

2019

HOWARD COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

Howard County General Hospital
And
Howard County Health Department
2019 Community Health Needs Assessment

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I. Acknowledgements

The Howard County Community Health Needs Assessment was a joint effort between the Howard County General Hospital Strategic Planning and Population Health departments and the Howard County Health Department's Policy and Planning division. It leverages the work of the Howard County Health Assessment Survey and the expertise of representatives from the Howard County Local Health Improvement Coalition.

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II. Executive Summary

Howard County General Hospital (HCGH) is a private, not-for-profit community hospital serving Howard County, Maryland and its surroundings since 1973. The hospital strives to deliver its mission, “Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety,” in every patient and community interaction.

The Howard County Health Department (HCHD) is the government agency responsible for improving the health of Howard County residents. The vision of the Howard County Health Department is to create a model community in which health equity and optimal wellness are accessible for all who live, work and visit Howard County. This is achieved through the Department’s mission to promote, preserve and protect the health of all in Howard County.

HCGH and HCHD both serve a community that is diverse in the demographics, life stage, and health needs of its population. Howard County has been recognized in local and national press as one of the healthiest counties in the nation, and as a whole has a highly educated and affluent population. The population is growing at a rate over double that of the state and the nation’s population. The county is very diverse: 57% of county residents are white, followed by 19.5% Black and 18.9% Asian; 6.8% of residents identify as Hispanic or Latino (United States Census Bureau, 2017). Over one fifth of the residents in the county are foreign born, and one quarter of residents speak a language other than English at home (United States Census Bureau, 2017). Despite the many resources in this community, data show that there are still significant disparities in several social and economic factors affecting the population. While 5.2% of Howard County residents overall fall below the Federal Poverty Level, 10.3% of African American residents and 7.7% of Hispanic residents meet these criteria (United States Census Bureau, 2017). Additionally, 21% of the households in Howard County fall into the ALICE (Asset-Limited, Income Constrained, Employed) category, meaning that many households are categorized as working poor (United Way of Central Maryland, 2016). Housing costs in the county are quite high; 47.1% of renters in the county spend over 30% of their income on rent (United States Census Bureau, 2017).

To understand the needs of the community, HCGH and HCHD, in partnership with the Horizon Foundation, the Columbia Association, and OpinionWorks LLC, surveyed over 2,000 Howard County residents to better understand their health status by asking questions modeled after the Behavioral Risk Factors Surveillance System (BRFSS). This survey has been completed every other year since 2012 and is called the Howard County Health Assessment Survey (HCHAS). HCGH and HCHD also put out a brief community survey, which was completed by 368 residents who commented on their perceptions of greatest community health priorities, social determinants of health, and the hospital’s prior Community Health Needs Assessment (CHNA). HCGH and HCHD also reviewed several state and national data sources on Howard County residents’ demographics, social, economic, and health status.

Through the primary and secondary data examined, HCGH and HCHD identified five community health priority areas:

1. Access to care
2. Healthy weight
3. Healthy aging
4. Behavioral health
5. Maternal/infant health

These priority areas are similar to the areas identified in the 2016 CHNA, although maternal/infant health is a new priority for this assessment. The assessment describes specific disparities among racial/ethnic groups on metrics in each of these categories.

Using this CHNA, HCGH and HCHD have developed implementation strategies to address the health needs and health disparities in Howard County. Both organizations will build on existing programs that serve the community as well as work to develop new programs in accordance with evidence-based guidelines and practices in their respective areas.

It is important to note that these two organizations will not be able to address all health issues alone, and therefore have partnered with many other mission-driven organizations in the county to deliver programs and services to residents in need. Through these collaborative efforts, Howard County will become a healthier, more prosperous place to live for all of its residents.



III. Introduction

Federal Requirements for Not-for-Profit Hospitals

Section 501(c)(3) of the federal tax code outlines the federal requirements for nonprofit hospitals to qualify for tax-exempt status. The 2010 Patient Protection and Affordable Care Act (ACA) added four basic requirements to this code, including the development of a community health needs assessment (CHNA) every three years in order for a hospital to retain its tax-exempt status as well as an implementation strategy to meet the health needs identified in this assessment (United States Internal Revenue Service, 2018).

The purpose of a community health needs assessment is to identify the top health issues facing the community that the hospital serves and develop a collaborative plan to improve the health of its residents. The implementation strategy will help the hospital plan the best way to deliver community benefits that are targeted toward the highest priority health needs of the population.

About Howard County General Hospital

Howard County General Hospital (HCGH) is a private, not-for-profit, community health care provider, governed by a community-based board of trustees. Opened in 1973, the original 59-bed, short-stay hospital has grown into a comprehensive acute care medical center with 245 licensed beds, specializing in women's and children's services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education. In June 1998, Howard County General Hospital joined Johns Hopkins Medicine.

Howard County General Hospital cares for its community through the collaborative efforts of a wide range of people. HCGH staff includes more than 1,800 employees. It is the second largest private employer in Howard County and employs nearly 1,000 Howard County residents. A diverse workforce, 51 percent of hospital staff are minorities. The hospital's professional staff is comprised of more than 1,000 physicians and allied health professionals, representing nearly 100 specialties and subspecialties. Ninety-five percent of the physicians are board-certified in their specialty. More than 330 volunteers contributed over 24,000 hours of service in FY 2018, working in all areas of the hospital and the community to support the hospital and its services.

In fiscal year 2018, HCGH provided services to nearly 200,000 people, including evaluation and treatment of over 78,000 patients in the emergency department. There were over 21,000 patients admitted to or observed in the hospital, over 10,500 surgeries performed, and nearly 3,400 babies delivered. In addition to the many hospital-based services, HCGH also provided outpatient services to over 52,000 patients, and reached over 30,000 people in the community through outreach, health promotion, and wellness programs.

About the Howard County Health Department

The Howard County Health Department (HCHD) is the government agency responsible for improving the health of Howard County residents. By State and County authority, HCHD is charged with enforcing specific Federal, State and County laws and regulations as well as providing public health services to Howard County. The vision of the Howard County Health Department is to create a model community in

which health equity and optimal wellness are accessible for all who live, work and visit Howard County. This is achieved through the Department's mission to promote, preserve and protect the health of all in Howard County.

HCHD is comprised of nine Bureaus, each addressing a core public health need in Howard County: Access to Healthcare, Administrative Services, Behavioral Health, Child Health, Clinical Services, Community Health, Environmental Health, Health Promotion, and Policy, Planning & Communications with approximately 200 staff in total. Each of these Bureaus work collaboratively to address needs that exist in the public health landscape of the county. The Health Department collects and analyzes community health data to identify gaps within the community, then identifies evidence-based approaches to implement creative solutions for improving the health and well-being of the community. This includes, but is not limited to, direct outreach efforts to targeted populations, leveraging strong partnerships with other County & non-profit organization, and the expansion of services offered through the Health Department.

From its founding in 1933, through today and onward, the primary focus of the Howard County Health Department has been and will continue to be ensuring the health of all in Howard County.

Howard County Overview

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation and University of Wisconsin County Health Rankings (2019). Furthermore, Money Magazine has recently ranked two communities in Howard County, Columbia and Ellicott City, in the top five places to live in America due to their diversity and inclusiveness, high-quality schools, educated populace, economic opportunity, and relatively low median home price for the area (Lek, 2016; Ivry, 2018). In 2019, U.S. News and World Report ranked Howard County in the top ten healthiest counties in America. Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly.

Population

Howard County is inhabited by 321,113 residents (United States Census Bureau, 2017). The county's population is growing more quickly than both the state and nation's populations; between 2010 and 2017 the county's population grew by 11.8%. The county's population is 51% female (United States Census Bureau, 2017).



Table 1. Population Growth and Median Household Income

	Howard County	Maryland	USA
2010 Total Population	287,129	5,773,807	308,758,105
2017 Total Population	321,113	6,052,117	325,719,178
% Change 2010-2017	11.8%	4.8%	5.5%
Median Household Income	\$115,576	\$78,916	\$57,652

Source: United States Census Bureau (2017)

Between 2017 and 2035, the overall population is estimated to increase by 15% (Maryland Department of Planning, 2013). During the same time period, those age 50 and older will increase by 60.7%, which is more than double the aging rate for the total county population (Maryland Department of Planning, 2013). An estimated 38% of county residents will be 50 or older by 2035 (Maryland Department of Planning, 2013). In the next 5 years alone, the 65 and older population of Howard County, currently making up 13.2% of the county's population, is projected to grow by nearly 25% (IBM Market Expert, 2018).

Ethnic/Racial Diversity



As Howard County grows, it has become increasingly diverse. 57% of the county's residents are white, followed by 19.5% Black and 18.9% Asian. 6.8% of residents identify as Hispanic or Latino (United States Census Bureau, 2017). 20.8% of residents are foreign-born (United States Census Bureau, 2017). 25.2% of the population speaks a language other than English at home (United States Census Bureau, 2017); the most common foreign languages in the county are Spanish, Korean, and Chinese (United States Census Bureau, 2015).

Table 2. Race/Ethnicity

	Howard County	Maryland	USA
White	57.3%	59.0%	76.6%
Black or African American	19.5%	30.8%	13.4%
American Indian and Alaska Native	0.4%	0.6%	1.3%
Asian	18.9%	6.7%	5.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.2%
Two or more races	3.7%	2.8%	2.7%
Hispanic or Latino	6.8%	10.1%	18.1%

Source: United States Census Bureau (2017)

Economic Characteristics

The average household size in Howard County is 2.8 persons and the average family size is 3.24 persons (United States Census Bureau, 2017). Howard County overall has a high median household income, but there is significant wealth disparity in the county depending on zip code as well as race/ethnicity. 3.3% of white Howard County residents are below the poverty level, whereas 10.3% of Black or African American residents and 7.7% of Hispanic or Latino residents meet these criteria (United States Census, Bureau, 2017).

Although 5.2% of Howard County residents fall below the Federal Poverty Level, about 21% of households fall into the ALICE category (Asset Limited, Income Constrained, Employed) according to research conducted by the United Way of Central Maryland in 2016. Four percent of Howard County



residents are unemployed; therefore, most households which earn below the basic cost of living in the county have jobs (United Way of Central Maryland, 2016). From 2010 to 2016, there has been a steady decrease in households who are able to earn about the basic cost of living in Howard County from 81% to 74%, and inversely there has been an increase in ALICE households from 15% to 21% (United Way of Central Maryland, 2018). When stratified by type of household (e.g. Single or Cohabiting, Families with Children, and 65 and Over), the rates of ALICE threshold and lower incomes are approximately one-quarter of their respective demographic (United Way of Central Maryland, 2018). Across various stages in life and differing family compositions, it appears that affording basic needs is a challenge for one out of every four households in Howard County (United Way of Central Maryland, 2018). Within the county there are disparities by community and zip code, with higher percentages of ALICE households in Columbia, Elkridge, North Laurel, and Savage (United Way of Central Maryland, 2018). For a household of two adults, an infant and a preschool-aged child, a family would need to make \$85,800 annually to cover expenses in Howard County (United Way of Central Maryland, 2018).

Median household income varies by race and ethnicity in Howard County. From 2013-2017, the median income in Howard County for all residents was \$115,576, and White and Asian households were above

this value at \$127,832 and \$124,725, respectively (United States Census Bureau, 2017). Black and Hispanic households earned approximately 30% less than the County average at \$90,066 and \$86,435 respectively (United States Census Bureau, 2017).

Table 3. Percentages Below Poverty Level by Race/Ethnicity

	Less than 100% of the Federal Poverty Level
White	3.3%
Black or African American	10.3%
American Indian and Alaska Native	8.1%
Asian	5.5%
Native Hawaiian and Other Pacific Islander	0.0%
Two or more races	6.6%

Source: United States Census Bureau (2017)

The county is home to several major employers and is also located in close proximity to both Baltimore and Washington D.C., allowing residents to commute to both cities for work. Howard County’s unemployment rate in September 2018 was 3.1% (Maryland State Department of Labor, Licensing and Regulation); the unemployment rate has steadily been decreasing from 5.6% since 2010 (United States Department of Labor, 2010-2018).

Table 4. Largest Employers in Howard County

Company Name	Product/Service	# of Employees
Johns Hopkins University Applied Physics Laboratory	R&D systems engineering	5,000
Lorien Health Systems	Nursing care	2,000
Howard County General Hospital	Medical services	1,782
Howard Community College	Higher education	1,438
Verizon	Telecommunications	1,346
Leidos	Engineering services	1,195
MICROS Systems	HQ/software development	1,092
Coastal Sunbelt Produce	Produce processing	1,050

Source: Maryland State Department of Commerce (2015) *(Excludes post offices, state and local governments, national retail and national food service; includes higher education)*

Education

Howard County has a highly educated population. Among residents 25 years and older, 95.3% are high school graduates or higher, with over 60% of the population holding a bachelor's or graduate/professional degree (United States Census Bureau, 2017).



Table 5. Educational Attainment Age 25+

	Howard County	Maryland	USA
Less than High School	2.2%	4.1%	5.4%
Some High School	2.6%	6.1%	7.2%
High School Degree	14.0%	25.1%	27.3%
Some College, no degree	14.4%	19.2%	20.8%
Associate Degree	5.6%	6.5%	8.3%
Bachelor's Degree	30.1%	21.0%	19.1%
Graduate or Professional Degree	31.1%	18.0%	11.8%

Source: United States Census Bureau (2017)

Housing

Housing costs in Howard County are lower than some neighboring communities surrounding Washington D.C., but it is still quite expensive to live in the community. The median home cost in Howard County is \$438,000, compared with \$282,000 in Maryland and \$216,200 in the U.S (Sperring, n.d.). High housing costs are not limited to homeowners in the county; renters also face a high cost to live in the community. 47.1% of Howard County renters spend more than 30% of their income towards paying rent (United States Census Bureau, 2017). This population is vulnerable to continuing to pay a high proportion of their income towards housing in the future that results in what the American Community Survey defines as the “housing-cost burden” (United States Census Bureau, 2017).



Transportation

In 2017, there were 170,322 Howard County residents ages 16 years and over in the workforce (United States Census Bureau, 2017). 81.5% of these workers drove to work alone in a car, truck, or van, resulting in nearly 139,000 single occupant

cars, trucks, or vans on the road for commuting purposes (United States Census Bureau, 2017). In addition, 6.1% of Howard County residents carpooled to work, 3.8% of residents used public transportation excluding taxis, and 0.6% walked to work (United States Census Bureau, 2017). 7% of Howard County residents worked at home (United States Census Bureau, 2017).

The average commute time for Howard County residents was 31.9 minutes one way (United States Census Bureau, 2017). This lengthy commute time reflects the fact that many residents travel outside the county, often to Baltimore or Washington, D.C., for their jobs: 57.7% of county residents commute outside the county to work (United States Census Bureau, 2017). Outside of Columbia's downtown core, the county does not offer many public transit options for residents (Regional Transportation Agency of Central Maryland, 2019).



V. Approach and Methodology

The process undertaken to assess gaps in health care services, barriers to care and effectively identifying and prioritizing the health needs of Howard County residents began with collection and analysis of multiple sources of information. The following methodologies were applied: 1) Gather primary data via a community health assessment survey; 2) Review secondary data sources to collect key health information; and 3) Engage key community stakeholders to assess community needs and provide input on areas of focus. The prior CHNA documents offered insights into trends over time in the community.

Primary Data Sources

Results of the 2018 Howard County Health Assessment Survey (HCHAS) were used as the primary data source for this CHNA. This survey has been administered every two years since 2012 and reaches 2,000 participants via land and cellular telephone. Local organizations, including the Horizon Foundation, the Howard County Health Department, Howard County General Hospital, and the Columbia Association, formed an advisory team that jointly commissioned and developed the survey. OpinionWorks, LLC provided the technical aspects of the survey, including recommendations on the precise wording of questions, population sampling, and telephone data collection.

The HCHAS advisory team modeled the survey approach, methodology, and questions after the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). As residents across the country have been asked many of the same questions, this approach allows results from national studies to be effectively compared against Howard County results. The survey assessed health-related behaviors and risk factors among the adult population of Howard County, Maryland. Results of this study have enabled local government, health providers and stakeholders to measure progress and determine where to focus resources for improved health outcomes particularly focused on reduction of health disparities.

The 2018 HCHAS was administered from May 16th through December 12th of 2018.

Secondary Data Sources

Beyond the survey information collected directly from Howard County residents, broader statistical and demographic data was gathered from a range of secondary sources. This data included socioeconomic information, health statistics, demographics, educational levels, population growth, and more. These data, which include both quantitative and qualitative analyses, were drawn from the following sources: IBM Market Expert, the U.S. Census Bureau, and reports and websites of local, state, and federal agencies, such as the U.S. Census American Community Survey, County Health Rankings, Maryland State Health Improvement Process (SHIP), the United Way ALICE Report, and the Maryland Department of Planning.

Community Input

As a part of the CHNA development process, HCGH and HCHD solicited feedback from the community in multiple ways. HCGH and HCHD posted a short survey to their websites and social media pages, inviting any community member to provide feedback on the previous CHNA and the community health priorities

identified therein. This survey resulted in 368 respondents providing comments and feedback. Please see Appendix III for a transcript of survey questions.

Additionally, HCHD and HCGH engaged the Howard County Local Health Improvement Coalition (LHIC) to discuss the CHNA and HCHAS and provide feedback on the information gathered as well as the health priorities of the prior assessment. Howard County LHIC consists of county agencies, health organizations, businesses, nonprofits, and stakeholders representing varied populations within in Howard County. Please see Appendix II for a detailed list of LHIC active member organizations.

VI. Key Community Priorities

In reviewing the health, economic, social, and community data on Howard County residents, several key priorities rose to prominence. Taking steps to address these issues will help to make Howard County a healthier community for its residents. Throughout each of these areas, there were also notable disparities in both health outcomes and resources based on a resident's racial or ethnic background. This report will identify key disparities, while considering contributing causes, in each of the areas below to enable programmatic offerings to be more focused in specific communities with the greatest need.

Access to Care

Accessing healthcare services in a timely, affordable, and culturally appropriate way remains a high priority for Howard County residents.

Access to Primary Care

84.9% of Howard County residents had a primary care provider, with some variation amongst different race/ethnicities (Maryland State Health Improvement Process, 2016). The highest group were Hispanic residents at 88.3% and the lowest group was Black Non-Hispanic residents at 81.6% (Maryland State Health Improvement Process, 2016). According to the Howard County Health Assessment Survey, 77% of respondents had one medical provider and 9% had more than one provider, leaving 13% of the population without a routine health care provider (Howard County Health Assessment Survey, 2018). From 2012 to 2018, there has been a decreasing trend in residents' first choice in seeking medical care at a doctor's office from 77% to 63% (Howard County Health Assessment Survey, 2018). At the same time, there has been an increase in seeking medical care at an urgent care setting as a first choice from 11% to 25% (Howard County Health Assessment Survey, 2018). Many residents do seek a primary care appointment for urgent medical needs but are not always able to be seen in a timely way. For those who could not get a doctor's appointment, 8% of residents went to the ER as a result (Howard County Health Assessment Survey, 2018).

Figure 2. First Choice Location for Seeking Medical Care (%)



Source: Howard County Health Assessment Surveys (2012-2018)

Analyses of the physician supply in Howard County indicate a shortage of 80 primary care physicians compared to the needs of the population (Johns Hopkins Medicine Business Planning and Marketing Analysis, 2017). This shortage is due to a number of factors, including population growth in the county, the increased medical needs of the aging population, and projected retirements of community physicians (Johns Hopkins Medicine Planning and Analysis, 2017).

With nearly a tenth of residents not associating with a primary care provider and the decreasing trend of primary care access, the county has a major opportunity to increase access in the primary and preventive care setting.

Health Insurance Coverage and Access to Affordable Care

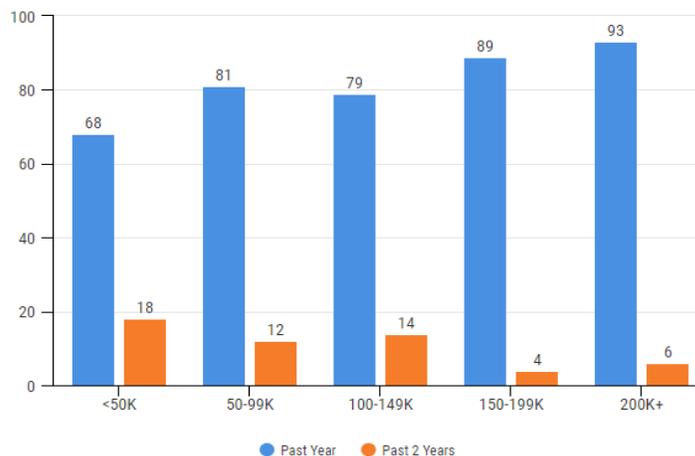
97% of Howard County residents have some form of health insurance: 84.2% with private health insurance and 25.3% with public health coverage, leaving 3% of the population uninsured (United States Census Bureau, 2017). While this insurance rate is high, residents still report challenges in finding providers that accept their insurance or are affordable. In the community survey responding to the prior CHNA, respondents reported that the three most important reasons that people in the community do not get health care are that costs are perceived as too expensive or they could not pay (76.6%), no insurance coverage (44.69%), and their insurance is not accepted (37.9%) (HCGH and HCHD, 2019). In our community survey, 29.4% of residents stated that access to insurance is a top social/environmental concern affecting their healthcare (HCGH and HCHD, 2019).

Access to Dental Care

82% of Howard County residents visited a dentist within the past year, leaving 11% having been seen within the past 2 years and 7% not having seen a dentist over 2 years (Howard County Health Assessment Survey, 2018).

In Howard County, 66.9% of resident children ages 0-20 enrolled in Medicaid received dental care in the past year (Maryland State Health Improvement Process, 2016). 61.9% of White Non-Hispanic children accessed this benefit, the lowest percentage of any of the racial/ethnic groups, with 65.2% of Black Non-Hispanics with the second lowest rate (Maryland State Health Improvement Process, 2016).

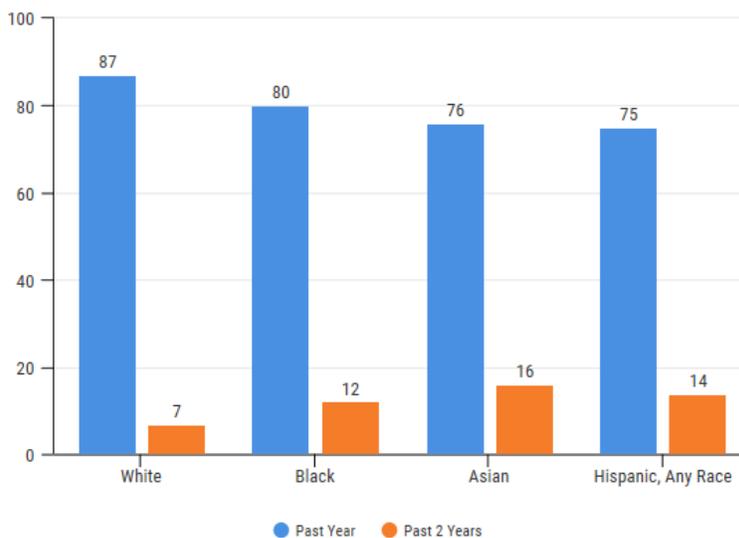
Figure 3. Dental Visit Past 2 Years by Income (%), Howard County, 2018



Source: Howard County Health Assessment Survey (2018)

The highest group to access dental services was Hispanic residents at 84.2% (Maryland State Health Improvement Process, 2016). Many dental services for children enrolled in Medicaid are free of charge through the Maryland Healthy Smiles program, so increased dental care for this population is a major opportunity (Maryland Department of Health, 2017).

Figure 4. Dental Visit Past 2 Years by Race (%), Howard County, 2018



Source: Howard County Health Assessment Survey (2018)

Access to Culturally Competent Care

For residents ages 5 and older in Howard County, 74.2% speak only English, and 25.8% of residents speak a language other than English at home (United States Census Bureau, 2017). According to Census estimates from 2012 to 2016, the most commonly spoken non-English language in Howard County was Spanish at 20.4%, followed by Hindi and related languages at 17.5%, Korean at 14.2% and Chinese at 11.4% (United States Census Bureau, 2017).

6.9% of residents speak English less than “very well”; of these residents, approximately 60% (4.1% of the total population) are those who speak an Asian and Pacific Islander language as their first (United States Census Bureau, 2017). Asian and Pacific Islanders face the largest disparity in English proficiency as compared to other groups. 38.7% of residents ages 5 and older who spoke an Asian and Pacific Island language in Howard County reported speaking English “less than well” as compared to 30.4% Spanish language speakers and 19.5% Indo-European language speakers (United States Census Bureau, 2017).

Culturally competent healthcare and language interpreter services, especially for those whose primary language is Asian and Pacific Islander in origin is needed in Howard County. The disparity for Asian and Pacific Islander speakers is nearly twice of those of Spanish language and Indo-European primary language speakers (United States Census Bureau, 2017). In Howard County, the Asian population has grown from 7.8% in 2000 to 18.8% in 2017-tied with non-Hispanic blacks (United States Census Bureau, 2017). Asians were comprised of 30% Indian in Howard County, the largest nationality within the Asian ethnic group in Howard County (United States Census Bureau, 2017).

Healthy Aging

Howard County's population is aging rapidly, and ensuring that older adults in the community live healthy and productive lives is a high priority.

Age-Related Illness and Hospitalizations

From 2015 to 2018, residents 65 years of age and older accounted for 39% of hospital visits at Howard County General Hospital (Howard County General Hospital, 2019). The top hospital diagnoses for this population were sepsis, throat and chest pain, respiratory failure, stroke, and pneumonia (Howard County General Hospital, 2019).

For patients ages 65 and older seen in the HCGH emergency department or admitted to HCGH between 2015 and 2018, 11% had a fall as their primary reason for visit (Howard County General Hospital, 2019).

Fall-related deaths in Howard County during 2014 to 2016 was 9.9 per 100,000, higher than the state average 9.4 per 100,000 people (Maryland State Health Improvement Process, 2016). The incidence of fall-related deaths has increased 27% from the 2013 to 2015 measurement period, when the death rate was 7.8 per 100,000 people (Maryland State Health Improvement Process, 2016).



The average rate of hospitalizations due to Alzheimer's and other dementias in Howard County in 2017 was 501.2 per 100,000 residents, slightly lower than the Maryland state average of 515.5 per 100,000 (Maryland State Health Improvement Process, 2017). However, when stratifying the rate based on race/ethnicity, there is a disparity for the Black Non-Hispanic population at 810.4 per 100,000, over three times greater than the lowest group, Asian/Pacific Islander Non-Hispanic residents with a rate of 253.6 per 100,000 (Maryland State Health Improvement Process, 2017). White Non-Hispanic residents also had a relatively lower rate, nearly half compared to Black Non-Hispanics, at 457.3 per 100,000 (Maryland State Health Improvement Process, 2017). This rate has increased since the initial measurement period in 2008, when the Howard County average rate was 281.4 per 100,000 (Maryland State Health Improvement Process, 2017).

26% of Howard County Residents ages 65 years and older have a disability (United States Census Bureau, 2017).



Healthy aging can be a challenge for households with income limitations. According to ALICE data, 21% of Howard County households age 65 and over are living below the ALICE threshold and above poverty (United Way of Central Maryland, 2016). Additionally, 6% of households are living below the Federal Poverty Line (United Way of Central Maryland, 2016).

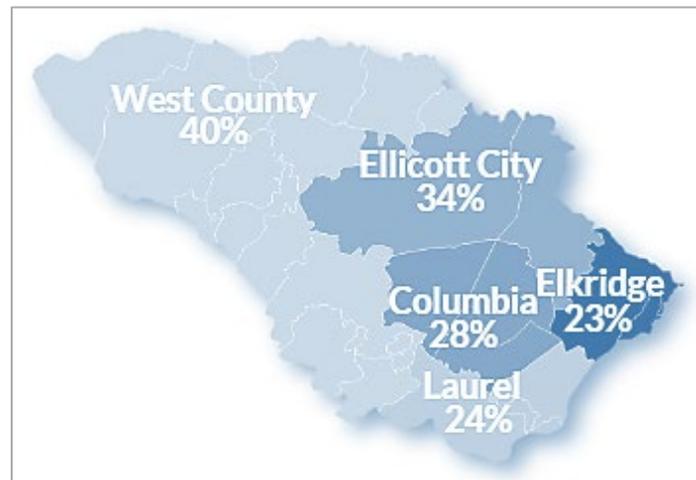
The aging population in Howard County has many complex care needs, both medically and socially, and there is a need for care coordination for those residents with chronic illnesses.

Advance Care Planning

67% of resident adults do not have an Advance Directive (Howard County Health Assessment Survey, 2018). Similarly, 65% of Howard County residents do not have a document naming a healthcare agent or proxy (Howard County Health Assessment Survey, 2018). 90% of residents who have either an advance directive or documented healthcare agent have had a conversation with their named agent on communicating their end of life wishes (Howard County Health Assessment Survey, 2018).

Naming a healthcare agent and having a plan for care preferences ensures that residents receive the care that they prefer throughout their life, but it is vital for patients nearing the end of life when many care decisions are made (Maryland Office of the Attorney General, 2019).

Figure 5. Residents with Advance Directive by County Region



Source: Howard County Health Assessment Survey (2018)

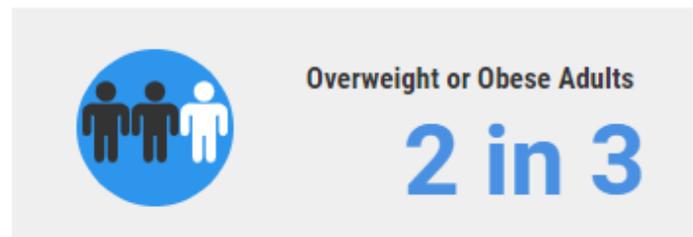
Healthy Weight

Ensuring that Howard County residents reach a healthy weight through proper nutrition and exercise is a key need and has continued to be a priority in our community.

Overweight and Obesity Rates

In 2018, 36% of Howard County residents were advised by their doctor to lose weight within the last five years, a slight increase compared to 32% in 2016 (Howard County Health Assessment Survey, 2018). 48.4% of community survey respondents stated that Overweight/Obesity was a top health priority in Howard County (HCGH and HCHD, 2019).

In 2016, Black Non-Hispanic residents had the highest rate of overweight and obesity (64.1%), compared to White Non-Hispanic and Asian/Pacific Islander residents, 54.8% and 41.3%, respectively (Maryland



State Health Improvement Process, 2016). The overweight and obesity rate had been steadily increasing from 2011 with a 54.8% prevalence to the rate in 2015 at 67.5% (Maryland Health Improvement Process, 2016). However, there was a decrease in 2016, and the rate of overweight and obesity was lowered to 54.3% (Maryland State Health Improvement Process, 2016).

In 2016, childhood obesity rates in Howard County was 6.5%, nearly half of the State average of 12.6% (Maryland State Health Improvement Process, 2016). When divided by race and ethnicity, the highest rate in Howard County was seen in Hispanic children at 11.2%, which exceeded the state goal of 10.7% (Maryland State Health Improvement Process, 2016). Black Non-Hispanic children had a slightly lower rate but still higher than the county average at 10.7% (Maryland State Health Improvement Process, 2016). White Non-Hispanic children and Asian children had a rate lower than the County average, at 4.8% and 3.2%, respectively (Maryland State Health Improvement Process, 2016). The rate of child obesity has dropped from 2014 at 7.5% (Maryland State Health Improvement Process, 2016).

High overweight and obesity rates are also correlated with chronic disease, such as diabetes and hypertension. Howard County overall performs better than the state for emergency department visits related to both diabetes and hypertension, but there is a major disparity on each of these measures for Black Non-Hispanic residents. Among this population, there were 309.8 ED visits related to diabetes per 100,000 people, which is over 2.5 times the county's rate of 119.8 visits per 100,000, and 494.5 ED visits related to hypertension per 100,000 people, also nearly 2.5 times the county rate of 203 visits per 100,000 (Maryland State Health Improvement Process, 2016).

Exercise and Nutrition

Since 2012, the rate of adult residents in Howard County who exercise or engage in physical activity that increases one's heart rate has decreased from 88% to 73% in 2018 (Howard County Health Assessment Survey, 2018). The location where people are exercising has also shifted since 2012, with a decrease in outside location (from 67% to 56% in 2018) and inversely increasing in home location (from 19% to 28% in 2018) (Howard County Health Assessment Survey, 2018). The decrease in outside location aligns with the decrease in membership club attendance of 49% residents engaging in muscle strengthening exercise onsite in 2012 versus 36% in 2018 (Howard County Health Assessment Survey, 2018).

44% of Howard County residents had purchased sugar-sweetened beverages for their family to drink at home in the last 30 days (Howard County Health Assessment Survey, 2018). This represents a decrease from the initial HCHAS survey question in 2014, in which 49% of residents stated they had purchased sugar-sweetened beverages in the past 30 days. However, fruit and vegetable consumption reportedly decreased among county residents. The number of residents responding that they eat vegetables less than once per day or never increased between 2012 and 2018, from 28% to 32%, and those that eat fruit less than once per day or never also increased from 35% to 40% in the same period (Howard County Health Assessment Survey, 2018).

Behavioral Health

Mental health and substance abuse (grouped together in the category of behavioral health) are a top priority across the nation, and Howard County is no exception. Our survey showed the two most important health problems that affect the health of the community as reported by community members were Behavioral/Mental Health (52.45%) and Alcohol/Drug Addiction (50%) (HCGH and HCHD, 2019).

Emergency Department Utilization for Behavioral Health Conditions

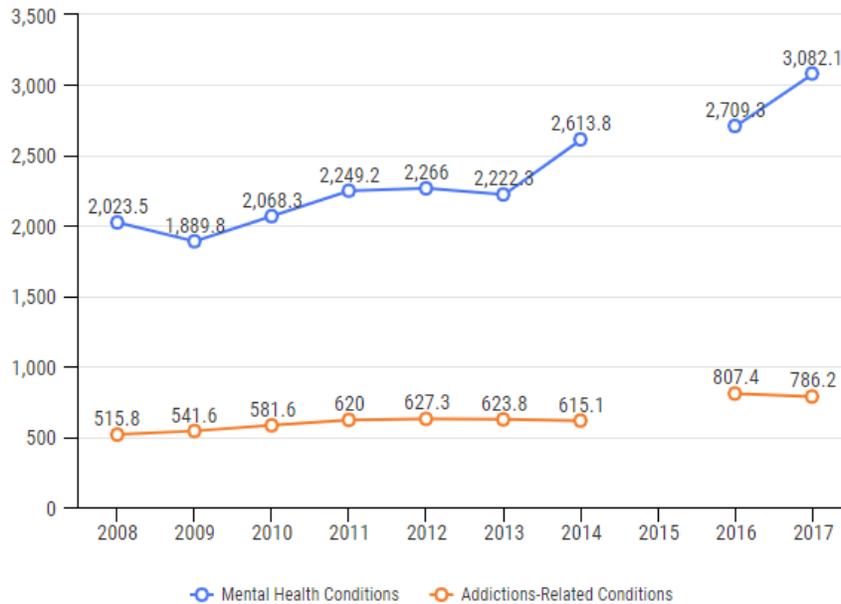
Emergency department visits due to mental health conditions has steadily increased overall in Howard County from a rate of 2023.5 per 100,000 in 2008 to 3082.1 per 100,000 in 2017 (Maryland State Health Improvement Process, 2016). When stratifying by race/ethnicity, there is a disparity in Black Non-Hispanic residents with the highest rate at 4240.1 per 100,000 which is 1.8 times greater than Hispanic residents (2384.8 per 100,000) and 1.4 times greater than White Non-Hispanic residents (3091.8 per 100,000) (Maryland State Health Improvement Process, 2016).

Emergency department visits due to addiction-related conditions has also increased by 52% since 2008, with a rate of 515.8 per 100,000 to 786.2 per 100,000 in 2017 (Maryland State Health Improvement Process, 2017). Black Non-Hispanic residents had the highest rate at 1199.8 per 100,00, a rate that is twice that of Hispanic residents (582.4 per 100,000) and 1.5 times greater than White Non-Hispanic residents (781.6 per 100,000) (Maryland State Health Improvement Process, 2017).



There has been an insufficient number of state-run psychiatric hospital beds in Maryland over the last three decades (Treatment Advocacy Center, 2016). In 1982, there were 4,390 psychiatric hospital beds available, but this was drastically reduced in 2010 to 1,058 beds and further reduced in 2016 to 950 beds. (Treatment Advocacy Center, 2016). Maryland Health Department officials have announced no plans to open psychiatric hospital beds to serve non-court-ordered inmates, emergency room involuntary patients waiting over 30 hours or community patients needing longer-term treatment. (Burton, 2018; Treatment Advocacy Center, 2016). There is a major need in both Howard County and across the state for urgent access to appointments and treatment spaces for behavioral health patients.

Figure 6. Emergency Department Utilization Rates per 100,000 for Behavioral Health Conditions, Howard County, 2008-2017



Source: Maryland State Health Improvement Process (2016) (Data for 2015 was not available)

Mental Health

As reported by the 2018 HCHAS, approximately a quarter of Howard County residents reported symptoms of depression and anxiety in varying degrees (Howard County Health Assessment Survey, 2018). 13% of respondents reported taking medication or receiving treatment for mental health conditions in 2018, up from 9% in 2012 (Howard County Health Assessment Survey, 2018). Additionally, 26% of respondents reported that they were usually/always or sometimes worried or stressed about vital expenses (Howard County Health Assessment Survey, 2018).

Table 6: PHQ-4 Responses to 2018 HCHAS

	Nearly every day	More than half the days	For several days	Never	Don't know/Not sure
Having little interest or pleasure in doing things	3%	5%	15%	75%	2%
Feeling down, depressed or hopeless	1%	3%	18%	76%	2%
Feeling nervous, anxious, or on edge	8%	7%	21%	61%	3%
Not being able to stop or control worrying	4%	5%	15%	75%	2%

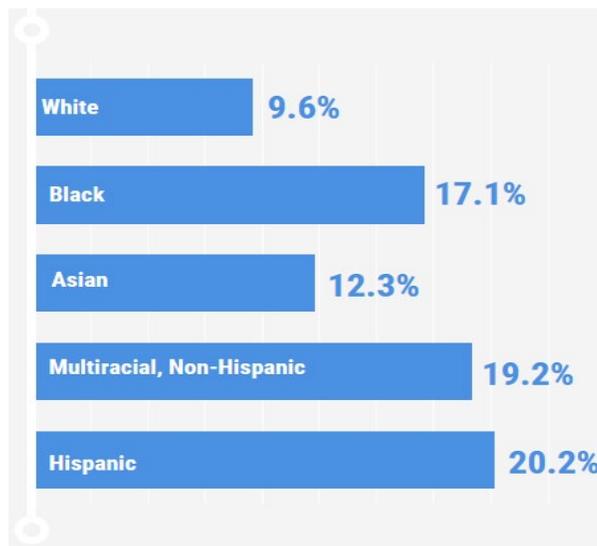
Source: Howard County Health Assessment Survey (2018)

Suicide

Twenty-three suicides occurred amongst youth ages 10-19 in Howard County between 2008 and 2017 (Maryland Vital Statistics Administration, 2008-2017). Between 2014 and 2016, suicide was the leading cause of death for youth ages 15-19 in Howard County (Maryland Vital Statistics, 2014-2016). According to self-reported data, 1 in 6 high school students and 1 in 5 middle school students in Howard County have seriously considered attempting suicide (Centers for Disease Control and Prevention, 2016).

From 2014-2016, suicide in Howard County was at a rate 7.4 per 100,000 population, lower than the state average of 9.2 per 100,000 (Maryland State Health Improvement Process, 2016). The rate has been steadily decreasing since the 2009-2011 measurement period from 9.3 per 100,000 (Maryland State Health Improvement Process, 2016). However, according to the Maryland Youth Risk Behavior Survey, the number of Howard County high school students who seriously considered attempting suicide in the year prior to being surveyed increased from 15% in 2014 to 16.2% in 2016, with a higher percentage of female students (20.5%) compared to male students (11.8%) considering suicide (Maryland Department of Health, 2016). Hispanic/Latino students had the highest reported percentage of students considering suicide at 21.9% (Maryland Department of Health, 2016). 13.8% of students reported that they made a plan about how they would attempt suicide in 2016, which was also up from 11.2% in 2014 (Maryland Department of Health, 2016).

Figure 7. Howard County high school students who made a plan about how they would attempt suicide (% by race), 2016



Source: Maryland Department of Health (2016)

Substance Abuse

In Howard County, the rate of drug-induced deaths is at 12.6 per 100,000 people, which represents a significant increase since 2007. Among white non-Hispanic residents, the rate has nearly doubled, from 10.8 deaths per 100,000 people in 2007 to 20 deaths per 100,000 people in 2016 (Maryland State Health Improvement Process, 2016). In 2017, there were 51 deaths caused by drug- and alcohol-related intoxication that were the result of recent ingestion or exposure



to alcohol or another type of drug including heroin, cocaine, prescription opioids, benzodiazepines, and other prescribed and non-prescribed drugs in 2017 (Maryland Department of Health, 2017). This was higher than the rate in 2016 (46 deaths) and has been on an overall increasing trend since 2007 (16 deaths) (Maryland Department of Health, 2017).

In 2018, there were 188 opioid related nonfatal overdoses and 38 fatal overdoses (Howard County Police Department). This total of 226 overdoses has increased by four from 2017 at 222 (Howard County Police Department, 2018).

In Howard County, 26% of residents had reported that they had 5 or more drinks for males and 4 or more drinks for females within the last 30 days (Howard County Health Assessment Survey, 2018). Of the 26% who responded, 19.2% had experienced this excess drinking five or more times in a month (Howard County Health Assessment Survey, 2018). In 2018, 71% of residents reported that they refrained from binge drinking (Howard County Health Assessment Survey, 2018). This rate of binge drinkers has increased slightly the past several years compared to 74% of respondents refraining in 2012 and 72% in 2014 (Howard County Health Assessment Survey, 2018).

Maternal and Infant Health

While Howard County overall is a healthy county for families, there are significant disparities in care for expecting mothers and the health of infants among racial/ethnic minorities.

Infant Health

In Howard County, 8.3% of live births in 2017 resulted in a low birth weight (weighing less than 2,500 grams or 5 pounds, 8 ounces), slightly lower than the Maryland state average of 8.9% (Maryland State Health Improvement Process, 2017). However, when stratifying the rate based on race/ethnicity, there is a disparity for the Black Non-Hispanic population at 12.9%, nearly 2.5 times greater than the lowest group, White Non-Hispanic residents with a rate of 5% (Maryland State Health Improvement Process, 2017). Asian/Pacific Islander residents had the second highest rate of low birth weight at 9.4% (Maryland State Health Improvement Process, 2017). The average in 2010 was 7.7% and subsequent years have shown increases in low-birthweight babies in the county (Maryland State Health Improvement Process, 2017).



Howard County also has a disparity in its preterm birth rates: the county's overall preterm birth rate was 9.7% in 2016, but the rate was 9.9% for Black women and 11.2% among Asian women. The disparity is also seen among older women: 10.7% of births among mothers aged 35-39 and 14.6% of births among mothers aged 40 and older were preterm (Howard County Health Department, 2018).

Between 2012 and 2016, the rate of Sudden Unexpected Infant Deaths (SUIDs) in Howard County was 0.63 per 1,000 live births, which was lower than the state average of 0.85 per 1,000 live births (Maryland State Health Improvement Process, 2016). However, the rate of SUIDs in Black Non-Hispanic infants was 2.23 per 1,000 live births (Maryland State Health Improvement Process, 2016). Overall, the rate has increased in Howard County as the past two measurement periods (2010 to 2014 and 2011 to 2015), SUIDs accounted for 0.29 and 0.46 per 100,000 live births, respectively (Maryland State Health Improvement Process, 2016).

Prenatal Care

In 2016, 75% of Howard County pregnant women received care beginning in the first trimester, slightly higher than the State average of 67.8% (Maryland State Health Improvement Process, 2016). When stratified by race/ethnicity, however, only 52.9% of Hispanic expectant mothers received early prenatal care, approximately 15% less than the second lowest group of Black Non-Hispanic pregnant women at 68% (Maryland State Health Improvement Process, 2016). Asian/Pacific Islander Non-Hispanic and White Non-Hispanic pregnant women had rates higher than the County average, 77% and 81%, respectively (Maryland State Health Improvement Process, 2016). The average rate of mothers who received early Prenatal Care in Howard County has steadily increased from 2013 for all races and ethnicities with a County average of 64% (Maryland State Health Improvement Process, 2016).



Other Needs

Although this assessment does not cover every health need of the community, HCGH has a full community health and wellness program addressing a broad spectrum of health conditions and wellness topics to benefit our community. The Health Department also offers many community-facing services that may not be covered in this document. More information on hospital programs can be found in the latest Community Benefit Report completed by the hospital, which is available on the hospital’s website. More information on county programs may be found on the Health Department’s website.

Table 7. Hospital Programs/Activities Supporting Other Key Health Needs

Health Need	Program and Description	Partners
Smoking Cessation	Quit Tobacco classes	HC Health Department
Health Screenings	Skin Cancer Screening Peripheral Artery Disease Screening Hypertension and BMI screenings	HC Health Department
Diabetes	Pre-Diabetes classes Dietary Counseling Glucose Screening	HC Health Department HC Office on Aging
Chronic Pain	Special Event Lectures (back pain, leg pain)	Various

VII. Implementation Strategy

HCGH and HCHD will work to prioritize initiatives tied to the five community health needs identified in this assessment and will monitor and evaluate progress made over the next three years. The two organizations’ commitment to improving the health of the community will be evident through key strategic collaborations focused on community members facing gaps in the areas identified herein. HCGH and HCHD will also provide in-kind and financial support to organizations and initiatives that share our commitment to addressing these priorities.

HCGH’s Board of Trustees and executive leadership will ensure alignment of the Hospital’s strategic and clinical goals with the five community health improvement initiatives. The implementation plan identifies both hospital-specific strategies and partnership opportunities with key stakeholders that have common goals. Most collaborators are also active member of the LHIC and are already committed to building a healthier Howard County community.

The CHNA findings and corresponding implementation plan have been thoroughly reviewed by HCHD. Alignment with the mission, vision and core values of the Department was assured. The actions and initiatives outlined in the implementation strategy have been approved and adopted by each organization.

Implementation Strategy Action Items appear below.

HCGH and HCHD 2019 Community Health Needs Assessment: Implementation Strategy

Community Health Need Priority Area: Access to Care			
Goal	Strategies	Metrics	Partners
Increase access to care for Howard County Residents	<ul style="list-style-type: none"> Participate in school-based telemedicine program for children in Title I elementary schools Provide consultations for children who are uninsured or do not have regular access to a pediatrician 	<ul style="list-style-type: none"> Number of children served Number of children served with Medicaid or uninsured Return to class rate 	<ul style="list-style-type: none"> HCGH HC Health Department Howard County Public School System
	<ul style="list-style-type: none"> Recruit additional primary care providers to practice in Howard County through the Practice Howard program 	<ul style="list-style-type: none"> Number of providers recruited Number of new patients seen 	<ul style="list-style-type: none"> HCGH Howard County Government Columbia Medical Practice Centennial Medical Group Other community medical practices - TBD

	<ul style="list-style-type: none"> • Provide education on Medicare for new and existing patients 	<ul style="list-style-type: none"> • Number of classes offered • Number of attendees 	<ul style="list-style-type: none"> • HCGH • HC Office on Aging
	<ul style="list-style-type: none"> • Provide health screenings and connection to community resources to improve access to care for Hispanic population • Provide in-hospital and online patient education and information in a variety of languages through digital education programs 	<ul style="list-style-type: none"> • Number of attendees to Latino Health Fair • Number of screenings through Journey to Better Health • Number of patients engaged 	<ul style="list-style-type: none"> • HCGH • St. John the Evangelist Roman Catholic Church • FIRN • Priority Partners (Medicaid MCO) • HC Health Department • LHIC
	<ul style="list-style-type: none"> • Use the HCGH Diversity Council to develop recommendations on increasing cultural competency among providers • Increase patient and family representation on hospital committees 	<ul style="list-style-type: none"> • Recommended interventions • Number of committees with patient/family representatives 	<ul style="list-style-type: none"> • HCGH • Patient Family Advisory Councils
	<ul style="list-style-type: none"> • Provide transportation to Medicaid patients for their healthcare appointments 	<ul style="list-style-type: none"> • Number of rides provided 	<ul style="list-style-type: none"> • HC Health Department
	<ul style="list-style-type: none"> • Provide referrals to health insurance connector services so uninsured residents can sign up for coverage 	<ul style="list-style-type: none"> • Number of residents connected to health insurance plans 	<ul style="list-style-type: none"> • Healthcare Access Maryland • HC Health Department • LHIC

Community Health Need Priority Area: Behavioral Health			
Goal	Strategies	Metrics	Partners
Increase timely access to behavioral health services for residents of all ages	<ul style="list-style-type: none"> • Implement urgent care psychiatric stabilization services with community providers and connect eligible residents to first follow up appointment within two business days. • Establish new partnerships with community behavioral health providers to provide seamless connections to treatment from the acute, 	<ul style="list-style-type: none"> • Number of patients referred • Connection rate 	<ul style="list-style-type: none"> • HCGH • HC Health Department • Local Health Improvement Coalition • Way Station, Inc • Grassroots Crisis Intervention Center

	<ul style="list-style-type: none"> post-acute, or primary care setting Provide linkage to care coordination and case management for behavioral health patients Provide behavioral health navigation services in the HCGH ED 		<ul style="list-style-type: none"> National Alliance for Mental Illness The Horizon Foundation HC Drug Free On Our Own Howard County
	<ul style="list-style-type: none"> Provide Mental Health First Aid and Youth Mental Health First Aid training to community members to expand awareness 	<ul style="list-style-type: none"> Number of classes Number of enrollees Number of enrollees certified at end of course 	<ul style="list-style-type: none"> HCGH HC Health Department Grassroots LHIC Business community
	<ul style="list-style-type: none"> Expand utilization of Peer Recovery Support Specialists for residents utilizing the emergency department for substance abuse issues 	<ul style="list-style-type: none"> Number of encounters Connection rate of referrals to peers 	<ul style="list-style-type: none"> HCGH HC Health Department
	<ul style="list-style-type: none"> Begin offering medication-assisted treatment inductions in the emergency department for those patients willing to start a treatment regimen 	<ul style="list-style-type: none"> Number of encounters 	<ul style="list-style-type: none"> HCGH HC Health Department Private treatment providers?
	<ul style="list-style-type: none"> Provide Opioid Overdose education and Response Training to community members 	<ul style="list-style-type: none"> Number of individuals trained 	<ul style="list-style-type: none"> HC Health Department

Community Health Need Priority Area: Healthy Aging			
Goal	Strategies	Metrics	Partners
Improve the health of older adults living in Howard County and provide comprehensive care coordination for those with	<ul style="list-style-type: none"> Implement the Community Care Team to provide comprehensive care coordination services for chronically ill older adults with a focus on addressing social determinants of health 	<ul style="list-style-type: none"> Number enrolled in community care team CCT Acceptance Rate CCT Graduation Rate Hospital readmissions rate Potentially Avoidable Utilization 	<ul style="list-style-type: none"> HCGH Howard County Office on Aging HC Health Department NeighborRide Community Action Council

chronic conditions			<ul style="list-style-type: none"> • Village in Howard • Assisted Living Facilities • Home Care Providers • Primary Care Practices
	<ul style="list-style-type: none"> • Partner with post-acute, primary care, and specialty care providers to facilitate more effective and person-centered transitions of care 	<ul style="list-style-type: none"> • SNF Collaborative meetings • Primary Care Forum meetings 	<ul style="list-style-type: none"> • HCGH • Local Health Improvement Coalition • Lorien Health Systems • Gilchrist Services • Johns Hopkins Home Care • HC Health Department • Howard County Office on Aging • Johns Hopkins SNF Collaborative
	<ul style="list-style-type: none"> • Ensure that all older adults have identified their care wishes in the form of a completed advance care plan on file at HCGH 	<ul style="list-style-type: none"> • Number of advance directives completed and documented in hospital EHR or CRISP • Number of patients with health care agent identified in EHR • Number of community office hours sessions offered 	<ul style="list-style-type: none"> • HCGH • Horizon Foundation • HC Health Department
	<ul style="list-style-type: none"> • Provide chronic disease self-management classes for older adults to promote healthy living 	<ul style="list-style-type: none"> • Number of classes offered • Completion rate for enrollees 	<ul style="list-style-type: none"> • HCGH • HC Health Department

	<ul style="list-style-type: none"> Implement a home-based primary care program for frail elderly patients 	<ul style="list-style-type: none"> Number enrolled Hospital readmission rate 	<ul style="list-style-type: none"> HCGH Johns Hopkins Home Care Group Johns Hopkins Department of Geriatrics Gilchrist Services
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Community Health Need Priority Area: Healthy Weight			
Goal	Strategies	Metrics	Partners
Enable people of all ages and incomes to achieve and maintain a healthy weight	<ul style="list-style-type: none"> Implement the Johns Hopkins Healthy Food and Beverage Policy to promote increasing healthy food choices throughout the hospital 	<ul style="list-style-type: none"> Compliance with policy Increased discounts for healthy food options 	<ul style="list-style-type: none"> HCGH Johns Hopkins Health System
	<ul style="list-style-type: none"> Implement a Moveable Feast pilot to provide healthy, medically tailored meals to hospital patients with food insecurity 	<ul style="list-style-type: none"> Number of patients served Evaluation of patient pre/post knowledge on nutrition 	<ul style="list-style-type: none"> HCGH Moveable Feast
	<ul style="list-style-type: none"> Promote healthy food choices and healthy food preparation through nutrition classes and partner events such as cooking demonstrations, community nutrition counseling, and healthy eating-centered events Serve as pickup site for Roving Radish program 	<ul style="list-style-type: none"> Number of events Number of classes Number of Roving Radish meal kits sold Number of subsidized meal kits 	<ul style="list-style-type: none"> HCGH HC Health Department Columbia Association LHIC The Horizon Foundation Roving Radish
	<ul style="list-style-type: none"> Implement faith- and community-based health initiatives focused on screenings and delivery of evidence-based classes to reduce chronic diseases closely linked to overweight and obesity 	<ul style="list-style-type: none"> Number of formal partnerships with congregations/faith-based organizations Number of formal partnerships with community organizations Number of screenings held Number of classes held 	<ul style="list-style-type: none"> HCGH HC Health Department The Horizon Foundation Faith-based organizations LHIC

		<ul style="list-style-type: none"> Measured weight loss for class participants 	
	<ul style="list-style-type: none"> Support the Howard County bike share program 	<ul style="list-style-type: none"> Number of bike share trips Number of active members Number of occasional members 	<ul style="list-style-type: none"> HCGH Howard County Government The Horizon Foundation
	<ul style="list-style-type: none"> Assist in management of walking program in North Laurel and promote community exercise programs hosted by LHIC partnering organizations 	<ul style="list-style-type: none"> Number of events Number of participants 	<ul style="list-style-type: none"> HCGH HC Health Department LHIC partner organizations

Community Health Need Priority Area: Maternal/Infant Health			
Goal	Strategies	Metrics	Partners
Improve the sudden unexpected infant death rates in Howard County	<ul style="list-style-type: none"> Offer community classes to expectant parents on infant care and newborn health 	<ul style="list-style-type: none"> Number of classes offered Number of participants 	<ul style="list-style-type: none"> HCGH HC Health Department
	<ul style="list-style-type: none"> Promote education on safe infant care to new mothers during their post-delivery hospital stay 	<ul style="list-style-type: none"> Number of educational videos viewed Discharge checklists completed 	<ul style="list-style-type: none"> HCGH
	<ul style="list-style-type: none"> Promote Health Department's Safe Sleep program Develop partnerships with faith-based community to promote safe infant care practices to prevent SUIDs, particularly among African American population 	<ul style="list-style-type: none"> SUIDs rate Number of congregations engaged 	<ul style="list-style-type: none"> HCGH HC Health Department Faith-based community
Reduce low birth weight and premature birth	<ul style="list-style-type: none"> Offer childbirth classes to prospective mothers, including online courses in English and Spanish 	<ul style="list-style-type: none"> Number of classes offered Number of participants 	<ul style="list-style-type: none"> HCGH

disparity in Howard County	<ul style="list-style-type: none"> • Offer prenatal information and services at the Latino Health Fair 	<ul style="list-style-type: none"> • Number of participants 	<ul style="list-style-type: none"> • HCGH • Community obstetricians • St. John the Evangelist Roman Catholic Church • FIRN • Priority Partners • Community Obstetricians • HC Health Department
	<ul style="list-style-type: none"> • Launch a prenatal support group for expectant mothers • Support the Health Department's Family Options program for pregnant teens • Promote the EMPOWER Initiative to reduce preterm deliveries in Howard County 	<ul style="list-style-type: none"> • Number of groups offered • Number of participants 	<ul style="list-style-type: none"> • HCGH • HC Health Department
	<ul style="list-style-type: none"> • Partner with faith-based communities to provide education and resources to expecting mothers, particularly to Hispanic and African American mothers 	<ul style="list-style-type: none"> • Number of partnerships • Number of classes offered • Number of participants 	<ul style="list-style-type: none"> • HCGH • Faith based community
	<ul style="list-style-type: none"> • Promote community-based services such as WIC and FQHC services to low-income expectant mothers 	<ul style="list-style-type: none"> • Number of referrals 	<ul style="list-style-type: none"> • HCGH • HC Health Department • WIC • Chase Brexton

VIII. Appendices

Appendix I: Howard County Health Assessment Survey Advisory Committee

The Howard County Health Assessment Survey has been conducted every 2 years beginning in 2012 through 2018. It is funded by the Columbia Association, the Horizon Foundation, Howard County General Hospital, and the Howard County Health Department. OpinionWorks LLC conducts the survey telephonically. The following individuals contributed to the development and oversight of the survey and the administration process:

Organization	Name	Title
Columbia Association	Shawni Paraska	Community Health Director
Horizon Foundation	Tiffany Callender	Program Director
	Glenn Schneider	Chief Program Officer
Howard County General Hospital	Laura Barnett	Director, Strategic Planning
	Elizabeth Edsall Kromm	Vice President, Population Health and Advancement
Howard County Health Department	Felicia Pailen	Director, Policy, Planning, and Communications
	Maura Rossman	Health Officer
Johns Hopkins Health System	Steve Arenberg	Director, Market Research
OpinionWorks, LLC	Steve Raabe	President

Appendix II: LHIC Active Member Organizations

LHIC Active Member Organizations	
AAA Physical Therapy	Howard County General Hospital
AARP® Maryland	Howard County Government
Accessible Resources for Independence	Howard County Health Department
Allergy & Asthma Network	Howard County Library System
Alzheimer's Association® Greater MD Chapter	Howard County Local Children's Board
American Diabetes Association®	Howard County MultiService Center
American Diversity Group	Howard County Office of Transportation
American Foundation for Suicide Prevention Maryland Chapter	Howard County Office of Veterans and Military Families
American Heart Association	Howard County Public School System
Association of Community Services	Howard County Recreation and Parks
BA Auto Care	Humanim
BrightStar Care®	Inquiring Minds, LLC.
Chase Brexton Health Services, Inc.	James Place, Inc.
Collaborative Counseling Center	MAC, Inc.
Columbia Association	Making Change, Inc.
Columbia Medical Practice	MD Chapter of the American Academy of Pediatrics
Columbia Rising, LLC	Maryland Coalition of Families
Community Action Council of Howard County	Maryland Hunger Solutions
Delta Sigma Theta	Maryland University of Integrative Health
Ellicott City Health and Fitness	The Bianca & Hill Group, Merrill Lynch Wealth Management
FIRN	My Life Foundation, Inc.
Giant®	NAMI Howard County
Girls on the Run of Central Maryland	Neighbor Ride
Grassroots Crisis Intervention Center	Nurturing Care at Home
HC DrugFree	One World Healthcare
HealthCare Access Maryland	PFLAG
Health Quality Innovators	Premier Health Express Urgent Care
HomeCentris Healthcare	Resolve MD
Horizon Foundation	Saint Agnes Hospital
Howard Community College	TasteWise Kids
Howard County Board of Health	The ARC of Howard County
Howard County Citizens Association	The Village in Howard
Howard County Commission on Aging	Thunder Soccer Club
Howard County Commission for Veterans and Military Families	Transition Howard County
Howard County Dental Association	UnitedHealthcare® Community Plan
Howard County Department of Community Resources and Services	United Way of Central Maryland
Howard County Department of Fire and Rescue	University of Maryland Extension
Howard County Department of Housing and Community Development	Wellness Nutritional Consultants
Howard County Department of Social Services	We Promote Health
Howard County Economic Development Authority	Winter Growth, Inc
	Y of Central Maryland

Appendix III: Howard County Community Health Needs Assessment Feedback Survey

This survey was posted by the Howard County Health Department and Howard County General Hospital on their social media sites and web pages, as well as shared with residents through email announcements. Responses were collected through SurveyMonkey. The survey was available for three weeks in February and March 2019 and received 368 responses.

Question 1: What are the three (3) most important health problems that affect the health of your community?

1. Alcohol/Drug addiction
2. Alzheimer's/Dementia
3. Behavioral health/Mental illness
4. Cancer
5. Diabetes/High blood sugar
6. Heart disease/Blood pressure
7. HIV/AIDS
8. Infant death
9. Lung disease/Asthma/COPD
10. Overweight/Obesity
11. Smoking/Tobacco use
12. Stroke
13. Don't know
14. Prefer not to answer
15. Other (please specify)

Question 2: What are the three (3) most important social/environmental problems that affect the health of your community? Please check only three.

1. Access to doctor's office
2. Access to healthy foods
3. Access to insurance
4. Child abuse/neglect
5. Domestic violence
6. Housing/homelessness
7. Lack of affordable child care
8. Lack of job opportunities
9. Limited places to exercise
10. Neighborhood safety/violence
11. Poverty
12. Race/ethnicity discrimination
13. School dropout/poor schools
14. Don't know
15. Prefer not to answer
16. Other (please specify)

Question 3: What are the three (3) most important reasons people in your community do not get health care? Please check only three.

1. Cost – too expensive/can't pay
2. Cultural/religious beliefs
3. Insurance not accepted
4. Lack of transportation
5. Language barrier
6. No doctor nearby
7. No insurance
8. Wait is too long
9. Don't know
10. Prefer not to answer
11. Other (please specify)

Question 4: Do you feel that your needs and/or the needs of the community are discussed in the Community Health Needs Assessment (2016 HCGH Community Health Needs Assessment linked)

1. Yes
2. No
3. If not, what would you add? (free text)

Question 5: Do you have any suggestions for improving the Howard County Community Health Needs Assessment?

1. Yes
2. No
3. I don't know
4. If yes, please provide suggestions for improvement (free text)

Question 6: Please provide any comments on the preliminary data provided for the 2019 Howard County Community Health Needs Assessment (Preliminary data from 2019 Howard County Health Assessment Survey linked)

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HOWARD COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

2019

Howard County General Hospital and Howard County Health Department both serve a community that is diverse in the demographics, life stage, and health needs of its population. Howard County has been recognized in local and national press as one of the healthiest counties in the nation, and as a whole has a highly educated and affluent population.

Five community health priority areas have been identified to address existing health needs and health disparities:

Access to Care

Healthy Weight

Healthy Aging

Behavioral Health

Maternal and Infant Health

Through collaborative efforts with partner organizations, Howard County will become a healthier, more prosperous place to live for all of its residents.