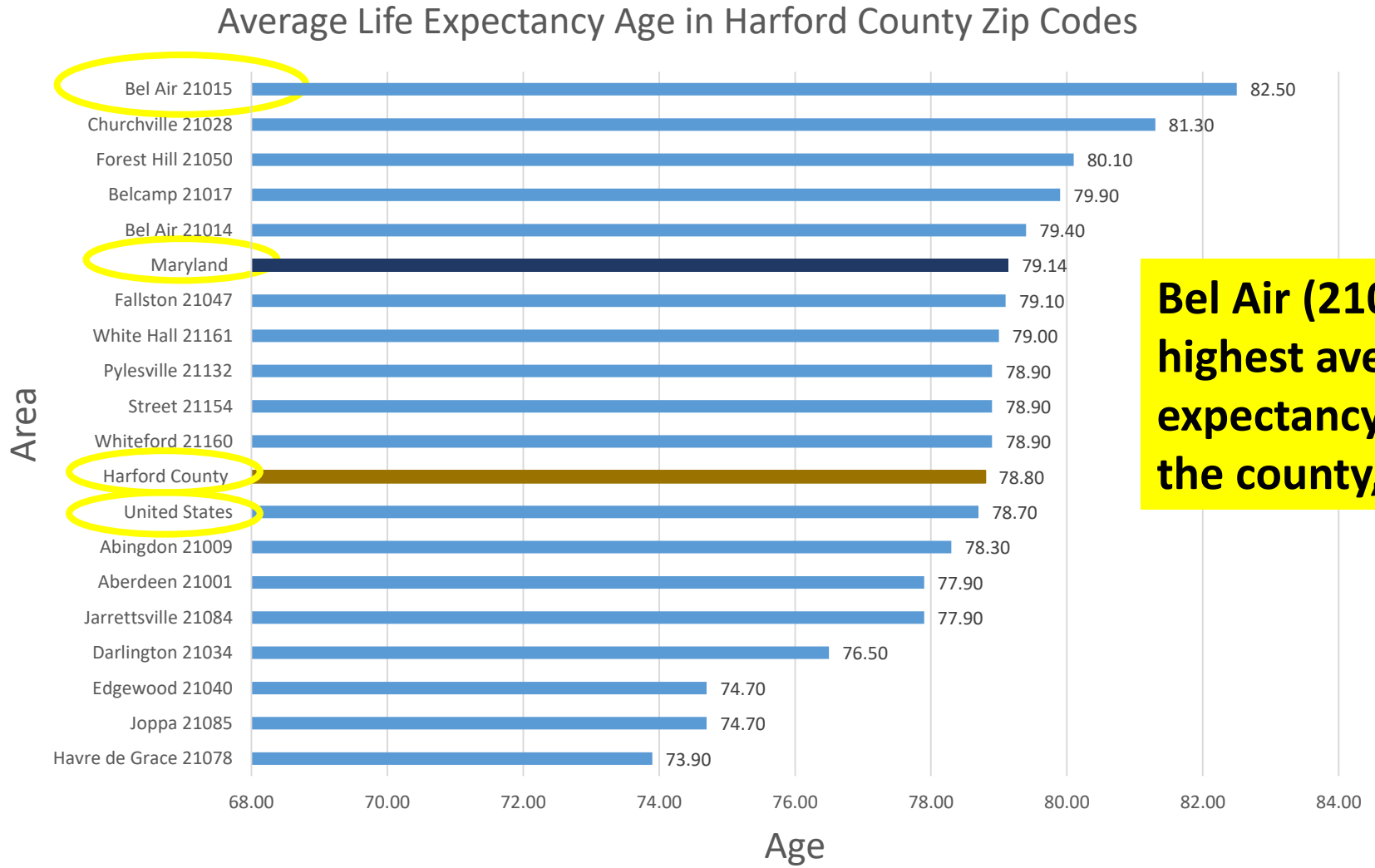
Life Expectancy

Harford County life expectancy is comparable to the U.S., but slightly less than the State's.



https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Your Zip Code Matters More Than Your Genetic Code



Bel Air (21015) zip code has highest average life expectancy, compared to the county, state, and U.S.!

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

2020 Health Indicators
Doing Better – Doing Worse

Health Indicators	Harford County	Maryland	Top U.S. Performers
HARFORD COUNTY DOING BETTER			
Dentists (ratio)	1,550:1	1,290:1	1,240:1
Mammography Screenings (%)	44%	41%	50%
Uninsured (%)	5%	7%	6%
HARFORD COUNTY DOING WORSE			
Adult Obesity (%)	32	31	26
Sexually Transmitted Infections (per 100k)	322.0	552.1	161.4
Children in Poverty (%)	10%	12%	11%

2020 County Health Rankings Report Data

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Maternal and Infant Health

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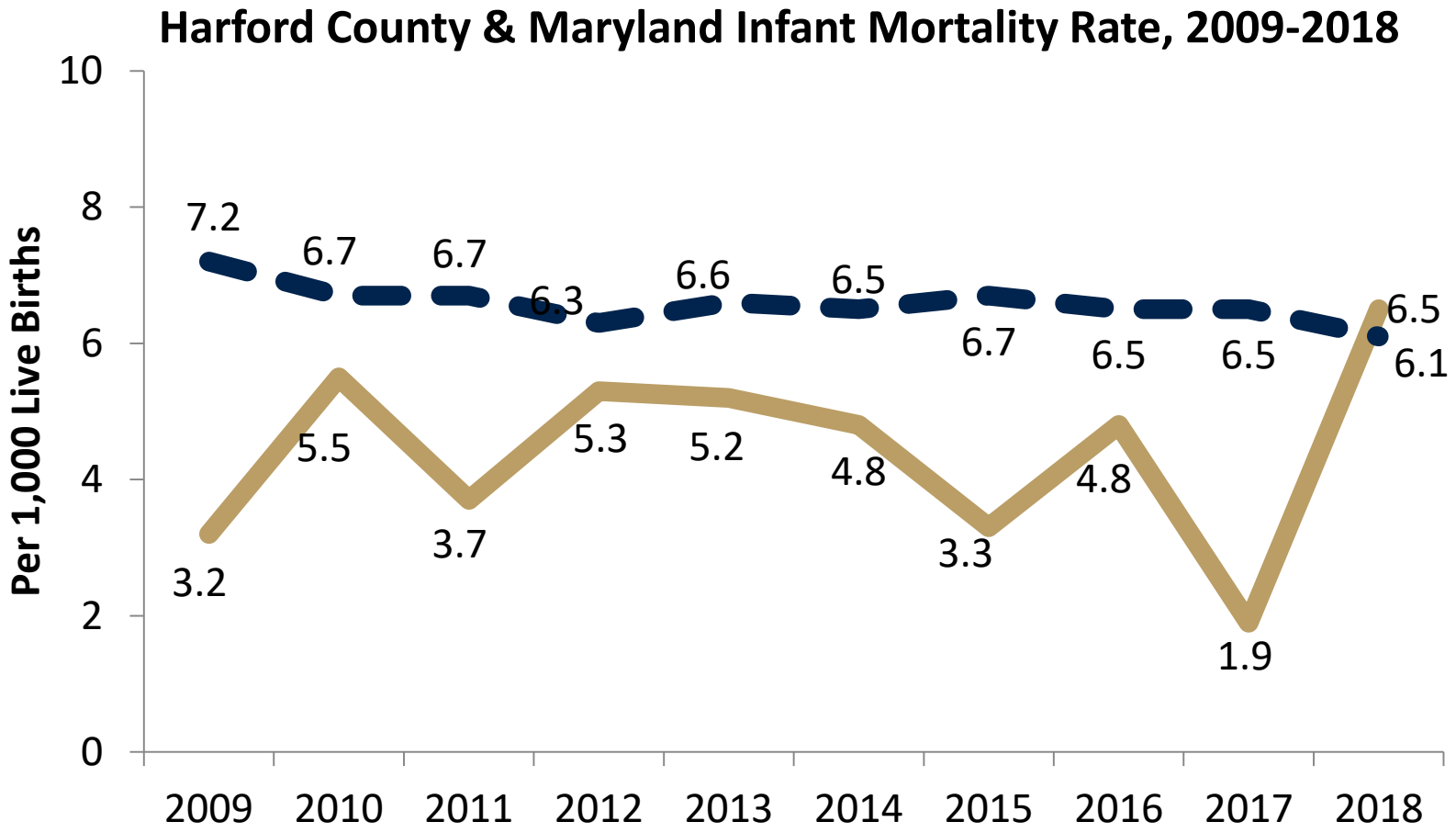
Infant Mortality



In 2018, Harford County's infant mortality rate exceeded the State for the first time.

Source: Maryland Vital Statistics

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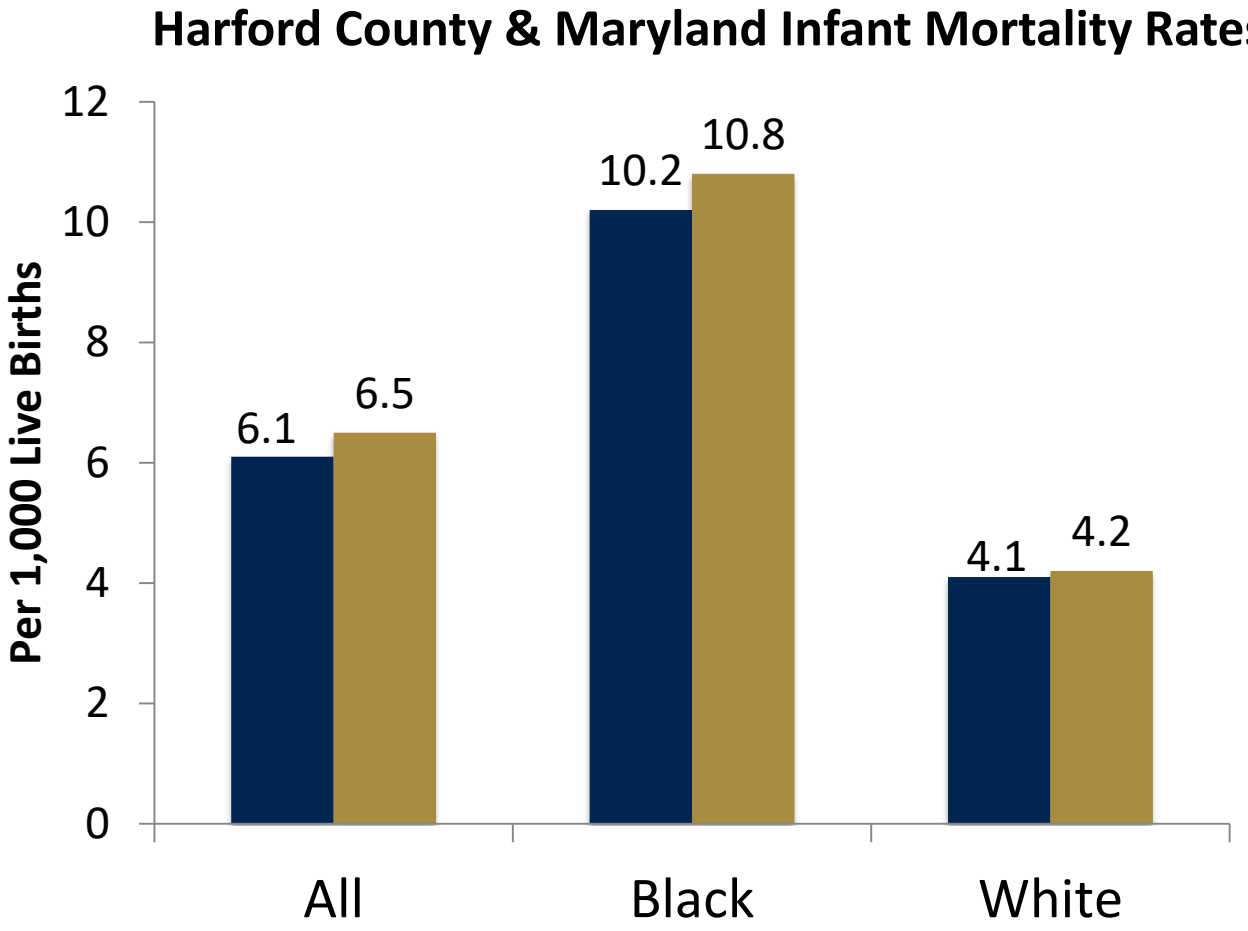
Infant Mortality



…but significant infant mortality racial disparities persist in Maryland and Harford County

Source: Maryland Vital Statistics

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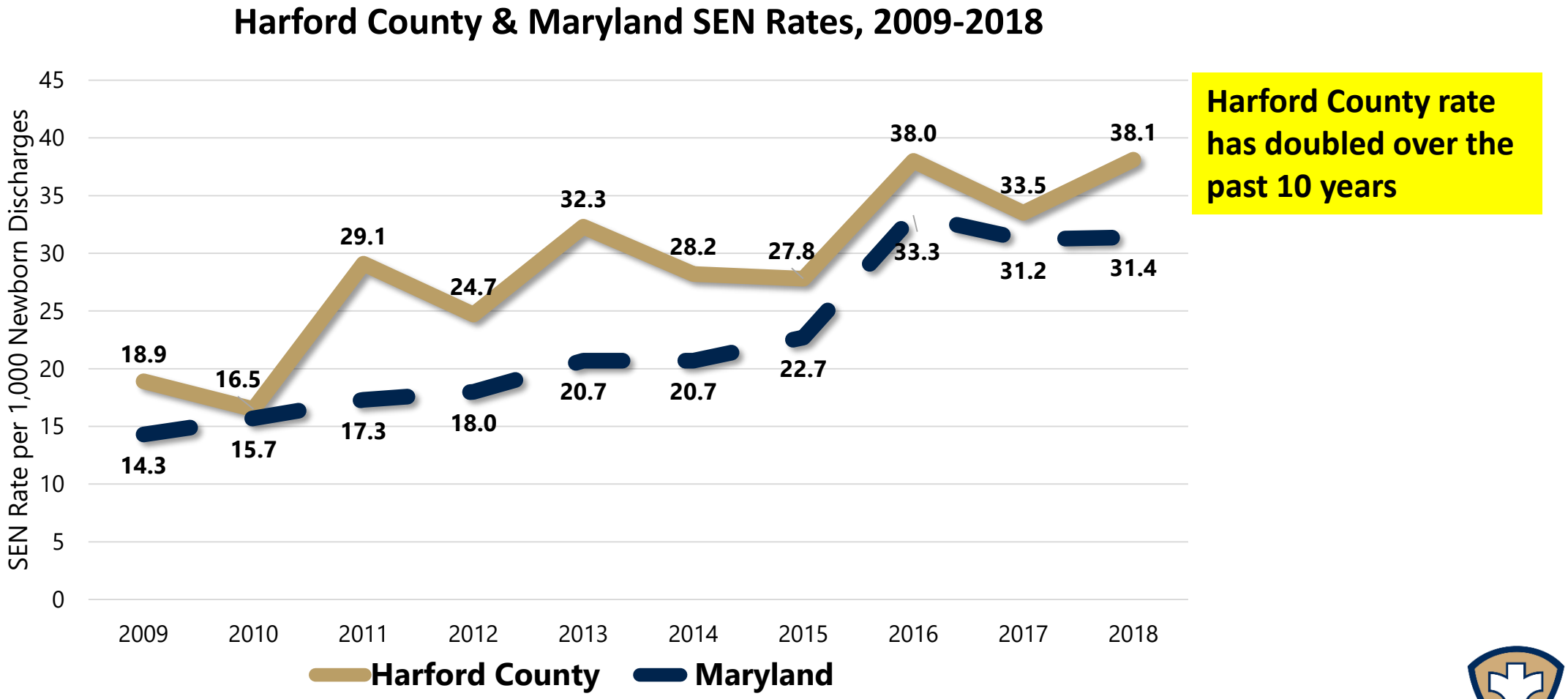
Substance Exposed Newborns (SEN)



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.

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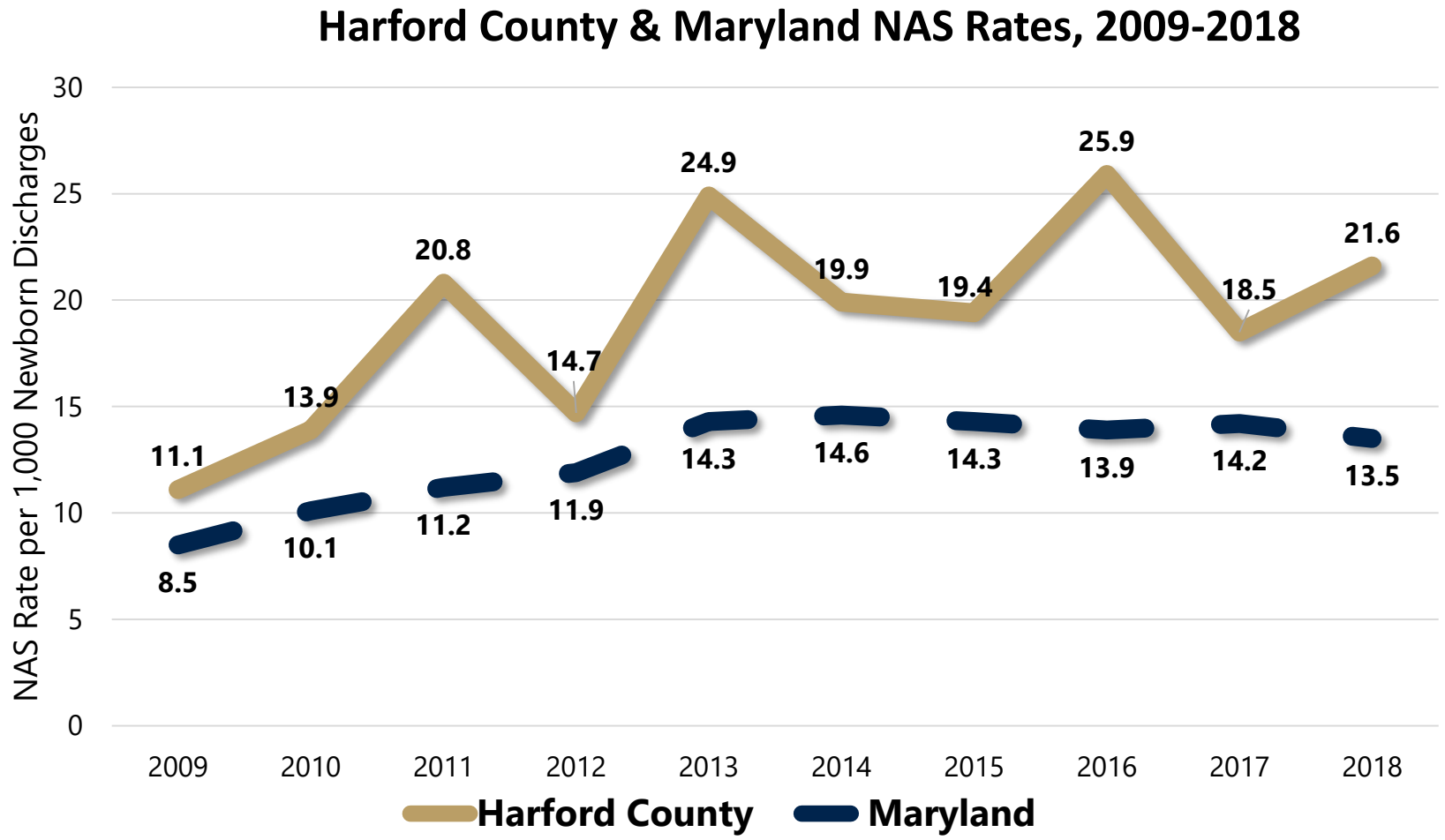
Neonatal Abstinence Syndrome (NAS)



Harford County rate has been consistently higher than Maryland

Source: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.

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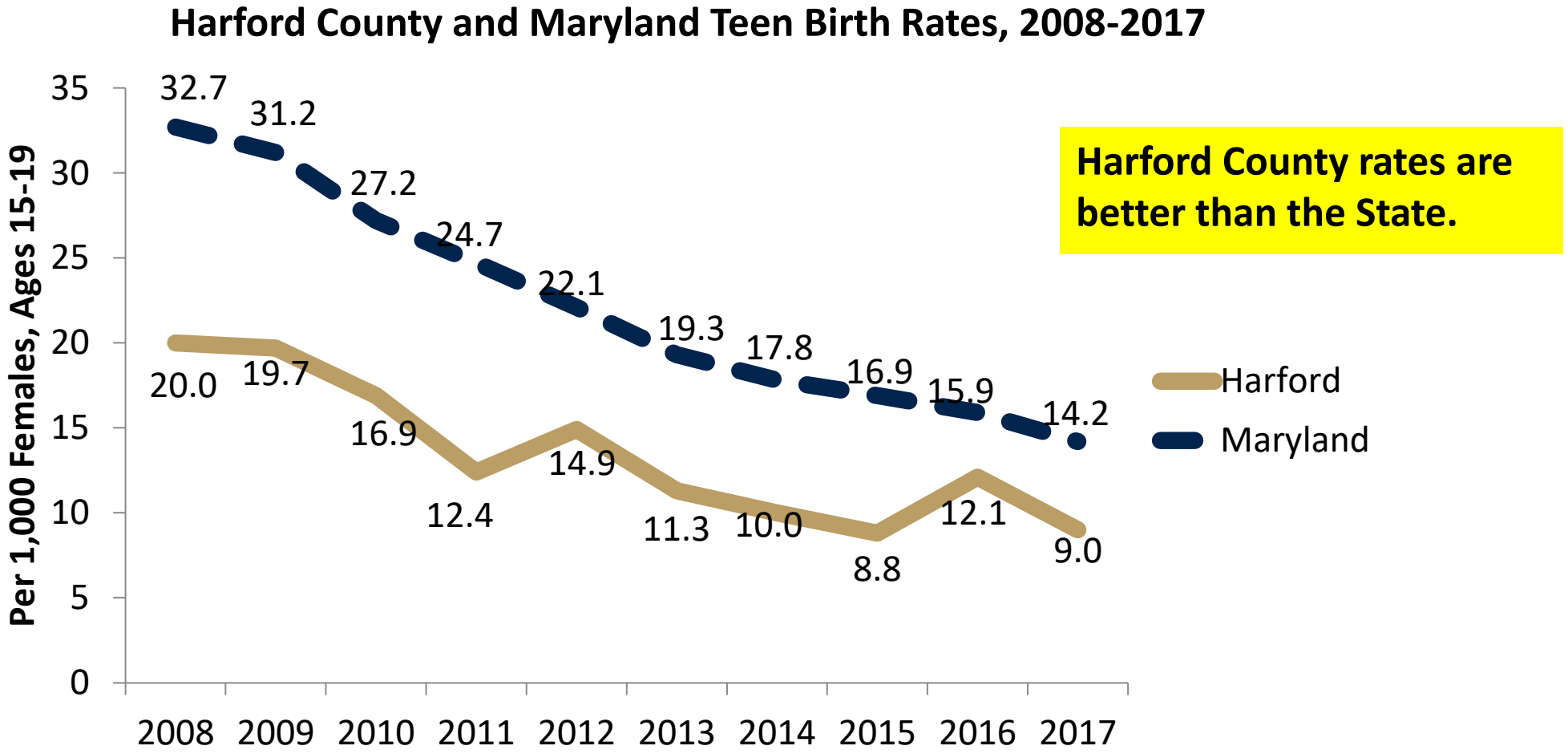
Teen Births



Source: Maryland Vital Statistics Reports

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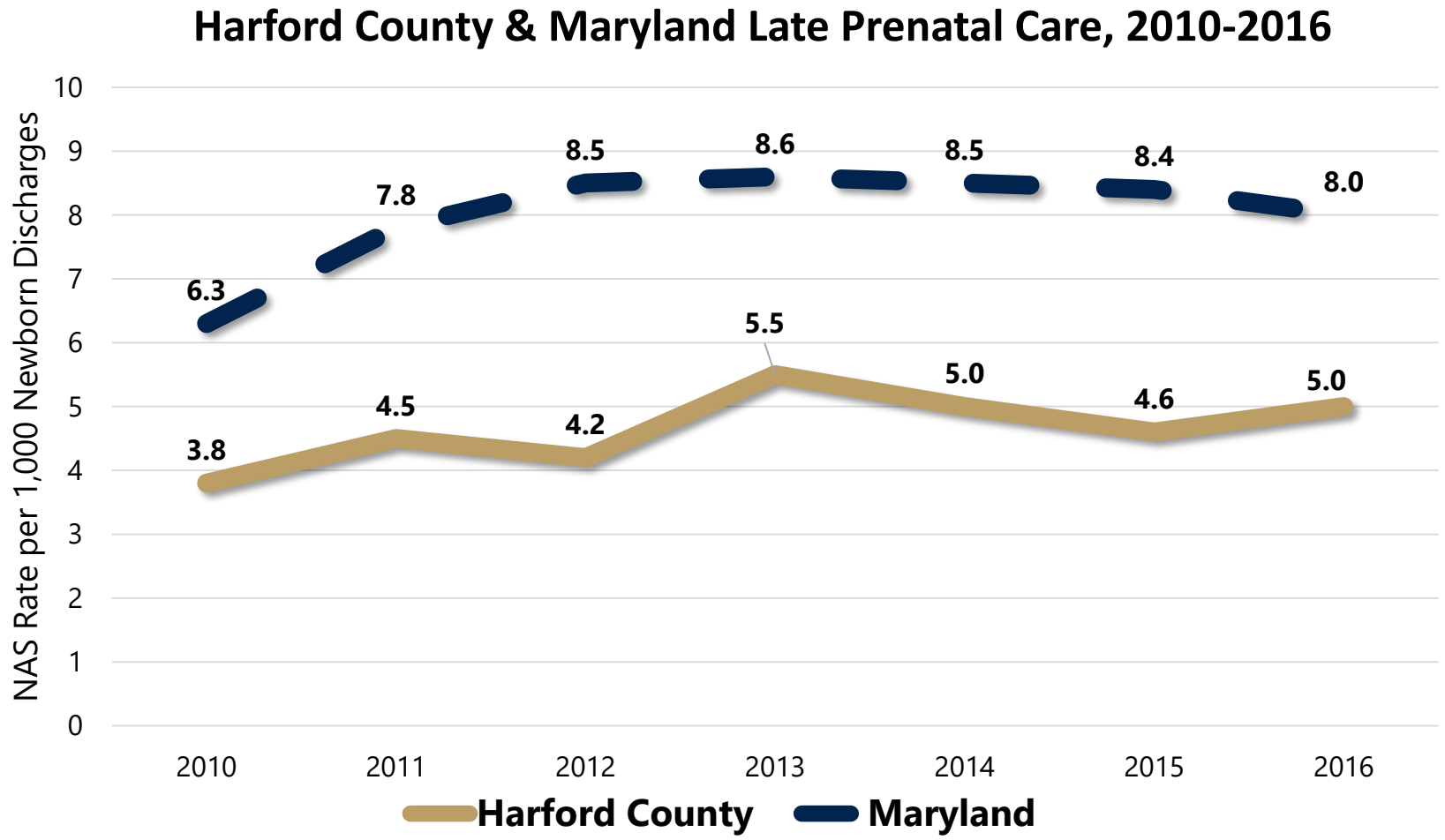
Late or No Prenatal Care (PNC)



Of the 2,701 live births in Harford in 2016, 5% were to mothers who initiated late or no PNC.

Source: Maryland Department of Health. Harford County MCH Profile, 2018.

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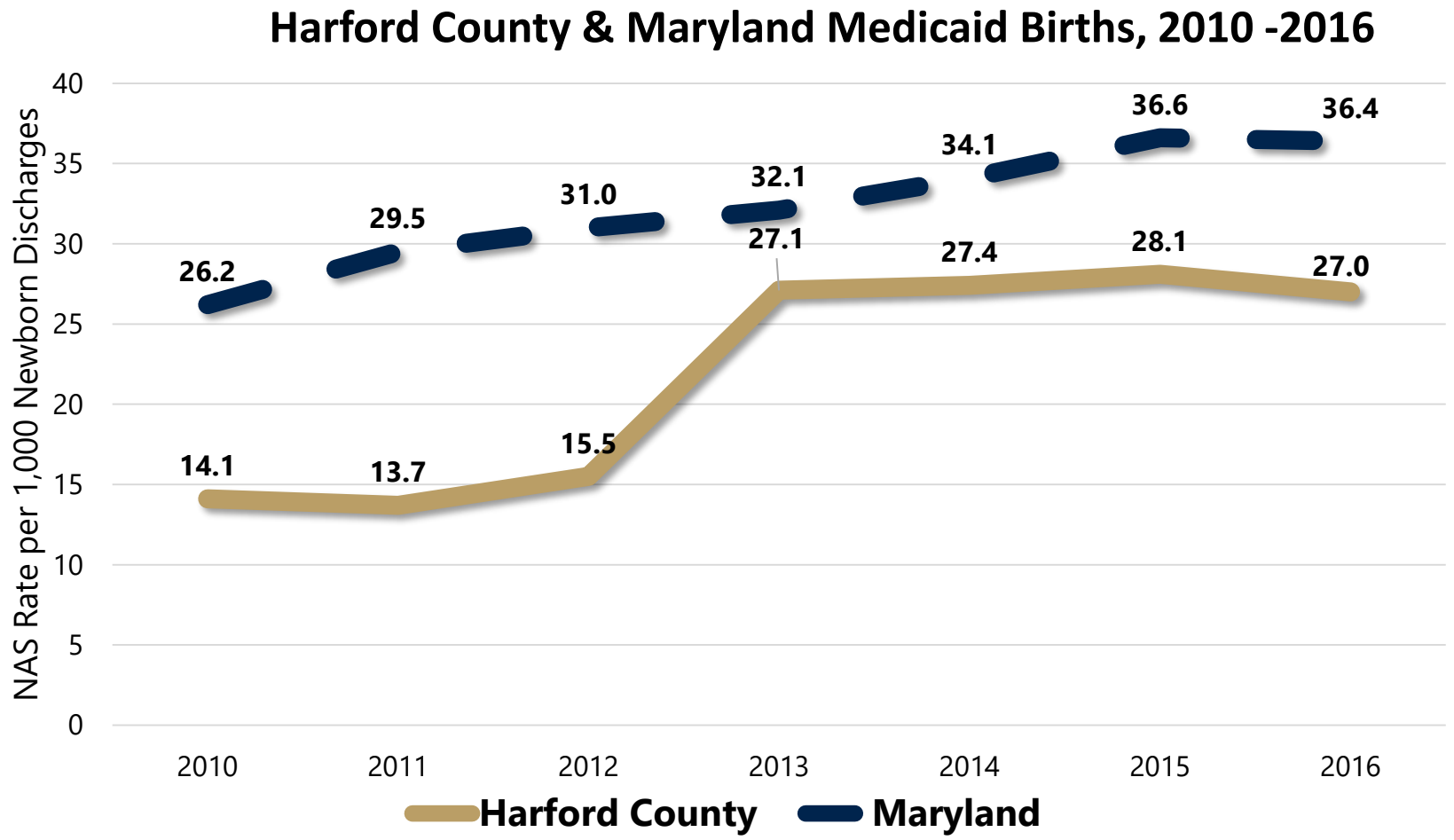
Medicaid Births



Of the 2,701 live births in Harford in 2016, 27% were Medicaid paid births.

Source: Maryland Department of Health. Harford County MCH Profile, 2018. .

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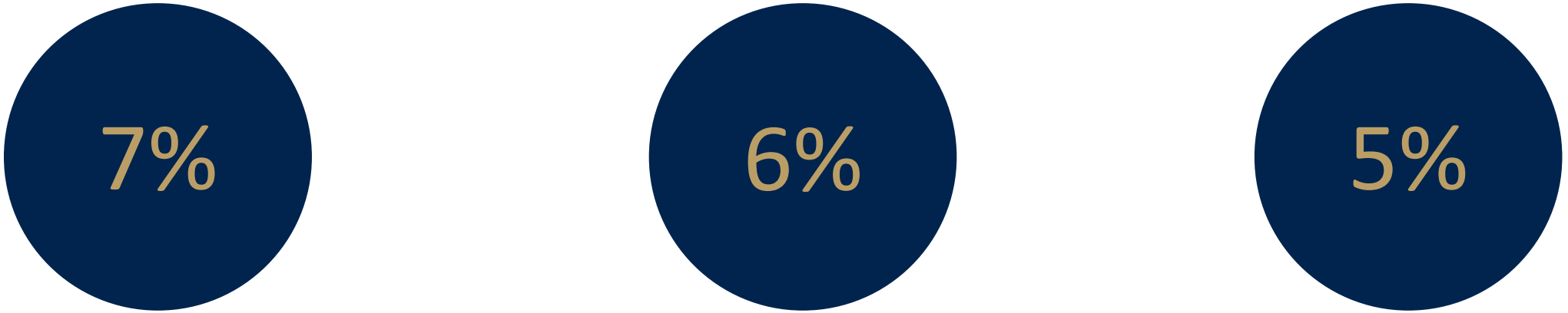
Health Insurance

Percentage of population under age 65 without health insurance:



Harford County uninsured percentage better than the state and top US performers!

Source: 2019 County Health Rankings Data

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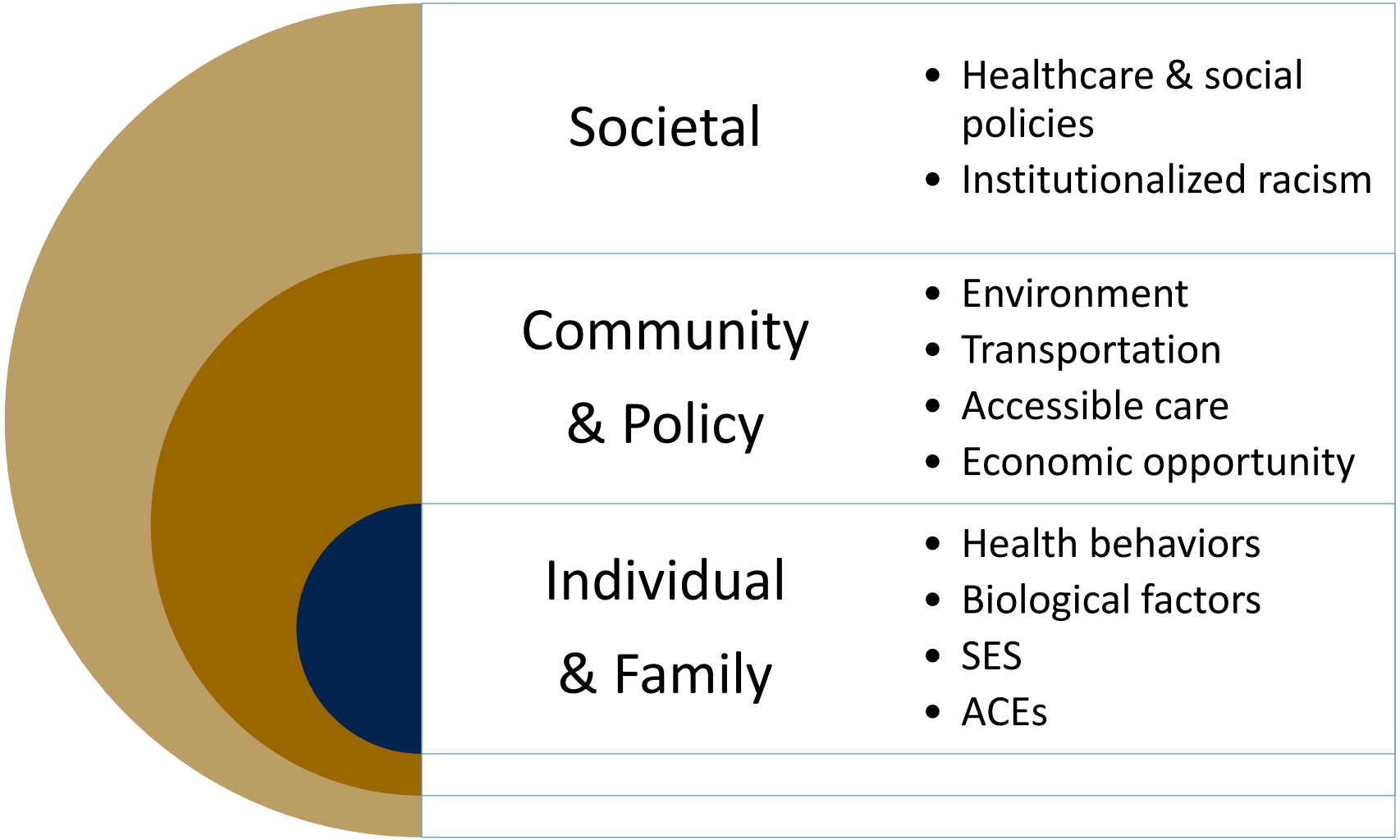
Social Determinants of Infant Mortality & Family Health



Societal	• Healthcare & social policies • Institutionalized racism
Community & Policy	• Environment • Transportation • Accessible care • Economic opportunity
Individual & Family	• Health behaviors • Biological factors • SES • ACEs

The Impact of Racism on Maternal & Child Health

AJPH
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Home

Home » American Journal of Public Health

Black Maternal and Infant Hea

Deirdre Cooper Owens PhD, and **Sharla M.**

[+] Author affiliations, information, and corres

Accepted: June 14, 2019 Published Online:

Abstract **Full Text** **Reference**

The legacies of slavery today are seer
maternal and infant death among Afr

The deep roots of these patterns of c
commodification of enslaved Black w
interests of slaveowners. Even certai
a debt to enslaved women who beca

Public health initiatives must acknow
racism and implicit bias in medicine v
disparities.

NICHQ National Institute for Children's Health Quality

Menu

Insights

The Impact of Institutional Racism on Maternal and Child Health

Infant mortality rates for America's Black babies are **more than twice** the rate of white babies

Black babies are more than **three times as likely** to die from complications related to low birthweight as compared to white babies in the U.S.

U.S. maternal mortality rates for Black women are **three to four times** higher than rates for white women

TH
ASSOCIATION

black maternal
Racism

Payne saw first-hand how poorly

ct that racism had," said Payne,
ferent standard, seen as more
n."

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Reducing Infant Mortality Across the Lifespan

Family Planning	***Prenatal Care***	***Regionalization***
Preconception (Before Pregnancy)	Prenatal (During Pregnancy)	Perinatal (After Birth)

Healthier Children & Adults

Healthier women at the time of conception	Earlier entry into prenatal care	Comprehensive high quality perinatal & neonatal care

These interventions impact infant mortality, as well as other birth outcomes

The HCHD Maternal & Child Health Unit

MEGAN's Place:

- 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.

Healthy Families America:

- HFA is a national evidence-based home visiting program was designed to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

Home Visiting +

- The goal of the program is to reduce infant mortality, link families to community services, and promote safe sleep environments. Mothers are connected with an OB provider and mental health provider, as needed. They also complete home birth verifications, CFR activities, & lead follow-ups.

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Coming Soon: 1 N. Main Family Health Center

- 1 N. Main Family Health Center will soon offer:
  - MD Health Insurance (MCHP)
  - Women, Infants, and Children (WIC)- Nutrition Services
  - Dental Care for Pregnant Women and Children
  - Youth and Adolescent Behavioral Health
  - Women's Health Services
  - Care Coordination

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Behavioral Health

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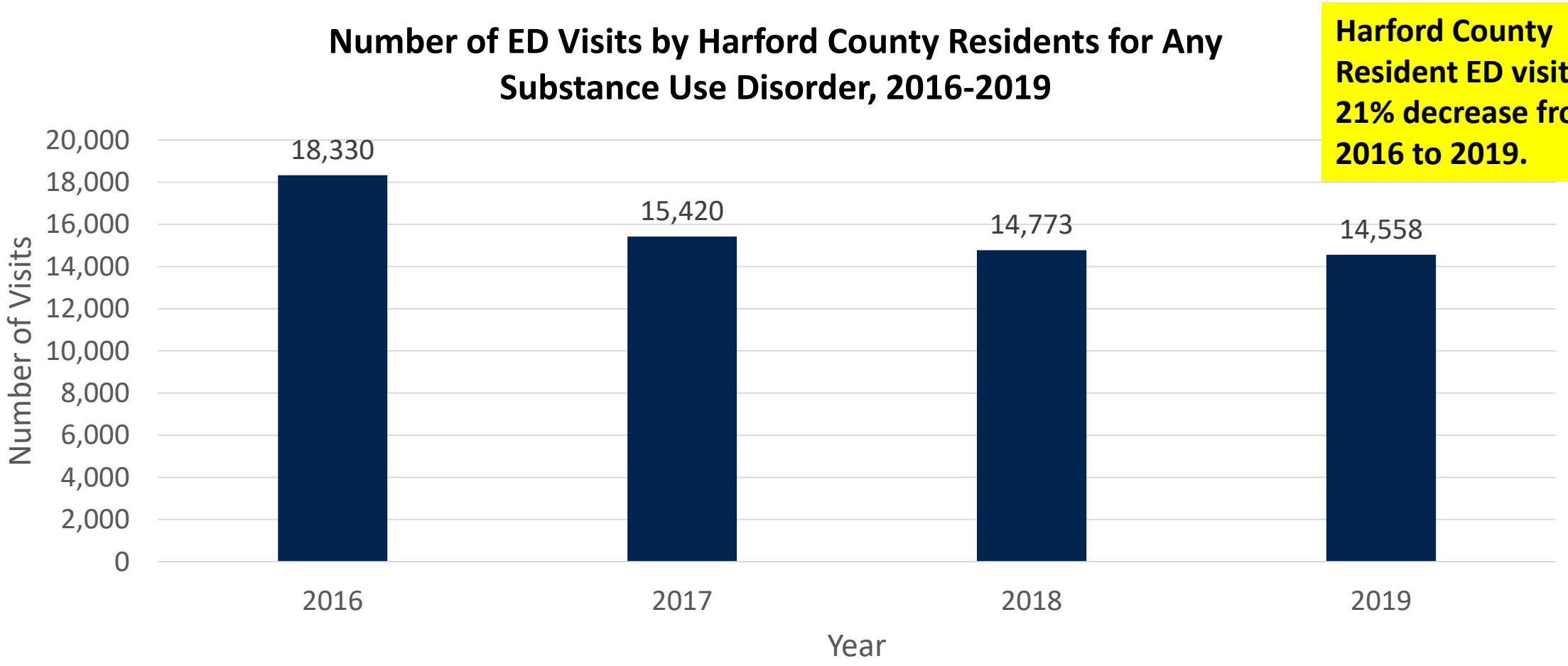
Substance Use



Harford County Resident ED visits had a 21% decrease from 2016 to 2019.

Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

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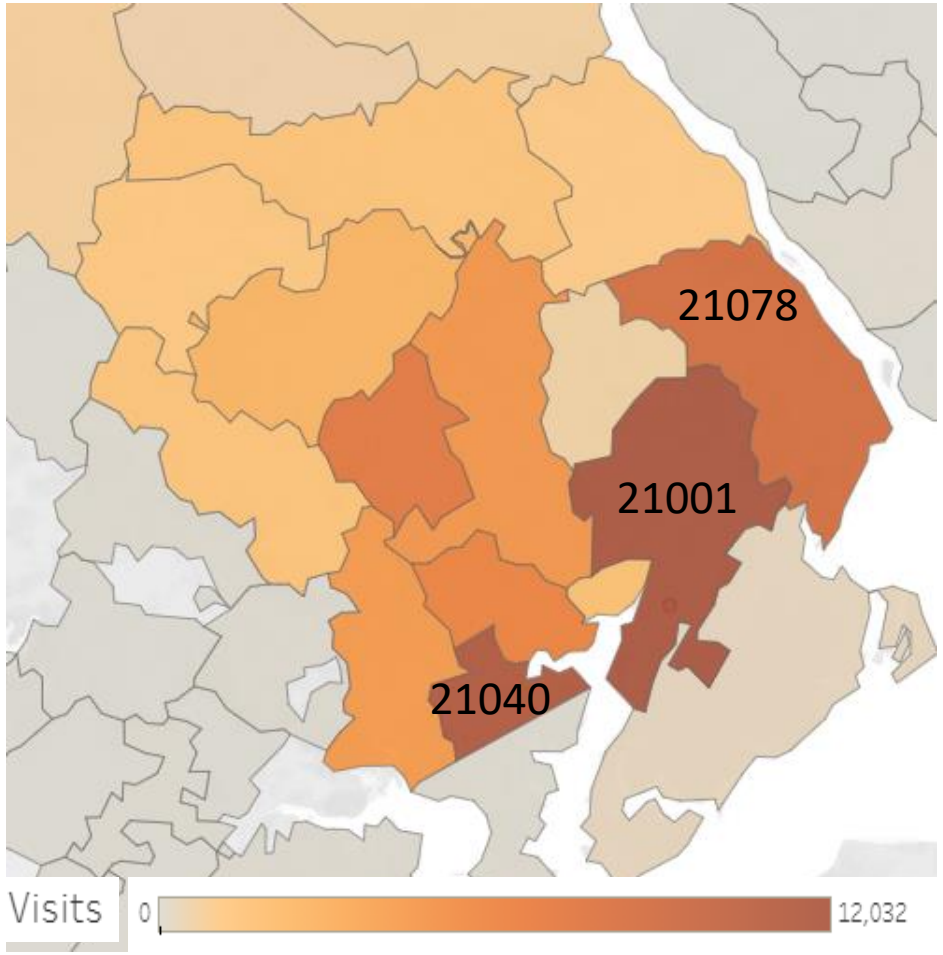
Substance Use



Harford County Zip Codes with the Highest ED Visits for Any Substance Use Disorder Condition:

- 21001- 12,032
- 21040- 11,440
- 21078- 8,373

Harford County Races with the Highest ED Visits for Any Substance Use Disorder Condition:

- White- 82%
- Black/African American- 15%
- Other- 2%
- Biracial- 1%

Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Substance Use and COVID-19

NIH National Institutes of Health
Turning Discovery Into Health

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Health Information | Grants & Funding | News & Events | Research & Training | In

COVID-19 is an emerging, rapidly evolving situation.

- Get the latest public health information from CDC »
- Get the latest research information from NIH »
- NIH staff guidance c

Home » News & Events » News Releases

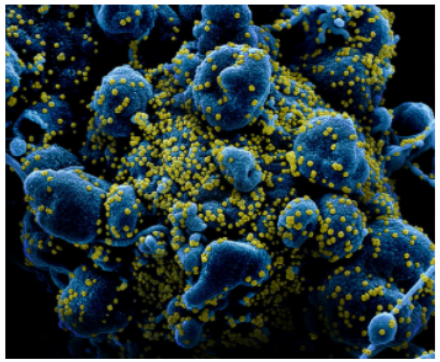
NEWS RELEASES

Monday, September 14, 2020

Substance use disorders linked to COVID-19 susceptibility

A National Institutes of Health-funded study found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and its complications. The research, published today in Molecular Psychiatry, *was co-authored by Nora D. Volkow, M.D., director of the National Institute on Drug Abuse (NIDA). The findings suggest that health care providers should closely monitor patients with SUDs and develop action plans to help shield them from infection and severe outcomes.*

By analyzing the non-identifiable electronic health records (EHR) of millions of patients in the United States, the team of investigators revealed that while individuals with an SUD constituted 10.3% of the total study population, they represented 15.6% of the COVID-19 cases. The analysis revealed that those with a recent SUD diagnosis on record were more likely than those without to develop COVID-19, an effect that was strongest for opioid use disorder, followed by tobacco use disorder. Individuals with an SUD diagnosis were also more likely to experience worse COVID-19 outcomes (hospitalization, death), than people without an SUD.



Colorized scanning electron micrograph of an apoptotic cell (blue) heavily infected with SARS-COV-2 virus particles (yellow), isolated from a patient sample. Image captured and color-enhanced at the NIAID Integrated Research Facility (IRF) in Fort Detrick, Maryland. *NIAID*

A NIH-funded study found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and its complications.

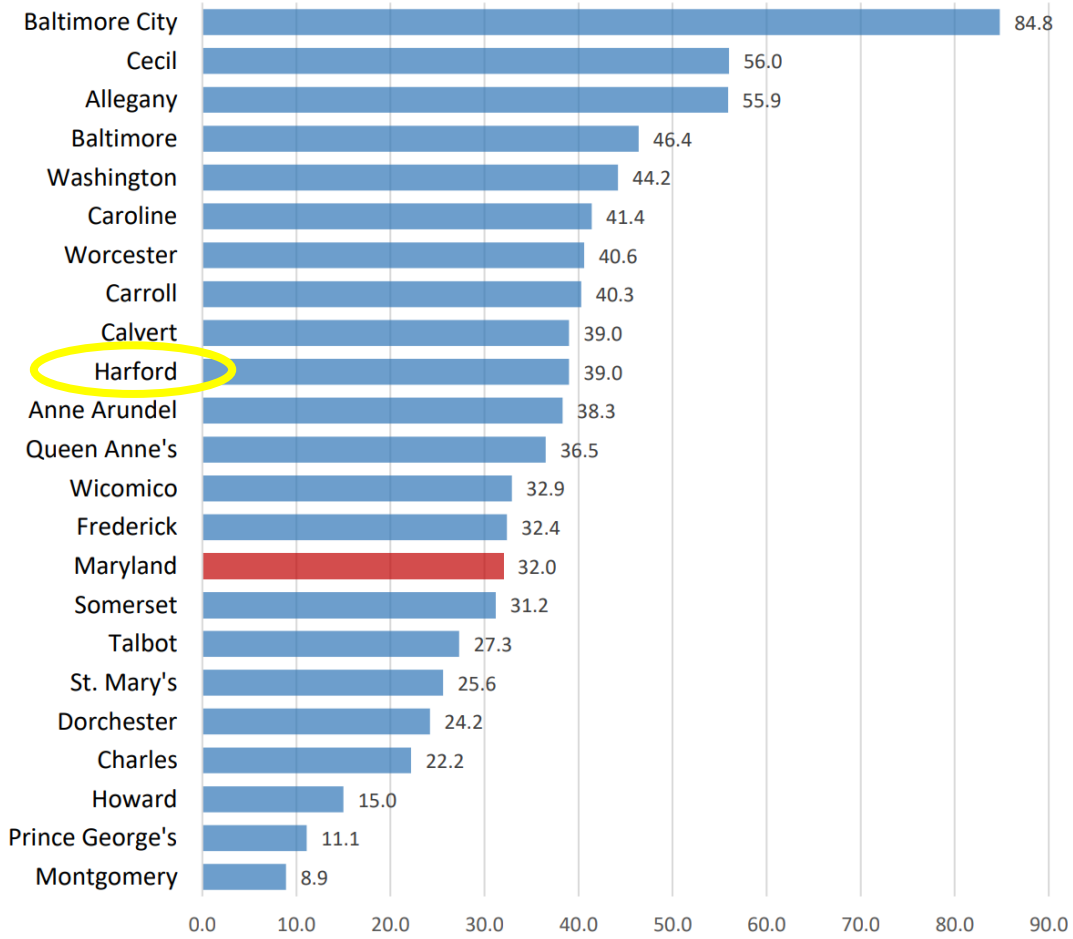
Other findings

- In the U.S., 15.6% of COVID-19 cases were individuals with a SUD.
- Strongest for opioid use disorder, followed by tobacco use disorder.
- Individuals with a SUD diagnosis were also more likely to experience worse COVID-19 outcomes (hospitalization, death), than people without a SUD.

https://www.nih.gov/news-events/news-releases/substance-use-disorders-linked-covid-19-susceptibility#:~:text=A%20National%20Institutes%20of%20Health,on%20Drug%20Abuse%20(NIDA).

Drug Overdose Crisis

Age-Adjusted Mortality Rates for Unintentional Opioid-Related Intoxication Deaths by County 2016-2018



Harford County has the **10th worst drug overdose rate** in Maryland

* Age-adjusted to the 200 U.S. standard Population by the direct method.
** Rates for jurisdictions with fewer than 20 deaths during this time period are not displayed due to instability.

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

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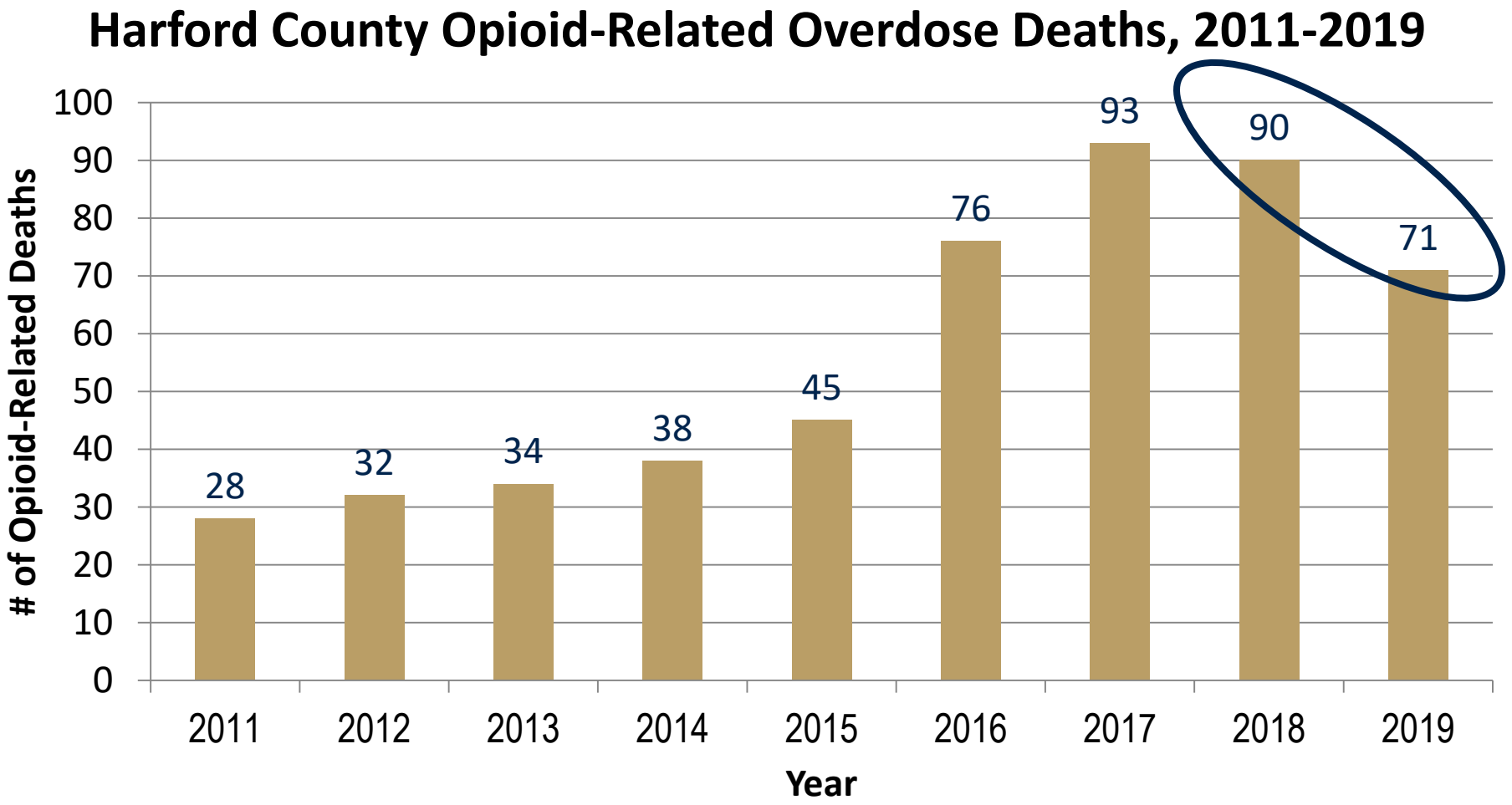
Drug Overdose Crisis



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

Harford County deaths down 21.1% in 2019…the 2nd straight reduction after 7 straight years of increases.

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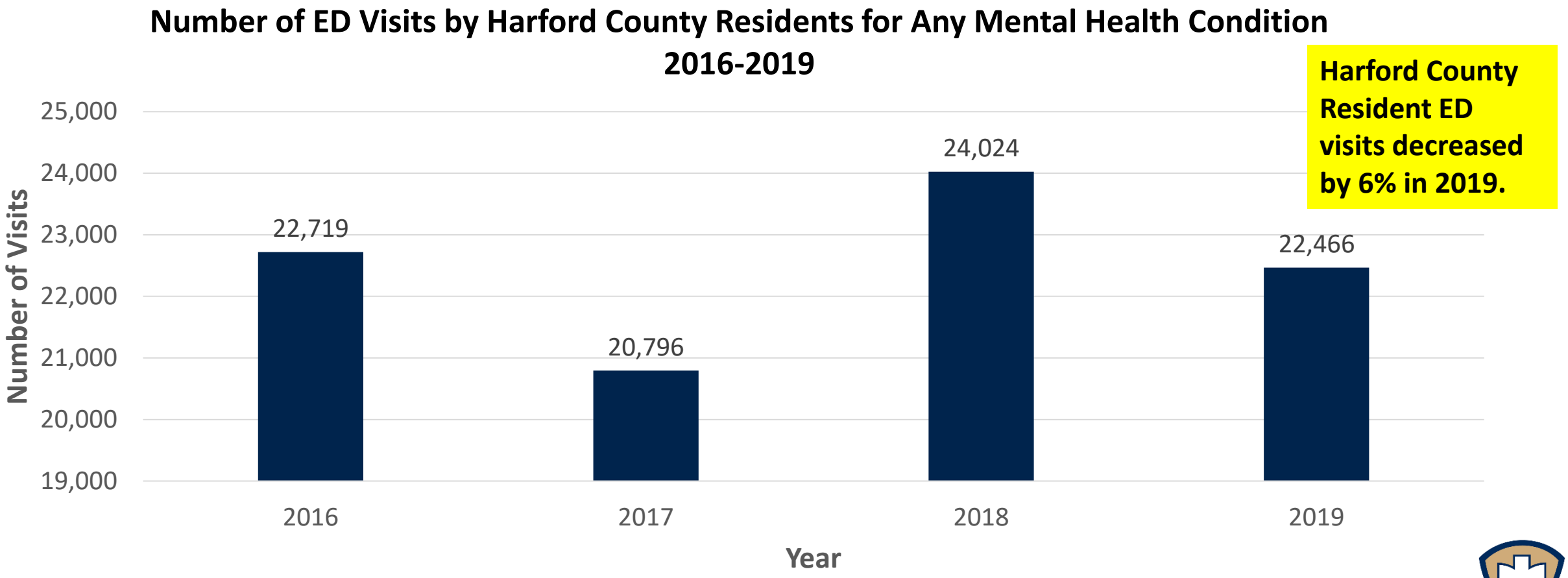
Mental Health



Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

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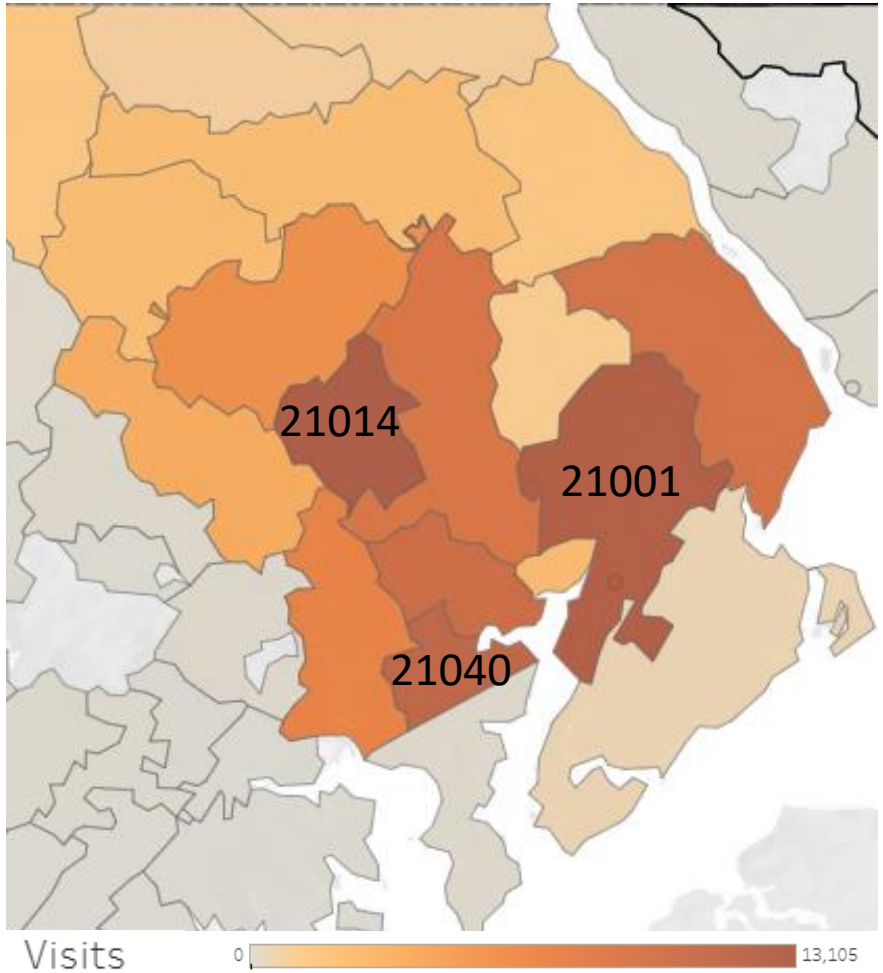
Mental Health



Source: CRISP Public Health Dashboard 2016 – 2019 ED Visits

Harford County Zip Codes with the Highest ED Visits for Any Mental Health Condition:

- 21014- 13,105
- 21001- 12,452
- 21040- 11,264

Harford County Races with the Highest ED Visits for Any Mental Health Condition:

- White- 77%
- Black/African American- 19%
- Other- 3%
- Biracial- 1%

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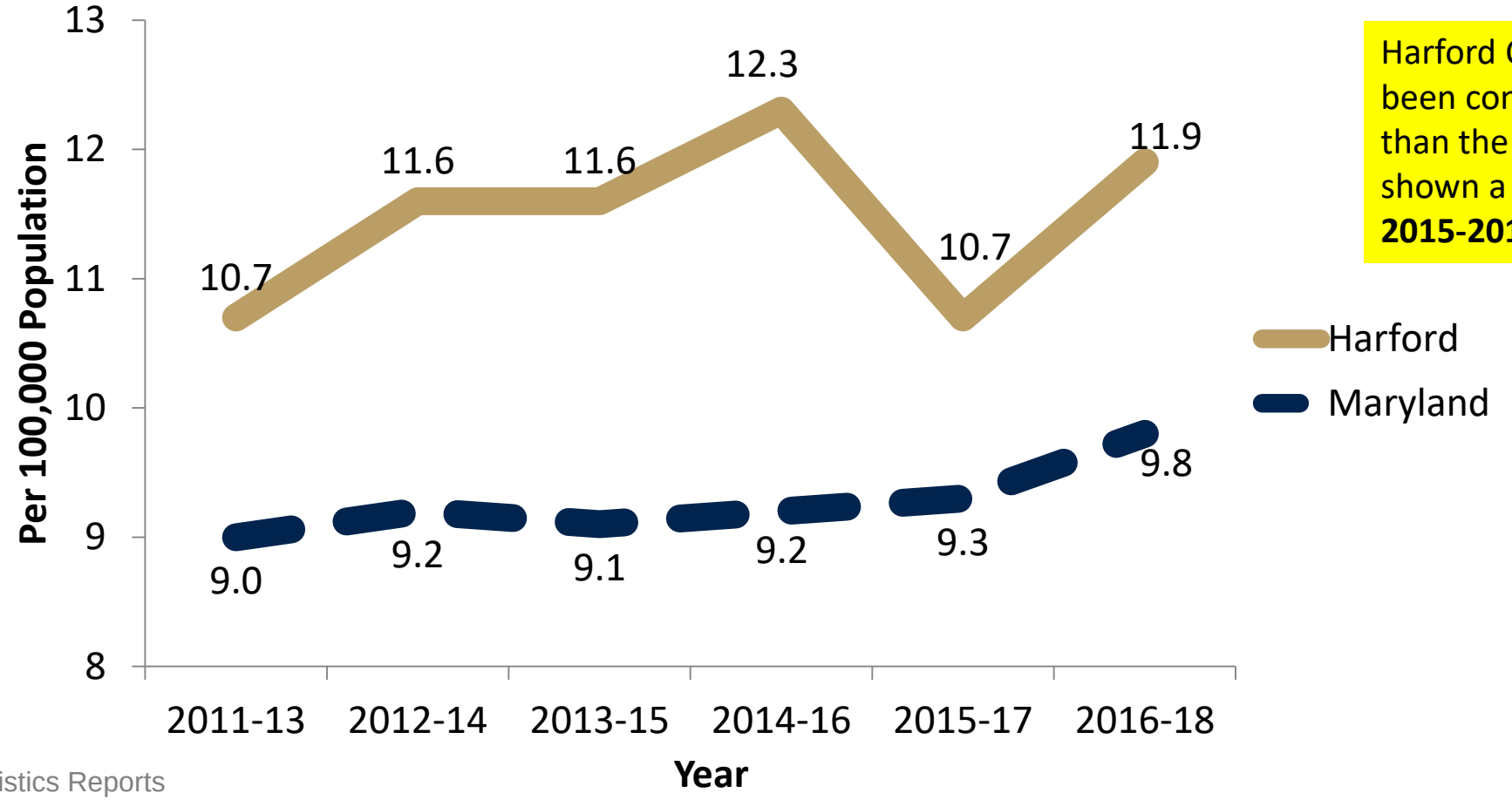
Mental Health

Suicide Mortality Rates, Harford County and Maryland, 2011-2018



Harford County rates have been consistently higher than the state, but has shown a **13% decrease in 2015-2017 data.**

*Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

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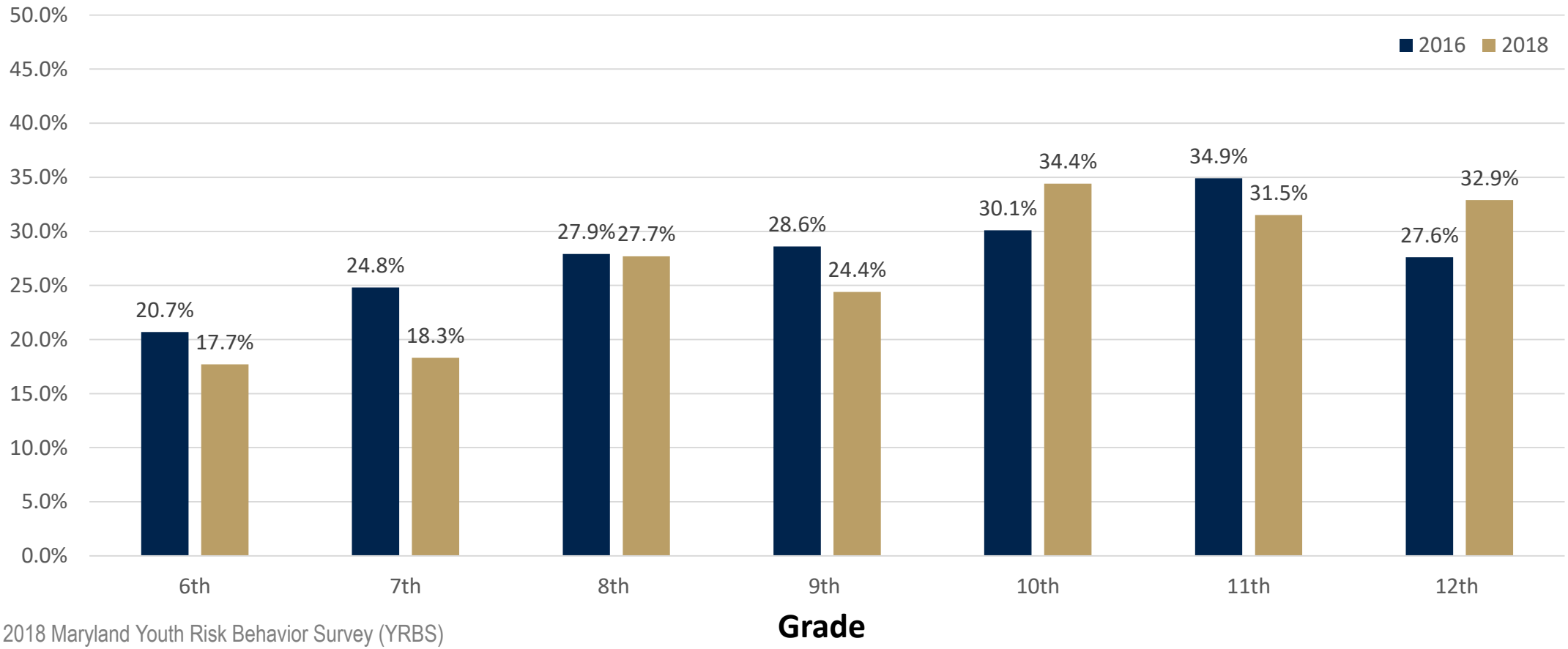
Mental Health

Percentage of Harford County Students Who Felt Sad or Hopeless, 2016 and 2018



Source: 2016 & 2018 Maryland Youth Risk Behavior Survey (YRBS)

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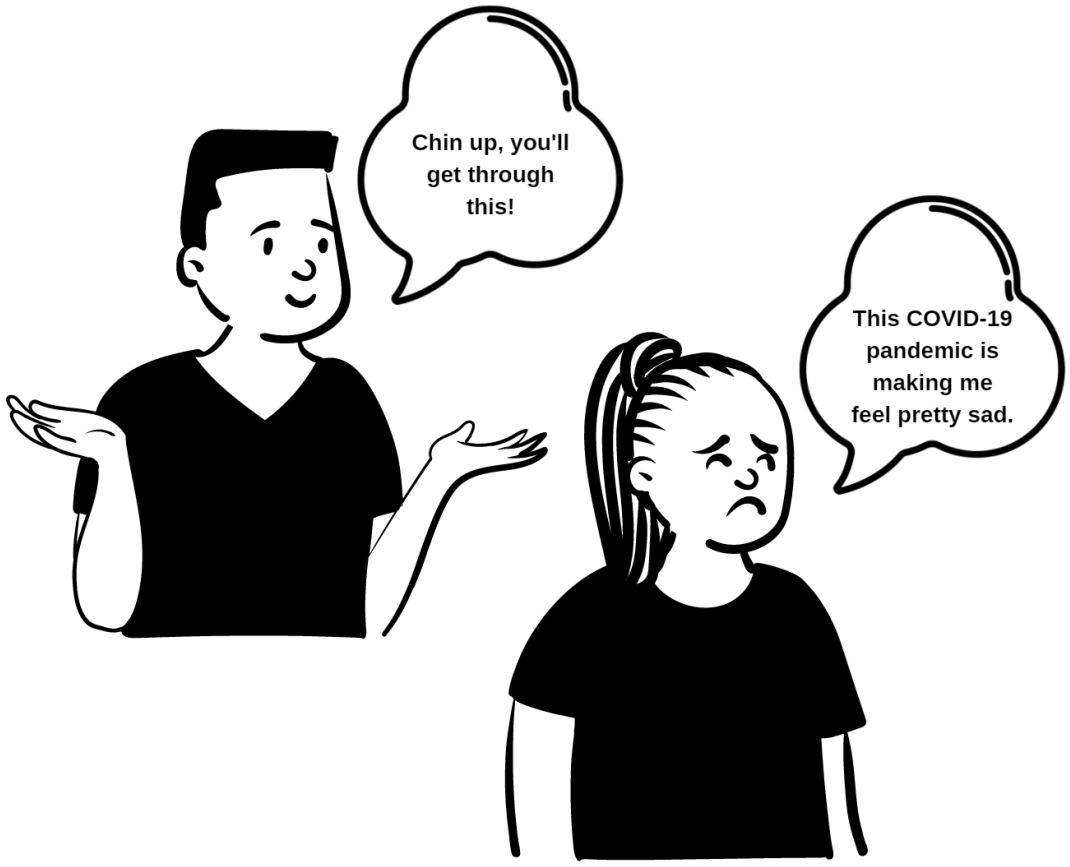
Mental Health and COVID-19

"Toxic positivity" refers to the concept that keeping positive, and keeping positive only, is the right way to live your life.

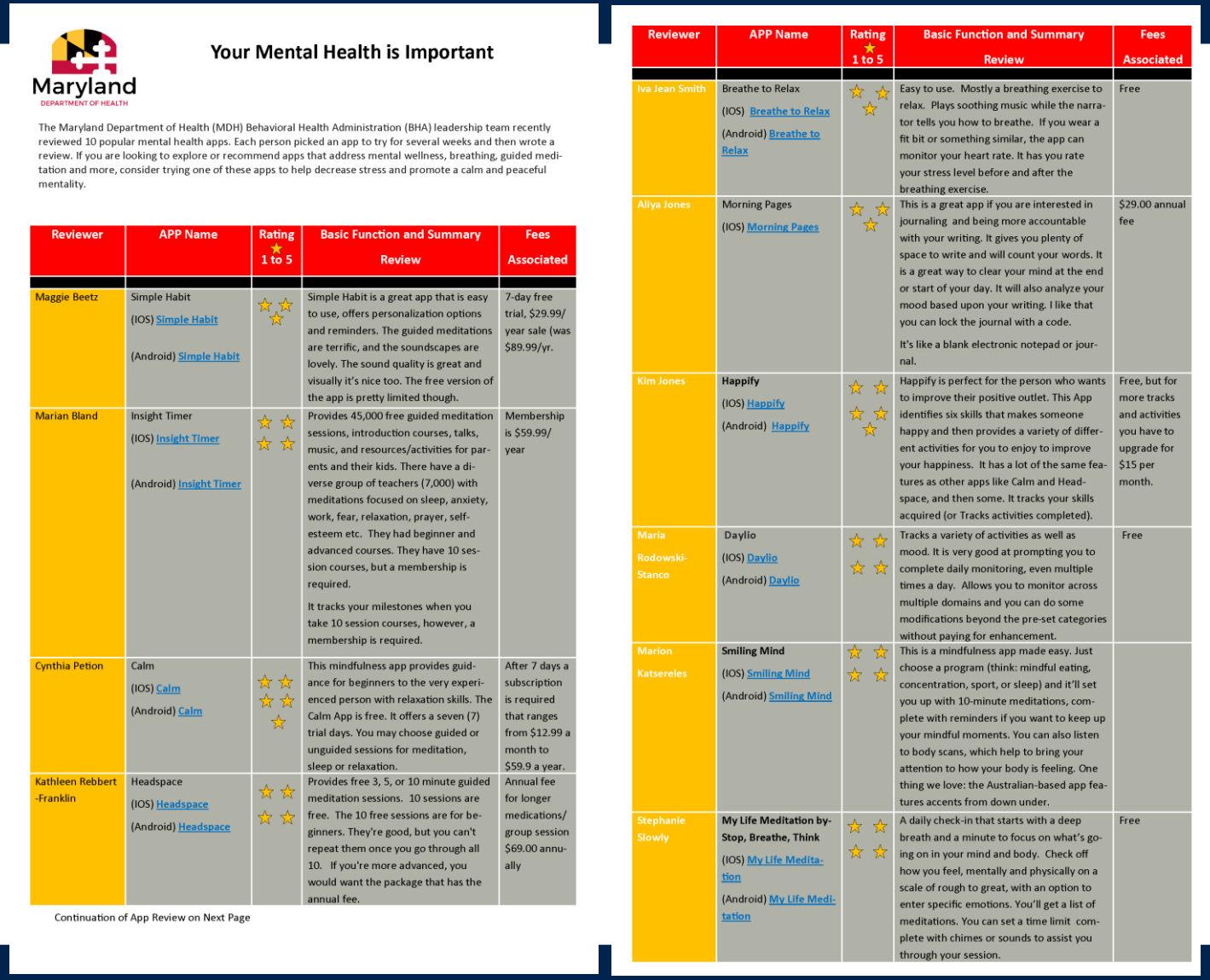
It's okay to not be okay!

Mental Health and COVID-19



Toxic Positivity	Non-Toxic Acceptance & Validation
“Don’t think about it, stay positive!”	“Describe what you’re feeling. I’m listening.”
“Don’t worry, be happy!”	“I see that you’re really stressed, anything I can do?”
“Failure is not an option.”	“Failure is a part of growth and success.”
“Everything will work out in the end.”	“This is really hard, I’m thinking of you.”
“Positive vibes only!”	“I’m here for you though, both good and bad.”
“If I can do it, so can you!”	“Everyone’s story, abilities, limitations are different, and that’s okay.”
“Delete negativity.”	“Suffering is a part of life, you are not alone.”

Mental Health and COVID-19



Maryland
DEPARTMENT OF HEALTH

Your Mental Health is Important

The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) leadership team recently reviewed 10 popular mental health apps. Each person picked an app to try for several weeks and then wrote a review. If you are looking to explore or recommend apps that address mental wellness, breathing, guided meditation and more, consider trying one of these apps to help decrease stress and promote a calm and peaceful mentality.

Reviewer	APP Name	Rating ★ 1 to 5	Basic Function and Summary Review	Fees Associated
Maggie Beetz	Simple Habit (IOS) Simple Habit (Android) Simple Habit	★★★	Simple Habit is a great app that is easy to use, offers personalization options and reminders. The guided meditations are terrific, and the soundscapes are lovely. The sound quality is great and visually it's nice too. The free version of the app is pretty limited though.	7-day free trial, $29.99/ year sale (was $89.99/yr.
Marian Bland	Insight Timer (IOS) Insight Timer (Android) Insight Timer	★★★★	Provides 45,000 free guided meditation sessions, introduction courses, talks, music, and resources/activities for parents and their kids. There have a diverse group of teachers (7,000) with meditations focused on sleep, anxiety, work, fear, relaxation, prayer, self-esteem etc. They had beginner and advanced courses. They have 10 session courses, but a membership is required. It tracks your milestones when you take 10 session courses, however, a membership is required.	Membership is $59.99/ year
Cynthia Petion	Calm (IOS) Calm (Android) Calm	★★★★★	This mindfulness app provides guidance for beginners to the very experienced person with relaxation skills. The Calm App is free. It offers a seven (7) trial days. You may choose guided or unguided sessions for meditation, sleep or relaxation.	After 7 days a subscription is required that ranges from $12.99 a month to $59.9 a year.
Kathleen Rebbert -Franklin	Headspace (IOS) Headspace (Android) Headspace	★★★★	Provides free 3, 5, or 10 minute guided meditation sessions. 10 sessions are free. The 10 free sessions are for beginners. They're good, but you can't repeat them once you go through all 10. If you're more advanced, you would want the package that has the annual fee.	Annual fee for longer medications/ group session $69.00 annually

Continuation of App Review on Next Page

Reviewer	APP Name	Rating ★ 1 to 5	Basic Function and Summary Review	Fees Associated
Iva Jean Smith	Breathe to Relax (IOS) Breathe to Relax (Android) Breathe to Relax	★★★	Easy to use. Mostly a breathing exercise to relax. Plays soothing music while the narrator tells you how to breathe. If you wear a fit bit or something similar, the app can monitor your heart rate. It has you rate your stress level before and after the breathing exercise.	Free
Aliya Jones	Morning Pages (IOS) Morning Pages	★★★	This is a great app if you are interested in journaling and being more accountable with your writing. It gives you plenty of space to write and will count your words. It is a great way to clear your mind at the end or start of your day. It will also analyze your mood based upon your writing. I like that you can lock the journal with a code. It's like a blank electronic notepad or journal.	$29.00 annual fee
Kim Jones	**Happify** (IOS) Happify (Android) Happify	★★★★★	Happify is perfect for the person who wants to improve their positive outlet. This App identifies six skills that makes someone happy and then provides a variety of different activities for you to enjoy to improve your happiness. It has a lot of the same features as other apps like Calm and Headspace, and then some. It tracks your skills acquired (or Tracks activities completed).	Free, but for more tracks and activities you have to upgrade for $15 per month.
Maria Rodowski-Stanco	Daylio (IOS) Daylio (Android) Daylio	★★★★	Tracks a variety of activities as well as mood. It is very good at prompting you to complete daily monitoring, even multiple times a day. Allows you to monitor across multiple domains and you can do some modifications beyond the pre-set categories without paying for enhancement.	Free
Marion Katsereles	**Smiling Mind** (IOS) Smiling Mind (Android) Smiling Mind	★★★★	This is a mindfulness app made easy. Just choose a program (think: mindful eating, concentration, sport, or sleep) and it'll set you up with 10-minute meditations, complete with reminders if you want to keep up your mindful moments. You can also listen to body scans, which help to bring your attention to how your body is feeling. One thing we love: the Australian-based app features accents from down under.	
Stephanie Slowly	**My Life Meditation by- Stop, Breathe, Think** (IOS) My Life Meditation (Android) My Life Meditation	★★★★	A daily check-in that starts with a deep breath and a minute to focus on what's going on in your mind and body. Check off how you feel, mentally and physically on a scale of rough to great, with an option to enter specific emotions. You'll get a list of meditations. You can set a time limit complete with chimes or sounds to assist you through your session.	Free

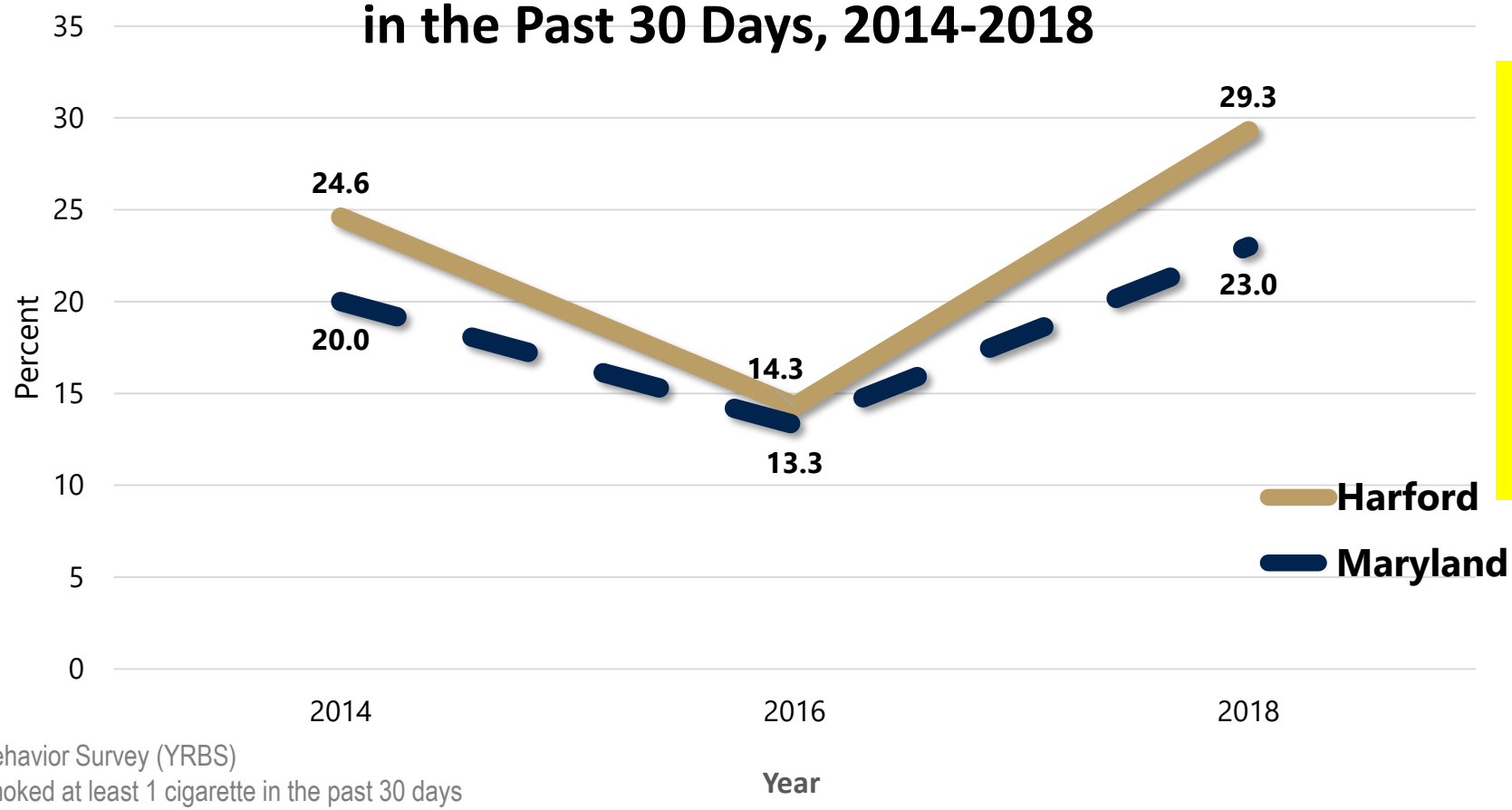
MDH BHA created a list of 10 popular mental health apps that were reviewed by their leadership team!

https://bha.health.maryland.gov/Documents/Mental%20Health%20App%20flyer%20revised%20Final%2010.6.2020.pdf

Chronic Disease

Smoking

Harford County & Maryland High School Electronic Vapor Product Use in the Past 30 Days, 2014-2018



Harford County rate for electronic vapor product use has doubled from 2016-2018. Harford County is about 6% worse than the State in 2018

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

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Smoking

2020 National Youth Tobacco Survey

In 2020, about 1.8 million fewer U.S. youth are current e-cigarette users compared to 2019.

However

3.6M

U.S. youth still currently use e-cigs

There is a notable uptick in use of

DISPOSABLE

e-cigs by youth

More than

8 out of 10

current youth e-cig users use flavored e-cigs

Although there was a national decrease in e-cigarette use, there are still 3.6 million U.S youths still using e-cigarettes.

Source: National Youth Tobacco Survey, 2020

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Smoking

- Researchers at Stanford University found that those that vape are 5 to 7 times more likely to be infected with COVID-19 than those that do not vape.

Stanford MEDICINE | News Center

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Vaping linked to COVID-19 risk in teens and young adults

Data collected in May shows that teenagers and young adults who vape face a much higher risk of COVID-19 than their peers who do not vape, Stanford researchers found.

AUG 11
2020

Vaping is linked to a substantially increased risk of COVID-19 among teenagers and young adults, according to a new study led by researchers at the Stanford University School of Medicine.

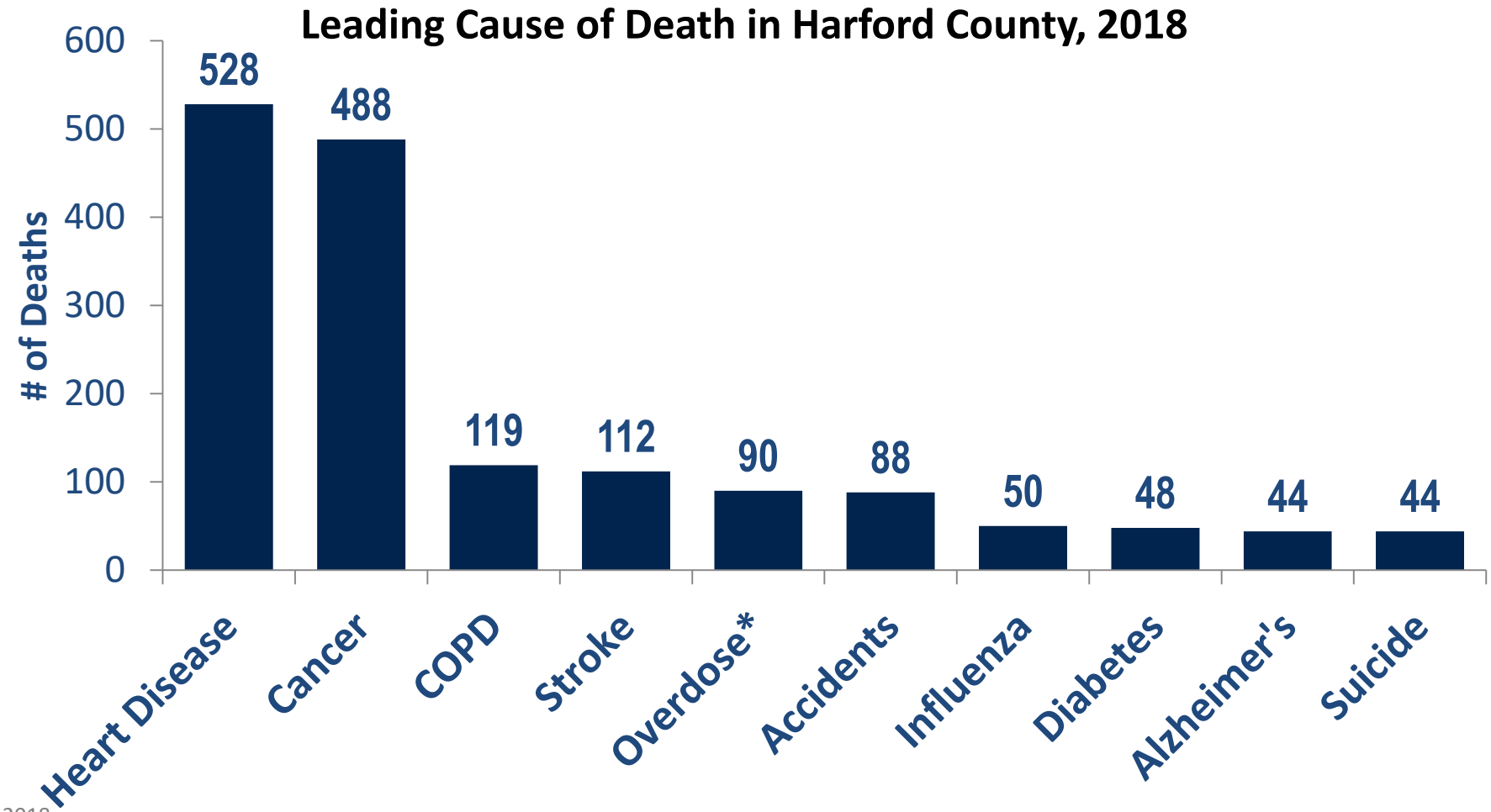
Teenagers and young adults who vape face a much higher risk of COVID-19 than their

The study, which was published online Aug. 11 in the *Journal of Adolescent Health*, is the first to examine connections between youth vaping and COVID-19 using U.S. population-based data collected during the pandemic.

Among young people who were tested for the

Source: Stanford Medicine

Leading Cause of Death



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

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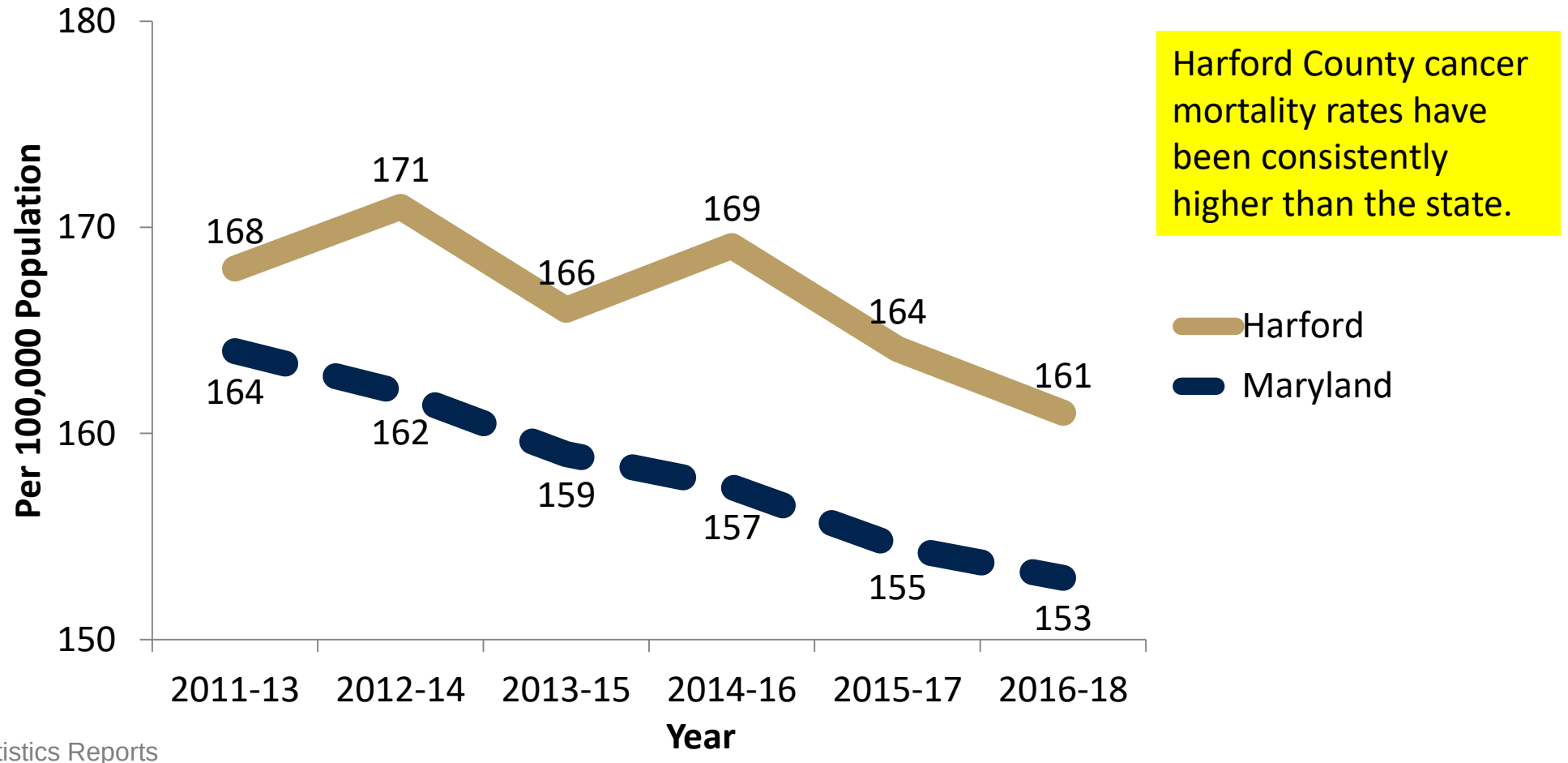
Cancer

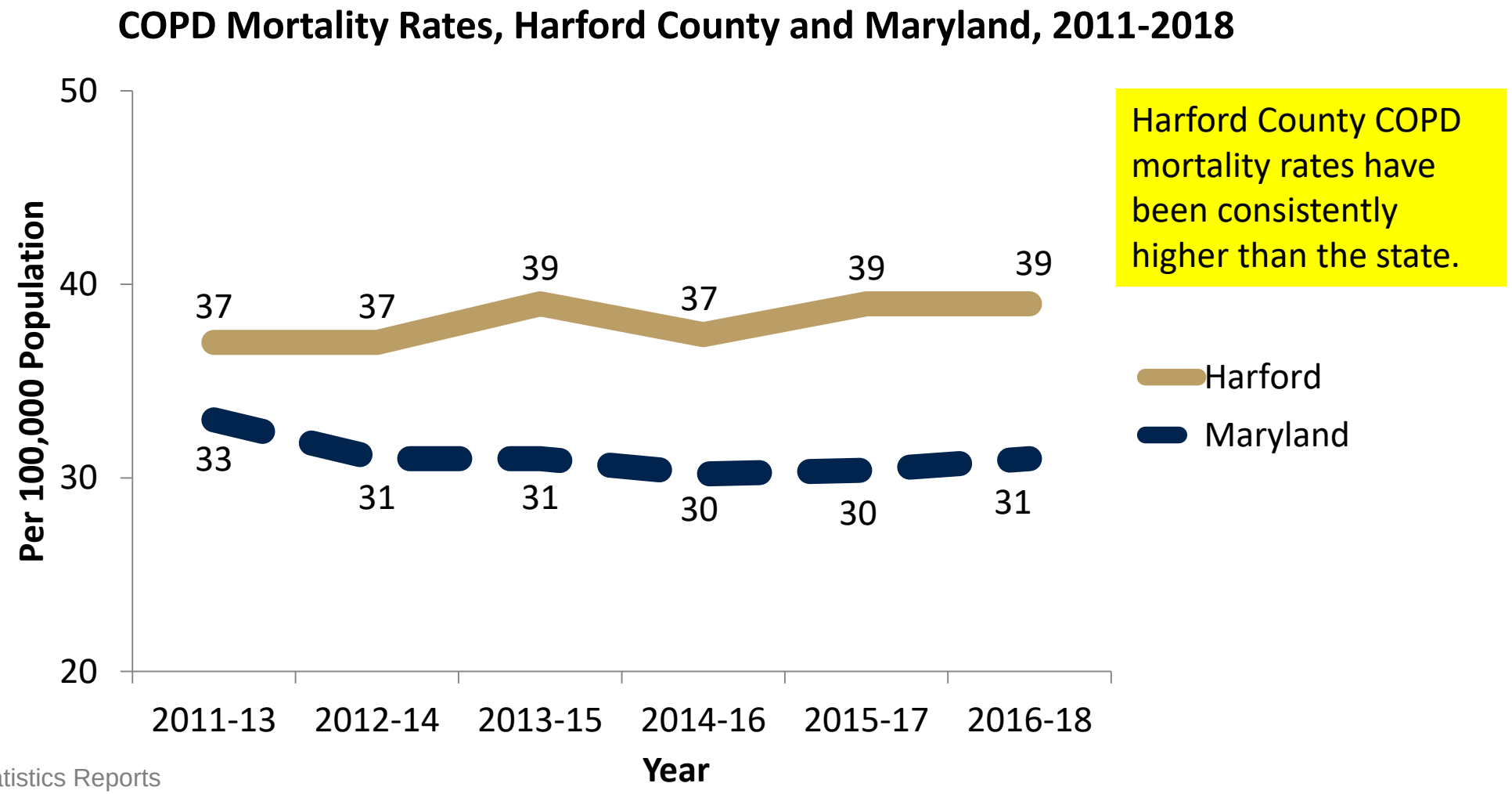
Cancer Mortality Rates, Harford County and Maryland, 2011-2018



Harford County cancer mortality rates have been consistently higher than the state.

* Age-Adjusted Rates
Source: Maryland Vital Statistics Reports

Chronic Obstructive Pulmonary Disease (COPD)



* Age-Adjusted Rates

Source: Maryland Vital Statistics Reports

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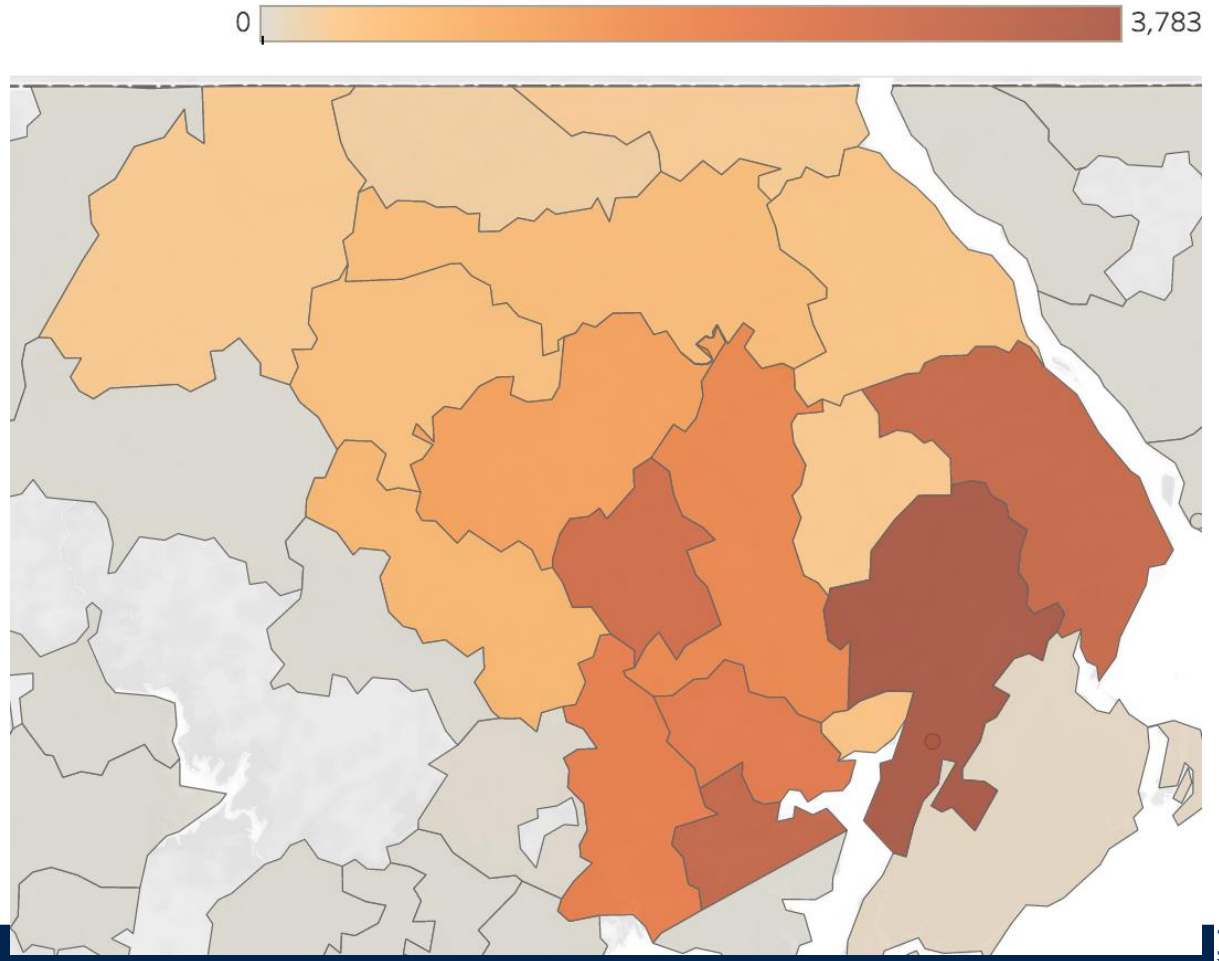
Chronic Obstructive Pulmonary Disease (COPD)

ED Visits for COPD from 2016-2019 in Harford County

Zip Codes with The Most Visits	
21001	3,783
21040	3,088
21078	2,935



2019 CRISP Data, Hospital Visits COPD

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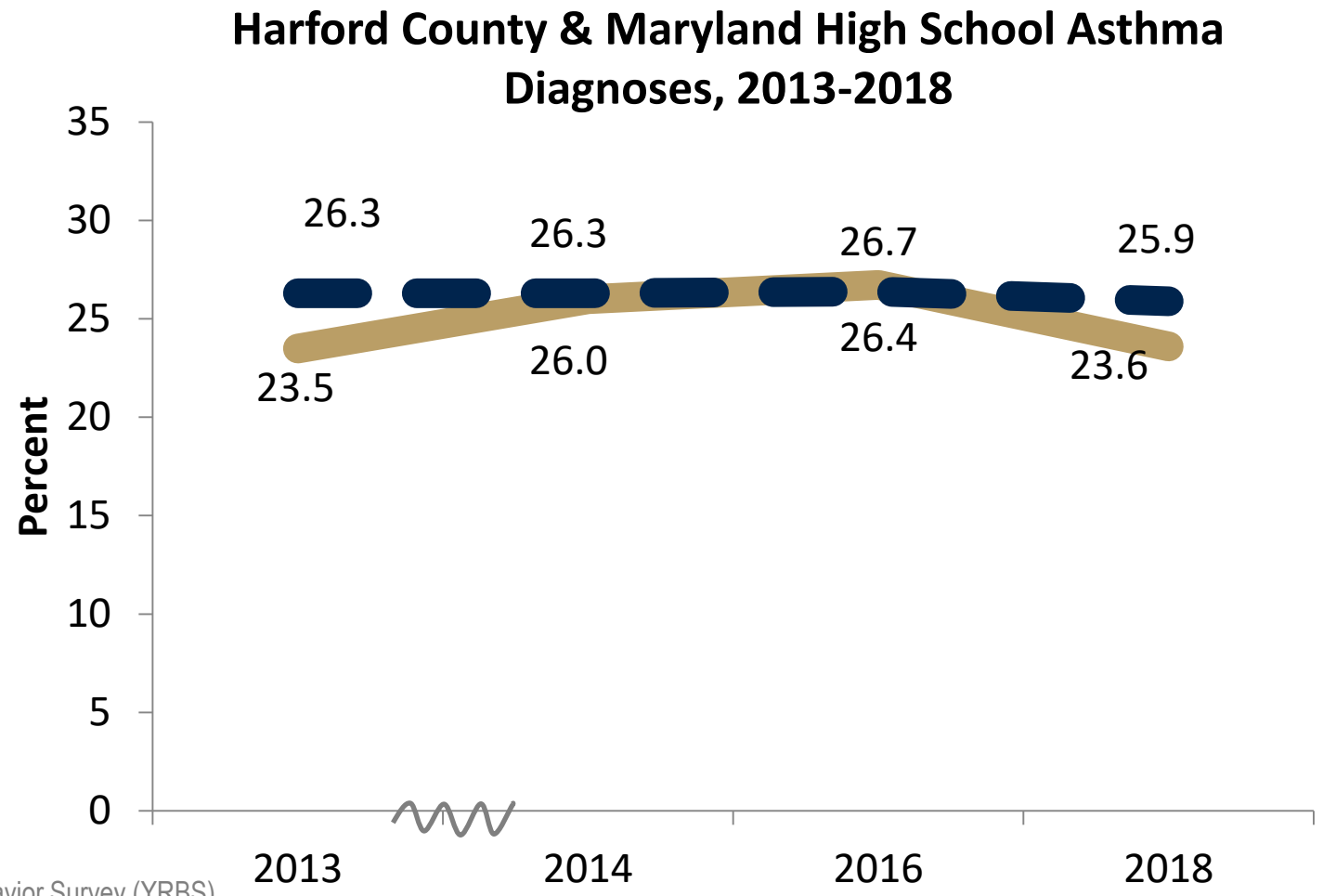
Percentage of High School Students who had Ever Been Told by a Doctor or Nurse That They had Asthma



Rates of asthma diagnoses have been relatively steady over the years, but we are still seeing almost a quarter of high school students having asthma. Harford is slightly doing better than the state in 2018

Source: Maryland Youth Risk Behavior Survey (YRBS)
* Data gap between 2010-2013 and 2014-2016

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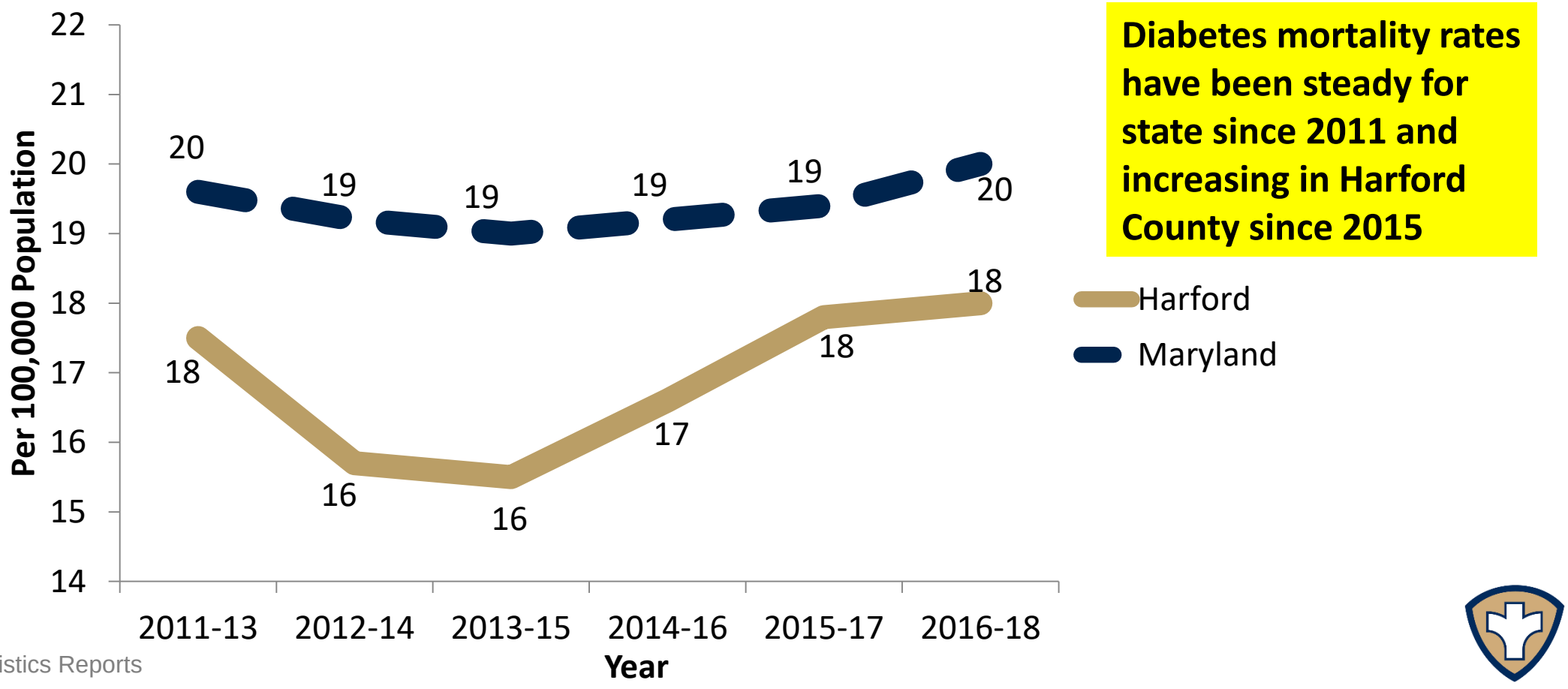
Diabetes

Diabetes Mortality Rates, Harford County and Maryland, 2011-2018



Diabetes mortality rates have been steady for state since 2011 and increasing in Harford County since 2015

* Age-Adjusted Rates

Source: Maryland Vital Statistics Reports

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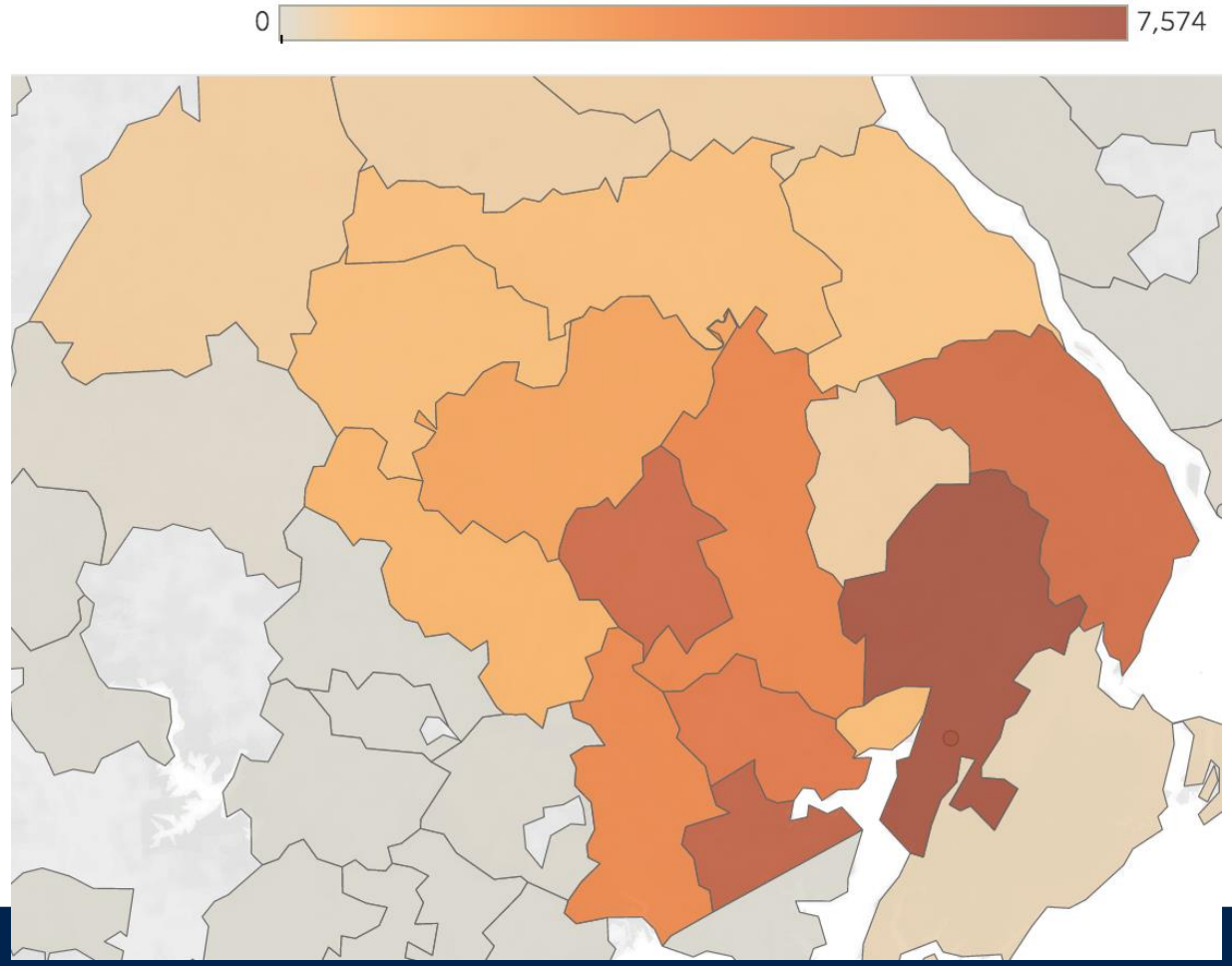
Diabetes

ED Visits for Diabetes from 2016-2019 in Harford County

Zip Codes with The Most Visits	
21001	7,574
21040	6,237
21014	5,561



CRISP Data, Hospital Visits Diabetes

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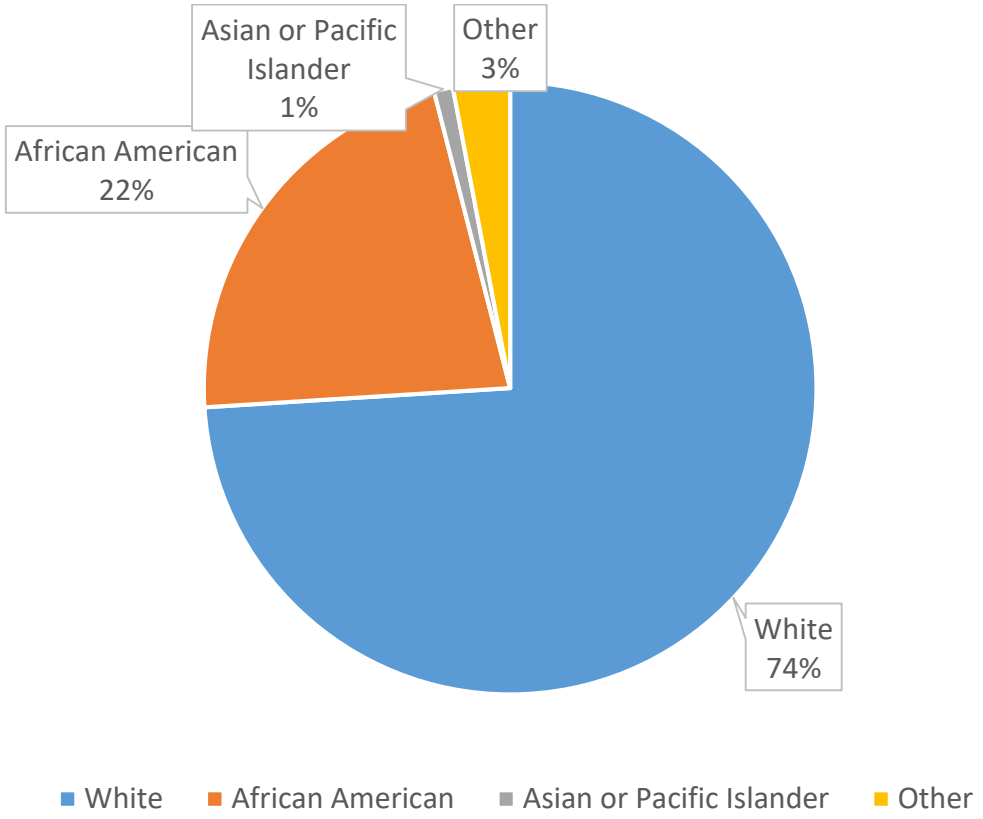
Diabetes

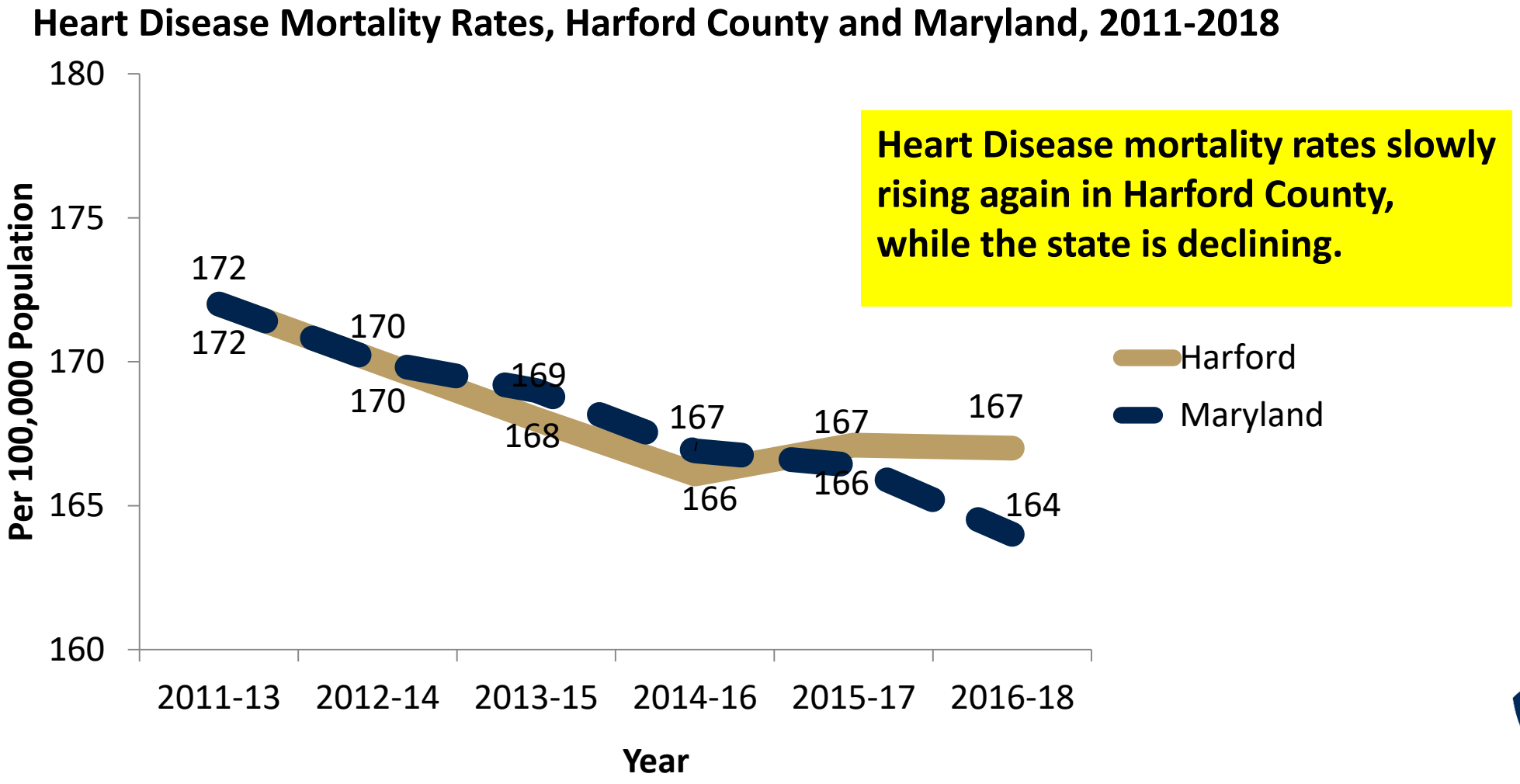
2016-2019 Hospital Visits for Diabetes in Harford County by Race



Although the highest rates of diabetes-related hospital admissions were in Whites, those in certain minority groups are at higher risk for developing type 2 diabetes.

Source: 2019 CRISP Data, Hospital Visits for Diabetes

Heart Disease



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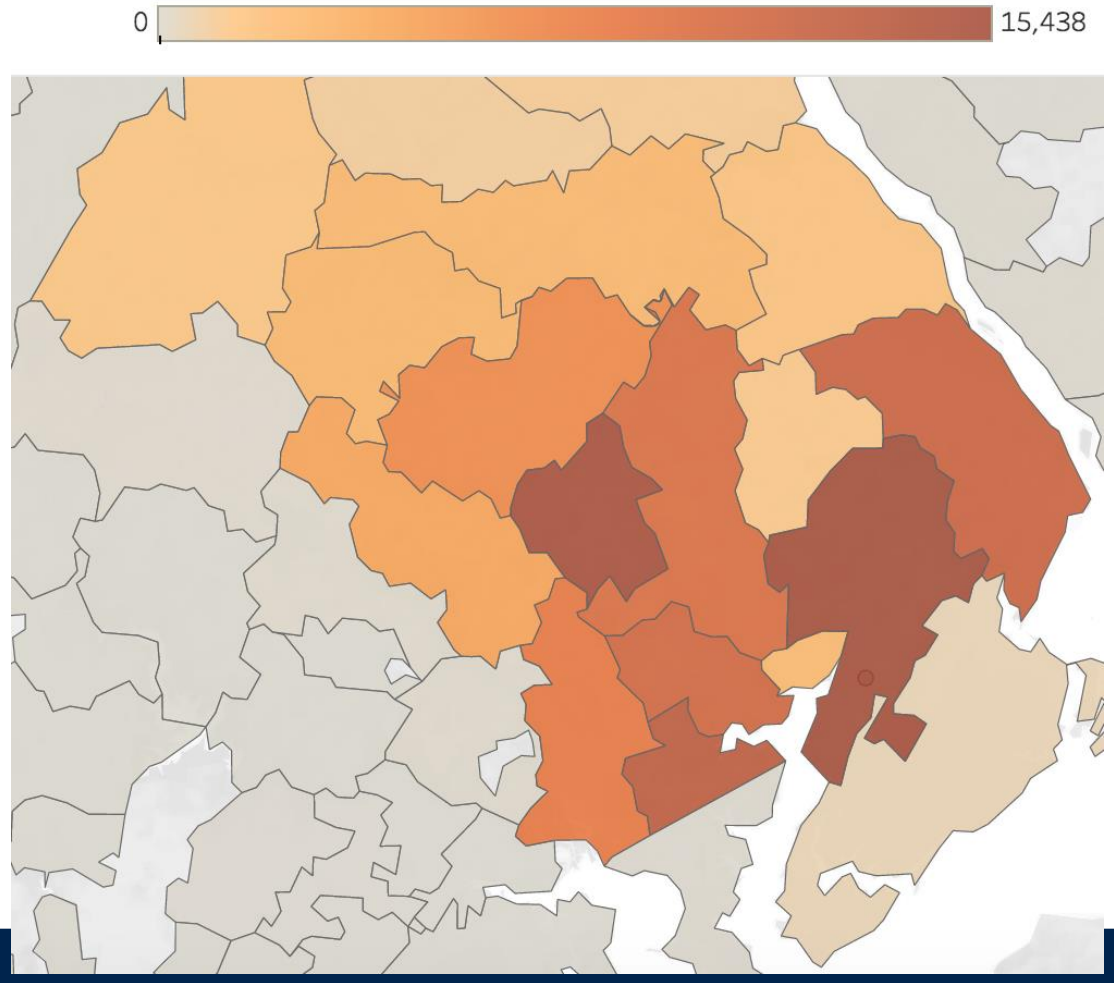
Hypertension

2016-2019 ED Visits for Hypertension in Harford County

Zip Codes with The Most Visits	
21001	15,438
21014	15,145
21040	12,932



CRISP Data, Hospital Visits Hypertension

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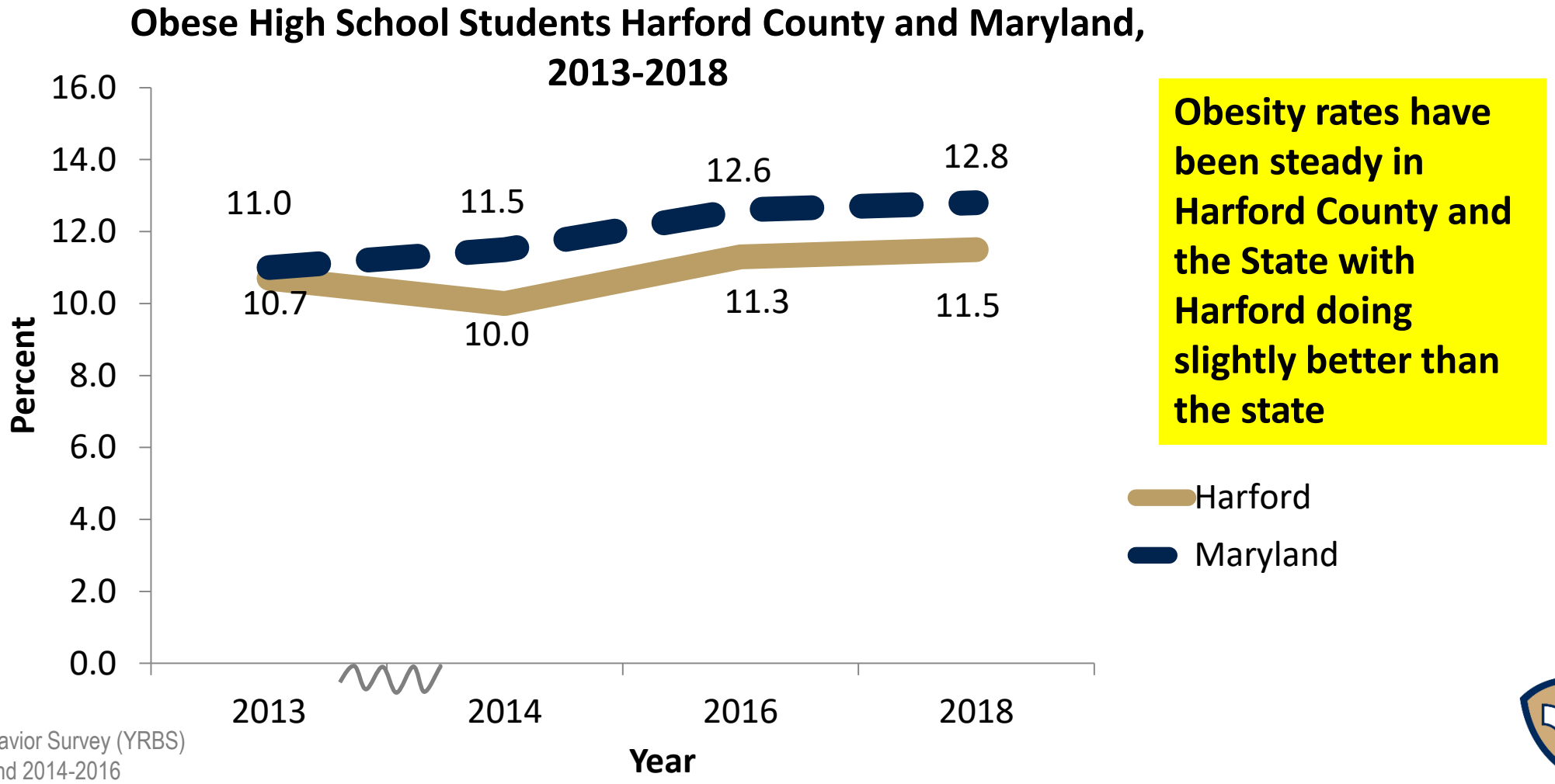
Obesity



Obesity rates have been steady in Harford County and the State with Harford doing slightly better than the state

Source: Maryland Youth Risk Behavior Survey (YRBS)
* Data gap between 2010-2013 and 2014-2016

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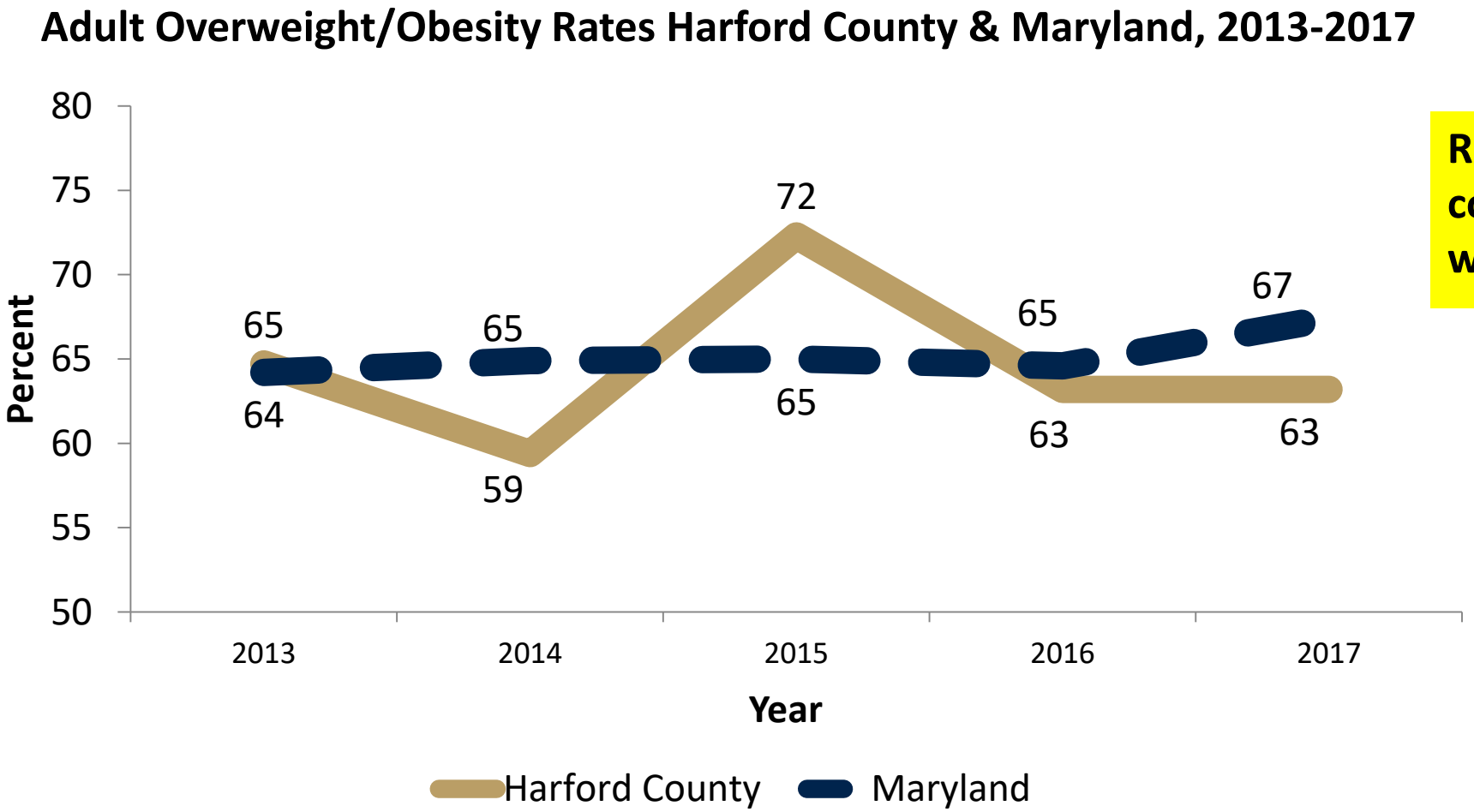
Obesity



Rates comparable with the state.

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

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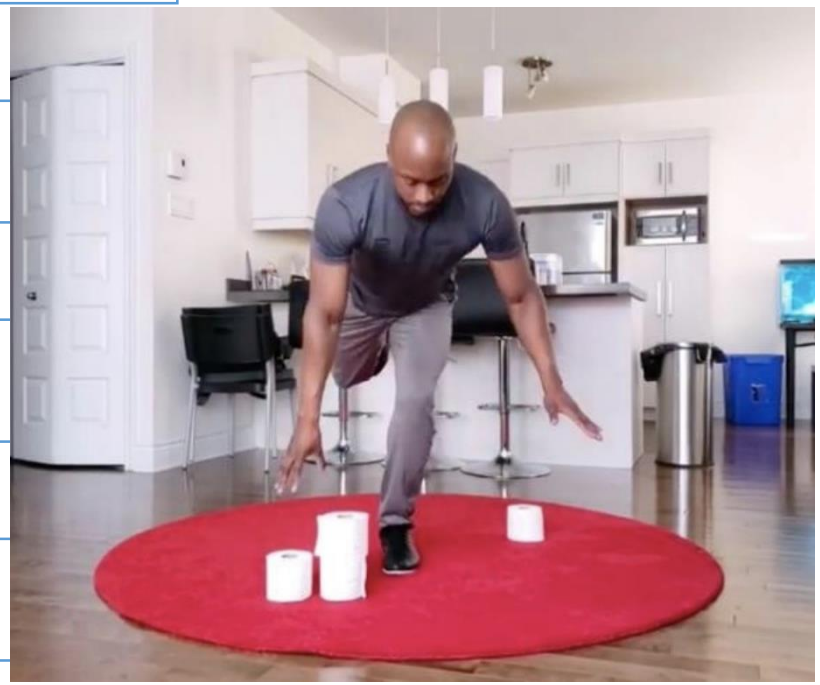
Chronic Disease and COVID-19

- Chronic Kidney Disease
- COPD
- Cancer
- Heart Conditions
- Immunocompromised State
- Obesity and Severe Obesity
- Sickle Cell Disease
- Smoking
- Type 2 Diabetes

Certain underlying conditions have an increased risk for severe complications from the virus

Chronic Disease and COVID-19

- Continue preventive services
- Stay physically active
- Eat healthy, well-balanced meals
- Get plenty of sleep
- Take care of your mental health



In Summary

- Harford County has made progress with:
  - The second decline in opioid deaths in 7 years
  - The lowest uninsured rate in the State
  - Lowest teen birth rate
  - Better than state average rates for diabetes and adolescent obesity rates
- 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
  - Suicide, cancer, and COPD mortality rates higher than the State average
- We need to focus on:
  - Strengthening the behavioral health services system infrastructure, especially for adolescent health
  - Chronic disease prevention with an emphasis on smoking and vaping prevention efforts
  - Focus on prevention services for maternal-child and family health

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Thank you!

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CHNA 2021 - FOCUS GROUP SUMMARIES

FOCUS GROUP #1: Diabetes Prevention Program (DPP) Class - 2/23/2021

Problems/Concerns Identification (25 minutes)

- What does a healthy community look like?
  - Community where people know one another and relate to one another, look out for one another. (Strong relationships and communications)
  - Element of friendliness and safety
  - Community driven activities and the resources to get them out there. (events, trails, healthy activities)
  - **Safety**
  - Doctors close by and programs for people who need it (proximity)
  - **Communications** and involvement
  - **Community activities**
  - People being seen and heard
  - **Access to healthcare and program**
  - Letting people know they are not alone and feelings are validated

- What are the most significant problems related to **health** in your community?
  - Chronic diseases
    - Lack of knowledge of particular CD's and time
  - Lack of resources for elderly and special needs populations
    - Maybe there are not enough special needs for this to be seen as a problem, but they need attention.
  - **Mental Health** (isolation, depression, stress). Pandemic is not something people are used to dealing with.
    - **Stigma**, hesitation to pursue help, pandemic
    - Where we put resources, need to be prioritized.
  - **Transportation** and loneliness
  - **More bike trails** and **designated areas** for physical activity
  - Areas with places where people can congregate
  - A lot of fast food options
  - Resources all in one place for **physical activity**

- What are the most significant problems affecting **families** in your community?
  - Isolation due to the pandemic (especially for assisted living) hard on elderly for their mental health
    - Problem isolated to just the pandemic
  - Internet connectivity
  - Job loss
  - Uncertainty of **school education**, private school costs
    - Routine stopped with due to **pandemic**
  - COVID fatigue (can we see people, it is safe?)
    - Connected to **pandemic** (existed before but has shown a brighter light on challenges)

    - Homelessness
    - **Health insurance**, people are still reluctant to go see doctor (large deductibles)
        - **Pandemic**
    - More for elderly
    - Lives disrupted due to pandemic, younger children watching sibling b/c parent needs to go to work
        - **Pandemic**

- How would you rate our community as a "Healthy Community"? (1-10)
    - **7-8** somewhat healthy
        - **More resources and communications within community**
        - Provide communication before it is too late, get folks who are in need connected with resources available
    - Somewhere in the middle
        - **Resources readily available and better connection to resources**

Community Strengths, Resources and Barriers (10 minutes)

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page)

- What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).

Community Strengths and Resources Available to Address Problems/Issues	**Barriers to Reaching Solutions**
Klein Family Harford Crisis Center	Where is it? Not enough people know about it, use it, why to use it, when to use it.
HealthLink, communications from doctor's offices, emails from **HCPL**	**Can't force people to read the info**, don't know how to get the info out to everyone
HCPL (a lot of free resources), **HealthLink**	No internet access/barriers to get online
HCPL (a lot of partners)	**Communications**, **internet**
Partnership between UMUCH and UM	Not everyone knows about the programs, people who are not computer savy, more robocalls

Solutions (10 minutes)

- What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)

Solutions	Concern Area Affected	
(List each possible solution on a separate line and check the concern area the solution would address)	**Health**	**Families**
Quality/Access of internet	x	x
All entities come together to push out information (larger conversation)/ better communication (marketing push)	x	x
Better publication of 211	x	x
Community speakers/ town meetings that speak about resources that are out there	x	x
Increase of activity centers, dog parks, places where people can congregate and feel safe.	x	X
More community groups	x	x
More resources for special needs	x	X
TV station in HarCo where people can watch for information/ Directory of services	x	x

FOCUS GROUP #2: Epicenter – 3/2/21

Introduction (5 minutes)

[Facilitator breaks the ice by introducing self and going around the room having everyone introduce themselves briefly]

- This year the Health Department and Upper Chesapeake have partnered to create a Harford County Community Health Needs Assessment to take a look at a wide range of issues that influence the health of the county and its residents. This information is also being collected through an Online Community Health Survey and a local forum with community partners and organizations that influence health behaviors.
- We will be combining that information with data from the Centers for Disease Control, Maryland Department of Health, and other sources. A draft of the assessment will be available for public comment in April 2021, and the final report will be published in May.
- I'm going to ask the group to spend a few minutes identifying their concerns for their community in a few particular areas. After that I will ask you to identify any resources currently available in the community to address the problems identified. And, finally we will talk about any barriers for accessing the services.
- Your input is vital in helping to identify and prioritize needs, create solutions, and plan for services in Harford County.
- We're not trying to evaluate or judge any one person's opinions or experiences, but rather to capture the thoughts of as many people as possible.
- Are there any questions before we begin?

Problems/Concerns Identification (25 minutes)
[Make slides and share screen or use flip chart if live]
[A reporter should write down all these answers to display in real time for part 2.]

- *What does a healthy community look like?*
    - I've been seeing more people just living on the streets. JO Clarification: a lack of homelessness reflects a healthy community
    - Prosperity, where everyone is able and encouraged. Using each person's gift as a person in the community in the most synergistic way. Support and self-discovery. I think we've exhausted resources on debating what is right and what is wrong. And a moral dilemma. And opportunity for each person. Not just widespread prosperity, but the sense that people being impoverished is a collective pathology - it's a collective pathology to allow there to be poverty. It isn't the fault of the people who are suffering from poverty, but it's a form of community… it's unacceptable that we have people who are not prospering.
        - *JO Clarification: the ability for each person to contribute their qualities and talents to the community?*
    - I think more equality as well. And more communication, especially between the resources. I've been homeless for three years and there's always a resource available and I'm always the last one to learn about it. You go to the resource centers and they don't have any idea. The drugs have gotta go. I'm just tired and fed up with drugs. People don't want to help each other, they want to bring each other down.
    - Stability. I think if we had stability, stable jobs and stable housing, everything would go a lot smoother.

- *What are the most significant problems related to **health** in your community?*
    - Mental and Dental!
    - I agree - jobs and housing. And resources - like for mental health. Education. The need for more resources is definitely a need. Whether it's for mental health or job protections. During COVID, it's just gotten worse. And more and more of it.
    - I think that decriminalization of drugs and a focus on harm reduction is necessary. It's unacceptable that drugs are illegal and there are controlled substances. I think it's insane. I think that criminalizing the possession of drugs is insane. My father was kidnapped when I was a child for the possession of cocaine. And I don't think possession of cocaine is criminal at all. I think it's criminal to kidnap a father over drugs. The police criminalizing the possession of drugs is criminal too. I believe that. I also don't understand why the police are treated as authority. They are servants. They are supposed to SERVE. They are called to serve, and unless a crime has been committed, they don't need to get involved. They can shut the *expletive* up. I'm sorry. But …

- The fact that you have to wait in line and wait over the phone and you're supposed to open up to people you haven't even met - like your counselor.
    - *JO clarification: Telehealth visits? Is that what you are referring to?* Participant: Yes. I was kicked out of NAME OF SERVICE. Am I too mental to go there or something?
- (Providers') bedside manner and personal contact.
- Counselors that don't have any life experience and who just read out of a book try to tell you what to do. I think that Counselors need to have more related and life experience.
- I think law enforcement and the criminal justice system tend to treat adults like children. And make moral judgements on people in our society. They tend to just talk to people like they're a parent. If I was 12 years old, I could expect to get a lecture if I vandalized a school or something. But when you're an adult dealing with a whole lot of issues. To have someone who has lived a relatively insulated life talk to you as if you're a child - it's psychologically debilitating. I think there should be mandatory civil service where they go through some of these problems… That they understand.

[Prompt--Are there common causes of these problems? What are they?]

- *What are the most significant problems affecting **families** in your community?*
    - Pretty much ALL the subjects that we have talked about. I know a personal situation where they have had to change the situation where she doesn't have her children at the moment. Until she could get back to work. Not just childcare, but the resources for everything - healthcare, housing, things like that.
    - I think poverty and lack of resources and childcare and education… And support for families, I think. You know like child services seem like they are more like another bureau of police and it hurts children as much as it hurts families. I think there should be more community centers for childcare as well. Where children begin to socialize earlier. I also think communication between the generations is a tough challenge. I might be a little bit out of touch because I don't have children.
    - I think it's a lot of different areas. A lot of times people don't know that there's resources out there. There needs to be a way where people know there is help - mental health, services, all that. Because people don't know about it. Is there a way it can be put out there to reach people to where they know that help is out there?
    - Financial. Cause COVID, like the mother who lost custody because she lost her job. Support groups for people like that. Support groups for everybody.
    - I think families are struggling with drug addiction and resources communication and mental health.

- *Outside of what we already discussed, what other issues affect our community?*
    - Something to where it's community members helping each other, helping the community. You know people IN the community - one person helping the next person and the next person helping that one. I guess kind of like a pay it forward system. But for all the topics we've already discussed.
    - I don't think we talked about racism or sexism or gender and gay and lesbian and other rights? I think also there is a lot of lost human resources because of … We have all these people who no fault of their own… I think it's a COMMUNITY problem. We have people who want to flourish. And that fact that they don't feel that they're flourishing - that needs to happen. There's a lot of untapped human potential that needs to be freed, if that makes sense. I think people need to see each other's - the success of other people as their own success and vice versa. I think the interdependence of everyone's success needs to be - cognitively… more "real" for everyone. If that makes sense.
    - Insurance needs to be covered. Idk why everyone assumes that it's… easier for women to be homeless? I don't understand why there aren't more resources available. People think that we have more available and that it's easier. It's not easier unless you want to be a prostitute.
    - It's reversed? Men are the workers. They are more lenient with women and working.
    - There is a large Hispanic community in this area. And one of the things they are dealing with is many of them do not speak English. The children do, but the parents do not. The challenge is that, if you don't have Spanish-speaking folks in your services, then they are less inclined to engage because they don't speak the language. We have children who come around to the food giveaway, but I think the families are discouraged because they don't speak English.
    - They should have resources available for the families to be able to speak English.

- *How would you rate our community as a "Healthy Community"?*
    - I would say Unhealthy
    - Unhealthy, but improving
    - Unhealthy

Community Strengths, Resources and Barriers (10 minutes)
Have participants look at the list of problems, issues and concerns, and then ask:

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page) What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).
    - Winner's Choice is a PRP. I don't understand why they are in business. I haven't heard from my caseworker in over a year. Then there's New Day. And it's a little sketchy with what they've done with their money. They are

supposed to tell you about their resources. But all they do is put your name on a piece of paper then claim you to get funding, but not tell you about the resources.
    - Can't even get an appointment with my Psych doctor. At Winner's Choice, it takes over two weeks to even get an appointment to refill my Psych medications. I don't even know how they got their medical license to be honest.
    - New Day is another resource. They provide food, clothes. And before COVID we were allowed to go there to get warm, take a shower, but we can't do that anymore.
    - I'm not aware of any resources. My question is "are there any resources?" I know there needs to be a lot of resources, especially for the homeless.
    - If there are these programs available, then why don't they leave them available. If you're gonna close down at 2, then how are you there to help.
    - Don't you feel that people play favorites too? They don't offer the same thing to everyone. They pick favorites. It's been that way as long as I can remember.
    - *JO: What hours would be convenient?*
        - If they had a SET schedule that would be helpful
        - Just because you're homeless, doesn't mean you don't have other things to take care of. If you're only open at 2 but supposed to be open until 8, then how is that helping?
        - This has happened before COVID. But now it's TWICE as hard to get help. Everyone's afraid to let anyone in that needs help. You can't get ahold of food stamps, unemployment, or social services.
        - I've been waiting on my food stamp card that was mailed December 11th. It has over a thousand dollars on it that I can't touch. Meanwhile, I'm starving.
        - With my unemployment, it was active last year. Since the New Year, it's now inactive. I can't even apply for my benefits online because it's frozen from the new year. I have no one I can contact to get help.

- *JO: Other barriers?*
    - Keeping appointments that are set. Being able to get into buildings to get help (Social Security).
    - The prejudice of just being homeless. We have to change what people think about homelessness.

- *JO: Summary Comments*
    - We are not getting the full benefits of the social service departments. We aren't getting the complete benefit of services out there. It's just a little bit here and there.
    - Maybe a big event where they allow people to come on the weekend and they bring every single person involved in every single service (faith, social services, and so on). Get them in the same hotel. Everybody is

together and have,like workgroups. It would be a big cost… but if you force everyone to live together for a week. And just be there physically. Force every single person involved in government - like the County Commissioner - you don't get to stay at your house tonight. You have to stay here or you lose your job. Or the Governor - tell Hogan that he has to come here and be homeless with me. Then if he doesn't he doesn't get to live in the Governor's Mansion.
    - The health department and services should have more social workers or case workers to work with people to get them what they need
    - I think they should be more held accountable. Just make them accountable for their funding. Like "oh I need the money for this," but they don't really do that.
    - They are just being really unprofessional. You go in there and you don't know what's going on.
    - (These providers) don't have $2 in petty cash for a bus fare?
    - More professionalism.
    - Make sure that the funds are actually going to the right place.

Solutions (10 minutes)
Have participants look at the list of problems, issues, strengths, resources and barriers, and then ask:

- *What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)*
    - Just promit it. A lot of people don't know what to look for. But if someone is out there promoting it like "we're here to help," then someone who has just lost everything can get help.
    - Basically having guidance. Either individually or the families. Some type of families for us to get the things and services we need.
    - As far as people who need drugs, don't put them down. Try to offer them… Sometimes people feel invisible. Or like they don't matter.
    - The way that homeless people are perceived. Everyone thinks because you're homeless, you have to be a drug addict or you did something terrible. Not everyone who is homeless is a scumbag. We're just trying to get on our feet and we don't have the right resources.
    - Without being patronizing, I don't want to compare adults to kids in middle school. When you go to private schools, you have resources available and you plan out what you need to do to get into the right kind of college. Then you have the resources to get the right kind of job. I think those resources and programs should be available to everyone. You know almost guaranteed, you do this, this, and this. Then you're going to be making six figures and be able to own a home. Everyone in America should be able to go into an office and sit down with someone and within a week have a written plan - and if they follow what they need to do, then they are making six figures living in a home and with a career. It's not homeless people's

fault. It's the fault of the WHITE American middle class. There are so many people who are so capable, who… and I… I don't understand why that's not

- *JO Clarification: It would be helpful to have a career planning and life planning support?*
- Yes, longterm. Because everything is just so short term. "we're gonna get you here and then you're done. We want to get you out." Then there's no long term plan. I think that mental health professionals shouldnt' be involved in anything but mental health. There should be life coaches or career coaches or something. MH professionals have the ability to incarcerate people and that's kind of an adversary relationship. I think people are facing life challenges that they can meet with the RIGHT kind of resources. And I don't think that the right kind of resources are necessarily available to everyone. Because they are treated like they are either sick or drug addicted or a criminal and its *expletive.*

FOCUS GROUP #3: Megan's Place – 3/4/21

Introduction (5 minutes)

[Facilitator breaks the ice by introducing self and going around the room having everyone introduce themselves briefly]

- This year the Health Department and Upper Chesapeake have partnered to create a Harford County Community Health Needs Assessment to take a look at a wide range of issues that influence the health of the county and its residents. This information is also being collected through an Online Community Health Survey and a local forum with community partners and organizations that influence health behaviors.
- We will be combining that information with data from the Centers for Disease Control, Maryland Department of Health, and other sources. A draft of the assessment will be available for public comment in April 2021, and the final report will be published in May.
- I'm going to ask the group to spend a few minutes identifying their concerns for their community in a few particular areas. After that I will ask you to identify any resources currently available in the community to address the problems identified. And, finally we will talk about any barriers for accessing the services.
- Your input is vital in helping to identify and prioritize needs, create solutions, and plan for services in Harford County.
- We're not trying to evaluate or judge any one person's opinions or experiences, but rather to capture the thoughts of as many people as possible.
- Are there any questions before we begin?

Problems/Concerns Identification (25 minutes)

[Make slides and share screen or use flip chart if live]
[A reporter should write down all these answers to display in real time for part 2.]

- What does a healthy community look like?
    - More mental health services available
    - More rec centers – specifically for children
    - Outlet for children x 2, things to do outside
    - More activities to do x 2 (kids and adults)
        - Kid concerts
    - Low cost spa, chiropractor, wellness, care, massage

- What are the most significant problems related to **health** in your community?
    - Tons of fast-food places but not fitness centers at a low cost. Fitness centers not having a daycare/ child care, family friendly gyms
        - Daycares not offering hourly rates
    - No education on health and nutrition x 2
    - No place to have mentors, someone to talk to, advocacy, a community to discuss/get together
    - Affordable food
    - Education on grocery shopping
    - One website with all the resources is needed
    - Lack of internet
    - Cheaper to get fast food

  [Prompt--Are there common causes of these problems? What are they?]

- What are the most significant problems affecting **families** in your community?
    - Lack of resources
    - Lack of healthy foods and education surrounding
    - Lack of being able to access resources
    - Transportation
    - Fear of having to depend on someone
    - Consistent, quality support
    - Fear of judgement
    - Younger moms judged for having kids, etc.
    - Better locations for clinics

  [Prompt--Are there common causes of these problems? What are they?]

- How would you rate our community as a “Healthy Community”?
    - In the middle x 2– depends on the part of the county. People can be struggling even if they don’t live in a ‘struggling area’
    - Closer to unhealthy x 2 due to toxicity and ignorance. An entire family needs to be educated not just the mom.
    - Resources aren’t available everywhere.
    - Homeless population is often “swept under the rug.”

        - Cycle of not having an address and can't get a job. Having an opportunity to depends a lot about having a roof over your head
    - Suggestion: using an old building and have people assist with fixing the building so they learn skills

[Prompt--What would it take to make things better?]

Community Strengths, Resources and Barriers (10 minutes)
Have participants look at the list of problems, issues and concerns, and then ask:

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page)

- What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).

Community Strengths and Resources Available to Address Problems/Issues	**Barriers to Reaching Solutions (In general)**
MEGAN's Place	**Need more funds**
Harford Community Action	Not enough locations
SARC	Assumption that if you work you have the money for things
Birthrite	Not enough money, staff, and they can't run these places.
Alpha Glory	When we know about the place there isn't enough left
	Need more services
	The eligibility to get sources is too strict

Solutions (10 minutes)
Have participants look at the list of problems, issues, strengths, resources and barriers, and then ask:

- What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)

Solutions	**Concern Area Affected**	
(List each possible solution on a separate line and check the concern area the solution would address)	**Health**	**Families**
More funding		
Pollical action		
Community Engagement		
Having a community fair and engagement, prizes, doorbusters, learn about services. Money goes to give back to the community.		
More housing vouchers		
Rules for accessing services – make eligibility less severe. Less restrictions to get sources		
Offering prevention before it gets bad. We don't want to wait.		
Vouchers to farmers market. Recipes to do with fruits and vegetables. – through WIC		
More options of foods, getting more choices, more size options, smaller options		
Having spaces people can get together to share resources like toys, clothes, food. Community sharing. Space to uplift each other.		
Partnering with Boys and Girls Club to use their space to exchange items		
Have someone pickup donations and drop them off to places. More times and days available for pickup		
Using an old building and have people assist with fixing the building so they learn skills		

FOCUS GROUP #4: Susquehanna Ministerium – 3/3/21

Introduction (5 minutes)

[Facilitator breaks the ice by introducing self and going around the room having everyone introduce themselves briefly]

- This year the Health Department and Upper Chesapeake have partnered to create a Harford County Community Health Needs Assessment to take a look at a wide range of issues that influence the health of the county and its residents. This information is also being collected through an Online Community Health Survey and a local forum with community partners and organizations that influence health behaviors.
- We will be combining that information with data from the Centers for Disease Control, Maryland Department of Health, and other sources. A draft of the assessment will be available for public comment in April 2021, and the final report will be published in May.
- I'm going to ask the group to spend a few minutes identifying their concerns for their community in a few particular areas. After that I will ask you to identify any resources currently available in the community to address the problems identified. And, finally we will talk about any solutions for accessing the services.
- Your input is vital in helping to identify and prioritize needs, create solutions, and plan for services in Harford County.
- We're not trying to evaluate or judge any one person's opinions or experiences, but rather to capture the thoughts of as many people as possible.
- Are there any questions before we begin?

Problems/Concerns Identification (25 minutes)
[Make slides and share screen or use flip chart if live]
[A reporter should write down all these answers to display in real time for part 2.]

- What does a healthy community look like?
    - Disease free, obesity free. Lives spent not visiting doctors all the time. People that don't have barriers.
    - Individual members of community were involved with each other. People help each other x2. Less about physical health, more interpersonal health.
    - Everyone has access to resources to meet their needs.
    - Support for those that need it. Those that lack transportation etc. Help with mental health, substance abuse. Encouragement with each other.
    - Access to quality healthcare and education. Walkable areas, open spaces.
    - Trust, being able to be free with how you think and eat. A balance. Freedom to live. Physical health, people being able to move, express themselves, have a voice.
    - Ability to grow, know you are supported and safe
    - Having the resources for life, liberty, and pursuit of happiness
    - Availability of resources for personal health and wellness

    - Elderly do not have capability to get to places and concerns about their health.
    - Provide ongoing education and resources to mental health. Freedom to share how they are feeling without being stigmatized

- What are the most significant problems related to **health** in your community?
    - Cancer x4
    - Significant issues with drugs/drug abuse x2
    - Access to vaccines for 65+ x2, fear of a lack of access to healthcare because the hospital is being moved x2
    - Mental health in general and in children
    - Homelessness
    - Childhood obesity and adults
    - Concern about spouse abuse, families going through stress and associated drug abuse
    - Racism
    - Cardiovascular
    - High blood pressure
    - Dementia
    - Cigarette Abuse
    - Alcoholism
    - Childhood healthcare
    - Emotional health and abuse

  [Prompt--Are there common causes of these problems? What are they?]

- What are the most significant problems affecting **families** in your community?
    - Fear of what is going on, especially COVID related
    - Elder care x3
    - Mental health
    - Poverty, people don't have resources
    - Lack of support for parents in general or resources to help them (nutritional meal prep)
    - Physical fitness and exercise is lacking
    - Lack of strong sense of community
    - Domestic abuse for children, spouse, elder
    - Physical activity and nutrition
    - Economic stability, healthy lifestyle, public transportation system
    - Better access for grandparents who are raising grandchildren
    - Community Action Agency has a program for meal prep but it would be helpful to expand that
    - Parents are emotionally unavailable for kids

  [Prompt--Are there common causes of these problems? What are they?]

- How would you rate our community as a “Healthy Community”? (1-5 scale, 5 being healthy and 1 being unhealthy)
    - 3 (x4), caveat they are trying
    - 2
    - 2.5 (x2)
    - 3.75
    - 1.5
    - 1

    [Prompt--What would it take to make things better?]

Community Strengths, Resources and Barriers (10 minutes)
Have participants look at the list of problems, issues and concerns, and then ask:

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page)

- What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).

Community Strengths and Resources Available **to Address Problems/Issues**	**Barriers to Reaching Solutions**
Hospital System – Upper Chesapeake and John’s Hopkins x5	Access to primary health physician Transportation to the hospitals x3 Lack of health insurance Access to appointments Listening skills
A lot of walking trails/running tracks/ opportunity to exercise	Transportation Awareness of how to get help
Crisis Center	Stigma associated with seeking help, especially for mental health
Ministries	Access to know where to get help, internet access

Community of caring	Funding and colonialism (we are not getting at the root of problems, lack of empowering), lack of support
Organizations are big on advocacy	Organizations allowing to see people as they are. We are not giving people the opportunity to see what their issue is because our biases get in the way x2
	Agreed to what was said
Streetcard resource book on Harford County Website	
	Navigating the health system and county/government system, digital divide
	Agreed to what was said
Good physical rehabilitation facilities. Lorein and Calvert	

Solutions (10 minutes)
Have participants look at the list of problems, issues, strengths, resources and barriers, and then ask:

- What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)

Solutions	**Concern Area Affected**	
(List each possible solution on a separate line and check the concern area the solution would address)	**Health**	**Families**
Teaching people on both sides how to cut through the red tape. Communication about resources x2	X	X
Decentralization. People that need resources need to be the priority. Transportation x 3	X	

Better public transportation, single payer health insurance, more robust elder care system	X	X
More resources for parents, for all not just people below a certain economic level	X	X
Proactive moves of leadership in the county/organizations that affect us the most. Not just reacting when it affects you. Being fair across the board.	X	X
Stratified community		
Grandchildren		X
Mental health resources available to all economic levels		

FOCUS GROUP #5: Key Informants Group – 3/9/21

Introduction (5 minutes)

[Facilitator breaks the ice by introducing self and going around the room having everyone introduce themselves briefly]

- This year the Health Department and Upper Chesapeake have partnered to create a Harford County Community Health Needs Assessment to take a look at a wide range of issues that influence the health of the county and its residents. This information is also being collected through an Online Community Health Survey and a local forum with community partners and organizations that influence health behaviors.
- We will be combining that information with data from the Centers for Disease Control, Maryland Department of Health, and other sources. A draft of the assessment will be available for public comment in April 2021, and the final report will be published in May.
- I'm going to ask the group to spend a few minutes identifying their concerns for their community in a few particular areas. After that I will ask you to identify any resources currently available in the community to address the problems identified. And, finally we will talk about any barriers for accessing the services.
- Your input is vital in helping to identify and prioritize needs, create solutions, and plan for services in Harford County.
- We're not trying to evaluate or judge any one person's opinions or experiences, but rather to capture the thoughts of as many people as possible.
- Are there any questions before we begin?

Problems/Concerns Identification (25 minutes)

[Make slides and share screen or use flip chart if live]

[A reporter should write down all these answers to display in real time for part 2.]

- What does a healthy community look like?
    - Empowered citizens
    - Access to healthcare and accessing healthcare, with the ability to make decisions with their own care
    - Comprehensive services: behavioral, mental, etc.
    - Safe and walkable sidewalks, bike paths/lanes, outdoor spaces that promote health
    - Adolescent services (psychiatry, mental health, SUD)
    - SUD psychiatry
    - Public education and awareness/promotion of access to services/what services are available
    - Food environment (nutritious food, homecooked meals, farmers markets) for the general population

- What are the most significant problems related to **health** in your community?
    - COVID-19
    - SUD
    - Mental Health
    - Limited quality, affordable care
    - Limited pro-bono work (dental care, especially for children)
    - Lack of dental services for the average citizen in need
    - Finding a primary care physician who is taking patients/ limited salaries for these doctors, so they leave to work elsewhere
    - Transportation
    - Communication among organizations
    - We do not have a centralized resource for communications
    - No real “gathering place” in our community / places for youth and adults alike (places to come together, relax, enjoy themselves)
    - Lack of awareness/understanding for certain services (the Crisis Center)
    - Stigma among medical providers and service organizations, specifically for SUD and mental health
    - Lacks a sense of community
    - Stigma surrounding poverty, disadvantages, against families seeking services/resources
    - Navigating and getting to services – lack of centralization; there is not one central place to access all necessary services

  [Prompt--Are there common causes of these problems? What are they?]

- What are the most significant problems affecting **families** in your community?
    - IPV, child maltreatment
    - Not having accessible/free community resources
    - Lack of groups and activities to engage in with your children (free, affordable, time)
    - Transportation

- Resources for children, families, specifically those for people living with/impacted by SUD/substances (additional programs)
- Limited affordable, quality resources
- Limited workforce to staff existing resources (credentialing)
    - Examples: mental health for children/adolescents, addiction for adolescents, grief
- Healthcare costs (co-pay)
- Limited services (Medicaid beds being filled, waitlists, other gaps)
- Lack of services for seniors in the community, no rapport/trust,
- High levels of stress in the community/ self-medicating
- Lack of prevention programs and upstream efforts for prevention
- Lack of ACEs prevention/intervention
- Lack of Family Planning

[Prompt--Are there common causes of these problems? What are they?]

- How would you rate our community as a "Healthy Community"?
    - 3
    - 3
    - 3
    - 3
    - 3
    - HC has services, but it is fragmented across the county / navigation is difficult

[Prompt--What would it take to make things better?]

Community Strengths, Resources and Barriers (10 minutes)
Have participants look at the list of problems, issues and concerns, and then ask:

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page)
    - School social workers able to catch problems early (bullying)
    - Specific resources:
        - EPICENTER (childcare, café, showers for the homeless, etc.);
        - ACR (treatment entry, peer support, case management)
        - Voices for Hope (harm reduction)
        - Hospital system (geriatric psychiatry)
        - Crisis Center
        - Boys and Girls Club (after school childcare at a reduced price)
        - MEGAN's Place (SUD, support, etc.)
        - Community college
        - Utility assistance
        - Healthy Harford consolidation of resources
        - UMUCH: Large hospital system with connecting bus routes Opening of the new Aberdeen site

        - Great library system
        - Faith-based social services
        - Bike/cycling clubs
        - Parks and Recreation system

- What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).
    - The community has resources, but accessing them is difficult
    - Lack of prevention (SUD, obesity, other behavioral topics); Lack of upstream action to help people of all ages; lack of prevention funding
    - Lack of prevention/early intervention for ACEs

Community Strengths and Resources Available to Address Problems/Issues	**Barriers to Reaching Solutions**
School social workers	Not all schools have this resource
Specialized services throughout the county	Access; navigation; transportation to each location; fragmentation
Harford Community College	
	Limited funding; people fear tax raises

Solutions (10 minutes)
Have participants look at the list of problems, issues, strengths, resources and barriers, and then ask:

- What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)
    - Trauma-informed care and approaches integrated into the healthcare plan
    - Greater emphasis on prevention and funding for prevention
    - Crisis Center Example – cohesive effort for addressing these barriers
    - Using technology for improving access online, continually updating
    - Access to harm reduction, SSP, supportive services
    - Building upon the faith-based and civic community to provide additional services and serve as advocates for services

Solutions	**Concern Area Affected**	
(List each possible solution on a separate line and check the concern area the solution would address)	**Health**	**Families**

Trauma-informed care/approaches	X	X
Emphasis on prevention	X	X
Cohesive efforts to address barriers	X	X
Continually updating things virtually	X	X
Syringe Service Programs, Hub for supportive services	X	X
Building upon faith-based and civic community groups	X	X

FOCUS GROUP #6: LEP (Limited English Proficiency) Group – 3/3/21

Introduction (5 minutes)

[Facilitator breaks the ice by introducing self and going around the room having everyone introduce themselves briefly]

- This year the Health Department and Upper Chesapeake have partnered to create a Harford County Community Health Needs Assessment to take a look at a wide range of issues that influence the health of the county and its residents. This information is also being collected through an Online Community Health Survey and a local forum with community partners and organizations that influence health behaviors.
- We will be combining that information with data from the Centers for Disease Control, Maryland Department of Health, and other sources. A draft of the assessment will be available for public comment in April 2021, and the final report will be published in May.
- I'm going to ask the group to spend a few minutes identifying their concerns for their community in a few particular areas. After that I will ask you to identify any resources currently available in the community to address the problems identified. And, finally we will talk about any barriers for accessing the services.
- Your input is vital in helping to identify and prioritize needs, create solutions, and plan for services in Harford County.
- We're not trying to evaluate or judge any one person's opinions or experiences, but rather to capture the thoughts of as many people as possible.
- Are there any questions before we begin?

Problems/Concerns Identification (25 minutes)

[Make slides and share screen or use flip chart if live]
[A reporter should write down all these answers to display in real time for part 2.]

- What does a healthy community look like?

    - A healthy community would like where everyone would have access to health care especially primary care and access to interpretation and inexpensive medication. If we are all healthy then this effects the health of the next person directly, this should be a place where we have god food that is no expensive and access to products that are accessible, inexpensive and affordable to everyone.
    - Should be access to preventative care and everyone should have equal access no matter their situation or economic status or immigration status.
    - Focus on mental health, sometimes this is placed in another category. Mental health has been an issue but lately it is becoming a bigger issue.
        - "Help is not advertised enough for people without insurance." A lot of domestic abuse, alcoholism, and people who come into the country and need mental health services to deal with their traumatic experiences.
        - "People are afraid to come out and seek help"

- What are the most significant problems related to **health** in your community?
    - Problems with people's diets can be culture related. More support groups and access to support groups in Spanish.
    - Health care for people who are uninsured. We have options but there are still so many barriers for people to access them
        - Diabetes, high blood pressure, addictions and dental care- issues that people find out about later on in life.
        - Domestic violence and addictions issue (alcohol related). Then women is afraid to get help because she is not legal and she is afraid they will deport her.
        - There should not be a barrier for someone who needs to get out of a bad relationship
        - Signs of PTSD for people who are fleeing there area and come here.
    - Need in the county of certified people to provide services who are bilingual.
    - Barrier of people having to go to Baltimore for treatment instead of getting it here.

[Prompt--Are there common causes of these problems? What are they?]

- What are the most significant problems affecting **families** in your community?
    - One of the problems that I saw was with money. A lady who's husband got deported and she didn't have money and she did not know what to do. She was only able to get food stamps for her kid and not her, because she needed a social security. They did not have money to receive care.
    - Families may not be able to get food stamps, they aren't able to get the same resources and no access to safe and reliable childcare for them.

        - For people who lost their job at the pandemic, they have no help. There is also a misconception and they are willing to pay for services as long as they are not paying an astronomical account.

[Prompt--Are there common causes of these problems? What are they?]

- How would you rate our community as a "Healthy Community"?
    - I would say a 7, if we are not concerned about our neighbors health then we cannot rate ourselves as a 10. My health will have an impact on the services that I provide to you.
    - I would say somewhat healthy focusing on all the issues that we have.
    - I would say a 5 there are a lot of issues that have gone untouched and are not being addressed.

[Prompt--What would it take to make things better?]

Community Strengths, Resources and Barriers (10 minutes)
Have participants look at the list of problems, issues and concerns, and then ask:

- What resources and strengths does Harford County have to address these issues? (List each resource on the left side of the flip chart page)

- What are the barriers (if any) to reaching solutions? (List barriers next to the resource they apply to).

Community Strengths and Resources Available to Address Problems/Issues	**Barriers to Reaching Solutions**
Churches are able to offer help depending on the congregation.	
The health department. 1 N main will be a strength	The hours that the health department is open. A lot of time a lot of moms due to lack of transportation and not wanting to miss work they would then not come. Important for Vital Records to have a bi-lingual person working there. The health department has so many locations and can be a transportation issue. Convenient to have us all under one roof. Some participants who are LEP may have a bad

	experience and then they may not want to come back to access services.
Lyon's pharmacy work along with the health department to help provide medication for low cost. Sometimes we look at larger pharmacies but the local pharmacies are willing to help with the cost of medication.	

Solutions (10 minutes)
Have participants look at the list of problems, issues, strengths, resources and barriers, and then ask:

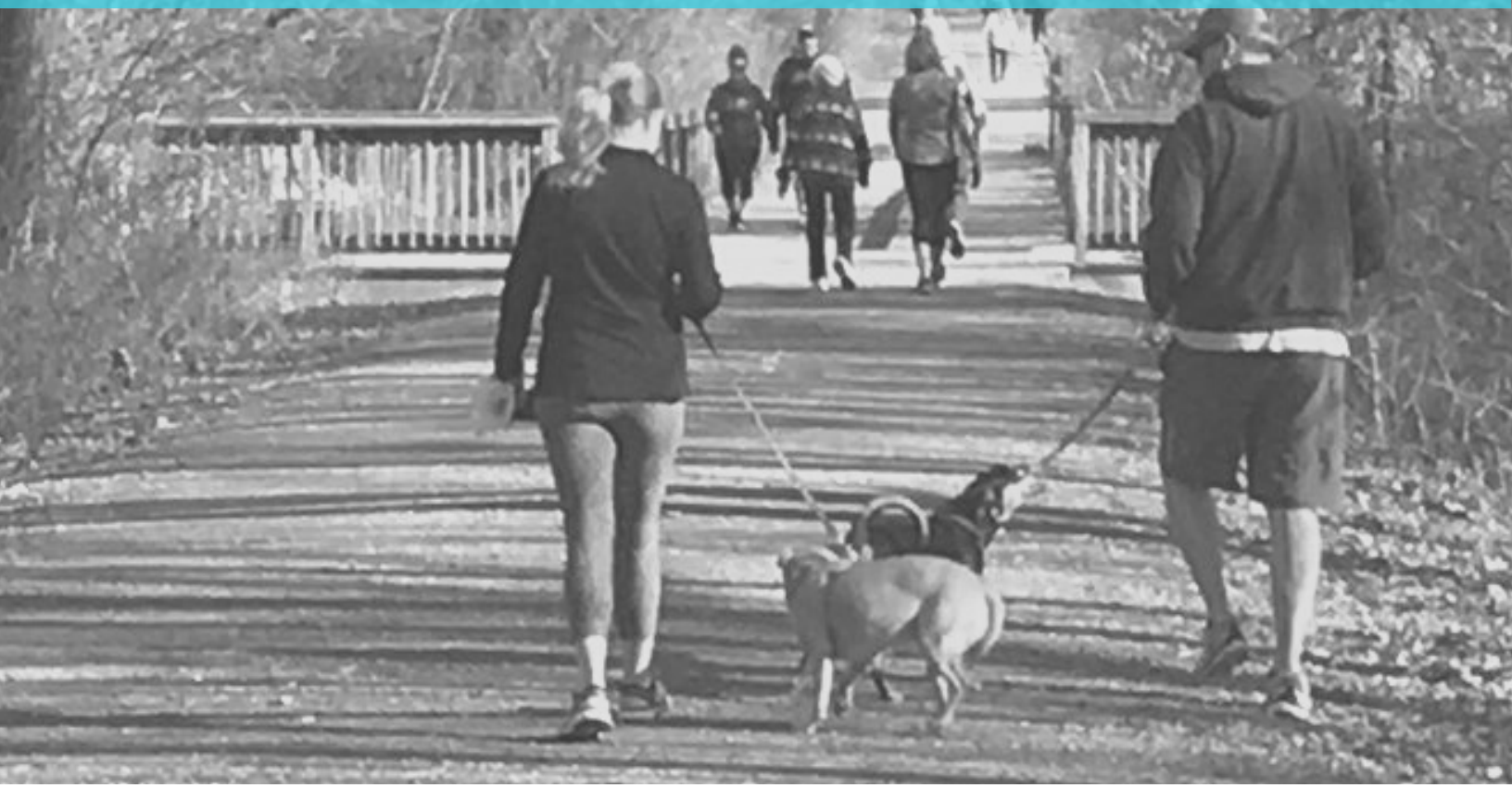
- What actions, programs, and strategies do they think would make the biggest difference in their community? (E.g. What solutions would help solve the problems and reduce/remove the barriers listed?)

Solutions	**Concern Area Affected**	
(List each possible solution on a separate line and check the concern area the solution would address)	**Health**	**Families**
Support groups (for issues like diabetes) and a FQHC in Harford County and working more with the community.	x	x
LASOS- a catch all health center. Having a community health center where they can help with tutoring or take you to an apt or help with food stamps (basically anything they need).	x	x
Health fairs for outreach because if we have services there and they can check their blood pressure or glucose they can have a little idea to see where they are with their health.	x	x
More access or info about programs like early head start so that people can utilize this.	x	x

HARFORD COUNTY, MD

JULY 2021

COMMUNITY HEALTH NEEDS ASSESSMENT



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

University of Maryland Upper Chesapeake Health

Healthy Harford
LIVE WELL. BE WELL.

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GLOSSARY

ACEs - Adverse Childhood Experiences; the CDC describes ACEs as potentially traumatic events that happen during a person's childhood such as household mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member.

BMI - Body Mass Index is a person's (adults 20 and older) weight in kilograms divided by the square height in meters. A healthy weight is 18.5-24.9, overweight is 25-29.9, and obese is 30 and above.

Age-adjusted rates - Age-adjusted rates are a methodology used to compare rates among populations with varying age distributions per 1,000 or 100,000 people.

Incidence - Number of new cases of disease during a specified time interval (CDC).

Infant Mortality Rates - Number of infant deaths per 1,000 live births

Live Births - The complete expulsion or extraction of a product of human conception from the mother, regardless of the period of gestation, if, after the expulsion or extraction, it breathes or shows any other evidence of life, such as heart beat, pulsation of the umbilical cord, or definite movement of voluntary muscle, whether or not the umbilical cord is cut or the placenta is attached (Maryland Vital Statistics).

Low Birth Weight - A live birth weighing less than 2,500 grams (5.5 pounds). Low birth weight babies are at risk for poor health outcomes.

Mortality Rate - A measure of the frequency of occurrence of death in a defined population during a specified interval (CDC).

Per 1,000 or 100,000 Cases - number of cases/births/deaths use 1,000 or 100,000 as the denominator for mortality or case-rates.

SNAP - Supplemental Nutrition Assistance Program provides nutrition benefits to supplement the food budget of families in need.

SENs - Substance Exposed Newborns; displays positive toxicology screen for a controlled substance; displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or displays effects of fetal alcohol spectrum disorders (Maryland DHS).

YPLL - Years of Potential Life Lost; a measure premature mortality (before age 75) rather than overall mortality in order to focus on deaths that could have been prevented.

EXECUTIVE SUMMARY

The Harford County Community Health Needs Assessment (CHNA) offers a comprehensive evaluation of the health status of Harford County. The report is based on both qualitative methods and a compilation of data from Maryland Vital Statistics, Behavioral Risk Factor Surveillance System, County Health Rankings, Maryland Department of Health, U.S Census Bureau, U.S Cancer Statistics Working Group, University of Maryland Upper Chesapeake Health, Health Services Cost Review Commission, Chesapeake Regional Information System, and the Youth Behavioral Risk Survey. Primary data was gathered through a survey of 1,300 local residents regarding their health status, risk factors, and health outcomes. In addition, six focus groups provided diverse perspectives on the health of the community, and key informants and major stakeholders in the county contributed their feedback on the county's health priorities.

The CHNA is divided into five sections. The first two sections provide an overview of the county's demographics, and its social and physical environment. The remaining sections focus on health behaviors, health outcomes, and access to healthcare for variant groups and geographic areas. Results are compared to the state and nation as a whole, where applicable, and disparities are highlighted via zip codes, age, ethnicity, and race to provide a clearer picture of health equity in our community. Based on information provided in this report, the Harford County key stakeholders have prioritized the following top health concerns in order of importance: **Behavioral Health (mental health and substance use disorder-addiction), Chronic Disease Prevention and Wellness, and Family Stability.**

Harford County Profile: Harford County sits at the top of the Chesapeake Bay in northeastern Maryland. Home to 252,222 residents, this suburban/rural community is relatively wealthy, educated, and well insured, with a median household income of $89,147, and 92.7% of residents earning a high school degree or higher; both higher than the State average. Despite these statistics, it is also home to persistent pockets of poverty located along the Route 40 corridor. While the majority of residents in Harford County identify as White (78.6%), only 3.4% of White families live below the poverty level, while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level. Unsurprisingly, health disparities exist along poverty and racial/ethnic lines.

There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level.

Key Findings Regarding the Prioritization of Behavioral Health, Chronic Disease Prevention and Wellness, and Family Stability and Wellness:

Community Feedback: The community survey consisted of 47 questions about access to health care, health status and behaviors, and health-related community strengths and opportunities. The top 3 key health issues of concern to the community were drug and alcohol use, overweight/obesity, and mental health/suicide. The most commonly reported chronic condition in the survey was high blood pressure, affecting 58.3% of respondents. There were also 22.3% of respondents that reported having anxiety disorder and 19.5% of respondents that reported having depressive disorder in the community survey.

While the focus group responses varied between groups, there were common themes. Many participants identified a lack of transportation, mental health resources, access/education regarding healthy foods, elder care, and general issues with access to care and lack of awareness of resources as barriers to a healthier community. A key takeaway was that resources exist in the county, but they are often scarce, and many do not know what or where they are, as well as how to access them. A key theme was participants felt that there was a need to create a sense of community and family stability.

Secondary Data:

- **Behavioral Health (Mental Health/Substance Use):** The state's Behavioral Risk Factor Surveillance System (BRFSS) reported that 18.8% of adults in Harford County were diagnosed with depressive disorder in 2019. From 2017-2020, the hospitalization rate for depression was 90 per 1,000 residents. In addition, the 2019 suicide rate of 11.4 per 100,000 in Harford County was higher than the state average of 10.1 per 100,000. Studies have shown that Adverse childhood experiences (ACEs) can be a key health indicator associated with a significant increase in risk for mental illness and chronic disease in adulthood. ACEs are described as traumatic events experienced during childhood such as living with a parent/caregiver with mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member. The greater the number of ACES on a scale of 0 to 6, the higher the risk, with 3 ACEs or more being the turning point for significant risk. The BRFSS reported that 13.4% of Harford County adults experience 4 or more ACEs.

  From 2013 to 2017 there was a steady increase in total drug and alcohol-related intoxication deaths in both Harford County and Maryland. This trend was reversed in 2018, and since then there has been a 17% decrease in total drug and alcohol-intoxication related deaths in Harford County. While there has been an overall decline, the overdose problem remains a concern for the county with rates over twice as high as they were a decade ago.

In 2020 a total of 84 lives were lost due to drugs or alcohol, and as a community we are working to reduce that number to as low as possible.

During the pandemic shutdowns, access to mental health was expanded through the use of telehealth. Success with this service modality has fostered both regulatory and legislative changes that will hopefully integrate telehealth options into standard care. Harford County has a mental health HPSA (Health Provider Shortage Area) designation with a population to provider ratio of 500:1. With only 508 total mental health providers in the county, creatively providing increased mental health services is a priority.

- **Chronic Disease Prevention and Wellness:** Unhealthy behaviors such as tobacco/nicotine use, drinking, physical inactivity, and poor nutrition can lead to negative health outcomes and chronic disease. In Harford County, tobacco use has notably been higher than the state average for a number of years. With the advent of e-cigarettes, data has shown that use of e-cigarette vaping devices in middle and high school skyrocketed between 2016 to 2018, with 19.6% and 43% of students, respectively, trying an electronic vapor product at least once. Adult smoking continues to be higher in Harford County (20.6%) compared to the state (13.1%). Heavy drinking is also higher in Harford County at 9.5% compared to 5.4% in the state (adult men having 14 drinks per week and adult women having 7 drinks a week). The BRFSS survey reported 59.4% of adults in the county got the recommended 150 or more minutes of physical activity per week which was higher than the state average of 51.8%. Furthermore, 90% of Harford County residents had access to exercise opportunities.

Despite the county's advantages in exercise, it is significant that 72.7% of adults were overweight or obese.

Despite the county's advantages in exercise, it is significant that 72.7% of adults were overweight or obese. This percentage is significantly higher in non-Hispanic Black adults in Harford County (83.9%) compared to white adults (66.9%). The top 3 causes of death in Harford County for 2019 were heart disease, cancer, and cerebrovascular disease (stroke). If top causes of death remain the same for 2020, COVID-19 would be the third leading cause of death in Harford County. Access to care continues to have an impact on health outcomes as well. An estimated 4.9% of residents do not have a vehicle in Harford County with higher rates in Edgewood (9%), Aberdeen (8.8%) and Havre de Grace (7.5%). The gaps in transportation contribute to the lack of access to services that could lead to better health outcomes and overall wellness.

The top 3 causes of death in Harford County for 2019 were heart disease, cancer, and cerebrovascular disease (stroke)

- **Family Stability and Wellness:** A mother's well-being before, during and after pregnancy can affect a child's health from infancy to adulthood. In 2019, 80.4% received first trimester care and 4.8% received late or no care. Low birth weight (<2500 grams) can lead to poor health outcomes and complications. In 2019, there were 8% of children born in Harford County with a low birth weight. The percent was higher in Black or African American (14.7%) and Hispanic or Latino (10%) mothers. In 2018, the infant mortality rate for Black or African Americans was 10.8 per 1,000 live births compared to 4.2 per 1,000 live births for white mothers. In addition, the rate for substance exposed newborns (SEN) has significantly increased between 2009 and 2018. The rate in Harford County has been higher than the state for at least 9 years. In 2018, there were 38.1 SEN per 1,000 newborn discharges in Harford County compared to 31.4 SEN in Maryland.

...the infant mortality rate for Black or African Americans was 10.8 per 1,000 live births compared to 4.2 per 1,000 live births for Whites.

COVID-19 Pandemic: While most of this assessment discusses the health status of the county prior to the COVID-19 pandemic, many existing problems and disparities became more apparent during the past 15 months and could continue to impact the residents of Harford County. In Harford County, the first case was reported on March 6, 2020. By March 6, 2021 there had been, 12,679 cases reported in the county with a total of 242 confirmed deaths. At the height of the pandemic, the county reached a high of 10.16% in positivity rate and 47.26 cases per 100,000 residents. Harford County began vaccinating individuals in December 2020 and after six months over 130,000 individuals have received at least one dose of either the Pfizer, Moderna, or Jansen vaccine.

ACKNOWLEDGEMENTS AND OVERVIEW

University of Maryland Upper Chesapeake Health

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

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

Vision: The Vision of University of Maryland Upper Chesapeake Health is to become the preferred, integrated healthcare system creating the healthiest community in Maryland. The University of Maryland Upper Chesapeake Health (UMUCH) is a community based, integrated, non-profit health system. Presently, UMUCH is the leading healthcare system and second largest private employer in Harford County, employing 3,500 team members and over 650 medical staff physicians. UMUCH is dedicated to maintaining and improving the health of the people in northeastern Maryland through an integrated health delivery system that provides high-quality care to all. Their commitment to service excellence is evident through a broad range of healthcare services, technologies, and facilities. They work collaboratively with the community and other health organizations to serve as a resource for health promotion and education.

Major centers and services include two acute care hospitals – UM Upper Chesapeake Medical Center in Bel Air and UM Harford Memorial Hospital in Havre de Grace. Each of the two facilities offers certain services solely at that institution. Harford County residents, no matter their zip code, requiring a specific service must receive that service at the facility that offers that service (e.g. cancer services at the Kaufman Cancer Center at Upper Chesapeake Medical Center in Bel Air). As a result of how services are provided between the two facilities, the CHNA was completed as a joint document for the two facilities. As part of the Bel Air campus, UMUCH also operates the Klein Ambulatory Care Center, two medical offices, and the Patricia D. and M. Scot Kaufman Cancer Center. UMUCH also owns and operates the Senator Bob Hooper House Hospice Center, provides community outreach, health screenings, and educational programs through the HealthLink Community Outreach.

A combined facility to treat mental health and opioid addiction issues was opened in Summer 2018 in Bel Air. The Klein Family Harford Crisis Center offers walk-in crisis services, a 24/7 call/triage center and will provide residential crisis beds in the future. UMUCH is moving towards replacing the downtown Havre de Grace UM Harford Memorial Hospital with a new modern freestanding medical facility, an expanded behavioral health pavilion/psychiatric hospital located off Route 22 in Aberdeen, and a medical office building.

At the Bel Air location, three additional floors will be added above the Patricia D. and M. Scot Kaufman Cancer Center, adding an additional 80,000 square feet. The new Aberdeen campus and expansion in Bel Air are expected to be completed in spring 2023. In addition, at the Bel Air location, parking expansion and an outpatient building with an ambulatory surgery center is expected to open in early 2022.

Harford County Health Department

The Harford County Health Department (HCHD) is the local operating arm of the Maryland Department of Health (MDH). As such, it is governed by State rules but reports locally to the Harford County Council, which functions as the Harford County Board of Health. The health department's mission is to protect and promote the health, safety, and environment of the citizens of Harford County through community assessment, education, collaboration and assurance of services. Employing over 190 employees, the health department provides services in Havre de Grace, Aberdeen, Bel Air, and Edgewood. The health department curates data on health behaviors, the environment, and emerging health threats. The health department convenes with multiple community partners to design policies and solutions and then assures that solutions are jointly carried out and continuously improved. Through the Local Health Improvement Coalition and its subcommittees on behavioral health, chronic disease prevention and wellness, and family health, partnerships are cultivated to coordinate collective solutions.

Healthy Harford

Healthy Harford is the healthy communities initiative of Harford County, dedicated to the health and wellness of the northern Chesapeake community – in mind body and spirit. Founded in 1993 as a non-profit 501c3 by leaders from the University of Maryland Upper Chesapeake Health, Harford County Health Department, and Harford County Government – Healthy Harford is a coalition of local government agencies, businesses, non profits, and citizens dedicated to improving the health of Harford County residents through education, policy changes, programs, and improvements to the built environment, with a focus on social determinants of health and health equity.

ADDITIONAL COMMUNITY HEALTH ASSETS

Other public health assets in the community include a local military base, Aberdeen Proving Ground (APG) with a commitment to the well-being of its service members and their families. The base offers comprehensive health care, support groups, and opportunity for recreation, fitness, and sports. The community offers a network of public greenspaces, parks, rivers, and hiking trails accessible by car as well. Kirk U.S Army Medical Health Clinic provides healthcare treatment and preventive services to services members and their beneficiaries in order to improve, restore, and sustain the health of their patients. With the base drawing in service members in the 25-54 age range, they remain an important asset to community health and wellness for the county as a whole.

METHODOLOGY

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

Quantitative Data: Existing Secondary Data

A Statistical Secondary Data Profile depicting population and household statistics, education, and economic measures, morbidity rates, incident rates, and other health statistics for the Harford County community was compiled from publicly available sources. It should be noted that the availability of up to date secondary data presented limitations.

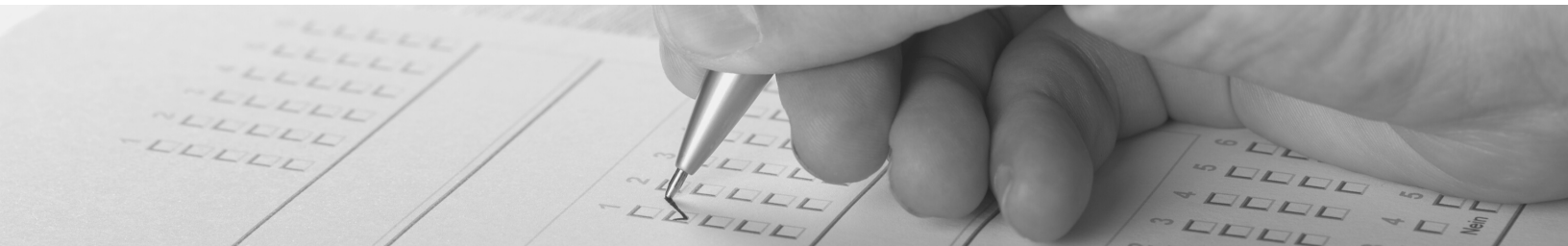
Harford County Community Health Survey

An online Community Survey of Harford County residents was conducted between September 2020 and March 2021. The survey was designed to assess health status, health risk and behaviors, preventative health practices, health equity, and health care access primarily related to chronic disease and injury. A total of 1,361 resident surveys were completed, Respondents had a diverse, geographical, gender, race, and ethnic background, however, the survey could not be weighted to offer a statistically representative sample of the community.

Qualitative Data: Stakeholder Survey and Focus Groups

In order to gain a better understanding of the Harford County community, qualitative data was collected by stakeholders from the Local Health Improvement Coalition (LHIC) through a survey. There was also a series of targeted focus groups with the stakeholders and community members.

Following the October 2020 Virtual Local Health Improvement Coalition (LHIC) Annual meeting, forty-six stakeholders representing diverse community interests filled out a brief survey on health and social determinants. These stakeholders provided particular insight into the challenges facing the medically under-served, low income, marginalized, and minority populations. In addition, 6 focus groups convened to gather input of targeted groups. These focus groups included members of the Susquehanna Ministerium, participants from the Epicenter (a community center in a predominantly low-income minority community), a diabetes prevention class, MEGAN's Place, key Informants from the Local Health Improvement Coalition (LHIC), and key Informants from a Limited English Proficiency workgroup.



LOCAL PLANNING INITIATIVES

LOCAL HEALTH IMPROVEMENT COALITION (LHIC)

In an effort to improve the health of all Marylanders, the Maryland Department of Health (MDH), through the office of Population Health Improvement, launched the State Health Improvement Process (SHIP). This initiative focuses on health priorities, both statewide and in each jurisdiction, and provides a framework for accountability, local action, and public engagement. SHIP measures are aligned with the national Healthy People 2030 objectives established by the Department of Health and Human Services, and target state goals set by the MDH. One of main focuses of Healthy People 2030 are social determinants of health.

Source: U.S Department of Human Services, 2020

This is defined as where people are born, live, learn, work, play, worship, and age that impact a wide range of health, functioning, and quality of life outcomes and risks (U.S. Department of Health and Human Services). The 5 domains of social determinants of health are outlined below. Using the SHIP framework, each of the 24 Maryland jurisdictions is responsible for convening a Local Health Improvement Coalition (LHIC) comprised of community stakeholders to determine local health priorities. The Harford County Health Department is the local LHIC lead entity for Harford County.

PRIORITY SETTING

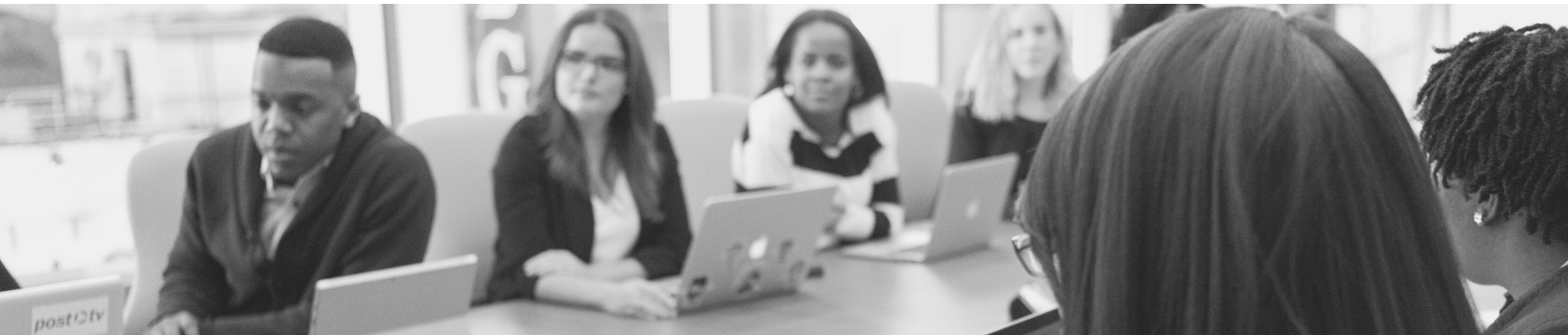
Priority setting is the process of determining how best to address the health needs of the County and determine how available resources can be allocated to improve the health of the County. Priority setting is complex and requires input from county stakeholders and decision makers and relies on the use of diverse data sources as well as stakeholder input.

In April 2021, the key community stakeholders met to review the community health survey and focus group results. The stakeholders included:

- University of Maryland Upper Chesapeake Health
- The Harford County Health Department
- Healthy Harford
- Department of Community Services
- Department of Social Services
- Harford County Council
- Harford County Emergency Services
- Harford County Office on Aging
- Harford County Public Library
- Harford County Public School
- Harford County Sheriff's Department
- United Way of Central Maryland
- LASOS (Linking All So Others Succeed)
- Mason Dixon Community Services
- Susquehanna Ministerium

Once the group reviewed the data and information, they determined and prioritized the county's health needs and priorities for the next three years. The priorities are listed in the order of importance.

1. **Behavioral Health (Mental Health/Substance Use)**
2. **Chronic Disease Prevention and Wellness**
3. **Family Stability and Wellness**



HARFORD COUNTY FAST FACTS

Measure (2015-2019 5-Year Estimates Unless Otherwise Specified)	Harford	Maryland
Total population (estimate)	252,222	6,018,848
Median age	40.9	38.7
Only English spoken at home	92.6%	81.0%
Married and living together	48.0%	57.6%
Average family size	3.14	3.26
Median household income	89,147	84,805
Mean household income	108,305	111,417
Female householder no spouse	18.5%	17.3%
Families in poverty	4.7%	6.1%
Female headed households with children under 5 in poverty	27.6%	26.3%
Unemployment rate	4.2%	5.1%
Drive alone to work	83.9%	73.9%
Mean travel time to work	32.0 minutes	33.2 minutes
Have health insurance	96.6%	93.9%
Top 3 causes of death (2019)	Heart Disease Cancer Stroke	Heart Disease Cancer Stroke
Low birth weight babies for non-Hispanic White mothers (2017-2019)	6.0%	6.6%
Low birth weight babies for non-Hispanic African American mothers (2017-2019)	14.7%	12.6%
Suicide Rate per 100,000 (2017-2019)	11.4	10.1
Age-adjusted death rate for all causes per 100,000 (2017-2019)	738.8	713.0
Percentage of high school graduates	92.7%	90.2%
Percentage of college graduates	36.7%	40.2%
Cumulative COVID-19 cases (March 2020-March 2021)	14,053	411,344
Cumulative COVID-19 deaths (March 2020-March 2021)	251	8,101

Sources: U.S. Census Bureau, 2015-2019; Maryland Department of Health Vital Statistics Report, 2019; Maryland Department of Health Maryland COVID-19 Data, 2020-2021

DEMOGRAPHIC PROFILE

POPULATION

Demographic characteristics such as age, gender, race, and ethnicity have an impact on people's health. Understanding these characteristics across Harford County is helpful in determining the resources needed for optimum health and well-being of the population.

In 2019, the total population of Harford County was estimated to be 252,222, which was a 3.0% increase from 2010 (244,826). The county is located in the northeastern part of the Maryland, with the towns and cities of varying sizes, wealth, and diversity. The Town of Bel Air is the Harford County seat, which has a population of 10,071, or about 4% of the county's population. The cities of Aberdeen and Havre de Grace each make up approximately 10% and 7%, respectively. The remaining population in the county is mostly distributed along the Route 40 corridor and in rural and suburban parts of the county. The table below illustrates the change in population size for Maryland, Harford County, and selected zip codes (U.S. Census Bureau, 2015-2019).

The Susquehanna River and Chesapeake Bay form the Northeast and Eastern borders of the county making global climate change and river borne pollution important issues for health over the long term.

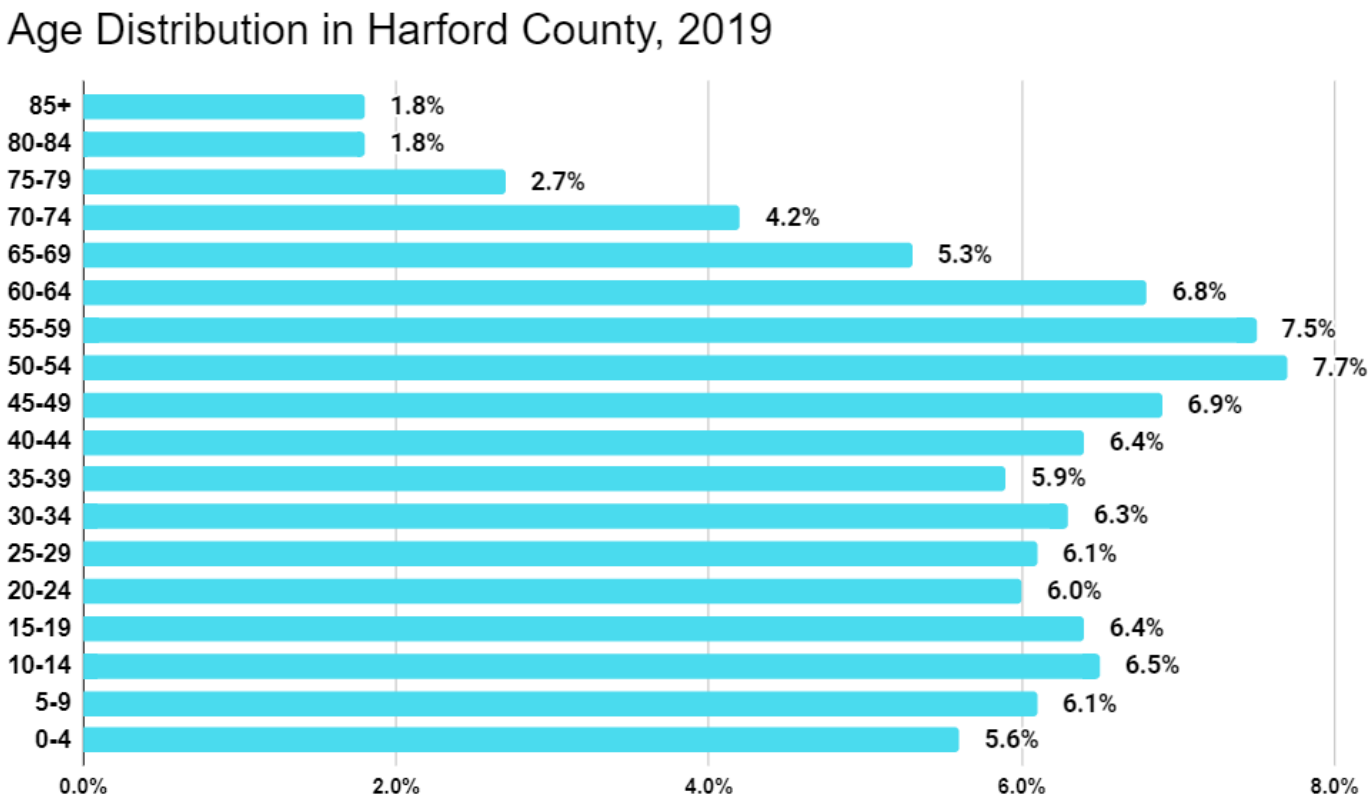
AGE DISTRIBUTION

Data on the age distribution of a county is important in order to monitor aging. The population distribution can also help determine what types of services are needed as well as infrastructure and housing needs.

	2010	2019	Change in Population
Maryland	5,773,552	6,018,848	+ 4.1%
Harford County	244,826	252,222	+ 3.0%
Edgewood (21040)	24,420	24,166	- 1.1%
Aberdeen (21001)	21,487	24,752	+ 13.2%
Havre de Grace (21078)	17,603	18,366	+ 4.2%

Source: U.S. Census Bureau, 2015-2019.

The population pyramid below provides a breakdown of Harford County residents by age. The age category with the largest percentage of the population was adults ages 55-59. The median age for the county in 2019 was 40.9. Harford County has 49% males and 51% females (U.S. Census Bureau, 2015-2019).



Source: U.S. Census Bureau, 2015-2019

The steeper than expected fall off in population at age 65 is a combination of migration patterns, historical fertility rates, and mortality.

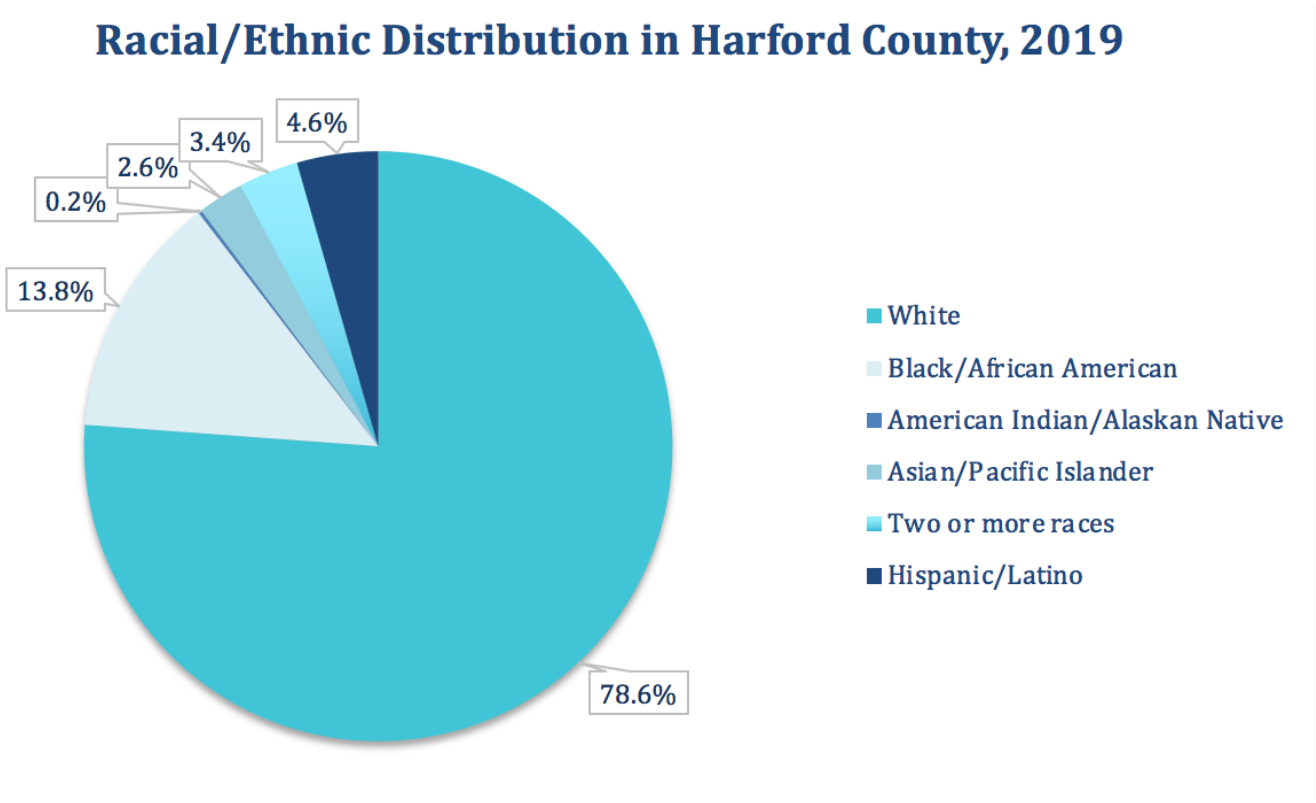
RACIAL AND ETHNIC DIVERSITY

Data on racial and ethnic diversity of a population allows leaders to understand the health disparities and racial gaps. It also allows for organizations to target culturally competent health care services. For example, in Harford County, 7.4% of residents (age 5 and up) speak a language other than English at home. Therefore, it is important for addressing health literacy in the community (U.S. Census Bureau, 2015-2019).

The table below shows the variation in race throughout the county. While 78.6% of Harford County is White, almost half of the residents in the Edgewood zip code are Black or African American. The share of the Black or African American population in Edgewood was projected to increase from 2010-2020. The racial composition of Edgewood and Aberdeen have been similar to the state of Maryland while Havre de Grace has been similar to Harford County as a whole (U.S. Census Bureau, 2015-2019).

Race/Ethnicity	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace
White	55.5%	78.6%	41.7%	62.9%	76.8%
Black/African American	29.9%	13.8%	48.3%	24.9%	13.5%
American Indian/Alaskan Native	0.3%	0.2%	0.1%	0%	0.3%
Asian/Pacific Islander	6.3%	2.6%	1.5%	4.1%	2.8%
Two or more races	3.4%	3.4%	5.4%	5.5%	4.3%
Hispanic/Latino	10.1%	4.6%	8.2%	8.9%	5.4%

Source: U.S. Census Bureau, 2015-2019



Source: U.S. Census Bureau, 2015-2019

SOCIAL AND PHYSICAL ENVIRONMENT

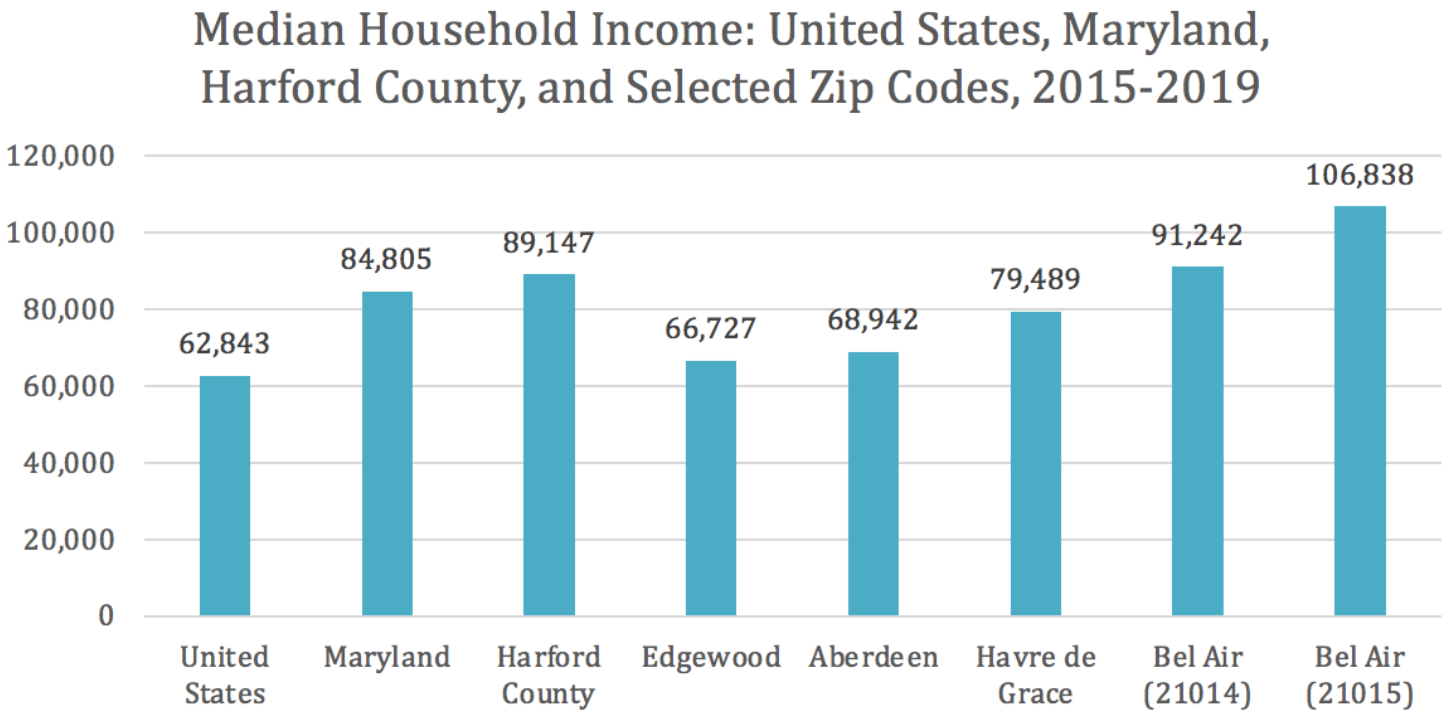
The environment where people are born, work, live, learn, worship, and play can have an impact on health and wellbeing. Examples include education level, transportation, and access to nutritious foods and physical activity. Many of these social factors can lead to poor health outcomes, health disparities, and inequities.

"Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments." - U.S Department of Health and Human Services

INCOME & POVERTY

When compared to the United States, Maryland is a wealthy state, with a median household income of $84,805 compared to the United States at $62,843. Harford County has a higher median household income than the state at $89,147. There has also been a 7% and 6.4% increase in the median household income since 2017 for Maryland and Harford County, respectively. There are significant differences in income across the municipalities in Harford County with Bel Air (21014) at $91,262, Havre de Grace at $79,489, and Aberdeen at $68,942 (U.S. Census Bureau, 2015-2019).

The percent of Harford County families that are below the poverty level is 4.7% which is below the state figure of 6.1%. However, there is a range of poverty levels throughout the county. Aberdeen and Edgewood's proportion living below poverty have been estimated at 10.6% and 9.4% respectively spanning the national average of 9.5%. There are also racial disparities of poverty in the county. There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families below the poverty level (U.S. Census Bureau, 2015-2019).



Source: U.S. Census Bureau, 2015-2019

The disparity in household incomes in Harford County and the cities of Aberdeen and Edgewood is consistent with the percentage of families whose income is below the poverty level. Both in Maryland and in Harford County, poverty rates are highest in families headed by females. Data shows that there are 17.3% of families below the poverty level in female headed households in Maryland and 18.5% in Harford County, respectively (U.S. Census Bureau, 2015-2019).

The poverty rates in Harford County are also reflected by the percentage of families receiving SNAP (Supplemental Nutrition Assistance Program) benefits with Edgewood having the highest percentage of families and Bel Air having the lowest. The estimated number of households that received SNAP benefits in Harford County in the past 12 months was 7,305, which is an estimated 7.8% of households in Harford County (U.S. Census Bureau, 2015-2019).

HOUSEHOLDS WITH SNAP BENEFITS IN THE PAST 12 MONTHS, 2015-2019

Jurisdiction	Percent
Maryland	10.2%
Harford	7.8%
Edgewood	19%
Aberdeen	16.9%
Havre de Grace	11.3%
Bel Air (21014)	5.1%
Bel Air (21015)	3.7%

Source: U.S. Census Bureau, 2015-2019

There are also racial disparities of poverty in the county. There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level (U.S. Census Bureau, 2015-2019). The disparity in household incomes in Harford County and the cities of Aberdeen and Edgewood is consistent with the percentage of families whose income is below the poverty level. Both in Maryland and in Harford County, poverty rates are highest in families headed by a female with the rate of 17.3% of families below the poverty level in Maryland and 18.5% in Harford County. The percentage of children 5 to 17 in poverty was 8.4% in 2019 as well (U.S. Census Bureau, 2015-2019).

PERCENTAGE OF FAMILIES WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL FOR MARYLAND, HARFORD, AND SELECTED ZIP CODES, 2015-2019

United States	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace	Bel Air (21014)	Bel Air (21015)
9.5%	6.1%	4.7%	9.4%	10.6%	4.7%	2.9%	4.4%

Source: U.S. Census Bureau, 2015-2019

EDUCATION AND EMPLOYMENT

Harford County Public School District has 54 schools. The school district's mission is that each student will attain academic and personal success in a safe and caring environment that honors the diversity of our students and staff. Within the 54 schools, there are 9 title I schools which aim to ensure academic achievement for at-risk students attending schools in high poverty areas. The schools are located in the southern portion of the County: three in Aberdeen, two in Edgewood and Joppa, and one in Havre de Grace and Abingdon (Harford County Public Schools, 2021). Harford County Public Schools had a total of 38,429 students enrolled in the 2019-20 school year with a 94.3% attendance rate. The high school graduation rate for Harford County was 90.15%, which was higher than the state of Maryland's rate at 86.75% (Maryland State Department of Education, 2019).

The Maryland State Department of Education administers assessments each year of each school district in Maryland. Based on the test scores, each school district is ranked by SchoolDigger. Due to the pandemic, school assessments were not taken for the 2019-2020 year. For the 2018-2019 school year, Harford County was ranked 10th out of 24 public school systems in Maryland (SchoolDigger, 2019). This is a slight improvement from the previous year where Harford County was ranked 11th.

It was estimated that 92.7% of people 25 years and over in Harford County had a high school diploma or higher and 36.7% had a bachelor's degree or higher in 2019. Additionally, 67.9% of the Harford County population 16 and over were employed while 32.1% were not in the labor force. In addition, 74.3% of Harford County employees were private wage and salary workers, 21.2% were government workers, and 4.5% were self-employed (U.S. Census Bureau, 2015-2019).

PERCENT EDUCATIONAL ATTAINMENT OF POPULATION, 25 YEARS AND OVER, HARFORD COUNTY AND SELECT ZIP CODES, 2015-2019

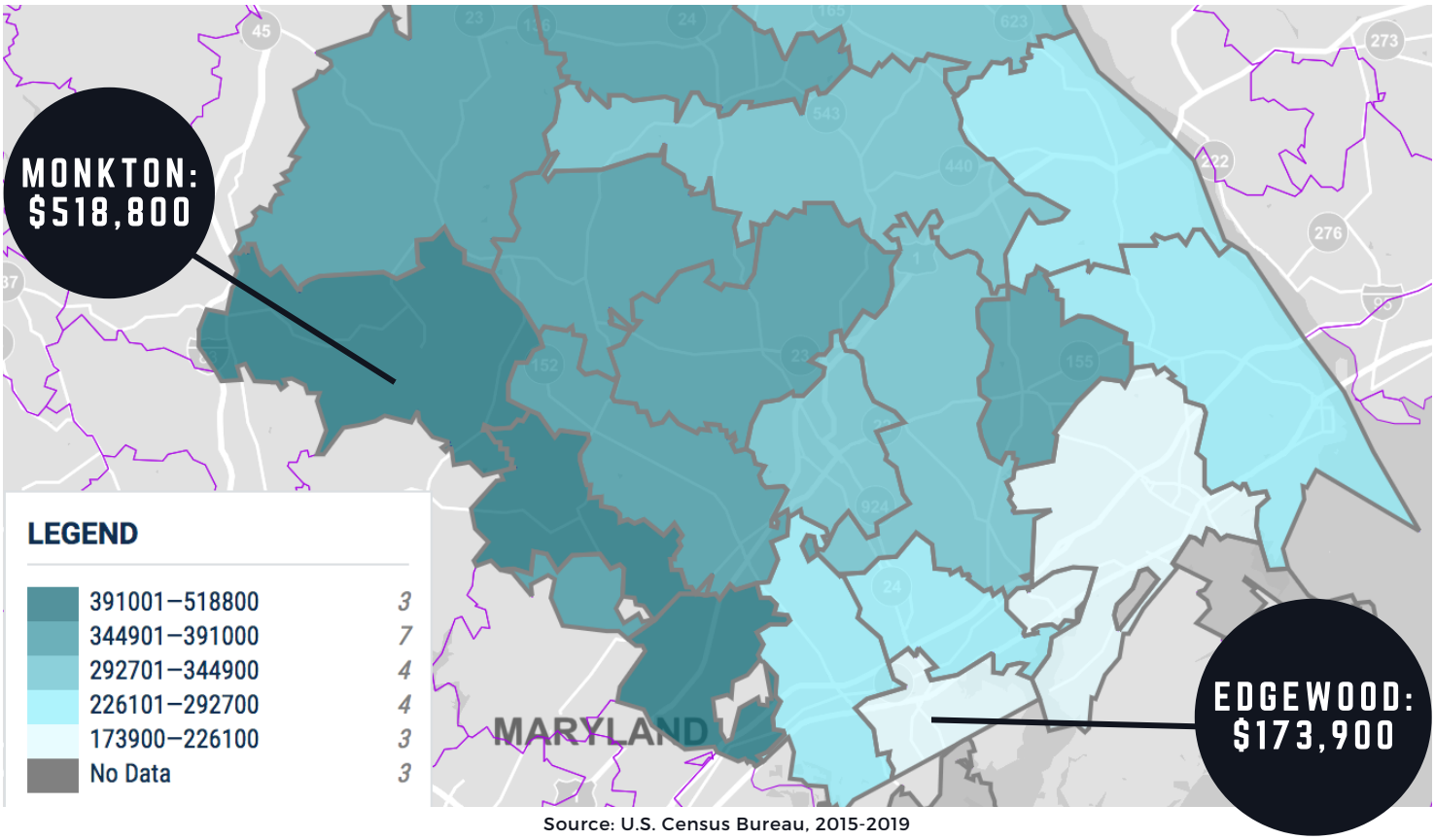
Educational Attainment	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace
Less than 9th Grade	4.0%	2.3%	4.7%	2.5%	2.9%
Some High School	5.8%	5.1%	6.3%	8.5%	6.4%
High School Diploma or Equivalent	24.6%	26.0%	31.1%	30.3%	25.1%
Some College, No Degree	18.7%	21.2%	26.5%	22.3%	20.3%
Associates Degree	6.7%	8.8%	10.2%	9.5%	7.1%
Bachelor's Degree	21.5%	21.3%	11.9%	16.7%	20.2%
Graduate or Professional Degree	18.6%	15.4%	9.3%	10.1%	18.0%

Source: U.S. Census Bureau, 2015-2019

HOUSING AND TRANSPORTATION

While the median value of homes in 2019 for Harford County ($293,400) is only slightly less than Maryland's ($314,800), the difference when considering housing prices by zip code is dramatic. The median home value for Harford County has increased by 4.1% since 2017. Prices range from below the state value in the Edgewood area, where the median home value is $173,900, to well above the state in the Monkton area, where the median home costs $518,800. The map above shows median home values by zip code (U.S. Census Bureau, 2015-2019).

MEDIAN HOME VALUE IN HARFORD COUNTY, 2015-2019



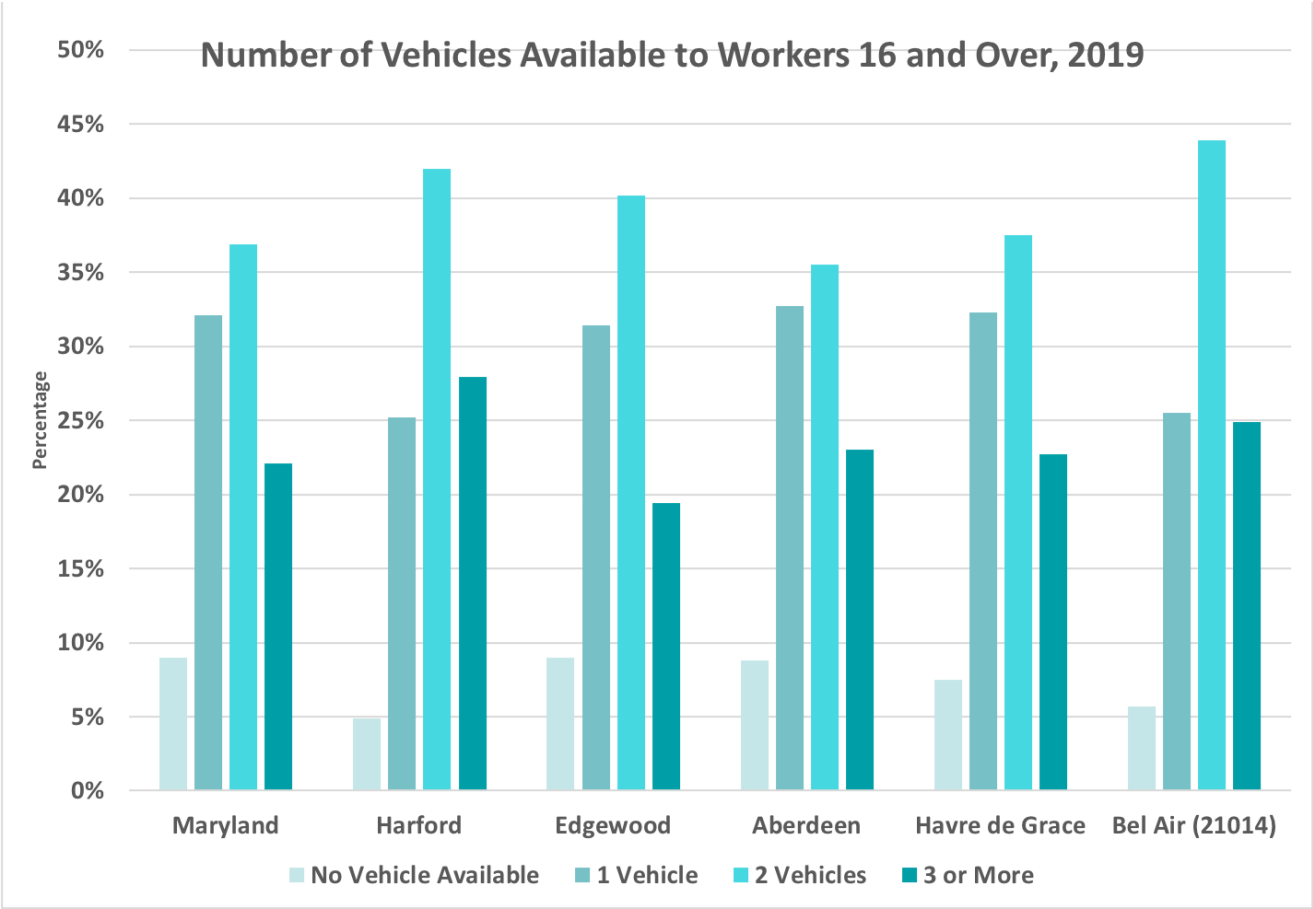
Source: U.S. Census Bureau, 2015-2019

MONTHLY MORTGAGE AND RENTAL COSTS (IN DOLLARS) IN MARYLAND, HARFORD COUNTY, AND SELECT ZIP CODES, 2019

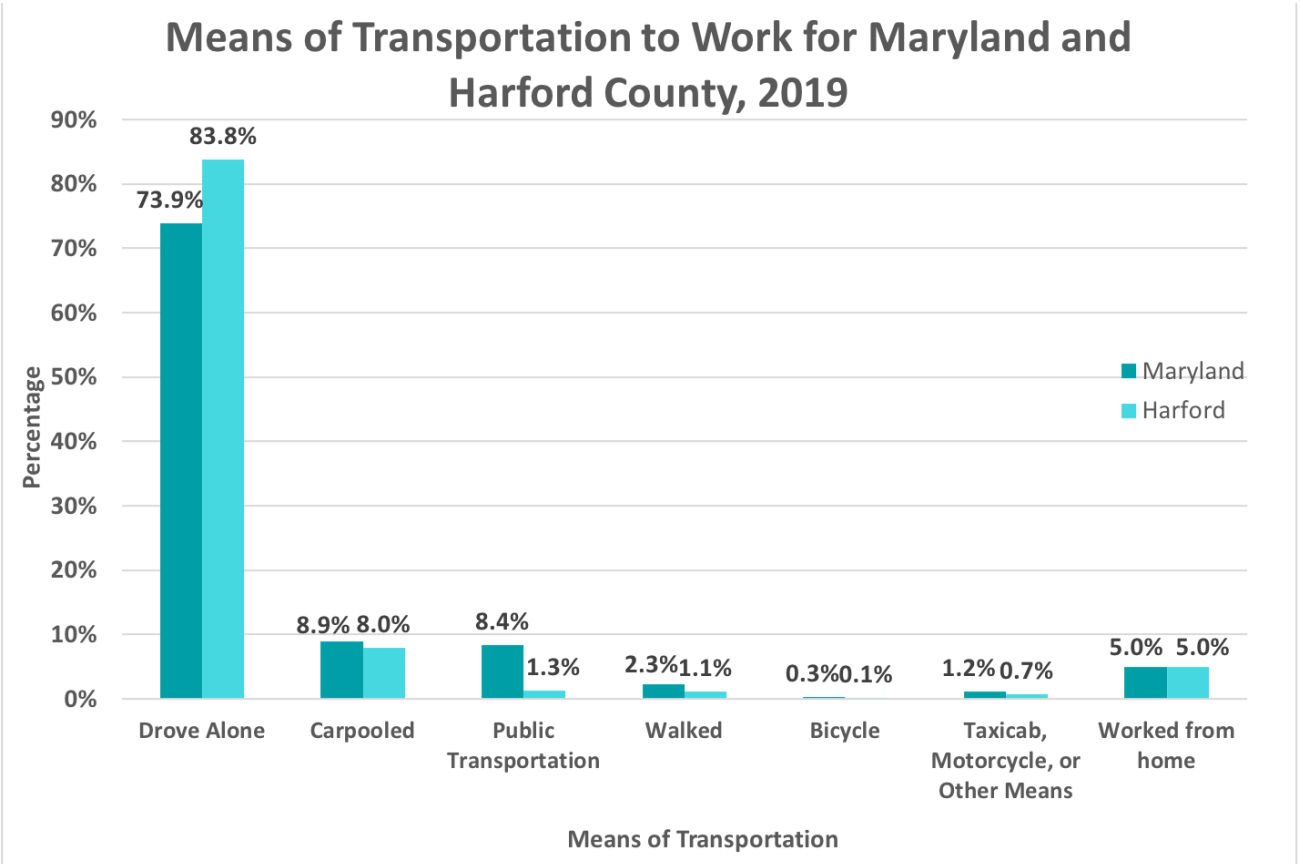
	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace	Bel Air (21014)
Mortgage	2,017	1,873	1,512	1,683	1,850	1,969
Rental	1,392	1,257	1,229	1,076	973	2,237

Source: U.S. Census Bureau, 2015-2019

Rental costs must also be taken into account when assessing the housing landscape of a community. The table above shows monthly mortgage and rental costs for Maryland, Harford County, and selected zip codes from the U.S. Census Bureau. It is estimated that 22% of households rent rather than own their house. Limited access to public transportation is especially troublesome for rural and low income areas of Harford County. Lack of transportation impacts accessing healthcare services. Among workers 16 and over, 4.9% that do not have a vehicle available. Rates are higher along the route 40 corridor with Edgewood at 9%, Aberdeen at 8.8%, and Havre de Grace at 7.5% (U.S. Census Bureau, 2015-2019).

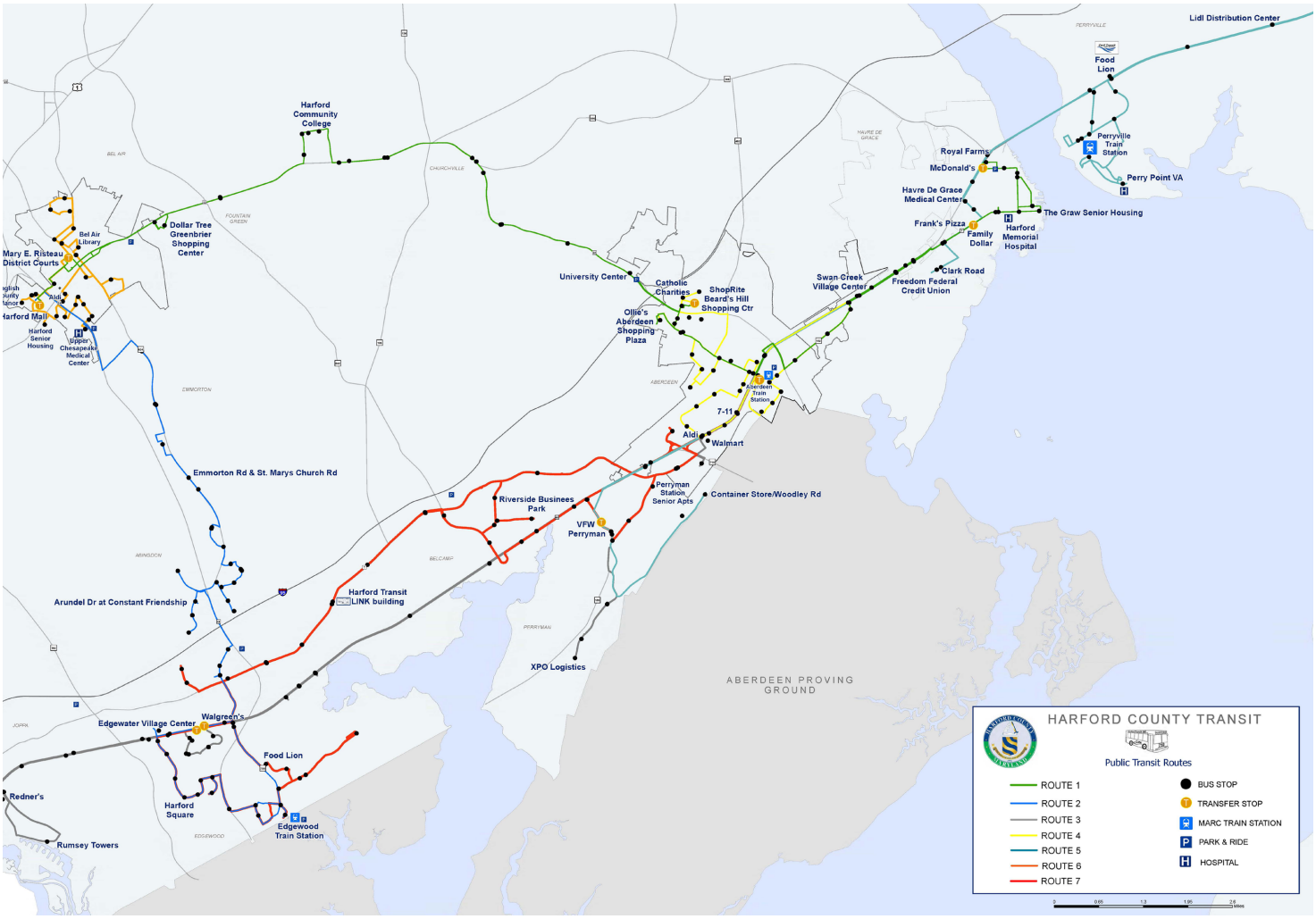


Source: U.S. Census Bureau, 2015-2019



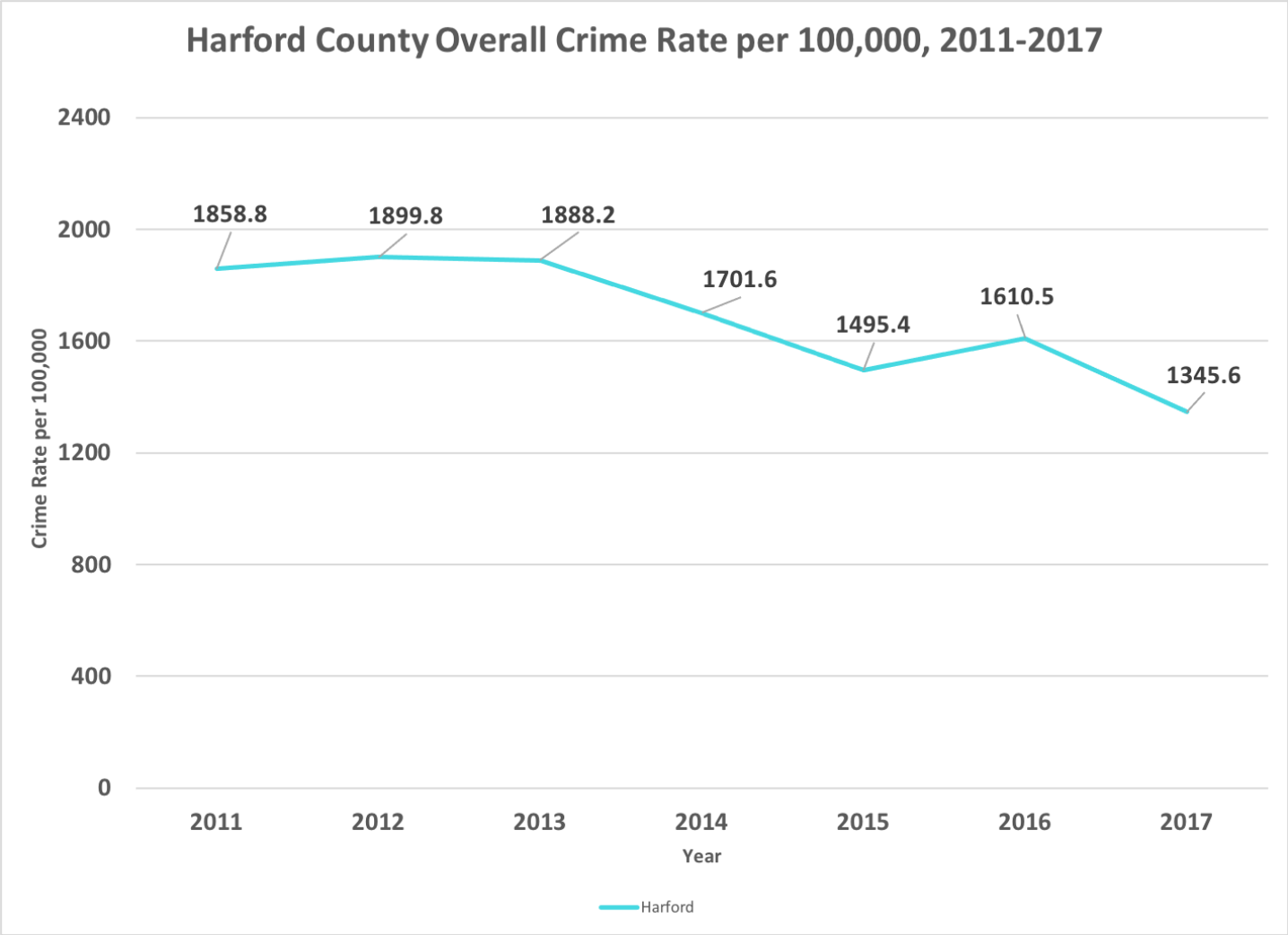
Source: U.S. Census Bureau, 2015-2019

There are approximately 56.2% Harford County residents that also work in the county. In addition, there are 40.6% and 3.2% of Harford County residents who work outside the county and state, respectively. The average commute time to work is about 32 minutes. There are just 1.3% of residents that use public transportation according to the 2015-2019 5 year estimates (U.S. Census Bureau, 2015-2019). The Harford Transit Link is the bus system for Harford County that offers 7 bus routes as seen below (Harford County Government, n.d.). While this aids in access to care, there are still gaps in transportation throughout many areas of the county.



Source: Harford County Government, n.d.

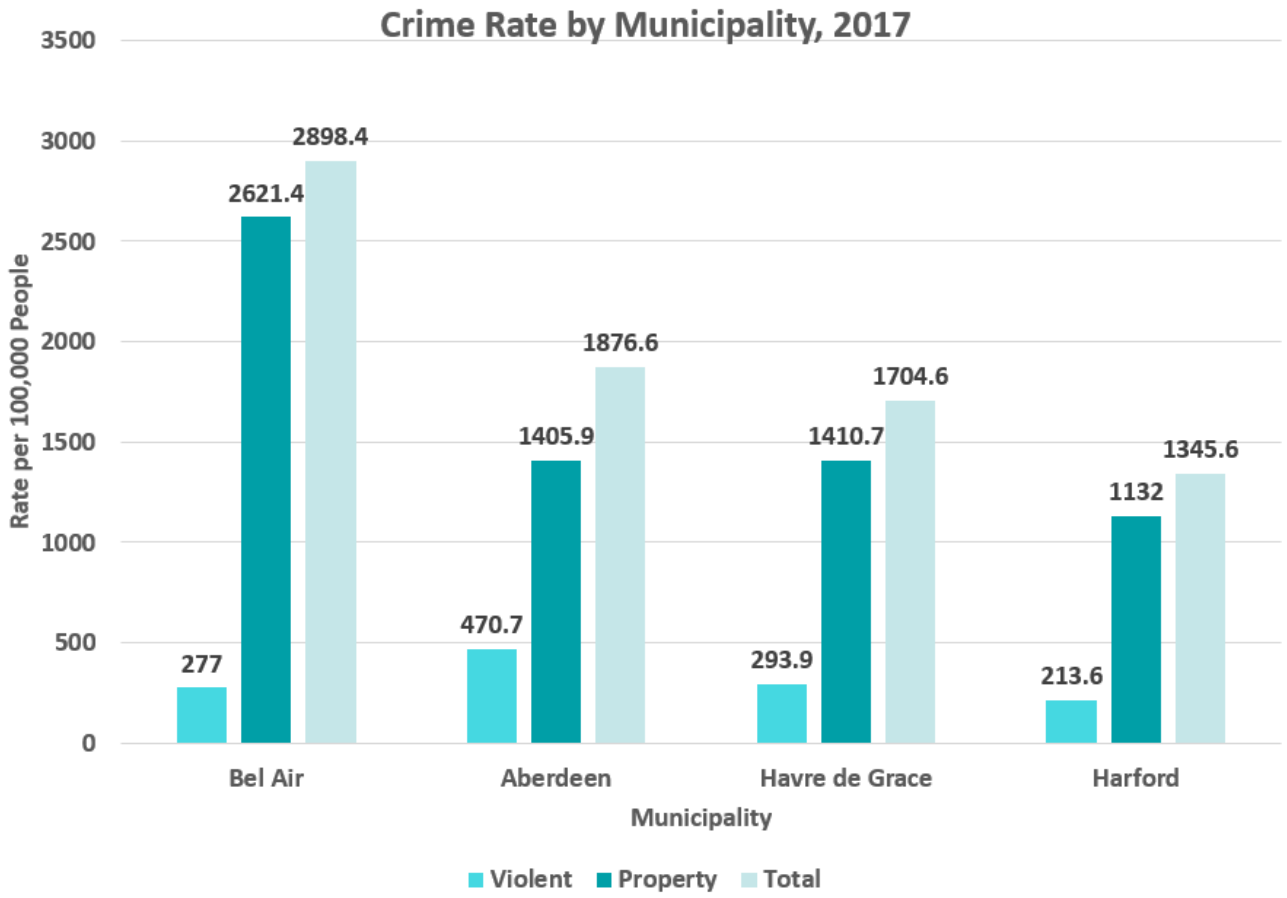
CRIME



Source: Governor's Office of Crime Prevention, Youth, And Victim Services, 2017

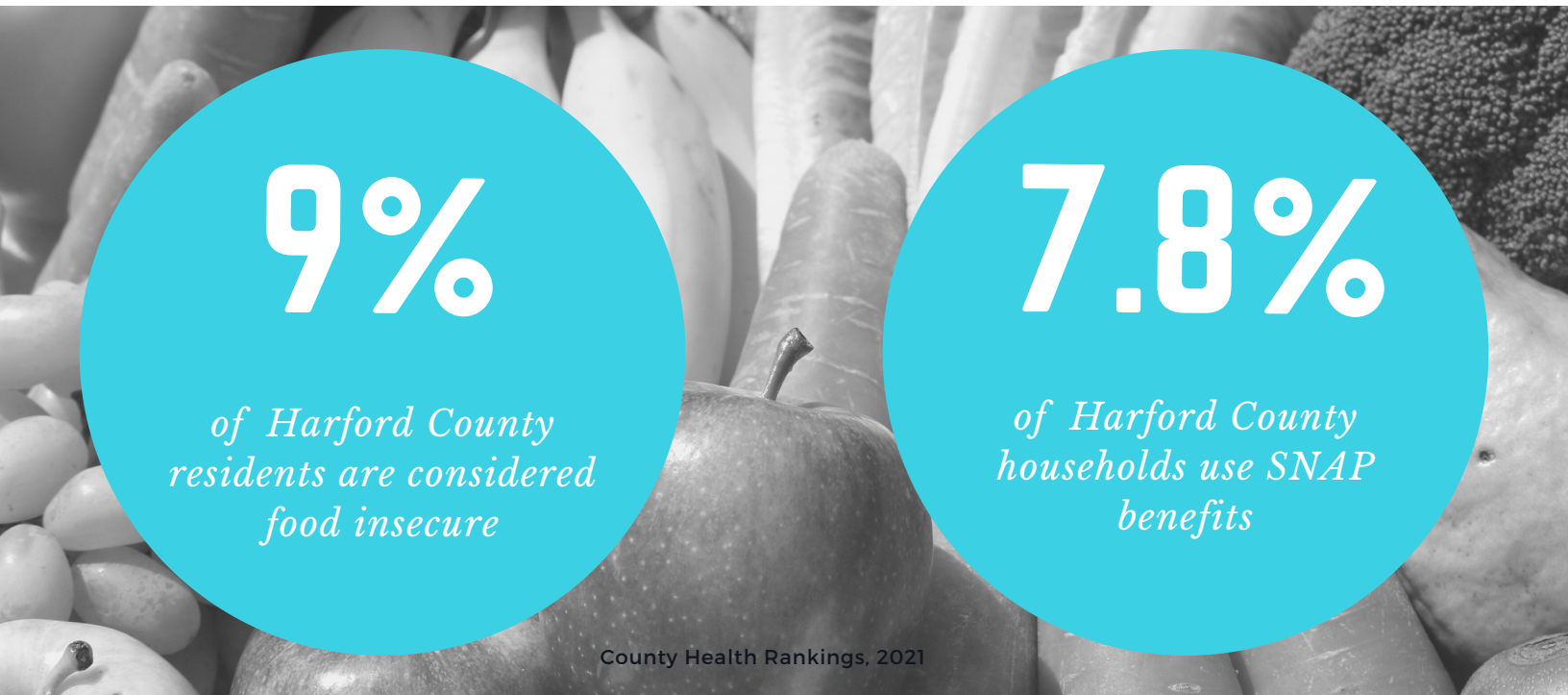
In 2017, Harford County had an annual overall crime rate of 1345.6 per 100,000 people and has been on the decline. The most recent available crime data for the state is from 2016, which reported an annual overall crime rate of 2801.3 per 100,000. The crime rate in Maryland has been consistently higher than Harford County for years (Governor's Office of Crime Prevention, Youth, And Victim Services, 2017)

The chart below shows the violent, property, and overall crime rates for the town of Bel Air, city of Aberdeen and Havre de Grace, and Harford County as a whole for 2017. The violent crime rate in Aberdeen was 470.7 per 100,000 which is significantly higher than Bel Air, Havre de Grace, or the county average. On the other hand, Bel Air had the highest rate of property crime with the rate of 2621.4 per 100,000, which was significantly higher than the county as a whole or Aberdeen and Havre de Grace (Governor's Office of Crime Prevention, Youth, And Victim Services, 2017).



Source: Governor's Office of Crime Prevention, Youth, And Victim Services, 2017

ACCESS TO HEALTHY FOODS AND RECREATIONAL OPPORTUNITIES



9%

of Harford County residents are considered food insecure

7.8%

of Harford County households use SNAP benefits

County Health Rankings, 2021

The 2021 County Health Rankings estimate that during the last few years, 4% of Harford County residents had limited access to healthy foods. This percentage is based on 2015 and 2018 weighted data of those that do not live close to a grocery store and are low income. In addition, 9% of Harford County residents are considered food insecure. This is measured by the percentage of the population who did not have access to a reliable source of food during the past year (based on 2015 and 2018 weighted data). The County Health Rankings created a food environment index in order to score a given area on a scale from 0-10 (0 being the worst and 10 being the best). The score is based on limited access to foods and food insecurity. Harford County was given a score of 8.7 out of 10 which was the same score as Maryland as a whole (County Health Rankings and Roadmaps, 2021).

It should also be noted that the US Census estimates that 7.8% of households in Harford County use SNAP benefits (U.S. Census Bureau, 2015-2019). In summary, while most Harford County residents have access to healthy foods and a reliable source of food, there are still gaps in the county. Lacking reliable access to food has been found to be related to poor outcomes such as obesity and premature mortality.

It is estimated that access to exercise opportunities in Harford County is 90% while the state of Maryland is at 93%. This is measured by the percentage of individuals in a county who live reasonably close to a park or recreational facility (County Health Rankings and Roadmaps, 2021). The Harford County public recreation system is a combination of sites owned by municipal, County, State, and Federal government, and the Harford County Board of Education. There are numerous opportunities for Harford County residents to stay active through parks, trails, and recreation centers. Below is a snapshot of the areas and facilities in the public system. Note that this is limited to public facilities and there are additional recreation opportunities through apartment complexes' playgrounds or private gyms.

Harford County Public Recreation Areas and Facilities Snapshot						
277 Sites	8 Activity/Recreation Centers	2 Nature Centers	117 Playgrounds	38 Miles of Trails	20 Recreation Councils	400+ Recreation Programs

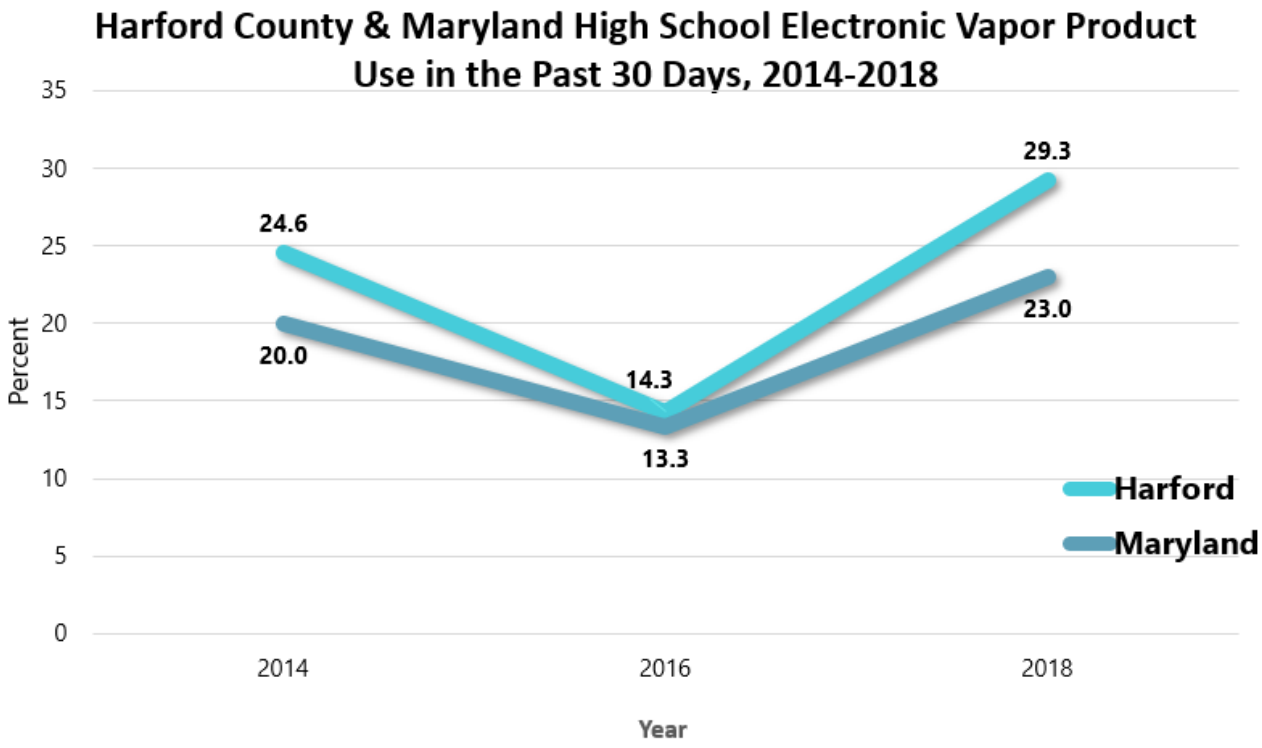
Source: Harford County Government, 2018

HEALTH BEHAVIORS

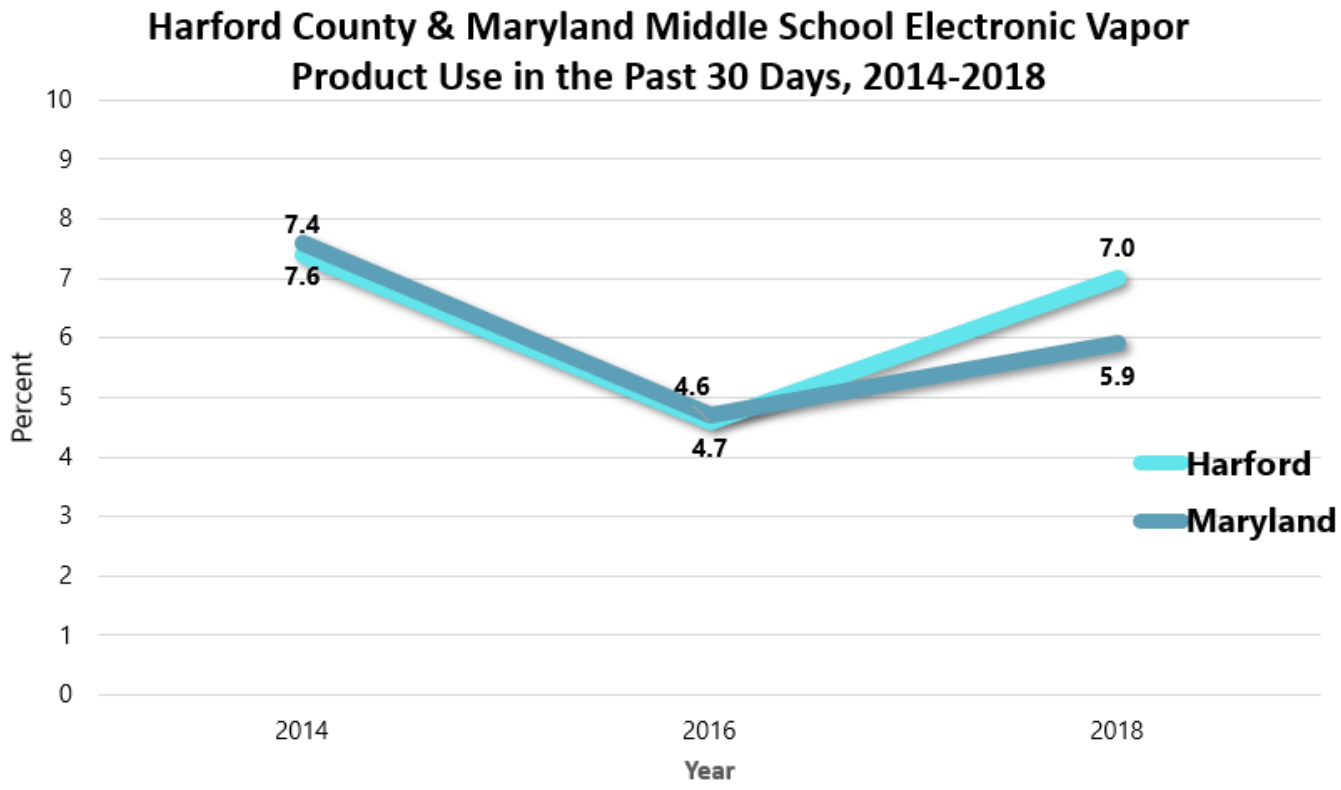
Chronic diseases such as type 2 diabetes, cancer, and heart disease are often caused by unhealthy behaviors such as smoking, poor nutrition, physical inactivity, and excessive alcohol use. Engaging in healthy behaviors not only reduces risks for chronic illness, but also can improve quality of life and overall health and wellness.

TOBACCO USE

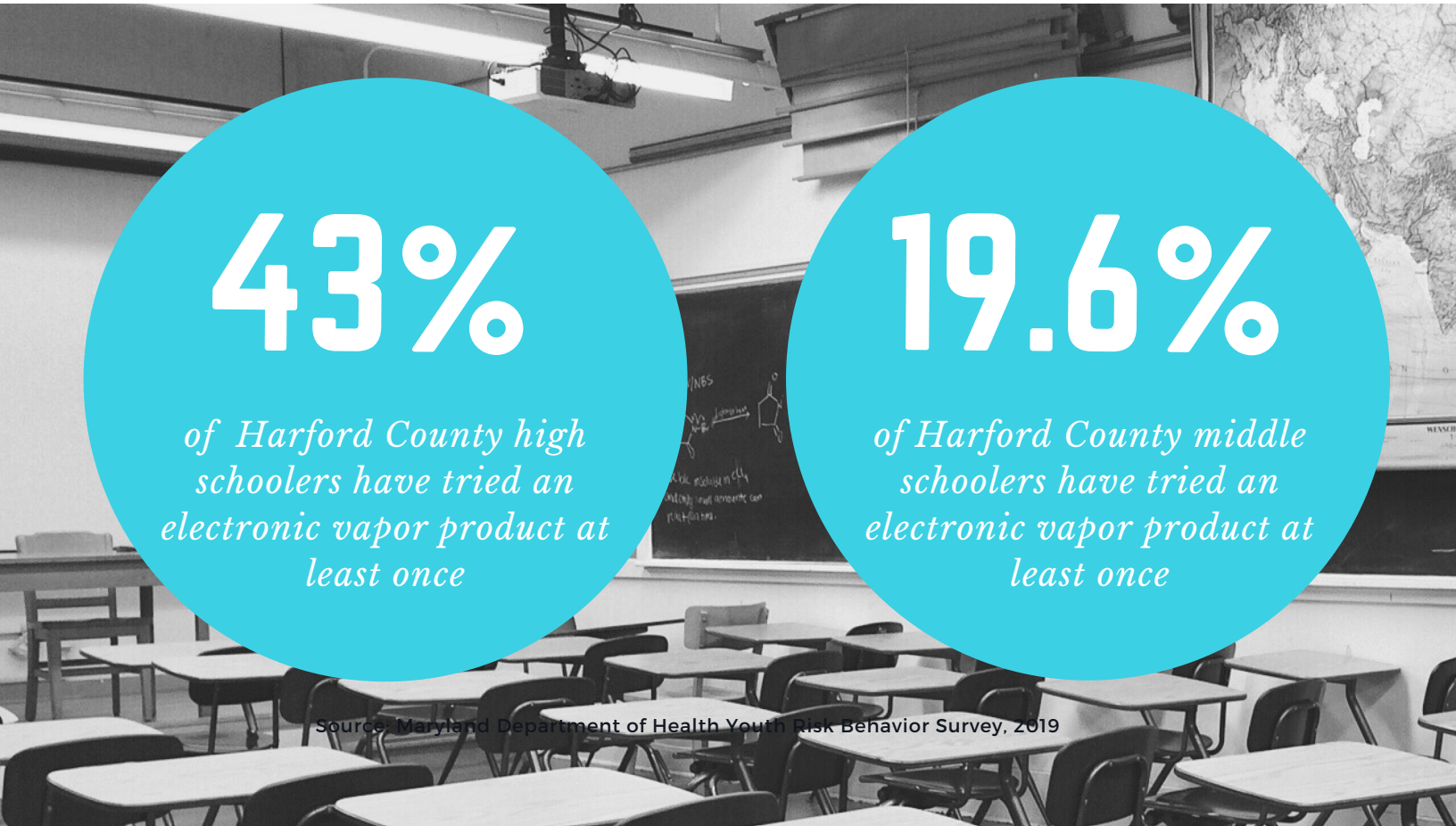
In middle and high school students, there was a steep increase in electronic vapor product use from 2016 to 2018. The Youth Risk Behavior Survey (YRBS) showed in 2018, 29.3% of high school students had used an electronic vapor product in the past 30 days. This is more than double the rate from 2016 (14.3%). The electronic vapor product use in Harford County was also about 6% worse than the state (23.0%). Middle school students in Harford County saw a similar spike in electronic vapor use, but still a lower rate than high school students. In 2018, 7% of students used an electronic vapor product in the past 30 days compared to 5.9% in the state. There were also 43% and 19.6% of Harford County high school and middle school students, respectively, that had ever tried an electronic vapor product in 2018 (Maryland Department of Health Youth Risk Behavior Survey, 2019)



Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

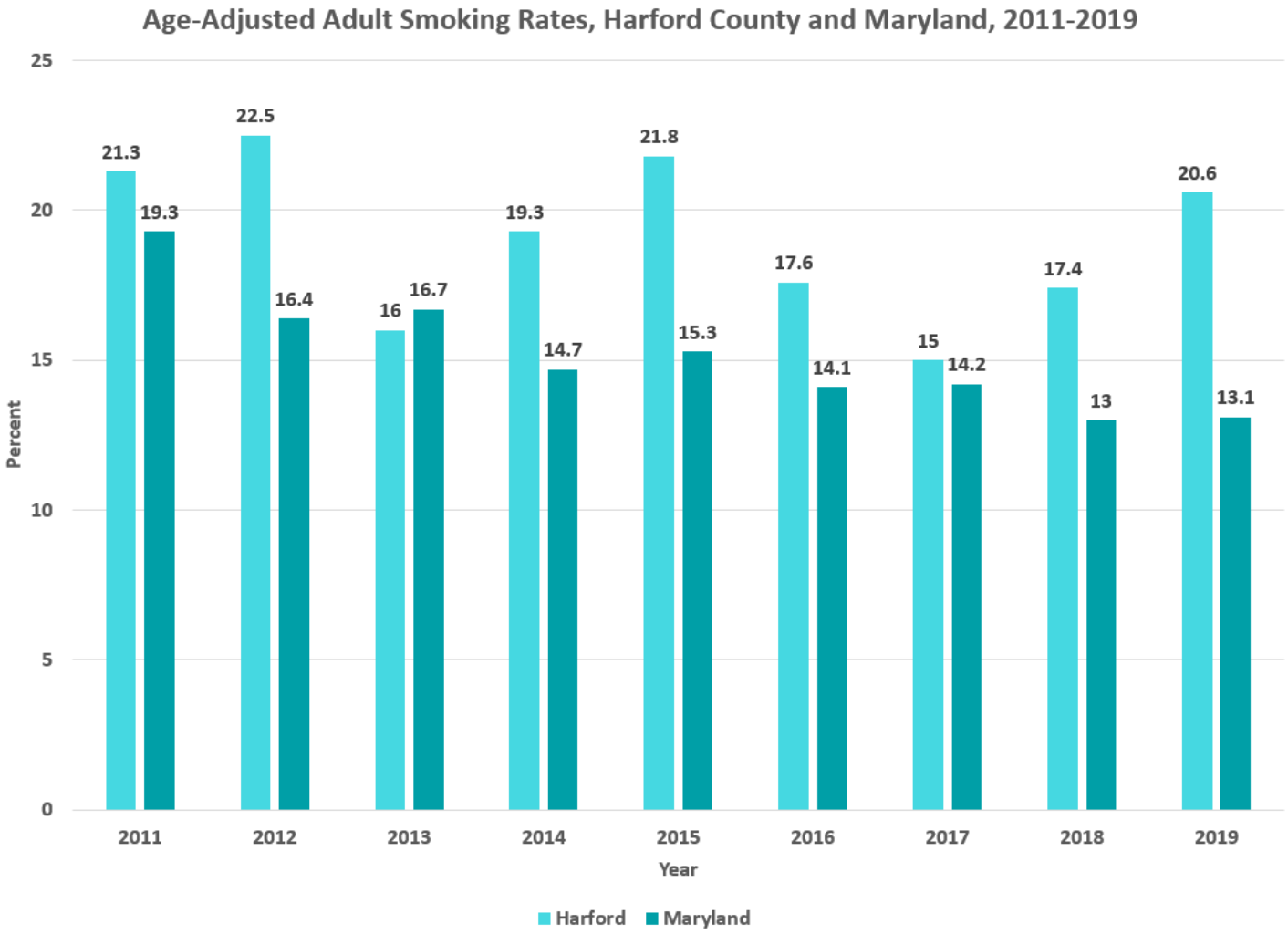


Source: Maryland Department of Health Youth Risk Behavior Survey, 2019



Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

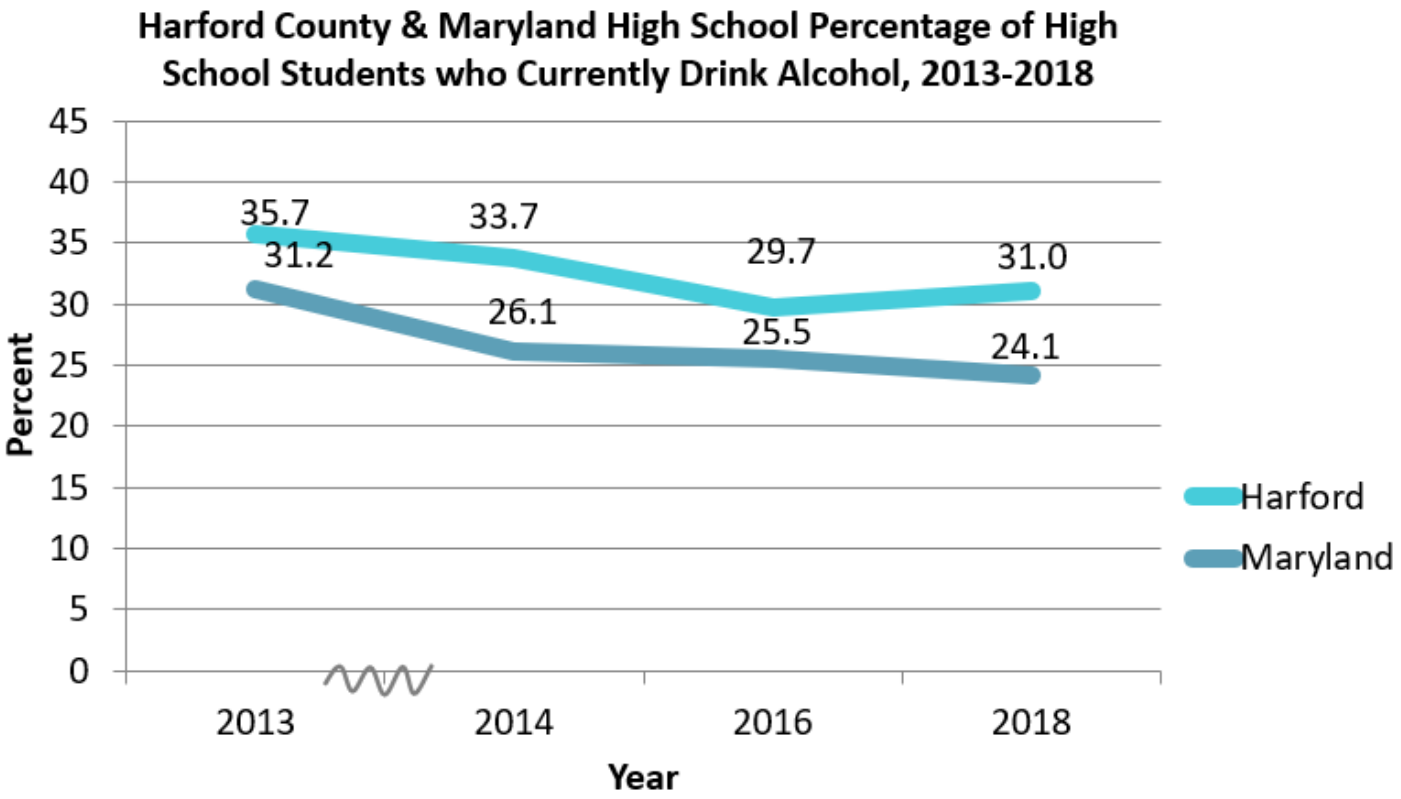
In adults, smoking rates in Harford have consistently been higher than the state since 2014. In 2019, the number of current smokers in Harford County was 20.6% compared to 13.1% for the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).



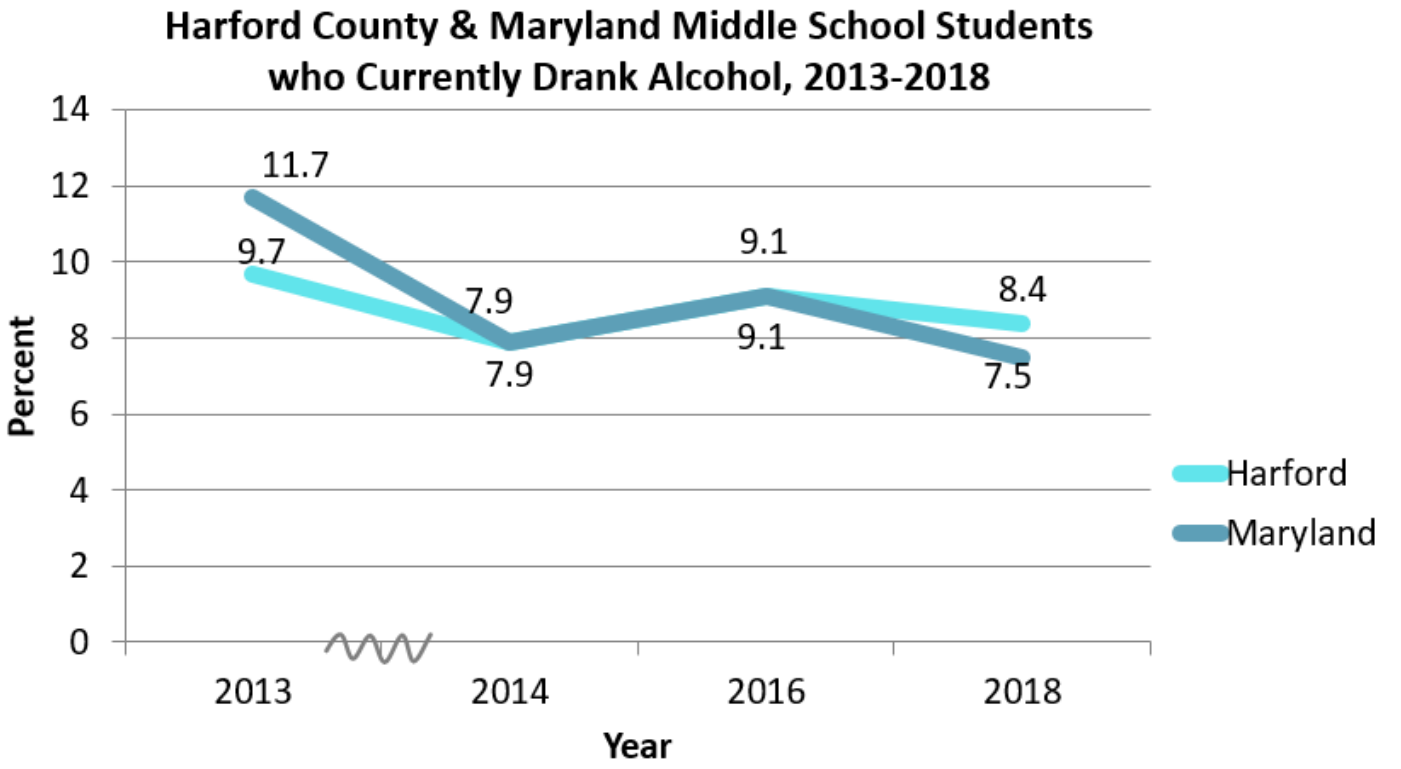
Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

ALCOHOL USE

In 2018 it was reported that 8.4% of Middle School students and 31% of High School students currently drank alcohol (Maryland Department of Health Youth Risk Behavior Survey, 2019). For Harford County adults, in 2019, 9.5% reported being heavy drinkers (adult men having 14 drinks per week and adult women having 7 drinks a week). This percentage is higher than the state where it was reported that 5.4% of adults engage in heavy drinking (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).



Note: *After 2014 they started conducting the survey every two years



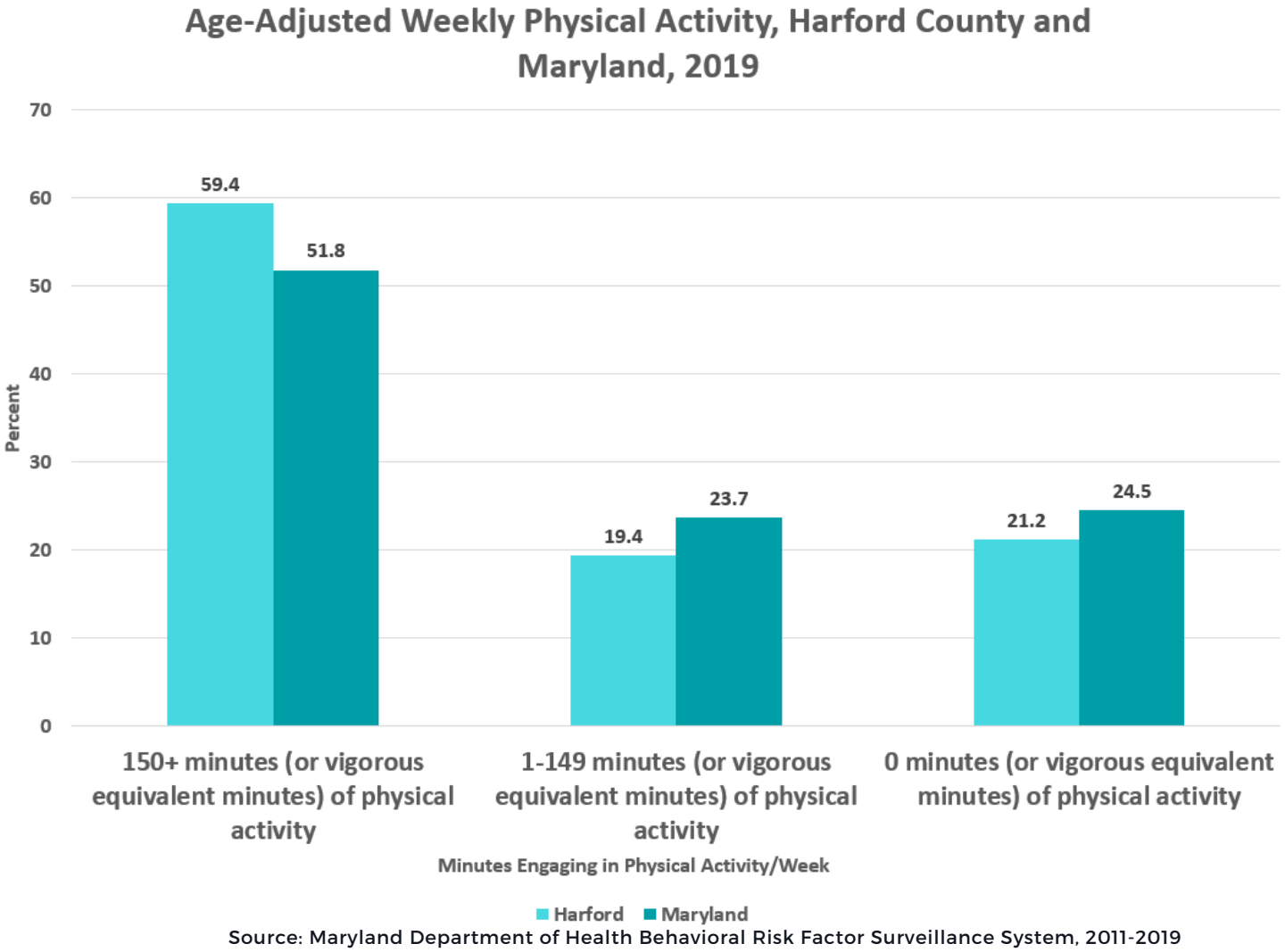
Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

Note: *After 2014 they started conducting the survey every two years

HEALTHY EATING, ACTIVE LIVING, AND OBESITY

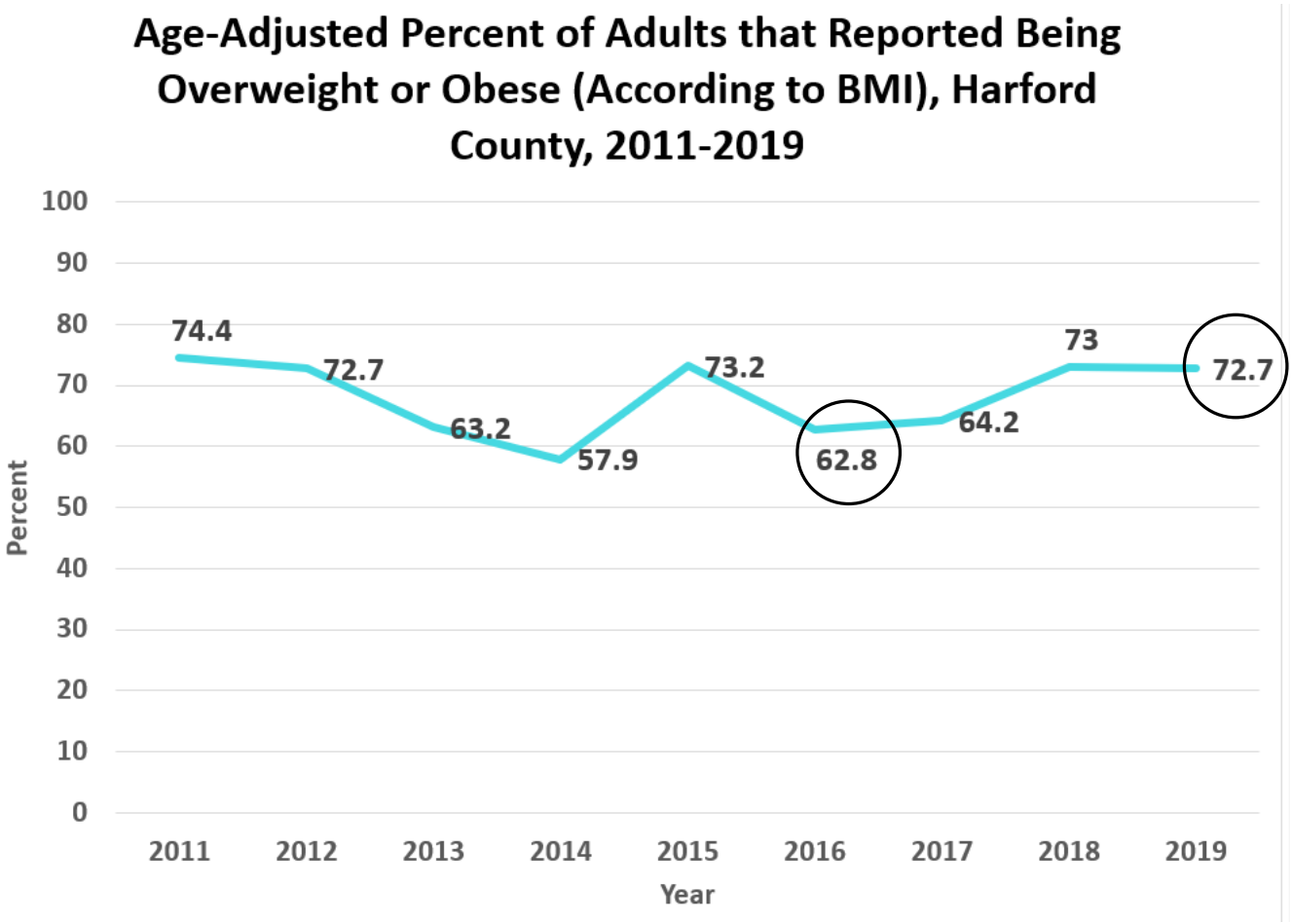
Diet and exercise habits have a tremendous impact on health and wellbeing. Data from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) indicate that only 66.6% of Harford County adults consume one or more servings of fruits per day and only 83.1% consume one or more servings of vegetables daily. The percentage of fruit consumption mirrored the state while the vegetable consumption was about 5% higher in Harford than the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

It is recommended that adults engage in 150 minutes of moderate-intensity physical activity per week (or equivalent of vigorous physical activity). The 2019 BRFSS data found that 59.4% of Harford County residents met the recommended physical activity requirements compared to 51.8% of the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).



Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

Body Mass Index (BMI) can be used as a tool to access health risk, although it does not measure body fat. Harford County's weight breakdown below shows that about 72.7% of adults in 2019 were overweight or obese and only 27.3% were at a healthy weight (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).



Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

There has also been about a 10% increase in Harford County residents that are a overweight or obese from 2016 to 2019. Obesity and overweight rates can vary by race as well. In the 2019 BRFSS survey, it was reported that 83.9% of non-Hispanic Black adults in Harford County were obese or overweight, compared to 66.9% Whites (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). These racial disparities have been consistent for at least the last few years. Being overweight or obese can put people at risk for other chronic conditions such as heart disease and type 2 diabetes.

72.7%

of Harford County adults reported being overweight or obese in 2019

(Age-adjusted)

HEALTH OUTCOMES

The health outcomes section reports perceived health status, incidence and prevalence of health conditions in Harford County, hospitalizations, and mortality from certain health conditions. This includes chronic and communicable disease, injury, mental health, and maternal and child health. The previous health factors section that discussed healthy and unhealthy behaviors go hand in hand with health outcomes.

"Chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs." - Centers for Disease Control and Prevention

PERCEIVED HEALTH STATUS

In the BRFSS survey, respondents were asked to rank their overall health from poor to excellent. There was some variation of responses throughout the past 3 years, but an average from 2017-2019 showed 18.1% of residents reported their health was excellent, 38.3% reported very good, 29.9% reported good, 9.7% reported fair, and 3.7% reported poor. The table below shows the breakdown by each year (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019)

	Poor	Fair	Good	Very Good	Excellent
2017	**	7.9%	26.2%	45.5%	17.7%
2018	3.9%	12.5%	29.9%	33.7%	20.1%
2019	3.4%	8.9%	33.7%	37.3%	16.7%

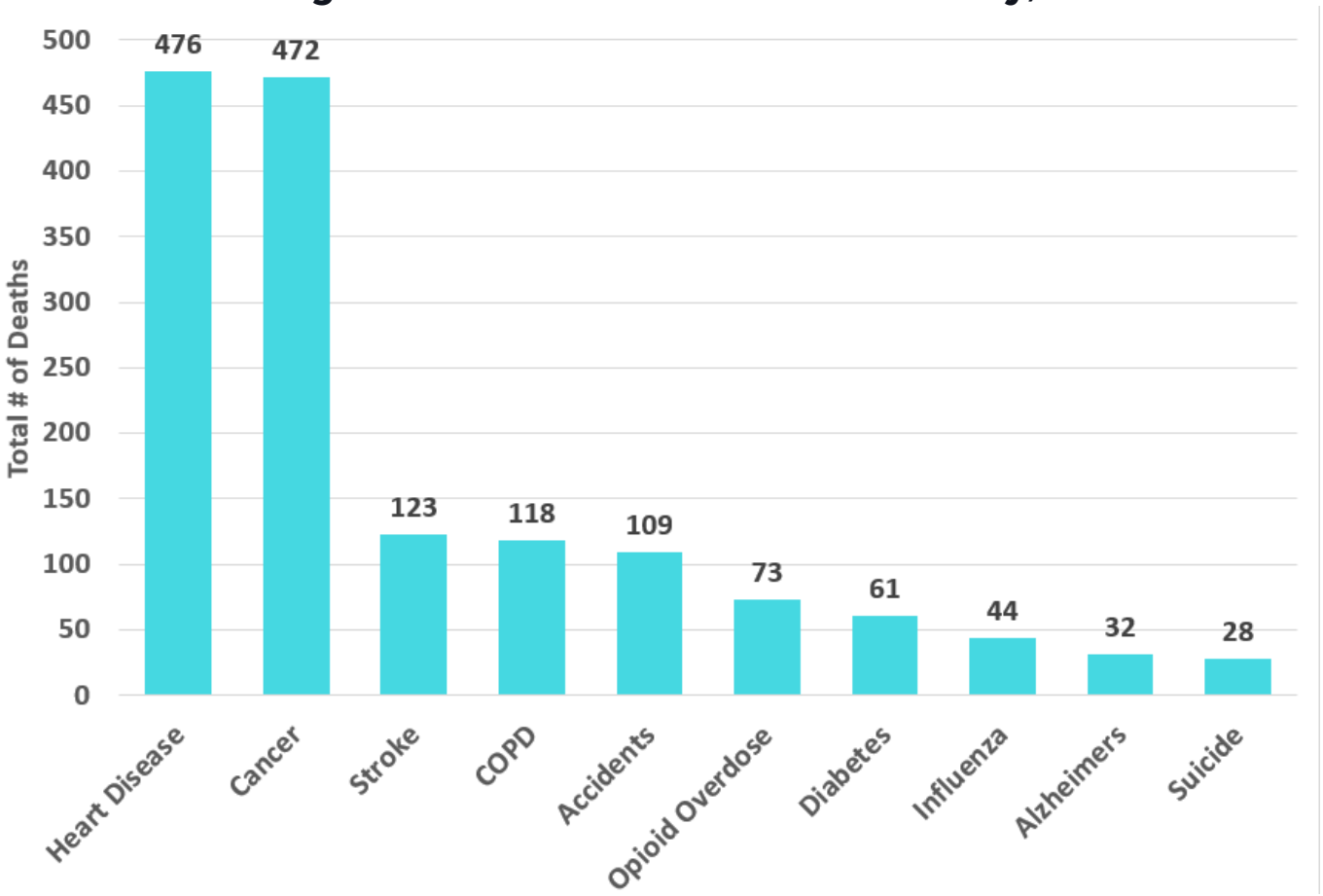
Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

LEADING CAUSES OF DEATH AND HOSPITALIZATION

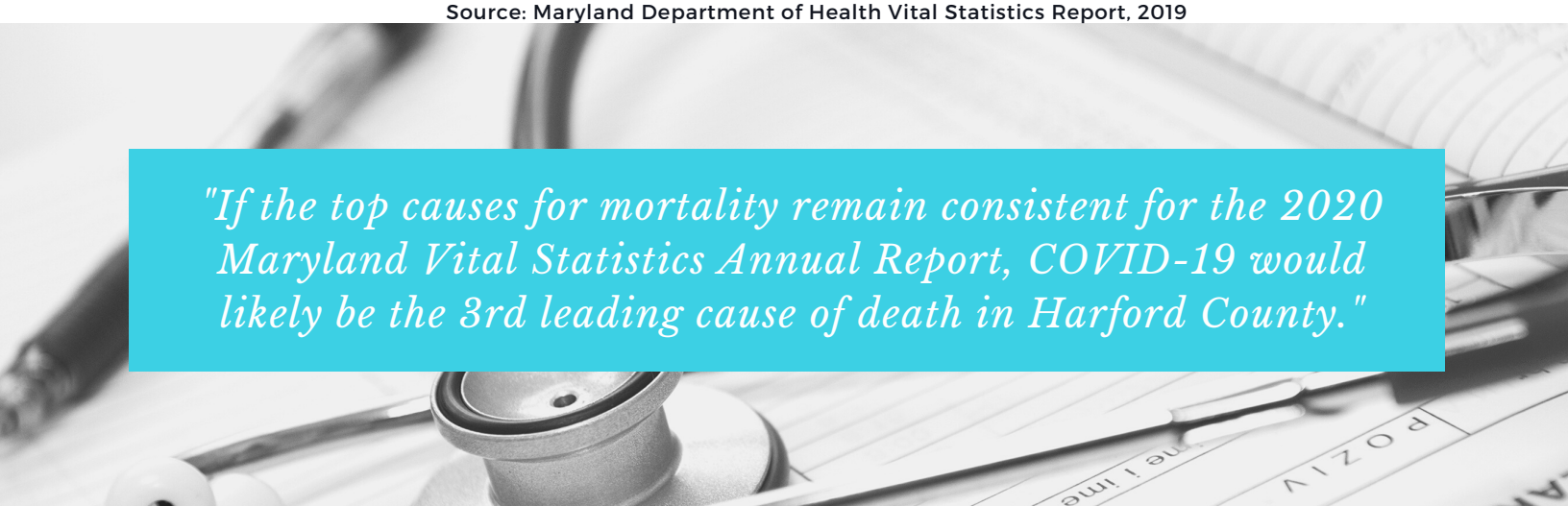
In the 2021 County Health Rankings, Harford County was ranked 10th out of 24 jurisdictions for health outcomes. Years of Potential Life Lost (YPLL) is used to measure premature mortality (before age 75) rather than overall mortality in order to focus on deaths that could have been prevented. Based on 2017-2019 data, the YPLL rate was 6,900 per 100,000 for all deaths in Harford County and 7,200 per 100,000 in Maryland. This rate was also significantly higher for African Americans in Harford with the YPLL being 8,400 per 100,000 deaths (County Health Rankings and Roadmaps, 2021)

According to the Maryland Vital Statistics Administration, there were 2,209 total deaths in Harford County in 2019 and the top 3 causes causes of death were heart disease, cancer, and cerebrovascular disease (stroke) in both Harford County and Maryland. Chronic obstructive pulmonary disease (COPD) falls closely behind stroke as the 4th leading cause of death in Harford County. If the top causes of death remain consistent for the 2020 Maryland Vital Statistics Annual Report, COVID-19 would likely be the 3rd leading cause of death in Harford County as there were 167 COVID-19 deaths in 2020. The age-adjusted mortality rate from 2017-2019 for all causes was 738.8 per 100,000 deaths in Harford County and 713 per 100,000 deaths in Maryland. The trends of mortality rates for specific diseases are outlined below (Maryland Department of Health Vital Statistics Report, 2019).

Leading Causes of Death in Harford County, 2019



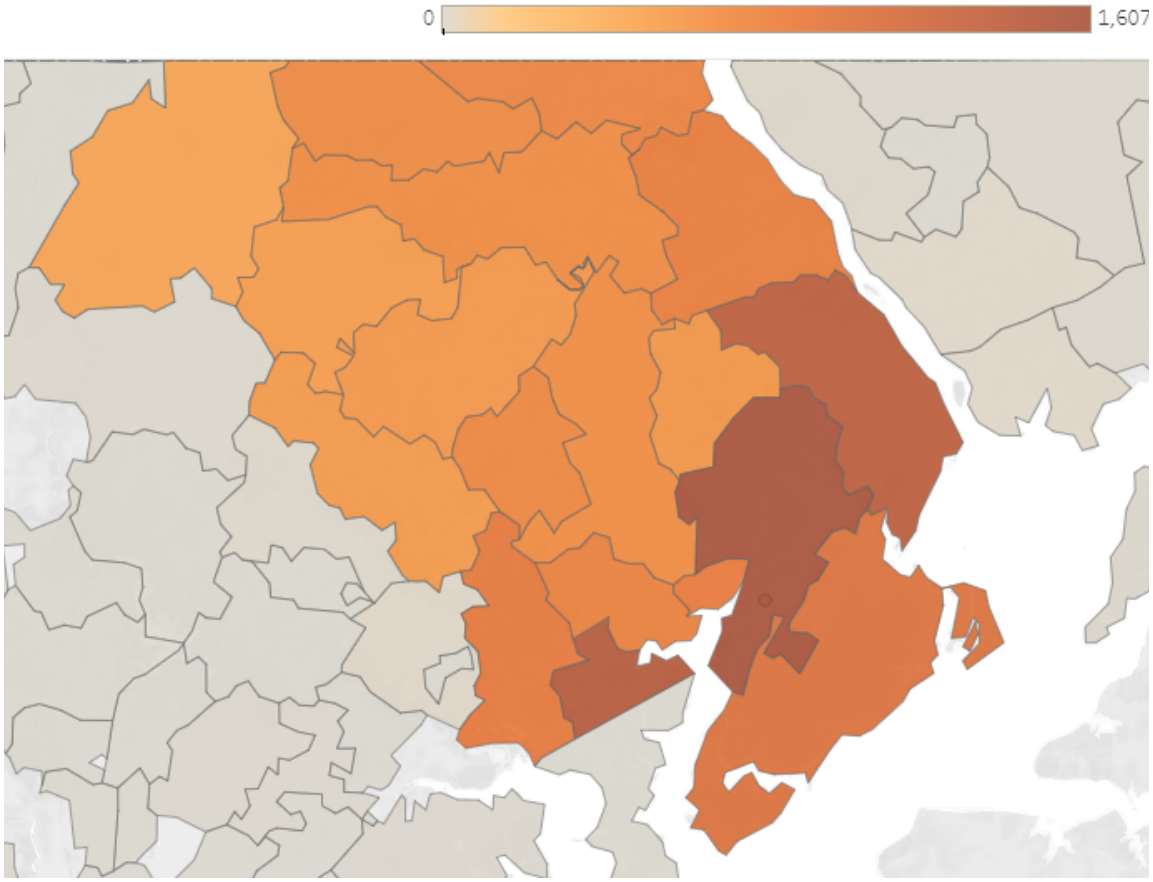
Source: Maryland Department of Health Vital Statistics Report, 2019



"If the top causes for mortality remain consistent for the 2020 Maryland Vital Statistics Annual Report, COVID-19 would likely be the 3rd leading cause of death in Harford County."

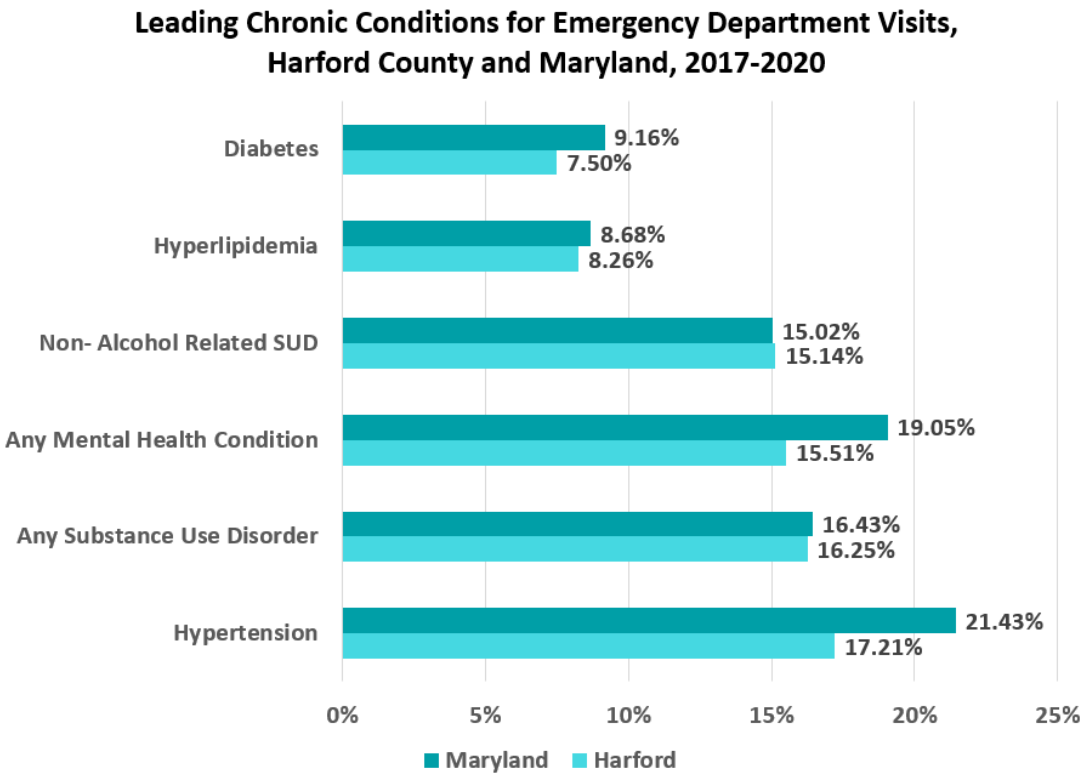
EMERGENCY DEPARTMENT VISITS

The map below indicates the emergency department (ED) visits per 1,000 from 2017-2019. The darker color shows a higher rate of hospitalizations and the lighter color shows a lower rate of hospitalizations. The ED visit rate for Harford from 2017-2019 was 919 per 1,000 compared to the state rate of 1,107 per 1,000. The highest rates of ED visits in the county were for residents of Aberdeen (1607.6 per 1,000) followed by Edgewood (1459.62 per 1,000) and Havre de Grace (1378.80 per 1,000) (Chesapeake Regional Information System for our Patients, 2020).



Source: Chesapeake Regional Information System for our Patients, 2020

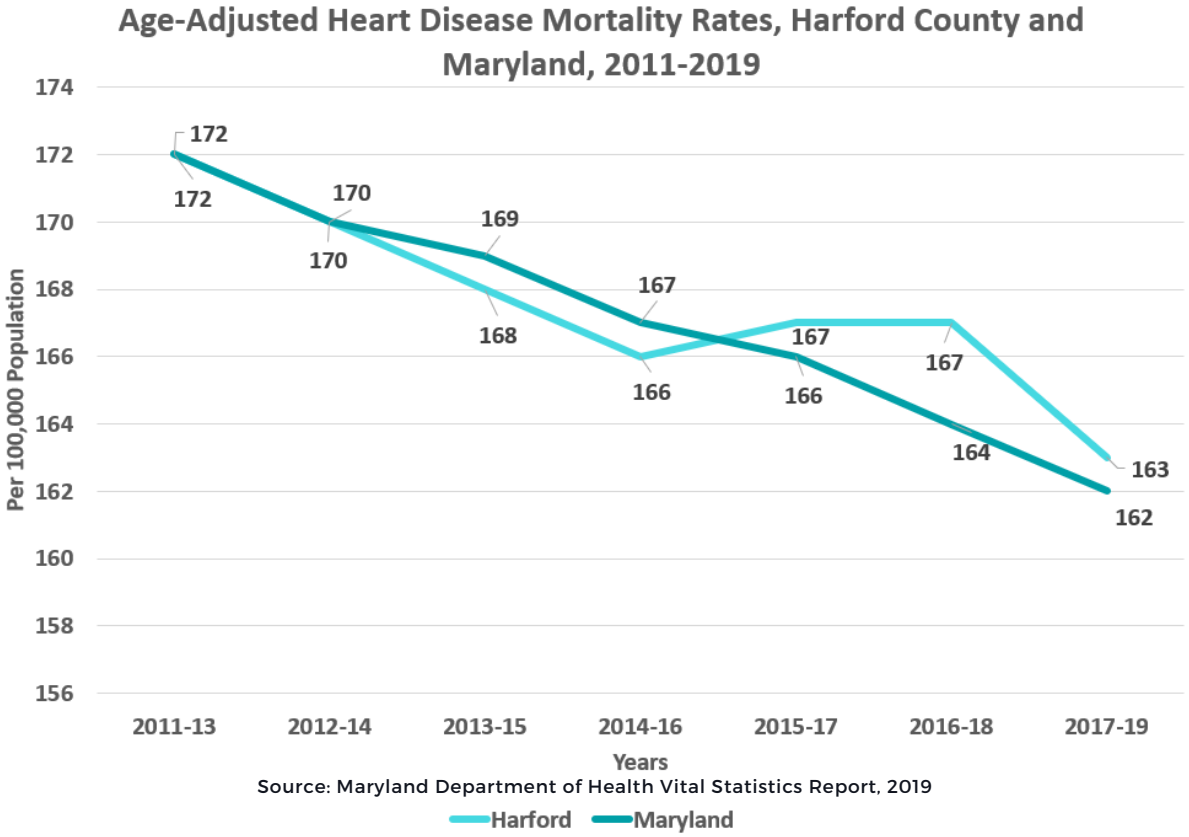
The CRISP Reporting System (CRS) reported that the top three conditions associated with an ED visit were hypertension, substance use disorder, and mental health conditions in Harford County (Chesapeake Regional Information System for our Patients, 2020). The state as a whole also had the same top 3 conditions, however, the state had a higher percentage of any mental health condition visits compared to substance use disorder. This may suggest that these conditions were not being treated as successfully in an outpatient setting.



Source: Chesapeake Regional Information System for our Patients, 2020

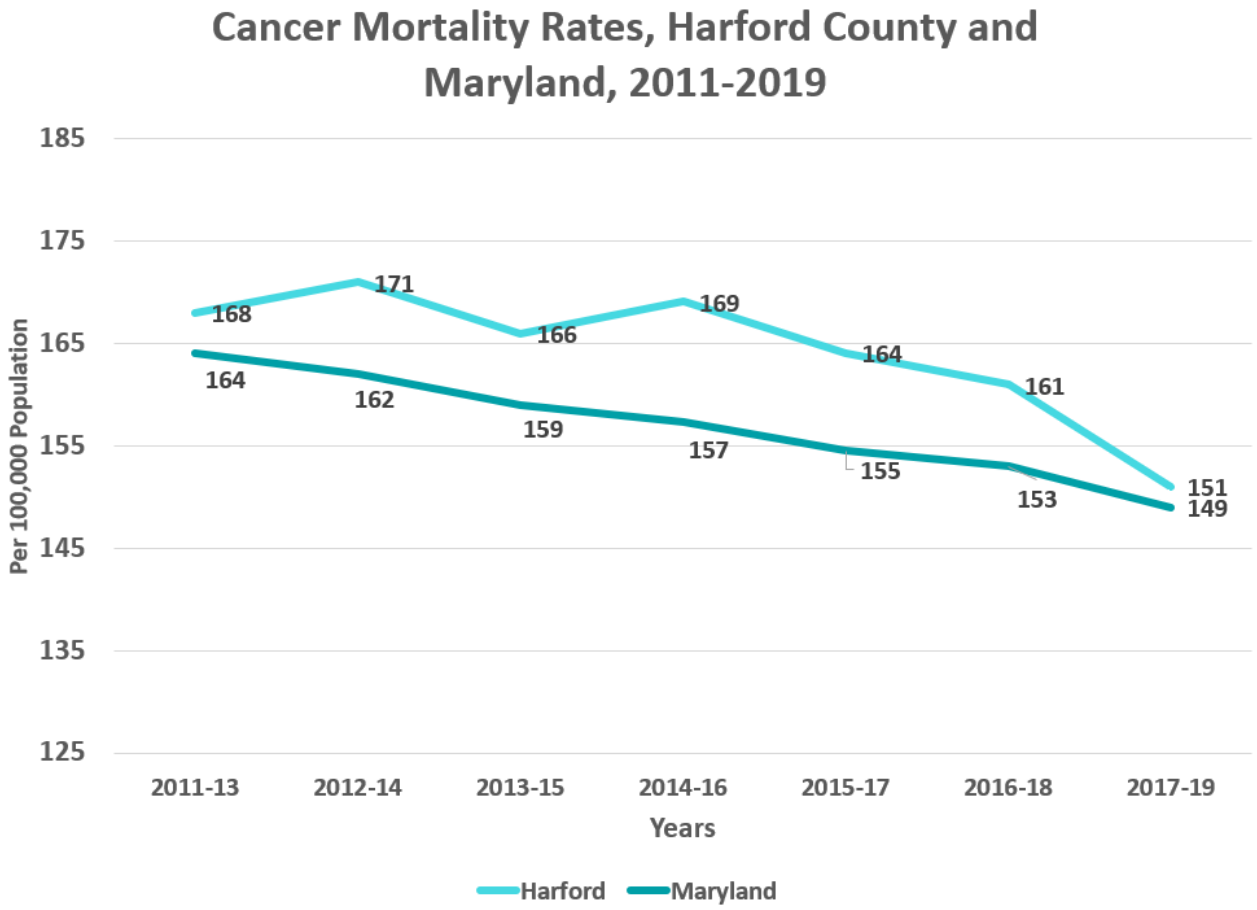
CHRONIC AND COMMUNICABLE DISEASES

While there has been a slight decrease in mortality rates for heart disease in Harford County, it remains the leading mortality rate in the county. For 2017-2019 the rate was 163 per 100,000 in Harford and 162 per 100,000 in Maryland (Maryland Department of Health Vital Statistics Report, 2019).



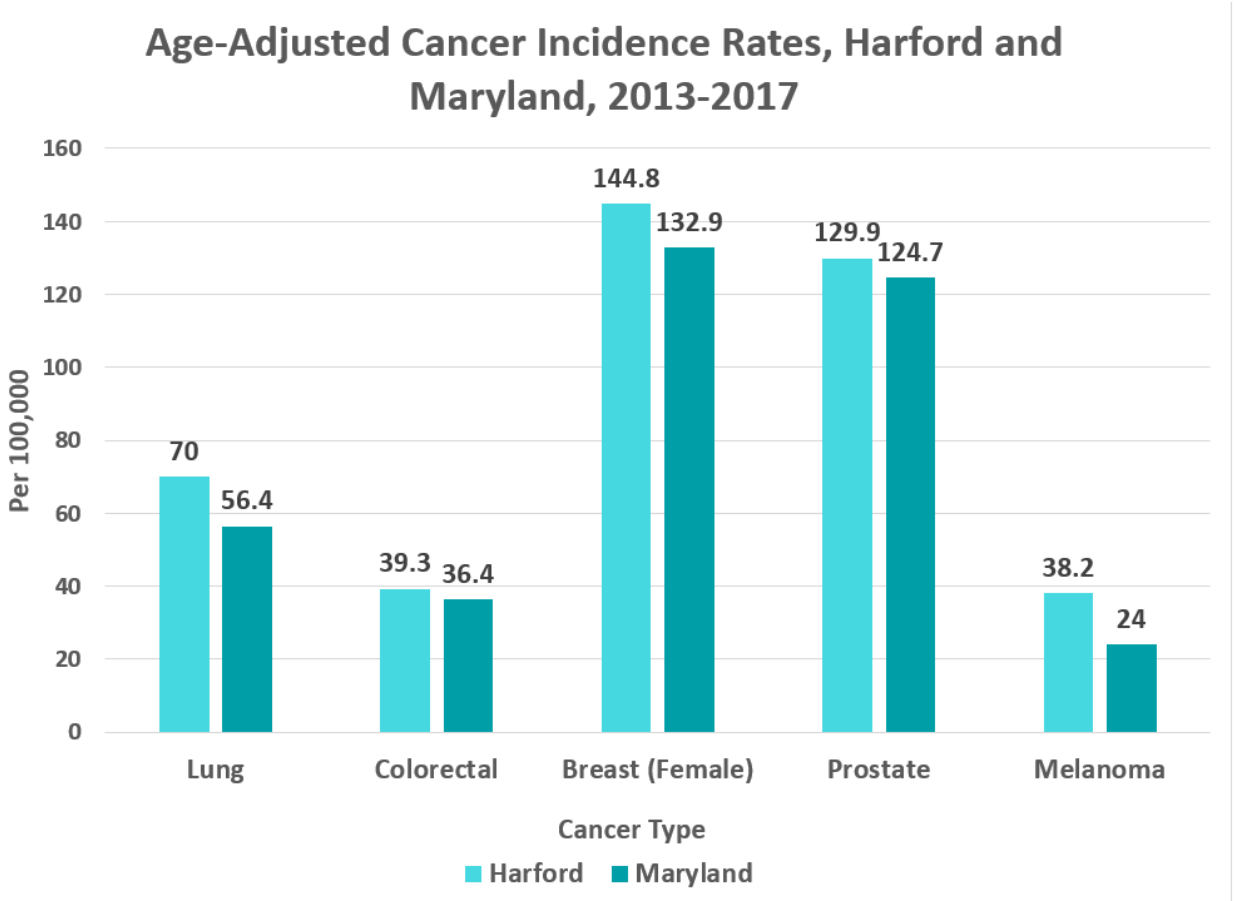
Source: Maryland Department of Health Vital Statistics Report, 2019

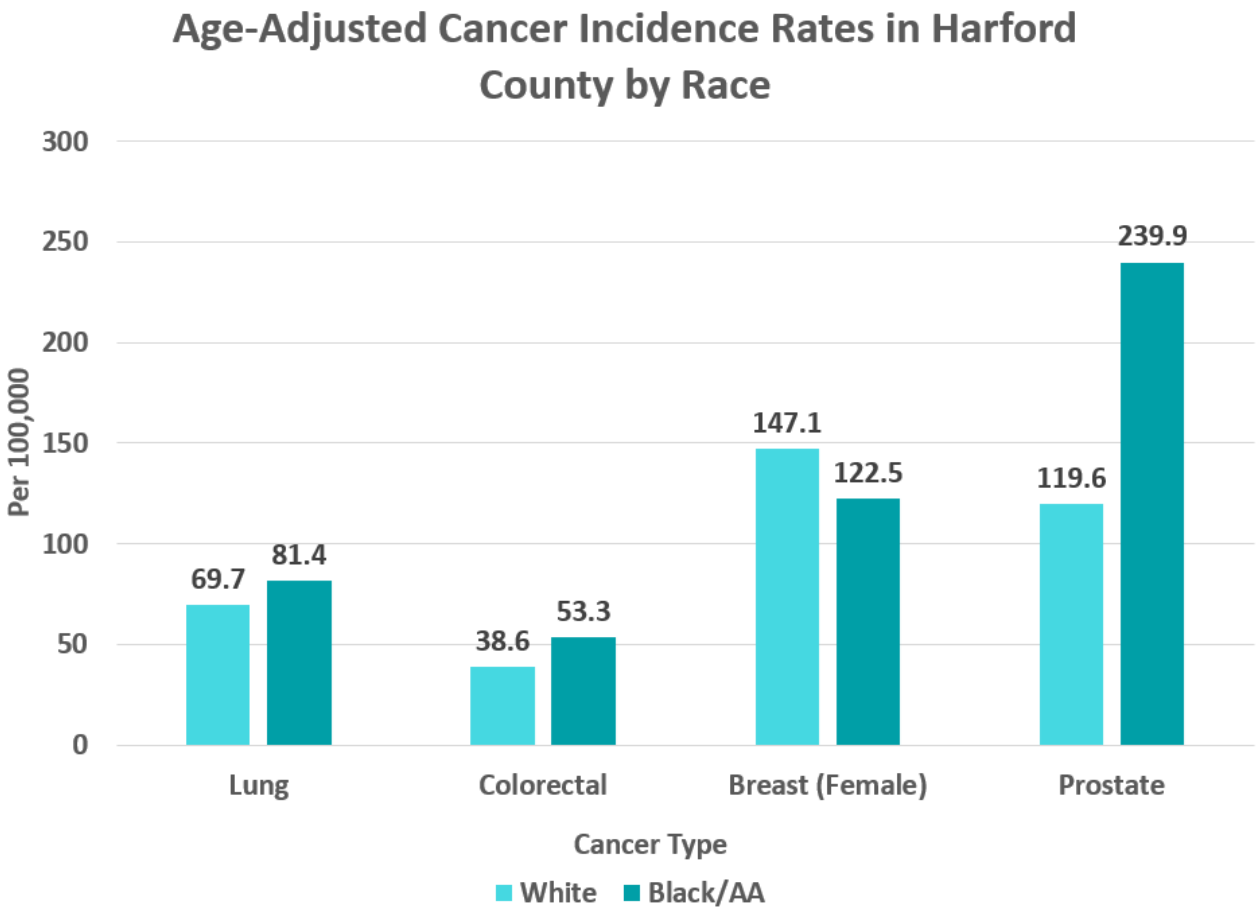
Cancer mortality rates are worse in Harford County than for the state of Maryland. However, the cancer mortality rates have decreased over the years for both Harford County and Maryland (Maryland Department of Health Vital Statistics Report, 2019). Cancers of the lung, trachea, and bronchus have the highest mortality of all cancers in Harford County (45 per 100,000) and Maryland (38.8 per 100,000). When breaking down the incidence by cancer type, breast and prostate cancer had the top 2 incidence rates in both Harford and the state of Maryland (U.S. Cancer Statistics Working Group, 2020).



Source: Maryland Department of Health Vital Statistics Report, 2019

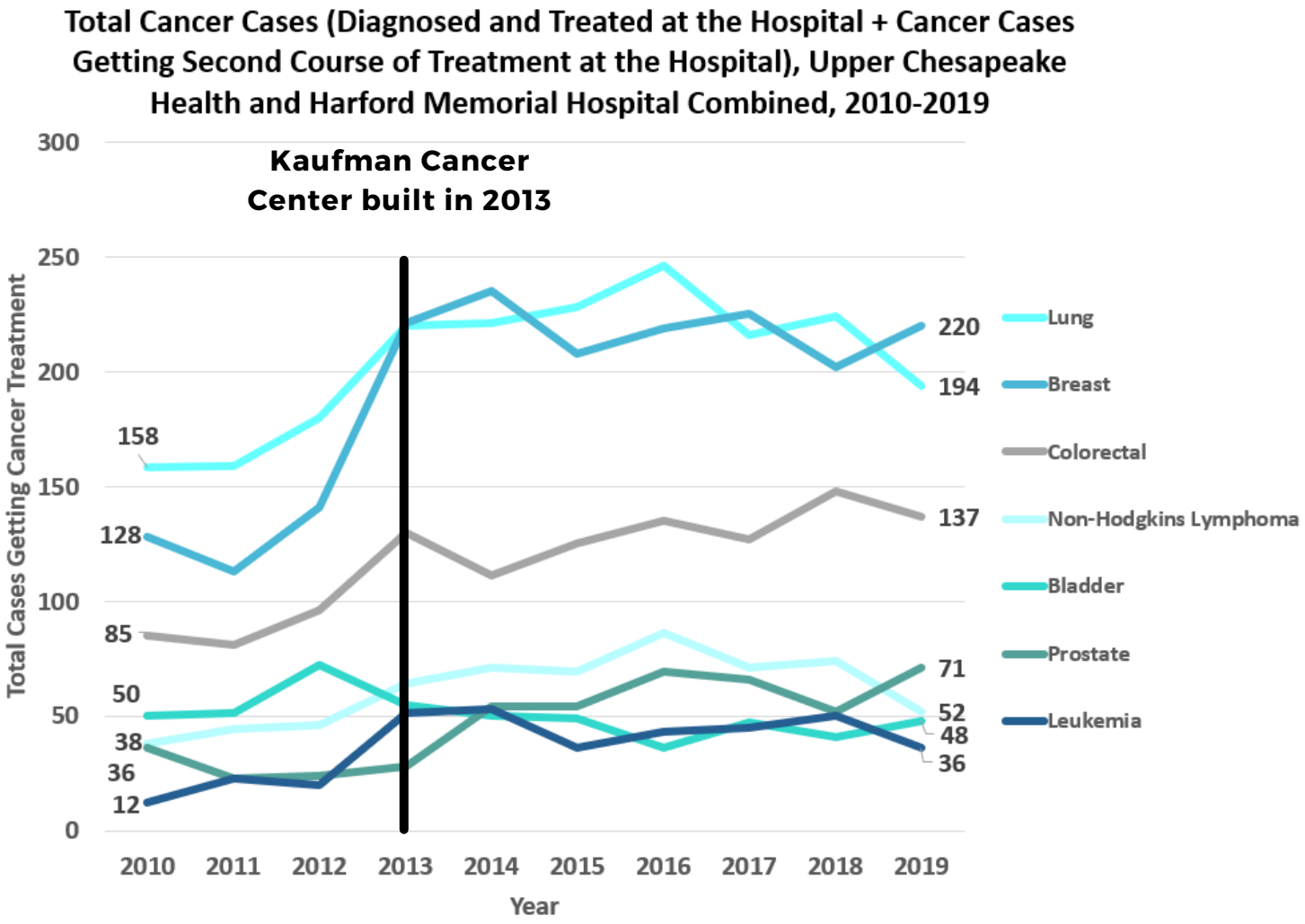
When broken down by race by type of cancer in Harford County, the incidence rate for prostate cancer in African Americans (239.9 per 100,000) was about 2 times the incidence in Whites (119.6 per 100,000) (U.S Cancer Statistics Working Group, 2020).





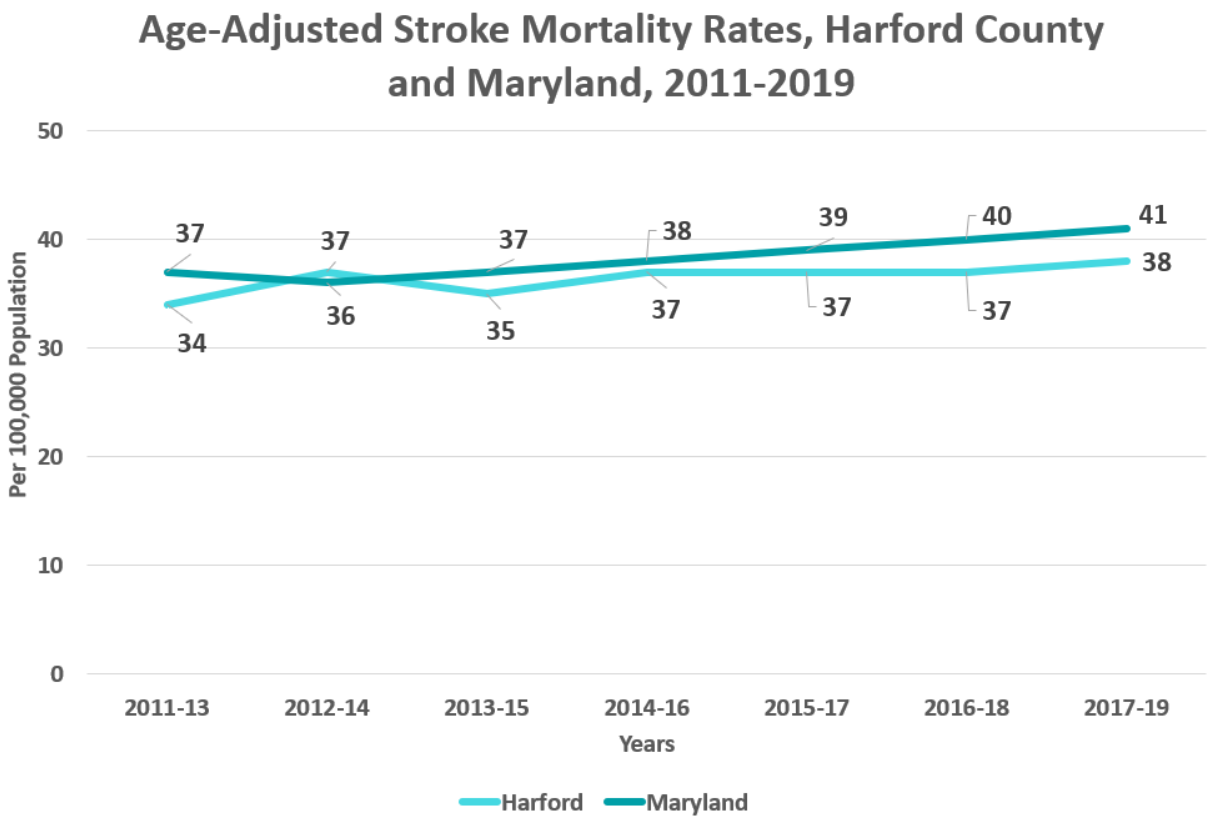
Source: U.S Cancer Statistics Working Group, 2020

University of Maryland Upper Chesapeake Health and Harford Memorial Health offer diagnoses and treatments for all types of cancer. They also see patients that come to these hospitals as a second course of treatment. The graph below show the total number of cases being treated at these hospitals over time. Breast and lung cancer have consistently been the top two cancers treated at the hospital. It appears that most types of cancer have had an increase in cancer treatments since 2010. This may be in part due to the Kaufman Cancer Center that was built in Bel Air in 2013. The Kaufman Cancer Center offers advanced cancer treatment as well as offering genetic counseling and an infusion center (University of Maryland Upper Chesapeake Health, 2019).



Source: University of Maryland Upper Chesapeake Health, 2019

Cerebrovascular disease (stroke) continues to be one of the top causes of mortality in Harford County. In 2017-2019 the mortality rate was 38 per 100,000 deaths and has slowly been increasing over the years (Maryland Department of Health Vital Statistics Report, 2019).



Source: Maryland Department of Health Vital Statistics Report, 2019

The Behavioral Risk Factor Surveillance System (BRFSS) reported the percentage of adults that were ever told they have a certain chronic condition, outlined in the chart below. It is estimated that about a third of adults have been diagnosed with hypertension (high blood pressure), which increases the risk for heart disease and stroke (CDC). Hypertension also usually presents no symptoms, making it more critical to monitor and take steps to lower the risk. While the diabetes overall estimated diagnoses is 9.3% of Harford adults, this rate is significantly higher in African Americans (19%) versus White (8.3) residents (Maryland Department of Health Behavioral Risk Surveillance System, 2011-2019).

PERCENTAGE OF ADULTS TOLD THEY HAVE A CERTAIN CHRONIC CONDITION, 2019

Chronic Condition	Harford	Maryland
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	20.3%	21.7%
Diabetes (excluding those that only had it when pregnant)	9.3%	10%
Hypertension (excl. women told only during pregnancy and borderline hypertension)	33.2%	32.2%
Chronic Obstructive Pulmonary Disease (COPD)	6%	4.9%
Depressive disorder (including depression, major depression, dysthymia, or minor depression)	18.8%	16.3%

Source: Maryland Department of Health Behavioral Risk Surveillance System, 2011-2019

A notifiable disease is any condition that, when identified in a patient, is required to be reported to the government so that its incidence can be monitored for potential outbreaks and clustering. The notifiable diseases are then reported to the Centers for Disease Control (CDC). The following chart provides rates for Harford County and Maryland per 100,000 residents. Notice that Harford County's Lyme disease rate was more than double the state rate (54.8 per 100,000 compared to 23.5 per 100,000) (Maryland Department of Health Cases of Selected Notifiable Conditions, 2019).

2019 Notifiable Disease Incidence Rates per 100,000 in Harford County and Maryland

Notifiable Disease	Harford County	Maryland
Chlamydia	407.3	623.9
Lyme Disease	54.8	23.5
Gonorrhea	106.4	191.5
Salmonellosis	12.9	16.5
Meningitis, Aseptic	5.1	5.3
Syphilis	2.7	14.3

Source: Maryland Department of Health Cases of Selected Notifiable Conditions, 2019

MATERNAL AND CHILD HEALTH

Maternal characteristics and birth outcomes in Harford County vary by race, indicating health disparities exist for mothers and babies for racial and ethnic minorities. A mother's well-being before, during, and after pregnancy can affect the health of a child from infancy to adulthood. Infant's with low birth weight, are more likely to die before their first birthday or have chronic conditions when they get older such as diabetes, heart disease, or high blood pressure. In 2019, there were 2,686 live births in Harford County. Among all of the live births in Harford County, 80.4% received first trimester care and 4.8% received late or no care during pregnancy (Maryland Department of Health Vital Statistics Report, 2019)

The chart below outlines maternal characteristics of the live births. Live births to unmarried mothers were 34% of all live births and live births to mothers under 20 years old was just 2.3% of all live births. The rates for live births were especially higher in non-Hispanic African American unmarried mothers (61.2%) and Hispanic unmarried mothers (48.4%). The percent of mothers in Harford County with a low birth weight child in 2019 was 8%. This percentage was higher in African American (14.7%) and Hispanic (10%) mothers than for white mothers (6%) (Maryland Department of Health Vital Statistics Report, 2019). Low birth weight babies can lead to poor outcomes and health complications.

Live Births for Mothers Unmarried and Under 20 by Race in Harford, 2019

	Unmarried	Under 20
Total	34%	2.3%
Non-Hispanic White	26.8%	1.9%
Non-Hispanic Black/AA	61.2%	4.0%
Hispanic	48.4%	0.6%

Source: Maryland Department of Health Vital Statistics Report, 2019

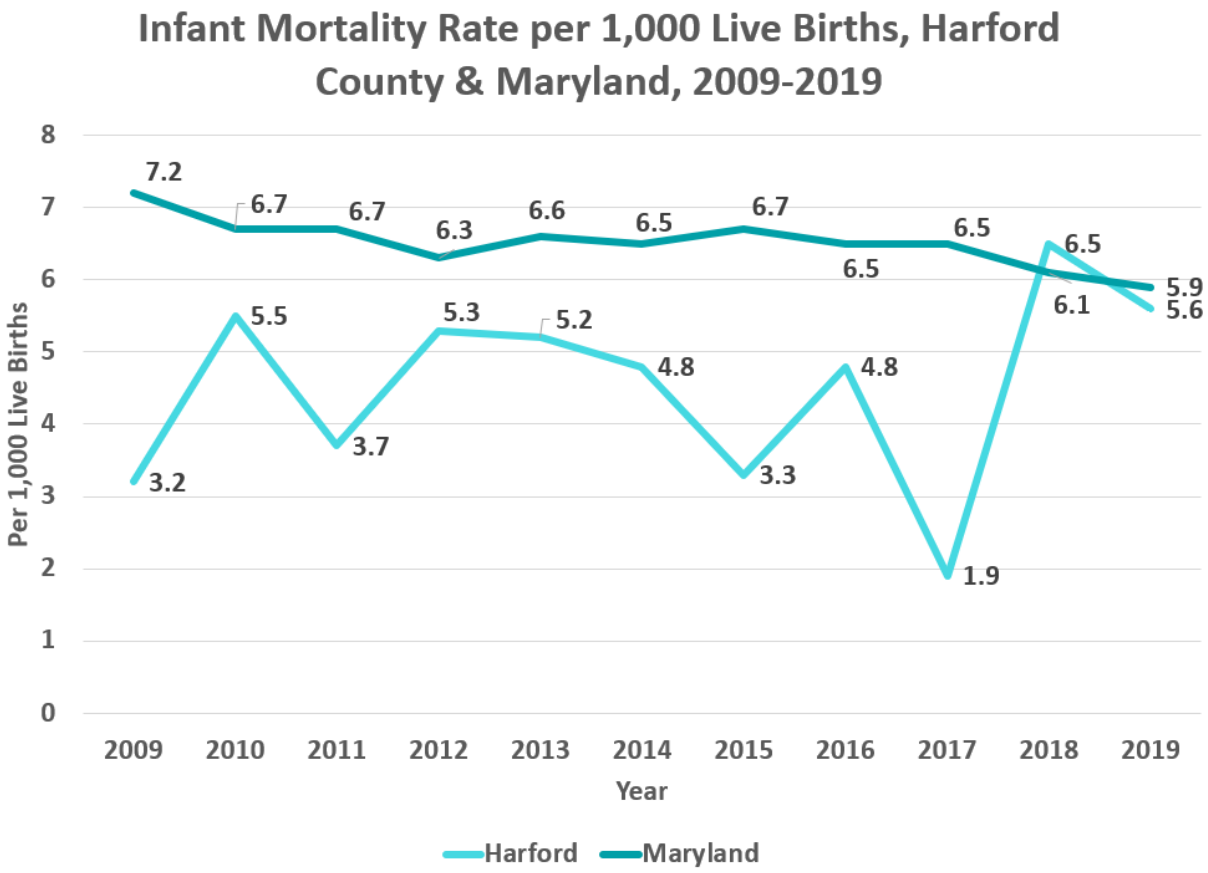
Low Birth Weight by Maternal Race, 2019 <2500 grams

	Low Birth Weight
Total	8.0%
Non-Hispanic White	6.0%
Non-Hispanic Black/AA	14.7%
Hispanic	10.0%

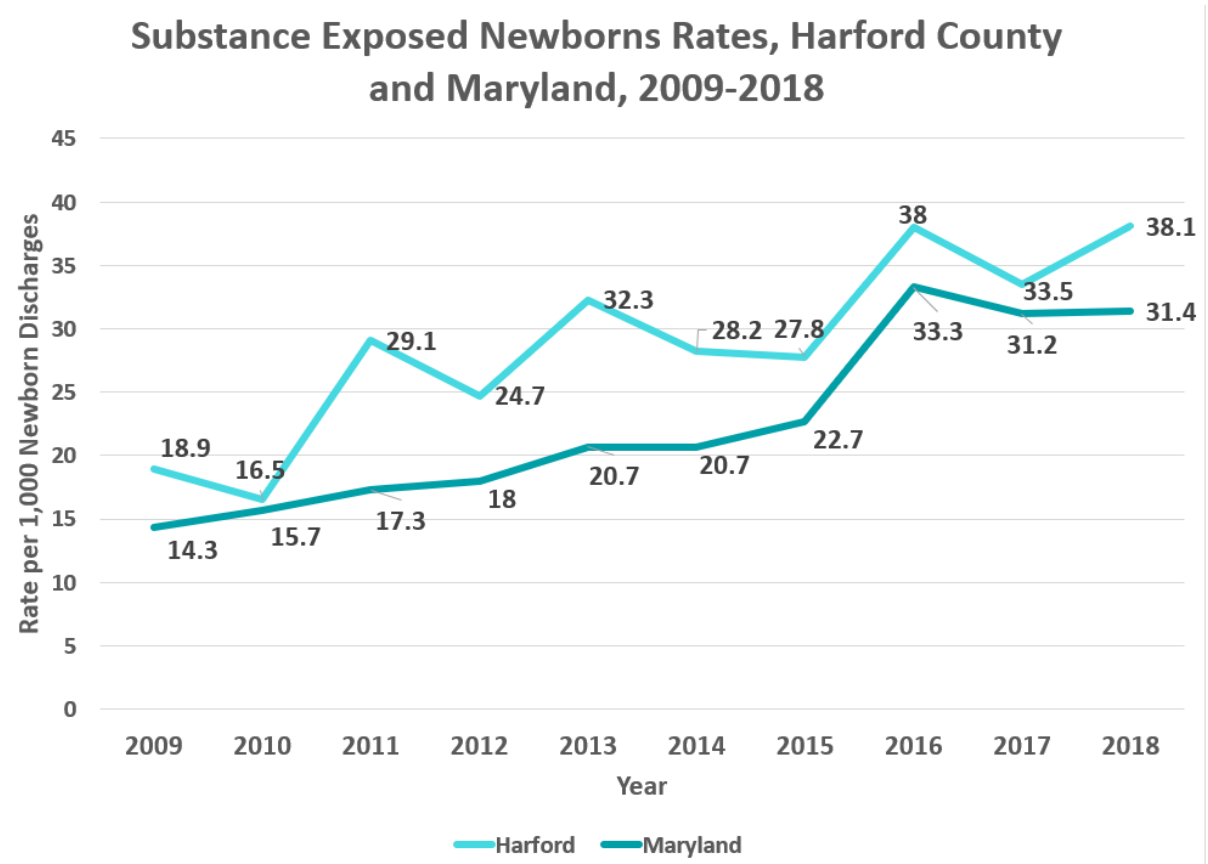
Source: Maryland Department of Health Vital Statistics Report, 2019

In 2019, the infant mortality rate in Harford County was 5.6 per 1,000 live births which is slightly below the state at 5.9 per 1,000 live births. While this is a drop from 2018 (6.5 per 1,000), the infant mortality rate is still higher than it had been in prior years, while the infant mortality rate for the state continues to decline (Maryland Department of Health Vital Statistics Report, 2019). Racial disparities in infant mortality and low birth weight births have persisted in Harford County for the past decade. In fact, the rate of infant mortality for Black babies has been more than 3-4 times higher than that of white babies in Harford County for many years. In 2018, the infant mortality rate was 10.8 per 1,000 live births for non-Hispanic Blacks and 4.2 per 1,000 live births for non-Hispanic Whites. Racism, intergenerational stress, and structural inequality continue to fuel maternal and child health disparities in Harford County.

In addition, the rate for substance exposed newborns (SEN) has significantly increased from 2009 to 2018 and the rate in Harford has been higher than the state for at least 9 years. In 2018, there were 38.1 SEN per 1,000 newborn discharges in Harford County compared to 31.4 SEN in Maryland (Health Services Cost Review Commission, 2018). While racial data on SEN births in Harford County is limited, the most recent data indicates that the majority of SEN births are to white women in the county. We recognize that, in order for families to achieve and maintain health and resiliency, they must be given a safe space to access essential resources and support.



Source: Maryland Department of Health Vital Statistics Report, 2019



Source: Health Services Cost Review Commission, 2018 (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state).

INJURY

According to County Health Rankings data for 2021, the overall death rate from injuries (planned and unplanned) in Harford County and Maryland was 82 per 100,000 (County Health Rankings and Roadmaps, 2021). Injuries accounted for 109 deaths in 2019 for Harford County and were the 5th leading cause of mortality. The suicide rate for Harford in 2017-2019 was 11.4 per 100,000 in Harford which was slightly above the state at 10.1 per 100,000 (Maryland Department of Health Vital Statistics Report, 2019).

	Harford	Maryland
Unintentional Injury	37.1	36.4
Intentional Self-Harm (Suicide)	11.4	10.1
Assault (Homicide)	N/A	9.9

Source: Maryland Department of Health Vital Statistics Report, 2019

Falls in older adults can lead to serious injury, disability, and prevent a senior from being independent. The 2018 Behavioral Risk Surveillance System (BRFSS) estimates that 22.4% of residents in Harford County ages 45+ had fallen in the last year. In addition, 7.2% of those that fell were injured by the fall (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

	Harford	Maryland
Fell in the past 12 months (45+) (age-adjusted)	22.4%	22.7%
Fall resulted in injury, past 12 months (45+) (age-adjusted)	7.2%	8.7%

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

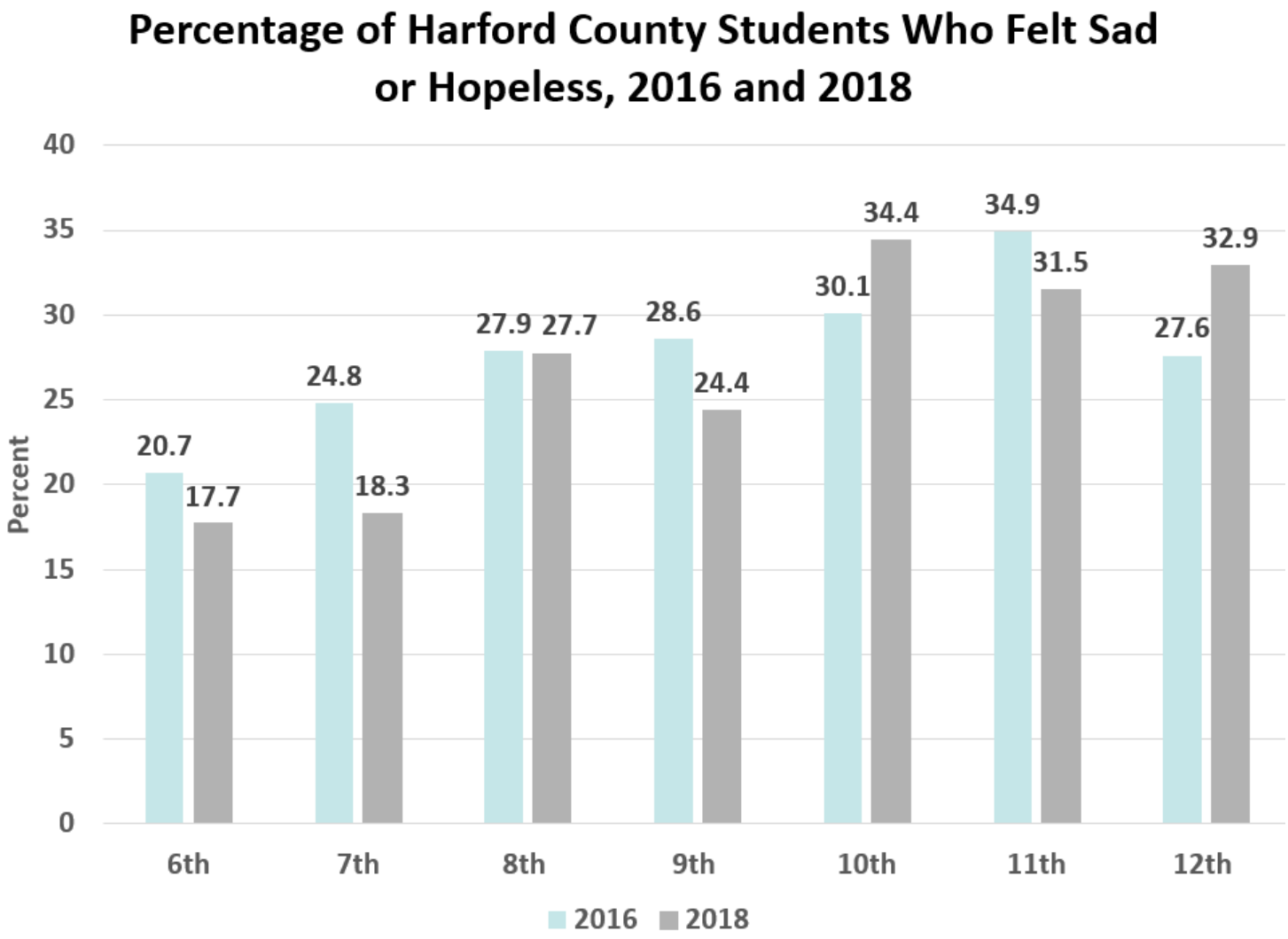
BEHAVIORAL HEALTH

The Behavioral Risk Factor Surveillance System (BRFSS) survey estimated that in 2019, 18.8% of adults in Harford County were diagnosed with depressive disorder (including depression, major depression, dysthymia, or minor depression) (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). Mental Health can have a huge impact on children as well. The graph below reports the Harford County students that have felt sad or hopeless from the Youth Risk Behavior Survey (YRBS). At least 30% of students 10th thru 12th grade felt sad or hopeless in 2018.

18%

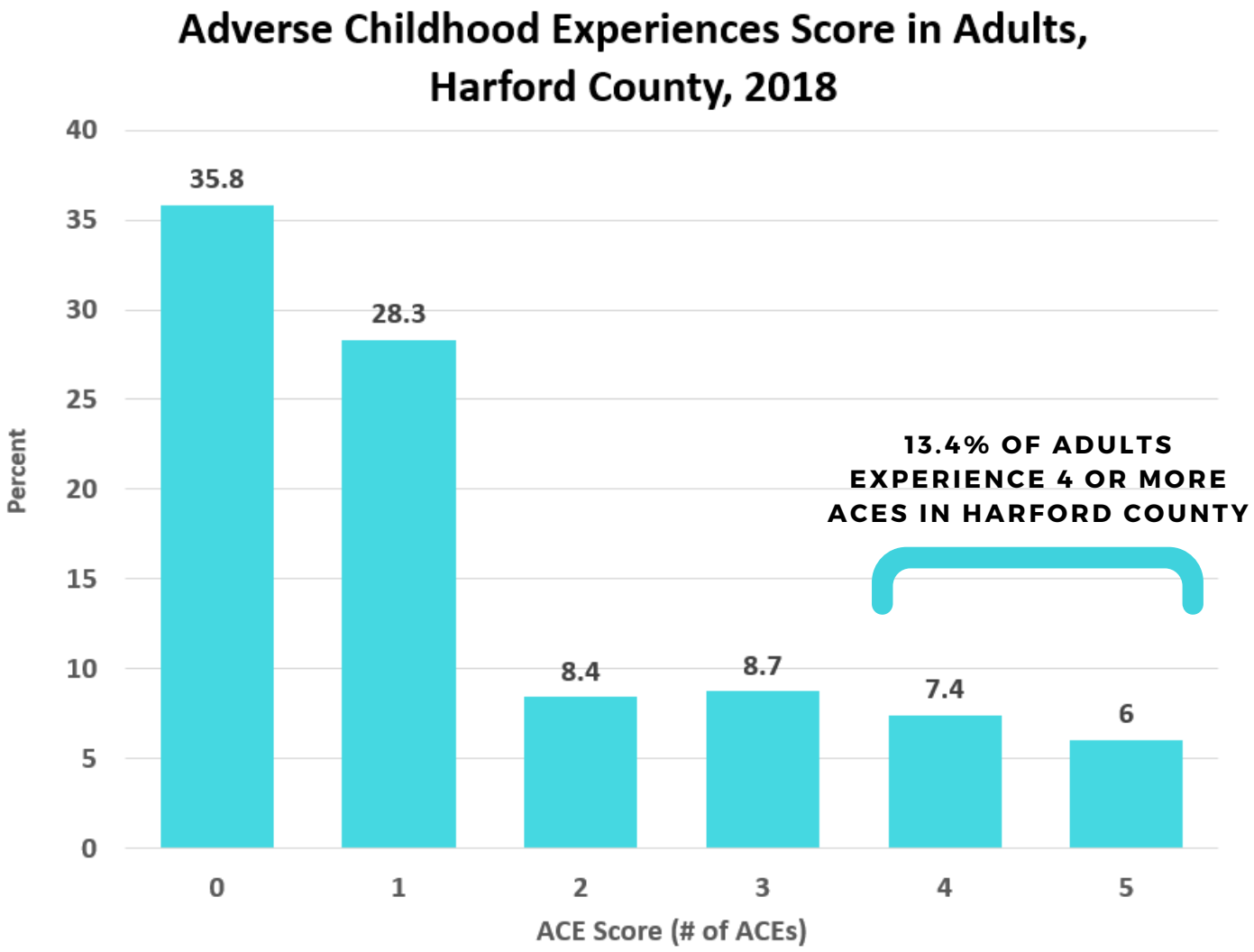
of high school students reported that they seriously considered suicide in the past year

While percentages dropped slightly in middle school students from 2016 to 2018, a significant portion of students are still affected by mental illness. The survey also reported that in 2018, 18% of high school students said they had seriously considered suicide in the last year (Maryland Department of Health Youth Risk Behavior Survey, 2019).



Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

The BRFSS also looks at adverse childhood experiences (ACEs). The CDC describes ACEs as potentially traumatic events that happen during a person's childhood such as household mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member. The more ACEs a person has experienced, the more likely they will experience chronic health conditions, mental or behavioral health challenges, or early death. In fact, at least 5 of the top leading causes of death have been linked to ACEs (Centers for Disease Control and Prevention Preventing ACEs, 2021). Also, experiencing 4 or more ACEs is associated with a significant increase in risk for chronic illness and/or suicide. In 2018, the BRFSS estimated that 13.4% of adults experience 4 or more ACEs (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).



Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

The CRISP Reporting System (CRS) reports higher rates of hospitalizations in Harford County (90 per 1,000 for 2017-2020) for depression than the state (69 per 1,000 for 2017-2020). The tables below outline the hospitalizations and ED visits for mental health indicators by select zip codes. Rates of depression, schizophrenia, and bipolar disorder were higher in the Edgewood, Aberdeen, and Havre de Grace zip codes than the state average for both total hospitalizations and ED visits. Alzheimer's hospitalizations were particularly higher in Havre de Grace (47.8 per 1,000) and Darlington (48.7 per 1,000) and there were 17.7 per 1,000 ED visits for Alzheimer's as well (Chesapeake Regional Information System for our Patients, 2020). This could be due to Darlington and Havre de Grace having an older population.

Hospitalizations per 1,000 for Mental Health Indicators, 2017-2020

	Depression	Schizophrenia	Bipolar	Alzheimers
Harford	90	7	18	32
Maryland	69	10	20	31
Edgewood	103.3	11.8	31.2	22
Aberdeen	130	19.6	35.2	39.5
Havre de Grace	119	10.1	26.5	47.8

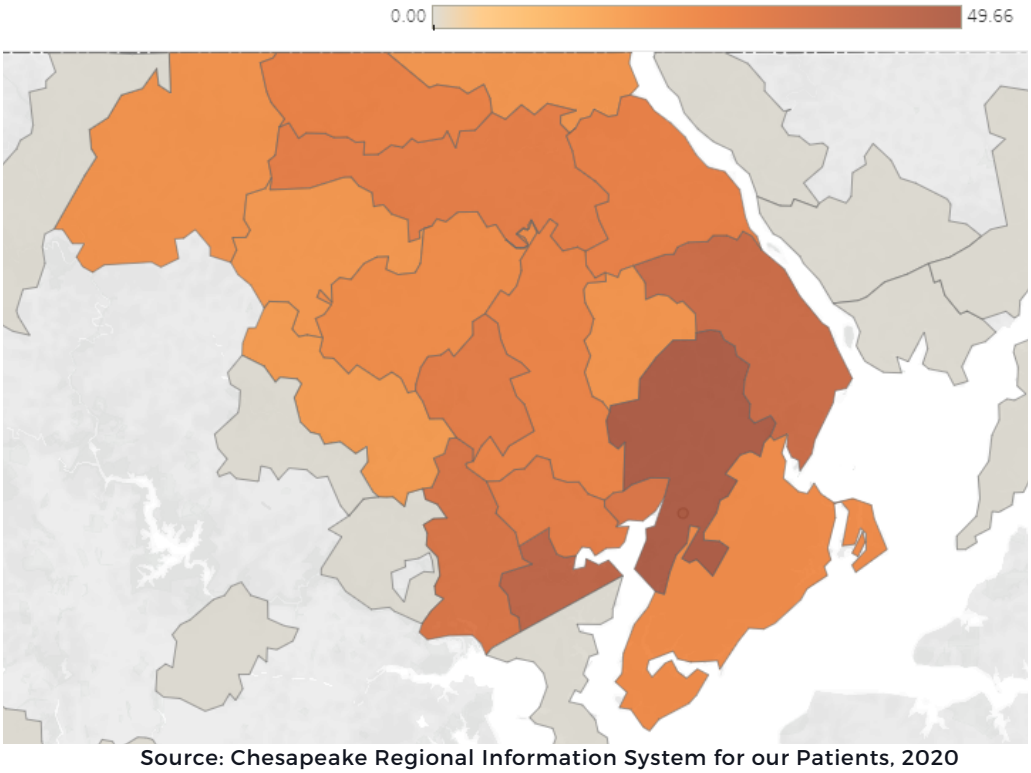
Source: Chesapeake Regional Information System for our Patients, 2020

ED Visits per 1,000 for Mental Health Indicators, 2017-2020

	Depression	Schizophrenia	Bipolar	Alzheimers
Harford	32	4	14	8
Maryland	60	14	29	11
Edgewood	43.5	10.2	28.3	5.2
Aberdeen	49.7	12.8	26.8	9.8
Havre de Grace	38.6	4.5	15.5	11.9

Source: Chesapeake Regional Information System for our Patients, 2020

ED Visits per 1,000 for Depression, Harford County, 2017-2020



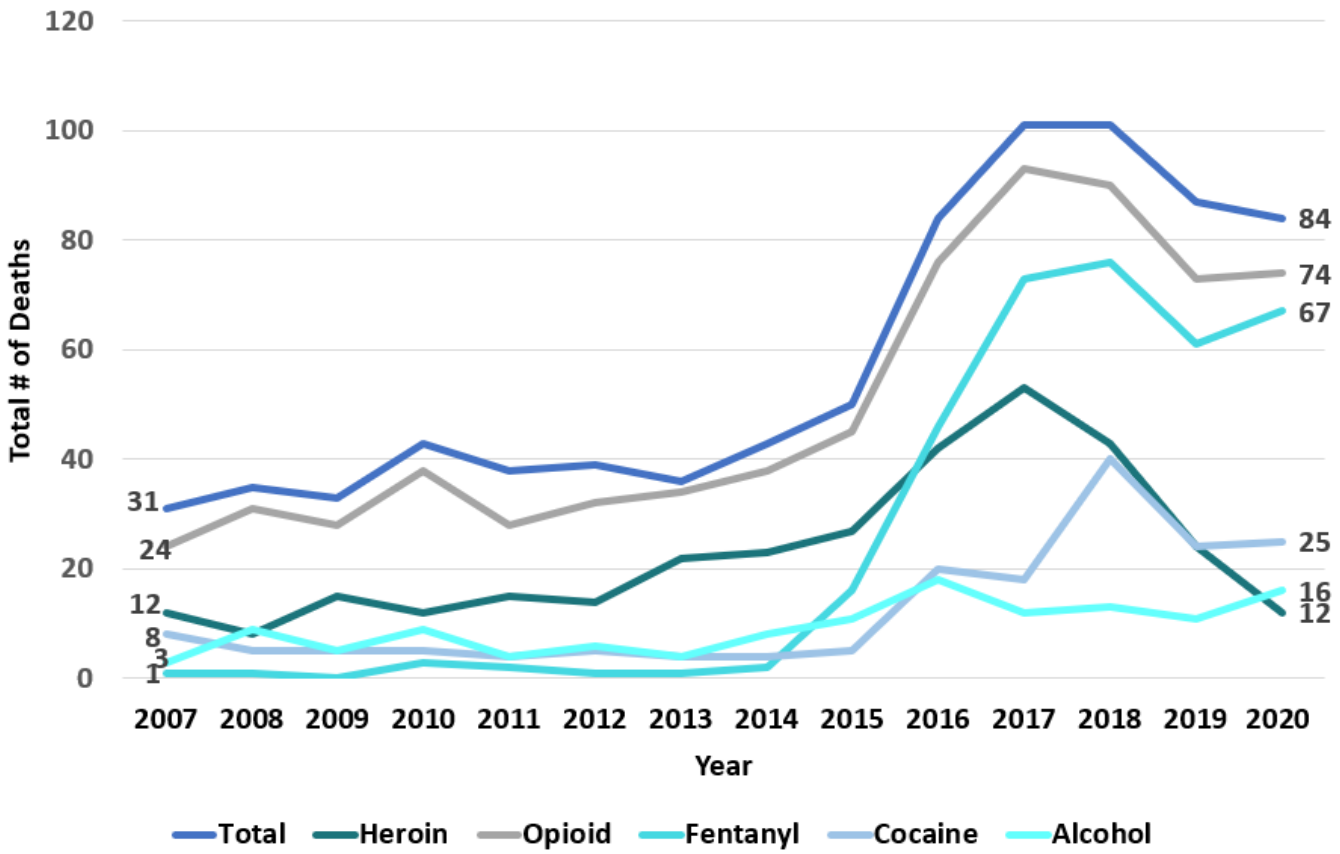
Source: Chesapeake Regional Information System for our Patients, 2020

From 2013 to 2017 there was a steady increase in total drug and alcohol-related intoxication deaths in Harford County and Maryland. From 2018 to 2020, there was about a 17% decrease in total drug and alcohol-intoxication related deaths in Harford County (Maryland Department of Health Unintentional Drug and Alcohol-Related Intoxication Deaths, 2019). There was also a 50% decrease in Heroin deaths from 2019 to 2020. Opioid and fentanyl-related deaths have remained the highest cause of intoxication death over the past few years. The graph below breaks down the deaths by substance in Harford County.

17%

decrease in total drug and alcohol intoxication related deaths from 2018 to 2020 in Harford County

Total Number of Drug and Alcohol-Related Intoxication Deaths by Substance, Harford County, 2007-2020



Source: Maryland Department of Health Unintentional Drug and Alcohol-Related Intoxication Deaths Annual Report, 2019 (2020 data from preliminary report).

ACCESS TO HEALTH CARE

Access to health care has a significant influence on a person's overall health and wellbeing. Health insurance is a major contributor to access to care as well as physician shortages and lack of transportation.

INSURANCE COVERAGE

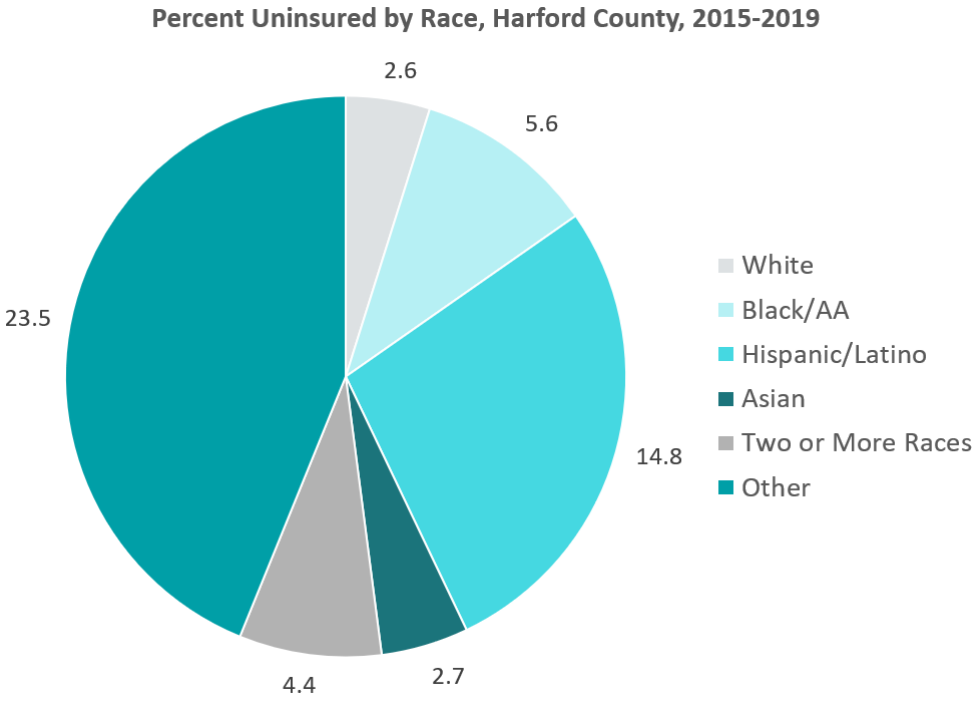
Age	Harford
Under 6 Years	2.5
6-18 Years	2.6
19-25 Years	6.3
26-34 Years	6.2
35-44 Years	4.6
45-54 Years	3.6
55-64 Years	3.3
Sex	
Female	3.0
Male	3.8
Educational Attainment	
Less than High School	7.6
High School Graduate	4.9
Some College	3.3
Bachelor's or Higher	1.5

Source: U.S. Census Bureau, 2015-2019

Health insurance allows more people to receive quality health care and improve overall health and wellness. People without health insurance may be more likely to delay or skip receiving health care or getting preventive screenings due to the cost. The 2019 Behavioral Risk Factor Surveillance System (BRFSS) estimated that 9.6% of Harford County residents were unable to see a doctor due to cost in the past 12 months. In Harford County, 3.4% of residents are uninsured compared to 6.1% of residents in Maryland (U.S. Census Bureau, 2015-2019)

While the uninsured rate for the county is relatively low, disparities in coverage exist. 14.2% of Hispanic/Latino residents are uninsured compared to 2.6% white residents (U.S. Census Bureau, 2015-2019).

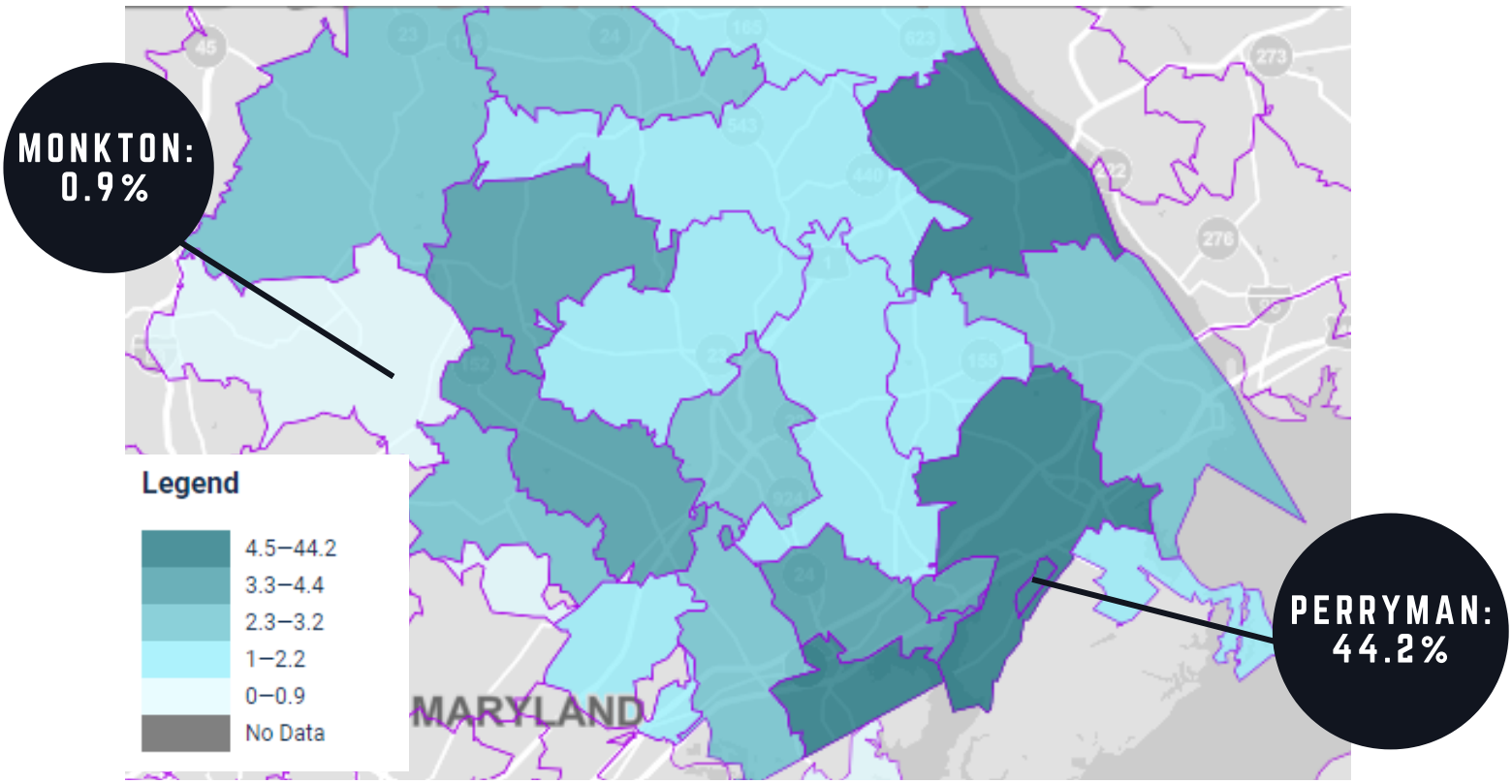
"Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses." - U.S. Department of Health and Human Services



Source: U.S. Census Bureau, 2015-2019

Disaggregation by zip code, reveals the range of insurance coverage shown in the map below. While a small zip-code, Perryman has 44.2% of its residents uninsured. Higher rates of those uninsured were in Darlington (6%), Edgewood (5.2%) and Aberdeen (5.1%) with the lowest uninsured rate in Monkton (0.9%) (U.S. Census Bureau, 2015-2019).

NO HEALTH INSURANCE COVERAGE, HARFORD COUNTY, 2015-2019



Source: U.S. Census Bureau, 2015-2019

ACCESS TO PRIMARY CARE AND PREVENTIVE SERVICE

Regular exams and screening tests play a key role in detecting disease early which can lead to proper intervention. Vaccinations such as the flu or coronavirus vaccine also used to stop the spread of disease. Screening exams and vaccinations are typically at no cost to those with insurance. However, various initiatives in the county have led to opportunities for these screenings to be given at little to no cost for those without insurance.

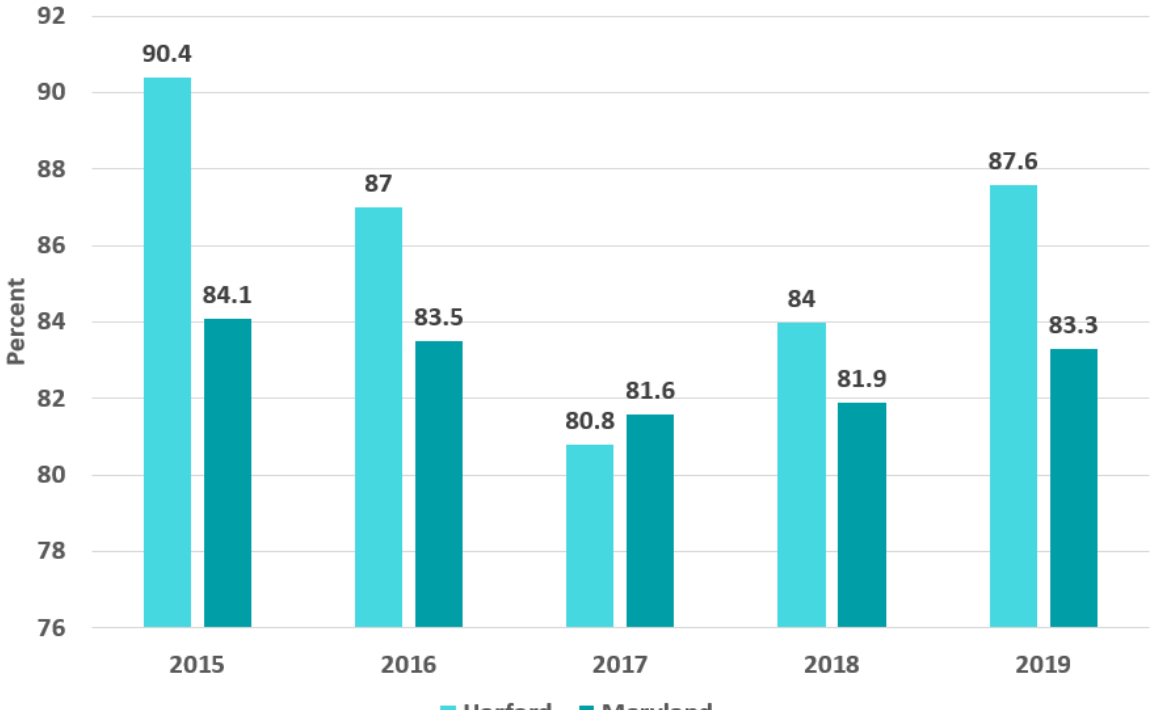
Percent of Adults that Received Screening/Vaccine, 2018

Screening/Prevention	Harford	Maryland
Women 50+ who did not receive a mammogram in the past 2 years	25.1%	18%
Women 18+ who have not had a pap smear in the past 3 years	35.1%	29.7%
Adults 50-75 who did not receive one or more recommended colorectal cancer screening tests within the recommended time interval	31.8%	25.5%
Adults 18+ that did not receive the flu vaccine or mist in the past 12 months	66.9%	62%

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

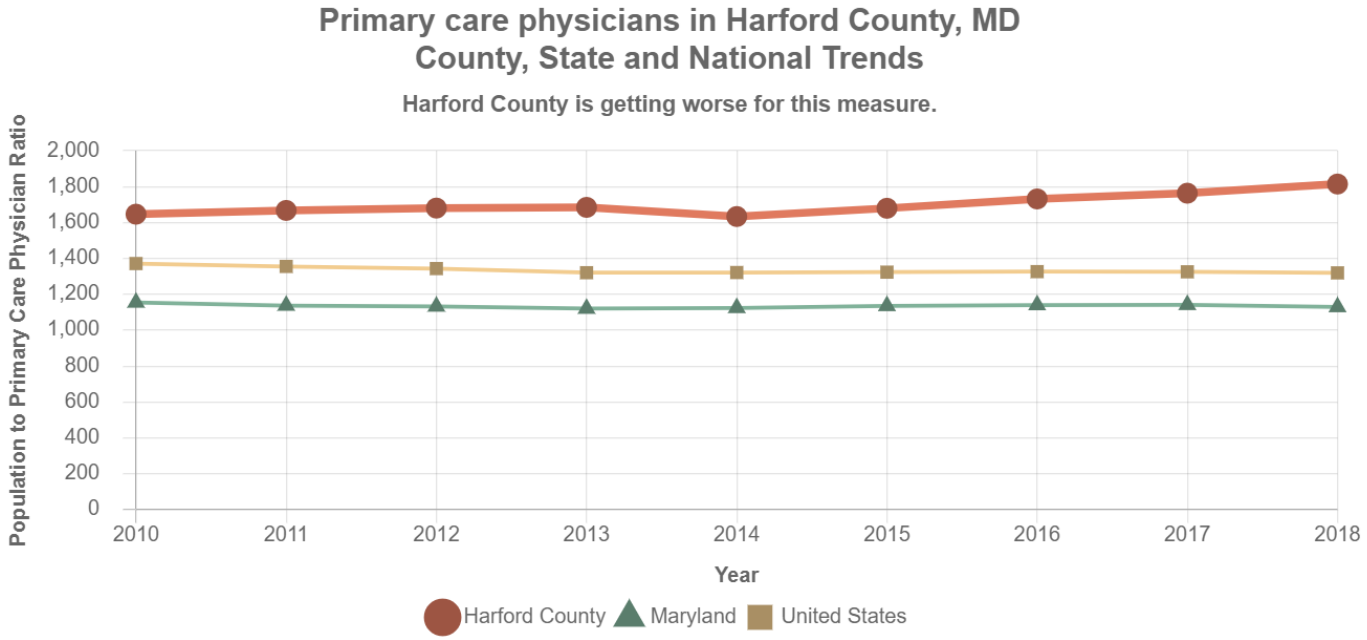
The Behavioral Risk Factor Surveillance System (BRFSS) survey estimates that 87.6% of Harford County residents have one or more personal doctors, and this number has ranged from 80.8-90.4% over the past 5 years (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). The 2021 County Health Rankings estimate that there are 140 primary care physicians based on 2018 data (County Health Rankings, and Roadmaps, 2021).

Has One or More Personal Doctor, Harford & Maryland, 2015-2019



Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

The ratio of the population to primary care physicians in Harford County is 1,810:1. This rate has been getting worse over the years and is worse than the state ratio at 1,130:1 (County Health Rankings and Roadmaps, 2021).

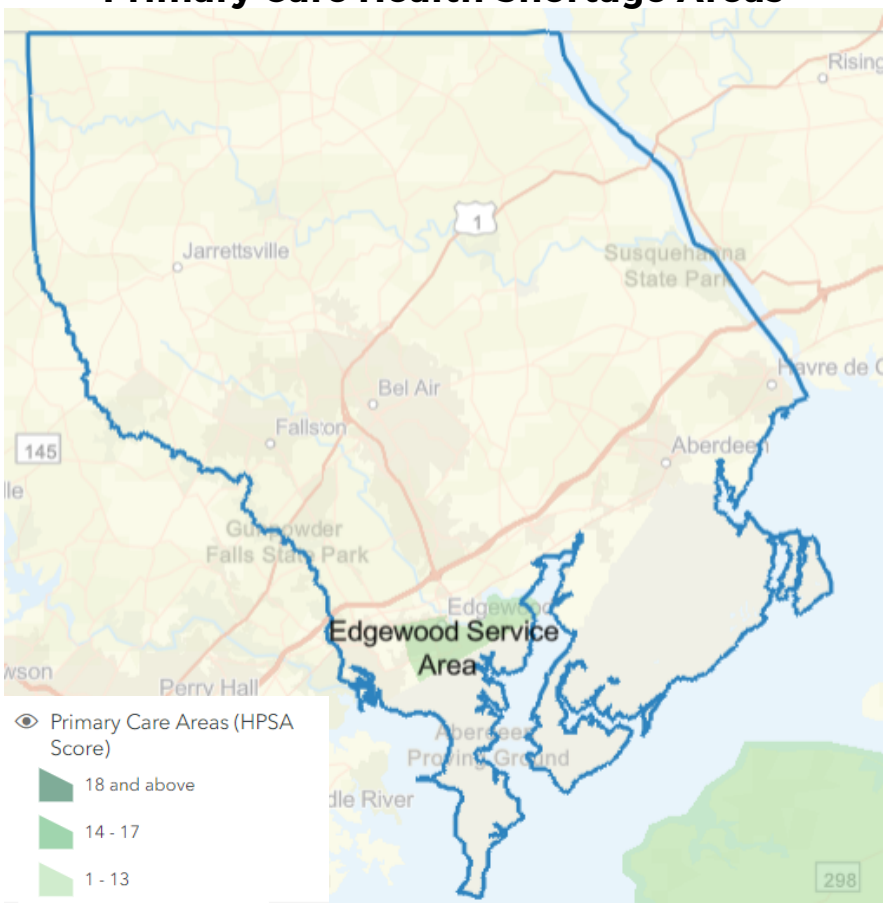


Notes:
The data in this table reflect the average population served by a single primary care physician.

Source: County Health Rankings and Roadmaps, 2021

The Health Resources and Services Administration (HRSA) designates and scores areas in the country that are experiencing a shortage of healthcare facilities. For primary care, the HRSA gave the Edgewood area a Health Professional Shortage Area score of 10 out of a maximum of 26 (Health Resources and Services Administration, n.d.)

Primary Care Health Shortage Areas

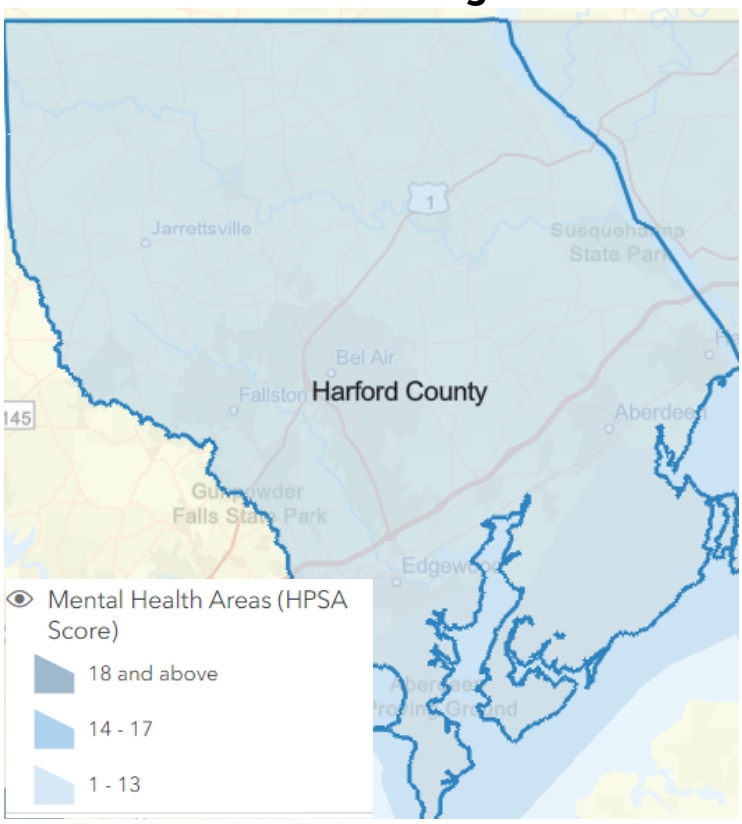


Source: Health Resources and Services Administration, n.d

ACCESS TO BEHAVIORAL HEALTH

Mental Health is just as important as physical health for overall health and well-being. Mental Illness can also lead to physical illness such as heart disease and type 2 diabetes. Although the pandemic has made mental health services easier to access through telehealth, the ratio of the Harford County population to mental health providers was 500:1 and there were 508 total mental health providers in Harford County for 2020 (County Health Rankings and Roadmaps, 2021). This ratio is worse than the state at 360:1.

Mental Health Shortage Areas



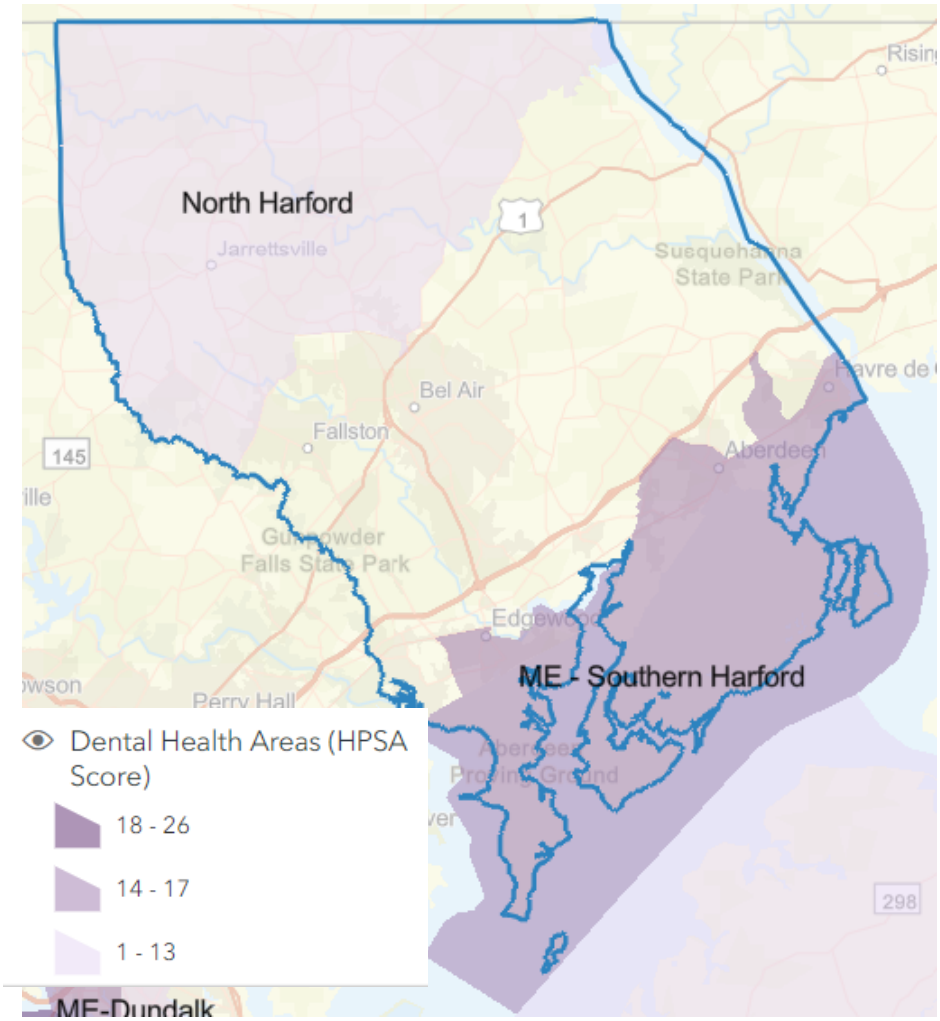
Source: Health Resources and Services Administration, n.d

When looking at shortage areas in the county for Mental Health, the Health Resources and Services Administration (HRSA) designates Harford County as a whole as a mental health shortage area with a score of 5 out of a maximum of 26 (Health Resources and Services Administration, n.d). There are Opioid Treatment Programs (OTPs) that are hospital and community based that provide medication assisted treatment (MAT), counseling and behavioral therapy to people experiencing opioid use disorders. Harford County has 9 OTP Service Providers, which is the 3rd highest in the state. The county served 43.2 per 1,000 Medicaid eligible at these OTPs, compared to 24.2 per 1,000 in the state in 2019 (Maryland Department of Health Behavioral Health Administration, 2020).

ACCESS TO ORAL HEALTH

Oral health is a key component of overall health and wellbeing and can affect the way we speak, eat, smile, and show emotions. Poor oral health can lead to diseases ranging from cavities to oral cancer. There are an estimated 167 dentists in Harford County and the ratio of the population to dentists is 1,530:1 (County Health Rankings and Roadmaps, 2021). While this ratio has been improving over the years, it is still worse than the state ratio of 1,260:1. Shortages still remain in the county. According to the Health Resources and Services Administration (HRSA) there are oral health shortages in northern Harford County with a shortage score of 10 out of a maximum 26 and in southern Harford County with a shortage score of 14 out of a maximum of 26 specifically for the Medicaid eligible population (Health Resources and Services Administration, n.d).

Dental Health Shortage Areas



Source: Health Resources and Services Administration, n.d

COVID-19 PANDEMIC

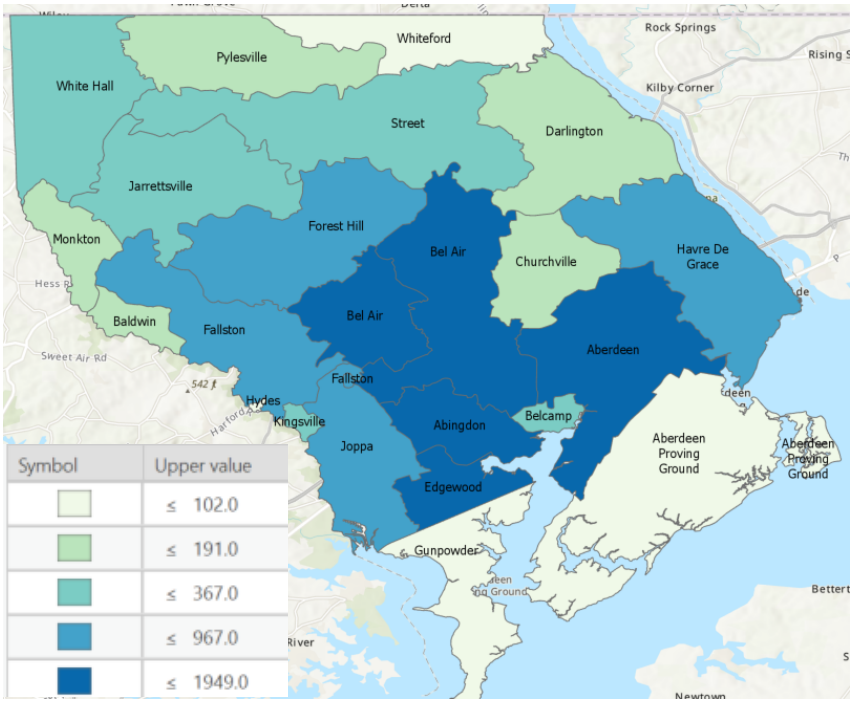
The outbreak of coronavirus disease, otherwise known as COVID-19, was first reported from Wuhan, China on December 31, 2019. The virus that causes the COVID-19 disease, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), began to spread in the United States with the first case being reported in January 2020.

On March 5, 2020, Governor Larry Hogan declared a State of Emergency for Maryland. The initial challenges associated with this real world event highlight the fact that this is a novel virus. Much was and still is unknown about this virus and treatment continues to evolve as different medications and procedures are tested. People of any age, even healthy young adults and children, can get the COVID-19 disease and people who are older or have certain underlying medical conditions are at higher risk of getting very sick from the disease.

The first cases were reported in Maryland on March 3, 2020. A year later, 383,956 cases were reported all over the state with a total of 7,737 deaths. The state reached a high of 9.47% in positivity rate and 53.9 cases per 100,000 residents. In Harford County, the first case was reported on March 6, 2020. A year later, 12,679 cases were reported in the county with a total of 242 confirmed deaths. At the height of the pandemic, the county reached a high of 10.16% in positivity rate and 47.26 cases per 100,000 residents (Maryland Department of Health Maryland COVID-19 Data, 2021-2021)

Harford County
COVID-19 ZIP Code Cases
March 2020 - March 2021

Geographically, the ZIP codes with the top five highest cumulative cases from March 2020-March 2021 were Bel Air North (21014) with 1,949 cases, Abingdon (21009) with 1,616 cases, Bel Air South (21015) with 1,338 cases, Edgewood (21040) with 1,320 cases, and Aberdeen (21001) with 1,328 cases (Maryland Department of Health Maryland COVID-19 Data, 2021-2021).



Source: Maryland Department of Health Maryland COVID-19 Data, 2021-2021

According to the CDC, The pandemic brought social and racial injustice and inequity to the forefront of public health, as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19. Factors such as poverty, access to healthcare, occupation, and housing are just a few examples that have contributed to COVID-19 racial and ethnic health disparities.

COVID-19 contributed to 167 deaths from March-December 2020. Compared to 2019 deaths, COVID-19 would have been the third leading cause of death in Harford County. The after effects that COVID-19 will have on the county is still evolving and will continue to be a focus for years to come. The pandemic has affected each and every Harford County resident and it will be on all of us to continue to improve public health as recovery begins.

COVID-19 Case and Death Data
March 2020 - March 2021

Age	Percent of Cases	Percent of Deaths
0-9	3%	0%
10-19	9%	0%
20-29	18%	1%
30-39	15%	0%
40-49	15%	2%
50-59	17%	7%
60-69	12%	15%
70-79	6%	24%
80+	5%	50%
Gender	**Percent of Cases**	**Percent of Deaths**
Female	53%	48%
Male	47%	52%

Race	Percent of Cases	Percent of Deaths
White	68%	79%
Black or African American	17%	20%
Data not available	8%	0%
Other	7%	<1%
Asian	1%	<1%
American Indian or Alaskan Native	<1%	0%
Native Hawaiian or Other Pacific Islander	<1%	0%
Ethnicity	**Percent of Cases**	**Percent of Deaths**
Not Hispanic or Latino	87%	98%
Hispanic or Latino	8%	2%
Data not available	5%	0%

Source: Maryland Department of Health Maryland COVID-19 Data, 2021-2021

VACCINES

On December 11, 2020, the U.S. Food and Drug Administration (FSDA) issued the first emergency use authorization (EUA) for the two-dose Pfizer vaccine for the prevention of COVID-19. Seven days later, an EUA for the two-dose Moderna vaccine was issued followed by the one-dose Janssen (Johnson & Johnson) vaccine in February. These safe and effective vaccines are critical in keeping people from getting seriously ill form COVID-19, protecting other individuals from getting sick, and reducing the spread of the virus that causes the disease.

Harford County began vaccinating individuals in December 2020 and after six months over 130,000 individuals have received at least one dose of either the Pfizer, Moderna, or Jansen vaccine. COVID-19 vaccination will be an important tool to help stop the pandemic as they work with the immune system to get it ready to fight the virus if a person is exposed. Harford County has seen the positive effects of vaccine rollout after six months and continues to see a decline in cases.

PRIMARY DATA COMMUNITY HEALTH SURVEY

Background

The customized survey tool consisted of approximately 47 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The online survey took respondents approximately 15 minutes to complete. In total, 1,361 respondents completed the survey.

The following section provides an overview of the findings from the Online Community Survey, including highlights of important health indicators and health disparities. The sample was not representative of the population of Harford County based on age, race, and sex so results must be interpreted with caution.

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 72% of all respondents reside in zip codes 21014, 21078, 21015, 21009, 21001, and 21050. As depicted in Table 2, of the total 1,361 respondents, 64.04% were female and 35.81% were male. Whites comprised 84.79% of study participants and Blacks/African-Americans represented 11.09%. Approximately 2% of all respondents identified as Latino/Hispanic.

Approximately 54.8% of all respondents were age 65 above. An additional 33.1% of all respondents were between the ages of 45 and 64 years.

Table 1. Zipcode Representation

Zipcode	%	Zipcode	%	Zipcode	%	Zipcode	%
21014	16.31%	21040	5.14%	21028	1.98%	21093	0.15%
21078	14.47%	21085	4.85%	21034	1.54%	21921	0.07%
21015	12.49%	21047	4.26%	21160	1.03%	21237	0.07%
21009	11.02%	21084	3.38%	21132	0.59%	21220	0.07%
21001	9.40%	21154	2.50%	21161	0.37%	21130	0.07%
21050	7.94%	21017	2.06%	21904	0.15%	21005	0.07%

Table 2. Demographic Information

Demographics	%
Gender	
Male	35.81%
Female	64.04%
Other	0.15%
Age	
18-24	0.51%
25-34	3.89%
35-44	7.64%

45-54	10.87%
55-65	22.19%
65-80	48.27%
81+	6.54%
Race/Ethnicity	
White	83.20%
Black/African American	10.89%
American Indian/Alaska Native	0.36%
Asian Pacific Islander	0.87%
Hispanic/Latino*	1.87%
Don't Know/not sure	0.87%
Other	1.95%

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

The marital status, education level, employment status, and income level were also assessed for each respondent. The majority of respondents (67.74%) were married. Approximately 6.61% of respondents were single (never married) and 10.87% were divorced. 1.18% of respondents attained less than a high school diploma or GED. Approximately one-third (31.01%) of respondents attained some college or technical school, and 50.11% of respondents have an undergraduate degree or higher.

The majority (49.60% and 33.43% respectively) of respondents were retired or currently employed and working full-time. In addition, approximately half of the respondents (48.13%) had an annual household income of $75,000 or more. 11.24% of respondents had an income less than $25,000.

Table 2. Demographic Information Cont'd

Demographics	**%**
Marital Status	
Married	67.74%
Divorced	10.87%
Widowed	10.87%
Separated	1.03%
Never married	6.61%
Member of an unmarried couple	2.79%
Level of Education	
Never attended school or only attended kindergarten	0.00%

Grades 1-8 (elementary school)	0.00%
Grades 9-11 (some high school, but no diploma)	1.18%
Grade 12 (high school diploma or GED)	15.94%
College 1 year to 3 years (some college or technical school)	31.01%
College 4 years or more (college graduate)	24.54%
Graduate-level degree	25.57%
Other	1.76%
Employment Status	
Employed, working full-time	33.43%
Employed, working part-time	7.20%
Not employed, looking for work	1.32%
Not employed, NOT looking for work	1.32%
Retired	49.60%
Disabled, not able to work	4.34%
Student	0.44%
Homemaker	2.35%
Annual household income from all sources	
Less than $10,000	3.16%
$10,000 - $14,999	2.28%
$15,000 - $19,999	2.28%
$20,000 - $24,999	3.53%
$25,000 - $34,999	7.71%
$35,000 - $49,999	12.27%
$50,000 - $74,999	20.13%
$75,000 or more	48.13%

Access to Health Care

A high proportion of respondents had health care coverage (95.89%) and at least one person who they think of as their personal doctor or health care provider (93.90%). The source of respondent's health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

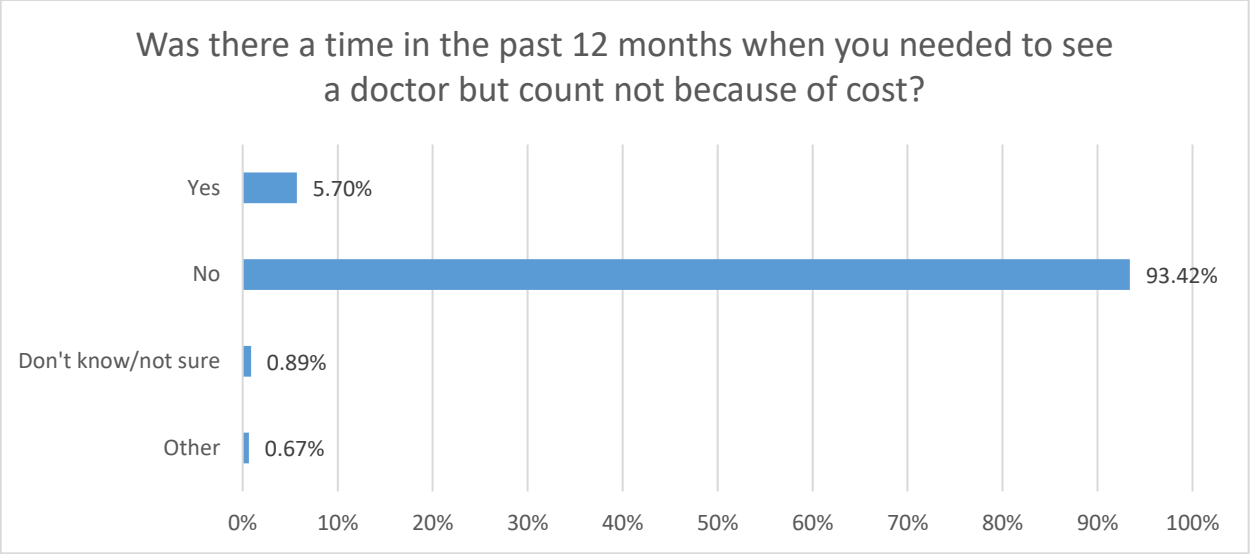
Health Insurance Source	%
Your employer	35.27%
Someone else's Employer	15.14%
A plan that you or someone else buys on your own	11.54%
Medicaid or Medical Assistance, MCHiP	11.61%
The military, CHAMPUS, or the VA	6.69%
The Indian Health Service	0.29%
Some other source	19.47%
None	2.79%
Don't know/not sure	1.32%

In addition, 79.21% of respondents had a routine checkup within the past year and 13.52% had one within the past two years. The responses are detailed in Table 4.

Table 4. Routine checkup

How long since last visited a doctor for a routine checkup?	%
Within the past year (anytime less than 12 months ago)	79.21%
Within the past 2 (1 year but less than 2 years ago)	13.52%
Within the past 5 (2 year but less than 5 years ago)	3.75%
5 or more years ago	1.84%
Never had a routine physical or doctor's visit	1.25%
Don't know/not sure	0.44%

Nearly 6% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In addition, 9 respondents cited “Other” as a reason for not being able to see a doctor due to cost.



Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 70.32% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 10.14% stated they could not get an appointment soon enough. Approximately 172 respondents (12.64%) cited an"Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned COVID-19/Coronavirus/Pandemic as their main reason for delaying needed medical care. Others indicated the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. The reasons for delayed medical care is detailed in Table 5 and 6.

Table 5. Delayed medical care

Reasons	%
You couldn't get through on the telephone	3.16%
You couldn't get an appointment soon enough	10.14%
Once you got there, you had to wait too long to see a doctor	1.32%
The clinic/doctor's office wasn't open when you got there	1.40%
You didn't have transportation	1.03%
Other, please specify	12.64%
No, I did not delay getting medical care/did not need medical care	70.32%

Table 6. Delayed Medical care, cont.d

Other reasons	#
Covid-19/Coronavirus/Pandemic	101
Cost	23
Access	14
Insurance	5

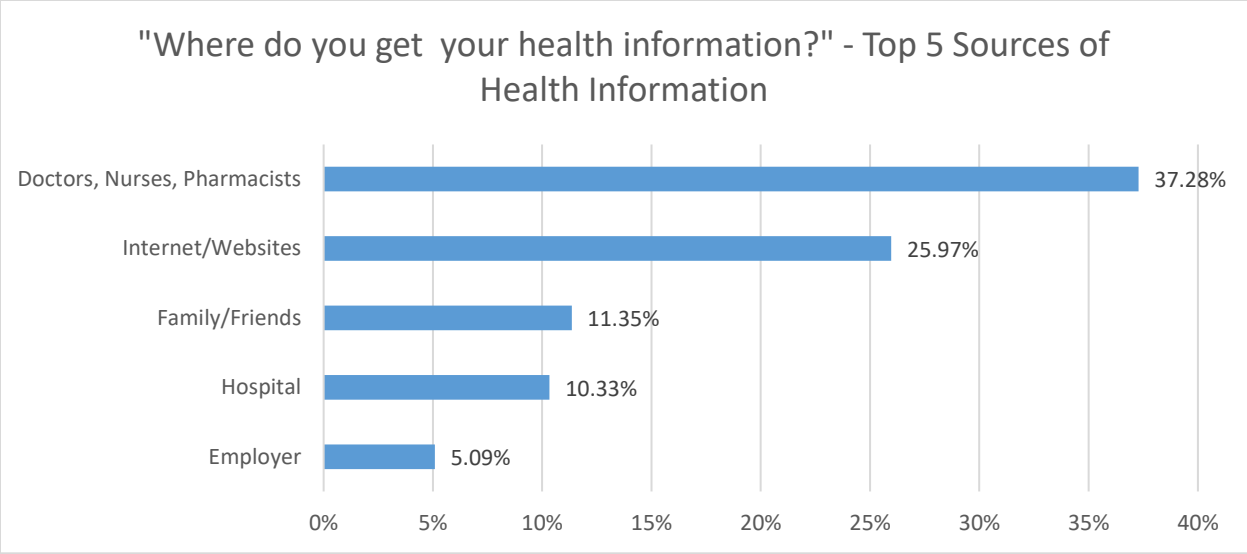
Next, respondents were asked if they travel outside of Harford County to get medical help. Respondents who travel outside of Harford County for medical care (42.17%) mainly do so for cardiac, obstetrics/gynecology, and specialty care. Depicted in Table 7 is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

Table 7. Medical care received outside of Harford County

Medical Care (n=574)	# of multiple responses	%
Cardiac/Pulmonary Heart	30	5%
Gynecology/GYN/OB GYN	30	5%
Primary Care	38	7%
Neurology/Brain Care	22	4%
Surgery/Surgeon	17	3%
Orthopedic	14	2%
Cancer care/surgery	12	2%
All/All medical care/Everything	11	2%
General Care	10	2%
checkup/routine physical	9	2%
Urologist	8	1%
Eye care	7	1%
Mental health/Psychiatry	7	1%
Rheumatologist	7	1%

Health Information

Respondents were asked to indicate where they get their health information. Approximately 90% of respondents get their information from one of the five sources shown in the graph below. More than one-third of participants (37.28%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just one source.



Health Status & Chronic Health Issues

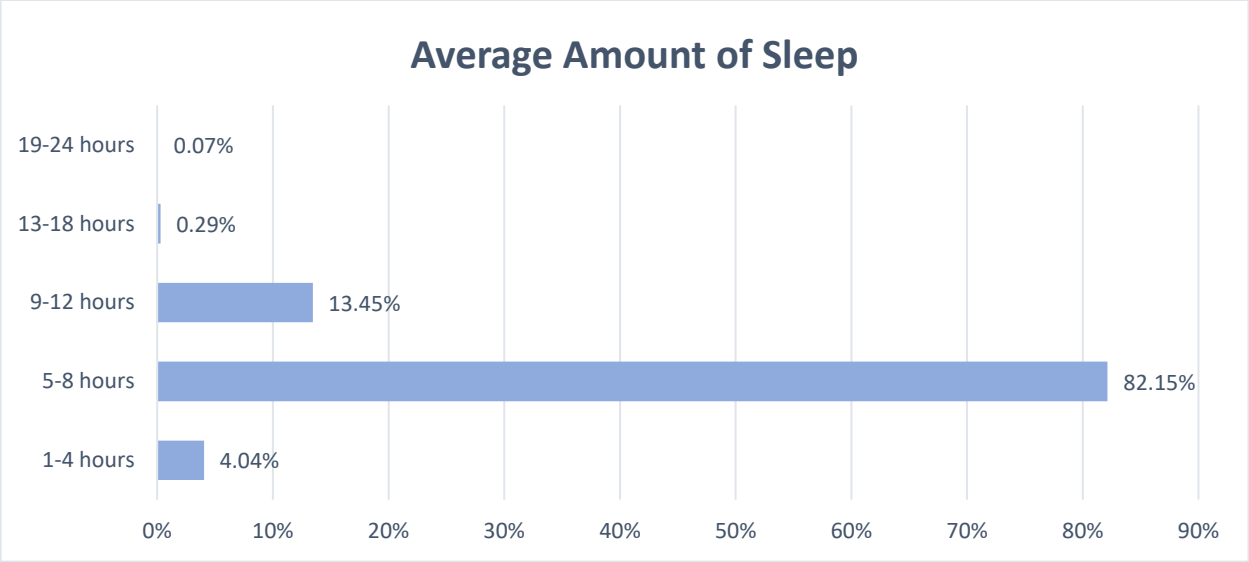
Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 70.24% of respondents stated their general health is good or very good. Approximately 21% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days were favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. 21.82% of respondents reported having poor physical health and 18.66% reported having poor mental health for a maximum of one to two days during the past 30 days.

Table 8. Days physical/mental health has not been good

	Physical Health	Mental Health
	%	%
No days	44.82%	54.15%
1-2 days	21.82%	18.66%
3-7 days	15.65%	13.45%
8-14 days	6.83%	6.76%
15-30 days	10.87%	6.98%

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (82.15%) reported getting 5 to 8 hours of sleep and 13.45% reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.



Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 68.09% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening or walking during the past month. Among respondents who participated in physical activity, 43.94% of respondents took part in physical activity daily, 40.08% reported participating in exercise weekly, and nearly 17% were physically active on a monthly basis (Table 8). The majority of respondents (61.51%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

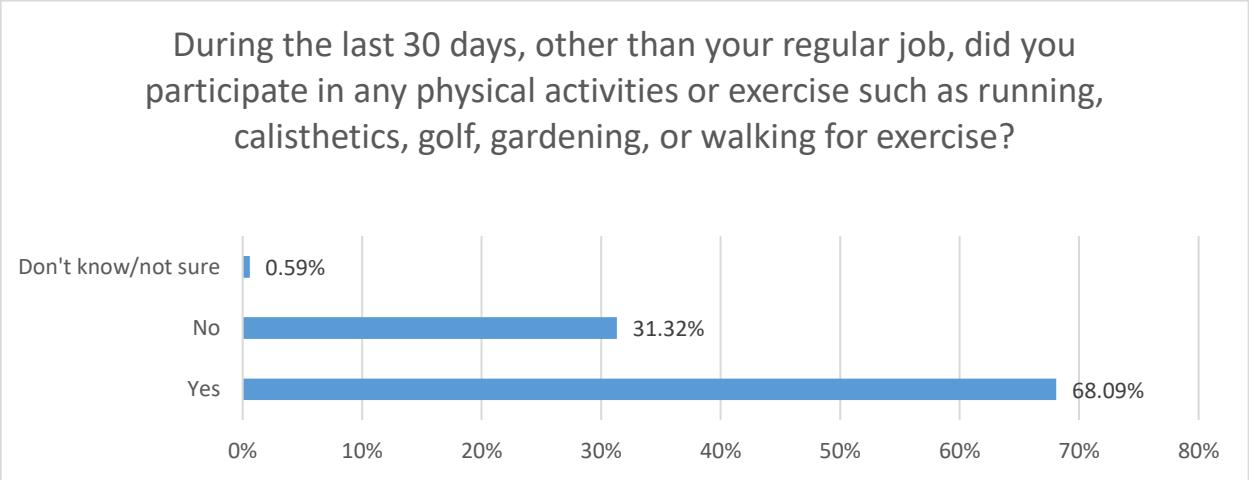


Table 8. Physical Activity

Duration	%
Less than 30 minutes	30.30%
30 minutes to 1 hour 59 minutes	61.51%
2 hours to 3 hours 59 minutes	5.98%
4 hours to 5 hours 59 minutes	1.39%
6 hours or more	0.82%

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately 32.21% of respondents reported eating fruits and/or vegetables daily, 49.78% weekly, and 13.9% monthly. Only 3.16% of respondents reported never eating fruits and/or vegetables.

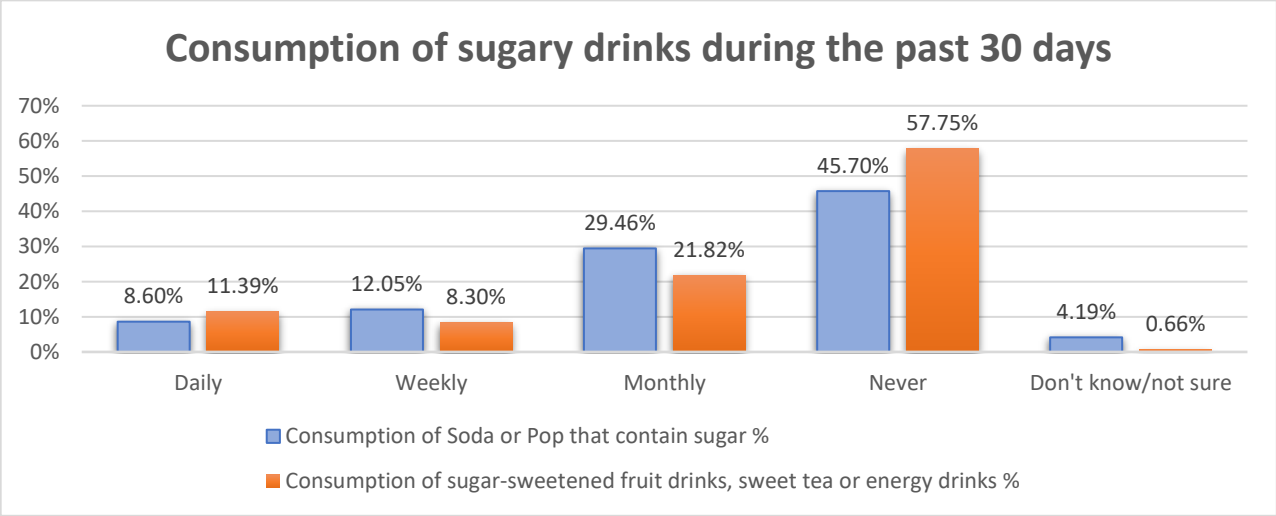
Table 9. Fruit and Vegetable Consumption

	Fruits	Vegetables
	%	%
Daily	38.68%	25.74%
Weekly	41.54%	58.01%
Monthly	15.59%	12.21%
Never	3.24%	3.09%
Don't know/not sure	0.96%	0.96%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (45.70% and 57.75% respectively). Nearly one quarter of respondents reported drinking soda and/or sugar-sweetened drinks one to nine times a month (25.28% and 22.70% respectively). Approximately 9% of respondents reported drinking soda and sugar-sweetened drinks daily, 10.18% weekly, and 25.64% monthly. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 10. Soda and Sugary Drink Consumption

	Soda or Pop that contain sugar	Sugar-sweetened fruit drinks, sweet tea or energy drinks
	%	%
Daily	8.60%	11.39%
Weekly	12.05%	8.30%
Monthly	29.46%	21.82%
Never	45.70%	57.75%
Don't know/not sure	4.19%	0.66%



Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than half of the respondents (57.16%) reported that they are watching or reducing their salt or sodium intake currently and another 40.48% reported that they are currently not watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 55.33% of respondents have been told they have high cholesterol and/or high blood pressure and 47.91% have been told they have arthritis, rheumatoid arthritis, lupus or fibromyalgia. In addition, 23.36% of respondents have been told they have cancer 20.89% of respondents have been told they have an anxiety disorder or depressive disorder. Respondents also mentioned other chronic conditions that they have been diagnosed with but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 11.

Table 11. Chronic Condition Diagnoses

Chronic Condition	%
High blood pressure	58.29%
High cholesterol	52.37%
Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	47.91%
Cancer	23.36%
Anxiety Disorder	22.32%
Diabetes	21.15%
Depressive Disorder	19.46%
Asthma	16.44%
Angina or coronary disease	13.61%
Chronic obstructive pulmonary disease (COPD)	7.58%
Heart attack (also called a myocardial infraction)	6.74%
Stroke	6.17%

Approximately 19% of respondents reported that they have had cancer. Respondents who reported having cancer were asked to specify the type of cancer with which they were diagnosed. The most common types of cancer reported by respondents included skin cancer (other than melanoma), breast cancer, and prostate cancer. In addition, 17.66% of respondents also mentioned other cancers that they have been diagnosed with but were not included in the survey list. Bladder cancer was the most frequently mentioned. Table 12 highlights the top cancer types reported by respondents.

Table 12. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	26.65%
Breast cancer	24.78%
Other	17.66%
Prostate cancer	15.02%
Melanoma	11.71%
Lung cancer	6.29%
Endometrial (uterus) cancer	5.67%
Colon (intestine) cancer	5.11%
Thyroid cancer	4.20%
Cervical cancer	4.18%
Renal (kidney) cancer	3.60%
Ovarian cancer	2.10%

Esophageal/Esophagus cancer	1.80%
Head and neck cancer	1.80%
Hodgkin's Lymphoma	1.50%
Pancreatic (pancreas) cancer	1.20%
Stomach cancer	1.20%
Liver cancer	0.60%
Pharyngeal (throat) cancer	0.60%
Testicular cancer	0.60%
Rectal/Rectum cancer	0.60%
Heart cancer	0.30%
Oral cancer	0.30%

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use health and safety measures including wearing a seatbelt, driver responsibility, practicing safe sex, using sunscreen regularly and exercising 30 minutes a day, 3 times a week.

In addition, respondents were less likely to misuse prescription drugs, opioids, heroin, or other illegal drugs, use electronic cigarettes, use marijuana or smoke or use tobacco or smoke or use tobacco or eat fast food more than once a week. However, 37.09% of respondents reported exercising 30 minutes a day, 3 times a week, 19.10% wear a helmet while riding a bicycle, riding a scooter, roller blading, etc., and 13.79% feel stressed out or overwhelmed "Always" or "Most of the time."

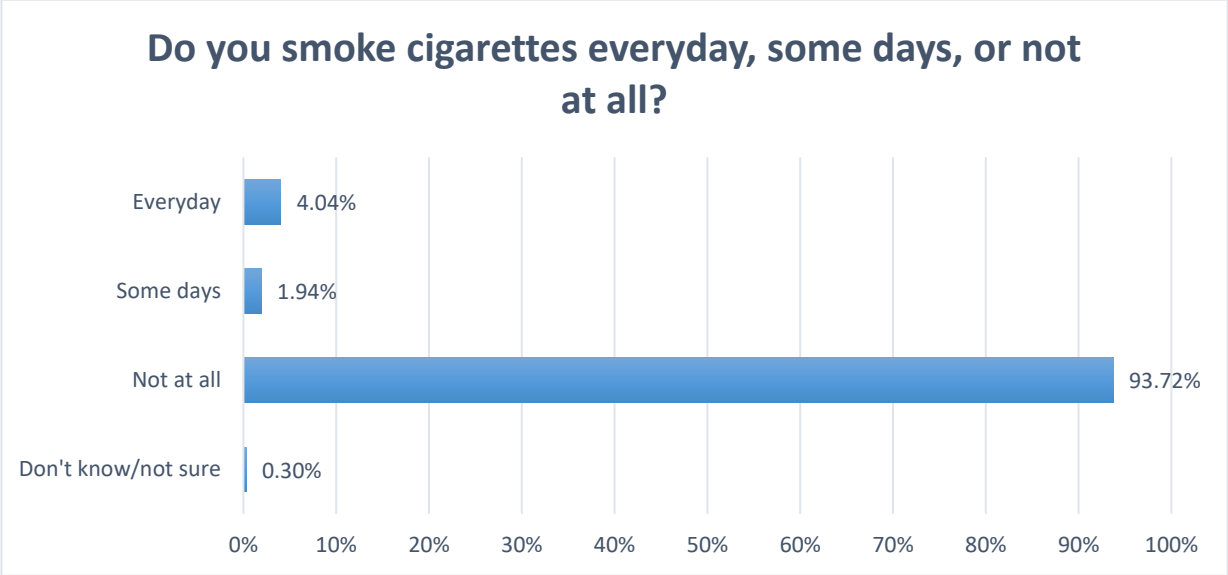
Table 13. Respondent Health and Safety Practices

Factor	Frequency of "Always" and "Most of the Time" Responses"
Wear a seatbelt	98.08%
Driver responsibility (i.e. follow the rules of the road, drive within the speed limit	96.11%
Practice safe sex (i.e., use a condom, practice monogamy, get tested)	84.00%
Wear a helmet while riding a bicycle, riding a scooter, roller blading, etc.	64.68%
Use sunscreen regularly	43.60%

Exercise 30 minutes a day, 3 times a week	37.84%
Feel stressed out or overwhelmed	13.79%
Eat fast food more than once a week	6.94%
Smoke or use tobacco	4.81%
Get exposed to secondhand smoke or vaping mist at home or work	3.67%
Use marijuana	2.39%
Use electronic cigarettes/vape	1.39%
Misuse prescription drugs, opioids, heroin, or other illegal drugs	0.58%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 40.07% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 93.72% reported they currently do not smoke at all, whereas 4.04% smoke every day and 1.94% smoke some days.



In regards to alcohol use, almost one-quarter of respondents (73.75%) did not have an alcoholic beverage duringthe past 30 days. Among respondents who did drink an alcoholic beverage, 11.36% participated in drinking one to two times during the past month. Only a very small percentage of respondents (approximately 7%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.

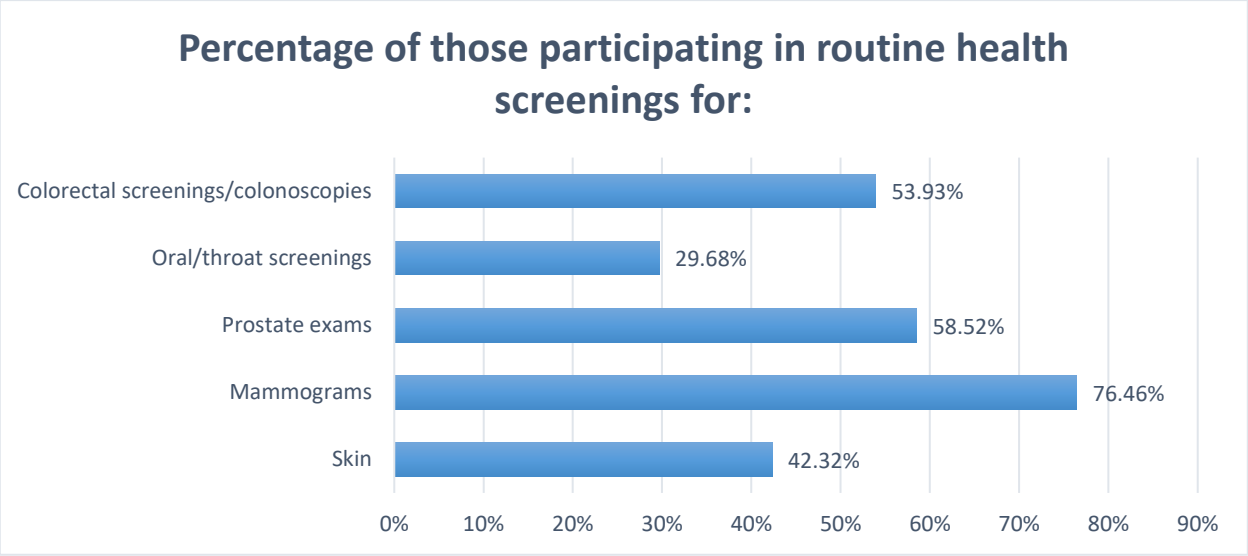
Preventive Health Practices

Immunizations

A positive finding among Harford County respondents was the prevalence of immunizations. In the past 12 months, 79.94% of respondents received a flu vaccine.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 42.32% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and colorectal screenings/colonoscopies are also less prevalent among Harford County respondents (29.68% and 53.93% respectively). A low percentage of respondents also participate in routine health screenings for prostate cancer (58.52%). In contrast, a larger proportion of respondents participate in routine mammogram screening (76.46%).



Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 15 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 60% of respondents selected this issue as one of the top three most pressing health issues facing the county. Overweight/obesity was also a concern shared by 50% of respondents. The third most pressing health issue, as viewed by the respondents was mental health/suicide with a 41% rating. Table 14 shows the breakdown of the percent of respondents who selected each health issue.

Table 14. Ranking of the Top Three Most Pressing Health Issues

Ranking	Key Health Issues	%
1	Drug abuse/alcohol abuse	59%
2	Overweight/obesity	50%
3	Mental health/suicide	41%
4	Cancer	26%
5	Heart disease	22%
6	Access to care/uninsured	22%
7	Tobacco use/smoking	15%
8	Alzheimer's disease/aging issues	13%
9	Diabetes	11%
10	Dental Health	8%
11	Child abuse/violence	5%
12	Intimate partner violence/abuse	5%
13	Stroke	2%
14	Maternal/infant health (pregnancy)	1%
15	Sexually transmitted disease (STDs)	1%

In addition, respondents were asked through an open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issue was COVID-19/coronavirus/pandemic. A complete listing of answers given by respondents shown below.

Table 15. Other Most Pressing Health Issues

Key Health Issues
COVID-19/Coronavirus/Pandemic
Access to nearby emergency room
Alcohol abuse
Antifa
Bad hospital care
Better qualified doctors
Crime
Drugs unaffordable
Fake news
flu and Covid 19
Food insecurity

Good health care - hospital
Harford Memorial closing
Inadequate health/sex-ed in school
kidney disease
Lack of hospital facility in the near future
Lack of information regarding healthy lifestyle
Lack of pain management
Lack of understanding of basic body and health
lose of HMH!!!
Lyme disease
no access or cannot afford
Not enough doctors. Takes months to get an appointment.
Stupidity (Covid is real folks)
Threatened closing of hospital in Havre de Grace

Barriers to Healthcare Access

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (74%), lack of health insurance coverage (67%), lack of transportation (34%), basic needs not met (food/shelter) 33%, and difficult to understand/navigate health care system (33%). Responses are summarized in the Table 16 below.

Table 16. Barriers to Accessing Health Care

Ranking	Key Issues	%
1	Cost/paying out-of-pocket expenses (co-pay, prescriptions)	74%
2	Lack of health insurance coverage	67%
3	Lack of transportation	34%
4	Basic needs no met (food/shelter)	33%
5	Difficult to understand/navigate the healthcare system	32%
6	Can't find a doctor/can't get an appointment	32%
7	Lack of trust	19%
8	Lack of child care	17%
9	Not enough time	15%

10	Lack of interpretation/translation services available	6%
11	Other	6%
12	None/no barriers	3%

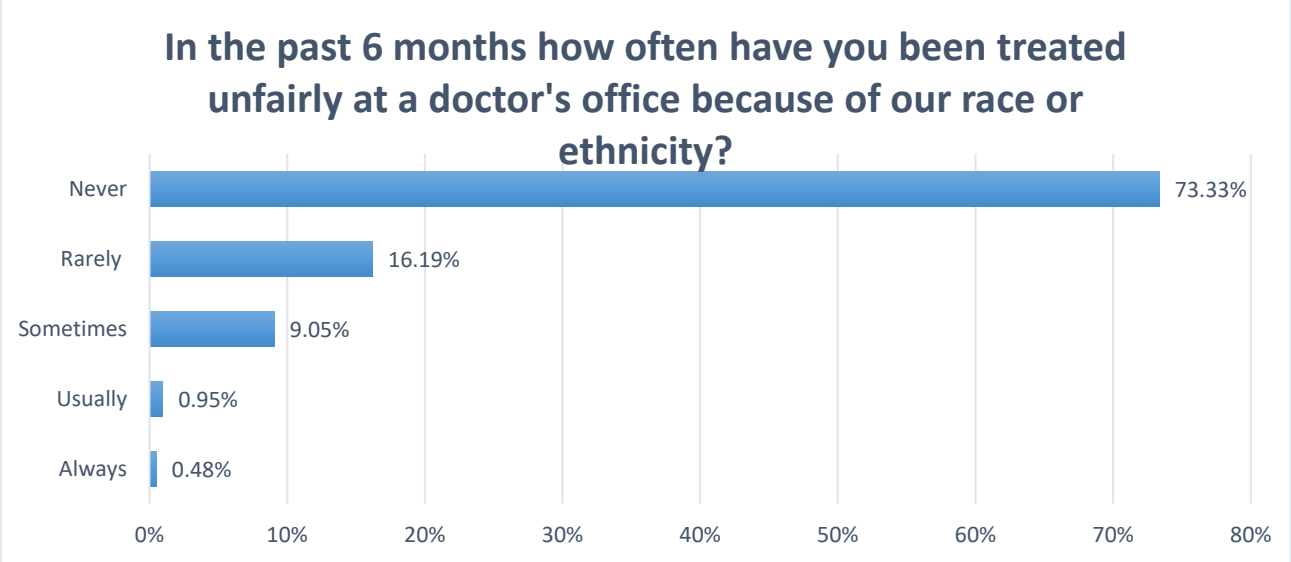
Respondents also identified through an open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out COVID-19/Coronavirus/Pandemic as the most significant barrier. Other barriers that were mentioned are summarized in the table below.

Table 17. Other Barriers to Accessing Health Care

Key Issues	
Laziness	Lack of interest
Accessible clinics	Lack of interest in ones own health
Afraid to find something; cost	Lack of personal concern, trust, or fear
Anxiety	Losing HMH!
Apathy - don't care about their health	Motivation
Being treated poorly (dismissed) by providers	No sick leave
Can't afford	Not important or significant to them
Online appts zoom. Need in person, especially for mental health issues.	Not realizing the importance of maintaining one's optimal health
Cost of insurance plans	Not sick
Denial	Convenience
Stigma of admitting a problem exists, and something can be done about it.	People don't understand how important health is
Difficult gaining access to hospitals, poor lighting in parking lots	Providers not taking personal interest in individuals
Don't want to face reality	Right now just fear
Excessive billing	Shortable of certain types of providers
Fear	Denial of early symptoms
Fear of doctors	The cost of medicine
Feat stoked by MSM	Too expense and stigma
Ignorance	Unaware of other issues
Indifference	Uninformed/educated

Just do not go to doctors ignoring their health	Won't admit they have a problem
Undiagnosed mental health, lack of awareness	Racism
Certain groups of people being disproportionately cared for	They use their money for all the wrong things instead of bills, meds,
Fear of contracting COVID-19	Minimizing the health issue

Respondents were asked in the past six months, how often they have been treated unfairly at a doctor's office because of race or ethnicity. Of those respondents who identified as a race other than white (233) approximately 75% have never been treated unfairly. 16.19% rarely, and 9.05% sometimes.



Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51) indicated that free/ low-cost dental care services are missing in the community. A few other resources identified as missing included free/ low-cost vision/eye care (39%), free/low cost medical care (35%), mental health services (35%), and prescription assistance (33%). Table 18 includes a listing of missing resources in rank order.

Table 18. List of Resources Needed in the Community

Ranking	Resources Needed	%
1	Free/low cost dental care	51%
2	Free/low cost vision/eye care	39%
3	Free/low cost medical care	35%
4	Mental health services	35%
5	Prescription assistance	33%
6	Transportation	30%
7	Elder care/senior services	28%
8	Access to affordable fresh fruits and vegetables	24%
9	Health education/information/outreach	23%
10	Health screenings	22%
11	Substance abuse services	20%
12	Primary care providers (family doctors)	19%
13	Immunizations/vaccination programs	12%
14	Medical specialists (ex. Cardiologists)	10%
15	Availability of parks & recreation areas	9%
16	Bilingual services	9%
17	Prenatal care services	5%
18	Other	5%
19	None of these	4%
20	Don't know/not sure	9%

In addition, other resources needed were mentioned are summarized in Table 19 below.

Table 19. Other Resources Needed in the Community

Resources Needed	
Access to walking areas - example locations of tracks that are closed to the public	Dental care beyond MA coverage of basic extractions
Adequate mental health services	Lack of specialty care at Harford Memorial
Affordable medicine	Medicine costs for seniors are outrageous

Quicker access to care. Have to wait 6 mos or more for preventative care visits	More family physicians are needed in the community, along with low cost, assistance.
Better hospital les mediocre doctors	Over priced
Child care/help	Pediatric hospital services
Cost of prescriptions	Pediatric occupation/physical therapy
Dental care for adults with disabilities	People who actually answer the phone
Dental care for elder people	Places for people and their dogs to roam off leach
Dental services for the needy	Primary care will not give flu shot
Doctors that are more reputable	Qualified physicians
Ear Nose throat physicians	Quality surgeons
Emergency/urgent care	Assistance for disabled who are not elderly
Emergency Room Physicians	Kidney doctors
Exercise at work	Free/low cost abuse progams
Seminars and follow-up visits to explain and insure proper care	Services for adults with developmental disabilities
General overall wellness education at a level for non-educated people	Help for vulnerable adults that fall through the cracks
More doctors of color	Sickle cell specialists
GYN doctors	Trauma center
Hearing	Vision therapy
Help with finding appropriate insurance plans	Walkable bikeable streets
Hemodialysis facilities	Wellness support groups/awareness
Housing of homeless	Women's health education

Psychiatrists/MH Prescribers (esp C&A), Info on the importance of health screenings and annual checkups, less confusing/less contradictory info regarding health issues (how many servings of Veg, how long to exercise), more exploration of the influence of internet and social media on health decisions and leveraging both with accurate/evidenced info	Educating people to Natural Health Care instead of so many pharmacy drugs that cause continues problems and addictions! The use of Acupuncture could prevents many illnesses and it builds you immune system!
Lack of physicians willing to see Medicaid patients in consultation	Not enough hospitals to much time in waiting room

Risky Behaviors in our Community

Respondents were asked to rank the three most important "risky behaviors" in Harford County. The respondents could choose from a list of 12 risky behaviors as well as suggest their own that were not on the list. Drug abuse was the most frequently identified risky behavior. Nearly 71% of respondents selected this issue as one of the top three most important risky behaviors in the county. Alcohol abuse was also a concern shared by 45% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 40% rating. Table 20 includes a listing of risky behaviors in rank order.

Table 20. Ranking of the Top Three Most Important "Risky Behaviors"

Ranking	Key Health Issues	%
1	Drug abuse	71%
2	Alcohol abuse	45%
3	Being overweight	40%
4	Poor eating habits	33%
5	Racism	28%
6	Lack of exercise	21%
7	Tobacco use	20%
8	Not getting "shots" to prevent disease	13%
9	Dropping out of school	8%
10	Not using birth control	7%
11	Unsafe sex	6%
12	Not using seat belts/child safety seats	3%
13	Other	4%

In addition, other risky behaviors mentioned are summarized in the Table 21 below.

Table 21. Other "Risky Behaviors"

Key Health Issues
COVID-19/Coronovirus/Pandemic
Driving while on cell phone
Mental health
Violence
Abortion
All types of abuse and addictions
Drivers who speed
Hatred & stupidity
Kids not in school due to politics
Lacking of appropriate trade programos in public schools
Low tolerance levels across the nation
Low wage jobs!
Non compliance with corona virus precautions
Non social distancing
Not social distancing. Not wearing a mask. Not washing hands.
Overall moral decline of society and failure to look out for your neighbor
Probable loss of HMH!
Scared
Sexism, ignoring the pain described by women
Sexism/misogyny
There are definitely more than 3, alcohol, drugs, lack of exercise, diet
Lack of money to buy healthy food
Also listed being overweight, dropping out school, shots, racism and tobacco use
Unemployment
You are keeping kids out of school
Distracted driving
unaddressed/untreated mental health (leads to many of these "risky" behaviors)

Needs for a Healthy Community/Quality of Life

Respondents were asked to rank the three most important needs for a "Healthy Community". The respondents could choose from a list of 16 things that most improve the quality of life in a community as well as suggest their own that were not on the list. Low crime/safe neighborhoods was the most identified need. Almost half of respondents (44%) selected this issue as one of the top three needs for a healthy community. Good jobs and healthy economy was also a need shared by 35% of respondents. The third most identified need, as viewed by the respondents, access to health care (e.g., family doctor) with a 34% rating. Table 22 includes a listing of important needs for a "Healthy Community" in rank order.

Table 22. Ranking of the Top Three Most Important Needs for a "Healthy Community"

Ranking	Key Health Issues	%
1	Low crime/safe neighborhoods	44%
2	Good jobs and healthy economy	35%
5	Access to health care (e.g., family doctor)	34%
4	Healthy behaviors and lifestyles	29%
6	Good schools	28%
3	Strong family life	27%
8	Affordable housing	27%
7	Religions or spiritual values	18%
10	Excellent race relations	18%
11	Good place to raise children	12%
9	Clean environment	11%
12	Parks and recreation	7%
15	Arts and cultural events	3%
13	Low level of child abuse	2%
14	Low adult deaths and disease rates	2%
16	Low infant deaths	0%
17	Other	3%

Community Feedback

What Prevents You From Being Healthy In Harford County?

Respondents were asked to comment on what prevents them from being healthy in Harford County. The most common responses referenced access to low-income medical care, care for seniors and lack of doctors.

Selected Responses

- ✓ "A ridiculous habit of over eating"
- ✓ "Difficult to get timely appointments. Doctors patient loads are too high."
- ✓ "High cost of medical and dental out of pocket expenses."
- ✓ 1. Myself. 2. Sometimes I don't feel safe in this current environment (so I'm less likely to get moving outside) 3. Prices of healthy food 4. Anxiety"
- ✓ "Abundance of mental health issues and use of illegal drugs"
- ✓ Free access to health care for low income residents. I am personally blessed to have good health insurance."
- ✓ "Seniors need more transportation, a grocery store where we can walk to."
- ✓ "Limited walking neighborhoods or districts. Havre de Grace promenade comes to mind and is popular but no others like that in the county."
- ✓ "Cancer, Diabetes and Heart problems"
- ✓ "More exercise classes through Parks and Rec at convenient time"
- ✓ "Just myself"
- ✓ "Unfortunately the majority of my health problems are my own doing – smoking. In my defense when I was young we were not informed about the health issues related to smoking. I have lived in Harford County my entire life and feel we are being taken care of pretty darn good. I do not think there are health issues in Harford County making people sick. Maybe not let people build houses near the big power lines. I believe that electric around those are toxic."
- ✓ Too much drug abuse on the community"
- ✓ "Stress leads to nicotine addiction"
- ✓ "I do believe there is a higher than normal rate of cancer in Harford County. As an example, I live in a very nice townhome community. Three of my four immediate neighbors have been diagnosed with cancer as well as myself."
- ✓ Right now because of the pandemic I can't use sr. citizen facilities for exercise when that situation changes and access is restored to me personally it should be easier."
- ✓ "crime, stress"
- ✓ "Personal bad habits that are hard to break"
- ✓ "Access to mental health providers in an effective amount of time. The wait time is much too long to be effective. Crisis centers are nice, but could be avoided by some if they were abler to see their provider sooner."
- ✓ "Having poor hospital service. We should be adding to our care centers and not getting rid of hospitals."
- ✓ "The hospital in Bel Air is inaccessible and a pain to get to. Emergency care is insufficient there."
- ✓ "Currently, the way HCPS is handling reopening schools is causing an extreme amount of stress for me and my family. I know it has been very hard for students, parents, and teachers throughout the county."
- ✓ "Arthritis and heart issues"

- ✓ "lack of discipline in controlling my weight"
- ✓ "Local gym with spin classes"
- ✓ "Most of my doctors are in different counties"
- ✓ "Due to high cost of living, both parents must work to provide for family instead of having one parent home and available for the children."
- ✓ Busy work long commute"
- ✓ "myself – just doing the work for healthy lifestyle"
- ✓ "not organizing my time better to exercise"
- ✓ "Access to community centers and parks for kids especially in Edgewood. Very few bike trails, very few healthy food options such as vegetarian/vegan restaurants or smoothie bars. Lack of access to mental health services"
- ✓ "Work hours"
- ✓ "Income, accessibility, personal health habits/care"
- ✓ "Cost of food"
- ✓ "Lower rent/housing/dr. care/ meds"
- ✓ "Gas vehicles"
- ✓ "Bad personal choices'
- ✓ "Knowing how to cook a variant of foods"
- ✓ "not exercising"
- ✓ "Close health facilities"
- ✓ "Lack of work-life balance"
- ✓ "For me it's focus and will power"
- ✓ "Sickle Cell Disease and Kidney Diseases"
- ✓ "Environment"
- ✓ "Lack of insurance"
- ✓ "because of caregiving more commitment to exercises"
- ✓ "having adequate health insurance"
- ✓ "Exercise"
- ✓ "Finances"
- ✓ "To say a county is preventing someone from being healthy is somewhat misleading. Certain communities have access to healthy options than other communities"
- ✓ "Over eating the wrong foods"
- ✓ "Need more access to doctors"
- ✓ "Healthy and low cost food"
- ✓ "Cost of healthcare, lack of knowledge about living a healthy lifestyle"
- ✓ "My own choices"
- ✓ "Safe neighborhood…dogs not on a leash"
- ✓ "I am overweight"
- ✓ "Cost of medical care"
- ✓ "Work related stress"
- ✓ "High stress working as a nurse"
- ✓ "Lack of pedestrian friendly infrastructure"
- ✓ "Access to specialists considered to be pier 1 with my insurance"
- ✓ "Need more healthy fast food options that have vegetarian option"
- ✓ "Lack of options for healthcare services"
- ✓ "Need to travel to Baltimore County for specialists"
- ✓ "others poor decisions-drinking/driving, smoking, not wearing masks"
- ✓ "lack of time and interest in exercise/physical activity and an injury which impacts ability to be more active."
- ✓ "Dental care the uninsured and ineligible is an embarrassment to this county. There is virtually

NOTHING available to uninsured men who are disabled."

- ✓ "A family member needs more affordable accessible mental health and primary health care"
- ✓ "Better and lower cost care for our Older and less fortunate citizens"
- ✓ "Access to health care and accurate information"
- ✓ "Educate people about the basics of health! Most health problems are due to the fact that people either do not know or do not care about health basis until they are sick! This puts an enormous pressure on the system. Encourage strong family units. Have safe sex."
- ✓ "Better services for drug addicted moms and babies"
- ✓ "We live in a sad world where it takes two incomes to get by. Horrible insurance plans. Drug abuse all around Harford County."
- ✓ Need more medical specialist to decrease wait time. ER needs to be more efficient. Less waiting room times."
- ✓ "I am blessed to be able to afford my medical, dental and vision needs. But its expensive out of reach for many due to high health care costs. Adequate health care is a human right"
- ✓ "Should provide health care no matter income"
- ✓ Commerce, governments and vendors should advocate for and enforce the sale of unadulterated, highly nutritious food items sold."
- ✓ "Would love to see more open clinics for the homeless community"
- ✓ "Affordable Housing, Daycare, and Healthcare are critical. Organizations and Agencies working together and removing the discord in the community is also necessary. Spirituality and Higher Consciousness should be encouraged."
- ✓ "I would love to see more mental health services for the general population and in particular mothers."
- ✓ "Heath care costs have gotten out of hand. Out of pocket expense makes us think twice about going to see a doctor."
- ✓ "More affordable exercise programs"
- ✓ "Continue to address clean water and protecting the Chesapeake Work on air quality and environmental programs for quality of life. Decrease carbon footprint No fracking in Maryland"
- ✓ "Harford County needs more primary care physicians. There is an overload of specialty care."
- ✓ "Mental Health and physical health should be a focus for all in our community."
- ✓ "More drug rehabilitation centers. This is a growing crisis everywhere. More senior centers."
- ✓ "Residence, especially elderly and disabled, need affordable home health, food and housing."
- ✓ "To keep the streets low crime to keep people outside using our beautiful parks and trails for running and walking."
- ✓ "We need more primary care physicians who are taking new patients.
- ✓ "We are lacking primary care doctors."

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APPENDICES

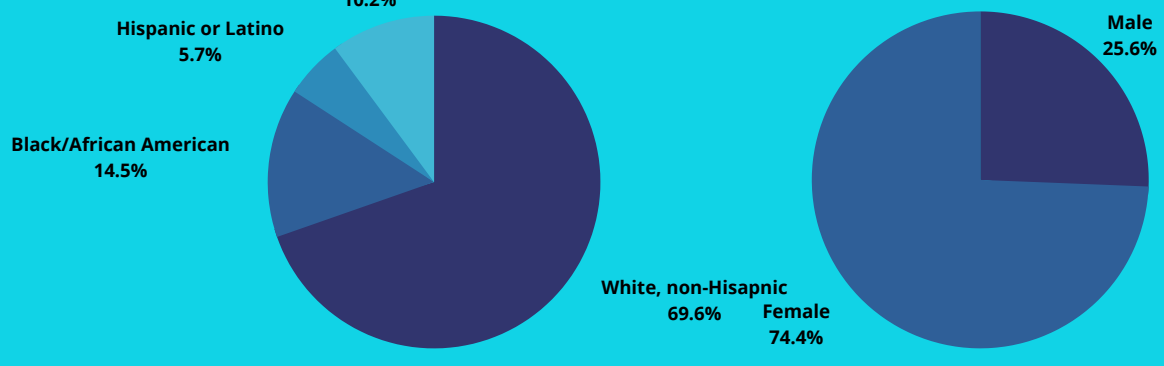
- Focus Group and Key Informant Survey Summaries
- Harford County Health Equity Report

Focus Group & Key Informant Survey Summaries

BACKGROUND

1. The purpose of the focus groups and key informant survey was to discuss/report concerns for their community in a few particular areas. In addition, the groups discussed resources currently available in the community to address the problems identified and any barriers for accessing the services.
2. The focus groups were done in order to prioritize needs, create solutions, and plan for services in Harford County.
3. Each focus group lasted approximately one hour and was held virtually. Below is just a summary of discussion points from each focus group.
4. The key informant survey was a 10-question survey sent to the Local Health Improvement Coalition stakeholders with a mix of open ended and ranking-style questions to give feedback on the health of Harford County.

Demographic Breakdown of Focus Groups



Diabetes Prevention Program Participants

DATE: February 23rd, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Safety
- Community activities and involvement
- Access to healthcare and programs
- Communications

"Community driven activities and resources to get them out there"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Mental health
- Stigma
- Transportation
- Need of designated areas for physical activity
- Need of more bike trails

AFFECTING FAMILIES

- Pandemic
  - School education uncertainty
  - Job loss
  - Internet connectivity
- Resources for elderly
- Health insurance

"There is a stigma associate with mental health. People are hesitant to pursue a diagnoses or support. Our current pandemic has created an isolation issue."

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, most people said the community is "somewhat healthy" or somewhere in the middle. Some also ranked the community as 7-8 out of 10 with 10 being a very healthy community.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- HealthLink
- Harford County Public Library
  - Free resources and partnerships
- Klein Family Harford Crisis Center
- Partnership with University of Maryland Upper Chesapeake Health

BARRIERS TO REACHING SOLUTIONS

- People don't know about resources
- Challenges in getting people to read what resources are available or how to communicate the information
- Internet access/knowledge of using the computer
- Communication of information

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Have all entities come together to push out information and have overall improved communication/marketing
  - TV station in Harford County where people can watch for information
- More community groups and places people can safely gather
- Building more activity centers and dog parks
- Resources for those with special needs

Epicenter

DATE: March 2nd, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Widespread prosperity
- Stable housing and finances
- More equality
- Communication of resources

"Stability. I think if we had stability, stable jobs and stable housing, everything would go a lot smoother."

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Jobs
- Housing
- Criminalizing drug possession
- Mental health resources
- Provider's bedside manner/lack of experience

AFFECTING FAMILIES

- Lack of resources
  - Healthcare
  - Housing
  - Childcare
- Support for families/support groups
- Drug addiction
- Racism and sexism
- Language barrier for Hispanic families

"A lot of times people don't know that there's resources out there. There needs to be a way where people know there is help – mental health, services, all that. Because people don't know about it. Is there a way it can be put out there to reach people to where they know that help is out there?"

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, most people said the community is "unhealthy," with one respondent saying the community is "somewhat healthy."

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- New Day offers resources such as food and clothes
- Winner's Choice (a psychological rehab program)

"I'm not aware of any resources. My question is are there any resources? I know there needs to be a lot of resources, especially for the homeless."

"I've been waiting on my food stamp card that was mailed December 11th. It has over a thousand dollars on it that I can't touch. Meanwhile, I'm starving.."

BARRIERS TO REACHING SOLUTIONS

- Unable to get appointments with doctors
- It takes 2 weeks to get medications
- Inconvenient hours
- Can't get ahold of social security
- Prejudice of being homeless
- Lack of communication/awareness of resources

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Resources offering a steady schedule and having evening hours
- An event for families to get resources they need and providing guidance
- Have resources available long-term
- Have more social workers and case workers available

"The way that homeless people are perceived. Everyone thinks because you're homeless, you have to be a drug addict or you did something terrible. Not everyone who is homeless is a scumbag. We're just trying to get on our feet and we don't have the right resources."

MEGAN's Place

DATE: March 4th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Outlet for children/things to do outside
- Mental health resources
- Activities for children and adults
- Low cost wellness services

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

"You have to educate people on what to do with all these fruits and all these vegetables. Because they give us these big boxes of stuff. And half of it goes bad before we can use it, you know."

RELATED TO HEALTH

- Fitness centers not having childcare available
- Not enough education on grocery shopping, health, and nutrition
- Lack of internet and sources listed on one website
- Food is not affordable

AFFECTING FAMILIES

- Resources
- Lack of healthy foods and education
- Transportation
- Fear of judgement and fear of having to rely on someone
- Better locations for clinics
- Consistent, quality, support

"I say transportation. The transportation in Harford County absolutely sucks...not only that, but the fear of having to contact someone just to access transportation. Like oh, I have to contact you, to be able to get to the grocery store. And one day you text me like 'oh hey, I can't make it today.' What do I do then? Things should be more accessible to people who need them and have the ability to get there"

WHEN RATING OUR COMMUNITY

- Some people said when rating the community, the county would be "somewhere in the middle." Others said that the community is closer to unhealthy.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- MEGAN's Place
- Harford Community Action
- SARC
- Birthright
- Alpha Glory

"You have places like SARC, Birthright, Alpha Glory. Harford County has a lot of places for families. They need more fine tuning or they just need more funds available to be able to help."

"The main issue is really funds, I think that's what it comes down to. Because it's ALL there. It's just. never enough of what's there."

BARRIERS TO REACHING SOLUTIONS

- Not enough funding or locations
- Not having the money even if you have a job
- Eligibility to get resources is too strict
- By the time a resource is known there isn't any left

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Vouchers to the farmers market and recipes to do with fruits and vegetables through WIC
- Having a community fair and engagement, prizes, doorbusters, learn about services.
- Having a space where people can get together to share resources like toys, clothes, and food.
- Partnering with Boys and Girls Club to use their space to exchange items
- Using an old building and have people assist with fixing the building to learn skills
- Offering prevention before it gets bad
- Have someone pick up donations and drop them off at places

"Definitely pushing the education. on jobs. on college. on everything."

Susquehanna Ministerium

DATE: March 8th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Access to quality healthcare/no barriers
- Support for those that need it
- Trust
- Ongoing education, resources for physical and mental health
- Disease free

"Support of resources for life, liberty, and pursuit of happiness for ALL people"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Cancer
- Drugs and drug support
- Hospital changing locations
- Racism
- Cardiovascular health
- Emotional health
- Homelessness
- Childhood obesity

AFFECTING FAMILIES

- Childcare
- Domestic abuse
- Fear of COVID
- Eldercare
- Mental Health
- Education on nutritious food
- Addiction
- Parental Support

"There's no resources that would teach parents how to provide a nutritious meal, how to clean their homes, how to make sure their child is well mentally as well as physically. Again there are no resources in our community for that – for parental support. There's resources for people to GET food, but there's not resources to show people what to DO with that food"

WHEN RATING OUR COMMUNITY

- On a scale between 1 and 5 with 1 being very unhealthy and 5 being very healthy, most people rated the community a 3, with some people rating the community a 1 or 2, and some rating the community higher at a 3.75.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- Hospital systems (Upper Chesapeake and Johns Hopkins)
- Crisis Center
- A lot trails
- Physical rehabilitation facilities
- Ministries

"I would agree that we have a great hospital system. The biggest complication would be GETTING there. The systems are set up where you have your OWN transportation. Trying to get to certain places in the county for public health is more challenging if you don't have that"

"The number one resources available are our hospital systems"

BARRIERS TO REACHING SOLUTIONS

- Transportation
- Funding
- Colonialism
- Lack of support and empowering
- Waiting months for appointments
- Lack of health insurance
- Access to care/navigating the system

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Resources available at all economic levels
- More resources for parents
- Better public transportation
- Improving communication
- Multi-tiered community assessment

"I think teaching people of both sides how to cut through some of the red tape. and just communication. Both the families, the patients, the providers."

LHIC Key Informants

DATE: March 9th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Access to health care
- Empowered citizens
- Comprehensive health services for all
- Psychiatry for substance use disorder
- Safe and walkable sidewalks, bike paths, outdoor spaces
- Healthy foods
- Public education on available resources

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Lack of awareness of resources/centralized resources
- Stigma around poverty, mental health, substance use disorder
- No sense of community/gathering place
- Transportation
- Dental care
- Primary Care Doctors taking new patients

AFFECTING FAMILIES

- Lack of resources/free resources
  - For children and families
  - Focusing on prevention
  - Focusing on ACE's, intimate partner violence, family planning
- Lack of affordable healthcare
- Lack of activities to engage children
- Transportation

"You have to have quality affordable care. If somebody doesn't make much money but has a $6,000 co-pay, they are not going to get help."

WHEN RATING OUR COMMUNITY

- On a scale between 1 and 5 with 1 being very unhealthy and 5 being very healthy, the group ranked the community as being a 3. A participant shared that Harford County has services, but they are fragmented across the county and navigation is difficult.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- School social workers
- Epicenter
- Addiction Connections Resource
- Voices of Hope
- Boys and Girls Club
- MEGAN's Place
- Community College
- Healthy Harford
- UMUCH/Crisis Center
- Libraries
- Faith-based organizations
- Bike/cycling groups
- Parks and Rec

"There is a lot of services that we don't have that we talk about implementing...such as transportation and dental...

BARRIERS TO REACHING SOLUTIONS

- Access to resources and navigation
- Lack of prevention (e.g SUD, obesity, behavioral)
- Lack of upstream action to help people of all ages
- Lack of funding for prevention
- Not enough early intervention for ACE's
- Transportation
- Not all schools have social workers

...but I think also something that isn't talked about as much that is easier to even address is communication...there's a lot of places doing a lot of good work but we don't communicate"

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Trauma-informed care/approaches
- Emphasis on prevention
- Cohesive efforts to address barriers
- Updating information online
- Syringe service programs
- Building upon faith-based and civic community groups
- Supportive services

LEP Key Informants

DATE: April 1st, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Equal access to health care/preventive care regardless of immigration or economic status
- A focus on mental health
- Inexpensive, quality food and medication

"Help is not advertised enough for people without insurance"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- People's diets, especially in some cultures
- Lack of support groups/services in Spanish
- Healthcare for uninsured
- Diabetes, high blood pressure, and alcohol addiction,
- Domestic violence
- Illegal immigrants fear seeking help and getting deported

AFFECTING FAMILIES

- Lack of money to support family, receive care, and get food stamps
- No access to safe and reliable child care
- No help for people that have lost their job

"We know that we have options and there is different health centers with sliding scale and things like that but there's still so many barriers for people to access even those services. They are very far away, sometimes just finding transportation, sometimes just finding out which places are offering that [services]"

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, someone said the community is somewhat healthy. On a scale of 1 to 10 with 1 being very unhealthy and 10 being very healthy, one person rated the community a 7 and one person rated the community a 5.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- Churches
- The health department (including new 1 North Main Health Center)
- Lyon's pharmacy provides low-cost medications

BARRIERS TO REACHING SOLUTIONS

- Inconvenient hours at the health department
- Lack of transportation
- Bilingual staff working
- Lack of trust after a bad experience with LEP

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Support groups (for issues like diabetes)
- A Federally Qualified Health Center in Harford County
- Health fairs for outreach
- A place like LASO's where it is a catch all health center
- Having health department services under one roof

KEY INFORMANT SURVEY

A brief, 10-question survey was sent out to key informants in the county in order to understand their perspectives on the health of Harford County. Of the 46 respondents, 76% said they believe Harford County is a healthy county.

BARRIERS TO RECEIVING HEALTH CARE

- Transportation
- Insurance (not enough providers for MA, uninsured), Lack of affordable health care for uninsured
- Not enough mental health providers
- stigma with mental health/addiction
- Long wait times to see a provider/not enough PCP's

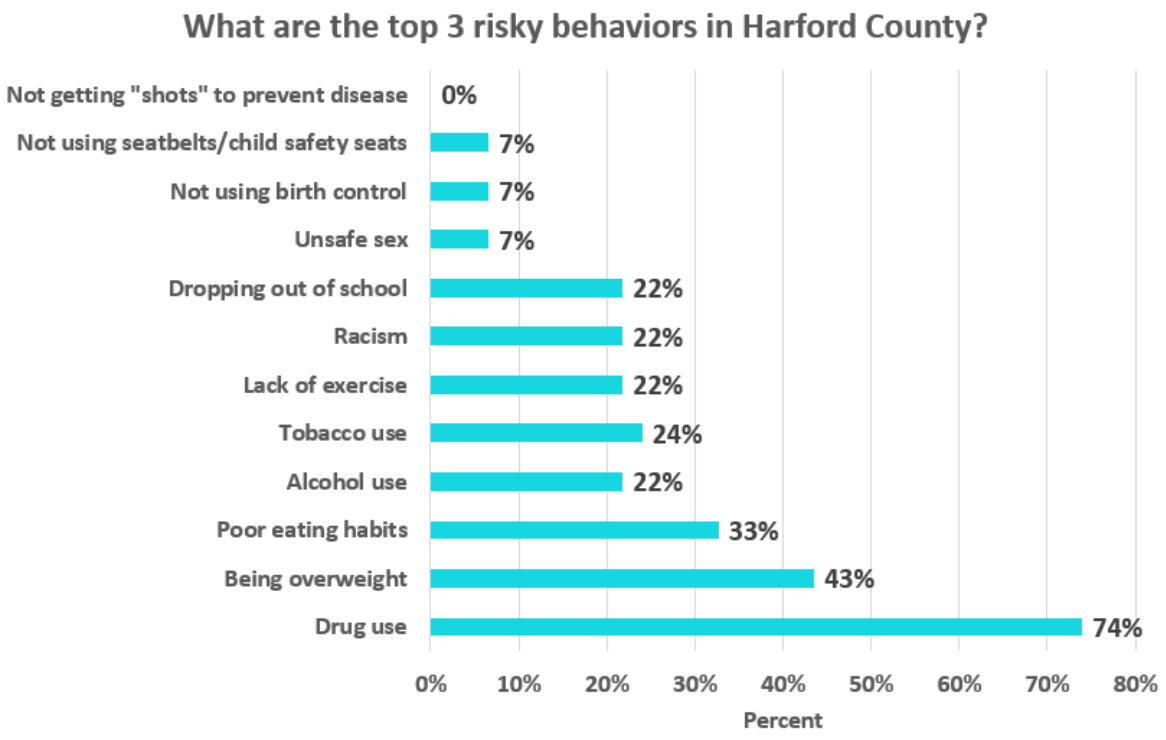
SUCCESSFUL SOURCES IN HARFORD

- Klein Crisis Center/Crisis services
- Mental health and addiction services
- Nutritious foods
- The Kaufman Center
- CORE Service Agency
- Healthy Harford
- Health Department

POTENTIAL SOLUTIONS

- Expanding transportation for residents by establishing an uber contract, increase hours, and stronger bike/pedestrian/public transportation infrastructure
- Offer mobile health
- Making telehealth a standard and training for telehealth
- Providing education on services and general health education
- House calls for the elderly
- Providing childcare

80% of respondents said mental health or substance use/addiction were some of the greatest concerns of the county



2019 HEALTH EQUITY REPORT

PREPARED BY

HARFORD COUNTY HEALTH DEPARTMENT

March 2019

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

TABLE OF CONTENTS

OVERVIEW

A Healthy Harford County For All

What does a healthy Harford County look like? The answer: Equal access to health opportunities for all residents in Harford County regardless of race/ethnicity, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, or geographic location.

Harford County, located in the northeast region of Maryland, is a mix of rural and suburban development leading outside of Baltimore City. Home to approximately 252,160 residents; Harford County is the sixth largest county in the State and has a population density of 560/sq mi. Harford County's geographical location and abundant opportunities allow many people to thrive in the area, according to the 2017 Census, only 7.2% of residents live in poverty, but taking a closer look at other zip codes show a greater need to examine different communities throughout the area.

The Harford County Health Department (HCHD) strives to promote public health and prevention in the community for all while helping to minimize barriers to receiving care. This report will describe and explain where and why inequities exist within Harford County, along with how we can improve these issues in our community so that everyone can achieve optimal health.

What is Health Equity?

According to the Robert Wood Johnson Foundation (RWJF), “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Health Equity vs. Health Equality

Health equity and health equality might sound the same, but they are actually different concepts. Health equity strives for the highest possible standard of health for all, while health equality means everyone gets the same services. Health equity is achieved when people's health is not affected by their social positions or other socially determined circumstances, such as income or race, rather than by providing the same services to all.

What are the differences between Health Disparities & Health Inequities?

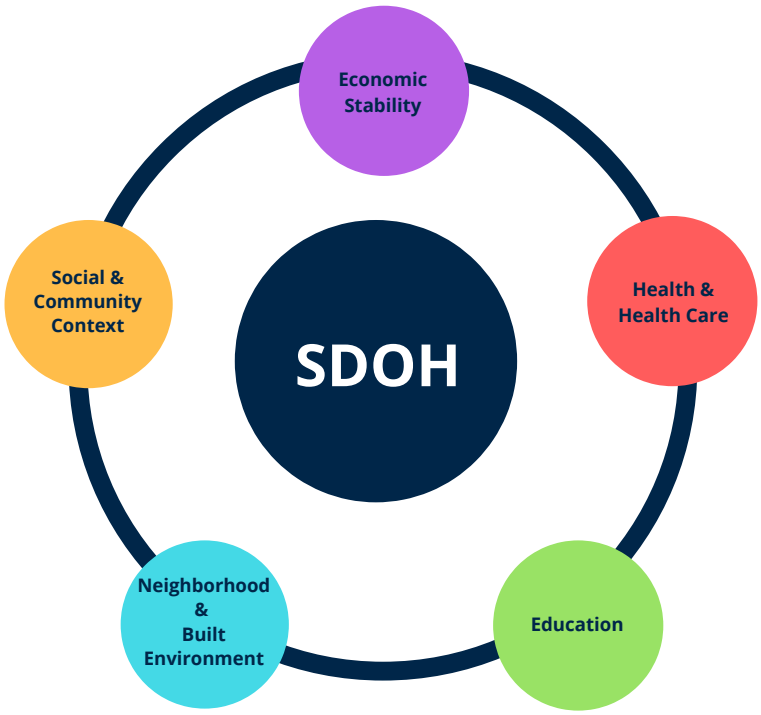
A health disparity is a difference in health outcomes and their causes among groups of people. For example, a health disparity that exists in Harford County is infant mortality rates are higher for Non-Hispanic African Americans compared to Non-Hispanic White babies. Health inequity is a difference in the distribution or allocation of a resource between groups. An example of a health inequity in Harford County is that adult poverty rates are significantly higher in Edgewood, Aberdeen, and Havre de Grace and poverty is linked to shorter life expectancy.

It is important to work on reducing health disparities in Harford County so that we can achieve health equity for all and improve our lives. By working together and creating meaningful partnerships, we can address health equity to allow members of our community to live the healthiest and longest lives possible.

Robert Wood Johnson Foundation
Braveman, P. (2014). What are health disparities and health equity?
CDC 2016 Strategies, Reaching For Health Equity
Maryland Vital Statistics, 2016

Social Determinants of Health

Social Determinants of Health (SDOH), conditions in the environment where we are born, live, learn, work, play, worship, and age, affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five determinant areas that make up the underlying factors of the SDOH and contribute to health equity: economic stability, education, social and community context, health and health care, neighborhood and built environment.



Economic stability, having low unemployment and poverty rates, allows people to provide for themselves and their family. Education, another area of SDOH, is highly relevant starting at school-age children all the way up to adults.

Early childhood education and development provides a solid foundation for children to learn and thrive at a young age, the effects of which continue to high school and potential enrollment into higher education. Good education also allows for better employment opportunities, which ultimately means better pay and housing stability that contributes to overall health.

Having access to health care and primary care options are key areas of SDOH. Health care access means that individuals can obtain needed medical services with ease. Primary care is a crucial component of health care because it provides early detection and treatment, management of chronic diseases, and preventive care.

Places of employment may offer health insurance options with lower rates that provide for better opportunities for preventive health, such as free/low costs primary care visits, flu shots, prescriptions, etc. and time to take off work to attend medical appointments.

Language skills, including low health literacy, can also present barriers to access to health care. Health literacy, as defined by the U.S. Department of Health and Human Services (HHS), is the degree to which individuals have the ability to understand and process basic health information, whether from a doctor or from written materials, so that they can make appropriate health decisions. Low health literacy, related to poor health outcomes, can be seen in people with both lower education and higher education levels and across certain population groups. Ultimately, if a patient receives information they cannot comprehend, then that person may make poor decisions regarding their health.

Another area of SDOH, neighborhoods and built environment (the human-made area where we live, work, and play), contributes to health in many ways. Access to foods that allow us to make healthy eating decisions, areas that allow people to walk, bike, or take public transportation safely, and environmental conditions, such as clean air and water are just a few examples of how neighborhoods can affect health outcomes.

Lastly, social and community context reflects another key issue. There is a strong association between social ties and health. For example, strong relationships are important for one's physical and psychosocial well-being and can influence health outcomes through social support such as helping people maintain a healthy diet, reducing emotional stress, and assisting with transportation to see a doctor. Participating in formal and informal activities that are available can also help reduce poor health outcomes. Being able to vote, participating in community watch groups, being a member of an advisory board, and volunteering to help with a community garden are just some activities to help build social capital and a sense of purpose in the community.

By promoting good health and addressing all factors of the SDOH, we can create opportunities for people to live their best, healthiest life and achieve health equity.

Our Commitment

The Harford County Health Department is committed to improving health equity in the community and has been begun looking into ways to incorporate this concept into our work.

The 2019-2024 HCHD Strategic Plan addresses stronger awareness about the importance of health equity in the community we serve, as well as increasing the understanding of these issues by our employees. HCHD will prioritize increasing standardization of public health messaging through community outreach workers and increasing the cultural competency of our staff. These objectives will be completed by:

- *Working on a unified health promotion, education, and communications strategy.*
- *Identifying effective cultural competency training.*

Additionally, HCHD will look to Public Health Accreditation Board (PHAB) standards for guidance because they are consistent with essential public health services and align well with the Strategic Plan and Community Health Improvement Plan (CHIP). Three CHIP priorities, which are being addressed with our Local Health Improvement Coalition (LHIC) workgroups, include Behavioral Health, Family Health & Resilience, and Chronic Disease Prevention & Wellness.

Goals of this Report

This report is just the first of many ways to address health inequities in Harford County. The goals of this report are to identify:

• Where inequities exist within Harford County.
• The causes of health inequities.
• Communities that suffer the most from health inequities.
• Health outcomes that are affected by health inequities.

HCHD will use this information to better serve our clients and the community.

Methods of Analysis

Indicator Selection

Indicators selected for analysis in this report were drawn from a number of sources, including existing community priorities that were determined by HCHD's Community Health Needs Assessment (CHNA), Community Health Improvement Plan (CHIP), and Strategic Plan, and some disease categories based on State Health Improvement Plan (SHIP) priorities. Data were drawn from multiple sources including HCHD Data, Maryland Vital Statistics, United States Census Bureau, Behavioral Risk Factor Survey and the Maryland Department of Health. Indicators that were selected, but did not have zip code/geographical data were omitted from this report. These indicators may be revisited in the future based on newly available data or increased capacity for data assessment.

Community Geographical Information System (GIS) Mapping

Geographic Information System (GIS) mapping of zip code level data was used to understand where inequities exist in the county based on selected indicators. Harford County is comprised of 23 zip codes. Maps were created by the Harford County Health Department Health Policy Unit and were based on data from the health department and CRISP, the regional health information exchange (HIE) serving Maryland and the District of Columbia. Other maps were created by the Maryland Department of Health and are identified as such in the report.

Community Input Process

Focus groups were conducted at the county's Project Homeless Connect event which was held by community partners at The United Way of Central Maryland at Harford Community College. Participants consisted of the county's most vulnerable populations to ensure that data findings resonated with the community. Approximately 36 participants engaged in focus group discussions in January of 2019. Key informant interviews were also conducted the same day with 30 individuals working in the fields of mental health, health insurance, social services, public health, and other community service agencies. Participants were asked a series of questions in order to identify health concerns, available resources, barriers, and potential solutions. Participant observations are displayed as quotes throughout the report.

SUMMARY OF FINDINGS

Priority Areas

The three geographic locations highlighted in this assessment include Aberdeen, Edgewood, and Havre de Grace, which are located on the route 40 and I-95 corridor; all three have a higher concentration of health issues than the county as a whole. Gaps in behavioral health and substance abuse treatment were identified, specifically in the Edgewood area. Aberdeen, home to Aberdeen Proving Grounds and the biggest employer in the county, requires greater access to mental health services and chronic disease prevention interventions. Havre de Grace, an area with a higher concentration of risk factors such as mental health and substance-exposed newborns, requires focused prevention efforts and medical care for those experiencing health concerns. The southern region of the county is shown to have higher issues, but it should not be overlooked that there are separate health issues in the northern/rural areas such as poverty, health insurance coverage, sexual health, adverse pregnancy outcomes, and high colorectal cancer rates.

Since 2011, the Centers for Disease Control and Prevention (CDC), has reported on effective public health programs that have helped reduce disparities. By implementing evidence-based programs that advance health equity, the opportunity will arise for people to live longer and healthier lives. As public health professionals and passionate members of our community, it is up to us to make the change we need.

These next few pages will lay a foundation for the future of health equity in Harford County.

THE FINDINGS

Social Inequities

Social inequities are disparities that are found when comparing population groups by race/ethnicity, class, gender, disability, etc. Inequities often reflect the unequal distribution of resources in a geographic area or within a population. An example of this is fewer educational opportunities.

Whites account for the majority of Harford County's population. However, both Hispanics and Asians have experienced the most population growth in recent years. The male and female population is evenly split throughout the area.

Each population group may have different needs, which is why it is important to examine groups individually to determine how that group can be served more effectively.

Population By Race and Hispanic Origin, Harford County, Maryland, 2010 and 2017			
Harford County	2010 Census	2017 Census Estimates	2010-2017 % Change
Total	244,826	252,160	3.0%
White alone	198,763	200,719	1%
African American	31,058	35,807	13%
Asian	5,826	7,817	25%
American Indian/Alaska Native	614	756	19%
Native Hawaiian and Pacific Islander	199	252	21%
Hispanic	8,613	11,598	26%

2010 & 2017 U. S. Census

51%
Female Residents

7.6%
With a disability, under age 65

5.4%
Foreign-born persons

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

Population By Race and Hispanic Origin, Aberdeen, Maryland, 2010		
Harford County	2010 Census	Percent
Total	14,959	100%
White alone	8,815	59%
African American	4,564	31%
Asian	437	3
American Indian/Alaska Native	59	0.4%
Native Hawaiian and Pacific Islander	52	0.3%
Hispanic	815	5%

Population By Race and Hispanic Origin, Edgewood, Maryland, 2010		
Harford County	2010 Census	Percent
Total	25,562	100%
White alone	12,732	50%
African American	10,466	41%
Asian	471	0.3%
American Indian/Alaska Native	74	2%
Native Hawaiian and Pacific Islander	42	0.2%
Hispanic	1,708	7%

Population By Race and Hispanic Origin, Havre de Grace, Maryland, 2010		
Harford County	2010 Census	Percent
Total	12,952	100%
White alone	9,809	76%
African American	2,170	17%
Asian	310	2%
American Indian/Alaska Native	36	0.3%
Native Hawaiian and Pacific Islander	14	0.1%
Hispanic	608	5%

2010 & 2017 U. S. Census
US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

How much money you make can also influence health. Income and poverty may not initially seem like a problem in Harford County, but taking a closer look at local municipalities uncovers unequal income distributions.

In the county, 7.2% of residents make less than the 2014 U.S. Federal Poverty Guidelines, which state that the Federal Poverty Level for a household of 1 person is $11,670; for 2 people is $15,730; for 3 people is $19,790. That percentage is higher in areas such as Aberdeen. High rates of poverty and low income have been linked to shorter life expectancy. Poverty and low income can affect health in other ways, such as creating barriers to affordable housing, school funding, access to health care, healthy foods, and many more.

Income and Poverty in Harford County, 2012-2016	
Median Household Income	$81,052
Persons In Poverty, Percent	7.2%

Income and Poverty in Aberdeen, 2012-2016	
Median Household Income	$51,956
Persons In Poverty, Percent	14.8%

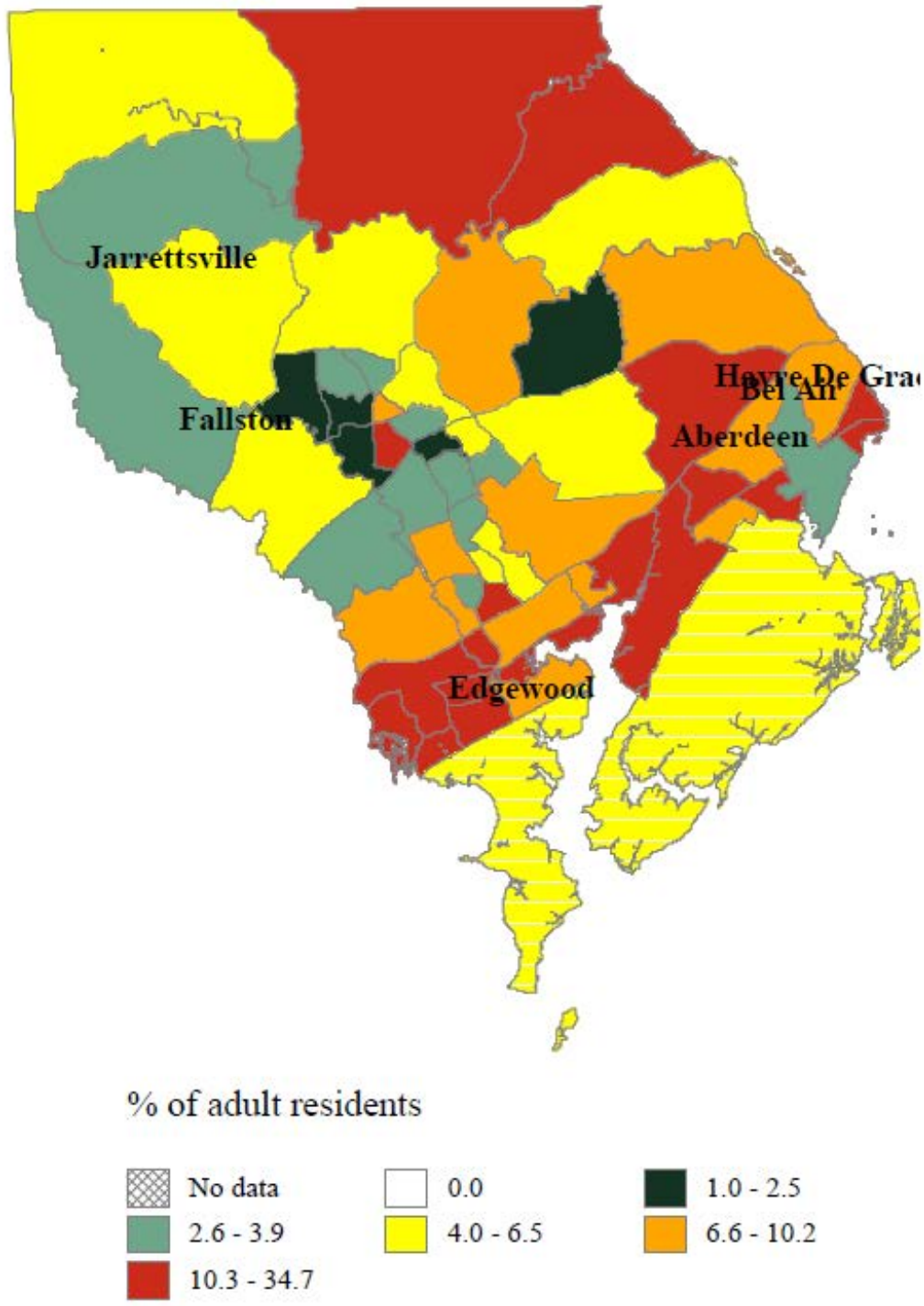
Income and Poverty in Edgewood, 2012-2016	
Median Household Income	$56,414
Persons In Poverty, Percent	13.4%

Income and Poverty in Havre de Grace, 2012-2016	
Median Household Income	$69,284
Persons In Poverty, Percent	10.2%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

"There are a lot of people without jobs and people with jobs that don't pay them well."

Adult Poverty Rates (ages 18-59)



American Community Survey 5-Year Estimates, 2015: Maryland Department of Health

"Homelessness is a real issue in the southern part of the County."

Education in Harford County, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	92.8%
Bachelor's degree or higher, percent of persons age 25 years+	34.5%

Education in Aberdeen, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	87.6%
Bachelor's degree or higher, percent of persons age 25 years+	19.8%

Education in Edgewood, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	89.8%
Bachelor's degree or higher, percent of persons age 25 years+	18.7%

Education in Havre de Grace, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	91.2%
Bachelor's degree or higher, percent of persons age 25 years+	37.4%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

"Living in north Harford County is different than living in places like Edgewood or Aberdeen."

Education is a social determinant of health, with people who have attained a higher level of education more likely to have positive health outcomes. Educational skills learned in school provide a foundation of knowledge needed to help make better decisions. To reach health equity, education programs need to close the gap between low-income and/or racial and ethnic populations and higher income and/or majority populations. To reach health equity, education programs need to close the gap between low-income and/or racial and ethnic populations and higher income and/or majority populations.

Promoting social and institutional equity will require looking at all the inequities above and reducing their impact through strategic partnerships, advocacy, policy/access, community engagement, social capital building, and coalition building.

Living Conditions

"Living conditions vary from city to city and town to town, but we are a really segregated community."

According to County Health Rankings, residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents. This index ranges from 0 (complete integration) to 100 (complete segregation). Harford County ranks 3rd worst in African American/White segregation and 5th worst in Non-White/White segregation. Baltimore city ranked highest for segregation in both measures.

Even though policies around segregated schools, transportation, and other public places no longer exist, segregation caused by structural, institutional, and individual racism can be found in many parts of the county. Though it may not seem like a health issue at first, residential segregation has been linked to poor health outcomes including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions. Having areas that are diverse can help foster stronger cross-sector collaborations and social support among neighborhoods.

Housing in Harford County	
Housing Units*	100,271
Owner Occupied Unit Rate**	78.1%
Medium Value of Owner-occupied housing units**	$278,100
Median Gross Rent**	$1,159

*2016 U.S. Census Bureau, County Business Patterns
**US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

County Health Rankings: Residential Segregation

Non-White/White:
Maryland= 55
Harford County = 45
Baltimore City = 65

African American/White:
Maryland = 63
Harford County = 53
Baltimore City = 69

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

Violent Crimes in Harford County, Aberdeen, and Havre de Grace, 2016		
Area	**Population Total**	**Total Violent Crimes**
Harford County	251,032	552
Aberdeen	15,704	79
Havre de Grace	13,604	37

Property Crimes in Harford County, Aberdeen, and Havre de Grace, 2016		
Area	**Population Total**	**Total Property Crimes**
Harford County	251,032	3,472
Aberdeen	15,704	251
Havre de Grace	13,604	308

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016
2016 FBI Uniform Crime Statistics (Eliminated any cities that failed to submit a complete crime report to the FBI and removed cities with populations under 10,000.)

According to The National Council for Home Safety and Security, Aberdeen ranks fourth, and Havre de Grace fifth, in terms of low rates of violent and property crimes in 2016 in Maryland. With a rate of 5.03 violent crimes per 1,000 people and a rate of 22.64 property crimes per 1,000, Aberdeen is considered the fourth safest city in Maryland (2016 FBI Uniform Statistics). Havre de Grace, the fifth safest, had 2.72 violent crimes per 1,000 and 22.64 property crimes per 1,000 people. (Alarms.org)

Violence is a public health issue, adversely affecting not only the victims of the violence but also their families, and also increasing the mortality and morbidity in the community.. As violence rates continue to change and occur in different areas throughout Harford County, it is important to identify effective programs and policies that have to do with behavioral challenges underlying violence.

"Insurance is an issue because some tests are expensive and have a higher pay."

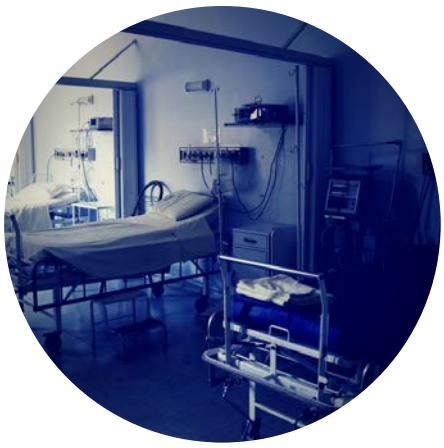
Health Care

According to County Health Rankings, 4% of Harford County residents under the age of 65 are uninsured, a 60% decrease since 2008 when 10% for residents under the age of 65 were uninsured. This trend is also significant with the state of Maryland, which has decreased from 12% in 2008 to 7% in 2015. Geographically, the percentage of uninsured under the age of 65 in different zip codes differs drastically throughout Harford County. The percent of persons uninsured in Aberdeen is two times higher than the Harford County average. Without insurance, people are less likely to receive preventative care such as vaccines, screenings, and medical check-ups and more likely to contribute to frequent visits in the emergency department for care.

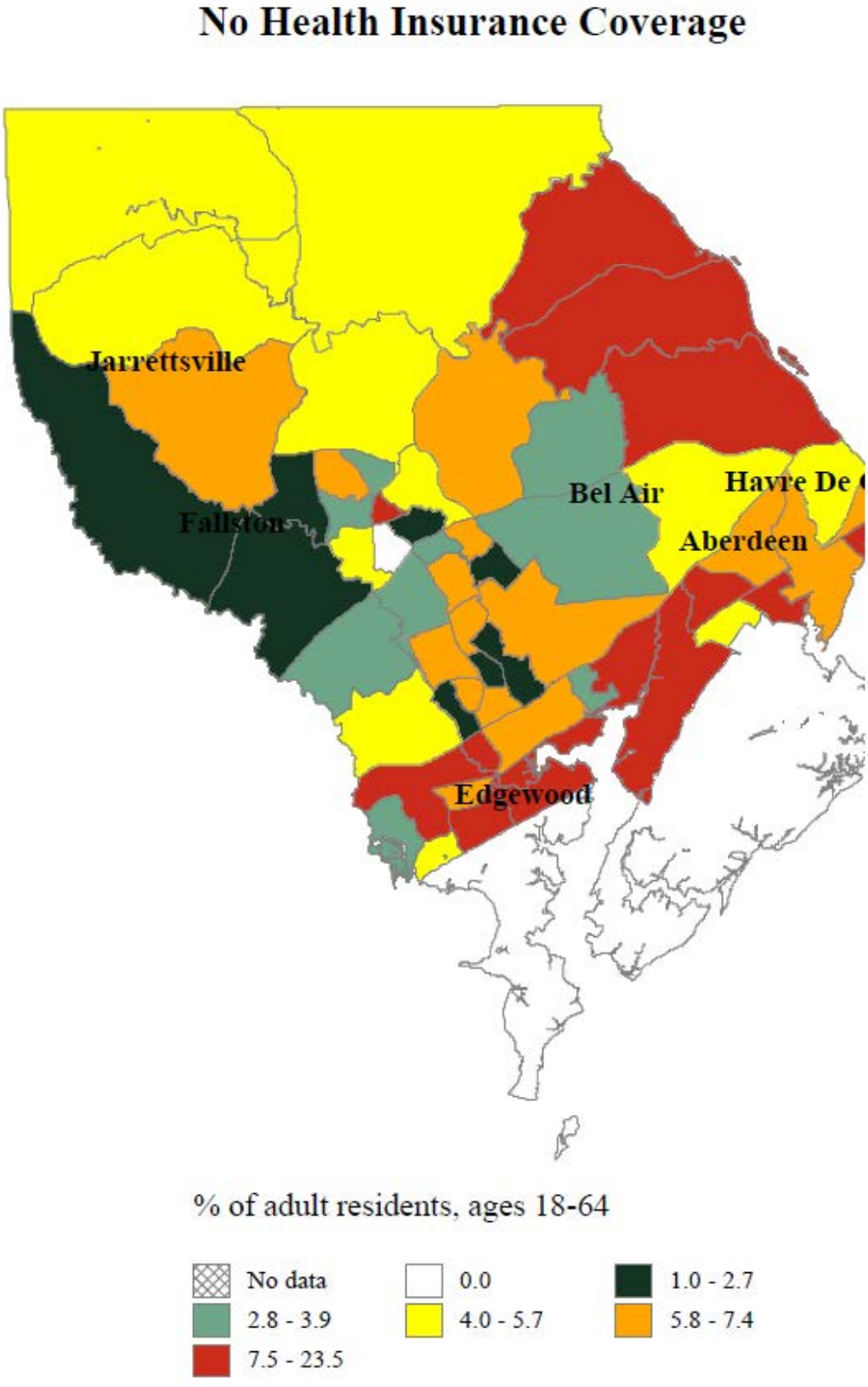
The northeast part of the county, another area with a high percentage of no health insurance coverage, also deals with transportation issues due to its rural geography. Lack of transportation can cause access to care issues, which decreases the quality of life for individuals in that area.

Persons Without Health Insurance, Under Age 65 Years, 2012-2016	
Area	**Percent**
Harford County	4.8%
Aberdeen	10.3%
Edgewood	8.5%
Havre de Grace	5.5%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016



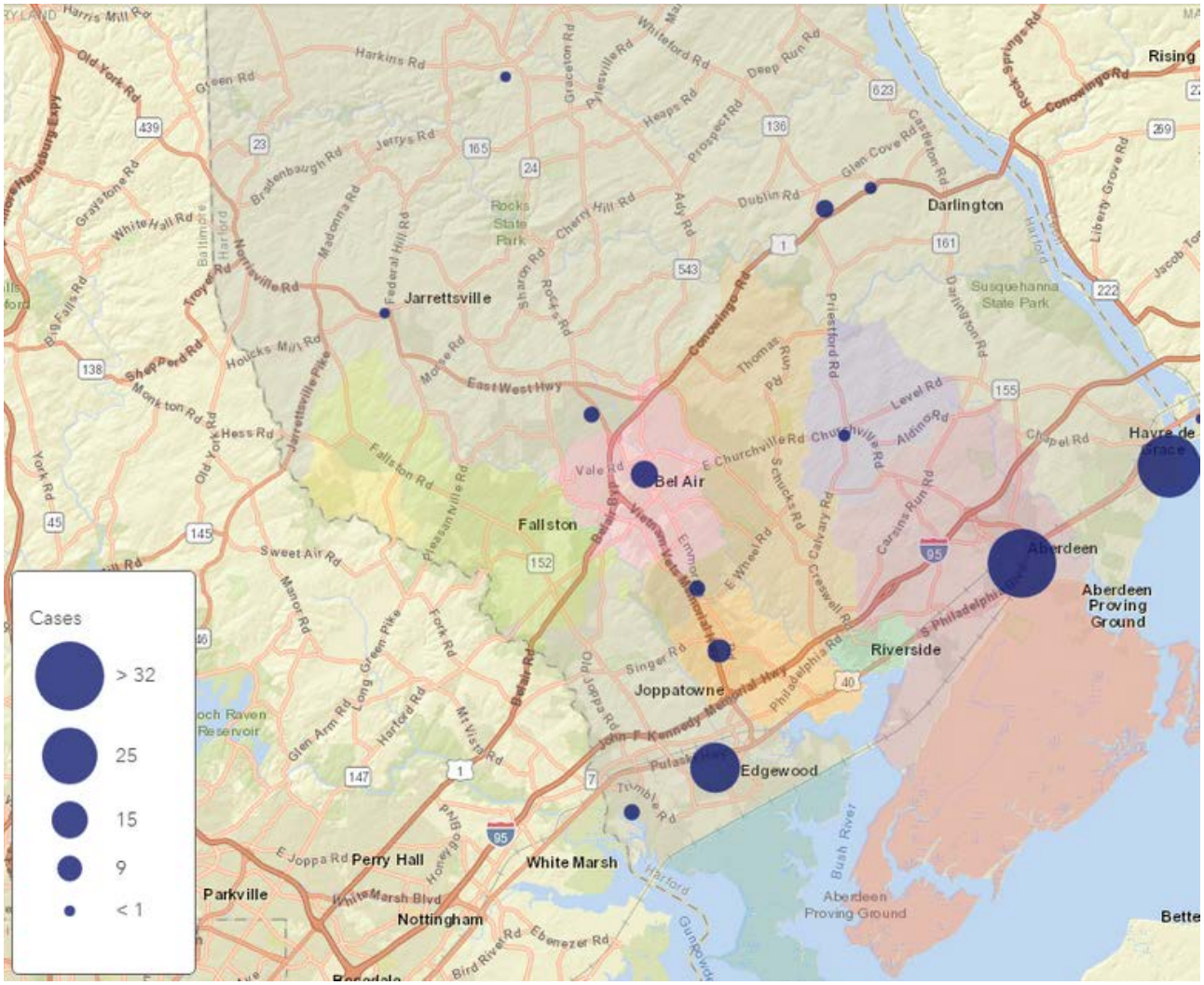
"We are missing the population that can't afford healthcare, they are in between medicaid and make too much much for medicaid and therefore they can't afford health care."



American Community Survey 5-Year Estimates, 2015: Maryland Department of Health

Care Coordination Plus is an HCHD service that assists clients in accessing the care they need. The program, which is for all Harford County residents regardless of medical insurance type, works with the University of Maryland Upper Chesapeake Medical Center and the Comprehensive CARE Center, Harford Memorial Hospital, and other agencies to assist clients in receiving needed services. The areas that have the largest number of patients using this service and which also have higher numbers of emergency department visits and hospitalizations, are Aberdeen, Havre de Grace, and Edgewood.

Number of 2017 Care Coordination Plus Cases



Harford County Health Department: Department of Care Coordination

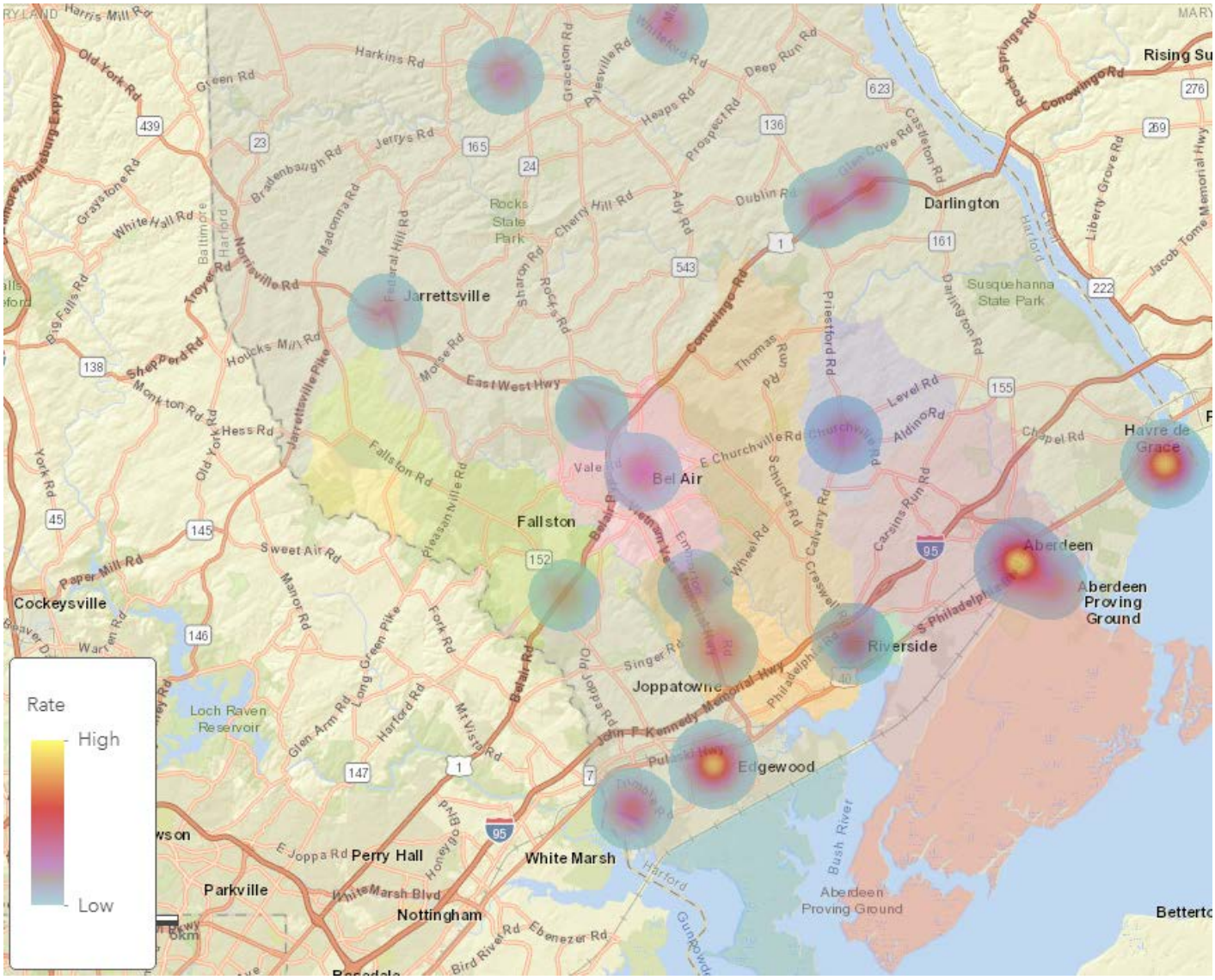
"If someone's family member wasn't very proactive following a doctor's recommendations, then their children will also do the same."

Risk Behaviors

Smoking

Even though smoking rates have decreased in recent years, tobacco use is still a concern for Maryland residents. In Harford County, 17% of residents are current smokers (2014-2016 BRFSS). In 2017, a higher rate of residents from Aberdeen, Edgewood, and Havre de Grace who visited the emergency room in Harford County reported using some kind of tobacco product.

2017 Emergency Department Visits Rate per 1,000 Residents in Harford County Who Use Tobacco



2017 CRISP Data

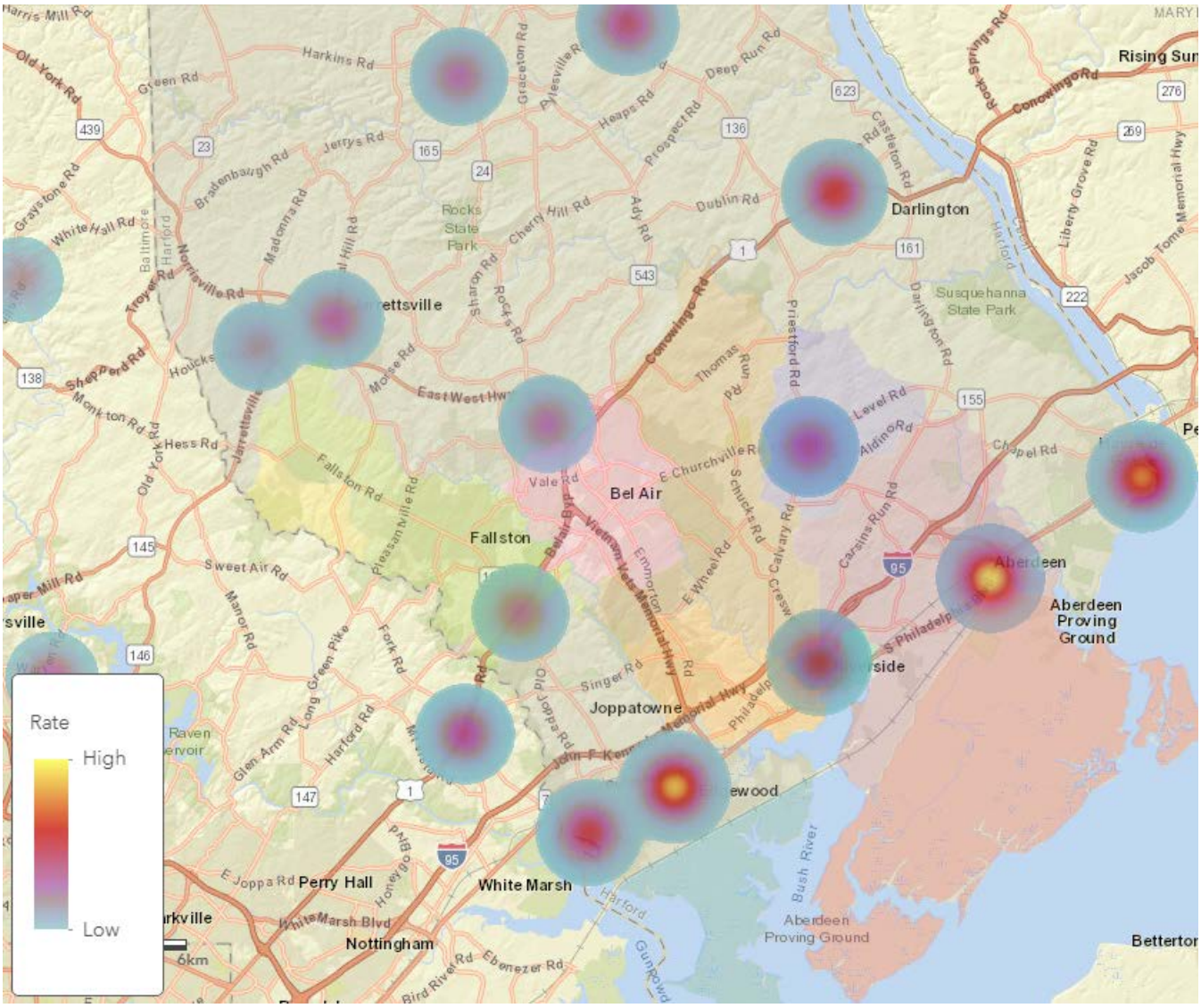
"My teen is starting to smoke and I don't know what to do. Thank God I don't smoke or drink."

"In Edgewood, we don't have a market with fresh veggies, we don't need all of this package foods."

Obesity

Obesity continues to be an issue, not just in Maryland, but also in Harford County. Though numbers have improved incrementally, Harford County rates continue to be higher than the state average. In 2017, a higher rate of residents from Aberdeen, Edgewood, and Havre de Grace who visited the emergency room in Harford County were obese as compared to the county as a whole. According to the 2014-2016 Behavioral Risk Factor Survey (BRFSS), 27% of Non-Hispanic White adults and 47% of Non-Hispanic African American/Black adults in Harford County are classified as obese compared to 28% of Non-Hispanic White adults and 39% of Non-Hispanic African American/Black adults in Maryland.

2017 Emergency Department Visits Rate for Obesity per 1,000 Residents in Harford County

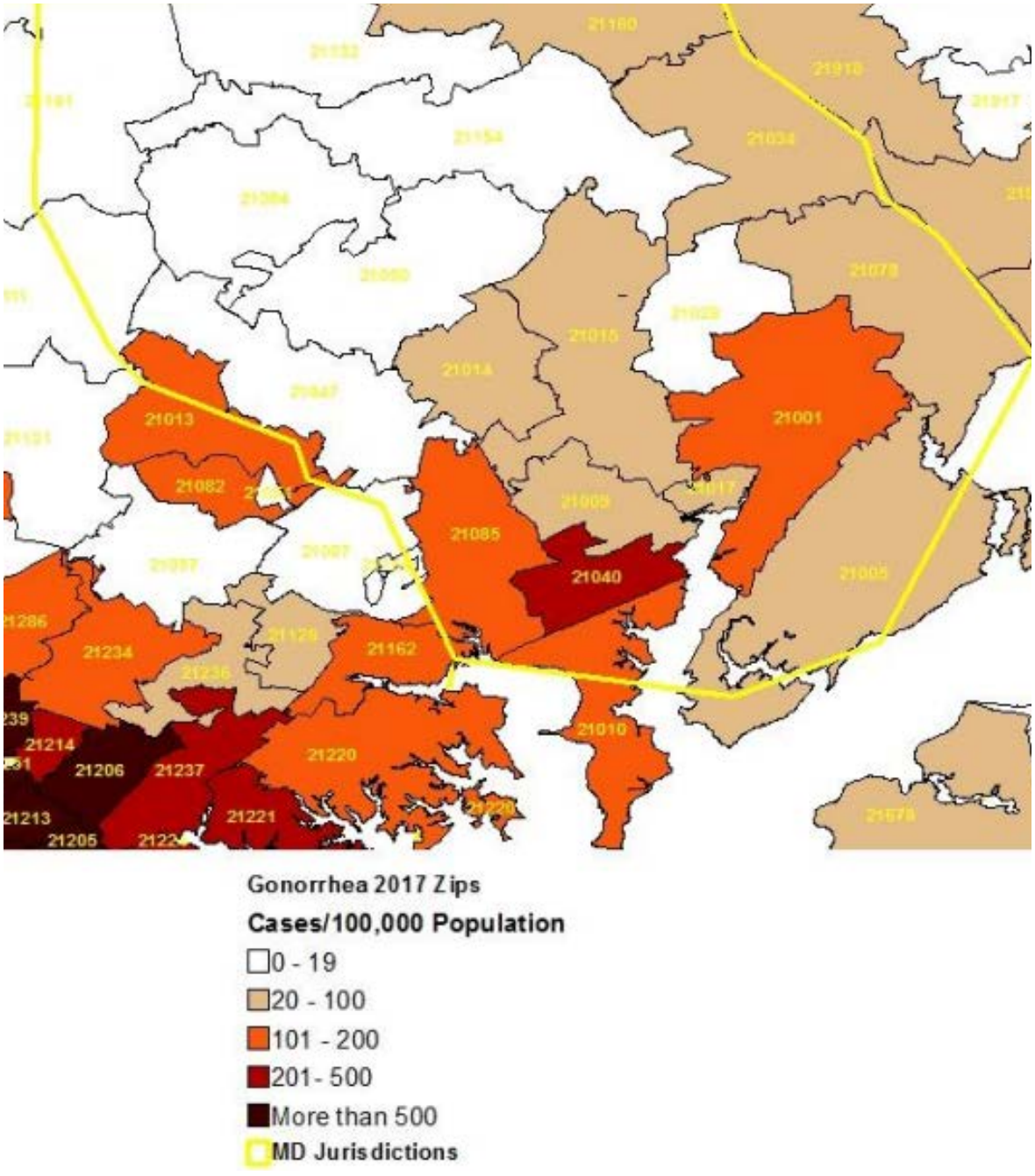


2017 CRISP Data

Sexually Transmitted Infections

Maryland law requires that all cases of Gonorrhea, Chlamydia, and Primary and Secondary Syphilis be reported to the Maryland Department of Health. Higher number of cases of Gonorrhea and Chlamydia were reported in Edgewood, followed by Aberdeen, Joppa, and Gunpowder. Higher number of cases of Primary and Secondary Syphilis were reported in Aberdeen, followed by Joppa and Bel Air. These patterns are similar to adult and adolescents living with human immunodeficiency virus (HIV) in Harford County. Higher rates are found in Edgewood, Aberdeen, and Abingdon.

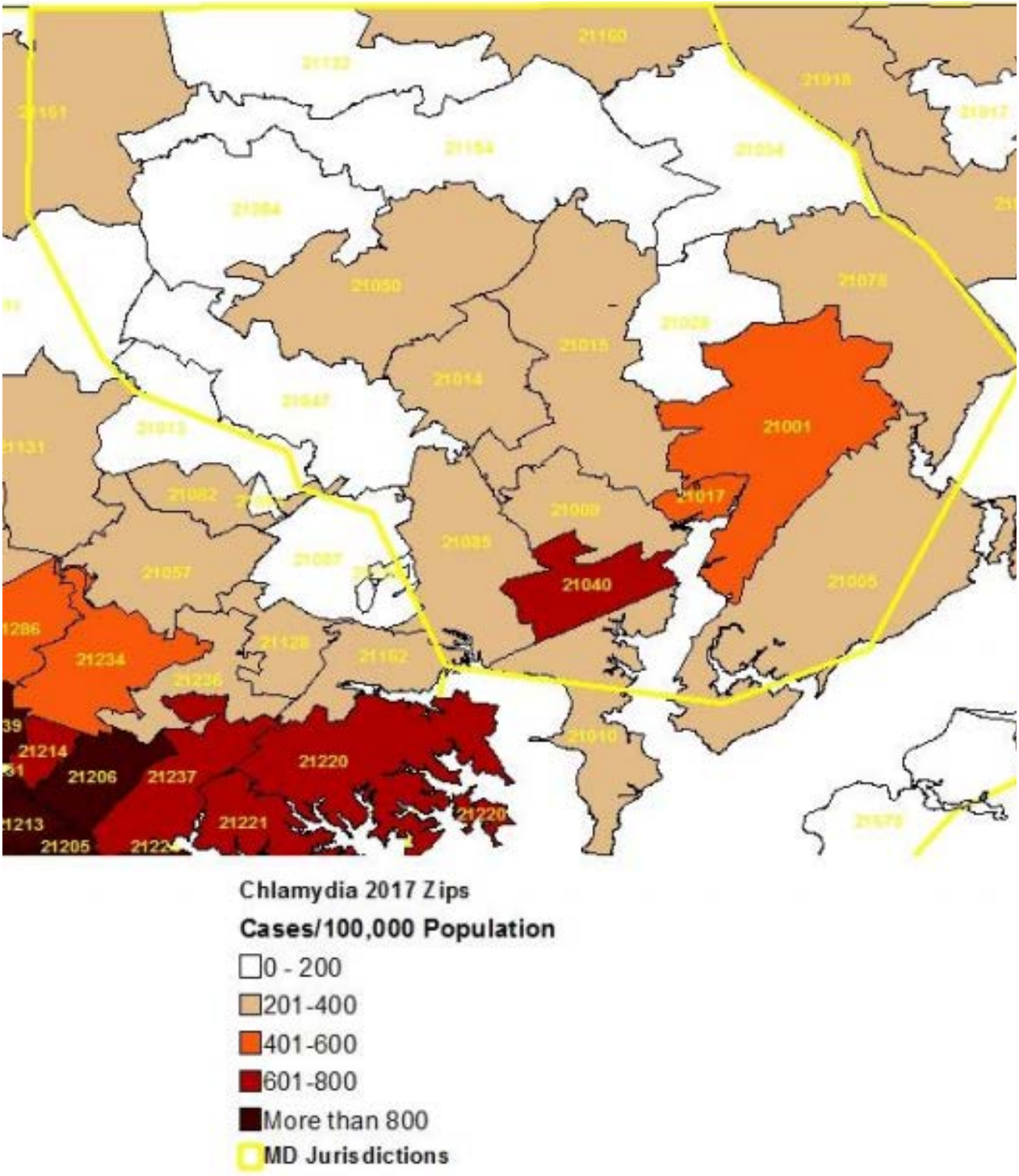
Gonorrhea in Harford County 2017, Incidence Rates by Zipcodes



CSTIP-MDH, Cesar Pena, 8/30/2018

Sexually Transmitted Infections Continued

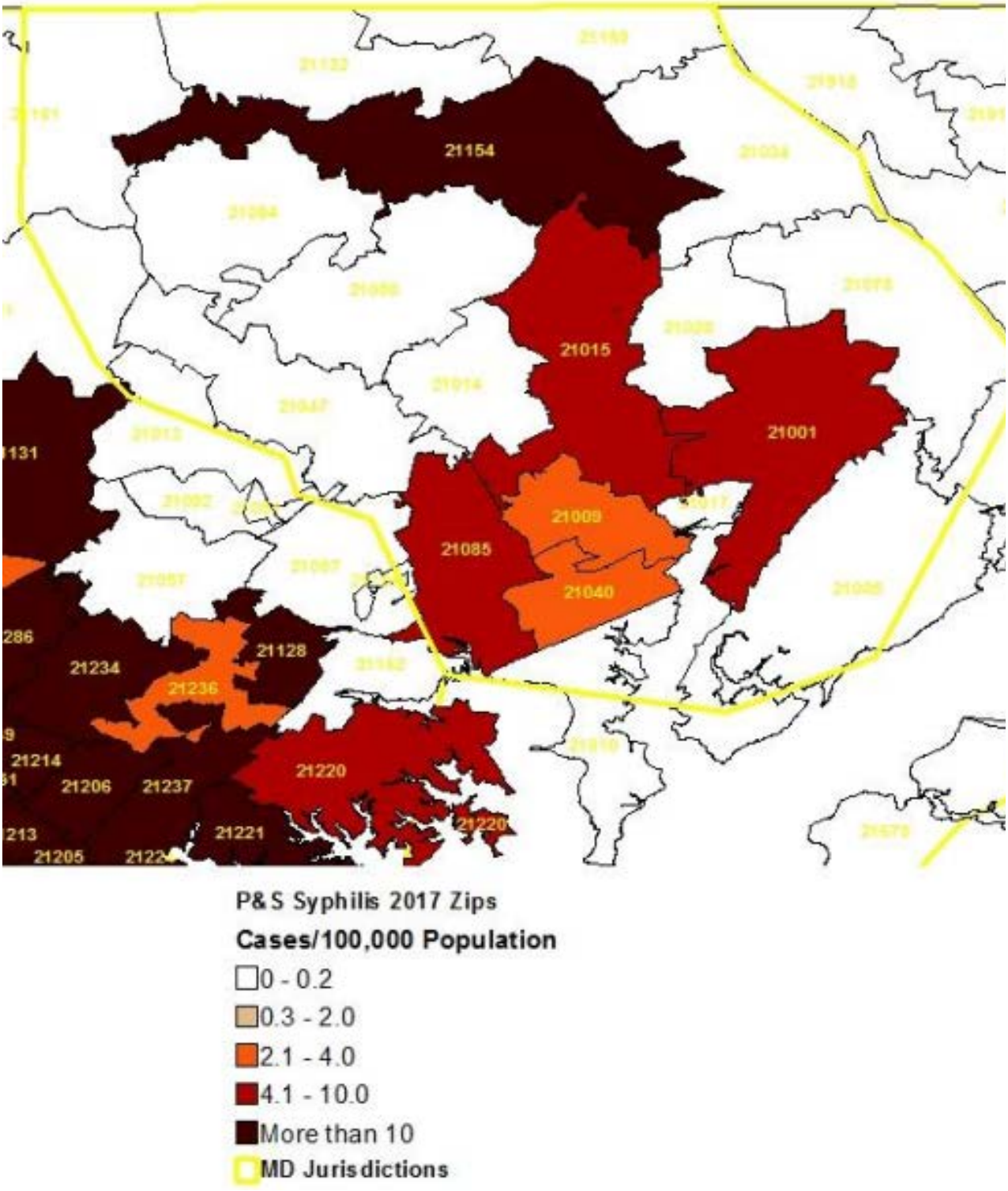
Chlamydia in Harford County 2017, Incidence Rates by Zipcodes



CSTIP-MDH, Cesar Pena, 8/30/2018

Sexually Transmitted Infections Continued

Primary & Secondary Syphilis in Harford County 2017, Incidence Rates by Zipcodes



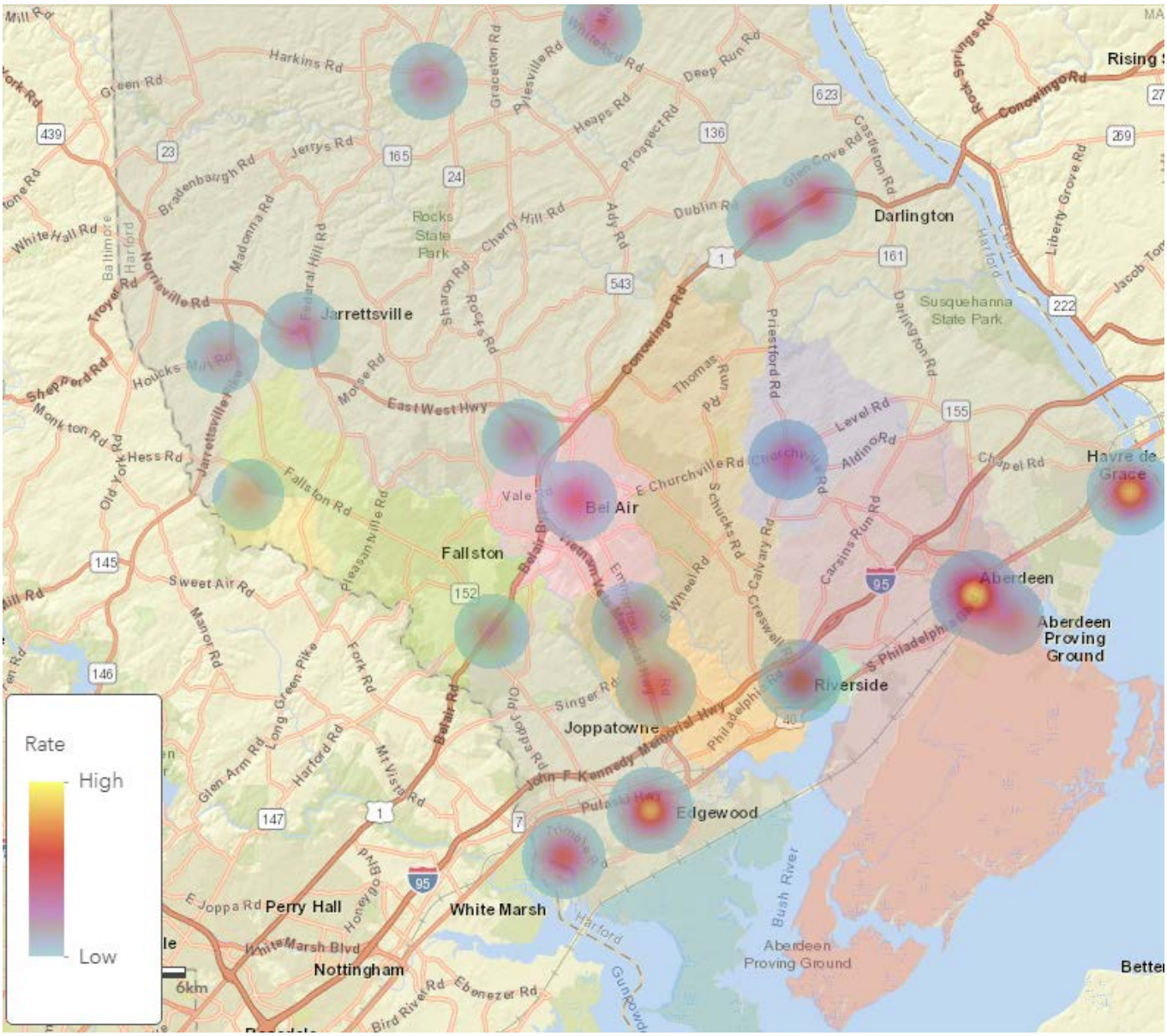
CSTIP-MDH, Cesar Pena, 8/30/2018

"We need easy access to healthcare, increased psychiatrists all throughout the county, mental health and substance use treatment, because there is a long list for people that need psychiatrist."

Behavioral Health

Depressive Disorder, also known as clinical depression, is a mental health condition associated with consistent sadness or loss of interest in life. Depression can lead to harmful behaviors, such as suicide and substance abuse, so treatment for this disorder is critical. Fortunately most people with depression can be helped with medication, psychotherapy or a combination of both. Mental health issues have been on the rise all over Harford County. Aberdeen, Havre de Grace, and Edgewood were three areas that experienced a higher rate of depressive disorder residents who went to the emergency department in 2017.

2017 Emergency Department Visits Rate for Depressive Disorder per 1,000 Residents in Harford County

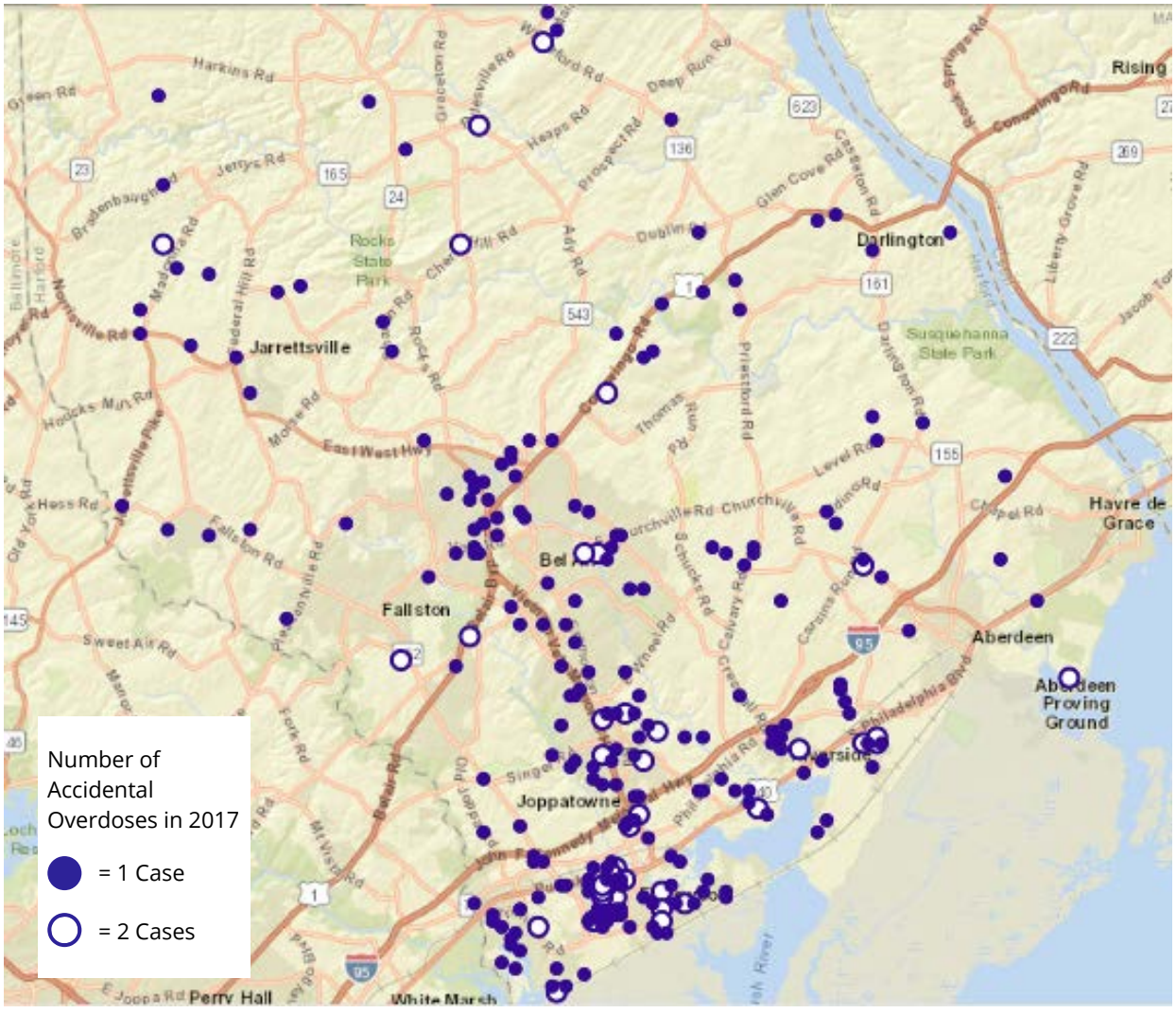


2017 CRISP Data

Substance Use

In 2017, Harford County experienced 314 accidental drug overdoses, 101 of which were fatalities. In 2015, the number of fatal overdoses was 50, which indicates a 102% increase in just 2 years. The increase in drug overdoses has been labeled an epidemic both in Maryland and nationally. Harford County's high number of overdoses may be a result of its location along the Interstate 95 corridor, which is known to be a major route for the movement of illegal drugs. Though the number of overdoses in 2017 appears to be scattered across Harford County, there is a higher concentration in Edgewood (an area with a high rate of residents who have a depressive disorder), Joppa, and Bel Air.

Number of Accidental Drug Overdoses in Harford County, 2017

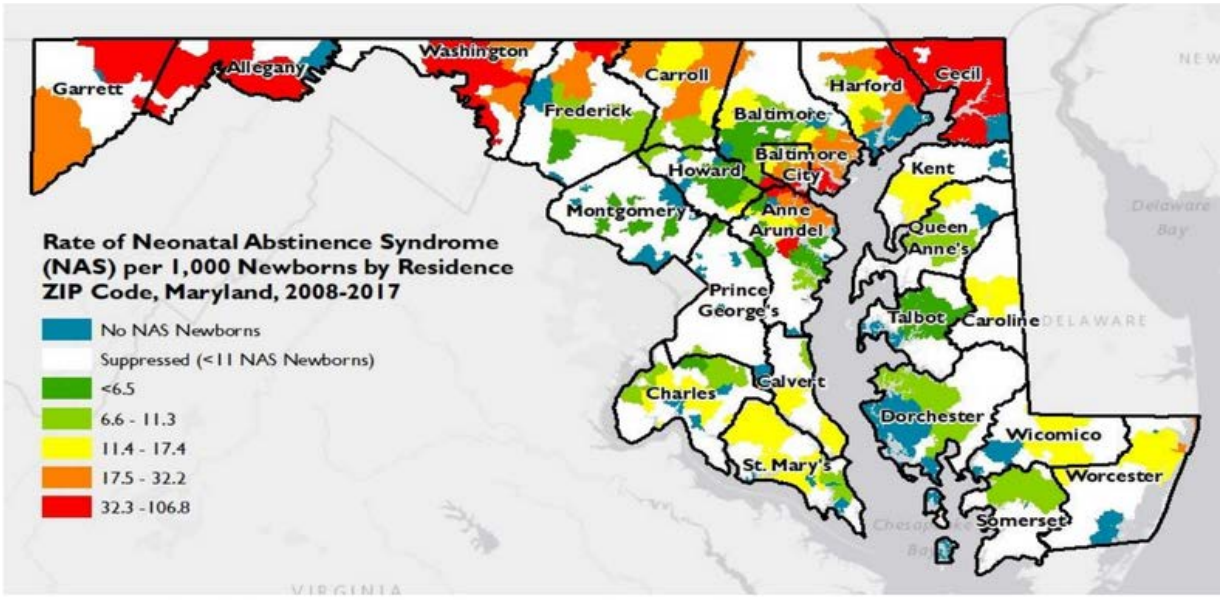


Source: Harford County Sheriff's Office Crime Reports, 2017

"In my area, we need to clean up the streets, all the needles in the streets and alcohol bottles, especially in Aberdeen."

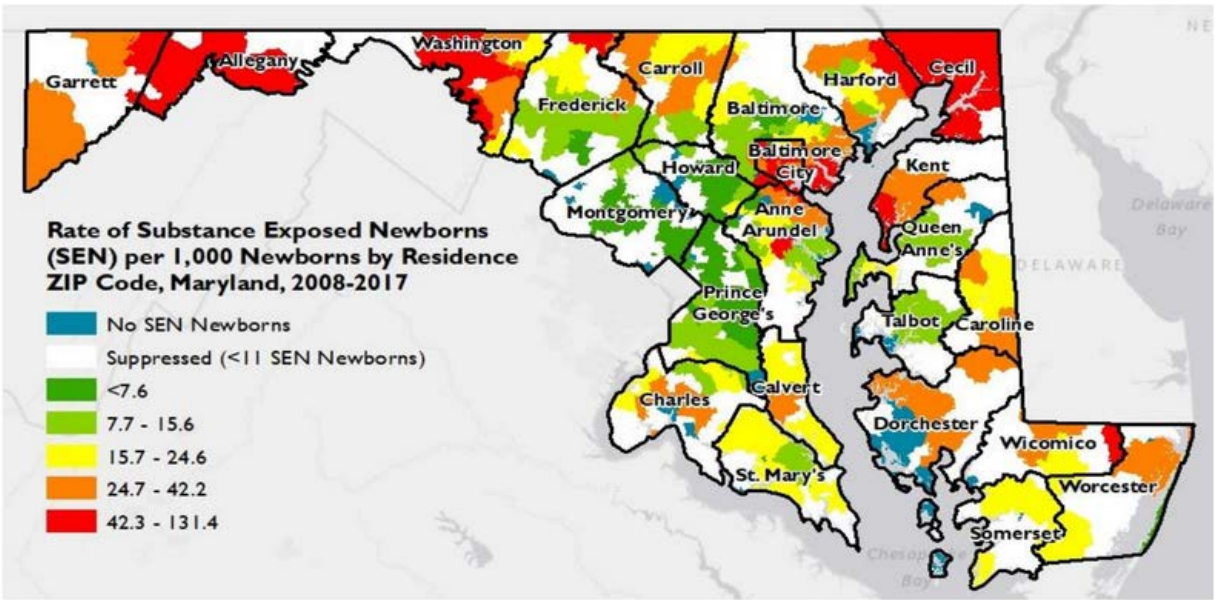
Neonatal Abstinence Syndrome and Substance Exposed Newborns

Neonatal abstinence syndrome (NAS) refers to the group of conditions an infant experiences from being exposed to addictive opiate drugs in the womb. As a state, Maryland's rate of NAS is increasing, as is the national rate. The map below indicates that Havre de Grace and Darlington have the highest rates of NAS in Harford County. Rates in Aberdeen, Street, and Edgewood follow closely behind. A substance-exposed newborn (SEN) is an infant, under 30 days old, who was exposed to a drug or a substance while in the womb. SEN patterns are consistent with NAS and can be found in the same areas and beyond, making it a growing geographic issue. Locally, Havre de Grace and Darlington are experiencing the highest rates of SEN, while other areas such as Aberdeen, Joppa, Edgewood, Street, and Jarrettsville are right behind them.



Source: Health Services Cost Review Commission (HSCRC). Data reflect Maryland newborn residents in Maryland hospitals only. NAS based on a 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.
Data suppressed for jurisdictions with less than 11 NAS newborns.

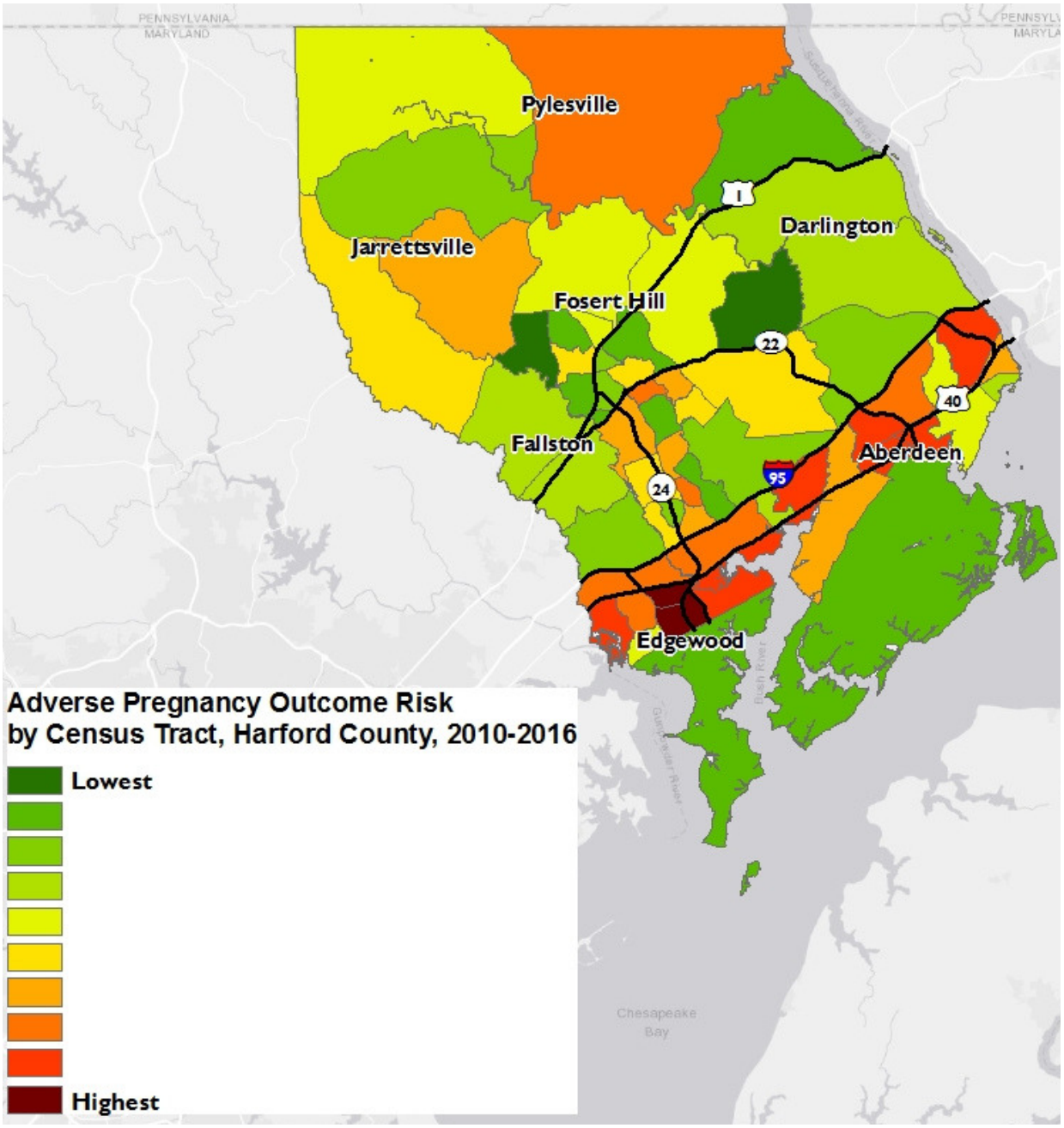
MARYLAND Department of Health



Source: Health Services Cost Review Commission (HSCRC). Data reflect Maryland newborn residents in Maryland hospitals only.
SEN based on a diagnosis of the following on the newborn discharge record: ICD-9: 779.5, 760.70, 760.71, 760.72, 760.73, 760.75, 760.77 ICD-10: P96.1, P04.3, P40.41, P04.49, P04.8, P04.9
Changes in NAS coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SEN in these years.
Data suppressed for jurisdictions with less than 11 NAS newborns.

MARYLAND Department of Health

When examining adverse pregnancy outcome risks as a whole, Edgewood has the highest risk, followed by Havre de Grace, Joppa, and Aberdeen. The adverse pregnancy outcome risk for Non-Hispanic African American/Black infants is higher than White infants in Edgewood and Aberdeen areas. Risk factors such as parental substance abuse can ultimately lead to adverse childhood experiences (ACEs) that affect overall health. ACEs can influence both the mental and physical health of the individual and make them more likely to consider suicide, abuse substances, and have heart disease, stroke, diabetes, and cancer.



Risk represents weighted mean- predicted probability of fetal deaths, neonatal deaths, or very premature births (<1,00 grams & <32 weeks) adjusted for maternal, hospital, and community characteristics stratified by jurisdiction among singleton pregnancies. Lowest and Highest indicate areas whose estimated risks is in the lower 5th and upper 9th percentile of the jurisdiction, respectively.

Maryland Vial Statistics and Maryland Department of Health, Office of Maternal Child Health Epidemiology

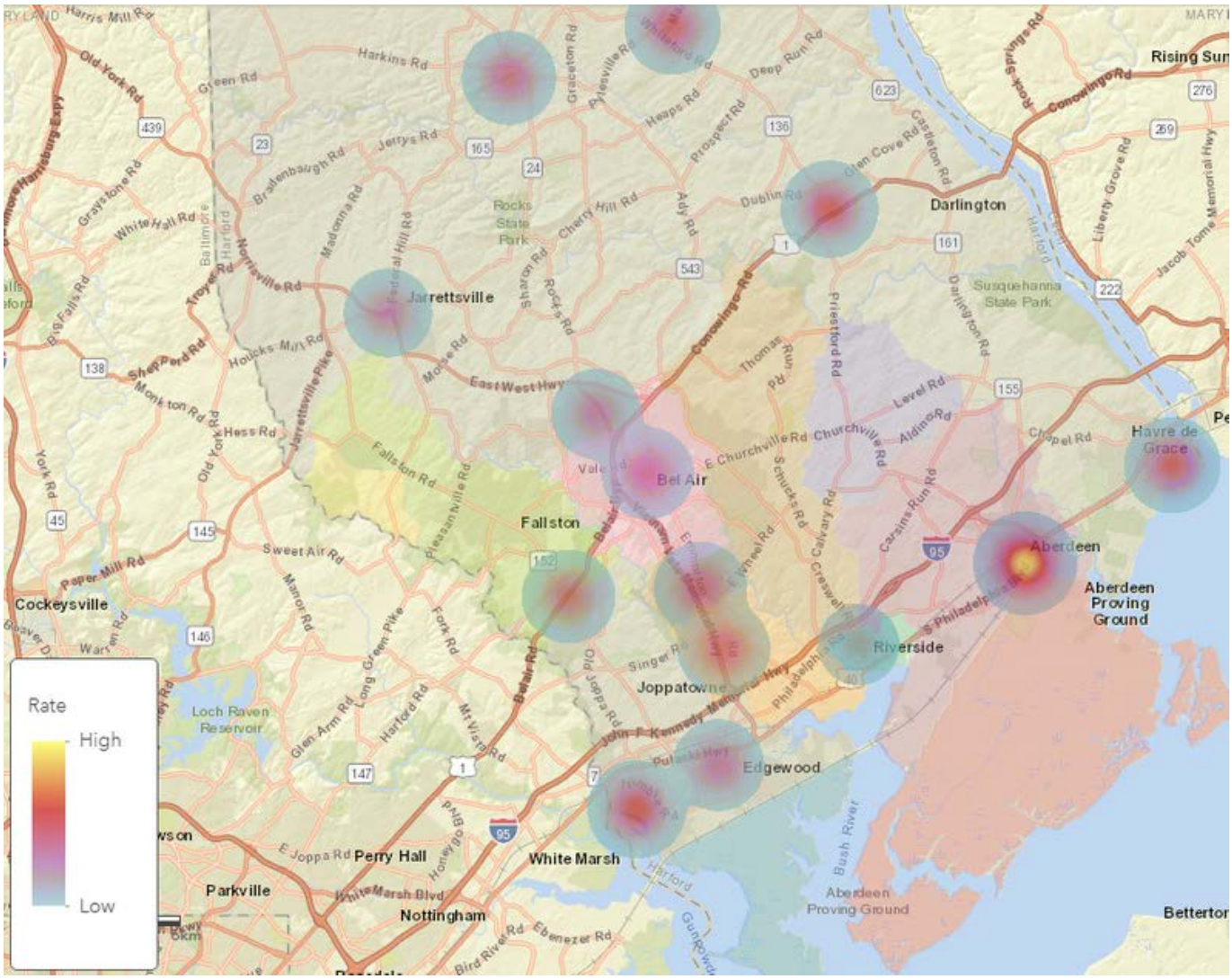
Chronic Diseases

A chronic disease, as defined by the U.S. National Center for Health Statistics, is a disease lasting three months or longer. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most common, costly, and preventable of all health problems. Early detection and screening is an important part of primary prevention. Seven out of the ten leading causes of death in Harford County are chronic diseases: cancer, heart disease, chronic lower respiratory disease, diabetes, stroke, Alzheimer's disease, and kidney diseases.

Cancer

Cancer was the leading cause of death in 2017 and residents with lung cancer had the highest mortality rates. In 2017, the rate of emergency room visits for lung cancer patients was highest in the Aberdeen zip code. This is consistent with the number of hospitalizations related to tobacco use, which is known to cause lung cancer.

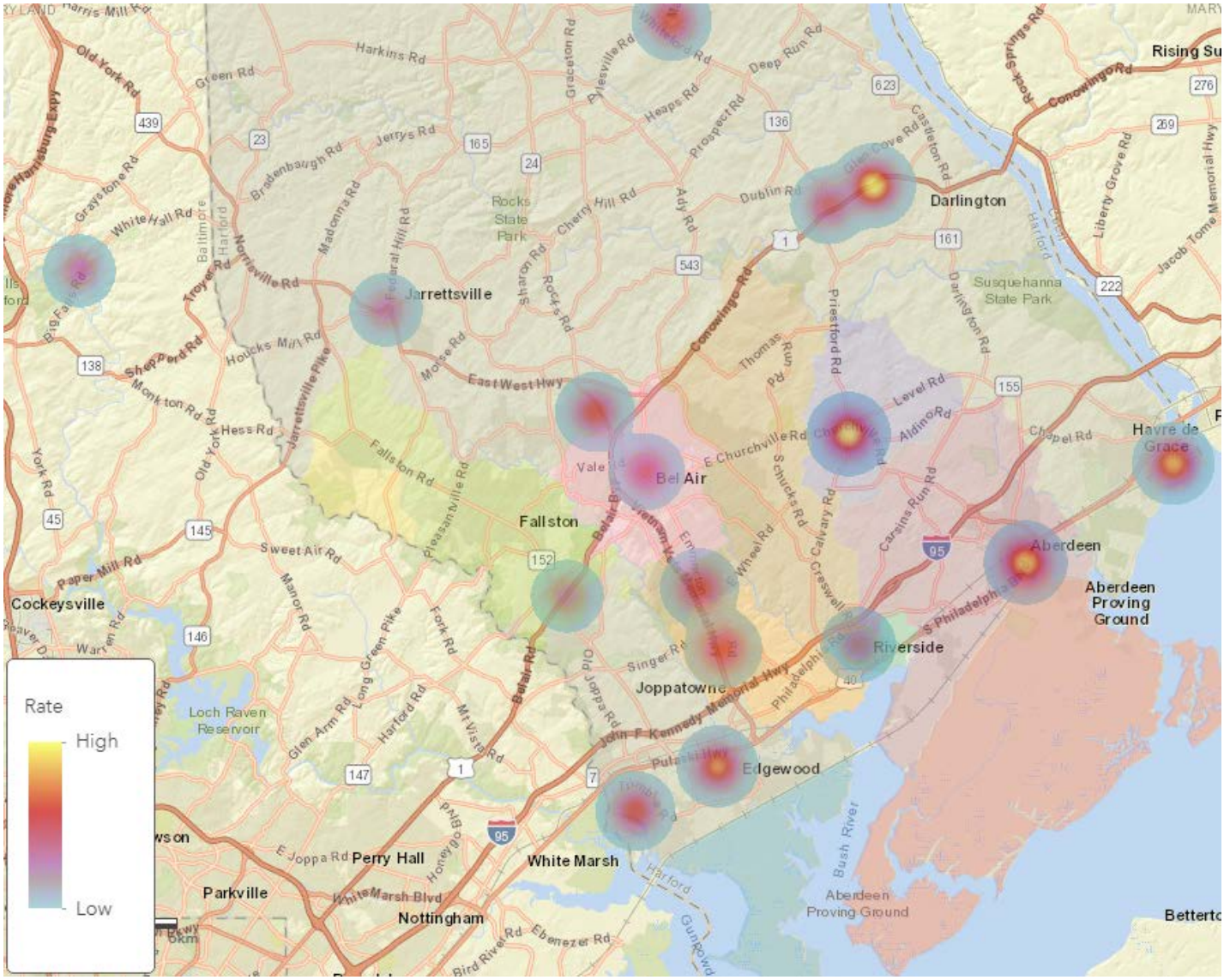
2017 Emergency Department Visits Rate for Lung Cancer per 1,000 Residents in Harford County



2017 CRISP Data

The next leading cause of cancer deaths, colorectal cancer, can be found through early detection and screening efforts. A higher rate of hospitalizations from this cancer can be found in the Darlington area, followed by Aberdeen, Churchville, Havre de Grace, and Edgewood. Increasing physical activity, having a healthy diet, limiting alcohol consumption, and avoiding tobacco are some suggestions for preventing colorectal cancer. African American/Black residents have a higher incidence rate for both colorectal and lung cancer than White residents and the rate is even higher for males compared to females.

2017 Emergency Department Visits Rate for Colorectal Cancer per 1,000 Residents in Harford County



2017 CRISP Data

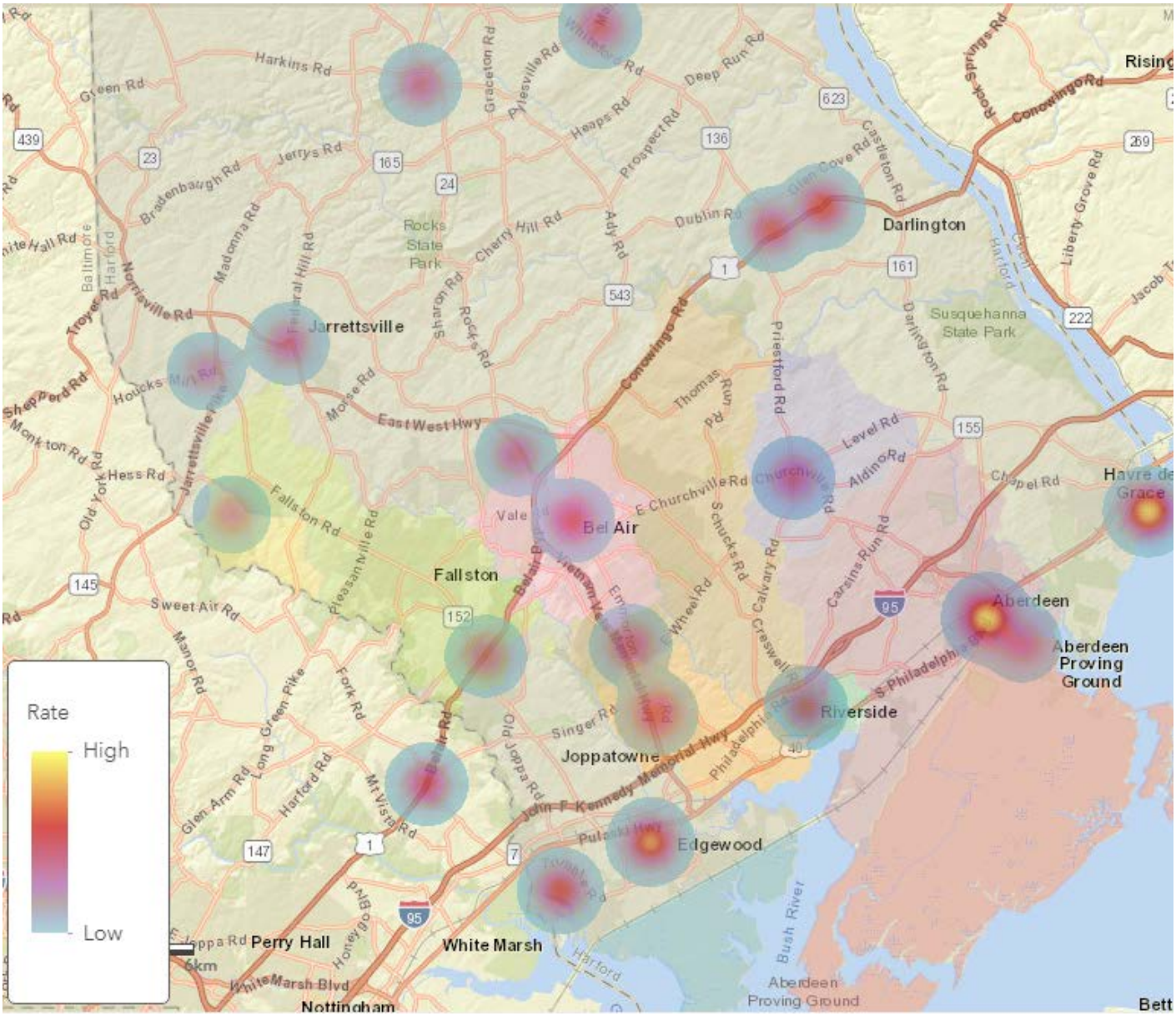
"It seems like everybody (in Harford County) has cancer."

"We need more seminars on heart disease, diabetes, stress, and coping skills."

Hypertension

Hypertension, also known as high blood pressure, is a component of heart disease, which is the number one cause of death in the United States and the number two cause of death in Harford County. Locally, Aberdeen, Havre de Grace, and Edgewood have a higher concentration of adults with hypertension who are going to the emergency department. Hypertension prevalence is higher in White (39%) residents than African American/Black (36%) residents in Harfod County.

2017 Emergency Department Visits Rate for Hypertension per 1,000 Residents in Harford County

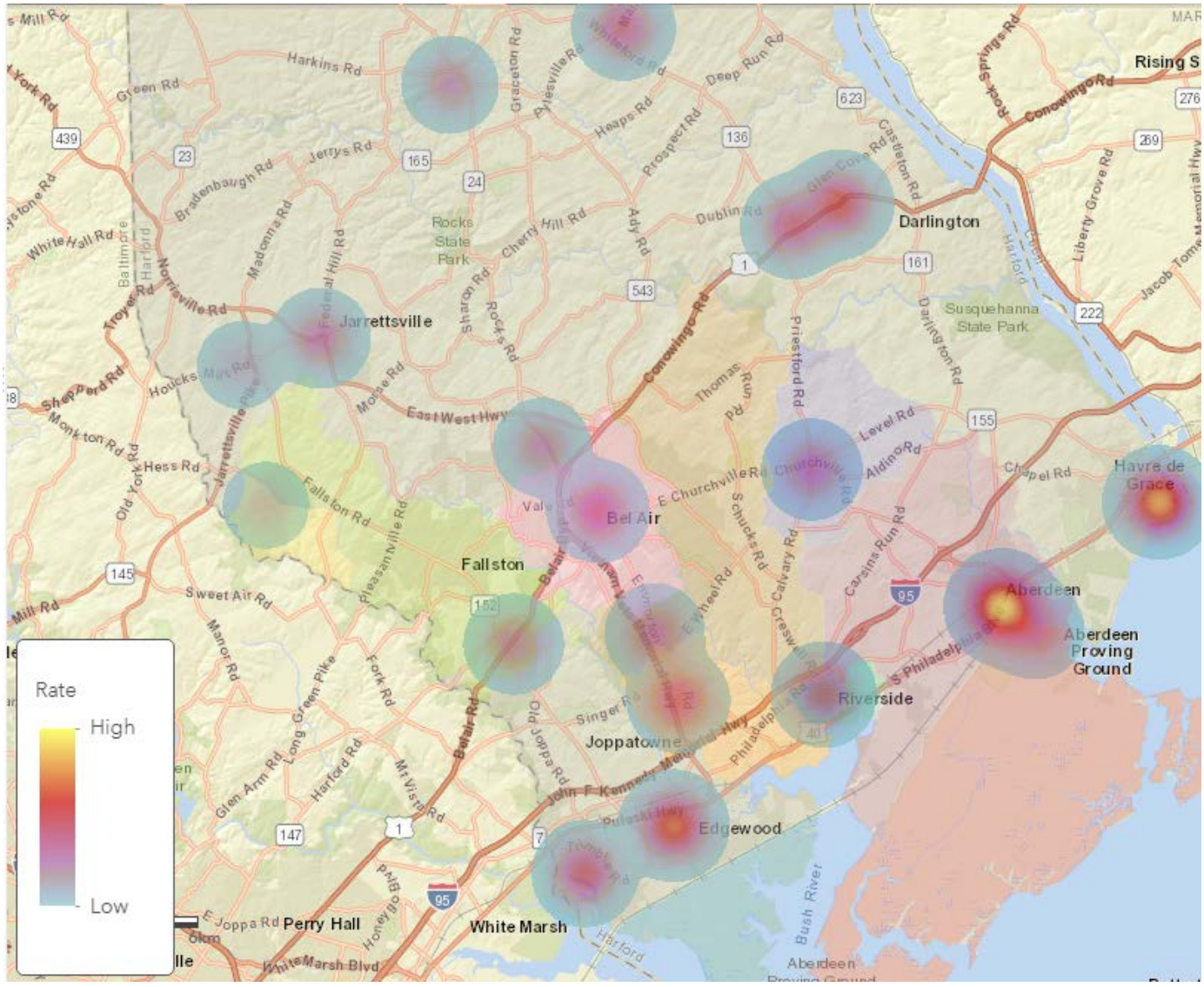


2017 CRISP Data

Diabetes

Diabetes is a group of diseases that affect blood sugar levels. There are several types of diabetes, but the two most common are Type 1 and Type 2. Type 1 is a chronic condition in which the pancreas produces little or no insulin. Type 2 is a chronic condition that affects the way the body processes blood sugar and is the most common form of diabetes. Some risk factors for Type 2 diabetes are obesity, a sedentary lifestyle, and physical inactivity. Diabetes was the sixth leading cause of death in the county. Residents in Aberdeen, Havre de Grace, and Edgewood have a higher rate of emergency department visits associated with diabetes. These three areas also have high rates of obesity. Diabetes prevalence is also higher in White residents than African American/Black residents in Harfod County.

2017 Emergency Department Visits Rate for Diabetes per 1,000 Residents in Harford County



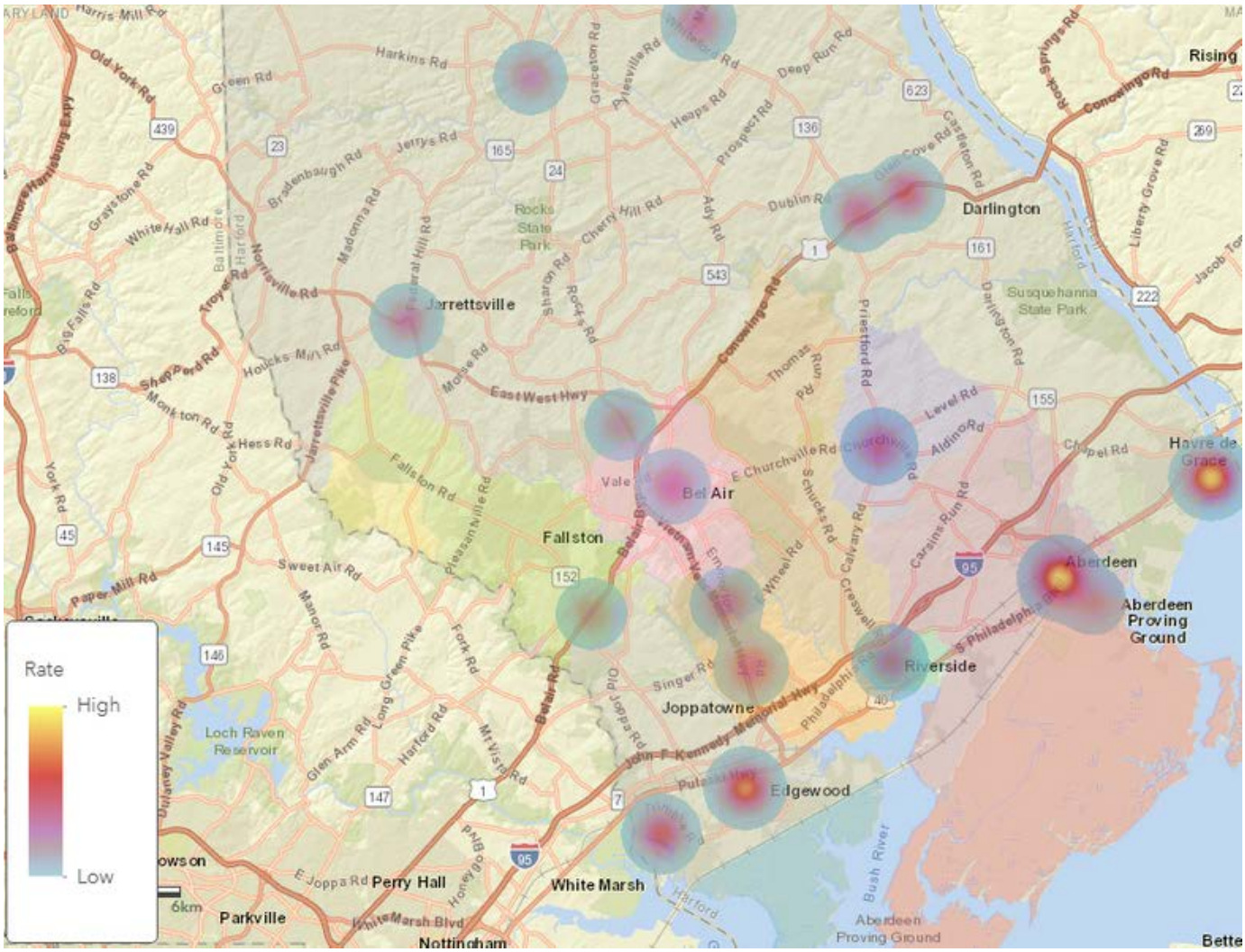
2017 CRISP Data

"A priority for health in the community are prescription medications that are affordable, for example for diabetes, heart disease."

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), a group of diseases that cause airflow blockage and breathing-related problems, is the third leading cause of death among Harford County residents. COPD can include diagnoses of emphysema, chronic bronchitis, and in some cases asthma. Former and current smokers are at risk of developing these diseases. In 2017, COPD was the third overall leading cause of death in the county. Aberdeen, an area with a high percentage of tobacco users, also has a higher rate of emergency visits by residents diagnosed with COPD, with Havre de Grace and Edgewood having the second and third highest rates in the county.

2017 Emergency Department Visits Rate for COPD per 1,000 Residents in Harford County



2017 CRISP Data

"To make Harford County a healthier place to live we need more peer recovery coaches and a non-smoking Harford County."

CONCLUSION

"To have health equity or healthy living in Harford County we need better services like the ones at the health department and more often."

Where do we go from here?

Where you live matters! This report is the first step in understanding health equity in Harford County. Based on the findings of this report, there are health inequities due in geographic factors in Harford County, as evidenced by poorer living conditions, lower health insurance rates, and higher negative risk behaviors and diseases compared to other zip codes in the county. The three priority areas are Aberdeen, Edgewood, and Havre de Grace. This places residents in that area at higher risk for increased morbidity and mortality.

Now that priority areas have been identified, the health department can continue to strengthen cross-sector partnerships with community leaders, increase access to services, and improve health for residents that need the most care. The assessment can also be used to identify which programs need to be expanded in order to increase capacity and educate employees on the importance of health equity. This type of program and policy advocacy will help make Harford County the healthiest community in Maryland.

What can you do?

The first step in achieving health equity is recognizing that health status is very different depending on your location in Harford County. Use this information to shape your work and partner with organizations that can help leverage your goals. Sustainable programs and partnerships are important, and building health equity depends on community-wide collaboration!

UM UPPER CHESAPEAKE HEALTH
Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

BEHAVIORAL HEALTH

Outcome:

1. Reduced emergency room visits and inpatient admissions for behavioral health patients while providing comprehensive behavioral health services that will serve the entire County; and provide the Community an easy-to-access alternative to the hospital emergency room for behavioral health (mental illness and substance use) crises.
2. Improved Behavioral Health in the Harford County community.
3. Increased knowledge and awareness for University of Maryland Upper Chesapeake Health (UMUCH) Team Members on substance abuse and the resources available in the community.

Goals:

1. The Klein Family Harford Crisis Center (KFHCC) will be a Behavioral Health hub for the County, providing a trauma-informed continuum of care including: A 24/7 Behavioral Health Crisis Warmline/Hotline, a Behavioral Health Urgent Care Center for triage, assessment and referral, Outpatient therapy/psychiatry and Residential Crisis Beds (approximate length of stay of 3 days). The need for additional services, such as Intensive Case Management for guests accessing care at the KFHCC, local emergency departments, or through local community stakeholders will be explored in order to further stabilize the assessment/treatment initially received through the KFHCC.
2. To provide an educational, clinical, and management program that works to prevent or improve behavioral health issues in the Harford County community.
3. To provide education and support to UMUCH team members in relationship to substance abuse.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care The KFHCC will be recognized as the County's Behavioral Health hub (i.e., first stop for assessment, intervention, and linkage to necessary community resources.)	**Provide at least 3 podcasts each year on topics related to behavioral health/substance use and the impact trauma has on individuals and families.** **Participation in community stakeholder meetings to inform of KFHCC service provision and performance:**	LEAD: UMUCH Behavioral Health (UMUCH BH) Harford County Mobile Crisis Team Office on Mental Health Local law enforcement agencies Behavioral Health providers across Harford County	**A reduction of behavioral health visits to UMUCH Emergency Departments.** **A reduction of behavioral health admissions from the Bel Air area to the Harford Memorial Hospital Behavioral Health Unit.**	Ongoing

	• **Mental Health Addiction Advisory Council/Local Health Coalition – Behavioral Health Workgroup/Harford County Opioid Intervention Team Meeting** • **All (Behavioral Health) Providers Meeting** • **Crisis Response Provider Meeting** • **Office on Mental Health Board Meetings** • **Police Commission Meeting** • **QPR (Question, Persuade, Refer) /Suicide Prevention Workgroup** • **Involuntary Commitment Stakeholders Meeting** • **Law Enforcement Assisted Diversion Operational Workgroup**		**A decrease in length of stay on the behavioral health inpatient unit through the use of step-down services at the KFHCC.**	
Consider expanding Collaborative Care model of care into 1-2 more practices. (This evidence-based model of care provides integrated behavioral health and physical health care within the primary care physician's office.)	**Through the use of telehealth, collaborative care clinical staff could increase the ability to service more individuals in need of behavioral health and psychiatric care within the primary care physicians office.**	LEAD: UMUCH BH UMUCH affiliated Primary Care physician practices	**Number of patients accessing behavioral health care through collaborative care model, decreasing stigma associated with access behavioral health care.**	Ongoing

UMUCH Leadership Role in guiding the County towards becoming Trauma-Informed	Development of the Harford County Trauma Institute's Trauma-Informed Care Steering Committee Creation of an action plan that addresses Awareness, Treatment/Intervention and Prevention efforts for the County re: Trauma-Informed Care. Use of Peers with lived experience (mental health and/or substance use) in the ED's and KFHCC	LEAD: UMUCH BH Office on Mental Health Law Enforcement agencies State's Attorney's Office Harford County Public Schools (HCPS) Harford County Health Department (HCHD) Office of Drug Control Policy Department of Social Services Department of Juvenile Services Parole and Probation Local Behavioral Health Providers Local Business Owners/Managers	Enhanced awareness re: impact of trauma on an individual's physical and mental health Improved and increased linkages to behavioral health services Increased use of mobile crisis services and KFHCC vs. law enforcement for behavioral health crises with the goal of decreasing hospitalizations and emergency petitions and appropriate linkage to care/community resources	May: Steering Committee established December: Action Plan created Work will be ongoing
	Care Transformation Organization (CTO) Program: screens patients and their families for behavioral health issues and makes the appropriate referrals. Promotion of existing resources and encouraging at risk populations to engage.	LEAD: CTO Healthy Harford (HH) UMUCH Community Outreach and Health Improvement (CO/HI) HCHD Care Coordination Plus (CC+) Program County mental health and substance use disorder agencies and organizations HCPS	Medicare patients linked with CTO affiliated primary care providers have access to social work services for behavioral health coordination and counseling support services. There are 14 PCP practices in Harford County that participate with the CTO program.	Ongoing
Support Groups and Self-Management KFHCC	**Behavioral Health Support Group for Families/Friends**	LEAD: UMUCH BH Various community agencies	**Number of attendees and participation rate**	Ongoing

	AA/NA meetings on site at KFHCC	Peer Recovery Coaches and AA/NA community	Increased opportunity for the community to associate recovery and support with the KFHCC Decrease stigma/anxiety re: participating in a 12-Step meeting for Residential crisis Bed guests	Start date: TBD: Held Monthly Start date TBD: Weekly
Support Groups and Self-Management Community	Evidence based classes: Chronic Pain Self-Management Program (CPSMP)	LEAD: UMUCH CO/HI KHFCC Harford County physicians Harford County Public Libraries (HCPL) MAC, Inc. - Maintaining Active Citizens – Agency on Aging	Number of completers for program Completer survey results	Ongoing
Education	Provide educational classes specific to behavioral health: • **Mental Health First Aid** • **QPR** • How nutrition affects depression and anxiety • Linkages between diabetes and depression	LEAD: UMUCH BH HH UMUCH Diabetes and Endocrine Center HCHD HCG	**Increased and improved education regarding preventing and coping with mental illness.**	Ongoing
	Educate patients a families on local mental health resources for Women and Children	LEAD: UMUCH W&C KFHCC HCHD In-Patient Pediatric Department	**Decreased number of in-patient mental health admissions for Women and Children**	7/2021 – 6/2023

		Family Birth Place (FBP) and other department which for women Local providers		
Transition of Care	CTO affiliated PCP practices work with Medicare patients in the community to ensure that they are linked to necessary services to reduce or eliminate future avoidable Emergency Department (ED) visits, inpatient stays and hospital readmissions.	LEAD: CTO HH HCHD HCG Mental Health providers Department of Human Services (DHS) KFHCC HC Office on Aging (HC OOA) UMUCH Foundation	Reduced or eliminate future avoidable ED visits, inpatient stays and hospital admissions. Improved patient outcomes.	Ongoing
Policy	Work with the Harford County Sheriff's Office to provide crisis management assistance as part of their Crisis Intervention and Crisis Negotiation Teams.	LEAD: UMUCH Behavioral Health HH HCG HCSO	De-escalated mental health crisis situations.	Ongoing
	Support legislation that improves access to mental health and mental health crisis care	LEAD: HH	Preserve Telehealth Act – parity reimbursement Healing MD's Trauma Act- ACEs Thomas Bloom Raskin Act – mental health check in's	

UM UPPER CHESAPEAKE HEALTH
Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS

Outcome:

1. Improved care coordination and continuity of care for identified high risk, rising risk and high ED utilizers through navigation services insuring these patients receive the right care in the right setting.
2. Decreased avoidable ED utilization for identified high risk.
3. Improved general wellness in Harford County with a reduction on chronic disease burden.
4. Improved education and awareness of prevention and wellness through community programming, health screenings, and vaccinations.

Goals:

1. To reduce the number of avoidable ED and observation visits and inpatient admissions of individuals in our community.
2. To provide a comprehensive plan, including educational, clinical, and policy components that addresses the chronic disease burden, injury prevention and quality of life issues in the Harford County community.
3. To increase the number of community members that participate in the offered wellness screenings and health education programs.
4. To develop new partnerships with businesses and community organizations and physicians' offices to engage and refer community members who are in need of programs and screenings.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	Medicare patients linked with CTO affiliated primary care providers have access to case management staff who provide psycho/social and clinical support for high utilizer patients post discharge and via referral.	LEAD: UMUCH CCC UMUCH CTO/WATCH HCHD Harford County Housing HC OOA Community Action Agency (CAA) HHC Providers	Reduced or eliminate future avoidable ED visits, inpatient stays and hospital readmission. Improved patient outcomes.	Ongoing
	Comprehensive CARE Center (CCC): Transition Nurse Navigators, RN Case Managers, Social Workers, and Pharmacist – Ensures continuity of care through education, disease management, medication	LEAD: CCC CTO Program HH Primary Care Physicians (PCP) Pulmonologist Cardiologist Other identified specialists HCHD	Decreased number of avoidable ED visits and inpatient admissions. Increased patient access to needed services.	Ongoing

	and symptom review, and coordinate care with appropriate community resources including arrangement of transportation. CCC patients are assessed for needed services such as palliative care, Advance Directive and Maryland Medical Orders for Life-sustaining Treatment (MOLST) forms. The CCC has worked to address early onset of COVID symptoms but creating a Monoclonal Antibody Infusion site for COVID pts	HC OOA Home Health Agencies Skilled Nursing Facilities Faith Based Community CAA	Reduced admission, symptoms and mortality of COVID pts by receiving MAB infusion.	
Support Groups and Self-Management	**CHF Shoprite Store Tour- Provides enhanced education on dietary needs and challenges to patients with CHF in our community.** **The CCC holds a COVID Support Group 1x/month (may look to expand as need arises)**	LEAD: CCC Klein's Shoprite LEAD: CCC	**Increased number of CHF individuals participating in nutrition education specific to their disease.** **Address mental health and provide support to COVID pts in the community.**	Ongoing
	Chronic Disease Self-Management Program (CDSMP)	LEAD: UMUCH CO/HI CCC HH HCHD HCPL Faith based community HC OOA	**Increased knowledge of the individual's' chronic condition.** **Improved ability to self-manage the individual's chronic condition.**	Ongoing

		MAC, Inc. - Maintaining Active Citizens – Agency on Aging	Improved utilization of needed health care services.	
Education	Provide chronic disease, medication, and durable medical equipment education. Provide education and access process to community programs, resources, and community outreach screenings throughout the County. Provide community health and wellness education, healthy lifestyle education, health screenings, and outreach throughout the County.	LEAD: CCC UMUCH CO/HI UMUCH Heart and Vascular institute UMUCH Stroke Center UM Cooperative Extension HH HCHD HCPS/Private HCG Faith Based Community Community Based Organizations Local Businesses Local Municipalities Bel Air Aberdeen Havre de Grace HC OOA TasteWise Kids Aberdeen Proving Group (APG)	Increased number of community residents educated on health and wellness. Improved health and wellness with a reduction of chronic disease in the residents of Harford County.	Ongoing
Policy	Work with local partners to create a more walkable, bikeable community.	LEAD: HH HCG Department of Planning and Zoning Baltimore Metropolitan Council (BMC) Local municipalities Bike Harford Chesapeake Spokes, Bike Maryland, Harford Traffic Safety Advisory Board	Improved health outcomes through improved physical activity, and improved social determinants of health through greater access to opportunities due to improved transportation options.	Ongoing
	Create and sustain access to Community gardens.	LEAD: HH UM Cooperative Extension Community Based Organizations United Way Chosen HCPS	**Improved access to fresh produce.**	

UM UPPER CHESAPEAKE HEALTH
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COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: TOBACCO USE PREVENTION

Outcome:

1. Decreased number of Harford County adults and youth using tobacco and nicotine products.
2. Increased education and awareness of the harmful effects of tobacco and nicotine product usage.

Goals:

1. To decrease the Harford County adult smoking rate (20.6) to be equal to or less than the Maryland rate (13.1). 2011-2019 BRFSS
2. To decrease the youth electronic vapor product use percentage (29.3) to be equal to or less than the Maryland percentage (23.0). 2014 -2018 YRBSS
3. To improve knowledge and awareness to Harford County residents about the dangers of tobacco and nicotine usage.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	**Provide tobacco cessation information to Harford County residents through Maryland Health Matters, UMUCH and HH website and social media, HealthLink Call Center, and Kaufman Cancer Center (KCC).**	LEAD: KCC UMUCH CO/HI CTO Program HH HCHD HC OOA Faith Based communities	**Increased number of enrolled Harford County residents in Smoking Treatment classes.** **Decreased number of Harford County residents both adults and youth using tobacco and nicotine products.**	Ongoing
Support Groups and Self-Management	**Tobacco Treatment Programs: KCC will offer 4 six-week educational class series led by a certified Tobacco Cessation expert. These free classes are open to the community at large.** We are currently evaluating best practices for tobacco cessation to engage more participants.	LEAD: Cancer LifeNet (CLN) UMUCH CO/HI Greta S. Brand & Associates, Inc. HCHD Community Physician Practices	**Increased number of enrolled Harford County residents in Smoking Treatment classes.** **Decreased number of Harford County residents both adults and youth using tobacco and nicotine products.**	Ongoing

Education	**Provide education on smoking, tobacco use, and vaping at health events, business, schools and the faith-based community throughout the County**.	LEAD: UMUCH CO/HI HCHD HCPS KCC Faith Based communities Local Businesses Local Municipalities APG	**Decreased number of Harford County residents both adults and youth using tobacco and nicotine products.**	Ongoing

UM UPPER CHESAPEAKE HEALTH
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COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: CANCER

Outcome:

1. By 2025, reduce the age-adjusted cancer incidence & mortality rates consistent with reduction goal for Maryland's Incidence & Mortality & High Burden Cancer Targets (pg. 65-71; Maryland Comprehensive Cancer Control Plan 2020-2025)
2. Improved education and awareness of cancer prevention and wellness through community programming, cancer screenings, and vaccinations.
3. Reduce cancer disparities through education and awareness programs targeted to disadvantaged populations.

Goals:

1. To provide services to any resident of Harford County impacted by cancer to assure timely access to time care; navigation throughout the health care system during, pre-diagnosis, diagnosis, treatment, and transitional survivorship, long-term survivorship, and transition to end-of-life care as indicated through the CLN Program at the KCC.
2. To increase participation at community cancer screenings.
3. To improve Harford County resident's knowledge and awareness of life styles that can reduce certain kinds of cancer.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	Offer nurse navigation, dietician and social work services to assist all Harford County residents, with a diagnoses of cancer, free of charge with obtaining access to care for clinical services, diagnostic procedures, treatment and distress management due to their cancer, regardless of where they plan to receive their treatment.	LEAD: KCC Community-based Physicians CTO Program HH HCHD HC OOA American Cancer Society (ACS) Red Devils (503c)	1700 Harford County individuals will be served annually	Ongoing
Access to Care	**Provide annual cancer screenings (skin, adolescent melanoma, lung, colorectal, and oral head and neck).**	LEAD: KCC UMUCH CO/HI HCPS HCHD Maryland Cancer Collaborative ACS	**Offer 120-150 site-specific screening events/year.** **Offer walk in mammograms 50-60 days/year**	ongoing

	Provide education and access to underserved populations to increase awareness.	HC OOA Religious Affiliations Community Based physicians	Increased number of African American women in the BCCP by 30%	
Transportation Coordination & Assistance	Provide limited funding for those who do not have access to public transportation, MA transportation services, or when timely arrangement with Harford Transit or MA Transportation services is a barrier to patients receiving timely treatment. Provide free taxi and Harford Transit vouchers for buses as needed for those in financial need to assure access to care. CLN Social Worker & Program Assistant coordinates scheduling of patients receiving care at the KCC	LEAD: KCC CLN UMUCH Foundation (503c) UM UCMC shuttle service Harford County MA Transportation Services Harford Transit The Red Devils (503c) Kelly's Dream Foundation (503c) Taxi cab companies	600 rides coordinated annually. 95% of scheduled appointments for individuals requiring transportation assistance will be met.	Ongoing
Transition of Care--	Provide coordinated care for patients in our community admitted to other acute care facilities and sub-acute care facilities to assure continuation of cancer treatment and minimize patients need for hospitalization and ED care.	LEAD: KCC CLN Sub-acute Care facilities	100% of patients from sub-acute facilities requiring cancer therapies will have access to the care as indicated.	Ongoing
	Provide coordinated care for patients in our community admitted to Hospice Care at home or in the hospice facility.	LEAD: KCC CLN Hooper House Community Hospice Agencies	Increased in patient days in hospice by 20% (>3 days)	Ongoing

Clinical Care/Pathways	Follow national evidence-based guidelines for each cancer disease site.	LEAD: KCC	Survey and Accreditation by: • Commission on Cancer Accreditation • National Accreditation Program for Breast Center Patient satisfaction Survey scores	 2023 2022 Ongoing
Support Groups and Self-Management—	**Provide monthly support group meetings for the patient populations listed below. These programs are open to community regardless of where the patient is receiving treatment. The purpose of these groups are to provide expert speakers, education and support.** • **Blood Cancer Support Group** • **Breast Cancer Support Group** • **CLIMB—Children's Support Group** • **Head & Neck Cancer Support Group** • **Prostate Cancer Support Group** • **Healing Through Support**	LEAD: KCC CLN Leukemia & Lymphoma Society Children's Treehouse Foundation ACS	**Offer 70-80 group sessions annually increasing support for current cancer patients and their families as well as survivors and their families.**	Ongoing
	Sponsor yearly free celebratory cancer survivor event – virtual format or on-site.	LEAD: CLN UMUCH CO/HI	**100-200 on-site** **50-100 virtually**	Annually
	Provide Cancer Thriving & Surviving Program - a six-week evidence	LEAD: CLN UMUCH CO/HI	**24 sessions/year**	Ongoing

	based chronic disease management program for cancer survivors and their caregivers.	MAC, Inc. - Maintaining Active Citizens – Agency on Aging		
Exercise and Wellness programs	**Provide programming that promotes exercise, Yoga, meditation, nutrition education, wellness, etc. for patients undergoing and recovering from cancer treatment**.	LEAD: KCC CLN Various contracted and volunteer individuals	**Offer 150-200 classes/session annually**	Ongoing
Integrative Therapies	**Provide services to assist patients undergoing cancer treatment with reducing distress and managing their wellness with the goal of overall wellbeing.** • **Meditation Classes** • **Mindfulness-based stress reduction classes** • **Yoga Classes** • **Master Gardening Classes for relaxation and wellness** • **Massage Therapy - check with Patsy about CLN plan**	LEAD: CLN Various contracted and individuals	**Increased number of health and wellness resources for patients undergoing current cancer treatment.**	Ongoing
	Provide a free acupuncture clinic in which doctorate student interns, under the supervision of faculty from MUIH will provide free evidence-based acupuncture care	LEAD: KCC CLN Maryland University of Integrative Health (MUIH)	**Increased number of health and wellness resources for patients undergoing current cancer treatment.**	Ongoing

	to support patients in their distress—emotionally, symptom and side effect management. This clinic will be operational 2 or 3 days per week and provide approximately 15-20 treatments per week.			
Education	**Reduce disparities** **Provide culturally sensitive cancer screening education to disadvantaged populations to increase awareness regarding cancer prevention and risk. Targeting: Breast, Colorectal, Cervical and Lung cancers.**	LEAD: KCC Breast & Cervical Screening Program CLN UMUCH CO/HI HCHD Religious Affiliations	**12-20 offers annually**	Ongoing

UM UPPER CHESAPEAKE HEALTH
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COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: STROKE

Outcome:

1. The University of Maryland Upper Chesapeake Health includes two MIEMSS (Maryland Institute of Emergency Medical Services) Certified Primary Stroke Centers: Upper Chesapeake Medical Center and Harford Memorial Hospital. This designation reflects our commitment to meeting the emergent needs of Stroke patients by providing high quality, evidence-based care to the residents of Harford County and all neighboring communities.
2. Through our Stroke Community Benefits program, we are able to address the many health and socio-economic issues affecting Harford County residents by partnering with many community agencies, organizations and non-profits to provide significant community education and support in addressing cardiovascular disease.
3. Our goals for our Stroke Community Benefits program includes education on Stroke Risk Assessments and ways our community can prevent a Stroke. It also includes education on how to identify if someone is having a Stroke using the BE FAST acronym. Finally, it focuses on education surrounding the "Time is Brain" concept and the need to call "911" at the very first sign of Stroke symptoms. These educational objectives support our goal of decreasing the morbidity and mortality of Stroke in our community.

Goals:

1. Conduct Stroke Risk Assessments that identify an individual's Stroke Risk factors.
2. Teach individuals how to modify their identified Stroke Risk factors.
3. Teach community members of all ages how to identify signs of Stroke using the BE FAST acronym.
4. Increase the number of patients having Stoke like symptoms who arrive via EMS versus private vehicle.
5. Decrease the amount of time from "Last Known Normal" to Arrival at Hospital.

Key Strategies	Actions	Partners Internal/External	Outcomes	Timeline
Access to Care	**Community Stroke Screening**	LEAD: UMUCH Stroke Center UMUCH CO/HI Faith based community HCHD Community groups/organizations EMS/ Local Fire Departments Health Fairs	**Minimum Ten Events per year.** **Record number of contacts at each event.**	

		HCPS		
Transition of Care	Conduct regular Stroke updates with EMS providers.	LEAD: UMUCH Stroke Center Harford County EMS	EMS time on scene ten minutes or less. All stroke patients will be scored (Cincinnati score/LAMS score)	Ongoing
Clinical Care/Pathways	Review and implement appropriate clinical guidelines in Upper Chesapeake Medical Center and Harford Memorial Hospital based on American Heart Association / American Stroke Association recommendations in concert with state MIEMSS requirements.	LEAD: UMUCH Stroke Center University of Maryland Stroke Coordinator's Collaborative	Achieve door to tPA Alteplase administration within 45 minute of arrival for 75% of eligible patients.	Ongoing
Support Groups and Self-Management	**Monthly Stroke Survivors Support Group "Stroke Club"**	LEAD: UMUCH Stroke Center American Stroke Association	**Record number of participants monthly**.	Ongoing – The third Wednesday of every month.
Education	Community based stroke education sessions held at Upper Chesapeake Medical Center or a central Community location. Stroke Coordinator will participate in various radio/in-person Stroke presentations.	LEAD: UMUCH Stroke Center UMUCH CO/HI Faith based community HCHD Community groups/organizations	Three scheduled events held annually. Record number of participants at each event.	Annually

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COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: DIABETES

Outcome:

1. Improved health of persons in Harford County with diabetes.
2. Reduced hospitalization/ED visits/30 day readmissions for uninsured diabetes patients that are without resources.
3. Stabilize the rate of diabetes through diabetes prevention efforts by increasing knowledge and awareness of healthy lifestyle behavior of Harford County persons with diabetes and chronic illness, through participation in evidence-based programs.
4. Reduced severe hypoglycemia events resulting in injury or death to self or community member.
5. Target minority populations with high risk for diabetes to prevent diabetes with an orientation towards health equity.

Goals:

1. To provide evidence-based chronic disease and diabetes self-management classes for community residents with diabetes and their caregivers.
2. To decrease incidences of hypoglycemia thus reducing risks to patient and community.
3. To increase the diabetes' community's knowledge and survival skills through the provision of education and classes, supplies, individual patient information sessions, and health fairs.
4. To increase access to diabetic supplies (blood glucose monitoring supplies and medications) for patients who are uninsured or who are without resources through working with the Diabetes educators and Care Center social worker.
5. To reduce avoidable ED visits and hospital admissions related to diabetes.
6. To increase the engagement of high-risk minority populations in diabetes prevention and diabetes self-management.

Key Strategies	Actions	Partners Internal/External	Outcomes	Timeline
Access to Care Care and monitoring of glucose levels will be provided at no charge to the patient once they are identified as having unrecognized Hypoglycemia, nocturnal hypoglycemia or frequent episodes of hypoglycemia.	Patient with diabetes referred to diabetes center educator following episodes of hypoglycemia. Diabetes educator applies continuous glucose monitor (CGM) for patient to wear for one week. Patient returns for download of sensor. If nocturnal hypoglycemia, unrecognized hypoglycemia or frequent hypoglycemia (>5%) of hours wearing sensor, is identified in CGM	LEAD: UMUCH Diabetes Center Endocrinologists PCP Diabetes Inpatient Consultants Hospitalists High Risk Case Managers	Reduction in hypoglycemia to >5% of hours that sensor is worn	Ongoing process – timeline for process: Patient to be contacted within 24 business day hours of notification. Patient to be seen by educator within one week of identification.

	download, educator will adjust dosing of insulin or oral hypoglycemic medication, and continue to have patient wear CGM. Patient will continue to be seen and wear sensor every 2 weeks until hypoglycemia is under 5% of hours work.			Follow-up visits every 1-2 weeks ongoing until goal is met.
	Provide countywide Diabetes Risk Assessments and HbA1c screenings.	LEAD: UMUCH CO/HI UMUCH Diabetes Center CTO Program HH HC OOA Faith Based community Local Businesses	**Increased numbers of people having diabetes risk assessments performed.** **Increased early detection of diabetes.** **Increased education and awareness of signs and symptoms of diabetes**.	Ongoing
	Provide follow-up phone calls to diabetic high risk patients after discharge from in-patient stay, to diabetic patients who have been identified during their in-patient stay as a high-risk patient in need of further education and support.	LEAD: UMUCH Diabetes and Endocrine Center CCC Inpatient and care center case managers, diabetes center, care center Inpatient Transitional Nurse Navigator (TNN) CTO Program	**Success rate in reaching patients by phone** **Increased communication and support for those identified patients.**	Ongoing following identification
	Provide patients at risk for unrecognized hypoglycemia a referral to a continuous glucose monitoring company. Provide education regarding safety when hypoglycemia is unrecognized and information regarding continuous glucose monitoring for home use.	LEAD: UMUCH Diabetes and Endocrine Center Diabetic Educators Dexcom Medtronic Abbott pharmaceuticals	Reduction of hypoglycemia based on CGM report. Increased patient self-reporting of safety measures being followed. Documented patient utilization of home CGM.	Ongoing As needed

Support Groups and Self-Management	**Provide access to diabetes support groups at local Senior Centers.** **Provide evidence based chronic disease and diabetes self-management program to Harford County residents with diabetes and/or patients referred to Community Outreach for this program.** Provide diabetes support at UMUCH Diabetes and Endocrine Center **Provide CDC evidence based Diabetes Prevention Program for Harford County residents at risk for diabetes.** Partnered with the Diabetes Center to hold Diabetes Support Group led by Diabetic Nurse Educators	LEAD: UMUCH CO/HI UMUCH Diabetes and Endocrine Center UMUCH Diabetes Inpatient Consultants Hospital inpatient TNN's CCC CTO Program LEAD: UMUCH Diabetes and Endocrine Center	**Improved ability for patients to better manage their disease process and reduce their HbA1c.** **Increased individual knowledge and awareness of their diabetes disease process.** **Reduced avoidable ED visits and inpatient admissions.** **Decreased participant weight by 5 to 7%** **Increased physical activity to 150 minutes per week.** **Reduced HbA1c.** Increased number of DM pts participating in diabetic education specific to their disease.	Ongoing
Education	Provide diabetes education and Diabetes Risk Assessments to community residents, community organizations and community partners.	LEAD: UMUCH CO/HI HH CTO Program UMUCH Departments Welcome One Homeless Shelter Lion's Club HC OOA Community Organizations Community Clinical Specialists (Podiatry and Vision)	Improved ability for patients to better manage their disease process and reduce their HbA1c. Increased individual knowledge and awareness of their diabetes disease process. Reduced avoidable ED visits and inpatient admissions.	Ongoing

Hypoglycemia education Continuous Glucose Monitor (CGM) for home use recommendation	Diabetes center educators to provide education regarding safety when hypoglycemia is unrecognized. Diabetes educator to provide information regarding continuous glucose monitors for home use. Diabetes educator to make referrals to CGM company.	LEAD: UMUCH Diabetes and Endocrine Center Diabetes Educators Community Physicians Endocrinologists CGM Company Dexcom Medtronic Abbott pharmaceuticals	Patient self-reporting of safety measures being followed. Reduction of hypoglycemia based on CGM report. Patient able to demonstrate that they are following safety measures by carrying treatment for low blood sugar, by wearing personal CGM or testing BG before driving.	Ongoing - At any point during the monitoring phase when hypoglycemia is less than 5%.

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COMMUNITY OUTREACH AND HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: HEART DISEASE

Outcome:

1. Improved cardiovascular and pulmonary health of the Harford County community.
2. Improved education and awareness of risk factors for cardiovascular disease.

Goals:

1. To provide information on risk factor reduction: smoking cessation, improved dietary choices, the importance of exercise, stress reduction and other behavior modifications that support heart health.
2. To provide education on recognizing signs of heart attack and the importance of dialing 911.
3. To provide education for work with EMS to assure efficient, effective transport of STEMI patients to the Cardiac Cath Lab.
4. To provide cardiovascular screening events for early detection of possible cardiovascular disease.
5. To offer support groups for those who have had cardiac or pulmonary events and who may or may not have partaken in our rehab programs.
6. To develop partnerships with physician offices to engage and refer at risk community members who are in need of evidence based self-management programs.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	**CHF program- individuals recently diagnosed with or re-hospitalized for Congestive Heart Failure (CHF) are referred to the CCC for management of their disease including medication education and review, disease process education, appointment coordination, and identification of other needed community services.** Initiated IV Lasix Program for eligible CHF individuals to reduce avoidable admissions/readmissions	PCP CTO Program CCC HH Pulmonologists Cardiologists Identified specialists HCHD HC OOA Home Health Agencies Skilled Nursing Facilities Faith Based Community CAA	**Increased number of appropriate referrals to the CCC.** **Decreased number of avoidable ED visits and inpatient admissions.**	Ongoing

	Vivify program – tele-monitoring system utilizing tablet, BP cuff, scale, and pulse ox to monitor patients' vitals at home and address change in meds if needed.			
Access to Care	Monthly STEMI Process Action Team meeting - discussion of topics related to improvement of the procedures followed to and care for the STEMI patient. Includes discussion of pre-hospital issues and involves representatives from Cecil, Harford, and Baltimore Counties EMS, as well as representatives from AMR ambulance service. Hart to Heart, and the University of Maryland Express Care ambulance services. Continue to purchase LIFENET EKG transmitters for all ambulances in Harford and Cecil counties, for sending EKGs from the scene to the ED for interpretation by a physician and early activation of the STEMI team to reduce door to balloon time. Website includes HeartAware risk assessment tool as well as information on signs of a heart attack, shopping guide for heart healthy foods and tips on preventing heart disease.	LEAD: UMUCH Cardiovascular Physicians RNs Radiation Technicians ED EMS AMR ambulance Others Hart to Heart (H2H) Ambulance Company University of Maryland ExpressCare	Improved door-to-balloon time and decreased mortality for STEMI patients and for all patients coming to the Cath Lab.	Ongoing
Transition of Care	Provide monitored cardiac rehabilitation program for newly recovering heart attack patients.	LEAD: UMUCH Cardiovascular UMUCH Cardiac and Pulmonary Rehab participants	Improved patients' physical health by maintaining an exercise regimen in a place that they feel safe. This transitional program provides	Ongoing. Started April 2, 2018.

	Provide a maintenance program for Cardiac and Pulmonary Rehab patients to provide a transitional program as patients move from their more closely monitored Rehab program to exercising on their own to maintain their health.		less team member oversight as the patients become more comfortable with exercising without having their heart or lung function monitored.	
Fund Raising Support national organizations with local ties	Coordination of efforts and Coordinate UMUCH's participation in the Greater Baltimore American Heart Association (AHA) Heart and Stroke Walk, raising funds for research and education regarding reducing heart disease risk and mortality.	LEAD: UMUCH Cardiovascular American Heart and Stroke Association	Increased funds to be used for New research that assists with improving cardiovascular health. AHA lends support to our community through provision of educational material and through research that improves CPR techniques as well as other clinical processes.	
Support Groups and Self-Management	Lung Rangers - Monthly educational and support meetings for pulmonary patients. Check, Change, Control program - In partnership with American Heart and Stroke Association, assist community members to sign up online for this program that promotes following blood pressure measurements, to be sure members know what their blood pressure is so that they can determine the need to make lifestyle changes to improve their blood pressure and/or to see their physician. Evidence based classes: CDSMP	LEAD: UMUCH Cardiovascular UMUCH CO/HI American Heart and Stroke Association	Community members are better able to cope with their disease and continue to learn about ways to improve their health. Community members become more familiar with their blood pressure levels. Will learn about blood pressure and what it means. Will learn when to address issues with physicians. Increased knowledge and awareness of appropriate blood pressure levels. Increased awareness as to when to address issues with their physicians.	Ongoing

		LEAD: UMUCH CO/HI MAC, Inc. - Maintaining Active Citizens – Agency on Aging	Increased knowledge about blood pressure and the importance of regular monitoring and maintaining their pressure at a healthy and safe level.	
Education and Screening	Provide heart disease education through targeted educational programs, risk assessments and dissemination of heart information. Flyers distributed on signs of heart attack and the importance of calling 911. Ask-a-Doc- column in the local newspaper, The Aegis. UMUCH cardiologists, vascular surgeons and pulmonologists will address clinical questions for the community. Fall seminar – Cardiac and Pulmonary Rehabilitation Team and physicians will present specific cardiac- and pulmonary- relate topics at UCMC. Red Dress Pink Ribbon event in February, in conjunction with the KACC. Provide education on topics related to health and wellness that apply to women dealing with cardiac disease, cancer or both. Cardiac and vascular screenings held periodically throughout the year	LEAD: UMUCH Cardiovascular UMUCH CO/HI UMUCH Education Department UMUCH Marketing Department EMS Physicians AHA/ASA Various faith-based organizations, Organizations looking for education and screening for members.	Improved access to care for emergent issues (heart attack) Better lifestyle choices/changes. Increased knowledge of cardiac, vascular and pulmonary issues and preventive strategies. Increase knowledge on how to address the common issues related to heart or cancer care: exercise, eating right, stress reduction and more. Early detection leads to early, more cost effective treatment. Education also provided.	Ongoing

		Support of other departments holding health fair within UMUCH (e.g.- Diabetes Fair)		
	Provide community health and wellness education addressing risk factors for cardiovascular disease. Provide community health screenings, including blood pressure, cholesterol, HbA1c, and vascular, throughout the County.	LEAD: UMUCH CO/HI HH UMUCH Diabetes and Endocrinology UMUCH Cardiovascular Center Faith-based organizations Community organizations Local businesses HC OOA APG HCHD HCPS HC Libraries	**Increased awareness and early identification of cardiovascular disease.** **Increased early intervention and treatment of cardiovascular disease.**	Ongoing

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Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: RESPIRATORY DISEASES

Outcome:

1. Reduced avoidable ED visits and hospital admissions/readmissions
2. Improved care coordination and continuity of care for identified high risk, rising risk and high utilizers of the ED diagnosed with respiratory diseases.
3. Improved education and awareness of signs and symptoms or respiratory distress for better management of the disease. By educating on use of Meter Dose Inhaler (MDI), the goal is to see a decrease in hospital admissions/readmission of asthma patients.

Goals:

1. To increase compliance of asthma treatment by increasing Meter Dose Inhaler (MDI) usage and decreasing nebulizer treatment use in pediatric patients.
2. To improve symptom management in patients with respiratory diseases.
3. To reduce avoidable ED visits and admission/readmissions related to respiratory diseases.
4. To improve care coordination for high utilizers with respiratory diseases.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	**Chronic Obstructed Pulmonary Disease (COPD) Disease program- individuals recently diagnosed with or re-hospitalized for COPD are referred to the CCC for disease management including medication education and review, symptom management, MDI and nebulizer education, disease education, appointments coordination and identification of additional needed services in the community.**	PCP Pulmonologists HCHD CTO Program HC OOA Faith based organizations Home Health Agencies Skilled Nursing Facilities CAA	**Increased number of appropriate referrals to the CCC.** **Reduced numbers of respiratory distress incidents in patients with COPD and asthma.** **Decreased number of avoidable ED visits and inpatient admissions/readmissions.**	Ongoing

Transition of Care	**Provide Pulmonary Rehabilitation Program for patients with a diagnosis of chronic lung disease.**	UMUCH Pulmonary Rehab Department Pulmonologists PCP Community Physicians	**Improved patient's physical health through exercise, education and support in managing their respiratory disease**.	Ongoing
Education	**Provide MDI vs. Nebulizer education for patients, families, community Pediatricians, and the school system.** **Evidence based program: CDSMP**	LEAD: FBP HCHD UMUCH ED UMUCH Pediatric Department UMUCH Respiratory Therapy Department HCPS LEAD: UMUCH CO/HI HH CCC Physicians HCHD HC OOA HC Libraries MAC, Inc. - Maintaining Active Citizens – Agency on Aging	**Increased use of MDI in pediatric patients with asthma.** **Increased knowledge of the individual's chronic condition.** **Improved ability to self-manage the individual's chronic condition.** **Improved utilization of health care services.**	Ongoing
Support Groups/Self-Management	**Partnered with Pulmonary Rehab to hold Pulmonary Support Group led by respiratory therapies.**	LEAD: CCC Pulmonary Rehab	**Increased number of COPD patients participating in expanding their disease specific education**	

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COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: INJURY AND PREVENTION/FALLS

Outcome:

1. Reduced rate of falls, particularly focused on seniors, throughout Harford County.

Goals:

1. To decrease rate of fall related deaths in Harford County which is currently above the state average.
2. To complete fall risk assessments in the community to screen for people with increased risk and make recommendations for appropriate follow up.
3. To educate at risk community members through the Stepping On program regarding exercise and activity that can decrease risk for falls.
4. To utilize technology to provide improved results of assessment and treatment through the portable VSR Sport and Neurocom Balance Master.
5. To provide a streamlined process and improved clinical care to patients with osteopenia and osteoporosis to decrease risk of fragility fractures with falls.
6. To provide evaluation of ED falls data, identifying fall trends for those patients.
7. To provide evidence based falls prevention programs throughout the continuum of care and in the community.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Assess Risk of Falls	**Provide Community Falls Risk Screenings**	LEAD: UMUCH Rehabilitation Services HC OOA Geriatric Assistance and Information Network Y of Central Maryland	**Number of residents screened.** **Reduced number in fall statistics.**	Ongoing
Screenings	**Provide bone density screenings for patients with osteopenia or osteoporosis.**	LEAD: UMUCH Rehabilitation Services Upper Chesapeake Orthopedic Specialty Group and University of Maryland Rehab Network at UCH UMUCH CO/HI	**Number of patients seen for follow up in Osteoporosis Program**	Ongoing
Support Groups and Self-Management	**Provide evidence based falls prevention program: Stepping On Program.**	LEAD: UMUCH CO/HI UMUCH Rehabilitation Services	**Number of participants** **Reduced fall statistics**	Ongoing

		UMUCH Pharmacy UMUCH Physical Therapy Department HCSO HC OOA MAC, Inc. - Maintaining Active Citizens – Agency on Aging		
Education	**Provide evidence based education through the Stepping On Program.** Provide fall risk education during Community fall risk screenings.	LEAD: UMUCH CO/HI UMUCH Rehabilitation Services UMUCH Pharmacy Harford County Sheriff Department UMUCH Physical Therapy Department HC OOA Geriatric Assistance and Information Network Y of Central Maryland MAC, Inc. - Maintaining Active Citizens – Agency on Aging	Number of participants Reduced fall statistics	Ongoing

UM UPPER CHESAPEAKE HEALTH
Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN

CHRONIC DISEASE PREVENTION AND WELLNESS: INJURY AND PREVENTION/CHILD SAFETY

Outcome:

1. Improved child injury outcomes and quality of life by preventing injury or death to a child/children related to being improperly restrained in a vehicle.
2. Improved access for low or no income Harford County families in need of a child safety seat.
3. Increased number of children and adults using bike helmets.
4. Increased knowledge children have regarding bike and road safety.

Goals:

1. To increase the number of Harford County children who are properly restrained in child passenger restraint system and education to their caregivers.
2. To prevent life altering injury if a motor vehicle accident does occur.
3. To provide car seats to families who otherwise could not afford a proper child restraint for a child.
4. To increase the number of children and adults wearing properly fitted bike helmets.
5. To increase children's knowledge of road and bike safety.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Education	Increase advertising for car seat check events. **Provide monthly car seat checks.** Identify opportunities and provide car seat safety education in the community. Explore the possibility of adding a car seat check event each month.	LEAD: UMUCH CO/HI Maryland Kids in safety seats (K.I.S.S) H2H company Harford County Sheriff Department HCHD- WIC office Epi-Center UMUCH Security Department	**Increased numbers of families scheduling a car seat safety check appointment.**	ongoing
	Offer Child Passenger Technician training to those interested.	LEAD: UMUCH CO/HI K.I.S.S.	Continued offering of the car seat safety program.	ongoing

	Support current technicians in maintaining their certifications.	UMUCH Women and Children Department		
	Host bike rodeos and bike/helmet giveaways events.	LEAD: HH Jam Squad Bike Harford Chesapeake Spokes City of Aberdeen HCPS HCPL	**Increased number of residents biking and using helmets.** **Reduced cycling head injuries. Improved physical activity, especially in low-income neighborhoods.**	Ongoing
	Policy work to ensure safe roadways for all utilizers	LEAD: HH HCPNZ	Work to access and amend safe roadways for all non-vehicular travel.	

UM UPPER CHESAPEAKE HEALTH Upper Chesapeake Medical Center / Harford Memorial Hospital				
COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN				
CHRONIC DISEASE PREVENTION AND WELLNESS: INJURY AND PREVENTION/FLU VACCINES				
Outcome: 1. Increased rate of adults and children receiving annual flu vaccinations. 2. Reduced number of Harford County residents admitted to hospital for flu.				
Goals: 1. To increase the number of Harford County residents, adult and children, receiving the annual flu vaccination. 2. To make annual flu vaccinations available to the high-risk seniors population.				
Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	**Provide annual flu vaccinations throughout the County at various locations with a focus on the Senior population**.	LEAD: UMUCH CO/HI HC OOA HCHD Faith based community Local community partners	**Increased numbers of community residents receiving the annual flu vaccination.**	Annually

UM UPPER CHESAPEAKE HEALTH
Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN

FAMILY STABILITY: SUBSTANCE ABUSE NEWBORNS

Outcome:

1. Decreased number of newborns exposed to illegal substances.
2. Decreased number of substance depended pregnant women using illegal substances.
3. Increased community treatment organizations' engagement by educating treatment facilities on the Substance Exposed Newborn (SEN) population.

Goals:

1. To work collaboratively with key stakeholders to improve outcomes for our Substance Exposed Newborn (SEN) population, as well as pregnant women who are substance dependent.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	**Link pregnant patients to needed resources (i.e. Treatment Facilities, Care Coordination Programs, and DSS).**	Treatment Facilities DHS HCHD UMUCH FBP OB physicians' offices	**Increased number of patients utilizing treatment program resources during pregnancy.**	Ongoing
Education	**Provide education regarding substance exposed newborn postnatal treatment needs and experiences** Outreach to treatment providers. Engage HCHD, Peer Recovery Specialists, OB Providers.	LEAD: FBP HCHD DSS OB Providers ED Case Management at UMUCH Megan's Place Office of Drug Control Policy	**Decreased number of patients admitted to FBP and Special Care Nursery (SCN) with positive toxicology screens for illegal substances.** **Increased community knowledge related to SEN and Substance Dependent pregnant women.**	4/2021-6/2023
Clinical Care/Pathways	Develop pathways for pregnant women to utilize when using illegal substances or in a MAT program.	LEAD: FBP United based Peer Recovery Coaches (Project Heart Grant)	Post-Partum mother's will actively participate in recovery/peer recovery	4/2021 – 6/2023

		OB/GYN offices UMUCH ED HCHD Local MAT UMUCH Clinical Resource Management	pregnant patients will engage with Peer Recovery.	
	Family Centered Focus with Rooming in of mother and baby.	LEAD: FBP Pediatrics Pediatric Hospitalist OT/PT/Speech	Decreased admission to SCN for withdrawal. Decreased length of stay for SEN	1/2021- 6/2023
Support Groups and Self-Management	**Link patients to needed resources, i.e., Treatment Facilities, Care Coordination Programs, and DSS**	LEAD: FBP Treatment facilities DSS HCHD Megan's Place	**Increased number of patients utilizing treatment programs resources.**	4/2021 – 6/2023

UM UPPER CHESAPEAKE HEALTH
Upper Chesapeake Medical Center / Harford Memorial Hospital

COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN

FAMILY STABILITY

Outcome:
Improved Family Health and Resiliency

Goals:
To create comprehensive programs and policies to improve Family Health and Resiliency.

Key Strategies	Actions	Partners Internal/External	Outcome	Timeline
Access to Care	CTO Program	LEAD: CCC UMUCH HH HCHD HC OOA	High risk Medicare patients linked with CTO affiliated PCP have access to improved health care plans and resource connection through intense care coordination.	Ongoing
	Food Access Workgroup	LEAD: HH UMUCH CO/HI CBOs HCCAA MDCS HPS HCG	Ensure family stability through addressing food insecurity through cooperative workgroup	Ongoing
Education	Provide ACEs training throughout Harford County.	LEAD: HH HCG Sheriff's Office HCPS Court Appointed Special Advocates (CASA) for Children CBO	Reduced childhood trauma, better assist adults who have issues resulting from childhood trauma.	Ongoing
	Cherish the Child, Trauma Conference	LEAD: HH HCG Community Services Core Services Office on Mental Health	Improved community education regarding trauma and its lasting effects.	Annually

	Provide Advance Directive classes, linkages, education and assistance.	LEAD: HH UMUCH Chaplain Services and Guest Services UMUCH CO/HI Community faith based entities HCPL	Increases number of people with Advance Directive to reduce family stress and burden.	Ongoing
	Provide community educational presentations related to nutrition and lifestyles and how they can improve family health and resiliency.	LEAD: HH UMUCH CO/HI CBO Faith based organizations	Improved lifestyles for improved resiliency.	Ongoing
Policy	Handle with Care policy for children who have experienced trauma return to school.	LEAD: HH HCPS HCG HC Sheriff's Office	Improved trauma response for reduced ACE scores.	Ongoing

UNIVERSITY of MARYLAND MEDICAL SYSTEM **Central Business Office**	**PAGE:** **1 OF 14**	**POLICY NO:** **CBO - 01**
	EFFECTIVE DATE: 09/18/19	**REVISION DATE(S):** 10/19/2020
SUBJECT: Financial Assistance		

KEY WORDS: Financial Assistance

OBJECTIVE/BACKGROUND:

The University of Maryland Medical System ("UMMS") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

APPLICABILITY:

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance Program:

The Financial Assistance Program generally applies to all emergency and other medically necessary care provided by each UMMS hospital; however, the Financial Assistance Program does not apply to any of the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services).
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.

3. Cosmetic or other non-medically necessary services.
4. Patient convenience items.
5. Patient meals and lodging.
6. Physician charges related to the date of service are excluded from this UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.
   a. A list of providers, other than the UMMS hospital itself, delivering medically necessary care in each UMMS hospital that specifies which such as providers are not covered by this policy (as well as certain such providers that are covered) may be obtained on the website of each UMMS Entity.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
2. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
3. Refusal to divulge information pertaining to a pending legal liability claim.
4. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care.

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Unless they meet Presumptive Financial Assistance Eligibility criteria, patients shall be required to submit a complete Financial Assistance Application (with all required information and documentation) and determined to be eligible for financial assistance in order to obtain financial assistance. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application before receiving non-emergency medical care unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Those with income up to 200% of Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care ("MD DHMH") are eligible for free care. Those between 200% to 300% of MD DHMH are eligible for discounts on a sliding scale, as set forth in Attachment A.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. Specified Low Income Medicare (SLMB) coverage
c. Primary Adult Care (PAC) coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

POLICY:

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020. This policy applies to the following hospital facilities of the University of Maryland Medical System ("UMMS hospitals"):

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)
- University of Maryland Charles Regional Medical Center (UMCRMC)
- University of Maryland Upper Chesapeake Health (UCHS)
- University of Maryland Capital Region Health (UM Capital)

It is the policy of the UMMS hospitals to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any) and admissions areas, as well as the Billing Office. Notice of availability will also be sent to the patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge, and it (along with this policy and the Financial Assistance Application) will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas. This policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

This policy was adopted for University of Maryland St. Joseph Medical Center (UMSJMC) effective June 1, 2013.

This policy was adopted for University of Maryland Medical Center Midtown Campus (MTC) effective September 22, 2014.

This policy was adopted for University of Maryland Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.

This policy was adopted for University of Maryland Shore Medical Center at Chestertown (UMSMCC) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Dorchester (UMSMCD) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Easton (UMSMCE) effective September 1, 2017.

This policy was adopted for University of Maryland Charles Regional Medical Center (UMCRMC) effective December 2, 2018.

This policy was adopted for University of Maryland Upper Chesapeake Health (UCHS) effective July 1, 2019

This policy was adopted for University of Maryland Capital Region Health (UM Capital) effective September 18, 2019

PROCEDURE:

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.

2. When possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial

assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.
e. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.
f. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
g. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility. Oral submission of needed information will be accepted, where appropriate.

4. In addition to qualifying for Financial Assistance based on income, a patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses based on the Financial Hardship criteria discussed below. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
        i. If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
        ii. If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
            1. A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Once a patient is approved for Financial Assistance, Financial Assistance coverage is effective for the month of determination and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Assistance eligibility period further into the past or the future on a case-by-case basis. If additional healthcare services are provided beyond the eligibility period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

6. Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to the UMMS hospital's attorney for legal and/or collection activity. Collection activities taken on behalf of the hospital by a collection agency or the hospital's attorney may include the following Extraordinary Collection Actions (ECAs):
    a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
    b. Commencing a civil action against the individual.

c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but my maintain its position as a secured creditor if a property is otherwise foreclosed upon.
d. Attaching or seizing an individual's bank account or any other personal property.
e. Garnishing an individual's wage.

7. ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 120 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 30 days prior to commencement of the ECA. This written notice will indicate that financial assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney, or other authorized party) intends to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the CBO Revenue Cycle. UMMS will not engage in the following ECAs:
    a. Selling debt to another party.

    b. Charge interest on bills incurred by patients before a court judgement is obtained

8. If prior to receiving a service, a patient is determined to be ineligible for financial assistance for that service, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

9. A letter of final determination will be submitted to each patient who has formally submitted an application. The letter will notify the patient in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance other than free care, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.

10. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds will be issued back to the patient for credit balances, due to patient payments, resulting from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

11. If a patient is determined to be eligible for financial assistance, the hospital (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

12. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

13. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

14. The Financial Assistance Program will accept all other UMMS hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

15. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

16. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance and are determined to be eligible.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1. Their medical debt incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will grant the reduction in charges, which is balance owed that is greater than 25% of the total annual household income.

Financial Hardship is defined as facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and/or UM Capital for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Hardship eligibility period further into the past or the future on a case-by-case basis according to their spell of illness/episode of care. It will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care.

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

ATTACHMENTS:

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

2020 Federal Poverty Limits (FPL) and Maryland Dept of Health & Mental Hygiene (DHMH) Annual Income Eligibility Limit Guidelines			UMMS 100% Charity	UMMS 90% Charity	UMMS 80% Charity	UMMS 70% Charity	UMMS 60% Charity	UMMS 50% Charity	UMMS 40% Charity	UMMS 30% Charity	UMMS 20% Charity	UMMS 10% Charity
			Equals Up to 200% of MD DHMH Annual Income limits	Equals Up to 210% of MD DHMH Annual Income limits	Equals Up to 220% of MD DHMH Annual Income limits	Equals Up to 230% of MD DHMH Annual Income limits	Equals Up to 240% of MD DHMH Annual Income limits	Equals Up to 250% of MD DHMH Annual Income limits	Equals Up to 260% of MD DHMH Annual Income limits	Equals Up to 270% of MD DHMH Annual Income limits	Equals Up to 280% of MD DHMH Annual Income limits	Equals Up to 290% of MD DHMH Annual Income limits
House-hold (HH) Size	2020 FPL Annual Income Elig Limits	2020 MD DHMH Annual Income Elig Limits	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:
Size	Up to	Up to	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max
1	12,490	**$17,620**	$35,240	$37,002	$38,764	$40,526	$42,288	$44,050	$45,812	$47,574	$49,336	$52,859
2	16,910	**$23,797**	$47,594	$49,974	$52,353	$54,733	$57,113	$59,493	$61,872	$64,252	$66,632	$71,390
3	21,330	**$29,974**	$59,948	$62,945	$65,943	$68,940	$71,938	$74,935	$77,932	$80,930	$83,927	$89,921
4	25,750	**$36,167**	$72,334	$75,951	$79,567	$83,184	$86,801	$90,418	$94,034	$97,651	$101,268	$108,500
5	30,170	**$42,344**	$84,688	$88,922	$93,157	$97,391	$101,626	$105,860	$110,094	$114,329	$118,563	$127,031
6	34,590	**$48,521**	$97,042	$101,894	$106,746	$111,598	$116,450	$121,303	$126,155	$131,007	$135,859	$145,562

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.
*Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

Effective 7/1/20

POLICY OWNER:

UMMS CBO

APPROVED:

Executive Compliance Committee Approved Initial Policy: 09/18/19
Executive Compliance Committee Approved Revisions: 10/19/2020