



# Howard County Medical Center 2025 Community Health Needs Assessment and Implementation Strategy



JOHNS HOPKINS  
M E D I C I N E

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## Executive Summary

The 2025 Community Health Needs Assessment (CHNA) for Howard County, written by Howard County Medical Center (HCMC), presents a comprehensive analysis of the community's health status and outlines strategies to address key needs. The assessment is built upon a multi-faceted approach, incorporating epidemiological data, findings from the Howard County Health Assessment Survey, feedback from the 2022 CHNA Reflection Survey, input from HCMC stakeholders, and community-driven health priority identification.

The report provides a detailed overview of Howard County's demographic profile, including population characteristics, race and ethnicity distributions, and language diversity. Recognizing that health is influenced by more than just medical care, the assessment also examines critical Social Determinants of Health (SDOH). These include Economic Stability, Health Care Access and Quality, and Neighborhood and Built Environment, all of which play significant roles in shaping the well-being of Howard County residents.

An in-depth analysis of Health Factors and Outcomes reveals specific areas of concern within the community. Data from sources like the 2024 Howard County Health Assessment Survey and the 2022 CHNA Reflection Survey highlight challenges related to both Health Outcomes and Health Behaviors. Community engagement processes were essential in identifying key priorities, ensuring that the CHNA reflects the most pressing needs as perceived by those living in Howard County. The 2022 CHNA Reflection Survey offered valuable insights, revealing community feedback on the previous CHNA, including concerns about healthcare affordability, access to services, and community engagement in the CHNA process.

In response to the identified needs, HCMC proposes an Implementation Strategy centered on three core focus areas: Healthy Beginnings, Healthy Living, and Healthy Minds. These areas are further supported by Cross-cutting Strategies designed to maximize impact and promote health equity. This strategic framework will guide HCMC and its community partners in collaborative efforts to improve the health of Howard County residents over the next three years.

This 2025 CHNA aims to provide a roadmap for action, fostering collaboration and data-driven decision-making to address the most significant health challenges facing Howard County. By prioritizing community engagement and focusing on both health outcomes and the social determinants of health, HCMC and its partners can work towards a healthier future for all.

## Approach and Methodology

### Assessment of Epidemiological Data

The HCMC CHNA team, in coordination with the Howard County Health Department reviewed a wide range of publicly available data to assess the health of the population. These included a range of federal, state and local data describing the community in terms of its health, demographics, and facilitators of health. The team reviewed primary data sources in an attempt to update the metrics collected in the 2022 CHNA, but many did not have new data. We have supplemented these data with results from the 2024 Howard County Health Assessment Survey detailed below.

### Howard County Health Assessment Survey

A key part of our CHNA process was the execution of the 2024 Howard County Health Assessment Survey (HCHAS), conducted by OpinionWorks, and funded by a coalition of Howard County health stakeholders including HCMC, the Howard County Health Department, the Horizon Foundation and the Columbia Association.

The study sponsors met regularly during the planning phase to discuss survey content and methodology. Final decisions over survey content were made by the sponsors. Technical aspects of the survey project, including question wording recommendations, population sampling, and data collection were administered by OpinionWorks of Annapolis, Maryland.

Many questions on the HCHAS were replicated from the BRFSS and other tested public health surveys so that results can be compared to other areas of Maryland and the nation, and to benefit from prior vetting of those questions. The HCHAS also included customized questions to address the local priorities of the project's sponsors, and the health environment in Howard County. Field interviews for the current edition of the HCHAS were collected from July 17 to October 14, 2024.

Prior to field interviewing, the project's sponsors notified the public about the study to encourage survey participation through a multi-media "answer the call" campaign. OpinionWorks drew a random sample of 45,000 Howard County households from a commercial vendor, and both landline and wireless telephone numbers were added where a high-confidence match was possible. These households were approached in a coordinated fashion in sequential waves through multiple survey modes, in both English and Spanish. A total of 2,266 survey interviews were collected as follows:

- Telephone interviews were conducted by trained and supervised live interviewers, who reached respondents on both wireless and landline telephones, resulting in 154 wireless and 70 landline telephone interviews.
- An additional 672 interviews were collected online through a link that was texted to wireless telephone numbers in the sample.
- A mailed postcard bearing a QR code and custom URL (HowardHealthSurvey.org) generated 886 interviews.
- Outside the random address sample, an additional 484 interviews were generated through online consumer panels, which are databases of people in the general public who have opted in to take surveys on a wide variety of subjects. Inclusion of the online panel sample helps

strengthen the representation of underserved population segments who are often left out of surveys conducted with more traditional sampling methods.

For analysis purposes, each interview was geo-coded and placed within one of Howard County’s seven regional planning districts, with the three smallest-population districts combined into one area called “West County.” The geographic distribution of interviews was as follows:

Regional Planning District	Interviews Conducted
West County	329
Ellicott City	619
Columbia	855
Elkridge	168
Laurel	288
Howard County Total	2,266*

\*Includes 7 interviews that could not be accurately geocoded into a planning district.

Interviews were considered completed if the respondent proceeded through the entire interview, though respondents may have refused to answer individual questions. Individuals responded based on their own health conditions and behaviors, rather than commenting on the health of others, including those who might be in their care. The exception is a small number of questions regarding children’s health, when adults were asked to comment on the health of children in their households.

Once the interviews were collected, statistical weights were applied to the sample to ensure that it was as reflective as possible of the County’s population, according to the most recent data available from the United States Census Bureau’s American Community Survey (2022 5-year estimates). Weights were applied to correct discrepancies in the following parameters: gender, educational attainment, age, and race or ethnicity.

## 2022 Community Health Needs Assessment Reflection Survey

The 2022 Community Health Needs Assessment Reflection Survey results included 7 questions, and solicited a total of 17 complete responses. The survey was open from December 5, 2024 until February 1st, 2025 and was shared on a range of social media and newsletters by multiple stakeholders. It invited community members to provide their feedback and insights into the pressing concerns in the community that are affecting their ability to receive quality care. These data were referenced in creation of the 2025 Community Health Needs Assessment.

## Engagement within HCMC

Engagement and input was solicited from numerous levels of leadership and staff across HCMC during the survey process. This included engagement with the Board of Trustees, Patient Family Advisory Council (PFAC), Faith Health Advisory Council (FHAC), Leadership Management Meeting, the Howard County Primary Care Forum, the staff of the Department of Population Health and the Department of Patient Safety and Quality. These stakeholders were educated on the population health trends identified in this report, and their input on our intervention strategy was solicited.

## Community-based Health Priority Identification

HCMC conducted a joint planning effort with the Howard County Local Health Improvement Coalition (HCLHIC) to identify community-based health priorities. This process sought to align the Hospital's Community Health Needs Assessment and the HCLHIC's Community Health Improvement Plan (CHIP) to result in mutually-supportive engagement tactics. While the process of the CHNA is detailed above, the goals and objectives for the HCHD's CHIP are in alignment with the Maryland Department of Health's State Health Improvement Plan (SHIP) and were developed based on review and presentation of Howard County data from multiple sources including: the 2024 Howard County Health Assessment Survey (HCHAS); Maryland Vital Statistics Administration (2010-2022); Maryland Youth Risk Behavior Survey (YRBS, 2013-2022); Maryland Behavioral Risk Factor Surveillance System (BRFSS, 2016-2022); Chesapeake Regional Information System for our Patients (CRISP) Public Health Dashboard (2016-2024); American Community Survey (2017-2022); CDC Wonder (2018-2022); and qualitative data gathered through community forums, roundtable discussions, and focus groups.

Based on a review of these data in late 2024, workgroup chairs and staff developed problem statements for priorities of Healthy Beginnings, Healthy Living, and Healthy Minds. HCLHIC staff and workgroup co-chairs facilitated roundtable sessions to gather feedback on root causes and propose solutions relevant to the problem statements from January through March of 2025.

After a review of the evidence base for these solutions, workgroup chairs in consultation with subject matter experts identified top three solutions for each priority that were presented to the community for feedback through three in-person health forums and a survey. The outcome of the community input was provided to the CHIP steering committee for feedback. Goals and objectives for inclusion in the plan will be presented to the full HCLHIC membership for feedback through a survey in June 2025, along with voting on the updated by-laws, mission, vision, and values. Finally, the HCLHIC Strategic Plan with the action plan will be presented at the July full HCLHIC meeting. The action plan will be dynamic and adjusted as needed as the work groups implement the goals and objectives of the CHIP.

HCMC formed an Oncology Patient Advisory Council in December 2024. This council seeks to promote and support the Claudia Mayer/Tina Broccolino Cancer Resource Center, and patient care through discussion of the Center's services. Council members were interviewed; the purpose was to gain insight on their perspectives on their cancer journey and the needs of the Howard County cancer community. Members of the Council who were interviewed include current and former oncology patients, caregivers, clinicians (e.g., physicians, nurses, social workers, navigators), non-profit employees (e.g., American Cancer Center), and Center staff. Interview questions varied depending on whether the interviewee was a patient (or caregiver) or provider (e.g., clinician or non-profit employee).

## Development of Intervention Strategy

Based upon the Community-based Health Priority Identification process, led by the Howard County LHIC, HCMC identified several concrete steps that it could take to address priorities. These steps are identified

in the Intervention Strategy of this document. HCMC also took a close review of the HCHAS to identify other areas that HCMC could act upon to improve population health. Feedback from the Oncology Patient Advisory Council was utilized to impact strategies related to cancer support services.

## Progress From 2022 CHNA

Howard County Medical Center's 2022 Community Health Needs Assessment strategies focused on four overarching strategies – healthy beginnings, healthy living, healthy minds and healthy foundations. Special attention will be focused on risk factors creating disparities in care and outcomes including access to care, education, and social support and connection. A copy of the 2022 Community Health Needs Assessment and Implementation Strategy can be found on the Howard County Medical Center website.

## Community Feedback on 2022 Community Health Needs Assessment

The 2022 Community Health Needs Assessment Reflection Survey was undertaken to collect community feedback on the 2022 CHNA. When respondents were asked if they feel their needs and/or the needs of the community are discussed in the Community Health Needs Assessment, 6 responded "Yes", 3 responded "No", and 7 responded "I don't know". All 3 surveyors who answered "No" were then asked what they would add to the Community Health Needs Assessment. The responses highlighted concerns about the lack of affordable care in the county, inadequate hospital and ER facilities, and lack of community buy in in the CHNA due to lack of awareness about it. Going forward, our goal is to raise awareness about the needs assessment to the community. For example, putting it on the Howard County Medical Center Webpage, putting up flyers around the hospital in waiting rooms, inpatient floors, and advertising the survey at community meetings such as patient family advisory council meetings.

Respondents were then asked if they think that health insurance coverage is a major health issue facing Howard County residents; 11 responded "Yes", 13 responded "No", and 2 responded "I don't know". All 11 respondents who answered "Yes" were then asked to elaborate why they think health insurance coverage is a big concern in Howard County. Their responses highlighted concerns about lack of insurance coverage due to affordability and number of undocumented and uninsured individuals in Howard County, people struggling to afford insurance due to coverage costs, high co-pays and high deductibles, seniors facing roadblocks accessing medications due to limited Medicare coverage and providers accepting it, and long ED wait times due to Johns Hopkins Howard County Medical Center being the only hospital in the county etc.

## Assessment of 2022 Implementation Plan

The four priority areas from the 2022 CHNA were:



The 2022 CHNA included intervention tactics for each of these topics. As part of our 2025 CHNA, we reviewed progress towards these strategies, as shown below:

**CHNA Priority Area: Healthy Beginnings**

Key Strategy	Impact
Develop a Maternity Partnership to increase under-insured and uninsured mothers in accessing routine and high-risk prenatal and postpartum care	HCMC launched the Maternal Health Program in March 2023 to provide routine and high-risk maternity care for uninsured and underinsured individuals. Funded by a grant from Howard County government, the program offers prenatal and postpartum care through a Maternity Care Clinic. The program also includes community health workers (CHWs) who connect clients with community based resources like transportation. Partnering with Chase Brexton, the initiative has supported 70 individuals through the end of 2024. In the last year, the program has also developed strong relationships with the HCHD's Perinatal Equity and Care for Everyone (PEACE) project and the Family Options Program. This program has helped to improve maternal and infant health outcomes in underserved communities.
Develop a program to provide additional prenatal and/or post-natal support to mothers with a focus on historically marginalized women	
Expand and promote educational experiences to promote prenatal care in English and Spanish especially for those with English as a second language	HCMC enhanced prenatal education to reach all populations, offering 394 classes from FY22 to FY24, including e-classes in seven languages and support groups for new moms and breastfeeding. Collaborating with language services, the program provided interpreters to ESL participants, empowering over 6,000 expectant parents with knowledge to navigate pregnancy and early parenthood effectively.
Promote community-based services such as WIC and FQHC services for low-income families	Referrals are made to these resources as a matter of course as needs are identified through SDOH screening, or patient discharge.

**CHNA Priority Area: Healthy Living**

Key Strategy	Impact
Open a community satellite location of the Howard County Food Bank at the hospital. Enhance food support options for those who make too much to qualify for food assistance but need support	From March 2022 to August 2024, HCMC partnered with the Community Action Council of Howard County to address food insecurity through the TEFAP Pantry. This initiative provided non-perishable items and fresh produce to low-income hospital staff and patients nearing discharge who were ineligible for traditional food assistance. Over its operation, the pantry distributed over 14,900 pounds of food, aiding approximately 2,300 individuals across three fiscal years before concluding due to space limitations. HCMC is continuing to explore other ways to meet its patients' needs for food, including referrals to community-based food resources.
Enhance and expand classes and screenings to reach historically marginalized populations ensuring connection to additional resources if needed	The Health Department funded Journey to Better Health (J2BH) program collaborated with local faith-based organizations to offer health classes and screenings, focusing on chronic conditions such as diabetes, obesity, and hypertension. Between FY23 and FY24, the program conducted 26 health screenings and hosted 12 evidence-based classes, reaching hundreds of participants. Efforts included introducing a Cancer Self-Management Toolkit and expanding mental health workshops. The program continues to connect individuals with resources addressing social determinants of health.
Increase access to the Diabetes Self-Management Training (DSMT) for those with diabetes	From CY22 to CY24, 2,881 patients were referred to the Diabetes Self-Management Training (DSMT) program, with 1,463 patients (50.7%) initiating the program. Of the patients initiating the program, 757 patients returned for at least one visit.
Expand faith- and community-based health initiatives focused on screenings and delivery of evidence-based classes to reduce chronic diseases closely linked to being overweight and obese	The Health Department funded Journey to Better Health (J2BH) program works with Howard County faith-based organizations to enhance health awareness and offer chronic disease screenings, including for conditions such as obesity and diabetes. In FY23, J2BH expanded its partnerships, collaborating with seven local congregations and facilitating screenings for blood pressure, stroke risk, and BMI at various community events, such as the Continental Societies Inc. Community Health Fair, where 28 individuals were screened. Additionally, the program hosted four evidence-based workshops, enrolling 32 participants with a 53% completion rate. In FY24, J2BH continued to grow, engaging 23 active congregations and hosting an in-person workshop at the hospital, with 15 participants and a 67% completion rate. Through ongoing efforts, J2BH has made significant strides in improving health outcomes across the community.
Engage in Chronic Disease Community forums to increase awareness of and access to culturally appropriate and inclusive resources that address chronic diseases	The Health Department funded Journey to Better Health (J2BH) program completed three Living Well with Chronic Disease classes in FY23, enrolling 25 participants, with six successfully completing the program. In FY24, a staff member was trained as a leader for Chronic Disease Self-Management, enhancing the program's effectiveness. In FY23, the Chronic Disease Self-Management Program (CDSMP) engaged 60 participants across virtual, toolkit, and in-person formats, with 43 completing the program, achieving a 72% completion rate for virtual/toolkit formats and 45% for in-person sessions. In FY24, the program surpassed its goals with 44 enrollees and 26 completions, reaching a 59% completion rate.

Key Strategy	Impact
Continue to enhance support groups for those with a cancer diagnosis	The Claudia Mayer/Tina Broccolino Cancer Resource Center at Johns Hopkins Howard County Medical Center continues to expand its community-based programs to support individuals navigating cancer. The center offers educational materials from trusted sources like the NIH and American Cancer Society, along with services such as counseling, symptom management, care planning, and access to vital resources. In FY23, 603 individuals participated in HCMC support groups, with 574 continuing in FY24. Oncology counseling served 467 people in FY23, compared to 367 in FY24. The center also provided hair care services to 302 clients in FY23, with 264 served in FY24, all at no cost to the community.
Launch Peer Mentorship program to connect newly diagnosed cancer patients with survivors, at least one year out from treatment	The M.A.P.S. (Mentorship and Peer Support) program provides crucial support to cancer patients and caregivers by connecting them with trained mentors who have shared similar experiences. In FY23, the program reached 88 individuals and successfully matched 8 mentors with mentees. The process has been streamlined for better outreach and communication, including through the program's website. In FY24, 13 mentors are actively supporting the program, with 42 patients seeking a match. Feedback from mentors shows high satisfaction and a desire for continued education and bi-monthly meetings. The program's goal is to sustain this vital community resource.

#### **CHNA Priority Area: Healthy Minds**

Key Strategy	Impact
Expand Behavioral Health Navigation services to provide seamless connections to treatment for those with behavioral health needs	The HCMC Behavioral Health Navigator (BHN) program connects patients with behavioral health needs in the Emergency Department (ED) by providing screenings, referrals, assistance with scheduling post-discharge mental health or drug treatment appointments, and follow-up calls within 48 hours. In FY23, 623 patients were referred to the BHN program, with 49% seen by a BHN before discharge and the remainder contacted by phone. Of those referred, 73% were connected to community treatment sites or resources. In FY24, 598 patients were referred, with 41% seen by a BHN before discharge, and 77% were connected to community resources.
Provide Mental Health First Aid and Youth Mental Health First Aid training to the general public but also targeted populations to reach historically marginalized populations	The JHHCMC Mental Health First Aid program is an evidence-based course that teaches participants to recognize and respond to mental health and substance use challenges. The Youth Mental Health curriculum, tailored for those aged 12-18, follows a similar approach. Over the past two fiscal years, 353 individuals registered for the course, with 198 completing it. In FY23, 10 classes were offered, with 198 registrants and 112 completers. In FY24, 6 classes were held, with 155 registrants and 86 completers. Of the completers, 90 identified as Black, Asian, Hispanic, or Native American.
Greater Baltimore Region Integrated Crisis System (GBRICS) Continue collaboration with Maryland hospitals to implement the Crisis	The Greater Baltimore Region Integrated Crisis System (GBRICS), now called Baltimore Behavioral Health System (BBHS), is a public-private partnership investing \$45 million over 5 years to improve behavioral health care coordination across Baltimore City, Baltimore County, Carroll County, and Howard County. The initiative aims to reduce unnecessary Emergency Department visits and police involvement by implementing the Crisis Now

<b>Key Strategy</b>	<b>Impact</b>
Now model to better coordinate mental health care and resources	model. In April 2023, the Central Maryland Regional 988 Helpline was launched, handling over 4,000 calls per month, with 92% resolved through phone counseling and referrals. Mobile Response Teams (MRTs) began in May 2023, responding to over 150 dispatches monthly, with 94 in October 2024. The program has also integrated new technology to enhance call management and crisis response.
Continue to engage and educate the community on suicide prevention resources	Over the past year, BBHS made significant progress in engaging the Greater Baltimore community on suicide prevention. They participated in 75 events, distributed over \$100k in promotional materials, and launched multiple paid advertising campaigns. The website saw over 100,000 unique visitors, with 1,400 individuals reaching out directly to 988. These efforts continue to expand access to crucial suicide prevention resources and support across the region.
Continue the Congregational Depression Awareness Program (CDAP) to train volunteers from faith communities to support awareness about depression and programs in their communities	The JHHCMC offered the Congregational Depression Awareness Program (CDAP), a five-week course for volunteers from local faith communities to coordinate depression awareness and support initiatives. The program, created by the Johns Hopkins Bayview Community Relations Program, was held in two cohorts: February/March 2021 and September/October 2022. Over five weeks, participants received instruction from experts, including psychologists, psychiatrists, social workers, chaplains, and individuals with lived experience of depression. Each cohort had approximately 8 participants from 5 different congregations. Although the program has not continued, a convening meeting was held in April 2024.
Provide medical stabilization and linkage to treatment to persons with substance abuse who present to the emergency department	The Peer Recovery Coach (PRC) program at HCMC, in continuous partnership with the Howard County Health Department, involves individuals with lived experience—those who have a history of substance use and have been sober for at least two years—who receive specialized training. Within the Emergency Department (ED), primary nurses use SBIRT questions to screen patients for substance use. If a patient screens positive, the PRC is alerted to provide a brief intervention. In FY23, there were 2,365 positive screens, which decreased by 7.4% to 1,581 in FY24.
Promote SBIRT (Screening, Brief Intervention, and Referral to Treatment) to deliver early intervention and treatment services to patients presenting to the emergency department who have risky alcohol or drug use	The Peer Recovery Coach (PRC) program, in continuous expansion through its partnership with the Howard County Health Department, provides bedside support to patients using motivational interviewing strategies. PRCs assess patients' readiness for change and help develop tailored treatment and recovery plans. From FY23 to FY24, the PRCs have assisted over 350 patients in their recovery journeys.
Continue to support and adapt the Peer Recovery Support program	HCMC consistently supports patients with a history of substance use who have maintained sobriety for at least two years through the Peer Recovery Coach (PRC) program. PRCs are available Monday through Friday, from 8 AM to 5 PM, providing crucial support during these hours. There is potential for program

Key Strategy	Impact
	growth by adding PRCs to cover weekends, which would enhance accessibility and offer more support to individuals seeking help.

**CHNA Priority Area: Healthy Foundation**

Key Strategy	Impact
Grow the Community Health Worker Training program focusing on targeted population to reach the historically marginalized	The JHCMC Community Health Worker Training Program, accredited by the Maryland Department of Health and administered by JHHCMC's Community Care Team (CCT), aims to expand the community health workforce across Maryland. The program, taught by a group of health experts, focuses on the nine core competencies of community health. Since its inception in 2020, the program has certified 129 community health workers (CHWs). In FY23, 44 students were enrolled, with 31 CHWs certified. In FY24, enrollment increased to 62 students, with 43 CHWs certified. The program primarily serves adults from underserved communities with a passion for improving local health.
Expand primary care locations with a focus on addressing population health obstacles	The number of PCPs in Howard County rose from 614 in 2021 to 621 in 2022, the most recent year in which data are available.
Enhance the Practice Howard program to attract primary care to Howard County and provide unconscious bias training for primary care providers	In FY23, Columbia Medical Practice confirmed that they retained 2 PCPs and received a payout of \$50,000. Centennial Medical Group was unable to retain their second replacement provider for the year and a replacement was not indicated. Thus, they did not receive a payout and their 5-year payout contract was terminated. Chase Brexton returned the \$26,000 they were given to implement a program under the grant as they were unable to execute. In FY26, Columbia Medical Practice spent \$60,000 on two providers. Dr. Jang and Dr. Pokharel.
Expand access to digital/telehealth capabilities like remote patient monitoring (RPM) services to maximize use for key conditions such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), diabetes and COVID-19	Remote Patient Monitoring services continue to be offered at Howard County Medical Center. In 2024, RPM services for Sepsis were made available to patients at no cost.
Improve ease of access to transportation support and services for those needing health care	HCMC partners with Neighbor Ride, a community-based non-profit that provides car transport to individuals above the age of 65. In 2023, 34 HCMC patients took a total of 1,257 trips, and in 2024, 27 HCMC patients took a total of 916 trips. More than 50 percent of these trips were paid for by the Good Neighbor Fund, which provides rides to seniors who can't afford the service otherwise.

Key Strategy	Impact
	<p>Another source of transportation resources in our community is RoundTrip, which connects patients with ridesharing service. In 2022 there were 915 completed trips, in 2023 there were 1,292 completed trips, and in 2024 there were 1,016 completed trips. In total, during the three year period, there had been 3,223 RoundTrip rides.</p>

## The Community We Serve

The following section provides a macro-level view of the communities we serve in Howard County. It is important to note that behind each statistic are individual people with unique narratives and identities that are often intersectional.

### Howard County Overview

Howard County, located in central Maryland, is home to both beautiful small mill towns and growing cities such as Columbia.<sup>1</sup> In 1967, the area, particularly Columbia, was renewed with a bold vision by James Rouse: to promote diversity; steward and respect the land; prioritize design and land use principles; build a complete city with a downtown, village centers, corridors and revitalized neighborhoods; and support community services like a balanced transportation system.<sup>2</sup> Today, Howard County embraces many of these ideals envisioned by Rouse, but progress can still be made.

From rolling green hills to sandy soils, the County was home to 335,411 people and 121,423 households in 2022.<sup>1</sup> U.S. World and News Report ranked the county the 20<sup>th</sup> healthiest community in the U.S. in 2024.<sup>3</sup> Moreover, the county has many opportunities for its residents. Whether it's the county's 200+ miles of trails or the bustling economy with employment opportunities, the County has something for everyone.<sup>1</sup>

### Population

Howard County is home to over 300,000 people, and its population continues to grow. Between 2020 and 2023, its population grew by over 3,500 people or 1.1%.<sup>4</sup> The growth rate for Howard County was faster than for the state of Maryland overall, which only added a net of 3,000 people between 2020 and 2023.<sup>4</sup> In 2023, Howard County's median age was 40.2.<sup>5</sup> Moreover, the population of people under age 18 comprised 23.5% of the population while those 65 years of age and older comprised 15.4% of the County.<sup>6</sup> Veterans comprised 6.3% of the population.<sup>7</sup>

### Race and Ethnicity

Data on race and ethnicity in Howard County provides additional insights into the communities that live here. In 2022, the non-Hispanic White population made up 48.4% of the population; the non-Hispanic Black population made up 19.7%; the non-Hispanic Asian population made up 18.8%; the non-Hispanic multiracial population made up 4.87%; and the Hispanic population made up 7.48%.<sup>8</sup>

Moreover, Howard County is home to people from all around the world (see Table A). The foreign-born population in 2022 comprised 22.4% of the population.<sup>9</sup> Of the population of Howard County residents born in another country, 67.8% of them had become U.S. citizens in 2023.<sup>9</sup>

Table A: Regions of Origin for Foreign-Born Population in Howard County in 2023.<sup>9</sup>

Region	Proportion of Population
Asia	61.8%
Latin America	20.0%
Africa	12.4%
Europe	4.8%

## Languages Spoken

Information on the languages spoken at home also provides a glimpse into the languages spoken of Howard County (see Table B). In 2022, 72.2% of people spoke English at home versus 27.8% who spoke a language other than English at home.<sup>10</sup>

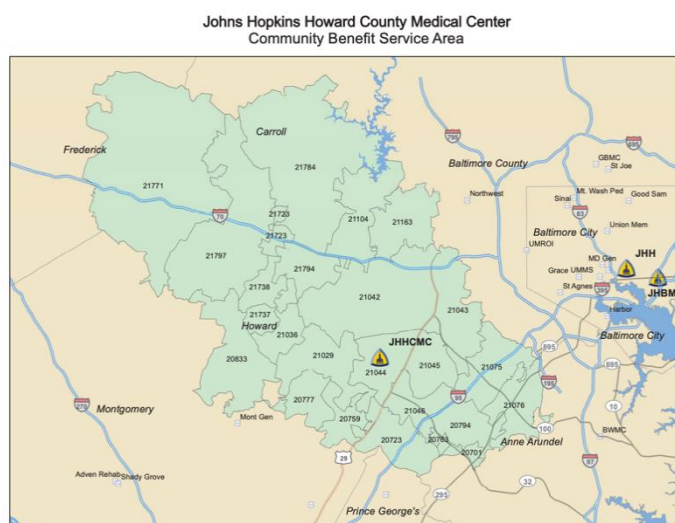
Table B: Languages Spoken at Home in Howard County.<sup>10</sup>

Languages Spoken	Proportion of Population
English	72.2%
Spanish	5.8%
Indo-European Languages	7.6%
Asian and Pacific Island languages	10.4%
Other languages	4.0%

## Definition of Community Benefit Service Area

The Johns Hopkins Howard County Medical Center has defined a community benefit service area, characterizing the area served by the medical center. This service area comprised a population of 450,962 people in 2023 and was projected to grow to over 460,000 in 2028.<sup>11</sup> The area included the following zip codes: 20701, 20723, 20759, 20763, 20777, 20794, 20833, 21029, 21036, 21042, 21043, 21044, 21045, 21046, 21075, 21076, 21104, 21163, 21723, 21737, 21738, 21771, 21784, 21794, 21797.

<sup>11</sup>



## Social Determinants of Health

The social determinants of health, as described by Healthy People 2030, are defined as “the conditions in the environments where people are born, live, learn, work, play worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>12</sup> With growing national consensus that factors outside the doctor’s office and hospital drive the majority of health outcomes, it is critical that health systems consider and support all the other factors, such as the social determinants of health, that give rise to health outcomes. The five domains of social determinants of health include: 1) Economic Stability, 2) Education Access and Quality, 3) Health Care Access and Quality, 4) Neighborhood and Built Environment and 5) Social and Community Context.<sup>12</sup> Four of these domains are discussed in this report as they provide the clearest picture on the strengths and opportunities for improvement in Howard County.

## Economic Stability

Financial resources and economic security are among the most significant determinants of health status. According to the Centers for Disease Control and Prevention (CDC), “economic stability includes key issues, such as poverty, employment, food security, and housing stability. These issues can affect how people prepare for and respond to an emergency.”<sup>13</sup> In Howard County, where the cost of living is notably high—14.4% above the Maryland average and 27.9% higher than the U.S. average—economic stability is especially critical.<sup>14</sup> These elevated costs underscore the importance of robust economic support and resources for residents to maintain their health and well-being.

### ***Employment***

Howard County benefits from a strong job market, offering employment across several key industries. In 2022, the county had 174,000 employed individuals.<sup>8</sup> The most common occupations included management, computer and mathematical occupations, business and finance, and education.<sup>8</sup> The primary sectors included professional, scientific and technical services (18.2% of employees), health care and social assistance (13.6%) and educational services (11.9%).<sup>8</sup>

The county also benefits from a low unemployment rate. In 2023, the unemployment rate was just 1.7%, significantly lower than the state average of 2.7%.<sup>15</sup> However, by June of 2024, the unemployment rate had risen to 2.7%.<sup>16</sup> Despite this increase, the county’s low unemployment rate overall remains a key strength in supporting economic stability and public health.

### ***Household Income/Poverty***

In 2022, Howard County boasted a median household income of \$121,423 in inflation-adjusted dollars, far exceeding the national average and ranking number 7 of all U.S. counties.<sup>17,18</sup> Moreover, in 2022, Howard County's poverty rate was low at 5.37%.<sup>8</sup> A high median income and low poverty rate are strengths of Howard County.

However, this high income must be considered in the context of the county's elevated cost of living by considering the experiences of residents that make lower incomes. (Data, 2022) As of 2024, the minimum wage was \$15 and was set to increase to \$16 in 2025.<sup>19</sup> While this wage is higher than the federal poverty level for most household sizes, it falls significantly short of a 'living wage' for many families in Howard County.<sup>20</sup> For example, according to the MIT Living Wage Calculator, a household with two working adults and two children would require each adult to earn \$33.83 per person to meet basic living expenses for their family.<sup>20</sup> Other estimates suggest that a family of four—two adults and two children—would need an income of \$149,449 in 2023 to afford basic necessities in Howard County.<sup>21</sup> This discrepancy between household income and cost of living highlights the financial pressures many families face, even in relatively affluent areas such as Howard County. *Addressing these income disparities is crucial for improving economic security and, consequently, health outcomes in Howard County.*

### ***Food insecurity***

Food insecurity remains an important challenge in Howard County. The ability to afford and access nutritious food is a key social determinant of health, affecting physical and mental health outcomes across all stages of life. Insufficient access to healthy food is associated with a higher risk of chronic diseases, such as diabetes, hypertension, and obesity.

In Howard County, despite being one of the wealthiest counties in Maryland, many residents face food insecurity. In 2023, a family of two adults and two children in the county would need to spend on average \$1,000 per month on food alone.<sup>21</sup> These high costs contribute to food insecurity, which affected 32,130 individuals in 2022, accounting for 9.7% of the county's population.<sup>23</sup> Based on social determinants of health screening at Howard County Medical Center, 7.9% of patients screened positive for food insecurity in the last year.<sup>24</sup> Despite this substantial number of individuals experiencing food-insecurity due to the high cost of living, only 40% of food-insecure individuals were eligible for the Supplemental Nutrition Assistance Program (SNAP), leaving many without access to critical food support.<sup>23</sup>

Government and nonprofit assistance programs designed to alleviate food insecurity remain insufficient to meet the community's needs. In 2022, Howard County averaged 22,843 SNAP participants per month.<sup>25</sup> In a 2023 survey of 406 Howard County residents, 78.62% of whom were food-insecure in the sample, 21.52% indicated that they typically acquired food from a food bank and 16.80% indicated that they got food from a food pantry.<sup>26</sup> Participation in the Women, Infants, and Children (WIC) Program was also limited, with only 49.9% of eligible residents enrolled.<sup>25</sup>

These figures highlight the limitations of current assistance programs in addressing the full scope of need, especially for residents whose income is too high to qualify for federal programs but not enough to have reliable access to nutritious foods. Expanding eligibility criteria and increasing participation in support programs could be essential steps toward reducing food insecurity and improving access to nutritious food for vulnerable populations in Howard County.

## ***Housing***

Housing in Howard County presents a complex picture, with both strengths and challenges that impact the well-being of residents. On average, there were an estimated 2.74 people per household in 2024.<sup>27</sup> Approximately 72.1% of homes are occupied by their owner between 2018 and 2022, and the median value of these homes was \$551,300.<sup>28</sup> The median monthly mortgage payment for these owners was \$2,882, and the median rent for 2018 to 2022 was \$1,920.<sup>28</sup>

Regarding housing security, only 2.7% of patients at Howard County Medical Center screened positive housing insecurity in the last 12 months.<sup>24</sup> However, a significant portion of the population—25.5%—reported spending more than 30% of their income on housing, a figure higher than the national average of 23.5%.<sup>3</sup> This statistic is important because according to Healthy People 2030, a household is classified as “cost-burdened” if spending more than 30% of their income on housing.<sup>12</sup> This highlights the financial strain faced by many residents, particularly in an area with high housing costs. Despite this, Howard County maintains a low vacancy rate of 2.8%, which is much lower than the national average, indicating a relatively strong demand for housing and low levels of abandonment.<sup>3,27</sup>

The county's eviction rate is also remarkably low at just 0.1%, suggesting strong housing stability for the majority of residents.<sup>3</sup> However, there remains a significant shortfall of affordable homes for low-income residents, a gap that is more severe than both state and national averages.<sup>3</sup> This shortage is particularly concerning given the rising costs of housing.

Homelessness in Howard County, while relatively low compared to other areas, still affects a notable portion of the population. Point-in-time counts recorded 165 individuals experiencing homelessness in 2022, representing 3% of the population, one of the lowest proportions in the state.<sup>29</sup> In 2024, a point-in-time count revealed that there were 130 people experiencing homelessness.<sup>30</sup> Of these individuals identified in 2022, 143 were sheltered while 22 were unsheltered. Vulnerable populations included 48 children under 18, 13 young adults aged 18 to 24, and 36 people who were chronically homeless.<sup>29</sup>

Homelessness in the county also reflects significant racial disparities. In 2022, 104 individuals experiencing homelessness were Black, while 44 were White.<sup>29</sup> Additionally, the homeless population included individuals with severe mental illness (17), substance use disorders (6), domestic violence survivors (12), and veterans (4), highlighting the intersection of homelessness with other social and health challenges.<sup>29</sup>

While the overall housing stability in Howard County appears strong with low eviction and homelessness rates, the challenges of housing affordability and racial disparities in homelessness remain key issues to address. Expanding affordable housing options and supporting at-risk populations will be crucial for improving housing access, health and quality of life.

## Education Access and Quality

Education access and quality are powerful social determinants of health that have far-reaching but often indirect effects on individuals' health and well-being. A robust education provides individuals with the knowledge and skills necessary for better employment prospects, higher income, and improved social standing—factors that are strongly correlated with healthier lifestyles and better access to health care. Higher levels of educational attainment are also associated with reduced rates of chronic diseases, improved mental health, and increased life expectancy.<sup>31</sup> *Howard County has a well-educated population and strong school system, ensuring consistent educational outcomes across communities is critical.*

### **K-12 Education**

Howard County schools had a population of approximately 58,000 students in 2019.<sup>32</sup> In the 2023 to 2024 school year, 55% of children demonstrated readiness for Kindergarten in Howard County, which was higher than the Maryland average of 44%.<sup>33</sup> Addressing these differences in the K-12 system in Howard County and supporting students that may be struggling has the potential to indirectly help improve health outcomes in the long-term.

Table C: High School Graduation Rate by Race and Ethnicity in Howard County in 2023.<sup>34</sup>

Race or Ethnicity Category	Graduation Rate
Non-Hispanic White	98.6%
Non-Hispanic Asian	86.8%
Non-Hispanic Black	96.8%
Hispanic	83.8%

<sup>34</sup>

### **Higher Education**

In terms of higher education, educational attainment in Howard County is notably high.<sup>34</sup> In 2023, the U.S. Census Bureau estimated that 62.5% of the population held a Bachelor's degree or higher.<sup>34</sup> However, there are disparities in educational attainment when broken down by race and ethnicity (see Table D).

Table D: Attainment of Bachelor's Degree or Higher by Race and Ethnicity in Howard County in 2023.<sup>34</sup>

<b>Race or Ethnicity Category</b>	<b>Proportion with BA or higher</b>
Non-Hispanic White	69.7%
Non-Hispanic Asian	66.6%
Non-Hispanic Black	47.3%
Hispanic	38.4%

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The median earnings in Howard County clearly reflect the economic benefits of higher education (see Table E). As educational attainment increases, so do economic opportunities and stability for residents, underscoring the importance of promoting access to education across all demographic groups. Addressing these racial and ethnic disparities in education is critical for fostering economic opportunity and social mobility and promoting improved health and well-being in the county.

Table E: Median Earnings by Educational Attainment in Howard County.<sup>34</sup>

<b>Education level for population 25 years and over</b>	<b>Median Earnings in Past 12 months</b>
Less than high school graduate	\$32,316
High school graduate (includes equivalency)	\$45,951
Some college or associate's degree	\$55,032
Bachelor's degree	\$85,347
Graduate or professional degree	\$122,494

## Health Care Access and Quality

Getting people the access to health care that they need is critical to improving health outcomes.<sup>12</sup> Issues of health care access as a social determinant of health includes whether people have insurance that allow them to access preventative health care services; whether they have access to providers who can deliver recommended preventative services; and whether they actually participate in screening and prevention services.<sup>12</sup> Health care access in these domains is generally a strength of Howard County, but some areas for improvement do exist.

### ***Insurance***

Access to health care in Howard County is relatively strong, particularly in comparison to state and national averages. As of 2024, 4.5% of the population is uninsured, which is significantly lower than both the Maryland average of 7.0% and the national average of 11.5%.<sup>3</sup> This lower uninsured rate suggests that the county has made strides in ensuring that most residents have some form of health coverage, a critical component of access to care.

### ***Primary Care Access***

In terms of primary care access, Howard County has 1.25 primary care physicians (PCPs) per 1,000 people, slightly below Maryland's rate of 1.56 but above the national average of 1.21.<sup>3</sup> While this indicates better access than in many parts of the country, it may suggest a shortage of primary care providers relative to the demand. This is one area for improvement in Howard County.

### ***Prevention/Screening***

Preventive care utilization is a strength in the county, with a 57.4% adult flu vaccination rate, well above the state average of 49.0% and the national rate of 42.8%.<sup>3</sup> Additionally, 73.2% of adults reported having a recent preventive care visit, a figure that is comparable to both state and national averages.<sup>3</sup>

Howard County also performs well in terms of preventing unnecessary hospitalizations. Among Medicare beneficiaries, preventable hospital admissions stand at 1,743 per 100,000 people, less than half of Maryland's rate of 3,569 per 100,000.<sup>3</sup> This lower rate highlights the county's relative success in managing chronic conditions and preventing complications that would otherwise lead to hospitalization.

Overall, Howard County demonstrates a high level of access and quality in healthcare, though addressing potential shortages in primary care and continuing efforts in preventive care could further strengthen the health outcomes for its residents.

## **Neighborhood and Built Environment**

The built environment as a social determinant of health is defined by all the external factors in a community that might encourage or discourage people to be outside. Do people have places to walk and bike? What are the safety risks in the community? Are road users safe? These questions all affect a community's ability to engage in health promoting activities and thus influence health outcomes. This section discusses available data for Howard County and how the county is performing.

### ***Transportation***

Transportation as a social determinant of health influences individuals' access to employment, healthcare, education, and essential services. Extended time spent commuting is associated with decreased physical activity and cardiovascular fitness as well as increased metabolic risk.<sup>35</sup> Moreover, disparities in transportation access can harm health outcomes, particularly for those without reliable vehicle access. Understanding transportation patterns in Howard County is crucial for developing strategies to enhance mobility, reduce commute-related health risks, and promote access to resources across the community.

Transportation access to medical appointments and other key places is an important concern in Howard County. Among Howard County Medical Center patients, 7.4% of them indicated that they lacked reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living over the last 12 months. This data may be explained in part by the high reliance

on personal vehicles to get around in Howard County. The majority of households—81.8%—reported having two or more vehicles available, while 17.1% had just one vehicle, and only 1.1% of homes were without a vehicle, underscoring the importance of car ownership in the county and the challenges residents may face without a car<sup>-36</sup>.

In Howard County, where personal vehicle reliance is high and commuting times are significant, the transportation landscape can impact residents' physical and mental health as well as intensify health problems by limiting the ability of some residents to access necessary services. Addressing these transportation trends and enhancing mobility solutions will be key to promoting health outcomes and improving the quality of life for all Howard County residents.

### ***Safety***

Public safety is another determinant of health because injuries are an important cause of poor health, particularly among young people, and safety can influence other risk factors for health, including physical activity. Howard County appears to perform relatively well on safety measures. For example, among Howard County residents, 1.5% screened positive for interpersonal violence within the last 12 months.<sup>24</sup> Despite the low rate of positive screens, continued efforts should be made to support these individuals that experience safety concerns to connect them to the support they need.

### **Conclusion**

The data discussed above emphasize many of Howard County's strengths in social determinants of health, especially when considered in the comparison to the whole state of Maryland and the country. However, even amidst these strengths, some residents still face non-clinical factors limiting their health. With all the progress that Howard County has made to address social determinants of health, it is important to continue this work through targeted approaches that reach those residents who still face many obstacles. Addressing these social determinants of health among this minority of residents across many domains can help Howard County residents achieve better health and move even further up in the running in the list of the country's healthiest communities.

## Health Factors and Outcomes

Overall, Howard County does well with indicators for health outcomes, such as length of life and quality of life, and health factors, including health behaviors like smoking, obesity, physical activity, drinking, and sexually transmitted diseases. According to the 2024 US News and World Reports Healthiest Communities Ranking, Howard County is the 20<sup>th</sup> healthiest county in the United States, and the healthiest county in Maryland.<sup>37</sup>

### Health Outcomes

#### Mortality

Howard County enjoys a relatively low all-cause, age-adjusted mortality rate. Howard County's rate of 548.6 deaths per 100,000 residents is significantly lower than the Maryland all-cause, age-adjusted mortality rate per 100,000 population of 786.3.<sup>38</sup> However, life expectancy at birth varies by sex and race. The table below highlights the difference in years across these demographics for Howard County as well as the State of Maryland.

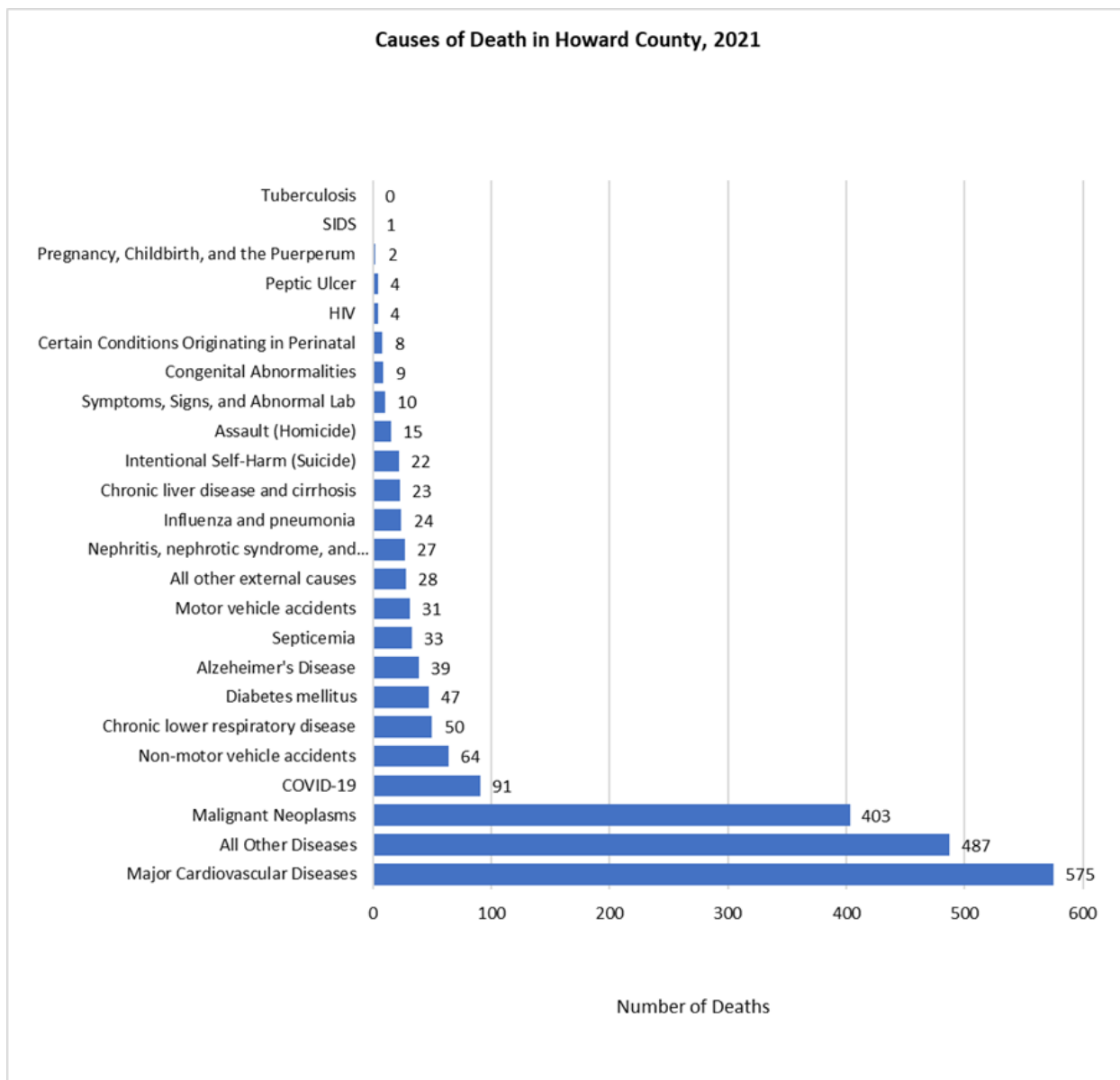
Table 5 – Years of Life Expectancy at Birth, 2021

	Both Sexes		Males		Females	
	Howard County	Maryland	Howard County	Maryland	Howard County	Maryland
<b>All Races</b>	82.8	78.2	80.6	75.2	84.8	81.1
<b>Non-Hispanic White</b>	82.8	78.7	80.9	76.2	84.7	81.2
<b>Non-Hispanic Black</b>	78.9	74.8	75.8	70.7	81.6	78.8

<sup>38</sup>

According to the CDC's National Center for Health Statistics, the leading causes of death in the US are heart disease, cancer, unintentional injuries, COVID-19, stroke (cerebrovascular diseases), chronic lower respiratory diseases (CLRD), Alzheimer's Disease, diabetes, nephritis/nephrotic syndrome/nephrosis, and chronic liver disease and cirrhosis.<sup>39</sup> The leading causes of death in Howard County for 2021 are comparable to those experienced nationally. In 2021, Howard County had 1,997 deaths.<sup>38</sup> The causes of death in 2021 are shown in the chart below.

Overall, age-adjusted death rates in Howard County have declined 13% since 2011.<sup>40</sup> However, the number of deaths increased by 487 deaths.<sup>40</sup>



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Figure 13 – Causes of Death in Howard County, 2021

### **Heart Disease**

Major cardiovascular diseases are the principal cause of death in Howard County, with 575 deaths in 2021.<sup>38</sup> Focusing specifically on heart disease, when comparing the 2021 average age-adjusted mortality rate per 100,000 residents, Howard County was at 111.7 and the State was at 160.1.<sup>38</sup>

### **Cancer**

#### **Cancer Rates, Diagnosis years 2019 and 2021, Howard County<sup>[1]</sup>**

	Incidence		Mortality	
	2019	2021	2019	2021
Liver and Intrahepatic Bile Duct	5.6	7.3	6.2	**
Pancreas	12.5	10.9	10.8	7.9
Female Breast	143.6	146.8	13.0	17.9
Cervix	**	**	**	**
Colorectal	35.8	30.8	10.5	6.7
Skin Melanoma	34.2	22.3	**	**
Prostate	151.0	139.9	15.7	15.4
Lung and Bronchus	36.3	27.7	18.3	21.2

\*\* Rates based on case counts of 1-15 are suppressed per MDH/MCR Data Use Policy. Rates based on death counts of 0-19 are suppressed per MDH/CCPC Mortality Data Suppression Policy.

*Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population.*

While cancer is the third leading cause of death in Howard County, the age-adjusted death rate per 100,000 across all cancer sites for Howard County is decreasing,<sup>41</sup> with the exception of liver and pancreatic cancer, whose mortality rates have remained stable.<sup>40</sup> Howard County had 112.6 age-adjusted cancer related deaths per 100,000 which is less than the State and the Nation at 141.7 and 146.0 age-adjusted deaths per 100,000 population respectively.<sup>41</sup>

In terms of cancer incidence, all-site incidence has remained stable, along with the incidence of breast, cervical, colorectal, liver, and pancreatic cancers.<sup>40</sup> The rates of melanoma and prostate cancer have increased, while the rates of lung cancer have decreased.<sup>40</sup>

In terms of cancer screening, the mammography rate in Howard County is 88.7%, the pap test rate 68.3%, the colonoscopy rate 15.5%, and the PSA test rate 41.4%.<sup>40</sup>

### ***Suicide***

An additional cause of mortality to highlight is suicide. Twenty-two individuals in Howard County committed suicide in 2021.<sup>40</sup> Among adolescents 15-19, there were 5 incidents of suicide, exceeding accidents and homicide, each of which accounted for one violent death among this age category.<sup>40</sup> 21.9% of middle-schoolers in Howard County had contemplated suicide, and racial disparities exist – over the past twelve years, Black people comprised 46% of adolescent suicides despite comprising 25% of the Howard County population.<sup>40</sup>

### ***Foodborne Infections***

According to the Howard County Health Department, the most frequently observed foodborne infection was campylobacteriosis, with an incidence rate per 100,000 population of 13.5 (slightly below the state average of 13.8). The incidence rates of E. Coli and Shigellosis, at 5.7 and 4.5 respectively, were slightly

above the state averages of 4 and 3.2.<sup>40</sup> The incidence rate of non-typhoid Salmonellosis (8.7) was well below the 13.3 rate reported for the state, and no cases of Listeriosis were reported in Howard County in 2021.<sup>40</sup>

### ***Other Reportable Infectious Diseases***

Only 5 cases of animal rabies were discovered in 2021.<sup>40</sup> A dramatic increase in Lyme Disease occurred in Howard County between 2021 and 2022 (from 14.8 cases per 100,000 population to 52.2 cases), but this can be explained by a change in the case definition that took effect in 2022.<sup>40</sup> Tuberculosis cases remain low (incidence rate of 2.7), and there were zero deaths in 2021.<sup>40</sup>

### ***HIV and Sexually Transmitted Infections***

In 2021, 22 people were diagnosed with HIV in Howard County (down from a high of 36 in 2013) and 745 residents of the county were living with a diagnosis of HIV diagnosis.<sup>40</sup> 65.6% of cases were Black, and 62.4% were males.<sup>40</sup> Most HIV cases are due to heterosexual contact (44.9%) or male-to-male sexual contact (41.7%), with only 9% due to injection drug use.<sup>40</sup>

Syphilis rates in Howard County have risen from 1.36 per 100,000 population in 2011 to 4.88 in 2020.<sup>40</sup> Chlamydia and gonorrhea incidence rates remained relatively stable between 2016 and 2020, and are lower than the overall rate in Maryland. The 2020 Howard County chlamydia incidence rate was 326.3 per 100,000 population, and the 2020 Howard County gonorrhea incidence rate was 83.5 per 100,000 population.<sup>40</sup>

### ***Behavioral Health***

Mental health and substance abuse (grouped together in the category of behavioral health) continue to be a top priority across the Nation, and Howard County is no exception.

#### ***Mental Health***

The percentage of Howard County adults with frequent mental distress is only slightly less than Maryland as a whole, and the number of Medicare beneficiaries with depression is equal to the proportion in the rest of the state. However, the mortality rate for deaths of despair is dramatically lower than the rest of the state.

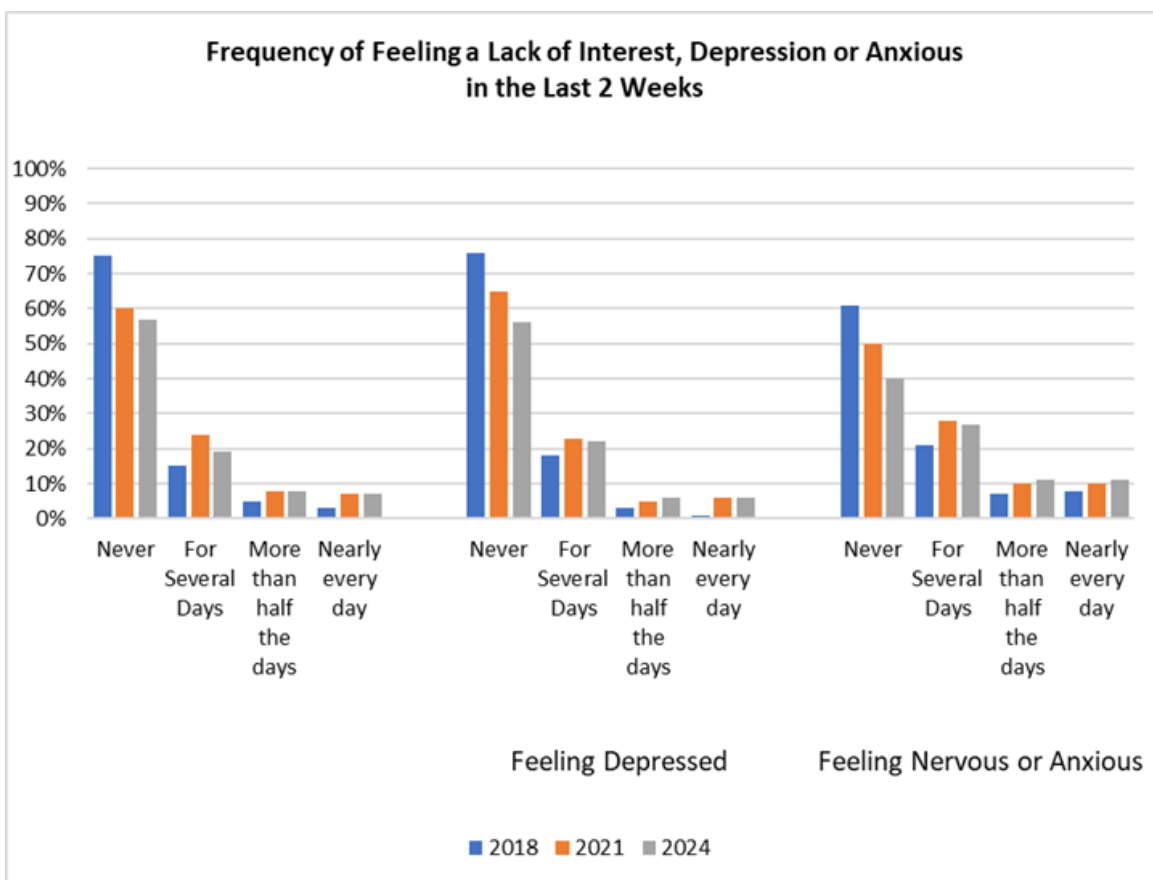
Table 6 – Howard County Mental Distress Metrics

<b>Metric</b>	<b>Howard County</b>	<b>Maryland</b>	<b>U.S.</b>
<b>Adults with Frequent Mental Distress</b>	12.0%	14.6%	17.1%
<b>Deaths of Despair /100,000 population</b>	28.2	62.0	63.5
<b>Medicare Beneficiaries with Depression</b>	19.0%	19.0%	17.9%

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However, as reported by the 2024 Howard County Health Assessment Survey, 23% of the residents reported being under treatment, medication or a health professional’s care for mental health related issues.<sup>43</sup> This percentage has greatly increased from 9% in 2012 with greater prevalence in those ages 35 to 44 years old. It has also increased from 16% in the latest 2021 survey. White residents are most likely to be treated for mental health or emotional problems while Asian residents are the least likely.<sup>43</sup>

Compared to the 2018 and 2021 Howard County Health Assessment Surveys, the frequency of feeling a lack of interest, depression, and anxiety for Howard County residents is increasing.



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Figure 15 – Howard County Health Assessment Survey Question 28 “Over the last 2 weeks, how often have you...” Responses for 2018, 2021, and 2024

## Health Behaviors

### Maternal and Infant Health

The 2021 prevalence of low-birth-weight births (9.4%) was more than the Maryland average (8.9%), as was the prevalence of preterm births (11% vs. 10.7%).<sup>40</sup> However, the 2021 prevalence of late-or-no-

prenatal-care births (3.6%) and of teen births (0.5%) was less than the Maryland averages of 6.5% and 0.8%, respectively.<sup>40</sup> The 2021 infant mortality rate of 5.1 per 1000 live births was lower than both the US average (5.4) and the Maryland average (6).<sup>40</sup> Furthermore, there were pregnancy-associated maternal deaths in 2018.<sup>40</sup>

While Howard County overall is a healthy county for families, there are disparities in care for expecting mothers and the health of infants among racial/ethnic minorities. The below table shows the percentage of Black, White, and Hispanic births with low birth weight, late or no prenatal care, or that were preterm.<sup>40</sup>

Table 7- Racial Disparities in Birth Outcomes in Howard County, 2021

	<b>Black</b>	<b>White</b>	<b>Hispanic</b>
<b>Low Birth Weight</b>	13.9%	7.2%	8.1%
<b>Late or No Prenatal Care</b>	4.2%	2.8%	7%
<b>Preterm</b>	14.7%	10.9%	11.5%

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#### Prenatal Care

Prenatal care is key in keeping mothers and babies healthy; without it babies are three times more likely to be a low birth weight baby and five times more likely to die.<sup>44</sup> Additionally, having early and regular prenatal care may reduce the risk for Sudden Infant Death Syndrome (SIDS).<sup>45</sup> While 112 births (3.4% of 3266 total births) in Howard County received little or no prenatal care in 2021, only 34 of them were non-Hispanic White – 28 were non-Hispanic black, 14 Asian or Pacific Islander, 2 non-Hispanic multi-race, and 32 were Hispanic.<sup>38</sup>

Conditions like hypertension, underweight status, and diabetes in the mother can impact the baby's outcomes. Age can also impact the outcomes of the birth. In 2019, 6% of the births were to mothers age 40 and older, which is an increase from 2019 where it was 5.8% and from 2010 when it was only 4.6%.<sup>38,46</sup> The table below shows the percentage of Howard County mothers that had or developed a condition during pregnancy and the percentage of time they had a low-weight or pre-term birth during 2019.<sup>46</sup>

Table 8 – Birth Outcomes Based on Conditions of the Mother

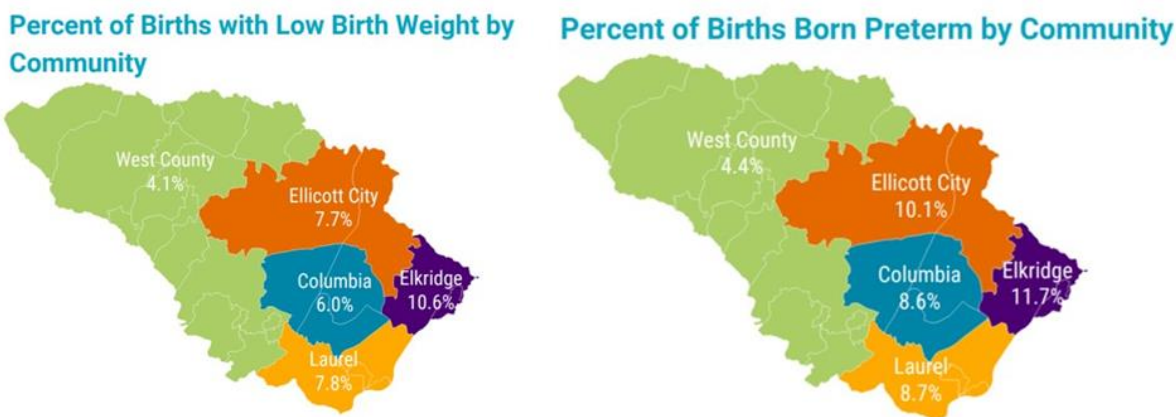
<b>Mother's condition</b>	<b>Low Weight Birth</b>	<b>Pre-term Birth</b>
<b>Chronic hypertension</b>	17.2%	22.2%
<b>Pregnancy-associated hypertension</b>	14.4%	18.1%
<b>Underweight prior to pregnancy</b>	13.7%	13.7%
<b>Gained less than 20lbs during pregnancy</b>	11.9%	12.8%

<b>Developed gestational diabetes</b>	10.7%	12.2%
<b>Over 40 yrs old</b>	10.3%	17.9%

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### Low Weight and Pre-term Births

For low birth weight and pre-term babies, there are disparities seen between communities within the County. The West County community has the lowest percentage rate for low birth weight and pre-term births at 4.1% and 4.4% respectively, while Elkrige sees the highest percentage of both low birth weight and pre-term births at 10.6% and 11.7% respectively.<sup>46</sup>



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Figure 16 – Howard County Community Map of Low Birth Weight & Pre-term Percentages, 2019 Estimates

Additionally, disparities exist by race/ethnicity as well. White Non-Hispanic mothers had the lowest percentages of both low weight or pre-term births in 2019.<sup>46</sup> Asian Non-Hispanic mothers had the highest low weight births at 9.5% while Black Non-Hispanic mothers had the highest percentage of pre-term births at 12.4%.<sup>46</sup> However, with the exception of low weight births for Hispanic mothers, all other races/ethnicities have seen stable or declining percentages for both low weight and pre-term births.<sup>46</sup>

Table 9 – Low Weight and Pre-term Births by Race/Ethnicity

Race/Ethnicity	Low Weight Birth		Pre-term Birth	
	Howard County %	Maryland %	Howard County %	Maryland %
<b>White Non-Hispanic</b>	9.4%	6.7%	7.6%	8.9%
<b>Black Non-Hispanic</b>	7.2%	12.8%	12.4%	13.0%
<b>Asian Non-Hispanic</b>	13.9%	8.8%	7.8%	8.2%

Hispanic	8.1%	7.6%	9.0%	9.7%
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### Obesity and Healthy Living

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 the community over the years. According to the CDC, adult and childhood obesity can lead to greater risk for diabetes, heart disease (via high blood pressure and high cholesterol), and breathing problems (such as asthma and sleep apnea).<sup>47</sup> In 2024, 38% of Howard County residents were advised by their doctor to lose weight within the last five years.<sup>43</sup> This metric has been fairly flat ranging from 32% to 38% over the last 10 years.<sup>43</sup> However, when asked about their Body Mass Index (BMI), a reliable measure of body fatness,<sup>48</sup> 35% responded that they were considered overweight and 28% responded that they were obese.<sup>43</sup> Both percentages are greatly increased from the last survey in 2021.



According to the Chronic Disease Burden tables from the Behavioral Risk Factor Surveillance Survey,<sup>49</sup> the prevalence for adult obesity in Howard County has increased from 19.8% from 2013-2015 to 22.7% in 2015-2019 and to 23.8% in 2021. Additionally, the racial disparity in the prevalence has become statistically significant with Black residents having a greater percentage than White residents.<sup>49</sup> Still, Howard County's obesity prevalence is the 2<sup>nd</sup> lowest among Maryland's 23 counties.<sup>49</sup>

Youth obesity prevalence remained relatively flat when comparing 2021 to the 2015-2019 time period to the 2013-2015. In 2021 the rate was 7.4%, in 2015-2019 the rate was 7.4%, and in 2013-2015 it was 7.5%.<sup>49</sup> For both time periods the difference in prevalence of obesity between the Black and White youth populations was statistically significant.<sup>49</sup> Howard County's youth obesity prevalence is the lowest among Maryland's 23 counties.<sup>38</sup>

### Physical Activity and Nutrition

The rate of adult residents in Howard County who exercised or engaged in physical activity that increases one's heart rate during the last week rebounded from its 2018 drop to 73% to 81% in 2024.<sup>43</sup> 50% of Howard County residents had purchased sugar-sweetened beverages for their family to drink at home in the last 30 days.<sup>43</sup> This is contrary to the consistently decreasing trend seen from 2014 to 2021.<sup>43</sup> Fruit and vegetable consumption also declined among county residents from 2018 to 2024.

### Chronic Disease

According to the CDC, "Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both."<sup>50</sup> For Howard County, the table below shows how the prevalence rate has changed from 2013-2015 to 2015-2019 to 2021 for common Howard County chronic diseases and outcomes.<sup>49</sup> The only measure to show that there was a racial disparity in the prevalence rate was the 2015-2019 measure for age-adjusted diabetes mortality. This measure was statistically significantly greater for Black residents than White.<sup>49</sup>

Table 10 – Chronic Disease Prevalence in Howard County, MD

Disease/Outcome	Prevalence 2013-2015	Prevalence 2015-2019	Prevalence 2021
Hypertension/High Blood Pressure	26.8	28.5	29.4
Asthma	11.0	13.2	13.0
High Cholesterol	36.6	36.2	36.3
Diabetes	7.4	8.3	8.4
Age-adjusted Diabetes Mortality (per 100,000 residents)	9.4	12.1	-

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### High Blood Pressure

The number of people in Howard County that had ever been told by a healthcare provider that they had high blood pressure has remained stable from 2021 to 2024.<sup>43</sup> 75% said they were taking medication for high blood pressure which was similar to previous years of the survey.<sup>43</sup> Unemployed were more likely than those with jobs to be experiencing high blood pressure.<sup>43</sup>

### Asthma

Asthma in children showed a sharp increase. The percentage jumped from 20% in 2016 to 25% in 2024.<sup>43</sup>

### Diabetes

Howard County residents indicated an increase in being told they had diabetes from 8% to 12% from the 2014 survey to the 2024 survey.<sup>43</sup> Additionally, there was a large jump in the number of residents that reported they were under 30 years old when they were told they had diabetes. The increase was from 8% in 2016 to 25% in 2024.<sup>43</sup> For those residents that were diabetic, 78% were taking medications for their diabetes in 2021, a drop from 81% in 2018.<sup>43</sup> 9% of the respondents reported being told they were pre-diabetic.<sup>43</sup>

### Advance Care Planning

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.<sup>51</sup>

Potentially a result of the COVID-19 pandemic, residents with an advance directive and/or a documented health care agent increased from 2018 to 2021.<sup>43</sup> 36% of residents indicated having an Advance Directive to spell out their decisions for end-of-life care while 37% indicated having a health care agent who can act on their behalf should they be unable to make health care decisions or communicate their wishes.<sup>43</sup> The number remained relatively stable in 2024 (33%).<sup>43</sup>

### COVID-19

Chronic conditions impacted by COVID-19 are still being examined and new ones may potentially be discovered in the future. The impact of postponed health screenings, social distancing and isolation and the unknowns associated with the disease are most likely still to be determined. As of May 11, 2023, 95% of Howard County residents had received at least one dose of a COVID-19 vaccine, 90.8% had

completed their primary series, but only 34.5% had received an updated bivalent booster dose.<sup>40</sup> 36.5% of those  $\geq 5$  were vaccinated, 38.8% of those  $\geq 12$ , 40.7% of those  $\geq 18$ , and 74.3% of those  $\geq 65$ .<sup>40</sup> The COVID-19 reported 7-day average case rates per 100,000 population have been below 50 since July 2022, and the confirmed deaths have been below 10 since June 2023.<sup>40</sup> While Howard County has a high fully vaccinated rate (87.9%), management and education of COVID-19 will continue to be important to the health and well-being of Howard County.<sup>52</sup>

## **Substance Use**

### **Opioid Overdoses**

In 2022, 42 people died due to an opioid-related intoxication death in Howard County, which is 10 less than in 2020.<sup>40</sup> 36 of these deaths were due to fentanyl.<sup>40</sup> That number is higher than previous years, however “the rate of opioid-related overdose deaths appears to have slowed”.<sup>40</sup> Additionally, the number of non-fatal opioid-related overdose hospital events seems to have declined steadily since 2017 from 143 to 31 in 2022.<sup>40</sup> Progress in the use of naloxone to prevent overdose deaths, along with increased education, awareness and engagement of community partners has helped create this positive turn in reducing deaths.



### **Smoking**

Cigarette use among adults has generally declined, dropping from a high of 15.3% in 2013 and stabilizing around 3.9% in 2021.<sup>40</sup> Middle school tobacco use has ranged from 5.1% in 2018-19 to 2.8% in 2021-22, with electronic smoking device use ranging from 2.8% in 2018-19 to 1.8% in 2021-22.<sup>40</sup> High school tobacco use has ranged from 22.1% in 2018-19 to 13.6% in 2021-22, with electronic smoking device use ranging from 20.4% in 2018-19 to 12.5% in 2021-22.<sup>40</sup>

### **Other Needs**

Although this assessment does not cover every health need of the community, HCGH has community health and wellness programs addressing a broad spectrum of health conditions and wellness topics to benefit our community. More information on hospital programs can be found on the hospital’s website. Additionally, the Howard County Health Department and several other mission-driven organizations also offer many community-facing services that may not be covered in this document but support the health and well-being of the Howard County residents. Please access their websites for additional information about their programs and offerings.

## Key Community Priorities

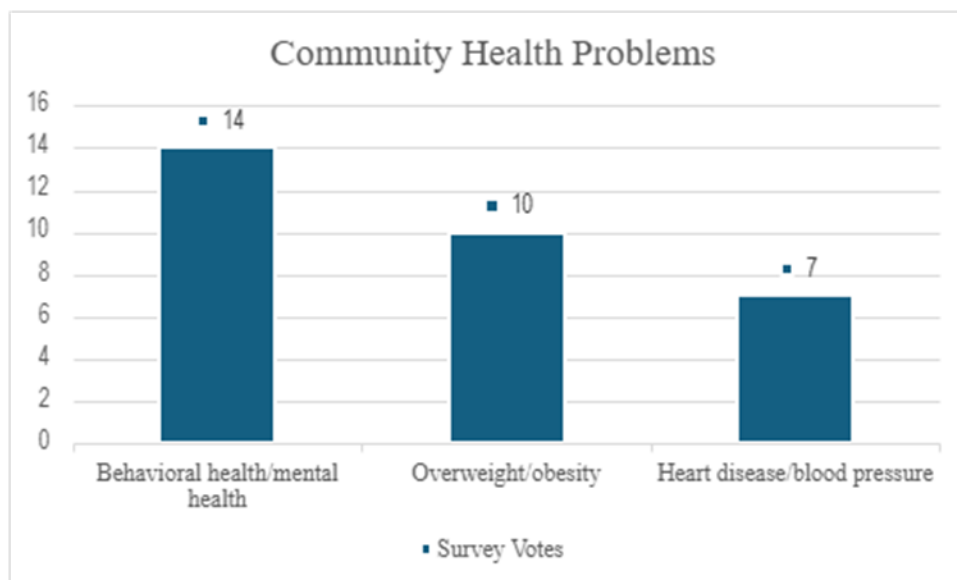
### Priorities Identified by Community Engagement Process

The community engagement process lead by the Howard County Local Health Improvement Coalition (HCLHIC) identified a total of six focus areas across its three workgroups.

<b><u>Workgroup</u></b>	<b><u>Focus Areas</u></b>
Healthy Living	<ul style="list-style-type: none"><li>• Howard County residents face increasing rates of obesity, food insecurity, and chronic health conditions, with limited physical activity among young contributing to disparities in health outcomes, particularly for Black and Hispanic populations.</li><li>• The Howard County population is aging and experiencing increasing rates of fall-related injuries and deaths.</li></ul>
Healthy Minds	<ul style="list-style-type: none"><li>• Black and male populations in Howard County face disproportionately higher rates of firearm-related deaths.</li><li>• Black, Hispanic, and female youth face disproportionately higher rates of depression, hopelessness and suicide.</li><li>• Black populations face disproportionately higher rates of suicide.</li></ul>
Healthy Beginnings	<ul style="list-style-type: none"><li>• Black mothers and infants face disproportionately higher rates of poor health outcomes including maternal and infant mortality and low birth weights.</li></ul>

The Oncology Patient Advisory Council outreach process found that psychosocial services in general are underutilized. In reference to barriers and challenges, both patients and providers expressed that many patients are unaware that these services exist, are free and are provided by the Center. Further, providers emphasized the importance of having services readily available to patients. Patients and providers both felt that there is a need to expand some of the cancer psychosocial services for various reasons, but first it is important to tackle some of the advertising and marketing aspects to gain more patients at the Center before building out a new program. Lastly, patients and providers overwhelmingly agreed that providing psychosocial support should begin as early as possible (i.e., at diagnosis) and continue through survivorship.

### 2022 Community Health Needs Assessment Reflection Survey



The three most important reasons people in our community do not get health care produced the following results; “Cost- too expensive/can’t pay” yielded 13 votes, lack of transportation yielded 8 votes, and insurance not being accepted yielded 7 votes. When respondents were asked if they feel their needs and/or the needs of the community are discussed in the Community Health Needs Assessment, 6 responded “Yes”, 3 responded “No”, and 7 responded “I don’t know”. All 3 surveyors who answered "No" were then asked what they would add to the Community Health Needs Assessment. The responses highlighted concerns about the lack of affordable care in the county, inadequate hospital and ER facilities, and lack of community buy in in the CHNA due to lack of awareness about it. Going forward, our goal is to raise awareness about the needs assessment to the community. For example, putting it on the Howard County Medical Center Webpage, putting up flyers around the hospital in waiting rooms, inpatient floors, and advertising the survey at community meetings such as patient family advisory council meetings.

Respondents were then asked if they think that health insurance coverage is a major health issue facing Howard County residents; 11 responded “Yes”, 13 responded “No”, and 2 responded “I don’t know”. All 11 respondents who answered "Yes" were then asked to elaborate why they think health insurance coverage is a big concern in Howard County. Their responses highlighted concerns about lack of insurance coverage due to affordability and number of undocumented and uninsured individuals in Howard County, people struggling to afford insurance due to coverage costs, high co-pays and high deductibles, seniors facing roadblocks accessing medications due to limited Medicare coverage and providers accepting it, and long ED wait times due to Johns Hopkins Howard County Medical Center being the only hospital in the county etc.

The responses highlighted the following; community education for Howard County members on lifestyle medicine such as free exercise classes, nutrition and healthy eating on a budget, and overall, making the assessment more personal to the community in the sense we need to focus on communicating information in laymen terms to adjust for all levels of health literacy.

## Implementation Strategy

HCMC's implementation strategy is outlined within each of the three Community Priorities described above. These strategies call into one of five strategic pillars:

1. Access to Care
2. Patient and Community Education
3. Build Capacity
4. System Navigation
5. Inpatient Intervention

These pillars are identified based on where HCMC has the best ability to affect improvement in population health and meet the community's needs.

## Healthy Beginnings

Within Healthy Beginnings, we aim to implement interventions that enhance access to quality prenatal and postnatal care, address social determinants of health, and provide culturally competent support to Black mothers, aiming to reduce maternal and infant mortality rates and low birth weight incidences within the next three years.

Pillar	Strategies	Metrics	Partners
Access to Care	<i>Maternal Health Program – Maternity Clinic</i> – Provide care to uninsured pregnant people and connection with services through Community Health Worker	Clinic visits completed	Chase Brexton, Johns Hopkins Community Physicians, JHHCMC-MCU
System Navigation	<i>Maternal Health Program – Community Health Worker Support</i> – Support patient and provide connection to resources while providing education to patient and supporting self-advocacy.	Patients have worked with Community health Workers Average intervention length	Howard County Health Department (HCHD), JHHCMC- MCU, JHHCMC- ED
Patient and Community Education	Childbirth and parenting classes – Provided to patients for a fee if they are able to pay. Classes cover prenatal to early parenting with research-based, expert reviewed information on pre-natal care, feeding, sleep and safety.	Number of enrollees Number of completers	Chase Brexton, Johns Hopkins Community Physicians, HCHD, HCLHIC, Howard County (HC) Library System
	Breast Feeding Support Group		HCMC L&D, MCU, HCLHIC
	New Parents Support Group		HCHD

## Healthy Living

Within Healthy Living, our community engagement and analysis of data lead to three parallel priorities:

1. Chronic Disease Risk Reduction – Reducing obesity, food insecurity, and chronic health conditions, and encourage physical activity of all ages.
2. Fall Prevention – Address needs of the aging population by decreasing fall-related injuries and deaths through targeted prevention and support programs.
3. Cancer Psychosocial Support – Reduce isolation and improve quality of life among patients with a cancer diagnosis and their families.

## Chronic Disease Risk Reduction

Pillar	Strategies	Metrics	Partners
Community Education	Develop targeted communication programs to address chronic health issues, such as hypertension and diabetes, or health behaviors such as fruit and vegetable consumption.	Campaigns launched Engagement with digital media.	Johns Hopkins Howard County Medical Howard County Communications Department, HCLHIC
	Attendance at or planning of community health fairs in response to opportunities identified in HCHAS or Community Engagement Process (e.g. Latino population, Women's health).	Events attended Number of attendees engaged	St. John the Evangelist/Wilde Lake Interfaith Center, Howard County Health Department (HCHD), other community partners
	Health Promotion Classes - Chronic Disease Self-Management and Diabetes Self-Management.	Number of enrollees Number of completers	OAI, HCHD, Faith Health Advisory Council (FHAC), HCLHIC
Build Capacity	Community mapping project of resources related to identified chronic diseases such as hypertension or diabetes and development of related materials.	Engagement with developed digital media. Creation of patient-facing resource.	American Heart Association, HCHD, local businesses
System Navigation	Screening of patients for Social Determinants of Health and Provision of services by Community Care Team for up to 30 days post discharge. Services include referral to community and outpatient resources.	Number of patients screened Screen positive rate Number of clients for Community Care Team	Community Partners and Outpatient Providers

## Fall Prevention

Pillar	Strategies	Metrics	Partners
Build Capacity	Develop fall prevention resource bundle to share with patients as they prepare to discharge from the hospital (contains information about community events, resources on physical activities or home fall risk safety)	Development of fall prevention resource bundle, Distribution of resource bundle	Howard County Office on Aging and Independence, The Dancel Y, Columbia Association, HCLHIC
Inpatient Intervention	Develop inpatient quality improvement project to reduce patient fall risks during hospital admission.	Development and implementation of program Patients served	None

## Cancer Psychosocial Support

Pillar	Strategies	Metrics	Partner
Access to Care	Claudia Mayer/Tina Broccolino Cancer Resource Center (CMTBCRC) provides psychosocial support to cancer patients and their families. Mindfulness Meditation Classes and Support Groups (Breast, GYN, Young Adult, Advanced Cancer and Care partners) – Reduce social isolation and improve quality of life, by providing peer support, coping skills and access to resources.	Number of enrollees	JHHCMC Breast Center, Gynecological Oncology, Central Maryland Radiation Oncology, HC Cancer Committee
	Oncology Counseling – Free short-term counseling focused on adjustment to illness, reduction in anxiety related to diagnosis as well as ongoing psychosocial support	Number of patients engaged in counseling	JHHCMC Breast Center, Gynecological Oncology, Central Maryland Radiation Oncology
	Integrative Health Grant-Therapeutic Massage, Exercise Rehab and Oncology Yoga- utilized to support oncology patients through improved symptom management	Number of applicants	Heal Well, Claudia Mayer/Tina Broccolino Cancer Resource Center
	Donations - Wigs, hats, chemo shirts, camisoles, scarves	Total number of in-kind donations	Community

Pillar	Strategies	Metrics	Partner
Build Capacity	Oncology Patient Advisory Council-community council designed to identify and inform the CMTBCRC of the needs of patients and providers	Number of council members	American Cancer Society, JHHCMC, MD Oncology/Hematology
Inpatient Intervention	Provide bedside counseling to patients and care providers	Number of visits	HCMC, CMTBCRC, Johns Hopkins University School of Education-Clinical Mental Health Counseling program
Patient and Community Education	Living Well with Cancer-free, evidenced-based class to improve coping skills, reduce stress and provide resources	Number of participants	Claudia Mayer/Tina Broccolino Cancer Resource Center; HCHD Cancer Coalition

## Healthy Minds

Our community expressed a need for greater behavioral health support, and our local data demonstrates our population are struggling with increasing feelings of anxiety and depression.

Pillar	Strategies	Metrics	Partner
Patient and Community Education	Mental Health First Aid-an evidence-based, early-intervention course that teaches participants about mental health and substance use challenges. Class is offered to community members for free or a donation.	Number of enrollees Number of completers	Mental Health Association of Maryland, LHIC
System Navigation	Behavioral Health Navigation program to connect patients with behavioral health care after discharge from HCMC Behavioral Health Unit.	Patients supported by Behavioral Health Navigators.	Sheppard Pratt Way Station, Congruent Counseling Services, MSA: The Child and Adolescent Center, other behavioral health providers
Access to Care	Rapid Access Program to allow outpatient behavioral health access for uninsured patients.	Number of patients receiving care through Rapid Access Program.	Sheppard Pratt Way Station
	Continue support of Central Maryland Regional Crisis	Number of people served	Baltimore Behavioral Health System

	System, which provides crisis intervention services.		
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### Cross-cutting Strategies

Pillar	Strategies	Metrics	Partner
Build Capacity	Engage community representatives for Patient and Family Advisory Council that are representatives of our community and our patients.	Independent analysis of PFAC composition to recommend groups for representation. Outreach to community partners to engage new representation on PFAC.	Community Partners, HCMC PFAC
	Convene Faith Health Advisory Council, a group representing local faith-based organizations and working with them to support their congregants and their health. Interventions to include communication around CHNA priorities.	FHAC meetings held	Temple Isaiah, Kittamaqundi Community Church, St. John Baptist Church, other faith-based organizations

## Appendices

### Appendix I: Howard County Health Assessment Survey Advisory Committee

The Howard County Health Assessment Survey has been conducted every two years beginning in 2012 through 2024. It is funded by the Columbia Association, the Horizon Foundation, Howard County General Hospital, and the Howard County Health Department. OpinionWorks conducted the 2024 survey as described in the Methods section of this document. The following individuals contributed to the development and oversight of the survey and the administration process:

Organization	Name	Title
Columbia Association	Tavia Patusky	Wellness and Fitness Director
Horizon Foundation	Glenn Schneider	Chief Program Officer
Howard County Medical Center	Sue Manning	Executive Director of Strategic Planning
	Matthew Castner	Director of Population Health
Howard County Health Department	Linda Ashburn	Director, Bureau of Assessment, Planning and Community Engagement
	Antigone Vickery	Deputy Health Officer
	Bernadette Bindewald	Epidemiologist
Local Health Improvement Coalition	Reena Rambharat	Director
Johns Hopkins Health System	Steve Arenberg	Director, Market Research
OpinionWorks	Steve Raabe	Owner
Ignited Strategies	Tiffany Erbelding	Principal

## Appendix II: Howard County Local Health Improvement Coalition Member Organizations

A complete list of members of the Howard County LHIC is provided in this Appendix. As members of the Howard County LHIC all of these entities were engaged to participate in the joint CHNA/CHIP process. These 237 organizations represent a diverse set of faith-based, community, and healthcare partners.

<p>           Accessible Resources for Independence (ARI)            Across All Ages (AAA) Physical Therapy            Adinkra Capital Group            AETNA Better Health of Maryland            African American Community Roundtable of Howard County            African Immigrants Dream Inc.            ALFA Specialty Pharmacy            AllCare Family Medical Practice            Allergy Asthma Network            Alzheimer's Association® Greater Maryland Chapter            American Diabetes Association®            American Diversity Group            American Foundation for Suicide Prevention Maryland Chapter            American Heart Association            American Lung Association            Amerigroup            Anne Arundel and Howard County Medical Society (MedChi)            Anne Arundel Counseling            Arabesque Dance Studio            Asian American Healthcare Center            Association of Community Services            Autism Society of Maryland (AUSOM)            Awesome Respite Childcare Services, LLC.            Bayada Home Health Care            Beacon Health Options            Beth Shalom            Boom Shake® Fitness            Boys and Girls Clubs of Metropolitan Baltimore            BrightStar Care®            British and American (BA) Auto Care            Build Haiti Foundation            Care For Your Health            CareFirst of Maryland            CASA            Centennial Medical Group            Center for Children         </p>	<p>           Indian Cultural Association            Inquiring Minds, LLC.            Interim Healthcare of Columbia, MD            James Place, Inc.            Jewish Community Relations Council, Jewish Federation of Howard County            Johns Hopkins Howard County Medical Center            Jun Wang Acupuncture            Just Living Advocacy            Kits to Heart            Kloverleaf Dance Academy            Kolmac            Kona Ice of Howard County            Korean American Community Association of Howard County, Inc.            Laurel Advocacy and Referral Services, Inc            LaVida Doula            Leaders of Tomorrow Youth Center            LeadersLink            League of Korean Americans            Led Life Concierge Psychiatry            Legal Resource Center            Lindaben Foundation            Living in Recovery            Luminus            MAC, Inc.            Making Change, Inc.            Man to Man Prostate Cancer Support Group            Maryland (2-1-1)            Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger Institute            Maryland Chapter of the American Academy of Pediatrics            Maryland Coalition of Families            Maryland Dental Action Coalition (MDAC)            Maryland Department of Agriculture            Maryland Department of Disabilities            Maryland Department of Health            Maryland Highway Safety Office            Maryland House Detox®            Maryland Hunger Solutions         </p>
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<p>Central Maryland Area Health Education Center (AHEC)</p> <p>Chase Brexton Health Care - Howard County</p> <p>Chin Association of Maryland</p> <p>Chinese American Community Health Services</p> <p>Chinese American Parent Association of Howard County</p> <p>Christ Episcopal Church of Columbia</p> <p>Coaching Salud Holística</p> <p>Collaborative Counseling Center</p> <p>Columbia Association</p> <p>Columbia Community Care</p> <p>Columbia Housing Center</p> <p>Columbia Medical Practice</p> <p>Columbia Pregnancy Center</p> <p>Columbia Rising, LLC</p> <p>Community Action Council of Howard County</p> <p>Community Development Network of Maryland</p> <p>Community Ecology Institute</p> <p>Community Health Initiative</p> <p>Congruent Counseling Services</p> <p>Crosswords Apothecary Teaching Kitchen</p> <p>Cycling Without Age, Howard County Chapter</p> <p>Dee The Doula Maternal and Holistic Wellness Services</p> <p>Delta Sigma Theta</p> <p>Dephi Behavioral Health Group®</p> <p>Disability Partnerships</p> <p>Donate Life Maryland</p> <p>Downtown Columbia Partnership</p> <p>Dragon Digital Radio</p> <p>Ellicott City Health and Fitness</p> <p>Emerge, Inc.</p> <p>Evoluer Fitness</p> <p>Feet First Sports</p> <p>Fit With Nirit</p> <p>Food and Care For All</p> <p>Food at the Center</p> <p>Giant®</p> <p>Girls on the Run of Central Maryland</p> <p>Glenelg United Methodist Church</p> <p>Grassroots Crisis Intervention Center</p> <p>Guardian Primary Care Services</p> <p>Hawkeye MedTech, Inc.</p> <p>HC DrugFree</p> <p>Health Promotion On Call</p> <p>Health Quality Innovators</p> <p>HealthCare Access Maryland</p>	<p>Maryland Physicians Care</p> <p>Maryland Poison Center</p> <p>Maryland Relay</p> <p>Maryland University of Integrative Health</p> <p>Meals on Wheels of Central Maryland, Inc.</p> <p>Medication Assisted Treatment Clinics (MATClinics)</p> <p>MedStar Health MidAtlantic Consulting</p> <p>Millennium Health Group</p> <p>Morgan Chapel Church</p> <p>Morrison Chiropractic</p> <p>My Life Foundation, Inc.</p> <p>National Alliance on Mental Illness (NAMI) Howard County</p> <p>National Association for the Advancement of Colored People (NAACP) - Howard County Branch</p> <p>Neighbor Ride</p> <p>Nurturing Care at Home</p> <p>On Our Own of Howard County, Inc.</p> <p>One World Healthcare</p> <p>Optum Maryland</p> <p>Parents, Families, and Friends of Lesbians and Gays (PFLAG)</p> <p>Physical Therapy (360)</p> <p>Premier Health Express Urgent Care</p> <p>Priority Partners MCO</p> <p>Prospect Believe</p> <p>Qlarant</p> <p>R Adams Cowley Shock Trauma Center for Injury Prevention and Policy</p> <p>Rachell L. Gray Community Foundation</p> <p>Regional Transit Authority of Central Maryland</p> <p>Resolve MD Restore Life, LLC.</p> <p>Revival Health Wellness, LLC</p> <p>Revive Physical Therapy</p> <p>Rho Chi Chi Chapter Inc. of Chi Eta Phi Sorority, Inc.</p> <p>Roberta's House Inc.</p> <p>Rockburn Institute</p> <p>Root Studio</p> <p>S.A.F.E. - Supplying Allergy Friendly and Emergency Food Pantry</p> <p>Safe Kids Howard County</p> <p>Saint Agnes Hospital</p> <p>Salvere Health and Fitness</p> <p>Senior Placement Navigators</p> <p>SoBar</p> <p>Springboard Community Services</p>
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HomeCentris Healthcare	Stella Maris
HopeWorks of Howard County	Stillborn and Infant Loss Support - SAILS
Horizon Foundation	Talk with Me Howard County
Howard Community College	TasteWise Kids
Howard County Board of Health	Teach Me Dental
Howard County Chamber of Commerce	Temple Isaiah
Howard County Chinese School	The Alpha Foundation of Howard County, Inc.
Howard County Citizens Association	The ARC of Howard County
Howard County Commission for Veterans and Military Families	The Art of Living
Howard County Commission on Aging	The Bianca Hill Group, Merrill Lynch Wealth Management
Howard County Community Organizations Active in Disaster (HC COAD)	The Council of Elders of the Black Community of Howard County
Howard County Dads Inc.	The Healthy Church
Howard County Dental Association	The Living Legacy Foundation of Maryland
Howard County Department of Community Resources and Services	The OM Collective
Howard County Department of Fire and Rescue Services	The Option Group
Howard County Department of Housing and Community Development	The Parents' Place of Maryland
Howard County Department of Social Services	The Surveillance Group, Inc.
Howard County Economic Development Authority	The THRIVE Center™ For ADHD Comprehensive Mental Health Care Of Central Maryland
Howard County Government	The U.S. Department of Veterans Affairs (VA) Way
Howard County Health Department	The Village in Howard
Howard County Housing Commission	This Point Forward
Howard County Library System	Thunder Soccer Club
Howard County Local Children's Board	Touchstone Physical Therapy and Wellness
Howard County MultiService Center	Transition Howard County
Howard County Office of Children and Families	Trinity Wellness
Howard County Office of Emergency Management	United Way of Central Maryland
Howard County Office of Human Rights Equity	UnitedHealthcare® Community Plan
Howard County Office of Transportation	University of Maryland Extension
Howard County Office of Veterans and Military Families	University of Maryland Health Partners
Howard County Office of Workforce Development	University of Maryland Medical System Health Plans
Howard County Police Department	Urban Institute of Mental Health
Howard County Public School System	Visit Howard County
Howard County Recovery Oriented Systems of Care	Volunteer Center Serving Howard County
Howard County Recreation and Parks	Way Station Wellness Nutritional Consultants
Howard House	We Promote Health
Humanim	Wellness Strategies Group LLC
	West Africa Times, Inc.
	Winter Growth, Inc
	Work Play Obsession All In Foundation
	Y of Central Maryland
	Yoga2Sleep, LLC.
	Zippy Errand Delivery Service, LLC



## Appendix III: Highlights from Organizations Providing Input to CHNA, Priorities and Strategies

HCHLIC Workgroups provided input in addressing local health priorities over several workgroup meetings in early 2025. A summary of each problem statement and the possible solutions and community feedback are provided below.

Problem Statement 1: Black mothers and infants face disproportionately higher rates of poor health outcomes including maternal and infant mortality and low birthweight births

People	Health, Healthcare, and Culture
Technology/Education/Awareness	Information, Language, and Education
Process	Healthcare system, Advocacy, Culture
Environment	Lack of support, services, resources, and knowledge, work environment
Other	Immigration

Possible Solutions:

Environment: Lack of knowledge on Insurance Providers/Resources	Care, Education, Awareness, Access
People: Women's Health	Pregnancy support and advocacy, Resources, Home Visits
Environment: Stigma Attached to Need	Health and advocacy, Mental health support, Community, Doulas

Community Feedback:

- Provide education on how to find trustworthy health information and resources.
- Promote mental health resources for women.
- Provide better coordination of care for pregnant women and their families.

Possible Solutions from Community Feedback:

Collaboration with organizations:	Supporting expectant mothers, Non-healthcare, Faith-based, Already doing work, Offering Music Therapy
Resources for:	Expectant mothers, Multiple births (twins, triplets), Fathers, Grandparents, Bilinguals
Services:	Doulas: free resources + better care coordination, Medical Providers, Services to community schools, Cultural awareness trainings, Financial assistance + Childcare, Digital materials

Problem Statement 2: Howard County residents face increasing rates of obesity, food insecurity, and chronic health conditions, with limited physical activity among youth contributing to disparities in health outcomes, particularly for Black and Hispanic population.

People	Healthcare and culture, Food and nutrition, Technology
Technology/Education/Awareness	Short-term messaging, Stigma, Education
Process	Access, affordability, and barriers
Environment	Spaces provided, Resources, Transportation, Food and nutrition
Other	Access, Quality, Money, Stigma

Possible Solutions:

Education and Awareness: Short-Term Health Messaging	Health education, Partnerships and collaborations
Education and Awareness: Gaps in Health Education	Resources, Health education
Education and Awareness/People: Education Disparities & Health	Services and resources, Partnerships, Tools, Funding

Problem Statement 3: The Howard County population is aging and experiencing increasing rates of fall-related injuries and deaths.

Root Cause:

People	Adult Caregiving
Education/Awareness	Falls prevention, Tools
Process	Insurance, Funding
Environment	Tools, Transportation, Home/Neighborhood

Possible Solutions:

Process: Funding Access	Partnerships, Funding and assistance
Environment: Home Safety	Funding, Fall prevention activities
Education and Awareness: Fall Risk Awareness	Services and resources, Partnerships

Community Feedback:

- Create health education campaigns about obesity, chronic disease, and sleep habits for the community
- Work with local health providers to offer more health education opportunities for community members of all ages
- Look for ways to collaborate with other organizations on activities to prevent falls
- Collaboration with organizations to share resources:
  - Medical professionals
  - Faith-based
  - Businesses
  - Health insurance providers

- Education & Outreach:
  - Preventing Chronic Diseases
  - Health effects of food additives
  - Health Fairs + Health Screenings
  - Cultural competency for medical providers in nutrition education
- Communication:
  - Mental Health awareness with nutrition guidance
  - Communicate about data
  - Accessible information: QR codes; plain language
  - Tailored health information by zip codes
  - Respect diverse cultures and what it means to be healthy

Problem Statement 4: Black populations face disproportionately higher rates of suicide.

Root Cause:

People	Masculinity stigma, Healthcare system – culture and trust
Education/Awareness	Awareness, Promotion, Education, Support
Process	Access and barriers, Resources
Environment	Services and support, BIPOC communities, Political environment

Possible Solutions

People: Lack of trust with providers due to sexism, genderism, ableism, and racism	Partnerships with BIPOC orgs, Resources and support, Advocacy
Process: Barriers with insurance coverage	Resources, Support, Partnership
Education and Awareness: Lack of awareness of mental health resources in the community	Resources and support, Partnerships
Environment: Lack of systemic support	Advocates, Funding, Partnerships, Training

Problem Statement 5: Black, Hispanic, and female youth populations face disproportionately higher rates of depression, hopelessness, and suicide.

Root Cause Analysis and Main Drivers

People	Stigma, Environment
Education/Awareness	Awareness, Education
Process	Access and care, Barriers and support
Environment	Services, resources, and support • Political environment

Possible Solutions:

Environment: Lack of cultural responsiveness in support services	Partnerships with BIPOC organizations, Support and resources, Tools, Advocacy
Process: Barriers with accessibility to mental health services	Access and awareness, Partnerships, Support
Education and Awareness: Lack of awareness of mental health resources in the community	Support and advocacy, Partnerships, Training, Resources

Problem Statement 6: Black and male populations in Howard County face disproportionately higher rates of firearm-related deaths.

People	Stress, Messaging, Tools
Education/Awareness	Storage, Awareness
Process	Barriers with accessibility
Environment	Storage and access Community

Possible Solutions:

People: Limited communication or collaboration with communities affected by firearm violence	Resources, Partnerships and outreach, Legislation
Environment: Easy access to firearms	Education, Collaboration, Advocacy, Resources
Education and Awareness: Ineffective outreach programs to communities at risk of firearm violence	Partnerships, Awareness, Education, Access

Community Feedback:

Expand programs that help solve disagreements.

Work with organizations and businesses that support Black, Indigenous, and People of Color (BIPOC) communities to share mental health resources.

Explain why support resources are available and how to get them.

Collaboration with organizations to share resources + safe space: • BIPOC orgs. • Columbia Village Centers • College campuses + youth org. • Orgs. offering alternative therapy: animals + music • Sororities + fraternities • HCPSS • Faith-based + Social orgs.

Safe Space for: • Discussions to resolve conflicts • Discussions guided by professionals • Peer support for community

Communications + Services: • Patients at hospital • PSA to promote initiatives • BH resources + initiatives to remove stigma • Peer services: adult mentorship • Cultural competency for providers • Funding for MH providers • Ways for youth to express feelings • Increase awareness of resources

## Appendix IV: Feedback Survey on the 2022 Community Health Needs Assessment

This survey is designed to support the development of the 2025 Community Health Needs Assessment (CHNA) for Johns Hopkins Howard County Medical Center. Completing a CHNA is a requirement for the hospital at least every three years. A component of completing the CHNA, is to gather community feedback on health issues and solicit reviews on the previous 2022 Community Health Needs Assessment. This survey helps JHHCMC meet the requirement and further engages our community in the care planning process. Please complete the survey below to provide your feedback.

1. What are the three (3) most important health problems that affect the health of your community?
  - Alcohol/Drug addiction
  - Alzheimer's/Dementia
  - Behavioral health/Mental illness
  - Cancer
  - Diabetes/High blood sugar
  - Heart disease/Blood pressure
  - HIV/AIDS
  - Infant death
  - Lung disease/Asthma/COPD
  - Overweight/Obesity
  - Smoking/Tobacco use
  - Stroke
  - Don't know
  - Prefer not to answer
  - Other (please specify)
  
2. What are the three (3) most important social/environmental problems that affect the health of your community? Please check only three.
  - Access to doctor's office
  - Access to healthy foods
  - Access to insurance
  - Child abuse/neglect
  - Domestic violence
  - Housing/homelessness
  - Lack of affordable child care
  - Lack of job opportunities
  - Limited places to exercise
  - Neighborhood safety/violence
  - Poverty
  - Race/ethnicity discrimination
  - School dropout/poor schools
  - Don't know

- Prefer not to answer
  - Other (please specify)
3. What are the three (3) most important reasons people in your community do not get health care? Please check only three.
- Cost – too expensive/can't pay
  - Cultural/religious beliefs
  - Insurance not accepted
  - Lack of transportation
  - Language barrier
  - No doctor nearby
  - No insurance
  - Wait is too long
  - Don't know
  - Prefer not to answer
  - Other (please specify)
4. Do you feel that your needs and/or the needs of the community are discussed in the Community Health Needs Assessment? Link:
- Yes
  - No
  - I don't know
5. If you answered "no" to the previous question, what would you add?
6. Do you feel that health insurance coverage is a major health issue facing Howard County residents?
- Yes
  - No
  - I don't know
7. If you answered "yes" to the previous question, please specify:
8. Do you have any suggestions for improving the Howard County Community Health Needs Assessment?
- Yes
  - No
  - I don't know
9. If you answered "yes" to the previous question, please provide suggestions for improvement:

Thank you for your time and feedback in helping Johns Hopkins Howard County Medical Center care for the community we serve.

## Appendix V: Howard County Medical Center Board of Trustees

Members of the Howard County Medical Center Board of Trustees are identified below:

- Mohammed Shafeeq Ahmed, M.D., MBA, F.A.C.O.G., ex officio
- Scott Berkowitz, M.D., MBA
- Sherman Canapp, D.V.M.
- Marcellous Frye, Jr.
- Cyndi Gula
- Kate Hetherington, Ed.D.
- Lisa Maragakis, M.D., MPH
- Karey McDonough, secretary
- James R. (Rob) Moxley, III, treasurer
- Gregory Olaniran, J.D.
- Nicholas P. Risko, M.D., ex officio
- Zack Shariff
- Jahantab Siddiqui
- Judy Smith, ex officio
- Kevin W. Sowers, M.S.N., R.N., F.A.A.N., ex officio
- Anirudh Sridharan, M.D., ex officio
- Charley Sung, J.D.
- Pamela K. Wagoner
- Brian S. Walter, MBA

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