BUILDING A
HEALTHIER MARYLAND

STATE HEALTH ASSESSMENT
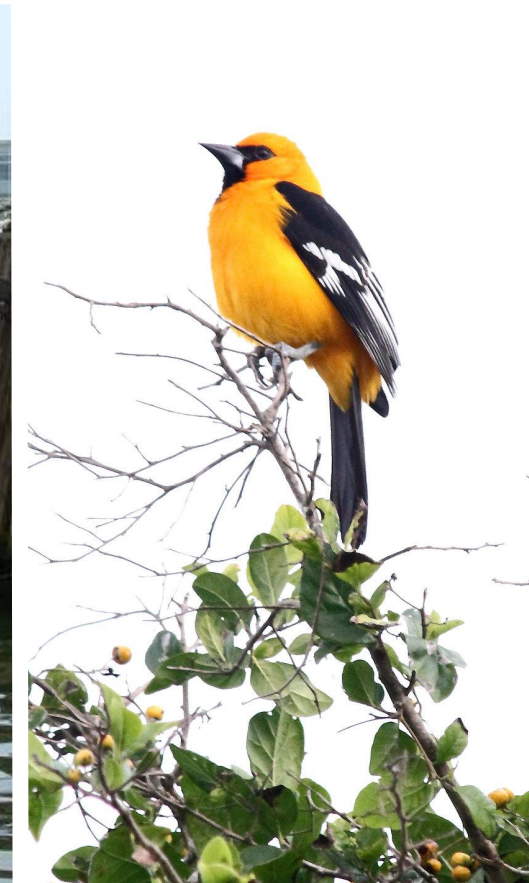
2024

Public Health Services Administration

Maryland
DEPARTMENT OF HEALTH

Table of Contents

Background

Welcome to *Building a Healthier Maryland* - the Maryland Department of Health's (MDH) state health improvement planning initiative. As part of this initiative, MDH is proud to present this comprehensive State Health Assessment (SHA), which provides an overview of the current health status in the state of Maryland.

In 2014, MDH led state health assessment and improvement planning activities that resulted in the release of the first State Health Improvement Plan (SHIP) for Maryland. While MDH led the effort, it was a broad-based collaborative that brought together diverse community partners from across the state. After the publication of the plan, subgroups were convened to plan work and monitor progress on specific topic areas prioritized in the SHIP. The extraordinary demands of the COVID-19 pandemic derailed this important work as well as the anticipated timeline for revision of and updates to the SHIP.

In 2023, MDH reinvigorated state health improvement planning by launching B*uilding a Healthier Maryland*, a collaborative effort that draws strength from diverse stakeholders committed to enhancing public health in Maryland. The Steering Committee for *Building a Healthier Maryland* guides the assessment and improvement planning activities; a list of Steering Committee members is available in Appendix I.

The purpose of this SHA is to shine a spotlight on opportunities for improvement, especially where health disparities are identified, and to establish a baseline for setting targets in the SHIP. Moving forward, MDH will regularly update and review the assessment data, as well as incorporate new information, in order to monitor progress towards addressing priorities and to identify new health concerns in Maryland.

State Health Assessment (SHA) & State Health Improvement Plan (SHIP)
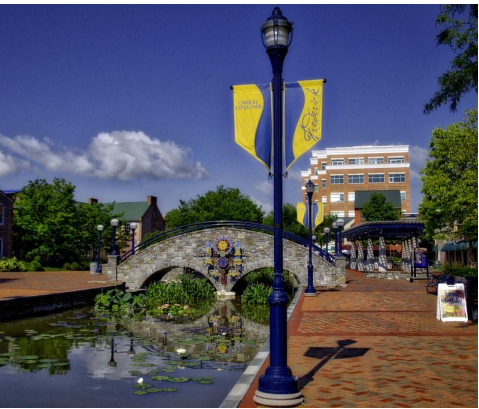
The State Health Assessment (SHA) and State Health Improvement Plan (SHIP) provide a structure for communities to assess their most pressing population health issues and align resources for strategic action.

The SHA:
★ Provides a comprehensive look at the state's current health status.
★ Includes a broad array of population-level metrics, including socioeconomic indicators that affect health outcomes.

The SHIP:
★ Establishes priorities, strategies and targets for improving the community's health based on the areas of greatest needs identified in the SHA.

Methods - State Health Assessment

This SHA is a compilation of primary and secondary data and also includes a summary of local health priorities in Maryland. Both quantitative and qualitative data are included to provide the most robust snapshot of the health status of Maryland.

Primary Data Collection

Input from Maryland residents was collected via a community input survey, which included the opportunity for participants to select their most pressing health concerns from lists as well as for them to provide additional context via open-ended, qualitative questions.

Local Health Priorities

An environmental scan was conducted to ascertain local health priorities in Maryland's 24 local jurisdictions. Websites of local health departments and/or local health improvement coalitions (as available) were searched and priorities set during 2020-2023 were captured and summarized.

Secondary Data Review

Health indicators that were considered for inclusion were identified by reviewing publications and websites of federal, state, and local government agencies, non-profit organizations, published literature, and the existing SHIP measures (from 2014).

★ Initially, over 120 indicators were considered for inclusion
  ○ 96 indicators were ultimately included, given data availability and utility constraints
★ The granularity of available data varies widely
  ○ Some indicators can only be assessed at the state level and are primarily intended to be contextual
  ○ Other indicators can be stratified by subpopulations (e.g., race/ethnicity, gender, age, socioeconomic status, and geographic location)

Primary Data Collection

Primary Data Collection: Community Input Survey

- In November 2023, the Maryland Department of Health (MDH) launched a community input survey to solicit input from Maryland residents at least 18 years old regarding what they consider to be the most pressing health issues in Maryland. Invitations to complete the survey were posted to MDH social media pages, promoted in a press release and shared broadly by partners. The survey was offered in English, Spanish, Haitian Creole, Korean and Chinese.

- As of January 8, 2024, there were **4,535** responses. Participants provided basic demographic information (illustrated on this page) and described the health issues that are most important to them and their communities.

Percentage of Participants by Jurisdiction of Residence

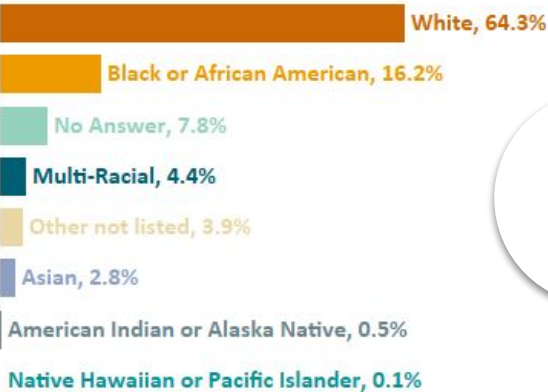| Jurisdiction	%
Garrett	1.1%
Allegany	3.5%
Washington	2.8%
Frederick	5.1%
Carroll	2.4%
Baltimore County	15.0%
Baltimore City	11.5%
Harford	3.8%
Cecil	1.9%
Howard	8.0%
Kent	0.6%
Montgomery	13.6%
Anne Arundel	9.5%
Queen Anne's	1.5%
Caroline	0.8%
Prince George's	7.9%
Talbot	1.6%
Charles	1.4%
Calvert	1.3%
Dorchester	0.9%
Wicomico	2.2%
St. Mary's	1.6%
Worcester	1.5%
Somerset	0.5%

Race of Participants

- White, 64.3%
- Black or African American, 16.2%
- No Answer, 7.8%
- Multi-Racial, 4.4%
- Other not listed, 3.9%
- Asian, 2.8%
- American Indian or Alaska Native, 0.5%
- Native Hawaiian or Pacific Islander, 0.1%

6.2% of participants identify as Hispanic

Age Group of Participants
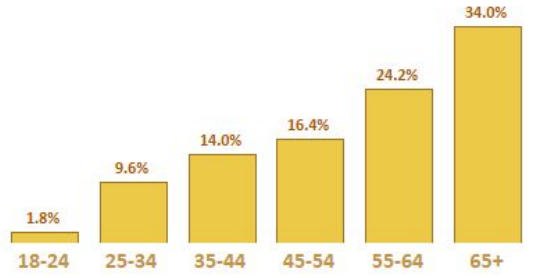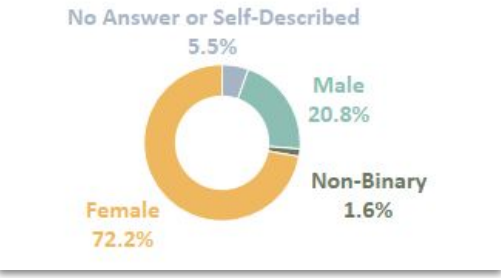
Age Group	%
18-24	1.8%
25-34	9.6%
35-44	14.0%
45-54	16.4%
55-64	24.2%
65+	34.0%

Gender of Participants

- No Answer or Self-Described 5.5%
- Male 20.8%
- Non-Binary 1.6%
- Female 72.2%

"In your opinion, what are the most important issues affecting the health and wellbeing of your community?"

Issue	Percentage
Mental health	58.2%
Access to health care	56.0%
Homelessness/affordable housing	37.8%
Chronic diseases	33.6%
Gun Violence	26.9%

Top 5 Choices
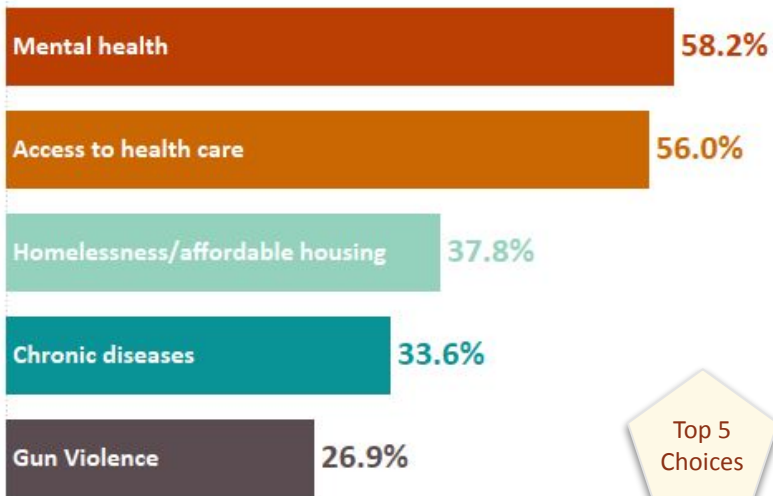
Participants were asked what issues and factors affect the health of their community. They were told they could define their "community" however they choose - examples may include neighborhood, town, city, county, or state.

- The number one important issue selected was "mental health", over **58%** of participants selected it followed closely by "access to health care" at 56%.
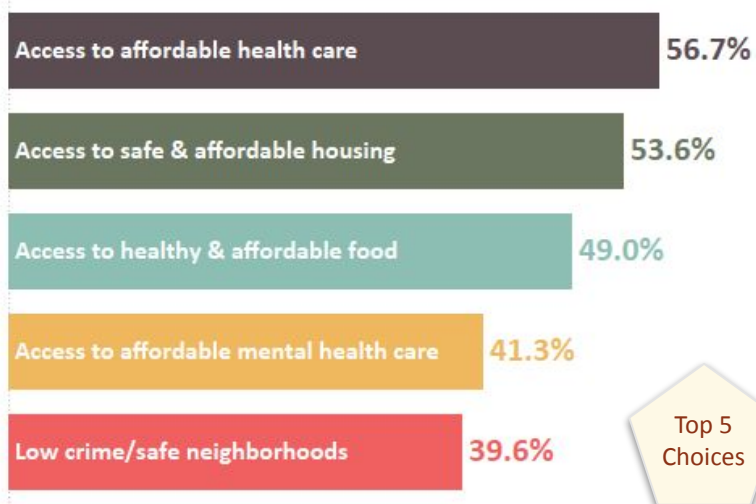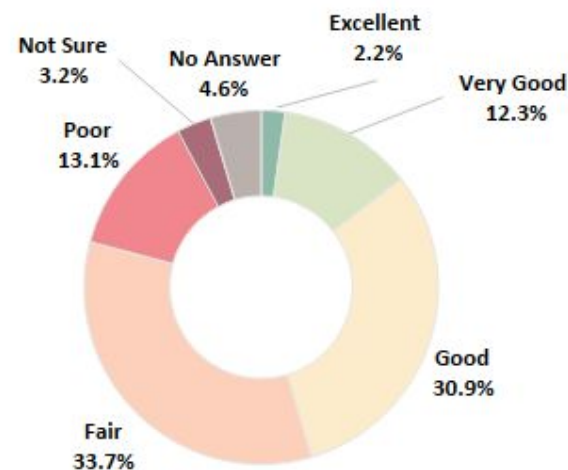- **Over half** of participants selected "access to affordable health care" and "access to safe & affordable housing". Access to healthy food and affordable mental health care were also important followed by "low crime/safe neighborhoods".
- About **Two thirds** of participants reported that the health of their community was "Fair" or "Good"

"In your opinion, what are the most important things that make a community healthy?"

Thing	Percentage
Access to affordable health care	56.7%
Access to safe & affordable housing	53.6%
Access to healthy & affordable food	49.0%
Access to affordable mental health care	41.3%
Low crime/safe neighborhoods	39.6%

Top 5 Choices

"How would you rate the overall health of your community?"

- Not Sure 3.2%
- No Answer 4.6%
- Excellent 2.2%
- Very Good 12.3%
- Poor 13.1%
- Good 30.9%
- Fair 33.7%

See Appendix II for the full survey

In addition to the multi-select questions, participants were given the opportunity to expand on their responses with open ended follow up questions. In their explanations for why they selected the top health concerns they did, participants highlighted the interconnected nature of the health issues - **"Most of these issues tie together. Whether it starts with opioid abuse or if it starts with access to healthcare all these that I have chosen tie in together because one issue leads to the next**." Participants stressed the importance of looking holistically at a community's health.

Many participants wrote about their perceptions of the ongoing mental health crisis. They generally felt is was attributable to multiple things, including poverty, COVID-19, rising isolation, and poor physical health. Additionally, they felt it was greatly exacerbated by lack of access to quality mental health care. Aside from mental health, the issue discussed the most was housing and economic stability, with many participants noting that the cost of living continues to rise, without a sufficient parallel rise in wages.

"I chose mental health as one of my choices because a person's mental health affects every aspect of their life. If a person is suffering a mental health issue it ultimately affects education, employment, substance use, homelessness, etc. and the ability to seek help."

"We just really need to do more than just cry 'Mental Health Awareness.' The more we become aware of the issue, the MUCH, MUCH, MORE WE NEED TO DO ABOUT IT!"

"My son has special needs and finding pediatric therapists (speech, OT, PT) has been SUCH a challenge. There are some great practitioners, but they don't take health insurance! And the places that do, are 35+ min away and we can't afford the gas or time to go to those places 1-2x/week."

"Some people may not care about good schools, some may not care about religion. EVERYONE cares about having a roof over their head, food on their plate, and money to pay the bills."

"Poverty kills."

"High quality health care should be a right, not a privilege."

"Chronic Disease - Minority populations are the highest at-risk populations as many are uninsured/underinsured. It is important that we continue to provide access to healthcare for all and to provide free health screenings or health events to the community."

"Due to the high cost of living, many Marylanders are finding it difficult to meet their most basic needs, food, shelter, which impacts health since many will not eat nutritional foods (leads to chronic diseases), will not take medications, due to high costs, and impacts stress & mental health which increases risks of chronic health conditions. Many Marylanders are too poor to financially accommodate adequate healthcare or too rich to access Medicaid."

"La barrera del lenguaje y al no tener seguro médico incrementa las enfermedades crónicas porque es difícil el acceso a proveedores de salud"

"The language barrier and not having health insurance increases chronic illnesses because it is difficult to access health care providers."

"Gun violence creates a sense of overwhelming lack of control and inability to maintain basic safety. I worry about going to the grocery store and sending my children to school. I avoid large gatherings like fairs and concerts because of how common mass shootings have become. We need common sense gun laws like in the UK and Australia."

"Rural areas often face challenges in terms of access to healthcare facilities. Residents may have to travel long distances to reach medical services. Limited healthcare facilities and providers in rural areas can result in reduced access to preventive care, timely treatments, and specialized medical services. Access to affordable health insurance becomes crucial for residents to mitigate the financial barriers to healthcare services."

"If you're unhoused, nothing else can go right, in my opinion and in my experience. It can make all the difference in the world."

"Housing remains a significant challenge in our county. As gentrification increases, those in the lower income brackets are being pushed further out to rural areas. This increases problems with access to care, transportation and access to food sources. Condos starting at $1.5M and the residents who live there are pushing lower SES pops towards homelessness. Even middle class families cannot afford homes."

"Teniendo en mente la comunidad inmigrante de Maryland muchos no tienen acceso a un seguro médico asequible a través del estado por su estatus migratorio y entonces faltan consultas necesarias para mantener buena salud"

"Considering Maryland's immigrant community, many of them do not have access to affordable health insurance through the state because of their migratory condition, and, therefore, they lack the necessary medical consultation to maintain good health."

"[I] think people would eat better if it wasn't so dang expensive to eat healthier foods, and the obesity and diabetes rate would drop, but two working people can't afford to eat healthy."

"Why is fresh produce more expensive than processed food?"

"Access to affordable and healthy food options helps prevent malnutrition, obesity, and related health problems. A well-balanced diet supports overall community health and contributes to the prevention of chronic diseases."

In a similar vein, when asked to expand on their responses to the question "what are the most important things that make a community healthy", respondents once again stressed the need for a holistic approach - with many expressing that they wished they could have selected all 14 response options. Ultimately, many participants wrote about the need to address people's basic needs before anything else - housing, food, income - with a handful citing Maslow's Hierarchy of Needs as the reason they selected the options they did.

Finally, respondents were asked if they were concerned about the health and wellbeing of any particular populations. Over 30 subpopulations were mentioned, including women, the LGBTQ population and veterans. But the three populations that came up the most were children/adolescents, older adults and people with disabilities/chronic health conditions.

"Affordable mental healthcare is important because many people with chronic mental health conditions have difficulty maintaining jobs that allow for quality insurance, in spite of having a disabling condition that is no fault of their own."

"Being able to walk safely around your neighborhood is something many of us take for granted, but it's not available to those living in isolated areas or in crime ridden areas."

Primary Data Collection: Maryland Diabetes Forum

March 2022

MDH DIABETES PATIENT AND FAMILY CAREGIVER VIRTUAL FORUM REPORT

Prepared by:
Your GPS Doc, LLC

- During the development of Maryland's first health assessment in 2014, diabetes was identified as a priority health concern for the state. Over 10% of Maryland adults have diabetes, and an additional 34% are estimated to have prediabetes. As part of the state's response to address this issue, the Maryland Diabetes Patient and Family Caregiver Advisory Group hosted a virtual forum for Marylanders with diabetes and prediabetes in February 2022 to educate and inform attendees about diabetes and the resources available throughout the state as well as to provide the Maryland Diabetes Quality Task Force with a broader perspective about the experiences of individuals living with or at risk of diabetes and those who support them.
- 100 individuals registered to attend the virtual forum, including a diverse mix of patients and family caregivers. Of those, 52% participated in the forum, which consisted of six small group discussions geared towards either patients or caregivers. Participants were questioned on their experiences with diabetes care and the successes and challenges of managing the disease or caring for those who have it. Responses were summarized in a report published March 2022.

Age
100 responses

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- >65

What is your race/ethnicity?
100 responses

- American Indian or Alaskan Native
- Asian
- Black or African-American (non-Hispanic)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White (non-Hispanic)
- Race/ethnicity not listed here
- I prefer not to answer this question

Among the various themes that emerged from the small group discussions:

- A central concept was the idea that "everyone is different". Some expressed frustration with a "one-size-fits-all" approach and a desire to have more meaningful discussions with healthcare providers that elicit individual concerns and goals.
- A large number of participants described their challenges with adhering to a low-carbohydrate diet and not being able to eat foods they love as the hardest part of their journey.
- The majority of participants reported that the improvements in their health that resulted from dietary changes and increased exercise have been the most positive aspect of their journey.
- Several participants also discussed the strong association of food with family gatherings and the impact diabetes has had on their ability to enjoy family time.
- A prevalent theme included the overwhelm associated with caring for loved ones while juggling their own responsibilities.
- Several participants discussed the isolation caregivers feel and the need to connect with others caring for loved ones.

Following the virtual forum, a post-event survey was conducted. Of the 22 survey responses received, 86% of attendees were either satisfied or very satisfied with the forum.
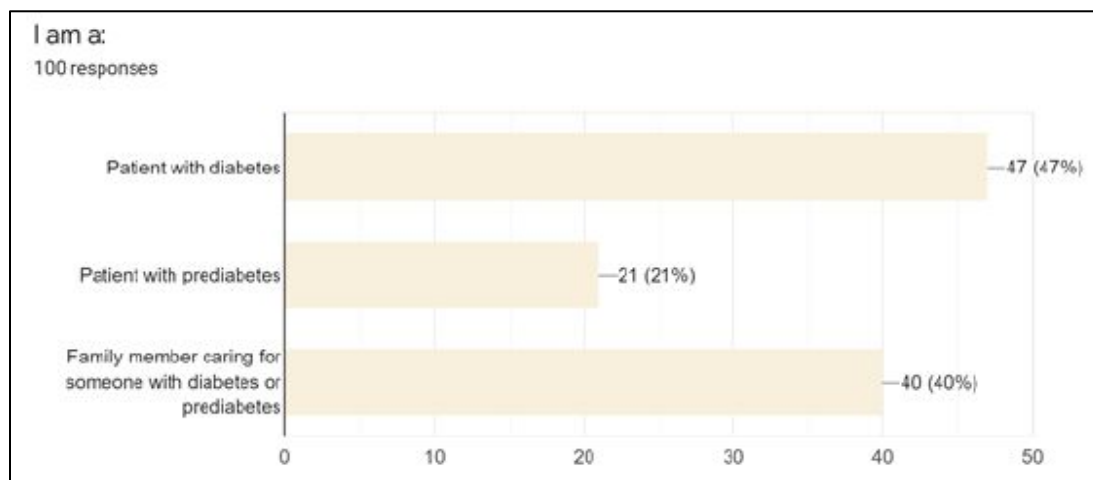
"I wish the family would have been told when this runs in the family, everybody has to get tested."

"It's not the medication. It's knowing how to eat."

(Re: continuous glucose monitors) "Even with some people who have diabetes they [insurance companies] barely want to cover it."

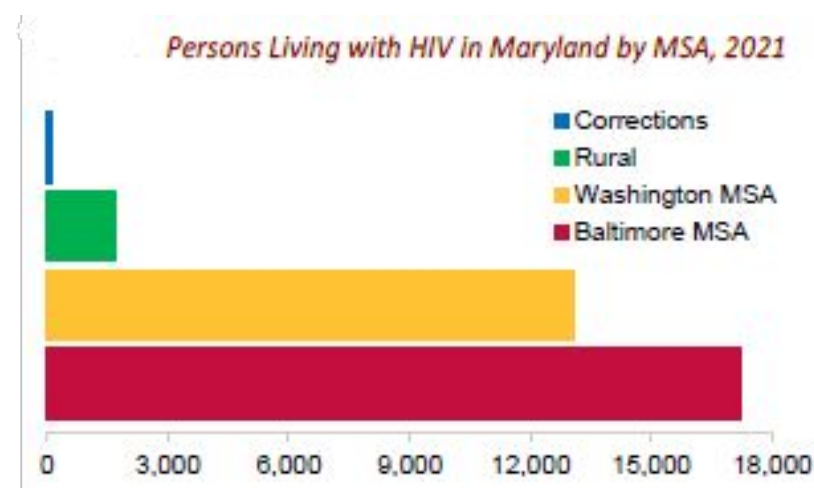"It's scary how much they don't tell you as a patient."

"Any substantial diabetes education program will be a great resource."

"If you don't let people know how you are being impacted, they just think oh, it's a piece of cake."

I am a:
100 responses

Patient with diabetes	47 (47%)
Patient with prediabetes	21 (21%)
Family member caring for someone with diabetes or prediabetes	40 (40%)

Primary Data Collection: Maryland Integrated HIV Prevention and Care Plan

In 2021, Maryland had the 4th highest prevalence rate of HIV in the country, with more than 32,000 people aged 13+ living with diagnosed HIV in the state. As part of the state's Ending the HIV Epidemic (EHE) strategy, and in response to the previous state health assessment priority of sexually transmitted infection prevention, the Maryland Department of Health and three targeted local jurisdictions jointly developed an integrated prevention and care plan for HIV. The document represents a point-in-time snapshot of current objectives and goals in Maryland's meeting the needs of people living with, affected by, or made vulnerable to HIV. Throughout the development process, community stakeholders were engaged to direct and identify priority focus areas within EHE's four pillars of Diagnose, Treat, Prevent, and Respond. More than 50 stakeholders participated in 60 distinct sessions, including Community Engagement Live Listening Sessions (CELLS), Faith-Based Community Leader In-Person Session (CLIPS), and Stakeholder Wisdom, Experience and Engagement Tactical Sessions (SWEETS). Across the meetings, several key themes emerged as priorities for inclusion in the plan:

- *Connecting people and services* - Many of the recommended goals and activities offered by CELLS and CLIPS dealt with bringing people to HIV diagnosis, treatment, prevention, and/or response services or bringing HIV diagnosis, treatment, prevention, and/or response services to people.
- *Education* - Community members consistently advocated for better education for service consumers and their families, service providers, and the general public.
- *Community engagement* - Community members expressed a strong desire to have more agency in their relationship with service providers, researchers, and planners so that the services, activities, and goals reflected in the 5-year integrated plan meaningfully reflect the needs and desires of affected communities.
- *Identifying and addressing system barriers* - Ensuring legal, regulatory, and policy barriers do not hinder the effectiveness of the integrated plan and learning from best practices in overcoming these barriers was a major consideration.


Persons Living with HIV in Maryland by MSA, 2021

Legend:
- Corrections
- Rural
- Washington MSA
- Baltimore MSA

Local Health Priorities

Background and Methods

MDH conducted an environmental scan of community health assessments (CHA) conducted by Local Health Departments (LHDs) and Local Health Improvement Coalitions (LHICs) in Maryland. The aim was to capture and summarize the health priorities identified in the assessments, categorizing them into one of 15 key thematic areas (Cancer & Chronic Conditions, Behavioral Health, Social Determinants of Health, Access to Care, Maternal & Child Health, Violence & Gun Violence, Youth Wellness, Environmental Health, Health Disparities, Health Education, Health Equity, Health Promotion, Infectious Disease, Neurological Health and Oral Health). All CHAs published between 2020 and 2023 were included in this analysis.

Results

- 92 health priorities were identified from 22 of Maryland's 24 local jurisdictions
- Seven of the 15 health priority thematic areas were represented by three or more priorities:
  - Cancer & Chronic Conditions (n=31, 33.7%)
  - Behavioral Health (n=28, 30.4%)
  - Social Determinants of Health (n=8, 8.7%)
  - Access to Care (n=6, 6.5%)
  - Maternal & Child Health (n=5, 5.4%)
  - Violence & Gun Violence (n=3, 3.3%)
  - Youth Wellness (n=3, 3.3%)

Top Priority Groups Based on LHD/LHIC CHAs

Number of Health Priorities by Health Priority Groups:
- Cancer & Chronic Conditions: 31
- Behavioral Health: 28
- Social Determinants of Health: 8
- Access to Care: 6
- Maternal & Child Health: 5
- Violence and Gun Violence: 3
- Youth Wellness: 3
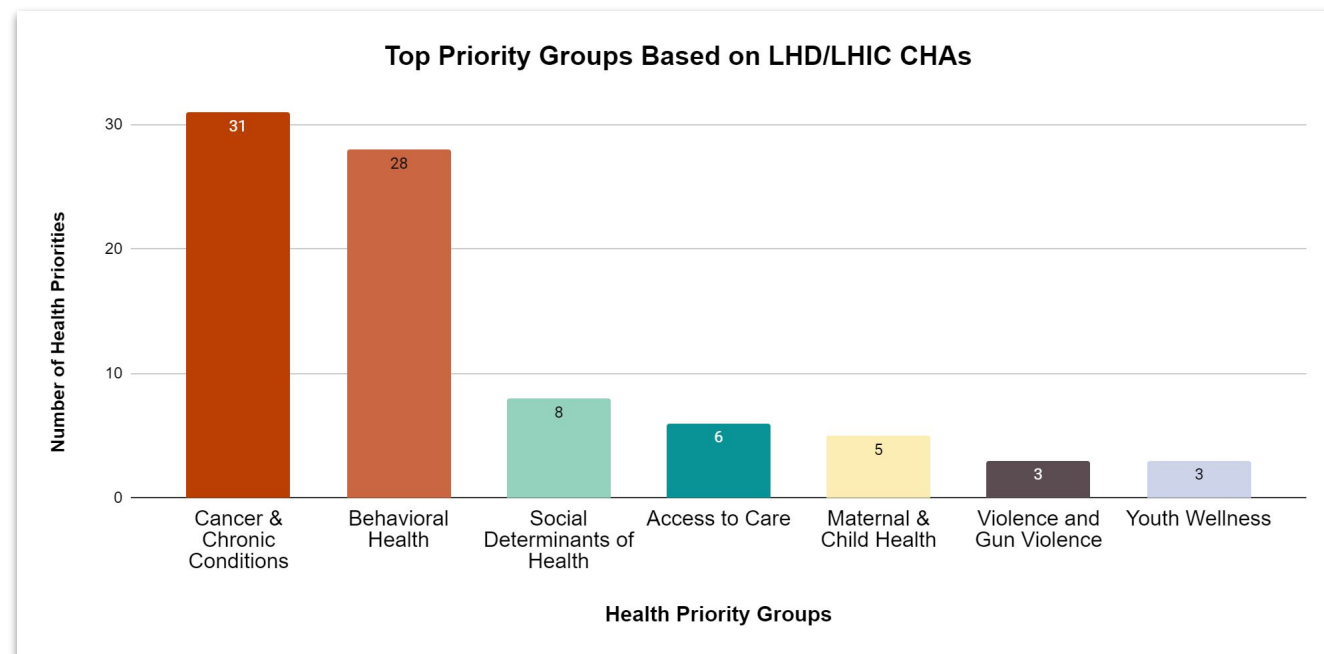
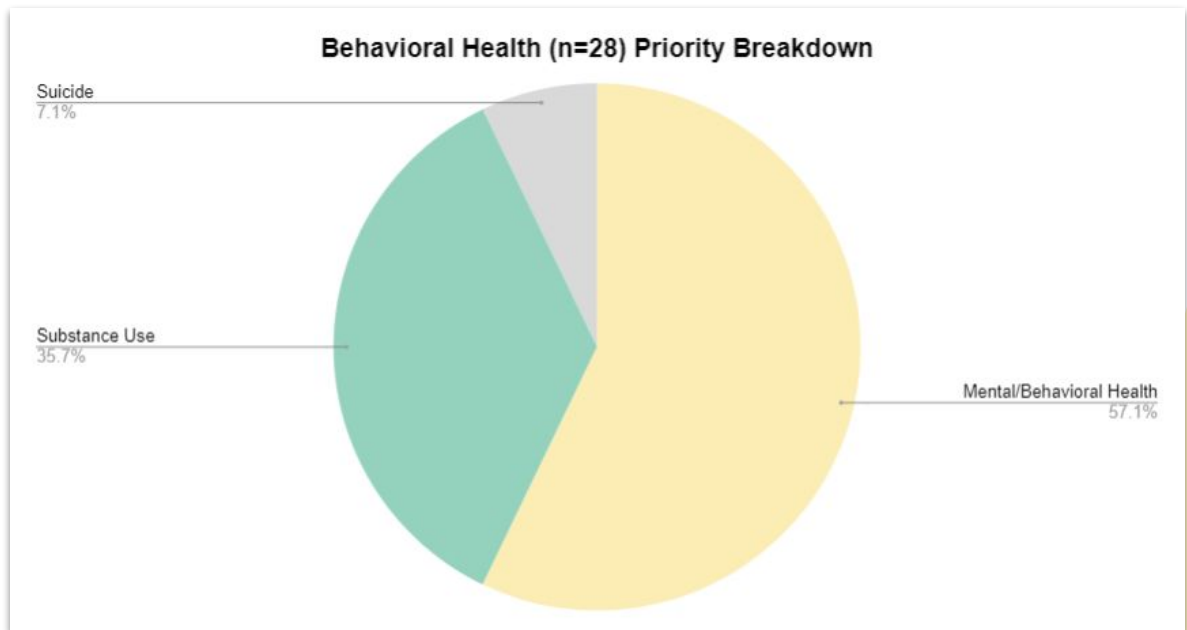The vast majority of local health priorities were captured in the Cancer & Chronic Conditions and Behavioral Health thematic areas. Given the large number of priorities captured in those thematic areas, the groupings were disaggregated in order to understand the contributing priorities. Within the Cancer & Chronic Conditions grouping, a total of 31 priorities were identified:

- Physical Activity, Nutrition and Obesity (n=12, 38.7 %)
- Chronic Disease Management (n= 7, 22.6%)
- Cancer (n=4, 12.9%)
- Cardiovascular Disease (n=4, 12.9%)
- Diabetes (n=4, 12.9%)
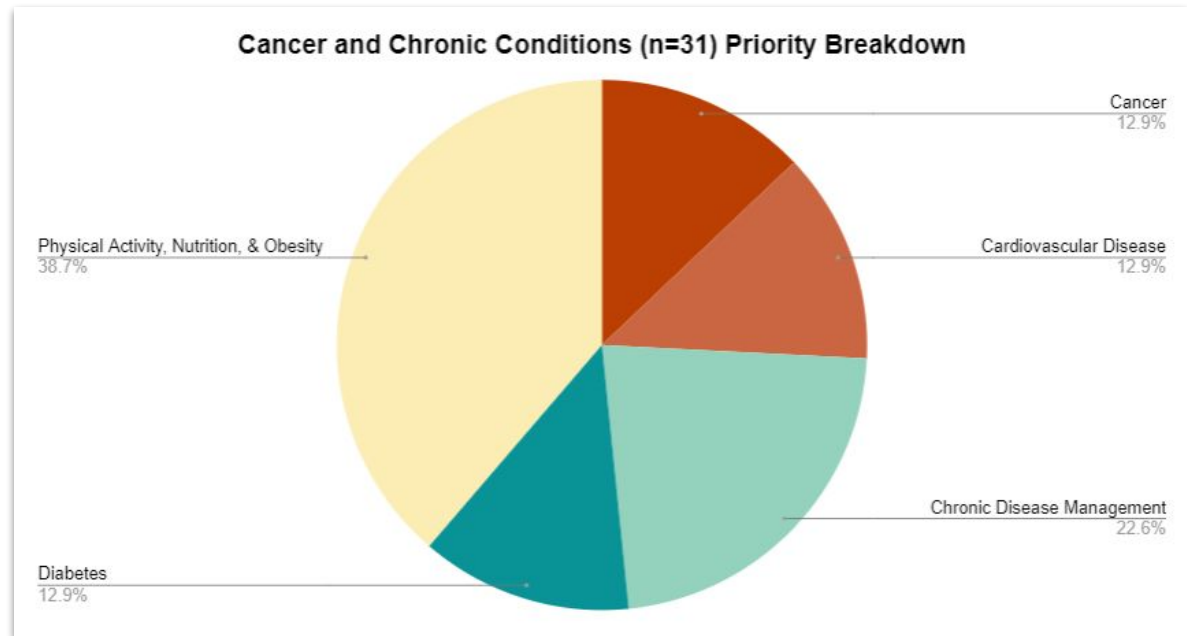
In the Behavioral Health category, a total of 28 priorities were identified, including:

- Mental/Behavioral Health (n= 16, 57.1%)
- Substance Use (n= 10, 35.7%)
- Suicide (n= 2, 7.1%)

See Appendix III for the complete frequency tables

Cancer and Chronic Conditions (n=31) Priority Breakdown

- Cancer 12.9%
- Cardiovascular Disease 12.9%
- Chronic Disease Management 22.6%
- Diabetes 12.9%
- Physical Activity, Nutrition, & Obesity 38.7%

Behavioral Health (n=28) Priority Breakdown

- Suicide 7.1%
- Substance Use 35.7%
- Mental/Behavioral Health 57.1%

Secondary Data Review

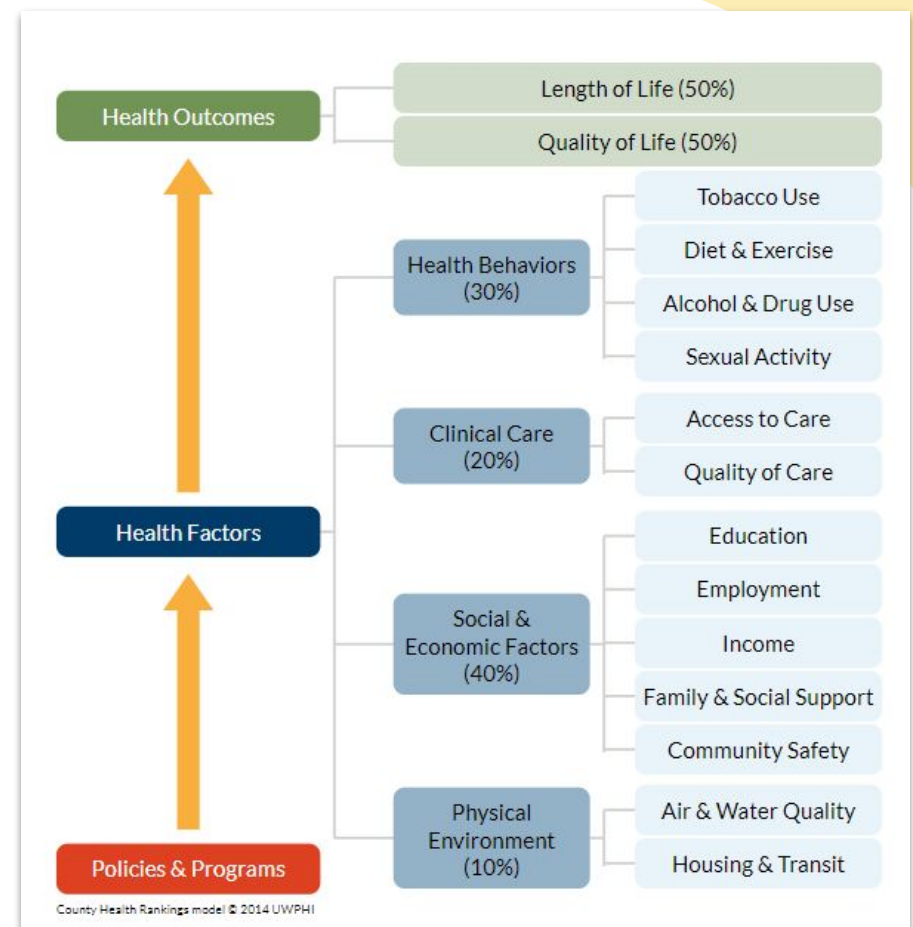# Secondary Data Review: County Health Rankings Model

The County Health Rankings Model (CHRM) was used to organize the health indicators for the Maryland SHA. Variations of CHRM are recommended in public health accreditation guidance. CHRM categorizes indicators by:

Health Factors

★ *Health Behaviors*: Health-related practices that can improve or damage the health of individuals or community members (e.g., tobacco use, diet and exercise, sexual activity)

★ *Clinical Care*: Metrics relating to the direct medical treatment or testing of patients (e.g., access to care, quality of care)

★ *Social and Economic Factors*: Conditions that impact the availability of health choices within communities (e.g., education, community safety, employment)

★ *Physical Environment*: The healthiness of the physical world around us (e.g., air quality, water quality, transportation access)

Health Outcomes

★ *Length of Life*: How long people live and their causes of death

★ *Quality of Life*: The burden of disease in communities and the perceptions of the communities' health (e.g., disease incidence, Emergency Department utilization, self-reported health status)

County Health Rankings model © 2014 UWPHI

*CHRM does not include a category for population characteristics, the SHA includes this as a category
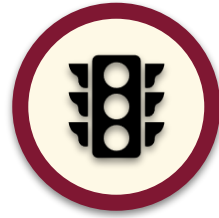
Focus Areas

Based on the CHRM, health indicators are presented in six focus areas:

Health Factors

Health Outcomes

Area 1:
Health Behaviors

Area 2:
Clinical Care

Area 3:
Social & Economic Factors

Area 4:
Physical Environment

Area 5:
Length of Life

Area 6:
Quality of Life

For each focus area, the assessment provides baseline data, factors that impact health, and details on populations that experience poorer health outcomes.
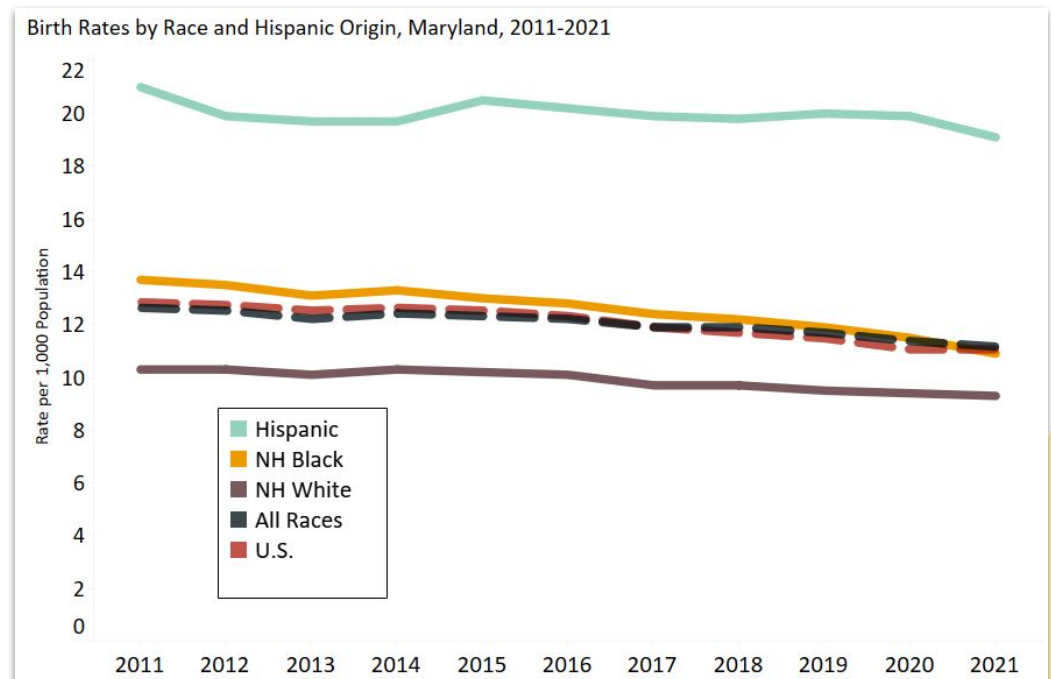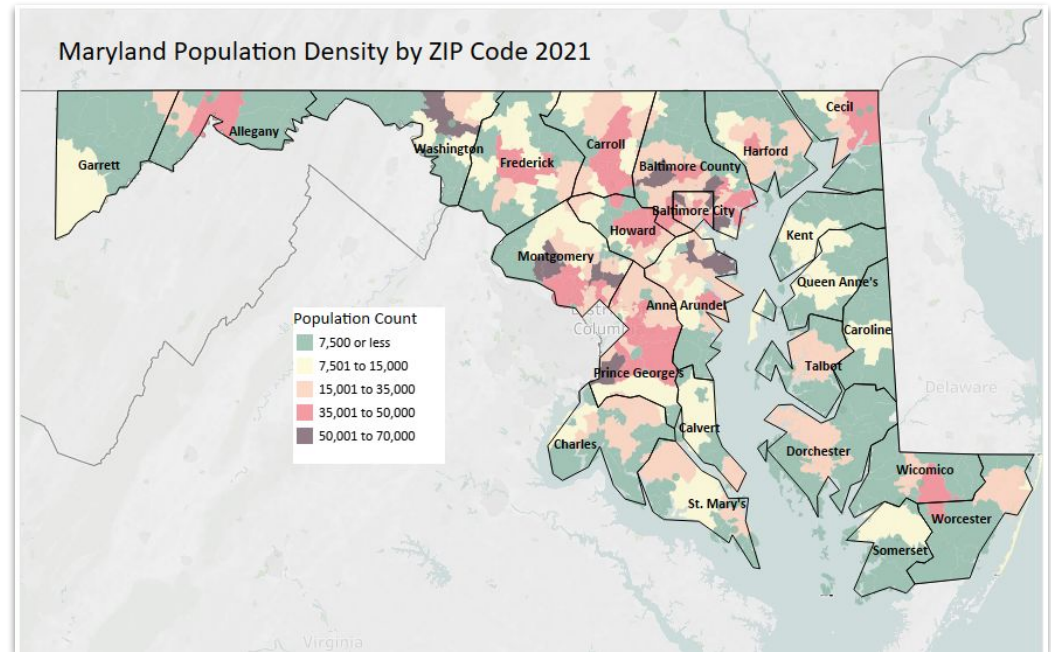
Maryland Population Characteristics

Population Size, Growth, and Density

With an estimated population of 6,165,129, Maryland ranks as the 18th most populous state in the United States. The state's population grew by 377,000 between 2010 and 2021, an increase of 6.5% . On a land area of 9,711.20 square miles, the population density increased 6.7% from 594.8 to 634.8 people per square mile for the same time period.

Live Births and Birth Rate

Despite the population growth, Maryland's birth rate has steadily decreased over the past decade, dropping from 12.5 to 11.1 births per 1,000 people between 2011 and 2021. The decline in the birth rate in the state is similar to the decline in the birth rate overall in the United States. With the exception of Hispanics, the birth rate has decreased across all races. In 2021, non-Hispanic whites had a birth rate of 9.3 per 1,000, lower than non-Hispanic Blacks, who had a rate of 10.9 per 1,000. The birth rate for Hispanics has been relatively stable, although it is much higher than that for non-Hispanics, with a rate of 19.1 per 1,000 residents in 2021.

Maryland Population Density by ZIP Code 2021

Population Count
- 7,500 or less
- 7,501 to 15,000
- 15,001 to 35,000
- 35,001 to 50,000
- 50,001 to 70,000

Birth Rates by Race and Hispanic Origin, Maryland, 2011-2021

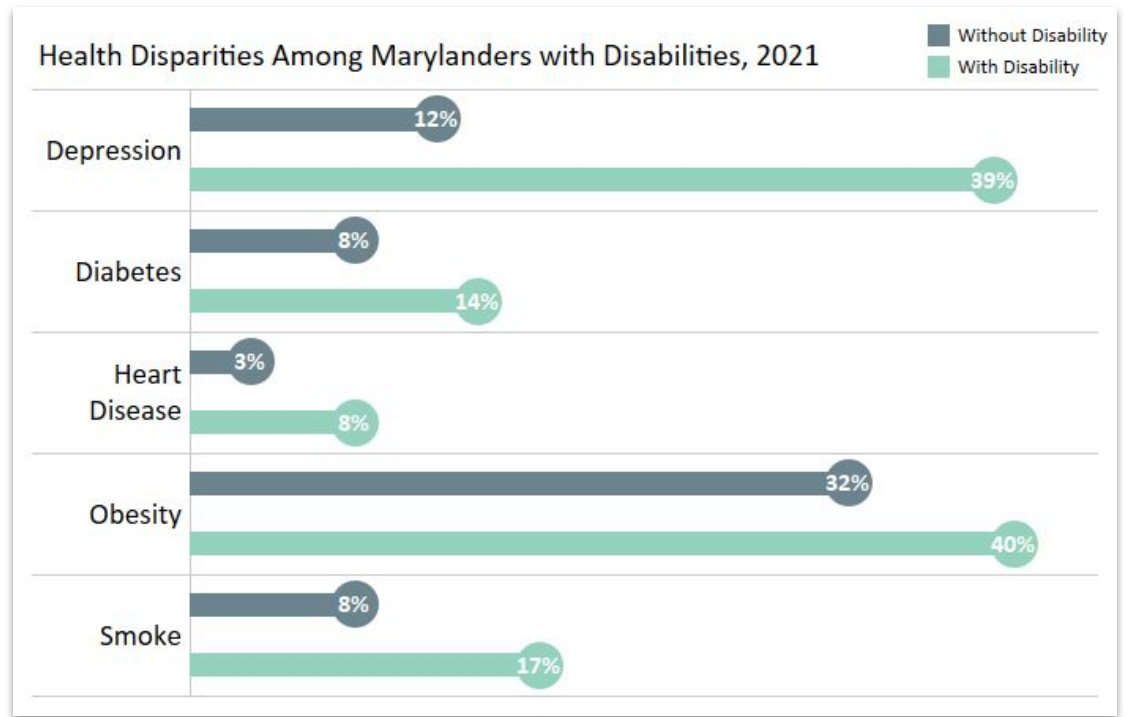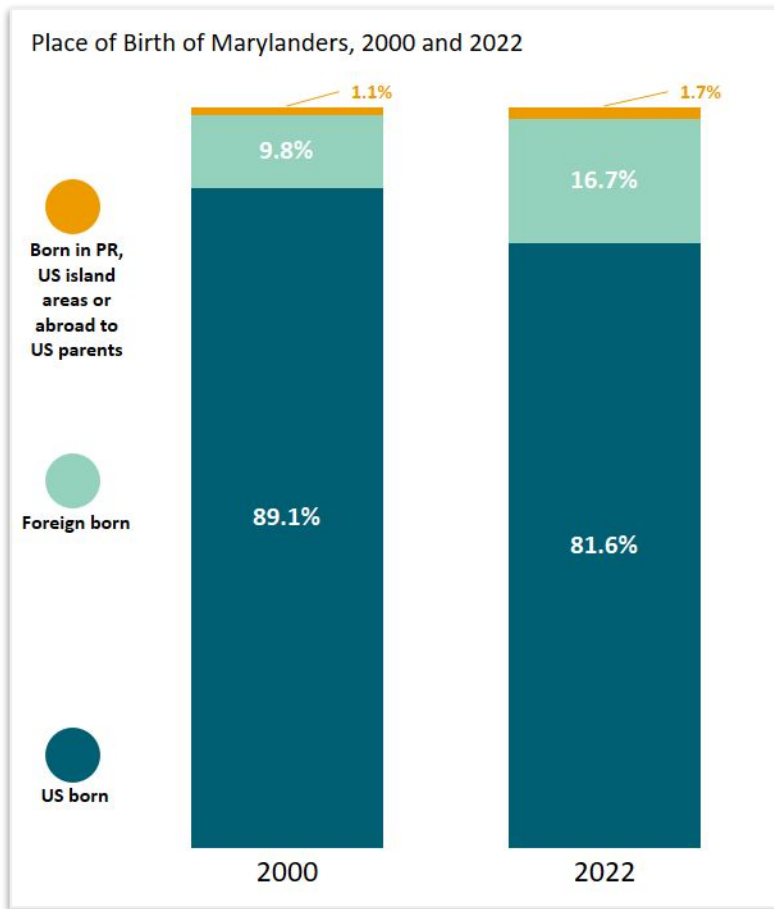# Age, Sex, Race and Ethnic Composition

Over the past decade, Maryland's population has gotten older. In 2021, there were 4,645,898 persons aged 20 and over, compared to 4,271,653 in 2010, representing an 8.8% increase in the adult population. Though there were slight increases in younger age groups, the largest increase in this time period was among those 65 years and older. This age group increased 40.9%. Fifty-two percent of Marylanders are female, which is slightly higher than the national percentage, 50.4%. Maryland's population is 49.0% non-Hispanic White, 30.2% non-Hispanic Black, 6.8% non-Hispanic Asian, less than 1% American Indian and Alaska Native or Native Hawaiian and Other Pacific Islander, and 2.6% identify as two or more races. Hispanic residents are 11.1% of the population. Maryland is now a "majority minority" state, with less than 50% of the total population being non-Hispanic white. As a result, half or more of Maryland's health is determined by the health of its racial and ethnic minorities.

Distribution of Race and Hispanic Origin by Age Groups, Maryland, 2010-2021
Population in millions
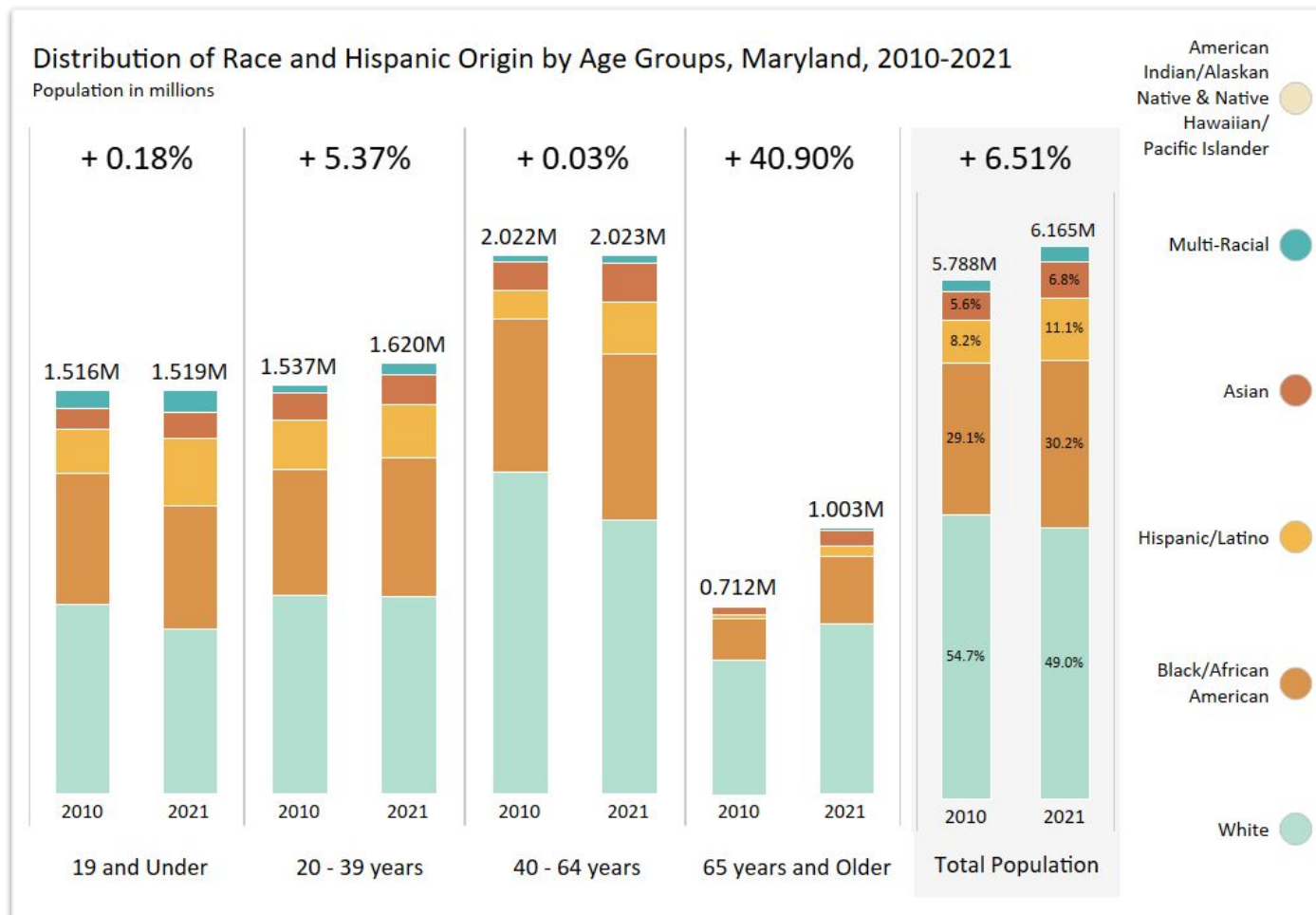
Immigration Composition

As of 2022, Maryland has a foreign born population of 16.7%, while the US population is 13.9% foreign born. Among Maryland residents at least 5 years of age, 20.7% speak a language other than English at home.

Place of Birth of Marylanders, 2000 and 2022

Health Disparities Among Marylanders with Disabilities, 2021

Disability Status

In 2021, there were 1,055,353 Maryland adult residents living with a disability – or about 1 in 4 adults. People with disabilities are disproportionately affected by health issues compared to the general adult population. Thirty-nine percent of adult Maryland residents with disabilities have depression, compared to only 12% of adults without disabilities; 40% have obesity, compared to 32% of adults without disabilities; and 17% smoke, compared to 8% of adults without disabilities. The most common functional disabilities reported were mobility and cognition, which each affected 10% of adult Marylanders. Five percent of adults have serious difficulty doing errands alone, like visiting a doctor's office.

Veteran Status

According to the Maryland Department of Veterans Affairs 2022 Annual Report, there were 355,787 veterans living in Maryland, representing 5.8% of the state's total population. The majority of veterans in Maryland are male (85.2%), over half are 60 years or older. The state is performing well in terms of job prospects for veterans, with a 4.3% unemployment rate in 2022; this is slightly higher than the overall unemployment rate for Maryland (3.2%).

Veteran Population by Age, Maryland, 2022

8.5% <35	28.7% 35 - 54	42.5% 55 - 75	20.3% 75+
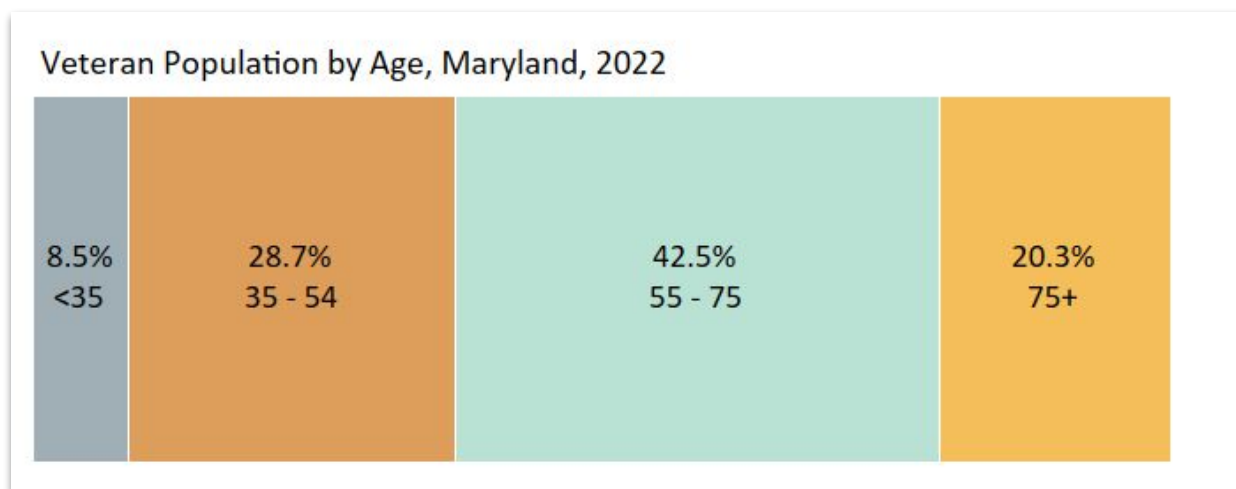
Median Household Income by Race And Ethnicity in the Past 12 Months, Maryland, 2021

Race/Ethnicity	Income
Asian	$108,839
White	$96,693
Two or more races	$88,848
American Indian and Alaska Native	$77,912
Hispanic or Latino origin (of any race)	$76,092
Black	$69,964
Some other race	$68,894
Native Hawaiian and Other Pacific Islander	$61,029
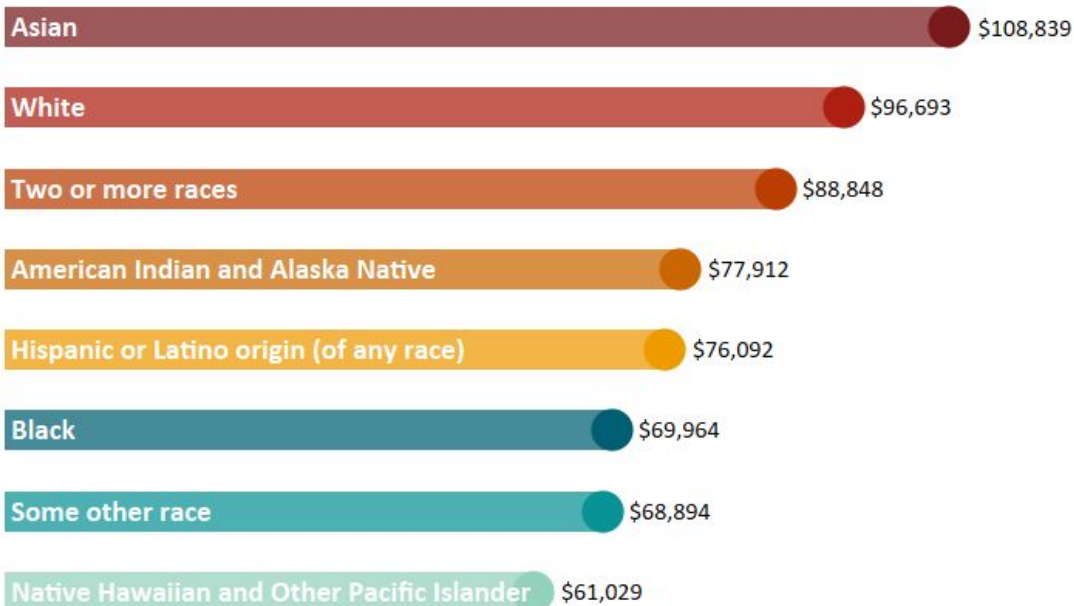
Income Distribution

Maryland's median household income was $91,431 in 2021, compared to $69,021 in the US. Maryland has the nation's highest median household income. However, there is a significant gap in median household income between White and Hispanic Marylanders. White households have a median household income that is 27% higher than Hispanic households. This gap is even wider when comparing white and Black households, with white households having a median household income that is 38% higher than Black households.

Income Distribution continued

Household income in Maryland varies widely across jurisdictions. The median income in Howard county is more than 2.5 times greater than in Somerset county.

County Median household income in the past 12 months (in 2020 inflation-adjusted dollars), 2020

Garrett $94K
Allegany $49K
Washington $64K
Frederick $101K
Carroll County $100K
Harford $94K
Cecil $104K
Baltimore $79K
Baltimore City $52K
Howard $124K
Kent $60K
Montgomery $112K
Anne Arundel $103K
Queen Anne's $96K
Prince George's $87K
Caroline $59K
Talbot $64K
Calvert $113K
Charles $104K
Dorchester $101K
Wicomico $60K
St Mary's $96K
Worcester $65K
Somerset $45K

Median Household Income
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $109,999
- $110,000 - $119,999
- $120,000+

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Employment Status

The COVID-19 pandemic had a significant impact on the unemployment rate in Maryland. The unemployment rate in Maryland increased from 3.4% in 2019 to 6.5% in 2020. This increase was due to a number of factors, including the closure of businesses and the decrease in consumer spending. The unemployment rate began to decline in 2021, reaching 5.8%. In February 2023, Maryland's unemployment rate fell to 2.9%, while the national rate rose from 3.4% to 3.6%.

Remote work

More than 70% of Maryland workers commuted either always or sometimes, according to the 2022 Maryland Commuter Survey. Thirty-six percent responded that they always commute to work, 35% responded that they sometimes commute, and 29% said they work remotely full-time.
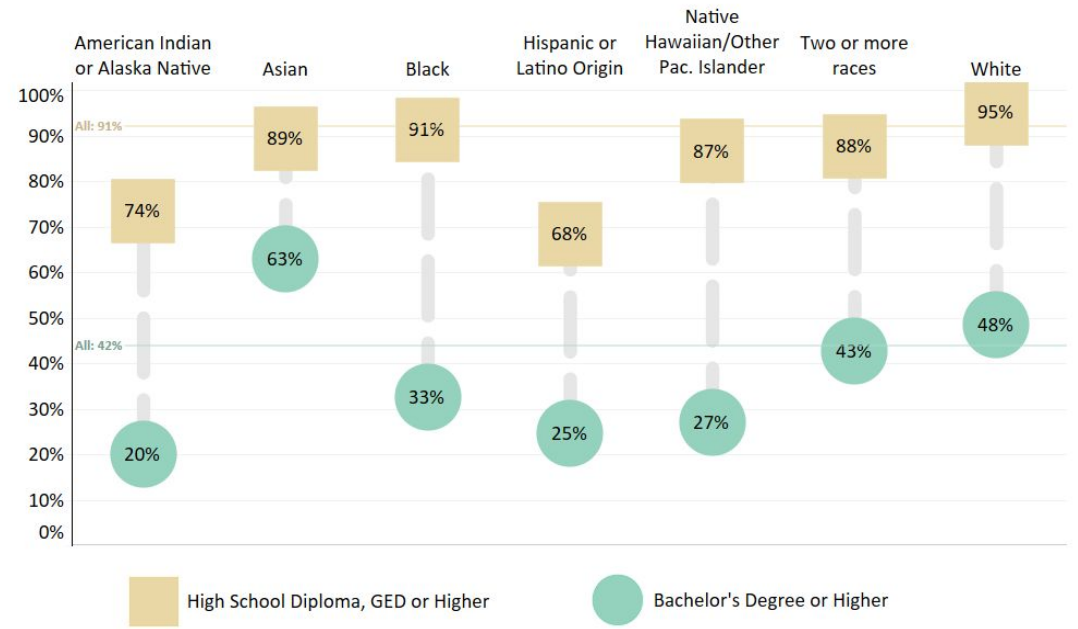

Unemployment in Maryland, 2005-2022
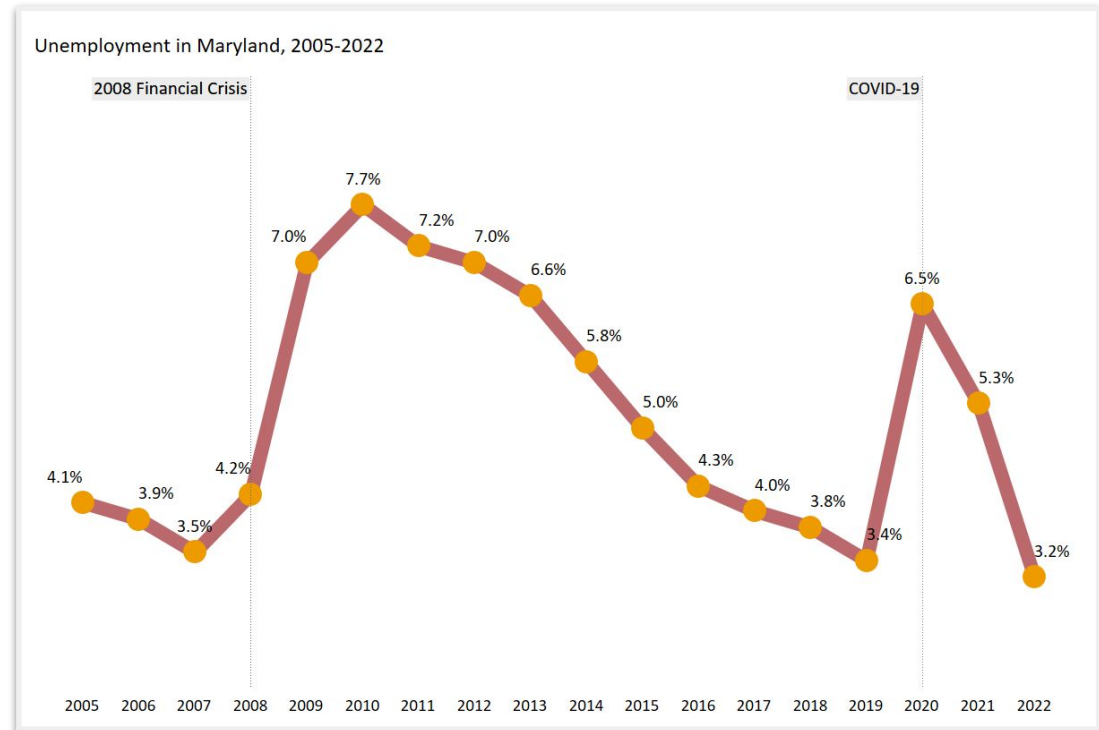
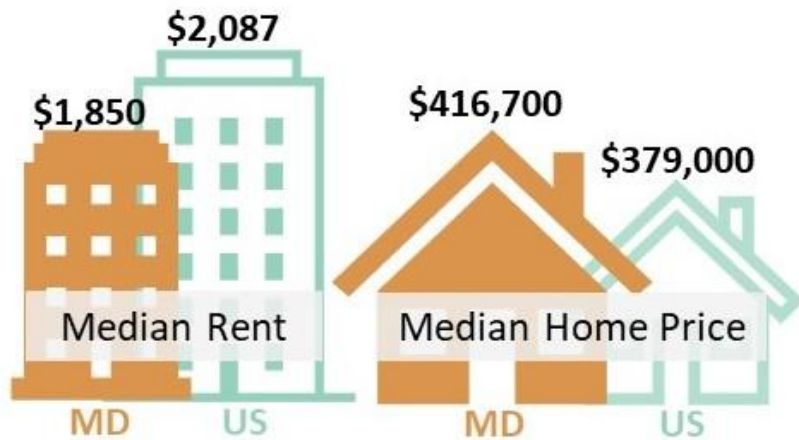In-Person, Hybrid or Remote Worker Summary, Maryland, 2022
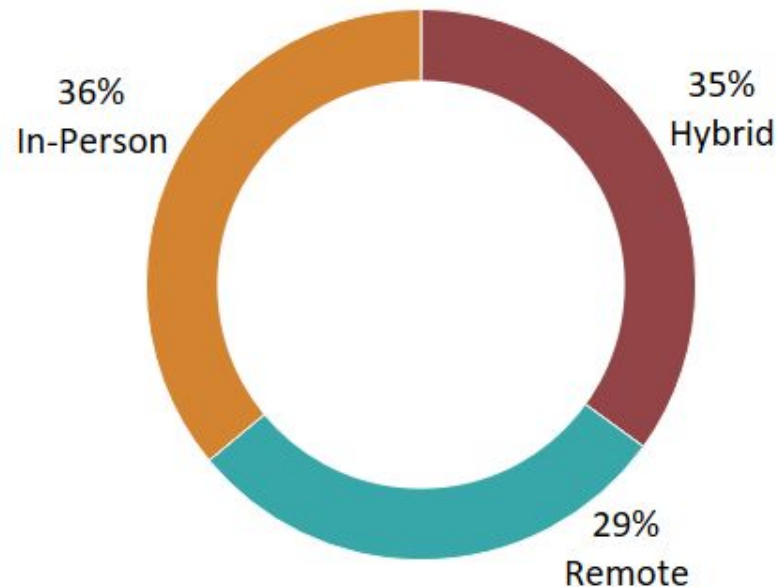
Education

In Maryland, 92.9% of adults 25 years and older have a high school diploma or higher, compared with 88.5% in the country. In addition, Maryland has a higher percentage of citizens over 25 who have a bachelor's degree or higher than the rest of the United States, at 44.1% compared to 39.1% nationally. According to 2021 estimates, there are some significant differences in educational attainment when race and Hispanic origin are compared. With a graduation rate of 68%, people of Hispanic or Latino origin are less likely to have completed high school compared to people in other groups. Only about 25% of Hispanic Marylanders 25 years and older have completed a bachelor's degree, compared to 33% of Black Marylanders and 63% of Asian Marylanders.

Educational Attainment by Race and Hispanic Origin, Maryland, 2021

Race/Origin	High School Diploma, GED or Higher	Bachelor's Degree or Higher
American Indian or Alaska Native	74%	20%
Asian	89%	63%
Black	91%	33%
Hispanic or Latino Origin	68%	25%
Native Hawaiian/Other Pac. Islander	87%	27%
Two or more races	88%	43%
White	95%	48%

All: 91% (High School Diploma, GED or Higher)
All: 42% (Bachelor's Degree or Higher)
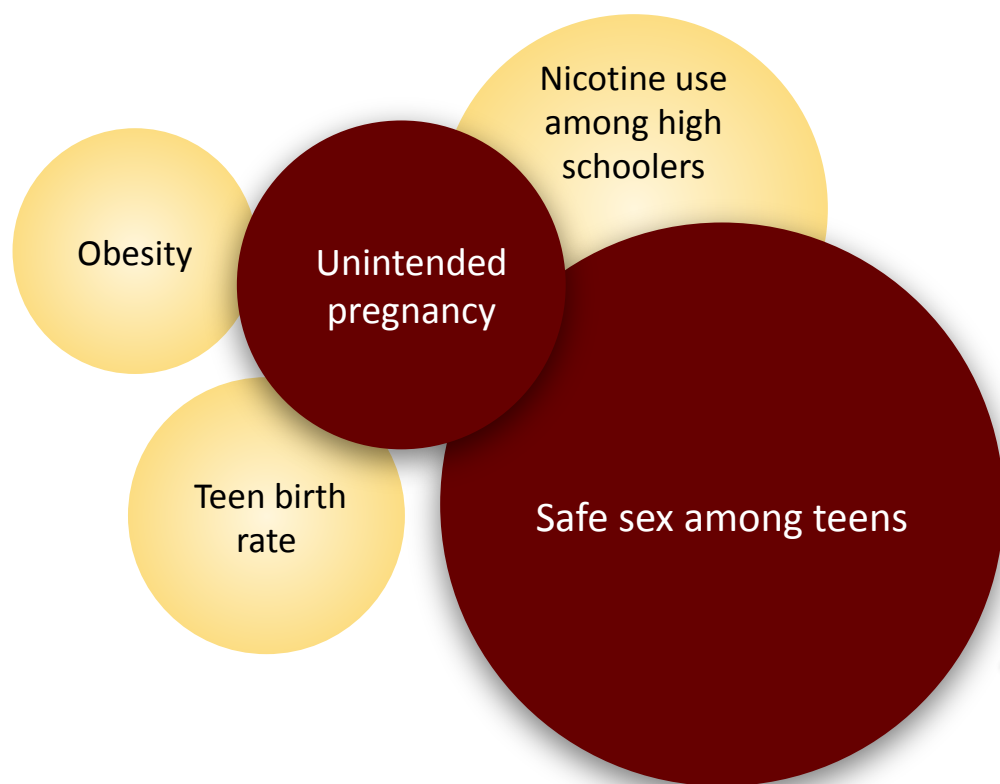
Housing Status

According to the U.S. Census Bureau, Maryland had 2,559,195 households in 2022 with 2.64 persons on average per household. Owner-occupied housing accounted for 67.1% of housing units, compared to 64.4% nationally. Recent data from summer 2023 indicates the median home price in Maryland is $416,700, which is about 10% higher than the national median. For the same period, the median gross rent was $1,850, which is 11% less than the national median.

Housing Costs, Maryland and United States, 2023

Median Rent: MD $1,850 | US $2,087
Median Home Price: MD $416,700 | US $379,000

Area 1: Health Behaviors

Area 1: Health Behaviors

This focus area addresses:

Obesity

Nicotine use among high schoolers

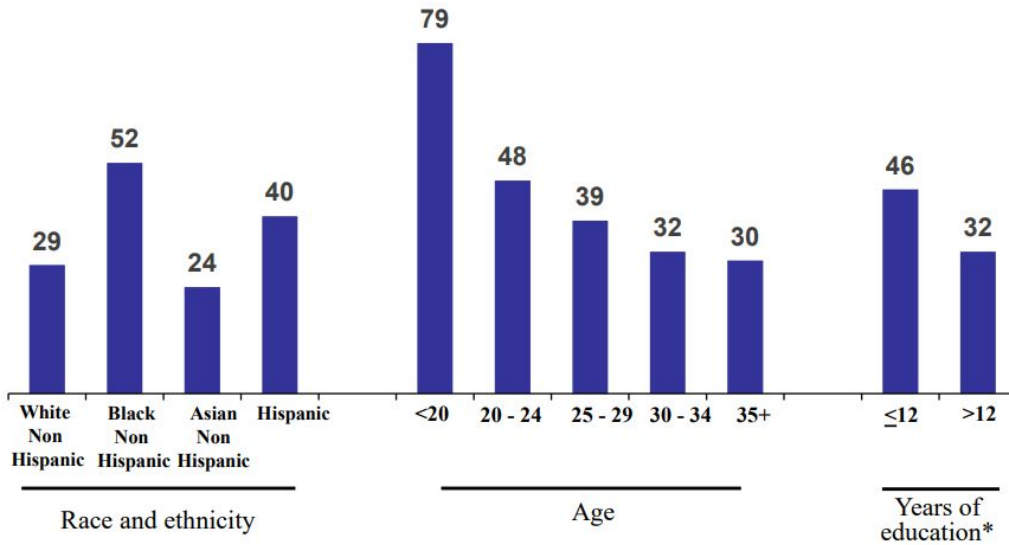Unintended pregnancy

Teen birth rate

Safe sex among teens

"…especially with the legalization of cannabis the health risk of these substance seems to be perceived as minimal and the culture/social norm of using said products is seen a very acceptable. Vaping nicotine and cannabis seem to be really high, especially among youth and youth adults."

"I am concerned about children, they are not getting education on safe sex practices. We have some of the highest STD rates in the state."

"Obesity is another health concern driven by poor nutrition, education, food access, physical activity opportunities and impacted by discriminatory systems. It contributes to many chronic diseases and mental health concerns."

Percentage of Mothers With Unintended Pregnancies

Race and ethnicity: White Non Hispanic 29, Black Non Hispanic 52, Asian Non Hispanic 24, Hispanic 40

Age: <20 79, 20 - 24 48, 25 - 29 39, 30 - 34 32, 35+ 30

Years of education*: ≤12 46, >12 32

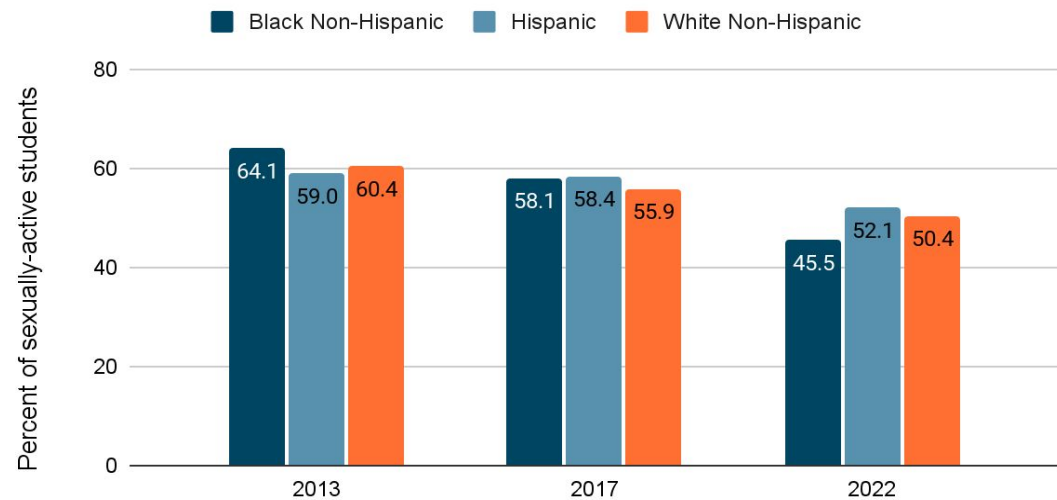*Includes only mothers ages 20 and above.

Unintended Pregnancy

Younger mothers are much more likely to report having unintended pregnancies than older mothers. Nearly 80% of surveyed mothers under the age of 20 had unintended pregnancies in 2020, compared with less than ⅓ of mothers over the age of 30. We can also see Black and Hispanic mothers with higher % of unplanned pregnancies compared to other races, as well as mothers who had a high school education or less.
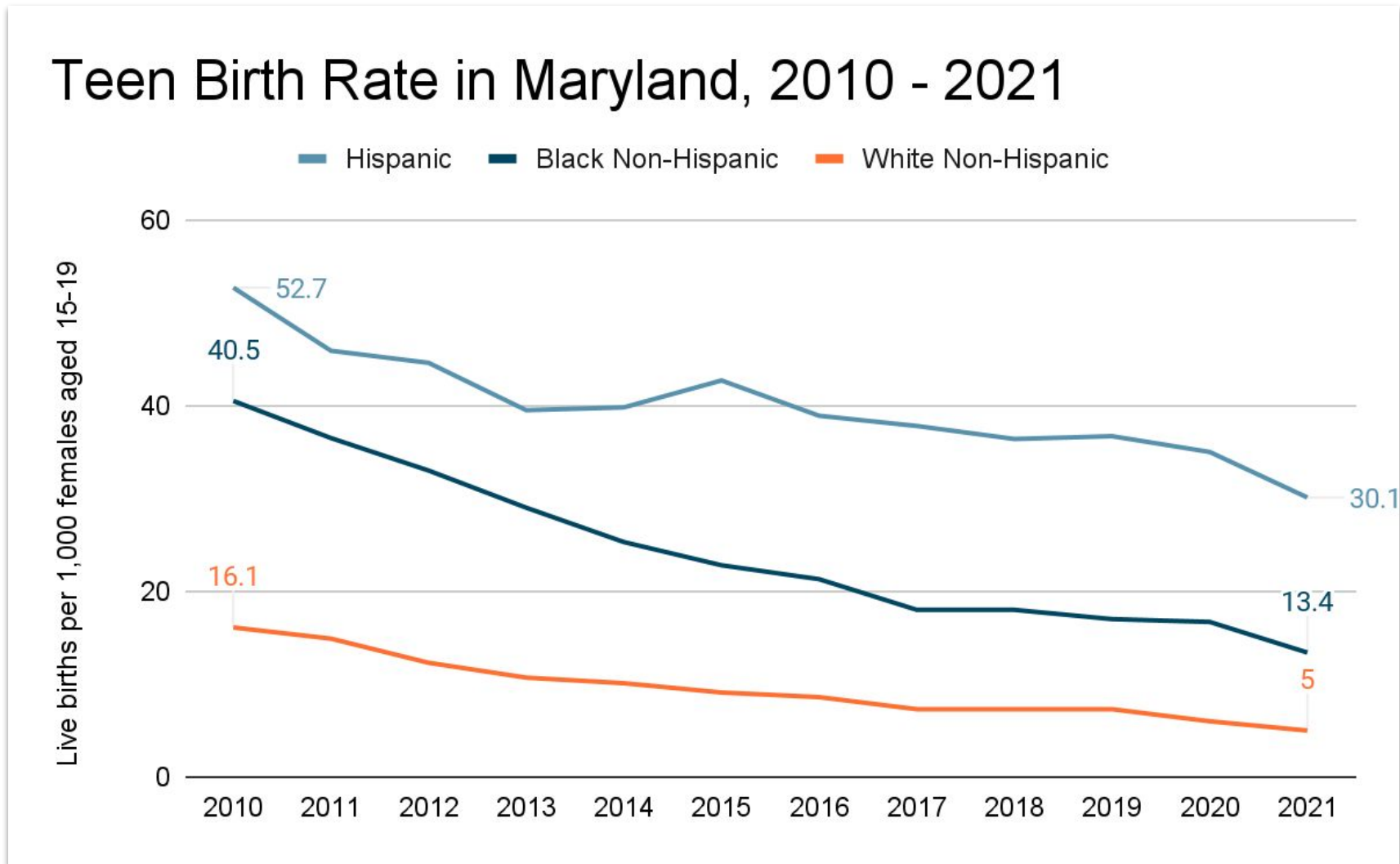
Condom Use Among High Schoolers

Further progress in reducing teen births may be impeded by falling condom use among adolescents. Across racial groups, YRBS data indicates condom use among teens is falling. Only about half of teens in 2022 said they used a condom at last intercourse, compared to over 60% in 2013.

High School Students Using a Condom at Last Sexual Intercourse, Maryland

Legend: Black Non-Hispanic, Hispanic, White Non-Hispanic

2013: Black Non-Hispanic 64.1, Hispanic 59.0, White Non-Hispanic 60.4
2017: Black Non-Hispanic 58.1, Hispanic 58.4, White Non-Hispanic 55.9
2022: Black Non-Hispanic 45.5, Hispanic 52.1, White Non-Hispanic 50.4
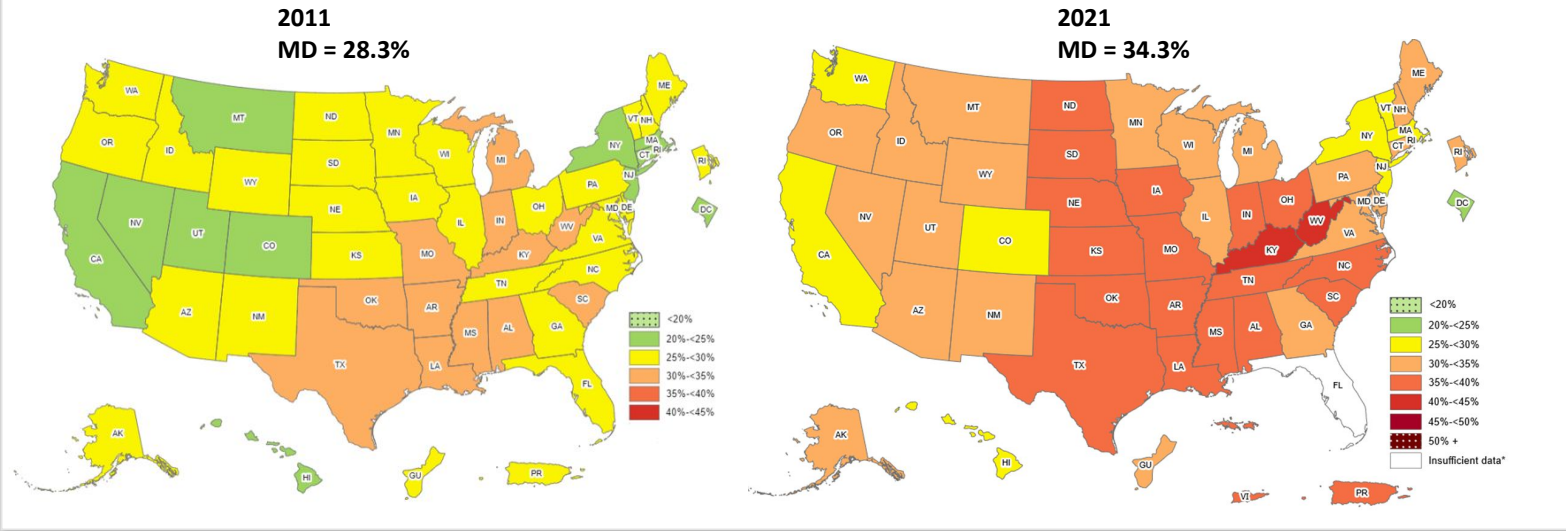
Percent of sexually-active students

Teen Birth Rate

In 2021, the overall teen birth rate in Maryland stood at 11.3 births per 1,000 females aged 15-19, a 58% decrease compared to 2010. While birth rates among Maryland teens has fallen across racial groups, rates among Hispanic females remain nearly six times higher than for non-Hispanic white females.

Teen Birth Rate in Maryland, 2010 - 2021

Legend: Hispanic — Black Non-Hispanic — White Non-Hispanic

Y-axis: Live births per 1,000 females aged 15-19

Data labels: Hispanic 52.7 (2010), 30.1 (2021); Black Non-Hispanic 40.5 (2010), 13.4 (2021); White Non-Hispanic 16.1 (2010), 5 (2021)

Obesity

Prevalence of Obesity Based on Self-Reported Weight and Height Among U.S. Adults by State and Territory, 2011 and 2021

2011
MD = 28.3%

2021
MD = 34.3%

|	
<20%	
20%-<25%	
25%-<30%	
30%-<35%	
35%-<40%	
40%-<45%	
45%-<50%	
50% +	
Insufficient data*	

Obesity has been a growing problem across the US for decades. In Maryland, adult obesity increased 6% between 2011 and 2021. Adult obesity is defined as having a BMI greater than 30, which for most adults corresponds with being at least 30-40 pounds overweight.

Obesity in High Schoolers & Adults

Maryland's obesity rate among teens is below the US at 13%, compared to nearly 16%. However, the obesity rate for adults is slightly higher for Marylanders compared to the US. Over one third of Maryland adults are considered obese.

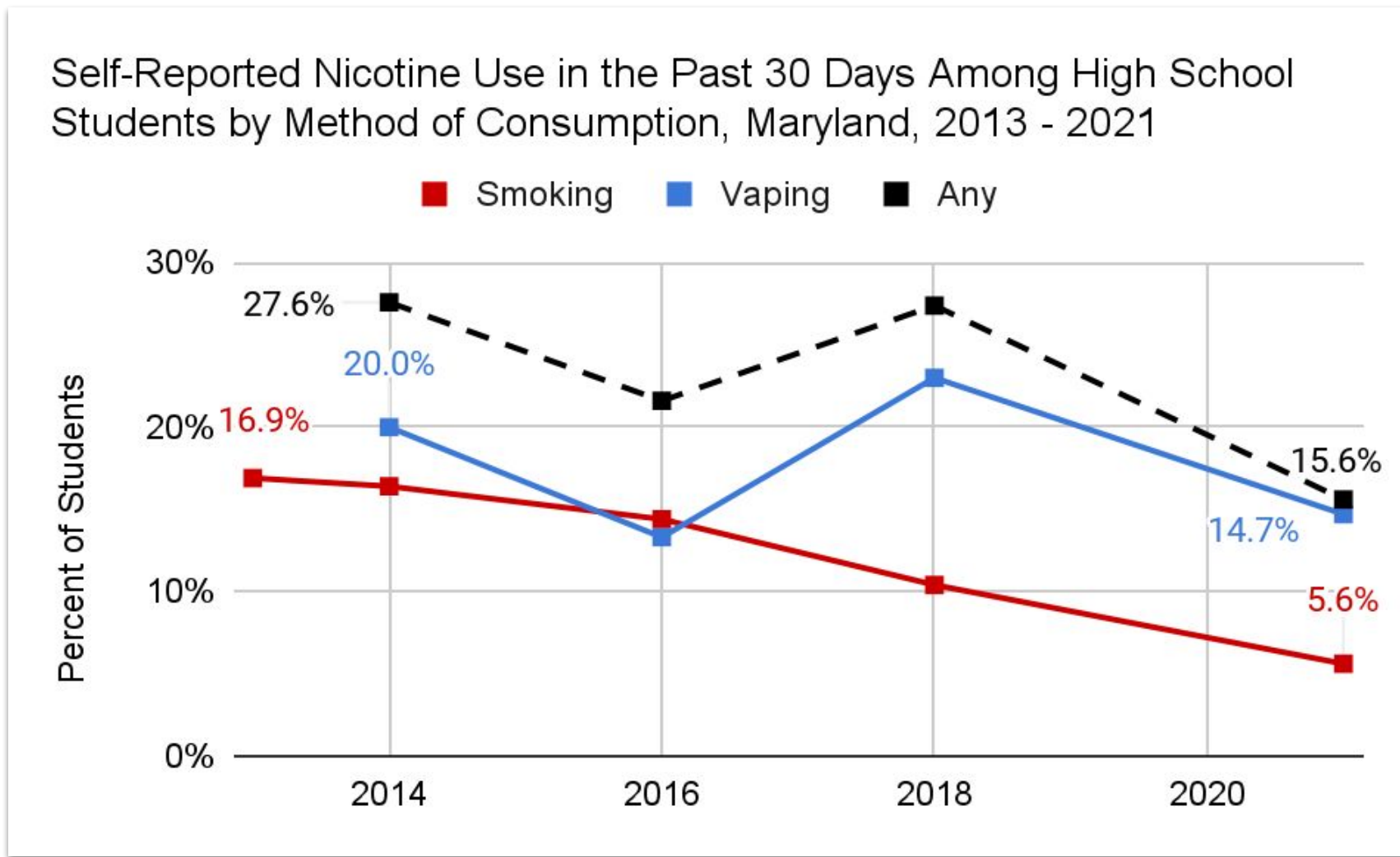**13%**
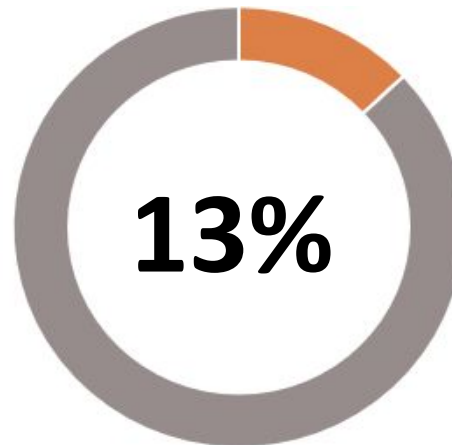
High School Students
(2021)

34%
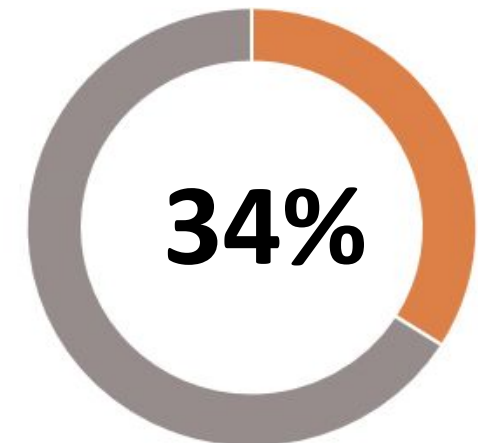
Adults
(2019)

Nicotine Use Among High School Students

The use of traditional tobacco products such as cigarettes and cigars by Maryland high schoolers has fallen steadily over the past decade to fewer than 6% of students. However, e-cigarettes and other vaping products remain a popular alternative, with nearly 15% of students reporting recent use in 2021.

Self-Reported Nicotine Use in the Past 30 Days Among High School Students by Method of Consumption, Maryland, 2013 - 2021

Area 1: Health Indicators

Measure	MD*	US	Source(s)
Adults Meeting CDC Aerobic Physical Activity Guidelines (%) §	52.2	46.9	CDC (2020); MD BRFSS (2019)
High School Students Who Have Obesity (%) §	12.8	15.5	CDC (2019)
Adults Who Have Obesity (%) §	34.3	33.0	CDC (2021)
Adults Reporting Daily Sugar-Sweetened Beverage Consumption (%)	65.4	63	CDC (2015)
Adults Who Binge Drank in the Past 30 Days (%)	14.1	16.6	CDC (2021)
Mothers Smoking During Pregnancy (%)	3.3	4.6	CDC (2021)
High School Students Who Used Tobacco Products in Past 30 Days (%) §	15.6	16.5	CDC (2022); MD YRBS (2021)
Adults Who Currently Smoke Cigarettes (%) §	10.1	11.5	CDC (2021); MD BRFSS (2021)
Teen Birth Rate (live births per 1,000 females aged 15-19) §	11.3	13.9	CDC (2021); MD VSA (2021)
Unintended Pregnancies (% of live births)	42	43	HP 2030 (2013); MD PRAMS (2020)
Babies with Any Breastfeeding at 6 Months (%)	66.1	58.2	CDC (2020)
High School Students Using a Condom at Last Sexual Intercourse (%)	49.6	52	CDC (2021); MD YRBS (2021)
Seat Belt Use (%)	91.4	90.4	NHTSA (2021)

*Measures where Maryland is worse than the national value are indicated in red
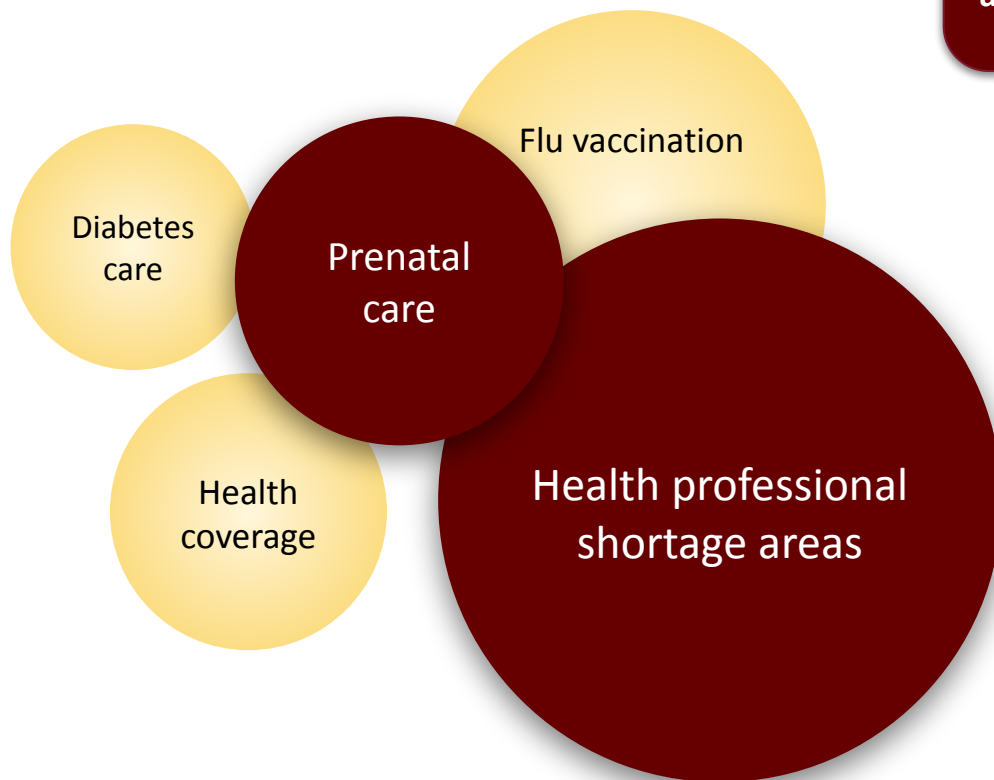**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 1: Health Behaviors

Area 2: Clinical Care

Area 2: Clinical Care

This focus area addresses:

Diabetes care

Prenatal care

Flu vaccination

Health coverage

Health professional shortage areas

"We are experiencing a shortage of doctors because of our geographical location, no one wants to come to the Mountains. You can't even get a colonoscopy in this area because we have 1 doctor and they are booked. If you go out of town you can get help, but it is months of waiting."

"Bueno hay mucha carencia de seguro médico en nuestra comunidad y si no tienen seguro médico no pueden tener acceso a un doctor primario y mucho menos prevenir enfermedades."

"Well, there is a lack of health insurance in our community and, if people don't have health insurance, they can't access a primary care provider, let alone prevent illnesses."

"I work in maternal-child public health. The recent availability of Medicaid for undocumented pregnant women has been a game changer in their ability to access not just prenatal care, but other medical services for any need they have. It could make a huge difference in the health of the community if all residents, regardless of immigration status, were eligible for insurance."
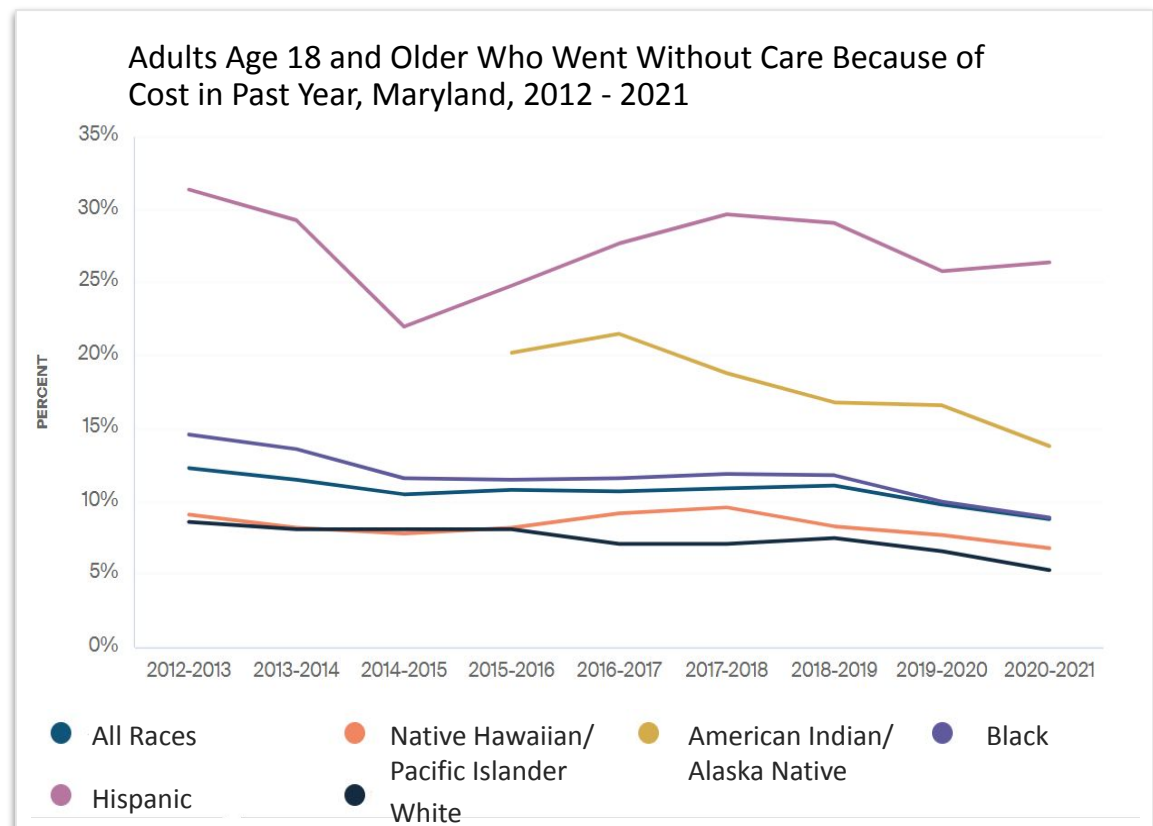
Health Insurance Coverage

As of 2021, about 7% of Maryland residents were without health insurance. This is down from 12% in 2008, prior to the passage of the Affordable Care Act. Racial disparities persist, particularly for Hispanic Marylanders, 22% of whom were uninsured in 2021. Non-citizen immigrants account for 38% of the uninsured, though they only account for 7.2% of the state population.
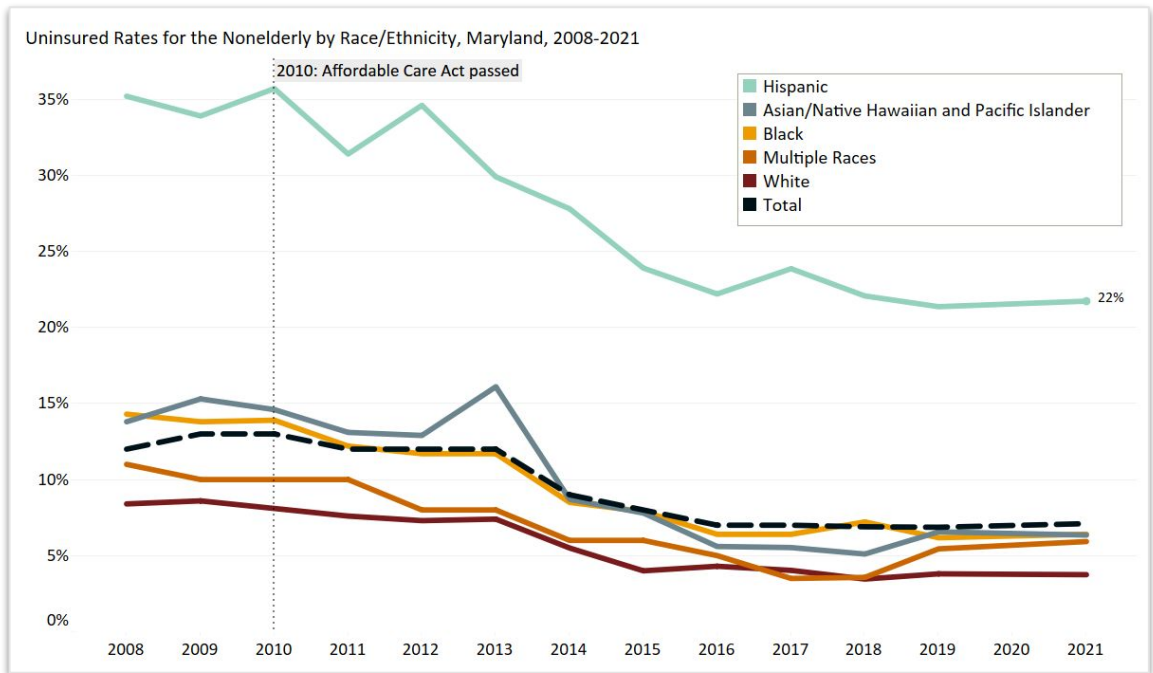
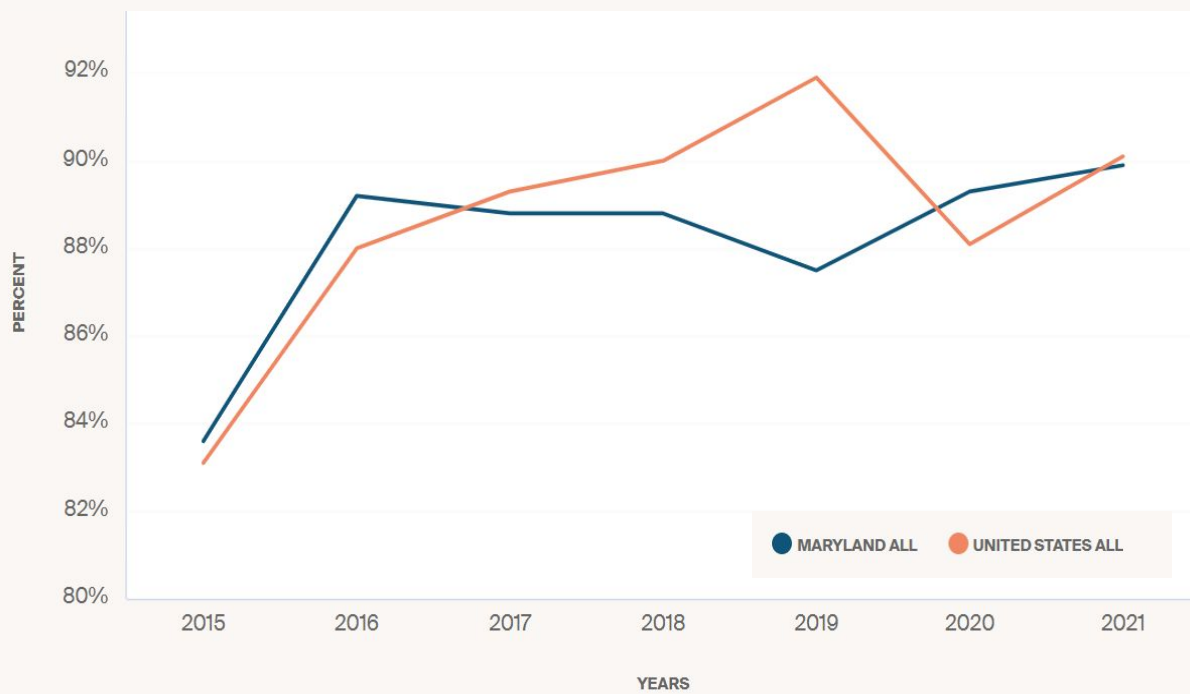# Adults Who Went Without Care

Hispanic Marylanders are more likely than other racial groups to report forgoing care due to cost. Over 25% of Hispanics surveyed in the BRFSS indicated this, more than 10% higher than any other race.


Uninsured Rates for the Nonelderly by Race/Ethnicity, Maryland, 2008-2021

Adults Age 18 and Older Who Went Without Care Because of Cost in Past Year, Maryland, 2012 - 2021

Diabetic Adults Aged 18-64 with an Annual Hemoglobin A1c Test

Annual Hemoglobin A1c Tests

The CDC recommends that individuals diagnosed with diabetes get an A1c test at least twice a year. 90% of Maryland diabetics had at least one test in 2021, a similar percentage to the national average.

Figure 6. Flu Vaccination Coverage by State, Adults 18 years and older, United States, 2021–22 Season
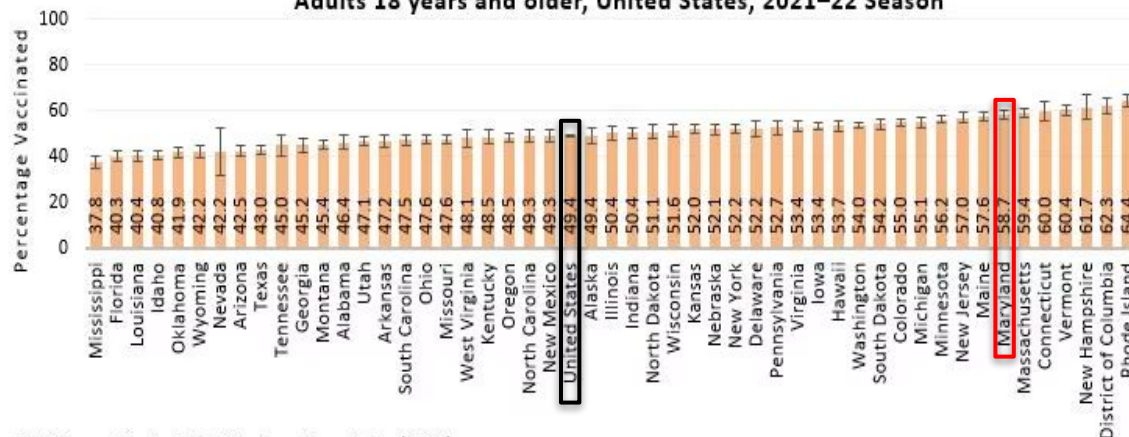
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Error bars represent 95% confidence intervals around the estimates.
California estimate was 40.5% but excluded from the figure because this estimate represents vaccinations only through November 2021. For the 2020-21 season among adults 18+ years in California, coverage increased from 35.7% by end-November to 47.0% by end-May.
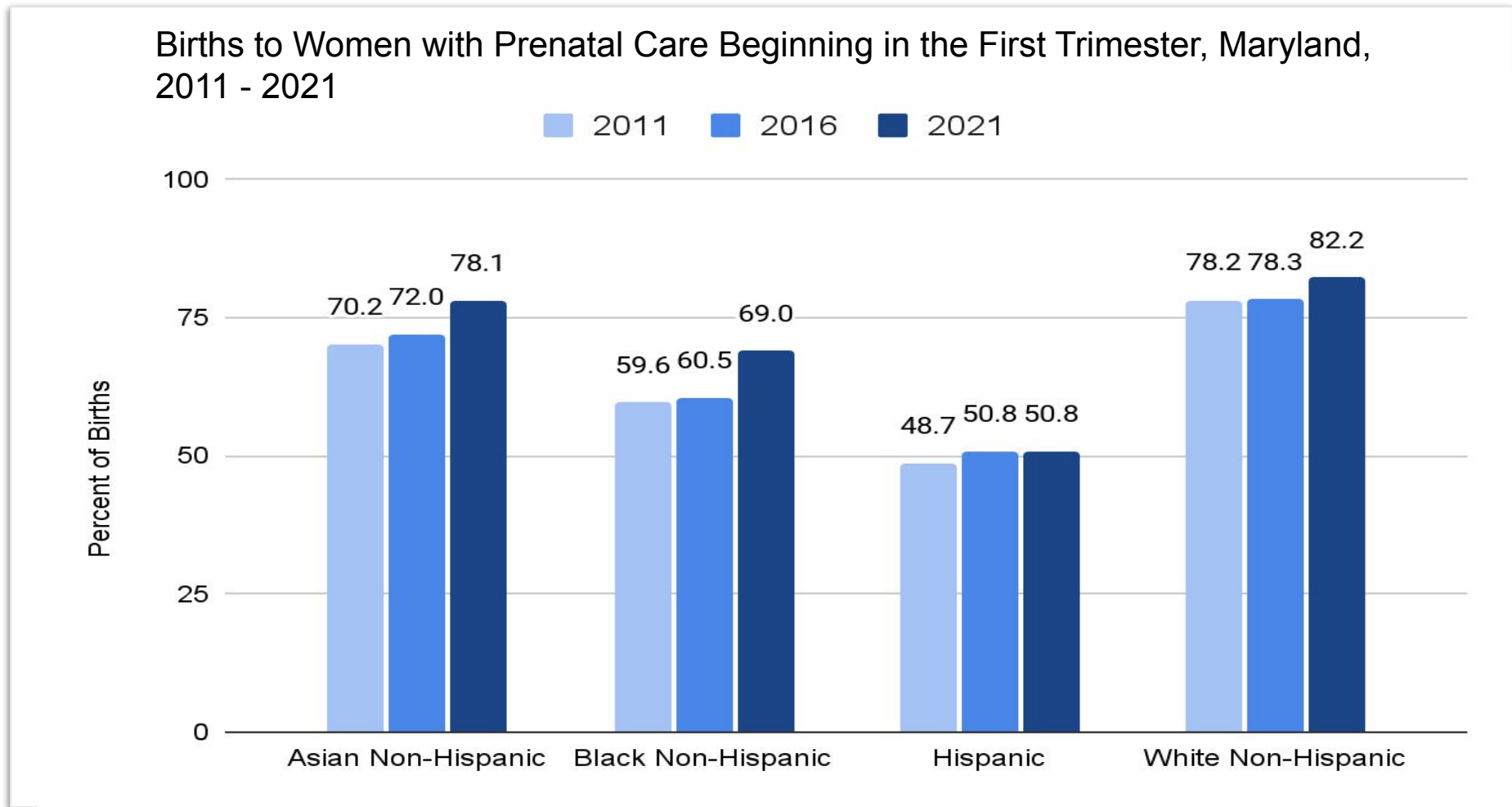
Flu Vaccination

Maryland ranked 7th in the nation for flu vaccine uptake among adults 18 and older for the 2021-2022 season. 58.7% of adults reported receiving a flu vaccine, compared to 49.4% for the US overall.

Births to Women with Prenatal Care

Early prenatal care uptake among pregnant women has increased in recent years, but large racial disparities exist. Nearly half of Hispanic mothers do not receive prenatal care in the first trimester, compared to just 20% of white mothers.

Births to Women with Prenatal Care Beginning in the First Trimester, Maryland, 2011 - 2021

Legend: 2011 | 2016 | 2021

Race/Ethnicity	2011	2016	2021
Asian Non-Hispanic	70.2	72.0	78.1
Black Non-Hispanic	59.6	60.5	69.0
Hispanic	48.7	50.8	50.8
White Non-Hispanic	78.2	78.3	82.2

Y-axis: Percent of Births

Health Professional Shortage Areas

Every jurisdiction in Maryland except for Howard County has some degree of health professional shortage, though the more rural counties have the greatest need. HRSA defines a health professional shortage area as a community with fewer than 1 physician per 3,000 residents.

Health Professional Shortage Areas: Primary Care, by County, 2022 - Maryland

None of county is shortage area | Part of county is shortage area | Whole county is shortage area
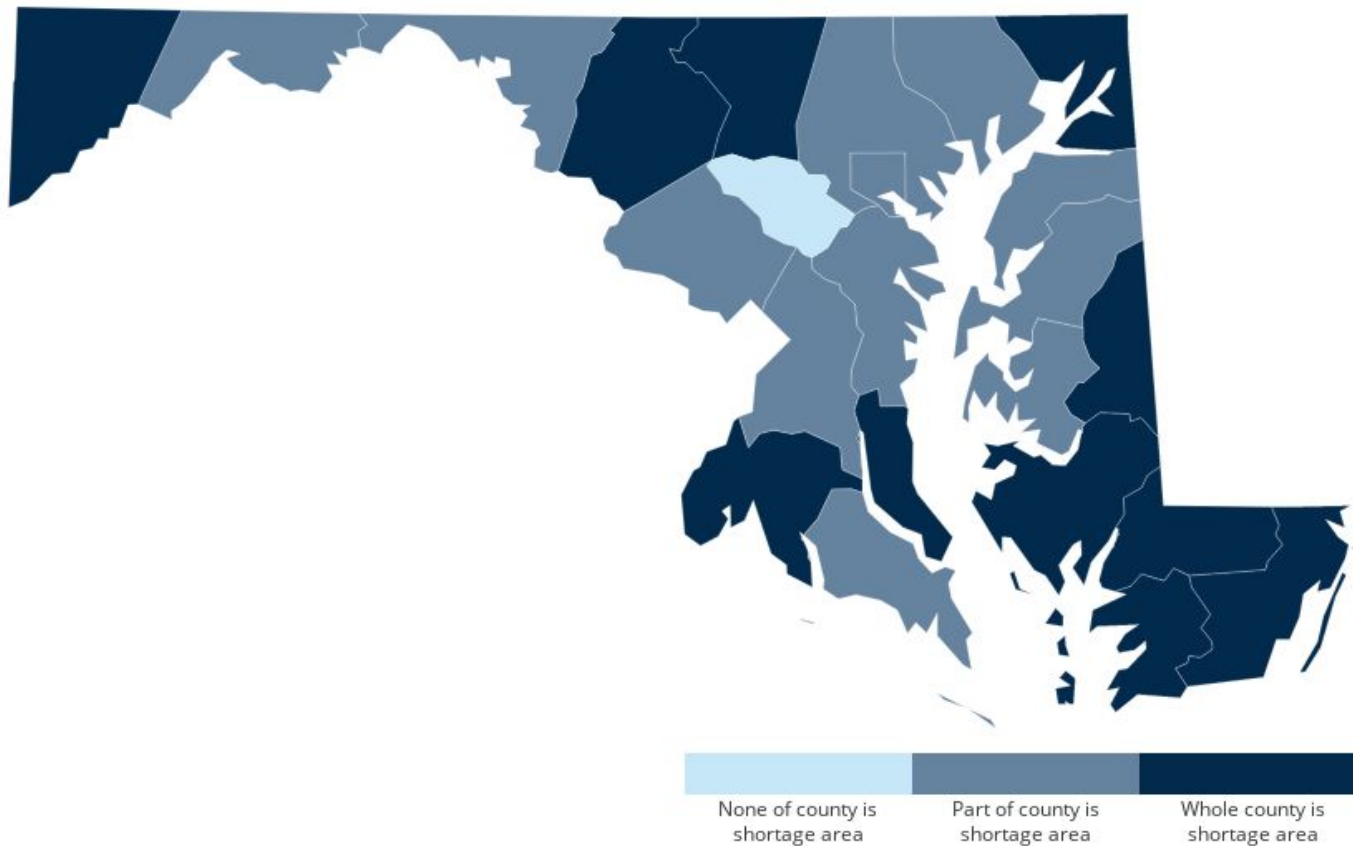
Source: data.HRSA.gov, November 2022.

Area 2: Health Indicators

Measure	MD*	US	Source(s)
Adults with a Usual Primary Care Provider (%) §	83.2	76.0	HP 2030 (2017); MD BRFSS (2021)
Births to Women with Prenatal Care Beginning in First Trimester (%) §	71.8	78.3	CDC (2021); MD VSA (2021)
Medicaid Enrollees Aged 12-21 with a Wellness Visit in the Last Year (%) §	63	53.2	CMS (2020); MD Medicaid (2021)
Medicaid Enrollees Aged 0-20 Receiving Dental Care in the Last Year (%) §	56.3	48	GAO (2017); MD Medicaid (2021)
Flu Vaccination Coverage Among Adults (%) §	58.7	49.4	CDC (2021)
Adults Aged 65+ Who Have Ever Received a Pneumonia Vaccine (%)	74.4	70.1	Commonwealth Fund (2021)
Children Aged 19-35 Months Who Received Recommended Vaccines (%) §	80.6	72.1	CDC (2021)
Adolescents Aged 13-17 with All Recommended Doses of HPV Vaccine (%)	71.9	61.7	America's Health Rankings (2021)
Women Aged 50-74 with a Mammogram in the Past 2 Years (%)	81.3	78.3	NIH (2020)
Women Aged 21-65 with a Pap Smear in the Past 3 Years (%)	79.8	78.0	CDC (2020)
Adults Aged 50-75 with a Recent Colorectal Cancer Screening (%)	75.0	72.1	CDC (2020)
Persons Living with HIV Who Know Their Status (%)	90.8	87	CDC (2021); MD CHSEE (2020)
Insured Diabetic Adults Aged 18-64 with an Annual Hemoglobin A1c Test (%)	89.9	90.1	Commonwealth Fund (2021)

*Measures where Maryland is worse than the national value are indicated in red
**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 2: Clinical Care

Area 2: Health Indicators (continued)

Measure	MD*	US	Source(s)
Adults Who Went Without Care Due to Cost in Past Year (%)	8.8	10	Commonwealth Fund (2021)
Maryland Residents Under 65 Without Health Insurance (%)	7	12	CDC (2019); US Census Bureau (2021)
Children Without Health Insurance (%)	4.1	5.1	CDC (2019); US Census Bureau (2021)
Practicing Physicians in Patient Care (per 10,000 residents)	36.9	28.2	CDC (2019)
Nursing Home Residents with Antipsychotic Medication (%)	13.2	14.4	Commonwealth Fund (2020)
Nursing Home Residents with Pressure Sores (%)	6.9	5.6	Commonwealth Fund (2017)
Appropriate Antibiotic Use Among Adults with Bacterial Pneumonia (%)	41.9	44.3	Commonwealth Fund (2021)
Preventable Hospitalization Rate Among Insured Adults (per 1,000)	4.3	4.4	Commonwealth Fund (2021)
Central Line-Associated Bloodstream Infections (Standardized Infection Ratio)	1.02	0.92	CDC (2021)

*Measures where Maryland is worse than the national value are indicated in red
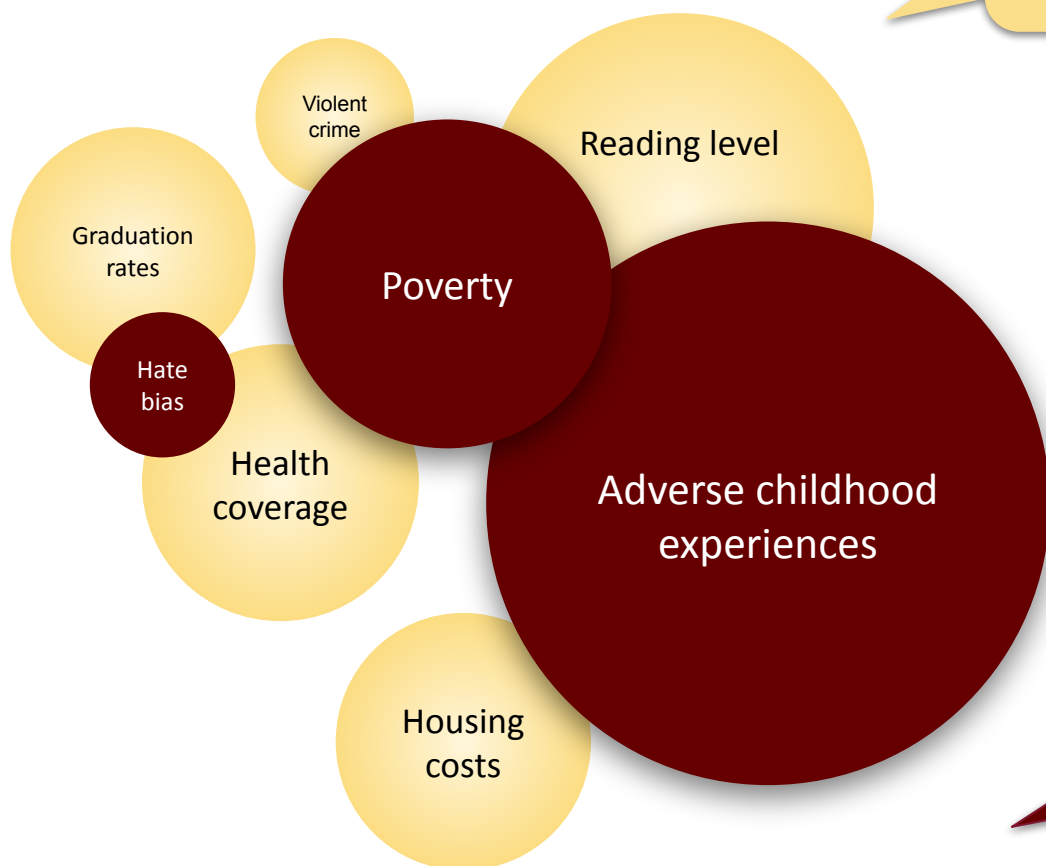**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 2: Clinical Care

Area 3: Social & Economic Factors

Area 3: Social & Economic Factors

This focus area addresses:

"Many people live in poverty because housing is so expensive; and the jobs/wages in our area do not pay enough to help people get out of debt or afford to live."

"If we cannot address the adverse childhood experience, the ACEs research is clear that the health implications are dramatic and long lasting."

"I have $4.08 left after I pay my rent and forced renters' insurance which leaves me no means to afford bus or cab fare. It shouldn't be so hard for me to take care of myself."

"I believe racial bias and discrimination magnifies all the other health and related issues. It affects access to care, quality of care, whether people seek care in the traditional health care system."

Violent crime

Graduation rates

Poverty

Reading level

Hate bias

Health coverage

Adverse childhood experiences

Housing costs

Poverty

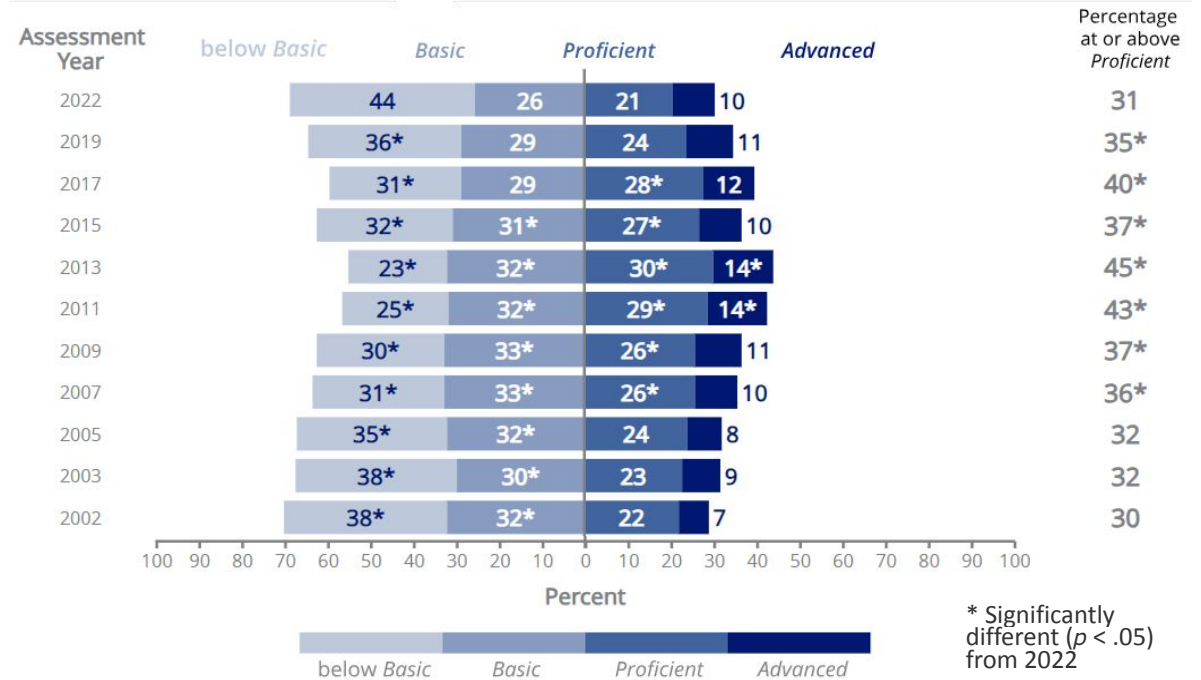Maryland's poverty rate is lower than the national average, but it remains a significant issue. According to the U.S. Census Bureau, there were 510,700 people living in poverty in Maryland in 2020, or about 9% of the population. Twelve percent of children in Maryland live in poverty. This ranges from 6% to 31% across all counties in the state.

Percent of Children Living in Poverty, Maryland, 2020

County	%
Allegany County	21%
Garrett County	18%
Washington County	17%
Frederick County	7%
Carroll County	6%
Harford County	10%
Cecil County	13%
Baltimore County	13%
Baltimore City County	26%
Howard County	6%
Kent County	19%
Montgomery County	8%
Queen Anne's County	9%
Anne Arundel County	10%
Caroline County	20%
Prince George's County	12%
Talbot County	15%
Calvert County	7%
Charles County	9%
Dorchester County	27%
Wicomico County	20%
St. Mary's County	11%
Worcester County	18%
Somerset County	31%

6% — 31%

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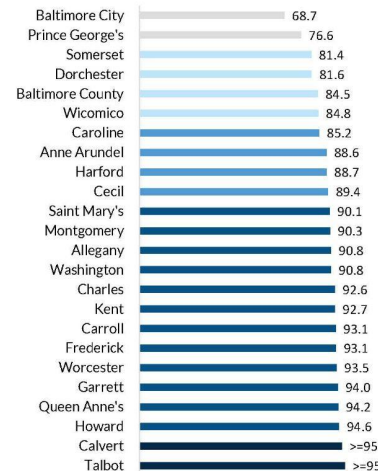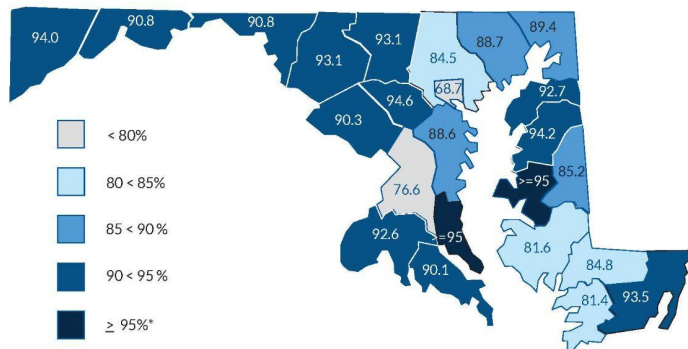
Reading Proficiency

Reading proficiency among Maryland 4th graders fell to 31% in 2022, the lowest level in two decades. According to assessment data collected by the US Department of Education, nearly half of Maryland 4th graders are below a basic reading level.

4th Grade Students At or Above Proficient Reading Level, Maryland, 2002 - 2022

Assessment Year	below Basic	Basic	Proficient	Advanced	Percentage at or above Proficient
2022	44	26	21	10	31
2019	36*	29	24	11	35*
2017	31*	29	28*	12	40*
2015	32*	31*	27*	10	37*
2013	23*	32*	30*	14*	45*
2011	25*	32*	29*	14*	43*
2009	30*	33*	26*	11	37*
2007	31*	33*	26*	10	36*
2005	35*	32*	24	8	32
2003	38*	30*	23	9	32
2002	38*	32*	22	7	30

Percent

below Basic   Basic   Proficient   Advanced

* Significantly different (*p* < .05) from 2022

Four- Year Cohort Graduation Rate by Local Education Agency

Statewide the four-year graduation rate SY 2021-2022 was 86.3%. The graduation rate varies across LEAs with 7 LEAs below the statewide rate.

Legend:
- < 80%
- 80 < 85%
- 85 < 90%
- 90 < 95 %
- ≥ 95%*

| LEA	Rate
Baltimore City	68.7
Prince George's	76.6
Somerset	81.4
Dorchester	81.6
Baltimore County	84.5
Wicomico	84.8
Caroline	85.2
Anne Arundel	88.6
Harford	88.7
Cecil	89.4
Saint Mary's	90.1
Montgomery	90.3
Allegany	90.8
Washington	90.8
Charles	92.6
Kent	92.7
Carroll	93.1
Frederick	93.1
Worcester	93.5
Garrett	94.0
Queen Anne's	94.2
Howard	94.6
Calvert	>=95
Talbot	>=95

High School Graduation Rate

14 of Maryland's 24 jurisdictions had graduation rates above 90% in 2022. Baltimore City had the lowest rates, with nearly one-third of students not graduating within four years.

Adverse Childhood Experiences Among Children Aged 0-17 by Race, Maryland, 2020 - 2021
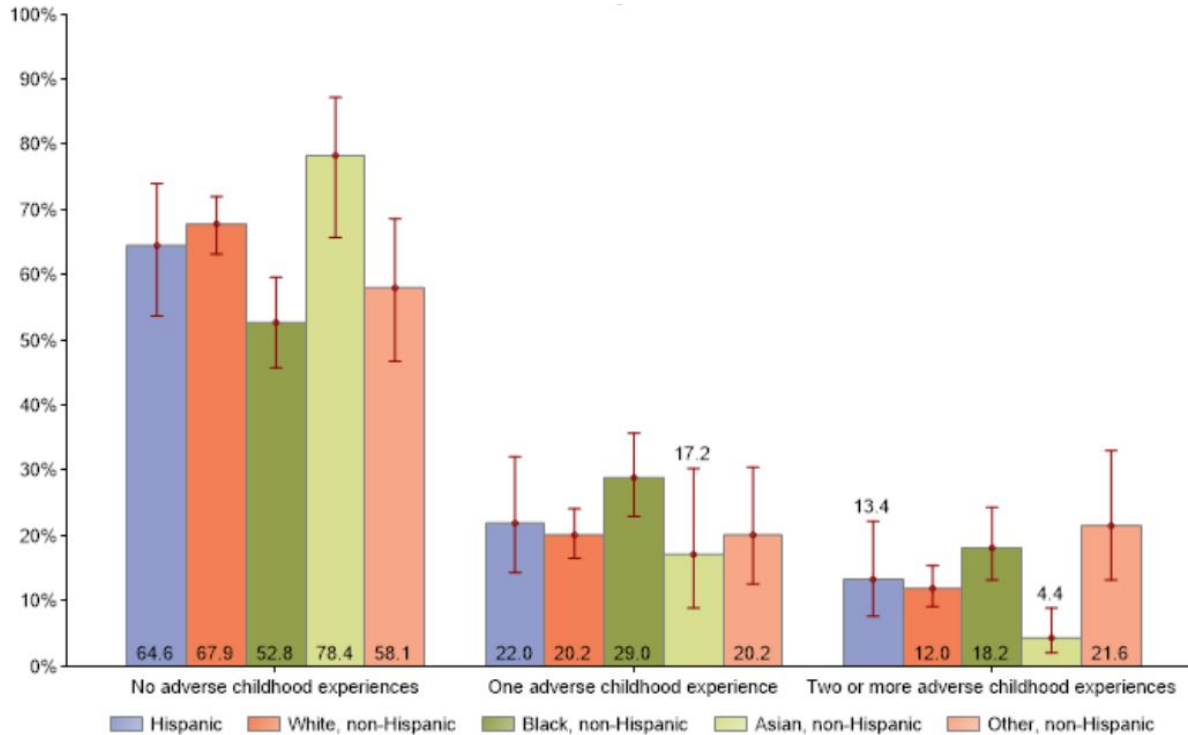
Adverse Childhood Experiences

Adverse childhood experiences (ACEs) include such things as abuse, family financial difficulties, death of a loved one, and discrimination. They are strong predictors of poor physical and mental health outcomes. 37% of Maryland children have experienced at least one adverse childhood experience.

Percent of Adults with a High ACEs Score (3-8), Maryland, 2018

Conversely, over 60% of Maryland adults report having had at least one ACE, and 22% report three or more ACEs. Baltimore City and Cecil county have the highest ACEs burden, with one-third of adults reporting 3-8 ACEs.
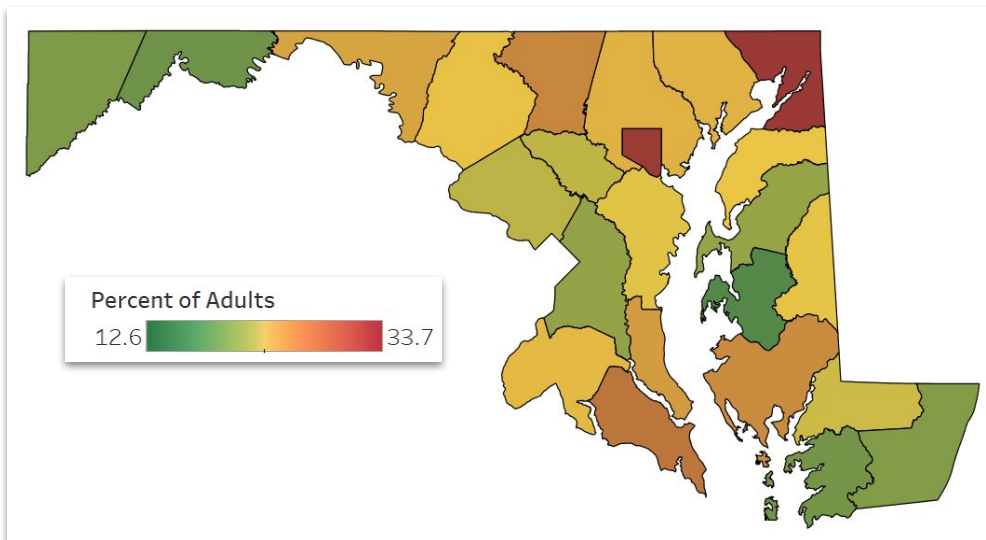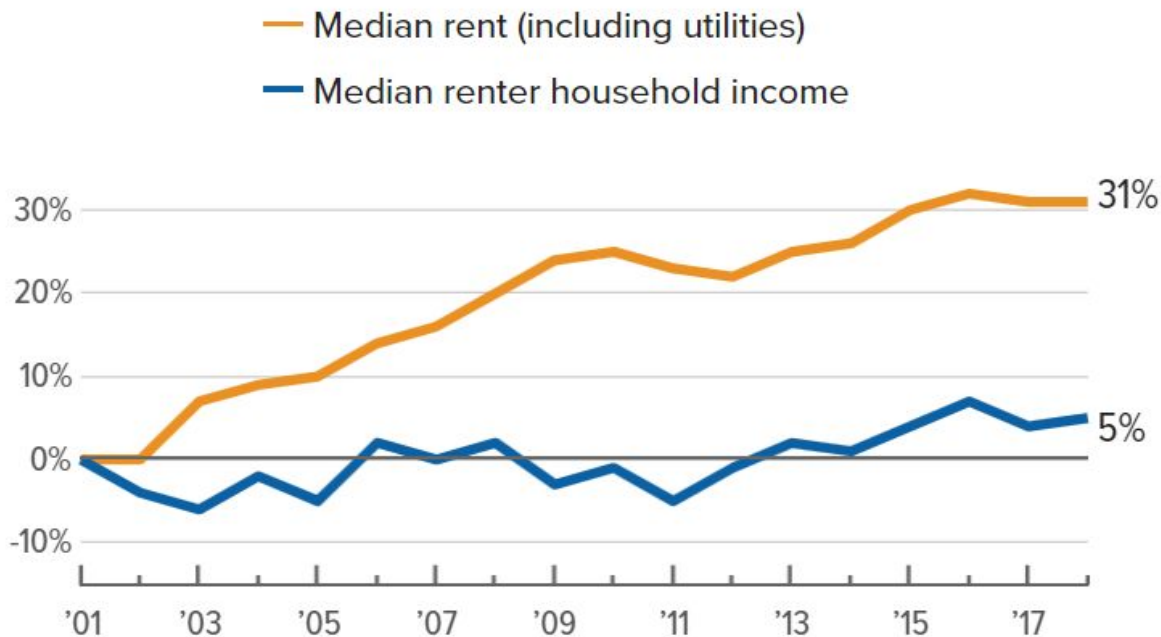
Housing Costs

Between 2001 and 2018, the median rent costs in Maryland increased six times faster than the median renter's income. The vast majority of renters living below the federal poverty level (those classified as extremely low income) spend more than 30% of their income on housing costs, and three-quarters spend over half of their income on housing.
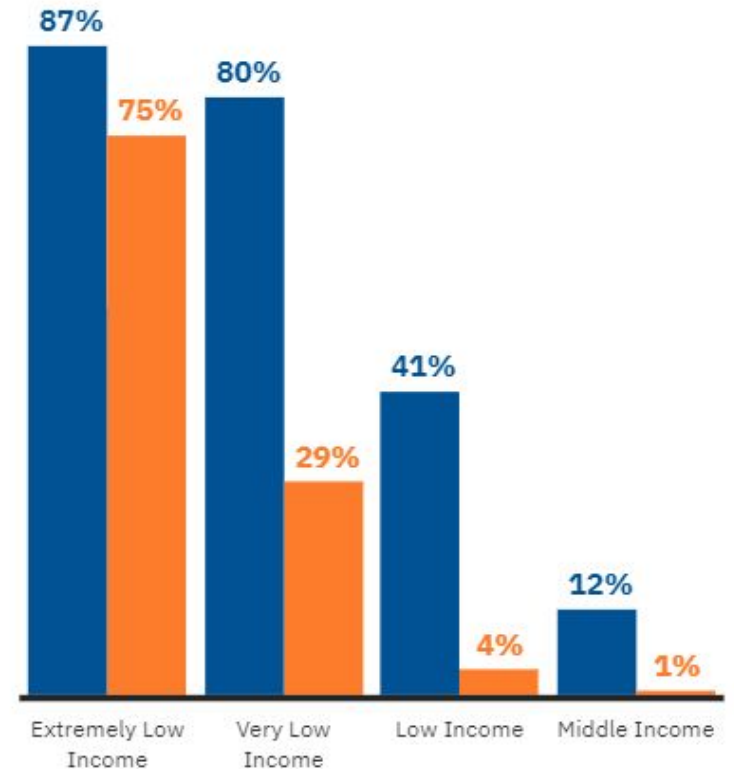
Change in Maryland Median Rents and Incomes Since 2001

adjusted for inflation

— Median rent (including utilities)
— Median renter household income

31%

5%

HOUSING COST BURDEN BY INCOME GROUP

■ Cost Burdened   ■ Severely Cost Burdened

| Income Group	Cost Burdened	Severely Cost Burdened
Extremely Low Income	87%	75%
Very Low Income	80%	29%
Low Income	41%	4%
Middle Income	12%	1%

Note: Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.
**Source:** NLIHC tabulations of 2021 ACS PUMS

Violent Crime

Between 2015 and 2020, violent crime decreased in 16 of Maryland's 24 jurisdictions. Overall, Maryland's violent crime rate has decreased almost 12% since 2015. Worcester County has seen the highest increase (over 60%) in the last five years.

Violent Crime Rate, 5-Year Change, Maryland, 2020
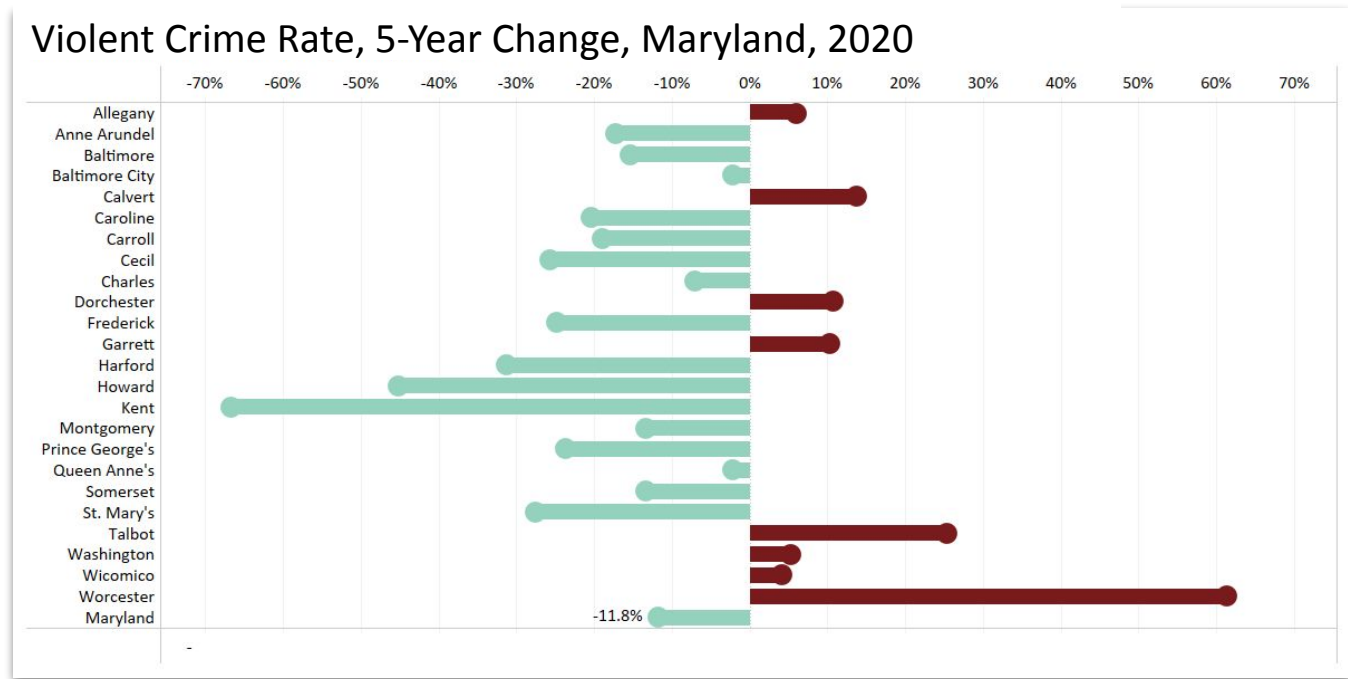
Percent of Intimate Partner Violence Fatalities by Race and Gender, Maryland, 2021
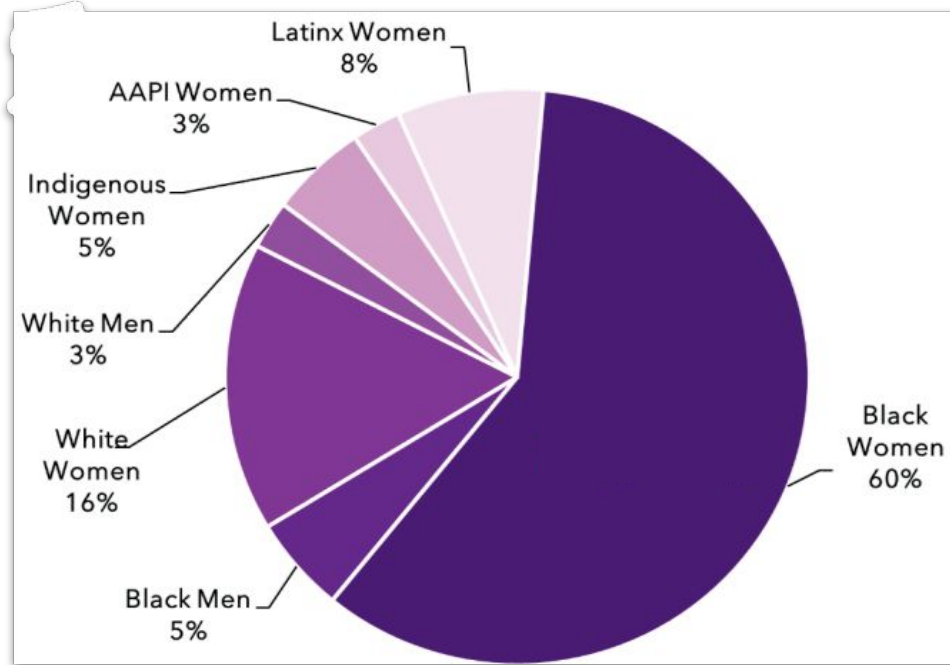

Intimate Partner Violence

In 2021, Maryland had 58 intimate partner violence-related homicides, the highest number reported since 2007. 92% of IPV-homicide victims were women, and 65% were black. 90% of IPV-homicide perpetrators were men.

Hate Bias

Hate bias includes hate crimes and other bias-related incidents that may not have resulted in criminal charges. The most common types of hate bias reported in Maryland in 2021 were anti-Black, anti-Jewish, anti-Gay male, and anti-Asian. According to a 2020 report by the Maryland attorney general's office, over half of hate crime incidents go unreported, due to factors such as fear of retaliation, uncertainty of legal policy, and skepticism that reports will be taken seriously.

Hate Bias Reports to Maryland State Police by Zip Code and Motivation Type, Maryland, 2021
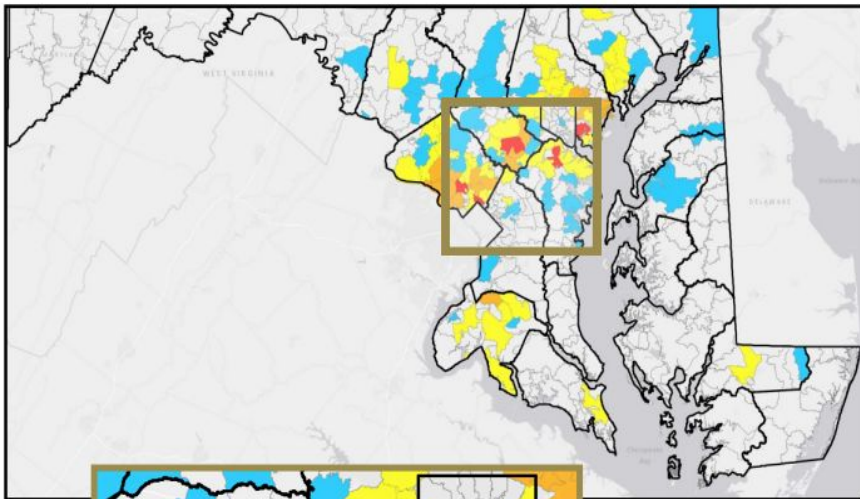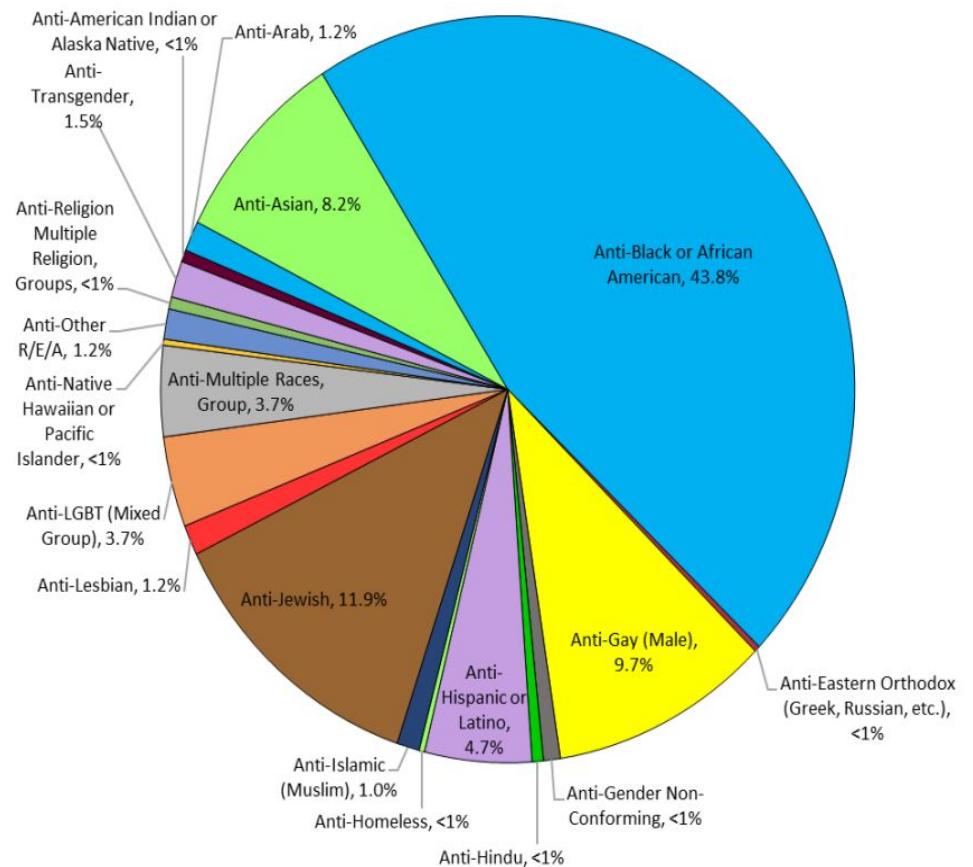
Area 3: Health Indicators

Measure	MD*	US	Source(s)
Adverse Childhood Experiences (% of children with 1 or more)	37.4	38.8	CAHMI (2021)
Average Child Care Cost as a Percentage of Median Household Income (%)	12	15	Federal Reserve (2021)
Child Maltreatment Rate (per 1,000 children) §	5.7	8.9	ACF (2019)
Children In Foster Care (per 1,000 children)	3	5	Annie E. Casey Foundation (2021)
Out-of-School Suspension Rate in Public Secondary Schools (%)	6.8	6.9	Learning Policy Institute (2018)
4th Grade Public School Students At or Above Proficient Reading Level (%)	31	32	NAEP (2022)
Public High School Graduation Rate (%) §	86.3	87	NCES (2020); MSDE (2022)
Homeownership Rate (%)	70.9	65.9	US Census Bureau (2023)
Renter-occupied Households Spending 30% or More of Income on Rent (%)	52.1	51.0	US Census Bureau (2021)
Incarceration Rate (per 100,000)	245	350	US DOJ (2021)
Income Inequality (Gini Index)	0.46	0.48	US Census Bureau (2021)
Poverty Rate (%)	8	11.6	US Census Bureau (2021)
Violent Crime Rate (per 100,000)	454.1	379.4	FBI (2019)

*Measures where Maryland is worse than the national value are indicated in red
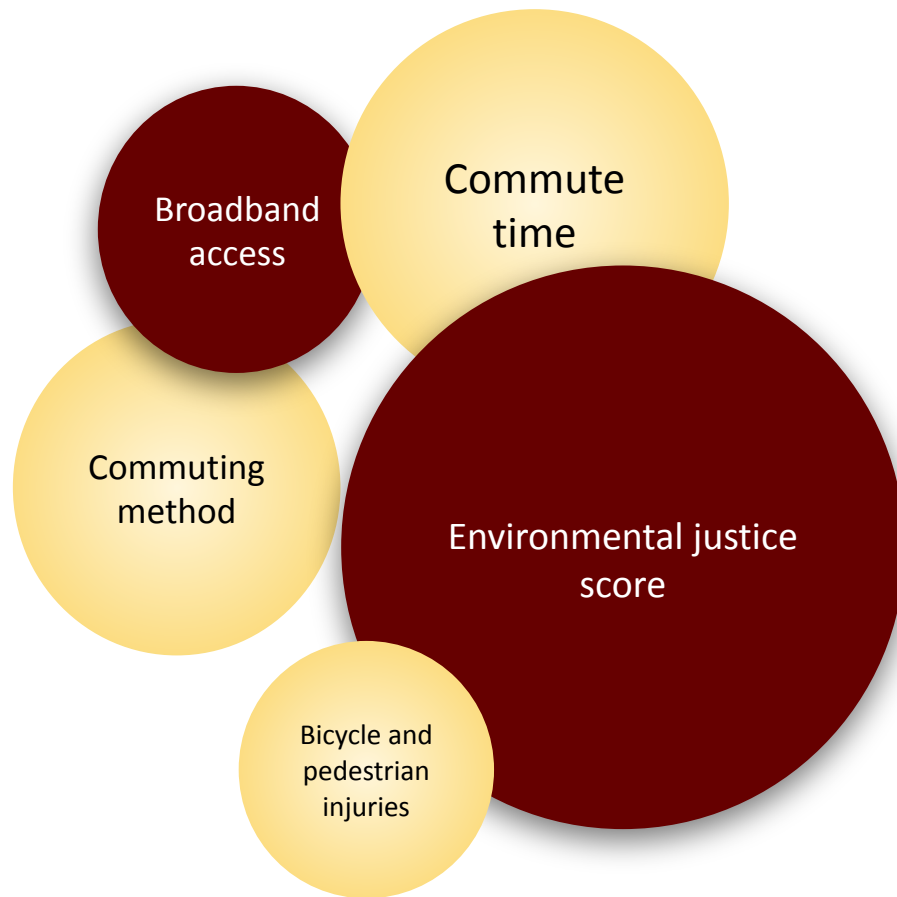**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 3: Social & Economic Factors

Area 4: Physical Environment

Area 4: Physical Environment

This focus area addresses:

Broadband access

Commute time

Commuting method

Environmental justice score

Bicycle and pedestrian injuries

"Maryland should take into consideration the well-understood fact that environmental factors degrade residents' health in poorly-drained areas, industrial zones, and areas with significant air, water, or noise pollution. Anyone living, working, or habitually lingering in such an area should have somewhat-enhanced health care opportunities."
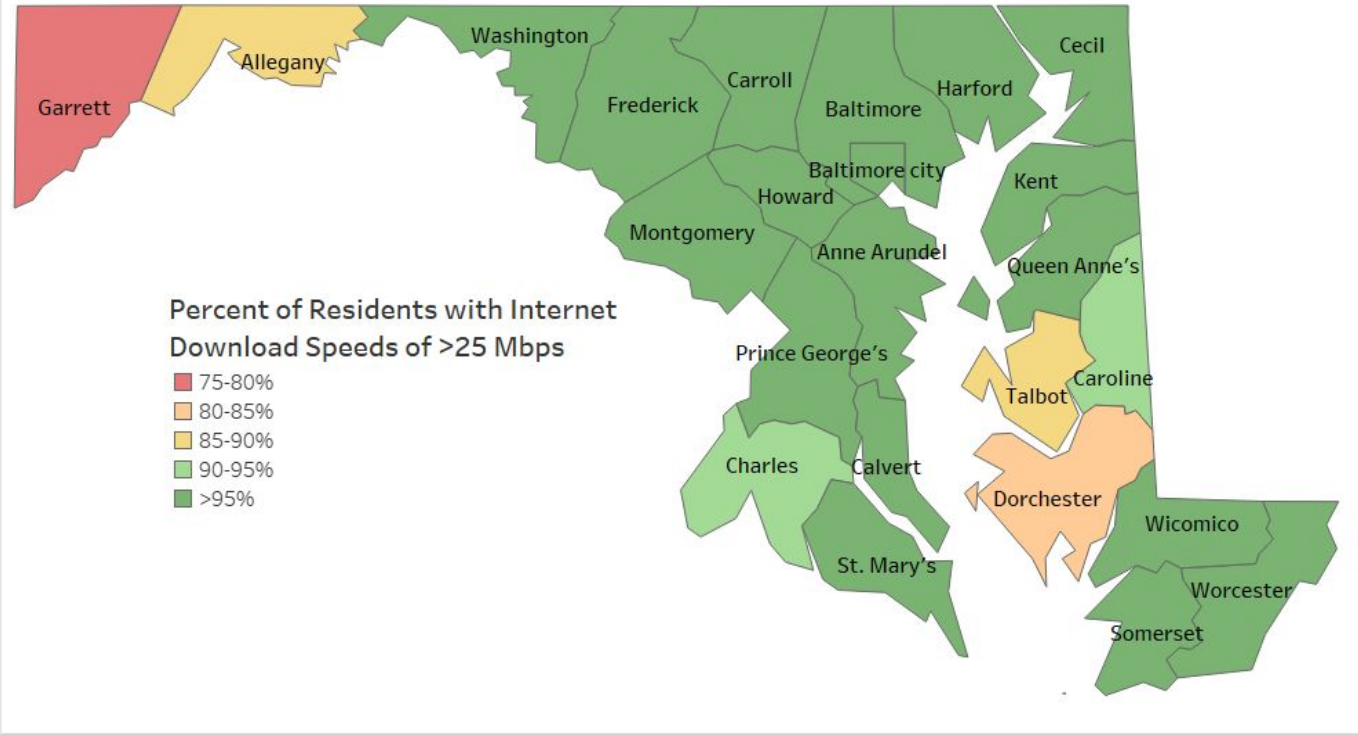
"Make communities walkable by planning better for safe walking/ biking. It's a shame to have to start a car to get to convenient shopping that you can see but traffic/ road situations make it impossible to cross road safely on foot."

"I am always concerned about the children here in Baltimore City…their families can not afford internet service so how are they supposed to do learn things and do school work if their parent or guardian can not afford internet service? I know this first hand."
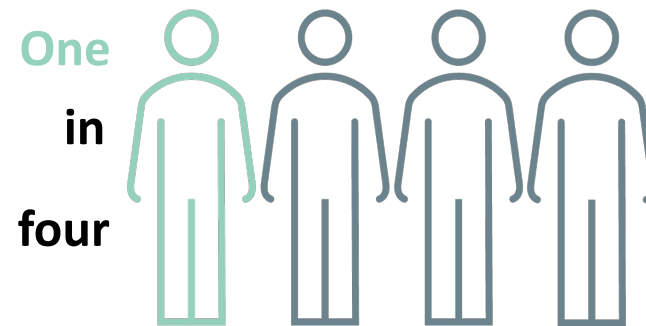
Broadband Access

Rural communities disproportionately lack high speed broadband coverage, likely due to inadequate infrastructure networks. Broadband internet speeds are required for effective video conferencing and streaming; lacking high speed internet acts as a barrier to employment opportunities as well as to healthcare conveniences such as telehealth visits.

Broadband Access by Jurisdiction, Maryland, 2023

Percent of Residents with Internet Download Speeds of >25 Mbps
- 75-80%
- 80-85%
- 85-90%
- 90-95%
- >95%

Digital Inclusion

Geography is not the only factor that contributes to differences in broadband access. Several groups of people are disproportionately lacking access to the adequate internet. Not surprisingly, 45% of people living at or below 150% of the federal poverty level did not have high speed internet in their homes in 2019. Over 26% of Marylanders over the age of 60 also lacked access to broadband. One in five veterans were without broadband access and 29% of people living with disabilities did not have access to high speed internet.

One in four

people in Maryland over the age of 60 did not have broadband internet access in 2019

Bicycle & Pedestrian Injuries

Despite recent decreases in pedestrian injuries, the pedestrian injury rate in Maryland is still more than double the national rate. The 5-year average pedestrian fatality rate increased 13% over the same time period (2011-2015 vs 2016-2020), indicating that accidents involving pedestrians are becoming more fatal.
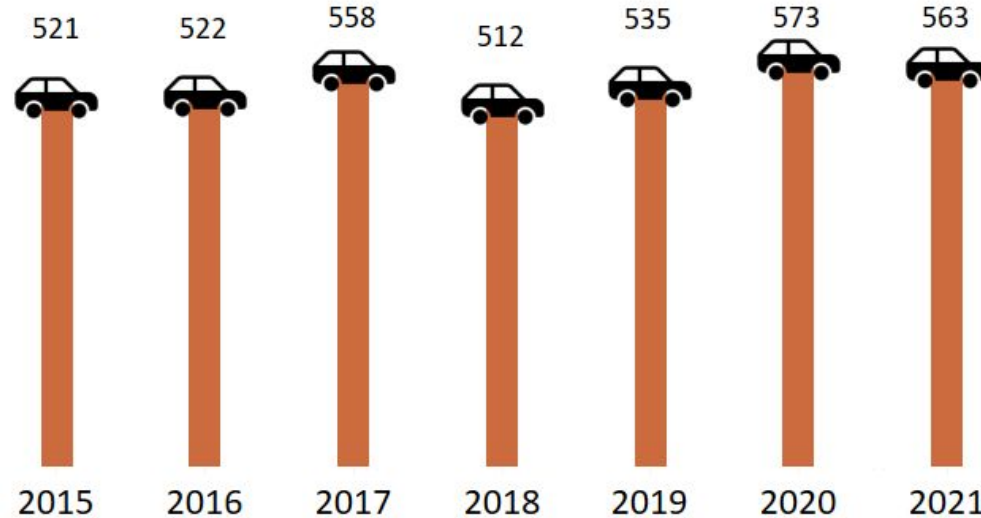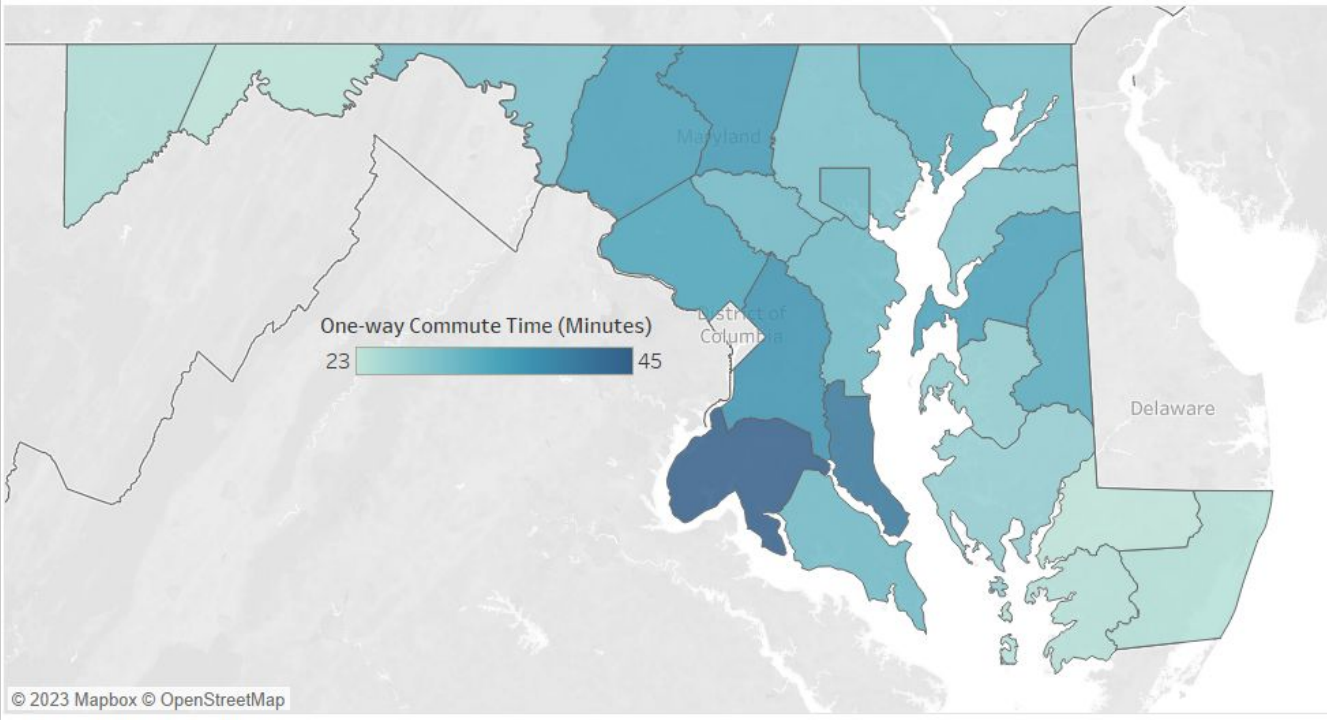
Road Fatalities

According to the Maryland Department of Transportation, there were 563 fatalities on Maryland roads in 2021. This was a very slight decrease from the 573 fatalities in 2020 but a 8% increase from 521 fatalities in 2015. The fatality rate decreased by 12.3% between 2020 and 2021, despite the 12% *increase* in Vehicle Miles Traveled by Marylanders during that time period.

Bicycle & Pedestrian Injuries in Maryland, 2010 - 2020

Number of Pedestrians and Bicyclists Injured

Year	Total Pedestrians Injured	Total Bicyclists Injured
2010	2,535	593
2011	2,351	570
2012	2,616	666
2013	2,551	560
2014	2,759	651
2015	2,958	682
2016	3,361	681
2017	3,419	726
2018	3,222	597
2019	3,034	686
2020	2,247	582

- Total Pedestrians Injured
- Total Bicyclists Injured

Fatalities on All Roads in Maryland, 2018-2022

Year	Fatalities
2015	521
2016	522
2017	558
2018	512
2019	535
2020	573
2021	563

One-way Commute Time by Jurisdiction, Maryland, 2017 - 2021

One-way Commute Time (Minutes)
23 — 45

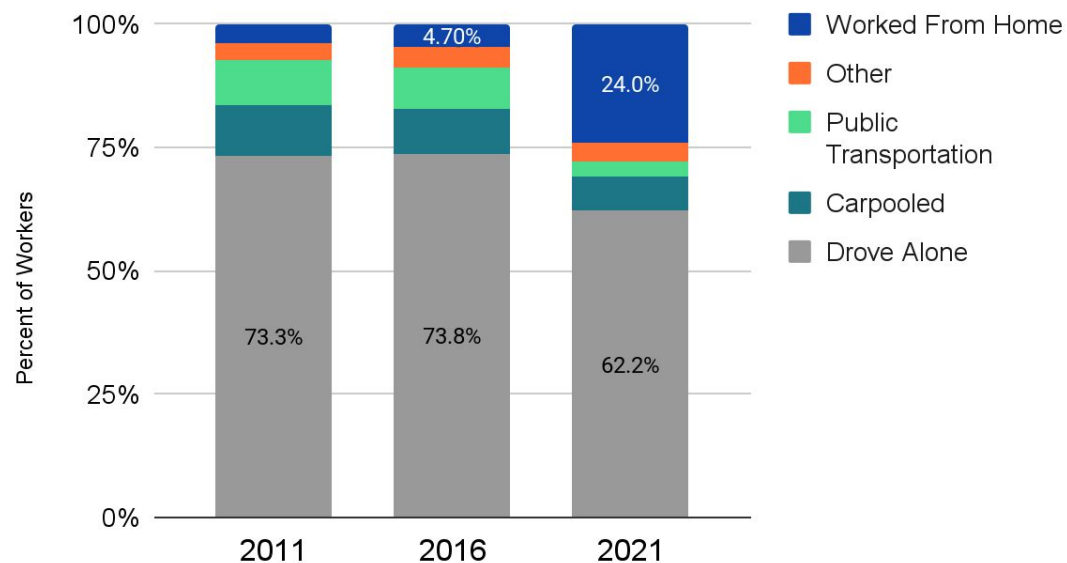© 2023 Mapbox © OpenStreetMap

Commute Time

According to estimates from the US Census Bureau, between 2017 and 2021, the mean travel time for workers aged 16 years and older who did not work from home was 32.5 minutes in Maryland, compared to 26.8 minutes in the U.S. overall. Maryland had the 2nd longest average commute time of any state in 2021 (behind New York). Comparing across jurisdictions, the most rural counties tend to have shorter commute times, while suburban jurisdictions have the longest.
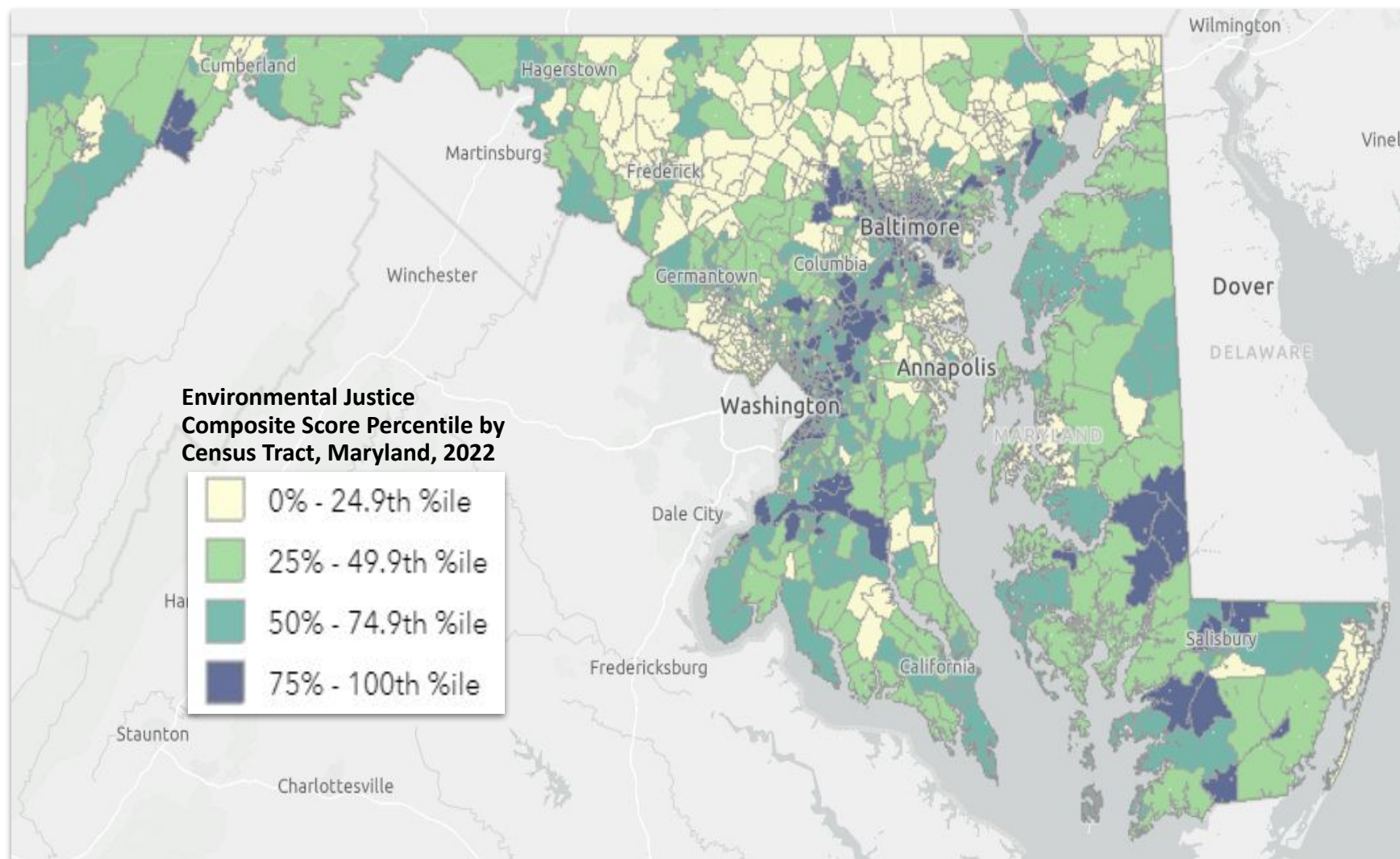
Commuting Method

The COVID-19 pandemic dramatically changed how and where Marylanders work. In 2021, nearly one in four people employed in the state reported working from home the majority of the time, up from less than 5% in previous reporting periods. For those who commute to the office, an increasing majority drive alone.

Commuting Method, Maryland 2011 - 2021

Legend:
- Worked From Home
- Other
- Public Transportation
- Carpooled
- Drove Alone

2016: 4.70%
2021: 24.0%
2011: 73.3%
2016: 73.8%
2021: 62.2%

Environmental Justice Score

Maryland Department of the Environment calculates an overall environmental justice score at the census tract level based on a wide variety of indicators grouped into four main categories: pollution exposure (e.g. PM2.5, ozone, traffic), pollution environmental impacts (e.g. superfund site proximity, lead paint), sensitive populations (e.g. low birth weight, asthma ED visits), and socioeconomics (e.g. income, race, English proficiency). Census tracts in the highest quartile have the worst environmental justice burden in the state. These areas are concentrated in the urban central region as well as in several rural, agricultural regions.

Environmental Justice Composite Score Percentile by Census Tract, Maryland, 2022

- 0% - 24.9th %ile
- 25% - 49.9th %ile
- 50% - 74.9th %ile
- 75% - 100th %ile

Area 4: Health Indicators

Measure	MD*	US	Source(s)
Access to Broadband Internet	97.4	95	FCC (2023)
Average Commuting Time (minutes one way)	32.5	26.8	US Census Bureau (2021)
Commuting Method (% drove alone)	62.2	67.8	US Census Bureau (2021)
Fluoridated Water (% of people with public water)	93.7	72.7	CDC (2020)
Pedestrian Injury Rate on Public Roads (per 100,000) §	38.1	18	NHTSA (2021); MD SHA (2022)

*Measures where Maryland is worse than the national value are indicated in red
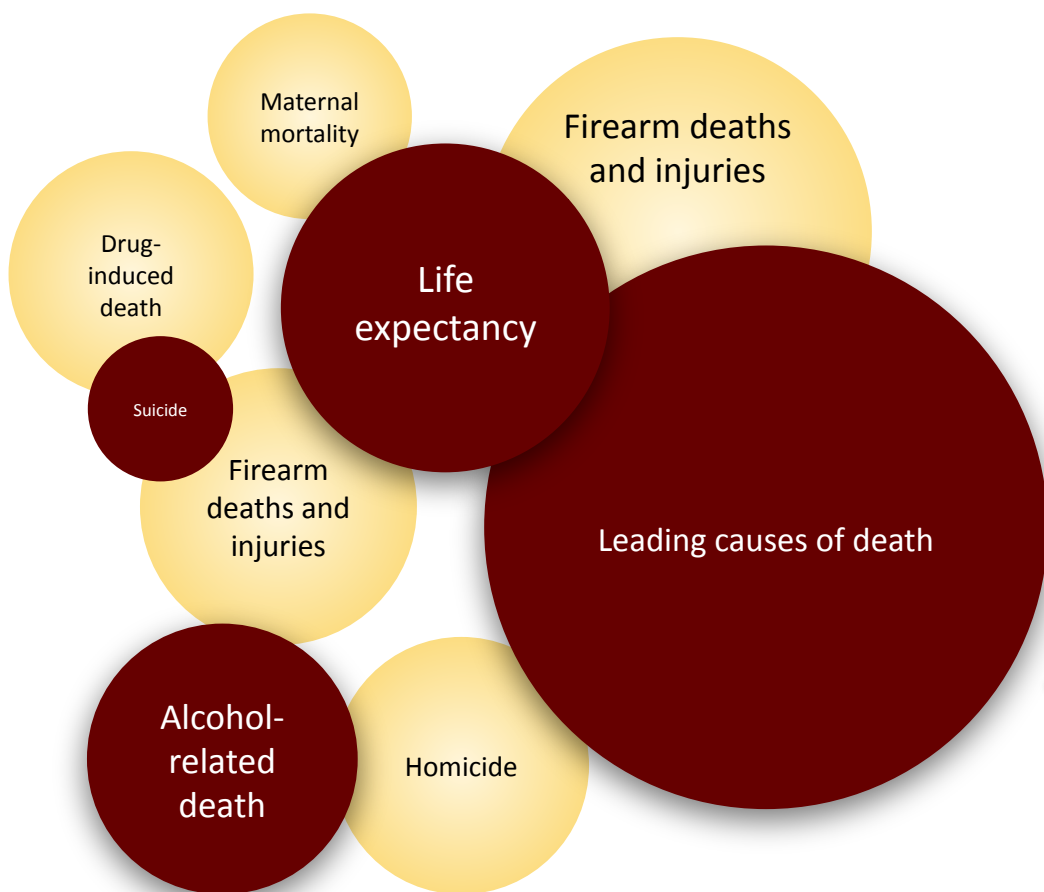**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 5: Length of Life

Area 5: Length of Life

This focus area addresses:

Maternal mortality

Drug-induced death

Firearm deaths and injuries

Suicide

Life expectancy

Firearm deaths and injuries

Alcohol-related death

Homicide

Leading causes of death

"Every time you turn on the news someone else has been killed by gun violence."

"Maternal morbidity and mortality in Baltimore is worse than the rate in some 3rd world countries. A leading cause of discrimination where Black women are not heard or taken seriously for issues they report."

"Gun violence is a catastrophe not just to those directly affected but to families and entire communities -- I would prefer the term gun deaths because gun suicides outnumber gun homicides."

"The opioid epidemic hard hit the entire country. Our small county in the state of Maryland is no different. We try to create awareness with county driven initiatives, but we still report staggering numbers of overdoses and death. Our loved ones are dying. If we can not change the "shame on you" stigma then we will continue to bury them."

Life Expectancy at Birth by Jurisdiction, Maryland 2021

Life Expectancy at Birth (Years)
- ■ <74
- ■ 74 - <76
- ■ 76 - <78
- ■ 78 - <80
- □ >80
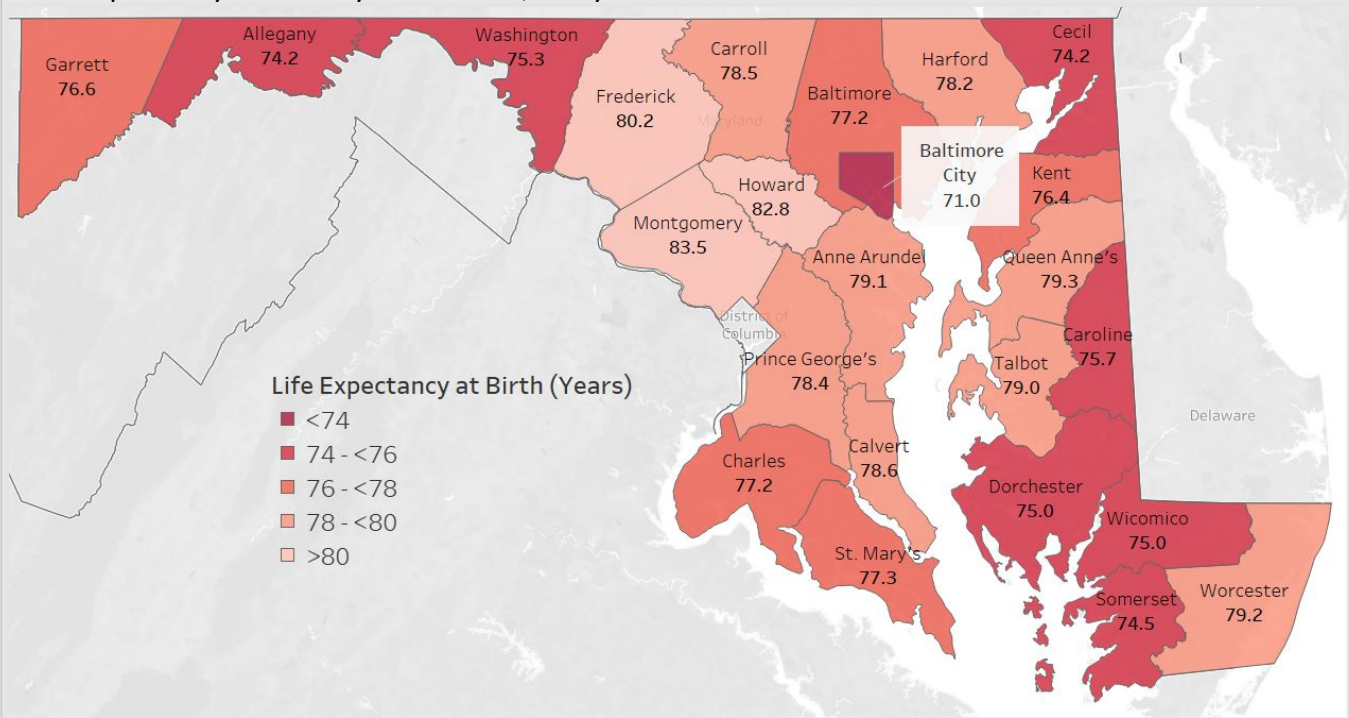
Life expectancy

After increasing for decades, life expectancy in Maryland and across the country has begun to decline. The average life expectancy for Maryland in 2021 was 77.8 years compared to 79.2 years in 2019. In Baltimore City, average life expectancy in 2021 was 71, 12 and a half years lower than in Montgomery County, the jurisdiction with the highest life expectancy.

On average, a person born in Maryland in 2021 is expected to live to be 78.2 years old. However, dramatic racial disparities exist, which are especially pronounced in non-Hispanic Black and non-Hispanic white populations. A white male's life expectancy at birth (76.2 years) is almost 6 years longer than that of a Black male's (70.7 years). A white female's life expectancy at birth (81.2 years) is more than three years higher than that of a Black female's (78.8 years). Geography is an even stronger predictor of life expectancy at birth; in Montgomery county a person's life expectancy is 83.5 years and in Baltimore City it's 71 years. Black men in Baltimore City have a life expectancy of just 62.4.

Life Expectancy at Birth by Jurisdiction and Race, Maryland, 2019-2021
Sorted by lowest life expectancy for all races
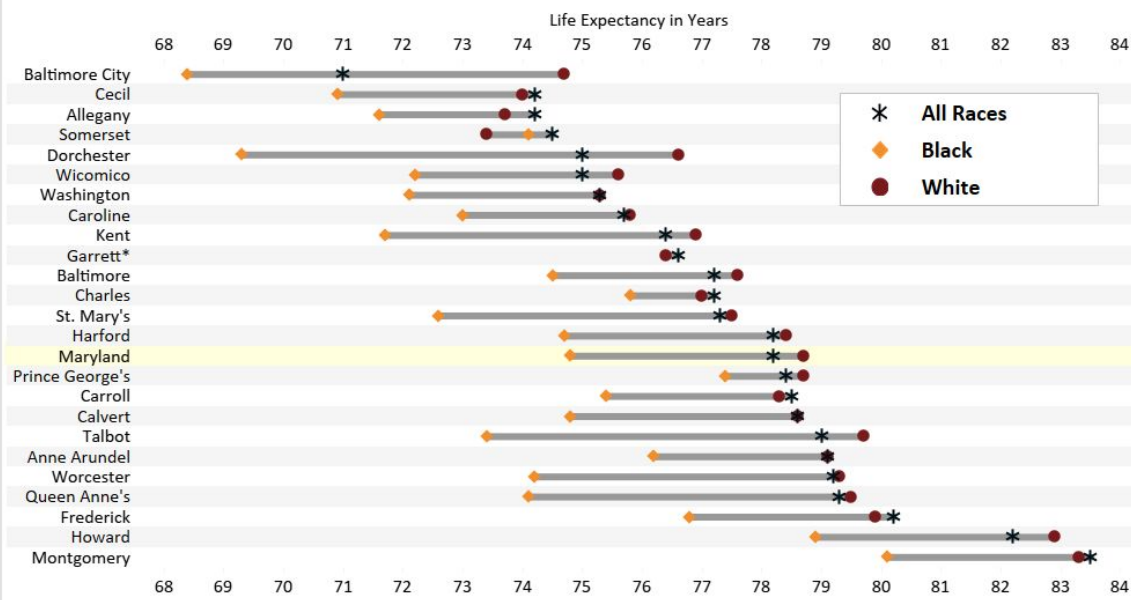
*Garrett does not have enough data to meet the minimum threshold for calculating Black life expectancy

Leading Causes of Death

Heart disease and cancer have been the two leading causes of death in the United States since 1938. Although most of the leading causes of death in Maryland are related to chronic disease, the COVID-19 pandemic serves as a reminder that infectious diseases remain a latent threat to public health. In 2021, flu/pneumonia was bumped out of the top 10 and replaced by hypertension.

Top 10 Leading Causes of Death Among Maryland Residents, 2017-2021
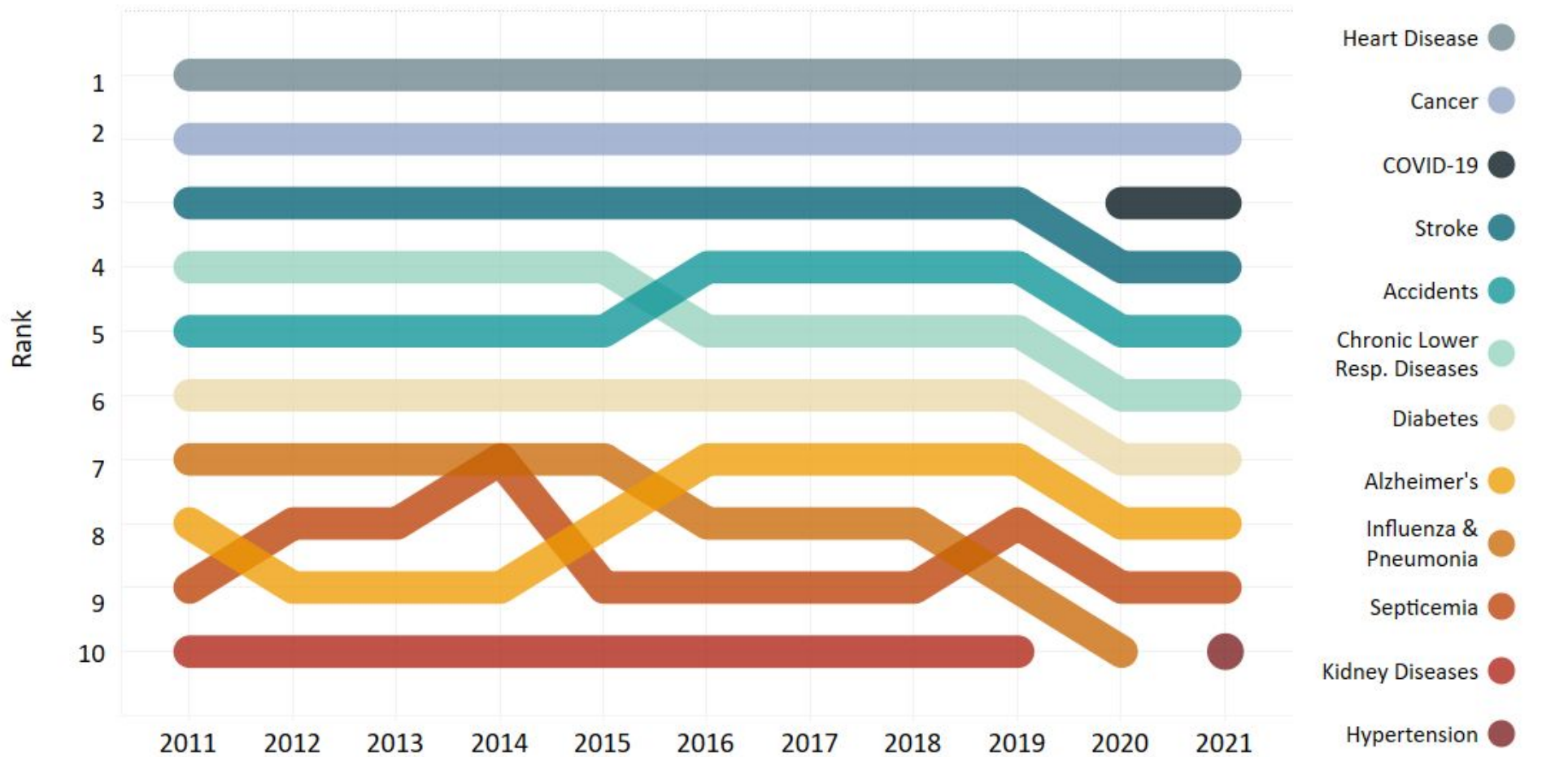
Mortality

When broken out by race, Black Marylanders have the highest age-adjusted mortality, followed by white Marylanders. In 2020, mortality rates jumped for most racial groups due to the COVID-19 pandemic, but Maryland's overall mortality rate improved after 2020 compared to the US overall rate.

For heart disease specifically, combined mortality rates for Non-hispanic Black and white Marylanders was more than double the rates of other racial groups in 2021.

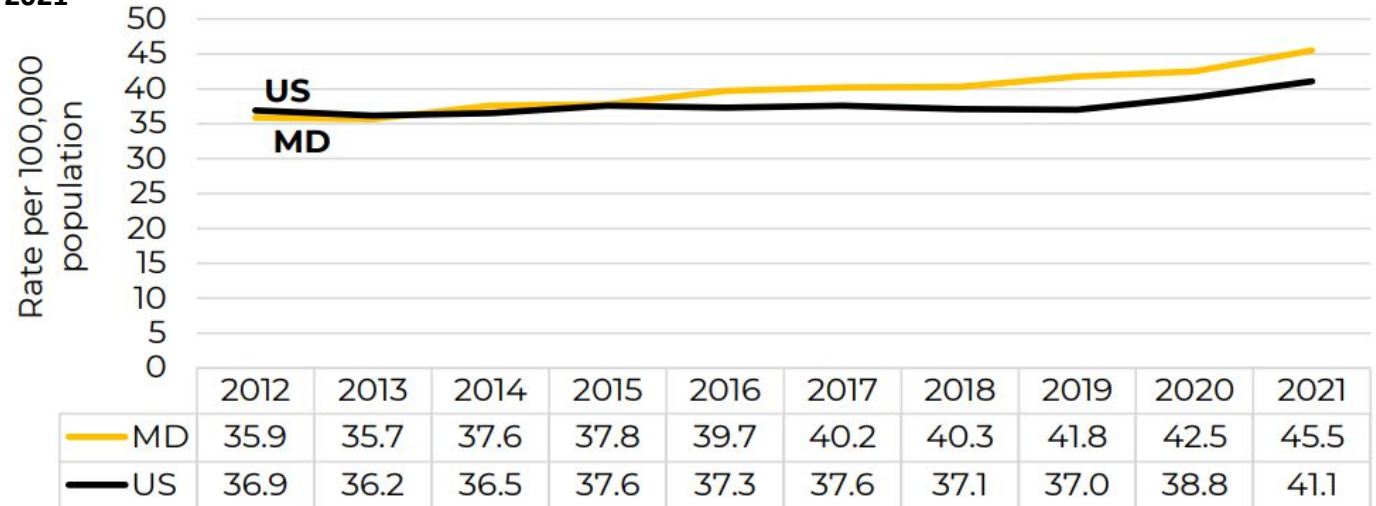Age-Adjusted Mortality Rate for All Causes of Death, Maryland, 2011-2021
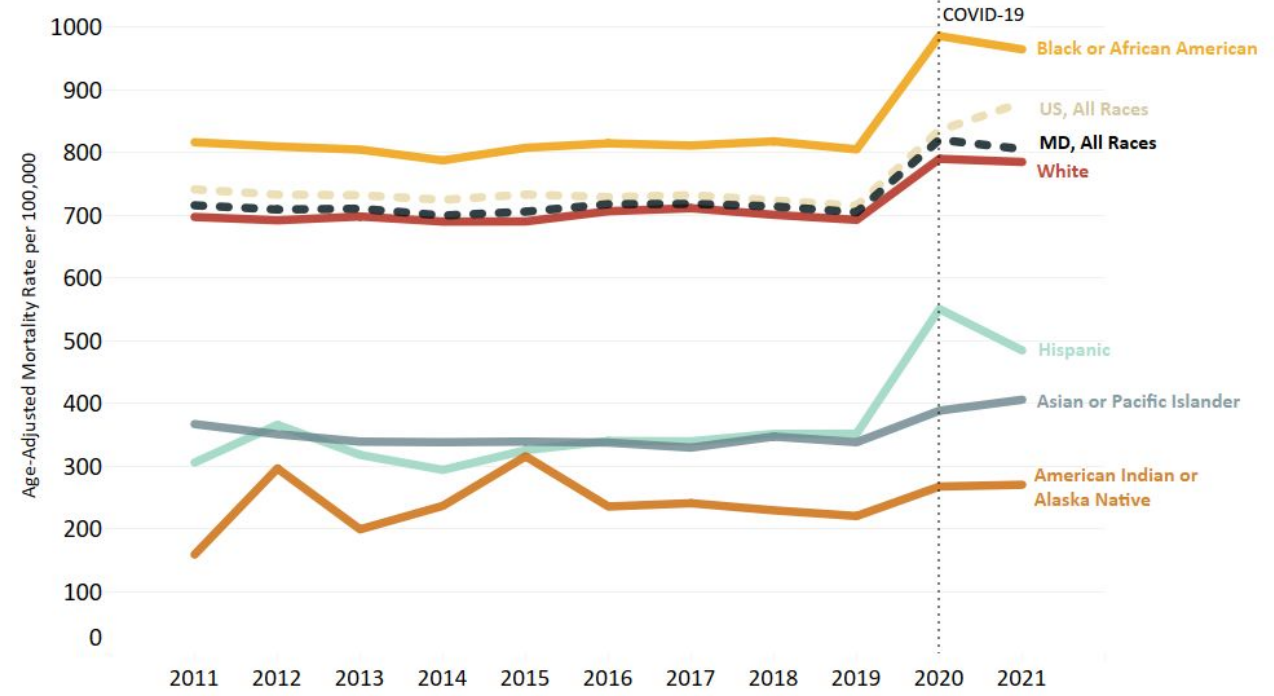
Age-Adjusted Death Rate from Diseases of the Heart By Race and Hispanic Origin, Maryland, 2021
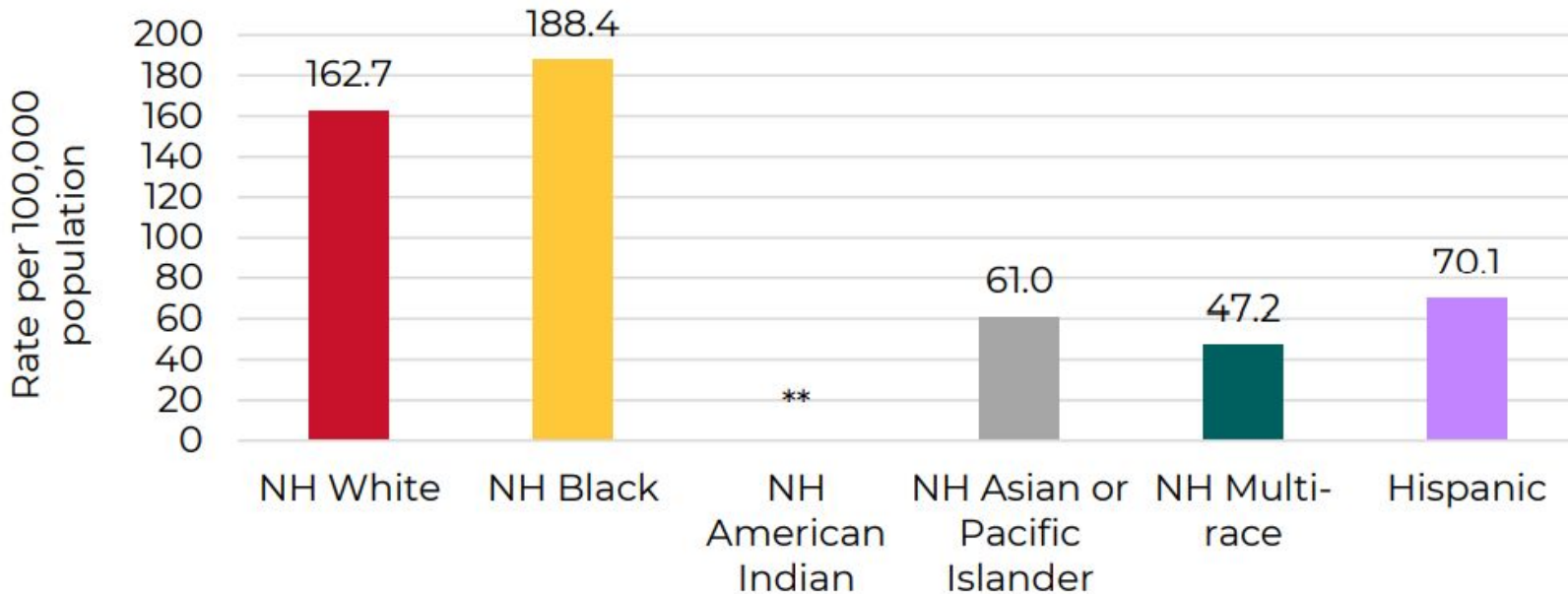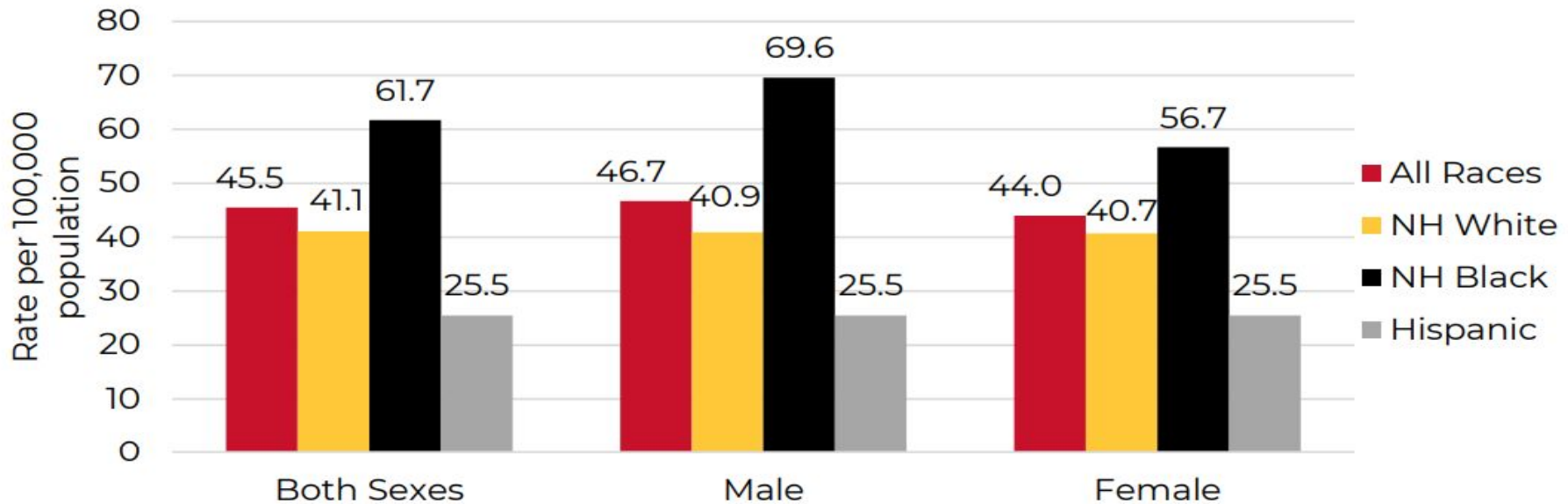
Cerebrovascular Disease Mortality

Cerebrovascular disease (stroke) mortality trended up between 2012 and 2021, with a 27% increase overall compared with 11% nationally. Cerebrovascular disease mortality rates are higher for Black Marylanders than the rates for other races and the rate overall.

Age-Adjusted Death Rate Due to Cerebrovascular Disease, Maryland and the United States, 2012 - 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
MD	35.9	35.7	37.6	37.8	39.7	40.2	40.3	41.8	42.5	45.5
US	36.9	36.2	36.5	37.6	37.3	37.6	37.1	37.0	38.8	41.1

Age-Adjusted Death Rate for Cerebrovascular Disease by Sex, Race, and Hispanic Origin, Maryland, 2021

Both Sexes: All Races 45.5, NH White 41.1, NH Black 61.7, Hispanic 25.5
Male: All Races 46.7, NH White 40.9, NH Black 69.6, Hispanic 25.5
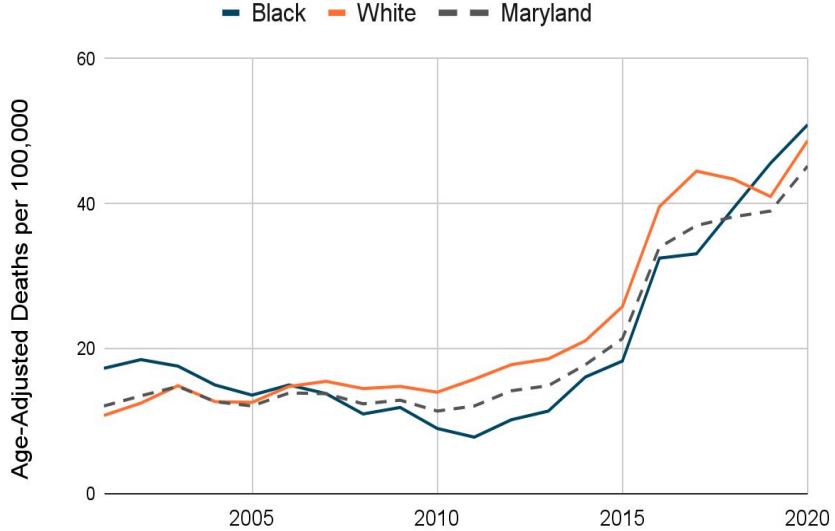Female: All Races 44.0, NH White 40.7, NH Black 56.7, Hispanic 25.5

Drug and Alcohol-Induced Death by Race

Most alcohol-related deaths in Maryland are deaths in combination with opioids. Though the number of deaths due to alcohol not in combination with opioids does not vary much from year to year, the number due to alcohol in combination with opioids has risen significantly since 2021. From 2010 to 2020, the drug-induced death rate in Maryland quadrupled from 11 per 100,000 to 45. In 2020, over 2,800 Marylanders died as a result of a drug overdose. Nearly 90% of all drug-induced deaths in 2020 occurred among individuals aged 25-64, a proportion that has grown substantially in the past decade.

Alcohol-Related Deaths Occurring in Maryland, 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Not in combination with opioids	65	59	71	65	88	110	94	87	108	106
In combination with opioids	130	180	199	245	494	407	378	336	458	411
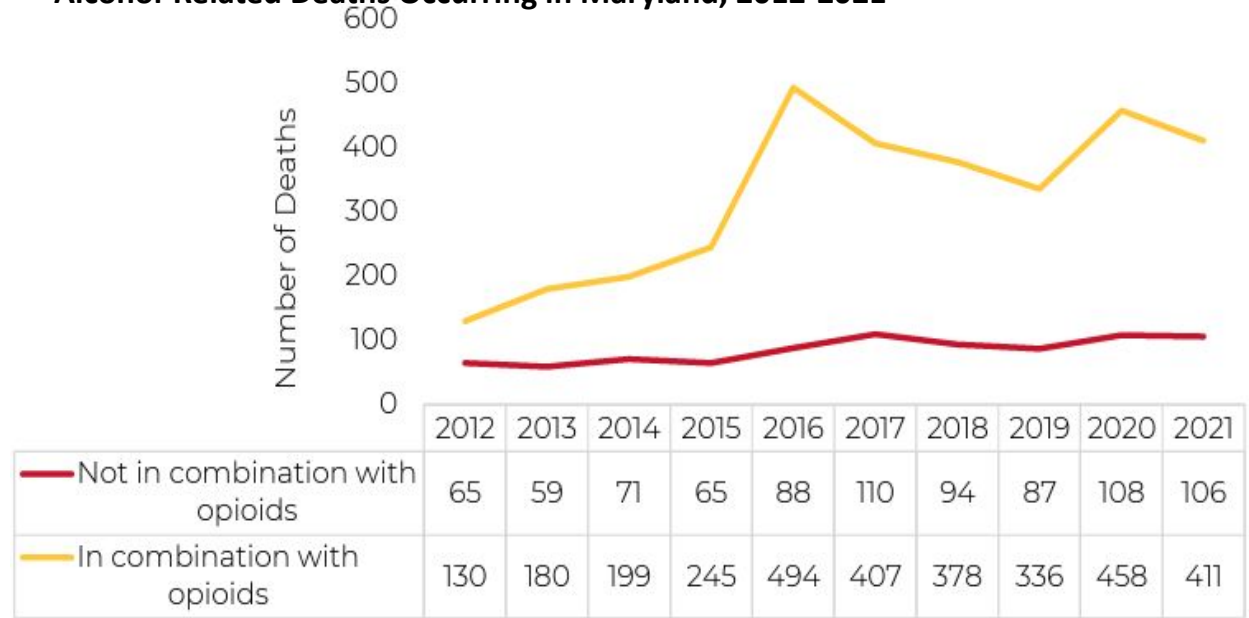
Drug-Induced Death Rate by Race, Maryland, 2001 - 2020

Legend: Black — White — Maryland

Drug-Induced Death Rate by Age Group, Maryland, 2000 - 2020

Legend: Maryland — 15-24 — 25-44 — 45-64 — 65+

Homicide Rate by Age and Sex, Maryland, 2016 - 2020 Average

Legend: Female (purple), Male (red)

Deaths per 100,000

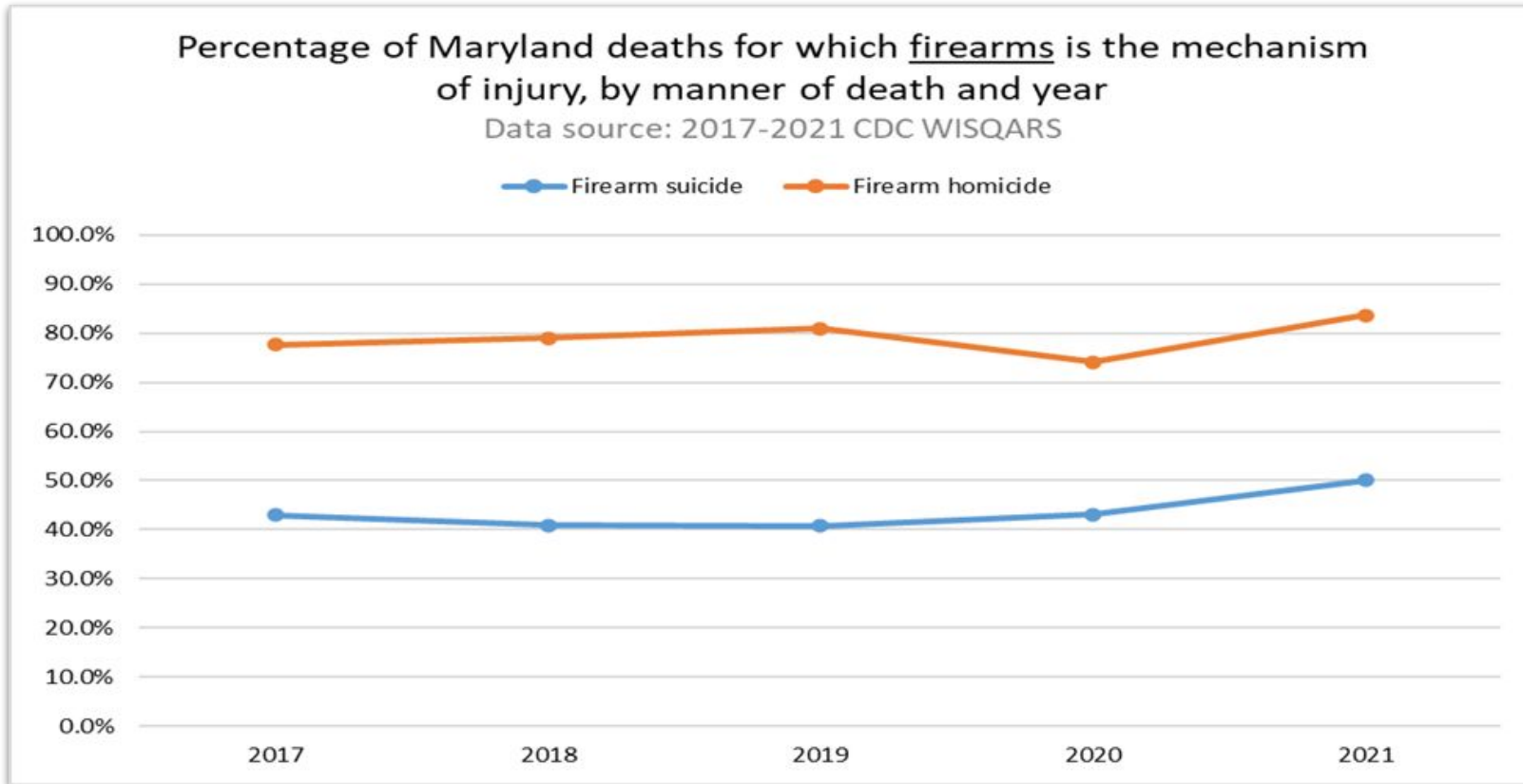| Age	Female	Male
15-24 years	4.4	38.6
25-34 years	4.7	43.5
35-44 years	3.3	21.9
45-54 years	3.1	11.4
55-64 years	1.5	6.3
65-74 years	1.7	2.2
75+ years	1.8	1.7

Homicide

Young males aged 15-34 are nearly ten times more likely to die from homicide than females of the same age. Black Marylanders, especially Black males, are murdered at rates far higher than other racial groups. In 2020, approximately 70% of all homicide victims in the state were Black males despite constituting only 14% of the state's population. Homicides are overwhelmingly committed using firearms.

Homicide Rate in Maryland by Select Race and Gender, 2011 - 2020

Age Adjusted Death Rate (per 100,000)

Legend:
- Black or African American Male (dark)
- Black or African American Female (light gray)
- White Male (dark orange)
- White Female (yellow)

Black or African American Male: 33.4 (2011) ... 48.8 (2020)
Black or African American Female: 4.2 ... 7.0
White Male: 2.8 ... 4.6
White Female: 1.2 ... 2.1

Homicide by Mechanism, Maryland, 2021

- Cut/Pierce 6%
- Unspecified 8%
- Firearm 86%
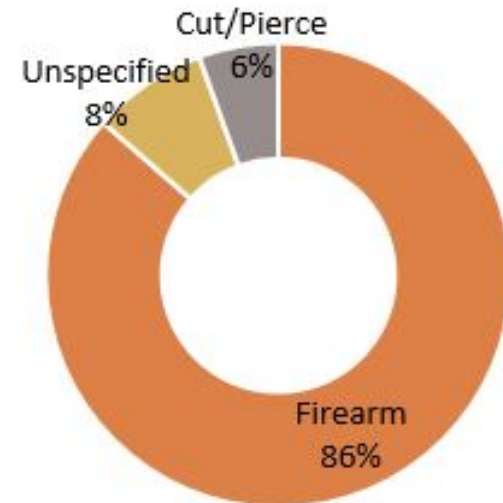
Firearm Deaths

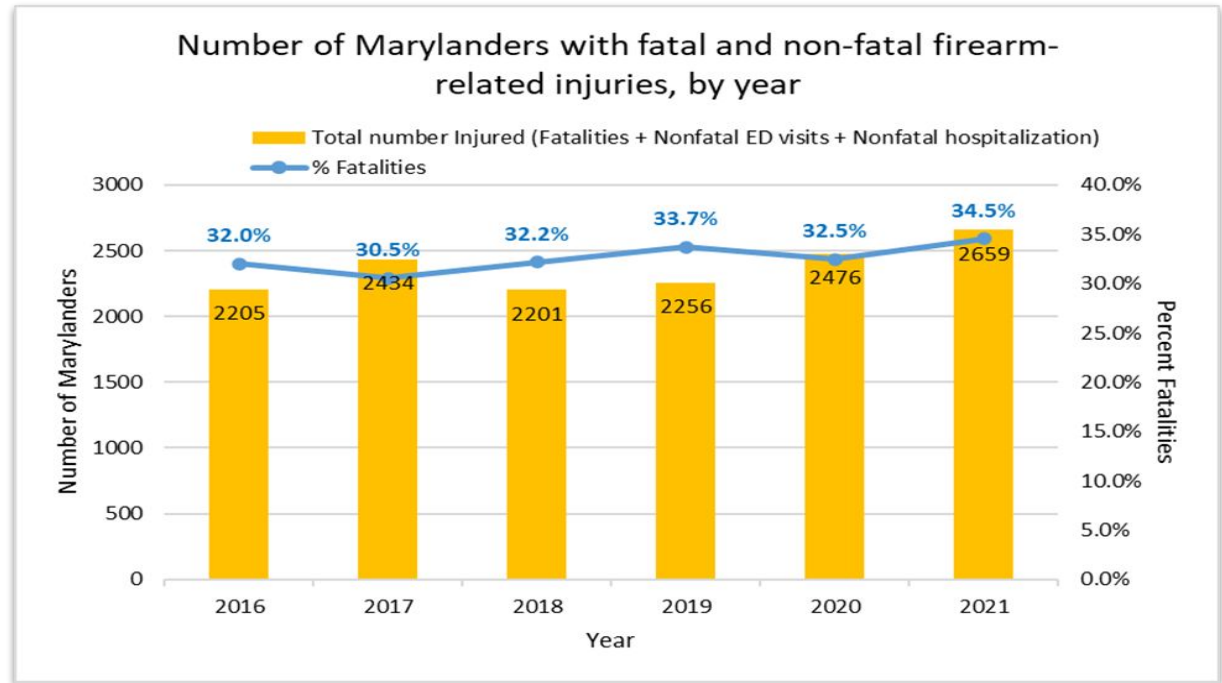The majority of both suicides and homicides in Maryland are committed with a firearm, though the percentages have been increasing. In 2021, over 900 people were killed using a firearm, a 14% increase from the year before. About two-thirds of those deaths were suicides.

Number of Maryland deaths for which Firearm is the Mechanism of Injury, by Manner of Death and Year
Data source: 2017-2021 CDC WISQARS

Legend: ■ # Suicide Deaths ■ # Homicide/LI deaths

Year	# Suicide Deaths	# Homicide/LI deaths
2017	271	463
2018	266	436
2019	268	485
2020	267	532
2021	310	601

Percentage of Maryland deaths for which firearms is the mechanism of injury, by manner of death and year
Data source: 2017-2021 CDC WISQARS

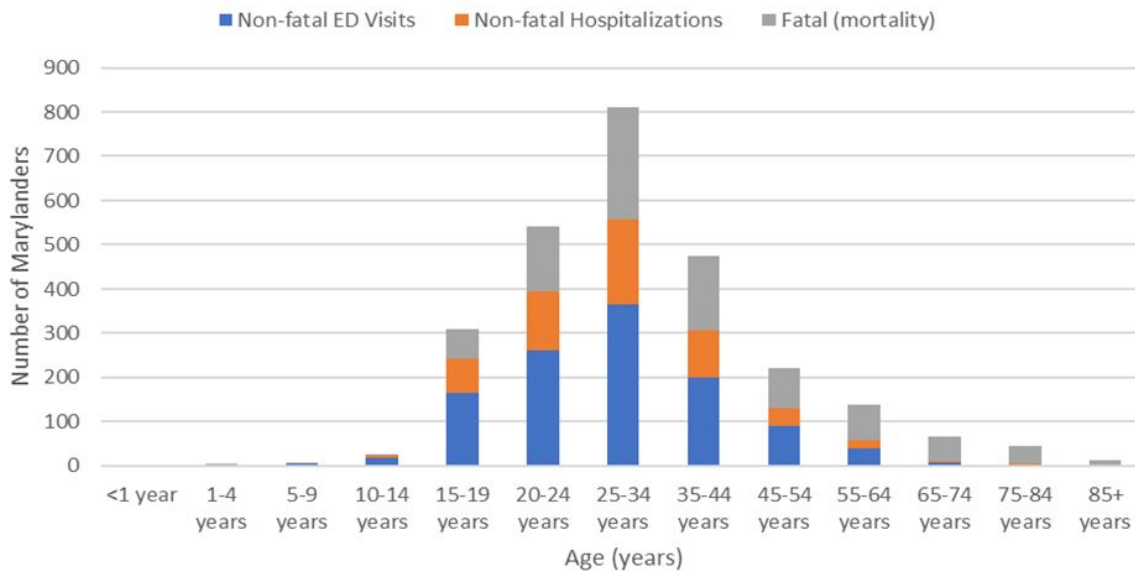Legend: ● Firearm suicide ● Firearm homicide

Firearm Deaths and Injuries

For every firearm fatality in Maryland, there are roughly two additional firearm-related injuries. In 2021, over 2600 people were injured by a firearm, with 34% experiencing fatal injuries. This proportion has been relatively stable over the past several years even as the total number of injuries has increased.

Number of Marylanders with fatal and non-fatal firearm-related injuries, by year
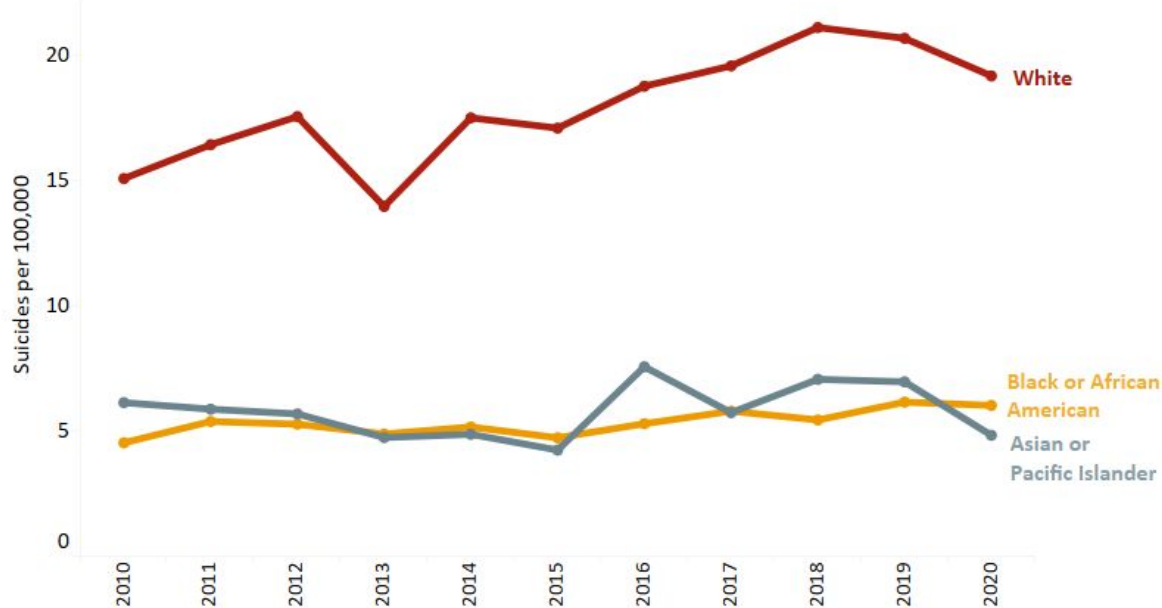

Firearm-related ED Visits

The bulk of firearm related injuries and fatalities occur among individuals in their 20s and 30s. However, the proportion of injuries resulting in death increases steadily with age. 85% of injured individuals over the age of 65 succumbed to their injuries, compared to 28% for individuals ages 15 to 34.

Number of Marylanders with firearm-related ED visits, hospitalizations, and death in 2021, by age

Suicide Rate by Age and Sex, Maryland, 2016 - 2020 Average

Suicide

Males are significantly more likely to die by suicide than females across all age groups, but the disparity widens with age. The suicide rate among males in Maryland between 2016 and 2020 was nearly quadruple the rate among females. Suicides are much more common among white Marylanders than other racial groups. The most common mechanism for suicide in Maryland in 2021 was firearm, followed by suffocation.

Suicides by Race, Maryland, 2010-2020

Data for other racial groups are suppressed due to small numbers

Suicide by Mechanism, Maryland, 2021

Infant and Maternal Mortality
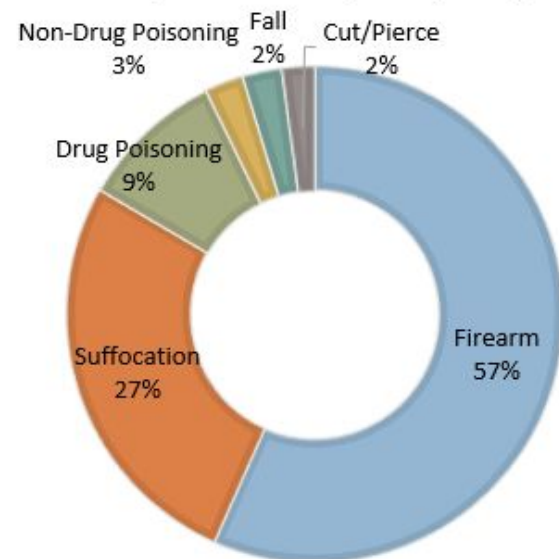
Infant Mortality Rate by Race, Maryland, 2011 - 2020

Legend: All Races, Black Non-Hispanic, Hispanic, White Non-Hispanic
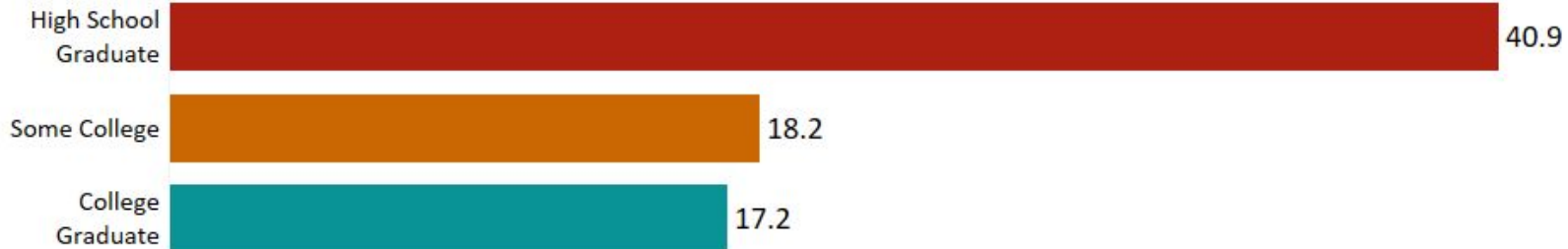
Data points: 12.2, 6.7, 4.3, 3 (2011); 9.9, 5.7, 4.6, 3.3 (2020)
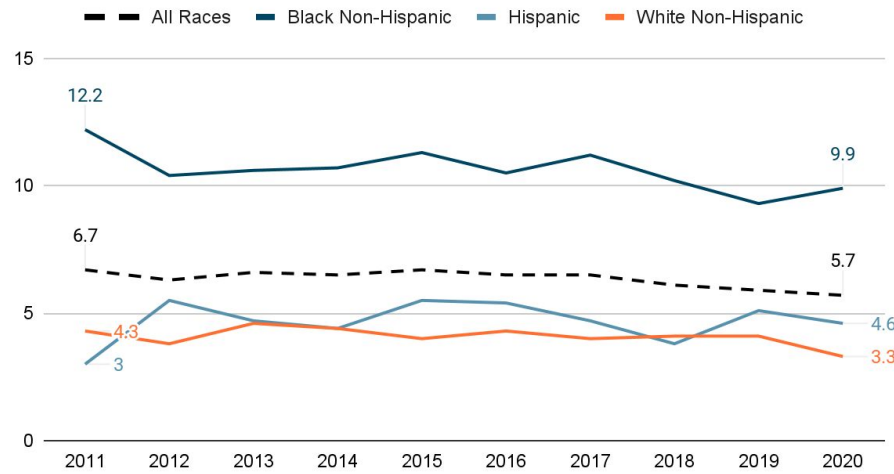
Progress towards reducing infant mortality has been modest and uneven in the past decade. The mortality rate for Black infants remains three times higher than that of white infants in Maryland, a disparity that has not improved from 2011.

When stratified by education and race, the maternal mortality rate is much higher among women with only a high school diploma. Rates are also 60% higher for Black women than for white women.

Maternal Mortality by Characteristics, Maryland, 2017-2021

Educational Attainment

Category	Value
High School Graduate	40.9
Some College	18.2
College Graduate	17.2

Race

Category	Value
Black	30.7
White	19.2

Area 5: Health Indicators

Measure**	MD*	US	Source(s)
Life Expectancy at Birth (years) §	78.2	76.1	CDC (2021); MD VSA (2021)
Accidental Death Rate	45.6	64.7	CDC WONDER (2021)
Motor Vehicle Mortality Rate	10.5	13.8	CDC WONDER (2021)
Alcohol-related Mortality Rate	9.0	14.4	CDC WONDER (2021)
Drug-Induced Mortality Rate §	42.8	32.4	CDC (2021); CDC (2021);
Homicide Rate	12.2	8.2	CDC WONDER (2021)
Suicide Rate §	9.7	14.1	CDC WONDER (2021)
Unintentional Poisoning Mortality Rate	16.7	31.0	CDC WONDER (2021)
Fall-Related Mortality Rate Among Adults Aged 65+ §	83.7	78.0	CDC (2021)
Deaths Before Age 75 from Preventable Causes	214.0	231.9	Commonwealth Fund (2021)

*Measures where Maryland is worse than the national value are indicated in red
**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 5: Health Indicators (continued)

Measure**	MD*	US	Source(s)
Cancer Mortality Rate §	139.2	146.6	CDC WONDER (2021)
Cerebrovascular Disease Mortality Rate	47.3	41.1	CDC WONDER (2021)
Chronic Liver Disease/Cirrhosis Mortality Rate	9.3	14.5	CDC WONDER (2021)
Diabetes Mortality Rate	23.2	25.4	CDC WONDER (2021)
Heart Disease Mortality Rate §	165.2	173.8	CDC WONDER (2021)
Parkinson's Mortality Rate	9.1	9.8	CDC WONDER (2021)
COVID-19 Mortality Rate	71.2	104.1	CDC WONDER (2021)
Influenza/Pneumonia Mortality Rate	8.7	10.5	CDC WONDER (2021)
Infant Mortality Rate (per 1,000 live births) §	5.7	5.4	CDC (2020)
Sudden Unexpected Infant Death Rate (per 100,000 live births) §	86.9	92.9	CDC (2021)
Child Mortality Rate (per 100,000 children aged 1-9)	16	17.5	CDC WONDER (2021)
Maternal Mortality Rate (per 100,000 live births)	23.7	25.6	CDC WONDER (2021)

*Measures where Maryland is worse than the national value are indicated in red
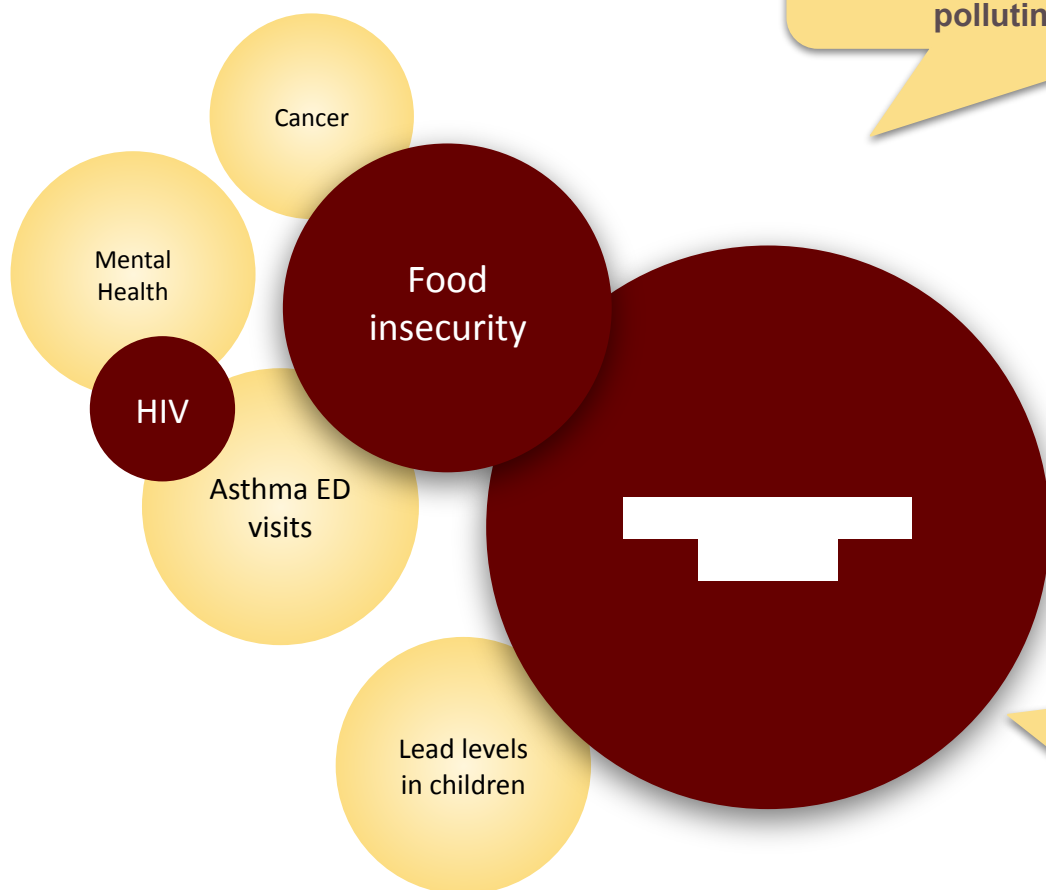**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 5: Length of Life

Area 6: Quality of Life

Area 6: Quality of Life

This focus area addresses:

Cancer

Mental Health

HIV

Food insecurity

Asthma ED visits

Lead levels in children

"In my community in South Baltimore, most people have asthma, COPD, diabetes, cancers... you name it. Old and young. We are all sick because of the polluting industries near our homes."

"El acceso a la nutrición es una cuestión compleja que afecta no sólo la calidad de los alimentos que comemos, sino también el tipo de alimentos que podemos permitirnos en función de nuestros ingresos. Nuestras apretadas agendas de trabajo a menudo nos llevan a depender de la comida rápida, lo que puede exacerbar otros problemas de salud."

"Access to nutrition is a complex issue that affects not only the quality of the food we eat, but also the type of foods we can afford based on our income. Our busy work schedules often lead us to rely on fast food, which can exacerbate other health problems."

"Mental Health is a HUGE issue with the children in Caroline County. These kids have major mental health issues. There are so many kids in high school that either think about or follow through with self harm. Many kids are cutting, and have considered or attempted suicide."

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of conditions that can occur when a baby experiences withdrawal from drugs they were exposed to in the womb before birth. NAS rates are inversely correlated with community-level income. Rates are highest among babies who are born in communities with the lowest income and lowest in communities in the highest income quartile. Overall rates are on a moderate downward trajectory.

Neonatal Abstinence Syndrome Rate by Community-Level Income, Maryland, 2016-2021
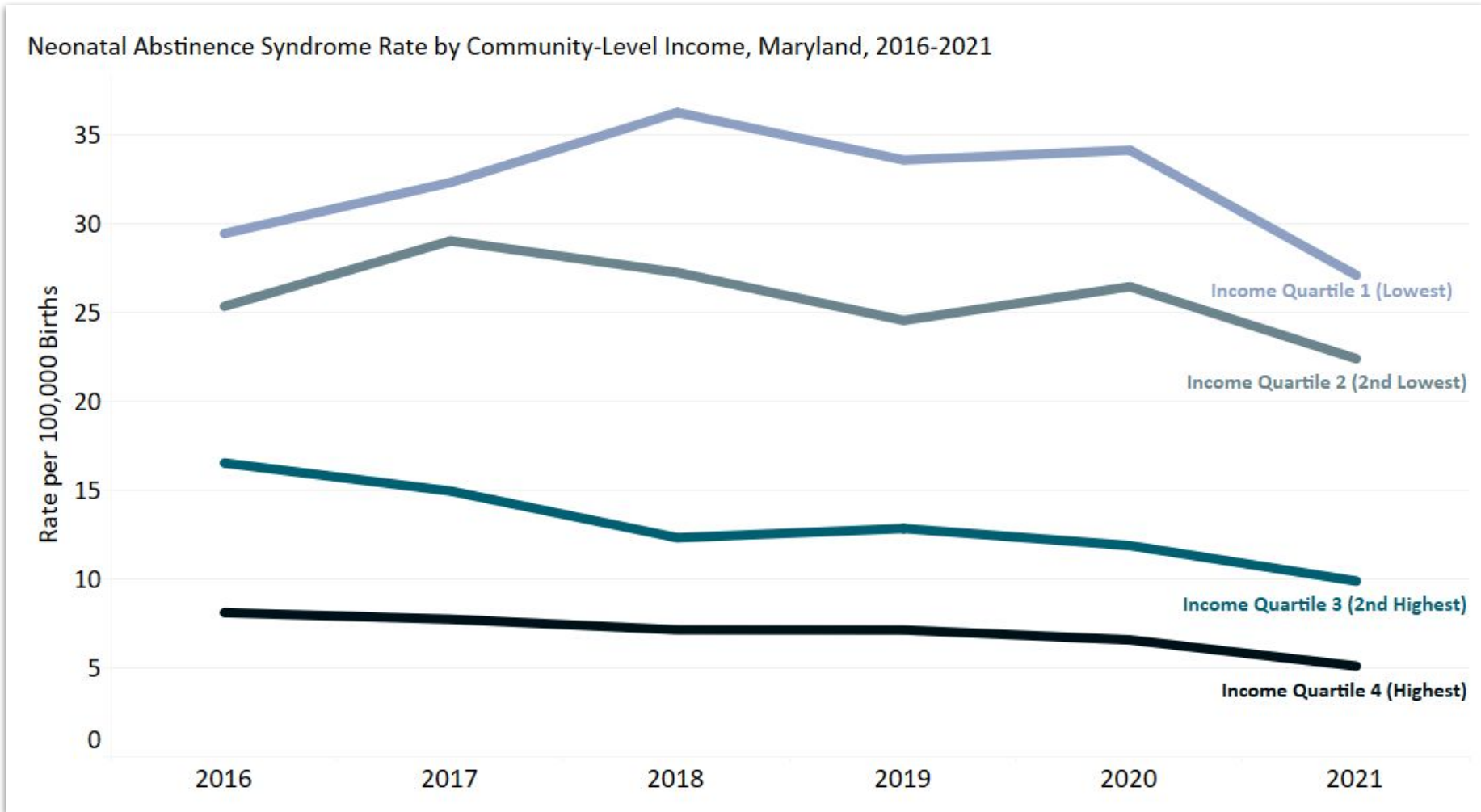
Food Insecurity

Food insecurity is the consistent lack of access to enough food to lead a healthy and active life. Each year, the USDA surveys households in America to determine the national rate of food insecurity. The survey asked families how often they skipped meals to make food last longer or chose less nutritious food options because they were more affordable. In 2021, the Maryland Food Bank conducted a survey that found 33% of residents had been affected by food insecurity or hunger. This is a significant rise from 21% in 2013 and 27% in 2017. Some studies have hypothesized that the loss of the IRS Child Tax Credit program's cash benefits in early 2022 has likely contributed to additional hardship on low-income Maryland families.

Food Insecurity by ZIP Code, Maryland, 2020

Food Insecure Population (%)

- > 13.3 – 24.5
- > 9.6 – 13.3
- > 6.6 – 9.6
- 0 – 6.6
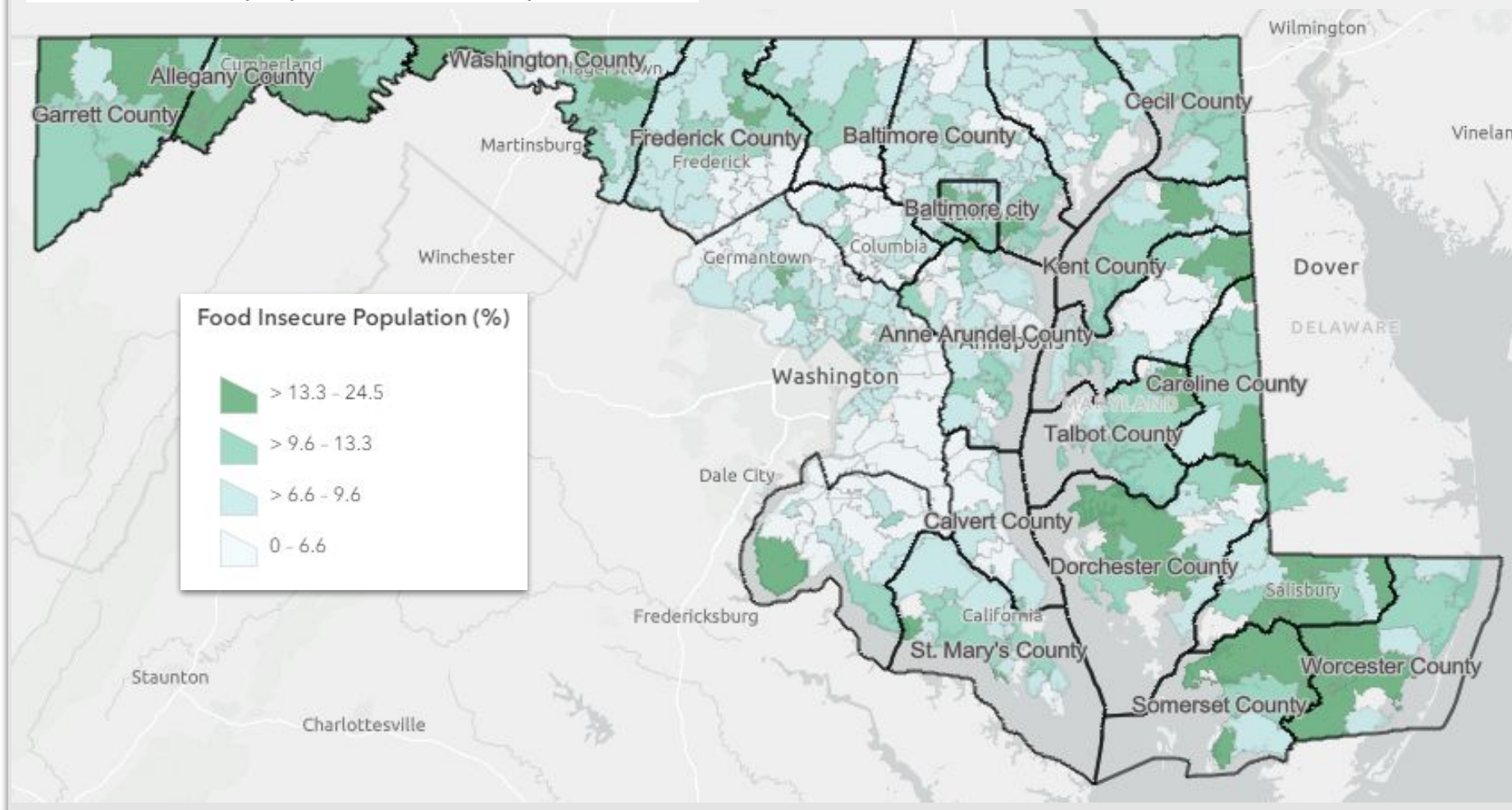
# Maryland Adults Reporting Fair or Poor Health, by Income

While only 12% of Maryland adults self-reported their health as poor or fair in 2021, individuals with incomes less than 200% of the federal poverty level (FPL) were four times as likely to report poor health than individuals with incomes of 400% FPL or greater.

PERCENT

Legend: MARYLAND 0%–199% FPL · MARYLAND 200%–399% FPL · MARYLAND 400% FPL AND ABOVE
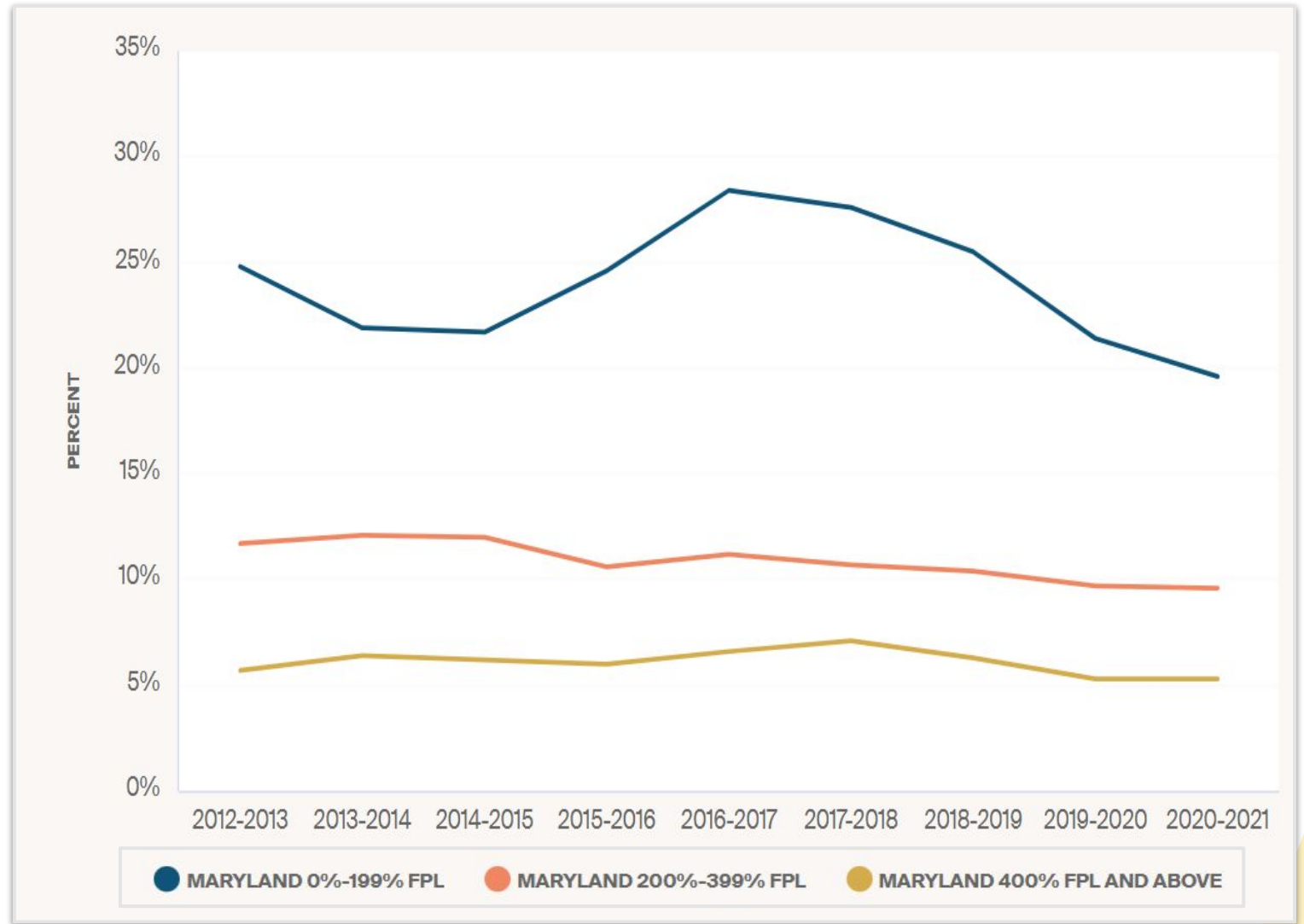
Suicidal Ideations Among High Schoolers

According to Maryland's 2021 Youth Risk Behavior Survey (YRBS), 26.7% of surveyed high school females reported suicidal ideation in the past twelve months, compared with 14% of males. Younger females are more likely to report suicidal ideation than older females, but for males the percentage increases with age. Overall, 20.6% of surveyed high school students reported suicidal ideation, with limited geographic variability (18.2% - 26.0%).

High School Students Who Seriously Considered Attempted Suicide by Age and Sex, Maryland, 2014 - 2021
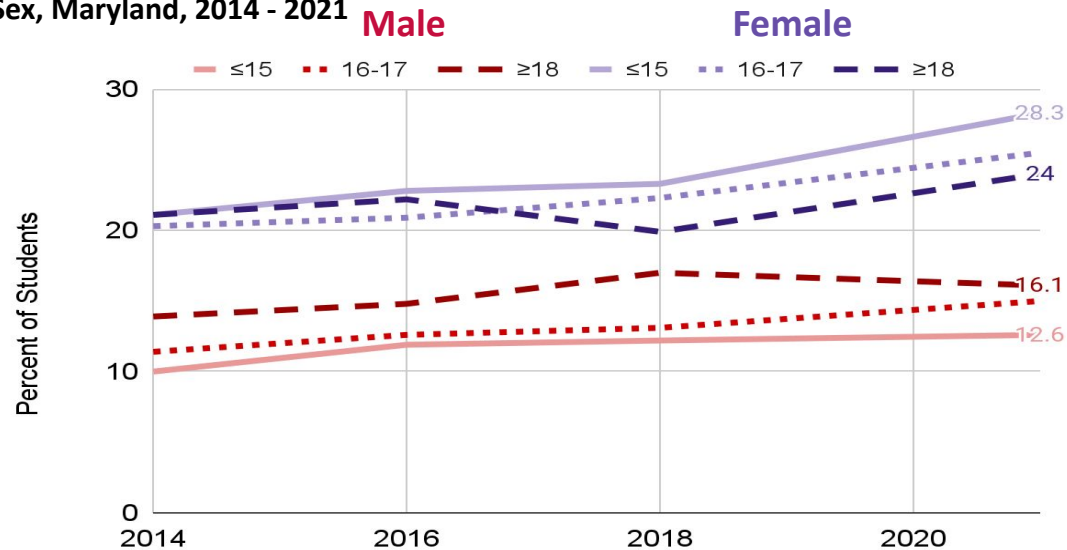
High School Students Who Seriously Considered Attempting Suicide by Jurisdiction, Maryland, 2021

Cancer Incidence Rates
All Cancer Sites
Maryland and U.S., 2009-2018

Breast and Cervical Cancer Rates per 100,000 by Race, Maryland, 5-year Average, 2016-2020

Maryland All Sites Cancer Incidence Rates by Geographical Area: Comparison to U.S. Rate, 2014-2018

Legend
- >25% above U.S. rate
- 10-25% above U.S. rate
- Between 10% below and 10% above U.S. rate
- 10-25% below U.S. rate
- >25% below U.S. rate

Rates are age-adjusted to the 2000 U.S. standard population and are per 100,000 population.

Maryland area-specific rates with 95% confidence intervals are presented in Appendix E, Table 1.

U.S. all sites cancer incidence rate, 2014-2018: 442.4 / 100,000

Maryland all sites cancer incidence rate, 2014-2018: 446.1 / 100,000

Cancer

According to the Maryland Cancer Registry, the combined incidence rate for all cancer sites increased in Maryland over the ten year period from 2009 to 2018 at a rate of 0.1%p er year. For the most part, cancer rates in Maryland jurisdictions are not significantly higher or lower than the U.S. rate, though 7 counties have rates that are 10-25% higher than the U.S. rate.

When breast and cervical cancer are stratified by race, some disparities emerge. Breast cancer rates are highest among white women. Cervical cancer rates are highest among Hispanic women.

HIV and AIDS

Although recent counts may have been impacted by the COVID-19 pandemic, HIV/AIDS diagnoses have fallen steadily in Maryland for over a decade and are now at levels not seen since the earliest days of the epidemic.

Gay, bisexual, and other men who have sex with men constitute the majority of new HIV diagnoses in Maryland, though heterosexual transmission accounts for roughly 40% of all new cases.

Reported HIV and AIDS Diagnoses and Deaths Among Maryland Residents at Diagnosis, 1985 - 2021

Reported HIV Diagnoses Among People Aged 13+ by Estimated Exposure Category, 1985-2021, Reported through June 30, 2022
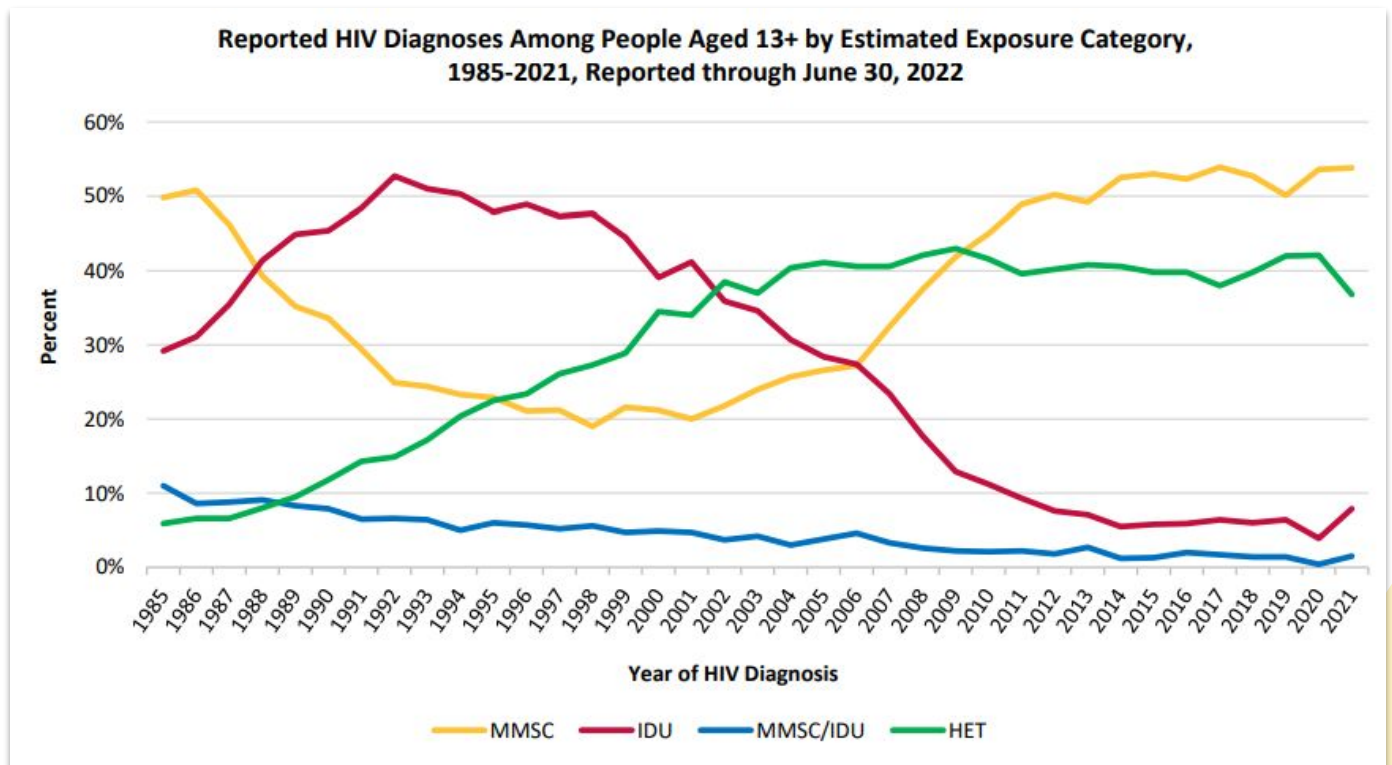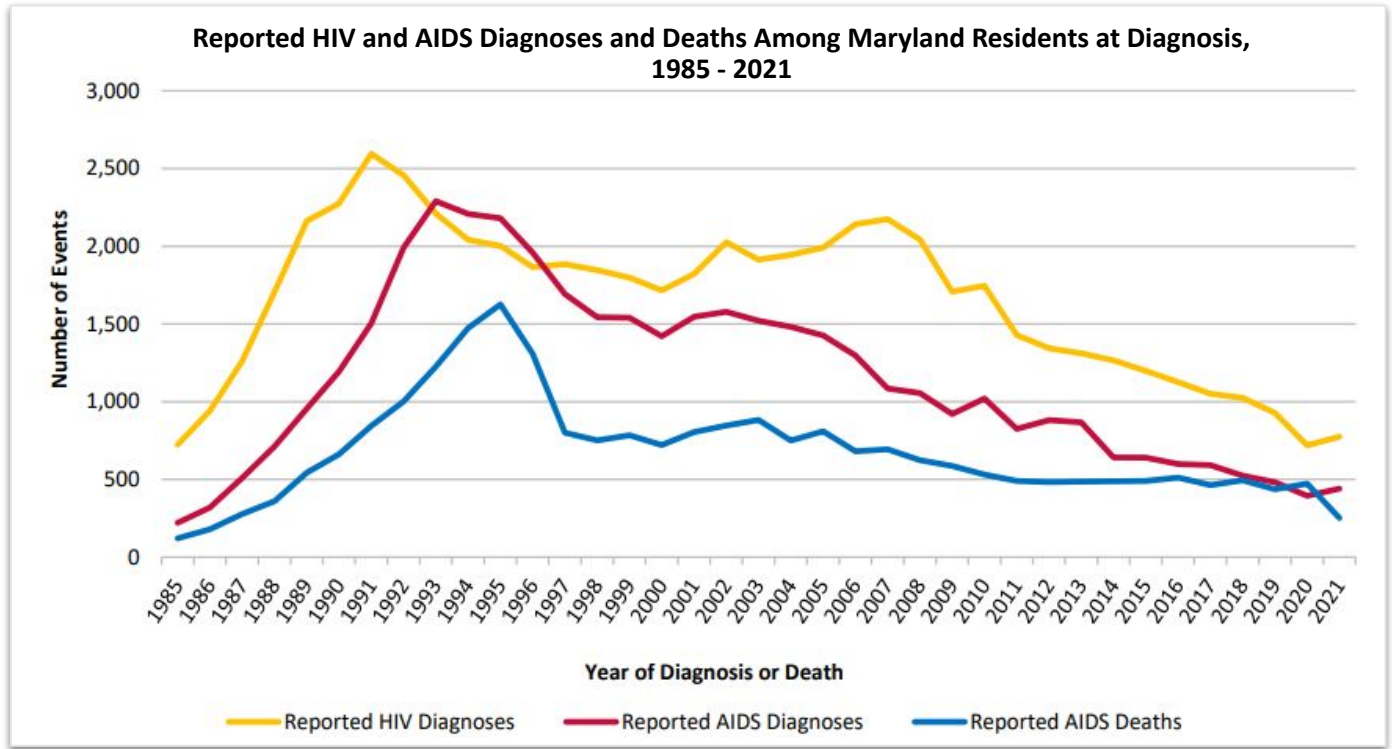
Lead Testing

The greatest risk factor for childhood lead exposure is age of housing construction. Children living in homes built prior to 1978, when lead paint was banned in the US, are at higher risk than children living in newer housing stock.
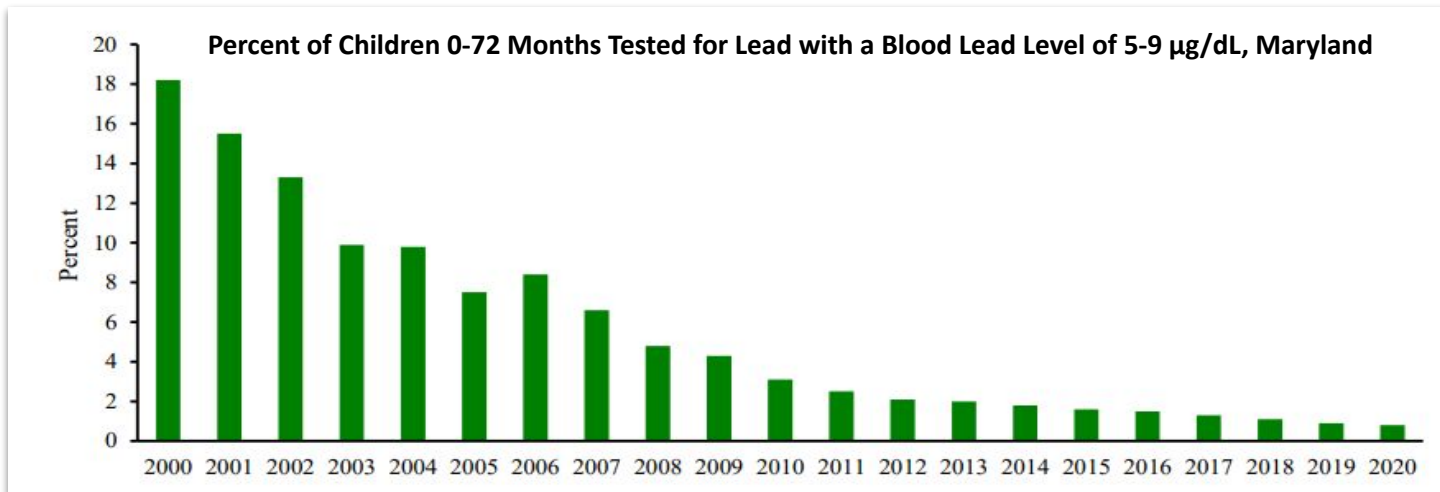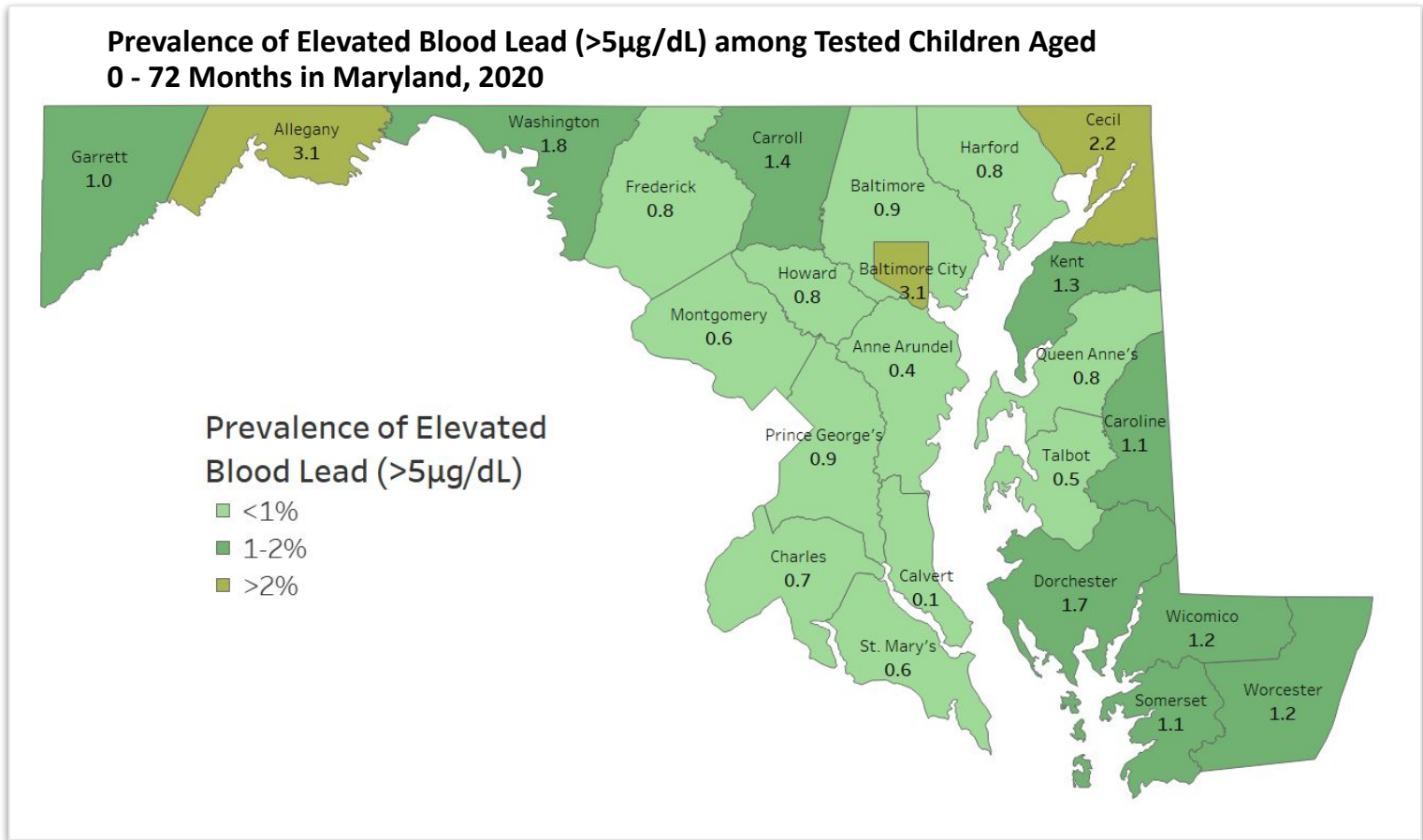
Lead exposure among Maryland children has dropped dramatically over the past several decades. From 1993 to 2020, the percentage of tested children with a blood lead level >10µg/dL decreased from 23.9% to 0.2%, a 99% reduction. In 2020, 1.1% of tested children had a blood lead level >5µg/dL.

Prevalence of Elevated Blood Lead (>5µg/dL) among Tested Children Aged 0 - 72 Months in Maryland, 2020

Prevalence of Elevated Blood Lead (>5µg/dL)

- <1%
- 1-2%
- >2%

Garrett 1.0
Allegany 3.1
Washington 1.8
Carroll 1.4
Frederick 0.8
Harford 0.8
Baltimore 0.9
Cecil 2.2
Howard 0.8
Baltimore City 3.1
Kent 1.3
Montgomery 0.6
Anne Arundel 0.4
Queen Anne's 0.8
Prince George's 0.9
Caroline 1.1
Talbot 0.5
Charles 0.7
Calvert 0.1
Dorchester 1.7
Wicomico 1.2
St. Mary's 0.6
Somerset 1.1
Worcester 1.2

Percent of Children 0-72 Months Tested for Lead with a Blood Lead Level of 5-9 µg/dL, Maryland

Emergency Department Visits Related to Asthma

Most Emergency Department visits for asthma occur among children. People in poverty are more likely to have asthma and asthma attacks, so asthma-related ED visits can also serve as a proxy for poverty.

Emergency Department Visits Related to Asthma by Jurisdiction, Maryland, 2022

Visits per 1000

4.96 — 48.36
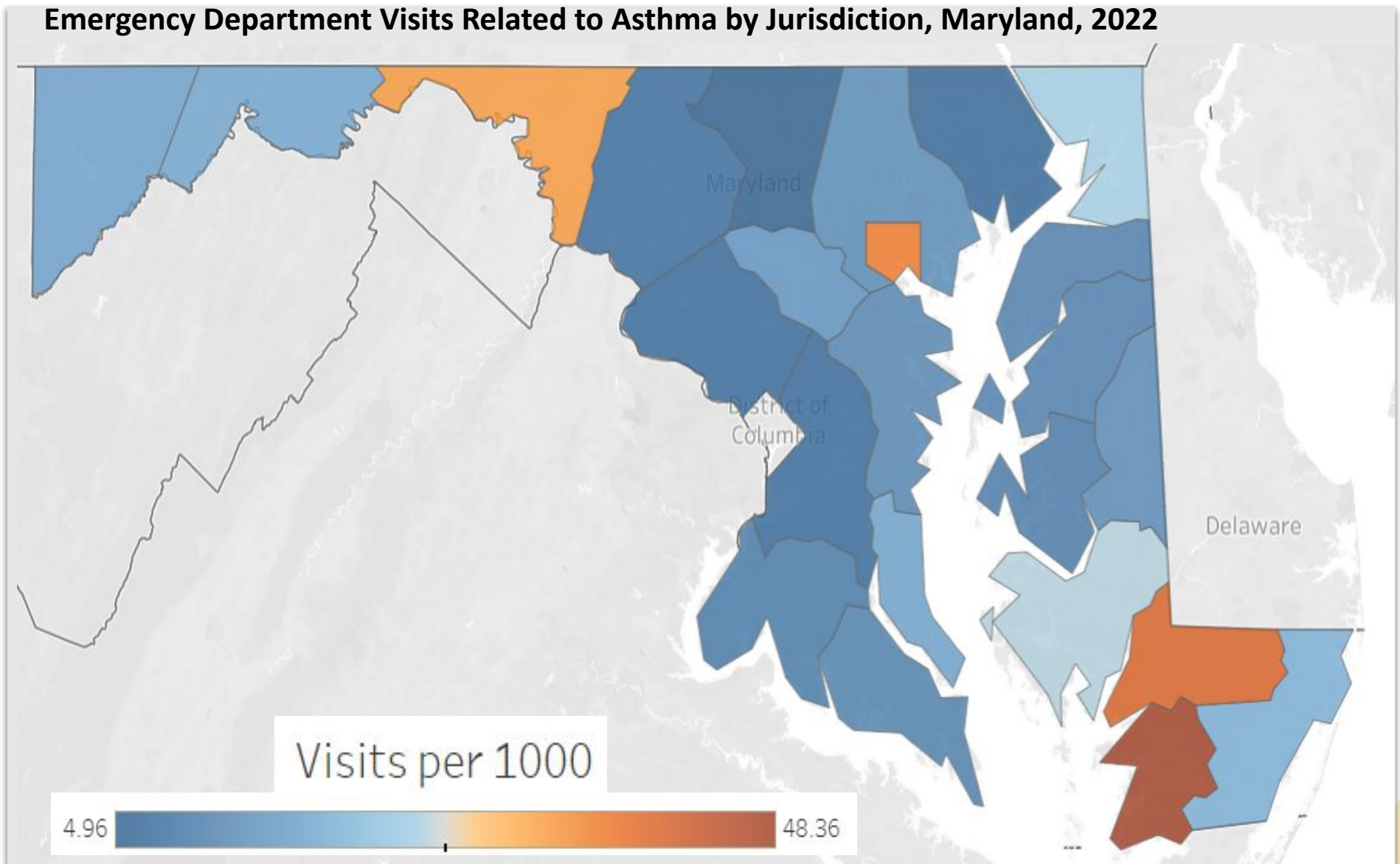
Area 6: Health Indicators

Measure	MD*	US	Source(s)
Adults Reporting Fair or Poor Health (%)	11.3	14.5	CDC (2022); MD BRFSS (2020)
Prevalence of Lifetime Depression Diagnosis Among Adults (%)	16.1	18.4	CDC (2020)
High School Students who Seriously Considered Attempting Suicide (%)	20.6	22	CDC (2021); MD YRBS (2021)
Emergency Department Visits Related to Mental Health Conditions (per 1,000 adults) §	42.9	52.9	CDC (2019); MD HSCRC (2017)
Emergency Department Visits Related to Drug Use (per 100,000) §	2,017	2,153	SAMHSA (2022); MD HSCRC (2017)
Neonatal Abstinence Syndrome Rate (per 1,000 hospital births)	12.9	6.3	AHRQ (2020)
Babies Born Weighing Less than 2500 grams (%) §	8.9	8.5	CDC (2021); CDC (2021)
Babies Born Prior to 37 Weeks Gestation (%)	10.3	10.4	CDC WONDER (2022)
Children Aged <6 with Elevated Blood Lead Levels (% Tested with Blood-Lead Concentration ≥ 5µg/dL) §	1.1	1.3	EHP Journal (2016); MDE (2020)

*Measures where Maryland is worse than the national value are indicated in red
**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Area 6: Quality of Life

Area 6: Health Indicators (continued)

Measure	MD*	US	Source(s)
Adults Aged 65+ who Have Lost Six or More Teeth (%)	27.7	31.9	CDC (2020)
Emergency Department Visits Related to Dental Care (per 100,000) §	362.7	615	AHRQ (2018); MD HSCRC (2017)
Cancer Incidence Rate (per 100,000)	407.5	403.3	CDC (2020)
Breast Cancer Incidence Rate (per 100,000)	128.6	119.2	CDC (2020)
Cervical Cancer Incidence Rate (per 100,000)	6.2	6.8	CDC (2020)
Prevalence of Asthma Among Adults (%)	9.4	8.0	CDC (2021)
Emergency Department Visits Related to Diabetes (per 10,000 adults) §	27.4	25.9	JAMA (2017)
Chlamydia Incidence Rate (per 100,000) §	535	495.5	CDC (2021)
Gonorrhea Incidence Rate (per 100,000)	195.1	202.5	CDC (2021)
HIV Incidence Rate (per 100,000 aged 13+) §	14.4	10.8	CDC (2021)
Salmonellosis Incidence Rate (per 100,000)	11.6	14.2	CDC (2020)
Tuberculosis Incidence Rate (per 100,000)	3.3	2.4	CDC (2021)

*Measures where Maryland is worse than the national value are indicated in red
**All rates are age-adjusted deaths per 100,000 unless otherwise specified
§ 2014 SHIP metric

Appendices

Appendix I: Partnerships

MDH Programs and Administrations	Maryland State Agencies	Local Health Improvement Coalitions (LHICs)
- Office of Minority Health and Health Disparities - Behavioral Health Administration - Health Care Financing Admin - Public Health Services Admin - Prevention and Health Promotion Administration - Office of Population Health Improvement - Vital Statistics Administration - Office of the Chief Medical Examiner - Laboratories Administration - Office of Provider Engagement and Regulation - Office of Preparedness and Response	- Maryland Department of Labor - Maryland Department of Aging - Maryland Department of Environment - Maryland Department of Housing and Community Development - Maryland Department of Transportation - Maryland Department of Human Services - Maryland Department of Education	- Allegany County Health Planning Coalition - Healthy Anne Arundel Coalition - Baltimore City LHIC - Healthy Calvert - Baltimore County LHIC - The Partnership for a Healthier Carroll County - Cecil County Community Health Advisory Committee - Partnership for a Healthier Charles County - Coalition for a Healthier Frederick County - Garrett County Health Planning Council - Harford County LHIC - Healthy St. Mary's Partnership - Howard County LHIC - Mid-Shore LHIC - Healthy Montgomery - Prince George's Healthcare Action Coalition - Healthy Somerset - Healthy Washington County - Wicomico LHIC - Worcester County Health Planning Advisory Council

Local Health Departments		Community Partners	
- Anne Arundel County - Allegany County - Baltimore County - Calvert County - Caroline County - Carroll County - Cecil County - Charles County - Dorchester County - Frederick County	- Garrett County - Harford County - Howard County - Kent County - Prince George's County - Queen Anne's County - St. Mary's County - Talbot County - Wicomico County - Worcester County		- MedChi - Maryland Hospital Association - Mid-Atlantic Association of Community Health Centers - Maryland Rural Health Association

Appendix II: Community Input Survey

Introduction

Thank you for taking the time to complete this short survey. The Maryland Department of Health (MDH) is partnering with groups and communities across Maryland on an exciting initiative to improve the health of Maryland residents. It is called "***Building a Healthier Maryland".*** The goal of this survey is to provide information and direction for the initiative. It will also help MDH create a plan to address the most important health issues in Maryland over the next few years. To do this, we need your input - the thoughts and opinions of the people we hope to impact!

Completion of this survey is voluntary. If you choose not to participate, that will not affect your ability to receive services from the health department.

Your responses are anonymous. The survey should only take around 5 minutes to complete. By continuing on, you agree to participate in the survey.

1. Are you a Maryland resident?
   a. Yes
   b. No

2. Are you 18 years of age or older?
   a. Yes
   b. No

If the answer to either question is "No": At this time we are only collecting responses from Maryland residents who are 18 years of age or older. Thank you for your time.

3. In your opinion, what are the most important issues affecting the health and wellbeing of your community? You can define your "community" however you want - examples may include your neighborhood, town, city, county, or state. Please select up to 5.
   a. Access to Healthcare/Health Insurance
   b. Chronic Diseases (e.g., cancer, heart disease, diabetes, etc.)
   c. Climate Change (e.g., extreme weather, sea level rise, emerging infectious disease, etc.)
   d. Crime
   e. Discrimination (e.g., based on race, ethnicity, language, gender, sexual orientation, etc.)
   f. Domestic Violence
   g. Education
   h. Environmental Health (e.g., food safety, clean water, air quality, etc.)
   i. Gun Violence
   j. HIV/Sexually Transmitted Infections
   k. Homelessness/Affordable Housing
   l. Jobs, Wages, Economic Development
   m. Mental Health
   n. Nutrition/Food Access
   o. Oral Health
   p. Overweight/Obesity
   q. Physical Activity
   r. Substance Use - Opioids
   s. Substance Use - Other (alcohol, tobacco, other drugs)
   t. Transportation
   u. Other

4. If you selected "Other", please specify.

5. To help us understand why you selected the issues you did, and how those issues affect your community, please explain your choices. You can explain just one choice or all five if you prefer.

6. Are you concerned about the health and wellbeing of any particular populations in your community, such as women, children and adolescents, veterans, incarcerated people, the LGBTQA+ population, the aging population, people with disabilities, etc.? Please explain the populations you are concerned about and the reasons for your concerns.

Appendix II: Community Input Survey

7. In your opinion, what are the most important things that make a community healthy? You can define your "community" however you want - examples may include your neighborhood, town, city, county, or state. Please select up to 5.
   a. Acceptance of all people
   b. Access to affordable childcare
   c. Access to affordable healthcare
   d. Access to affordable mental health care
   e. Access to healthy and affordable food
   f. Access to safe and affordable housing
   g. Access to safe places to be active
   h. Clean environment (e.g., public spaces/parks, water and air quality, litter and graffiti, etc.)
   i. Good jobs/fair compensation/living wages
   j. Good schools and educational opportunities
   k. Good transportation
   l. Low crime/safe neighborhoods
   m. Low disease rates
   n. Religious or spiritual values
   o. Other

8. If you selected "Other", please specify.

9. To help us understand why you chose the factors you did, and how those factors make a community healthy, please explain your choices. You can explain just one choice or all five if you prefer.

10. How would you rate the overall health of your community? You can define your "community" however you want - examples may include your neighborhood, town, city, county, or state.
    a. Excellent
    b. Very Good
    c. Good
    d. Fair
    e. Poor
    f. Not Sure

11. Please briefly explain your rating.

12. Is there anything you would like to share with us at this time about the health and well being of your community?

DEMOGRAPHICS

We are now going to ask you a few questions about yourself. These questions help us get a better understanding of how these issues impact different groups so that we may better understand the needs of our diverse community.

1. Where do you live?
   a. *Select County*

2. What is your age?
   a. 18-24
   b. 25-34
   c. 35-44
   d. 45-54
   e. 55-64
   f. 65+

3. What is your gender?
   a. Female
   b. Male
   c. Non-Binary
   d. Other

4. Would you describe yourself as Hispanic, Latino or of Spanish Origin?
   a. Yes
   b. No

5. How would you best describe yourself? Select all that apply.
   a. American Indian or Alaska Native
   b. Asian
   c. Black of African American
   d. Native Hawaiian or Pacific Islander
   e. White
   f. Other

Appendix III: LHD/LHIC Priorities

Frequency Table of the Health Priorities in most recently published (2020-2023) Local Health Department (LHD) Community Health Assessments (CHAs)

Health Priority (n=55)	# of times included in CHAs
Mental Health	10
Substance Use	6
Affordable Housing	5
Diabetes	4
Cancer	4
Behavioral Health	4
Access to Care	3
Transportation	2
Suicide	2
Obesity	2
Low Birth Weight	2
Infant Mortality	2
Chronic Disease Prevention and Wellness	2
Chronic Disease Management	2
Access to Health Services	2
Violence, injury, and trauma	1
Substance Exposed Newborns	1
Stroke	1
Prevention/Wellness Programs	1
Prevention-Youth Risk Reduction	1

Health Priority	# of times included in CHAs
Physical Inactivity and Obesity	1
Physical Inactivity	1
Physical Health	1
Physical Activity	1
Prescription Drug Use	1
Overweight and Obesity	1
Oral Health	1
Obesity/overweight	1
Obesity and Metabolic Syndrome	1
Obesity and Healthy Living	1
Nutrition	1
Mental Health/Substance Use Abuse	1
Mental Health Resources and Services	1
Mental Health and Mental Disorders	1
Jobs, Wages, and Economic Development	1
Illegal substance abuse	1
Heart Health	1
Heart Disease & Stroke	1
Health Equity	1
Health Education	1
Health Disparities	1

Health Priority	# of times included in CHAs
Gun violence	1
Exercise, Nutrition, and Weight (including Obesity)	1
Environmental Health	1
COVID-19	1
Chronic Diseases	1
Chronic Disease and Wellness	1
Chronic Disease	1
Children's Health	1
Cardiovascular Disease	1
Alzheimer's/Dementia	1
Alcohol abuse	1
Adverse Childhood Experiences	1
Adolescent Substance Use	1
Access	1
Grand Total	**92**

Appendix III: LHD/LHIC Priorities

The number of Health Priorities by Priority Group and Jurisdiction

Health Priority Groups	Jurisdiction	Number of Health Priorities in each Health Priority Group
		31
Cancer & Chronic Conditions	Carroll County	6
	Garrett County	3
	Anne Arundel	3
	Somerset and Wicomico Counties	2
	Prince George County	2
	Howard County	2
	Dorchester, Kent, Queen Anne's, Talbot, Caroline	2
	Charles County	2
	Calvert County	2
	Baltimore County	2
	Washington County	1
	St. Mary's	1
	Harford County	1
	Frederick County	1
	Worcestor County	1
		28
Behavioral Health	Carroll County	4
	Anne Arundel	4
	Worcestor County	2
	Washington County	2
	Howard County	2
	Charles County	2
	Cecil County	2
	Calvert County	2
	Baltimore County	2
	St. Mary's	1
	Somerset and Wicomico Counties	1
	Prince George County	1
	Garrett County	1
	Frederick County	1
	Dorchester, Kent, Queen Anne's, Talbot, Caroline	1

Health Priority Groups	Jurisdiction	Number of Health Priorities in each Health Priority Group
		8
Social Determinants of Health	Allegany	2
	Garrett County	2
	Charles County	1
	Anne Arundel	1
	Prince George County	1
	Howard County	1
		6
Access to Care	Somerset and Wicomico Counties	1
	Harford County	1
	Dorchester, Kent, Queen Anne's, Talbot, Caroline	1
	Cecil County	1
	Carroll County	1
	Anne Arundel	1
		5
Maternal & Child Health	Anne Arundel	2
	Harford County	3
		3
Youth Wellness	Howard County	1
	Allegany	1
	Worcestor County	1
		3
Violence and Gun Violence	St. Mary's	1
	Frederick County	1
	Anne Arundel	1
		1
Oral Health	Carroll County	1
		1
Neurological Health	Carroll County	1
		1
Infectious Disease	Charles County	1
		1
Health Equity	Somerset and Wicomico Counties	1

Health Priority Groups	Jurisdiction	Number of Health Priorities in each Health Priority Group
Health Education		1
	Anne Arundel	1
Health Disparities		1
	Baltimore County	1
Environmental Health		1
	St. Mary's	1

Appendix IV: Data Sources

Page Number	Slide Subject	Data Source(s)
15	Secondary Data Review: County Health Rankings Model	County Health Rankings Model
18	Population Size; Birth Rates	Population Estimate Tables, State Totals. File NST-EST2021-POP
18	Population Size; Birth Rates	Maryland VSA Annual Report 2021
19	Age, Sex, Race and Ethnic Composition	Maryland VSA Annual Report 2021
20	Immigration Composition; Disability Status	American Community Survey 2022 1-Year Estimates
20	Immigration Composition; Disability Status	CDC, "Disability & Health U.S. State Profile Data"
21	Veteran Status; Income Distribution	US Bureau of Labor Statistics, "Employment Situation of Veterans News Release - 2021 A01 Results."
21	Veteran Status; Income Distribution	US Census Bureau, U.S. Census Bureau QuickFacts
22	Income Distribution continued	U.S. Census Bureau, American Community Survey, Table S1903
23	Employment Status; Remote Work	Maryland Unemployment Data
23	Employment Status; Remote Work	Maryland Commuter Survey
24	Education; Housing Status	American Community Survey, S1501, 2021 - Educational Attainment
24	Education; Housing Status	Maryland Housing Market - Redfin
24	Education; Housing Status	Maryland Rental Market - Zillow
27	Unintended Pregnancy; Condom Use Among Teens	Maryland Annual PRAMS Report 2020
27	Unintended Pregnancy; Condom Use Among Teens	Maryland YRBS 2021
28	Teen Birth Rate	Maryland VSA Annual Report 2021
29	Obesity	CDC Obesity Prevalence Maps
29	Obesity	Maryland YRBS 2021
29	Obesity	Maryland BRFSS 2019
30	Nicotine Use Among High School Students	Maryland YRBS 2021
34	Health Insurance Coverage; Adults Who Went Without Care	Uninsured Rates for the Nonelderly by Race/Ethnicity | KFF
34	Health Insurance Coverage; Adults Who Went Without Care	Supporting a Healthier Maryland through Healthcare Expansion for Immigrant Communities
34	Health Insurance Coverage; Adults Who Went Without Care	Adults Who Went Without Care - Commonwealth Fund
35	Hemoglobin Tests; Flu Vaccination	Diabetic Adults Annual Hemoglobin - Commonwealth Fund
36	Birth to Women with Prenatal Care	SHIP Early Prenatal Care 2010-2020
37	Health Professional Shortage Areas	Provider Shortage Areas - HRSA

Appendix IV: Data Sources

Page Number	Slide Subject	Data Source(s)
42	Poverty	U.S. Census Bureau QuickFacts: Maryland
42	Poverty	Children in Poverty - CHRM
43	Reading Proficiency; High School Graduation Rate	Nation's Report Card - Maryland
43	Reading Proficiency; High School Graduation Rate	Maryland Public Schools Graduation Rates
44	Adverse Childhood Experiences	NSCH ACE Scores
44	Adverse Childhood Experiences	Adverse Childhood Experiences (ACEs) Dashboard - Governor's Office of Crime Prevention, Youth, and Victim Services
45	Housing Costs	Housing Needs by State
45	Housing Costs	Rents Have Risen More Than Incomes in Nearly Every State Since 2001
46	Violent Crime; Intimate Partner Violence	Maryland Crime Dashboard
46	Violent Crime; Intimate Partner Violence	FIRST ANNUAL REPORT
47	Hate Bias	HATE BIAS REPORT
51	Broadband Access	FCC Broadband Access Map
51	Broadband Access	Examining Gaps in Digital Inclusion in Maryland	American Immigration Council
52	Bicycle & Pedestrian Injuries; Road Fatalities	2021 ANNUAL ATTAINMENT REPORT
52	Bicycle & Pedestrian Injuries; Road Fatalities	The State of Bicycle & Pedestrian Safety in Maryland
53	Commute Time; Commuting Method	Census Commuter Survey
53	Commute Time; Commuting Method	Census Commuter Characteristics
54	Environmental Justice Score	EJ Screening Tool
58	Life Expectancy	Maryland VSA Annual Report 2021
59	Leading Causes of Death	CDC WONDER Underlying Cause of Death, 1999-2020
60	Mortality	CDC WONDER
60	Mortality	Maryland VSA Annual Report 2021
61	Cerebrovascular Disease Mortality	Maryland VSA Annual Report 2021
62	Drug and Alcohol-Induced Death by Race	Maryland Vital Statistics Unintentional Drug-and Alcohol-Related Intoxication Deaths in Maryland, 2021
62	Drug and Alcohol-Induced Death by Race	CDC WONDER
63	Homicide	CDC WONDER
63	Homicide	WISQARS (Web-based Injury Statistics Query and Reporting System)
Page Number	Slide Subject	Data Source(s)
64	Firearm Deaths	WISQARS (Web-based Injury Statistics Query and Reporting System); Maryland Department of Health, Center for Environmental, Occupational, and Injury Epidemiology
		WISQARS (Web-based Injury Statistics Query and Reporting System); Maryland Department of Health, Center for

Appendix IV: Data Sources

Page Number	Slide Subject	Data Source(s)
64	Firearm Deaths	WISQARS (Web-based Injury Statistics Query and Reporting System); Maryland Department of Health, Center for Environmental, Occupational, and Injury Epidemiology
65	Firearm Deaths	WISQARS (Web-based Injury Statistics Query and Reporting System); Maryland Department of Health, Center for Environmental, Occupational, and Injury Epidemiology
66	Suicide	CDC WONDER
66	Suicide	WISQARS (Web-based Injury Statistics Query and Reporting System)
67	Infant and Maternal Mortality	CDC WONDER
67	Infant and Maternal Mortality	America's Health Rankings, Maternal Mortality
72	Neonatal Abstinence Syndrome	Agency for Healthcare Research and Quality - NAS
73	Food Insecurity	MD Foodbank Hunger in Maryland Map
73	Food Insecurity	Food Insecurity in Maryland
74	Adults Reporing Fair or Poor Health, by Income	Adults Who Report Poor Health - Commonwealth Fund
74	Adults Reporing Fair or Poor Health, by Income	Chronic Disease Burden Tables 2020.xlsx
75	Suicidal Ideations Among High Schoolers	Pages - State Level Data, 2021-2022
76	Cancer	2021 Cancer Data Report - MDH
76	Cancer	State Cancer Profiles > Incidence Rates Table
77	HIV and AIDS	Maryland-Annual-HIV-Epidemiological-Profile-2021.pdf
78	Lead Testing	Maryland Dept. of the Environment Lead Poisoning Annual Report, 2021
79	ED Visits Related to Asthma	Chesapeake Regional Information System for our Patients Inc (CRISP); Health Services Cost Review Commission (HSCRC)

Appendix V: Community Health Resources

Local Health Departments
Allegany County Health Department
Anne Arundel Co Mental Health Agency
Baltimore County Department of Health
Carroll County Health Department
Carroll County Health Department, Local Behavioral Health Authority and Bureau of Prevention, Wellness and Recovery
Cecil County Health Department
Charles County Department of Health
Frederick County Health Department
Garrett County Health Department
Howard County Health Department
Kent County Health Department
Montgomery County Public Health Services
Prince George's County Health Department
Somerset County Health Department
St. Mary's County Health Department
Washington County Health Department

Appendix V: Community Health Resources

State Health Department
MDH Center for Cancer Prevention and Control, Comprehensive Cancer Control Program
Office of Population Health Improvement, Maryland Department of Health
Maryland Primary Care Program

Other Local Government Agency
Anne Arundel County Department of Aging and Disabilities
Anne Arundel County Mental health Agency Inc
Anne Arundel Department of Aging and Disabilities
Baltimore County Department of Aging
Garrett County Dept. of Technology & Communications
Garrett County Government
Washington County Board of Education
Washington County Department of Social Services

Other State Government Agency
Governor's Office of Crime Prevention and Policy
Maryland Department of Aging
Maryland Department of Labor
Maryland Office Of The Public Defender

Hospital/Medical Clinic/FQHC
August Rose Health Center
Canopy Family Care
Garrett Regional Medical Center
H&G Elite Wellness, LLC
Johns Hopkins Howard County Medical Center
Luminis Health
Meritus Medical Center
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
Premier Spine and Sports Medicine
Tri-State Community Health Center
UPMC Western Maryland
West Cecil Health Center

College/University
Coppin State University
Johns Hopkins Bloomberg School of Public Health
The Hilltop Institute at the University of Maryland, Baltimore County
University of Maryland Extension
University of Maryland, School of Social Work

Library
Ruth Enlow Library of Garrett County

Appendix V: Community Health Resources

Non-Profit Organization
Accessible Resources for Independence, Inc. (ARI)
Addiction Recovery, Inc DBA Hope House Treatment Centers
AHEC West
Allegany County Human Resources Development Commission
Anne Arundel County Mental Health Agency
Appalachian Parent Association, Inc
Assn of Community Services of Howard Co
Autism Society of Maryland
Baltimore Safe Haven
Centro De Apoyo Familiar
Chesapeake Regional Information System for our Patients (CRISP)
Chinese Culture and Community Service Center, Inc. (CCACC)
Circle of Rights Inc.
Community Free Clinic, Inc.
Deep Creek Lake Lions Club
Food & Friends, Inc.
Fort Ritchie Community Center Corporation
Garrett County Area Agency on Aging at Garrett County Community Action Committee, Inc
Garrett County Community Action (Senior Health & Fitness Club)
Garrett County Community Action/Garrett Transit Service
Horizon Foundation of Howard County
Hospice of Garrett County, Inc.

Job Opportunities Task Force
Maryland Children's Alliance, Inc.
Maryland Rural Health Association
Mid Shore Health Improvement Coalition
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
Parish Nursing Network of the Tri-State Region
People Encouraging People Inc.
Primary Care Coalition of Montgomery County, Maryland
Proyecto Salud Clinic
Reach of Washington County
Robert W Johnson Community Center
Serenity Sistas Inc
Smart Public Health Consulting (SPHC) & SPHC Foundation
The Community Ecology Institute
The Coordinating Center
The Hilltop Institute at the University of Maryland, Baltimore County
UPMC Western Maryland
Voices of Hope, Inc.
Western Maryland Allied Health Education Center

Appendix V: Community Health Resources

Grassroots Community Organizing Group/Organization
Child and Adolescent Health Work Group
Horizon Foundation of Howard County
Muslim Community Center DBA MCC Medical Clinic
NAACP Howard County Branch
Smart Public Health Consulting (SPHC) & SPHC Foundation

Social Service Provider
Autism Society of Maryland
Maryland Living Well Center of Excellence, a Division of MAC, Inc. AAA
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
People Encouraging People Inc.
The Partnership Development Group, Inc.

Mental Health Provider
Aspire Wellness Center, Inc
August Rose Health Center
Canopy Family Care
Connected Communities For Behavioral Wellness
I-Matter, LLC
Mountain Laurel Medical Center
Muslim Community Center DBA MCC Medical Clinic
People Encouraging People Inc.
The Mental Health Center of Western Maryland Inc.
The Partnership Development Group, Inc.

Foundation/Philanthropy
Horizon Foundation of Howard County
Smart Public Health Consulting (SPHC) & SPHC Foundation

For Profit Organization/Private Business
Aspire Wellness Center, Inc
Beach to Peak Yoga
Canopy Family Care
Elevate Recovery Centers, LLC
Hub City Nutrition
Jazzercise Oakland MD of Simon Pearce Outlet
Smart Public Health Consulting (SPHC) & SPHC Foundation
Tereance Moore Consulting
The Partnership Development Group, Inc.
Unraveling Obesity Inc

Faith Based Organizations
Muslim Community Center DBA MCC Medical Clinic
Parish Nursing Network of the Tri-State Region