

MDH - Public Health Services

MISSION

To protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

A future in which all Marylanders and their families enjoy optimal health and well-being.

KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

OFFICE OF HEALTH CARE QUALITY

<https://health.maryland.gov/ohcq/>

Goal 1. To minimize delays in handling serious complaint investigations in nursing home facilities.

Obj. 1.1 Annually, the Long Term Care Unit will initiate on-site investigation of complaints alleging immediate jeopardy within two working days.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of complaint investigations completed	8	5	7	20	9	15	17
Percentage of investigations initiated within two business days	100%	100%	100%	70%	78%	90%	100%

Goal 2. To provide timely and comprehensive annual surveys for the continuing protection of individuals with developmental disabilities receiving services from agencies licensed by the Developmental Disabilities Administration.

Obj. 2.1 Annually, the Developmental Disabilities Unit will perform annual surveys at 100 percent of the licensed providers.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of licensed providers	304	333	365	340	387	395	407
Percentage of licensed providers with required annual survey	33%	36%	36%	78%	99%	100%	100%

Goal 3. To provide timely and comprehensive annual surveys of Assisted Living sites for the continuing protection of individuals receiving services from community-based assisted living providers.

Obj. 3.1 Annually, the Assisted Living Unit will perform 100 percent of required annual surveys.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of licensed sites	1,672	1,687	1,721	1,625	1,624	1,628	1,614

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PREVENTION AND HEALTH PROMOTION ADMINISTRATION

<https://phpa.health.maryland.gov>

INFECTIOUS DISEASE AND ENVIRONMENTAL HEALTH SERVICES

Goal 1. To reduce the incidence of infectious diseases in Maryland.

- Obj. 1.1** On a calendar year basis, at least 80 percent of two-year-olds (the Centers for Disease Control (CDC) national goal for states) will have up-to-date immunizations.
- Obj. 1.2** At least 85 percent of reported primary and secondary syphilis cases will be treated within 14 days.
- Obj. 1.3** The rate of chlamydia in 15-24 year olds will not increase by any more than 20 percent of the calendar year 2015 rate. (Comparison: CDC 2015 U.S. national rate for 15-24 year olds was 2,231 cases per 100,000 population).

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
Percent of two-year-olds with up-to-date immunizations	75%	75%	76%	76%	76%	76%	76%
Rate of primary/secondary syphilis per 100,000 population	11.8	12.7	14.2	12.4	14.8	15.5	16.1
Percent of syphilis cases treated within 14 days	N/A	74%	80%	70%	76%	75%	74%
Rate of chlamydia (# of cases/100,000 population), all ages	494.5	506.7	579.8	490.9	563.3	572.6	581.9
Percent change from calendar year 2015 (all ages)	N/A	10.9%	26.9%	7.4%	23.3%	25.3%	27.3%
Rate of chlamydia (# of cases/100,000 population), 15- to 24-year-olds	2,483.1	2341.2	2,802.6	2,447.7	2,657.2	2,669.2	2,681.1
Percent change from calendar year 2015 (15- to 24-year-olds)	N/A	2.8%	23.0%	7.5%	16.7%	17.2%	17.7%
Number of cases of tuberculosis	196	160	201	219	205	205	205
Number of new HIV Diagnoses	757	769	733	598	533	469	404
Percent change from calendar year 2015	-36.7%	-35.7%	-38.7%	-50.0%	-55.4%	-60.8%	-66.2%
Number of new AIDS diagnoses	444	405	443	357	328	299	270
Percent change from calendar year 2015	-30.5%	-36.6%	-30.7%	-44.1%	-48.7%	-53.2%	-57.7%
Rate of HIV diagnoses	12.8	13.2	12.4	10.1	9.0	7.9	6.8
Rate of AIDS diagnoses	7.1	6.6	7.1	5.6	5.1	4.5	4.0

Goal 2. To reduce firearm violence, harm from firearm violence, and misuse of firearms in the State.

- Obj. 2.1** Decrease firearm-related deaths in Maryland from 15.23 per 100,000 in 2021 to meet the U.S. Healthy People 2030 target of 10.7 per 100,000 in 2029, resulting in a rate target schedule of 15.07 per 100,000 in 2022, 14.91 per 100,000 in 2023, 14.76 per 100,000 in 2024, 14.02 per 100,000 in 2025, 13.32 per 100,000 in 2026, 12.65 per 100,000 in 2027, 11.64 per 100,000 in 2028.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
¹ Age-adjusted rate of firearm-related deaths in Maryland per 100,000 people.	15.2	13.6	12.3	11.69	10.41	9.37	8.43

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FAMILY HEALTH AND CHRONIC DISEASE SERVICES

Goal 3. To improve the health status of Marylanders and their families by assuring the provision of quality primary, preventive and specialty care services.

- Obj. 3.1** By calendar year 2028, the infant mortality rate will be no more than 5.2 per 1,000 live births for all races and 8.5 per 1,000 live births for Non-Hispanic Black infants.
- Obj. 3.2** By calendar year 2028, the percentage of infants born to women receiving prenatal care in the first trimester will be at least 82 percent.
- Obj. 3.3** By calendar year 2028, the teen birth rate will be no more than 8.0 per 1,000 women.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
¹ Infant mortality rates per 1,000 live births	6.1	6.2	5.7	5.6	5.5	5.4	5.3
¹ Infant mortality rate for Non-Hispanic Black infants	9.8	10.3	9.0	8.8	8.7	8.5	8.3
¹ Percent births with first trimester care	71.8%	69.7%	69.3%	70.9%	72.5%	74.1%	75.7%
¹ Teen birth rate per 1,000 women, ages 15-19	11.3	10.8	10.8	10.3	9.9	9.4	9.0

Goal 4. To improve maternal mortality in Maryland.

- Obj. 4.1** Decrease the Non-Hispanic (NH) Black maternal mortality rate from 31.4 deaths per 100,000 live births to 23.6 deaths per 100,000 live births in 2024-2028.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
¹ Maternal mortality rate	21.7	21.3	21.4	20.4	19.3	18.3	17.2
¹ Five-year rolling NH Black maternal mortality rate	32.7	31.4	30.3	28.6	27.2	26.0	24.8

Goal 5. To prevent chronic diseases and disabilities, detect cancer early, and ensure accurate public health surveillance.

- Obj. 5.1** By calendar year 2028, reduce breast cancer mortality to a rate of no more than 20.6 per 100,000 persons in Maryland.
- Obj. 5.2** By calendar year 2028, reduce the heart disease mortality rate in Maryland to a rate of no more than 160.1 per 100,000 persons of all races and 153.8 per 100,000 Non-Hispanic Black persons.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
¹ Breast cancer mortality rate	19.0	19.4	18.5	18.1	17.8	17.4	17.0
¹ Heart disease mortality rate for all races	160.1	155.8	149.7	153.3	151.5	150.0	147.9
¹ Heart disease mortality rate for Non-Hispanic Black adults	188.4	179.4	177.1	180.8	180.0	178.9	176.0

Goal 6. To reduce unintentional cannabis exposure.

- Obj. 6.1** By 2030, reduce the number of calls to poison control for unintentional exposures by 10% for children 9 and under from a 2023 baseline of 238 calls.
- Obj. 6.2** Beginning in 2025, no more than a 10% increase in calls to poison control for unintentional exposure from a 2023 baseline of 295 calls.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
Number of calls to poison control for unintentional exposures for children 9 and under	95	195	181	236	224	213	202
Number of calls to poison control for unintentional exposure from all age groups	136	259	234	298	257	257	257

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Goal 7. Prevent overdose deaths through Naloxone distribution.

Obj. 7.1 Increase the number of bystander Naloxone administrations reported to PHPA by 15 percent from the 2016 baseline year.

Obj. 7.2 Increase the number of individuals trained in overdose response through the Overdose Response Program by 5 percent from the 2016 baseline year.

Obj. 7.3 Increase the number of Naloxone doses dispensed by PHPA to potential overdose bystanders by 10 percent from the prior year.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of bystander Naloxone administrations reported to PHPA	1,435	1,190	824	1,815	2,994	2,358	2,441
Percent increase over baseline year	66.3%	37.9%	-4.5%	110.3%	246.9%	173.3%	182.8%
Number of individuals trained in overdose response program	57,796	79,131	112,395	147,401	148,663	156,467	162,070
Percent increase over baseline year	162.8%	259.9%	411.1%	570.3%	576.1%	611.6%	637.1%
Number of Naloxone doses dispensed by PHPA	156,817	213,583	315,107	408,188	396,089	424,916	439,642
Percent increase over baseline year (PHPA)	485.8%	697.8%	1077.0%	1424.7%	1379.5%	1487.2%	1542.2%
Number of Naloxone doses dispensed by MCPA	28,617	33,413	38,284	34,198	15,664	35,566	36,989
Percent increase over baseline year (MCPA)	714.4%	850.9%	989.5%	873.2%	345.8%	912.1%	952.6%

CIGARETTE RESTITUTION FUND - CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM

Goal 8. To reduce overall cancer mortality in Maryland.

Obj. 8.1 By calendar year 2028, reduce overall cancer mortality to a rate of no more than 129.7 per 100,000 persons (age-adjusted to the 2000 U.S. standard population).

Obj. 8.2 By calendar year 2028, reduce colorectal cancer mortality to a rate of no more than 11.6 per 100,000 persons in Maryland (age-adjusted to the 2000 U.S. standard population).

Goal 9. To reduce disparities in cancer mortality between ethnic minorities and whites.

Obj. 9.1 By calendar year 2028, ensure disparities in overall cancer mortality between blacks and whites are at a rate of no more than 1.1 (age adjusted to the 2000 U.S. standard population).

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
¹ Cancer mortality rate per 100,000 Marylanders	136.8	136.7	137.8	135.1	132.5	130.0	127.5
¹ Colorectal cancer mortality rate	13.4	12.1	11.9	11.7	11.5	11.3	11.1
¹ Cancer death rate ratio between blacks/whites	1.1	1.1	1.1	1.1	1.1	1.1	1.1

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CIGARETTE RESTITUTION FUND - TOBACCO USE PREVENTION AND CESSATION PROGRAM

Goal 10. To reduce the proportion of Maryland youth and adults who currently smoke cigarettes.

- Obj. 10.1** By the end of calendar year 2028, decrease the proportion of Maryland middle and high school youth who currently smoke cigarettes by 93.2 percent and 85.2 percent, respectively, from the calendar year 2000 baseline rate of 7.3 percent and 23.7 percent, respectively.
- Obj. 10.2** By the end of calendar year 2028, reduce the proportion of Maryland adults who currently smoke cigarettes by 31.9 percent from the calendar year 2011 baseline rate of 19.1 percent.
- Obj. 10.3** By the end of calendar year 2028, reduce the proportion of Maryland middle and high school youth that currently use any tobacco products by 16.9 percent and 38.8 percent, respectively, from the calendar year 2018 rate of 7.1 percent and 24.5 percent, respectively.
- Obj. 10.4** By the end of calendar year 2028, reduce the proportion of Maryland middle and high school youth that currently use electronic smoking devices (ESDs) by 15.3 percent and 41.7 percent, respectively, from the calendar year 2018 rate of 5.9 percent and 23 percent, respectively.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
Middle school students who currently smoke cigarettes	1.3%	1.2%	N/A	1.1%	N/A	1.0%	N/A
¹ High school students who currently smoke cigarettes (all ages)	3.6%	3.2%	N/A	3.1%	N/A	3.0%	N/A
Percent of adults who currently smoke cigarettes	10.1%	9.6%	9.1%	7.8%	7.3%	6.8%	6.3%
¹ Percent of Maryland middle school youth using tobacco products	6.3%	6.9%	N/A	6.6%	N/A	6.2%	N/A
¹ Percent of Maryland high school youth using tobacco products	15.6%	15.9%	N/A	15.6%	N/A	15.3%	N/A
Percent of Maryland middle school youth using electronic smoking devices (ESDs)	5.2%	5.9%	N/A	5.6%	N/A	5.3%	N/A
Percent of Maryland high school youth using electronic smoking devices (ESDs)	14.7%	14.3%	N/A	14.0%	N/A	13.7%	N/A

Goal 11. To reduce the prevalence of current smoking among minority populations.

- Obj. 11.1** By the end of calendar year 2028, decrease the proportion of Non-Hispanic Black adults who currently smoke cigarettes by 61.4 percent from the calendar year 2011 baseline rate of 18.9 percent.
- Obj. 11.2** By the end of calendar year 2028, decrease the proportion of Hispanic adults who currently smoke cigarettes by 72.4 percent from the calendar year 2011 baseline rate of 19.9 percent.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.	2026 Est.	2027 Est.
Percent of Non-Hispanic Black adults who smoke cigarettes	10.7%	10.3%	9.0%	7.0%	6.7%	6.4%	6.1%
Percent of adult Hispanics who currently smoke cigarettes	6.1%	7.3%	9.3%	5.7%	5.4%	5.1%	4.8%

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Goal 12. Eliminate new cases of lead poisoned children in Maryland.

Obj. 12.1 By 2026, reduce the number of overall new cases of lead poisoning by 50 percent between 2022 and 2026; for Black children the goal is to reduce the number of new cases by 60 percent.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Est.	2025 Est.	2026 Est.	2027 Est.
Number of new cases of lead poisoning in children under 72 months (6 years) of age (defined as a blood lead reference value of 5 micrograms/deciliter)	1,430	1,253	1,318	N/A	N/A	N/A	N/A

OFFICE OF THE CHIEF MEDICAL EXAMINER

<https://health.maryland.gov/ocme>

Goal 1. Provide timely death investigation with sensitivity and balance towards family members.

Obj. 1.1 99 percent of all medical examiner cases requiring further examination will be examined and ready for release within 24 hours of admission to the Office of the Chief Medical Examiner.

Obj. 1.2 90 percent of all autopsy reports will be completed within 60 calendar days.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Total deaths investigated	18,600	17,422	16,458	16,574	17,316	17,500	17,700
Total bodies examined	6,744	6,341	5,898	5,612	5,051	5,100	5,300
Percent of cases examined within 24 hours	95%	79%	98%	99%	99%	99%	99%
Examinations performed	6,281	6,138	5,792	5,477	4,939	5,000	5,150
Percent of total bodies examined with full autopsy	67%	71%	73%	79%	84%	85%	85%
Total toxicology tests performed	45,101	45,880	43,768	44,696	38,383	39,000	40,000
Number of Medical Examiners (full-time equivalent)	16	18	20	21	22	21	21
Ratio of autopsies to Medical Examiners	390	339	293	261	229	238	245
Percent of reports completed within 60 days	78%	65%	78%	81%	80%	81%	82%

Goal 2. Provide State's Attorneys with autopsy reports on all medical examiner cases where further investigation is deemed advisable.

Obj. 2.1 90 percent of all autopsy reports of homicide cases will be completed for the State's Attorney's office within 90 calendar days.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Total homicide cases	687	656	567	506	465	500	500
Percent of homicide reports completed within 90 days	83%	75%	76%	85%	80%	85%	85%

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OFFICE OF PREPAREDNESS AND RESPONSE

<https://preparedness.health.maryland.gov>

Goal 1. To improve Maryland's ability to maintain operational readiness to respond to public health emergencies by achieving the planning and operations standards set forth by the Centers for Disease Control and Prevention (CDC) Medical Countermeasure (MCM) Operational Readiness Review (ORR) Guidance.

Obj. 1.1 To demonstrate readiness through submission and acceptance of 100% of all preparedness planning elements required by CDC.

Obj. 1.2 To ensure all Local Health Departments' (LHDs) readiness will be no less than "established" on at least 90 percent of the preparedness planning elements on the CDC MCM Operational Readiness Review Tool.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Percent of preparedness planning elements submitted and accepted by the CDC on an annual basis	N/A	N/A	N/A	100%	100%	100%	100%
Percent of LHDs with 90 percent of preparedness planning elements rated as "established" on the ORR tool as evaluated by MDH	N/A	75%	80%	80%	100%	100%	100%

Goal 2. To integrate long-term care facilities into the all hazard preparedness and response planning.

Obj. 2.1 To increase the representation of long-term care facilities in the regional healthcare coalitions.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Percentage of long-term care facilities actively engaged in all hazard emergency preparedness planning with their jurisdiction's regional healthcare coalition	12%	8%	8%	10%	10%	12%	12%

Goal 3. To improve availability and utilization of Maryland Responds volunteers for state and local public health emergencies.

Obj. 3.1 To increase the number of deployable Maryland Responds volunteers for state and local public health emergencies.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Annual percentage increase of deployable volunteers also known as "Ready Responders"	51.0%	56.0%	71.0%	97.4%	98.5%	99.0%	99.0%

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OFFICE OF POPULATION HEALTH IMPROVEMENT

<https://pophealth.health.maryland.gov>

COMMUNITY HEALTH WORKER PROGRAM

Goal 1. To increase the community health worker (CHW) workforce certifications based on the completion of an accredited CHW certification training program through the implementation of the CHW certification and CHW certification training program accreditation processes.

Obj. 1.1 Increase the number of CHWs certified based on the completion of an accredited CHW certification training program by 20 percent per year.

Obj. 1.2 Increase the number of accredited CHW certification training programs by 10 percent per year.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of community health workers (CHWs) certifications based on the completion of an accredited CHW certification training program	52	194	417	890	1,331	1,597	1,916
Number of accredited community health worker (CHW) certification training programs	7	12	18	20	29	32	35

PRESCRIPTION DRUG MONITORING PROGRAM

Goal 2. To improve the prescribing and dispensing of Controlled Dangerous Substances (CDS).

Obj. 2.1 Annually, ensure all prescribers with a CDS registration are Prescription Drug Monitoring Program (PDMP) -registered.

Obj. 2.2 Annually, ensure that there are at least one million PDMP queries per quarter by clinical users.

Performance Measures (Calendar Year)	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Est.	2026 Est.	2027 Est.
Percentage CDS Registrant Prescribers that are PDMP-registered	96%	96%	96%	95%	95%	95%	95%
Average number of clinical user queries per fiscal year quarter	4,713,147	4,905,881	5,434,563	5,533,214	6,117,044	6,484,066	6,873,110

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OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

Goal 3. To increase the number of CDS registrants using the Office of Controlled Substances Administration (OCSA) online CDS Renewal Service to renew their registration and thus decrease the registration turn-around time.

Obj. 3.1 Annually, at least 85 percent of all CDS registrants renewing a CDS registration will utilize the OCSA online CDS renewal service.

Obj. 3.2 Annually, the average turn-around time for a CDS registration renewal will not exceed 10 days.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Total number of online CDS registration renewals	6,722	17,342	13,186	10,632	13,534	15,844	14,272
Total number of paper application renewals	1,200	1,200	419	115	84	95	-
Total number of CDS registration renewals	7,922	18,542	13,605	10,747	13,618	15,939	14,272
Percent online registration renewals/ total registration renewals	85%	94%	97%	95%	99%	103%	106%
Average turn-around time for a CDS registration renewal	13	10	15	9	9	9	9

Goal 4. To provide timely and comprehensive regulatory oversight of registrants to ensure CDS are available for legitimate medical and scientific purposes and to protect, promote and maintain the health and welfare of the people of the State of Maryland.

Obj. 4.1 Annually, the actual number of total inspections conducted will exceed estimated projection of total inspections by at least 5 percent.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Pharmacy inspections performed	591	630	398	868	797	901	901
Other CDS establishment inspections performed	147	905	126	2,024	1,563	1,563	1,563
Dispensing inspections performed	135	670	204	179	380	314	314
Total number of inspections performed	873	2,205	728	1,625	2,740	2,740	2,740
Projected number of inspections to be performed	1,400	2,205	1,400	1,400	2,740	2,740	2,740
Percent increase: actual inspections/ projected inspections	-38%	0%	-48%	16%	0%	0%	0%

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LABORATORIES ADMINISTRATION

<https://health.maryland.gov/laboratories>

Goal 1. Adopt cutting edge scientific technology to improve the quality and reliability of public health laboratory practice for prevention of disease and promotion of health.

Obj. 1.1 Annually maintain the number of new tests developed or validated and implemented to detect and characterize emerging and reemerging infectious diseases, bioterrorism, anti-microbial and anti-viral drug resistance agents in clinical specimens, and chemical, radiological, microbiological contaminants in environmental matrices.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Number of genetic amplification techniques	42	44	46	48	50	52	54

Goal 2. Promote quality and reliability of laboratory test results to support public health, environmental, and BT/CT programs.

Obj. 2.1 Annually maintain accuracy of 90 percent or greater for proficiency testing of infectious bacterial disease, viral disease, newborn screening for hereditary disorders, environmental, and bleeding time/clotting time (BT/CT) based on nationally standardized testing programs.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Percent accuracy of environmental testing in proficiency testing	99%	99%	100%	99%	100%	99%	99%

Vital Statistics Administration

<https://health.maryland.gov/vsa/Pages/Home.aspx>

Goal 1. Increase the life expectancy for all Marylanders by 2030.

Obj. 1.1 Increase the overall life expectancy among Marylanders from 77.3 in 2020 to 80 in 2030

Obj. 1.2 Decreased the 2020 disparity between Black and White life expectancy by 50 percent by 2030.

Performance Measures	2021 Act.	2022 Act.	2023 Act.	2024 Act.	2025 Act.	2026 Est.	2027 Est.
Annual calculated life expectancy	77.80	78.50	79.30	N/A	N/A	N/A	N/A
White-Black life expectancy gap	4.30	3.90	3.40	N/A	N/A	N/A	N/A

NOTES

¹ 2024 and 2025 data are estimates.