

COMMUNITY HEALTH NEEDS ASSESSMENT

JULY 2018





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"Your zip code is a better predictor of your health than your genetic code..."

Melody Goodman, Assistant Professor, Washington University



Executive Summary

The Harford County Community Health Needs Assessment is a reflective assessment of the health status of Harford County. Assessments are an important component of meeting local community health needs and are used to inform decisions about public health strategies to improve the health, safety, and environment for Harford County residents. This assessment builds on previous efforts to identify and quantify public health concerns. It is a collaborative process that reports health indicator statistics and community stakeholder input in order to identify and prioritize our community health needs, areas for health improvement, and resources that can be mobilized to improve community health.

The Community Health Needs Assessment describes the health status of Harford County residents, as individuals and as population groups, and provides population comparisons to residents of Maryland and to the nation as a whole. It also examines trends in health indicators of County residents over time, highlights racial and geographic disparities, and identifies areas of poverty and at-risk populations which will provide a basis for public health planning. Data in this assessment comes from a variety of National and State sources, including, but not limited to, the United States Census Bureau, Maryland State Health Improvement Plan, Maryland Vital Statistics, the Maryland Behavioral Risk Factor Surveillance Survey, the Injuries in Maryland report, and national County Health Rankings.

The Harford County Community Health Needs Assessment (CHNA) is a compilation of secondary statistical data, key informant feedback, an online community survey, and focus group input. This assessment reflects the current status of the medical and social determinants of health for Harford County residents, and provides qualitative feedback on key health issues. Based on information provided in this report, the Harford County Local Health Improvement Coalition (LHIC) and the University of Maryland Upper Chesapeake Health (UMUCH) have prioritized the following health concerns in order of importance: **Behavioral Health, Chronic Disease Prevention and Wellness, and Family Health and Resiliency.**

Harford County Profile: Harford County is a relatively well educated affluent community located northwest of the city of Baltimore. With a population of close to a quarter million people, Harford County has grown from a primarily agricultural community to a more suburban environment whose main employers include: the Department of Defense Aberdeen Proving Ground and supporting contractors, the University of Maryland Upper Chesapeake Health, and local government/schools. The typical profile of a Harford County resident is a white (79.8%), employed (64.1%), high school graduate

(92.8%), who drives themselves to work (83.4%). Overall, while indicators of education and employment depict a prosperous community, persistent pockets of poverty exist both geographically, and along racial and gender lines. In Harford County, black households have a lower median income when compared to white; blacks are more than twice as likely to be poor; and women earn disproportionately lower incomes than men, presenting a particular poverty issue for female-headed households. Given the high rate of people who own cars, public transportation for those without access to vehicles remains a persistent problem.

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

Behavioral Health (Mental Health/Addictions): The suicide rate of a community is considered to be a key indicator of its mental health status. Harford County's rate of 12.3 per 100,000 population far exceeds the 9.2 rate for the state of Maryland. According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS) for 2013-2015, 21% of Harford County residents have been diagnosed with depressive disorder, compared to 16.1% for the state. In addition, 18.2% of high school students reported that they have seriously considered attempting suicide. While approximately 96% of Harford County residents are insured, there is a notable lack of mental health care providers to meet community needs. As such the Health Resources and Service Administration has designated all of Harford County as a Health Professional Shortage Area (HPSA) for mental health services.

Since 2007 the number of drug and alcohol-related intoxication deaths has more than doubled in both Maryland and Harford County. The numbers of drug-related law enforcement incidents and overdose calls have also increased dramatically since 2011, by 57% and 95% respectively. Another indicator of the severity of the addiction problem in Harford County is the number of substance-exposed newborns (SEN) born in the community. Between 2000 and 2016, Harford County has experienced an eightfold increase in the rate of hospital encounters for newborns with maternal drug/alcohol exposure. This not only indicates an increase in substance abuse but also a lack of access to treatment.

Chronic Disease Prevention and Wellness: As a whole, Harford County residents have access to a better food environment and greater access to exercise opportunities when compared to the state and the nation, however despite greater opportunities to engage in healthy behaviors regarding nutrition and exercise, Harford County adults are just as likely or more likely to be obese or overweight (72.4%) and physically inactive (26.3%) as the rest of the State. In addition, tobacco use is high among both adults (20.7%) and youth (16.9%) which correlates with high rates of chronic obstructive pulmonary disease (COPD) and lung cancer. Even more concerning is the high rate of students reporting they currently use electronic vapor products (24.6%), and the total percentage of students (32.1%) using any type of tobacco product (burned, smokeless, or electronic). Obesity, insufficient physical exercise, and tobacco use are some of the biggest drivers of preventable chronic diseases and increased risk for many health conditions. Obesity, often a symptom of diet and exercise, can have a tremendous impact on health and wellbeing.

Black adults were almost twice as likely to be obese than white adults, and adults without a high school diploma were almost twice as likely to be obese than their college graduate counterparts. As such minority and low-income families are disproportionately negatively affected.

The top five causes of death in Harford County are cancer, heart disease, chronic obstructive pulmonary disease, stroke, and accidents which are consistent with the state and the nation. The role of accidents as the fifth leading cause of death is a relatively new phenomenon that could likely be attributed to the growing opioid epidemic and accidental overdoses, as well as an aging population.

Family Health and Resiliency: While the majority of babies in Harford County are born into married families (69.4%) to mothers over the age of 20 (96.5%), there are significant ethnic and racial disparities. Most concerning is the significantly higher number of low birth weight babies born to black women (12.1%) as compared to white (7.6%), and the 2.5 times higher rate of infant mortality for black babies (14.4 per 1,000 births) as compared to white (4.8 per 1,000 births).

The percentage of mothers receiving prenatal care in the first trimester in Harford County is 71.0%, however, when broken down along racial and ethnic lines the percentage of non-white mothers receiving prenatal care in the first trimester is significantly lower. According to 2016 Maryland Vital Statistics, 74.8% of white women received prenatal care in the first trimester, while only 59.7% of black women and 60.3% of Hispanic women did. The lack of prenatal care and the potentially negative health outcomes for newborns can have long-lasting detrimental developmental effects, including school readiness and long-term health complications.

While Harford County's violent crime and property crime rate are much lower than the state rate, crime and the resulting incarceration disproportionately affect low-income areas. In Harford County, the city of Aberdeen, one of the community's lowest income areas, has significantly higher rates of overall and violent crime rate than the surrounding municipalities.

This community assessment is a result of the shared goal of the partnership and the dedication of University of Maryland Upper Chesapeake Health, Harford County Health Department, and Healthy Harford to create a healthier Harford County.



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.

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. 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 is expected to open in Summer 2018 in Bel Air. The Behavioral Health Crisis Center will offer walk-in crisis services, a 24/7 call/triage center and, eventually, residential crisis beds.

As part of Vision 2020, 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 and psychiatric specialty hospital on their 97-acre property off of I-95 and Rt 155. Included in this vision is the expansion of medical/surgical beds above the Kaufman Cancer Center as well as additional parking on the Bel Air campus.

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 170 employees, the health department provides services in Havre de Grace, Aberdeen, Bel Air, and Edgewood. The health department is responsible for the delivery of a wide range of preventive health care, clinical services, and environmental health services to residents living in Harford County. Its six major bureaus include:

1. Administration
2. Behavioral Health
3. Care Coordination
4. Clinical Health
5. Environmental Health
6. Family Health

Healthy Harford

Healthy Harford is the healthy communities initiative of Harford County, dedicated to the health and wellness of the northern Chesapeake community. Founded in 1993 as a non-profit 501c3 by leaders from University of Maryland Upper Chesapeake Health, the 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, improvements in the built environment, increased access to care, and improved care coordination for people with chronic illness.

Healthy Harford's mission is to inspire and empower healthy people, healthy families, and healthy communities in mind, body, and spirit, with a focus of improving health and wellness in the Harford County region by promoting healthy lifestyles, building community partnerships, and proving care coordination.



Public Health
Prevent. Promote. Protect.

**Harford County
Health Department**





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

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 and lag time of secondary data may present some research limitations.

Harford County Community Health Survey

An online Community Survey of Harford County residents was conducted between October 2017 and February 2018. The survey was designed to assess health status, health risk and behaviors, preventative health practices, and health care access primarily related to chronic disease and injury. A total of 1,741 resident surveys were completed, representing the geographical, gender, and ethnic diversity of the community.

Qualitative Data: Community Forum and Focus Groups

In order to gain a better understanding of the Harford County community, qualitative data was collected via the Local Health Improvement Coalition (LHIC) Community Forum meeting, as well as through a series of targeted focus groups.

At the October 2017 LHIC Community Forum meeting twenty-eight stakeholder organizations representing diverse community interests discussed 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, four focus groups were convened to gather the input of targeted groups. These focus groups included members of faith-based organizations; Emergency Medical System (EMS) personnel; participants from the EpiCenter (a community center in a predominantly low-income minority community); and residents living with chronic disease.

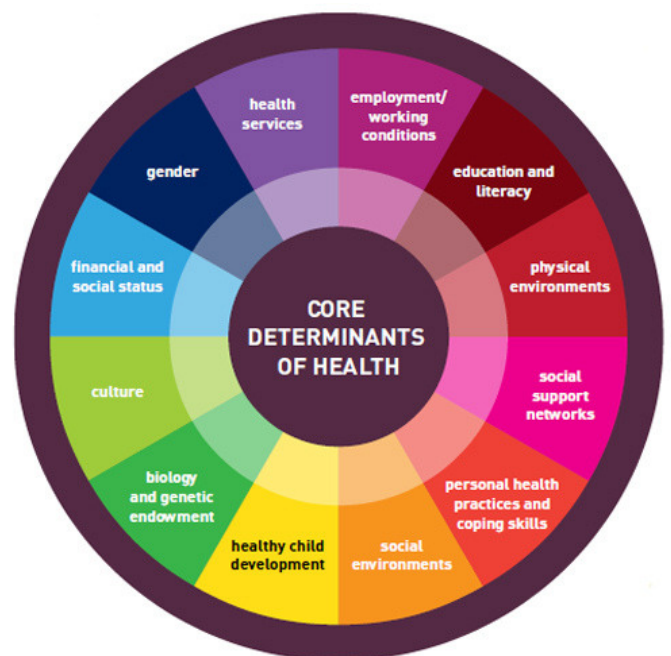


Local Health Improvement Coalition (LHIC)

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 2020 objectives established by the Department of Health and Human Services, and target state goals set by the MDH.

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.

In October of 2017, 28 stakeholder organizations from the Harford County community met at Harford Community College to evaluate community health goals for the next 3 to 5 years. In a half day Community Forum focusing on current health statistics, social determinants of health and their community impact, and current community challenges, three health priorities emerged: Behavioral Health, Chronic Disease Prevention/Wellness, and Family Health/Resiliency. LHIC Workgroups addressing these priorities were formed, and these groups will develop and implement the new Harford County Community Health Improvement Plan for addressing these priorities.





Harford County Fast Facts

Measure	Harford	Maryland
Median Age	40.3	38.3
Only English spoken at home	93.1%	82.4%
Married and living together	56.4%	47.7%
Average family size	3.17	3.26
Median household income	\$81,052	\$76,067
Mean household income	\$96,509	\$100,071
Female householder no husband	11.3%	14.3%
People in poverty	7.7%	9.9%
Female headed households with children under 5 in poverty	44.3%	29.9%
Unemployment rate	6.0%	6.7%
Drive alone to work	83.4%	73.7%
Mean travel time to work	31.6 minutes	32.4 minutes
Have health insurance	95.4%	91.9%
Top causes of mortality	Cancer Heart Disease COPD	Heart Disease Cancer Stroke
Low birth weight babies for white mothers	6.4%	6.6%
Low birth weight babies for African American mothers	12.1%	12.1%
Lyme Disease rate per 100,000	69.4	21.2
Suicide rate per 100,000	12.3	9.2
Age-adjusted death rate for all causes per 100,000	732.0	706.7
Adult that currently smoke	20.7%	15.1%
Percentage of high school graduates	92.8%	89.6%
Percentage of college graduates	34.5%	38.4%



The demographic composition of Harford County’s population is critical to understanding the health of the community because characteristics such as age, gender, race, and ethnicity all have an impact on people’s health. The distribution of these characteristics across the county is helpful in determining the number and types of resources that are needed to ensure the optimum health and well-being of the population.

Population

In 2016, the total population of Harford County was estimated to be 249,776, which was an increase of 2.0% from 2010 (244,826). The county is located in the northeastern part of the state, with the towns and cities of varying sizes, wealth, and diversity. Bel Air is Harford’s county seat, home to roughly 10,109 residents, or 4% of the county’s population. The cities of Aberdeen and Havre de Grace each make up 6% and 5%, respectively. The remaining 75% of the county’s population is mostly distributed along the Route 40 corridor and in rural parts of the county. The table below illustrates the change in population size for Maryland, Harford County, and selected zip codes.

Change in Population Size 2012-2016, Maryland and Harford County

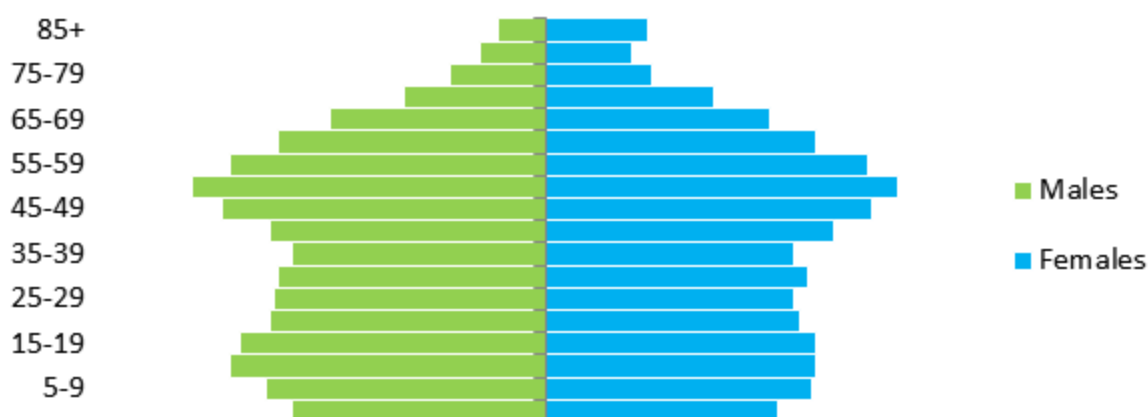
	2010 Population	2016 Population	Change in Population
Maryland	5,773,552	5,959,902	↑ 3.2%
Harford County	244,826	249,776	↑ 2.0%
Edgewood (21040)	24,420	24,590	↑ 0.7%
Aberdeen (21001)	21,487	24,470	↑ 13.9%
Havre de Grace (21078)	17,603	17,844	↑ 1.4%

Source: US Census Bureau, American Community Survey 5-Year Estimates

Age Distribution

Data on age can be used to determine the distribution of age-appropriate services throughout the county, such as those specifically designed for children or seniors. The population pyramid below provides a breakdown of Harford County residents by age and sex. The median age in Harford County is 38.6 for males and 41.3 for females, with the age category containing the largest percentage of the population being adults ages 50–54. The distribution of the population pyramid is close to the distribution of age and sex in the United States, although the county has a slightly lower percentage of younger people and a higher percentage of middle-aged adults.

Population Distribution by Age for Harford County, 2016



Source: US Census Bureau, American Community Survey 5-Year Estimates

Racial and Ethnic Diversity

Data on the racial and ethnic diversity of a population can help healthcare organizations create culturally competent health care services and deliverables. For example, 6.9% of Harford County residents reported speaking a language other than English at home. Race is also a social determinant of health and is a contributing factor to health inequities.

The table below illustrates the substantial variation in the levels of racial and ethnic diversity across Harford County. While whites make up the majority of Harford County's population, the percentages of African Americans and Hispanic/Latino residents are increasing in both Edgewood and Aberdeen. Since 2010, the populations of these two zip codes have started to more closely reflect the demographics found across the state of Maryland, while the racial composition of Havre de Grace has remained relatively stable over time.

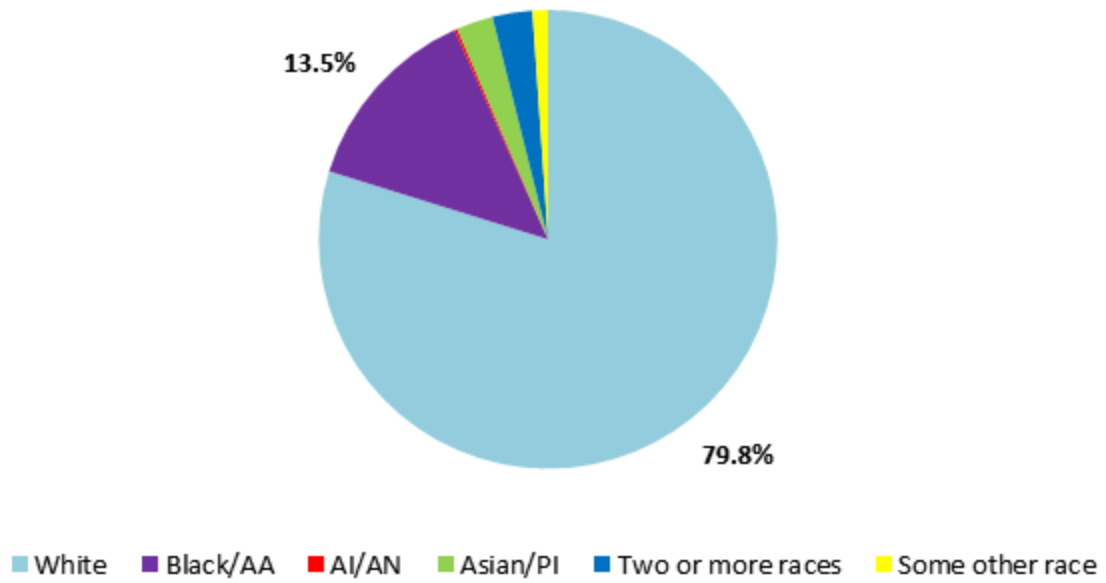
Race/Ethnicity Distribution for Maryland, Harford County, and Selected Zip Codes

Race/Ethnicity	Maryland	Harford	Edgewood	Aberdeen	HdG
White	57.2%	79.8%	48.3%	60.3%	77.0%
Black/African American	29.6%	13.5%	40.6%	30.6%	15.3%
American Indian/ Alaska Native	0.3%	0.2%	0.1%	0.3%	0.4%
Asian/Pacific Islander	6.1%	2.6%	1.0%	3.6%	4.2%
Two or More Races	3.1%	2.8%	5.8%	3.8%	2.8%
Hispanic/Latino	9.2%	10.0%	7.4%	5.8%	3.3%

*Hispanic/Latino respondents can be of any race

Source: US Census Bureau 2012-2016 ACS Demographic and Housing Estimates

2016 Racial/Ethnic Distribution in Harford County



Source: US Census Bureau 2012-2016 ACS Demographic and Housing Estimates

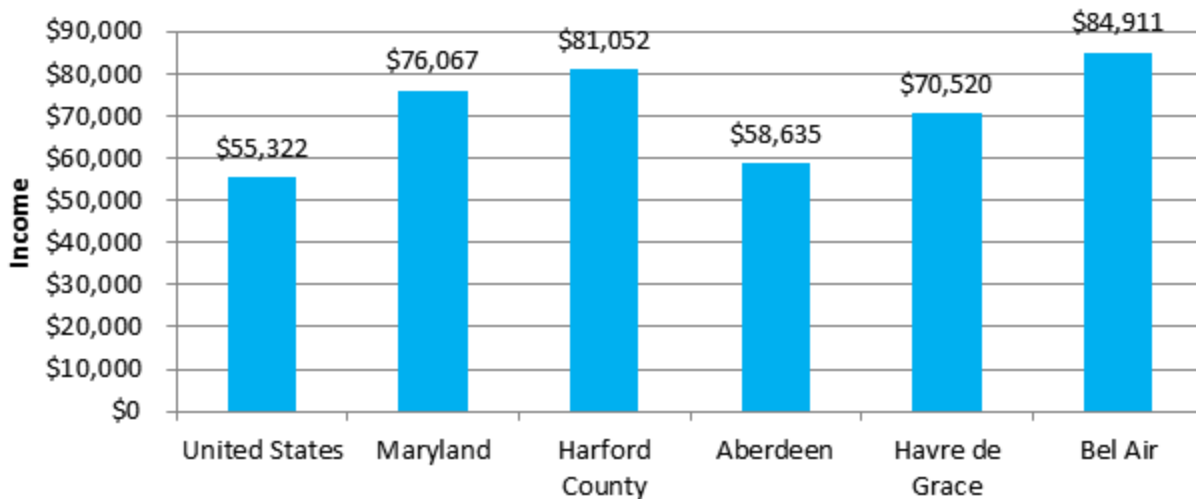


Social & Physical Environment

Income and Poverty

When compared to the United States, Maryland is a wealthy state, with a median household income (\$76,067), well above the nation's (\$53,889). Harford County is one of Maryland's wealthier jurisdictions, with a median household income of \$81,052. However, the county's higher income is not distributed equally across the county: the three municipalities in Harford County have vastly different median incomes, with the city of Aberdeen having the lowest (\$58,635), followed by Havre de Grace (\$70,520) and Bel Air (\$84,911) (U.S. Census Bureau, 2016 American Community Survey 5-year estimates).

Median Household Income: United States, Maryland, Harford County, and Selected Zip Codes 2012-2016



Source: U.S. Census Bureau, 2012-2016 American Community Survey

Percentages provided in the 2008-2010 American Community Survey, 3-year estimates (U.S. Census Bureau) indicate that the poverty rate in Harford County families has increased, climbing from 4% to 6%, in line with an increase in Maryland's poverty rate (5.7% to the recent estimate of 7%) (U.S. Census Bureau, 2016 American Community Survey 5-year estimates).

Harford County poverty rates for White and Black families are starkly different: the percentage of families with a householder who is White has an estimated poverty level of 5.1% while families with a Black or African American householder has a poverty level of 14.3% (U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates).

Percentage of families whose income in the past 12 months is below the poverty level for Maryland, Harford, and Selected Zip Codes 2012-2016

Jurisdiction	Percent
Maryland	6.8%
Harford County	5.8%
Aberdeen	10.2%
Bel Air	2.8%
Havre de Grace	5.9%

Source: U.S. Census Bureau, 2012-2016 American Community Survey

The disparity in household incomes in Harford County and the cities of Aberdeen and Havre de Grace 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 and for families with related children under 18 years of age. Harford County has a slightly higher poverty rate among families with a female head when compared to Maryland, and a slightly lower rate for people age 65 and over. Poverty rates for families are distributed unequally across the county, with almost a third of families with a female head and close to one-quarter of related children below the poverty level in Aberdeen. The poverty rates in Harford County are reflected in the percentage of families receiving food stamps, with Aberdeen having the highest percentage of families and the town of Bel Air having the lowest.

Households with Food Stamp/SNAP Benefits in Past 12 Months for Maryland, Harford and Selected Zip Codes, 2012-2016

Jurisdiction	Percentage
Maryland	11.1%
Harford County	8.7%
Aberdeen	17.5%
Bel Air	4.2%
Havre de Grace	11.7%

Source: U.S. Census Bureau, 2016 American Community Survey

The percentage of households in Harford County receiving food stamps has increased by 3% since the 2008-2010 American Community Survey; 3-year estimates (U.S. Census Bureau) reported that 5% of Harford County households were food stamp recipients, consistent with the increase in the poverty level in the County.

Education and Employment

Harford County Public School District has 54 schools, including 7 Title I elementary schools, with the mission to ensure academic achievement for at-risk students attending schools in high poverty areas. All 7 are located in the southern portion of the County: three in Aberdeen, and one each in Edgewood, Havre de Grace, Joppa, and Abingdon (<http://www.hcps.org/schools/>).

Harford County Public Schools had a total of 37,448 students in the 2016-2017 school year. The high school graduation rate was 89.09%, slightly higher than Maryland's rate of 87.61% (<http://reportcard.msde.maryland.gov/>). According to Schooldigger, an organization that calculates school rankings based on test scores released by the Maryland Department of Education, Harford County Public Schools ranked 7th best out of the 24 public school systems in Maryland in 2016. This was a drop from 5th best in 2015 (<https://www.schooldigger.com/go/MD/districtrank.aspx>).

In 2016, 92.8 % of people 25 years and over in Harford County had at least graduated from high school and 34.5% had a bachelor's degree or higher. An estimated 7.2% did not complete high school. In comparison, in the town with the highest level of poverty, Aberdeen, an estimated 12.4% did not complete high school, and only 21.3% had college degrees.

**2016 Percent Educational Attainment of Population
25 Years and Over, Harford County and Selected Zip Codes**

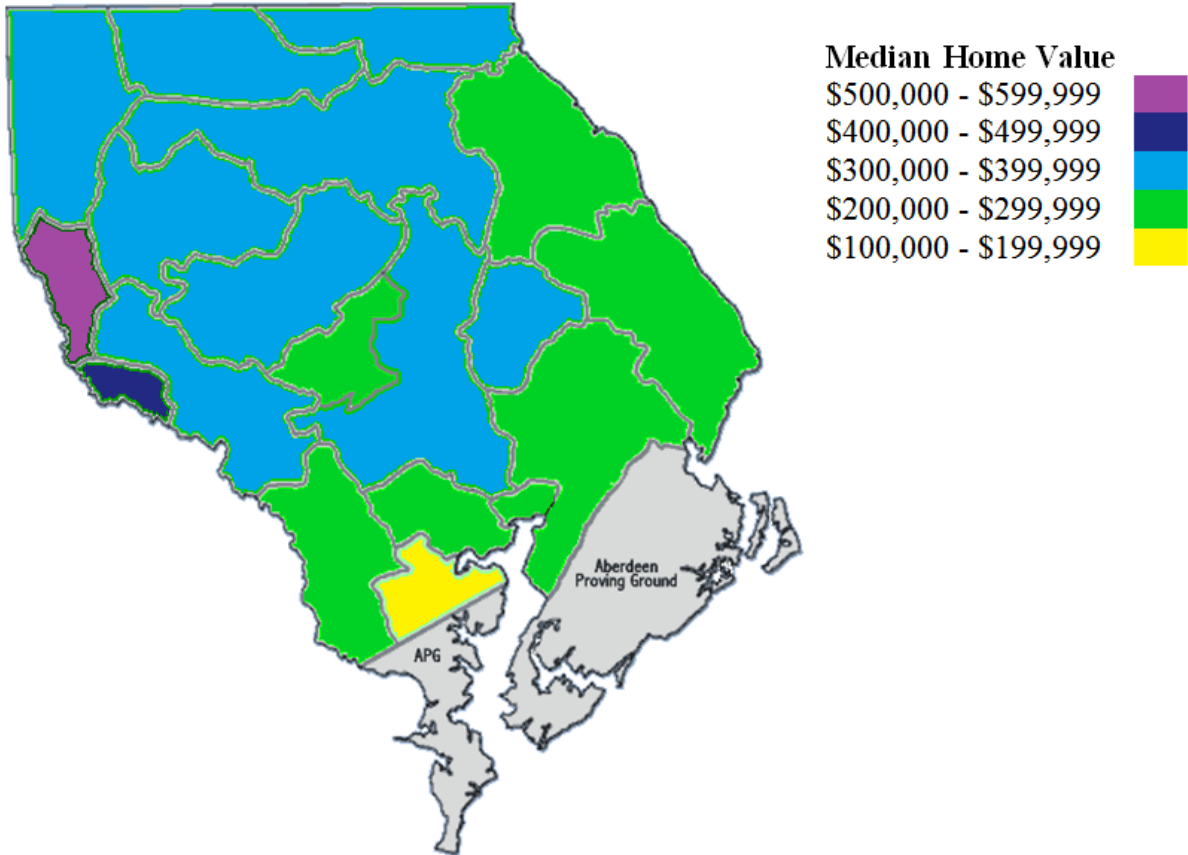
Educational Attainment	Harford	Aberdeen	Edgewood	HdG
Less than High school diploma	7.2	12.4	11.0	9.8
High school diploma or equivalency	27.8	32.7	34.7	27.4
Some college, no degree	22.4	26.6	28.5	20.5
Associate's degree	8.1	7.0	9.0	6.6
Bachelor's degree	20.7	13.9	10.4	20.6
Graduate or Professional degree	13.8	7.4	6.3	15.1

Source: U.S. Census Bureau, 2012-2016 American Community Survey

In Harford County, 64.1% of the population age 16 and over was employed; 31.0% were not currently in the labor force. An estimated 74.6% of the people employed were private wage and salary workers; 21% were federal, state, or local government workers; and 4.3% were self-employed in their own (not incorporated) business (U.S. Census Bureau, 2012-2016 American Community Survey).

Housing and Transportation

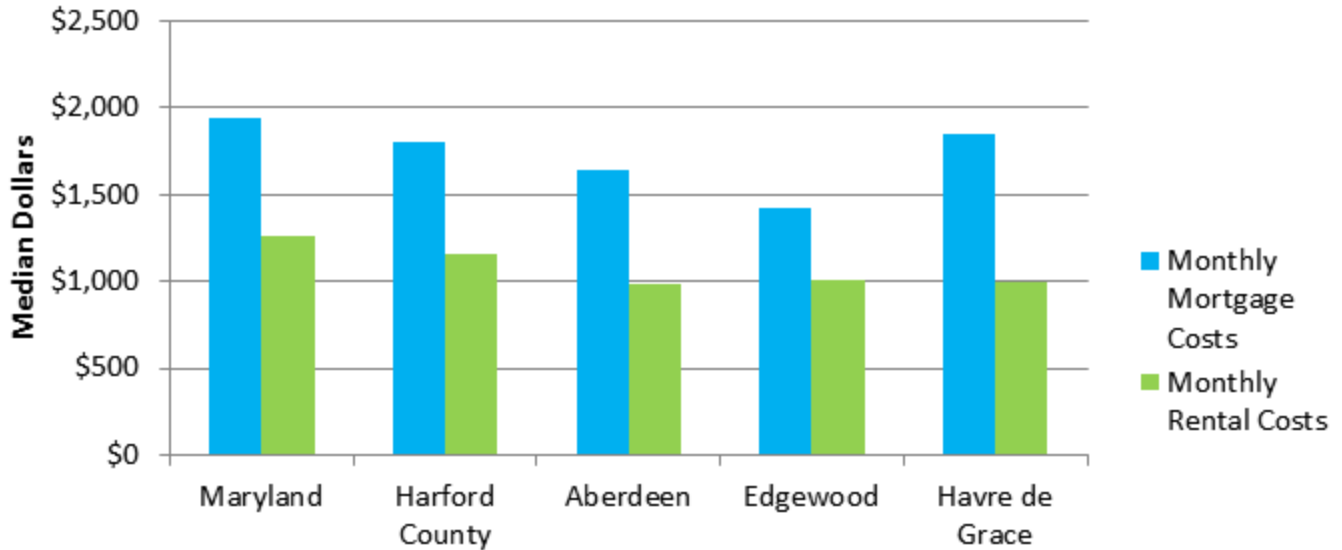
While the median value of homes in Harford County (\$278,500) is only slightly less than Maryland's (\$286,900), the difference when considering housing prices by zip code is dramatic. Prices range from below the state value in the Edgewood area, where the median home value is \$162,900, to well above the state in the Monkton area, where the median home costs \$563,300. The following map shows median home values by zip code.



Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates, Median Value

Rental costs must also be taken into account when assessing the housing landscape of a community. The following table shows monthly mortgage and rental costs for Maryland, Harford County, and selected zip codes from the U.S. Census Bureau.

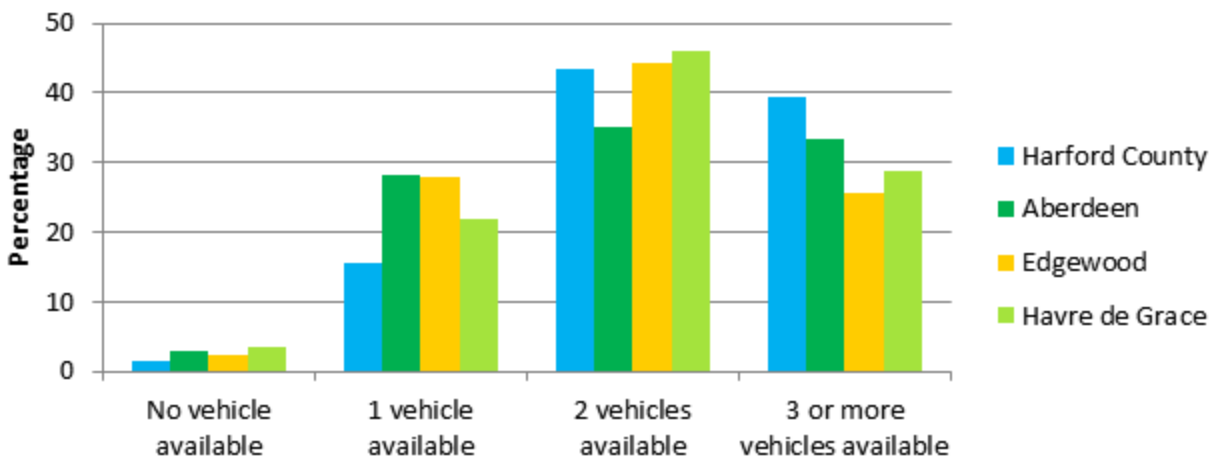
2016 Monthly Mortgage and Rental Costs Maryland, Harford County, and Selected Zip Codes



Source: U.S. Census Bureau, 2016 American Community Survey 5-Year Estimates

Transportation is also a concern in many parts of the county, especially for seniors, youth, and low-income individuals in the rural areas of northern Harford County. Amenities such as shopping, entertainment, and health services are often far away, and there are few public transportation options. The bus service has limited hours and routes making it difficult for those without cars to access them. Data show that 1.6% of residents in the county have no access to a vehicle, with that number reaching 3.4% in Havre de Grace. The table below shows vehicle availability for households in select zip codes for the county.

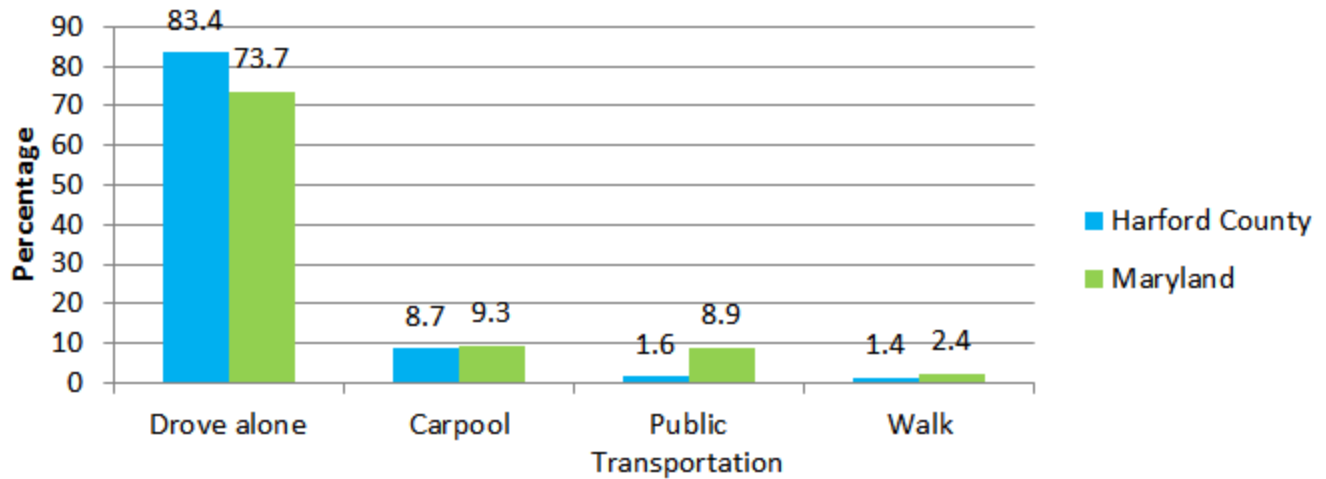
2016 Number of Vehicles Available to Workers 16 and Over by Location



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

In addition, 45% of county residents work outside of Harford County, either in a different Maryland county or another state. The following table shows means of transportation to work for Maryland and Harford County. Notice that 83.8% of residents drove alone to work and only 9.1% carpooled. With limited availability of public transport throughout the county, only 1.7% of residents use public transportation when compared to 9% of Maryland residents.

2016 Means of Transportation to Work for Maryland and Harford County

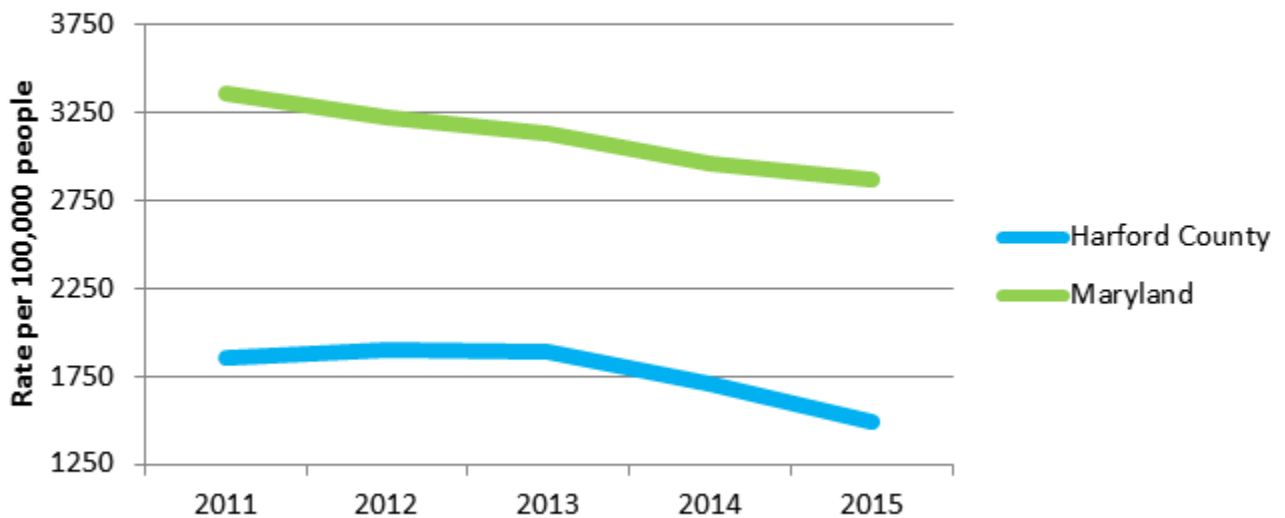


Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Crime

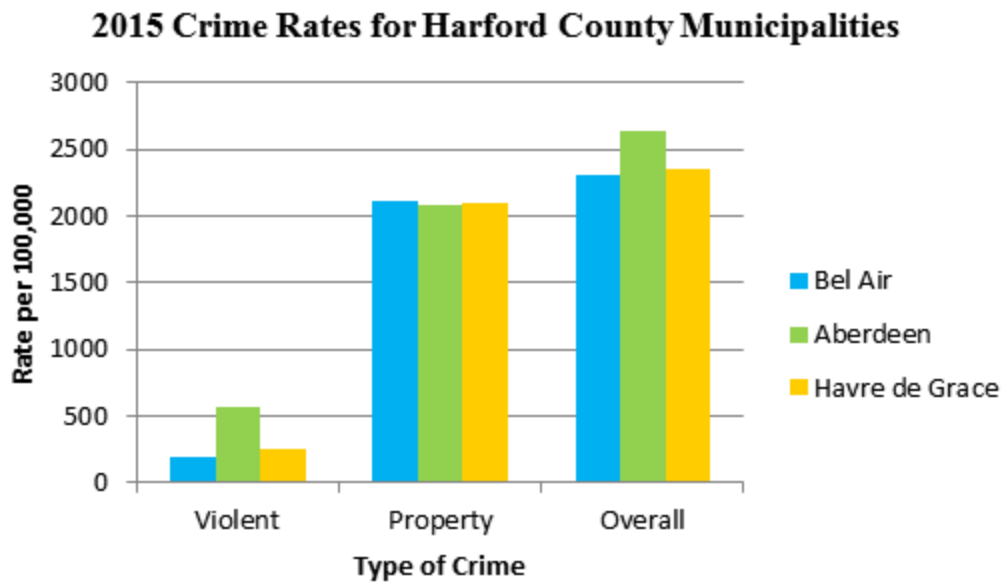
In 2015, Harford County had an annual violent crime rate of 239 per 100,000 people, which is much lower than Maryland’s rate of 471. Similarly, the rate of property crime in Harford County was lower than the state’s at 1,257 per 100,000 when compared to 2,395. The chart below shows the overall crime rates in both Harford County and Maryland; both have been decreasing since 2011.

2011-2015 Overall Crime Rates for Harford County & Maryland



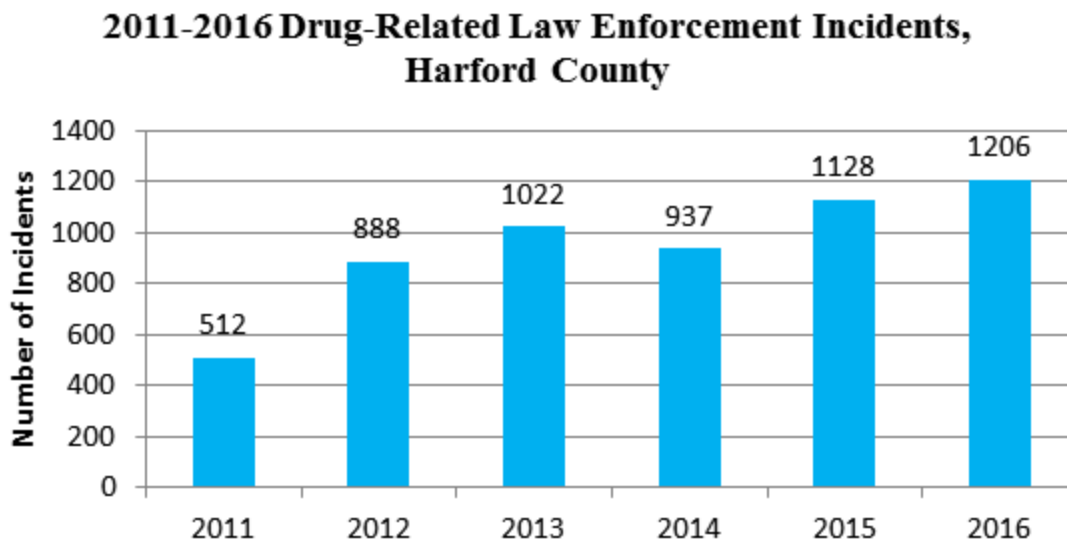
Source: Maryland Crime Data from the Governor’s Office of Crime Control & Prevention

The chart below shows the violent, property, and overall crime rates for the towns of Bel Air, Aberdeen, and Havre de Grace. The violent and overall crime rates in Aberdeen are significantly higher than the county's as a whole (565), illustrating the inequity in living conditions for families residing in this area.



Source: Maryland Crime Data from the Governor's Office of Crime Control & Prevention

Despite the dramatic decreases in both violent crime and property crime in Harford County and throughout the state, the number of drug-related incidents reported by the Harford County Sheriff's Office has increased by 136% from 2011 to 2016. This growing trend has shifted the focus of law enforcement to combat the drug crisis in Harford County.



Source: Harford County Sheriff's Office Incident Dataset (Socrata)

Access to Healthy Foods and Recreational Opportunities

In Harford County, most residents have access to grocery stores where healthy foods are available. According to the 2017 County Health Rankings, which provides a measure of “Limited Access to Healthy Foods,” 97% of residents live close to a grocery store, with only 3% or an estimated 8,400 people having limited access to healthy food. This measure is based on the percentage of the population that is low income and does not live close to a grocery store. While access to grocery stores is not a problem for most Harford County residents, many families require assistance in purchasing foods: 8.2 % or 91,727 of households in Harford County received food stamps from the Supplemental Nutrition Assistance Program in 2015 (U.S. Census, Fact Finder). Of these, 31,422 were families with children under 18 and 33,941 were families with one or more people in the household 60 years or older.

A more pressing issue for a small percentage of Harford County residents is having an inadequate amount of food or “food insecurity” at some time during each year. Food insecurity is the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Per the USDA Food Environment Atlas, households experiencing food insecurity experience this condition, on average, in seven months of the year. It is estimated that in 2015 the food insecurity rate for the Harford County population was 8.4% or 20,990 people. This is less than Maryland’s rate of 11.4%. In Harford County, the weekly food budget shortfall for food insecure people was \$17.38 per person, per week in 2015. In summary, most Harford County residents have access to grocery stores to purchase healthy foods.

However, a number of these residents face food insecurity at some time during the year, with healthy foods out of reach.

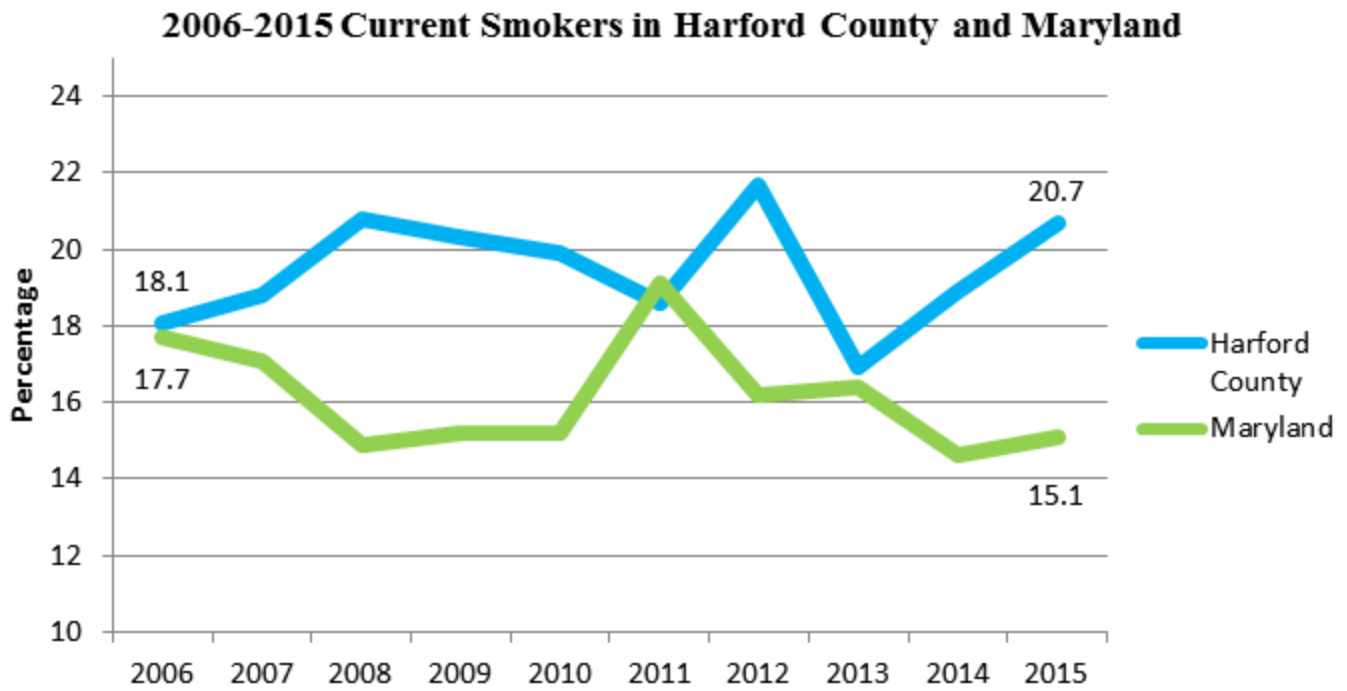
To help Harford County residents keep active, the County’s Department of Parks and Recreation maintains 12 community centers, 7 senior activity centers, and over 25 parks and open spaces. The department sponsors a number of programs for adults, preschoolers, youth and families and also works with members of the general community through 20 Recreation Councils in the development of programs. Healthy Harford, a non-profit organization, was established a number of years ago to promote health and wellness in the county, providing opportunities for the public to participate in physical activities by sponsoring and advertising various events. Most recently, Healthy Harford worked with county partners to promote the Harford County parks; the program was based on a Healthy Parks/Healthy People program designed by the National Parks Department to reframe the role of parks and public lands as an emerging, powerful health prevention strategy.

Healthy behaviors can help to prevent and protect people from getting diseases and also to maintain or improve overall health and wellbeing. Healthy behaviors are estimated to affect 40% of health outcomes and make up the most significant factor influencing the health of individuals. Practicing good behaviors enhances health, while harmful behaviors may lead to disease, injury or death.



Tobacco Use

According to the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS), 20.7% of Harford County adults reported that they currently smoked cigarettes every day or some days. Adults with annual incomes less than \$15,000 were 5.7 times more likely to smoke than those with income at or above \$75,000 in 2014. Educational attainment also contributed to smoking rates: adults without a high school diploma were 9.7 times more likely to smoke than college graduates according to the 2014 BRFSS. The graph below outlines smoking rates over the past ten years for Harford County and Maryland.



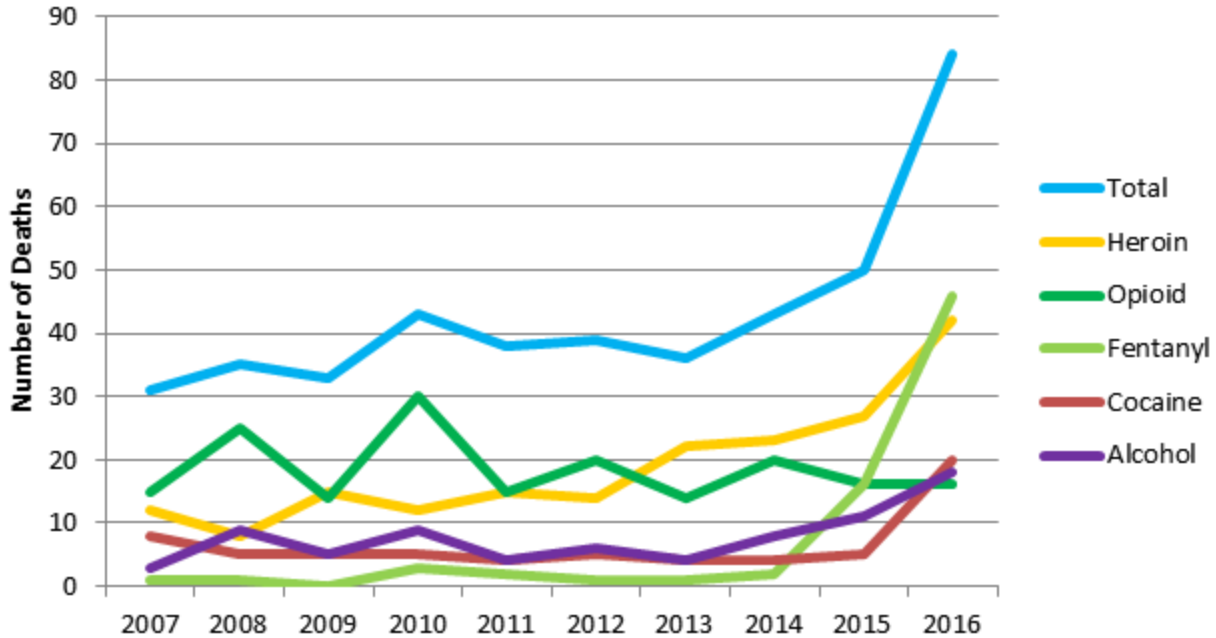
Source: 2006-2015 Maryland BRFSS

School-aged students were considered smokers if they smoked at least 1 cigarette or cigar in the past 30 days. The 2016 Youth Risk Behavior Surveillance System Survey (YRBS) found that the percentage of current smokers in Harford County high schools was 9.3% when compared to 16.9% in 2014. While this rate has decreased over time, the percentage of students reporting that they currently use electronic vapor products exceeded the number of current smokers at 14.3% according to the 2016 YRBS. The percentage of students using any type of tobacco products (cigarette, smokeless tobacco, cigar, or electronic vapor products) was 21.9% (2016 YRBS).

Alcohol and Substance Abuse

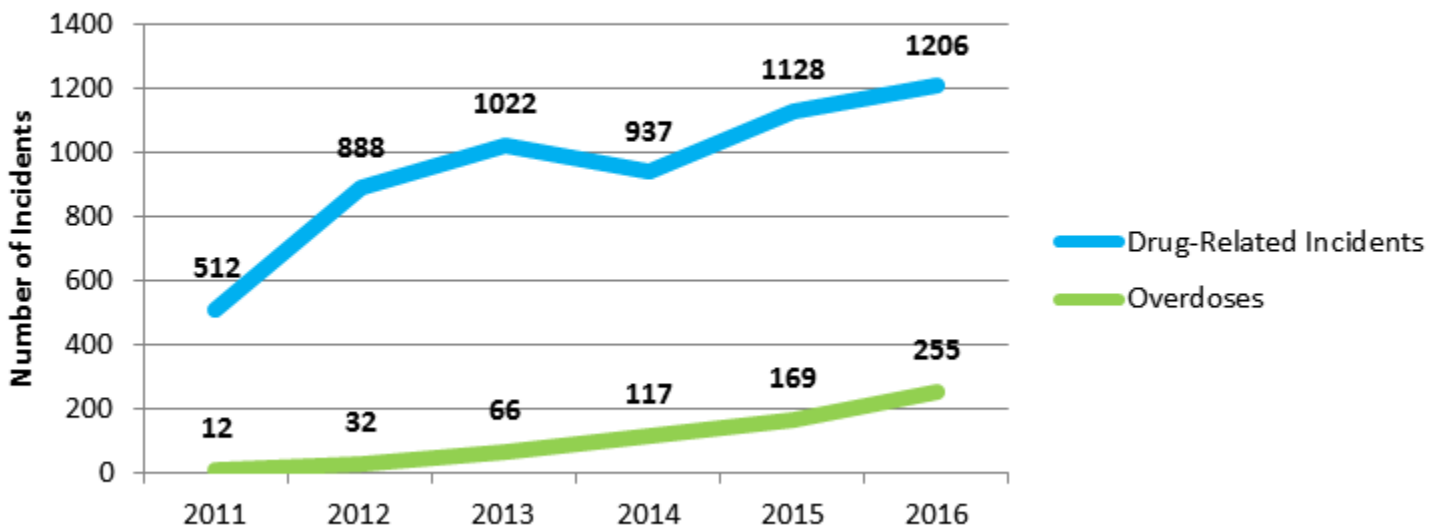
Since 2007 the number of drug and alcohol-related intoxication deaths has more than doubled in both Maryland and Harford County. The graph below shows the number of intoxication deaths by substance for Harford County, including heroin, opioids, fentanyl, cocaine, alcohol, and all deaths. Notably, heroin and fentanyl have caused the largest increase in intoxication deaths due to the increasingly volatile nature of the chemicals being mixed into the local drug supply. The numbers of drug-related law enforcement incidents and overdose calls have also increased dramatically since 2011 by 57% and 95%, respectively, which can be seen in the 2011-2016 data in the graph below.

2007-2016 Intoxication Deaths by Substance, Harford County



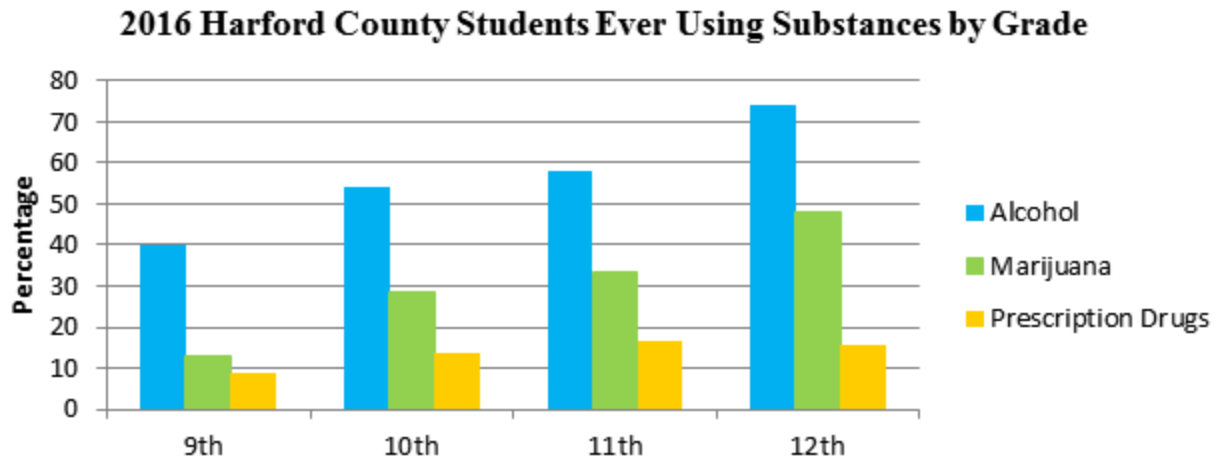
Source: Maryland Department of Health, Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016

2011-2016 Drug-Related Law-Enforcement Incidents and Overdoses Harford County, 2011 - 2016



Source: Harford County Sheriff's Office Crime Reports, 2011-2016

In BRFSS data for 2013-2015, 14.6% of Harford County adults reported binge drinking in the past month and 5.5% reported being chronic drinkers (1-2 or more drinks per day), both of which are close to the state percentages. The percentage of high school students reporting binge drinking was higher than the adult's: 15.6% of Harford County high school students reported being binge drinkers in 2016. The graph below shows alcohol and substance use by grade for high school students.



Source: 2016 Maryland Youth Risk Behavior Survey (YRBS)

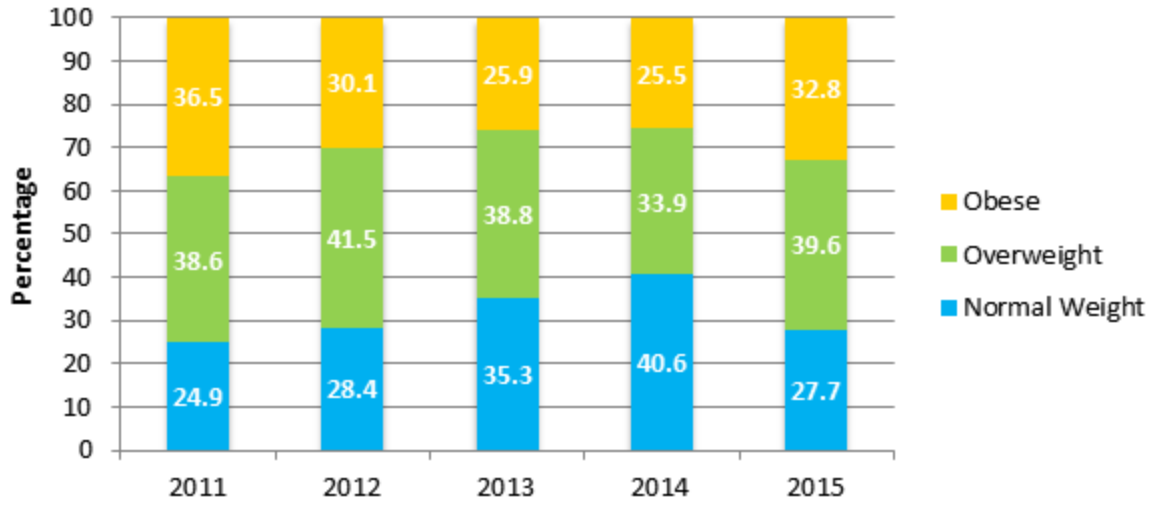
Healthy Eating, Active Living, and Obesity

Diet and exercise habits have a tremendous impact on health and wellbeing. Data from the 2013-2015 BRFSS indicate that only 65.9% of Harford County adults consume one or more servings of fruits per day and only 76.8% consume one or more servings of vegetables daily. Both percentages mirrored the state as a whole for fruit and vegetable consumption.

Physical activity was also recorded during the same years and showed that 73.7% of adults reported engaging in some form of leisure time physical activity throughout the week. While this percentage does not indicate whether the respondents got the recommended 150 minutes of exercise each week, it is encouraging to see such a high percentage of adults participating in physical exercise. The state's percentage was slightly higher at 76.5%.

According to the 2015 BRFSS, Harford County's obesity rate was 32.8%, which was higher than the state's (28.9%). Several factors were shown to increase a person's chance of obesity including income, race, and educational attainment. Black adults were almost twice as likely to be obese when compared to white adults, a disparity that is much more evident in Harford County than the state as a whole (2015 BRFSS). Adults without a high school diploma were also almost twice as likely to be obese than their college graduate counterparts. Adults making over \$75,000 annually were slightly less likely to be obese than adults making less than \$15,000. The graph below shows obesity, overweight, and normal weight trends between 2011 and 2015.

2011-2015 Weight Classifications, Harford County



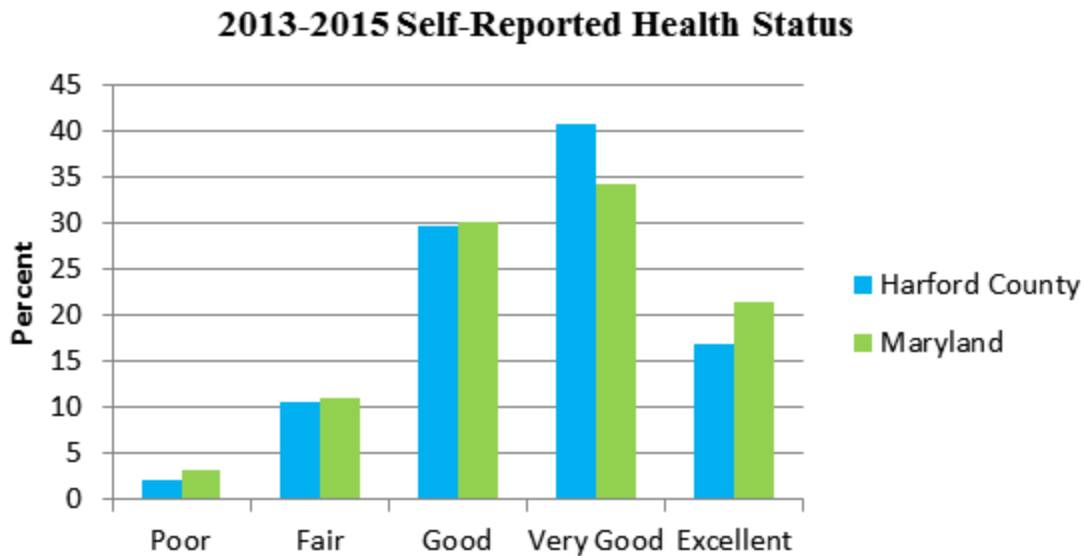
Source: 2011-2015 Maryland BRFSS



The Health Outcomes section of this report provides an overview of the health conditions of Harford County residents by exploring perceived health status, the leading causes of death and hospitalization, chronic and communicable disease, injury, mental health, and maternal and child health. The combination of these outcomes paints the picture of how the health behaviors outlined in the previous section manifest in a community.

Perceived Health Status

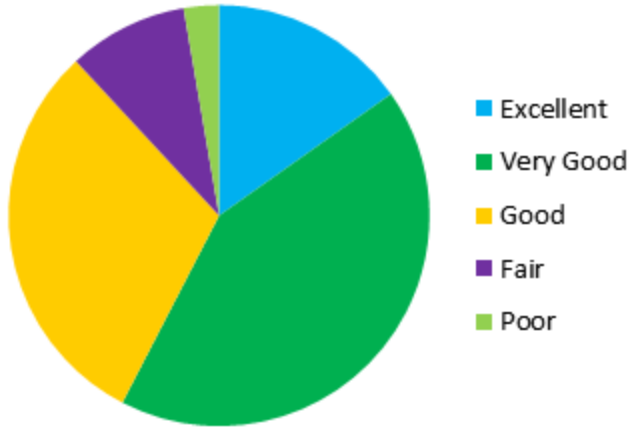
In the 2013-2015 BRFSS, respondents were asked to rank their overall health from poor to excellent. The survey indicated that the 40.8% of Harford County residents consider their health to be very good, which is above the state average (34.3%). However, Maryland respondents as a whole were more likely to identify as being in excellent health (21.4%) than Harford County respondents (16.9%). The graph below shows the percentage of perceived health status for each ranking.



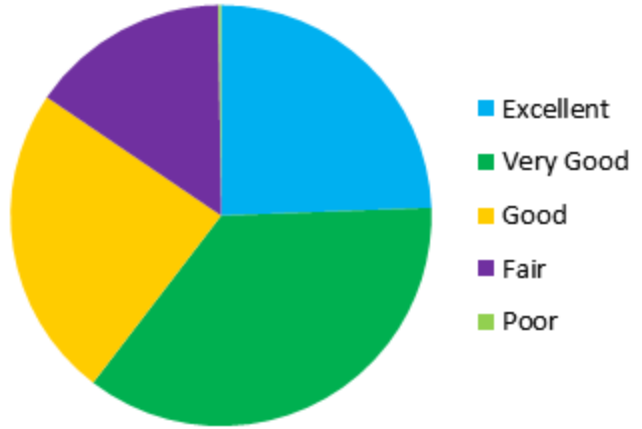
Source: 2013-2015 Maryland BRFSS

The same data indicated that Harford County's white non-Hispanic and black non-Hispanic populations have differences in perceived health status, with 56.6% of whites reporting very good or excellent health status as compared 60.4% of blacks. The white population had a higher percentage reporting good health (30.5%) than the black population (24.1%), and a lower percentage reporting fair health (9.2%) compared to the black responses (15.3%).

2013-2015 Self-Reported Health Status: White Population



2013-2015 Self-Reported Health Status: Black Population

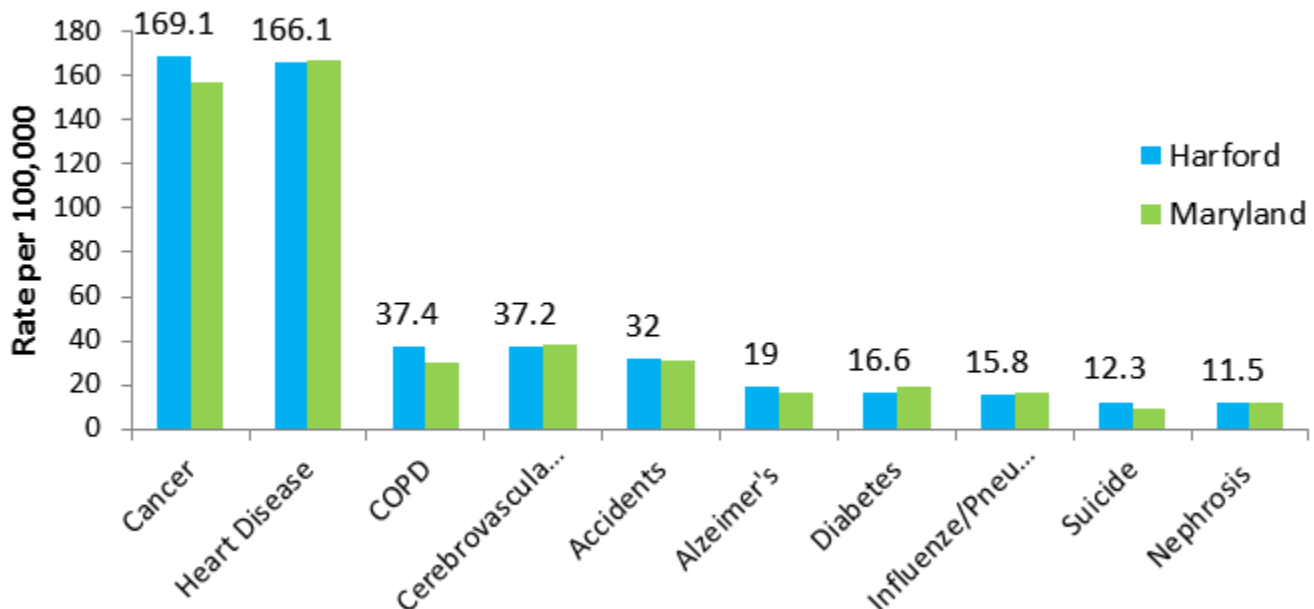


Source: 2013-2015 Maryland BRFSS

Leading Causes of Death and Hospitalization

Data from the Maryland Vital Statistics Administration indicate that the top three leading causes of death in Maryland include heart disease, cancer, and cerebrovascular disease (stroke). The role of accidents as the fourth leading cause of death is a relatively new phenomenon that could likely be attributed to the growing opioid epidemic and accidental overdoses. Harford County's leading causes of death do not mirror the state's. The county's three leading causes of death include cancer, heart disease, and chronic obstructive pulmonary disease (COPD). The graph below includes age-adjusted mortality rates per 100,000 for the leading causes of death in both Maryland and Harford County. In addition, between 2014 and 2016 the number of years of potential life lost in Harford County was 5,800 per 100,000 population when compared to 6,500 for the state of Maryland. For African Americans in Harford County, that number increased to 7,600 years of life lost.

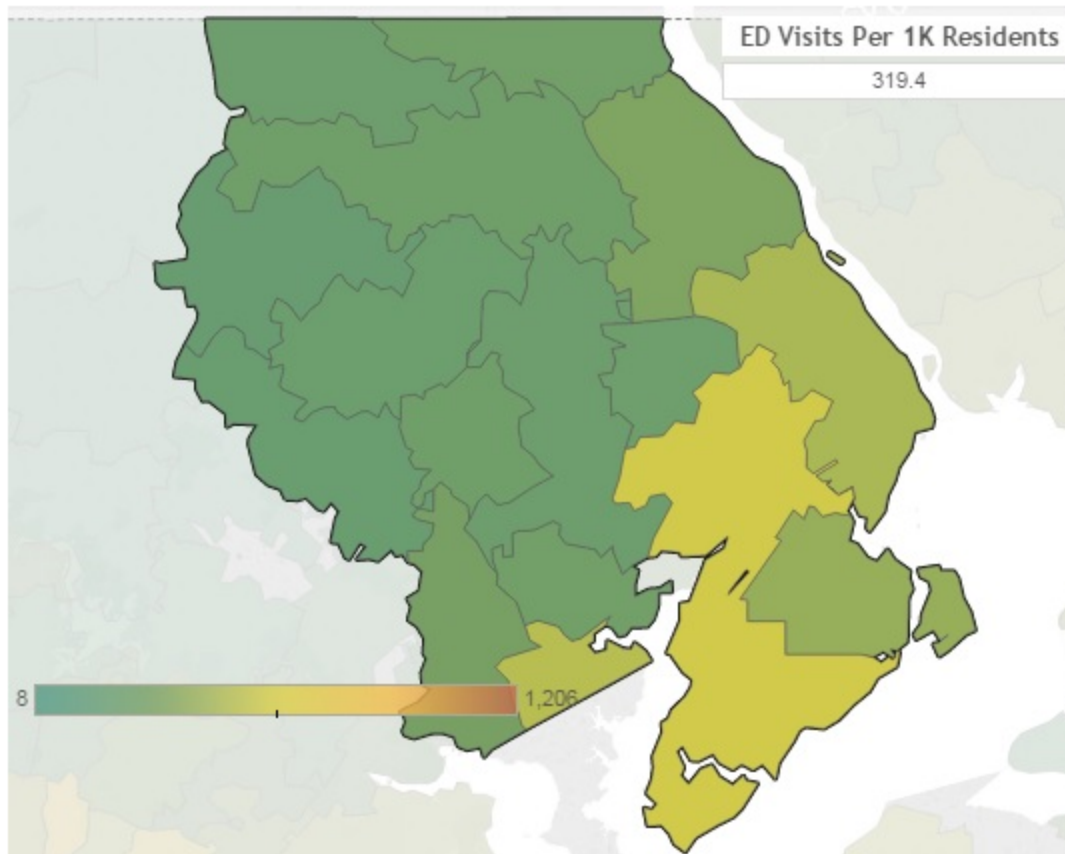
Age-Adjusted Mortality Rate Per 100,000 for Leading Causes of Death Maryland and Harford County, 2016



Source: 2016 Maryland Vital Statistics Annual Report

The image below shows rates of emergency department (ED) visits per 1,000 residents in Harford County by zip code. Lighter colors on the image indicate higher ED visit rates, while darker colors indicate lower rates. The rate for Maryland was 353.2 per 1,000 residents in 2016. Harford County's rate was slightly lower at 316.1. When each zip code was examined individually, it was found that the zip codes with the highest ED visit rates were Aberdeen (580), Edgewood (502), and Havre de Grace (460), all of which were well above the state and county averages.

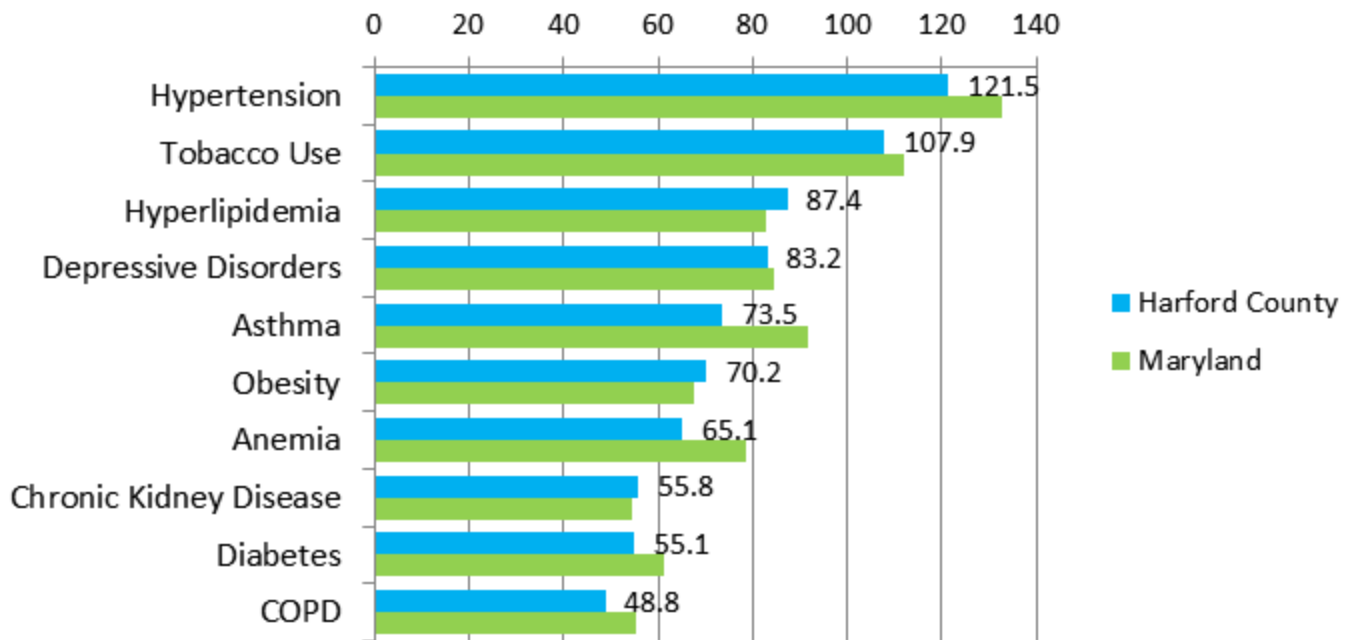
2016 Harford County Emergency Department Visits Per 1,000 Residents



Source: CRISP Emergency Department Visits by Zip Code (2016)

Using the Centers for Medicare and Medicaid Service's definition of chronic conditions, 2016 data for Harford County indicated that the three most common conditions associated with ED visits were hypertension, tobacco use, and hyperlipidemia (high concentration of fats or lipids in a patient's blood). Havre de Grace's top three chronic disease indicators were the same as those recorded for the county. However, while Aberdeen and Edgewood had tobacco use and hypertension as their leading indicators, the third and fourth highest indicators were depressive disorders and asthma, respectively, which suggest that these conditions were not being successfully treated on an outpatient basis. The top ten indicators for the entire county are listed in the table below.

Leading Chronic Conditions for Emergency Department Visits Harford County and Maryland, 2016

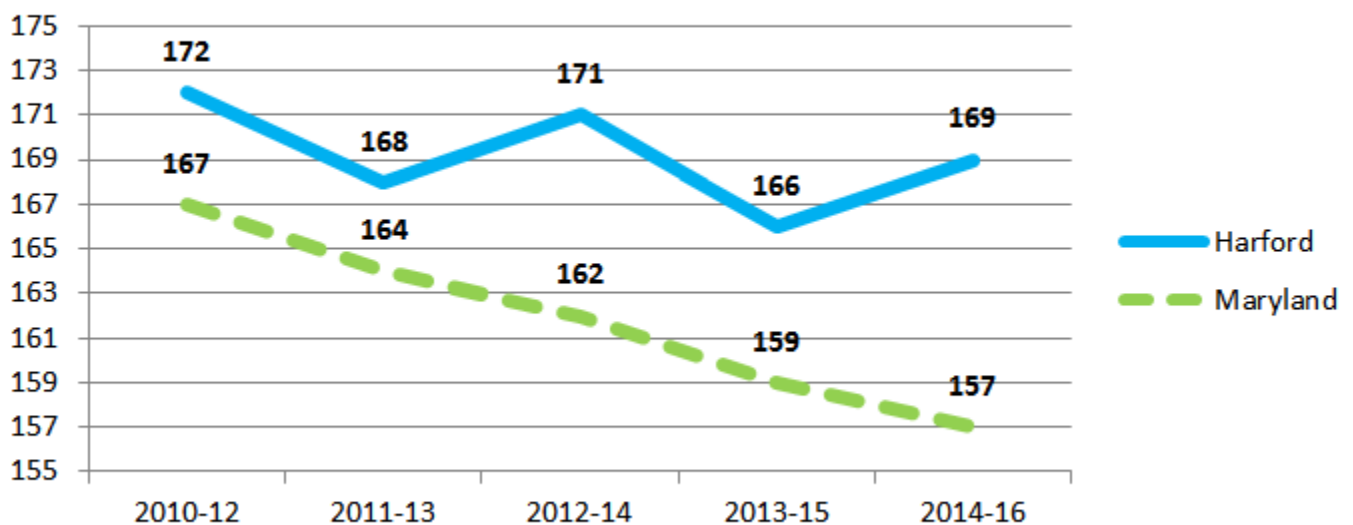


Source: CRISP Emergency Department CCW Conditions (2016)

Chronic and Communicable Disease

According to the Vital Statistics Administration, the leading cause of death in Harford County was cancer in 2016. Cancer mortality rates are also worse in Harford County than for the State of Maryland. While the state's mortality rates have steadily declined over time, Harford County's rate has remained relatively stable. Cancer mortality rates for Harford County and Maryland are shown below.

Cancer Mortality Rates Harford County & Maryland, 2012-2016

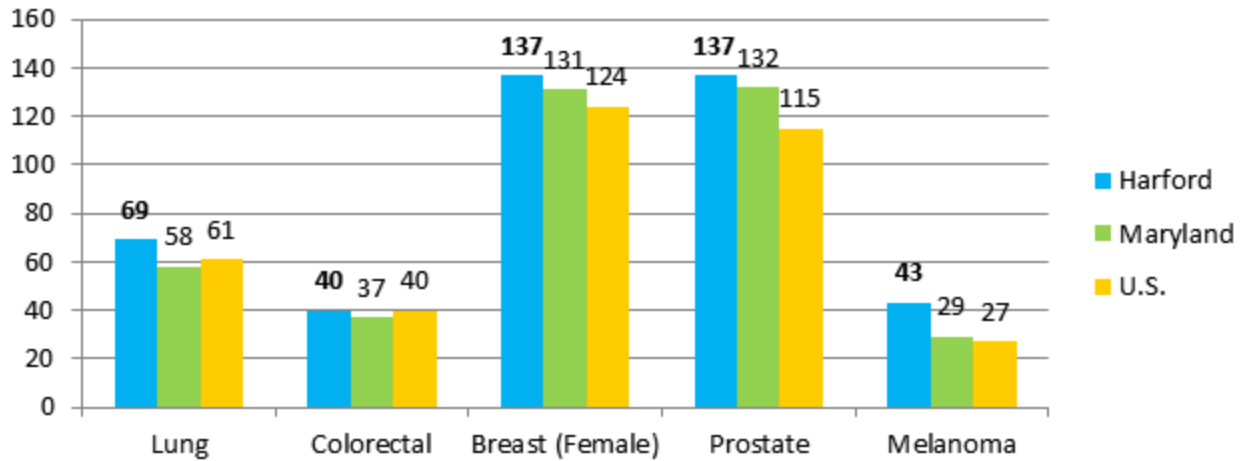


**Age-Adjusted Rates*

Source: Maryland Vital Statistics Reports

Cancer incidence rates by type are shown in the figure below for Harford County, Maryland, and the United States. Notice that Harford County rates are the same or worse for every cancer type when compared both locally and nationally.

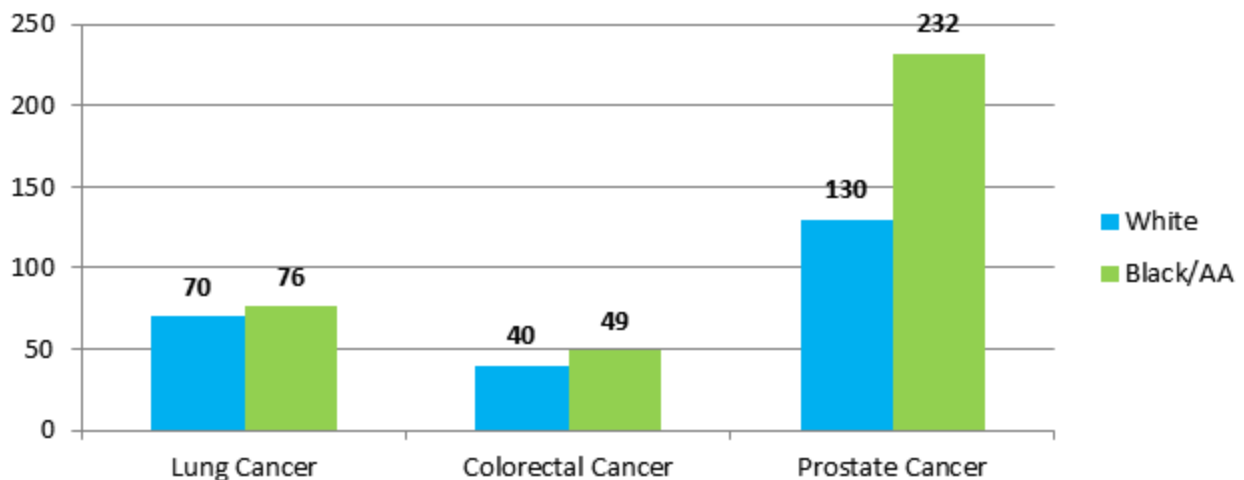
**Cancer Incidence Rates By Type
Harford County, Maryland & U.S., 2010-2014**



Source: CDC and NCI at <https://www.statecancerprofiles.cancer.gov/incidencerates/>

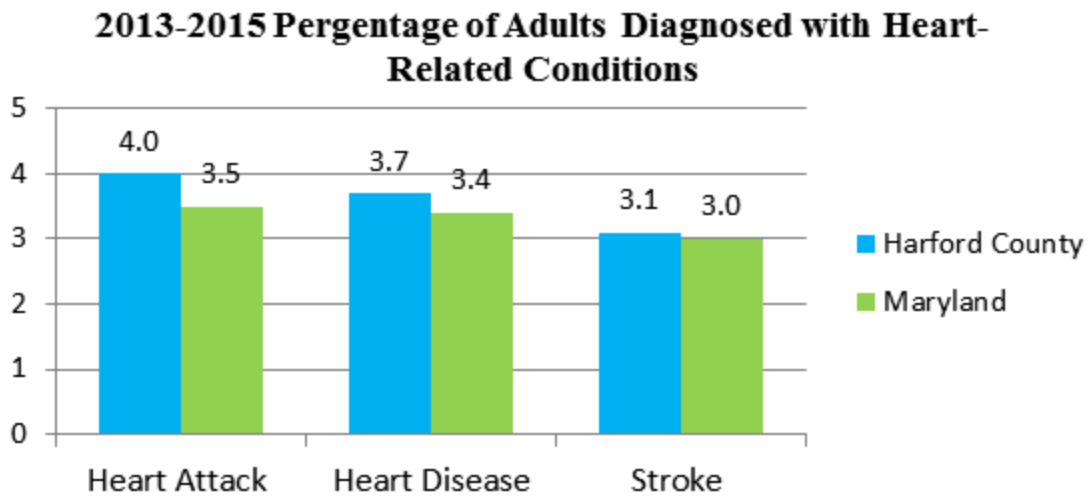
In addition to higher rates of cancer in the county, racial disparities exist for three types of cancers that have positive outcomes when screening occurs regularly. The figure below depicts incidence rates for lung cancer, colorectal cancer, and prostate cancer among white and black residents from 2010 to 2014.

**Cancer Incidence Rates By Race
Harford County, 2010-2014**



Source: CDC and NCI at <https://www.statecancerprofiles.cancer.gov/incidencerates/>

Harford County adults have been shown to have a higher percentage of several vascular diseases when compared to Maryland adults. The chart below shows the percentage of adults that have been told that they have experienced a heart attack, been diagnosed with heart disease, or had a stroke. In each case, the percentage of Harford County adults is slightly higher than the state percentages.



Source: 2013-2015 Maryland BRFSS

For other chronic conditions such as diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), hypertension, and high cholesterol, the prevalence of each of these conditions is higher in Harford County than in the state, with the exception of diabetes. The following chart summarizes prevalence rates for each condition and compares them to the state prevalence.

Table: Percentage of Adults Ever Told They Have the Chronic Condition, 2013-2015

Chronic Condition	Harford County	Maryland
Asthma	14.3%	13.8%
COPD	8.1%	5.8%
Diabetes	9.7%	10.2%
High Cholesterol	37.0%	30.9%
Hypertension	36.6%	33.3%

Source: 2013-2015 Maryland BRFSS

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. In Maryland, there are 86 notifiable diseases that are reported to the Centers for Disease Control (CDC). Of those diseases, the highest case rates in Harford County were observed for chlamydia, Lyme disease, gonorrhea, salmonellosis (salmonella), and aseptic meningitis. The following chart provides rates for Harford County and Maryland per 100,000 residents. Notice that Harford County’s Lyme disease rate is much higher than the state rate. In addition, 23 Harford County residents were diagnosed with HIV in 2016.

**2016 Notifiable Disease Incidence Rates per 100,000
in Harford County and Maryland**

Notifiable Disease	Harford County	Maryland
Chlamydia	320.5	509.6
Lyme Disease	69.4	21.2
Gonorrhea	62.3	158.5
Salmonellosis	11.6	16.1
Meningitis, Aseptic	10.4	8.7
Syphilis	6.8	8.5

Source: Maryland Department of Health

Maternal and Child Health

In 2016 there were 2,701 live births in Harford County. The chart below outlines maternal and child health data for the county. Maternal characteristics and birth outcomes in Harford County vary by race, indicating health disparities exist for mothers and babies for racial and ethnic minorities. Maternal characteristics and birth outcomes are provided by race in the chart below. Notice that the infant mortality rate for blacks in the county is more than three times higher than the rate for all races combined.

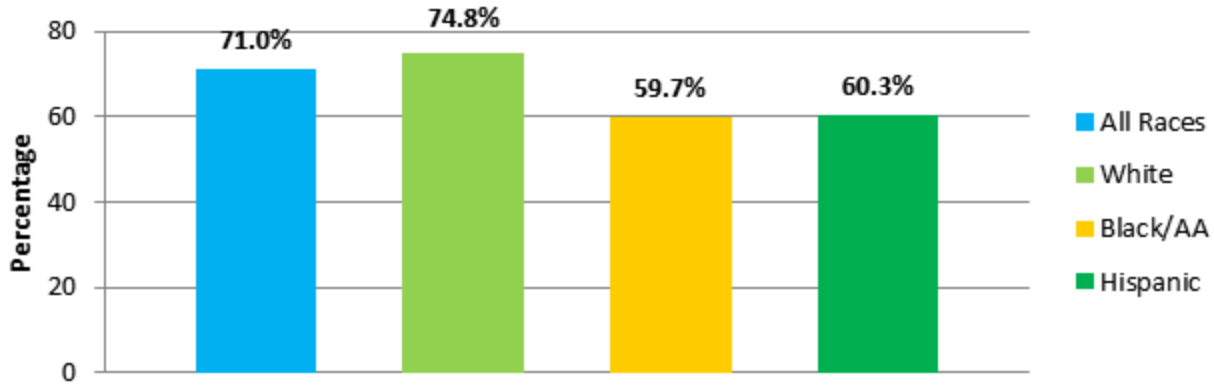
2016 Maternal and Child Health Data, Harford County and Maryland

Maternal Characteristics	Harford County	White	Black/AA	Hispanic
Under 20 years of age	3.5%	2.6%	6.6%	6.0%
Unmarried	30.6%	24.7%	56.4%	38.4%
Birth Outcomes				
Low birth weight (<2500 grams)	7.6%	6.4%	12.1%	7.5%
Infant Mortality (per 1,000 live births)	4.8	3.1	14.4	N/A

Source: 2016 Maryland Vital Statistics

A mother's well-being before, during, and after pregnancy can affect the health of a child from infancy to adulthood. The percentage of births to mothers receiving prenatal care in the first trimester of pregnancy was 71.0%, which was high when compared to Maryland's (67.8%). Births to mothers under the age of 20 made up only 3.5% of births in the county, while births to unmarried mothers made up 30.6% of births. The chart below highlights disparities in prenatal care by race in Harford County.

2016 Percentage of Births to Mothers that Received Prenatal Care in 1st Trimester, Harford County



Source: 2016 Maryland Vital Statistics

Injury

According to County Health Rankings data between 2011 and 2015, the overall death rate from injuries in Harford County per 100,000 population was 61, which was slightly higher than the rate for Maryland (58). The rate of motor vehicle crash deaths was 11 per 100,000 in Harford County and 9 in Maryland. In addition, the percentage of motor vehicle deaths in which alcohol-impairment was the primary factor was higher in Maryland at 33%, than the 24% for Harford County deaths.

The table below shows causes of death and their corresponding death rates in both Harford County and Maryland from the 2016 Maryland Vital Statistics Annual Report. Intentional injuries from suicide and homicide accounted for 2.1% of deaths in Harford County in 2016 and unintentional injury deaths accounted for around 5.8%. While injury deaths from motor vehicle accidents have decreased over the past ten years, deaths from intentional self-harm (suicide), poisoning, and falls have continued to increase throughout the state.

2014-2016 External Causes of Death Rate per 100,000

Cause of Death	Harford	Maryland
Accident	32.0	30.5
Intentional Self-Harm (Suicide)	12.3	9.2
Assault (Homicide)	*	9.0

Source: Maryland Vital Statistics 2016 Annual Report

*Rates based on <20 events in the numerator are not presented since such rates are subject to instability.

Mental Health

A combination of quantitative data collected in hospitals, schools, and community surveys paints a startling picture of mental health for both children and adults in some of Harford County's most vulnerable communities. The Maryland BRFSS data for 2013-2015 indicates that 21% of Harford County residents have been diagnosed with depressive disorder, compared to 16.1% for the state. In addition, hospital data made available by the Chesapeake Regional Information System for our Patients (CRISP) reporting system, which serves as a regional health information exchange for Maryland, Virginia, West Virginia, and the District of Columbia, indicates that the rates of hospitalizations and emergency department visits for mental health-related conditions are similar in Harford County and the state of Maryland, but geographic disparities appear in the three zip codes with the highest need index for the county. The need index is based on the Community Need Index developed by Dignity Health in 2004. The following tables summarize hospitalization and Emergency Department (ED) visit rates per 1,000 residents for the state, county, and three selected jurisdictions.

Hospitalizations per 1,000 Residents for Mental Health Indicators, CRISP 2016

Population	Depression	Alzheimer's	Bipolar	Schizophrenia
Maryland	43.86	13.05	12.50	8.17
Harford County	45.14	13.46	11.94	5.64
Aberdeen	70.9	19.3	22.2	10.3
Edgewood	58.03	12.12	19.57	8.52
Havre de Grace	62.1	20.9	17.7	8.2

Source: 2016 CRISP Hospitalization Data

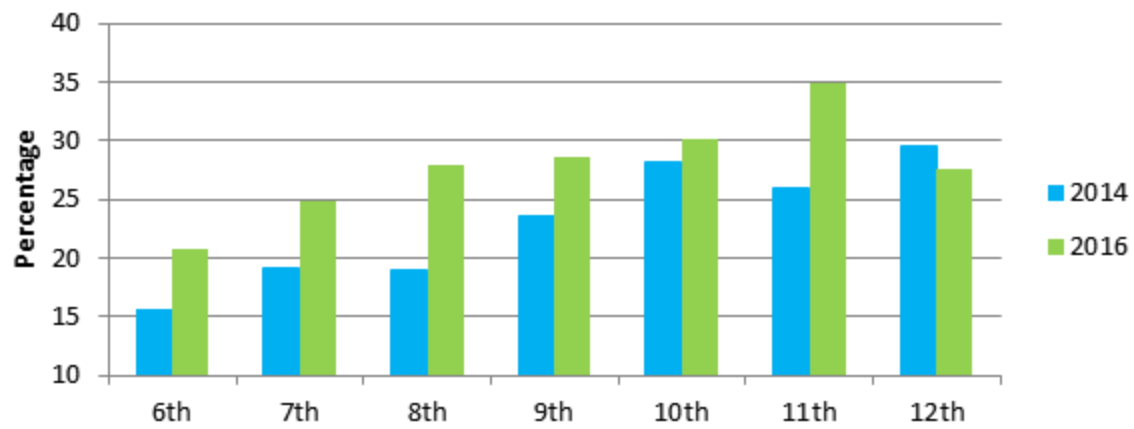
ED Visits per 1,000 Residents for Mental Health Indicators, CRISP 2016

Population	Depression	Alzheimer's	Bipolar	Schizophrenia
Maryland	84.7	12.6	40.9	21.6
Harford County	83.2	11.4	34.3	11.9
Aberdeen	164.5	18.6	77.7	27.3
Edgewood	128.9	11.4	61.4	22.2
Havre de Grace	128.8	20.2	50.2	18.3

Source: 2016 CRISP ED Visit Data

According to the 2014 and 2016 Maryland Youth Risk Behavior Survey, the percentage of students who reported feeling sad or hopeless for more than two weeks in a row climbed 33.3% between the first year of middle school and the senior year of high school. The percentage of high school students who seriously considered committing suicide was 18.2% while 14.4% made a plan for how they would commit suicide.

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



Source: 2014 & 2016 Maryland Youth Risk Behavior Survey



Health Insurance Coverage

Without health insurance, most people cannot afford quality healthcare. Lack of coverage may lead to disparities in overall health. Access to health insurance coverage has remained strong in Harford County with the expansion of Medicaid eligibility and implementation of the Maryland Health Exchange for Qualified Health Plans under the Affordable Care Act. In 2016, the percentage of uninsured adults was just 4.6% compared to Maryland's 8.1% according to the U.S. Census Bureau. However, the following disparities arise by zip code, age, sex, race, and educational attainment. Notice that the following characteristics make adults less likely to have health insurance coverage: 18 to 24 years of age, male, Hispanic, and less than a high school degree. Populations with the highest uninsured rates live in Aberdeen (21001) and Edgewood (21040).

2016 Percentage Uninsured by Category by Zip Code, Harford County

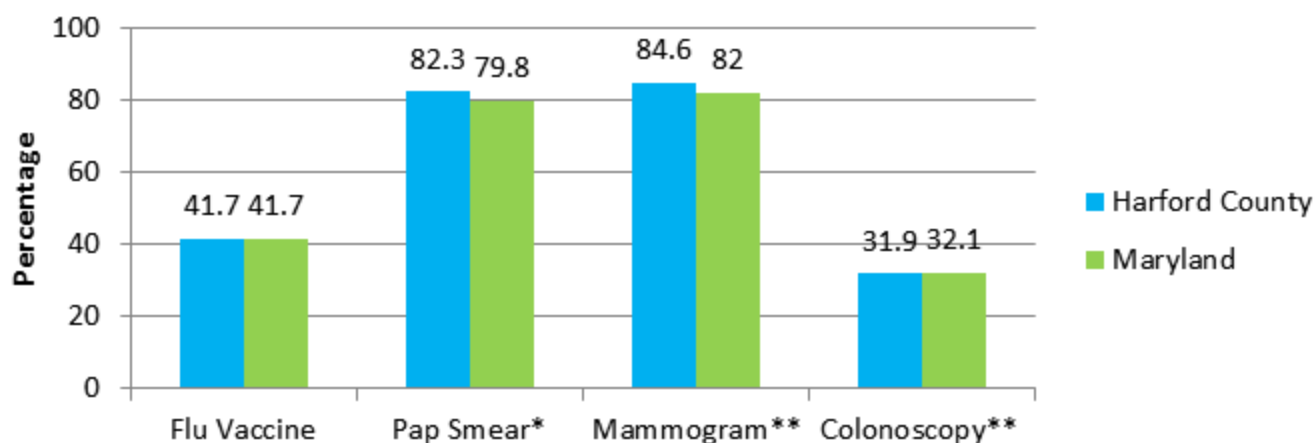
Age	Harford	Aberdeen	Edgewood	Havre de Grace
Under 18 years	2.1	1.8	1.4	2.0
18 to 24 years	8.7	16.6	19.2	11.8
25 to 34 years	9.1	15.0	13.4	6.9
35 to 44 years	5.9	10.3	10.4	7.2
45 to 54 years	5.4	11.4	8.6	5.9
55 to 64 years	4.6	9.5	9.0	6.2
Sex				
Female	3.7	6.7	5.9	4.3
Male	5.5	10.1	10.0	5.5
Race/Ethnicity				
White	3.7	7.1	9.8	4.0
Black/AA	7.4	9.3	6.6	8.4
Hispanic	12.8	18.8	17.6	8.9
Educational Attainment				
Less than high school	12.5	16.3	12.7	6.1
High school graduate	6.6	11.9	9.6	9.9
Some college	4.5	6.9	8.1	3.5
Bachelor's or higher	2.3	5.2	6.9	2.2

Source: U.S. Census 2012-2016 American Community Survey, 5-year Estimates

Access to Primary Care and Preventive Health Services

Preventive health services are essential for early detection of diseases and to avoid serious complications when diseases are not caught in their early stage. Most health insurance plans are required to cover a set of preventive services – such as vaccines and screenings – at no cost to the patient. The chart below shows the percentage of Harford County adults that took advantage of such opportunities in 2014. Notice that the use of each type of preventive health service is similar in Harford County and Maryland.

2014 Percentage of Harford County Residents Receiving Preventive Health Services



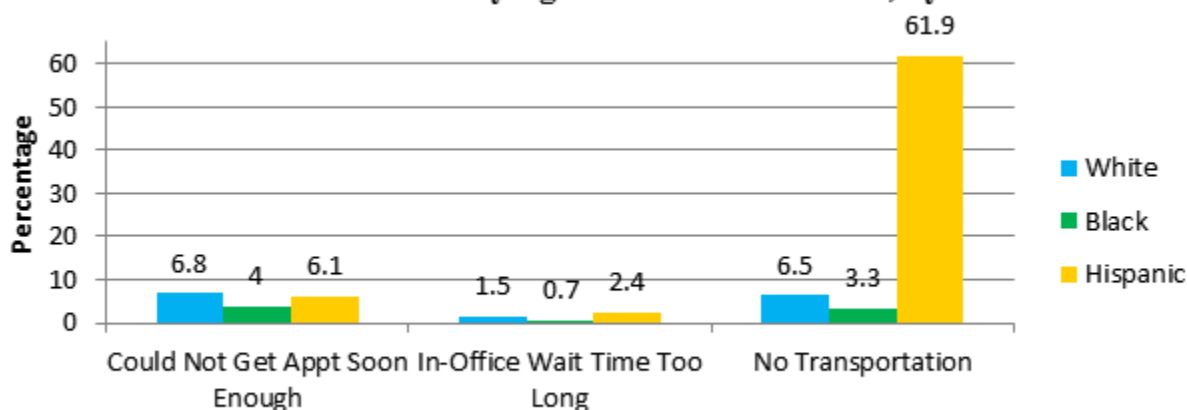
Source: 2014 Maryland BRFSS

*Screening in past 3 years for women 18 years and older

**Screening in past 2 years for adults 50 years and older

In the 2013-2015 BRFSS, 87.6% of Harford County residents reported having a person that they think of as their personal doctor or health care provider, higher than the state percentage of 82.4%. Responses to the 2015 BRFSS indicate that more Harford County residents have had routine health checkups in the last year (79.9%) than Maryland residents (76.2%). However, in the 2013-2015 BRFSS, 11.5% of Harford County residents reported needing to see a doctor but not being able to because of a cost barrier. In 2014 the two most reported reasons for delaying medical care included not being able to get an appointment soon enough (6.1%) and not having transportation to reach an appointment (8.3%), according to the Maryland BRFSS. The graph below shows that Hispanics were almost 10 times more likely than whites to report transportation as a barrier to receiving care.

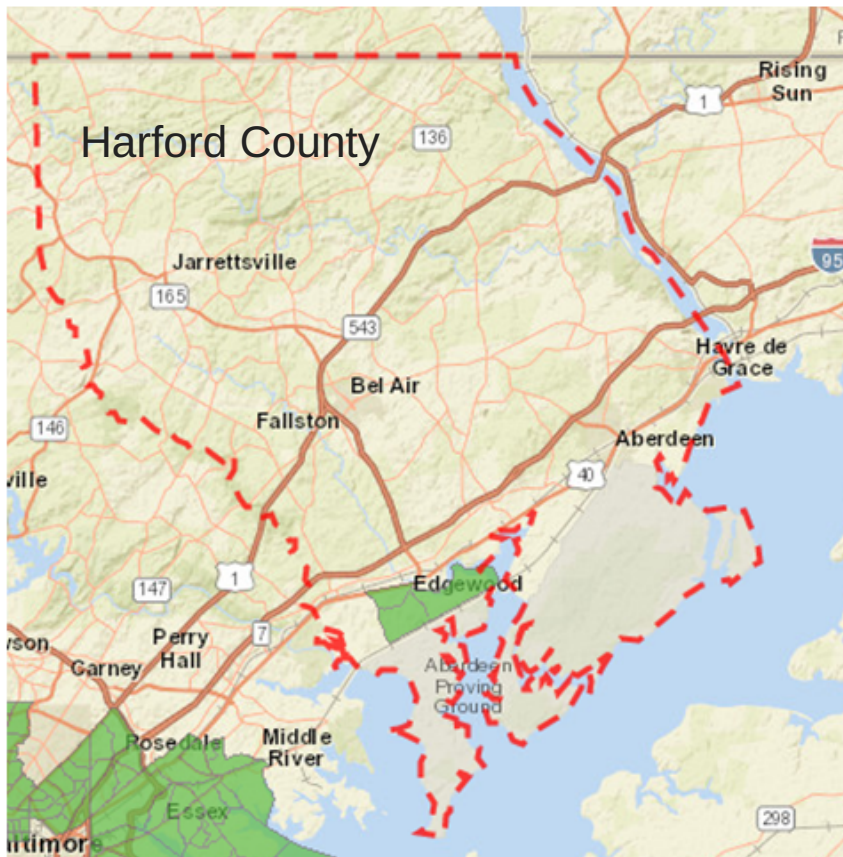
2014 Reasons for Delaying Needed Medical Care, by Race



Source: 2014 Maryland BRFSS

According to the Maryland Department of Health's Health Resources and Services Administration, a portion of Harford County is considered a Health Professional Shortage Areas (HPSA) for primary care. The following image shows in green the area of Harford County that has been designated as HPSA for primary care.

Primary Care Health Professional Shortage Areas



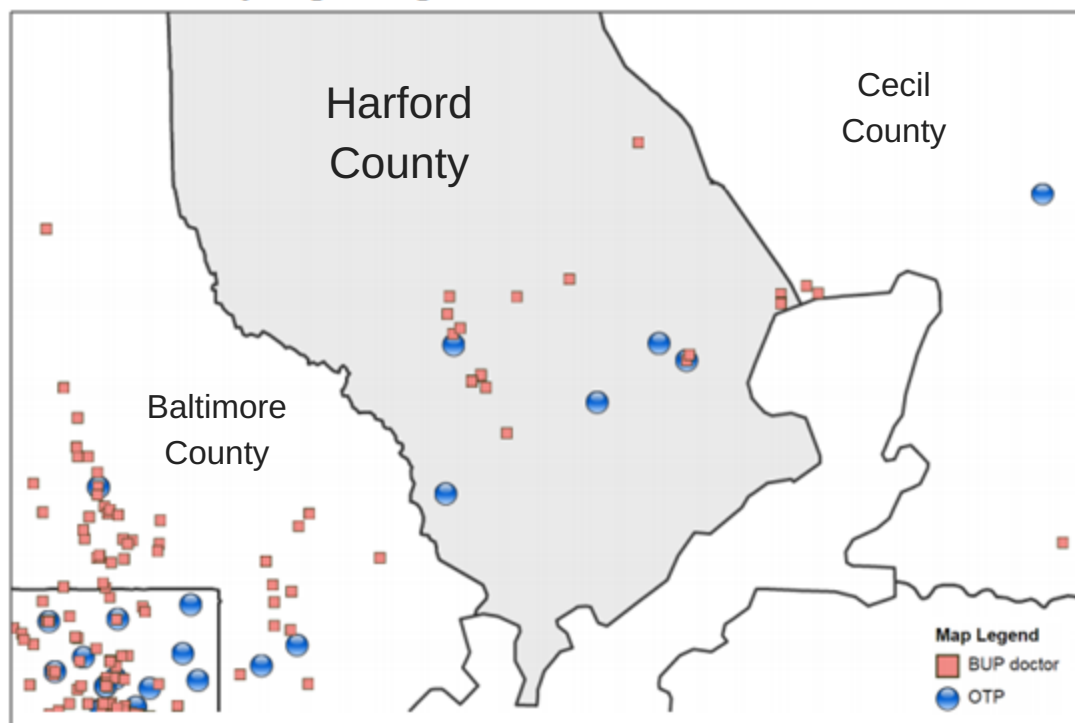
Source: Health Resources and Services Administration, County and County Equivalent Listing – Primary Care

Access to Mental Health and Substance Abuse Care

While most mental health and substance use disorders can be treated successfully, many who suffer from these diseases do not receive the care they need. The Health Resources and Services Administration designated all of Harford County as a Health Professional Shortage Area (HPSA) for mental health services. This designation means that the need for mental health services far outweighs their availability.

The Maryland Department of Health's Behavioral Health Administration compares each Maryland County's Opioid Treatment Program (OTP) capacity to the estimated need in that county. In 2015 Harford County's estimated need was 2,570 patients. In comparison, existing capacity could only serve 1,687 patients, leaving about 883 persons in need. The figure below maps Buprenorphine Treatment Providers and OTP facilities throughout the county. In addition, data from County Health Rankings show that in 2016, Harford County's mental health provider ratio was 740:1. This is much higher than Maryland's ratio of 490:1. United States counties in the 90th percentile for this measure report ratios closer to 360:1 for mental health providers.

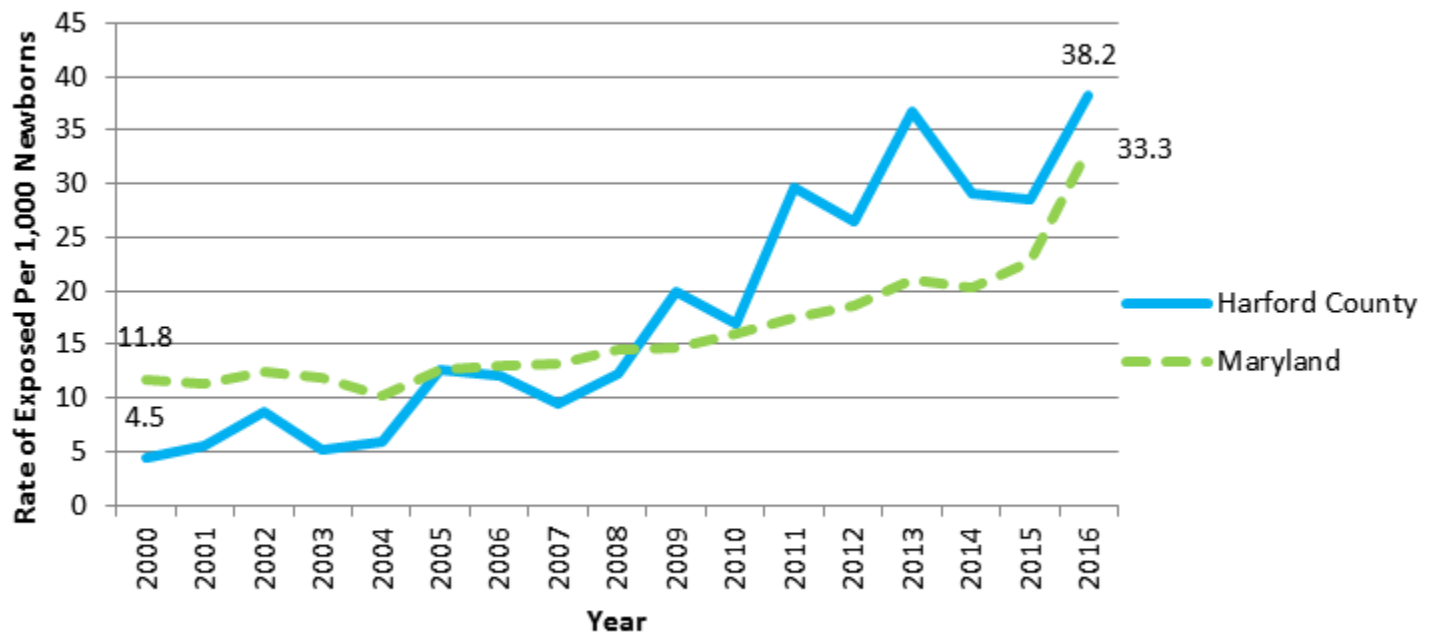
Harford County Buprenorphine Treatment Providers and OTP Facilities



Source: 2015 Maryland Behavioral Health Administration Opioid Treatment Programs in Maryland

Another indicator that suggests limited access to substance abuse treatment is the rate of substance-exposed newborns. The following graph shows the 8-fold increase in the rate of hospital encounters for newborns with maternal drug/alcohol exposure for Harford County and Maryland between 2000 and 2016.

Rate of Hospital Encounters for Newborns Born with Maternal Drug/Alcohol Exposure in Harford County and Maryland, 2000-2015



Source: HSCRC Hospital Data, 2000-2016

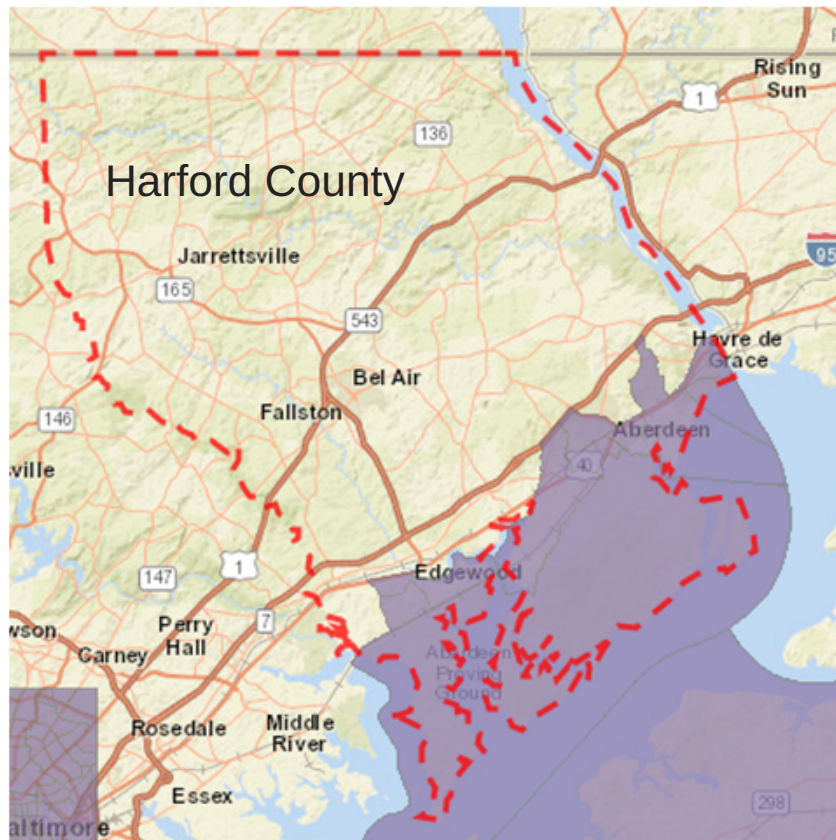
NOTE: ICD-10 Codes Used 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

The Harford County Health Department provides community-based behavioral health treatment and support services, as well as outreach, education, and specialized substance use disorder programs. The University of Maryland Upper Chesapeake Health provides behavioral health services through its Harford Memorial Hospital, including acute inpatient treatment, emergency room evaluations, medical consultations, and intensive outpatient programs. However, data indicates that the county needs additional capacity for treating those with mental illness and with addiction disorders.

Access to Oral Health Care

Oral health is an important part of overall health. Poor oral health has been associated with heart disease and has recently been linked to cancer in women (1). Dental problems are often painful, causing difficulty in eating and, consequently, to poor nutrition. On occasion, periodontal disease can require hospitalization and may lead to death. Access to affordable dental care is critical to ensuring good oral health. The ratio of dentists to population is lower in Harford County than for the state as a whole: 1 dentist for every 1,630 people in the county as compared to 1 to 1,350 in the state. Harford County has a lack of dentists in the southern area, which has been designated as a Health Professional Shortage Area (HPSA) for dental health. In the map below, the county's dental HPSA is shaded purple.

Health Professional Shortage Areas - Dental Health



Source: Health Resources and Services Administration, County and County Equivalent Listing – Oral Health Care

Data for 2015 from the Maryland BRFSS showed that just 67% of adults in Harford County reported visiting the dentist in the past year, a figure that was lower than for the state (72%). In addition, 6.8% reported that their last dental visit was over 5 years ago.

(1) Ngozi N. Nwizu, et. al., Periodontal Disease and Incident Cancer Risk among Postmenopausal Women: Results from the Women's Health Initiative Observational Cohort, Cancer Epidemiology, Biomarkers and Prevention, August 2017.



Background

The customized survey tool consisted of approximately 46 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, 1,741 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 55% of all respondents reside in zip codes 21014, 21015, 21009, 21078, and 21050. An additional 13.8% of respondents live in an “Other” zip code, the most common of which are 21901, 21918, and 21921. As depicted in Table 2, of the total 1,741 respondents, 80.29% were female and 19.71% were male. Whites comprised 83.77% of study participants and Blacks/African-Americans represented 11.55%. Approximately 3% of all respondents identified as Latino/Hispanic. Approximately 49% of all respondents were between the ages of 45 and 64 years. An additional 34.8% of all respondents were between the ages of 25 and 44 years.

Table 1. Zip Code Representation

Zip Code	%	Zip Code	%	Zip Code	%	Zip Code	%
21014	17.18	21040	7.15	21084	1.61	21005	0.52
Other	13.83	21001	6.80	21028	1.21	21111	0.29
21015	11.87	21047	3.75	21034	1.15	21010	0.23
21009	9.91	21085	2.54	21013	0.75	21060	0.12
21078	8.24	21154	2.42	21087	0.69	21018	0.06
21050	7.32	21017	1.61	21132	0.69	21082	0.06

Table 2. Demographic Information

Demographics	%
Gender	
Male	19.71
Female	80.29
Age	
18-24	4.97
25 – 34	16.94
35 – 44	17.86
45 – 54	24.10
55 – 64	24.97
65 – 80	10.69
81+	0.46
Race/Ethnicity	
White	83.77
Black/African American	11.55
American Indian/Alaska Native	0.40
Asian/Pacific Islander	1.68
One or more races	2.60
Hispanic/Latino*	3.06

* 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 (63.09%) were married. Approximately 15% of respondents were single (never married) and 11.71% were divorced. 2.07% of respondents attained less than a high school diploma or GED. Approximately one-third (29.76%) of respondents attained some college, technical school or nursing school and 51.69% of respondents have an undergraduate degree or higher.

The majority (72.29%) of respondents were currently employed and working full-time. In addition, half of the respondents had an annual household income of \$75,000 or more. Less than 14% of respondents had an income less than \$25,000.

Table 2. Demographic Information Cont'd

Demographics	%
Marital Status	
Married	63.09
Divorced	11.71
Widowed	4.15
Separated	2.08
Never married	15.11
Member of an unmarried couple	3.86
Level of Education	
Never attended school or only attended kindergarten	0.0
Grades 1-8 (Elementary School)	0.52
Grades 9-11 (High school, no diploma)	1.55
High school diploma or GED	11.97
Some college or Technical school	32.30
College degree	29.76
Graduate degree	21.93
Other	1.96
Employment Status	
	%
Full-time employee	72.29
Part-time employee	12.99
Unemployed, looking for work	2.08
Unemployed, not looking for work	.064
Retired	6.93
Disabled, Not able to work	3.29
Student	0.75
Homemaker	1.04
Annual household income from all sources	
Less than \$10,000	5.21
\$10,000-\$14,999	2.87
\$15,000-\$19,999	1.99
\$20,000-\$24,999	3.10
\$25,000-\$34,999	6.91
\$35,000-\$49,999	9.02
\$50,000-\$74,999	16.29
\$75,000 and more	54.60

Access to Health Care

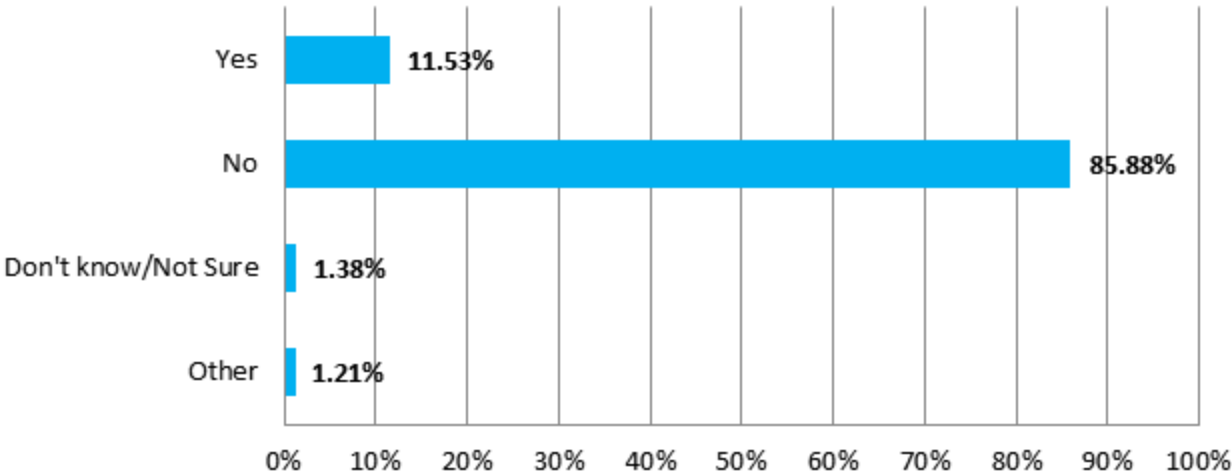
A high proportion of respondents had health care coverage (97.92%) and at least one person who they think of as their personal doctor or health care provider (88.44%). In addition, 76.33% of respondents had a routine checkup within the past year and 13.95% had one within the past two years. The source of respondent’s health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

Health Insurance Source	%
Your employer	61.09
Someone else’s employer	21.59
Medicaid or Medical Assistance, MCHiP	8.49
The military, CHAMPUS, or the VA	2.60
Some other source	5.60
A plan that you or someone else buys on your own	3.35
None/No Health Insurance	2.08

Despite primarily positive findings regarding health insurance and access to primary care, respondents in Harford County still cite the cost of care as a barrier. Nearly 12% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. This finding may be an indicator that out-of-pocket expenses not covered by insurance (e.g. copays) are preventing respondents from seeking care when they need it. In addition, 21 respondents cited an “Other” reason for not being able to see a doctor due to cost. Of these 21 respondents, seven stated they were not able to afford dental care or they had transportation issues.

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?



Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 71% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 13.04% stated they could not get an appointment soon enough. Approximately 146 respondents (8.50%) cited an “Other” reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. Others indicated being unable to take time off work.

Reason: Cost	Reason: Work
“No money.”	“Time off work means no pay.”
“No money for co-pays and couldn’t get an appointment quick enough.”	“Work gets in the way.”
“High co-pay/deductible.”	“Too busy at work to go.”
“Not being able to afford the tests I knew they would order.”	“Put job before my health and the care of an elderly parent.”
“Had to pay out of pocket as the doctor was out of network and the deductible was too high, and there was not a similar doctor I could go to instead of the one I went to.”	“Stressors at work make it difficult to make time for personal calls during regular business hours.”
“Can’t afford it.”	“Too hard to take off work to go.”
“I couldn’t afford the co-pay.”	“Appointment times inconvenient because I work during business hours too.”
“Co-pay too expensive; cannot afford.”	“Work prevents me from follow up with care after diagnosis.”
“Dentist cost a lot of money.”	“I cannot take time off to go to my doctor’s appointments because my job has a policy that two people cannot be off at the same time.”

Next, respondents were asked if they travel outside of Harford County to get medical help. More than one-third of respondents (35.66%) travel outside of the County for medical help. Respondents travel outside of the county for primary care, obstetrics/gynecology, and specialty care. The following is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

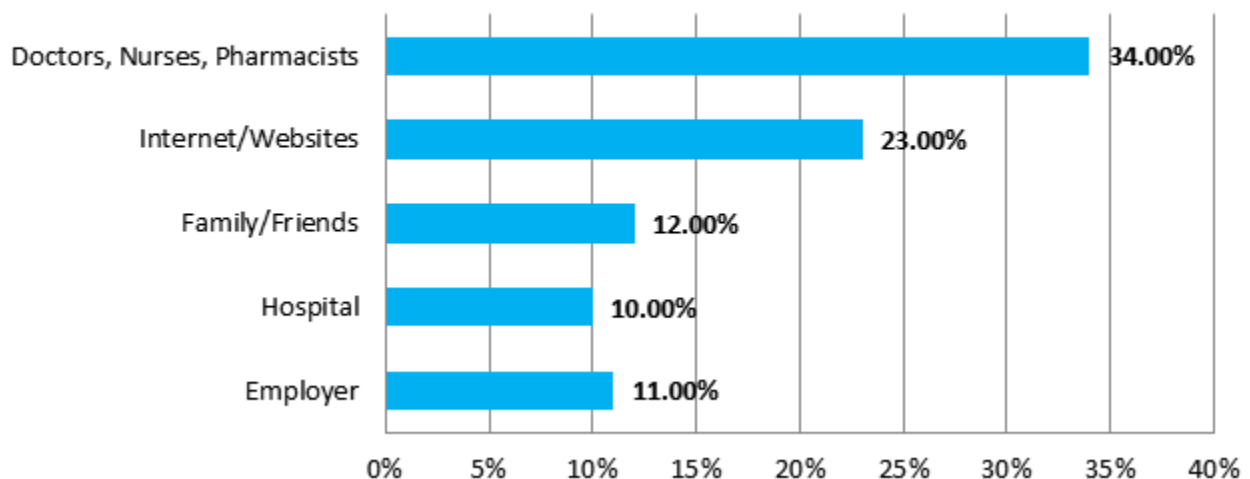
Table 4. “Other” Types of Care/Providers Respondents Travel Outside of the County to Visit

Type of Care/Provider	Number of Mentions
Primary care/Routine care	122
Obstetrics/Gynecology	81
Specialist	49
Dentist	18
Rheumatologist	16
Oncology	13
Surgery	12
Dermatology	10
Eye Doctor	9
Neurology	8
Mental Health	8
Orthopedics	8
Endocrinology	7
Pediatric	7
Gastrointestinal	6

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 (34%) 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.

“Where do you get your health information?” – Top 5 Sources of Health Information



Health Status & Chronic Health Issues

Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 56% of respondents stated their general health is very good or excellent. Approximately 11% 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. Thirty percent of respondents reported having poor physical health and 26% reported having poor mental health for a maximum of one to two days during the past 30 days.

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (87.27%) reported getting 5 to 8 hours of sleep and 7.93% 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 72% 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, the majority (51.50%) reported participating in exercise 1 to 5 times per week, and nearly 10% were physically active 6 to 10 times per week. The majority of respondents (59.29%) 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.

Dietary Behaviors

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

Table 6. Fruit and Vegetable Consumption

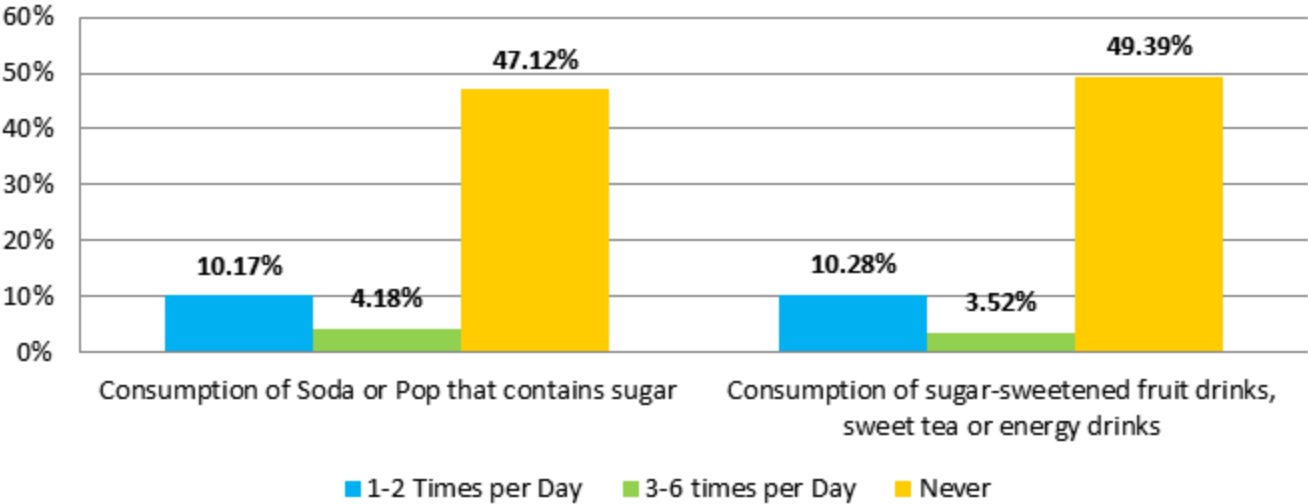
	Consumption of Fruits	Consumption of Vegetables
1 to 2 Times per Day	37.67%	31.31%
3 to 6 Times per Day	9.34%	9.78%
1 to 2 Times per Week	16.19%	18.23%
3 to 6 Times per Week	21.24%	29.92%
1 to 3 Times per Month	10.27%	8.04%
Never	3.89%	1.68%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (47.12% and 49.39% 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). In contrast, approximately 14% of respondents reported drinking soda and sugar-sweetened drinks respectively, one to six times per day. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 7. Regular Soda and Sugar-Sweetened Drink Consumption

	Consumption of Soda or Pop that contains sugar	Consumption of sugar-sweetened fruit drinks, sweet tea or energy drinks
1 - 2 Times per Day	10.17%	10.28%
3 - 6 Times per Day	4.18%	3.52%
1 - 6 Times per Week	8.31%	6.82%
7 - 15 Times per Week	1.28%	2.02%
More than 15 Times per Week	0.52%	0.64%
1 - 9 Times per Month	25.28%	22.70%
10 - 25 Times per Month	1.05%	2.08%
More than 25 Times per Month	0.52%	0.81%
Never	47.12%	49.39%

Consumption of sugary drinks during the past 30 days



Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than half of the respondents (51.59%) reported that they are not watching or reducing their salt or sodium intake currently and another 46.78% reported that they are currently watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 30% of respondents have been told they have high cholesterol and/or high blood pressure and 25% have been told they have an anxiety and/or depressive disorder. In addition, 22.8% of respondents have been told they have arthritis and 17.82% of respondents have been told they have asthma. Respondents also mentioned other chronic conditions that they have been diagnosed with but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 8.

Table 8. Chronic Condition Diagnoses

Chronic Condition	%
High blood pressure	30.30
High cholesterol	29.85
Anxiety disorder	25.18
Depressive disorder	24.63
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	22.78
Asthma	17.82
Diabetes	9.35
Cancer	7.77
Angina or coronary disease	2.94
Chronic Obstructive Pulmonary Disease	2.24
Heart attack	1.82
Stroke	1.76

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 melanoma. Table 9 highlights the top 12 cancer types reported by respondents.

Table 9. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	38.89
Breast cancer	20.56
Melanoma	12.78
Cervical cancer	8.89
Lung cancer	4.44
Thyroid cancer	4.44
Prostate cancer	3.33
Ovarian cancer	3.33
Endometrial (uterus) cancer	2.22
Bladder cancer	2.22
Head and neck cancer	1.11
Stomach	1.11

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of “1 – Always” to “5 – Never.” As detailed in the table below, respondents were highly likely to use safety measures including wearing a seatbelt, practicing safe sex, using sunscreen regularly, and driving responsibly. In addition, respondents were less likely to eat fast foods more than once a week, use electronic cigarettes, get exposed to second-hand smoke, use marijuana, or misuse prescription drugs. However, 24.20% of respondents reported feeling stressed out or overwhelmed “Always” or “Most of the time.”

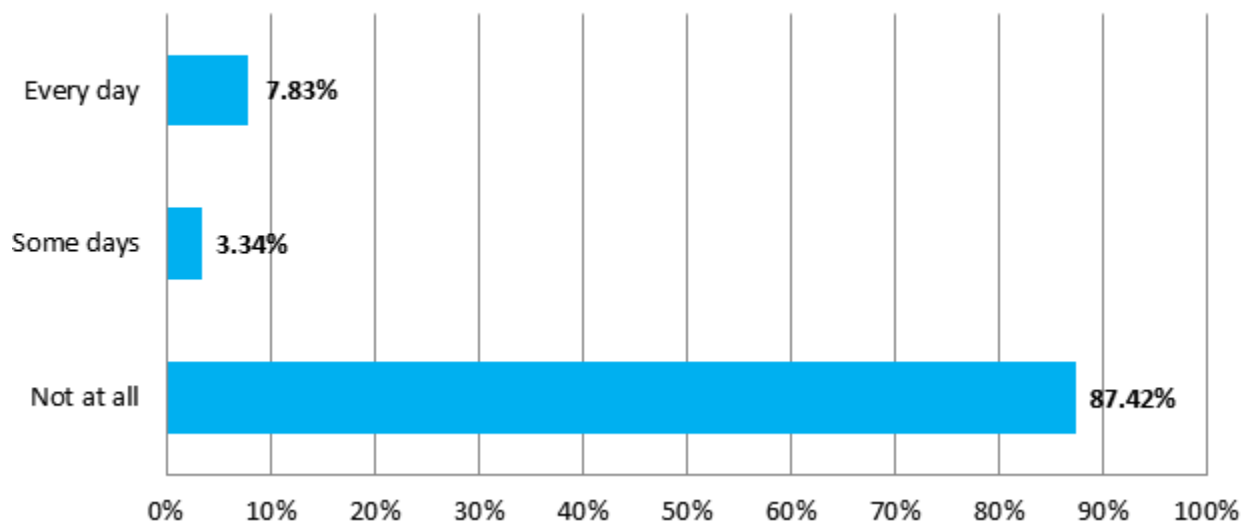
Table 10. Respondent Health and Safety Practices

Factor	Frequency of “Always” and “Most of the Time” Responses
Wear a seatbelt	97.7%
Wear a helmet while riding a bicycle, scooter, roller blading, etc.	33.81%
Eat fast food more than once a week	12.37%
Use electronic cigarettes	1.74%
Get exposed to second hand smoke or vaping mist at home or work	6.61%
Use marijuana	1.33%
Misuse prescription drugs, opioids, heroin, or other illegal drugs	0.41%
Exercise 30 minutes a day, 3 times a week	34.27%
Use sunscreen regularly	47.75%
Practice safe sex i.e. use a condom, monogamous, get tested	67.11%
Feel stressed out or overwhelmed	24.20%
Drive responsibly, follow safe rules of the road, drive within the speed limit	89.00%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 34% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 87.42% reported they currently do not smoke at all, whereas 7.832% smoke every day and 3.34% smoke some days.

Do you smoke cigarettes every day, some days, or not at all?



In regards to alcohol use, almost two-thirds of respondents (65.66%) did not have an alcoholic beverage during the past 30 days. Among respondents who did drink an alcoholic beverage, 22.16% participated in binge drinking one to two times during the past month. Only a very small percentage of respondents (approximately 11%) 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

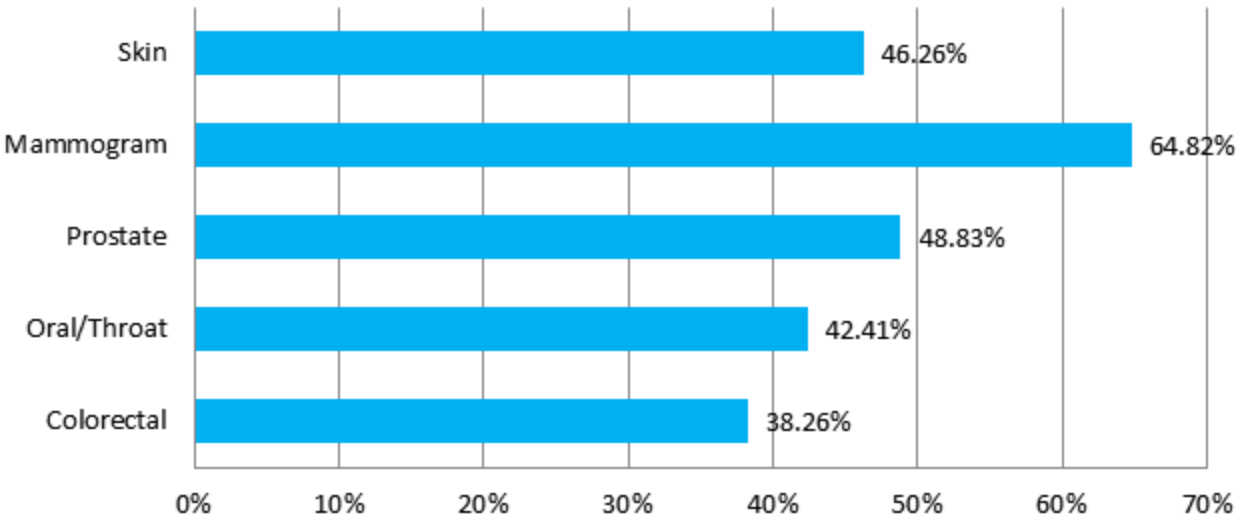
Immunizations

A positive finding among Harford County respondents was the prevalence of immunizations. In the past 12 months, 78.98% of respondents received a flu vaccine either as a shot or a nasal spray.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 46.26% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and prostate screenings are also less prevalent among Harford County respondents (42.41% and 48.83% respectively). A low percentage of respondents also participate in routine health screenings for colorectal cancer (38.26%). In contrast, a larger proportion of respondents participate in routine mammogram screening (64.82%).

Percent of those participating in routine health screenings for:



Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 13 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 83% of respondents selected this issue as one of the top three most pressing health issues facing the county. Mental Health/Suicide was also a concern shared by 44.80% of respondents. The third most pressing health issue, as viewed by the respondents was overweight/obesity with a 41.36% rating. The following table shows the breakdown of the percent of respondents who selected each health issue.

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

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse/Alcohol Abuse	1,442	82.83%
2	Mental Health/Suicide	780	44.80%
3	Overweight/Obesity	720	41.36%
4	Cancer	442	25.39%
5	Access to Care/Uninsured	438	25.16%
6	Diabetes	324	18.61%
7	Heart Disease	302	17.35%
8	Tobacco Use/Smoking	254	14.59%
9	Alzheimer's Disease/Aging Issues	210	12.06%
10	Dental Health	150	8.62%
11	Sexually Transmitted Diseases	43	2.47%
12	Other	42	2.41%
13	Stroke	38	2.18%
14	Maternal/Infant Health (Pregnancy)	38	2.18%

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 issues included drug abuse, transportation, homelessness, and non-compliance. A complete listing of answers given by respondents shown below.

Most Pressing Health Issues Facing Harford County:

- "Homeless people/we need Homes!"
- "Opioid use/overdose"
- "Transportation"
- "Dental health for adults on fixed income with Medical Assistance."
- "Doctor, not Urgent Care facilities, where you can get an appointment in under 2 weeks"
- "Medication costs"
- "Healthcare costs"
- "Noncompliance with care recommendations/medication"
- "Additional Treatment"
- "Kidney stones"
- "Opioids and liberal Rx writing by Practitioners"
- "Having to wait weeks or months for an appointment"
- "Lyme disease"
- "Counseling"
- "Glasses to wear"
- "Too much sugar"

Barriers to Services

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (81.40%), lack of health insurance coverage (57.62%), lack of transportation (42.03%), difficult to understand/navigate health care system (37.15%), and inability find a doctor/get an appointment (35.58%). Responses are summarized in the table below.

Table 12. Barriers to Accessing Health Care

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Barrier
1	Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	1400	81.40%
2	Lack of Health Insurance Coverage	991	57.62%
3	Lack of Transportation	723	42.03%
4	Difficult to Understand/Navigate Health Care System	639	37.15%
5	Can't Find Doctor/Can't Get Appointment	612	35.58%
6	Basic Needs Not Met (Food/Shelter)	574	33.37%
7	Not Enough Time	333	19.36%
8	Lack of Child Care	252	14.65%
9	Lack of Trust	245	14.24%
10	Language/Cultural Issues	171	9.94%
11	Other	73	4.24%
12	None/No Barriers	58	3.37%

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 lack of education and awareness as the most significant barrier. Responses such as “people lack education on how to maintain general health” and “they lack understanding of common health issues such as stroke, heart attack and diabetes” were very common. Other barriers that were mentioned frequently included conflicting work schedules, laziness, and the stigma or fear of addressing issues.

Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51.93%) indicated that free/ low-cost dental care services are missing in the community. A few other resources identified as missing included mental health services (42.46%), substance abuse services (42.22%), free/ low-cost vision/eye care (38.13%), and free/ low-cost Medicare services (37.95%). In addition, respondents indicated through an open-ended question that they want to have more access to affordable senior living facilities, health insurance, and substance abuse programs. Table 12 includes a listing of missing resources in rank order.

Table 13: Listing of Resources Needed in the Community

Rank	Resources Needed	Count	Percent of Respondents Who Selected The Resource
1	Free/Low Cost Dental Care	888	51.93%
2	Mental Health Services	726	42.46%
3	Substance Abuse Services	722	42.22%
4	Free/Low Cost Vision/Eye Care	652	38.13%
5	Free/Low Cost Medicare Care	649	37.95%
6	Transportation	597	34.91%
7	Prescription Assistance	560	32.75%
8	Access to Affordable Fresh Fruits & Vegetables	529	30.94%
9	Health Education/Information/Outreach	428	25.03%
10	Elder Care/Senior Services	395	23.10%
11	Health Screenings	373	21.81%
12	Primary Care Providers (Family Doctors	315	18.42%
13	Immunization/Vaccination Programs	197	11.52%
14	Bilingual Services	186	10.88%
15	Medical Specialists (Ex. Cardiologist)	152	8.89%
16	Availability of Parks & Recreation Areas	149	8.71%
17	Prenatal Care Services	85	4.97%
18	Other	58	3.39%
19	None	53	3.10%

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 90% 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 47.90% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 41.99% rating. In addition, respondents indicated through an open-ended question that texting while driving was an identified risky behavior. Table 13 includes a listing of risky behaviors in rank order.

Table 14. Ranking of the Top Three Most Important “Risky Behaviors”

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse	1555	89.32%
2	Alcohol Abuse	834	47.90%
3	Being overweight	731	41.99%
4	Poor eating habits	553	31.76%
5	Tobacco use	353	20.28%
6	Lack of exercise	303	17.40%
7	Unsafe sex	201	11.55%
8	Racism	194	11.14%
9	Not using birth control	141	8.10%
10	Dropping out of school	132	7.58%
11	Not getting “shots” to prevent disease	119	6.84%
12	Not using seat belts/child safety seats	57	3.27%
13	Other	50	2.87%

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. More than half of respondents (54.51%) selected this issue as one of the top three needs for a healthy community. Access to health care was also a need shared by 37.51% of respondents. The third most identified need, as viewed by the respondents, was healthy behaviors and lifestyles with a 34.81% rating. Table 14 includes a listing of important needs for a “Healthy Community” in rank order.

Table 15. Ranking of the Top Three Most Important Needs for a “Healthy Community”

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Low crime/safe neighborhoods	949	54.51%
2	Access to health care (e.g., family doctor)	653	37.51%
3	Healthy behaviors and lifestyles	606	34.81%
4	Good jobs and healthy economy	560	32.17%
5	Good schools	503	28.89%
6	Strong family life	442	25.39%
7	Affordable housing	382	21.94%
8	Good place to raise children	337	19.36%
9	Religious or spiritual values	227	13.04%
10	Clean environment	197	11.32%
11	Parks and recreation	111	6.38%
12	Excellent race relations	95	5.46%
13	Low level of child abuse	74	4.25%
14	Low adult death and disease rates	36	2.07%
15	Arts and cultural events	25	1.44%
16	Other	23	1.32%
17	Low infant deaths	3	0.17%

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 lack of time, affordable health care, transportation, the high cost of healthy foods, and work-related issues.

Select Responses:

- "Healthy food is too expensive, needs to be low cost healthy food."
- "Money, even with insurance, I am unable to afford the co-pays for the services my insurance covers, so I don't go."
- "Can't afford housing, no train, no buses that work."
- "Transportation challenges for those without a car."
- "Cost of fresh fruits and vegetables."
- "Lack of easy access to outdoor recreation."
- "Demanding full-time job, raising busy family."
- "No drug awareness education program in elementary school. The county and state must step up and make it a top priority to help our youth."
- "Out of pocket costs for healthcare."
- "Healthcare hours aren't convenient."
- "No doctor will see a new patient in a reasonable time."
- "Lack of resources, cost of healthcare, lack of mental health support."
- "Affordable exercise programs and flexible doctor hours."
- "Work too many hours for too little pay which leaves me stressed for time."
- "Getting doctor's appointments in a reasonable amount of time."
- "Exhausted, single parent, short staffed at work – no lunch, no breaks."
- "My job – they talk the talk, but don't walk the walk."
- "Cost of groceries."
- "I am living from paycheck to paycheck. I cannot afford to buy the healthier foods to eat due to their cost is higher than the cost of processed and pre-packaged foods. Time is another issue. Not enough community activities that young, single and older single adults can go to mingle and develop friendships."
- "Cost of living and lack of good paying jobs."
- "Too many fast food options."
- "Horrible public transportation access."
- "Time to cook healthy and get outside to exercise."
- "Harford County needs engaging affordable activities for child, teens and elderly citizens."
- "Cost of living too high, pay is too low, co-pays just continue to increase."
- "Lack of adult dental care and good paying jobs."

General/Additional Comments:

- "Local transportation needs to be more readily available."
- "More mental health facilities/providers are desperately needed."
- "More community programs for Route 40 corridor."
- "Harford County and the State of MD need to address the heroin issue. Drug awareness education needs to be implemented in all elementary Social Studies curriculum. This is a serious issue and children must be educated by using a new high tech drug awareness program. The VHS tape program of the 1990's is completely obsolete."
- "Harford County needs to up the pay rates for hard working employees and provide better more affordable housing."
- "WE NEED TO FIND PEDIATRIC PSYCH CARE!!!! How in the world can we raise children to be strong productive members of our community if we are not helping children in need of mental illness help!!! It's out of control."
- "Make health care affordable for everyone."
- "To help the people with no insurance to get the care and help the need."
- "Health education needs to have congruency starting in elementary schools all the way through high school. We cannot preach good eating habits and have vending machines in school or serve hot dogs and pizza in school cafeterias."
- "PCP involvement to stop the Opioid crisis."
- "Harford County also needs user friendly assistance for adults with prescription medication...and assistance with substance abuse treatments. Cost is a big issue."
- "Nutrition counseling services are grossly unattainable."
- "We desperately need drug abuse assistance as well as mental health assistance in this county."
- "Our county is in need of practical and affordable transportation options for community members, especially the senior community members."
- "There is a significant need for affordable access to healthy food and for affordable coverage for individuals who are on medical assistance."
- "Navigating a system while managing a family and full time job is difficult."
- "Need more specialists that you can see quickly."



- Centers for Disease Control and Prevention, State Cancer Profiles
- Chesapeake Regional Information System for our Patients (CRISP), 2016 Hospitalization Data
- Chesapeake Regional Information System for our Patients (CRISP), 2016 Emergency Department Visit Data
- Harford County Sheriff's Office, 2011-2016 Socrata Incident Dataset
- Harford County Sheriff's Office, 2011-2016 Crime Reports
- Health Resources and Services Administration, HPSA County and County Equivalent Listing
- Maryland Behavioral Health Administration, 2015 Opioid Treatment Centers in Maryland
- Maryland Behavioral Risk Factors Surveillance System (BRFSS), 2006-2015
- Maryland Department of Health, Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016
- Maryland Department of Health, 2016 Maryland Vital Statistics Annual Report
- Maryland Governor's Office of Crime Control and Prevention, Maryland Crime Data
- Maryland Health Services Cost Review Commission, 2000-2016 Hospital Data
- Maryland Youth Risk Behavior Survey (YRBS), 2014-2016
- US Census Bureau, 2012-2016 American Community Survey, 5-Year Estimates
- US Census Bureau, 2012-2016 American Community Survey, Demographic and Housing Estimates
- US Census Bureau, 2012-2016 American Community Survey, Commuting Characteristics

"When 'I' is replaced by 'We', illness becomes wellness."

- Shannon L. Adler