
























Frederick County's Racial Disparities in Health Outcomes

2022 Community Health Needs Assessment

Appendix 4. Disparities

At this time, county level data is not available to examine the role of income, education, and other social determinants of health for health disparities. Some data is available for certain topics by gender, race and/or ethnicity. The following list shows health disparities in Frederick County. Other disparities may exist, but this list consists of topics where data was available at the county level for both genders and/or at least two races.

 Data shows health disparity

Health Indicator	Data Source	Disparities Identified		
		Gender	Race/ Ethnicity	Details
Adverse Childhood Experiences (ACEs in adolescents) (1+)	2018 YRBS			Vary by question
Binge Drinking	2019 BRFSS & 2018 MD YRBS			White female adolescents
Breast Cancer (Incidence)	2019 MD CRF Report	N/A		Black
Colorectal Cancer (Incidence)	2019 MD CRF Report			Men and Black
C-section Births	2019 MD Vital Stats	N/A		Black
Early Prenatal Care (did not get)	2019 MD Vital Stats	N/A		Hispanic, Black
Electronic Vapor Product Use (Adults & adolescents)	2019 BRFSS & 2018 MD YRBS			White female and multiple race male adolescents
Infant mortality	2019 MD Vital Stats	Data not Available		Black
Low birth weight	2019 MD Vital Stats	N/A		Blacks, Hispanic, White
Lung Bronchus Cancer (Incidence)	2019 MD CRF Report		-	Men
Melanoma Cancer (Incidence)	2019 MD CRF Report		Insuff. data	Men
No Physical Activity (Adults & Adolescents)	2019 BRFSS & 2018 MD YRBS			Black and Hispanic female adolescents
Obesity (adults & adolescents)	2019 BRFSS & 2018 MD YRBS			White and Hispanic female adolescents
Oral Cancer (Incidence)	2019 MD CRF Report		Insuff. data	Men
Preterm birth	2019 MD Vital Stats	N/A		Black, Asian, Hispanic
Prostate Cancer (Incidence)	2019 MD CRF Report	N/A		Black
Teen birth rate	2019 MD Vital Stats	N/A		Black and Hispanic
Tobacco Use (Current adult Smoker & Current Cigarette use adolescents)	2019 BRFSS & 2018 MD YRBS			Male Hispanic adolescents

The Role of Institutional Racism in Community Health

Many responses identify racism within institutions, including healthcare, education, and law enforcement.

Table 1. Race/Ethnicity of Driver in Traffic Stops		
	Frequency	Percent
Asian	22,654	2.7%
Black	341,737	40.1%
Hispanic	70,391	8.3%
Other	33,886	4.0%
White	376,603	44.2%
Missing/Unknown	7,528	0.9%
Total	852,799	100.0%

Source: Fourteenth Report to the State of Maryland Under Transportation
Article, § 25-113 2017 Race Based Traffic Stop Data Analysis

Policies and practices that, intentionally or not, lead to outcomes disadvantaging racial and ethnic minority groups.

Data from the Maryland State Department of Education indicates disparities in suspension rates among different racial and ethnic groups.

Higher suspension rates contribute to the "school-to-prison pipeline," limiting educational and future employment opportunities for affected students.

According to the Maryland State Police 2018 Traffic Stop Data Report, racial disparities exist in traffic stops across the state

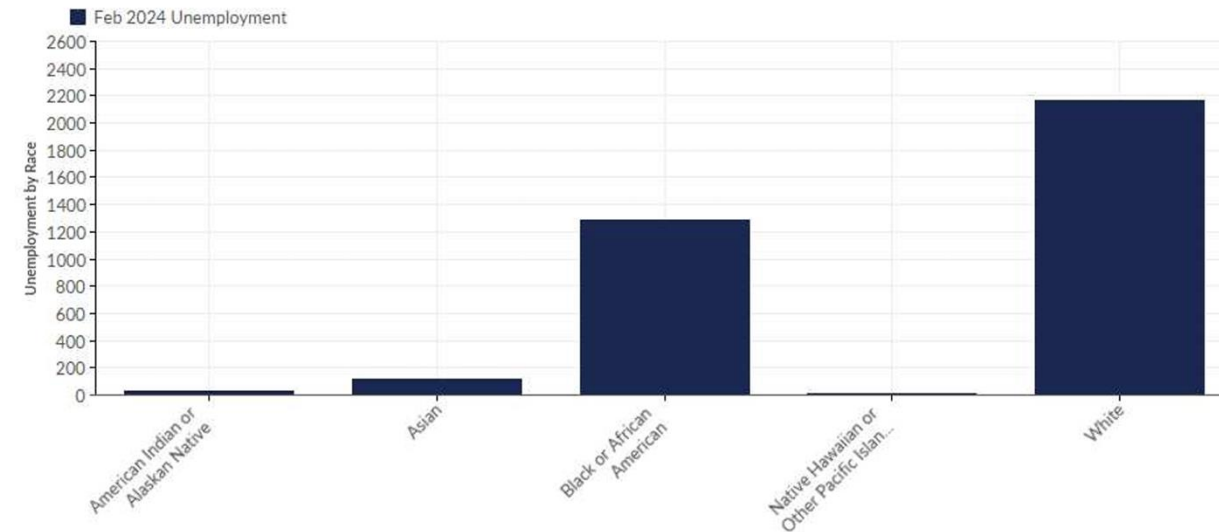
Disproportionate traffic stops can lead to increased legal and financial burdens on minority communities, fostering mistrust between these communities and law enforcement agencies.

Statewide health data reveals that Black adults in Maryland experience higher rates of hypertension compared to other racial groups

Elevated hypertension rates increase the risk of heart disease and stroke, leading to higher mortality rates and reduced quality of life within these communities.

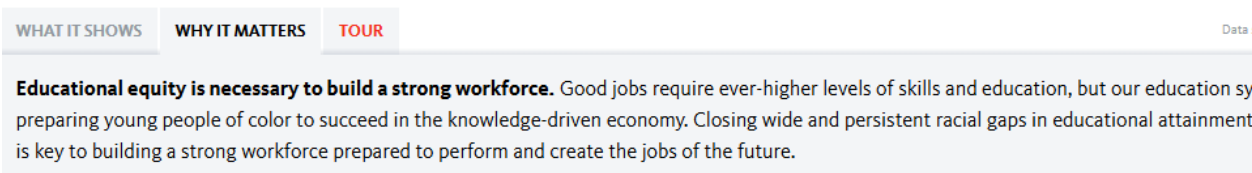
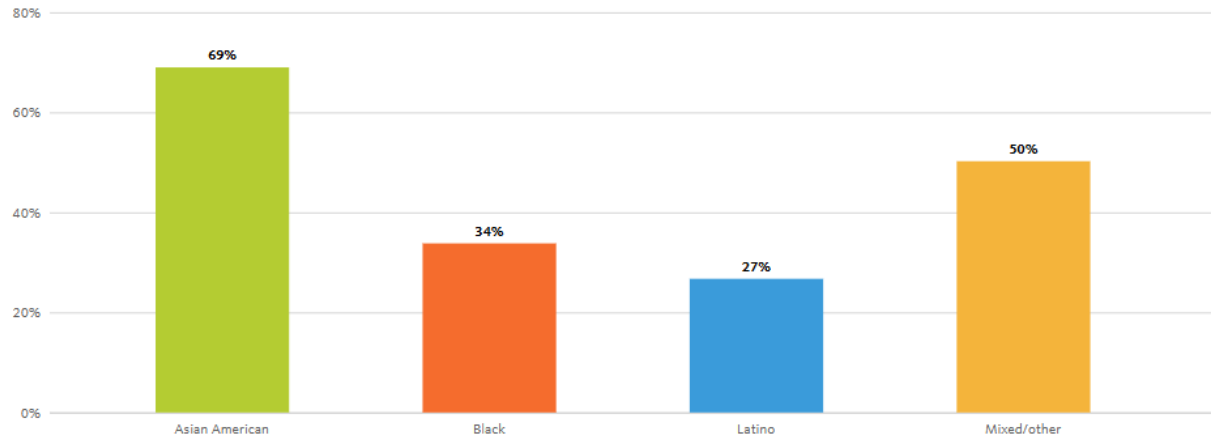
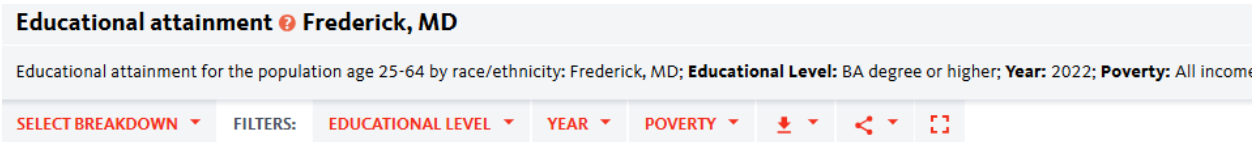
The Role of Institutional Racism in Community Health

Unemployment by Race



Unemployment rates show significant disparities as of February 2024:

- People who identify as Black or African American make up about 12% of the population but represent 35.72% of the unemployed.
- People who identify as Asian make up 6% of the population and account for 3.08% of the unemployed
- People who identify as white make up about 68% of the population and represent 60.19% of the unemployed
- People who identify as Hispanic or Latino 12% of the population and 9.75% of the unemployed



Community-Level Racism and Its Impact on Health

Weathering - How does it happen?

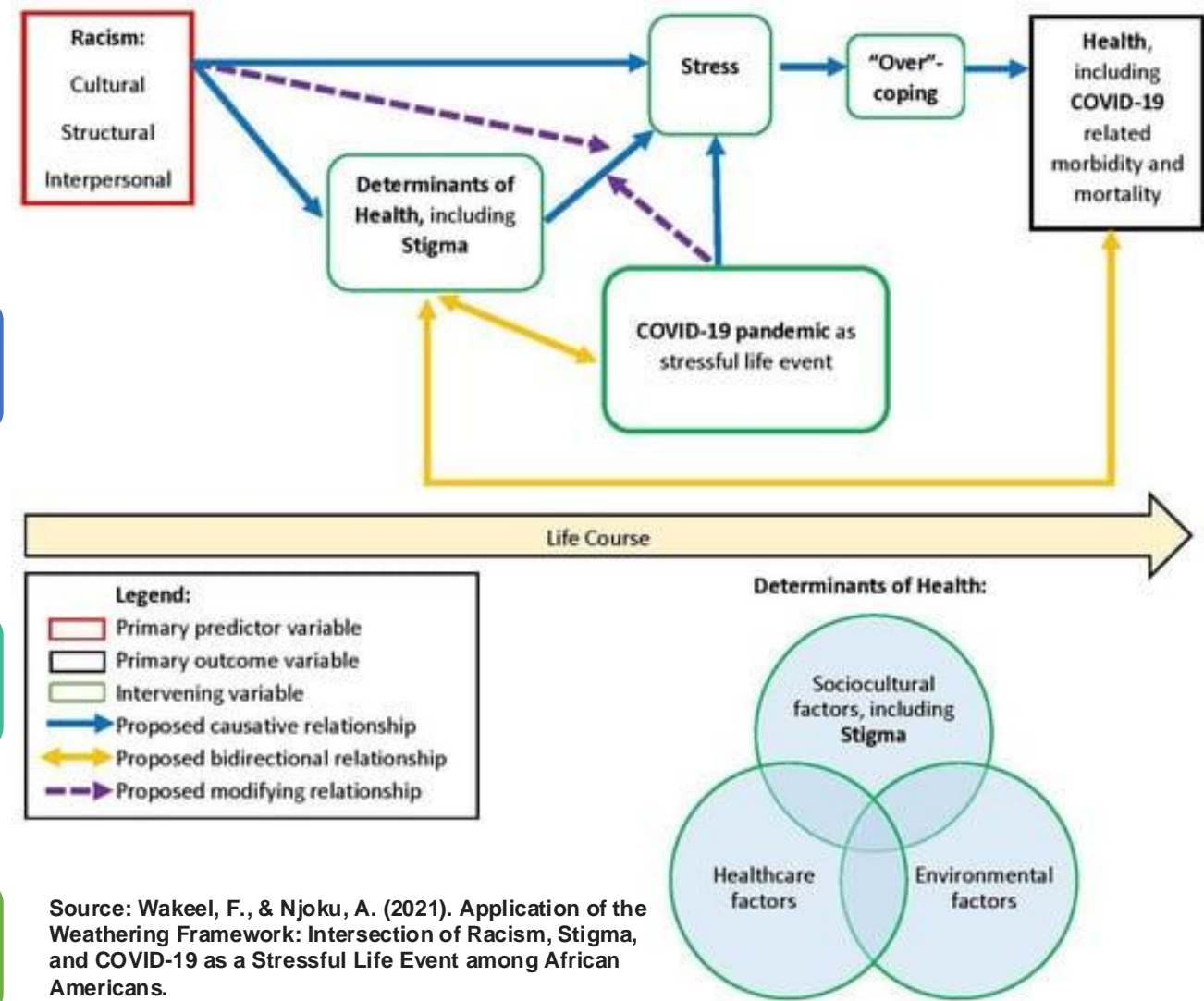
- When someone faces racism or other types of discrimination the body goes into “fight, flight, or freeze” mode and releases hormones like adrenaline and cortisol. This is natural for short term but is harmful if happens too often.

How Does it impact health?

- Effects include heart problems, weakened immune system, increased chronic disease and even pregnancy complications for birthing persons

Who is affected the most

- Anyone who experiences discrimination is affected, including people of color, new Americans, LGBTQ+ community members and others who are treated unfairly.
- It can also affect people who live in poverty, face violence, or deal with unfair treatment in school or work.



Source: Wakeel, F., & Njoku, A. (2021). Application of the Weathering Framework: Intersection of Racism, Stigma, and COVID-19 as a Stressful Life Event among African Americans.

*Understanding weathering helps to explain why some groups of people have worse health outcomes than others outside of the individual behavior and choices. It shows that health isn't about personal choices but also the stress caused to the body by unfair systems and treatment.

Cultural Disparities, Stereotyping, and the Impact on Community Health

Cultural disparities make health inequities worse

- Communities of color often face challenges in accessing culturally appropriate healthcare, leading to misdiagnosis, delayed treatments, or avoiding medical care all together.

Stereotyping fuels bias in healthcare and social services

- Implicit bias with providers and systemic separation like historical discriminatory housing policies that separate communities, limiting their access to clean environments and access to support services.

Cultural misunderstandings and stereotypes about Black, Hispanic, and other minority groups are significant causes of racial injustice

Higher burden for communities of color

- Racial inequities lead to higher rates of chronic conditions and more mental health stressors that increase risk of depression, anxiety, and other challenges.
- Communities of color are less likely to have access to mental health services and more likely to face stigma around seeking treatment.

Community level impact

- Cultural disparities and stereotyping hurt trust between communities of color and public institutions, making it harder to have programs that mean to help
- Poor community health outcomes reduce workforce productivity, increase healthcare costs, and continue poverty across generations.

Community-Led and Systemic Steps Toward Equity and Justice

1



2



3

Improve Access to and Awareness of Resources

- Provide more education and awareness about available healthcare, legal rights, and social support systems for minority communities.
- Enhance access to existing resources and help people understand the local systems.

Address Systemic Racism in Institutions

- Promote institutional changes to eliminate racial biases in healthcare, law enforcement, education, and employment.
- Advocate for training of healthcare providers and teachers to overcome implicit biases and take all concerns seriously.

Foster Community Dialogue and Cultural Education

- Encourage open discussions about racism, biases, and cultural differences to help communities unpack and unlearn ingrained prejudices.
- Integrate cultural diversity education into school curriculums to promote understanding and acceptance among younger generations.

Why We Cannot Ignore Racial Inequities



Escalating Public Health Crises:

- Worsening public health outcomes, particularly among Black and Hispanic populations.
- Already higher rates of chronic conditions such as hypertension, diabetes, and asthma among Black residents
- County may face rising healthcare costs and strain on healthcare systems.



Workforce Productivity Decline

- Untreated chronic conditions affect Black residents more in Maryland, leading to more missed school and work, and reduced productivity
- Without systemic changes, these disparities can hurt overall economic growth and make existing poverty levels worse



Worsening Community Divides

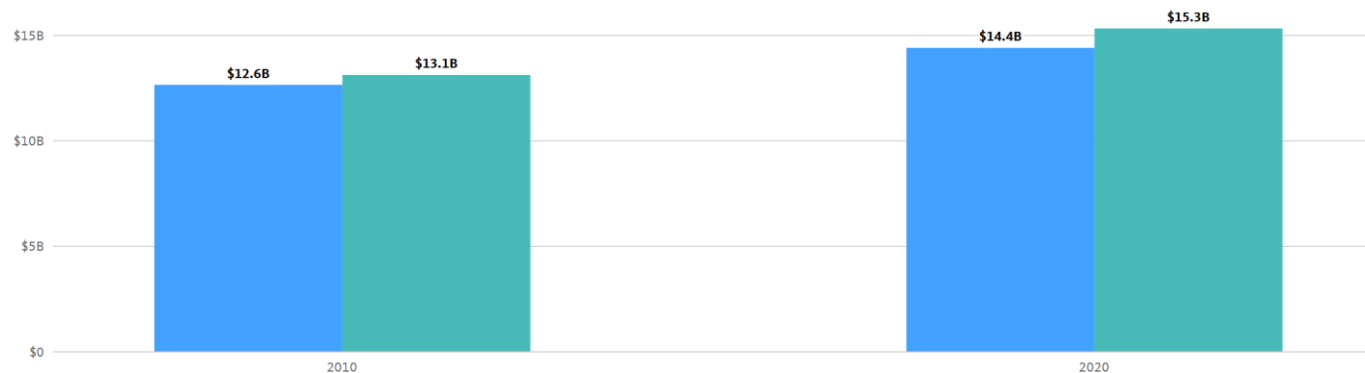
- Leads to a cycle of denied rights / opportunities and social divide that impacts long-term community unity
- Continues a cycle of social unrest and deepens the divides between different racial and ethnic groups

Racial equity in income 📍 Frederick, MD

Actual GDP and estimated GDP with racial equity in income: Frederick, MD; 2010–2020

■ Actual ■ Projected (no racial gaps in income/employment)

SELECT BREAKDOWN ▾



WHAT IT SHOWS

WHY IT MATTERS

TOUR

Data source: IPUMS USA | National Equity Atlas

Eliminating racial inequities in income would strengthen families, communities, and local economies. Wage and employment gaps by race (as well as gender) are not only bad for people of color—they hold back the entire economy. Rising wages and incomes, particularly for low-income households, leads to more consumer spending, which is a key driver of economic growth and job creation.

Incorporating Racial Equity into Broader Health Initiatives

It is important that racial equity becomes a cornerstone of health

Racial disparities in health outcomes cannot be tackled by themselves but must be mixed into broader public health initiatives



Focused Efforts on Addressing Disparities Directly

Focused efforts are needed to directly address disparities, like prioritizing outreach and strategies in areas with high percentages of Black and Hispanic residents

Universal approaches without also focusing on racial inequities can increase disparities, even by mistake

By combining broad health initiatives with prioritized racial equity actions, Maryland can move toward a more inclusive and just future



In 2020 Maryland's infant mortality rate decreased by 3% from previous year

Example: The infant mortality rate increased by 6% between 2019 and 2020 among NH Black infants. There were substantial decreases among other race/ethnicities during this period: 20% among NH white infants, 18% among NH Asian/Pacific Islander infants, and 10% among Hispanic infants

Call for Dual Approach

Figure A. Infant Mortality Rates by Race/ethnicity, Maryland, 2011-2020.

