2025

Community Health Needs Assessment

ANNE ARUNDEL COUNTY

Anne Arundel County
Department of Health

Luminis Health.

UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

ACKNOWLEDGEMENTS

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This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. The Anne Arundel County Department of Health (AADOH) and local health systems including University of Maryland Baltimore Washington Medical Center (UM BWMC) and Luminis Health have served an integral role in making this comprehensive assessment possible and will be referred to as the Steering Committee throughout this CHNA. The Steering Committee would like to extend its gratitude to all the focus groups participants, key community health leaders, and community members who provided information used in the development of this assessment.

The CHNA Steering Committee

Name	Title	Organization
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Jennifer Corbin	Director – Crisis Response System	Anne Arundel County
Dr. Tonii Gedin	Health Officer	AADOH
Karissa Kelly	Director – Department of Aging & Disabilities	Anne Arundel County
Rachel Maconachy	Director – Department of Social Services	Anne Arundel County
Adrienne Mickler	Executive Director – Mental Health Agency	Anne Arundel County
Donna Perkins	Director – Office of Assessment and Planning	AADOH
Jennifer Purcell	Executive Director – Nonprofit Center, County Executive's Office	Anne Arundel County
Samuel Snead	Transportation Officer – Department of Transportation	Anne Arundel County
Ryan Voegtlin	Assistant Superintendent of Student Services	Anne Arundel County Public Schools
Erin Karpewicz	Chief Executive Officer	Arundel Community Development Services (ACDS)
Beth Brush	Planning Director	ACDS
Lillian Banchero	Patient Family Advisory Council	Luminis Health
Eshe Montague	Behavioral Health – J. Kent McNew Family Medical Center	Luminis Health
Temi Oshiyoye	Director – Community Health Improvement	Luminis Health
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In addition, Ascendient Healthcare Advisors served as consultants, directing the CHNA process and developing the content of this report.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps health leaders evaluate the health and wellness of the community they serve and identify gaps and challenges that should be addressed through new programs, services and policy changes. This report was created in compliance with the Public Health Accreditation Board's Standards & Measures for Initial Accreditation, Version 2022, as well as Internal Revenue Service requirements for not-for-profit hospitals.

Several local health organizations came together as the Steering Committee to help develop this CHNA, including:

- Anne Arundel County Department of Health
- University of Maryland Baltimore Washington Medical Center
- Luminis Health

Secondary (existing) data is an important piece of the CHNA process. More than 100 data indicators were chosen for analysis from data sources like the Robert Wood Johnson Foundation County Health Rankings, the University of North Carolina Health Literacy Data Map, and the Centers for Disease Control and Prevention. Secondary data measures were gathered into six categories and 20 detailed sub-categories based on common themes. Each data measure was also compared to state or national benchmarks to identify areas of specific concern for Anne Arundel County. Top community needs identified through secondary data analysis included access to healthcare, chronic diseases, mental health and social determinants of health.

Primary (new) data was collected through community-based focus groups and web-based surveys for community members and key community leaders and included feedback from more than 700 people who live, work or receive healthcare in Anne Arundel County. Additionally, results of a survey previously deployed by the Anne Arundel County Department of Health provided feedback from over 14,000 community members on the health and needs in the county. Key leaders most frequently represented nonprofit organizations, but participants also included government, health, and faith leaders among others. A total of five focus groups were conducted virtually with a variety of community members from different backgrounds, age groups and life experiences. Primary data identified access to healthcare, chronic diseases, mental health and substance use as top needs that impact the health and well-being of people living in Anne Arundel County.

The Steering Committee worked together to identify the priorities the county should focus on over the following three-year period. Leaders evaluated the primary and secondary data collected to prioritize community needs by weighing the organization's ability to make an impact against the magnitude, severity, feasibility, urgency and cost of the community need. Although it was not possible for every single area of potential need to be identified as a priority, the Steering Committee selected four top priority health needs access to healthcare, behavioral health, chronic health conditions and social determinants of health, which are shown here in no particular order:

1 Access to Healthcare   **2** Behavioral Health   **3** Chronic Health Conditions   **4** Social Determinants of Health
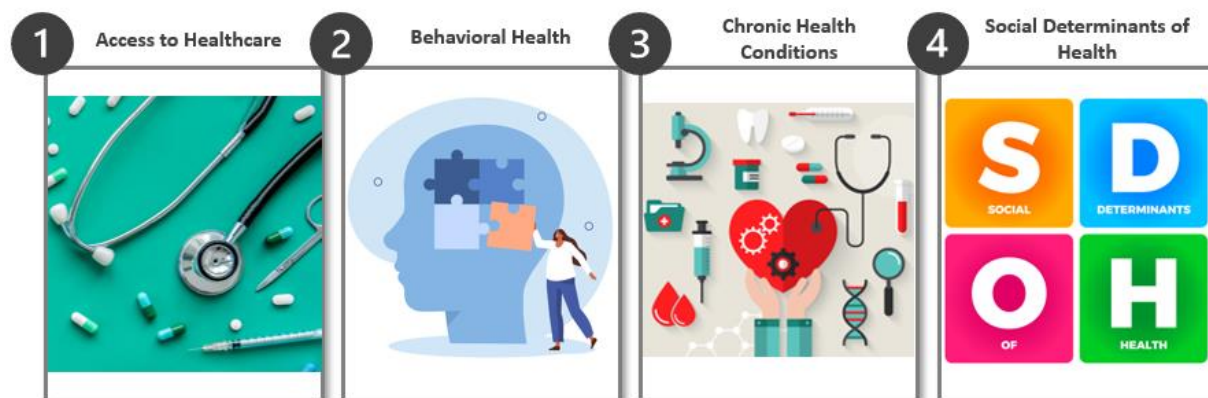
The Steering Committee compiled a Health Resources Inventory, which describes a variety of resources available to help Anne Arundel County residents meet their health and social needs.

Health leaders throughout Anne Arundel County will use findings from this report to collaborate with community organizations and local residents to develop effective health strategies, new implementation plans and interventions, and action plans to improve the communities they serve.

INTRODUCTION

Background

To illustrate its commitment to the health and well-being of the community, the Anne Arundel County CHNA Steering Committee has completed this assessment to understand and document the greatest health needs currently faced by residents. The Steering Committee included representatives from Anne Arundel County, including the Anne Arundel County Department of Health (AACDOH), Anne Arundel County Public Schools, Arundel Community Development Services, Luminis Health, Total Health Care and University of Maryland Baltimore Washington Medical Center (UM BWMC). These organizations helped gather the focus group and survey data that are detailed in this report. The CHNA process helps local leaders continuously evaluate how best to improve and promote the health of the community. The CHNA builds upon formal collaborations between the Steering Committee and other community partners to proactively identify and respond to the needs of Anne Arundel County residents.

This report was created in compliance with the Public Health Accreditation Board (PHAB)'s Standards & Measures for Initial Accreditation, Version 2022. The Standards "provide requirements and guidance for public health departments"[1] and are based on ensuring public health departments adhere their standards to the CDC's "10 Essential Public Health Services" framework. In its demonstration of data and prioritization of Anne Arundel County's community needs, this report aligns with all PHAB Standards and Measures for Initial Accreditation, including the need to:

- Participate in or lead a collaborative process resulting in a comprehensive community health assessment, ensuring representation from both non-governmental organizations and populations experiencing health disparities;

- Collect and analyze both primary data and secondary data from multiple sources to assess population health status and public health issues;

- Document key demographic characteristics of the jurisdiction, including racial/ethnic composition and languages spoken;

- Examine and describe disparities in health status and behaviors between different population groups or geographic areas;

- Analyze and describe inequities in factors that contribute to health challenges, including social determinants of health and the built environment;

- Identify and document community assets and resources beyond healthcare that can be mobilized to address health challenges; and

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[1] Source: Public Health Accreditation Board, Centers for Disease Control and Prevention (2022). *Standards & Measures for Initial Accreditation*. Retrieved December 2, 2024, from https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf

- Actively share assessment findings and make them accessible to both organizations and the general public.

Figure I.1: The 10 Essential Public Health Services
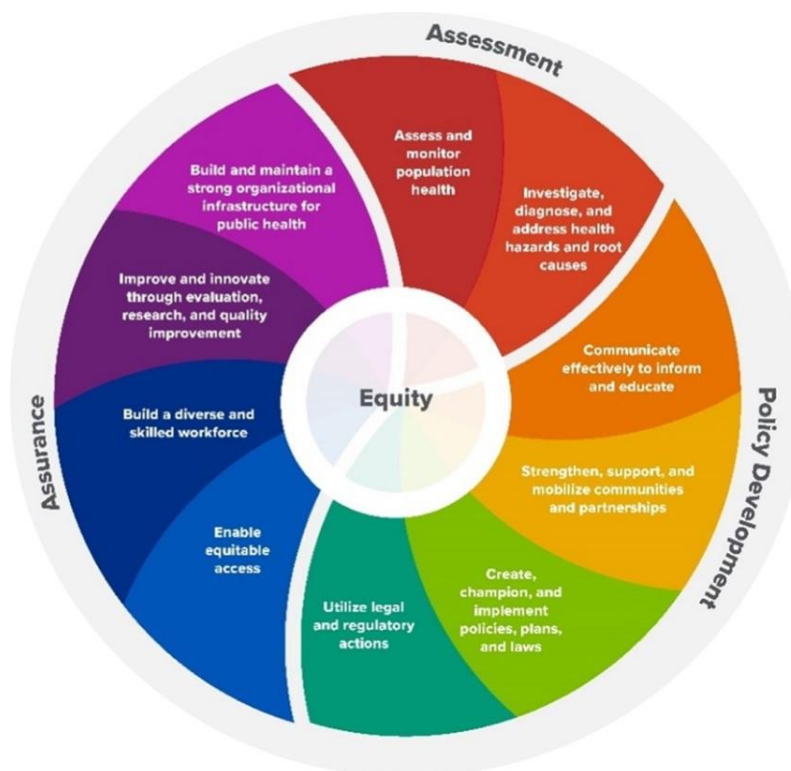
Further, this process complies with Internal Revenue Service (IRS) requirements for not-for-profit hospitals to complete a CHNA every three years and to adopt an implementation strategy to meet CHNA-identified community health needs.[2] Specifically, the IRS requires that hospital facilities do the following:

- Define the community it serves;

- Assess the health needs of that community;

- Through the assessment process, take into account input received from people who represent the community's broad interests, including those with special knowledge of or expertise in public health;

- Document the CHNA in a written report that is reviewed and adopted by the hospital facility's authorizing body; and

- Make the CHNA widely available to the public.

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[2] Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2023). Internal Revenue Service. Retrieved December 2, 2024 from https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

Process Overview

A significant amount of information has been reviewed during this planning process, and the Steering Committee has been careful to ensure that a variety of sources were used to deliver a truly comprehensive report. Both existing (secondary) data and new (primary) data were collected directly from the community throughout this process. It is also important to note that, although unique to Anne Arundel County, the sources and methodologies used to develop this report comply with the current PHAB and IRS requirements for health departments and not-for-profit hospital organizations.

The purpose of this assessment is to better understand, quantify, and articulate the health needs of Anne Arundel County residents. Key objectives of this CHNA include:

- Identify the health needs of Anne Arundel County residents;

- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges;

- Understand the challenges residents face when trying to maintain and/or improve their health;

- Understand where underserved populations turn for services needed to maintain and/or improve their health;

- Understand what is needed to help residents maintain and/or improve their health; and

- Prioritize the needs of the community and clarify/focus on the highest priorities.

There are ten phases in the CHNA process, as described in **Figure I.2** below. Results of the first seven phases are discussed throughout this assessment and the development of community health action plans and subsequent phases will take place after the completion of the CHNA report.

Figure I.2: The CHNA Process

CHNA

1. Establish a CHNA Steering Committee

2. Collect and analyze primary (new) data

3. Collect and analyze secondary (existing) data

4. Determine health priorities

5. Identify potential resources to address priorities

6. Create the CHNA document

7. Disseminate the CHNA document

8. Develop community health implementation plan

9. Implement the community health implementation plan

10. Evaluate the impact of the community health implementation plan

Report Structure

The outline below provides detailed information about each section of the report.

1) *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHNA, including study limitations.

2) *County Profile* – This chapter details the demographic (such as age, gender, and race) and socioeconomic data of Anne Arundel County residents.

3) *Priority Need Areas* – This chapter describes each identified priority health need area for Anne Arundel County and summarizes the new and existing data that support these prioritizations. This chapter also describes the impact of health disparities among various sub-groups in Anne Arundel County.

4) *Community Assets and Resources* – This chapter documents existing health and community-based resources currently available to the Anne Arundel County community.

5) *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss the data used during the development of this report in detail, including:

1) *Summary of Prior CHNA Implementation Plans* – Information about Steering Committee partners and actions taken to address the priority health needs identified in previous CHNAs are presented in **Appendix 1**.

2) *Detailed Summary of Secondary Data Measures and Findings* – Existing data measures and findings used in the prioritization process are presented in **Appendices 2-4**.

3) *Detailed Summary of Primary Findings* – Summaries of new data findings from community member and key community health leader surveys as well as focus groups are presented in **Appendices 5-7**.

4) *Supplemental Data Analysis* – Summaries of additional data reviewed during the CHNA process, including the Community Health Ambassador Survey, are presented in **Appendices 8-11**.

Summary Findings: Anne Arundel County Priority Health Need Areas

To achieve the assessment objectives, both new and existing data were collected and reviewed. New data included information from web-based surveys of adults (18+ years) and focus groups; various local organizations, community members, and health service providers within Anne Arundel County participated. Existing data included information regarding demographics, health and healthcare resources, behavioral health, disease trends, and county rankings. The data collection and analysis process began in August 2024 and continued through December 2024.

Given the size of Anne Arundel County, both in geography and population, significant variations in demographics and health needs exist within the county. At the same time, consistent needs are present across the whole county and serve as the basis for determining priority health needs at the county level. This document will discuss the priority health need areas for Anne Arundel County, as well as how the severity of those needs might vary across subpopulations based on the information obtained and analyzed during this process.

Through the prioritization process, the Steering Committee identified Anne Arundel County's priority health need areas from a list of over 100 health indicators. Please note that the final priority needs were not ranked in any order of importance and the Steering Committee and the Healthy Anne Arundel Coalition (the local health improvement coalition, which represents county residents, businesses, community associations, faith based groups, government agencies, health care organizations and schools to improve the health and wellness of Anne Arundel County) will engage in each of the four priority need areas. After looking at all relevant data and feedback from the Steering Committee, the four focus areas identified as countywide priorities for the 2025 CHNA are access to healthcare, behavioral health, chronic health conditions and social determinants of health, as seen in **Figure I.3**.

Figure I.3: Anne Arundel County 2025 Priority Health Needs
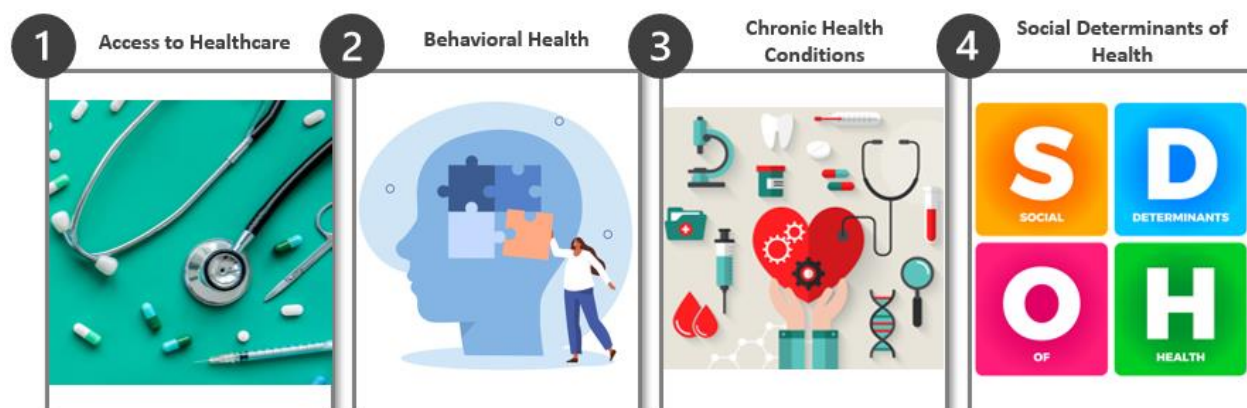
Health, healthcare and associated community needs are very much interrelated, and often impact each other. Although this CHNA process considered these areas separately, their impact on each other should be considered when planning for programs or services to address community needs.

Many health needs are also related to underlying societal and socioeconomic factors. Research has consistently shown that income, education, physical environment, and other such demographic and socioeconomic factors affect the health status of individuals and communities. This CHNA acknowledges that link and focuses on identifying and documenting the greatest health needs as they present themselves today. As plans are developed to address these needs, the Committee's goal is to work with other community organizations to address underlying factors that could drive long-term improvements to the county population's health.

For additional discussion of current priority needs and the data that supports those priorities, please see **Chapter 3**.

CHAPTER 1 | METHODOLOGY

Study Design

The process used to assess Anne Arundel County's community needs, challenges, and opportunities included multiple steps. Both new and existing data were used throughout the study to paint a more complete picture of Anne Arundel County's health needs. While the Steering Committee largely viewed the new and existing data equally, there were situations where one provided clearer evidence of community health need than the other. In these instances, the health needs identified were discussed based on the most appropriate data gathered. Data analysis, community feedback review, and stakeholder engagement were all used to identify key areas of need.

Specifically, the following data types were collected and analyzed:

New (Primary) Data

Public engagement and feedback were received through online community member and key community leader surveys, along with community focus groups and significant input and direction from the Steering Committee. The Steering Committee worked together to develop the survey questions for the two web-based surveys. Community members were asked to identify the most significant health and social needs in their community, as well as asked questions about their experiences seeking or receiving medical care. Key leaders were asked to answer similar questions about the community they serve. Focus group participants were also asked a standard set of questions about health and social needs, to identify trends across various groups and to highlight areas of concern for specific populations. In total, the Steering Committee was able to gather input from 708 Anne Arundel County residents and other stakeholders. This included web survey responses from 637 community members and 31 key leaders, as well as five focus groups that included nearly 40 community members and other people who live, work or receive healthcare in Anne Arundel County.

Additionally, in fiscal year (FY) 2024, AACDOH funded seven community-based organizations to provide authentic engagement to community members burdened by unfair and unjust conditions that impact health. Part of their work includes engaging residents using the Community Health Ambassador (CHA) Survey[3] to identify emerging needs and provide an avenue of continuous feedback with the community. The Steering Committee reviewed data from the FY 2023-2024 CHA Survey which featured responses from nearly 14,000 members of the community.

For more information regarding specific questions asked as part of the focus groups and surveys please refer to **Appendix 5.** Results from the CHA survey are captured in **Appendix 8**.

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[3] Source: Anne Arundel Department of Health. *Community Health Ambassador Survey, July 2023-June 2024.*

Existing (Secondary) Data

Key sources for existing data on Anne Arundel County included information provided by the Steering Committee and a variety of public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and individual health behaviors. Key information sources leveraged during this process included:

- *County Health Rankings*, developed in partnership by Robert Wood Johnson Foundation (RWJF) and University of Wisconsin Population Health Institute (UWPHI)

- Maryland Department of Health's *State Health Improvement Process* (MD SHIP) and Division of Vital Records

- *The Maryland Youth Risk Behavior Survey/Youth Tobacco Survey* (YRBS/YTS)

- *The National Equity Atlas*, developed by PolicyLink and the University of Southern California (USC) Equity Research Institute

- *Food Access Research Atlas*, published by the U.S. Food and Drug Administration

- *Social Vulnerability Index*, developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR)

- *Environmental Justice Index*, developed by the CDC and the ATSDR

- *American Community Survey*, as collected and published by the U.S. Census Bureau

- Data provided by the Steering Committee members and other affiliated organizations, including CHNA reports from Kennedy Krieger Institute, Sheppard Pratt, Medstar Harbor Hospital, Kaiser Permanente Mid-Atlantic States, Chase Brexton Health Care, UM BWMC, Luminis Health, as well as the Statewide Integrated Health Improvement Strategy and Healthy People 2030.

For more information regarding data sources and data time periods, please refer to **Appendix 3**.

Comparisons

To understand the relevance of existing data collected throughout the process, each measure must be compared to a benchmark, goal, or similar geographic area. In other words, without being able to compare Anne Arundel County to an outside measure, it would be impossible to determine how the county is performing. For this process, each data measure was compared to outside data as available, including the following:

- *County Health Rankings* Top Performers: This is a collaboration between RWJF and the UWPHI that ranks counties across the nation by various health factors.

- *State of Maryland*: The Steering Committee determined that comparisons with the state of Maryland were appropriate.

Prioritization Process Overview and Results

The process of identifying the priority health needs for the 2025 CHNA began with the collection and analysis of hundreds of new and existing data measures. In order to create more easily discussable categories, all individual data measures were then grouped into six categories and 20 corresponding focus areas based on "common themes," as seen in **Figure 1.1** below. These focus areas are detailed further in **Appendix 3**.

Figure 1.1: Areas of Focus

Category	Focus Areas
Length of Life	Length of Life
Quality of Life	Maternal and Infant Health
	Mental Health
	Physical Health
Clinical Care	Access to Care
	Quality of Care
Health Behaviors	Diet and Exercise
	Sexual Health
	Substance Use Disorders
	Tobacco Use
Physical Environment	Built Environment
	Environmental Quality
	Housing and Homelessness
	Transportation Options and Transit
Social and Economic Environment	Education
	Employment
	Family, Community, and Social Support
	Food Security
	Income
	Safety

Source: *County Health Rankings*; Ascendient.

Since a large number of individual data measures were collected and analyzed to develop these 20 focus areas, it was not reasonable to make each of them a priority. The Steering Committee considered which focus areas had data measures of high need or worsening performance, priorities from the primary data, and how possible it is for health departments or hospitals to impact the given need to help determine which health needs should be prioritized.

Once the primary and secondary data had been grouped into the focus areas detailed in **Appendix 3**, the Steering Committee used a polling software to evaluate and prioritize the health needs of Anne Arundel County while considering the following factors:

- Size and scope of the health need;

- Severity and intensity of the health need;

- Whether possible interventions would be possible and effective;

- Health disparities associated with the need; and

- Importance the community places on addressing the need.

The final priority need areas were not ranked in any particular order of importance, and each will be addressed by the Steering Committee. The following four focus areas (access to healthcare, behavioral health, chronic health conditions and social determinants of health) were identified as Anne Arundel County's top priority health needs to be addressed over the next three years, as seen in **Figure 1.2** below:

Figure 1.2: Anne Arundel County 2025 Priority Health Needs
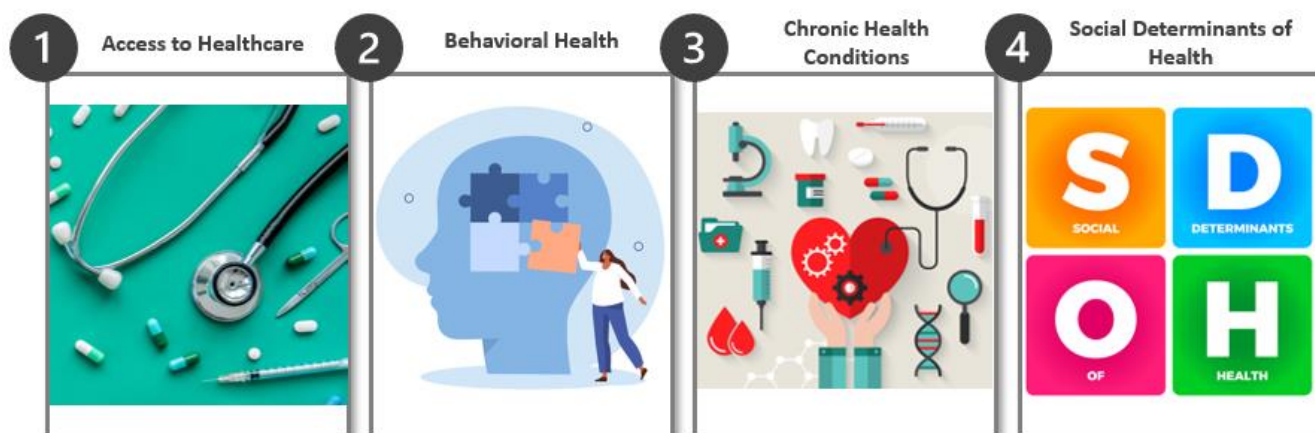
Figure 1.3: Social Determinants of Health

Throughout the process, the Steering Committee also considered *Healthy People 2030*'s "Social Determinants of Health and Health Equity." The CDC defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. These factors can include healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality, as outlined in **Figure 1.3**.[4]

Recognizing that SDoH have an impact on health disparities and inequities in the community was a key point the Steering Committee considered throughout the CHNA process. **Figure 1.4** describes the way various social and economic conditions may affect health and well-being. [5]
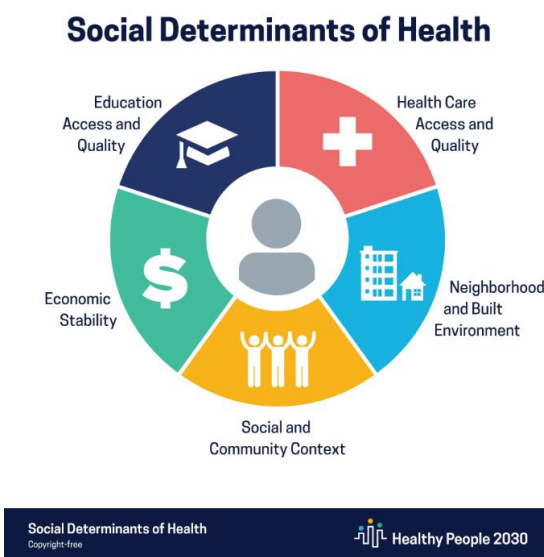
Figure 1.4: SDoH and Health Disparities

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[4] Source: CDC (2024). Social Determinants of Health - Healthy People 2030. Accessed December 2, 2024 via https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health
[5] Source: Kaiser Family Foundation (2024). Disparities in Health and Health Care: 5 Key Questions and Answers. Accessed December 30, 2024 via https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Study Limitations

Developing a CHNA is a long and time-consuming process. Because of this, more recent data may have been made available after the collection and analysis timeframe. Existing data typically become available between one and three years after the data is collected. This is a limitation, because the "staleness" of certain data may not depict current trends. For example, the U.S. Census Bureau's American Community Survey is a valuable source of demographic information, however data for a particular year is not published until late the following year. This means 2022 data on community characteristics, such as languages spoken at home, did not become available until late fall 2023. The Steering Committee tried to account for these limitations by collecting new data, including focus groups and web-based community member and key community leader surveys. Another limitation of existing data is that, depending on the source, it may have limited demographic information, such as gender, age, race, and ethnicity.

Given the size of Anne Arundel County in both population and geography, this assessment was limited in its ability to fully capture health disparities and health needs across racial and ethnic groups. While efforts were made to include diverse community members in survey efforts, roughly 80% of all community member survey respondents were white, and only roughly 15% of respondents were Black or African American. Although survey respondents could choose from multiple race or ethnicity categories,[6] limited responses were received from these groups. This made it difficult for the Steering Committee to assess health needs and disparities for other racial/ethnic minority groups in the community. Although the CHA survey results that were reviewed through this process represented a more diverse cross-section of the population, this survey was not developed specifically for the CHNA and did not ask the same questions of respondents.

In addition, there are existing gaps in information for some population groups. Many available datasets are not able to isolate historically underserved populations, including the uninsured, low-income persons, and/or certain minority groups. Despite the lack of available data, attempts were made to include underserved sub-segments of the greater population through the new data gathered throughout the CHNA process. For example, the Steering Committee chose to focus on Spanish-speaking members of the community by providing a Spanish language version of the web-based community survey. To increase future survey responses, members of the Steering Committee should consider working directly with partner organizations in the community who can connect directly with populations who are hard to access through traditional outreach methods, including people with disabilities, the uninsured and people who are disengaged.

In the future, assessments should make efforts to include other underserved communities whose needs are not specifically discussed here because of data and input limitations during this CHNA cycle. Of note, residents in the disabled, blind, deaf, and hard-of-hearing communities can be a focus of future new data collection methods. Using a primarily web-based survey collection method might have also impacted response rates of community members with no internet access or low technological literacy. Additionally, more input from both patients and providers of SUD services would also be helpful in future assessments.

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[6] Categories included Asian, American Indian/Alaskan Native (AIAN), Black or African American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander (NHPI) and White.

Finally, parts of this assessment have relied on input from community members and key community health leaders through web-based surveys and focus groups. Since it would be unrealistic to gather input from every single member of the community, the community members that participated have offered their best expertise and understanding on behalf of the entire community. As such, the Steering Committee has assumed that participating community members accurately and completely represented their fellow residents.

CHAPTER 2 | COUNTY PROFILE

Geography

Anne Arundel County is located in the coastal region of Maryland, characterized by its access to the Chesapeake Bay. It covers a total of 588 square miles, including 415 square miles of land and 173 square miles of water. Anne Arundel County includes two primary municipalities: Annapolis and Highland Beach. Approximately 7.5% of Anne Arundel County's population resides in rural areas.

Anne Arundel County is known for its waterfront access through its 508 miles of shoreline and Annapolis is often referred to as the "Sailing Capital of the World." Annapolis is the historic capital of Maryland and is also home to the United States Naval Academy and St. John's College, making the city a popular destination. Anne Arundel County's proximity to the District of Columbia and Baltimore support the placement of businesses and entities supporting these larger cities. Nearly 13 million people pass through Baltimore/Washington International Thurgood Marshall Airport (BWI) annually, located in the county. Both the National Security Agency and Fort George G. Meade (the third largest Army base in the United States) are located in Anne Arundel County.

Population

The majority of the population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies, and data from the U.S. Census Bureau's American Community Survey.

Anne Arundel County has a total population of 603,565 residents, which represents approximately A9.7% of Maryland's total population of 6,253,119.

Table 2.1: 2024 Population[7]			
	Anne Arundel County	**Maryland**	**United States**
Population	603,565	6,253,119	338,440,954

Population density in Anne Arundel County varies widely, with the least density in the more rural southern part of the county. The most densely populated areas of the county are concentrated in the north, closer to the City of Baltimore, and around Annapolis.

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[7] Source: Esri 2024

Figure 2.1: Anne Arundel County Map: Population Density[7]
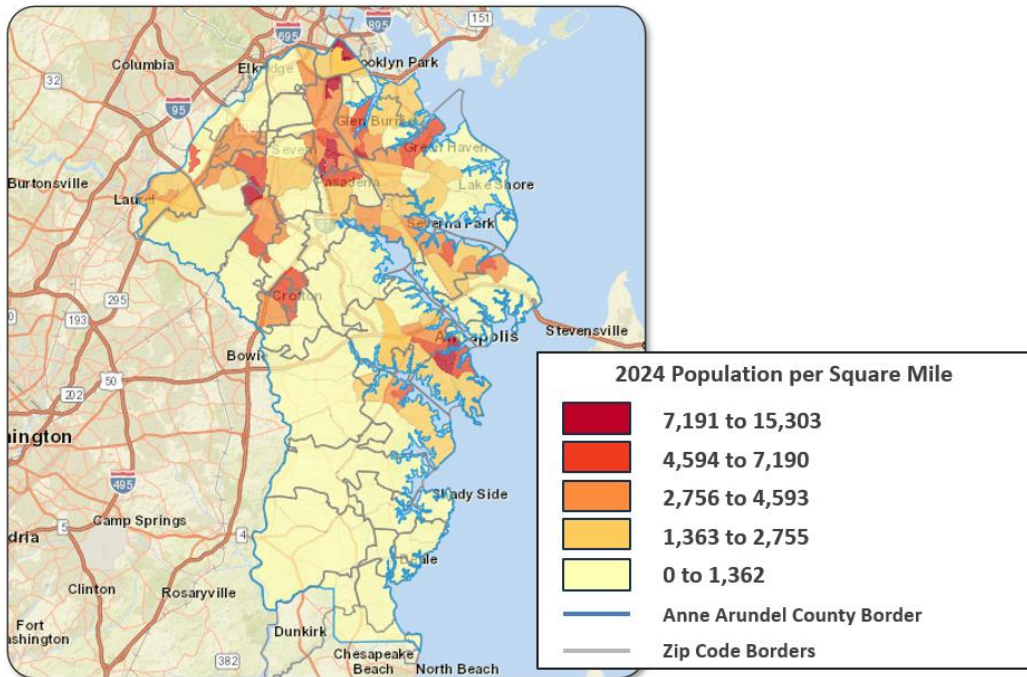
In total, the population of Anne Arundel County is projected to grow 0.4% annually between 2024 and 2029 with growth rates varying across the county.

Figure 2.2: Anne Arundel County Map: Population Growth (2024-2029)[7]
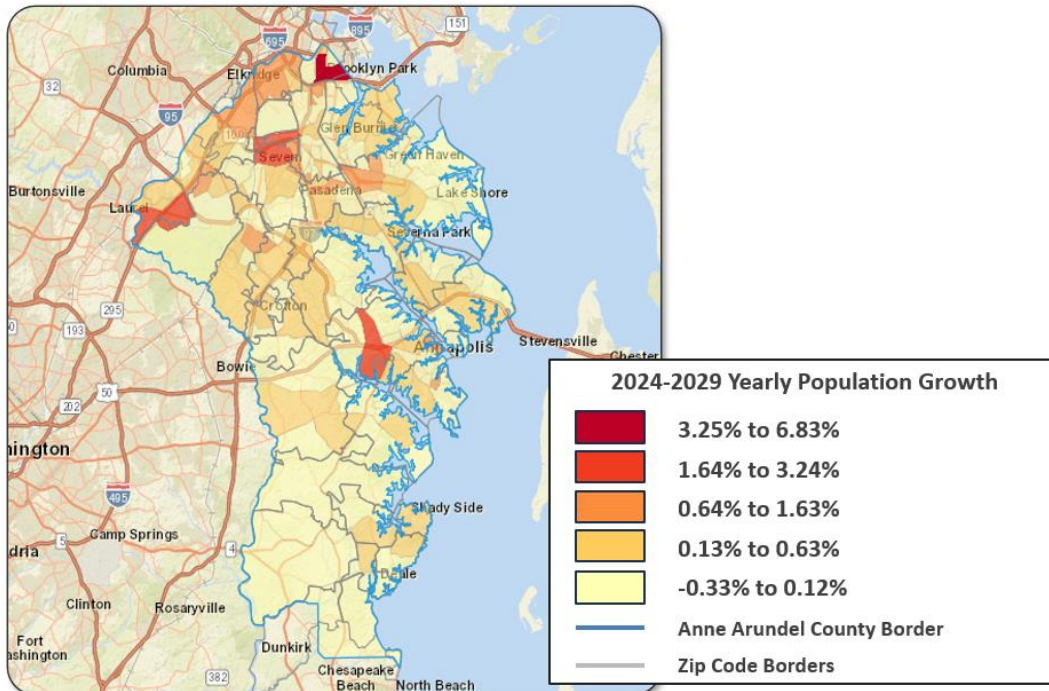
Age and Sex Distribution

Data on age and sex helps health providers understand who lives in the community and informs planning for needed health services. Anne Arundel County's population is relatively young, with 18.4% under age 15 and 39.9% between ages 15 and 44. The county has a slightly smaller proportion of residents aged 65 and older (16.6%) compared to both Maryland (17.4%) and the United States (18.1%), while the working-age population between 45 and 64 years (25.1%) is comparable to state and national figures.

Table 2.2: 2024 Age Distribution[7]			
	Anne Arundel County	**Maryland**	**United States**
Percentage below 15	18.4%	17.5%	17.4%
Percentage between 15 and 44	39.9%	40.1%	40.1%
Percentage between 45 and 64	25.1%	25.0%	24.4%
Percentage 65 and older	16.6%	17.4%	18.1%

Anne Arundel County's population is almost evenly split by sex, with 50.1% female and 49.9% male, which closely mirrors the national distribution (50.2% female, 49.8% male). While complete sexual orientation and gender identity data is not available at the county level, across Maryland 90.1% of residents consider themselves straight, 4.8% are bisexual, 2.1% are gay or lesbian, and 3.0% reported some other sexual orientation.[8]

Table 2.3 2024 Sex Distribution[7]			
	Anne Arundel County	**Maryland**	**United States**
Female	50.1%	51.0%	50.2%
Male	49.9%	49.0%	49.8%

Source: Esri 2024

Race and Ethnicity

Data on race and ethnicity help us understand the need for healthcare services as well as cultural factors that can impact how care is delivered. Anne Arundel County's racial composition is predominantly White at 63.8%, followed by Black at 18.9% and Hispanic at 9.4%. The remaining racial distribution includes Asian residents at 4.5%, and Two or More Races at 3.1%. Smaller populations include American Indian/Alaska Native at 0.2% and Native Hawaiian/Pacific Islander at 0.1%. Compared to Maryland, the county has a higher proportion of White residents (MD: 48.3%) and a lower proportion of Black residents (MD: 30.4%).

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[8] Source: Maryland Department of Health Dataset Query System – 2023 BRFSS Indicators. Accessed February 6, 2025 via https://ibis.health.maryland.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html

When compared to national figures, Anne Arundel County has a higher percentage of Black residents than the U.S. average (12.6%) but a significantly smaller percentage of Hispanic residents (US: 19.1%).[9]

Table 2.4: 2022 Race/Ethnicity Distribution[10]						
	Anne Arundel County		Maryland		United States	
	Count	Pct. of Total	Count	Pct. of Total	Count	Pct. of Total
White	378,507	63.8%	2,976,069	48.3%	196,225,966	58.9%
Black	112,053	18.9%	1,873,368	30.4%	42,070,471	12.6%
Hispanic	55,856	9.4%	706,816	11.5%	63,664,346	19.1%
Asian	26,873	4.5%	425,846	6.9%	20,276,025	6.1%
NHPI	436	0.1%	3,022	0.0%	635,928	0.2%
AIAN	1,408	0.2%	14,658	0.2%	2,420,972	0.7%
Two or More Races	18,153	3.1%	164,881	2.7%	7,993,849	2.4%

The proportion of foreign-born individuals residing in Anne Arundel County is A9.2%, which is notably lower than both Maryland's rate of 15.7% and the national average of 13.7%. This indicates that the county has a smaller immigrant population compared to both state and national levels.

Table 2.5: 2022 Foreign Born Population[11]			
	Anne Arundel County	Maryland	United States
Foreign Born	9.2%	15.7%	13.7%

The diversity of Anne Arundel County is reflected in the languages that residents speak at home. According to the most recent American Community Survey, Anne Arundel County has a higher proportion of English-only speakers at 87.4% compared to Maryland (80.2%) and the United States (78.3%). Spanish is the second most commonly spoken language (5.9%), followed by Indo-European languages at 2.9%, Asian and Pacific Islander languages at 2.5%, and other languages at 1.4%. The county has lower linguistic diversity across all non-English language categories compared to both state and national averages, particularly for Spanish speakers, which is less than half the national rate of 13.3%.

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[9] Race and ethnicity (Hispanic origin) are two separate concepts, according to federal guidelines. People who are Hispanic may be of any race, and people in each race group may be either Hispanic or Not Hispanic. Source: U.S. Census Bureau Guidance on the Presentation and Comparison of Race and Hispanic Origin Data.
[10] Source: CDC WONDER Single-Race Population Estimates, 2022
[11] Source: U.S. Census Bureau American Community Survey (ACS) (2022). Table S0501 5-Year Estimates, 2018-2022

Table 2.6: 2022 Language Spoken at Home[12]			
	Anne Arundel County	Maryland	United States
English Only	87.4%	80.2%	78.3%
Spanish	5.9%	8.7%	13.3%
Indo-European Languages	2.9%	4.6%	3.7%
Asian and Pacific Islander Languages	2.5%	3.8%	3.5%
Other Languages	1.4%	2.7%	1.2%

Disability Status[13]

Data on disabilities helps us understand how to create fair and equal opportunities for everyone in the county. In addition, individuals with disabilities may require targeted services and outreach by health and other service providers. Just over one in ten (10.7%) Anne Arundel County residents have a disability, lower than both state and national figures.

Table 2.7: 2022 Disability Status[14]			
	Anne Arundel County	Maryland	United States
Population with a Disability	10.7%	11.3%	12.9%

Veteran Status

Military veterans often need special services and support, so it is important to collect data about them to be better able to meet their specific needs. Anne Arundel County has a notably higher percentage of veterans (10.8%) compared to both Maryland (7.2%) and the United States overall (6.6%). This higher concentration of veterans reflects the county's proximity to major military installations like Fort George G. Meade and the U.S. Naval Academy. This demographic characteristic suggests the county may need to ensure there are adequate healthcare services and support systems available to serve the specific needs of the veteran population.

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[12] Source: U.S. Census Bureau ACS (2022). Table DP02 5-Year Estimates, 2018-2022.
[13] Disability status is classified in the ACS according to yes/no responses to questions about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.
[14] Source: U.S. Census Bureau ACS (2022). Table S1810 5-Year Estimates, 2018-2022.

Table 2.8: 2022 Veteran Status[15]			
	Anne Arundel County	**Maryland**	**United States**
Veteran Population	10.8%	7.2%	6.6%%

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying health-related needs. Anne Arundel County's median household income ($116,009) is notably higher than both Maryland ($98,461) and the United States ($75,149), indicating it is a relatively affluent area with household earnings well above state and national levels.

Table 2.9: 2022 Median Household Income[16]			
	Anne Arundel County	**Maryland**	**United States**
Income	$116,009	$98,461	$75,149

While the median household income is high in Anne Arundel County, it is not equally distributed throughout the county. Higher income households are concentrated in the northern part of the county, outside of Baltimore, as well as around Annapolis. Communities with lower median household incomes are concentrated in the central part of the county.

Figure 2.3: Median Household Income by Census Tract[16]

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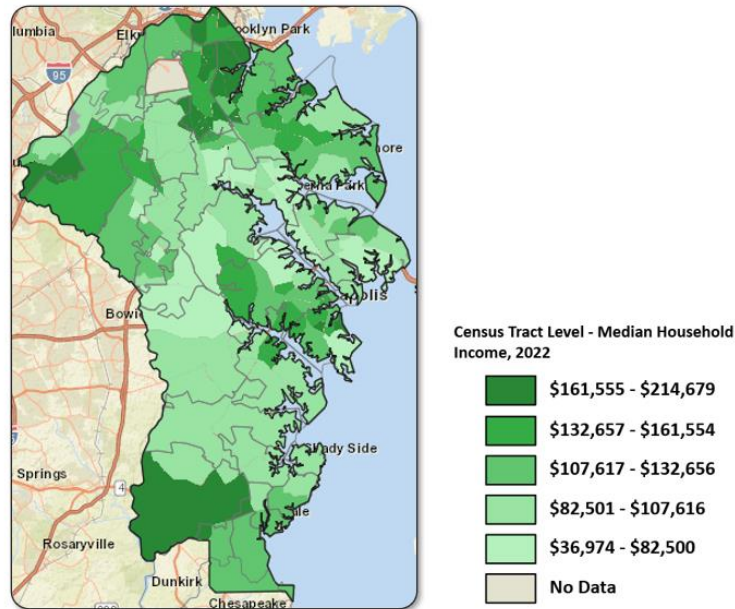
[15] Source: U.S. Census Bureau ACS (2022). Table DP02 5-Year Estimates, 2018-2022.
[16] Source: U.S. Census Bureau ACS (2022). Table S1901 5-Year Estimates, 2018-2022.

In addition to geographic disparities, income disparities are present when data is viewed by race and ethnicity as well. Non-Hispanic White and Asian households are more heavily represented in the highest income brackets, particularly in the $200,000 or greater category, where they make up 24.0% and 22.7% of their respective populations. In contrast, Hispanic and Non-Hispanic Black households have higher representation in the lower and middle-income ranges. For example, in the $50,000-$74,999 range, Hispanic households represent 19.1% of their population, notably higher than other groups. These patterns suggest persistent economic inequalities in the county that align with broader national trends regarding racial and ethnic wealth gaps.

Figure 2.4: Household Income Profile by Race and Ethnicity, 2022[16]
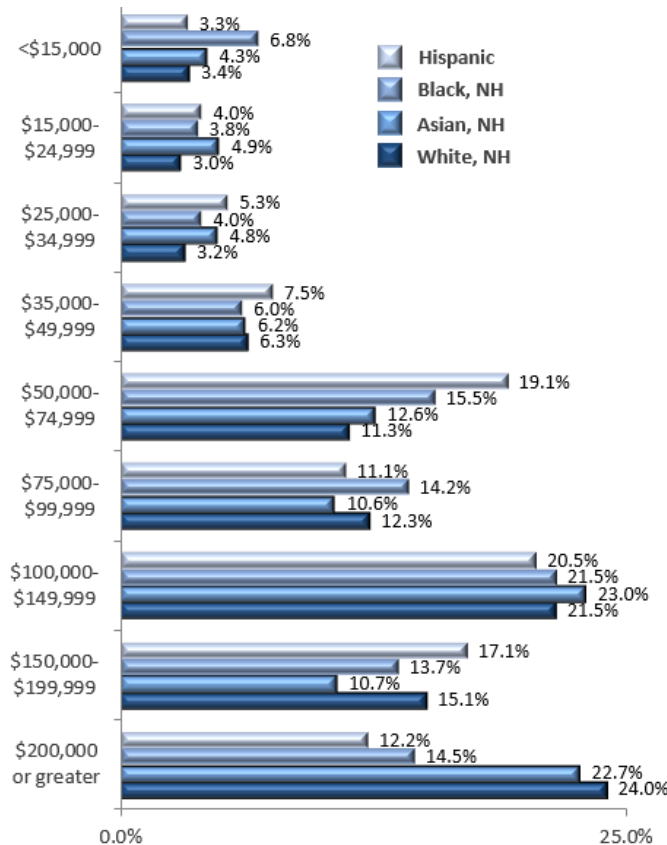
Poverty has a significant impact on health. Across the lifespan, people who live in impoverished communities have a higher risk of poor health outcomes, including mental illness, chronic diseases, higher mortality and lower life expectancy. Poverty is a concern across the lifespan; children who live in poverty are at risk for developmental delays, toxic stress and poor nutrition, and are likely to live in poverty as adults as well. Unmet social needs, including having low or no income, can also limit people's ability to access healthcare when they need it, or to provide for basic necessities needed to live healthy lives, such as safe housing or healthy food.[17] The percentage of households below the Federal Poverty Level in Anne Arundel County (5.8%) is lower than both Maryland (9.3%) and the United States (12.5%). The rate of poverty for Black (9.5% and Hispanic (9.4%) residents in Anne Arundel County is over twice as high as it is

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for White residents (4.2%), though rates of poverty for residents of color remain lower than statewide and national rates.

Table 2.10: 2022 Percent of Households Below the Federal Poverty Level[18]			
	Anne Arundel County	Maryland	United States
All Residents	5.8%	9.3%	12.5%
White	4.2%	6.5%	9.2%
Black	9.5%	13.0%	21.5%
Asian	7.9%	7.2%	10.1%
Hispanic	9.4%	12.0%	17.2%

The percentage of households receiving food stamps/SNAP (Supplemental Nutrition Assistance Program) benefits in Anne Arundel County (6.1%) is notably lower than both Maryland (10.8%) and the United States (11.5%), indicating fewer county residents are seeking out assistance to afford food compared to state and national averages.

Table 2.11: 2022 Households Receiving Food Stamps/SNAP[19]			
	Anne Arundel County	Maryland	United States
Number of Households Receiving Food Stamps/SNAP	13,546	250,126	14,459,681
Total Number of Households (2022)	221,704	2,318,124	125,736,353
Percentage of Households receiving Food Stamps/SNAP	6.1%	10.8%	11.5%

Anne Arundel County shows strong educational attainment across all levels. Nearly half of residents (44.1%) hold higher education degrees, with 25.1% having earned a bachelor's degree and 19% holding graduate or professional degrees. Over a quarter of residents (27.4%) have some college experience or an associate's degree (20.1% with some college and 7.3% with an associate's degree). About one-fifth (21.9%) have completed high school alone or the equivalent. Only a small percentage of county residents lack a high school education, with 2.2% having less than 9th grade education and 4.2% having attended some high school without graduating. Anne Arundel County's educational attainment statistics exceed both Maryland and national averages, with higher rates of college graduates and lower rates of residents without high school completion, indicating a well-educated population overall.

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[18] Source: U.S. Census Bureau ACS (2022). Table S1701 5-Year Estimates, 2018-2022.
[19] Source: U.S. Census Bureau ACS (2022). Table S2201 5-Year Estimates, 2018-2022.

Table 2.12: 2022 Educational Attainment[20]			
	Anne Arundel County	Maryland	United States
Less than 9th Grade	2.2%	3.8%	4.7%
Some High School/No Diploma	4.2%	5.2%	6.1%
High School Graduate	21.9%	23.8%	26.4%
Some College/No Diploma	20.1%	18.1%	19.7%
Associate's Degree	7.3%	6.9%	8.7%
Bachelor's Degree	25.1%	22.4%	20.9%
Graduate/ Professional Degree	19.0%	19.9%	13.4%

Although overall rates of educational attainment are high, disparities emerge when this data is viewed by race and ethnicity. The rates of Hispanic residents with less than a 9th grade education (14%) or some high school, but no diploma (8%) is over the rates of county residents of other races/ethnicities. White (30%) and Asian (35%) residents of Anne Arundel County have significantly higher rates of bachelor's degree attainment than Black (21%) and Hispanic residents (21%).

Figure 2.5: Educational Attainment by Race and Ethnicity in Anne Arundel County, 2022[21]
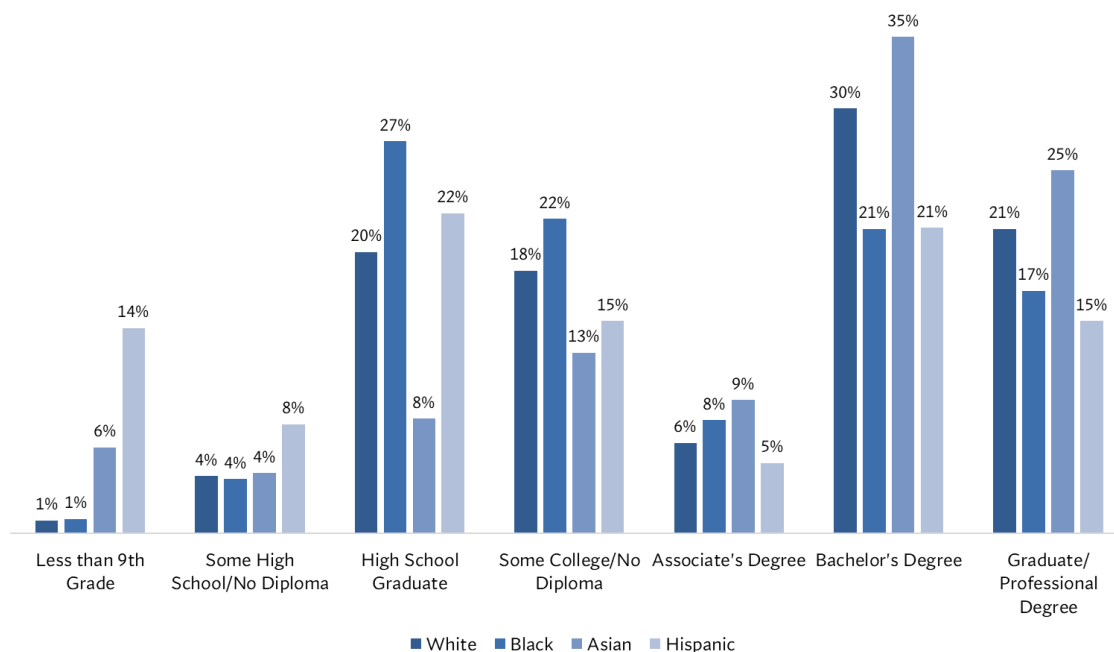
Anne Arundel County has a lower overall unemployment rate (4.2%) than both Maryland (5.1%) and the United States (5.3%). This pattern of lower unemployment in Anne Arundel County held true across various racial and ethnic groups. The most significant disparity was seen in the unemployment rate for Black residents (6.1%) which was higher than White (3.5%), Asian (3.8%) and Hispanic (4.1%) residents.

Table 2.13: 2022 Unemployment Rate (Ages 16+)[22]			
	Anne Arundel County	Maryland	United States
All Residents	4.2%	5.1%	5.3%
White	3.5%	3.7%	4.3%
Black	6.1%	7.4%	8.9%
Asian	3.8%	4.5%	4.4%
Hispanic	4.1%	5.3%	6.2%

Although the overall rate of uninsured individuals in Anne Arundel County (4.5%) is better than both Maryland (5.9%) and national rates (8.7%), there are some notable exceptions. Among young people ages 19 or younger, Anne Arundel County has a particularly low uninsured rate of 2.7%, compared to 3.8% in Maryland and 5.3% nationally. Working-age adults (ages 19 to 64) in the county also fared better, with a 6.2% uninsured rate versus 8.1% statewide and 12.2% nationally.

However, there were some concerning disparities when viewing this data by race and ethnicity. Asian residents in Anne Arundel County had a notably higher uninsured rate (9.3%) than the state average (5.2%), and Hispanic residents faced a significant uninsured rate (16.6%), though this lower than the state average of 21.7%. Non-Hispanic White residents had the lowest uninsured rate in Anne Arundel County (2.4%), in line with statewide trends.

| Table 2.14: 2022 Health Insurance Status[23]			
	Anne Arundel County	Maryland	United States
Percentage uninsured, ages 19 or younger	2.7%	3.8%	5.3%
Percentage uninsured, ages 19 to 64	6.2%	8.1%	12.2%
Percentage uninsured, all residents	4.5%	5.9%	8.7%
White	2.4%	2.9%	7.0%
Black	5.9%	5.5%	9.8%
Asian	9.3%	5.2%	6.1%
Hispanic	16.6%	21.7%	17.6%

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[22] Source: U.S. Census Bureau ACS (2022). Table S2301 5-Year Estimates, 2018-2022.
[23] Source: U.S. Census Bureau ACS (2022). Table S2701 5-Year Estimates, 2018-2022.

Social Determinants of Health

In addition to the considerations noted above, there are many other factors that can positively or negatively influence a person's health. The Steering Committee recognizes this and believes that, to portray a complete picture of the county's health status, it first must address the factors that impact community health. The Centers for Disease Control and Prevention (CDC) defines social determinants of health (SDoH) as the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks. According to the CDC's "Social Determinants of Health" from its *Healthy People 2030* public health priorities initiative, factors contributing to an individual's health status can include the following: healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality.

Figure 2.6: Social Determinants of Health

As seen in **Figure 2.6** many of the factors that contribute to health are hard to control or societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

It is widely acknowledged that people with lower income, social status and levels of education find it harder to access healthcare services compared to people in the community with more resources. Being unable to access healthcare services is a factor that contributes to poor health status. Further, people in communities with fewer resources may also experience high levels of stress, which also contributes to worse health outcomes, particularly related to mental or behavioral health.

The Steering Committee collected new data via focus groups and surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below.

Disparities

Recognizing the diversity of Anne Arundel County, as discussed above, the Steering Committee evaluated factors that may contribute to health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English language proficiency.

Residential segregation is measured by the index of dissimilarity, a demographic measure ranging from 0 to 100 that represents how evenly two demographic groups are distributed across a county's census

tracts. Lower scores represent a higher level of integration. The residential segregation in Anne Arundel County is less prominent compared to Maryland and the U.S. as seen in **Figure 2.7**.

Figure 2.7: Residential Segregation[24]
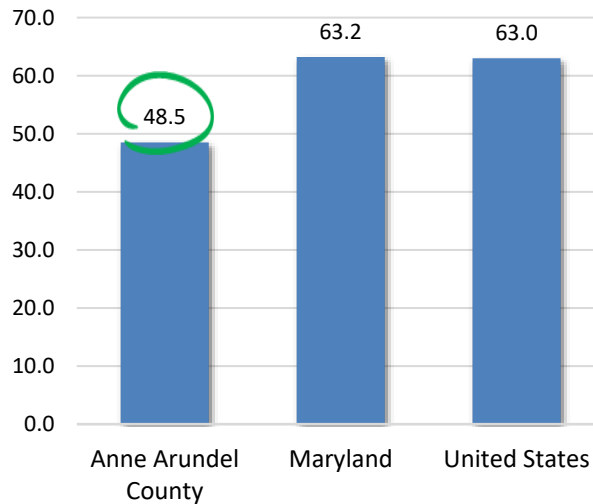
Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, sense of community, and social support. As seen in **Figure 2.8**, the income inequality ratio for Anne Arundel County is lower than both state and nation.

Figure 2.8: Income Inequality Ratio[24]
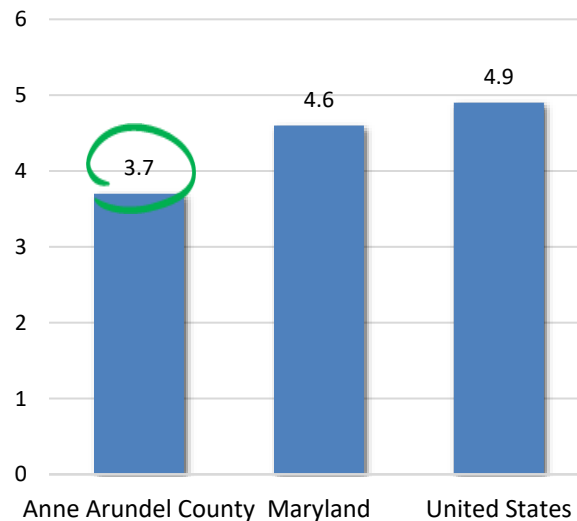
People with limited English proficiency (LEP) may face challenges accessing care and resources that fluent English speakers do not. Language barriers may make it hard to access transportation, medical, and social

[24] Source: Robert Wood Johnson Foundation (RWJF) and University of Wisconsin Public Health Institute (UWPHI) (2024). County Health Rankings.

services as well as limit opportunities for education and employment. Importantly, LEP community members may not understand critical public health and safety notifications, such as safety-focused communications during the COVID-19 pandemic. Fewer people in Anne Arundel County are not fluent in English compared to Maryland and the U.S., as seen in **Figure 2.9**.

Figure 2.9: Percent of Population with Limited English Proficiency[24]
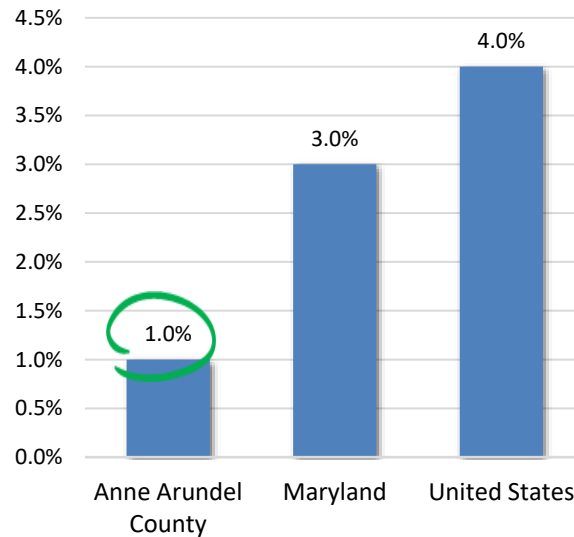
Social Vulnerability Index

One resource that can help show variation and disparities between geographic areas is the Social Vulnerability Index (SVI), which was developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to negative effects communities may experience due to external stresses that impact human health, like natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are at especially high risk during public health emergencies.

The SVI uses 16 U.S. Census variables to help local officials identify communities that may need support before, during, or after a public health emergency.[25] Communities with a higher SVI score are generally at a higher risk for poor health outcomes. Instead of relying on public health data alone, the SVI accounts for underlying economic and structural conditions that affect overall health, including SDoH. SVI scores are calculated at the census tract level and based on U.S. Census variables across four related themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. **Figure 2.10** outlines the variables used to calculate SVI scores.

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[25] CDC/ATSDR Social Vulnerability Index (SVI). Retrieved from https://www.atsdr.cdc.gov/place-health/php/svi/index.html.

Figure 2.10: SVI Variables

Social Vulnerability	Household Characteristics	Racial & Ethnic Minority Status	Housing Type & Transportation
Below 150% Poverty	Aged 65 and Older	Persons who are racial and/or ethnic minorities (Total population minus non-Hispanic white)	Multi-Unit Structures
Unemployed	Aged 17 and Younger		Mobile Homes
Housing Cost Burden	Civilian with a Disability		Crowding
No High School Diploma	Single-Parent Households		No Vehicle
No Health Insurance	English Language Proficiency		Group Quarters

The United States SVI by county is shown in **Figure 2.11** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 2.11: United States SVI by County, 2022
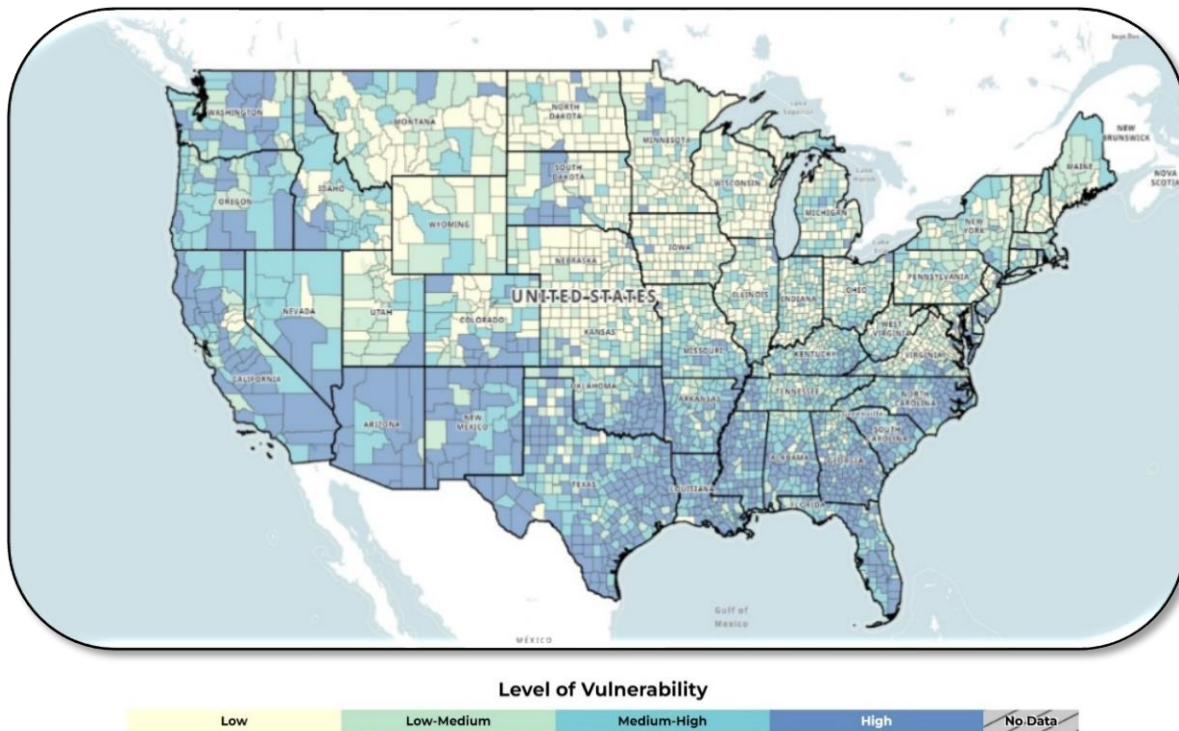
The 2022 SVI scores for Anne Arundel County are shown in **Figure 2.12** below. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability), and these scores show a relative comparison with other counties and census tracts in Maryland. The vulnerability of Anne Arundel County overall is lower than average compared to the state. Levels of vulnerability are variable across the county with the average being 0.20.

Figure 2.12: Anne Arundel County SVI by Census Tract, 2022

Level of Vulnerability

| Low: 0.0-0.25 | Low-Medium: 0.25-0.50 | Medium-High: 0.50-0.75 | High: 0.75-1.0 | No Data |
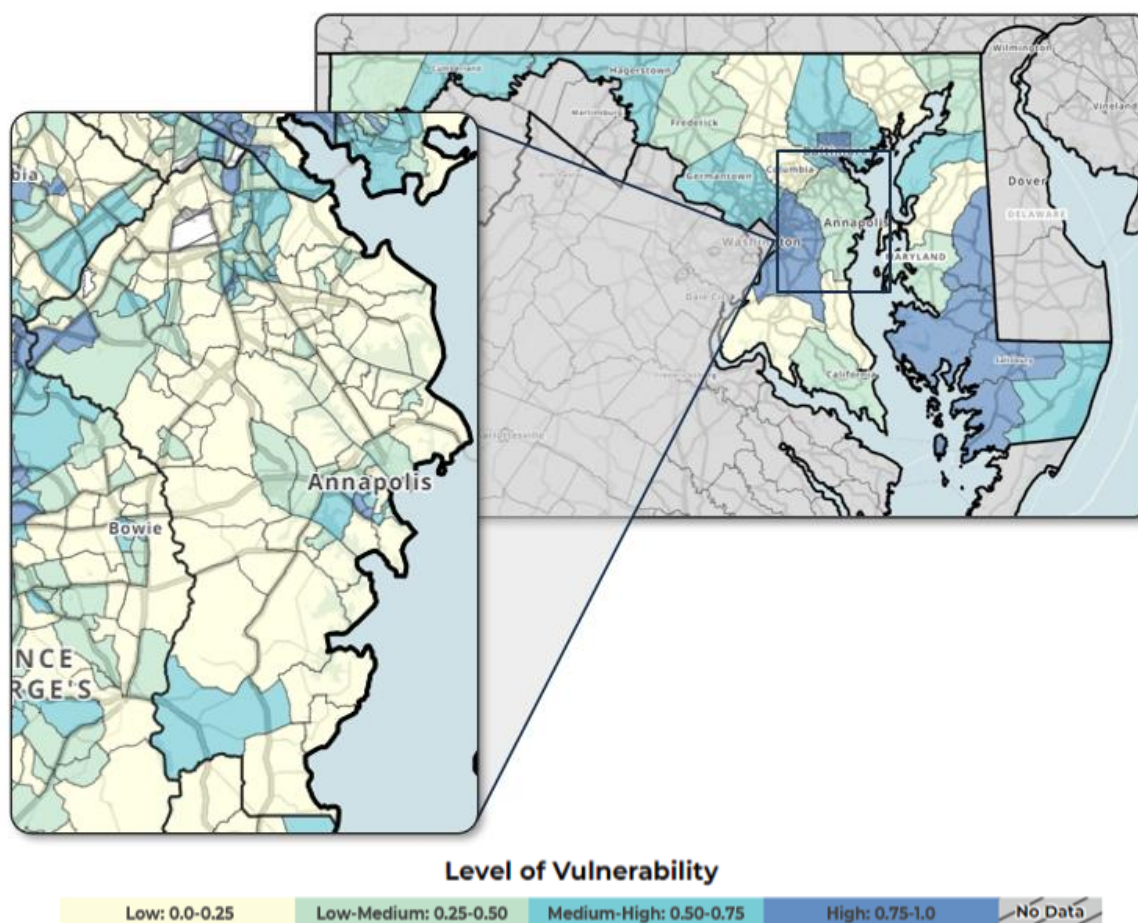
Environmental Justice Index

Environmental justice means the just treatment and meaningful involvement of all people, regardless of income, race, color, national origin, Tribal affiliation, or disability, in agency decision-making and other Federal activities that affect human health and the environment. It aims to protect everyone from disproportionate health and environmental risks, address cumulative impacts and systemic barriers, and provide equitable access to a healthy and sustainable environment for all activities and practices.[26]

The CDC/ATSDR Environmental Justice Index (EJI) is a database that ranks the impact of environmental injustice on health. It uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency,

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[26] U.S. Environmental Protection Agency (2024). Retrieved from https://www.epa.gov/environmentaljustice

the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention. The Index scores environmental burden and injustice at the census tract level in the U.S. based on multiple social, environmental, and health factors.

Over time, communities with a higher EJI score are generally shown to experience more severe impacts from environmental burden than communities in other census tracts. **Figure 2.13** outlines the variables used to calculate EJI scores.

Figure 2.13: EJI Variables

Social Vulnerability	Environmental Burden	Health Vulnerability
Racial/Ethnic Minority	Air Pollution	Asthma
Socioeconomic Status	Potentially Hazardous and Toxic Sites	Cancer
Household Characteristics	Built Environment	High Blood Pressure
Housing Type	Transportation Infrastructure	Diabetes
	Water Pollution	Poor Mental Health
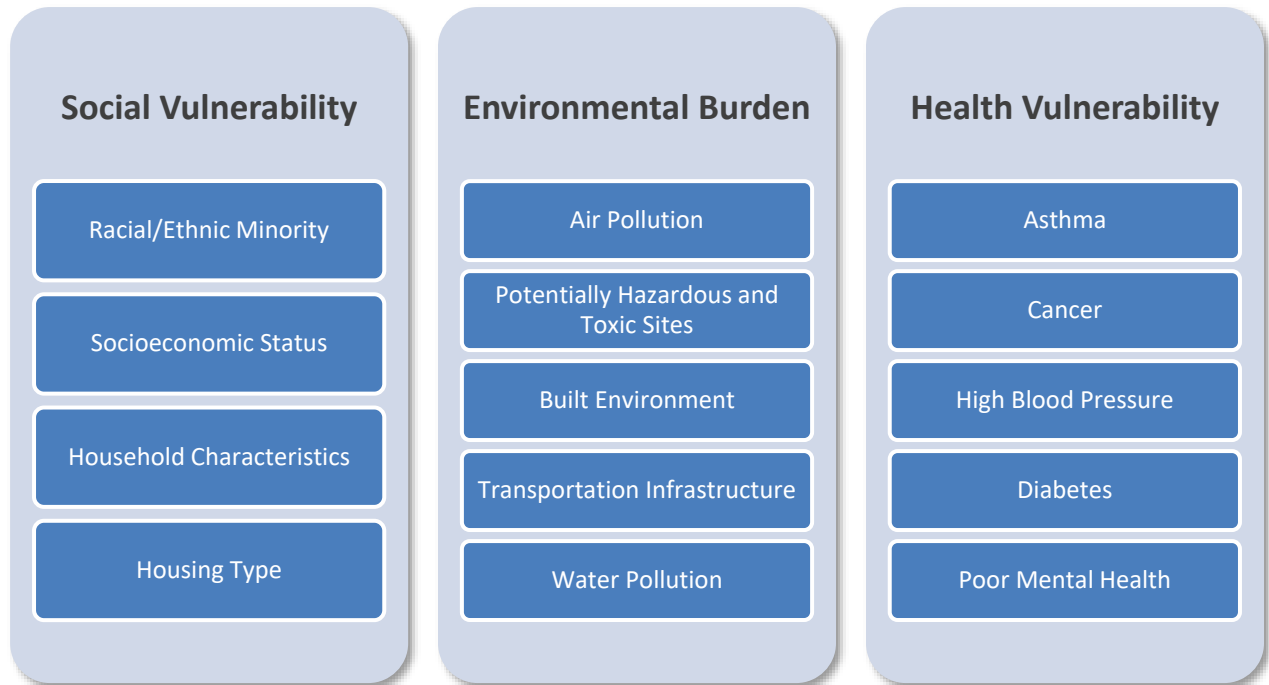
The United States EJI by county is shown in **Figure 2.14** below. As shown, a lot of variation exists across the country, and even within individual states.

Figure 2.14: United States EJI by Census Tract, 2022
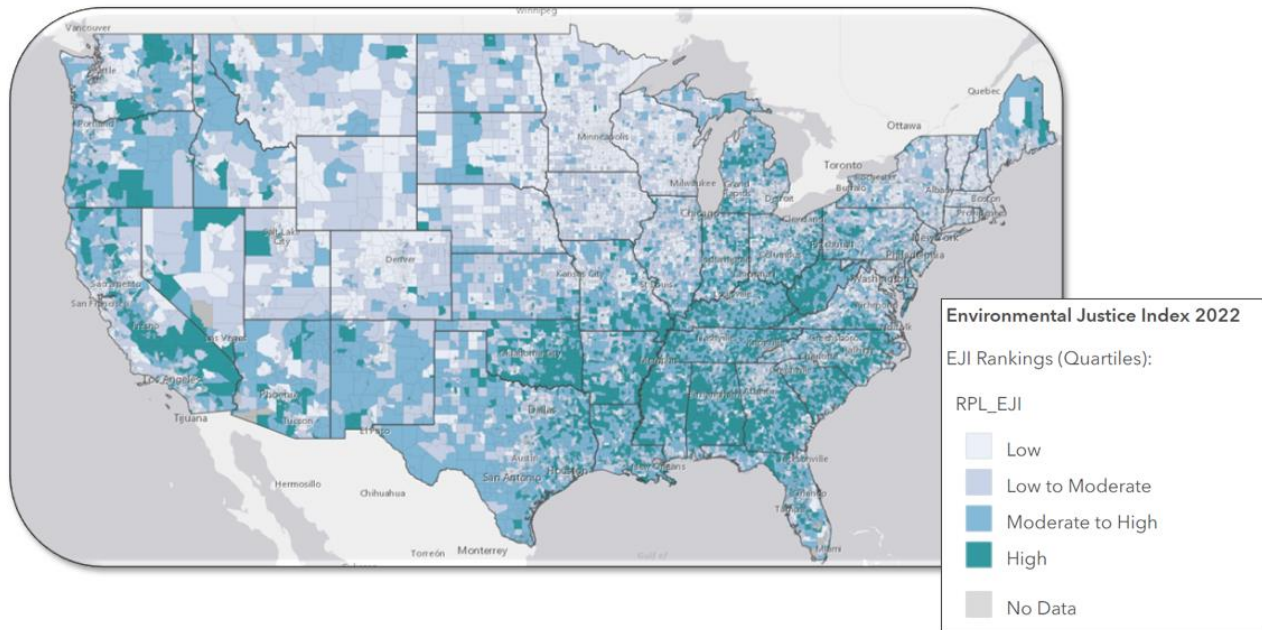
The 2022 EJI scores for Anne Arundel County are shown in **Figure 2.12** below. EJI scores use percentile ranking which represents the proportion of census tracts that experience environmental burden relative to other census tracts in Maryland. The index ranges from 0-1 with higher scores indicating more environmental burden compared to other census tracts. Levels of environmental burden are variable across the county with the average being 0.35.

Figure 2.15: Anne Arundel County EJI by Census Tract, 2022
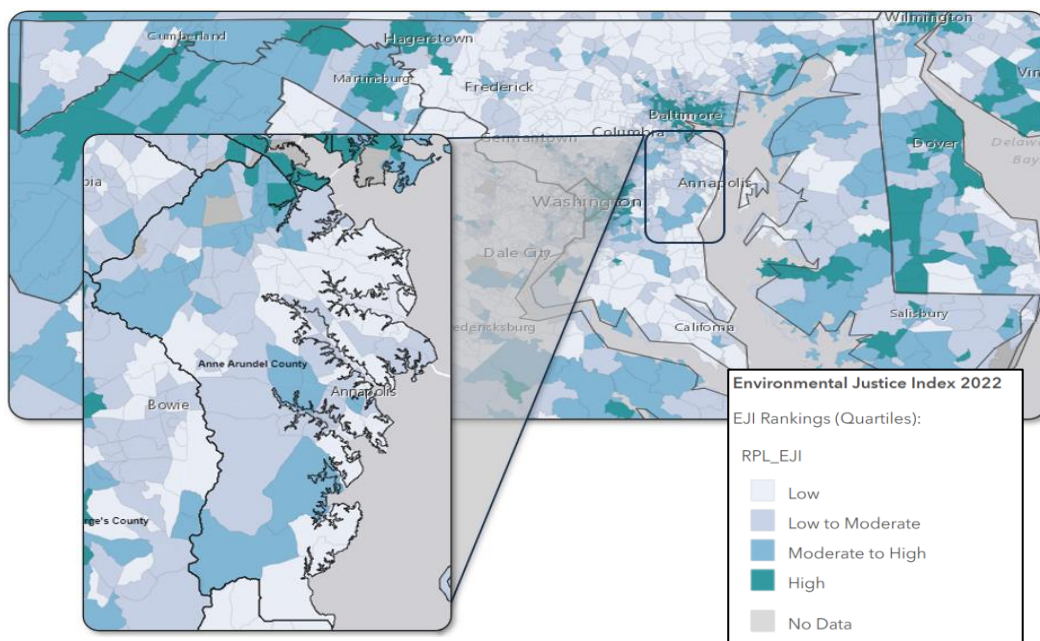
Health Outcome and Health Factor Rankings

County leaders also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2024. The Health Outcomes measure looks at how long people in a community live and how physically and mentally healthy they are. These categories are discussed further in **Appendices 2** through **4.** Anne Arundel County is slightly above the average for the country and the state, which means people there may be healthier on average.

Figure 2.16: State Health Outcomes Rating Map[24]
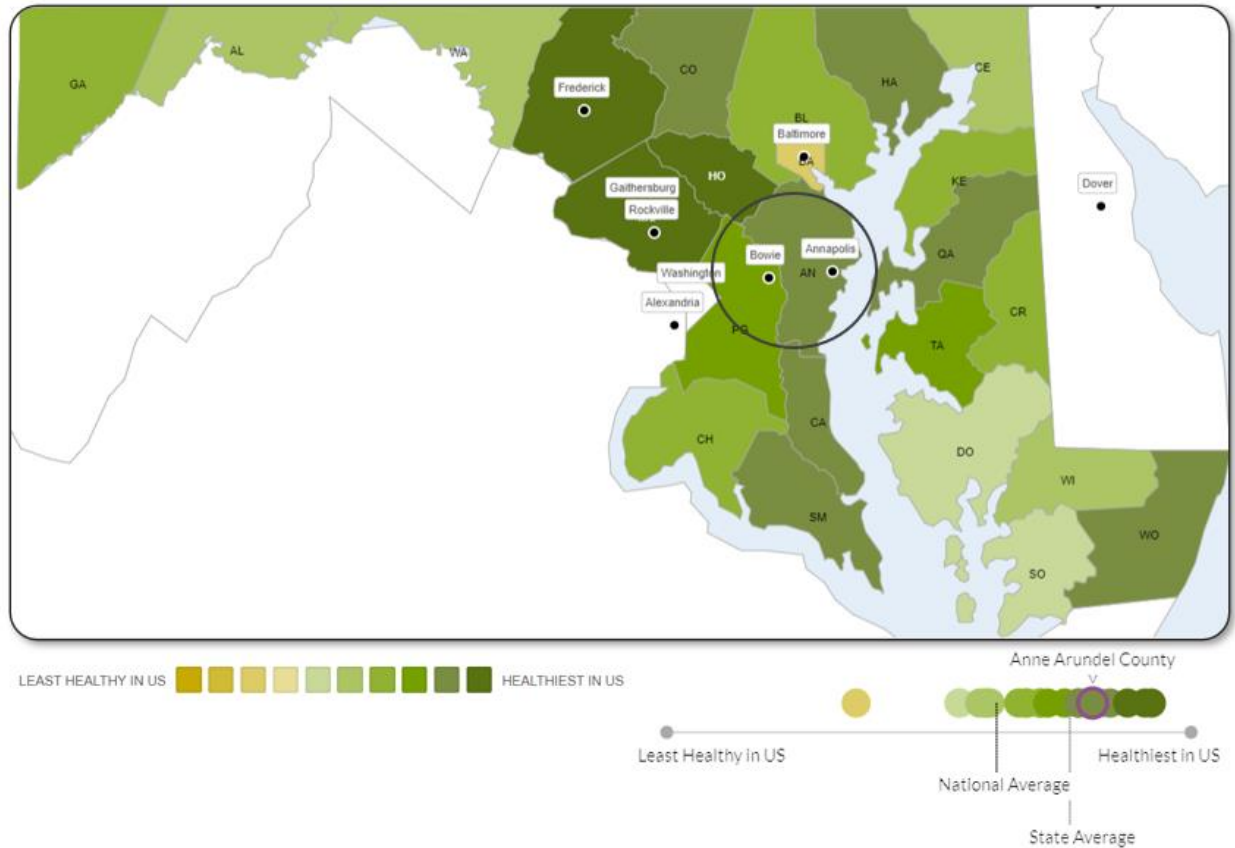
The Health Factors measure looks at variables that affect people's health including health behaviors, clinical care, social & economic factors, and the physical environment they live in. More details about these indicators can be found in **Appendices 2** through **4.** Similar to the Health Outcome measure, Anne Arundel County is above the average for the country and the state.

Figure 2.17: State Health Factors Rating Map[24]
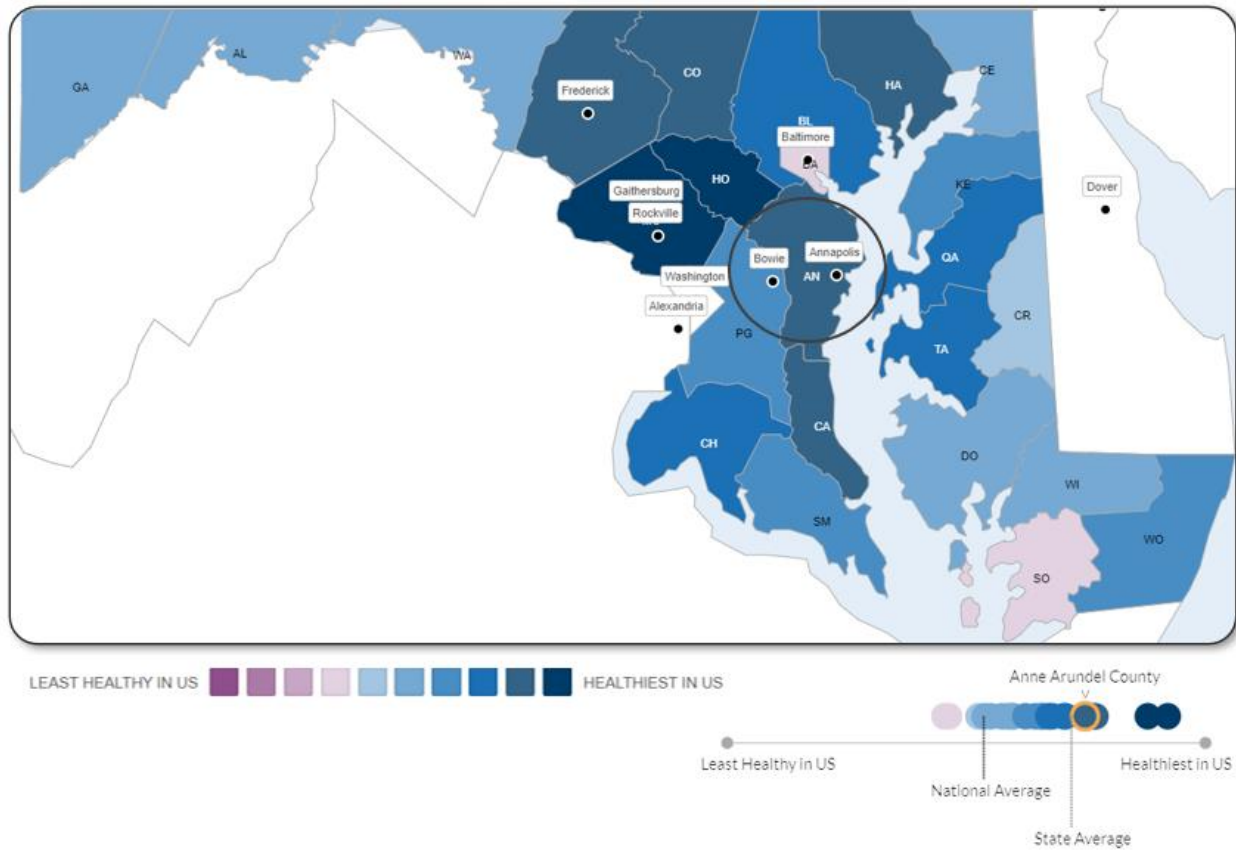
CHAPTER 3 | PRIORITY NEED AREAS

This chapter describes each of the four priority areas in more detail and discusses the data that supports each priority. The information in this section includes context and national perspective, secondary data findings, and primary data findings (including key leader survey, community member survey, and focus groups).

The priority areas were determined using a multi-voting technique. After a thorough data review of seventeen potential priority areas, the Steering Committee members were asked to identify the three areas they thought were the most important for local health leaders to address over the next three years. After additional discussion about the polling results and potential priorities, the participants expanded the selection to four final priorities which are detailed below.

As mentioned previously, these priority needs areas are not listed in any hierarchical order of importance and all will be addressed by the Anne Arundel County leaders in health improvement plans guided by this CHNA. As noted in **Chapter 1**, county health leadership considered the following factors when determining the priority needs reported in this assessment:

- Size and scope of the health need;

- Severity and intensity of the health need;

- Estimated feasability and effectiveness of possible interventions;

- Health disparities associated with the need; and

- Importance the community places on addressing the need.

While the information presented in this chapter focuses specifically on the county's four identified priority need areas, a broad array of primary and secondary data across various topics was analyzed for the purposes of this assessment. Complete data findings and source information are captured in **Appendices 2** through **11** of this document.

PRIORITY NEED: ACCESS TO HEALTHCARE

Context and National Perspective

Access to care means patients are able to get high quality, affordable healthcare in a timely fashion to achieve the best possible health outcomes. It includes several components, including coverage (i.e. insurance), a physical location where care is provided, the ability to receive timely care, and enough providers in the workforce. The Steering Committee identified access to care as a high priority need for residents of Anne Arundel County.

From a national perspective, according to Healthy People 2030, approximately one in ten people in the U.S. do not have health insurance, which means they are less likely to have a primary care provider or to be able to afford the services or medications they need.[27] Access is a challenge even for those who are insured.[28]

The availability and distribution of health providers in the U.S. contributes to healthcare access challenges. According to the Association of American Medical Colleges (AAMC), there is estimated to be a shortage of 13,500 to 86,000 physicians in the U.S. by 2036, which will impact both primary and specialty care.[29] Access issues are anticipated to increase in coming years. Growing shortages of both nurses and doctors are being driven by several factors, including population growth, the aging U.S. population requiring higher levels of care, provider burnout (physical, mental and emotional exhaustion) made worse by the COVID-19 pandemic, and a lack of clinical training programs and faculty – particularly for nurses.[30] The aging of the current physician workforce is also driving anticipated personnel shortages. In Maryland, 35.8% of actively practicing physicians were over the age of 60 in 2020. Access is also impacted by the number of actively practicing physicians overall. In 2020, there were just 7,075 primary care physicians in Maryland, with 23,791 physicians actively practicing overall.[31]

The ability to access healthcare is not evenly distributed across groups in the population. Groups who may have trouble accessing care include the chronically ill and disabled (particularly those with mental health or substance use disorders), low-income or homeless individuals, people located in certain geographical areas (rural areas; tribal communities), members of the LGBTQIA+ community, and certain age groups – particularly the very young or the very old.[32] In addition, individuals with limited English proficiency (LEP) face barriers to accessing care, experience lower quality care and have worse outcomes for health

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[27] Source: U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (2023). *Healthy People 2030: Health Care Access and Quality*. Retrieved January 6, 2025 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality.

[28] Source: Phillips, K.A., Marshall, D.A., Adler, L., Figueroa, J., Haeder, S.F., Hamad, R., Hernandez, I., Moucheraud, C., Nikpay, S. (2023). Ten health policy challenges for the next ten years. *Health Affairs Scholar*. Retrieved from: https://academic.oup.com/healthaffairsscholar/article/1/1/qxad010/7203673.

[29] Source: Association of American Medical Colleges (AAMC) (2024). *The complexities of physician supply and demand: Projections from 2021 to 2036*. Retrieved from: https://www.aamc.org/media/75236/download?attachment .

[30] Source: Association of American Medical Colleges (AAMC) (2024). *State of US Nursing Report 2024*. Retrieved, from https://www.incrediblehealth.com/wp-content/uploads/2024/03/2024-Incredible-Health-State-of-US-Nursing-Report.pdf .

[31] Source: AAMC (2021). *Maryland physician workforce profile*. Retrieved January 6, 2025, from: https://www.aamc.org/media/58211/download.

[32] Source: Joszt, L. (2018). 5 Vulnerable Populations in Healthcare. *American Journal of Managed Care*. Retrieved January 6, 2025 from https://www.ajmc.com/view/5-vulnerable-populations-in-healthcare.

concerns. LEP is known to worsen health disparities and can make challenges related to other SDoH (access to housing, employment, etc.) worse.[33] Both primary and secondary data resources analyzed for this report highlight the need for greater access to health services within Anne Arundel County.

Secondary Data Findings

Secondary data demonstrated that while Anne Arundel County performs better than Maryland on some metrics like insurance coverage and primary care utilization, significant challenges exist around provider availability, workforce capacity and equitable access to care.

Compared to Maryland, Anne Arundel County has a higher ratio of providers per population across multiple specialties, which could suggest that residents face challenges accessing timely care. The total population per primary care physician in Anne Arundel County is 1,487, significantly higher than Maryland's ratio of 1,179 and the national ratio of 1,330. Despite this, a slightly higher percentage of residents in Anne Arundel County (89.3%) report having a usual primary care provider compared to the state as a whole (87.3%). Similarly, while Anne Arundel County has a higher population (1,370) per dental provider compared to Maryland overall (1,238), a higher percentage of children in the county (57.1%) receive dental services compared to children across the state (56.3%).

Table 3.1. Access to Care Indicators

Indicator	Anne Arundel County	Maryland	United States
Population per Primary Care Physician[34]	1,478	1,179	1,330
Persons with a Usual Primary Care Provider[34]	89.3%	87.3%	-
Population per Mental Health Provider[34]	380	290	320
Population per Dentist[34]	1,370	1,238	1,360
Children Receiving Dental Care[35]	57.1%	56.3%	-

Other than a decrease in adherence during the COVID-10 pandemic, Black residents have consistently had the highest rates of receiving routine care in Anne Arundel County. In the last three years of available data, White residents maintained stable rates of seeking primary care (72% to 73%) while Hispanic

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[33] Source: Espinoza, J. and Derrington, S. (2021). How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? *AMA Journal of Ethics*. Retrieved from: https://journalofethics.ama-assn.org/article/how-should-clinicians-respond-language-barriers-exacerbate-health-inequity/2021-02.

[34] Source: American Medical Association (2021). Area Health Resource File. Retrieved from Robert Wood Johnson Foundation (RWJF) & University of Wisconsin Population Health Institute (UWPHI) 2024 County Health Rankings.

[35] Source: Maryland Department of Health (MDH) (2021). Maryland State Health Improvement Process (MD SHIP).

residents showed a concerning downward trend from 70.6% in 2020 to 65.6% in 2022, marking the lowest rate among all groups.

Figure 3.1. Percent of Anne Arundel County Residents Reporting Having a Routine Check Up in the Past 12 Months, 2018-2022[36]
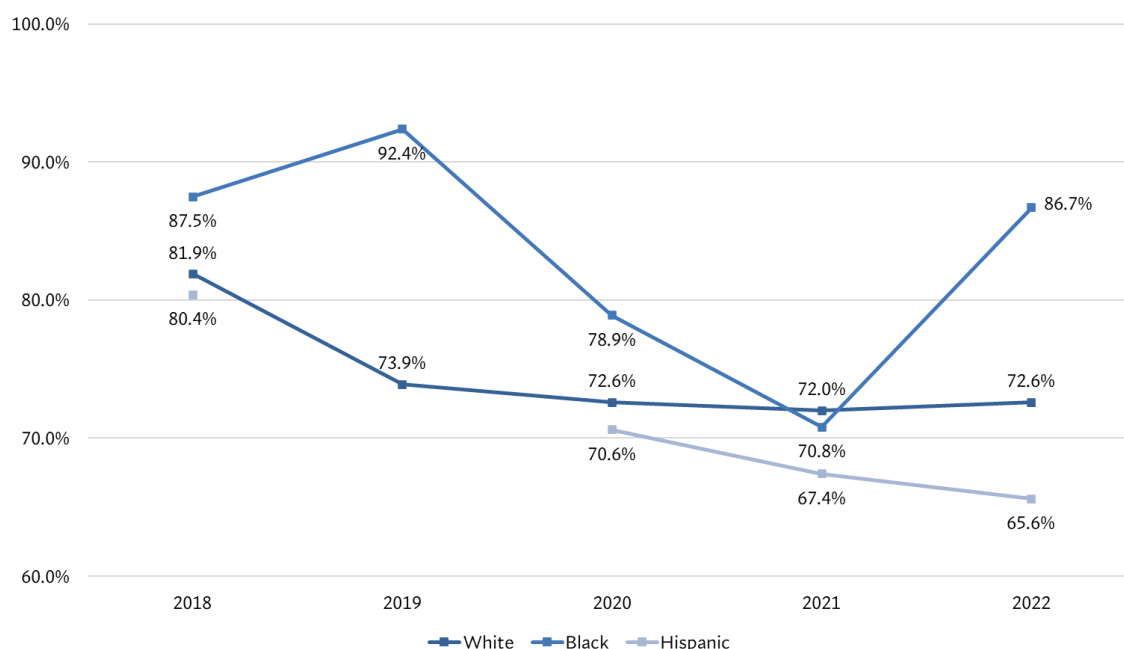
The uninsured rate in Anne Arundel County is lower than the state average, with 4.5% of the total population uninsured compared to 5.9% in Maryland and 8.7% nationally. This pattern holds true across age groups when comparing Anne Arundel County to Maryland, with lower uninsured rates for both working age adults (6.2% versus 8.1%) and children under 19 (2.7% versus 3.8%).

Table 3.2. Health Insurance Indicators

Indicator	Anne Arundel County	Maryland	United States
Uninsured Population Overall[37]	4.5%	5.9%	8.7%
Uninsured Adults (19-64)[37]	6.2%	8.1%	12.2%
Uninsured Children (<19)[37]	2.7%	3.8%	5.3%

Despite a low overall rate (4.5%) of residents without health insurance, Hispanic residents have consistently experienced the highest rates of uninsurance despite a 2.8% decline in the uninsured population from 2018 to 2022. The percent of Asian residents without health insurance increased

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[36] Note: Data not available for Hispanic residents in 2019

[37] Source: U.S. Census Bureau American Community Survey (ACS) (2022). Table S1501 5-Year Estimates, 2018-2022.

significantly from 5.7% to 9.3% during this same period, while Black residents showed a modest increase from 4.5% to 5.9%. White residents maintained the lowest uninsured rates throughout the period.

Figure 3.2. Percent of Anne Arundel County Residents without Health Insurance by Race/Ethnicity
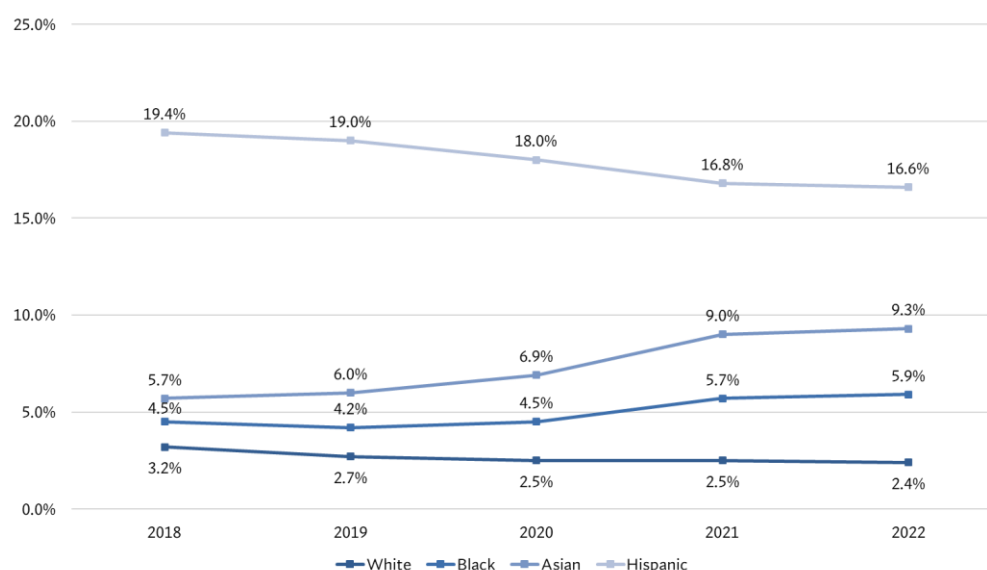
Anne Arundel County performs slightly better than Maryland on Medicare preventive care measures, with higher rates of annual mammography (44% versus 43%) and flu vaccinations (52% versus 51%) among Medicare enrollees. However, the rate of preventable hospital stays among Medicare enrollees is slightly higher than the state average (2,520 versus 2,508 per 100,000 Medicare enrollees), suggesting some residents may face barriers to accessing appropriate outpatient or follow-up care leading to higher inpatient utilization.

Table 3.3. Quality of Care Indicators

Indicator	Anne Arundel County	Maryland	United States
Annual Medicare Mammogram[38]	44%	43%	43%
Annual Medicare Flu Vaccine[38]	52%	51%	46%
Preventable Medicare Hospital Stays[38]	2,520	2,508	2,681

Rates of inpatient admissions and emergency department visits reveal notable healthcare utilization disparities across racial and ethnic groups. While the overall inpatient admission rate is 73.9 and emergency department visit rate is 226.9, Black residents have significantly higher rates in both categories (86.1 and 328.0 respectively). Asian residents have the lowest utilization (45.3 and 98.1), with White and Hispanic residents falling between these extremes. These patterns could indicate underlying healthcare access issues - higher emergency department usage among Black and Hispanic populations may suggest

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[38] Centers for Medicaid and Medicare Services (CMS) (2021). Mapping Medicare Disparities Tool. Retrieved from RWJF & UWPHI 2024 County Health Rankings.

limited access to preventive and primary care. The disparities suggest a need for targeted interventions to improve healthcare equity.

Table 3.4: 2023 Anne Arundel County Utilization Rates per 1,000 Population[39]

Population	Inpatient Admission Rate	Emergency Department Visit Rate
All Residents	**73.9**	**226.9**
White	68.0	189.6
Black	86.1	328.0
Asian	45.3	98.1
Hispanic	69.8	271.2

The federal Health Resources and Services Administration defines a health professional shortage area (HPSA) as an area, population or facility experiencing a shortage of healthcare services, while a medically underserved area/population (MUA/P) is defined as an area or population with a lack of access to primary care. As seen in **Figure 3.3**, several census tracts in Anne Arundel County are designated as a HPSA, MUA/P, or both. Residents of these census tracts may need to travel outside their immediate neighborhood to be able to access the care they need, contributing to access challenges.

Figure 3.3: Anne Arundel County HPSAs by Census Tract[40]

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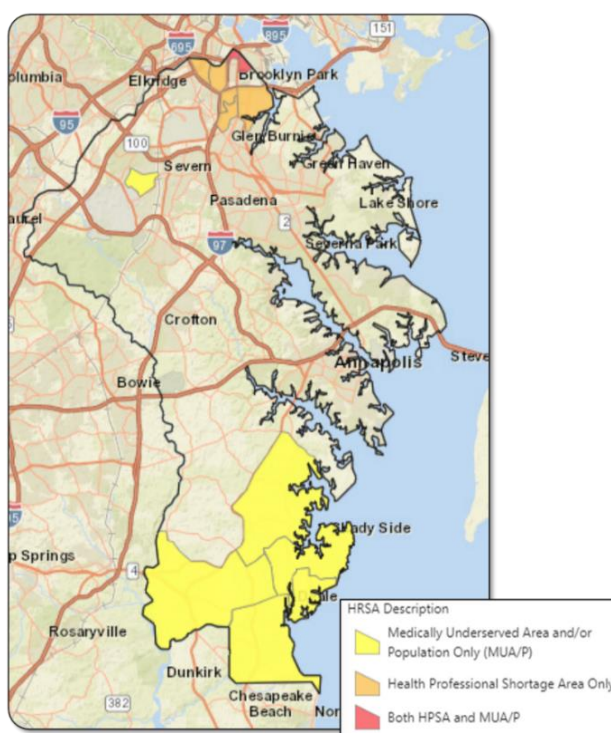
[39]Source: Maryland HSCRC Outpatient and Inpatient Files (2023).
[40] Source: Health Resources and Services Administration (HRSA) (2021-2022).

For additional detail on secondary data findings, see **Appendices 3, 8, 9, 10** and **11**.

Primary Data Findings – Community Member Web Survey

Over 600 Anne Arundel County residents responded to the web-based community member survey. Respondents identified several access to care needs in Anne Arundel County. When asked to identify the three most important social or environmental problems affecting the health of the community, nearly one-third (32.5%) of total respondents indicated access to care as a primary concern, ranking it as the top issue overall.

Figure 3.4: What are the three most important social or environmental problems that affect the health of your community? (n=628)
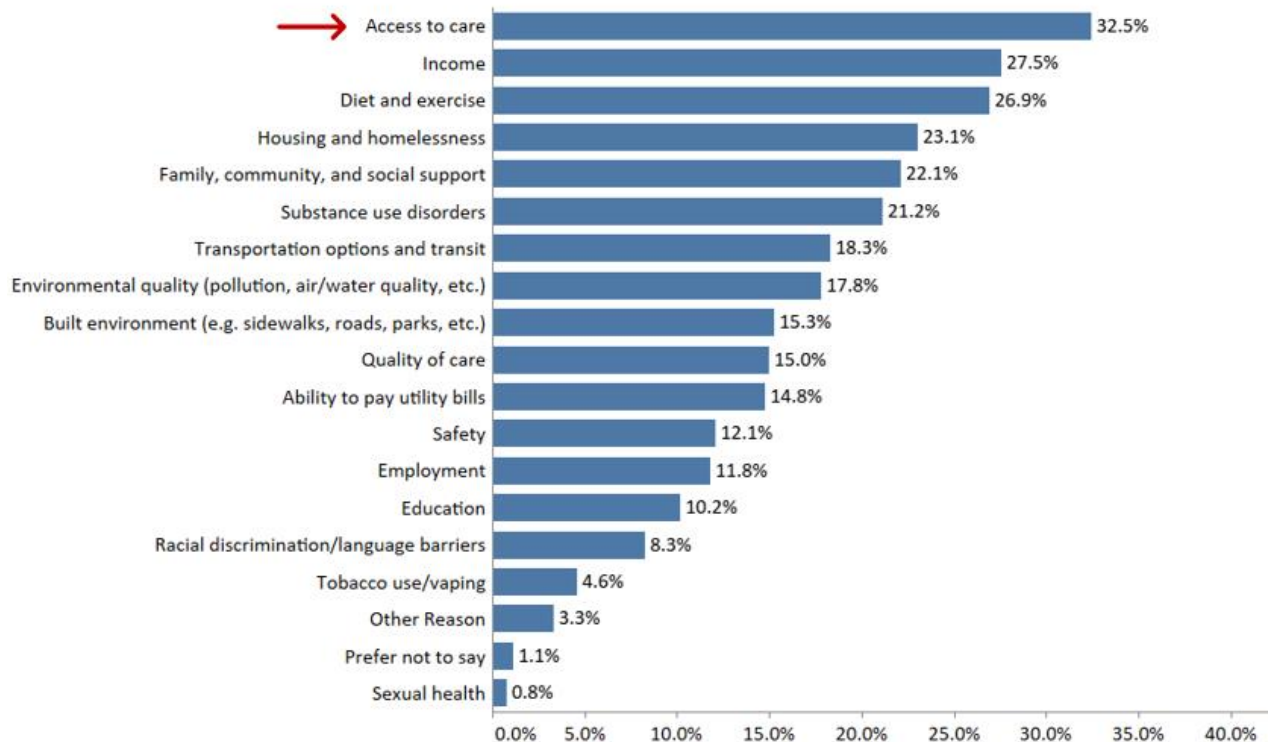
When examining responses by age group, access to care remained a top concern across different age ranges, but with varying emphasis. Anne Arundel County community members in the 25 to 44 and 45 to 64 age groups both ranked access to care as their most pressing concern. The 65 and older age group shared this concern about access to care, though they ranked both diet and exercise and family, community and social support as similarly important.

Figure 3.5: What are the three most important social or environmental problems that affect the health of your community? (by age)
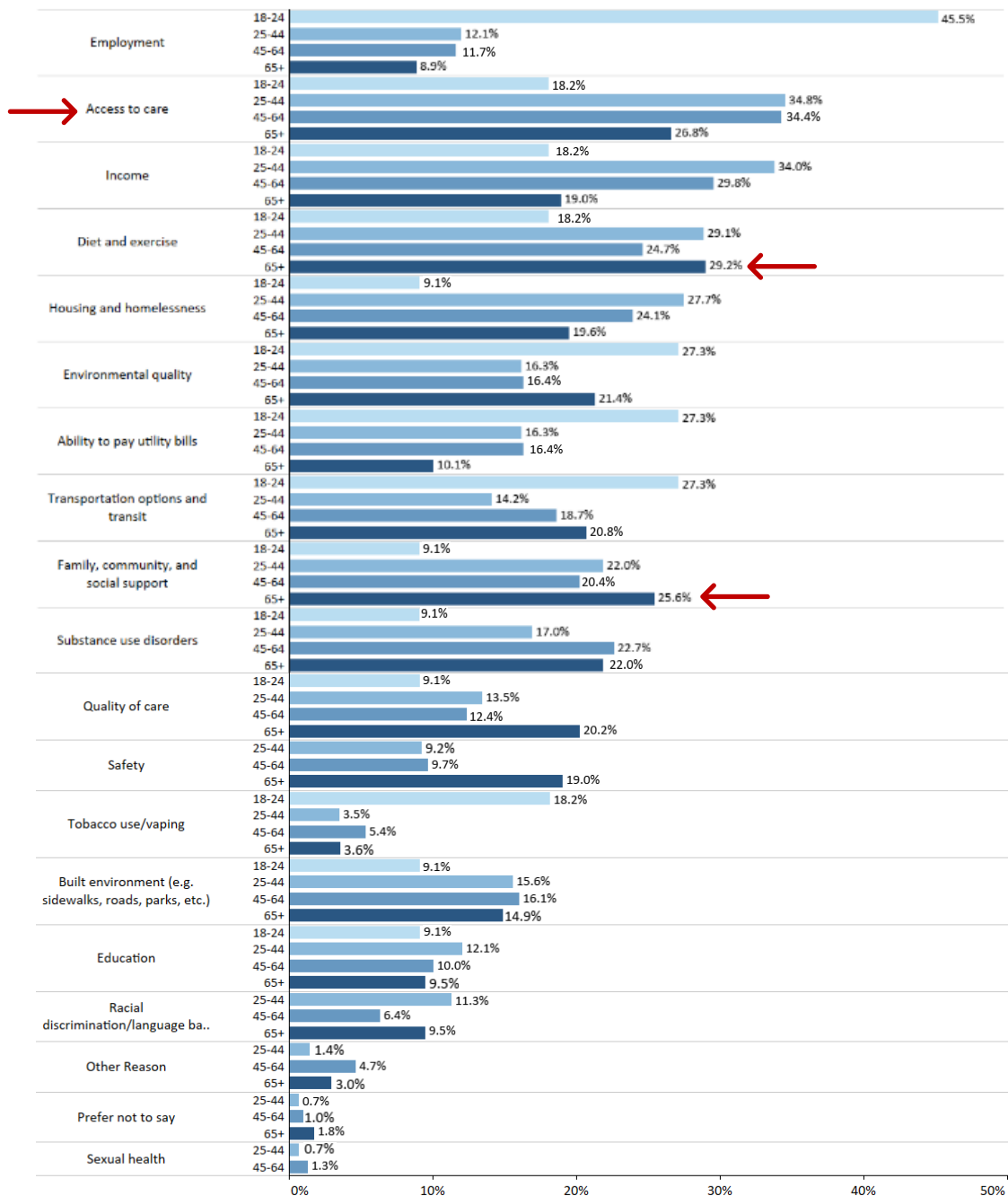
Over half of Hispanic/Latino respondents (52.0%) identified access to care as the top factor that influences health in Anne Arundel County. This is significantly higher than the percentage of non-Hispanic/Latino respondents who ranked access to care among the top three concerns.

Figure 3.6: What are the three most important social or environmental problems that affect the health of your community? (by ethnicity)
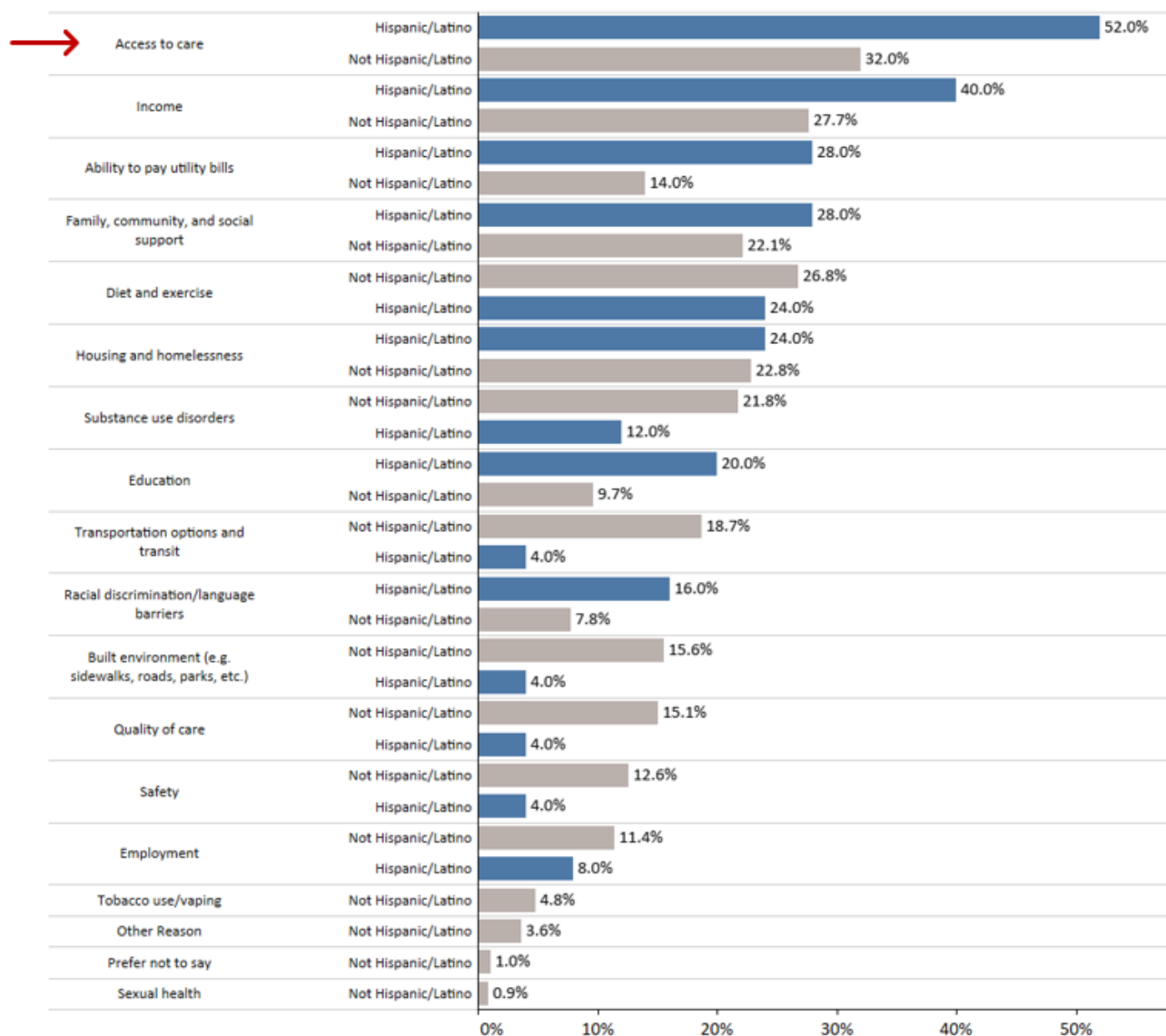
When asked to identify the three most important reasons people in the community do not get health care when they need it, 76.7% of all survey respondents indicated that they believe cost concerns prevent community members from seeking care.

Similarly, reasons related to insurance – either not having insurance (49.9%) or insurance not being accepted (35.4%) – were also identified as top reasons that community members may not seek healthcare.

In addition, 43.5% of respondents selected long wait times as another key barrier preventing individuals from seeking healthcare in Anne Arundel County.

Figure 3.7: What are the three most important reasons people in your community do not get healthcare? (n=627)
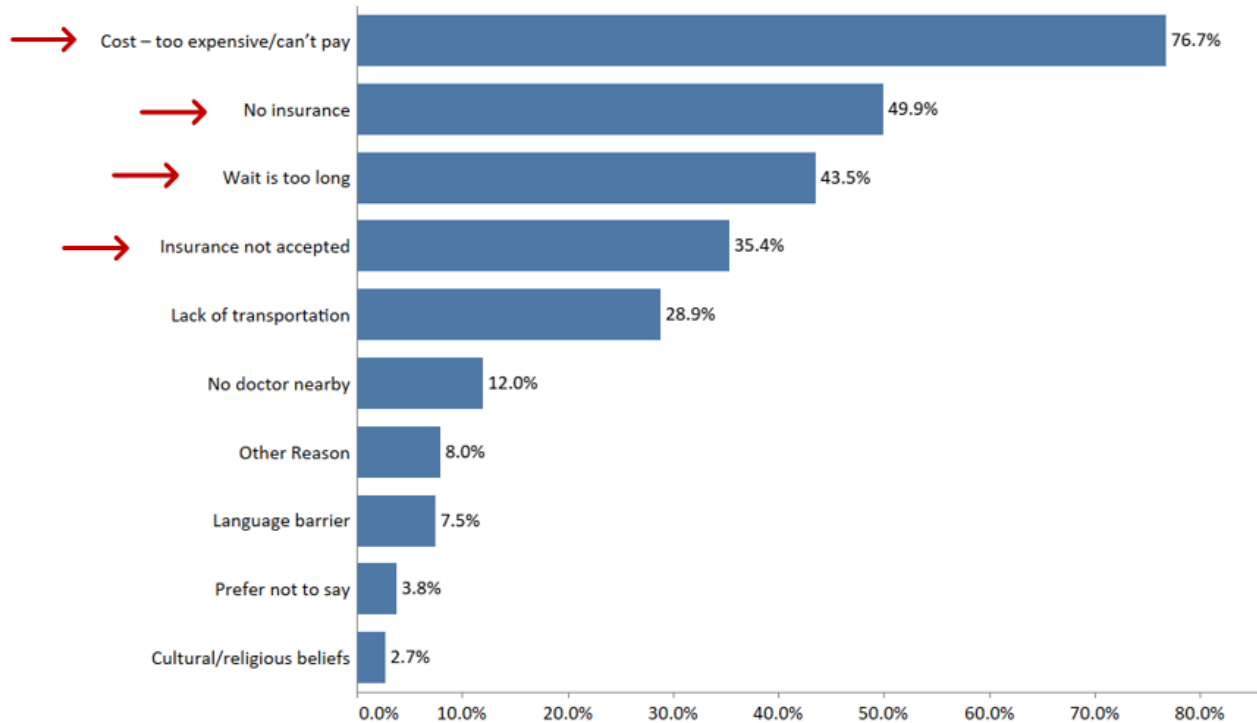
When examining barriers to care by race and gender identity, the perceptions of top barriers remained consistent across demographic groups. High costs as a potential concern was cited by 75% to 85% of respondents regardless of racial identity, however respondents' emphasis on insurance issues varied. Black/African American respondents were more likely to cite lack of insurance (63.2%) being a barrier to care in the community compared to White respondents (48.0%), while White respondents emphasized insurance not being accepted (37.4%) more frequently than Black/African American respondents (32.2%). White respondents noted wait times as a reason why community members may not get care (45.9%) more often than their Black/African American counterparts (24.1%).

In terms of gender identity, both male and female respondents' responses mirrored the overall findings with cost, lack of insurance and wait times as perceived top barriers.

Figure 3.8: What are the three most important reasons people in your community do not get healthcare? (by race)
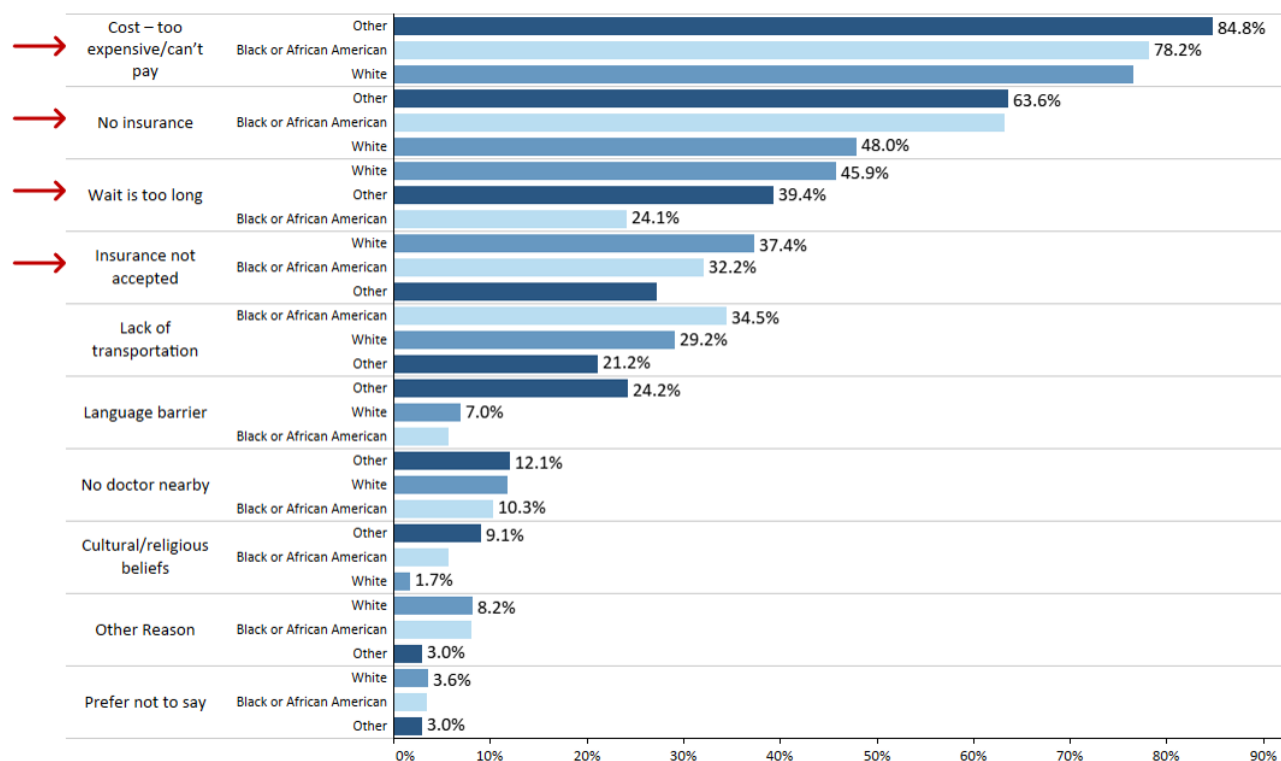
When reflecting on their own healthcare utilization, nearly half (42.6%) of survey respondents indicated that they did not need to delay care for any reason within the last year. However, among those who did delay getting healthcare, out-of-pocket costs (18.9%), work schedules (15.5%), and stress or anxiety about seeing a provider (15.4%) were the three most frequently cited reasons.

Figure 3.9: Have you delayed getting care for any of the following reasons in the past 12 months? (n=624)

Reason	Percentage
I did not delay care for any reason	42.6%
You had to pay out of pocket for some or all of the procedure	18.9%
Couldn't get time off work	15.5%
You were nervous about seeing a healthcare provider	15.4%
Other Reason	15.4%
Your deductible was too high, or you could not afford the deductible	11.7%
Couldn't afford the copay	10.9%
Didn't have transportation	4.5%
Couldn't get child care	4.0%
You provide care to an adult and could not leave him/her	3.5%
Prefer not to say	2.6%
You live in a rural area where distance to the healthcare provider is too far	1.6%

A high proportion of respondents over age 65 (60.7%) and ages 18 to 24 (45.5%) reported that they did not delay care for any reason in the past year. Community members ages 25 to 44 indicated the highest rates of delaying care, with nearly one-third (28.6%) reporting that getting time off from work was the biggest barrier. This age group was also more likely than others to report delaying care because of the out-of-pocket costs (27.1%), being nervous to see a medical provider (22.9%), and not being able to afford copays (19.3%). Respondents in the youngest age group were more likely than others to report a lack of transportation (18.2%) as a reason for delaying care.

Figure 3.10: Have you delayed getting care for any of the following reasons in the past 12 months?
(by age)
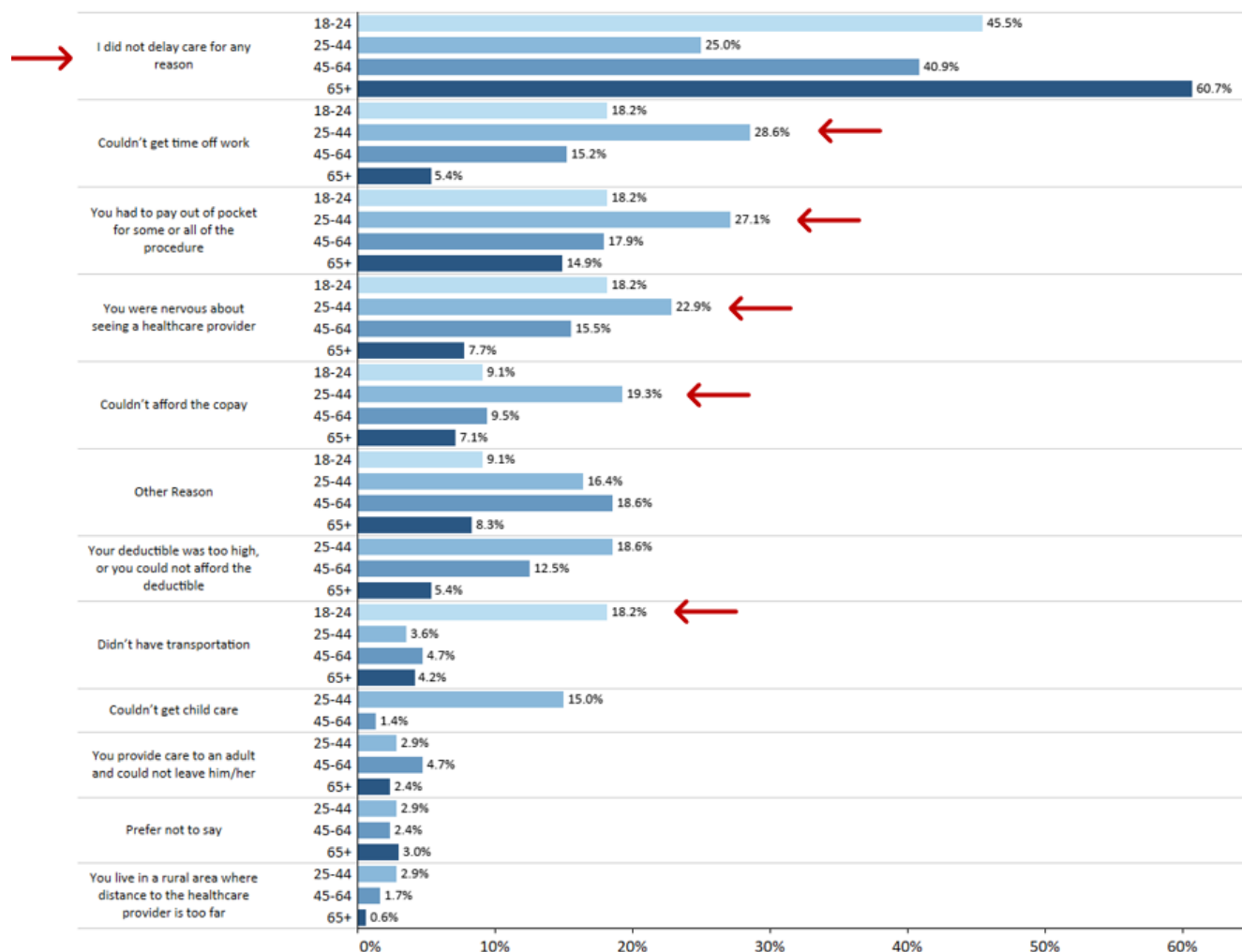
When asked about their ability to afford healthcare or related medical items, 54% of total respondents indicated that financial constraints did not impact their ability to afford certain healthcare needs within the last year. However, among those who did face affordability challenges, dental care (23.5%), eyeglasses (18.1%), and mental health care or counseling (16.6%) were the top three needs that went unmet.

Figure 3.11: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (n=626)
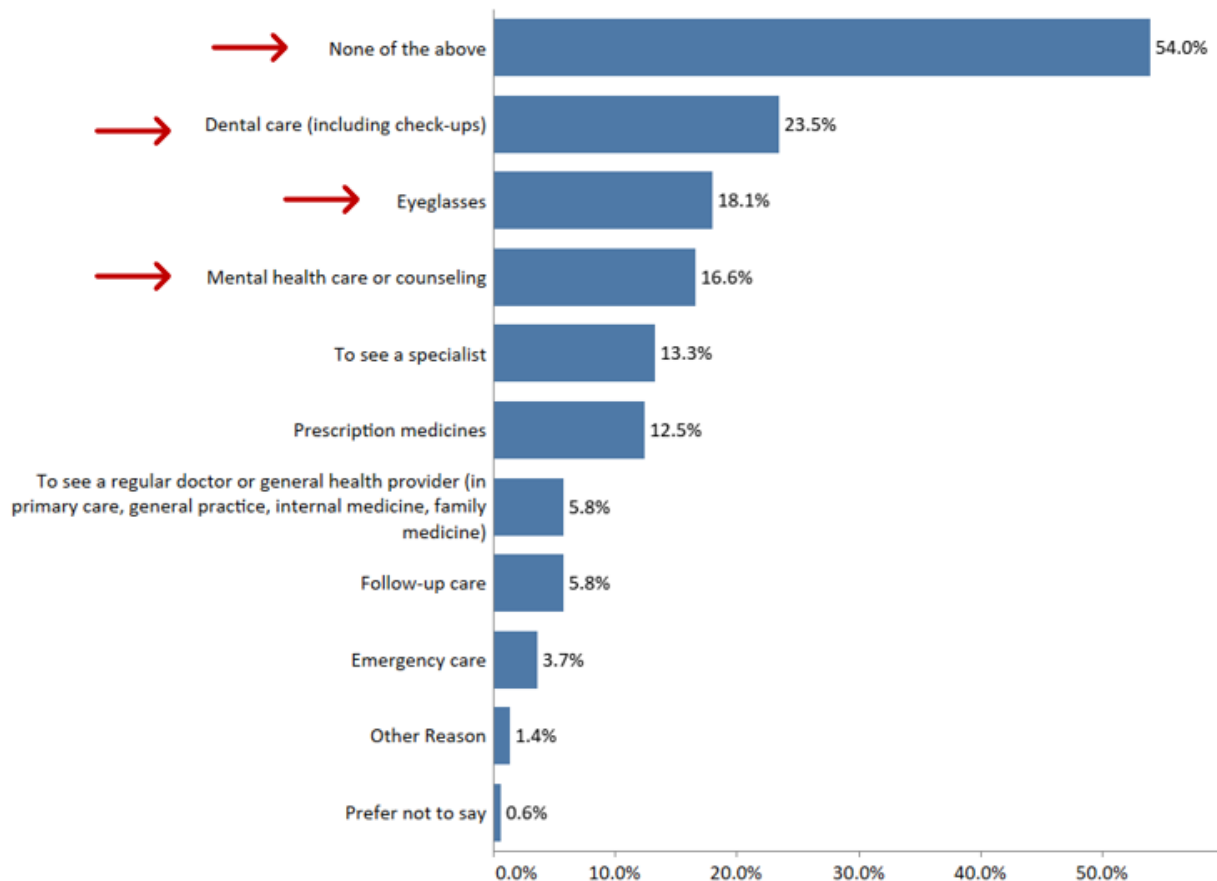
While the majority of both male and female respondents indicated no affordability issues in the past year, a higher percentage of females (48.3%) reported not seeking medical care in the last year because of cost compared to males (35.8%). Among respondents who did have difficulty affording healthcare needs, female respondents (20.2%) were much more likely to have not obtained eyeglasses due to cost compared to male respondents (8.4%).

Figure 3.12: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by gender)
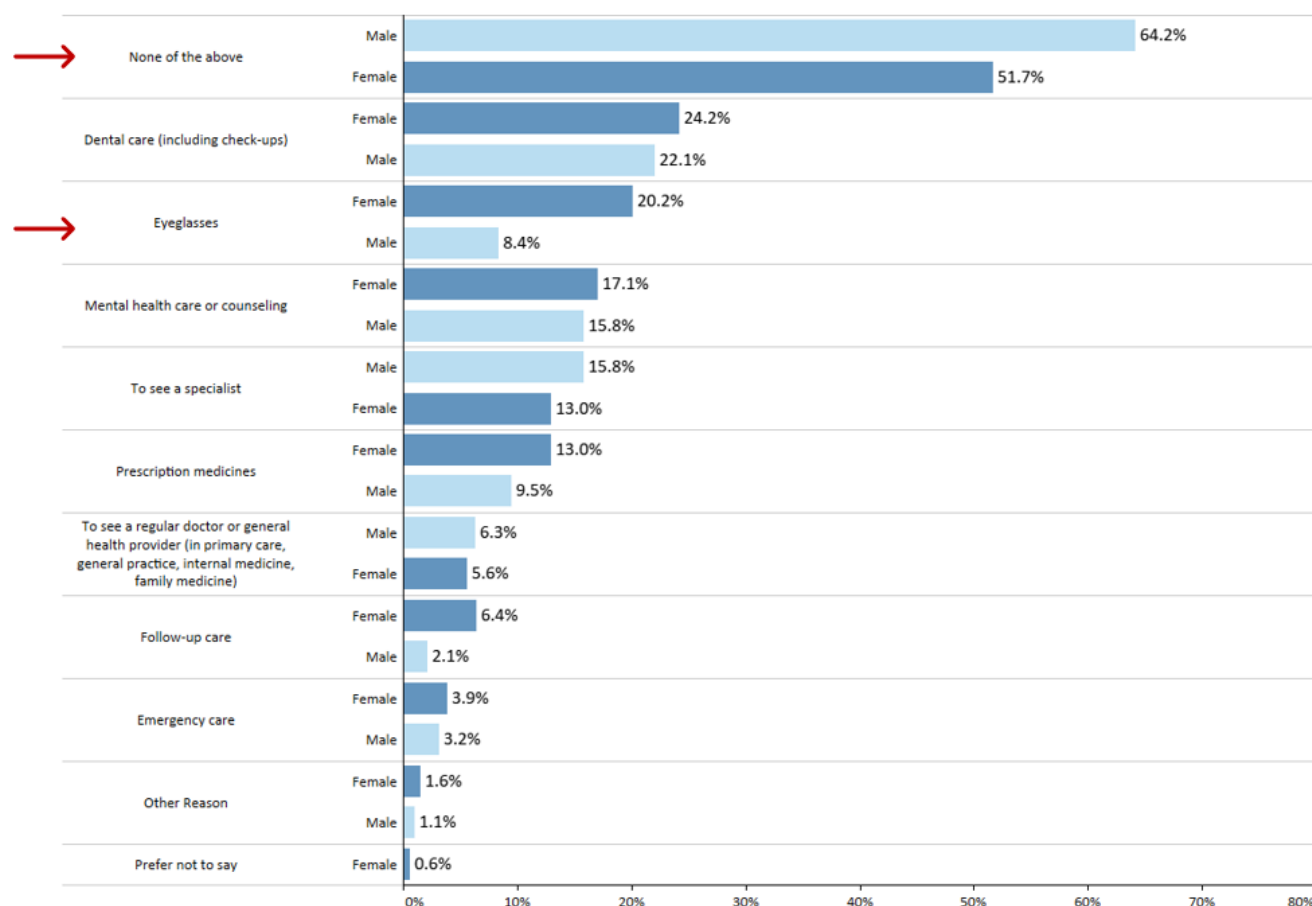
Age-based analysis revealed that respondents in the 25 to 44 age group experienced the most diverse range of affordability challenges, with higher rates across multiple categories of care compared to other age groups. The youngest age group was more likely than other age groups to report not getting specialty care due to the cost (27.3%). Respondents ages 65 and older were most likely to report no affordability barriers (72.3%), likely due to Medicare coverage.

Figure 3.13: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by age)
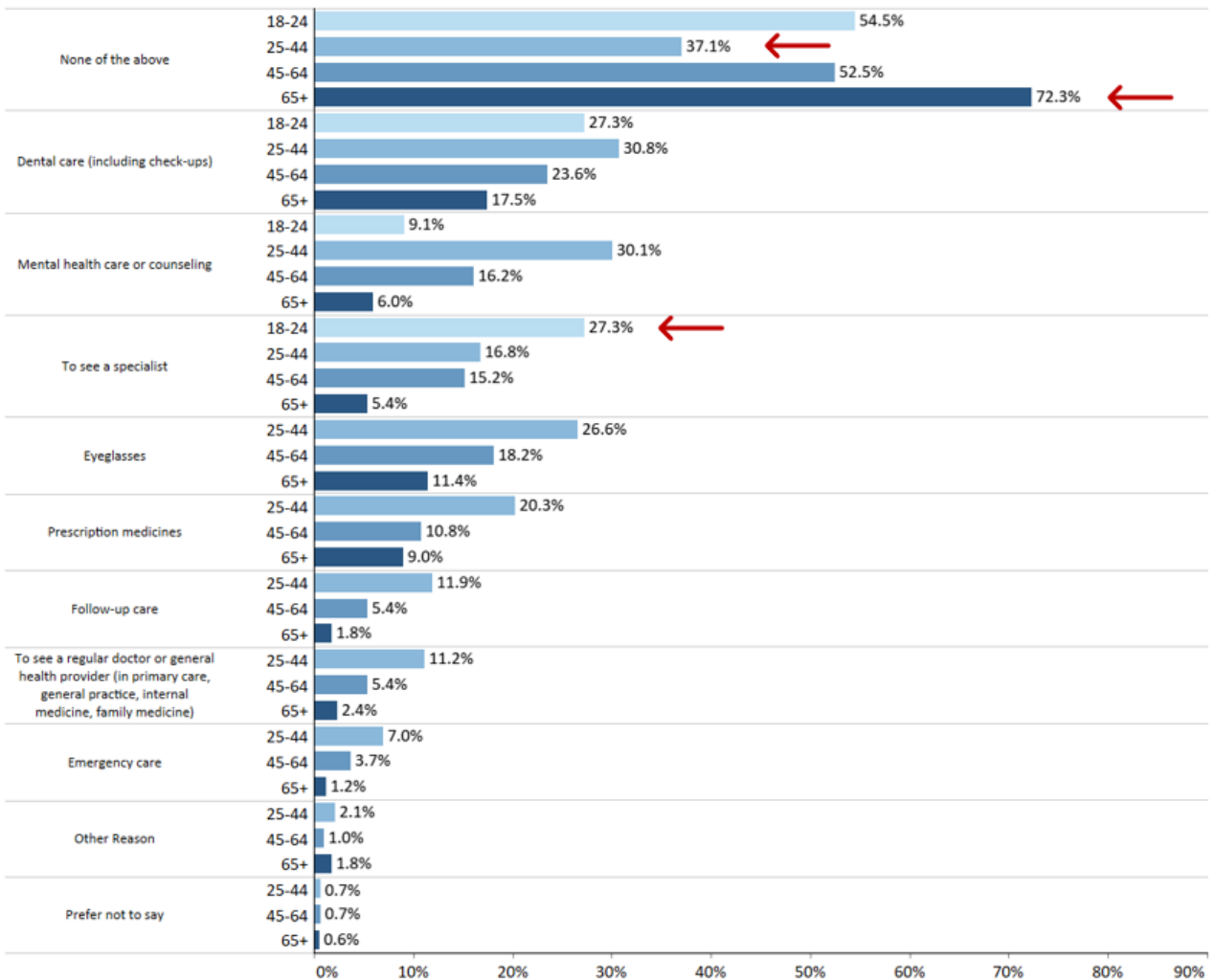
As shown below, Hispanic/Latino respondents reported not being able to afford to see a regular doctor or primary care provider at a rate four times higher than non-Hispanic/Latino respondents, indicating a potential access disparity for those of different ethnic backgrounds. Hispanic/Latino respondents were also less likely to have seen a specialist or mental health provider, sought emergency care, or obtained prescription medications than non-Hispanic/Latino respondents.

Figure 3.14: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by ethnicity)
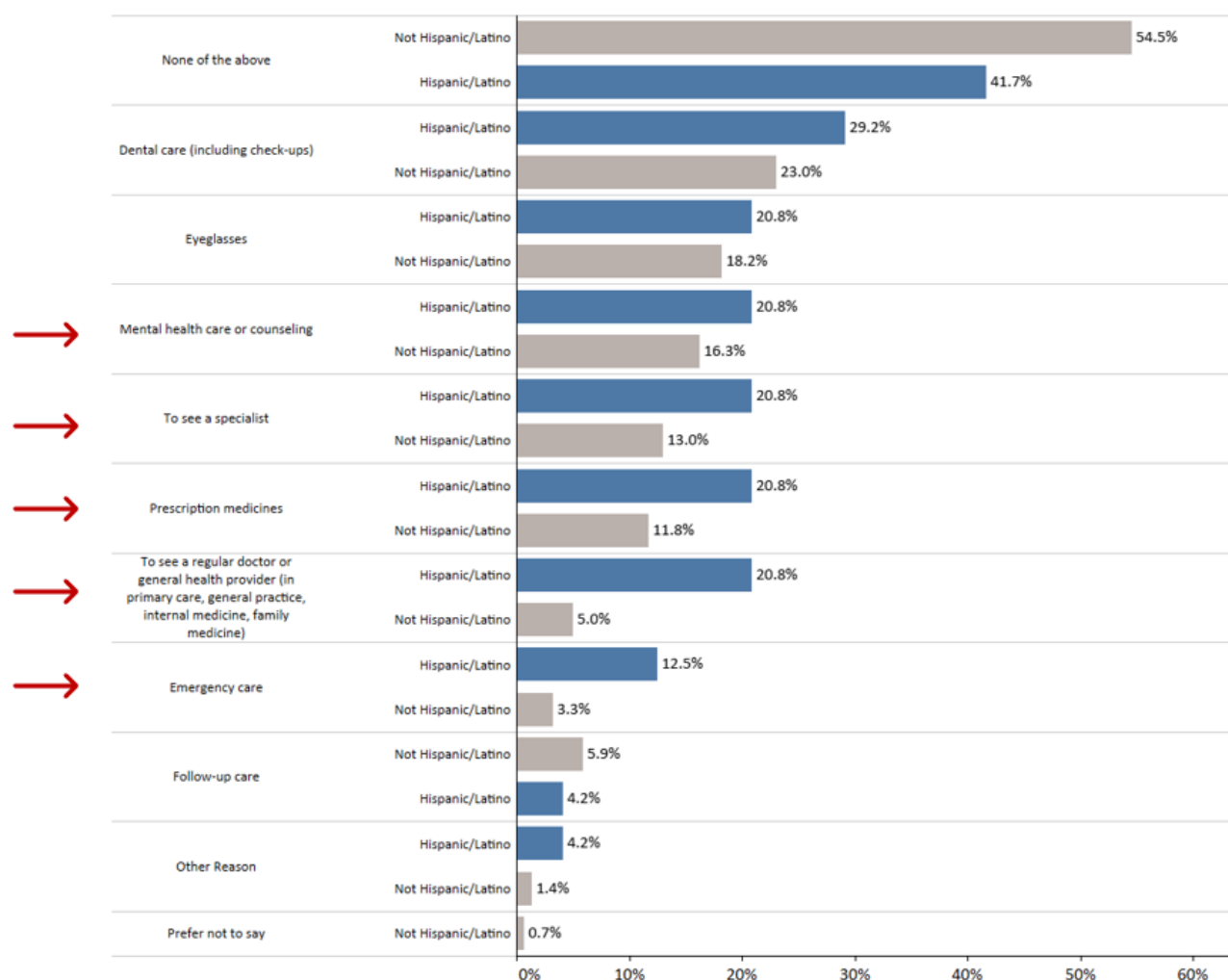
When asked where they usually go when they are sick or need advice about their health, over 70% of all survey respondents indicated they usually go to a doctor's office and about 18% indicated they usually go to urgent care.

Figure 3.15: Where do you usually go when you are sick or need advice about your health? (n=634)
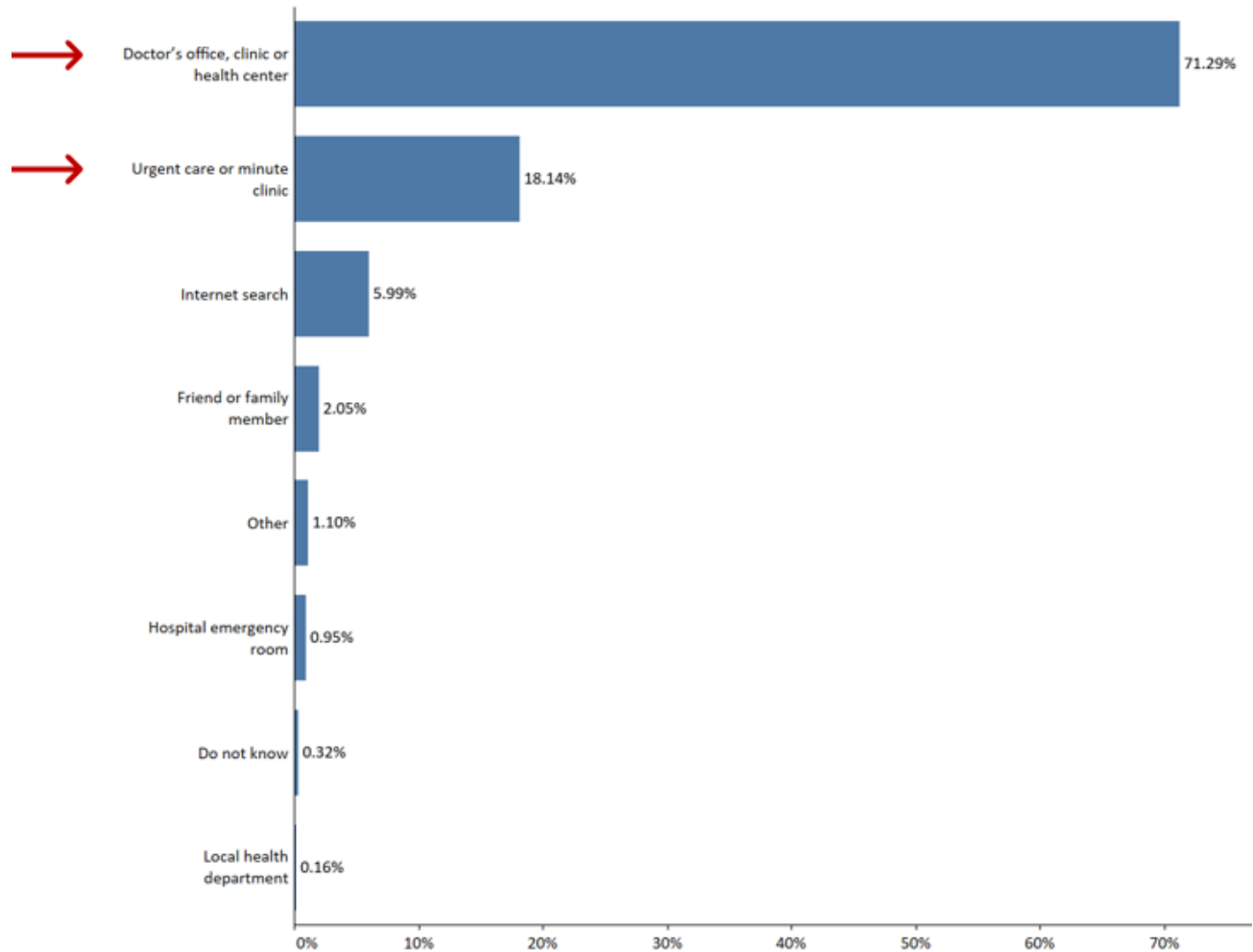
Breaking down healthcare access points by race revealed additional insights. While the top two access points respondents use when they are sick mirrored the total response across racial groups, the hospital emergency room received the third highest response among Black/African American participants (4.5%). Respondents of all other races indicated that they seek medical advice from the internet at a higher rate (15.2%) than White (6.1%) and Black/African American respondents (1.1%).

Figure 3.16: Where do you usually go when you are sick or need advice about your health? (by race)
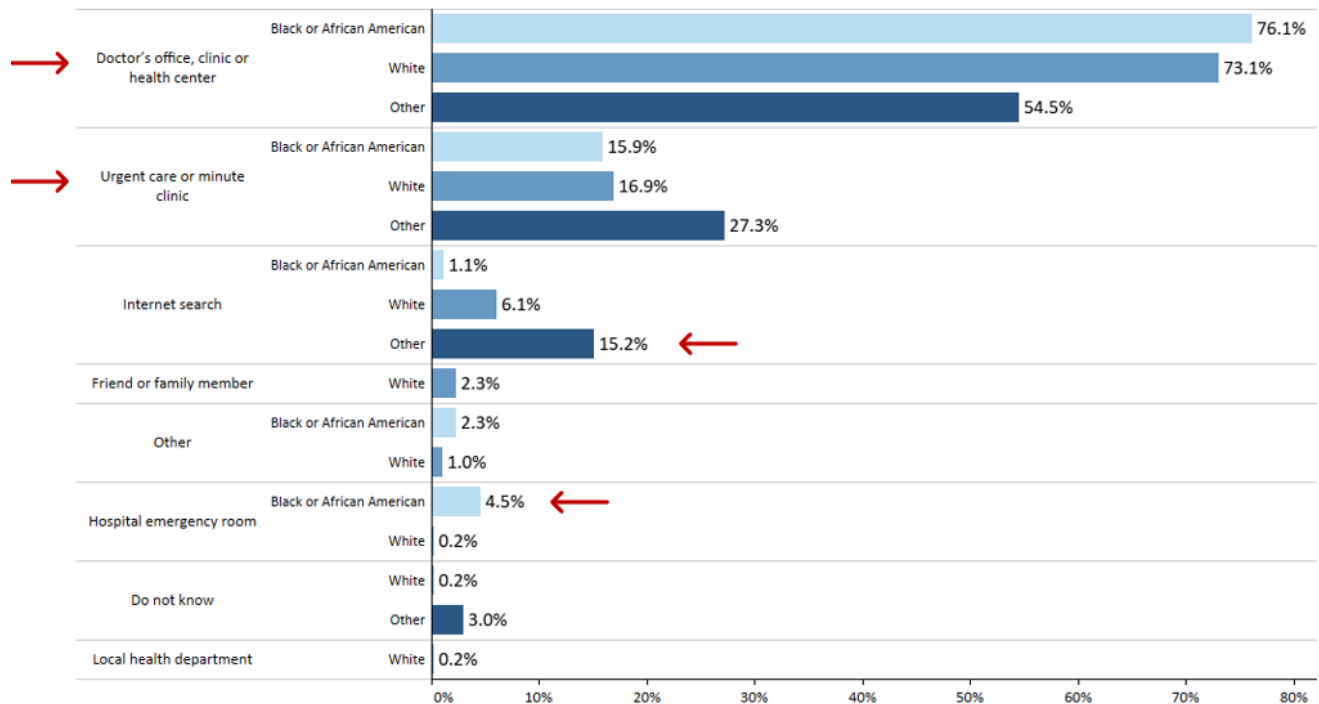
Age-related differences were also observed, with the 18 to 24 and 25 to 44 age groups showing the greatest variety among their preferences, though still largely preferring doctor's offices and urgent care. Those ages 65 and older reported strong loyalty to doctors' offices with over 85% indicating they would seek care in a primary care setting if they were sick.

Figure 3.17: Where do you usually go when you are sick or need advice about your health? (by age)
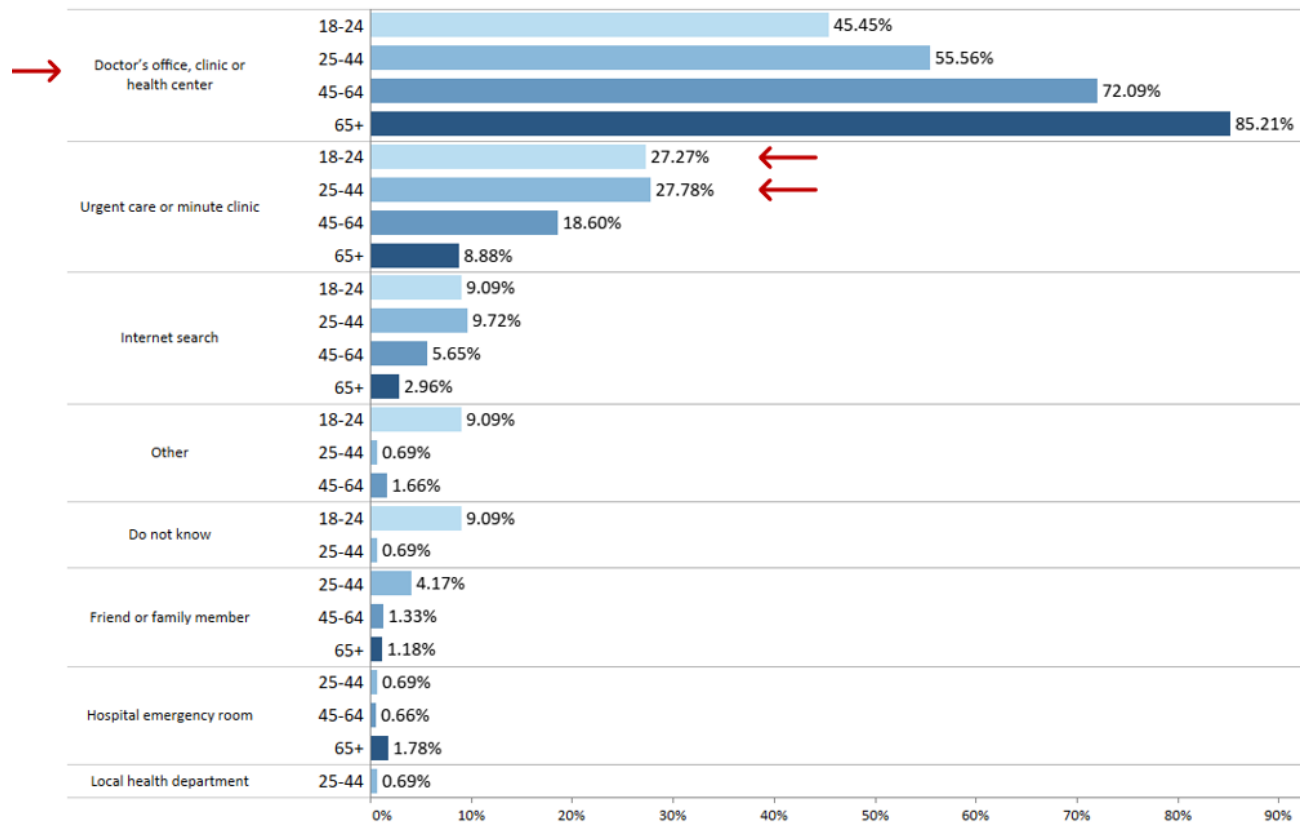
Primary Data Findings – Key Leader Web Survey

Key leaders provided additional insights into access to care challenges in Anne Arundel County. When asked about community medical offerings, leaders felt their communities were most lacking in providers accepting uninsured patients and providers accepting Medicaid. This suggests the potential for healthcare access challenges among particularly vulnerable groups in the community.

Figure 3.18: Please rate each of the following statements for the community you serve (n=31)
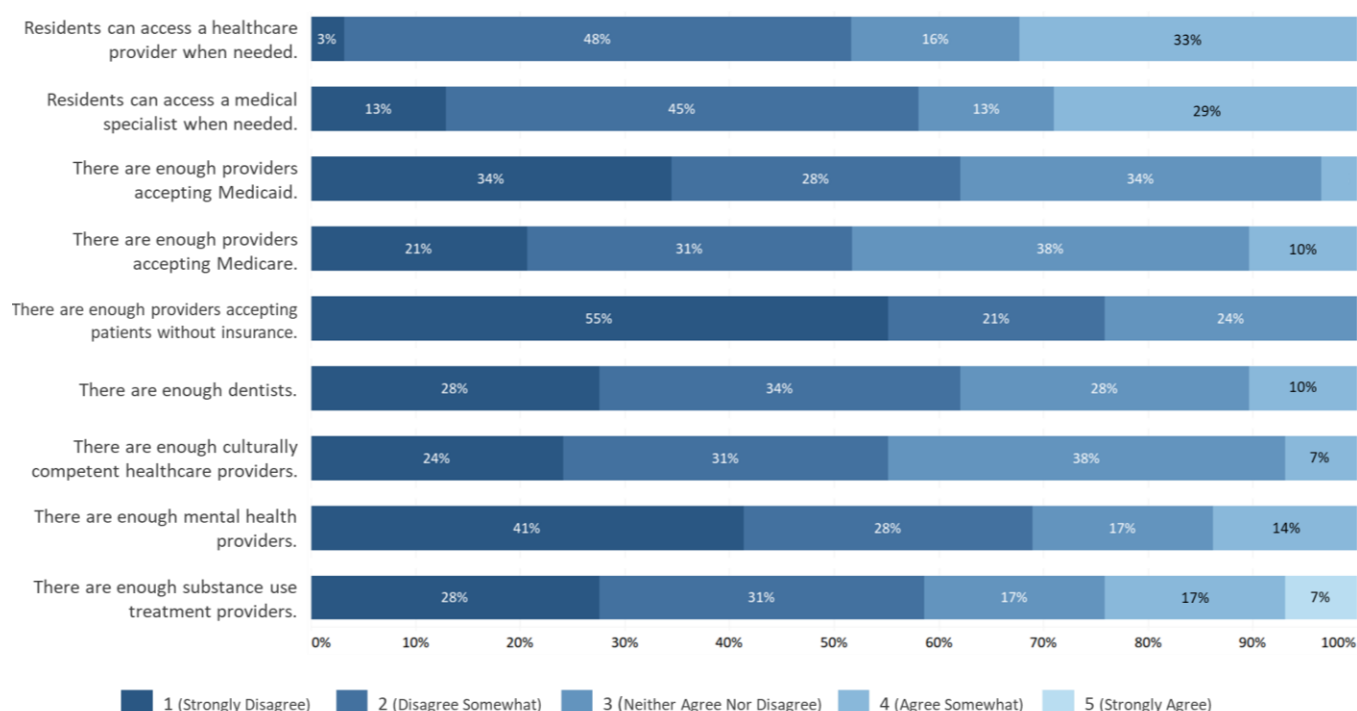
More than half of key leaders identified financial constraints, including not being able to afford medications (54.8%) or copays (48.4%) or a lack of health insurance (32.3%), as top barriers to accessing healthcare for residents. Lack of adequate transportation was another commonly cited reason that key leaders felt members of the community delay the care they need.

Figure 3.19: What are the three most significant barriers that keep people in the community from accessing healthcare when they need it? (n=31)
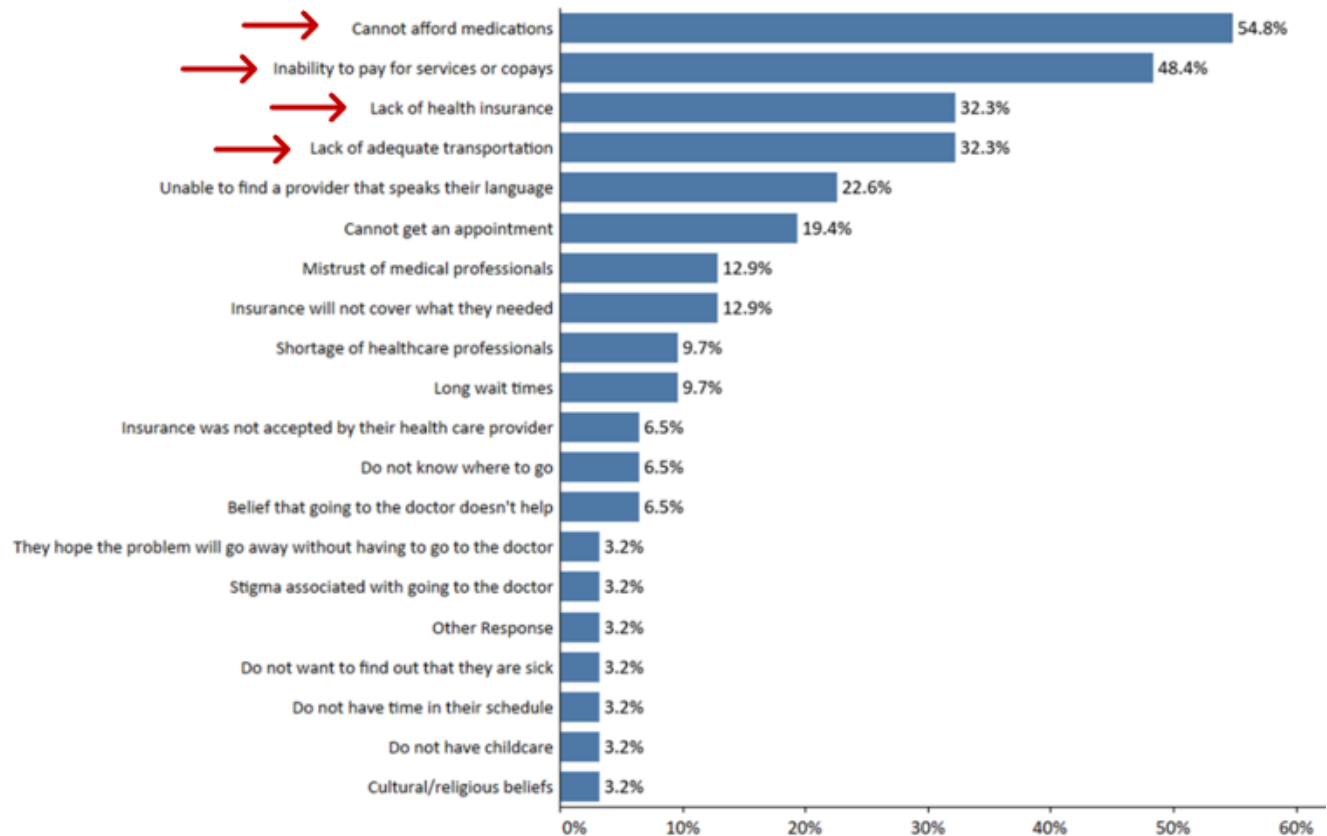
Over 80% of key leaders surveyed felt that members of the community most often seek medical care in the emergency department, followed by urgent care (67.7%) and community clinics (35.5%). A quarter of respondents felt that members of the community do not seek care at all.

Figure 3.20: From the list provided, where do you feel members of the community you serve most frequently seek medical care? (n=31)
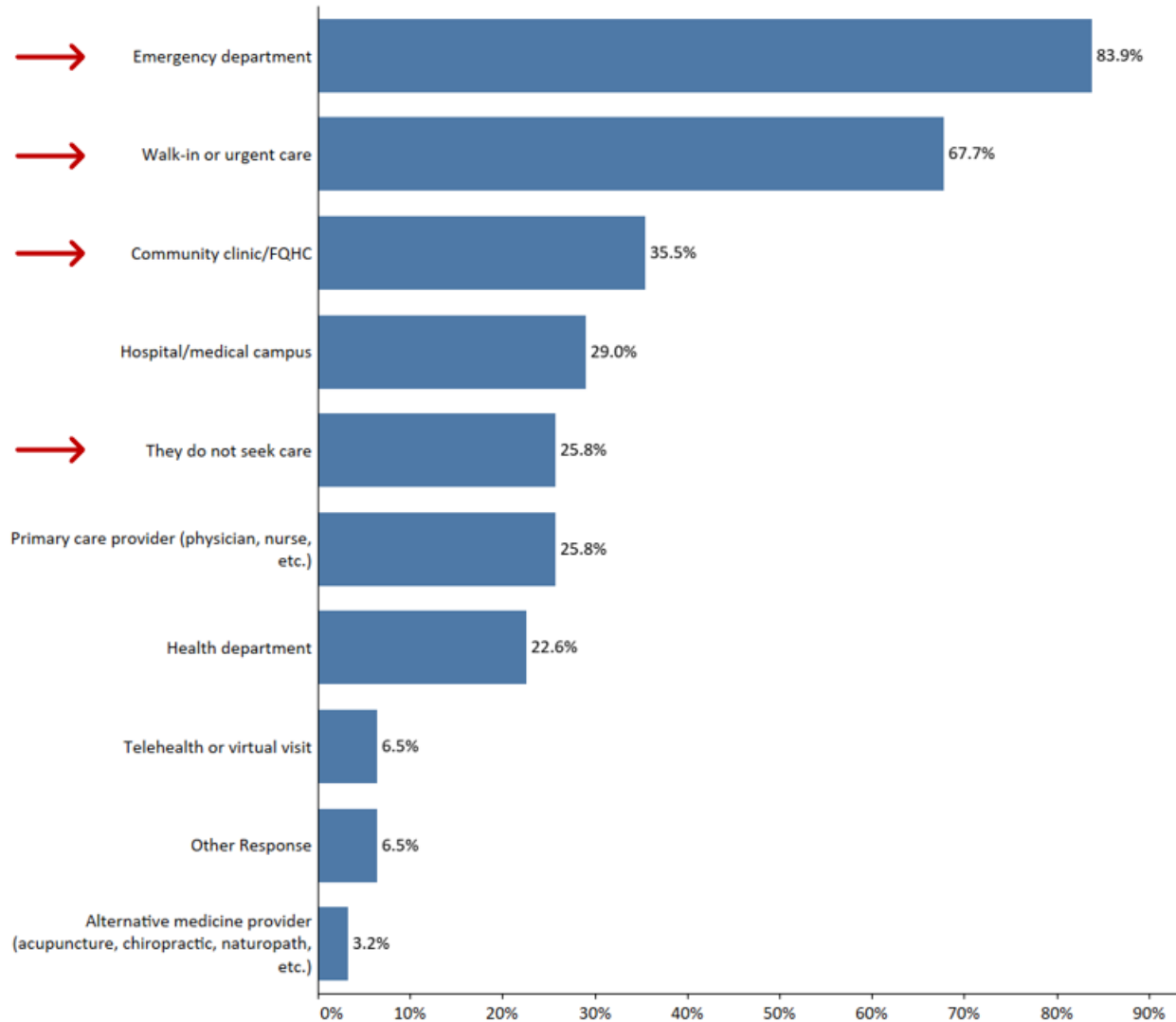
Key leaders were nearly evenly split when asked whether they felt the people in the community they serve are health literate, or able to understand health-related information when it is presented to them. This highlights potential challenges in navigating and understanding the healthcare system.

Figure 3.21: Do you feel that people in the community you serve are health literate, or able to understand health-related information when it is presented to them? (n=30)
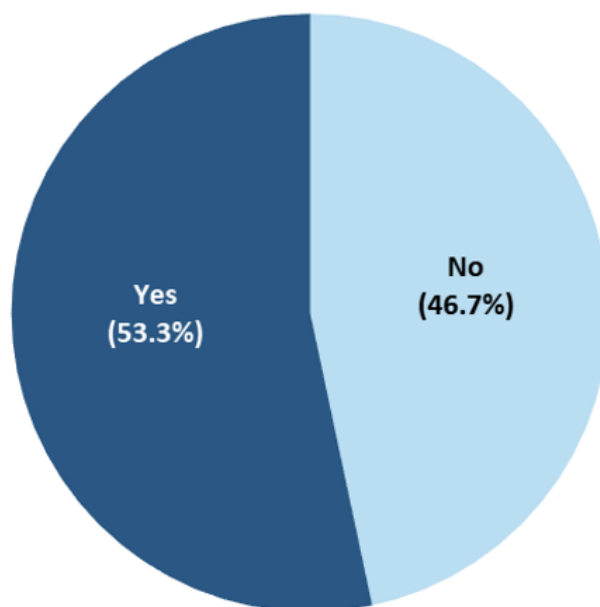
For additional detail on survey findings, see **Appendix 6.**

Primary Data Findings – Community Health Ambassador (CHA) Survey

In the FY 2023-2024 CHA Survey, 40.4% of all respondents indicated that cost prevented them from seeing a doctor when they needed care for their body or mind. Long wait times (29.4%) and limited hours (20.5%) also ranked among the top three reasons residents did not seek care.

Figure 3.22: Do any of the following prevent you from seeing a doctor when you need care for your mind or body? (n=12,562)
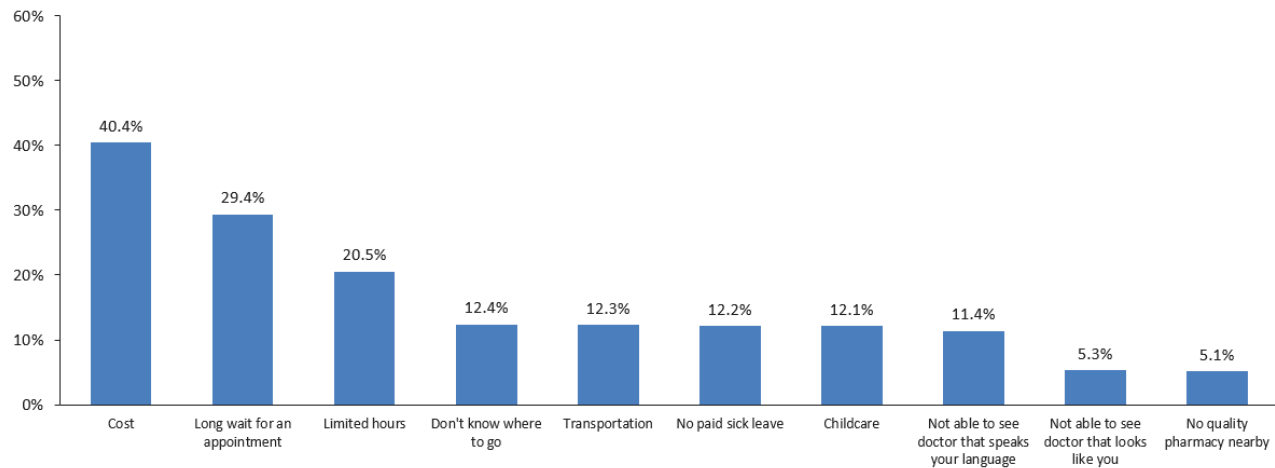
Figure Notes: All results only include respondents with a valid Anne Arundel County ZIP code and willing to take the survey (did not respond "No"). Missing or "prefer not to respond" answers from respondents have been excluded on a per question basis. Percentages may not add to 100% if respondents can list more than one answer.

For more detail on Community Health Ambassador Survey findings, see **Appendix 8.**

Primary Data Findings – Focus Groups

Across the focus groups, participants consistently identified several critical barriers to accessing healthcare in Anne Arundel County. Provider-specific challenges were discussed at length, including long waitlists for both primary and specialty care, inequitable distribution of provider locations across the county, and limited provider diversity which has an impact on cultural competence. Cost of care was highlighted as a significant barrier for community members, including high co-pays, deductibles, and medication costs, with many residents having to prioritize basic needs over healthcare. Health literacy and system navigation were also identified as major barriers, with participants describing the complexity of the healthcare system and limited community awareness of available resources. Transportation also emerged as a fundamental challenge, with particular emphasis on the limitations of public transit and inadequate Medicaid transportation options.

Groups emphasized that these challenges disproportionately affect certain populations, particularly undocumented residents, the local Hispanic/Latino community, and residents of the Brooklyn Park neighborhood and the more rural southern part of the county. Participants provided several suggestions to improve access to care across the county, including expanding mobile health services, implementing

nurse consultations and telehealth in community locations like libraries, improving transportation options, and creating better systems for communicating available resources to community members.

PRIORITY NEED: BEHAVIORAL HEALTH

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use.[41] Mental health is defined as an emotional, psychological, and social state of well-being. Mental health impacts every stage of life and affects how one is able to handle their relationships, daily stressors, and health behaviors.[42] After evaluating data from a variety of sources including surveys and focus groups conducted throughout the assessment process, the Steering Committee identified behavioral health/mental health, including both mental health and substance use, to be an area of urgent need within Anne Arundel County.

Mental illnesses are common in the United States: in 2021, an estimated 57.8 million U.S. adults – nearly one in five – were living with a mental illness.[43] There is risk for developing a mental illness across the lifespan, with over one in five children and adults in the U.S. reported to have a mental illness, and nearly one in twenty-five adults currently coping with a serious mental illness (SMI) such as major depression, schizophrenia or bipolar disorder. [44]

Mental illness can occur due to multiple different factors, such as genetics, drug and/or alcohol usage, isolation, adverse childhood experiences, and chronic health conditions. Additionally, mental illness can act like other chronic health conditions, in that it can worsen or improve depending on the environment. Mental health services have evolved in the past five years, especially during the COVID-19 pandemic. However, accessing mental health care services can be challenging. According to the National Institute of Mental Health, less than half (47.2%) of adults with a common mental illness received any mental health services in 2021. Those who had an SMI were more likely (65.4%) to have received mental health services that same year.[45] While access to telehealth mental health services has increased, those living in rural areas may still find it difficult to access care. This is a particular concern among those who are low-income or experiencing homelessness, two groups at high risk for developing an acute or chronic mental health condition. As of 2023, over seven million people in the U.S. who reported having a mental illness lived in a rural area.[46]

Mental illness is a prevalent concern in Maryland, with approximately 781,000 adults reported to have a mental health condition in 2023. Additionally, that same year, one in four individuals who were identified as homeless in Maryland were also living with an SMI. Access to mental healthcare in Maryland is changing, however it is still unavailable to many. Specifically, over 252,000 individuals did not seek the

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[41] Source: American Medical Association (2022). *What is behavioral health?* Retrieved January 6, 2025, from https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.

[42] Source: CDC. (2024). About mental health. Retrieved January 5, 2025, from: https://www.cdc.gov/mentalhealth/learn/index.htm

[43] Source: National Institute of Mental Health (2023). *Mental Illness*. Retrieved January 6, 2025, from https://www.nimh.nih.gov/health/statistics/mental-illness.

[44] Source: CDC. (2024). Mental health. Retrieved October 1, 2024, from https://www.cdc.gov/mentalhealth/learn/index.htm

[45] Source: National Institute of Mental Health. (2023). Mental Illness. Retrieved January 6, 2025, from https://www.nimh.nih.gov/health/statistics/mental-illness

[46] RHI Hub. (2023). Rural mental health. Retrieved October 1, 2024 from: https://www.ruralhealthinfo.org/topics/mental-health

care they needed in 2023, with 33.7% citing cost as the main reason. Additionally, Maryland residents are ten times more likely to be pushed out-of-network for a behavioral health providers than a primary care provider, furthering concerns around cost as a reason for stopping treatment.[47]

The number of youth and adolescents with a mental health condition continues to climb in the United States. An estimated one in six youth ages 6 to 17 in the United States experience a mental disorder each year. In Maryland, approximately 57,000 adolescents ages 12 to 17 are reported to have depression and 45.5% report not receiving any care in the past year. [48] The U.S. mortality rate for intentional self-harm per 100,000 adolescents ages 15 to 19 is 10.5. Compared to other states and the District of Columbia, Maryland has the sixth lowest adolescent self-harm death rate (8.2 per 100,000). However, adolescent suicide death rate has risen across the United States and in Maryland over the past decade, creating cause for concern.[49] To help combat this, Maryland has developed a Youth Suicide Prevention School Program which includes classroom instruction, teacher training, suicide intervention and postvention, a youth crisis hotline and data collection. [50]

Substance use disorders (SUDs) are one of the fastest rising categories of behavioral health disorders. According to the American Psychiatric Association, SUDs are a complex condition in which there is uncontrolled use of a substance (such as alcohol or drugs), despite harmful consequences.[51] SUDs often occur in conjunction with other mental illness. In 2023, 16 million (46.9%) young adults aged 18-25 reported having either a SUD or Acute Mental Illness (AMI) in the past year. In that same year, 17.1% (48.5 million) of all U.S. adults were reported as having an SUD.[52] These trends have been increasing in recent years. According to the National Center for Drug Abuse Statistics, in 2018 (3.7%) of all adults aged 18 and older (9.2 million) had both an AMI and at least one SUD.[53] By 2021, this had increased to 13.5% of U.S. adults, with the highest incidence among Multiracial adults.

There are multiple common forms of SUD, such as alcohol use, cocaine use, cannabis use, opioid use, and methamphetamine use disorders. An individual living with one SUD can also be coping with another at the same time, such as co-occurring use of alcohol and cannabis.[54] Treatment SUDs generally cannot follow a cookie-cutter approach, as each person receiving treatment will have different withdrawal and coping needs. Treatment is typically provided through various therapies, inpatient admissions, and forms of medication-assisted treatment such as methadone. Opioid overdoses are one of the most common types of deaths related to SUDs and can be preventable and treatable if caught in time. Multiple efforts

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[47] Source: NAMI (2023). *Mental Health in Maryland.* Retrieved January 6, 2025, from https://www.nami.org/wp-content/uploads/2023/07/MarylandStateFactSheet.pdf

[48] Source: NAMI (2023). *Mental Health in Maryland.* Retrieved January 6, 2025, from https://www.nami.org/wp-content/uploads/2023/07/MarylandStateFactSheet.pdf

[49] Source: American's Health Rankings by the United Health Foundation (2024). *Explore Teens Suicide in Maryland.* Retrieved February 6, 2025, from https://www.americashealthrankings.org/explore/measures/teen_suicide/MD

[50] Source: Maryland State Department of Education Youth Suicide Prevention School Program (2024). Retrieved February 6, 2025, from https://marylandpublicschools.org/about/Pages/DSFSS/SSSP/Suicide/index.aspx

[51] Source: American Psychiatric Association (2024). *Addiction and Substance Use Disorders*. Retrieved January 6, 2025, from https://www.psychiatry.org/patients-families/addiction-substance-use-disorders.

[52] Source: SAMHSA (2024). *Highlights from the 2023 National Survey on Drug Use and Health*. Retrieved January 6, 2025 from https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf.

[53] Source: National Center for Drug Abuse Statistics (2023). *Drug Abuse Statistics*. Retrieved January 6, 2025, from https://drugabusestatistics.org/.

[54] Source: Cleveland Clinic. (2024). Substance Use Disorder (SUD). Retrieved January 6, 2025, from https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud

have been coordinated within the past two years to incorporate the storage of overdose reversing medications such as Naloxone in public facilities such as federal facilities, and over the counter, as was approved in 2023 by the FDA. This is critical, as in 2022, the number of opioid overdoses nationwide surpassed 81,051 – a 63% increase in overdoses since 2019.[55]

Substance use disorders have also had a major impact in Maryland. Overdose deaths in Maryland increased 317% over the past 10 years from 617 deaths in 2011 to 2,799 deaths in 2020.[56] Multiple programs have been developed in Maryland to combat substance use disorder, notably surrounding opioid usage, including the Maryland Department of Health Overdose Response Program which allows authorized programs to provide overdose education and dispense naloxone (i.e., Narcan).

The pandemic impacted public mental health and well-being in many ways. Community members continue to grapple with the pandemic-related effects of isolation and loneliness, financial instability, long-term health impacts and grief, all of which are drivers for developing a substance use disorder. In addition, both drug overdose and suicide deaths have sharply increased over the past several years – often disproportionately impacting younger people and communities of color.[57]

Access to services that address mental health and substance use is an ongoing challenge across the U.S. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2021, less than half (47.2%) of U.S. adults who reported having a mental illness utilized any type of mental health services, including inpatient, outpatient or telehealth services or prescription drug therapies. Demand for mental health services, particularly anxiety and depression treatment, remains high across the nation, while the prevalence of stress- and trauma-related disorders, along with substance use disorders, continues to grow. The American Psychological Association reports that the percentage of psychologists in the U.S. seeing more patients than they did before the pandemic increased from 15% in 2020 to 38% in 2021 to 43% in 2022. Further, 60% of psychologists reported having no openings for new patients and 38% maintained a waitlist for their services.

Secondary Data Findings

Mental health indicators evaluated in the CHNA process illustrate that Anne Arundel County residents face higher levels of psychological distress compared to state averages. The population experiencing frequent mental distress in Anne Arundel County (14.3%) exceeds Maryland's rate (13.2%) and approaches the national rate of 15%, while the average number of poor mental health days per month (4.4) reported by residents matches Maryland's rate. The county's suicide death rate of 12.9 per 100,000 population compared to Maryland's A9.9 represents a significant disparity.

[55] Source: KFF. (2023). Saunders, H., Rudowitz, R. (2023). Will the availability of Over-The-Counter Narcan increase access? Retrieved January 6, 2025 from https://www.kff.org/policy-watch/will-availability-of-over-the-counter-narcan-increase-access/

[56] Source: Maryland Opioid Operational Command Center. (2023). *Review of demographic overdose trends in Maryland by local jurisdiction.* Retrieved January 6, 2025 from: https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2023/03/OOCC-Grants-Reference-Demographic-Information-.pdf

[57] Source: Panchal, N., Saunders H., Rudowitz, R. and Cox, C. (2023). The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. Retrieved from https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use.

Table 3.5. Mental Health Indicators

Indicator	Anne Arundel County	Maryland	United States
Population Experiencing Frequent Mental Distress[58]	14.3%	13.2%	15.0%
Average Poor Mental Health Days per Month[58]	4.4	4.4	4.8
Deaths by Suicide (Age-Adjusted Rate per 100,000 Population)[59]	12.9	9.9	14.0
Depressive Disorder Diagnosis[60]	19.9%	18.1%	21.6%
Total Population per Mental Health Provider[34]	377	292	320
Mental Health ED Visit Rate[61]	5,734.1	4,291.5	-

High depression rates in Anne Arundel County are a significant concern. As of 2022, 19.9% of Anne Arundel County residents reported being told by a health professional that they have a depressive disorder, higher than Maryland's rate of 18.1% though lower than the national rate of 21.6%. This suggests that nearly one in five community members may require ongoing mental health support and services.

In addition to concerns around mental health outcomes in the community, the ratio of the population to a single mental health provider in Anne Arundel County (377:1) is substantially higher than Maryland's ratio (292:1) and the national ratio (320:1). This higher ratio may mean there are barriers to accessing timely mental health services, particularly for those with urgent needs or those who need ongoing care management. This access issue is likely reflected in Anne Arundel County's rate of ED visits for mental health (5,734.1) which is over 25% higher than the overall rate in Maryland (4,291.5).

Mental health concerns are also present among the high school student population. In 2022, 36.0% of Anne Arundel County high school respondents reported feeling sad or hopeless and 18.5% reported seriously considered attempting suicide. High school residents that identify as LGBTQ or female reported these feelings at even higher rates. (LGBTQ: 57.9% and 34.9%, female: 47.4% and 24.3%).[62]

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[58] Source: Maryland Behavioral Risk Factor Surveillance Survey (BRFSS) (2021). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[59] Source: National Center for Health Statistics (2021). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[60] Source: ESRI Business Analyst (2024).
[61] Source: MD SHIP (2017).
[62] Source: Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) (2018-2019 and 2022-2023). Retrieved from https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx

Substance use rates in Anne Arundel County exceed that of the state of Maryland across several measures. A higher percentage of the population in Anne Arundel County report excessive drinking (17.9%) compared to Maryland (15.2%). Alcohol-impaired driving deaths as a percentage of all driving deaths is also higher in Anne Arundel County (31.1%) compared to Maryland (29.4%) and exceeds the national rate of 26%. The county's opioid dispensing rate of 41.7 prescriptions per 100 persons is higher than both Maryland's rate of 34.8 and the national rate of 39.5.

The drug overdose death rate in Anne Arundel County (44.4 per 100,000) exceeds Maryland's rate of 43.1 and is significantly higher than the national rate of 27.0. It should be noted that preliminary data for calendar year 2024 indicates a 44.0% decline in overdose deaths in Anne Arundel County compared to the prior year (175 deaths in 2023 vs. 98 in 2024), indicating a positive trend.[63]

Table 3.5. Substance Use Indicators

Indicator	Anne Arundel County	Maryland	United States
Percent of Population Reporting Excessive Drinking[58]	17.9%	15.2%	18.0%
Alcohol-Impaired Driving Deaths (Percentage of All Driving Deaths)[64]	31.1%	29.4%	26.0%
Drug Overdose Death Rate (per 100,000 Population)[59]	44.4	43.1	27.0
Opioid Prescriptions Dispensed (per 100 Persons)[65]	41.7	34.8	39.5

Similarly, the volume and rate of ED encounters for opioid-related overdoses across Maryland hospitals has decreased by over 50% from 2019 to 2023 as seen in **Figure 3.23.**

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[63] Source: MDH Overdose Data Portal (2024). Retrieved February 6, 2025, from
https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx
[64] Source: National Highway Traffic Safety Administration (2021). Fatality Analysis Reporting System. Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[65] CDC (2022). Opioid Dispensing Rate Maps. Retrieved from: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html

Figure 3.23: ED Encounters for Opioid-Related Overdoses in Anne Arundel County, 2019-2023
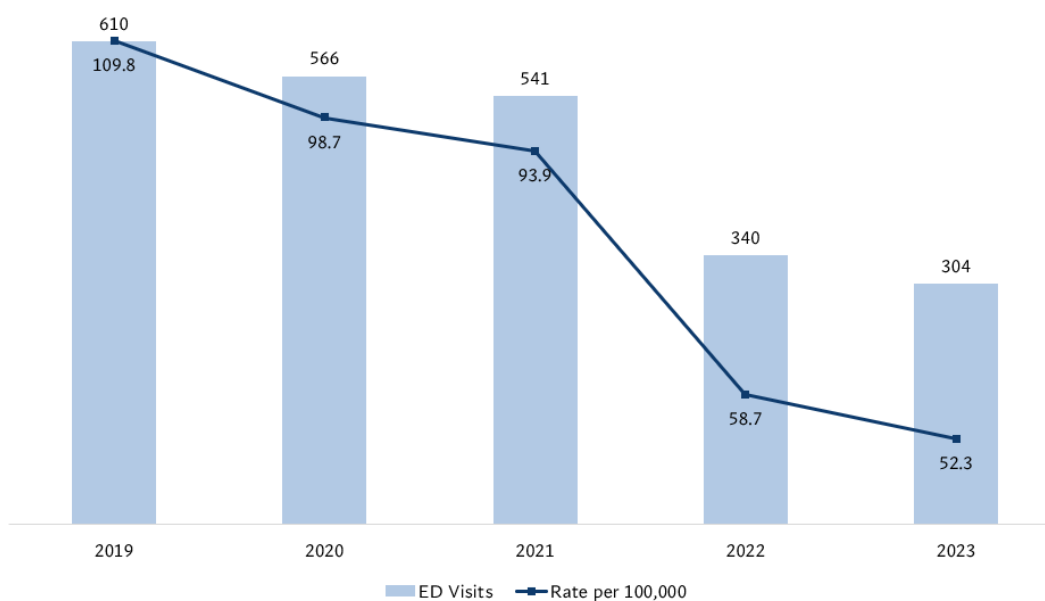
For additional detail on secondary data findings, see **Appendices 3, 8, 9, 10 and 11**

Primary Data Findings – Community Member Web Survey

Community members identified behavioral health concerns among the most significant health issues facing the community. When asked to identify the three most important health problems affecting the health of the community, nearly half (46.3%) of total respondents selected mental health or suicide as a concern, ranking it as the top health issue overall. Over a quarter of respondents (28.8%) selected substance use, making it the sixth highest ranked health concern in the community.

Figure 3.24: What are the three most important health problems that affect the health of your community? (n=633)

Health Problem	Percentage
Mental health or suicide	46.3%
Aging concerns (such as arthritis or dementia)	37.6%
Overweight or obesity	36.8%
Heart disease/high blood pressure	31.3%
Cancer	28.9%
Substance use (such as alcohol or drugs)	28.8%
Diabetes/high blood sugar	23.1%
Violence	12.6%
Dental health	12.5%
Accidental injuries	9.8%
Smoking/tobacco use	5.8%
Maternal and infant health	5.1%
Lung disease/asthma/COPD	4.9%
Other Reason	3.2%
Stroke	2.7%
Prefer not to say	1.3%
Sexually transmitted infections	0.5%

Notable differences emerged when examining responses by demographic groups. While mental health was identified as a top concern across all races and ethnicities, responses varied in intensity. Black/African American respondents cited concerns about mental health at a lower rate (35.6%) compared to White respondents (47.4%) or those with another racial identity (54.5%).

Figure 3.25: What are the three most important health problems that affect the health of your community? (by race)
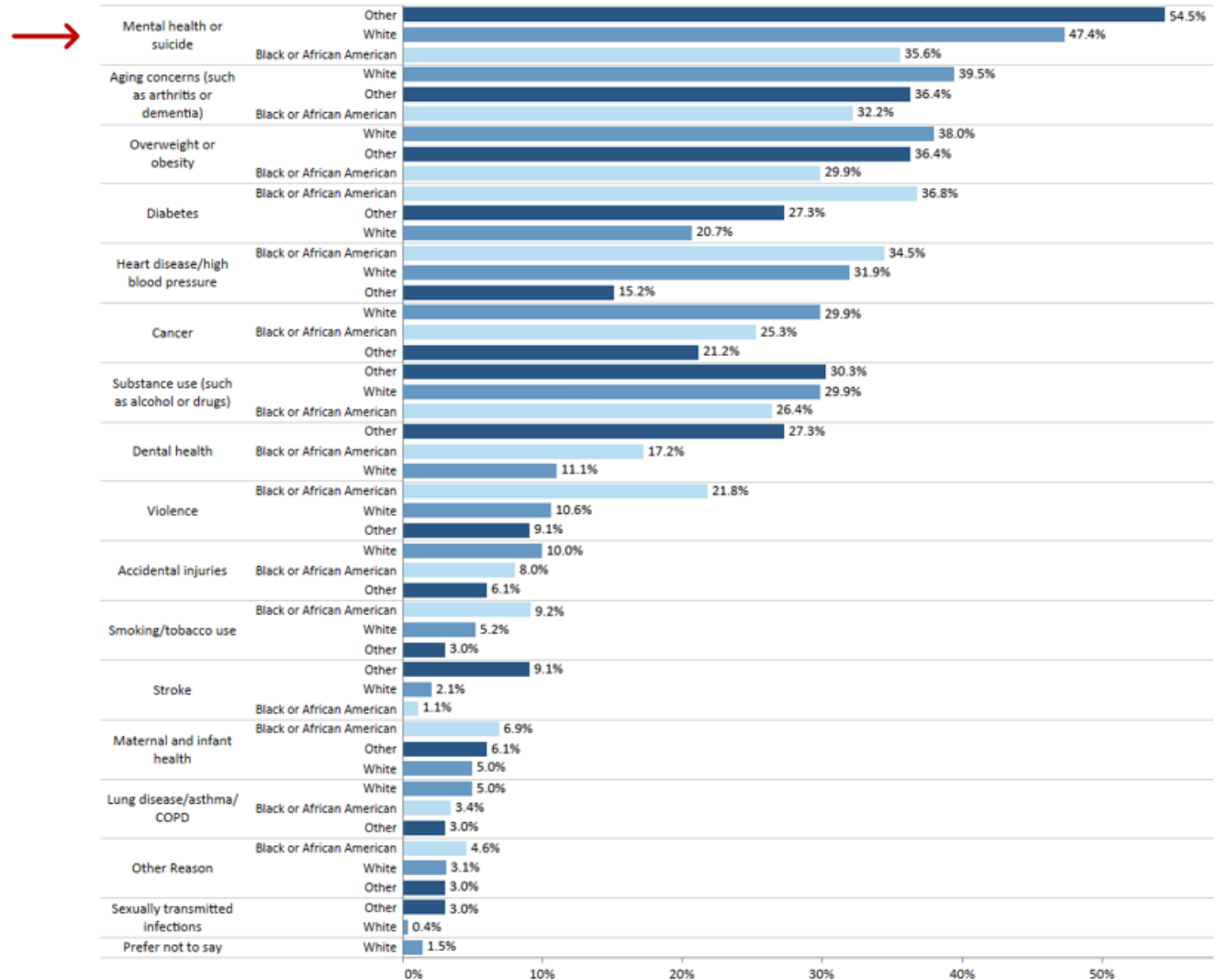
Over half (56.0%) of Hispanic/Latino respondents indicated that mental health and suicide are a top problem that affects Anne Arundel County, making it the highest rated response to the question of any racial or ethnic group. Although the Hispanic/Latino residents strongly emphasized mental health, they cited substance use as a community health problem at a significantly lower rate (12.0%) compared to Non-Hispanic/Latino respondents (29.7%).

Figure 3.26: What are the three most important health problems that affect the health of your community? (by ethnicity)

Category	Ethnicity	Percentage
Mental health or suicide	Hispanic/Latino	56.0%
	Not Hispanic/Latino	45.6%
Overweight or obesity	Hispanic/Latino	44.0%
	Not Hispanic/Latino	36.4%
Aging concerns (such as arthritis or dementia)	Hispanic/Latino	24.0%
	Not Hispanic/Latino	38.6%
Heart disease/high blood pressure	Hispanic/Latino	24.0%
	Not Hispanic/Latino	31.6%
Substance use (such as alcohol or drugs)	Hispanic/Latino	12.0%
	Not Hispanic/Latino	29.7%
Cancer	Hispanic/Latino	28.0%
	Not Hispanic/Latino	29.0%
Dental health	Hispanic/Latino	20.0%
	Not Hispanic/Latino	12.2%
Violence	Hispanic/Latino	4.0%
	Not Hispanic/Latino	12.9%
Accidental injuries	Hispanic/Latino	12.0%
	Not Hispanic/Latino	9.9%
Maternal and infant health	Hispanic/Latino	12.0%
	Not Hispanic/Latino	5.0%
Smoking/tobacco use	Hispanic/Latino	8.0%
	Not Hispanic/Latino	5.8%
Lung disease/asthma/COPD	Hispanic/Latino	4.0%
	Not Hispanic/Latino	4.8%
Prefer not to say	Hispanic/Latino	4.0%
	Not Hispanic/Latino	0.9%
Stroke	Hispanic/Latino	4.0%
	Not Hispanic/Latino	2.4%
Other Reason	Not Hispanic/Latino	3.4%
Sexually transmitted infections	Not Hispanic/Latino	0.5%

Age-based analysis revealed that the two middle age groups were most concerned about the impact of mental health on the community with the majority of respondents citing it in the 25 to 44 age group (61.1%) and almost half (49.5%) of respondents in the 45 to 64 age group. The youngest and oldest age groups both ranked mental health as the third highest community health concern.

Over half of respondents ages 18 to 24 (54.5%) expressed concern about substance use in the community, tying it with overweight and obesity as the top health concern. Notably, the second most cited concern for the 18 to 24 age group was smoking and tobacco use with 45.5% of respondents citing it as a top health concern while all other age groups reported it at rates lower than 8%.

Figure 3.27: What are the three most important health problems that affect the health of your community? (by age)
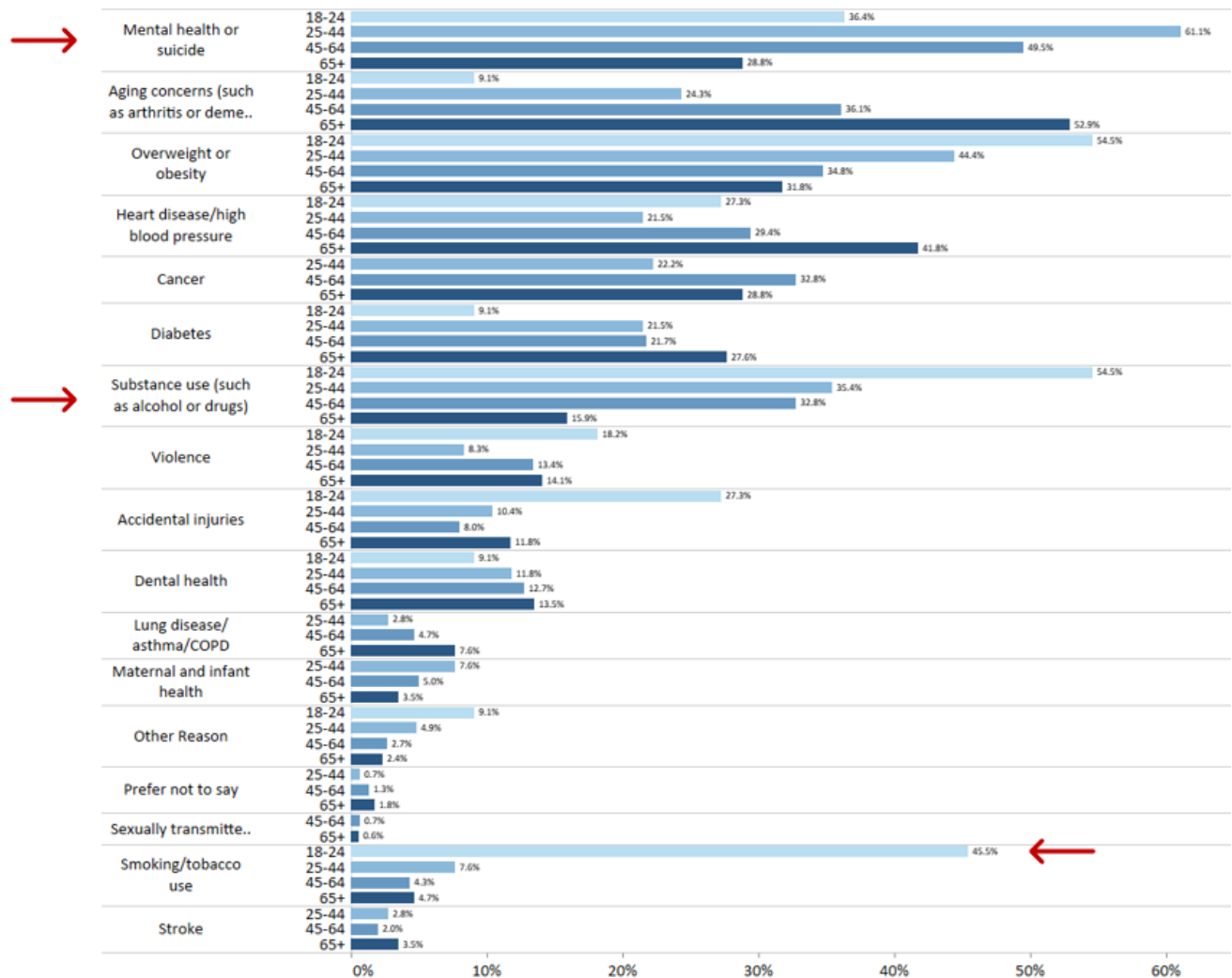
When asked about their own mental health experiences, over half of all respondents indicated that during the past 30 days they had five or fewer days where their mental health was not good. Conversely, 11.4% of respondents shared that their mental health was not good for more than half of the prior month.

Figure 3.28: How many days during the past 30 days was your mental health NOT good? (n=328)
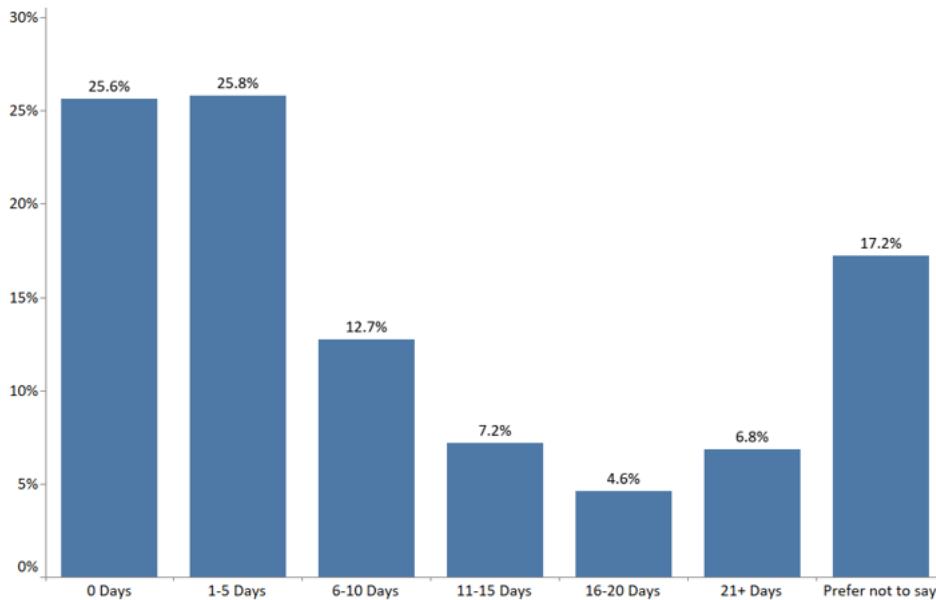
Among those reporting poor mental health, nearly one-third of respondents (31%) said they needed mental health care or counseling in the past year but did not get it.

Figure 3.29: Did you need mental health care or counseling during the last year, but did not get it? (n=630)
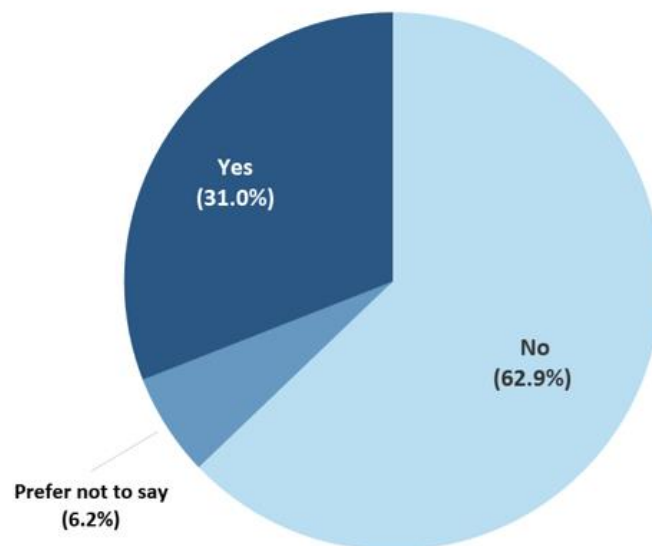
When asked about their own substance use, most respondents indicated they consume alcohol products some days or not at all. Nearly all respondents (97.6%) said neither they nor a member of their household have misused any form of prescription drug in the past year.

Figure 3.30: How often do you consume any kind of alcohol product, including beer, wine, or hard liquor? (n=635)
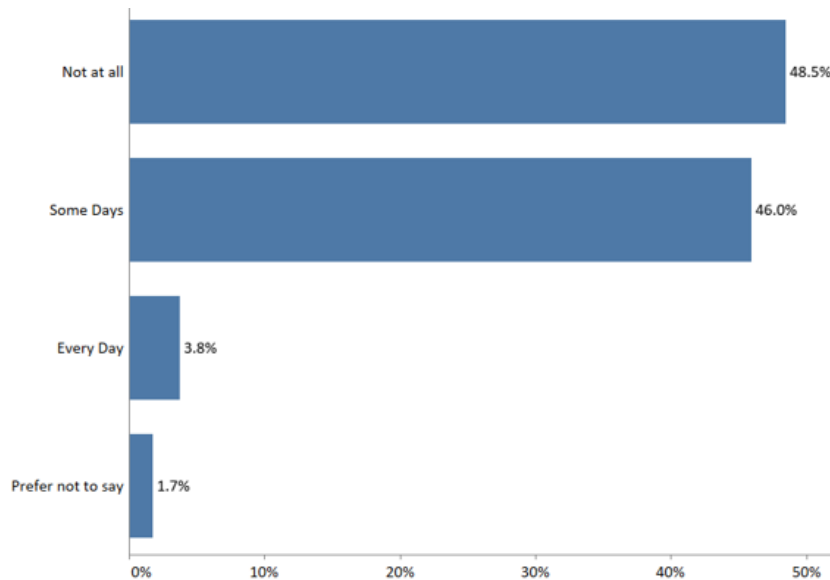
Figure 3.31: In the past year, have you or a household member misused any form of prescription drug? (n=634)
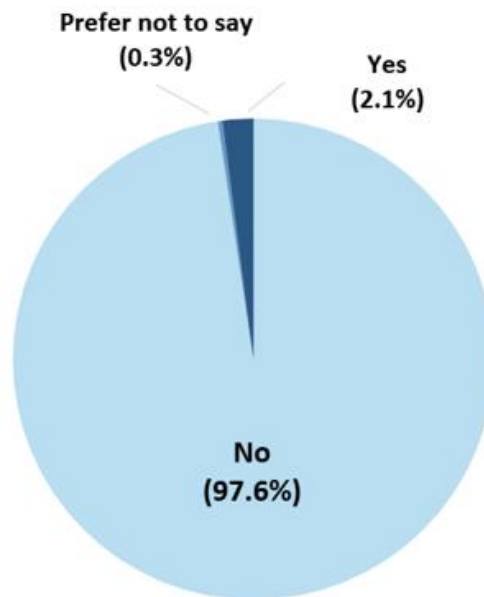
Primary Data Findings – Key Leader Web Survey

Key leaders' perspectives strongly aligned with community member concerns about behavioral health. Mental health/suicide was the most frequently cited health concern in the key leader survey with 71% of key leader respondents identifying mental health or suicide as a top community health need in Anne Arundel County. Substance use followed as the second most identified need, with 41.9% of key leaders identifying it as a top concern.

Figure 3.32: Select the top three community health needs of Anne Arundel County (n=31)
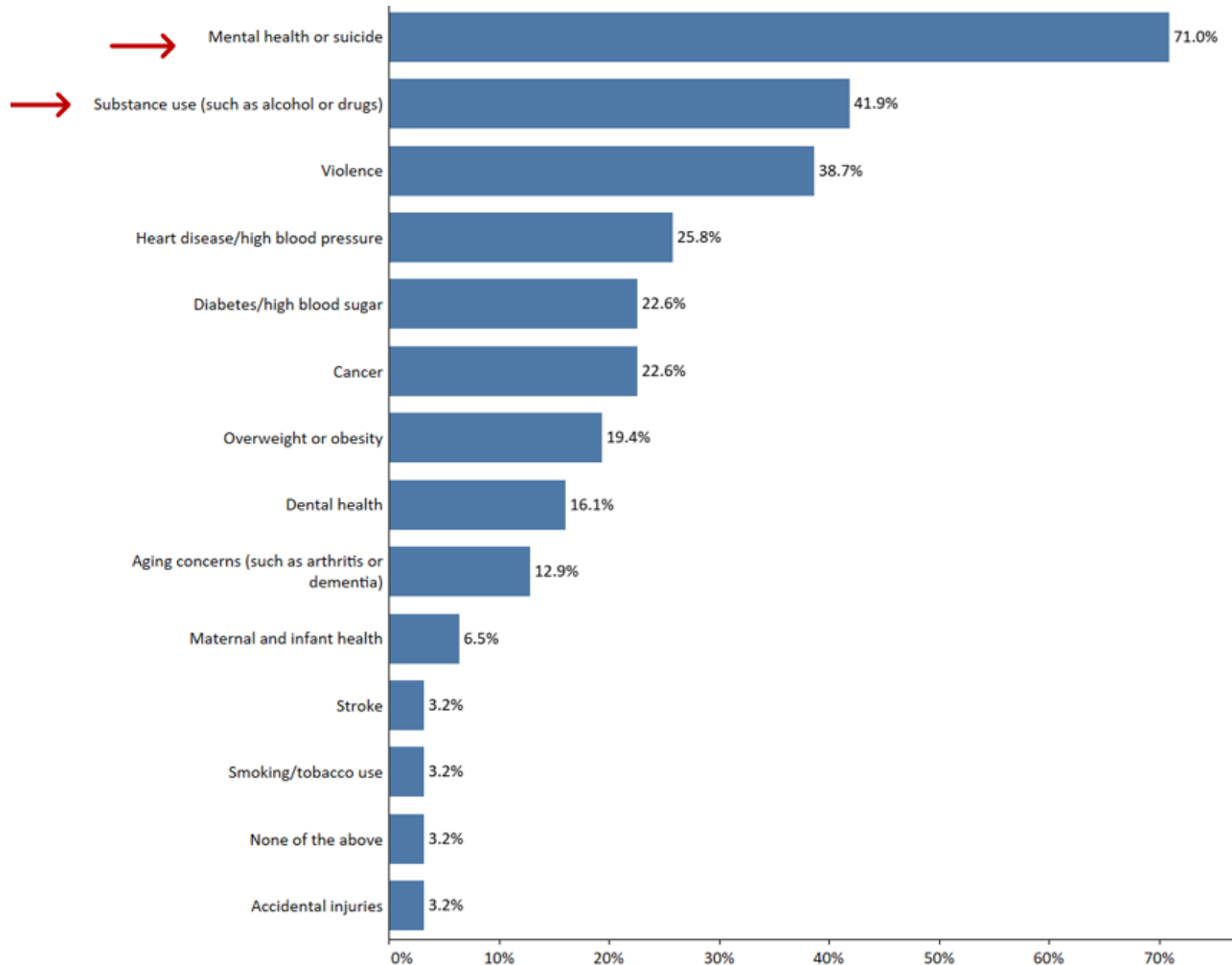
When asked about community offerings, only 14% of key leaders agreed that there were enough mental health providers in Anne Arundel County. Mental health providers were ranked by key leaders among the top three provider types most lacking in the community. Although key leaders scored the availability of substance use providers higher relative to some other provider types, just 24% agreed that there were enough substance use providers in the community. This suggests that there may be opportunities to increase access to behavioral health providers in the community.

Figure 3.33: Please rate each of the following statements for the community you serve (n=31)
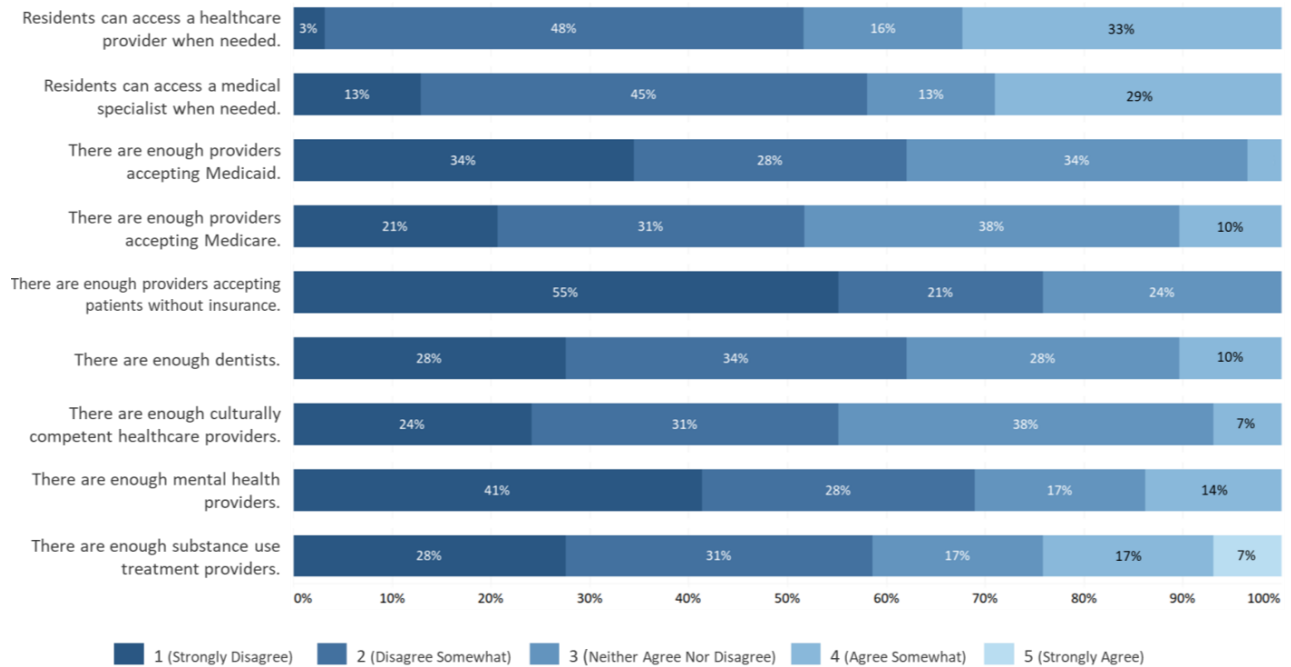
For more detail on survey findings, see **Appendix 6.**

Primary Data Findings – Community Health Ambassador Survey

The CHA Survey also identified areas where mental health could be improved in Anne Arundel County. The majority of respondents (53%) identified being nervous or stressed "Sometimes" within the past month and over 20% shared that they felt stressed often ("Fairly Often" or "Very Often"). Stress can significantly impact mental health by triggering or worsening symptoms of anxiety, depression, and other psychological conditions, particularly when experienced chronically without adequate coping resources and support.

Figure 3.34: In the last month, how often have you felt nervous and "stressed"? (n=3,061)
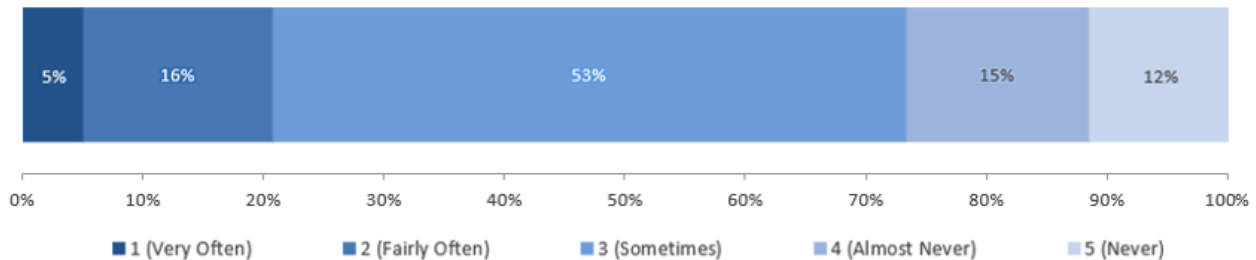
| 5% | 16% | 53% | 15% | 12% |

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ 1 (Very Often)   ■ 2 (Fairly Often)   ■ 3 (Sometimes)   ■ 4 (Almost Never)   ■ 5 (Never)

Figure Notes: All results only include respondents with a valid Anne Arundel County ZIP code and willing to take the survey (did not respond "No"). Missing or "prefer not to respond" answers from respondents have been excluded on a per question basis. *Limited to those who only selected one response.

When asked if their community is a safe place to live, 14% of respondents indicated that they did not feel safe (3% responding "Strongly Disagree" and 11% responding "Disagree"). In contrast, over half of respondents felt that Anne Arundel County was a safe place to live. Living in an unsafe community can negatively impact mental health through increased anxiety, hypervigilance, and chronic stress as residents cope with ongoing concerns about personal safety and security in their daily lives.

Figure 3.35: Do you agree or disagree with the following statement: My community is a safe place to live. (n=12,824)

| 3% | 11% | 36% | 38% | 12% |

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ 1 (Strongly Disagree)   ■ 2 (Disagree)   ■ 3 (Neutral)   ■ 4 (Agree)   ■ 5 (Strongly Agree)
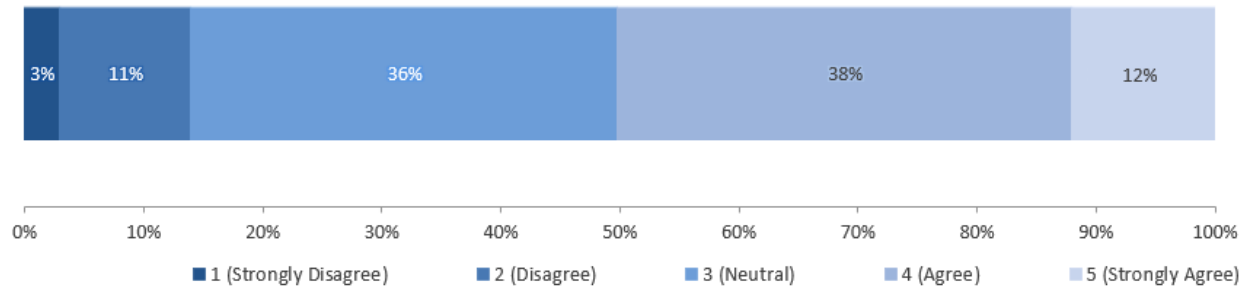
Figure Notes: All results only include respondents with a valid Anne Arundel County ZIP code and willing to take the survey (did not respond "No"). Missing or "prefer not to respond" answers from respondents have been excluded on a per question basis. *Limited to those who only selected one response.

For more detail on Community Health Ambassador Survey findings, see **Appendix 8.**

Primary Data Findings – Focus Groups

Mental health emerged as a critical concern across all focus groups, with participants consistently highlighting provider shortages and extensive wait times for services as key challenges. The lack of culturally and linguistically diverse providers was identified as a particular barrier that has an outsize impact on minority communities. Focus group participants highlighted stigma around mental health as a serious issue, particularly within the Black community and some religious organizations.

Substance use was frequently discussed alongside mental health, with participants noting that many community members may be self-medicating their existing mental health issues. Addiction was described as a major concern, especially in public housing communities. Groups noted a strong connection between mental health challenges and substance use, particularly in communities where access to formal mental healthcare is limited.

Access to behavioral healthcare presented unique challenges, with participants noting that even when services are available, issues like provider diversity, cultural competence, and mistrust create additional barriers. Groups emphasized that behavioral health issues are exacerbated by a lack of preventive care and limited community-based resources, which have a particular impact on young people and older adults.

Participants suggested several solutions to address these behavioral health challenges, including leveraging faith-based organizations to provide education, expanding sliding scale payment options, funding grassroots programming in the community, using education to address stigma, and improving collaboration across local agencies and nonprofit organizations. Participants also emphasized the importance of providing culturally appropriate care and making sure behavioral health services are integrated into other community support systems.

For a more detailed description of focus group findings, see **Appendix 6.**

PRIORITY NEED: CHRONIC HEALTH CONDITIONS

Context and National Perspective

As society has changed and people live longer, chronic health conditions have become more common than communicable diseases like typhoid and cholera. As defined by the World Health Organization (WHO), chronic diseases are those with a long duration, that are influenced by a combination of genetic, environmental, psychological, or behavioral factors.[66] Chronic health conditions are extremely common in the United States, with 6 in 10 Americans living with at least one chronic disease, such as diabetes, obesity, cancer, hypertension, or heart disease.[67]

Chronic diseases are the leading cause of death and disability in the United States.[661] According to the WHO, chronic health conditions kill 41 million people globally each year and are responsible for 7 in 10 deaths in the U.S. annually.[66] The number of individuals living with a chronic health condition is expected to increase as the U.S. population continues to age. The population over the age of 50 is expected to increase by 61% to 221.1 million people by 2050.[68] Among those 221 million, nearly two-thirds (142.7 million people) are expected to have at least one chronic health condition, with approximately 15 million people living with multiple chronic health conditions.[68]

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells that can result in death if not treated. While the risk of dying from cancer has declined significantly over the past 30 years, it remains the second most common cause of death in the U.S. Incidence of new cancer cases has continued to rise, with 2 million new cases expected to be identified in 2024.[69] This trend is largely affected by the aging and growth of the population and by a rise in diagnoses of 6 of the 10 most common cancers—breast, prostate, endometrial, pancreatic, kidney, and melanoma. Some research has attributed this rise to the impact of the obesity epidemic. [69] Cigarette smoking is another significant risk factor for cancer, and is responsible for about 20% of all cancers and 30% of cancer deaths in the U.S. each year.[70]

The CDC recommends four ways to prevent chronic conditions and maintain good physical health. Recommended healthy behaviors include stopping or refraining from smoking, eating low-fat whole food diets, exercising moderately for at least 150 minutes a week, and limiting or refraining from consuming alcohol.[71] Annual physicals with a primary care provider are also necessary to help prevent or treat chronic health conditions. Yearly screenings can allow providers to identify any warning signs for developing

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[66] Source: World Health Organization (WHO) (2023). *Noncommunicable diseases*. Retrieved January 6, 2025, from: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.

[67] Source: CDC (2024). *National Center for Chronic Disease Prevention and Health Promotion*. Retrieved January 6, 2025, from: https://www.cdc.gov/chronic-disease/about/index.html .

[68] Source: Ansah, J.P. & Chiu, T.C., (2022). Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. *Frontiers in Public Health*. Retrieved January 6, 2025, from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9881650/.

[69] Source: American Cancer Society (ACS) (2024). *ACS Fast & Figures 2024*. Retrieved January 6, 2025, from https://www.cancer.org/research/acs-research-news/facts-and-figures-2024.html.

[70] ACS (2020). *Health Risks of Smoking Tobacco.* Retrieved January 6, 2025 from https://www.cancer.org/cancer/risk-prevention/tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html

[71] Source: CDC (2024). *Preventing chronic diseases: What you can do now.* Retrieved January 6, 2025 from https://www.cdc.gov/chronic-disease/prevention/index.html

conditions and enable patients to correct or develop healthy behaviors to avoid developing a physical health condition. A CDC study noted that one-third of visits to health centers in 2020 were for preventive care.[72] For those living with chronic conditions, the CDC recommends some general steps people can take to manage their diseases. These include taking medications as prescribed by a provider, self-monitoring symptoms as needed (such as conducting home blood sugar checks), and regularly seeing a provider for check-ups.

As the population in Maryland and its individual counties continues to collectively age, the prevalence of chronic disease grows. In fact, seven out of the top 10 leading causes of death in Maryland are related to a chronic health condition, accounting for at least two-thirds of all annual deaths.[73][74] Additionally, 14% of households in Maryland are considered rural,[75] which can hinder access to clinical care for these conditions. Finding ways to utilize existing resources for helping community members learn about and manage their chronic health conditions is key for improving health outcomes in these areas.

Secondary Data Findings

Physical health indicators show several areas where Anne Arundel County residents experience higher disease burdens compared to state averages. The adult obesity rate in Anne Arundel County (35.7%) exceeds both Maryland's rate (34.2%) and the national average (34%). Similarly, the percentage of adults in Anne Arundel County who are not overweight or obese is 3.6% lower (worse) than the Maryland average. The population experiencing frequent physical distress (8.6%) surpasses Maryland's rate (7.9%), suggesting potential connections between physical activity levels and overall health status.

Anne Arundel County's adult obesity prevalence of 36.6% exceeds both the Maryland state average (33.2%) and the national rate (33.6%). Within the county, there are significant racial disparities, with Black residents experiencing the highest obesity rate at 47.1% — substantially higher than both White (34.3%) and Hispanic residents (28.8%), which mirrors Maryland overall. Despite higher rates of adult obesity and frequent physical distress, a lower percent of residents in Anne Arundel County (20.6%) report being physically inactive compared to Maryland (21.2%) and the United States (23.0%).

Anne Arundel County also has a lower rate of adolescent obesity (14.8%) compared to the state (15.9%) and national average (16.3%), although these rates are variable depending on race. The lower physical inactivity rate, combined with fewer obese young people, suggests that younger residents may be developing healthier lifestyle habits that could lead to better health outcomes for the next generation.

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[72] Source: CDC (2022). *Characteristics of visits to health centers: United States, 2020.* Retrieved January 6, 2025, from https://www.cdc.gov/nchs/products/databriefs/db438.htm.

[73] Source: CDC. (2022). *National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database.* Retrieved January 6, 2025, from https://wonder.cdc.gov/

[74] Source: Maryland Department of Health. (2022). *Maryland Vital Statistics Annual Report.* Retrieved January 6, 2025, from https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report_Final_v1024.pdf

[75] Source: U.S. Census Bureau (2020). *Table H2.* Retrieved January 6, 2025, from https://data.census.gov/

Table 3.6. Obesity and Physical Activity Indicators

Indicator	Anne Arundel County	Maryland	United States
Adult Obesity Prevalence[58]	36.6%	33.2%	33.6%
White	34.3%	30.7%	-
Black	47.1%	42.0%	-
Hispanic	28.8%	33.8%	-
Adolescent Obesity[62]	14.8%	15.9%	16.3%
White	12.2%	11.9%	13.7%
Black	18.7%	19.7%	21.2%
Hispanic	17.8%	20.6%	20.2%
Adults who are NOT Obese[35]	30.7%	31.8%	-
Percent Physically Inactive[58]	20.6%	21.2%	23.0%
Population Experiencing Frequent Physical Distress[58]	8.6%	7.9%	10.0%

Anne Arundel County diabetes indicators show favorable trends at the county population level. The adult diabetes prevalence rate of 7.6% is lower than both Maryland's rate (10.6%) and there is less of a disparity between White (6.0%) and Black (6.2%) residents compared to Maryland overall (8.3% and 13.1%).

ED utilization data shows mixed results, with the diabetes ED visit rate in Anne Arundel County 29.4% lower compared to the state of Maryland. It should be noted that Black county residents utilize the ED for diabetes care at a rate three times as high as White residents, suggesting concerns about racial barriers that may impact chronic disease management.

Table 3.7. Diabetes Indicators

Indicator	Anne Arundel County	Maryland	United States
Adult Diabetes Prevalence[58]	7.6%	10.6%	-
White	6.0%	8.3%	
Black	6.2%	13.1%	
ED Visit Rate due to Diabetes[61]	187.4	243.7	-
White	133.1	143.9	-
Black	462.4	454.0	-
Hispanic	242.9	178.2	-

Mortality and hospitalization data for chronic diseases shows largely favorable patterns in Anne Arundel County compared to state benchmarks. Heart disease mortality rates in the county are 6.8% lower (better) than the Maryland average and ED visit rates due to hypertension are nearly 30% lower (better) than the state average. Similarly, Alzheimer's and dementia hospitalization rates are 8.6% lower (better) than overall rate for Maryland. However, cancer mortality rates were 6.8% worse than the Maryland average suggesting a need for enhanced cancer prevention and treatment services.

Table 3.8. Mortality and Other Chronic Disease Indicators

Indicator	Anne Arundel County	Maryland	United States
Cancer Mortality Rate[35]	145.3	142.5	-
Heart Disease Mortality Rate[35]	155.1	165.7	-
Alzheimer's or Dementia Hospitalization Rate[61]	474.8	515.5	-
ED Visit Rate due to Hypertension[61]	271.5	351.2	-

The overall volume of ED visits for hypertension in Anne Arundel County has remained relatively flat from 2019 to 2023, as shown in **Figure 3.36**. However, there are significant disparities when viewing these rates by race. Black residents of Anne Arundel County visit the ED for hypertension at rates several times higher than White county residents.

Figure 3.36: Age-Adjusted ED Visit Rates for Hypertension per 100,000 Anne Arundel County Residents by Race/Ethnicity, 2019-2023[76]
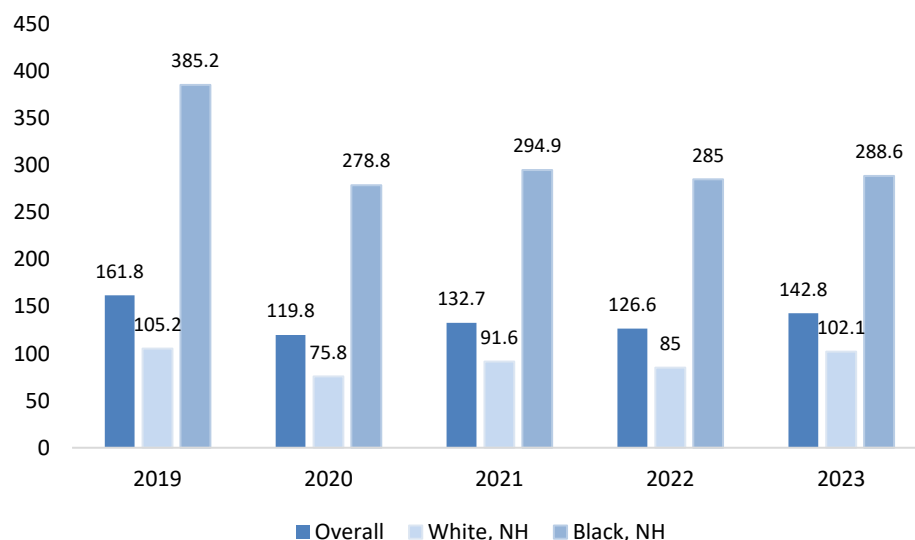
Age-adjusted mortality rates for cancer are variable when viewed by race. While White residents had a higher mortality rate due to lung/bronchus cancer than Black residents, Black residents had higher rates of mortality due to breast, colorectal and, most notably, prostate cancer.

Figure 3.37: Age-Adjusted Cancer Mortality Rates by Race/Ethnicity and Site, 2018-2022[77]
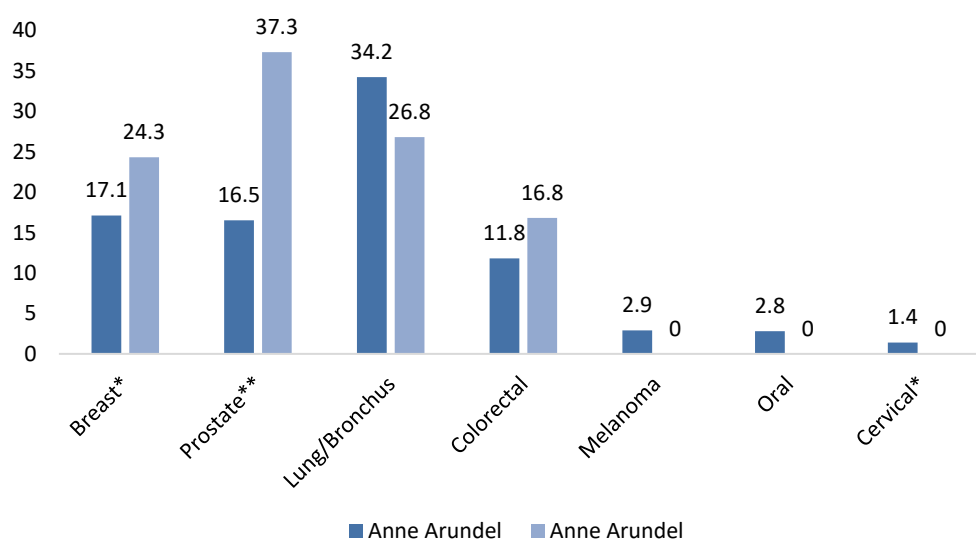
*Demoninator includes only biologically female residents
**Denominator includes only biologically male residents

For additional detail on secondary data findings, see **Appendices 3, 8, 9, 10 and 11**.

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[76] Source: HSCRC Outpatient Files, 2019-2023; CDC WONDER Single-Race Population Estimates 2019-2022.
[77] Source: U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, CDC and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2024.

Primary Data Findings – Community Member Web Survey

When Anne Arundel County community members were asked to identify the three most important health problems affecting the health of the community, chronic conditions emerged among the highest ranked concerns. Aging concerns (37.6%), obesity (36.8%), heart disease/high blood pressure (31.3%), cancer (28.9%) and diabetes (23.1%) were among the most frequently cited health issues by survey respondents.

Figure 3.38: What are the three most important health problems that affect the health of your community? (n=633)

Health Problem	Percentage
Mental health or suicide	46.3%
Aging concerns (such as arthritis or dementia)	37.6%
Overweight or obesity	36.8%
Heart disease/high blood pressure	31.3%
Cancer	28.9%
Substance use (such as alcohol or drugs)	28.8%
Diabetes/high blood sugar	23.1%
Violence	12.6%
Dental health	12.5%
Accidental injuries	9.8%
Smoking/tobacco use	5.8%
Maternal and infant health	5.1%
Lung disease/asthma/COPD	4.9%
Other Reason	3.2%
Stroke	2.7%
Prefer not to say	1.3%
Sexually transmitted infections	0.5%

Demographic analysis revealed notable variations in how different groups perceived chronic disease challenges in Anne Arundel County. Male respondents identified obesity as the most important health problem affecting the community with 46.9% of male respondents selecting this as a concern compared to just 34.8% of female respondents. Similarly, males identified heart disease and high blood pressure at higher rates (41.8%) than female respondents (29.2%).

Figure 3.39: What are the three most important health problems that affect the health of your community? (by gender)
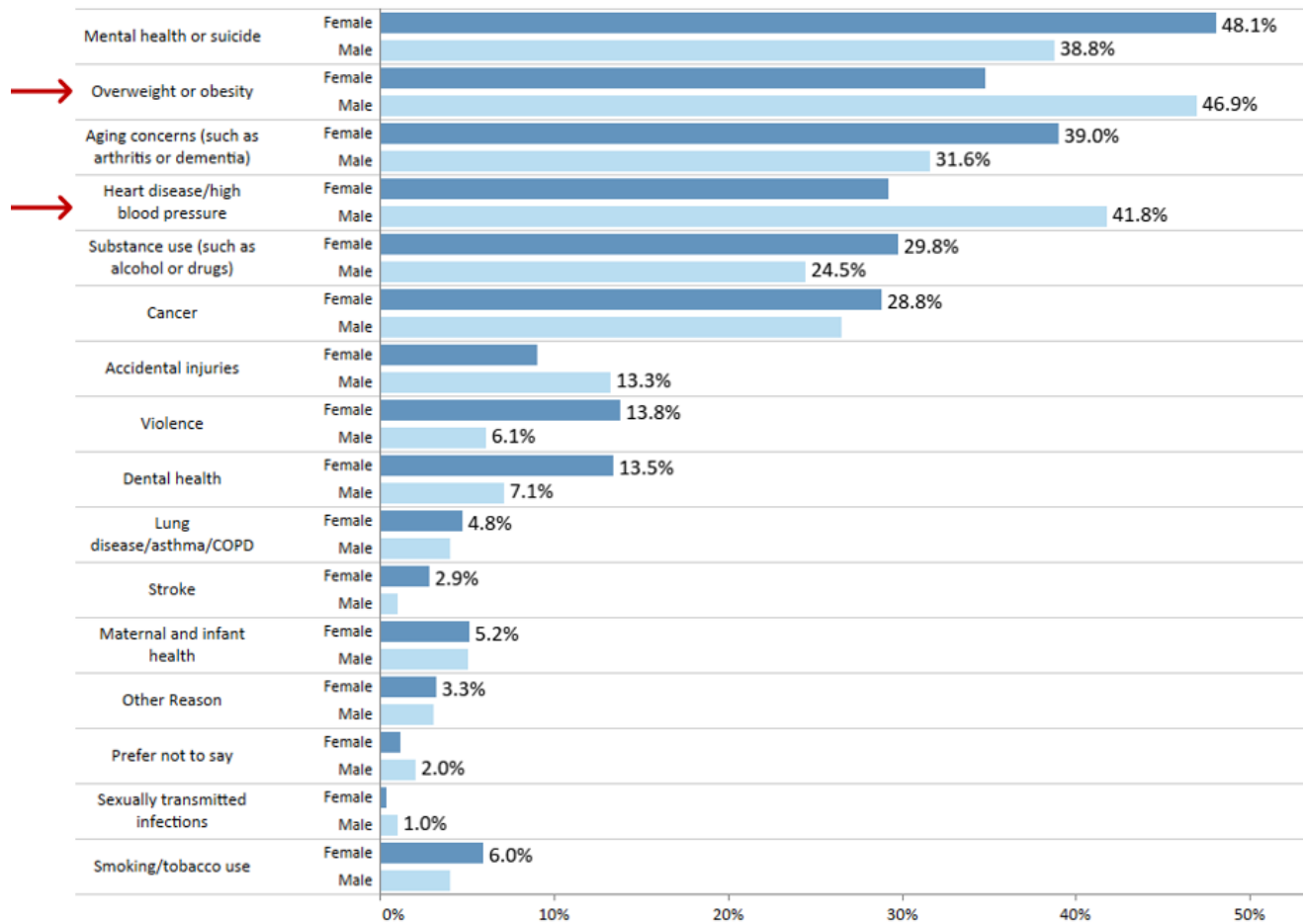
Age emerged as another significant factor in how chronic diseases were prioritized. Respondents ages 65 and older naturally emphasized aging concerns (52.9%) more than other age groups as well as heart disease (41.8%) and diabetes (27.6%). Obesity was a greater concern for the younger age groups, ranking first for the 18 to 24 age group (tied with substance use) and second for the 25 to 44 age group behind mental health.

Figure 3.40: What are the three most important health problems that affect the health of your community? (by age)
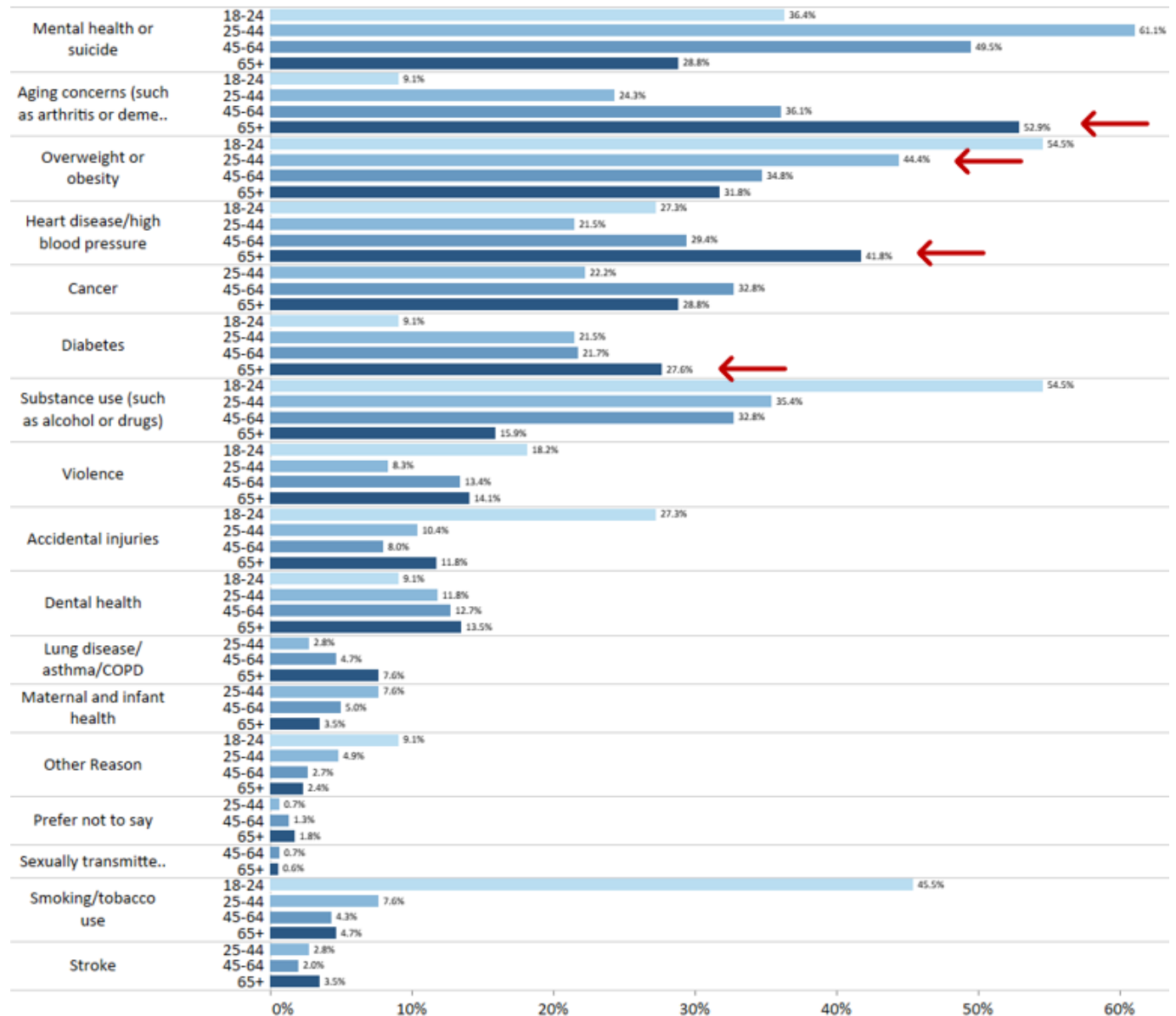
Black/African American residents and White residents reported varying concern around co-morbid chronic conditions that impact the health of Anne Arundel County. Black/African American respondents reported higher rates of concern about diabetes (36.8%) and heart disease/high blood pressure (34.5%) than White respondents (20.7% and 31.9%), however White residents expressed greater concern about weight management (38.0%) compared to Black/African American respondents (29.9%).

Figure 3.41: What are the three most important health problems that affect the health of your community? (by race)
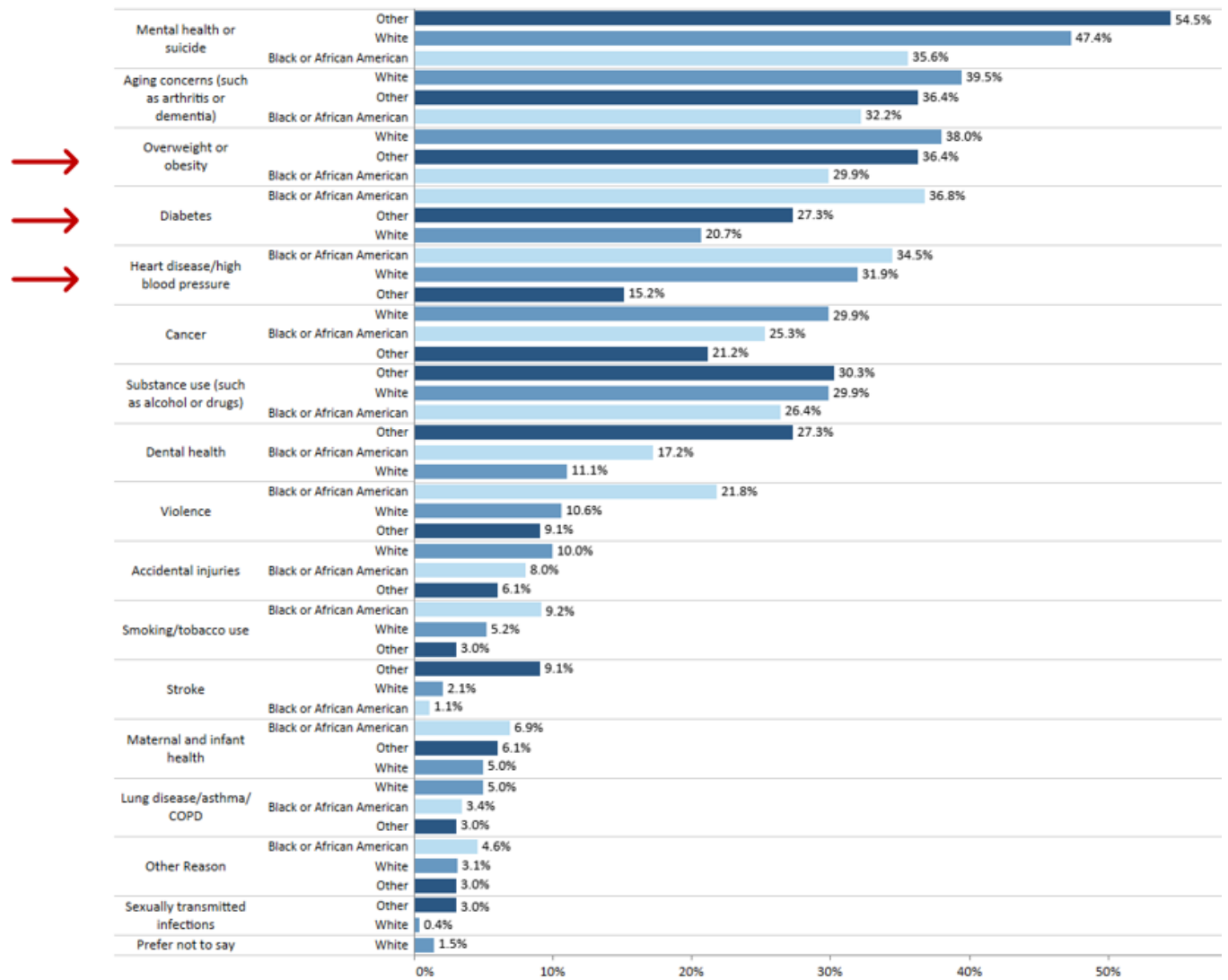
Hispanic/Latino respondents expressed significantly more concern about weight management (44.0%) and diabetes (32.0%) than non-Hispanic/Latino respondents (36.4% and 22.8%) but less concern about heart disease/high blood pressure (24.0%) than non-Hispanic/Latino respondents (31.6%). Concerns about lung diseases were low and relatively consistent across all racial and ethnic groups.

Figure 3.42: What are the three most important health problems that affect the health of your community? (by ethnicity)
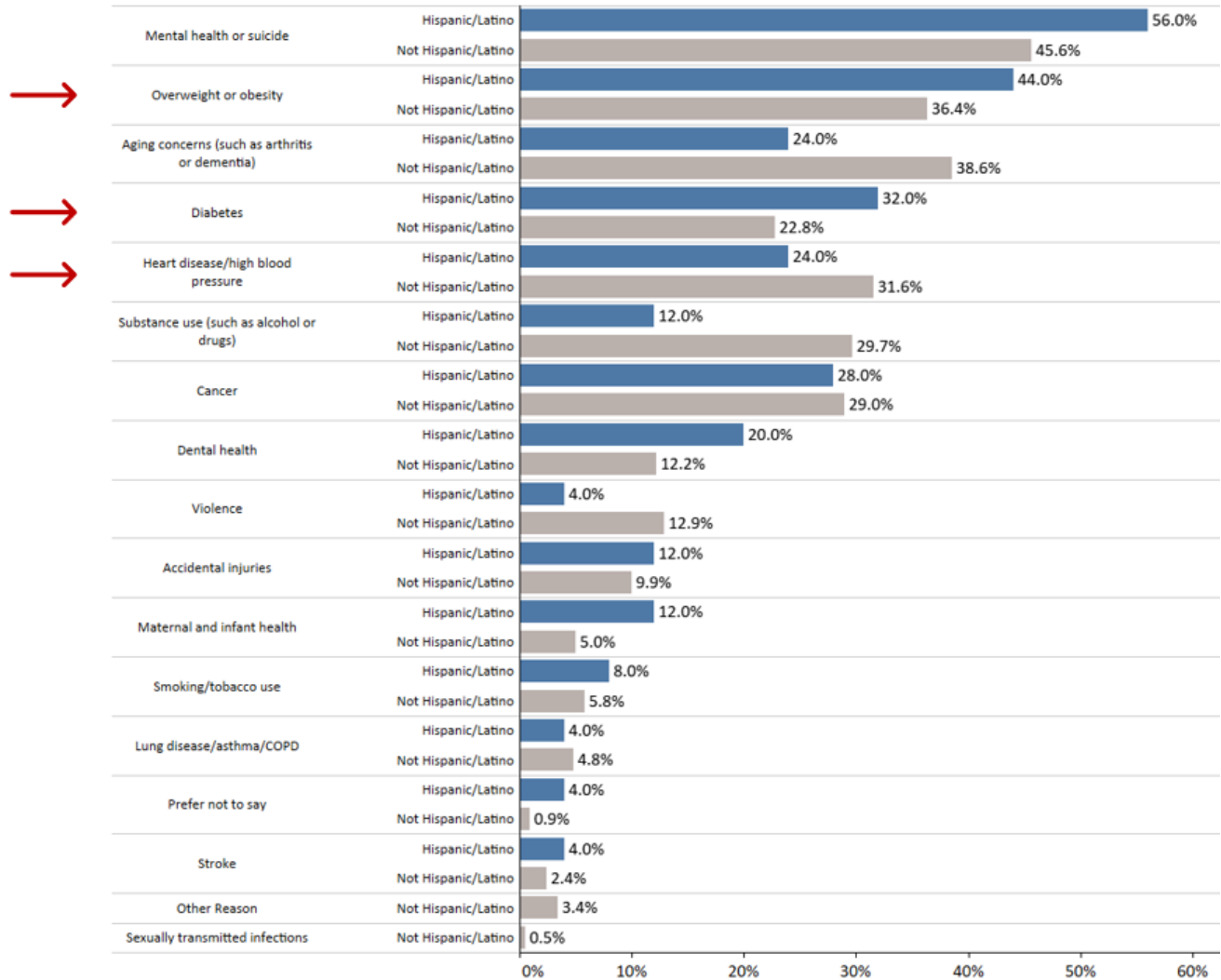
Primary Data Findings – Key Leader Web Survey

While key leaders emphasized mental health and substance use as their primary concerns, chronic health conditions were also identified as significant community needs. Heart disease (25.8%), diabetes (22.6%), cancer (22.6%) and obesity (19.4%) were all identified as top community health needs by respondents.

Figure 3.43: Select the top three community health needs of Anne Arundel County (n=31)
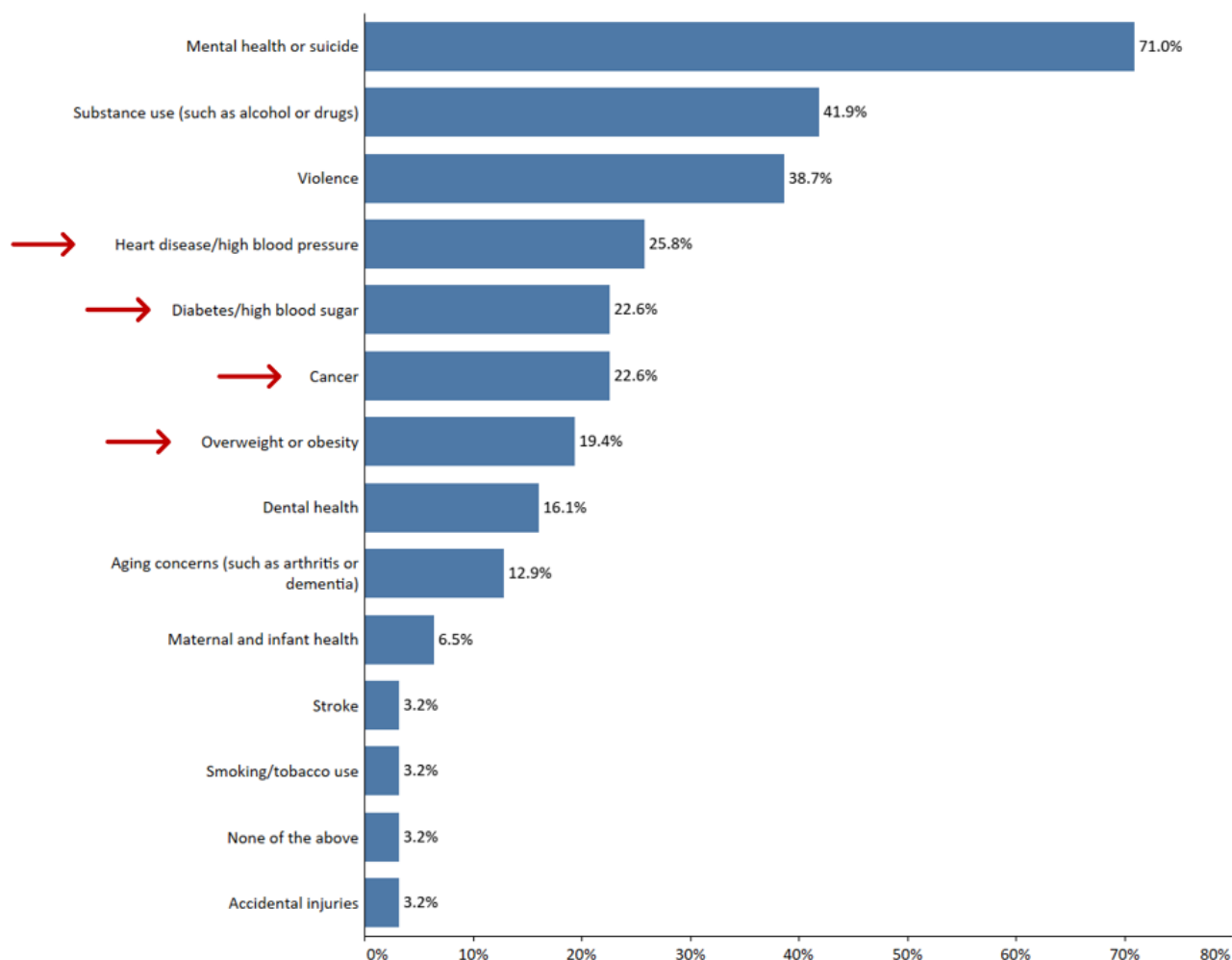
Category	Percentage
Mental health or suicide	71.0%
Substance use (such as alcohol or drugs)	41.9%
Violence	38.7%
Heart disease/high blood pressure	25.8%
Diabetes/high blood sugar	22.6%
Cancer	22.6%
Overweight or obesity	19.4%
Dental health	16.1%
Aging concerns (such as arthritis or dementia)	12.9%
Maternal and infant health	6.5%
Stroke	3.2%
Smoking/tobacco use	3.2%
None of the above	3.2%
Accidental injuries	3.2%

For additional detail on survey findings, see **Appendix 6.**

Primary Data Findings - Community Health Ambassador Survey

Over 80% of Community Health Ambassador Survey respondents indicated that the Anne Arundel community overall was healthy ("very healthy," "healthy" or "somewhat healthy"). Similarly, almost 90% of respondents considered themselves healthy. Maintaining high levels of personal health can significantly reduce the risk of developing chronic conditions like heart disease, diabetes, and hypertension while also helping to better manage existing health conditions.

Figure 3.44: How would you rate the overall health of your community? (n=12,918)
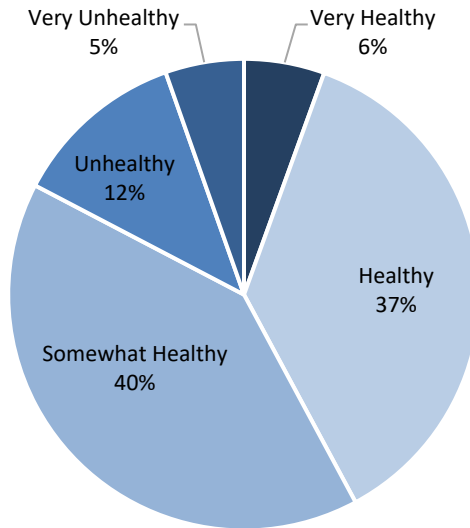
Figure 3.45: How would you rate your own personal health? (n=12,641)
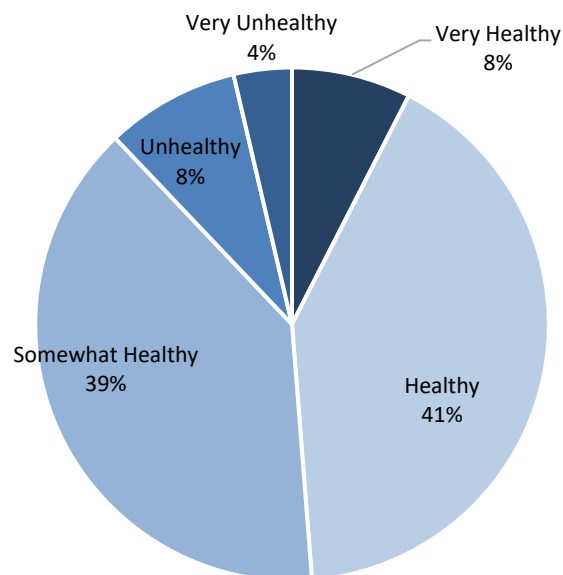
For more detail on Community Health Ambassador Survey findings, see **Appendix 8.**

Primary Data Findings – Focus Groups

Focus group participants consistently identified chronic diseases as a significant community health concern, particularly noting the prevalence of diabetes and hypertension, with onset being seen at increasingly younger ages. Prevention was highlighted as a major challenge, with participants citing limited access to preventive and specialty care in the community. Groups emphasized that chronic disease management is complicated by various factors including food access, limited availability of safe spaces for physical activity, and barriers to accessing consistent medical care. Participants noted that these issues disproportionately affect low-income communities and communities of color.

The groups suggested several approaches to address these challenges, including expanding community-based health screenings, implementing practical health education programs, and improving access to healthy foods through mobile food pantries and other initiatives.

For a more detailed description of focus group findings, see **Appendix 6.**

PRIORITY NEED: SOCIAL DETERMINANTS OF HEALTH

Context and National Perspective

The World Health Organization defines SDoH as the non-medical factors that influence health outcomes. These are the conditions in which people are born, grow, work, live and age, and the wider set of external forces and systems shaping the conditions of daily life. Examples of SDoH that can influence health status and health equity in positive or negative ways include income, education, unemployment/job security, food insecurity, housing, early childhood development, social inclusion or non-discrimination, structural conflict and access to affordable, high-quality healthcare.[78]

As seen in **Figure 3.46**, the American Hospital Association categorizes SDoH factors into the following domains: food, housing, transportation, health behaviors, violence, education, social support and employment.

Figure 3.46: Social Determinants of Health[79]

SDoH are not experienced equally by all people and are often linked to one another. The impacts of SDoH on populations are profound, can persist across generations, and often drive health inequities based on race, ethnicity or socioeconomic status. When health systems use their resources to address SDoH among patient populations, it can strengthen the quality of the care they provide while reducing health inequities.[80] Evidence-based SDoH programs that can be adopted by hospitals or health systems that may reduce healthcare costs and improve outcomes include supportive housing for individuals with chronic health conditions, food and nutrition access, patient transportation services, cash payment or income support for individuals with disabilities, and multidisciplinary patient care coordination teams.[81] Research published in JAMA suggests that collecting patient data on social adversity and health-related social needs

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[78] Source: WHO (2024). *Social Determinants of Health*. Retrieved January 6, 2025, from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

[79] Source: American Hospital Association

[80] Source: American Medical Association (2022). *What are social determinants of health?* Retrieved January 6, 2025, from https://www.ama-assn.org/delivering-care/health-equity/what-are-social-determinants-health.

[81] Source: Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R. & Sommers, B. (2022). *Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts*. Retrieved from https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf.

(HRSN) can be used to develop better trust and support for their patients and help identify broader community social needs.[82]

Local health departments can impact SDOH health outcomes by facilitating community interventions. Health departments can also obtain funding and resources that may not be accessible to others for community outreach, thereby increasing the value of their partnerships with healthcare facilities. Resources such as health education, community partnerships, and leadership help local health departments develop interventions that address SDOH.[83] For example, AACDOH recently conducted a community food assessment in southern Anne Arundel County (i.e., "South County") to identify barriers to obtaining healthy food and living a physically active life. From this, the health department and community members advised equitable specific interventions (short term, medium term and long term) that meet the criteria of having accessible, diverse and community-based options for food and physical activity. [84]

Throughout the primary and secondary data findings below, various SDoH emerged as areas of priority need that impact Anne Arundel County residents' ability to live healthy lives or access medical care. Anne Arundel County health leaders will continue to evaluate their potential to impact these domains in the years to come.

Secondary Data Findings

In reviewing secondary data for Anne Arundel County, housing, employment/income, transportation, social support and food security prevailed as key SDoH that impact the dynamics between economic stability and the overall health of the community.

Housing affordability metrics reveal significant disparities in Anne Arundel County. The availability of affordable housing (34.2%) in the county falls well below Maryland's rate (56.7%). Fair market rent demonstrates that a worker needs to work more hours per week at minimum wage to afford housing in Anne Arundel compared to Maryland overall, with a two-bedroom unit in Anne Arundel County requiring 100 weekly work hours compared to 98 on average in Maryland. This aligns with the living wage being higher in Anne Arundel County ($56.55) compared to statewide ($52.88).

While home ownership rates in Anne Arundel County (71.9%) are high when compared to Maryland (65.0%) and the United States (63.1%) overall, rates of homeownership vary 3w2based on race and ethnicity. While nearly 80% of White households in Anne Arundel County are homeowners, only just over 50% of Black households and households that identify ethnically as Hispanic/Latino are homeowners.

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[82] Chen, A., Gwynn, K. & Schmidt, S. (2023). Addressing health-related social needs in the clinical, community, and policy domains. *JAMA Network*. Retrieved January 6, 2025 from: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2804105.

[83] Source: Emery, Kyle J., Durocher, B., et.al, (2023). *Health departments' role in addressing Social Determinants of Health in collaboration with multisector community partnerships.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9812476/

[84] Source: Anne Arundel County Department of Health (2023). *May 2023 South County Community Food Assessment.* Retrieved from https://www.aahealth.org/sites/default/files/2023-12/South-county-community-food-assessment.pdf

Table 3.9: Housing Affordability Indicators

Indicator	Anne Arundel County	Maryland	United States
Severe Housing Problems[85]	12.2%	15.5%	17.0%
Homeownership[86]	71.9%	65.0%	63.1%
White	79.1%	-	-
Black	50.3%	-	-
Asian	71.0%	-	-
Hispanic/Latino	52.7%	-	-
Severe Housing Cost Burden[87]	11.1%	14.1%	14.0%
Affordable Housing[88]	34.2%	56.7%	-
Fair Market Rent, 2 Bedroom[89]	$1,943	$1,909	$1,670
Work Hours Need per Week at Minimum Wage to Afford Fair Market Rent for 2 Bedroom[89]	100	98	177

While the median household income in Anne Arundel County ($116,009) exceeds Maryland's ($98,461), substantial disparities exist across genders and racial and ethnic groups. Gender pay gap data shows that women earn 82 cents for every dollar earned by men in Anne Arundel County, compared to 86 cents statewide.

Racial and ethnic income disparities are particularly evident in the highest income brackets, where 24.0% of White households and 22.7% of Asian households earn $200,000 or more, compared to just 14.5% of Black or African American households and 12.2% of Hispanic households. However, the income distribution shows more equity in middle-income ranges, with similar percentages across racial and ethnic groups earning $100,000-$149,999 (White: 21.5%, Black: 21.5%, Hispanic: 20.5%, Asian: 23.0%). The disparities become apparent again at lower income levels, where 6.8% of Black or African American households earn less than $15,000 annually compared to just 3.4% of White households.

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[85] Source: Comprehensive Housing Affordability Strategy (2020). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[86] Source: U.S. Census Bureau ACS (2020). Table H10 Decennial Census.
[87] Source: U.S. Census Bureau ACS (2022). 5-Year Estimates 2018-2022. Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[88] Source: MD SHIP (2020).
[89] Source: National Low Income Housing Coalition (2024). Out of Reach 2024 Report.

Figure 3.47: Income Distribution by Race/Ethnicity[90]
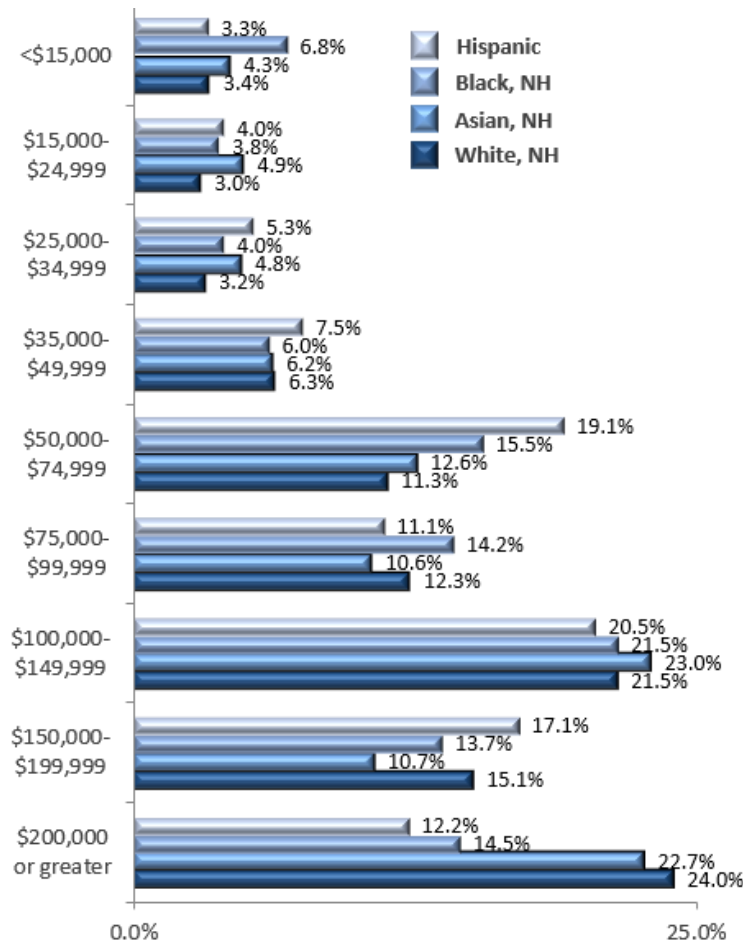
When transportation metrics were reviewed, the percentage of Anne Arundel County residents driving alone to work (73.6%) exceeds Maryland's rate (68.2%). However, the percentage of individuals driving alone on a commute longer than 30 minutes (46.6%) is lower than the percentage across the state (49.2%), suggesting that Anne Arundel County residents may be less likely to need to commute longer than 30 minutes compared to other Maryland residents. While traffic volumes in Anne Arundel County (123) are lower than Maryland overall (163), volumes are higher than the United States average (108).

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[90] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table S1901, 2018-2022

Table 3.10: Transportation Indicators

Indicator	Anne Arundel County	Maryland	United States
Driving Alone to Work[87]	73.6%	68.2%	72.0%
Long Commute – Driving Alone[87]	46.6%	49.2%	36.0%
Traffic Volume[91]	123	163	108

Family and community support metrics reveal opportunities for improvement in the county. While the childcare cost burden is less in Anne Arundel County (19.9%) compared to Maryland (23.5%), meaning childcare is relatively more affordable, the availability of childcare centers per 1,000 population under age 5 is significantly lower in Anne Arundel County (4.7) compared to Maryland (6.2) and the United States (7.0).

Table 3.11: Family, Community, and Social Support Indicators

Indicator	Anne Arundel County	Maryland	United States
Children in Single-Parent Households[87]	19.9%	25.7%	25.0%
Childcare Cost Burden[92]	19.9%	23.5%	27.0%
Childcare Centers[93]	4.7	6.2	7.0
Social Associations[94]	8.0	8.8	9.1
Disconnected Youth[87]	3.8%	5.9%	7.0%
% Not Proficient in English[87]	4.1%	3.4%	-
Residential Segregation – Black/White[87]	48.5	63.2	63.0

Social association rates in Anne Arundel County (8.0) lag behind state (8.8) and national (9.1) rates, which may indicate fewer community connections between residents. Just 3.8% of teenagers ages 16 to 19 are considered disconnected youth (neither working nor in school) which is significantly lower than Maryland overall (5.9%).

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[91] Source: EJSCREEN: Environmental Justice Screening and Mapping Tool (2023). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[92] Source: The Living Wage Institute (2022-2023). Small Area Income and Poverty Estimates. Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[93] Source: Homeland Infrastructure Foundation-Level Data (HIFLD) (2022). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[94] Source: County Business Patterns (2021). Retrieved from RWJF & UWPHI 2024 County Health Rankings.

Anne Arundel County's food environment demonstrates complex patterns. While overall food insecurity (8.1%) is lower than Maryland's rate (9.7%), access varies significantly by demographic group and geographic location. Limited access to healthy foods affects 4.1% of the county population compared to 3.6% statewide. The percentage of children eligible for free or reduced lunch (37.4%) is lower than Maryland's rate (41.9%) but still represents a substantial portion of youth facing potential food access challenges.

Table 3.12: Food Security Indicators

Indicator	Anne Arundel County	Maryland	United States
Food Insecurity[95]	8.1%	9.7%	10.0%
Limited Access to Healthy Foods[96]	4.1%	3.6%	6.0%
Children Eligible for Free or Reduced Lunch[97]	37.4%	41.9%	51.0%
Households Receiving Food Stamps[98]	6.1%	10.8%	11.5%

Census data shows that 6.1% of county households receive food stamp/SNAP benefits as a form of food assistance, notably lower than both Maryland (10.8%) and national rates (11.5%), however rates vary significantly across different races and ethnicities. Hispanic households in Anne Arundel County are over three times as likely to receive food stamp/SNAP assistance as White households.

Figure 3.48: Households Receiving Food Stamps / SNAP Benefits by Race and Ethnicity

Anne Arundel
- 13.3%
- 8.2%
- 4.8%
- 4.2%

Legend:
- Hispanic
- African American, NH
- Asian, NH
- White, NH

Maryland
- 18.9%
- 11.9%
- 7.0%
- 6.3%

United States
- 24.6%
- 18.4%
- 7.9%
- 7.7%

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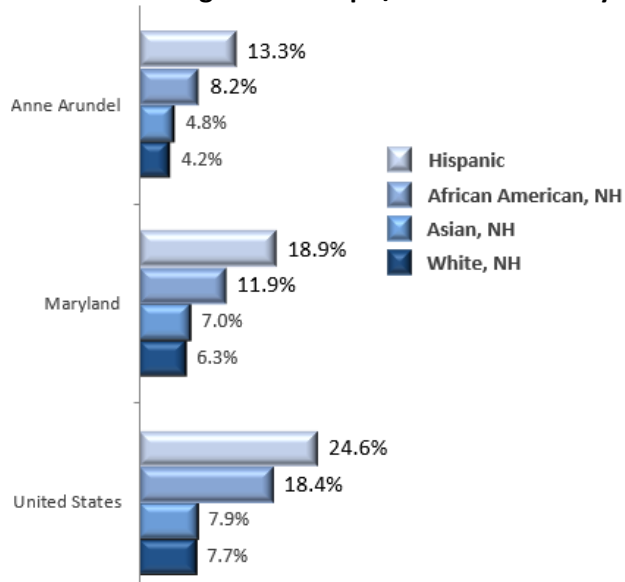
[95] Source: Map the Meal Gap (2021). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[96] USDA Food Environment Atlas (2019). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[97] Source: National Center for Education Statistics (2022). Retrieved from RWJF & UWPHI 2024 County Health Rankings.
[98] Source: U.S. Census Bureau ACS (2022). Table S2201 5-Year Estimates, 2018-2022.

In addition, the 2023 South County Community Food Assessment found that residents in the southern part of the county often travel up to an hour to purchase food, and hunger was a concern for 74% of community members who participated in the assessment. Many residents in this part of the county rely on food pantries, benefits like SNAP and WIC, and free or reduced school meals. The results of this food assessment identify South County as an area of the county with significant food access challenges.

For additional detail on secondary data findings, see **Appendices 3, 8, 9 and 10**.

Primary Data Findings – Community Member Web Survey

Housing and homelessness, income concerns, food security, and transportation emerged as critical social determinants affecting community health in Anne Arundel County. Anne Arundel County survey respondents identified income (27.5%) and housing stability (23.1%) as top areas of concern in the community.

Figure 3.49: What are the three most important social or environmental problems that affect the health of your community? (n=628)
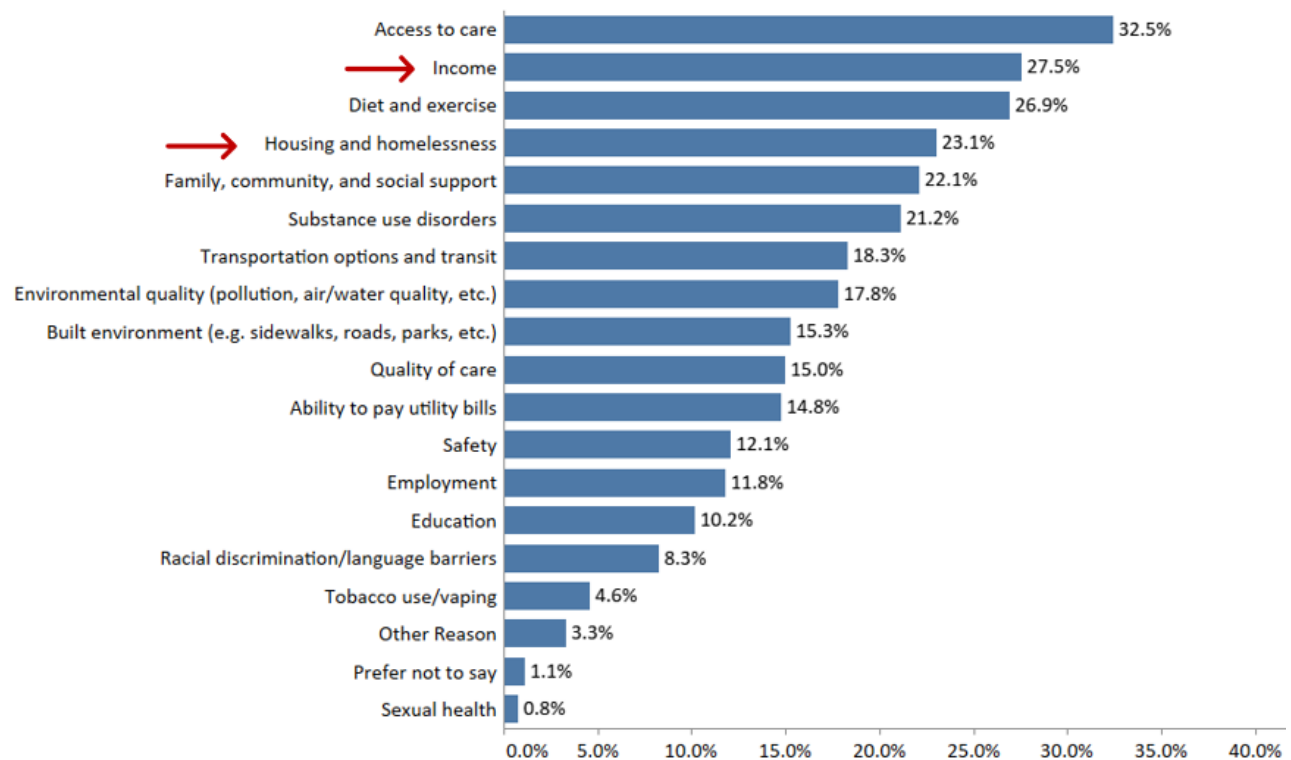
The survey responses demonstrated disparities between the priority issues for Black/African American and White residents of Anne Arundel County. Black/African American respondents cited housing/homelessness (40.0%), income (38.8%), and employment (27.1%) among their primary concerns, while just income (26.4%) made the top three concerns for White respondents. The ranking of employment had one of the greatest disparities with Black/African American respondents identifying it as a concern over three times more frequently than White respondents (8.6%). Similarly, Black/African American respondents expressed concern about housing stability at rate twice as high as White respondents (19.9%).

Figure 3.50: What are the three most important social or environmental problems that affect the health of your community? (by race)
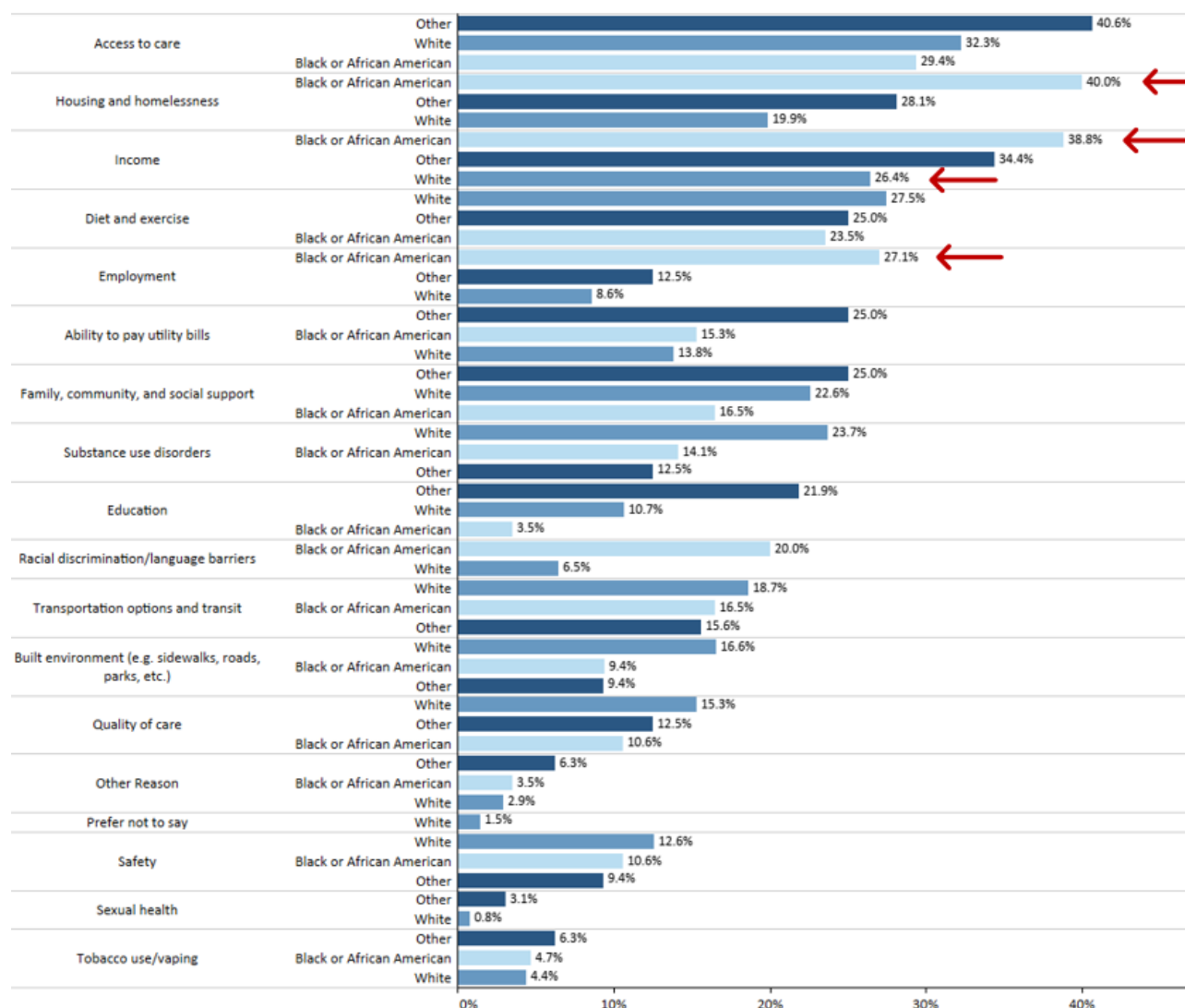
Interestingly, Hispanic/Latino residents shared concerns about income at a high rate (40%), similar to Black/African American residents, but just 8% reported employment being a top concern. Hispanic/Latino respondents also expressed concern about being able to pay for utilities (28%) at a rate twice as high as non-Hispanic/Latino respondents (14%). Concerns about income and the ability to pay utility bills were both in the top three concerns for Hispanic/Latino residents, demonstrating that financial stress may have a greater impact on this community than others.

Figure 3.51: What are the three most important social or environmental problems that affect the health of your community? (by ethnicity)
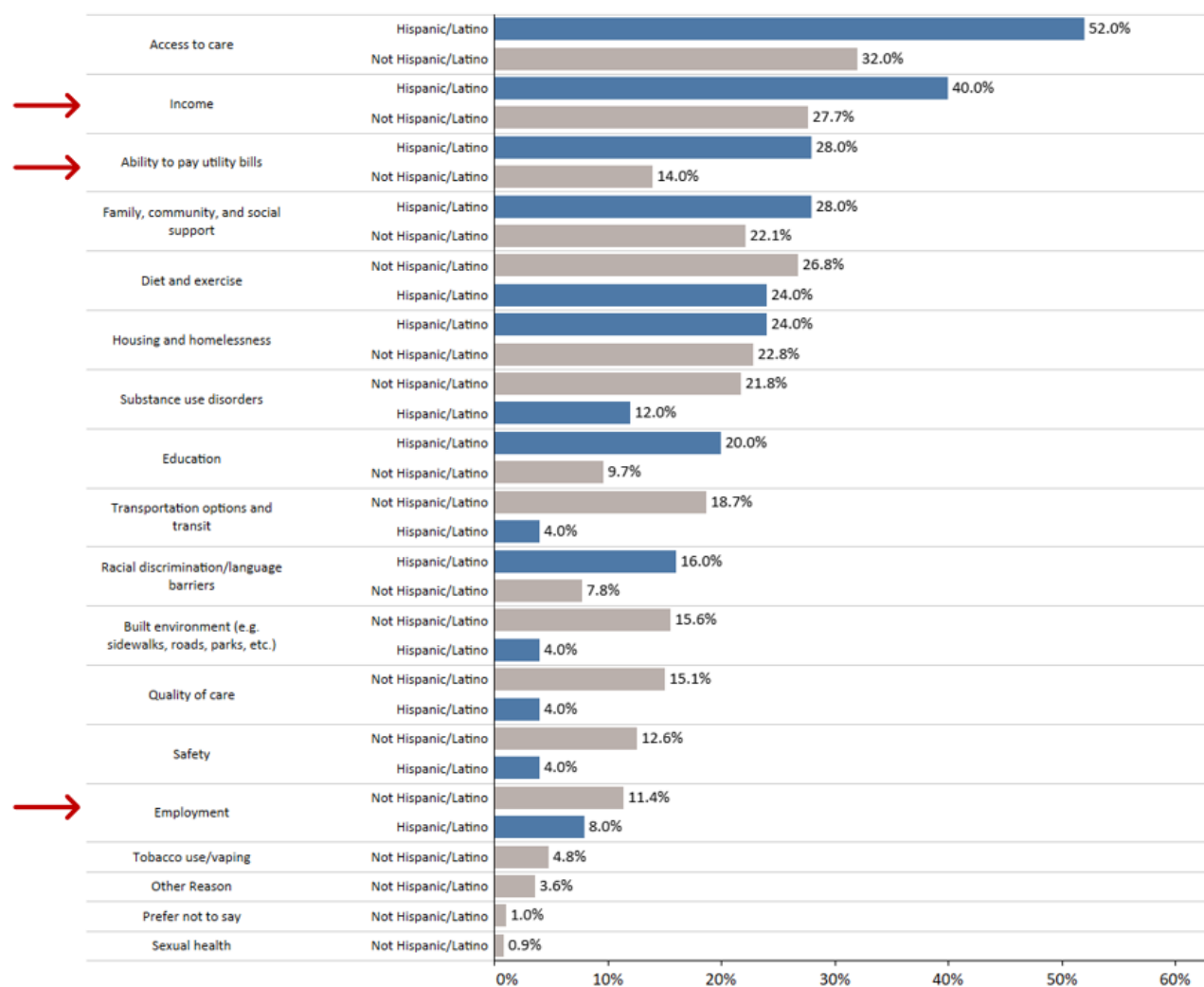
When asked about assistance needs within the last year, approximately 70% of respondents indicated that their needs were met, however, those reporting unmet needs identified critical house repairs (15.4%), household goods (9.0%), and food insecurity (8.6%) as leading challenges.

Figure 3.52: In the past year, did you have any of the following assistance needs NOT met? (n=625)
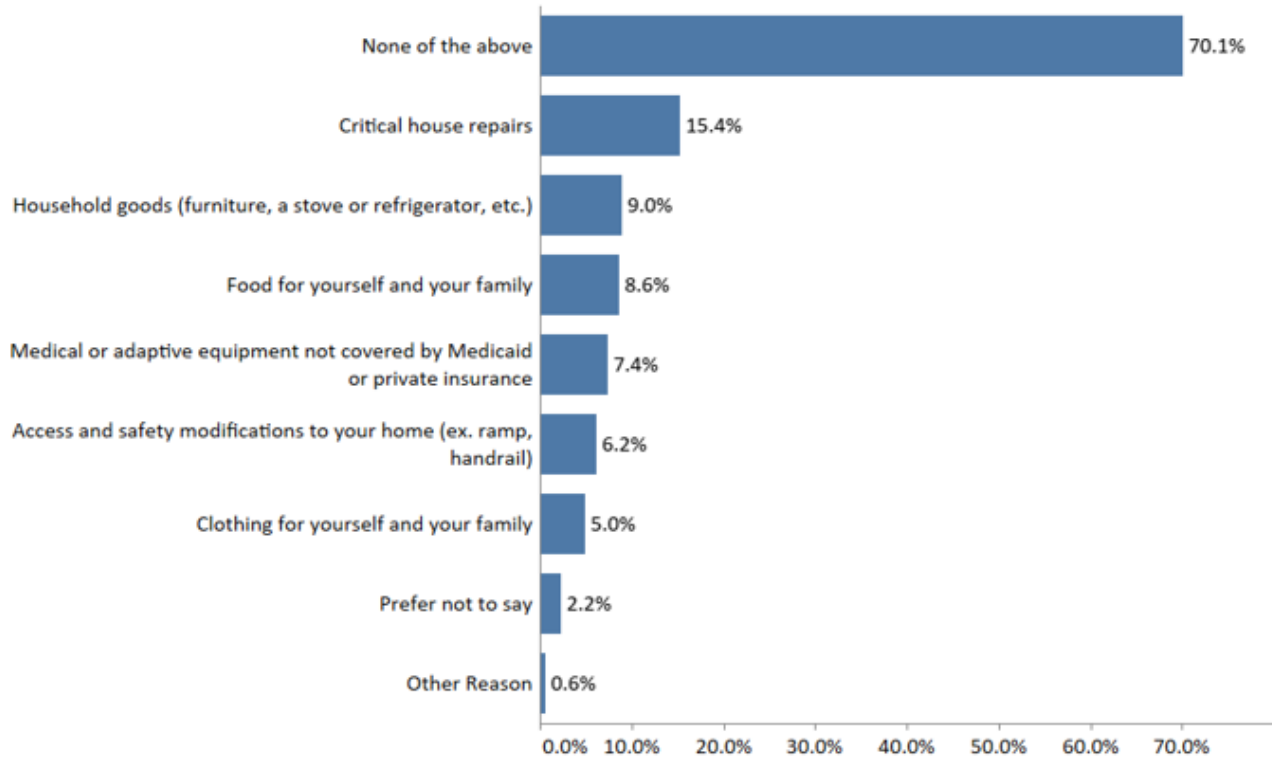
Age-based analysis showed that the 25 to 44 age group reported the highest distribution of unmet needs, with 21.3% citing critical house repairs, 15.6% facing food access challenges and 14.2% struggling to obtain household goods. Overall, the 18 to 24 age group were the most likely to report having their needs met (90.9%), followed by those 65 and older (80.0%).

Figure 3.53: In the past year, did you have any of the following assistance needs NOT met? (by age)
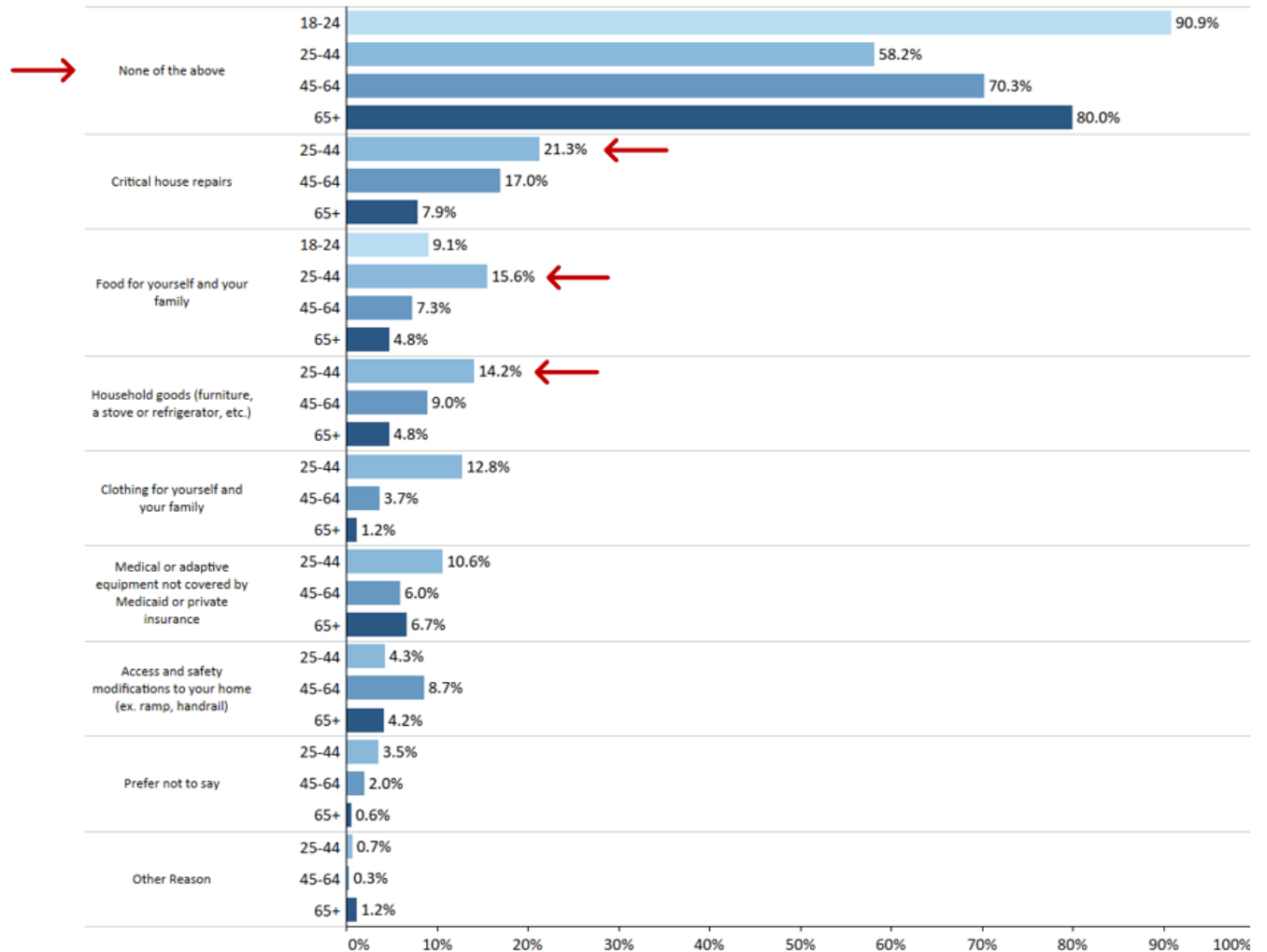
Regarding food security, close to one in five respondents (17.3%) reported that they or someone in their household had to cut the size of their meals or skip meals due to financial constraints in the past year. Food access challenges were particularly pronounced among certain demographic groups – 15.6% of respondents in the 25 to 44 age group selected food insecurity as a top concern compared to 4.8% of those ages 65 or older.

Figure 3.54: In the past 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food? (n=635)
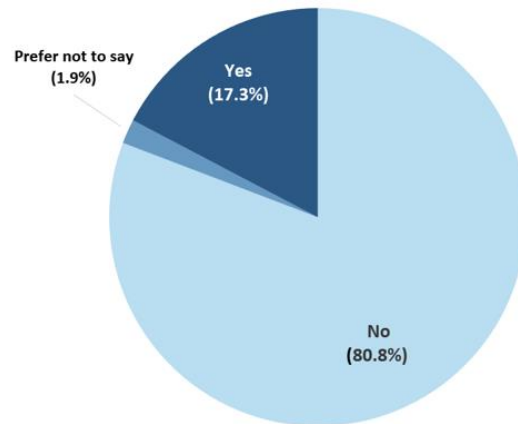
Transportation emerged as a significant barrier to accessing services and resources. When asked about social and environmental problems affecting the health of Anne Arundel County, 18.3% of community respondents identified transportation as a key obstacle.

Figure 3.55: What are the three most important social or environmental problems that affect the health of your community? (n=628)
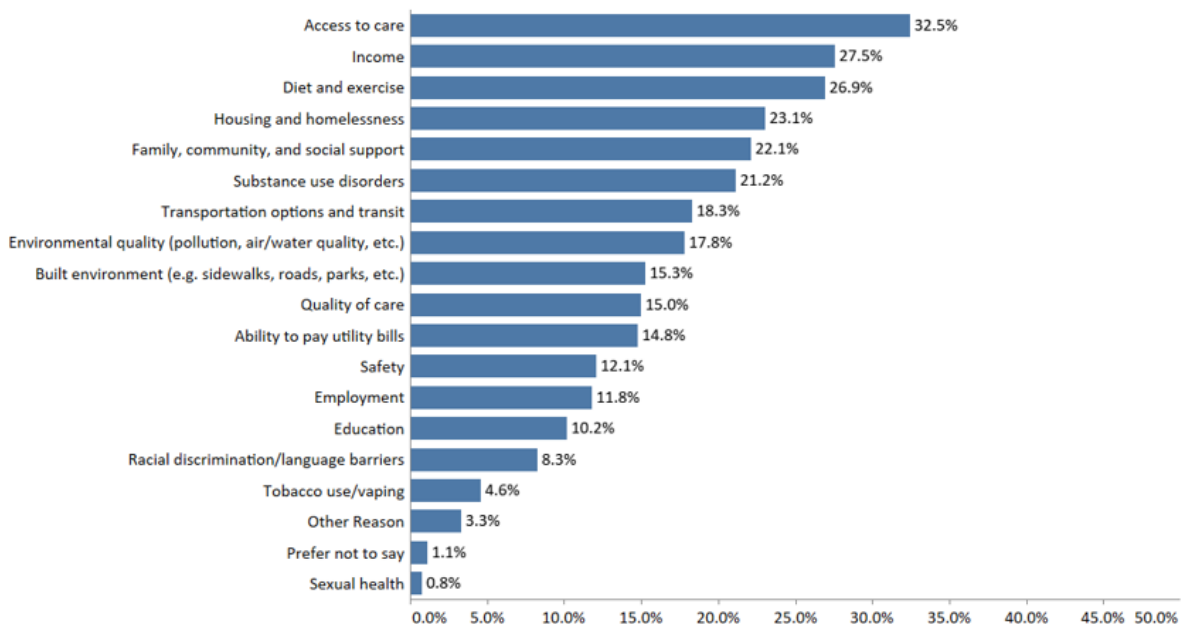
As previously shown in the **Access to Healthcare** section, when respondents were asked why people in the Anne Arundel community do not get healthcare, 28.9% cited transportation. Although transportation barriers had a similar impact on all age groups, there were noticeable disparities in the impact on different races, ethnicities and genders. Females reported transportation being a greater barrier to care for community members (31.1%) compared to males (19.4%). Hispanic/Latino respondents cited transportation as a barrier for Anne Arundel County more frequently (39.1%) compared to Black/African American (34.5%) and White respondents (29.2%).

Also of note, nearly one-third (30.4%) of Hispanic/Latino respondents shared that language barriers could be an obstacle that prevents community members from accessing healthcare. Linguistic barriers can serve as a critical social determinant of health that affects not only healthcare access but potentially other social services and resources as well.

Primary Data Findings – Key Leader Web Survey

When key leaders were asked about areas needing the most improvement within their community, more than half (58.1%) of respondents indicated access to healthy foods as a top priority. Access to public transit (35.5%) and affordable housing (35.5%) were the second and third most frequently cited needs.

Figure 3.56: In your opinion, which three of the following need the most improvement within the community you serve? (n=31)
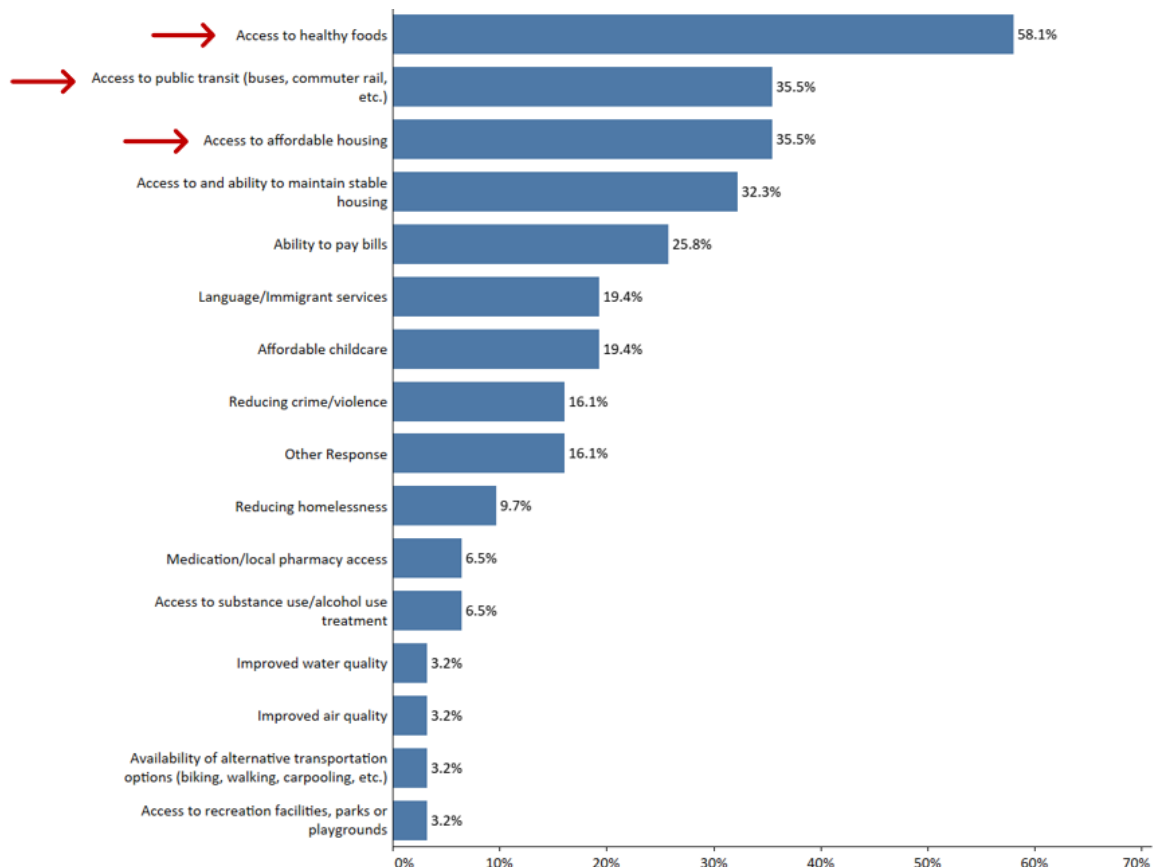
Housing and homelessness emerged as the leading social/environmental concern among key leaders, with 51.6% of key leaders identifying it as a top community need, a much higher percentage than the subsequent social determinants of health identified including family, community and social support (32.3%) and transportation (25.8%).

Figure 3.57: Select the top three community social/environmental needs of Anne Arundel County (n=31)
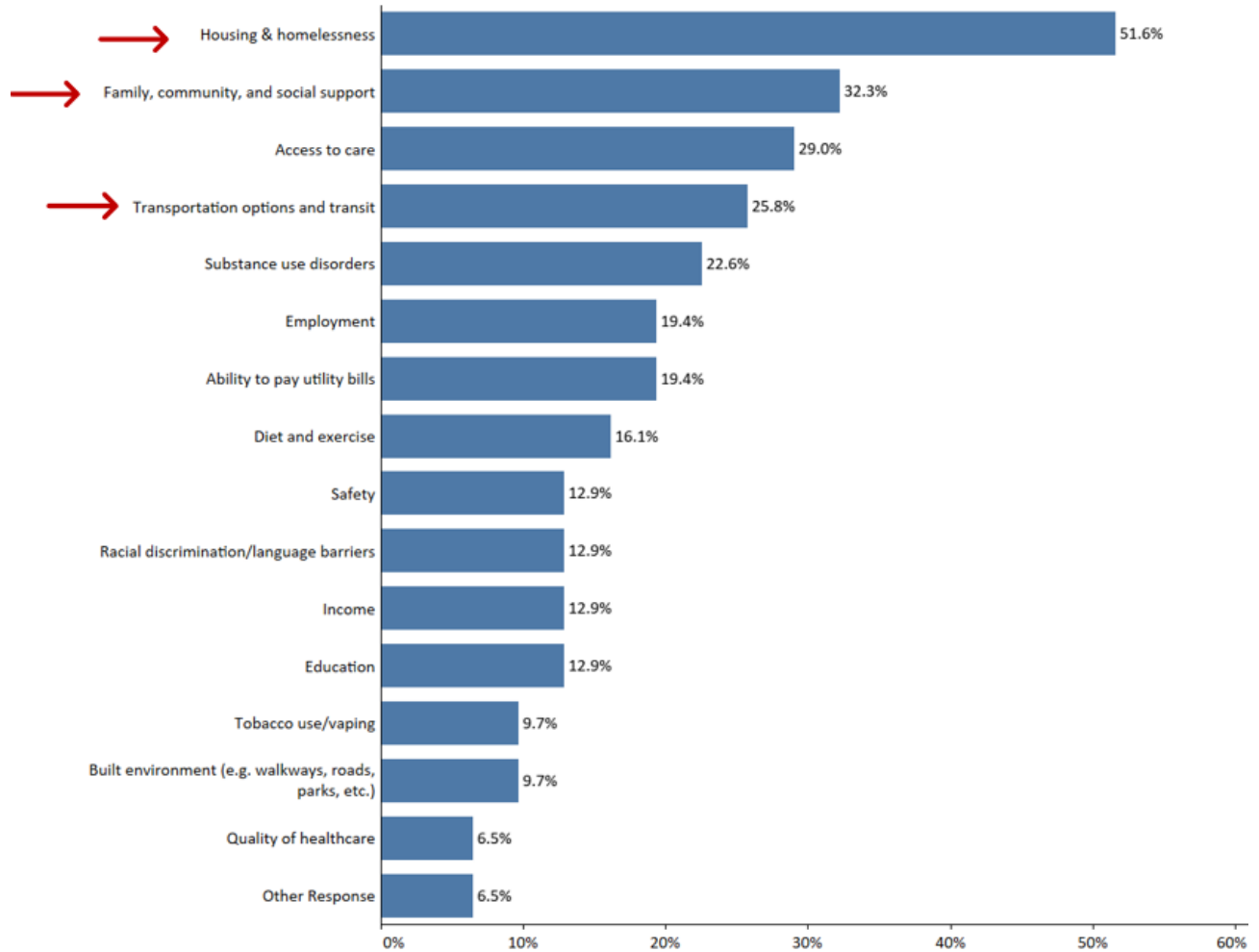
Key leaders' identification of populations with the greatest needs revealed important patterns about how social determinants of health affect different communities. The Hispanic/Latino community was identified by nearly two-thirds (64.5%) of key leaders as having the greatest need for additional resources, followed by the Black/African American community (58.1%). This finding suggests potential systemic barriers these communities face in accessing resources and services, possibly due to factors such as language or cultural barriers, documentation status, or historical inequities in the community. Persons in poverty and people experiencing homelessness tied (54.8% each) as the third highest ranked groups in need of resources, which highlights how economic stability is a fundamental social determinant of health.

Figure 3.58: In your opinion, which population sub-group(s) has the greatest need for additional resources within the community you serve? (n=31)
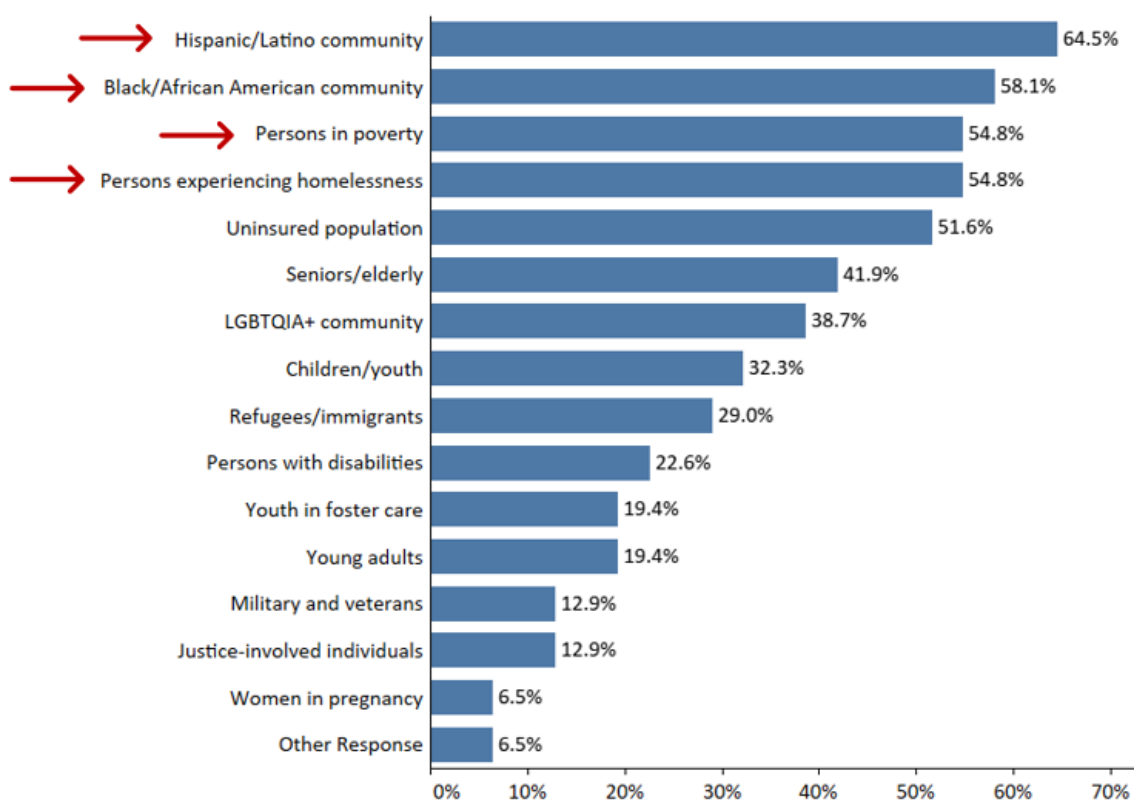
These findings illustrate the ways financial difficulties may create cascading effects on other social determinants, including access to stable housing, reliable transportation, healthy food, and healthcare services. The overlapping identification of both racial/ethnic communities and economically disadvantaged groups points to the way social determinants of health intersect in Anne Arundel County. This suggests that effective solutions may need to address both cultural/language barriers and economic challenges at the same time to create meaningful improvement in community health outcomes.

For additional detail on survey findings, see **Appendix 6.**

Primary Data Findings – Community Health Ambassador Survey

Results from the Community Health Ambassador Survey also illustrate the importance of different social determinants of health on the overall health of Anne Arundel County. Economic factors emerged as the biggest challenge to community health (59.8%) followed by food (50.4%), with each selected by over half of respondents. Over one-third of respondents emphasized neighborhood/physical environment and education as issues.

Figure 3.59: What are the top three (3) biggest challenges to your community's health? (n=13,007)
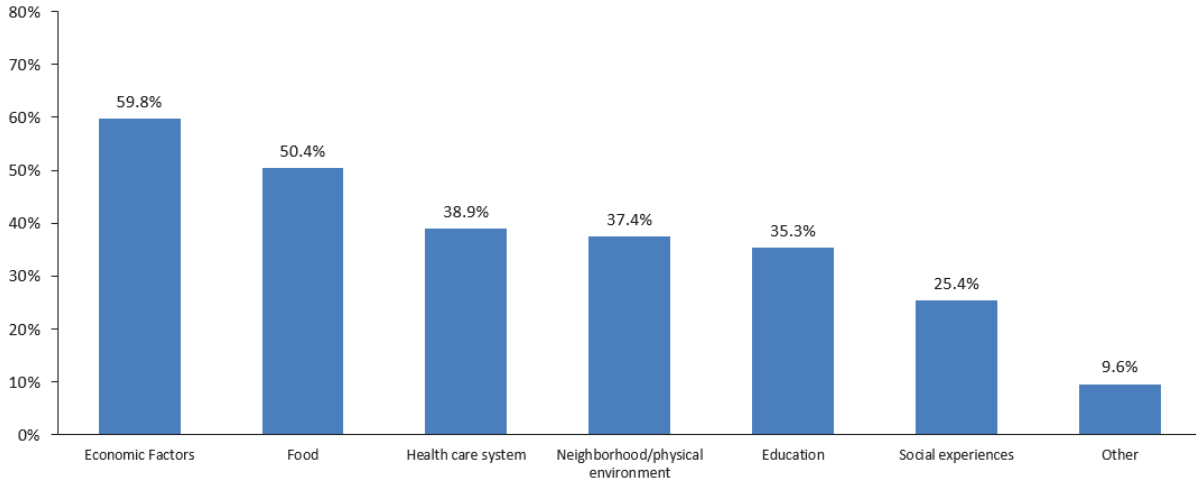
Figure Notes: All results only include respondents with a valid Anne Arundel County ZIP code and willing to take the survey (did not respond "No"). Missing or "prefer not to respond" answers from respondents have been excluded on a per question basis.

For more detail on Community Health Ambassador Survey findings, see **Appendix 8.**

Primary Data Findings – Focus Groups

Housing emerged as a critical social determinant across focus groups, with participants highlighting an affordability crisis throughout Anne Arundel County. Groups specifically emphasized safety concerns and poor conditions in public housing communities, noting that these issues often exacerbate behavioral health challenges. Participants also identified significant accessibility challenges for residents with physical disabilities and noted a clear connection between housing instability and mental health issues.

Income and employment challenges were discussed in the context of competing priorities, with many residents described as working multiple jobs and struggling to balance work with their healthcare needs. Groups noted that limited sick leave and inflexible work schedules often force residents to choose between employment and accessing needed services.

Transportation barriers were consistently identified as a challenge, particularly in South County and Brooklyn Park, where public transit options are limited. Groups noted that Medicaid-funded transportation is insufficient, and many residents struggle to access healthcare, food, and other essential

services due to lack of reliable transportation. This issue was described as particularly impactful for elderly residents and those without personal vehicles.

Food access and security were also emphasized as significant concerns, with participants noting food deserts in various areas throughout the county. Groups highlighted the limited availability and affordability of healthy food options, especially in low-income communities. Transportation barriers were noted to compound these challenges, making it difficult for residents to access available food resources and grocery stores.

Participants suggested various solutions including expanded mobile services, improved public transportation options, sustainable funding for successful programs, and better coordination among community organizations to address these interconnected challenges.

For a more detailed description of focus group findings, see **Appendix 6.**

CHAPTER 4 | ANNE ARUNDEL COUNTY COMMUNITY ASSETS AND RESOURCES

The following section details existing resources, facilities, and programs throughout Anne Arundel County.

Community Resource Inventory

The list of resources below is representative of the services available in Anne Arundel County; however, this list is not exhaustive. Additionally, while the resources, facilities, and programs listed in this section have been categorized into common groups, these organizations and programs may offer additional services as well. Please note that while the county overall may be adequately served by existing capacity in some areas, not every area of the county is equally served, and the need for additional resources may be greater in one geography as compared to another.

As shown in the table below, this inventory of community resources was compiled based on input and information from Steering Committee partners and has been categorized into the following areas, including community resource directories, medical resources, public services resources, food assistance resources, grocery stores, education, faith institutions and parks and recreation.

Category	Organization Name
Community Resource Directories	• FindHelp – Healthy Anne Arundel Coalition • 2-1-1 Maryland – Anne Arundel County
Community-Based Organizations	• Anne Arundel Chamber of Commerce ○ 1910 Towne Centre Blvd, Annapolis, 21401 ○ Phone: (443) 603-0233 • Anne Arundel County Community Action Agency, Inc. ○ P.O. Box 1951, Annapolis, 21404 ○ Phone: (410) 626-1900 • Arts Council of Anne Arundel County, Inc. ○ 2666 Riva Rd., Annapolis, 21401 ○ Phone: (410) 222-7949 • Arundel Lodge, Inc. ○ 2600 Solomons Island Road, Edgewater, 21037 ○ Phone: (443) 433-5900 • Bay Community Support Services, Inc. ○ 908 Commerce Rd, Annapolis, 21401 ○ Phone: (410) 224-4205 • Bello Machre ○ 7765 Freetown Rd, Glen Burnie, 21060 ○ Phone: (443) 702-3000

- Boys & Girls Clubs of Annapolis & Anne Arundel County
  - 121 South Villa Ave, Annapolis, 21401
  - Phone: (410) 263-2542
- Chesapeake Neighbors, LLC
  - 1332 Donald Avenue, Severn, 21144
  - Phone: (410) 269-1883
- Dr. Martin Luther King, Jr. Committee, Inc.
  - P.O. Box 371, Annapolis, 21401
- Education Foundation of Anne Arundel County Public Schools
  - 2644 Riva Road, Annapolis, 21401
  - Phone: (410) 266-3287
- Evolve KidsCare Inc
  - 2528 Mountain Road, Pasadena, 21122
  - Phone: (443) 798-7628
- Girls on the Run of the Greater Chesapeake
  - 129 Lubrano Drive, Suite L-102, Annapolis, 21401
  - Phone: (410) 635-9313
- Heart Health Foundation
  - 116 Defense Hwy, Annapolis, 21401
  - Phone: (410) 573-9483
- Hicks Hope House
  - 1786 B Belle Drive, Annapolis, 21401
  - Phone: (443) 356-5942
- Hospice of the Chesapeake, Inc.
  - 90 Ritchie Hwy., Pasadena, 21122
  - Phone: (443) 837-1554
- Junior League of Annapolis Inc
  - 128 Lubrano Drive, Annapolis, 21401
  - Phone: (410) 224-8984
- Marshall Hope Corporation
  - 710 Ridgley Avenue, Annapolis, 21401
  - Phone: (410) 491-5070
- Naval Academy Athletic Association
  - 566 Brownson Rd., Annapolis, 21402
  - Phone: (410) 293-8712
- Opportunity Builders, Inc.
  - 8855 Veterans Hwy., Millersville, 21108
  - Phone: (410) 787-0700
- Providence of Maryland, Inc.
  - 930 Point Pleasant Road, Glen Burnie, 21060

	- o Phone: (410) 766-2212 - Rise and Shine, Inc - o 12 Stehlik Dr, Odenton, 21113 - o Phone: (302) 381-1049 - Rotary Club of Parole (Annapolis) - o 2 Compromise St, Annapolis, 21403 - o Phone: (443) 370-7710 - Sail Beyond Cancer Annapolis - o 1011 Bay Ridge Rd #109, Annapolis, 21403 - Salvation Army of Annapolis - o 351 Hilltop Lane, Annapolis, 21403 - o Phone: (410) 263-4091 - Smithsonian Environmental Research Center - o 647 Contees Wharf Road, Edgewater, 21037 - o Phone: (443) 482-2412 - SOFO - South Forest Dr. Business - o 914 Bay Ridge Rd, Annapolis, 21401 - o Phone: (410) 280-0914 - The Arc Central Chesapeake Region - o 999 Corporate Blvd., Suite 300, Linthicum, 21090 - o Phone: (410) 384-4022 - The Bernie House - o PO Box 4622, Annapolis, 21403 - o Phone: (443) 951-5193 - The Blue Ribbon Project - o 45 Community Place, Crownsville, 21032 - o Phone: (800) 757-8120 - Wellness House of Annapolis - o 2625 Mas Que Farm Road, Annapolis, 21403 - o Phone: (410) 990-0941 - YMCA of Metropolitan Washington - o 4003 Camp Letts Road, Edgewater, 21037 - o Phone: (410) 919-1400
Medical Resources	Community Health Centers - Annapolis Health Center - o 3 Harry S. Truman Parkway, Annapolis, 21401 - B&A Boulevard - o 7481 Baltimore and Annapolis Boulevard, Glen Burnie, 21061

- Baymeadow Health Services
  - 6701 Baymeadow Drive, Glen Burnie, 21060
- Behavioral Health Building — North County
  - 122 North Langley Road, Glen Burnie, 21060
- Behavioral Health Building — South County
  - 711 Bestgate Road, Annapolis, 21401
- Glen Burnie Health Center
  - 416 A Street SW, Glen Burnie, 21061
- Health Annex
  - 1 Harry S. Truman Parkway, Annapolis, 21401
- Lula G. Scott Community Center
  - 6243 Shady Side Road, Shady Side, 20764
- Luminis Health Community Clinic
  - 1419 Forest Dr, Annapolis, 21403
- Luminis Health Community Clinic at Anne Arundel Lodge
  - 2600 Solomons Island Rd, Edgewater, 21037
- Luminis Health Community Clinic Morris Blum
  - 701 Glenwood St, Annapolis, 21401
- Magothy Health Center
  - 2501 Mountain Road, Pasadena, 21122
- North County Health Services
  - 791 Aquahart Road, Glen Burnie, 21061
- Parole Health Center
  - 1950 Drew Street, Annapolis, 21401

Federally Qualified Health Centers
- Bay Community Health - Lothian
  - 5408 Southern Maryland Blvd, Lothian, 20711
- Bay Community Health - Shady Side
  - 6131 Shady Side Rd, Shady Side, 20764
- Bay Community Health - West River
  - 134 Owensville Rd, West River, 20778
- Odenton Health Center
  - 2288 Blue Water Boulevard STE 440-470, Odenton, 21113
- Total Healthcare Odenton Health Center
  - 1215 Annapolis Rd, Odenton, 21113

Hospitals
- Luminis Health Anne Arundel Medical Center
  - 2001 Medical Pkwy, Annapolis, 21401
- Luminis Health J. Kent McNew Family Medical Center
  - 175 Harry S. Truman Parkway, Annapolis, 21401

- University of Maryland Baltimore Washington Medical Center
    - 301 Hospital Drive, Glen Burnie, 21061

Mental Health Providers
- Arundel Lodge
    - 2600 Solomons Island Rd, Edgewater, 21037
- Oasis Behavioral Health/Urgent Care
    - 175 Admiral Cochrane Dr #110, Annapolis, 21401
    - 30 Greenway St NW, Glen Burnie, 21061
    - 1363 Beckel Ave, Odenton, 21113
- Safe Harbor Christian Counseling
    - 4434 Windsor Farm Road, Harwood, 20776
    - 377 W Central Ave, Davidsonville, 21035
    - 6692 Baymeadow Dr, Glen Burnie, 21060

Non-Profit Medical Centers
- Chase Brexton Health Care at Anne Arundel County
    - 200 Hospital Dr Ste 300, Glen Burnie, 21061
- Chase Brexton Health Services, Inc. - Glen Burnie Center
    - 200 Hospital Dr, Glen Burnie, 21061

Primary Care Providers
- Dr. Tamader H. Mira, P.A.
    - 5505 Ritchie Hwy, Brooklyn, 21225
    - 1321 Generals Hwy, Crownsville, 21032
- Evolve Health Partners
    - 2528 Mountain Road, Pasadena, 21122
- Gyan C Surana
    - 5554 Muddy Creek Rd, Churchton, 20733
    - 5870 Solomons Island Rd, Tracys Landing, 20779
    - 5851 Deale Churchton Rd, Deale, 20751
- Johns Hopkins - Odenton Medical Pavilion
    - 1106 Annapolis Rd, Odenton, 21113
- Johns Hopkins Community Physicians
    - 137 Mitchells Chance Rd, Edgewater, 21037
    - 7671 Quarterfield Rd, Glen Burnie, 21061
- Langston Medicine
    - 1616 Forest Drive, Annapolis, 21403
- Luminis Health Primary Care Crofton
    - 2191 Defense Hwy, Crofton, 21114
- South River Internal Medicine
    - 3168 Braverton Street, Edgewater, 21037

Primary Care/Specialty Care Providers
- Health Releaf
  - 3179 Braverton St, Edgewater, 21037
  - 1406B South Crain Highway, Glen Burnie, 21061
- Luminis Health
  - 1332 Cape St. Claire Rd, Annapolis, 21409
  - 8109 Ritchie Hwy, Pasadena, 21122
  - 2401 Brandermill Blvd, Gambrills, 21054
  - 2003 Medical Pkwy, Annapolis, 21401
  - 3169 Braverton Street, Edgewater, 21037

Specialty Care Providers
- Annapolis Pediatrics
  - 3158 Braverton Street, Edgewater, 21037
  - 200 Forbes Street, Annapolis, 21401
  - 1655 Crofton Blvd, Edgewater, 21037
  - 18 Magothy Beach Road, Pasadena, 21122
  - 877 Baltimore Annapolis Blvd, Severna Park, 21146
- Complete Healthcare LLC
  - 809 North Hammonds Ferry Road, Linthicum, 21090
- Johns Hopkins - Odenton Medical Pavilion II
  - 1132 Annapolis Rd, Odenton, 21113
- Luminis Health
  - 1106 Annapolis Rd, Odenton, 21113
  - 2000 Medical Pkwy, Annapolis, 21401
  - 904 Commerce Rd, Annapolis, 21401
  - 2002 Medical Pkwy, Annapolis, 21401
  - 820 Ritchie Hwy, Severna Park, 21146
- Luminis Health Neurosurgery Bestgate
  - 1000 Bestgate Rd, Annapolis, 21401
- Luminis Health OB-Gyn Pasadena
  - 18 Magothy Beach Road, Pasadena, 21122
- Mercy Health Services - Mercy Personal Physicians
  - 7927 Ritchie Highway, Glen Burnie, 21061
- MHC Healthcare
  - 7436 Ritchie Hwy, Glen Burnie, 21061
  - 2024 West Street, Annapolis, 21401
- Pregnancy Clinic Inc.
  - 934 West Street, Annapolis, 21401
  - 650 Ritchie Highway, Severna Park, 21146

- Suzanne Rindfleisch, D.O. & Associates, P.A.
  - 366 Eagle Hill Rd, Pasadena, 21122

Substance Use Treatment Providers
- Clearview Counseling Center
  - 1819 Bay Ridge Ave STE 190, Annapolis, 21403
- Luminis Health Pathways Alcohol & Drug Treatment Center
  - 2620 Riva Road, Annapolis, 21401

Public Services Resources

Fire Departments

- Fire Company 01 - Galesville Fire Station
  - 4680 Muddy Creek Road, Galesville, 20763
- Fire Company 02 - Woodland Beach Volunteer Fire Company
  - 529 Londontown Road, Edgewater, 21037
- Fire Company 03 - Riva Volunteer Fire Company
  - 3123 Riva Rd, Riva, 21140
- Fire Company 04 - Severn Fire Station
  - 7870 Telegraph Road, Severn, 21144
- Fire Company 05 - Waugh Chapel Fire Station
  - 1300 Riedel Road, Gambrills, 21054
- Fire Company 06 - Herald Harbor Volunteer Fire Department
  - 1411 401 Hall Road, Crownsville, 21032
- Fire Company 07 - Arundel Volunteer Fire Company
  - 2380 Davidsonville Road, Gambrills, 21054
- Fire Company 08 - Annapolis Neck
  - 991 Bay Ridge Road, Annapolis, 21403
- Fire Company 09 - Harwood/Lothian Fire Station
  - 5165 Solomons Island Road, Lothian, 20711
- Fire Company 10 - Jacobsville Fire Station
  - 3700 Mountain Road, Pasadena, 21122
- Fire Company 11 - Orchard Beach Volunteer Fire Company
  - 7549 Solley Road, Glen Burnie, 21060
- Fire Company 12 - Earleigh Heights Volunteer Fire Company
  - 161 Ritchie Highway, Severna Park, 21146
- Fire Company 13 - Riviera Beach Volunteer Fire Company
  - 8506 Fort Smallwood Road, Pasadena, 21122
- Fire Company 17 - Arnold Volunteer Fire Company
  - 1505 Ritchie Highway, Arnold, 21012
- Fire Company 18 - Marley Volunteer Fire Company
  - 7726 Baltimore & Annapolis Blvd., Glen Burnie, 21060

- Fire Company 19 - Cape St. Claire Volunteer Fire Company
  - 1411 Cape St. Claire Road, Annapolis, 21409
- Fire Company 20 - Lake Shore Fire Station
  - 4642 Mountain Road, Pasadena, 21122
- Fire Company 21 - Harmans/Dorsey Fire Station
  - 1367 Dorsey Road, Hanover, 21076
- Fire Company 23 - Jones Station Fire Station
  - 960 Ritchie Highway, Severna Park, 21146
- Fire Company 26 - South Glen Burnie Fire Station
  - 7880 South Crain Highway, Glen Burnie, 21061
- Fire Company 27 - Maryland City Volunteer Fire Company
  - 3498 Fort Meade Road, Laurel, 20724
- Fire Company 28 - Odenton Volunteer Fire Company
  - 1425 Annapolis Road, Odenton, 21113
- Fire Company 29 - Jessup Volunteer Fire Company
  - 7891 Max Blobs Park Road, Jessup, 20794
- Fire Company 30 - Armiger Fire Station
  - 304 Mountain Road, Pasadena, 21122
- Fire Company 31 - Brooklyn Park Volunteer Fire Company
  - 5100 Ritchie Highway, Brooklyn Park, 21225
- Fire Company 32 - Linthicum Volunteer Fire Company
  - P.O. Box 248, 309 South Camp Meade Road, Linthicum Heights, 21090
- Fire Company 33 - Glen Burnie Volunteer Fire Company
  - 15 Central Avenue, Glen Burnie, 21061
- Fire Company 34 - Ferndale Volunteer Fire Company
  - 4 Broadview Boulevard S, Glen Burnie, 21061
- Fire Company 35 - City of Annapolis Fire Department
  - 1790 Forest Dr., Annapolis, 21401
- Fire Company 36 - Eastport Fire Station
  - 914 Bay Ridge Ave., Annapolis, 21403
- Fire Company 38 - Annapolis Fire Department Taylor Avenue Station
  - 620 Taylor Ave., Annapolis, 21401
- Fire Company 40 - West Annapolis
  - 121 Jennifer Road, Annapolis, 21401
- Fire Company 41 - Avalon Shores Volunteer Fire Company
  - 6270 Shady Side Road, Shady Side, 20764
- Fire Company 42 - Deale Volunteer Fire Company
  - 6007 Drum Point Road, Deale, 20751
- Fire Company 47 - North Severn
  - 342 Kinkaid Rd., Annapolis, 21402
- Fire Headquarters
  - 8501 Veterans Highway, Millersville, 21108

- Fire Training Academy
  - 415 Maxwell Frye Road, Millersville, 21108

Police Stations
- Eastern District
  - 204 Pasadena Road, Pasadena, 21122
- Northern District
  - 939 Hammonds Lane, Brooklyn Park, 21225
- Police Headquarters
  - 8495 Veterans Highway, Millersville, 21108
- Southern District
  - 35 Stepneys Lane, Edgewater, 21037
- Western District
  - 8273 Telegraph Road, Odenton, 21113

Public Libraries
- Broadneck
  - 1275 Green Holly Drive, Annapolis, 21409
- Brooklyn Park
  - 1 East 11th Avenue, Baltimore, 21225
- Busch Annapolis
  - 1410 West Street, Annapolis, 21401
- Crofton
  - 1681 Riedel Road, Crofton, 21114
- Deale
  - 5940 Deale-Churchton Road, Deale, 20751
- Discoveries: The Library at the Mall
  - 2550 Annapolis Mall Road, Annapolis, 21401
- Eastport-Annapolis Neck
  - 269 Hillsmere Drive, Annapolis, 21403
- Edgewater
  - 25 Stepneys Lane, Edgewater, 21037
- Glen Burnie
  - 1010 Eastway, Glen Burnie, 21060
- Linthicum
  - 400 Shipley Road, Linthicum, 21090
- Maryland City at Russett
  - 3501 Russett Common, Laurel, 20724
- Mountain Road
  - 4115 Mountain Road, Pasadena, 21122
- Odenton
  - 1325 Annapolis Road, Odenton, 21113

	• Riviera Beach
	    o 1130 Duvall Highway, Pasadena, 21122
	• Severn
	    o 2624 Annapolis Road, Severn, 21144
	• Severna Park
	    o 45 West McKinsey Road, Severna Park, 21146

Food Assistance Resources	• Blessed in Tech
	    o 273 Hilltop Ln., Annapolis
	• Boys and Girls Club at Severn Center
	    o 1160 B Reece Rd., Severn
	• Brooklyn Park Healthy Food Pantry
	    o 196 Hammonds Ln., Brooklyn Park
	• Bywater Community[99]
	    o 1903 Copeland St., Annapolis
	• Celestial Manna
	    o 110 Ritchie Hwy., Pasadena
	• Christian Assistance Program (CAP)
	    o 8397 Piney Orchard Pkwy, Odenton
	• Crofton Christian Caring Counsel (CCCC)
	    o 1800 Seton Dr., Crofton
	• DSS at Lula Scott Community Center[99,100]
	    o 6234 Shady Side Rd., Shady Side
	• Empowering Believers Rock Steward
	    o 7566 East Howard Rd., Glen Burnie
	• Food for Thought
	    o 201 E 11th Ave., Brooklyn Park
	• Glen View Gardens Apartments[99]
	    o 7987 Nolpark Ct., Glen Burnie
	• Hands & Feet For Jesus[99,101]
	    o 7305 E Furnace Branch Rd, Glen Burnie
	• Harvest Resources for Anne Arundel County
	    o 710 Aquahart Rd., Glen Burnie
	• Judy Center at Georgetown East Baby Pantry
	    o 111 Dogwood Rd., Annapolis
	• Leading By Feeding New Kingdom[99]
	    o 500 McCormick Dr., Suite H, Glen Burnie

[99] Baby Pantry also available at this location.
[100] Senior Pantry also available at this location
[101] Soup Kitchen also available at this location

	- Love Wins 8187 Telegraph Rd., Severn - My Brother's Pantry 301 College Parkway, Arnold - Pioneer City[99] - Corner of Pioneer Dr. and Indian Dr., Severn - Quail Hollows[99] 7930 Silver Leaf Ct., Glen Burnie - Ralph J. Bunche Community Center 374 Mill Swamp Rd, Edgewater - RCDC H20 4 Life[99] 5317 C Ritchie Hwy., Brooklyn Park - RCDC Brock Bridge Elementary School[99] 405 Brock Bridge Rd., Laurel - Salvation Army[99,100] 351 Hilltop Ln., Annapolis - Severn Community Center 1160 A Reece Rd., Severn - South County Assistance Network (SCAN) 5757 Solomons Island Rd., Lothian - The Center of Transformation 1331 Ashton Rd., Hanover - Y in Pasadena 26 Magothy Beach Rd., Pasadena
Grocery Stores	- ALDI 133 Holiday Court, Annapolis, 21401 2109 Concord Blvd, Crofton, 21114 6639 D Governor Ritchie Hwy, Glen Burnie, 21061 7667 Arundel Mills Blvd, Hanover, 21076 3331 B Corridor Marketplace, Laurel, 20724 8124 Ritchie Highway, Pasadena, 21122 7858 Quarterfield Rd, Severn, 21144 464 Ritchie Hwy, Severna Park, 21146 - Amazon Fresh 6711 Ritchie Hwy, Glen Burnie, 21061 - Angel's Food Market 4681 Mountain Rd, Pasadena, 21122 - BJ's Wholesale Club 8139 Ritchie Hwy, Pasadena, 21122 - Christopher's Fine Foods 5570 Shade Side Rd, Churchton, 20733

- Costco Wholesale
    - 575 E Ordnance Rd, Glen Burnie, 21060
- David's Natural Market
    - 871 Annapolis Road, Gambrills, 21054
- Food Lion
    - 8741 Piney Orchard Pkwy, Odenton, 21113
    - 121 Crain Hwy N, Glen Burnie, 21061
    - 7069 Baltimore Annapolis Blvd, Glen Burnie, 21061
    - 350 Mountain Road, Pasadena, 21122
    - 466 Ritchie Hwy, Severna Park, 21146
    - 2655 Annapolis Rd, Hanover, 21076
- Geresbeck's Food Market
    - 7931 Baltimore Annapolis Blvd, Glen Burnie, 21060
    - 8489 Fort Smallword Rd, Pasadena, 21122
- Giant Foods
    - 2323 Forest Drive, Annapolis, 21401
    - 948 Bay Ridge Road, Annapolis, 21403
    - 6636 N Ritchie Hwy, Glen Burnie, 21061
    - 4315 Mountain Rd, Pasadena, 21122
    - 1155 Annapolis Rd, Odenton, 21113
    - 537 Gov Ritchie Hwy, Severna Park, 21146
    - 1649 Crofton Center, Crofton, 21114
    - 13 Lee Airpark Drive, Edgewater, 21037
    - 1161 MD Route 3 N, Gambrills, 21054
    - 7940 Crain Hwy, Glen Burnie, 21061
- Graul's Market
    - 607 Taylor Ave, Annapolis, 21401
    - 1388 Cape St. Claire Road, Annapolis, 21401
- GreenValley Marketplace
    - 8095 Edwin Raynor Blvd, Pasadena, 21122
    - 1238 Bay Dale Drive, Arnold, 21012
- Harris Teeter
    - 143 Ritchie Hwy, Severna Park, 21146
- Jalapenos Market
    - 7128 Ricthie Hwy, Glen Burnie, 21061
- La Unica Latin Market
    - 5408 Southern Maryland Blvd, Lothian, 20711
- LIDL
    - 2371 Solomons Island Rd, Annapolis, 21401
    - 7700 Ritchie Hwy, Glen Burnie, 21061
- Navy Annapolis Commisary
    - 694 Kinkaid Rd, Annapolis, 21402

- Ollie's Bargain Outlet
  - 6711 Ritchie Hwy, Glen Burnie, 21061
- Rivera Latino Market
  - 5078 Solomons Island Rd, Lothian, 20711
- Safeway
  - 1781 Forest Dr, Annapolis, 21401
  - 2635 Housley Rd, Annapolis, 21401
  - 52 W Central Ave, Edgewater, 21037
  - 2644 Chapel Lake Dr, Gambrills, 21054
  - 7643 Arundel Mills Blvd, Hanover, 21076
  - 4211 Mountain Rd, Pasadena, 21122
  - 540 Benfield Rd, Severna Park, 21146
- Sam's Club
  - 2100 Generals Hwy, Annapolis, 21401
  - 3535 Russels Grn, Laurel, 20724
  - 424 George Clauss Blvd, Severn, 21144
- Save A Lot
  - 5007 Ritchie Hwy, Brooklyn Park, 21225
- Savemart
  - 1900 Forest Drive, Annapolis, 21401
- Shady Side Market
  - 1481 Snug Harbor Rd, Shady Side, 20764
- Target Grocery
  - 1911 Towne Centre Blvd, Annapolis, 21401
  - 2384 Brandermill Rd, Gambrills, 21054
  - 7951 Nolpark Ct, Glen Burnie, 21061
  - 6717 Ritchie Hwy, Glen Burnie, 21061
- The Fresh Market
  - 2504 Solomons Island Road, Annapolis, 21401
  - 1153 State Route 3 N, Gambrills, 21054
- Trader Joe's
  - 160 F Jennifer Rd, Annapolis, 21401
- Walmart
  - 8107 Governor Ritchie Hwy, Pasadena, 21122
  - 3549 Russett Grn, Laurel, 20724
  - 407 George Claus Blvd, Severn, 21144
  - 7081 Arundel Mills Cir, Hanover, 21076
  - 6721 Chesapeake Center Dr, Glen Burnie, 21060
- Wegmans
  - 1413 S Main Chapel Way, Gambrills, 21054
- Weis Markets
  - 3261 Solomons Island Road, Edgewater, 21037

	o 8115 Ritchie Highway, Pasadena, 21122 o 2294 Blue Water Blvd, Odenton, 21113 • Whole Foods o 200 Harker Pl, Annapolis, 21401

Education	<u>Charter/Contract Schools</u>
	• Chesapeake Science Point Elementary
	    o 1503 Signature Drive, Hanover, 21076
	• Chesapeake Science Point Middle/High
	    o 7321 Parkway Drive South, Hanover, 21076
	• Monarch Academy - Annapolis
	    o 2000 Capital Drive, Annapolis, 21401
	• Monarch Academy - Glen Burnie
	    o 6730 Baymeadow Drive, Glen Burnie, 21060
	• Monarch Global Academy - Laurel
	    o 430 Brock Bridge Road, Laurel, 20724
	
	<u>Colleges and Universities</u>
	• AACC Arundel Mills
	    o 7009 Arundel Mills Circle, Hanover, 21076
	• AACC at Glen Burnie Town Center
	    o 101 Crain Hwy N, Glen Burnie, 21061
	• AACC at Hotel, Culinary Arts and Tourism Institute
	    o 7438 Governor Ritchie Highway, Glen Burnie, 21061
	• AACC Fort Meade Education & Resiliency Center - Kuhn Hall
	    o 4415 Llewellyn Ave, Fort Meade, 20755
	
	• Anne Arundel Community College (AACC)
	    o 101 College Pkwy, Arnold, 21012
	• St. John's College
	    o 60 College Avenue, Annapolis, 21401
	• US Naval Academy
	    o 121 Blake Road, Annapolis, 21402
	
	<u>K-12 Schools</u>
	• Annapolis Elementary
	    o 180 Green Street, Annapolis, 21401
	• Annapolis High
	    o 2700 Riva Road, Annapolis, 21401
	• Annapolis Middle
	    o 1399 Forest Drive, Annapolis, 21403

- Anne Arundel Evening High
  - 2644 Riva Road, Annapolis, 21401
- Arnold Elementary
  - 95 Joyce Lane East, Arnold, 21012
- Arundel High
  - 1001 Annapolis Road, Gambrills, 21054
- Arundel Middle
  - 1179 Hammond Lane, Odenton, 21113
- Bay Brook Elementary School[99]
  - 4301 Tenth St., Brooklyn Park
- Belle Grove Elementary[99]
  - 4502 Belle Grove Road, Baltimore, 21225
- Belvedere Elementary
  - 360 Broadwater Road, Arnold, 21012
- Benfield Elementary
  - 365 Lynwood Drive, Severna Park, 21146
- Bodkin Elementary
  - 8320 Ventnor Road, Pasadena, 21122
- Broadneck Elementary
  - 470 Shore Acres Road, Arnold, 21012
- Broadneck High
  - 1265 Green Holly Dr, Annapolis, 21409
- Brock Bridge Elementary
  - 405 Brock Bridge Road, Laurel, 20724
- Brooklyn Park Elementary[99]
  - 200 14th Avenue, Baltimore, 21225
- Brooklyn Park Middle
  - 200 Hammonds Lane, Baltimore, 21225
- Cape St. Claire Elementary
  - 931 Blue Ridge Drive, Annapolis, 21409
- Carrie Weedon Early Education Center
  - 911 Galesville Road, Galesville, 20765
- Central Elementary
  - 130 Stepney Lane, Edgewater, 21037
- Central Middle
  - 221 Central Avenue East, Edgewater, 21037
- Chesapeake Bay Middle
  - 4804 Mountain Road, Pasadena, 21122
- Chesapeake High
  - 4798 Mountain Road, Pasadena, 21122
- Corkran Middle
  - 7600 Quarterfield Road, Glen Burnie, 21061

- Crofton Elementary
  - 1405 Duke of Kent Dr., Crofton, 21114
- Crofton High
  - 2291 Davidson Road, Gambrills, 21054
- Crofton Meadows Elementary
  - 2020 Tilghman Drive, Crofton, 21114
- Crofton Middle
  - 2301 Davidsonville Road, Gambrills, 21054
- Crofton Woods Elementary
  - 1750 Urby Drive, Crofton, 21114
- Davidsonville Elementary
  - 962 W. Central Avenue, Davidsonville, 21035
- Deale Elementary
  - 759 Masons Beach Road, Deale, 20751
- Eastport Elementary
  - 420 Fifth Street, Annapolis, 21403
- Edgewater Elementary
  - 121 Washington Road, Edgewater, 21037
- Ferndale Early Education Center
  - 105 Packard Avenue, Glen Burnie, 21061
- Folger McKinsey Elementary
  - 175 Arundel Beach Road, Severna Park, 21146
- Fort Smallwood Elementary
  - 1720 Poplar Ridge Road, Pasadena, 21122
- Four Seasons Elementary
  - 979 Waugh Chapel Road, Gambrills, 21054
- Frank Hebron-Harman Elementary
  - 7660 Ridge Chapel Road, Hanover, 21076
- Freetown Elementary
  - 7904 Freetown Road, Glen Burnie, 21060
- George T. Cromwell Elementary
  - 221 Olen Drive, Glen Burnie, 21061
- Georgetown East Elementary
  - 111 Dogwood Road, Annapolis, 21403
- Germantown Elementary
  - 200 Windell Avenue, Annapolis, 21401
- Glen Burnie High
  - 7550 Baltimore Annapolis Road, Glen Burnie, 21060
- Glen Burnie Park Elementary
  - 500 Marlboro Road, Glen Burnie, 21061
- Glendale Elementary
  - 105 Carroll Road, Glen Burnie, 21060

- High Point Elementary
  - 7789 Edgewood Avenue, Pasadena, 21122
- Hillsmere Elementary
  - 3052 Arundel on the Bay Road, Annapolis, 21403
- Hilltop Elementary[99]
  - 415 Melrose Avenue, Glen Burnie, 21061
- Jacobsville Elementary
  - 3801 Mountain Road, Pasadena, 21122
- Jessup Elementary
  - 2798 Champion Forest Avenue, Jessup, 20794
- Jones Elementary
  - 122 Hoyle Lane, Severna Park, 21146
- Lake Shore Elementary
  - 4531 Mountain Road, Pasadena, 21122
- Lindale Middle
  - 415 Andover Road, Linthicum, 21090
- Linthicum Elementary
  - 101 School Lane, Linthicum, 21090
- Lothian Elementary
  - 5175 Solomons Island Road, Lothian, 20711
- MacArthur Middle
  - 3500 Rockenbach Road, Fort Meade, 20755
- Magothy River Middle
  - 241 Peninsula Farm Road, Arnold, 21012
- Manor View Elementary
  - 2900 MacArthur Road, Fort Meade, 20755
- Marley Elementary
  - 715 Cooper Road, Glen Burnie, 21060
- Marley Middle
  - 10 Davis Court, Glen Burnie, 21060
- Maryland City Elementary[99]
  - 3359 Crumpton South, Laurel, 20724
- Mayo Elementary
  - 1260 Mayo Ridge Road, Edgewater, 21037
- Meade Heights Elementary
  - 1925 Reece Road, Fort Meade, 20755
- Meade High
  - 1100 Clark Road, Fort Meade, 20755
- Meade Middle
  - 1103 26th Street, Fort Meade, 20755
- Millersville Elementary
  - 1601 Millersville Road, Millersville, 21108

- Nantucket Elementary
  - 2350 Nantucket Drive, Crofton, 21114
- North County High
  - 10 E. 1st Avenue, Glen Burnie, 21061
- North Glen Elementary
  - 615 West Furnace Branch Road, Glen Burnie, 21061
- Northeast High
  - 1121 Duvall Highway, Pasadena, 21122
- Northeast Middle
  - 7922 Outing Avenue, Pasadena, 21122
- Oak Hill Elementary
  - 34 Truckhouse Road, Severna Park, 21146
- Oakwood Elementary
  - 330 Oak Manor Drive, Glen Burnie, 21061
- Odenton Elementary
  - 1290 Odenton Road, Odenton, 21113
- Old Mill High
  - 600 Patriot Ln, Millersville, 21108
- Old Mill Middle North
  - 610 Patriot Lane, Millersville, 21108
- Old Mill Middle South
  - 430 Old Mill Road, Millersville, 21108
- Overlook Elementary
  - 401 Hampton Road, Linthicum, 21090
- Park Elementary
  - 201 East 11th Avenue, Baltimore, 21225
- Pasadena Elementary
  - 401 East Pasadena Road, Pasadena, 21122
- Pershing Hill Elementary
  - 7600 29th Division Road, Fort Meade, 20755
- Piney Orchard Elementary
  - 2641 Strawberry Lake Way, Odenton, 21113
- Point Pleasant Elementary
  - 1035 Dumbarton Road, Glen Burnie, 21060
- Quarterfield Elementary
  - 7967 Quarterfield Road, Severn, 21144
- Richard Henry Lee Elementary
  - 400 A Street, Glen Burnie, 21061
- Ridgeway Elementary
  - 1440 Evergreen Road, Severn, 21144
- Rippling Woods Elementary
  - 530 Nolfield Drive, Glen Burnie, 21061

- Riviera Beach Elementary
  - 8515 Jenkins Road, Pasadena, 21122
- Rolling Knolls Elementary
  - 1985 Valley Road, Annapolis, 21401
- Seven Oaks Elementary
  - 1905 Town Center Boulevard, Odenton, 21113
- Severn Elementary
  - 838 Reece Road, Severn, 21144
- Severn River Middle
  - 241 Peninsula Farm Road, Arnold, 21012
- Severn Run High
  - 8065 New Cut Rd, Severn, 21144
- Severna Park Elementary
  - 6 Riggs Avenue, Severna Park, 21146
- Severna Park High
  - 60 Robinson Rd, Severna Park, 21146
- Severna Park Middle
  - 450 Jumpers Hole Road, Severna Park, 21146
- Shady Side Elementary
  - 4859 Atwell Road, Shady Side, 20764
- Shipley's Choice Elementary
  - 310 Governor Stone Parkway, Millersville, 21108
- Solley Elementary
  - 7608 Solley Road, Glen Burnie, 21060
- South River High
  - 201 Central Avenue East, Edgewater, 21037
- South Shore Elementary
  - 1376 Fairfield Loop, Crownsville, 21032
- Southern High
  - 4400 Solomons Island Road, Harwood, 20776
- Southern Middle
  - 5235 Solomons Island Road, Lothian, 20711
- Southgate Elementary
  - 290 Shetlands Lane, Glen Burnie, 21061
- Sunset Elementary
  - 8572 Fort Smallwood Road, Pasadena, 21122
- Tracey's Elementary
  - 20 Deale Road, Tracys Landing, 20779
- Two Rivers Elementary
  - 2754 Conway Road, Odenton, 21113
- Tyler Heights Elementary
  - 200 Janwall Street, Annapolis, 21403

- Van Bokkelen Elementary
    - 1140 Reece Road, Severn, 21144
- Walter S. Mills-Parole Elementary
    - 1 George and Marion Phelps Lane, Annapolis, 21401
- Waugh Chapel Elementary
    - 840 Sunflower Drive, Odenton, 21113
- West Annapolis Elementary
    - 505 Melvin Avenue, Annapolis, 21401
- West Meade Early Education Center
    - 7722 Ray Street, Fort Meade, 20755
- Wiley H. Bates Middle
    - 701 Chase Street, Annapolis, 21401
- Windsor Farm Elementary
    - 591 Broadneck Road, Annapolis, 21409
- Woodside Elementary
    - 160 Funke Road, Glen Burnie, 21061

Specialty Schools
- Arlington Echo Outdoor Education Center
    - 975 Indian Landing Road, Millersville, 21108
- Center of Applied Technology-North
    - 800 Stevenson Road, Severn, 21144
- Center of Applied Technology-South
    - 211 Central Avenue, Edgewater, 21037
- Central Special
    - 140 Stepney Lane, Edgewater, 21037
- Infants/Toddlers Program
    - 1450 Furnace Avenue, Glen Burnie, 21060
- Judy Center at Belle Grove
    - 4502 Belle Grove Road, Brooklyn Park, 21225
- Judy Center at Hilltop
    - 415 Melrose Avenue, Glen Burnie, 21061
- Marley Glen
    - 200 Scott Avenue, Glen Burnie, 21060
- Mary Moss at J. Albert Adams Academy
    - 245 Clay Street, Annapolis, 21401
- Phoenix Academy
    - 1411 Cedar Park Road, Annapolis, 21401
- Ruth Parker Eason
    - 648 Old Mill Road, Millersville, 21108
- Studio 39
    - 291 Locust Avenue, Annapolis, 21401

Faith Institutions	• Virtual Academy o 241 Peninsula Farm Road, Arnold, 21012

Faith Institutions	**Faith Institutions**
	• All Hallows Episcopal Church[102]
	   o 3600 Soloman's Island Rd, Edgewater, 21037
	• Anchor Baptist
	   o 320 W. Pasadena Road, Millersville, 21108
	• Annapolis Church of Christ
	   o 1601 Ritchie Hwy, Arnold, 21012
	• Annapolis Evangelical Lutheran Church
	   o 38 W Central Ave, Edgewater, 21037
	• Annapolis Seventh Day Adventist Church[102]
	   o 1996 Generals Hwy., Annapolis
	• Antioch Apostolic Church
	   o 1535 Ritchie Hwy, Arnold, 21012
	• Apostolic House of Prayer
	   o 413 Headquarters Drive, Millersville, 21108
	• Ark and Dove Presbyterian Church
	   o 8424 Piney Orchard Parkway, Odenton, 21113
	• Arundel Baptist
	   o 8385 Jumpers Hole Road, Millersville, 21108
	• Arundel Christian Church
	   o 710 Aquahart Rd, Glen Burnie, 21061
	• Asbury Town Neck United Methodist Church
	   o 429 Ashbury Dr, Severna Park, 21146
	• Asbury Broadneck United Methodist[102]
	   o 657 Broadneck Rd, Annapolis, 21409
	• Asbury West St. United Methodist
	   o 87 West St., Annapolis[102]
	• Assembly Hall
	   o 1200 Sunrise Beach Road, Crownsville, 21032
	• Baha'i Faith
	   o 108 Simms Drive, Annapolis, 21401
	• Baldwin Memorial United Methodist
	   o 921 Generals Highway, Millersville, 21108
	• Bay Ridge Christian Church
	   o 1071 Bay Ridge Rd, Annapolis, 21403
	• Bell Branch SDA Church
	   o 2365 Bell Branch Road, Gambrills, 21054

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[102] Food Pantry also available at this location.

- Bethel Baptist Church
    - 416 Wellham Ave, Glen Burnie, 21061
- Bible Church of Lake Shore
    - 860 Swift Rd, Pasadena, 21122
- Broadneck Baptist Church
    - 1257 Hilltop Dr, Annapolis, 21409
- Brooklyn Community United Methodist Church
    - 110 Townsend Ave, Baltimore, 21225
- Calvary Chapel Anne Arundel County
    - 796 Cromwell Park Dr, Glen Burnie, 21061
- Calvary Community Church-Riva
    - 3272 Riva RD, Riva, 21140
- Carter's United Methodist Church
    - 6715 Old Solomans Island Rd, Friendship, 20758
- Cedar Grove Methodist Church
    - 5757 Solomans Island Rd, Lothian, 20711
- Chesapeake Christian Center
    - 206 Weston Woods Dr, Pasadena, 21122
- Chesapeake Christian Fellowship
    - 377 W Central Ave, Davidsonville, 21035
- Christ Evangelical Lutheran Church
    - 8249 Jumpers Hole Road, Millersville, 21108
- Christ Our Anchor Presbyterian Church
    - 1281 Green Holly Dr, Annapolis, 21409
- Christ the King Catholic Church
    - 7436 Baltimore Annapolis Blvd, Glen Burnie, 21061
- Christian Science Society of Glen Burnie
    - 101 First Avenue SE, Glen Burnie, 21061
- Church of Christ - Glen Burnie
    - 2 Eastern St, Glen Burnie, 21061
- Church of God
    - 1228 Mt Zion Marlboro Rd, Lothian, 20711
- Church of Jesus Christ of Latter-Day Saints
    - 528 Higgins Drive, Odenton, 21113
- Church of Saint Andrew the Fisherman
    - Carrs Wharf Rd, Edgewater, 21037
- Church of the Lord Jesus Christ Life Center
    - 6317 Carolina Ave, Glen Burnie, 21061
- Church on the Rock
    - 649 Old Mill Road, Millersville, 21108
- College Parkway Baptist Church
    - 301 College Parkway, Arnold, 21012

- Community Gospel Church
  - 8212 Parkway Dr., Orchard Beach
- Community United Methodist Church[102]
  - 8680 Fort Smallwood Rd, Pasadena, 21122
- CrossPointe Church
  - 365 Jones Station Rd, Arnold, 21012
- Eastport United Methodist Church[99]
  - 926 Bay Ridge Ave., Annapolis
- Edgewater Bible Church
  - 1716 Shadyside Dr, Edgewater, 21037
- El Bethel Community Church
  - 755 204th St, Pasadena, 21122
- Elvaton Baptist Church
  - 8422 Elvaton Rd, Millersville, 21108
- Emmanuel Baptist Church
  - 1215 Waugh Chapel Road, Gambrills, 21054
- Emmanuel Lutheran Church
  - 8615 Fort Smallwood Rd, Pasadena, 21122
- Epiphany Episcopal Church
  - 1419 Odenton Road, Odenton, 21113
- Evangelical Presbyterian Church
  - 710 Ridgely Ave, Annapolis, 21401
- Faith Assembly of God
  - 250 W Bay Front Rd, Lothian, 20711
- Faith Community Church
  - 1306 Waugh Chapel Rd, Gambrills, 21054
- Fellowship of Pentecostal Churches
  - 7862 Quarterfield Rd., Severn
- First Baptist Church
  - 5907 Deale Churchton Rd, Deale, 20751
- First Baptist Church of Annapolis[101]
  - 31 West Washington St., Annapolis
- First Christian Community Church
  - 1800 Hall Brown Rd., Annapolis
- First Evangelical Lutheran Church
  - 8397 Piney Orchard Parkway, Odenton, 21113
- First Mt. Olive Freewill Baptist Church
  - 618 N Hammonds Ferry Rd, Linthicum Heights, 21090
- Franklin United Methodist Church[99,100,101]
  - 5345 Deale Churchton Rd, Churchton, 20733
- Friendship Community Baptist Church
  - 37 Jewell Rd, Dunkirk, 27054

- Friendship United Methodist Church
  - 22 Friendship Rd, Friendship, 20758
- Full Gospel Emancipation Life Center
  - 8232 Redmiles Road, Odenton, 21113
- Galilee Lutheran Church and Preschool
  - 4652 Mountain Rd, Pasadena, 21122
- Gateway Church[102]
  - 996 Point Pleasant Rd., Glen Burnie
- Gloria Dei Lutheran Church
  - 461 College Parkway, Arnold, 21012
- Grace Baptist Church
  - 1350-H Blair Drive, Odenton, 21113
- Grace Independent Baptist Church
  - Waterbury Road & Severn Chapel Road, Crownsville, 21108
- Grace of God Fellowship Christian Center
  - 8302 Elvaton Road, Millersville, 21108
- Grace Presbyterian Church PCA[101]
  - 4012 Birdsville Rd, Davidsonville, 21035
- Harundale Presbyterian Church[101]
  - 1020 Eastway, Glen Burnie, 21060
- Heritage Baptist Church[99]
  - 1740 Forest Dr., Annapolis
- Heritage Community Church[101]
  - 8146 Quarterfield Rd, Severn, 21144
- Holy Cross Orthodox Christian Church
  - 105 N Camp Meade Rd, Linthicum Heights, 21090
- Holy Family Catholic Church
  - 826 W Central Ave, Davidsonville, 21035
- Holy Temple Cathedral[101]
  - 135 Stepneys Ln, Edgewater, 21037
- House of Grace[102]
  - 2110 Priest Bridge Dr., Crofton
- Iglesia de Dios Luz a las Naciones
  - 10 S River Clubhouse Rd, Harwood, 20776
- Jenkins Memorial Church
  - 133 Riviera Dr, Pasadena, 21122
- Jessup Baptist Church[99]
  - Route 175 & Brockbridge Road, Jessup, 20763
- John Wesley United Methodist
  - 2114 Bay Ridge Ave, Annapolis, 21403
- Joy Reigns Lutheran Church[99]
  - 41 Mayo Rd., Edgewater

- Kingdom Celebration Center[99]
  - 1350 Blair Dr., Odenton
- Kingdom Hope Ministries[99]
  - 325 Gambrills Rd., Suite B, Gambrills
- Lake Shore Baptist Church
  - 4613 Mountain Rd, Pasadena, 21122
- Lighthouse Baptist Church
  - 195 Ritchie Hwy, Severna Park, 21146
- Linthicum Baptist Church
  - 611 S Camp Meade Rd, Linthicum Heights, 21090
- Linthicum Heights United Methodist Church
  - 200 School Ln, Linthicum Heights, 21090
- Living Waters Worship Center
  - 8262 Lokus Road, Odenton, 21113
- Macedonia United Methodist Church
  - 1567 Sappington Station Road, Odenton, 21054
- Magothy United Methodist Church[101]
  - 3703 Mountain Rd, Pasadena, 21122
- Mariner's Church
  - 1857 Ritchie Hwy, Annapolis, 21409
- Marshall Hope at EP Church[99]
  - 710 Ridgely Ave., Annapolis
- Mayo United Methodist Church
  - 1005 Old Turkey Point Rd, Edgewater, 21037
- Metropolitan United Methodist Church[101]
  - 584 Queenstown Rd., Severn
- Miracle Temple Church[101]
  - 5501 Sands Rd., Lothian
- Mid Atlantic Community Church
  - 2485 Davidsonville Rd, Gambrills, 21054
- Mt Carmel United Methodist Church
  - 4760 Mountain Rd, Pasadena, 21122
- Mt Moriah AME Church
  - 2204 Bay Ridge Ave, Annapolis, 21403
- Mt. Olive Freewill Baptist Church[101]
  - 618 N Hammonds Ferry Rd., Linthicum
- Mt Zion Church
  - 122 Bayard Rd, Lothian, 20711
- Mt Zion United Methodist Church[101]
  - 41 Ark Rd, Lothian, 20711
- Mt. Tabor United Methodist Church
  - 1421 Saint Stephens Church Road, Crownsville, 21032

- New Beginnings Full Gospel Church
    - 739 Nabbs Creek Rd, Glen Burnie, 21060
- New Kingdom Faith Christian Church
    - 500 McCormick Dr, Glen Burnie, 21061
- New Life Fellowship Baptist
    - 7605 Harmans Road, Hanover, 21076
- Nichols Bethel United Methodist
    - 1239 Murray Road, Odenton, 21113
- North Glen Community Church[101]
    - 508 W Furnace Branch Rd, Glen Burnie, 21061
- Oakland Methodist Church
    - West River, 20778
- Odenton Baptist Church
    - 8410 Piney Orchard Parkway, Odenton, 21113
- Our Lady of Perpetual Help[101]
    - 515 Loch Haven Rd, Edgewater, 21037
- Our Lady of Sorrows Church
    - 101 Owensville Rd, West River, 20778
- Our Lady of the Fields Church
    - 1070 Cecil Ave S, Millersville, 21108
- Pasadena Evangelical Presbyterian Church
    - 7975 Tick Neck Rd, Pasadena, 21122
- Praises Redemption Worship Center
    - 968 Lower Pindell Rd, Lothian, 20711
- Pasadena Seventh Day Adventist Lifestyle[101]
    - 10 Seaborne Dr., Pasadena
- Riva Trace Baptist Church
    - 475 W Central Ave, Davidsonville, 21035
- Saint Jane Frances De Chantal Catholic Church
    - 8499 Virginia Ave, Riviera Beach, 21122
- Saint Mark's Episcopal Church
    - 361 Deale Rd, Tracys Landing, 20779
- Saints Baptist Church
    - 160 Truck House Rd, Severna Park, 21146
- Severn Run Evangelical Presbyterian Church
    - 1620 Millersville Road, Millersville, 21108
- Severna Park Church of God
    - 233 Ritchie Hwy, Severna Park, 21146
- Sollers United Methodist Church
    - Lothian, 20711
- South River Bible Church
    - 744 W Central Ave, Davidsonville, 21035

- South Shore Baptist Church
  - 725 Herald Harbor Rd, Crownsville, 21032
- St. Andrew by the Bay
  - 701 College Pkwy, Annapolis, 21409
- St. Andrew's Episcopal Church
  - 7859 Tick Neck Rd, Pasadena, 21122
- St. Bernadette Roman Catholic Church
  - 801 Stevenson Road, Severn, 21144
- St. James' Episcopal Parish
  - 5965 Deale Churchton Rd, Deale, 20751
- St. John AME Zion Church
  - 2993 Conway Road, Odenton, 21113
- St. John Neumann Church
  - 620 N Bestgate Rd, Annapolis, 21401
- St. John the Evangelist Roman Catholic Church[101]
  - 689 Ritchie Hwy, Severna Park, 21146
- St. Joseph's Church
  - 1283 Odenton Rd, Odenton, 21113
- St Luke's Episcopal Church[102]
  - 1101 Bay Ridge Ave., Annapolis
- St. Margarets Episcopal Church
  - 1601 Pleasant Plains Rd, Annapolis, 21409
- St. Marks United Methodist Church[101]
  - 1436 Dorsey Road, Hanover, 21076
- St. Paul's Anglican Church
  - 1505 Crownsville Road, Crownsville, 21032
- St. Philip Neri Catholic Church[99,100,101]
  - 6405 South Orchard Road, Linthicum, 21090
- St. Stephen's Episcopal
  - 1110 St. Stephen's Church Road, Crownsville, 21032
- The Ark
  - 1460 Berger Street, Odenton, 21113
- The Church at Severn Run
  - 8187 Telegraph Road, Severn, 21144
- The Church of Jesus Christ of Latter-day Saints
  - 1875 Ritchie Hwy, Annapolis, 21409
  - 409 5th Ave SE, Glen Burnie, 21061
- Trinity United Methodist Church
  - 952 Patuxent Road, Odenton, 21113
- Union Church - BWI
  - 681 Hollins Ferry Rd, Glen Burnie, 21061

	• Union United Methodist Church
	    ○ 274 W Bay Front Rd, Lothian, 20711
	• Unitarian Universalist Church of Annapolis
	    ○ 333 Dubois Road, Annapolis, 21401
	• Unity by the Bay
	    ○ 4 Pointless Forest Trail, Annapolis, 21409
	• Victor Haven Ministries
	    ○ 201 Victor Pkwy, Annapolis, 21403
	• Vineyard Community Center
	    ○ 255 Najoles Road, Millersville, 21108
	• Waymann Good Hope AME Church
	    ○ 100 Hoyle Ln, Severna Park, 21146
	• Wesley Chapel United Methodist
	    ○ 1010 Wrighton Rd, Lothian, 20711
	• Wesley Grove United Methodist Church
	    ○ 1320 Dorsey Rd, Hanover, 21076
	• Wilson Memorial Church[101]
	    ○ 1113 Northbound Lane, MD 3, Gambrills
	• Woods Memorial Presbyterian Church
	    ○ 611 Baltimore Annapolis Blvd, Severna Park, 21146

Parks & Recreation	<u>Recreation Centers</u>
	• Andover Equestrian Center
	    ○ 433 Andover Rd, Linthicum Heights, 21090
	• Andy Smith Equestrian Center
	    ○ 584 Broadneck Rd, Annapolis, 21409
	• Arundel Olympic Swim Center
	    ○ 2690 Riva Rd, Annapolis, 21401
	• B and A Trail Ranger Station
	    ○ 51 W Earleigh Heights Road, Severna Park, 21146
	• Cannon Stadium
	    ○ 7551 Teague Rd, Hanover, 21076
	• Davidsonville Family Recreation Center
	    ○ 3789 Queen Anne Bridge Rd, Davidsonville, 21035
	• Glen Burnie Town Center Ice Rink
	    ○ 105 Crain Hwy N, Glen Burnie, 21061
	• Gresham Historic House
	    ○ 784 Central Ave W, Edgewater, 21037
	• Lake Shore Athletic Complex
	    ○ 850 Woods Rd, Pasadena, 21122
	• North Arundel Aquatic Center
	    ○ 7888 Crain Hwy S, Glen Burnie, 21061

- North County Recreation Center
  - 196 Hammonds Ln, Brooklyn, 21225
- Piney Orchard Ice Rink
  - 8781 Piney Orchard Pky, Odenton, 21113
- Recreation and Parks HQ
  - 1 Harry S. Truman Parkway, Annapolis, 21401
- South County Recreation Center
  - 4510 Owensville Sudley Rd, Harwood, 20776

Parks and Playgrounds
- Andover Park
  - 805 Main Avenue, Linthicum Heights, 21090
- Arden on the Severn Park
  - 1103 Sunrise Beach Rd, Crownsville, 21032
- Arnold Park
  - 1325 Jones Station Road, Arnold, 21012
- Arundel Hills Park
  - 895 Furnace Branch Road W, Ferndale, 21061
- B and A Trail
  - 51 Earleigh Heights Rd W, Severna Park, 21146
- Bachman Sports Complex
  - 570 East Ordnance Rd, Glen Burnie, 21060
- Bacon Ridge Natural Area in the SRG
  - 1284 Bacon Ridge Rd, Crownsville, 21032
- Bacontown Park
  - 3601 Whiskey Bottom Rd, Laurel, 20724
- Bay Head Park
  - 1661 Bay Head Road, Annapolis, 21409
- Bay Meadows Park
  - 6760 Waterview Court, Glen Burnie, 21060
- Beachwood Park
  - 8320 Beachwood Park Rd, Pasadena, 21122
- Bell Branch Park
  - 1150 Barbara Swann Way, Gambrills, 21054
- Belvedere Park
  - 340 Broadwater Road, Arnold, 21012
- Bestgate Park
  - 714 Bestgate Rd, Annapolis, 21401
- Beverly Beach Wharf
  - 320 Cadle Ave, Edgewater, 21037
- Beverly Triton Nature Park
  - 1202 Triton Beach Rd, Edgewater, 21037

- Bodkin Park
  - 8263 Bodkin Ave, Pasadena, 21122
- Brewer Pond Natural Area
  - 987 Sahlin Farm Rd, Annapolis, 21401
- Broad Creek Park
  - 1A Harry S. Truman Parkway, Annapolis, 21401
- Broadneck Park
  - 613 College Parkway, Annapolis, 21409
- Broadneck Peninsula Trail
  - College Parkway, Annapolis, 21409
- Brooklyn Heights Park
  - 111 11th Ave E, Brooklyn, 21225
- Brooklyn Park I
  - 310 10th Ave, Brooklyn, 21225
- Browns Woods Park
  - 317 Forest Beach Rd, Annapolis, 21409
- BWI Trail
  - 1911 Dorsey Road, Glen Burnie, 21061
- Cabin Branch Park
  - 7070 Baltimore Annapolis Blvd, Glen Burnie, 21061
- Cape St. Claire Park
  - 1387 Cape St. Claire Road, Annapolis, 21409
- Carrs Wharf
  - 1001 Carrs Wharf Road, Mayo, 21037
- Cattail Creek Natural Area
  - 430 Ritchie Highway, Severna Park, 21146
- Cedar Morris Hill Park
  - 351 Arundel Corporation Rd, Glen Burnie, 21060
- Central Avenue Park
  - 67 Central Avenue W, Edgewater, 21037
- Cool Pond Park
  - 463 Mcbride Ln, Severna Park, 21146
- Crofton Fields at MAC Church
  - 2485 Davidsonville Rd, Gambrills, 21054
- Crofton Natural Area
  - 1805 Crofton Pky, Crofton, 21114
- Crofton Park
  - 2285 Davidsonville Rd, Gambrills, 21054
- Cross Street Park
  - 700 Cross St, Brooklyn, 21225
- Crownsville Hospital Ball Fields
  - 1400 Generals Hwy, Crownsville, 21032

- Cypress Creek Park
  - 11 Cypress Creek Rd, Severna Park, 21146
- Dairy Farm
  - 100 Dairy Ln, Gambrills, 21054
- Davidsonville Park
  - 3042 Patuxent River Rd, Davidsonville, 21035
- Deale Community Park
  - 674 Rockhold View Rd, Deale, 20751
- Deale Library Tennis Courts
  - 5940 Deale Churchton Rd, Deale, 20751
- Deale Traceys Park
  - 40 Deale Rd, Tracys Landing, 20779
- Deale Wharf
  - 521 Deale Rd, Deale, 20751
- Deep Cove Natural Area
  - 5803 Deep Cove Ct, Churchton, 20733
- Discovery Village Park
  - 4804 Atwell Rd, Shady Side, 20764
- Downs Memorial Park
  - 8311 John Downs Loop, Pasadena, 21122
- Edgewater Park
  - 209 Maryland Way, Edgewater, 21037
- Elizabeth Dixon Park
  - 4804 Riverside Drive, Galesville, 20765
- Elizabeth Road Park
  - 499 Elizabeth Road, Glen Burnie, 21061
- Elvaton Park
  - 311 Dogwood Rd, Millersville, 21108
- Emory Waters Nature Preserve
  - 6032 Pindell Rd, Lothian, 20711
- Fort Smallwood Park
  - 9500 Fort Smallwood Rd, Pasadena, 21122
- Freetown Park
  - 7769 Freetown Road, Glen Burnie, 21060
- Friendship Pond Park
  - 6753 Old Solomons Island Road, Friendship, 20758
- Galesville Park
  - 4811 Anchors Way, Galesville, 20765
- Galesville Wharf
  - 4847 Riverside Drive, Galesville, 20765
- Generals Highway Corridor Park
  - 1758 Crownsville Rd, Annapolis, 21401

- Glen Burnie Park (Area Civic Assoc.)
  - 500 Everett Rd, Glen Burnie, 21061
- Glendening Nature Preserve
  - 1290 Wrighton Road, Lothian, 20711
- Grays Creek Bog Natural Area
  - 329 Deleware Avenue, Pasadena, 21122
- Green Haven Park
  - 687 205th Street, Pasadena, 21122
- Green Haven Wharf
  - 7720 Outing Avenue, Pasadena, 21122
- Hammonds Park
  - 5812 Olson Road, Brooklyn, 21225
- Hancocks Resolution
  - 2795 Bayside Beach Rd, Pasadena, 21122
- Harry and Jeanette Weinberg Park
  - 1632 Fairview Beach Road, Pasadena, 21122
- Hatton-Regester Green
  - Severna Park, 21146
- Havenwood Park
  - 7923 Outing Avenue, Pasadena, 21122
- Herald Harbor Park
  - 350 Kyle Road, Crownsville, 21032
- High Point Park
  - 937 Tidewater Road, Pasadena, 21122
- Homeport Farm Park
  - 11 Homeport Dr, Edgewater, 21037
- Hot Sox Field at Wilson Park
  - 862 Galesville Road, Galesville, 20765
- J. Charles Linthicum Memorial Park
  - 99 Maple Road West, Linthicum, 21090
- Jack Creek Park
  - 1600 Snug Harbor Road, Shady Side, 20764
- Jacobsville Park
  - 81 Magothy Beach Rd, Pasadena, 21122
- Jessup Dorsey Park
  - 7486 Race Rd, Hanover, 21076
- Jessup Park
  - 1822 Montevideo Road, Jessup, 20794
- Jonas and Anne Catharine Green Park
  - 2001 Baltimore Annapolis Boulevard, Annapolis, 21409
- Jug Bay Wetlands Sanctuary
  - 1361 Wrighton Rd, Lothian, 20711

- Kinder Farm Park
  - 1001 Kinder Farm Park Rd, Millersville, 21108
- Kings Branch Flat Creek Greenway Natural Area
  - 1015 Ashe St, Davidsonville, 21035
- Kings Branch Park
  - 962 Central Ave W, Davidsonville, 21035
- Lake Waterford Park
  - 830 Pasadena Rd, Pasadena, 21122
- Linthicum Park
  - 306 Benton Ave, Linthicum Heights, 21090
- Linthicum Walks
  - 2295 Davidsonville Road, Gambrills, 21054
- Loch Haven Park
  - 3424 Pocahontas Drive, Edgewater, 21037
- London Town House and Gardens
  - 839 Londontown Rd, Edgewater, 21037
- Loopers Field
  - 20 North Shore Rd, Pasadena, 21122
- Mago Vista Park
  - 832 Mago Vista Road, Arnold, 21012
- Magothy Greenway Natural Area
  - 25 North Shore Rd, Pasadena, 21122
- Marley Creek Park
  - 8148 Jumpers Hole Rd, Pasadena, 21122
- Marley Neck Trail
  - Marley Neck Boulevard, Glen Burnie, 21060
- Maryland City Park
  - 565 Brock Bridge Rd, Laurel, 20724
- Matthewstown Harmans Park
  - 7605 Ridge Chapel Road, Hanover, 21076
- Mayo Beach Park
  - 4150 Honeysuckle Dr, Edgewater, 21037
- McNew Community Gardens
  - 2672 Solomons Island Rd, Edgewater, 21037
- Meade Village Park
  - 1760 Meade Village Circle, Severn, 21144
- Millersville Park
  - 1580 Millersville Rd, Millersville, 21108
- Nature Preserve at Waysons Corner
  - 5481 Southern Maryland Boulevard, Lothian, 20711
- North Glen Park
  - 1391 Gordon Drive, Glen Burnie, 21061

- Odenton Natural Area
  - 517 Higgins Drive, Odenton, 21113
- Odenton Park
  - 2899 Strawberry Lake Way, Odenton, 21113
- Odenton Trails
  - Town Center Boulevard, Odenton, 21113
- Old South Park
  - 5385 Solomons Island Rd, Lothian, 20711
- Overlook Park
  - 98 Governors Gate Ln, Linthicum Heights, 21090
- Parole Green Space
  - 2201 Forest Drive, Annapolis, 21401
- Patuxent River Greenway - Archers
  - 1160 Crain Highway, Odenton, 21113
- Patuxent River Greenway - Bayard
  - 4220 Sands Rd, Harwood, 20776
- Patuxent River Greenway - Little Patuxent North
  - 1070 Bragers Road, Odenton, 21113
- Patuxent River Greenway - Little Patuxent South
  - 1710 Crain Hwy, Crofton, 21114
- Patuxent River Greenway - Oxbow
  - 8020 Oxbow Pl, Laurel, 20724
- Patuxent River Greenway - Patuxent Ponds Park
  - 1100 Patuxent Road, Odenton, 21113
- Patuxent River Greenway - Route 50
  - 1791 Governor Bridge Rd, Davidsonville, 21035
- Patuxent River Greenway - Wildlife Refuge
  - 905 Patuxent Road, Odenton, 21113
- Patuxent Wetlands Park
  - 1426 Mt. Zion Marlboro Road, Lothian, 20711
- Peninsula Park
  - 1005 Bay Ridge Rd, Annapolis, 21403
- Peoples Park
  - 43 Calvert Street, Annapolis, 21401
- Piney Orchard Park
  - 2641 Strawberry Lake Way, Odenton, 21113
- Pleasantville Park
  - 813 Casual Ct, Glen Burnie, 21061
- Poplar Ridge Park
  - 1710 Poplar Ridge Road, Pasadena, 21122
- Provinces Park
  - 1742 Disney Road, Severn, 21144

- Pumphrey Park
  - 5757 Belle Grove Rd, Brooklyn, 21225
- Queenstown Park
  - 600 Queenstown Rd, Severn, 21144
- Quiet Waters Park
  - 600 Quiet Waters Park Rd, Annapolis, 21403
- Randazzo Park
  - 580 Upton Road, Severn, 21144
- Riva Area Park
  - 3639 Riva Rd, Davidsonville, 21035
- Riverside Park
  - 8 Old Riverside Road, Baltimore, 21225
- Riverside Playground
  - 700 Old Riverside Rd, Brooklyn, 21225
- Riverwood Park
  - 1530 Morgan Rd, Davidsonville, 21035
- Rock Creek Park
  - 79 Bar Harbor Rd, Pasadena, 21122
- Rose Haven Memorial Park
  - 626 Walnut Avenue, Rose Haven, 20714
- Sands Road Park
  - 4900 Sands Road, Lothian, 20711
- Sawmill Creek Park
  - 7405 Charley Eckman Lane, Glen Burnie, 21061
- Severn Danza Park
  - 726 Donaldson Ave, Severn, 21144
- Shady Cove Natural Area
  - 4876A Idlewilde Road, Shady Side, 20764
- Shady Side Park
  - 1355 East West Shady Side Rd, Shady Side, 20764
- Shady Side Wharf
  - 4805 Woods Wharf Road, Shady Side, 20764
- Shepherd Property on Greenock Road
  - 5808 Greenock Road, Lothian, 20711
- Shipleys Choice Park
  - 300 Governor Stone Pky, Millersville, 21108
- Snug Harbor Natural Area
  - 6281 Shady Side Road, Shady Side, 20764
- Solley Park
  - 7535 Solley Rd, Glen Burnie, 21060
- Solleys Cove Park
  - 7360 Carbide Rd, Curtis Bay, 21226

- South River Farm Park
  - 3553 Loch Haven Dr, Edgewater, 21037
- South Shore Park
  - 1202 Generals Highway, Crownsville, 21032
- South Shore Trail
  - 1003 Cecil Avenue, Millersville, 21108
- Southgate Old Mill Park
  - 8224 Oakwood Rd, Millersville, 21108
- Spriggs Farm Park on the Magothy
  - 965 Bayberry Dr, Arnold, 21012
- Stoney Creek Park
  - 7630 Locust Grove Rd, Glen Burnie, 21060
- Sullivan Park
  - 7629 Dover Rd, Glen Burnie, 21060
- Sullivans Cove Natural Area
  - 111 Bay Parkway, Severna Park, 21146
- Sun Valley Park
  - 36 Kempton Rd, Glen Burnie, 21060
- Sunset Park
  - 8570 Fort Smallwood Rd, Pasadena, 21122
- Tanyard Springs Park
  - 7180 Heritage Crossing, Glen Burnie, 21060
- Thomas Point Park
  - 3890 Thomas Point Rd, Annapolis, 21403
- Tick Neck Park
  - 8002 Edwin Raynor Boulevard, Pasadena, 21122
- Towsers Branch Park
  - 1405 Jackson Rd, Odenton, 21113
- Twin Oaks Park
  - 240 Peninsula Farm Road, Arnold, 21012
- Valentine Creek Park
  - 1102 Valentine Creek Dr, Crownsville, 21032
- Waterbury Park
  - 1251 Sunrise Beach Road, Crownsville, 21032
- West County Park
  - 1057 Loving Road, Severn, 21144
- Wiley H Bates Heritage Park
  - 129 South Villa Avenue, Annapolis, 21401
- Wootons Landing Park
  - 4550 Sands Road, Harwood, 20776

Anne Arundel County Asset Mapping

Asset mapping is a strategic process of identifying and documenting a community's existing resources, strengths, and capabilities to better understand and leverage local assets.[103] By mapping these assets, the county can better visualize the distribution of resources, identify potential service gaps, strengthen partnerships between organizations, and ultimately improve access to essential services for all community members.[104]

This understanding of local assets is particularly valuable for addressing social determinants of health and ensuring equitable access to resources across Anne Arundel County's diverse communities, from urban centers like Annapolis to more rural areas in the southern part of the county.

For Anne Arundel County, this mapping exercise involves cataloging various resources including:

- Medical resources, including healthcare facilities and providers
- Community-Based Organizations
- Faith-based organizations
- Food pantries and other food assistance resources
- Educational institutions
- Parks and recreation facilities
- Emergency services, and other community organizations that contribute to residents' wellbeing.

It should be noted that the maps on the following pages are not an exhaustive representation of all community assets and resources available to improve community health and wellbeing in Anne Arundel County. Community resource directories like 2-1-1 Maryland and FindHelp may be able to provide the most up-to-date information about community resources.

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[103] UCLA Center for Health Policy Research. (n.d.). Asset mapping: Section 1. Health DATA Program – Data, Advocacy and Technical Assistance.
[104] National Center for Farmworker Health. (2021). Community asset mapping guide.

Medical resources, such as hospitals, FQHCs, mental health providers, and primary care, appear more concentrated in urban and suburban areas of Anne Arundel County. However, some of these resources have reached the more rural areas of the county.

Figure 4.1: Medical Resources in Anne Arundel County
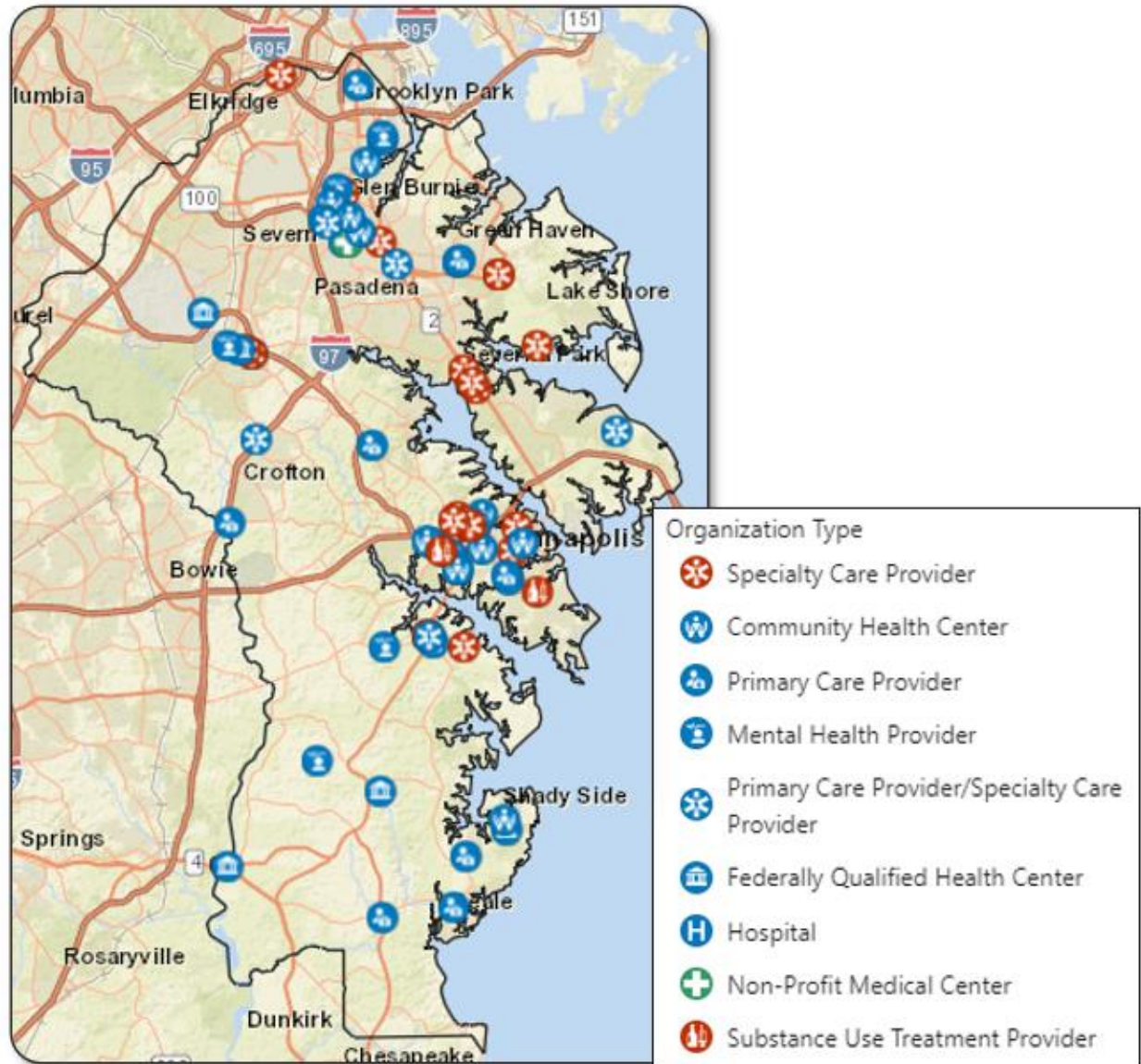
Community-based organizations (CBOs) may include nonprofit or non-governmental organizations that serve specific needs in the community. The services provided by CBOs might include awareness, advocacy and outreach programming, family and social support programs or accessible transportation services, among many others. In Anne Arundel County, many CBOs are concentrated around Annapolis, while there are very few located in the southern and eastern parts of the county.

Figure 4.2: Community-Based Organizations in Anne Arundel County
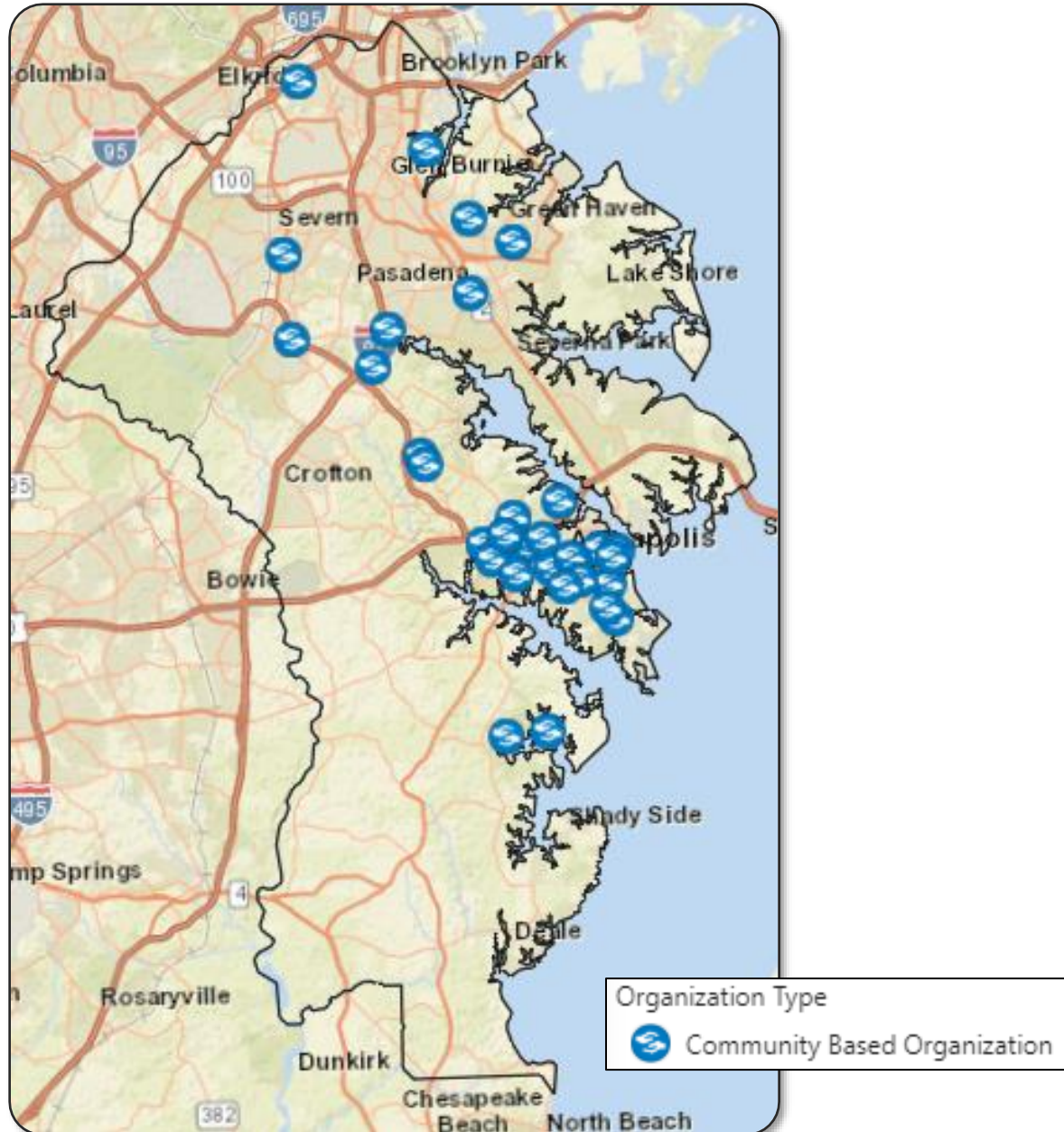
Public services, such as Libraries, Police and Fire Stations appear more frequently in the northern and eastern parts of Anne Arundel County.

Figure 4.3: Public Services Resources in Anne Arundel County

Parks and playgrounds are widely distributed across the county; however, recreation centers are concentrated in more urban and suburban areas. The southern- and easternmost parts of the county do not have any recreation centers available for residents.

Figure 4.4: Parks and Recreation in Anne Arundel County
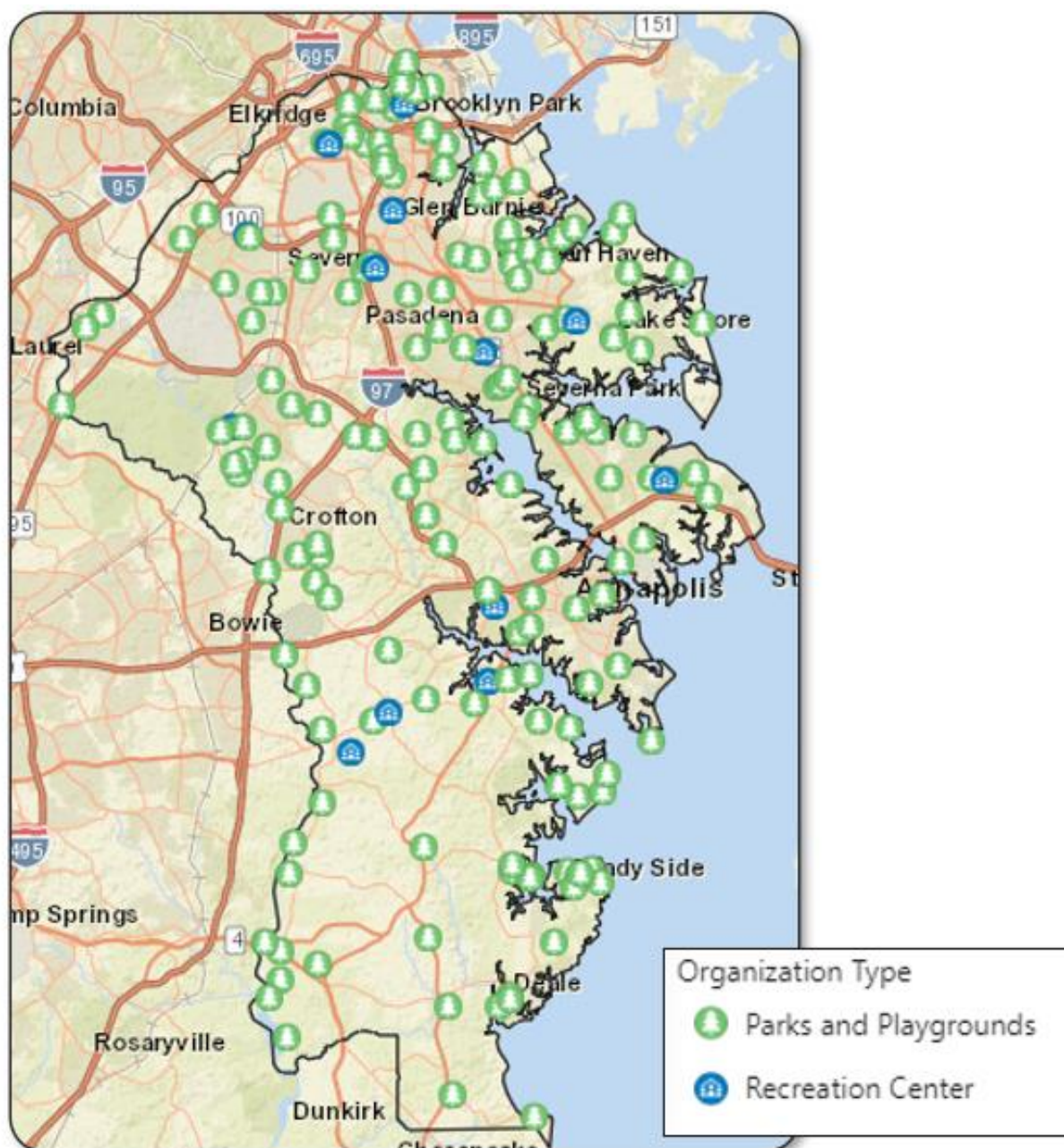
A mix of over 140 educational institutions are found in Anne Arundel County, ranging from K-12 schools to Colleges and Universities.

Figure 4.5: Education in Anne Arundel County
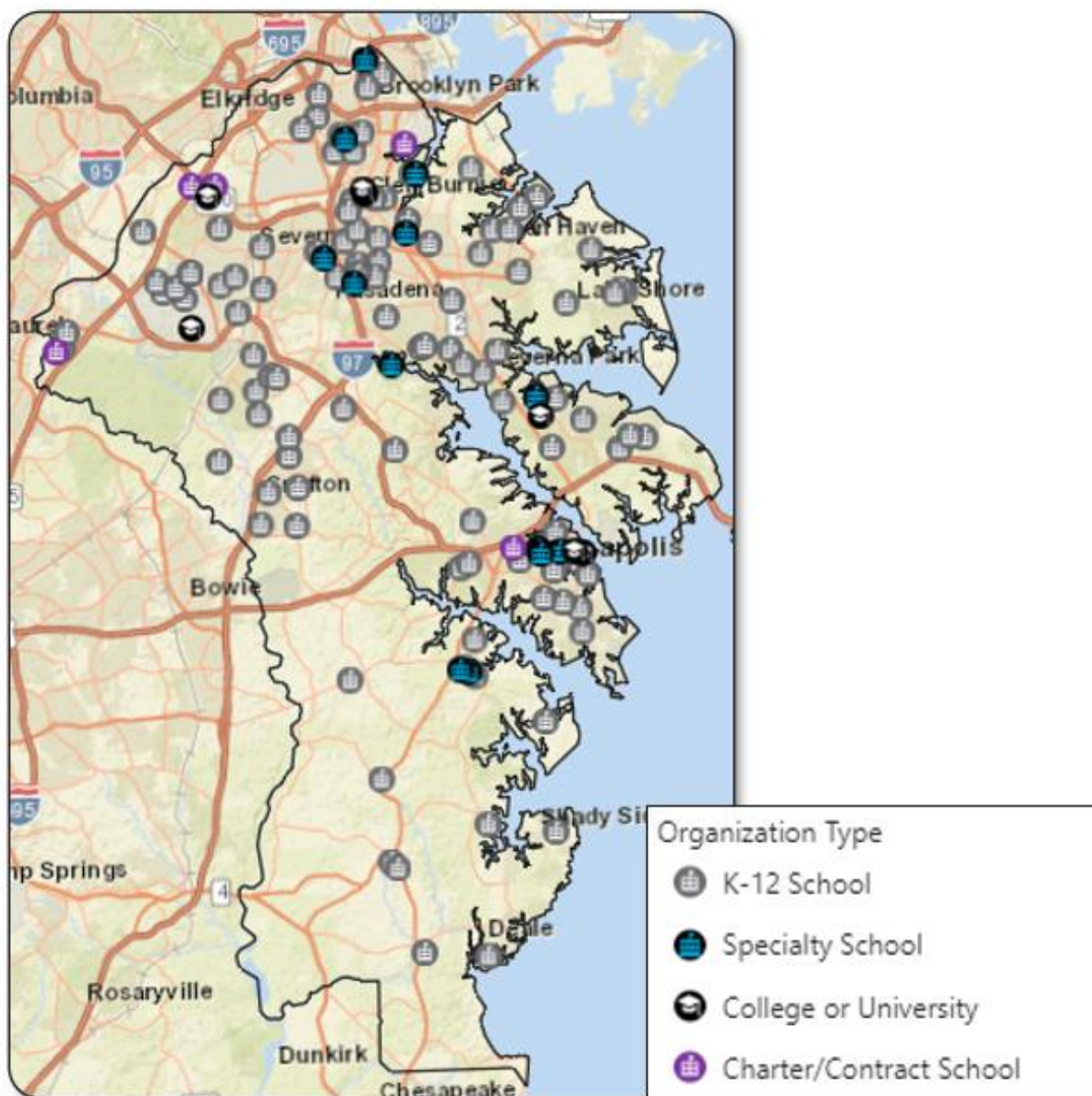
Over 130 Faith Institutions exist within Anne Arundel County, with varying denominations. These sites seem to be well distributed within the county. Many of these faith institutions participate in food distribution sites.

Figure 4.6: Faith Institutions in Anne Arundel County
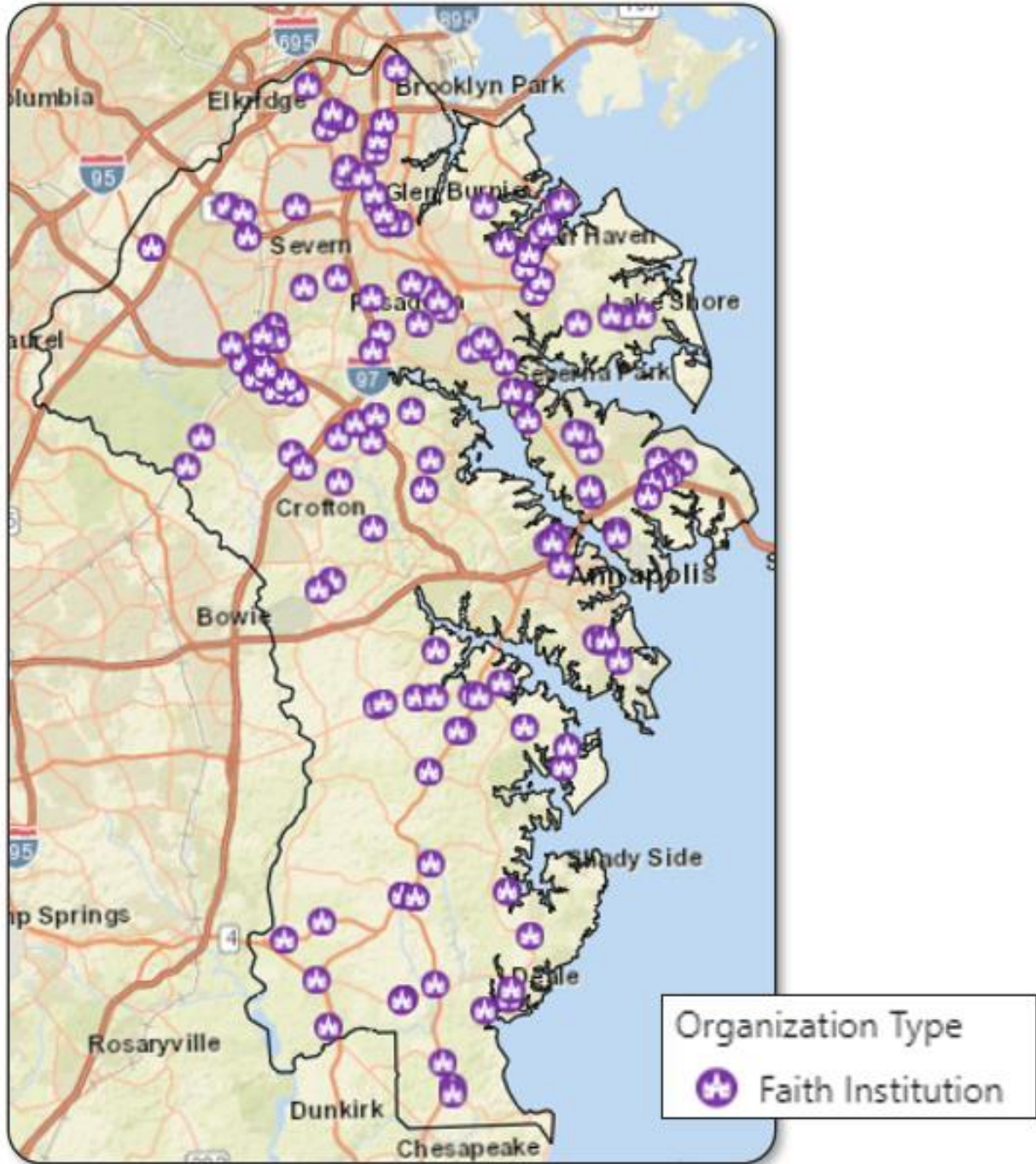
Roughly 75 grocery stores are within Anne Arundel County, found mainly in the North and East. The South of Anne Arundel County may lack adequate options for grocery shopping.

Figure 4.7: Grocery Stores in Anne Arundel County
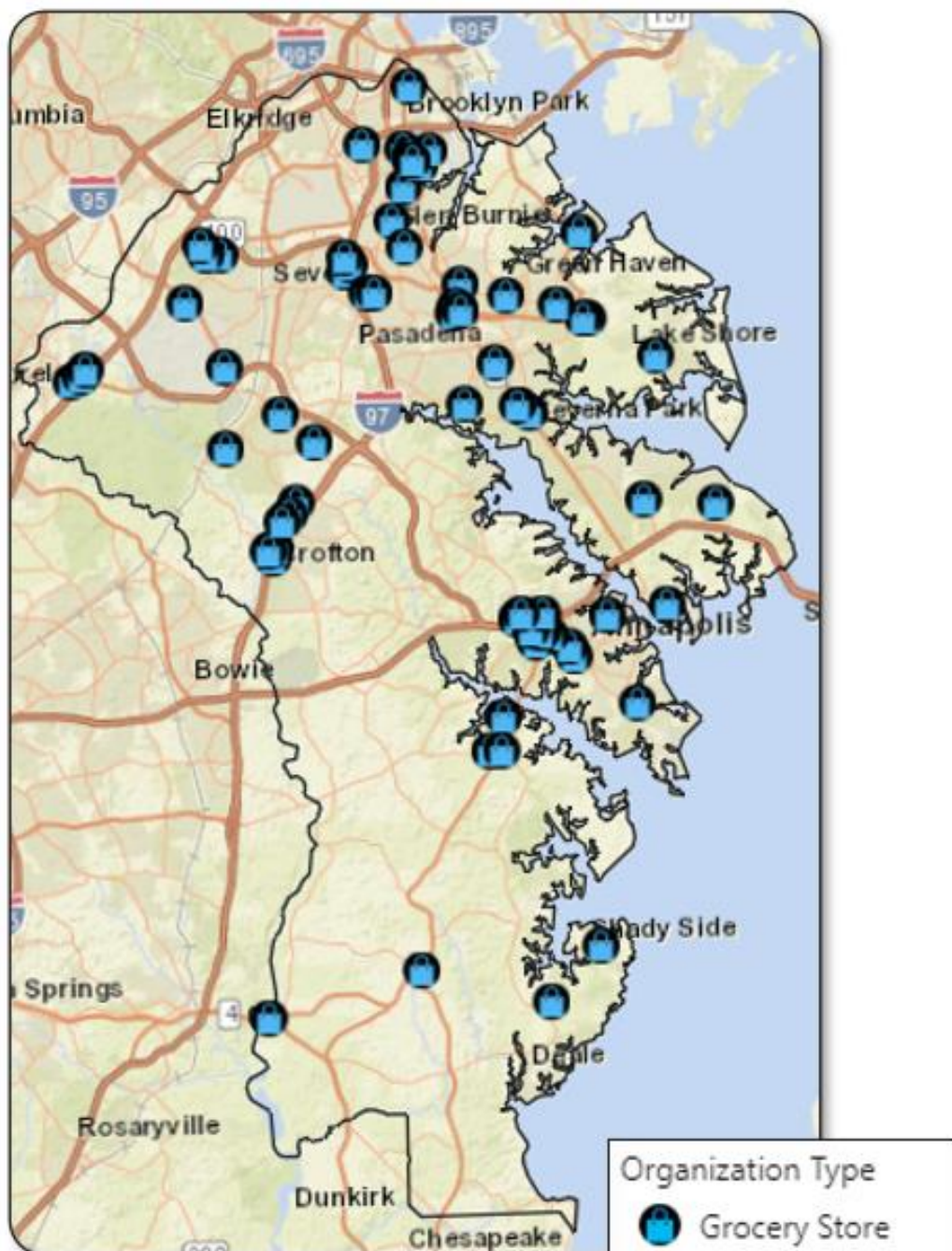
Anne Arundel County Foodbank lists over 90 sites distributing food to adults, children, and seniors. These distribution sites are concentrated in the north and central areas of the county, with fewer options seen in the south of the county.

Figure 4.8: Food Access Resources in Anne Arundel County
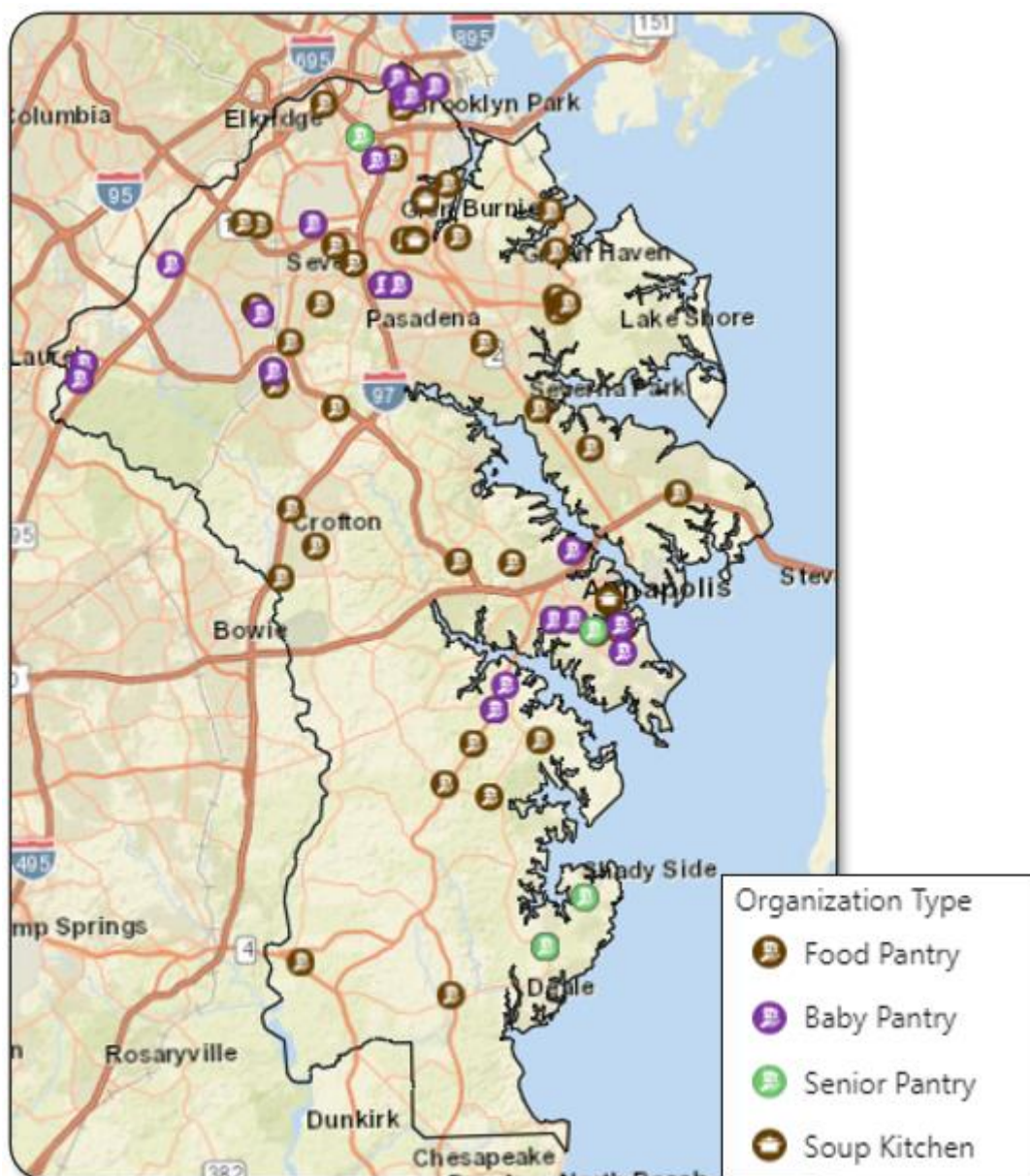
CHAPTER 5 | NEXT STEPS

The CHNA findings are used to develop effective community health improvement strategies to address the priority needs identified throughout the process. The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. The organizations making up the Steering Committee will leverage information from this CHNA to develop implementation and action plans for their local community, while also working together with other members of the Steering Committee to ensure the priority need areas are being addressed in the most efficient and effective way. The Steering Committee believes that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

APPENDIX 1 | SUMMARY OF PRIOR CHNA IMPLEMENTATION PLANS

A CHNA is an ongoing process that begins with an evaluation of the previous CHNA. In 2022, the Anne Arundel County Department of Health (Healthy Anne Arundel Coalition), Luminis Health and University of Maryland Baltimore Washington Medical Center (UM BWMC) completed individual CHNAs. A summary of the 2022-2025 priority areas and implementation strategies for each of the three entities are shared below.

Anne Arundel County Department of Health (Healthy Anne Arundel Coalition)

The Healthy Anne Arundel Coalition (HAAC) represents county residents, businesses, community associations, faith-based groups, government agencies, health care organizations and schools. This diverse group works together to improve the health and wellness of Anne Arundel County residents.

Mission Statement: Working together to remove barriers and create conditions that improve the health and well-being of all people, focusing on those impacted by health inequities.

Vision Statement: All people have the knowledge, resources and equitable access to care to improve their health and well-being

Values: Equity, Cultural Relevance, Prevention, Quality *and* Length of Life, Collaboration

The 2025 Work Plan, including goals, objectives and outcomes, for HAAC's two 2022-2025 priority areas are below.

Priority Need Area	Goals	Objectives	Action Steps
Mental Wellness	Promote and share mental wellness resources	Continue bi-weekly communication and distribution list to feature upcoming mental wellness events	• Partners send event information to HAAC • Add events to community calendar • Include calendar observations and share on social media • Send bi-weekly event digest to members with link to HAAC calendar
		Develop 10 mental wellness social media posts featuring local resources	• Collaborate with other organizations • Ensure messaging is appropriate for potential audiences • Review social media statistics for additional/future post consideration

			• Utilize shares, "tags", etc.
		Develop Mental Health Awareness Month campaign	• Establish planning committee and meeting schedule
			• Develop objective related to reducing stigma/dispelling myths about seeking help
			• Provide educational materials on Benevolent Childhood Experiences, Positive Childhood Experiences and nutrition for mental health
			• Support self-advocacy and advocate for others
			• Assist with Recovery Month and other behavioral health campaigns
	Promote sharing of mental wellness policies	Incorporate crisis "warmline" materials into new employee orientation for Department of Health	• Identify 3 local employers to train employees on county mental health resources
		Continued sharing of mental health priorities with HAAC partners during legislative session	• Research and track bills in legislative process and provide feedback
			• Share legislative policy briefs related to mental health with work group regularly

Priority Need Area	Goals	Objectives	Action Steps
Healthy Eating, Active Living (HEAL)	Promote Sharing of HEAL resources and events	Develop a process for creating and posting healthy eating and active living suggestions	• Select observances for HAAC each month (or most months) • Meet with Department of Health Communications to see what is already being done and can easily be added and determine how to use existing content • Repost and reshare events, etc.
		Implement FindHelp resource tool for Community Health Ambassadors	• Community Health Ambassador training • Track data in FindHelp
		Implement a campaign for Healthy Anne Arundel (HAA) Day (4/7)	• Establish a planning meeting schedule • Recruit additional HEAL members for HAA Day planning committee • Plan healthy food drive to coordinate with HAA Day • Ensure inclusion for people with disabilities • Complete a Healthy Anne Arundel Day Food Drive
		Post HEAL partner presentations on the HEAL webpage	• Identify active HEAL partners to feature • Schedule presentations at bi-monthly meetings • Post presentations on the HEAL page
	Promote Policies that Support Healthy Living	Develop a work plan for the Disability Inclusion Committee	• Work with partners to create opportunities for people with disabilities • Embed disability inclusion statement in each HAA objective • Develop a disability policy statement for Anne Arundel
		Develop a plan to promote legislation relating to HEAL	• Locate bills under consideration for HEAL to promote • Report on legislation at HEAL meeting • Provide direction to HEAL members for action
		Support Food Council initiatives	• Report on Food Council initiatives at HEAL meetings

Luminis Health

Luminis Health is a nonprofit regional health system formed when Doctors Community Medical Center joined Anne Arundel Medical Center, each with long histories of serving their communities. Together, they provide care to 1.8 million people across Anne Arundel and Prince George's Counties, the Eastern Shore and beyond. Luminis Health operates a comprehensive network of more than 100 practice locations, including Luminis Health Anne Arundel Medical Center, Luminis Health Doctors Community Medical Center and others.

The organization's mission, values and strategic framework guide its efforts to improve patient care, address social determinants of health and integrate technology into healthcare delivery. Senior leadership and staff continually assess opportunities for growth and health improvement through strategic initiatives, data analysis and planning. By focusing on a health ecosystem approach, Luminis Health aims to enhance access to care and provide comprehensive, community-centered services.

The 2022-2025 Priority Areas for Luminis Health were Chronic Diseases, Obesity/Diabetes Prevention, Behavioral Health, and Social Determinants of Health (SDOH). The action plans and outcomes are broken out by priority area below.

Priority	Action Plans
Chronic Disease	Reduce incidence and mortality from Cancer by improving risk factors and screening rates. Reduce mortality from heart disease by providing education related to heart disease and risk factors. Improve access to cardiologists to reduce utilization.
Obesity/ Diabetes Prevention	Increase education for lifestyle risk factors to reduce obesity. Increase access to screenings and prevention programs to reduce incidence of diabetes.
Behavioral Health	Increase community awareness of programs. Increase access to behavioral health treatment for children, teens, and adults.
Social Determinants of Health (SDOH)	Create advisory councils to assist the health system to identify how to improve SDOH. Pilot and determine strategy to address food insecurity and how healthy food access can limit burden of disease (cancer, heart disease, diabetes).

Priority Need Area	Action Plan	Outcome
Chronic Diseases	Reduce incidence and mortality from cancer by improving risk factors and screening rates	• In Anne Arundel and Prince George's counties, Luminis Health conducted community outreach and education, including visits to FQHCs, churches, elementary schools, colleges, and social media campaigns. Luminis Health has hosted community events such as the Pink Ribbon Rally for breast cancer awareness and colorectal cancer screening awareness events in both counties. • Luminis Health enrolled uninsured and underinsured patients in both counties, providing access to breast, cervical, and colorectal cancer screenings, as well as tobacco cessation services. Each patient was connected to additional community resources, including medical insurance, primary care providers, and food shares, as needed. Case managers worked closely with patients to address all barriers to care and created a seamless service process for all patient needs. • In the last year, Luminis Health provided service to 1,096 breast and cervical cancer patients and 340 colorectal cancer patients and conducted 42 tobacco cessation counseling sessions.
	Reduce mortality from heart disease by providing education related to heart disease and risk factors	• Luminis Health reached 187 patients through screenings for blood pressure, A1C, random blood glucose, and cholesterol in 2024. • Luminis Health reached an additional 40 patients through blood pressure screenings only.
	Pilot and determine strategy to address food insecurity and how healthy food access can limit burden of disease (cancer, heart disease, diabetes)	• Preliminary data analysis revealed social asolation as a priority over food security. • The Luminis Health Primary Care Community-Based Care Management Team established an outreach program to address social isolation issues identified by patients.

Priority Need Area	Action Plan	Outcome
Obesity / Diabetes Prevention	Increase education for lifestyle risk factors to reduce obesity	• Luminis Health enrolled 42 participants in the Diabetes Prevention Program; 13 participants completed the program.

	Increase access to screenings and prevention programs to reduce incidence of diabetes	• Luminis Health held community mobile clinics that provided screenings for blood pressure, A1C, random blood glucose, and cholesterol.
		  o 22 clinics held in Anne Arundel County, reaching 187 patients
		  o 26 clinics held in Prince George's County, reaching 425 patients

	Increase access to behavioral health treatment for children, teens, and adults	• Anne Arundel County:
		  o Continued to partner with Arundel Lodge to offer space for the Behavioral Health Urgent Care on Anne Arundel Medical Center (AAMC) campus
		  o Participated in Recovery Anne Arundel
		• Prince George's County:
		  o Continued to offer Urgent Care on DCMC Campus.

Priority Need Area	Action Plan	Outcome

Behavioral Health	Increase education awareness of program	• Anne Arundel County:
		  o Increased awareness of programs offered through the Health Anne Arundel Coalition and the Anne Arundel County Health Department
		  o Completed a Broadneck High School presentation to SADD (Students Against Destructive Decisions)
		  o Kolmac treatment center toured Pathways
		  o Outreach team toured Pascal Center
		  o Outreach team delivered rack cards to 10 Luminis Health primary care offices
		  o Outreach team met with Primary Care offices and met with Mosaic Peer, Robin W. at AAMC emergency department
		• Prince George's County:
		  o Met with Dyer Center (county-run crisis beds) to advertise programs offered
		  o Initiated Behavioral Health rounds to provide education to Luminis Health Community

Priority Need Area	Action Plan	Outcome
Social Determinants of Health (SDOH)	Create advisory council to assist the health system to identify how to improve SDOH	• The Luminis Health Population Health Steering Committee was re-established and reignited following the pandemic. • Executive leadership systemwide and Steering Committee members participated in the IHI's Pathways to Population Health Compass Survey. o The survey revealed the greatest opportunities are in improving health equity and social and/or spiritual well-being (SDOH screening and referrals). • The Steering Committee established a 2-year workplan to standardize a system-wide SDOH screening process and to integrate a closed loop referral process within Epic (system EMR).
	Pilot and determine strategy to address food insecurity and how healthy food access can limit burden of disease (cancer, heart disease, diabetes)	• Preliminary data analysis revealed social asolation as a priority over food security. • The Luminis Health Primary Care Community-Based Care Management Team established an outreach program to address social isolation issues identified by patients.

	Increase access to behavioral health treatment for children, teens, and adults	• Anne Arundel County:
		  o Continued to partner with Arundel Lodge to offer space for the Behavioral Health Urgent Care on Anne Arundel Medical Center (AAMC) campus
		  o Participated in Recovery Anne Arundel
		• Prince George's County:
		  o Continued to offer Urgent Care on DCMC Campus.

	Pilot and determine strategy to address food insecurity and how healthy food access can limit burden of disease (cancer, heart disease, diabetes)	• Preliminary data analysis revealed social asolation as a priority over food security. • The Luminis Health Primary Care Community-Based Care Management Team established an outreach program to address social isolation issues identified by patients.

University of Maryland Baltimore Washington Medical Center

Chronic Conditions

Mental and Behavioral Wellness

Maternal and Child Health

Safe and Healthy Social Enviornments

Health Care Access and Utilization
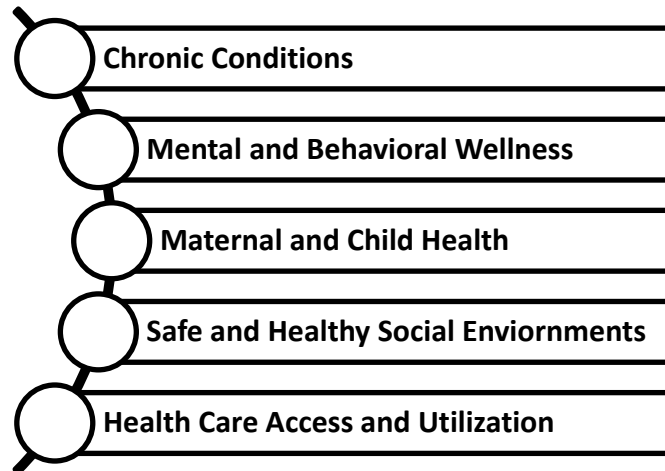
With a mission to empower and build healthy communities, University of Maryland Baltimore Washington Medical Center (UM BWMC) touches thousands of lives in Anne Arundel County and the surrounding region each year. UM BWMC provides comprehensive primary and specialty health care and is home to leading-edge technology, nationally recognized quality, personalized service and outstanding people. UM BWMC has 307 licensed beds and is home to over 3,100 employees and 1,000 medical staff members. As part of the University of Maryland Medical System (UMMS), UM BWMC's expert physicians and experienced, compassionate staff are connected to medical practices in the local community as well as at University of Maryland Medical Center in Baltimore. For patients, this means access to high-quality care and research discoveries aimed at improving Maryland's health.

UM BWMC used data from its 2022-2025 Community Health Needs Assessment, internal hospital data, and publicly available data to develop actional steps towards reducing health disparities and increasing access to care and resources within Anne Arundel County. Zip code level data provided a framework for targeted outreach and programming based on populations that may be vulnerable due to health insurance status or transportation barriers. UM BWMC also collected data (zip code, race/ethnicity, etc.) for all attendees at hospital hosted classes and events.

Equity in programming such as food insecurity and healthy food distributions can be tracked and compared to ongoing data trends to see the reduction in diabetes and heart disease cases. Free cancer screenings for uninsured and underinsured community members can be tracked and compared to ongoing cancer diagnosis trends, increasing access to preventative care and early diagnosis. County poverty, workforce, and education data is being used to target vulnerable zip codes to open opportunities

for internships, educational opportunities for high school and college students, and scheduling of community hiring events in an aim to decrease social determinants of health. Patient data is also tracked through care managers, nurse navigators, and through the Transitional Care Center for high-risk utilization patients in need of additional supportive services. Select patients are asked social related questions upon intake, such as alcohol and smoking status, housing stability, and intimate partner violence. These answers are then captured in EPIC (the system's electronic medical record) to help provide additional supportive services and track long-term PAU/ readmission status. In addition, UMMS has developed a multi-year plan, backed by a $40 million investment, that outlines the system's commitment to equity in care delivery, diversity in workforce, meaningful investments in local communities and expanded opportunities for minority-owned businesses.

Some specific examples include:

- UM BWMC provides free body composition screenings to community members aged 18 years and older and includes nutrition information and education on BMI with results. Free exercise classes are offered to the community for youth, adults, and seniors. Free nutrition education presentations and resource tables are offered throughout the year, and upon request for community events.

- UM BWMC provides free blood pressure screenings, vaccinations and diabetes education alongside free, fresh produce markets in vulnerable communities.

- UM BWMC offers free prenatal education classes to any woman in Anne Arundel County, with an emphasis on women of disparities. Topics include the importance of prenatal care visits, post-delivery visits, blood pressure monitoring and other health related topics. UM BWMC partners and refers into the Women's, Infant and Children (WIC) program, Healthy Start, and other Anne Arundel County Health Department services to help increase resources to vulnerable populations.

- UM BWMC is part of the Anne Arundel County Opiate Intervention Team (OIT) with psychiatrist representation on the team. UM BWMC refers to county resources for Opioid Overdose Response Trainings and provides information on Safe Stations located throughout the county. Free exercise classes for pain management for health issues such as chronic headaches, arthritis, and other conditions associated with chronic pain are offered as an alternative to medication management for pain.

APPENDIX 2 | PRIORITY ANALYSIS – SECONDARY DATA METHODOLOGY AND SOURCES

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to SDoH.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for Anne Arundel County, its performance on each data measure was compared to targets/benchmarks. If Anne Arundel County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

Additionally, data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Table A2.1: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Uninsured Population (All Ages)	Percentage of the population without health insurance coverage. Numerator = Number of people currently uninsured in the county. Denominator = Number of people in the county u.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
Uninsured Adults (19 to 64)	Uninsured Adults is the percentage of the population ages 19 to 64 that have no health insurance coverage in a given county. Numerator = Number of people ages 19 to 64 who currently have no health insurance coverage. A person is uninsured if they are not currently covered by insurance through a current/former employer or union, purchased from an insurance company, Medicare, Medicaid, Medical Assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, VA, or any other health insurance or health coverage plan. Denominator = County population ages 19-64	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
Uninsured Children (<19)	Uninsured Children is the percentage of the population under age 19 that has no health insurance coverage in a given county. Numerator = Number of people under age 19 who currently have no health insurance coverage. A person is uninsured if they are not currently covered by insurance through a current/former employer or union,	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	purchased from an insurance company, Medicare, Medicaid, Medical Assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, VA, or any other health insurance or health coverage plan. Denominator = County population under age 19		
Primary Care Provider Ratio	Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the physicians were equally distributed across the population. Left: Represents county population Right: Represents the primary care physicians corresponding to county population. Primary care physicians include practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics	Area Health Resource File/American Medical Association Robert Wood Johnson Foundation (RWJF) & University of Wisconsin Population Health Institute (UWPHI), County Health Rankings. Accessed September 2024.	2021
Dentist Ratio	The ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county were distributed equally across all practicing dentists. Left: Represents county population Right: Represents the dentists corresponding to county population. Registered dentists with a National Provider Identifier are counted.	Area Health Resource File/National Provider Identifier RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2022
Mental Health Provider Ratio	The ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if providers were equally distributed across the population. Left: Represents county population	CMS, National Provider Identification RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
	Right: The right side of the ratio represents the mental health providers corresponding to county population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care		
Children Receiving Dental Care (ages 0 to 20)	This indicator reflects the percentage of children (aged 0-20 years) enrolled in Medicaid (320+ days) who received at least one dental visit during the past year.	Maryland Department of Health (MDH), State Health Improvement Process (SHIP). Data accessed September 2024.	2021
ED visit rate due to addiction-related conditions	This indicator shows the rate of emergency department visits related to substance use disorders (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2017
ED visit rate due to diabetes	This indicator shows the emergency department visit rate due to diabetes (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2017
ED visit rate due to hypertension	This indicator shows the rate of emergency department visits due to hypertension (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2017
Persons with a usual primary care provider	This indicator shows the percentage of people who reported that they had one person they think of as their personal doctor or healthcare provider.	MDH SHIP. Data accessed September 2024.	2021
Uninsured ED Visits	This indicator shows the percentage of persons without health (medical) insurance who seek care through the Emergency Department.	MDH SHIP. Data accessed September 2024.	2017

Table A2.2: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Food Environment Index (index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))	The Food Environment Index ranges from a scale of 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1) Limited Access to Healthy Foods estimates the percentage of the population that is low income and does not live close to a grocery store. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. 2) Food Insecurity estimates the percentage of the population without access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey to estimate Food Insecurity.	USDA Food Environment Atlas; Map the Meal Gap from Feeding America RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019 & 2021
% Broadband Access	Broadband Access is the percentage of households with a broadband internet connection through subscription. Numerator = Number of households in a county with a broadband internet subscription of any type (e.g., cable, DSL, fiber-optic, cell phone, or satellite) at their place of residence. The numerator includes affirmative responses to the ACS question: "At this house, apartment, or mobile home- do you or any member of this household have access to the Internet?"	American Community Survey (ACS), 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Denominator = Total number of households in county		
Households with Computer	Estimate of the percentage of households that own a computer.	Esri Business Analyst. Accessed September 2024.	2024

Table A2.4: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical Inactivity	Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). Numerator = Number of respondents who answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Denominator = Number of respondents age 18 and older	Behavioral Risk Factor Surveillance System (BRFSS) RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Population with Access to Exercise Opportunities	Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have adequate access to exercise opportunities if they: • reside in a census block that is within a half mile of a park, or • reside in a census block that is within one mile of a recreational facility in an urban area, or • reside in a census block that is within three miles of a recreational facility in a rural area. Numerator = The numerator is the total 2020 population living in census blocks with adequate access to at least one location for physical activity. Adequate access is defined	Opportunities ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2020, 2022, 2023

Measure	Description	Data Source	Most Recent Data Year(s)
	as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses including a wide variety of facilities such as gyms, golf courses, tennis courts and pools, identified by the following Standard Industry Classification (SIC) codes: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998. Denominator = 2020 resident county population		
Physical Activity (percentage)	This indicator shows the percentage of persons who reported at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week.	MDH SHIP. Data accessed September 2024.	2019

Table A2.5: Education

Measure	Description	Data Source	Most Recent Data Year(s)
School Segregation	School Segregation measures how evenly representation of racial and ethnic groups in the student population is spread across schools using Theil's Index, a segregation index. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2022-2023
School Funding Adequacy	School Funding Adequacy is the average gap in dollars between actual and required spending per	School Finance Indicators Database	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	pupil among school districts. Required spending is an estimate of dollars needed to achieve United States average test scores in each school district. This measure looks at funding through an equity lens, not every district's needs for funding are the same, and this measure of school funding takes that into account.	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	
% Less than 9th Grade	Percentage of adults over age 25 who have less than a 9th grade education.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% Some High School	Percentage of adults over age 25 who attended some high school but did not earn their diploma or alternative credential.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% High School Graduate	Percentage of adults over age 25 who earned a high school diploma.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% Some College	Percentage of adults over age 25 who attended some college but did not earn their diploma.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% Associate's Degree	Percentage of adults over age 25 who earned an Associate's degree.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% Bachelor's Degree	Percentage of adults over age 25 who earned a four-year college Bachelor's degree.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022
% Graduate/ Professional Degree	Percentage of adults over age 25 who earned a graduate or professional degree.	U.S. Census Bureau ACS Table S1501 5-Year Estimates, 2018-2022	2022

Table A2.6: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate (ages 16+)	Numerator = Total number of people in the civilian labor force, ages 16 and older, who are unemployed but seeking work. Unemployed persons are defined as persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from	U.S. Census Bureau ACS Table S2301 5-Year Estimates, 2018-2022	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	which they had been laid off need not have been looking for work to be classified as unemployed. Denominator =Total number of people in the civilian labor force, ages 16 and older. The civilian labor force includes all persons in the civilian noninstitutional population classified as either employed or unemployed. Employed persons are all persons who, during the reference week (the week including the 12th day of the month), (a) did any work as paid employees, worked in their own business or profession or on their own farm, or worked 15 hours or more as unpaid workers in an enterprise operated by a member of their family, or (b) were not working but who had jobs from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons, whether or not they were paid for the time off or were seeking other jobs. Each employed person is counted only once, even if he or she holds more than one job.		

Table A2.7: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution	Air Pollution - Particulate Matter is a measure of the fine particulate matter in the air. It is reported as the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5).	Environmental Public Health Tracking Network RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019
Presence of Water Violation	Indicator of the presence of health-related drinking water violations.	Safe Drinking Water Information System	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	'Yes' indicates the presence of a violation, 'No' indicates no violation.	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	
Chesapeake Bay State of the Bay Health Index	The State of the Bay report is based on the best available information about the Chesapeake Bay for indicators representing three major categories: pollution, habitat, and fisheries. Monitoring data serve as the primary foundation for the report, supplemented by in-the-field observations. The current state of the Bay is measured against the state of the Bay known by the region's Indigenous peoples and European settlers in the early 1600s, a theoretical 100. Each indicator is assigned a score and the average of the scores in the three categories is used to determine the overall state of the Chesapeake Bay. The number scores correlate with letter grades using the scale below: 70 or better = A, 65-69 = A-, 60-64 = B+, 55-59 = B, 50-54 = B-, 45-49 = C+, 40-44 = C, 34-39 = C-, 30-33 = D+, 25-29 = D, 20-24 = D-, 19 or below = F	Chesapeake Bay Foundation 2022 State of the Bay Report	2022

Table A2.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Percentage of children that live in single-parent household	Children in Single-Parent Households is the percentage of children (under 18 years of age) living in family households that are headed by a single parent. Numerator = Number of children in family households where the household is headed by a single parent (male or female head of household with no spouse present). Denominator = Number of children living in family households in a county. Foster children and children	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	living in non-family households or group quarters are not included in either the numerator or denominator.		
Social Associations (membership associations per 10,000 population)	Social Associations measures the number of membership associations per 10,000 population. Rates measure the number of events in a given time period divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. Numerator = The numerator is the total number of membership associations in a county. The membership organizations (NAICS code) in this measure include civic organizations (813410), bowling centers (713950), golf clubs (713910), fitness centers (713940), sports organizations (711211), religious organizations (813110), political organizations (813940), labor organizations (813930), business organizations (813910), and professional organizations (813920). Denominator = Total resident population of county.	County Business Patterns RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Disconnected Youth	Numerator = Number of people, ages 16-19, who are neither working nor in school. Denominator = Total county population, ages 16-19	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022
Residential Segregation - Black/White	Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (Black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case).	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either Black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.		
Percentage not proficient in English	Percentage of population that is not proficient in English.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022
Childcare Cost Burden	Child Care Cost Burden is the cost of child care for a household with two children as a percent of median household income. Numerator = Child care cost data provided by the Living Wage Institute Denominator = Median household income data calculated from the Small Area Income and Poverty Estimates.	The Living Wage Institute; Small Area Income and Poverty Estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2022 & 2023
Childcare Centers	Child Care Centers measures the number of child care centers per 1,000 population under age 5. Numerator = Total number of child care centers in a county. The data include center-based child daycare locations (including those located at school and religious institutes) and does not include group, home, or family-based child care. Denominator = Total resident population under 5 years old in a county.	Homeland Infrastructure Foundation-Level Data (HIFLD) RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2010-2022

Table A2.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity	Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. Numerator = Population with a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods. Denominator = Total county population.	Map the Meal Gap RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Limited access to healthy foods	Limited Access to Healthy Foods measures the percentage of the population that is low income and does not live close to a grocery store. Numerator = Number of people who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than one mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Denominator = 2010 U.S. Census Population	USDA Food Environment Atlas RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019
Children eligible for free or reduced-price lunch	Children Eligible for Free or Reduced Price Lunch is the percentage of children enrolled in public schools that are eligible for free or reduced price lunch. Numerator = Number of public school students, grades PK-12, eligible for free or reduced price lunch. Children eligible for free lunch live in a family with income less than 130% of the federal poverty level or who are directly certified, while children eligible for reduced price lunch live in a family with income less	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	than 185% of the federal poverty level. Students are directly certified to receive free meals if they belong to a household receiving selected federal benefits or are migrant, homeless, in foster care, or in Head Start. Denominator = Total number of students enrolled in public schools, grades PK-12		
Households receiving food stamps /SNAP	Percent of households receiving food stamps /SNAP	U.S. Census Bureau ACS Table S2201 5-Year Estimates, 2018-2022	2018-2022

Table A2.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Severe Housing Problems	Numerator = Number of households with 1 of 4 housing problems: lack of kitchen facilities, lack of plumbing facilities, overcrowding, or high housing costs. Incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a stove or range, or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Overcrowding is defined as more than one person per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. Denominator = Total number of households in county	Comprehensive Housing Affordability Strategy (CHAS) data RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2016-2020
Homeownership	Homeownership is the percentage of occupied housing units that are owned. Numerator = Total number of owner-occupied housing units in a county. Denominator = Total occupied housing units in a county.	U.S. Census Bureau ACS Table H10 Decennial Census, 2020.	2020
Severe Housing Cost Burden	Severe Housing Cost Burden is the percentage of households that spend 50% or more of their household income on housing.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Numerator = Total number of households in a county that spend 50% or more of their household income on housing. Denominator = Total occupied housing units for which housing cost burden is computed in a county.	Accessed September 2024.	
Affordable Housing	This indicator shows the percentage of housing units sold that are affordable on the median teacher's salary.	MDH SHIP. Data accessed September 2024.	2020

Table A2.11: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Children in Poverty	Numerator = Number of people under age 18 living in a household whose income is below the poverty level. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. Denominator = Total number of people under age 18 in a county.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022
Hourly Living Wage	The Living Wage methodology includes household composition, varies geographically, and is based on market-driven costs for each element of the basic needs budget; savings and leisure expenditures are not included in the Living Wage. Basic household expenses include the cost of food (USDA low-cost food plan), childcare, health care (insurance premiums and out of pocket costs), housing, transportation, other necessities	The Living Wage Institute RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
	(clothing, personal care items), civic engagement, broadband service, and cell phone service.1 This contrasts with the official federal poverty thresholds which are based on a multiple of the most basic food budget (USDA lowest cost, thrifty food plan) for a household and do not vary geographically (they are the same for all states and D.C.). The Living Wage reflects an hourly wage.		
Minimum Wage	The lowest wage that a worker may be paid per hour.	U.S. Department of Labor. Data accessed September 2024.	2024
Median Household Income	Income where half of households in a county earn more and half of households earn less. Income, defined as "Total income", is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.	U.S. Census Bureau ACS Table S1901 5-Year Estimates, 2018-2022.	2018-2022
Income Inequality Ratio	Income Inequality is the ratio of household income at the 80th	ACS, 5-year estimates	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	percentile to that at the 20th percentile Numerator = 80th percentile of median household income in a county. Income, defined as "total income," is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains, money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts. Denominator = 20th percentile of median household income by county.	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	
Percentage of Population Living in Poverty	Number of people living below poverty level as percent of total population.	U.S. Census Bureau, ACS Table S1701 5-Year Estimates, 2018-2022	2018-2022
ALICE Households % Asset Limited, Income Constrained, Employed Households	Percentage of households who are earning more than the Federal Poverty Level, but not enough to afford the basics where they live.	United for ALICE. Data accessed September 2024.	2022
Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2018-2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Numerator = Women's median annual earnings for full-time, year-round workers ages 16 and older with earnings in a county. Denominator = Men's median annual earnings for full-time, year-round workers ages 16 and older with earnings in a county.	Accessed September 2024.	

Table A2.12: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Premature Death (years of potential life lost before age 75 per 100,000 population age-adjusted)	Premature Age-Adjusted Mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period divided by the average number of people at risk during that period. Numerator = Number of total deaths under the age of 75 Denominator = Total population under the age of 75	National Center for Health Statistics (NCHS) RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019-2021
Premature Age-Adjusted Mortality (number of deaths among residents under age 75 per 100,000 population, age-adjusted)	All the years of potential life lost in a county during a 3-year period are summed and divided by the total population of the county during that same time period. This value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. Numerator = Cumulative number of years of potential life lost from deaths among county residents under age 75, over a three-year period Denominator = Aggregate population under age 75 for the three-year period	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019-2021
Life Expectancy	Life Expectancy measures the average number of years from birth people are expected to live, according to the current mortality experience (age-specific death rates)	NCHS RWJF & UWPHI, County Health Rankings.	2019-2021

Measure	Description	Data Source	Most Recent Data Year(s)
	of the population. Life Expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period.	Accessed September 2024.	

Table A2.13: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Low Birthweight (< 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Numerator = Number of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.) over seven years. Denominator = Total number of live births for which weight was recorded over seven years.	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2016-2022
Infant Mortality	Number of all infant deaths (within 1 year), per 1,000 live births. Numerator = Cumulative number of deaths occurring before one year of age. Denominator = Total number of live births.	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2015-2021

Table A2.14: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor Mental Health Days per Month	Poor Mental Health Days is the average number of mentally unhealthy days reported in the past 30 days. Numerator = Number of days respondents reported to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Denominator = Total number of adult respondents in a county.		
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Numerator = Number of adults who reported 14 or more days in response to the question, "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
ED Visit Rate due to Mental Health Conditions	This indicator shows the rate of emergency department visits related to mental health disorders (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2017
Suicide Rate	Number of deaths due to suicide per 100,000 population (age-adjusted). Numerator = Number of deaths in a county over the 5-year period due to suicide as defined by ICD-10 codes X60-X84 (self-harm). Denominator = Aggregate county population over the 5 year period.	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2017-2021
Hospitalization rate due to Alzheimer's or other dementias	This indicator shows the rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2017
% Visited Mental Health Provider	Percent of adults who saw a psychologist or psychiatrist in the past 12 months.	ESRI Business Analyst. Data accessed September 2024.	2024
% Used Prescription Antidepressant Medications	Percent of adults who were prescribed and used antidepressant medications in the last 12 months.	ESRI Business Analyst. Data accessed September 2024.	2024
% Used Prescription Antianxiety Medications	Percent of adults who were prescribed and used antianxiety medications in the last 12 months.	ESRI Business Analyst. Data accessed September 2024.	2024
% Depressive Disorder Diagnosis	Percent of adults reporting that a health professional has told them that they have a depressive disorder.	ESRI Business Analyst. Data accessed September 2024.	2024

Table A2.15: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor to Fair Health	Poor or Fair Health is the percentage of adults in a county who consider themselves to be in poor or fair health. Numerator = Number of respondents who answered "Would you say that in general your health is Excellent/Very good/Good/Fair/Poor?" with fair or poor. Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Poor Physical Health Days per Month	Poor Physical Health Days measures the average number of physically unhealthy days reported in the past 30 days. Numerator = Average number of days reported by respondents to the question "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Adult Obesity (BMI >= 30)	Adult Obesity is based on responses to Behavioral Risk Factor Surveillance System (BRFSS) surveys and is the percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight; BMIs are calculated from these reported values. Numerator= Number of adult respondents age 18 and older with a BMI greater than or equal to 30kg/m2. Denominator = Number of adult respondents age 18 and older	Maryland BRFSS. Data accessed July 2024.	2022
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	BRFSS	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Numerator = Number of adults who reported 14 or more days in response to the question, "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" Denominator = Total number of adult respondents in a county	RWJF & UWPHI, County Health Rankings. Accessed September 2024.	
Adult Diabetes Prevalence	Numerator = Number of adults 18 years and older who responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Both Type 1 and Type 2 diabetes diagnoses are included. Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes. Denominator = Total number of respondents (age 18 and older) in a county.	Maryland BRFSS. Data accessed July 2024.	2022
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average. Numerator = Number of adults who responded to the following question by stating they sleep less than 7 hours per night: "On average, how many hours of sleep do you get in a 24-hour period?" Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2020
Adolescent Obesity	This indicator shows the percentage of adolescent public high school students who are obese.	Maryland Youth Risk Behavior Survey. Data accessed July 2024.	2021-2022
Sudden Unexpected Infant Death Rate	This indicator shows the rate of sudden unexpected infant deaths (SUIDs) per 1,000 live births. Sudden unexpected infant deaths (SUIDs) include deaths from Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed.	MDH SHIP. Data accessed September 2024.	2017-2021
Adults who are NOT Overweight or Obese	This indicator shows the percentage of adults who are not overweight or obese.	MDH SHIP. Data accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
Cancer Mortality Rate	This indicator shows the age-adjusted mortality rate from cancer (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2019-2021
Age-Adjusted Mortality Rate from Heart Disease	This indicator shows the age-adjusted mortality rate from heart disease (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2019-2021

Table A2.16: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Preventable Hospital Stays (Medicare)	Preventable Hospital Stays measures the number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Rates measure the number of events (e.g., deaths, births) in a given time period divided by the average number of people at risk during that period. Numerator = Number of discharges for Medicare beneficiaries ages 18 years or older continuously enrolled in Medicare fee-for-service Part A and hospitalized for any of the following reasons: diabetes with short or long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection. Denominator = Number of Medicare beneficiaries ages 18 years or older continuously enrolled in Medicare fee-for-service Part A. Individuals enrolled in Medicare Advantage at any point during the year are excluded. In addition, beneficiaries who died during the year, but otherwise were continuously enrolled up until the date of death, as well as beneficiaries who became eligible for enrollment following the first of the year, but were continuously enrolled from that date	Mapping Medicare Disparities Tool (MMDT) RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	to the end of the year, are included in the denominator.		
Mammography Screening (Medicare)	Mammography Screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, who received an annual mammogram. Numerator = Number of women ages 65-74 enrolled in Medicare Part B for at least one month of the selected year who have had a mammogram in the last year (Current Procedural Terminology/Healthcare Common Procedure Coding System codes: 77052, 77057, 77063, G0202). Denominator = Number of female Medicare beneficiaries ages 65-74 enrolled in Medicare Part B for at least one month of the selected year. Individuals enrolled in Medicare Advantage at any point during the year are excluded.	MMDT RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Flu Vaccinations (Medicare)	Flu Vaccinations is the percentage of fee-for-service Medicare enrollees who had a reimbursed flu vaccination during the year. Numerator = This numerator is the number of Medicare beneficiaries enrolled in fee-for-service Medicare Part B for at least one month of the selected year and who have received a covered influenza vaccine in the last year (Current Procedural Terminology/Healthcare Common Procedure Coding System codes: 90630, 90653-90657, 90660-90662, 90672-90674, 90685-90688, Q2035-Q2039, G0008). Denominator = The denominator is the number of Medicare beneficiaries enrolled in fee-for-service Medicare Part B for at least one month of the selected year. Individuals enrolled in Medicare Advantage at any point during the year are excluded.	MMDT RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
Children receiving blood lead screening	This indicator reflects the percentage of children (aged 12-35 months) enrolled in Medicaid (90+ days) screened for lead in their blood.	MDH SHIP. Data accessed September 2024.	2021
Children with elevated blood lead levels	Number of children (0-72 months old) with blood lead levels > 10 µg/dL divided by the Total Number of Children (0-72 months old) tested.	MDH SHIP. Data accessed September 2024.	2020

Table A2.17: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Injury Mortality Rate	Injury Deaths is the number of deaths that result from injuries per 100,000 people. This measure includes injuries from intentional causes (such as homicide or suicide) and unintentional causes (such as motor vehicle accidents). Rates measure the number of events (e.g., deaths, births) in a specific time period divided by the average number of people at risk during that period. Numerator = Number of deaths with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89) during the five-year period. Denominator = Aggregate annual population for the five year period.	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2017-2021
Motor Vehicle Crash Death Rate	Motor Vehicle Crash Deaths is the number of deaths due to traffic accidents involving a motor vehicle per 100,000 population Numerator = includes traffic accidents involving motorcycles, 3-wheel motor vehicles, cars, vans, trucks, buses, street cars, ATVs, industrial, agricultural, and construction vehicles, and bicyclists or pedestrians when colliding with any of these vehicles, over a seven-year period (ICD10 codes: V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2015-2021

Measure	Description	Data Source	Most Recent Data Year(s)
	V86 (.0-.3), V87 (.0-.8), and V89.2). Deaths due to boating accidents and airline crashes are not included in the numerator. Denominator = Aggregate annual population over the seven-year period.		
Homicide Rate	Homicides is the number of deaths from assaults per 100,000 population. Numerator = Number of deaths in a county over the 7-year period due to homicide as defined by ICD-10 codes X85-Y09 (assault). Denominator = Aggregate annual population over the seven-year period.	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2015-2021
Firearm Fatality Rate	Firearm Fatalities is the number of deaths due to firearms in a county per 100,000 population. Numerator = number of deaths in a county over the 5-year period due to firearms as defined by ICD-10 codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0. Denominator = Aggregate annual population over the 5 year period. .	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2017-2021
Juvenile Arrests	Numerator = Number of delinquency cases formally processed in juvenile court (petitioned) and the number of delinquency cases informally handled (non-petitioned) for individuals ages 0 to the upper age of jurisdiction for a juvenile court. Non-petitioned cases often result in dismissal or informal sanctions such as fines, community service, informal probation, or referral to a social services agency. Petitioned cases could also be dismissed, but the accused juvenile offender still has their case processed by a juvenile court judge before determining their decision. The upper age in which a juvenile court has jurisdiction is 17. It is important to note that the	Easy Access to State and County Juvenile Court Case Counts RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	numerator is cases and not offenders as a juvenile could have multiple delinquency violations. Denominator = Population ages 10 to the upper age of jurisdiction. The upper age is 17. The population value is rounded to the nearest 100. The age range of 10 to upper age is used because 99.4% of all juvenile arrests occur among those who are 10 and older.		

Table A2.18 Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Sexually Transmitted Infections (Chlamydia Rate)	Numerator = Number of reported chlamydia cases in a county Denominator = Total county population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Teen (Ages 15-19) Birth Rate	Teen Births is the number of births to females ages 15-19 per 1,000 females in a county. Numerator = Total number of births to mothers ages 15-19 in the 7-year time period Denominator = Aggregate female population, ages 15-19, over the 7-year time period	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2016-2022
HIV Prevalence	HIV Prevalence is the rate of diagnosed cases of HIV for people aged 13 years and older in a county per 100,000 population. Rates measure the number of events in a given time period divided by the average number of people at risk during that period. Numerator = Number of diagnosed cases of HIV for people aged 13 years and older. HIV is a reportable disease meaning that when a provider treats	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	a patient for HIV they are required to report that case to their health department. Denominator = Total population aged 13 years and older.		
HIV Incidence Rate	This indicator shows the rate of adult/adolescent cases (age 13+) diagnosed with HIV (per 100,000 population).	MDH SHIP. Data accessed September 2024.	2021

Table A2.19: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive Drinking	Excessive Drinking is the percentage of adults that report binge or heavy drinking in the past 30 days. Numerator = Number of adult respondents reporting either binge drinking or heavy drinking. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day. Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021
Alcohol-Impaired Driving Deaths	Alcohol-Impaired Driving Deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Numerator = Total number of alcohol-impaired motor vehicle crash deaths in the 5-year period. The National Highway Traffic Safety Administration classifies a fatal crash as alcohol-related or alcohol-involved if either a driver or a non-motorist (usually a pedestrian or bicyclist) had a measured or estimated blood alcohol concentration of 0.01 grams per deciliter or above.	Fatality Analysis Reporting System RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2017-2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Denominator = Total number of motor vehicle crash deaths in the 5-year period.		
Drug Overdose Death Rate	Rates measure the number of events (e.g., deaths, births) in a given time period divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes. Drug Overdose Deaths is the number of deaths due to drug poisoning per 100,000 population. Numerator = Deaths from accidental, intentional, and undetermined drug poisoning by and exposure to: 1) nonopioid analgesics, antipyretics and antirheumatics, 2) antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, 3) narcotics and psychodysleptics (hallucinogens), not elsewhere classified, 4) other drugs acting on the autonomic nervous system, and 5) other and unspecified drugs, medicaments and biological substances, over a 3-year period. ICD-10 codes used include X40-X44, X60-X64, X85, and Y10-Y14. Denominator = Aggregate annual population over the 3 year period	NCHS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2019-2021
Opioid Prescription Dispensing Rate	Opioid prescriptions dispensed (per 100 persons).	Center for Disease Control and Prevention. Data accessed September 2024.	2022

Table A2.20: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Adult Smoking	Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	BRFSS RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2021

Measure	Description	Data Source	Most Recent Data Year(s)
	Numerator = The numerator is the number of adult respondents who reported "Yes" to the following question: Have you smoked at least 100 cigarettes in your entire life? and "Every day or some days" to the question: Do you now smoke cigarettes every day, some days, or not at all? Denominator = Total number of adult respondents in county		
Adolescent Tobacco Use	This indicator shows the percentage of adolescents (public high school students) who used any tobacco product in the last 30 days.	MDH SHIP. Data accessed September 2024.	2021

Table A2.21: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Driving Alone to Work	Numerator = Number of workers who commute alone to work via car, truck, or van. Denominator = Total workforce.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022
Long Commute/Driving Alone	Numerator = Number of workers who drive alone (via car, truck, or van) for more than 30 minutes during their commute. Denominator = Number of workers who drive alone (via car, truck, or van) during their commute.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2018-2022
Traffic Volume	Traffic Volume at the county level is calculated with EJScreen data by aggregating all the census block data within a county, and weighting by the number of people in the corresponding blocks. The measure is reported as the average count of vehicles per meter per day within 500 meters of a census block centroid (the center point of a census block), divided by distance in meters, presented as the population-weighted average of blocks in each county. The closest traffic is given more weight through inverse	EJSCREEN: Environmental Justice Screening and Mapping Tool RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2023

Measure	Description	Data Source	Most Recent Data Year(s)
	distance weighting. A highway with 16,000 Annual Average Daily Traffic (AADT) at 400 meters distance would result in a score of 16,000/400=40. Numerator = Average count of vehicles per meter per day within 500 meters of a census block centroid (the center point of a census block). Denominator = Includes all interstate, principal arterial, other National Highway System, and HPMS sample section roads.		

APPENDIX 3 | PRIORITY ANALYSIS – SECONDARY DATA COMPARISONS

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Anne Arundel County compares to Maryland and the national benchmark. If both statewide Maryland and national data was available, Maryland data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Anne Arundel County Description
(green)	Low	Represents measures in which Anne Arundel County scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
(yellow)	Medium	Represents measures in which Anne Arundel County scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
(red)	High	Represents measures in which Anne Arundel County scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see the methodology section of this report for more information on assigning need levels to the secondary data.

Please note that to categorize each metric in this manner and identify the priority level, the Anne Arundel County value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Anne Arundel Co Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level

For example, for the % Limited Access to Healthy Foods metric, the following calculation was completed:

(4.4-3.6)/(3.6) x 100% = 22.2% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population with limited access to healthy foods in Anne Arundel County is 22 percent worse (or, in this case, higher) than the percentage of the population with limited access to healthy foods in the state of Maryland.

Detailed Focus Area Benchmarks

Table A3.1: Access to Care

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Uninsured	8.7%	5.9%	4.5%	2022	Low
% Uninsured Adults (19-64)	12.2%	8.1%	6.2%	2022	Low
% Uninsured Children (<19)	5.3%	3.8%	2.5%	2022	Low
Primary Care Physicians Ratio	1,330:1	1,179:1	1,487:1	2021	High
Dentist Ratio	1,360:1	1,238:1	1,370:1	2022	High
Mental Health Provider Ratio	320:1	292:1	377:1	2023	High
Children receiving dental care	N/A	56.3%	57.1%	2021	Medium
ED visits due to addiction-related conditions	N/A	2,017	1,648	2017	Low
ED visits due to diabetes	N/A	243.7	187.4	2017	Low
ED visits due to hypertension	N/A	351.2	271.5	2017	Low
Persons with usual primary care provider	N/A	87.3%	89.3%	2021	Medium
Uninsured ED Visits	N/A	8.6%	8.2%	2017	Medium

Table A3.2: Built Environment

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Food Environment Index	7.7	8.8	8.7	2019/2021	Medium
% Broadband Access	88.0%	90.6%	94.3%	2018-2022	Medium
% Household with Computer	84%	86.3%	89.2%	2024	Medium

Table A3.3: Diet and Exercise

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Physically Inactive	23.0%	21.2%	20.6%	2021	Medium
% with Access to Exercise Opportunities	84.0%	91.9%	92.5%	2020 / 2022 / 2023	Medium
% Increased Physical Activity	N/A	52.2%	54%	2019	Medium

Table A3.4: Education

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
School Segregation	0.24	0.26	0.13	2022-2023	Low
School Funding Adequacy	$634	$(1,854)	$3,728	2021	Low

Table A3.5: Employment

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Unemployed	5.3%	5.1%	4.2%	2022	Low

Table A3.6: Environmental Quality

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Average Daily PM2.5	7.4	7.4	8.5	2019	High
Drinking Water Violations	N/A	No	No	2022	Low
Chesapeake Bay State of the Bay Health Index	32 (D+)	N/A	N/A	2022	High

Table A3.7: Family, Community and Social Support

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Children in Single-Parent Households	25.0%	25.7%	19.9%	2018-2022	Low
Social Association Rate	9.1	8.8	8.0	2021	High
% Disconnected Youth	7.0%	5.9%	3.8%	2018-2022	Low

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Segregation Index – Black/White	63.0	63.2	48.5	2018-2022	Low
% Not Proficient in English	3.7%	3.2%	2.8%	2018-2022	Low
Childcare Cost Burden	27.0%	23.5%	19.9%	2022/2023	Low
Childcare Centers	7.0	6.2	4.7	2010-2022	High

Table A3.8: Food Security

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Food Insecure	10.0%	9.7%	8.1%	2021	Low
% Limited Access to Health Foods	6.0%	3.6%	4.1%	2019	High
% Eligible for Free or Reduced Lunch	51.0%	41.9%	34.7%	2021-2022	Low
% Households Receiving Food Stamps / SNAP	11.5%	10.8%	6.1%	2018-2022	Low

Table A3.9: Housing and Homelessness

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Severe Housing Problems	17.0%	15.5%	12.2%	2016-2021	Low
% Homeowners	63.1%	65.0%	71.9%	2020	Low
% Severe Housing Cost Burden	14.0%	14.1%	11.1%	2018-2022	Low
% Affordable Housing	N/A	56.7%	34.2%	2020	High

Table A3.10: Income

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Children in Poverty	16.0%	12.1%	7.6%	2018-2022	Low

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Median Household Income	$75,149	$98,461	$116,009	2018-2022	Low
Income Inequality	4.9	4.6	3.7	2018-2022	Low
% Living in Poverty	12.5%	9.3%	5.8%	2018-2022	Low
% ALICE Households	29%	29%	26%	2022	Low
Gender Pay Gap	0.81	0.86	0.82	2018-2022	Medium
Living Wage	N/A	$52.88	$56.55	2023	High
Minimum Wage	$7.25	$15.00	$15.00	2024	Medium

Table A3.11: Length of Life

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Premature Death (Years of Potential Life Lost)	7,972	7,921	7,007	2019-2021	Low
Premature Age-Adjusted Mortality	390	375	335	2019-2021	Low
Life Expectancy	77.6	78.0	78.9	2019-2021	Medium

Table A3.12: Maternal and Infant Health

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Low Birthweight	8.0%	8.7%	7.6%	2016-2022	Low
Infant Mortality Rate	6.0	6.2	4.7	2015-2021	Low

Table A3.13: Mental Health

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Poor Mental Health Days per Month	4.8	4.4	4.4	2020	Medium
% Frequent Mental Distress	15.0%	13.2%	14.3%	2021	High
ED visits due to mental health conditions	N/A	4,291.5	5,734.1	2017	High

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Hospitalization rate due to Alzheimer's or other dementias	N/A	515.5	474.8	2017	Low
% Visited Mental Health Provider	5.0%	5.1%	5.0%	2024	Medium
% Used Prescription Antidepressant Medications	7.7%	6.9%	6.8%	2024	Medium
% Used Prescription Antianxiety Medications	8.4%	7.7%	7.7%	2024	Medium
% With Depression	21.6%	18.1%	19.9%	2022	High
Suicide Death Rate	14.0	9.9	12.9	2017-2021	High

Table A3.14: Physical Health

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Adults with Obesity	33.6%	33.2%	36.6%	2022	High
% Adults with Diabetes	7.6%	10.6%	7.6%	2022	Low
% Frequent Physical Distress	10.0%	7.9%	8.6%	2021	High
% Insufficient Sleep	33.0%	34.1%	33.7%	2020	Medium
% Fair or Poor Health	14.0%	13.1%	12.5%	2021	Medium
Poor Physical Health Days per Month	3.3	2.8	3.1	2021	High
% Adolescents who are obese	16.3%	15.9%	14.8%	2021-2022	Low
% Adults who are not Overweight or Obese	N/A	31.8%	30.7%	2021	Medium
Age-Adjusted Death Rate from Heart Disease	N/A	165.7	155.1	2019-2021	Low

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Cancer Mortality Rate	N/A	142.5	145.3	2019-2021	Medium
Sudden Unexpected Infant Death Rate	N/A	0.8	0.7	2016-2020	Low

Table A3.15: Quality of Care

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Medicare Flu Vaccine	46.0%	51.0%	52.0%	2021	Medium
% Medicare Mammography Screening	43.0%	43.0%	44.0%	2021	Medium
Preventable Medicare Hospital Stays	2,681	2,508	2,520	2021	Medium
% Children receiving blood lead screening	N/A	67.1%	65.8%	2021	Medium
Children with elevated blood lead levels	N/A	0.2	0.1	2020	Low

Table A3.16: Safety

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Firearm Fatalities	13.0	12.9	8.3	2017-2021	Low
Homicides	6.0	9.9	4.4	2015-2021	Low
Injury Mortality	80.0	91.8	89.5	2017-2021	Medium
Juvenile Arrests	N/A	10.9	9.4	2021	Low
Motor Vehicle Crash Deaths	12.0	9.3	8.1	2015-2021	Low

Table A3.17: Sexual Health

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Teen Birth Rate	17.0	13.3	10.4	2016-2022	Low
HIV Prevalence Rate	382.0	643.4	288.9	2021	Low
HIV Incidence Rate	N/A	15.0	7.7	2021	Low
Chlamydia Rate	481.3	535.9	372.0	2021	Low

Table A3.18: Substance Use Disorders

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Drug Overdose Mortality Rate	27.0	43.1	44.4	2019-2021	Medium
% Excessive Drinking	18.0%	15.2%	17.9%	2021	High
% Driving Deaths with Alcohol	26.0%	29.4%	31.1%	2017-2021	High
Opioid Prescriptions Dispensed	39.5	34.8	41.7	2022	High

Table A3.19: Tobacco Use

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
% Adult Smokers	15.0%	10.2%	11.4%	2021	High
% Adolescents Tobacco Use	N/A	15.6%	19.0%	2021	High

Table A3.20: Transportation Options and Transit

Measure	National Benchmark	Maryland Benchmark	Anne Arundel County Data	Most Recent Data Year	Anne Arundel County Need
Traffic Volume	108	163	123	2023	Low
% Drive Alone to Work	72.0%	68.2%	73.6%	2018-2022	High
% Long Commute – Drives Alone	36.0%	49.2%	46.6%	2018-2022	Low

APPENDIX 4 | SECONDARY DATA SUMMARY

The table and graphic below include summaries of potential priority need areas, as identified by the secondary data analysis process, as well as priority areas of need identified by other state, local, and national sources.

Potential Priority Area	Secondary Data Findings	Kennedy Krieger 2022	MedStar Health 2024	Sheppard Pratt 2022	Kaiser Permanente 2022	Luminis Health 2022	Chase Brexton 2021	UM BWMC 2022	SIHIS 2024	MD SHIP	Healthy People 2030
Access to Care	✓	✓	✓	✓	✓			✓	✓	✓	✓
Behavioral Health/Mental Health	✓		✓	✓	✓	✓	✓	✓		✓	
Chronic Diseases			✓			✓	✓	✓	✓	✓	
Substance Use	✓		✓	✓	✓		✓		✓	✓	
Built Environment											
Education		✓									✓
Family, Comm. & Social Support		✓						✓			✓
Food Access & Security			✓			✓					✓
Health Equity/Literacy											✓
Housing and Homelessness			✓		✓						✓
Income and Employment				✓	✓						✓
Maternal & Child Health								✓	✓	✓	
Overweight/Obesity						✓					
Sexual Health					✓						
Transportation			✓	✓	✓						✓
Violence and Safety			✓		✓			✓		✓	✓

APPENDIX 5 | PRIMARY DATA METHODOLOGY AND SOURCES

Primary data were collected through focus groups and the web-based Key Leader and Community Member surveys. The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

Focus Groups

The following five focus groups were conducted virtually or in person between September 12, 2024 and October 29, 2024. These groups included representation from key leaders, non-profit partners, patients, and community members, with nearly 40 participants providing responses.

- Brooklyn Park Community of Hope
- University of Maryland Medical Center (UMM) Population Health
- First Baptist Church of Annapolis
- Anne Arundel County Public Library (AACPL) Staff
- Anne Arundel County Mental Health Agency Staff

The summarized key findings from the focus groups are detailed in the figures below:

Figure A5.1: Health and Social Concerns

Mental Health
- Provider shortages & long wait times
- Lack of culturally and linguistically diverse providers
- Stigma, particularly in Black community & religious organizations

Substance Use
- Connection between mental health and substance use
- Community members are self-medicating
- Addiction is a major concern in public housing

Physical Health
- Chronic diseases such as diabetes and hypertension are prevalent, and onset is being seen at younger ages
- Prevention is hindered by limited preventive and specialty care in the community

Housing & Homelessness
- There is an affordability crisis
- Safety concerns and poor conditions in public housing
- Need for better accessibility for those with disabilities
- Connection between mental health and homelessness

Food Access & Security
- Affordability and availability of healthy foods, especially in low-income communities
- Food deserts in areas throughout the county
- Transportation limits access to food

Communities of Need
- Differences in access to services in urban versus rural environments
- Southern part of county is geographically isolated and lacks transportation
- Brooklyn park residents lack transportation options

Figure A5.2: Access to Care
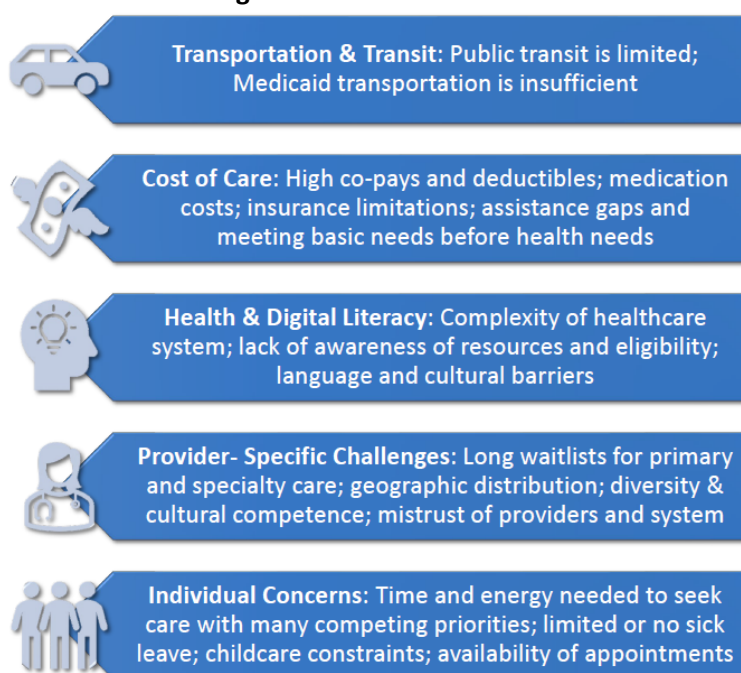
The focus group discussion guide questions are below:

Facilitator Introduction

"Thank you for being a part of today's focus group! My name is [NAME] and I'm here on behalf of [ORGANIZATION]. We are conducting a community health needs assessment to find out more about some of the health and social issues facing residents in Anne Arundel County. The results of this focus group will be used to help health leaders throughout the county develop programs and services to address some of the issues we'll be talking about today. We may record today's discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. We would also like to ask you to fill out this demographic form, so we can understand a little bit more about who is participating in this focus group."

Participant Introductions

1. Please tell us your first name, how long you've lived in Anne Arundel County and something you like about living here.

Health and Wellness

1. What are some of the issues that keep residents in Anne Arundel County from living healthy lives?

2. What are the most serious health problems facing people who live in Anne Arundel County?

    a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?

    b. Are there particular areas in the county that are more affected by these problems than others?

3. Thinking about the health problems you described, what do you think could be done to address these issues?

Social Determinants of Health

1. What are some of the environmental and/or social conditions that affect quality of life for people living in Anne Arundel County?

    a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.

2. Thinking about the social and environmental issues you described, how do you think these issues could be addressed?

Access to Care

1. What are some reasons people in Anne Arundel County do not get health care when they need it? How can these issues be addressed?

2. What do you think about the health-related services that are available in your community, including medical care, dental care and behavioral health care?

    a. Are there enough locations providing these types of care for people who need it?

    b. Can you find medical, dental or behavioral health care within a reasonable timeframe when you need it?

    c. Are your experiences with providers (doctors, dentists, nurses, therapists, emergency personnel, etc.) more positive or negative, and why?

Suggestions

1. What are some of the strengths or community assets in Anne Arundel County that can help residents live healthier lives?

2. What do you think local health leaders should do to improve health and quality of life in Anne Arundel County? What do you want local health leaders to know?

3. What actions can local residents take to help improve the health of the community?

Key Leader Survey

A total of 31 key leaders completed the web-based Key Leader Survey, which was live from August 26th to October 21st, 2024.

Key leaders represented a variety of organizations with geographies throughout Anne Arundel County. Broad categories included:

- Nonprofit partners
- Government officials
- Healthcare providers
- Academic partners
- First responders
- Business leaders

The chart below shows the distribution of Key Leader survey respondents by type of organization. The map below shows the geographic distribution of Key Leader survey respondents based on the ZIP code in which the organization they represent is located.

Figure A5.3: Organization Description and Location
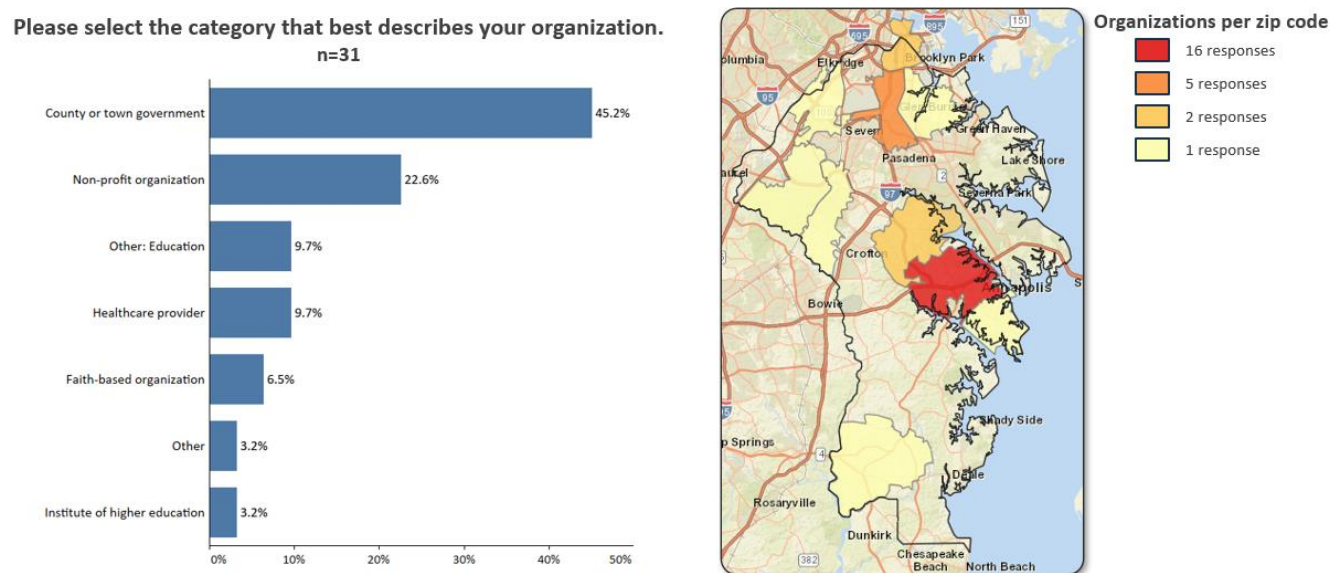
In general, survey questions focused on the following topics:

- Top community health needs of Anne Arundel County
- Top social drivers that impact health
- Availability of community resources
- Access to care (barriers to care and locations of care)
- Health literacy

The key findings from the Key Leader Survey are detailed below:

- Key leaders identified the top 3 health needs of Anne Arundel County as: mental health/suicide, substance/alcohol use and violence.
- Key leaders identified the following areas as having the most impact on health in the community: access to housing and homelessness, family, community and social support, and access to care.
- Key leaders identified cost of care, lack of health insurance, and transportation as the most significant barriers to care.
- Hispanic and Latino residents were identified as the community group in Anne Arundel County most in need of assistance.
- The most common suggestions for improving community health focused on increasing affordable housing, community engagement, affordable healthcare, transportation, and adding more recreational facilities and neighborhood/mobile clinics.

The questions administered via the Key Leader Survey instrument are below:

Dear Community Leader,

Thank you in advance for your participation in this survey, which is being conducted as part of the Anne Arundel County Community Health Needs Assessment (CHNA). Input from community leaders is critical to this assessment.

We have developed these survey questions to assess the perceived health and social needs of residents throughout our community, and to help identify specific groups within the county most in need of additional resources. This survey should take no more than 15 minutes to complete, and your answers are anonymous.

For questions about this survey, contact Ascendient Healthcare Advisors:.

Thank you for your time and participation!

Anne Arundel County 2025 Community Health Needs Assessment
Key Leader Survey

1. **Please select the category that best describes your organization.**

   ☐ Faith-based organization
   ☐ Non-profit organization
   ☐ Media
   ☐ County or town government
   ☐ Institute of higher education
   ☐ Healthcare provider

   ☐ Public – private partnership
   ☐ Community Development Corporation
   ☐ Other (please explain)
   _____

2. **What is the ZIP code of your organization/facility?** _____

3. **What is the name of the organization you work for?** (*Optional)* _____

4. **How do you believe the health of the community you serve has changed over the past three years?** *(Select one option)*

   ☐ Greatly improved
   ☐ Improved
   ☐ No change
   ☐ Worsened
   ☐ Greatly worsened

- [if "Greatly improved" or "Improved"] In what way(s) has the health of the community you serve improved?
- [if "Greatly worsened" or "Worsened"] In what way(s) has the health of the community you serve worsened?

5. **In your opinion, which <u>three (3)</u> of the following need the most improvement within the community you service?** If a need that you feel requires significant improvement is not listed, please select "Other" and write it in *(Please select at most 3 options).*

   ☐ Ability to pay bills
   ☐ Access to affordable housing
   ☐ Access to and ability to maintain stable housing
   ☐ Access to healthy foods
   ☐ Access to public transit (buses, commuter rail, etc.)
   ☐ Access to recreation facilities, parks or playgrounds
   ☐ Access to substance use/alcohol use treatment
   ☐ Affordable childcare

   ☐ Availability of alternative transportation options (biking, walking, carpooling, etc.)
   ☐ Improved air quality
   ☐ Improved water quality
   ☐ Medication/local pharmacy access
   ☐ Reducing homelessness
   ☐ Reducing crime/violence
   ☐ Language/immigrant services
   ☐ Other (please specify)
   _____
   ☐ None of the above

6. **From the list provided, please rank the top <u>three (3)</u> community health needs of Anne Arundel County.** *(Please select at most 3 options)*

   ☐ Accidental injuries
   ☐ Aging concerns
   ☐ Cancer
   ☐ Dental Health
   ☐ Diabetes / high blood sugar
   ☐ Heart Disease/high blood pressure
   ☐ HIV/AIDS
   ☐ Lung disease / asthma / COPD
   ☐ Maternal and infant health
   ☐ Mental Health or suicide

   ☐ Overweight or obesity
   ☐ Sexually transmitted infections
   ☐ Smoking / tobacco use
   ☐ Stroke
   ☐ Substance use (such as alcohol or drugs)
   ☐ Violence
   ☐ Other (please specify)
   _____
   ☐ None of the above

7. **What resources are available in the community you serve to address the top health issues you identified?** *(Optional):* _____

8. **From the list provided, select the top <u>three (3)</u> community social/environmental needs of Anne Arundel County.** *(Please select at most 3 options)*

☐ Ability to pay utility bills
☐ Access to care
☐ Built environment (e.g., walkways, roads, parks, etc.)
☐ Diet and exercise
☐ Education
☐ Employment
☐ Environmental quality
☐ Family, community, and social support
☐ Housing & homelessness
☐ Income

☐ Racial discrimination / language barriers
☐ Quality of healthcare
☐ Safety
☐ Sexual health
☐ Substance use disorders
☐ Tobacco use / vaping
☐ Transportation options and transit
☐ Other (please specify) _____
☐ None of the above

9. **What resources are you aware of in the community you serve to address the top social/economic environmental issues you identified?** *(Optional):* _____

10. **In your opinion, are health and social/environmental needs similar across Anne Arundel County?** *(Select one option)*

☐ Yes
☐ No
☐ Prefer not to say

- [if "No"] Which geographic areas do you feel experience the greatest level of need?

11. **In your opinion, which population sub-group(s) has the greatest need for additional resources within the community you serve?** If a population sub-group that needs additional resources is not listed, please select "Other" and write it in *(Select all that apply)*.

☐ Black/African American community
☐ Children/Youth
☐ Hispanic/Latino community
☐ LGBTQIA+ community
☐ Justice-involved individuals
☐ Persons experiencing homelessness
☐ Persons in poverty
☐ Persons with disabilities

☐ Refugees/Immigrants
☐ Seniors/Elderly
☐ Uninsured population
☐ Women in pregnancy
☐ Young adults
☐ Youth in foster care
☐ Other (please explain) _____
☐ None of the above

12. Please rate each of the following statements for the community you serve (Strongly agree; Agree somewhat; Neither agree nor disagree; Disagree somewhat; Strongly disagree)**:**

☐ Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
☐ Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
☐ There are enough providers accepting Medicaid in the community.
☐ There are enough providers accepting Medicare in the community.
☐ There are enough providers accepting patients without insurance in the community.
☐ There are enough dentists in the community.
☐ There are enough culturally competent healthcare providers in the community.
☐ There are enough mental health providers in the community.
☐ There are enough substance abuse treatment providers in the community.

13. From the list provided, where do you feel most members of the community you serve most often seek medical care? *(Select all that apply)*

☐ Alternative medicine provider (acupuncture, chiropractic, naturopath, etc.)
☐ Community clinic / FQHC
☐ Emergency department
☐ Health department
☐ Hospital / medical campus

☐ Primary care provider (physician, nurse, etc.)
☐ Telehealth or virtual visit
☐ Walk-in or urgent care
☐ They do not seek care
☐ Other (please specify): _____

14. What are the three (3) most significant barriers that keep people in the community you serve from accessing healthcare when they need it? *(Please select at most 3 options)*

☐ Belief that going to the doctor doesn't help
☐ Cannot afford medications
☐ Cannot get an appointment
☐ Cultural / religious beliefs
☐ Do not have childcare
☐ Do not have time in their schedule
☐ Do not know where to go
☐ Do not want to find out that they are sick
☐ They do not understand the information the doctor is providing
☐ Inability to pay for services or copays
☐ Insurance will not cover what they needed

☐ Insurance was not accepted by their health care provider
☐ Lack of adequate transportation
☐ Lack of health insurance
☐ Long wait times
☐ Mistrust of medical professionals
☐ Shortage of healthcare professionals
☐ Stigma associated with going to a doctor
☐ Unable to find a provider that speaks their language
☐ They hope the problem will go away without having to go to the doctor
☐ None / there are no barriers to care

☐ Other (please specify)   ☐ None of the above

15. **Do you feel that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?** *(Select one option)*

    ☐ Yes
    ☐ No
    ☐ Prefer not to answer

16. **What suggestions do you have for health leaders in Anne Arundel County to improve the health and well- being of the community? Please write suggestions below.**

_____

Community Member Web Survey

A total of 637 surveys were completed by individuals living, working or receiving healthcare in the Anne Arundel County community. For the sake of accessibility, the survey was available in both English and Spanish. Approximately 1% of the surveys were completed in Spanish. Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the county. The map below provides additional information on survey respondents' ZIP code of residence.

Figure A5.4: Respondent Zip Code of Residence
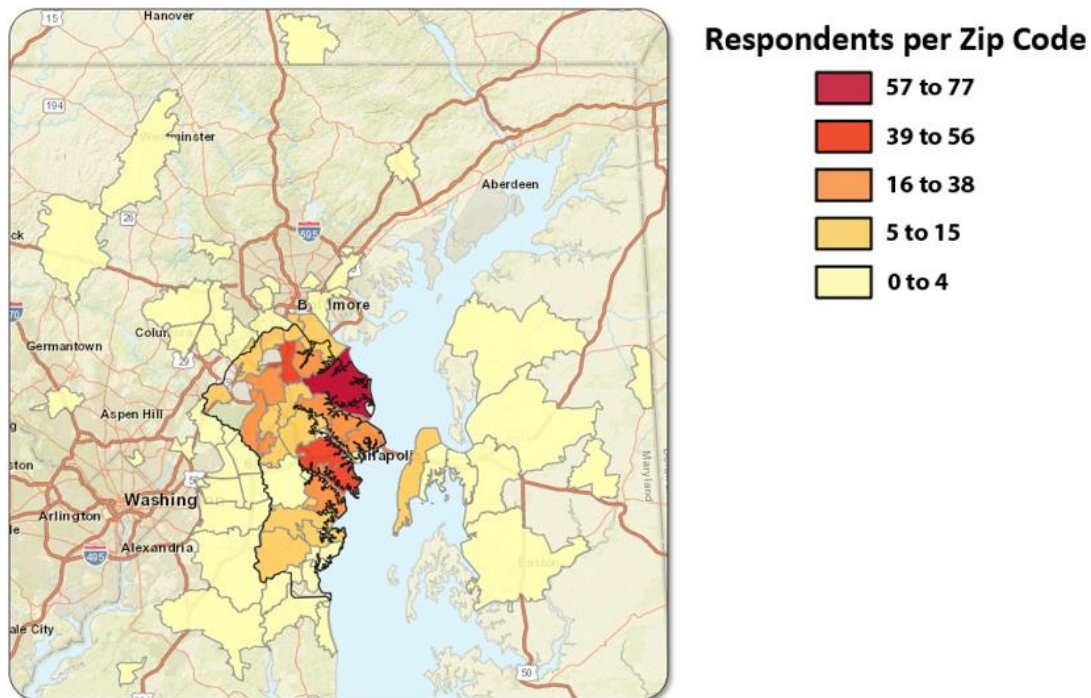
In general, survey questions focused on:

- Community health problems and concerns
- Community social / environmental problems and concerns
- Access and barriers to healthcare
- Food insecurity
- Physical health, mental health & substance use

The key findings from the Community Survey are detailed below:

- Community members identified the top 3 health needs of Anne Arundel County as mental health, aging concerns and obesity.
- Relative to areas that have the most impact on health, community members mentioned: cost, access, housing/homelessness and diet/exercise.
- Community members identified out of pocket costs, lack of insurance and wait times as the largest barriers that delay care.

Information describing the respondents to the Community Member Survey are displayed below:

Figure A5.5: Gender Identity and Age Group
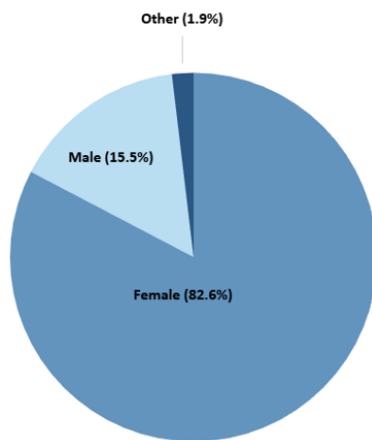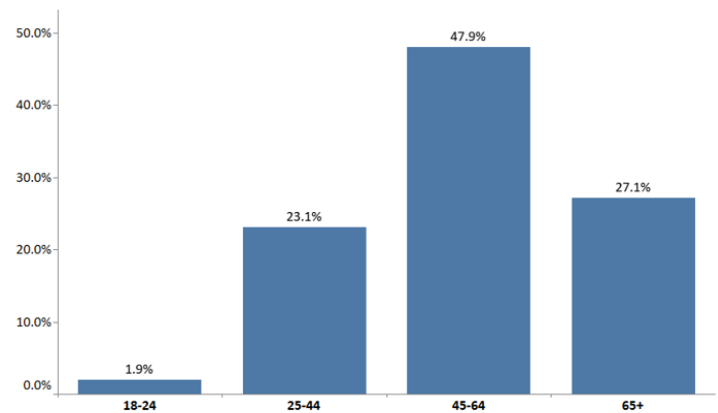
Figure A5.6: Race and Ethnicity
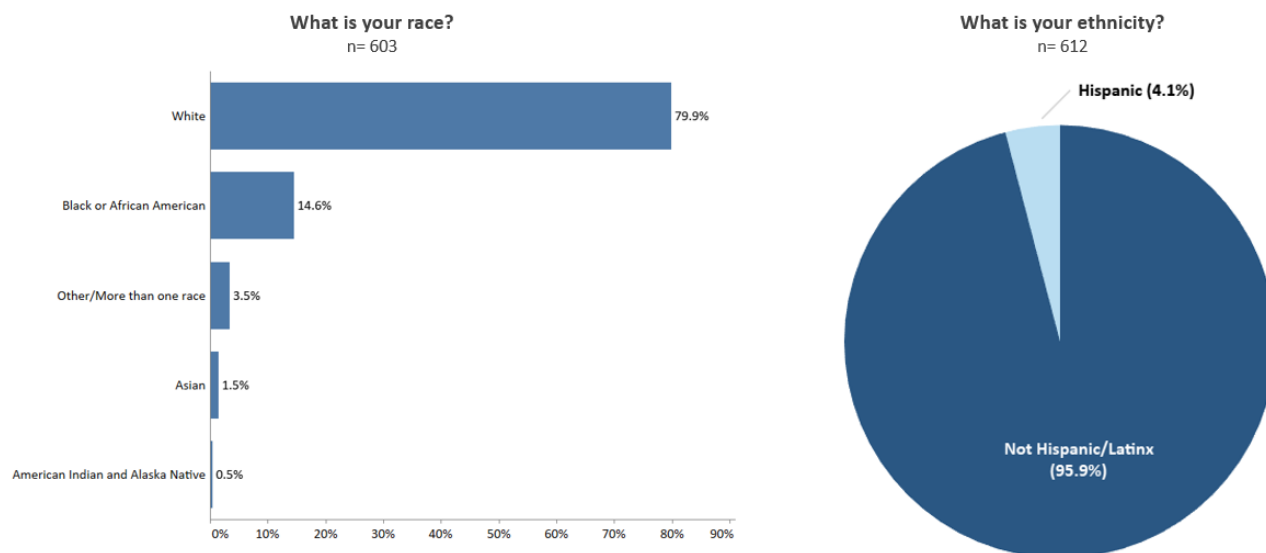
Figure A5.7: Education Level
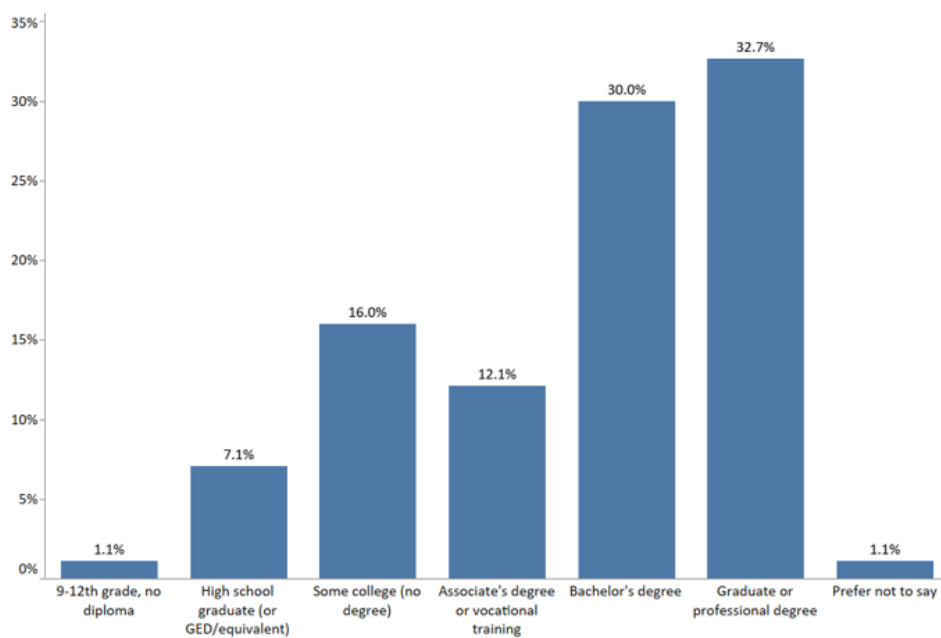
Figure A5.8: Language Spoken at Home
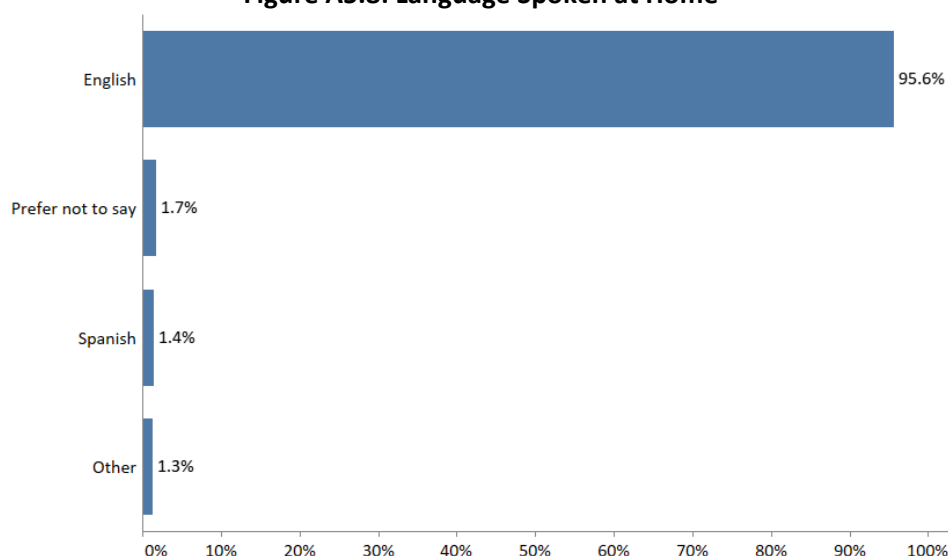
The questions administered via the Anne Arundel County Community Health Needs Assessment Community Member Survey instrument are below:

Dear Community Member,

We invite you to participate in Anne Arundel County's Community Health Needs Survey.
Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in Anne Arundel County. This is not a research survey. It will take less than 10 minutes to complete.

Instructions: you must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated.

For questions about this survey, contact Ascendient Healthcare Advisors.

Thank you for your time and participation!

Anne Arundel County 2025 Community Health Needs Assessment
Community Member Survey

Demographics

1. **What is your ZIP code?** _____

2. **What is your age group?**
    ☐ 18-24
    ☐ 25-44
    ☐ 45-64
    ☐ 65+
    ☐ Prefer not to say

3. **Are you:** (*Select all that apply)*
    ☐ Male
    ☐ Female
    ☐ Transgender, non-binary, or other gender
    ☐ Prefer not to say

4. **Which one of the following describes your race?** (*Select all that apply)*

    ☐ American Indian and Alaska Native
    ☐ Asian
    ☐ Black or African American
    ☐ White
    ☐ Other race (please specify): _____
    ☐ Prefer not to say

5. **Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?**

    ☐ Yes
    ☐ No
    ☐ Prefer not to say

6. **Which language is most often spoken in your home?** *(Select one)*
    ☐ English
    ☐ Spanish
    ☐ Chinese (including Mandarin, Cantonese)
    ☐ Tagalog (including Filipino)
    ☐ Vietnamese
    ☐ Other, please specify: _____
    ☐ Prefer not to say

7. What is the highest grade or year of school you completed? *(Select one)*

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High school graduate (or GED/equivalent)
- ☐ Some college (no degree)
- ☐ Associate's degree or vocational training
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Prefer not to say

Community Health Topics

8. What are the <u>three</u> most important health problems that affect the health of your community?
(Please select up to three)

- ☐ Accidental injuries
- ☐ Aging concerns (such as arthritis or dementia)
- ☐ Cancer
- ☐ Dental Health
- ☐ Diabetes / high blood sugar
- ☐ Heart Disease/high blood pressure
- ☐ HIV/AIDS
- ☐ Lung disease / asthma / COPD
- ☐ Maternal and infant health
- ☐ Mental Health or suicide
- ☐ Overweight or obesity
- ☐ Sexually transmitted infections
- ☐ Smoking / tobacco use
- ☐ Stroke
- ☐ Substance use (such as alcohol or drugs)
- ☐ Violence
- ☐ Other (please specify)
  _____
- ☐ Prefer not to say

9. What are the <u>three</u> most important social or environmental problems that affect the health of your community? *(Please select up to three)*

- ☐ Ability to pay utility bills
- ☐ Access to healthcare
- ☐ Built environment (e.g., sidewalks, roads, parks, etc.)
- ☐ Diet and exercise
- ☐ Education
- ☐ Employment
- ☐ Environmental quality (pollution, air/water quality, etc.)
- ☐ Family, community, and social support
- ☐ Housing & homelessness
- ☐ Income
- ☐ Racial discrimination / language barriers
- ☐ Quality of healthcare
- ☐ Safety
- ☐ Sexual health
- ☐ Substance use disorders
- ☐ Tobacco use / vaping
- ☐ Transportation options and transit
- ☐ Other (please specify):
  _____
- ☐ Prefer not to say

10. What are the <u>three</u> most important reasons people in your community do not get health care?
(*Please select up to three*)

☐ Cost – too expensive/can't pay
☐ Wait is too long
☐ No insurance
☐ No doctor nearby
☐ Lack of transportation
☐ Insurance not accepted

☐ Language barrier
☐ Cultural/religious beliefs
☐ Other (please specify):
_____
☐ Prefer not to say

11. Where do you USUALLY go when you are sick or need advice about your health? *(Select all that apply)*

☐ Doctor's office, clinic or other health center
☐ Urgent care or minute clinic
☐ Hospital emergency room
☐ Local health department

☐ Internet search
☐ Friend or family member
☐ Some other place (please specify): _____
☐ Prefer not to say

12. DURING THE PAST 12 MONTHS (anytime less than on year ago), have you:

☐ Had a routine/annual physical or check-up?
☐ Been to the dentist/dental hygienist?
☐ Been to the eye doctor or optometrist?

Answer options include:

☐ Yes
☐ No
☐ Prefer not to say

13. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? *(Select all that apply)*

☐ Didn't have transportation
☐ You live in a rural area where the distance to the healthcare provider is too far
☐ You were nervous about seeing a healthcare provider
☐ Couldn't get time off work
☐ Couldn't get childcare
☐ You provide care to an adult and could not leave him/her
☐ Couldn't afford the copay
☐ Your deductible was too high/could not afford the deductible
☐ You had to pay out of pocket for some or all of the visit/procedure
☐ I did not delay care for any reason
☐ Other (please specify): _____
☐ Prefer not to say

14. **DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?** *(Select all that apply)*

   ☐ Dental care (including checkups)
   ☐ Emergency care
   ☐ Eyeglasses
   ☐ Follow-up care
   ☐ Mental health care or counseling
   ☐ Prescription medicines
   ☐ To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
   ☐ To see a specialist
   ☐ None of the above
   ☐ Other (please specify): _____
   ☐ Prefer not to say

15. **In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food**

   ☐ Yes
   ☐ No
   ☐ Prefer not to say

16. **In the past year, did you have any of the following assistance needs NOT met?** *(Select all that apply)*

   ☐ Access and safety modifications to your home (ex. Ramp, handrail, etc.)
   ☐ Clothing for yourself and your family
   ☐ Critical house repairs
   ☐ Food for yourself and your family
   ☐ Household goods (furniture, a stove or refrigerator, etc.)
   ☐ Medical or adaptive equipment not covered by Medicaid or private insurance
   ☐ None of the above
   ☐ Prefer not to say

17. **Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how many days DURING THE PAST 30 DAYS was your mental health NOT good? Number of days: _____**

18. **Was there a time in the past 12 months when you needed mental health care or counseling but did not get it at that time?**

   ☐ Yes
   ☐ No
   ☐ Prefer not to say

19. Considering your physical health overall, would you describe your health as…

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor
☐ Prefer not to say

20. How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

☐ Every Day
☐ Some Days
☐ Not at all
☐ Prefer not to say

21. In the past year, have you or a member of your household intentionally misused any form of prescription drugs (e.g., used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

☐ Yes
☐ No
☐ Prefer not to say

Thank you for your participation!

APPENDIX 6 | DETAILED PRIMARY DATA FINDINGS

Focus Groups

Key findings from the focus groups are summarized below.

Community of Hope Interview

On September 12th, 2024, an interview was conducted with a senior leader from Community of Hope, as the originally planned community focus group had limited participation. The interview provided insights from an organization that manages four Communities of Hope around Anne Arundel County, working with over 100 community members.

The interviewee identified economic barriers as fundamental challenges to healthy living, particularly in Brooklyn Park where 70% of residents lack personal transportation. Access to healthy food was highlighted as a critical issue, with limited grocery store options in certain areas. Healthcare access was described as particularly challenging, with no consistent primary care presence in Brooklyn Park and residents often relying on emergency departments or traveling into Baltimore for care. Mental health services were noted as especially lacking, with no local psychiatry services available. Environmental concerns, including tree canopy issues and rat abatement problems, were also identified as affecting community health.

Suggested improvements included expanding mobile health services, implementing practical health education programs, and focusing on root causes of health issues rather than just symptoms. The interviewee emphasized the importance of consistent community engagement and building trust through regular presence in the community. They noted success with mobile food pantries and health screenings but stressed the need for sustainable funding for these programs.

University of Maryland Medical Center (UMM) Focus Group

A virtual focus group was conducted on September 16th, 2024, with 9 participants representing various healthcare roles, including community health advocates, case managers, social workers, and population health professionals.

The group identified chronic disease management, particularly for conditions like COPD and diabetes, as a significant health concern. Access to specialty care was highlighted as a major challenge, with participants noting months-long wait times for appointments in specialties like neurology, hematology, and endocrinology. Primary care access was also identified as an area needing growth. The group discussed significant barriers including transportation challenges, financial constraints due to high copays and deductibles, housing affordability, and medication access issues. Participants noted particular challenges for multicultural and undocumented populations in accessing long-term care. Food insecurity was identified as a persistent issue, with limited delivery options for those using food pantries.

Participants suggested several improvements, including increased funding for preventive care, better coordination among care providers, and expansion of mobile services. They emphasized the need for upstream educational opportunities and policy changes to address eligibility thresholds for assistance programs. The group also highlighted the importance of proactive rather than reactive approaches to healthcare and suggested initiatives to attract more specialty care providers to the area. They noted the positive trend of insurance payors beginning to understand and cover social needs like food assistance.

First Baptist Church of Annapolis Focus Group

A virtual focus group was conducted on October 10th, 2024, with 9 participants representing First Baptist Church of Annapolis and affiliated organizations, including food pantry coordinators, outreach directors, community development leaders, social service workers, and community members.

Participants identified mental health access as a primary concern, noting significant barriers to accessing providers and long waitlists for services. Economic challenges, including employment opportunities, affordable housing, and education access were highlighted as interconnected issues affecting community health. Communication gaps were cited as a major barrier, with many residents unaware of available resources and services. Substance abuse and homelessness were identified as growing concerns, particularly in public housing areas. The group emphasized that young adults lack sufficient activities and engagement opportunities. When it comes to healthcare access, participants noted that trust issues within the Black community significantly impact healthcare utilization, and many residents struggle with understanding medication side effects and healthcare navigation. Transportation barriers and affordability of care were also highlighted as key challenges.

The group suggested several improvements, including better coordination among organizations to maintain an updated resource list, leveraging faith-based organizations for educational purposes, and improving transportation options to health clinics. They emphasized the need for mental health education and destigmatization, particularly within religious organizations and the Black community. The group also noted the importance of addressing the unique mental health needs of the growing LGBTQIA+ community and suggested expanding health screening programs through partnerships with healthcare providers.

Anne Arundel County Public Library (AACPL) Focus Group

A virtual focus group was conducted on October 15th, 2024, with 11 participants representing various library branches and roles within the Anne Arundel County Public Library system, including branch managers, public service specialists, and outreach coordinators.

Participants identified several key health challenges, including access to healthy and fresh foods in areas considered to be food deserts, addiction issues (particularly in Glen Burnie), and barriers faced by undocumented families lacking health insurance. Transportation and walkability were highlighted as significant concerns throughout the county. Digital literacy was noted as a barrier to accessing healthcare information and resources. The group emphasized challenges in public housing areas, including access to grocery stores and healthcare. Time constraints due to work commitments were identified as a major barrier to accessing care, particularly for those working multiple jobs. Mental health awareness and access to preventive care were also noted as significant concerns.

The group suggested several improvements, including expanding community-focused clinics, increasing multilingual resources and services, and addressing food deserts. They emphasized the library's role in supporting community health through food distributions, COVID-19 testing and vaccines, and addressing period and diaper poverty. Participants suggested implementing nurse consultations or telehealth services within libraries and creating more public exercise spaces. They also emphasized the need for better communication about available resources and increased flexibility from employers to allow time for healthcare appointments.

Anne Arundel County Mental Health Agency Focus Group

A virtual focus group was conducted on October 29th, 2024, with 9 participants representing the Anne Arundel County Mental Health Agency, including clinical directors, aftercare specialists, care coordinators, behavioral health specialists, housing specialists, and program coordinators working with various age groups and populations.

The group identified mental health and dementia as primary health concerns, noting these issues are appearing at increasingly younger ages. They highlighted specific challenges around substance use, early-onset chronic conditions like hypertension and diabetes, and obesity. The fragmented nature of care delivery was emphasized as a major issue, with participants noting that many somatic issues aren't identified until patients are out in the community. Social and environmental challenges centered heavily on housing - both affordability and accessibility for those with physical limitations. Transportation emerged as a significant barrier, particularly in South County where there are no bus lines. The group noted that while Medicaid transportation exists, it can't be used for day programs or services that would benefit those with mental illness, and a single appointment can take an entire day.

The group emphasized several gaps in care delivery, including year-long wait lists for primary care providers and mental health services regardless of insurance type. They noted a significant mismatch between provider diversity and community needs, with mental health providers being predominantly white females serving a diverse community. The group suggested empowering departments to think creatively, funding grassroots programs rather than focusing solely on evidence-based approaches, and improving cross-agency collaboration. They also stressed the need for continued education to address mental health stigma and highlighted challenges around health literacy, particularly regarding medication costs and treatment options. Special attention was paid to the growing Hispanic population and their unique challenges in accessing care due to language barriers and documentation status.

Key Leader Survey

Charts detailing key findings from the Key Leader Survey are displayed below:

What is the name of the organization you work for? (n=31)

- Anne Arundel County Public Schools (6)
- Anne Arundel County Department of Health (5)
- Anne Arundel County Department of Social Services (2)
- Luminis Health (2)
- Anne Arundel County Public Libraries (1)
- Arundel Gardens East Association (1)
- Bay Community Health (1)
- Empowering Believers Church Apostolic (1)
- Guadenzia Inc. (1)
- Hope House Treatment Centers (1)
- Housing Commission of Anne Arundel County (1)
- Samaritin Health (1)
- Serenity Sistas (1)
- University of Maryland Baltimore Washington Medical Center (1)
- No Response (6)

Figure A6.1: How do you believe the health of the community you serve has changed over the past 3 years? (n=31)
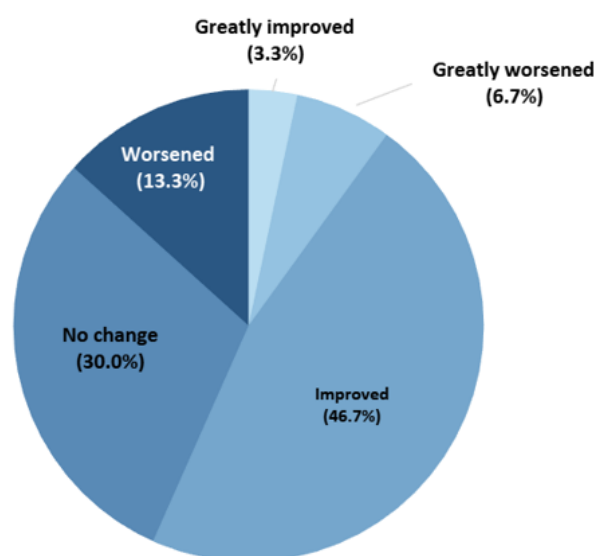
In what way(s) has the health of the community you serve improved?

- "Access to Harm Reduction through gun locks and Narcan throughout the county"
- "Community awareness"
- "Conscious of better food and exercise"
- "COVID vaccination and much fewer COVID deaths"
- "Greater access to care, more community resources, and fewer hospitalizations"
- "Health Equity has been a focal point of county-wide efforts to improve health outcomes. Through the DOH's work surrounding the Community Health Ambassador Programs and Health Equity Forums, many key partners have placed a greater emphasis on placing an equity lens on their work to address and expand the reach of resources to underserved populations."
- "I believe the efforts of the County Health Department and local Organizations/Agencies have had a positive impact and made a difference in peoples lives specifically regarding the Opioid/Fentanyl epidemic."
- "Improved access to mental health services; continued recovery from the Pandemic; improved cancer screening rates"
- "Individuals take an interest in their diet and exercise"
- "Access to Harm Reduction through gun locks and Narcan throughout the county"
- "Mental health"
- "More awareness of mental health, fewer overdoses"
- "More services, better access to services, better discharge planning and improved follow up"
- "Community awareness"
- "Conscious of better food and exercise"
- "New and Improved well and septic systems"
- "More services, better access to services, better discharge planning and improved follow up"
- "More awareness of mental health, fewer overdoses"
- "Overall health has improved due to better access to care and overall knowledge of prevention strategies and access to more resources. Reduced exposure to tobacco use, alcohol consumption, and child undernutrition has contributed to improved health."
- "Recovery"

- "Health Equity has been a focal point of county-wide efforts to improve health outcomes. Through the DOH's work surrounding the Community Health Ambassador Programs and Health Equity Forums, many key partners have placed a greater emphasis on placing an equity lens on their work to address and expand the reach of resources to underserved populations."

In what way(s) has the health of the community you serve worsened?

- "Access to fresh produce decreased because of cost"
- "Mental Health and Physical Health Deterioration"
- "Impact of COVID on MH, impact of limited community services initiatives, difficult to access healthcare provider, cost of living increase"
- "Mental health and high blood pressure"
- "Mental Health and Physical Health Deterioration"
- "Obesity on the rise, mental health on decline."
- "Violence, safety, commercial disruption, communication barriers"
- "Obesity on the rise, mental health on decline."

Figure A6.2: In your opinion, which three of the following need the most improvement within the community you serve? (n=31)

Category	Percentage
Access to healthy foods	58.1%
Access to public transit (buses, commuter rail, etc.)	35.5%
Access to affordable housing	35.5%
Access to and ability to maintain stable housing	32.3%
Ability to pay bills	25.8%
Language/Immigrant services	19.4%
Affordable childcare	19.4%
Reducing crime/violence	16.1%
Other Response	16.1%
Reducing homelessness	9.7%
Medication/local pharmacy access	6.5%
Access to substance use/alcohol use treatment	6.5%
Improved water quality	3.2%
Improved air quality	3.2%
Availability of alternative transportation options (biking, walking, carpooling, etc.)	3.2%
Access to recreation facilities, parks or playgrounds	3.2%

"Other" answers include:

- "Access to behavioral health and medical services"
- "Access to healthcare"
- "Availability to primary care appointments. Takes too long to get access"
- "Exercise"
- "Improved healthcare and cancer screening for undocumented population"

Figure A6.3: Select the top three community health needs of Anne Arundel County (n=31)
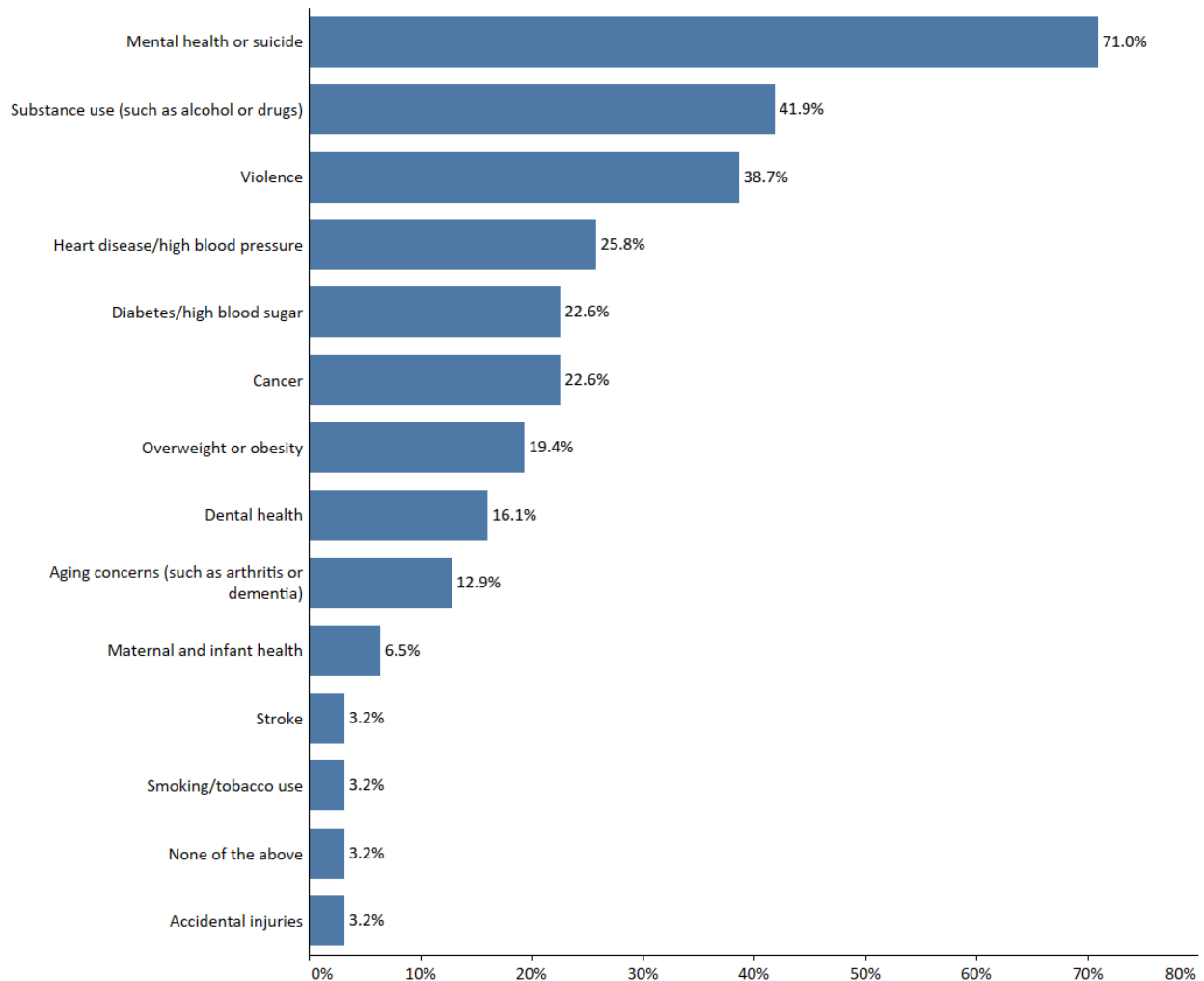
Category	Percentage
Mental health or suicide	71.0%
Substance use (such as alcohol or drugs)	41.9%
Violence	38.7%
Heart disease/high blood pressure	25.8%
Diabetes/high blood sugar	22.6%
Cancer	22.6%
Overweight or obesity	19.4%
Dental health	16.1%
Aging concerns (such as arthritis or dementia)	12.9%
Maternal and infant health	6.5%
Stroke	3.2%
Smoking/tobacco use	3.2%
None of the above	3.2%
Accidental injuries	3.2%

What resources are you aware of in the community you serve to address the top health issues you identified?

- BWMC Diabetes education courses
- OPMH clinics and other MH resources
- Total Health
- Dental clinics
- Thrive, mental health partner
- Gun Violence Interruption Program in Annapolis
- Crisis Response and Treatment beds

- Violence Task Force
- Cure Violence
- McNew
- Community Clinics
- Health Fairs

- Anne Arundel Medical Center
- BWMC and affiliated physicians/outpatient clinics
- AACHD
- Community Coalitions

Figure A6.4: Select the top three community social/environmental needs of Anne Arundel County (n=31)
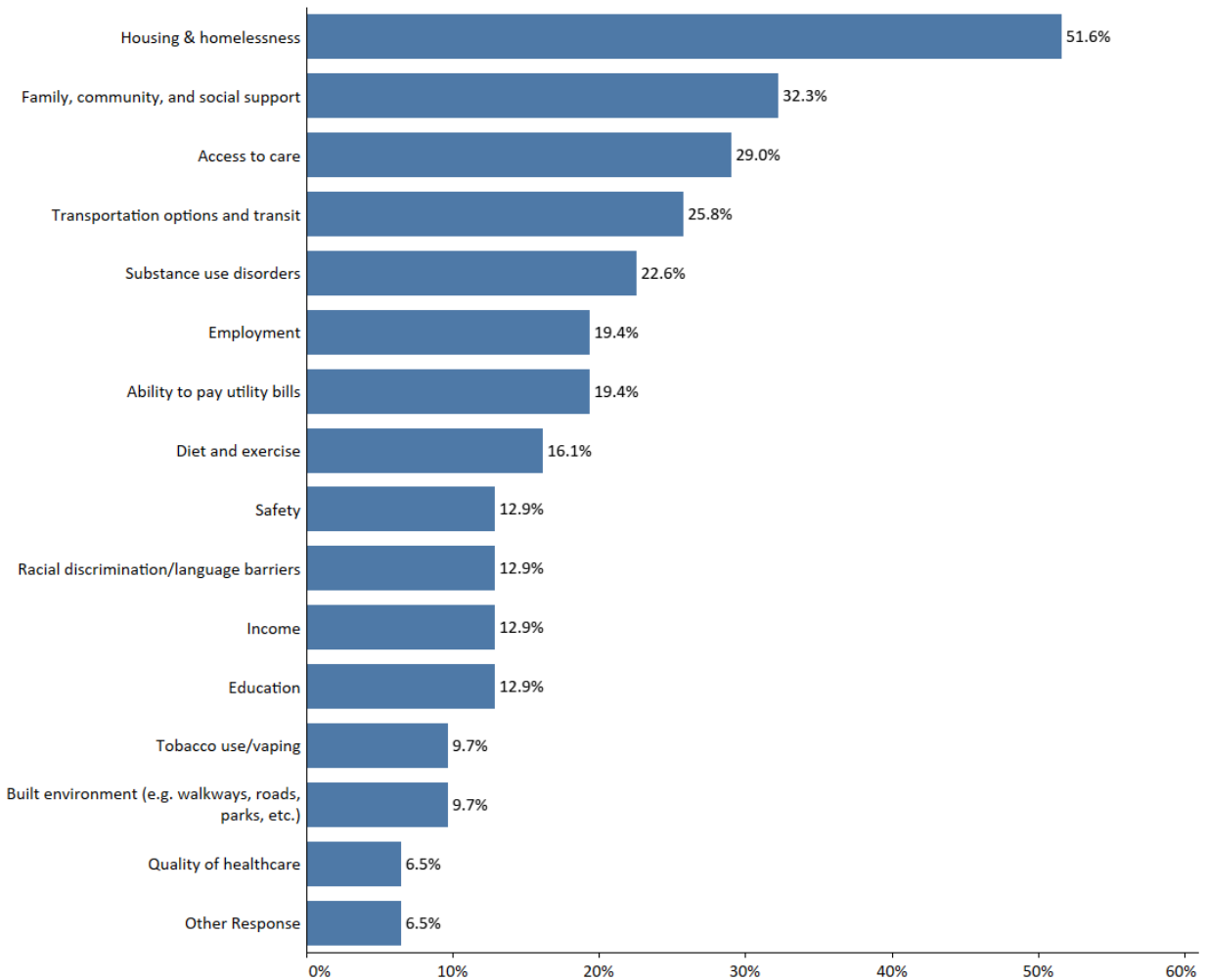
"Other" answers include:

- "Depression, loneliness - especially seniors/elderly"
- "Food deserts/access to food"

What resources are you aware of in the community you serve to address the top social/environmental issues you identified?

- Glen Burnie Medical Clinic
- Housing vouchers
- Homelessness coordination
- Emergency services through ACDS and AACODSS
- Local transportation
- Community Action Agency
- DSS
- Shelters

- Winter relief
- Stanton Center
- After school programs
- Community centers
- AAMC
- BWMC
- AA Department of Health
- Social Services

Figure A6.5: In your opinion, are the health and social/environmental needs similar across Anne Arundel County (n=30)
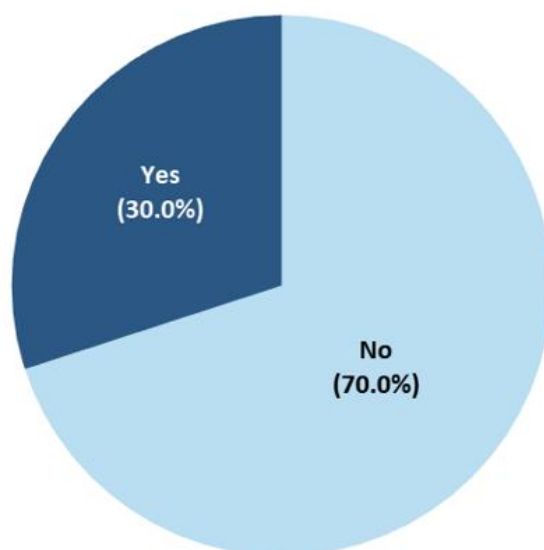
Figure A6.6: Which geographic areas do you feel experience the greatest level of need?

Area	Percentage
North County	19.6%
South County	15.2%
West County	10.9%
Brooklyn Park	10.9%
Annapolis	10.9%
Glen Burnie	6.5%
Underserved/Low income communities	6.5%
Meade	4.3%
Severn	2.2%
Rural areas	2.2%
Northern County	2.2%
Maryland City	2.2%
Lothian	2.2%
Laurel	2.2%
Central County	2.2%
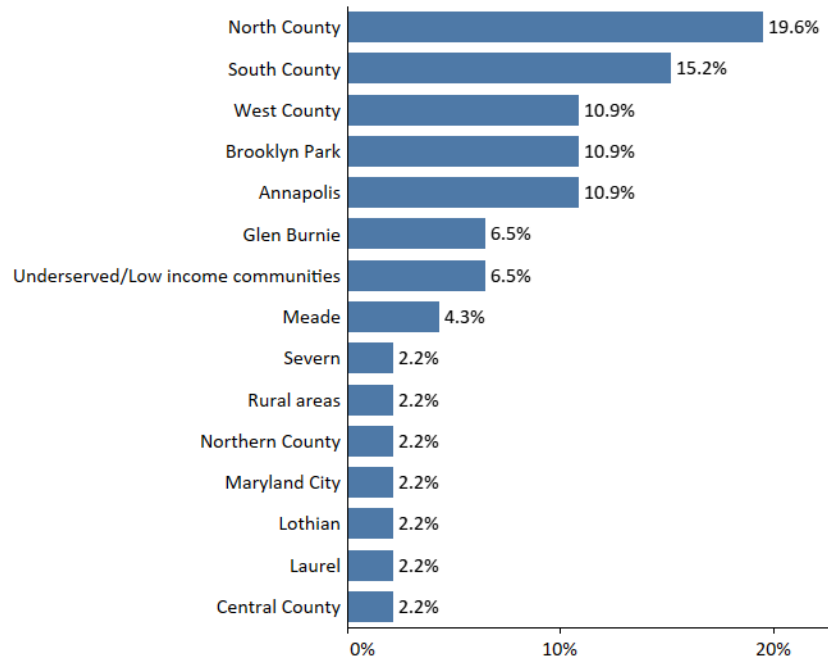
Figure A6.7: In your opinion, which population sub-group(s) has the greatest need for additional resources within the community you serve? (n=31)

Sub-group	Percentage
Hispanic/Latino community	64.5%
Black/African American community	58.1%
Persons in poverty	54.8%
Persons experiencing homelessness	54.8%
Uninsured population	51.6%
Seniors/elderly	41.9%
LGBTQIA+ community	38.7%
Children/youth	32.3%
Refugees/immigrants	29.0%
Persons with disabilities	22.6%
Youth in foster care	19.4%
Young adults	19.4%
Military and veterans	12.9%
Justice-involved individuals	12.9%
Women in pregnancy	6.5%
Other Response	6.5%
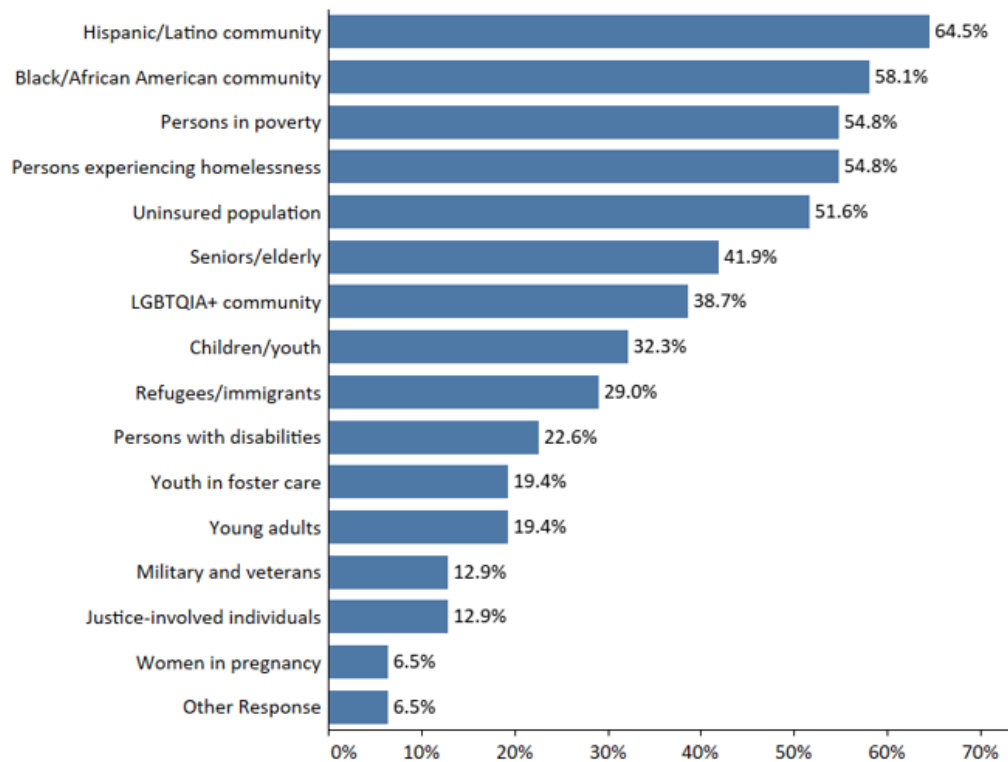
"Other" answers include:

- "All groups have different challenges"
- "Providers who are overworked and overwhelmed and underfunded."

Figure A6.8: Please rate each of the following statements for the community you serve (n=31)

Statement	1 (Strongly Disagree)	2 (Disagree Somewhat)	3 (Neither Agree Nor Disagree)	4 (Agree Somewhat)	5 (Strongly Agree)
Residents can access a healthcare provider when needed.	3%	48%	16%	33%	
Residents can access a medical specialist when needed.	13%	45%	13%	29%	
There are enough providers accepting Medicaid.	34%	28%	34%		
There are enough providers accepting Medicare.	21%	31%	38%	10%	
There are enough providers accepting patients without insurance.	55%	21%	24%		
There are enough dentists.	28%	34%	28%	10%	
There are enough culturally competent healthcare providers.	24%	31%	38%	7%	
There are enough mental health providers.	41%	28%	17%	14%	
There are enough substance use treatment providers.	28%	31%	17%	17%	7%

Figure A6.9: From the list provided, where do you feel members of the community you serve most frequently seek medical care? (n=31)
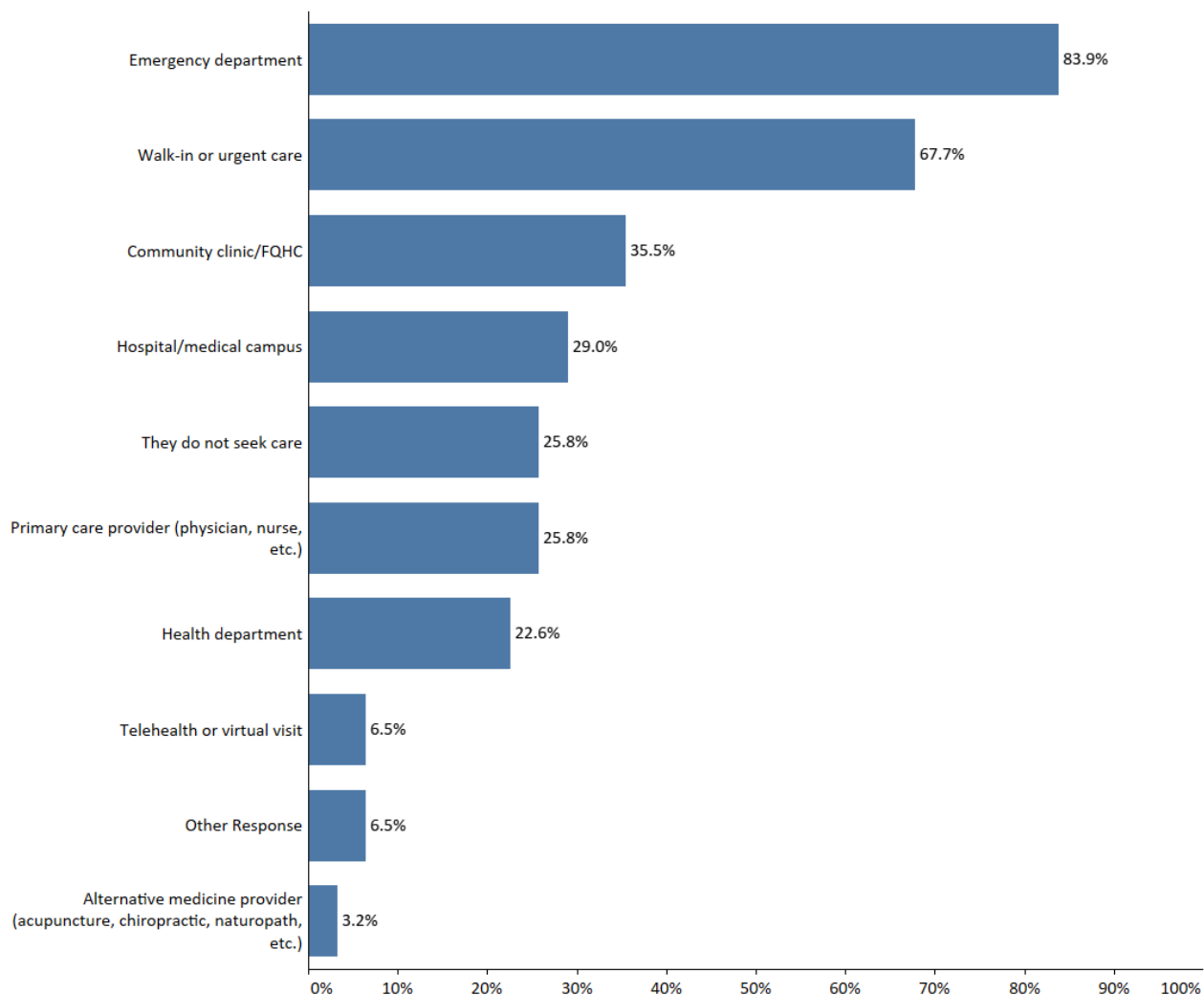
"Other" answers include:

- "Community health fairs that offer screenings many migrants and immigrants use these venues as their annual healthcare visit"
- "Faith community"

Figure A6.10: What are the three most significant barriers that keep people in the community from accessing healthcare when they need it? (n=31)
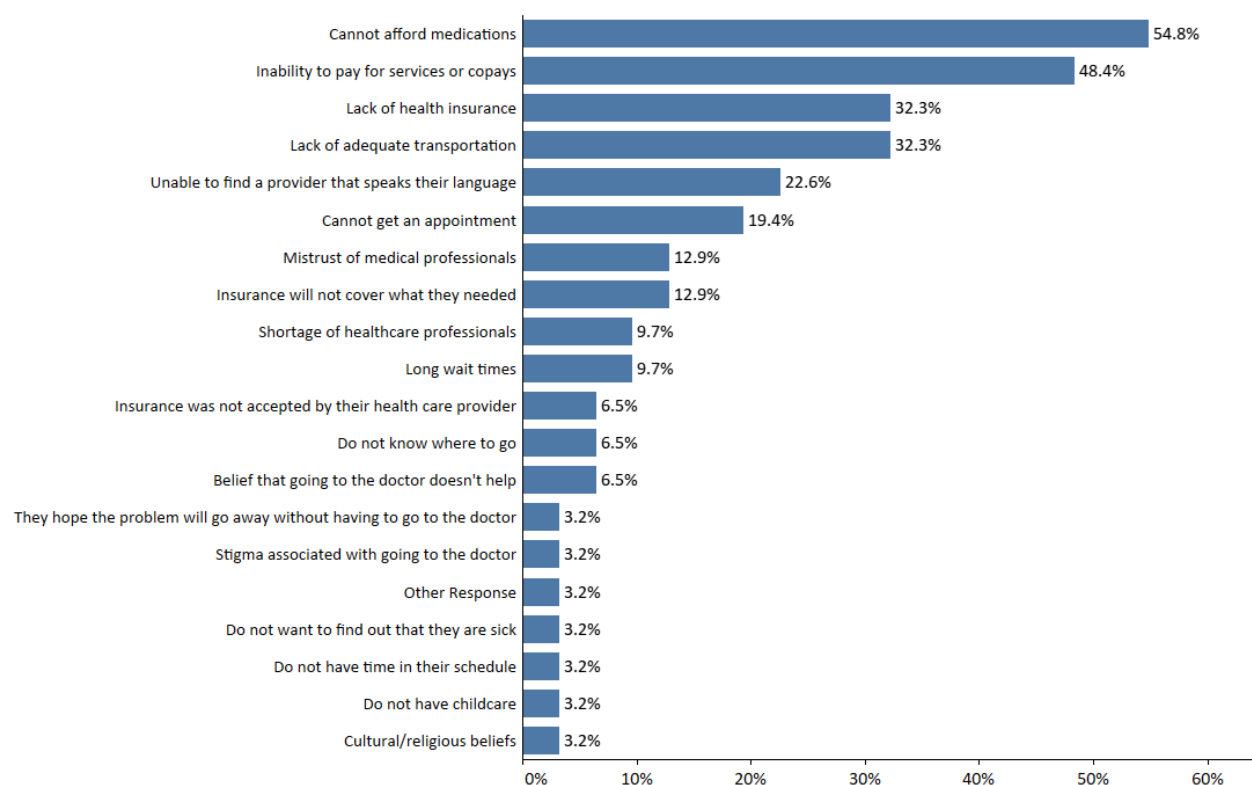
"Other" answers include:

- "Not enough prevent health care-exercise"

Figure A6.11: Do you feel that people in the community you serve are health literate, or able to understand health-related information when it is presented to them? (n=30)

Yes
(53.3%)

No
(46.7%)
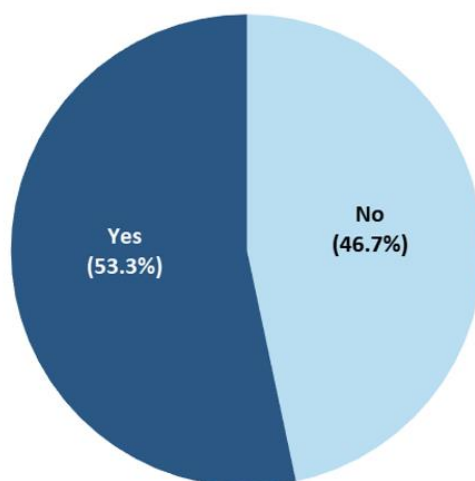
What suggestions do you have for health leaders in Anne Arundel County to improve the health and well-being of the community?

- "A one stop app for referrals to services."
- "Community is growing by leaps and bounds, new apartment complexes, senior living, SNIF's all over the county. We need more access to emergency care and providers in the communities."
- "Continue to share information through variety of sources in easy to understand language."
- "Continuing to provide mobile health clinics at sites where folks have transportation barriers. Offering culturally competent care and offering language translation services when needed. Assisting the community with connecting to reliable primary care physicians"
- "Food deserts need attention in low-income and impoverished areas, Education or lack thereof in schools for STEAM, Zoning needs to enforce building codes especially for newly arrived persons to keep from mistreatment, Juvenile Services inability to deter youth crime, Better legislation for Law enforcement to arrest and convict with more non-lethal training or something like that, Mental health for all ages is needed and defiantly one of the most important, etc..."
- "Hold Dental Clinics. Hold Health Clinics. Outreach work with the hospitals during discharge processes"
- "I think we have numerous resources but our families do not know they exist. Bring more awareness to these resources for the people working with the families daily, would be helpful."
- "I think we are fortunate to live in a progressive County where the Health Department makes a genuine effort to address the needs of its citizens. I believe Anne Arundel County has been a leader that many other Counties could learn from."
- "I would love to see the county encourage more collaboration within the medical and business communities at large. For example, having more PCPs, NPs and PAs who have private practices involved, as well as chambers of commerce."
- "Increased Healthcare Providers across the board"
- "Increased access to Medicare providers. Add transportation to rural parts of the county. Health related Town Halls. Utilize current providers to increase service model(s)"
- "It truly would be great if Community Leaders had a list of providers in each of the regions. I work for the school system and trying to locate information on county and government websites to help my community is

challenging for me. I can't imagine what it is like for others. I truly do not know the various providers on my area"

- "Provide basic services because there are more people who need basic care rather than boutique services for out of pocket payers seeking elective procedures/medications. Expand clientele to Medicaid recipients; those are the people who are in greatest need of care. Build capacity in practices to spend time with patients to educate them on matters related to their health and not just the acute illness. Learn to speak to them in terms they can understand so that they are actual partners in their treatment ann health maintenance, and to secure long-term buy-in for behavioral changes that benefit their health over time."

- "One of the largest needs in our county for older adults is access to care. Many providers do not accept Medicaid, have limited knowledge of geriatric specialties, and many older adults need to access their medical care in Baltimore City. Reliable transportation, medication costs, and a lack of specialty providers that will accept new patients without an 8 month+ waiting period are barriers to care. Older adults in our county have static incomes ($700 SSI and maybe a pension $1500) on average. After they pay rent, utilities, and food, there is little left over to purchase the 15+ different medications they are prescribed. Improving their health outcomes will need both social and clinical wraparound services for this population."

- "Stay connected to the community and its needs."

- "Support the hospitals' workforce development efforts. Better reimbursement for mental health services from payors and Medicaid. Improve screening rates for uninsured, immigrants."

- "Tax incentive for businesses to subsidized fitness, health in business gyms"

- "Continuing to provide mobile health clinics at sites where folks have transportation barriers. Offering culturally competent care and offering language translation services when needed. Assisting the community with connecting to reliable primary care physicians"

- "Transportation and a way to provide insurance for non-documented individuals"

- "I think we have numerous resources but our families do not know they exist. Bring more awareness to these resources for the people working with the families daily, would be helpful."

- "Continue to share information through variety of sources in easy to understand language."

- "Hold Dental Clinics. Hold Health Clinics. Outreach work with the hospitals during discharge processes"

- "A one stop app for referrals to services."

- "Community is growing by leaps and bounds, new apartment complexes, senior living, SNIF's all over the county. We need more access to emergency care and providers in the communities."

- "Support the hospitals' workforce development efforts. Better reimbursement for mental health services from payors and Medicaid. Improve screening rates for uninsured, immigrants."

- "Provide basic services because there are more people who need basic care rather than boutique services for out of pocket payers seeking elective procedures/medications. Expand clientele to Medicaid recipients; those are the people who are in greatest need of care. Build capacity in practices to spend time with patients to educate them on matters related to their health and not just the acute illness. Learn to speak to them in terms they can understand so that they are actual partners in their treatment and health maintenance, and to secure long-term buy-in for behavioral changes that benefit their health over time."

- "We need continuous empowerment and collaboration"

- "Food deserts need attention in low-income and impoverished areas, Education or lack thereof in schools for STEAM, Zoning needs to enforce building codes especially for newly arrived persons to keep from mistreatment, Juvenile Services inability to deter youth crime, Better legislation for Law enforcement to arrest and convict with more non-lethal training or something like that, Mental health for all ages is needed and defiantly one of the most important, etc..."

- "We should begin training high school seniors and trade school students in professional medical interpretation (their source language into English) as a trade to allow these students to earn the service or experience they need to fulfill volunteer requirements if they need it but also for them to have a viable trade skill and employment options should they choose to go to college they can work around their schedule and still pursue their academic dreams realistically without adding more financial burdens to their families."

Community Survey

Charts detailing key findings from the Community Member Survey are displayed below:

Figure A6.12: Age group (n=628)
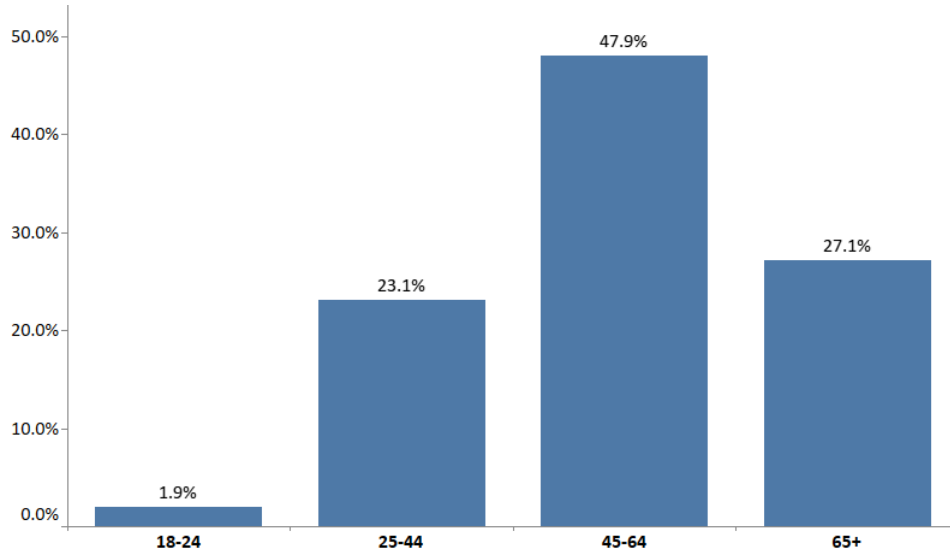
Figure A6.13: Gender (n=634)

Figure A6.14: Race (n=603)

Race	Percentage
White	79.9%
Black or African American	14.6%
Other/More than one race	3.5%
Asian	1.5%
American Indian and Alaska Native	0.5%
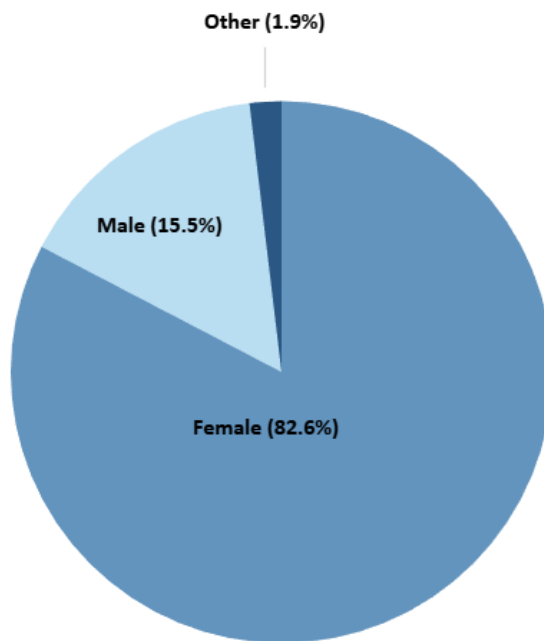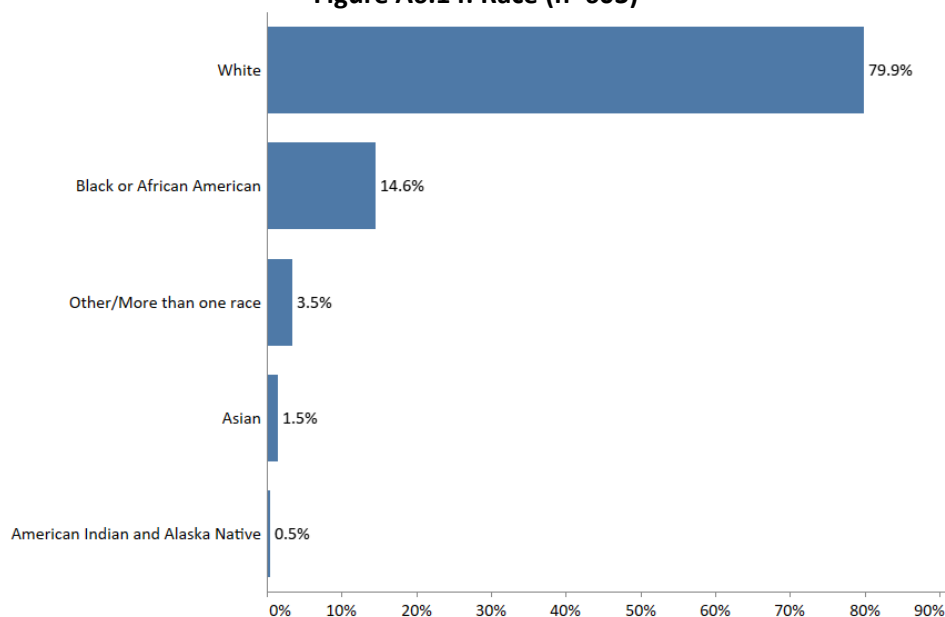
Figure A6.15: Ethnicity (n=602)

Hispanic (4.1%)

Not Hispanic/Latinx (95.9%)
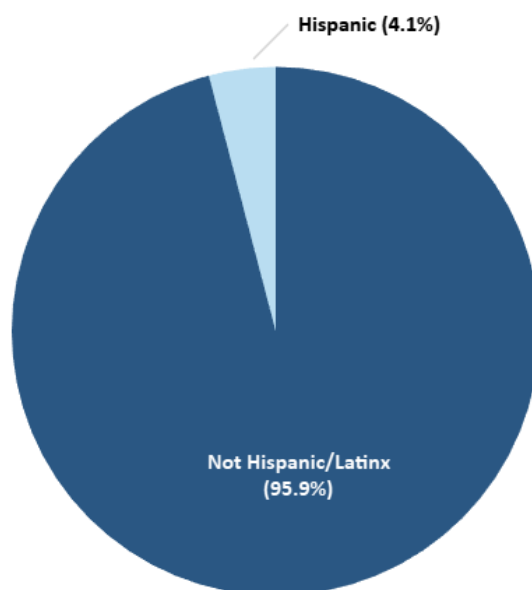
Figure A6.16: Language spoken at home (n=636)
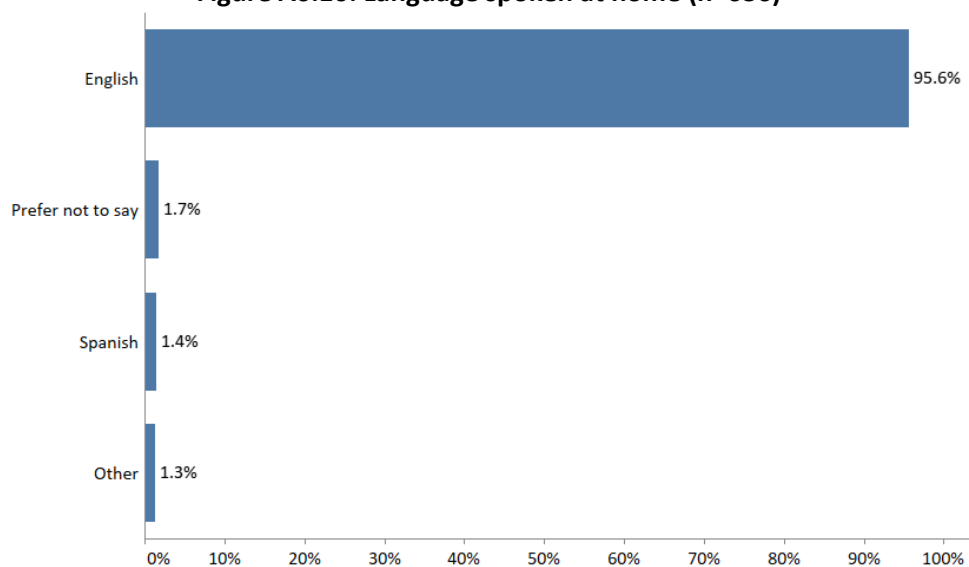
Figure A6.17: Highest level of school completed
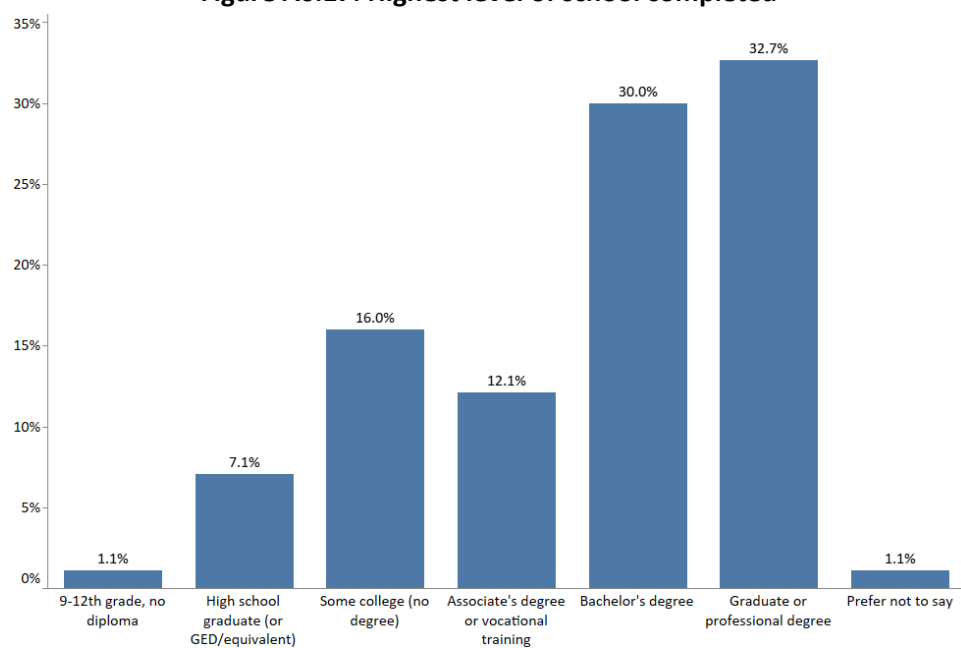
Figure A6.18: What are the three most important health problems that affect the health of your community? (n=633)

Health problem	Percentage
Mental health or suicide	46.3%
Aging concerns (such as arthritis or dementia)	37.6%
Overweight or obesity	36.8%
Heart disease/high blood pressure	31.3%
Cancer	28.9%
Substance use (such as alcohol or drugs)	28.8%
Diabetes/high blood sugar	23.1%
Violence	12.6%
Dental health	12.5%
Accidental injuries	9.8%
Smoking/tobacco use	5.8%
Maternal and infant health	5.1%
Lung disease/asthma/COPD	4.9%
Other Reason	3.2%
Stroke	2.7%
Prefer not to say	1.3%
Sexually transmitted infections	0.5%

"Other" answers include:

- "Access to healthcare"
- "Aging health- womens health"
- "All of the above" (2)
- "Cardiovascular diseases and acute illnesses"
- "Concerned about my aging coworkers who are part-time county employees and do not receive health insurance or other benefits from their jobs"
- "COVID"
- "COVID, health care access"
- "COVID, RSV, flu"
- "COVID; Weird not to have COVID or Long COVID listed."
- "Deteriorating benefits by employer, limited *safe* access to healthful activities (bike use on roadways, etc.)

- "Financial Insecurity"
- "Food inequity"
- "Health problems caused by systemic racism that continues unabated in this county"
- "High cost of care/barriers to get in to establish care with providers"
- "How are you defining community?"
- "Mouth health"
- "Not sure"
- "Overpopulation of illegals who are not vaccinated"
- "Spread of respiratory related contagious cold/flu"

Figure A6.19: What are the three most important health problems that affect the health of your community? (by age)
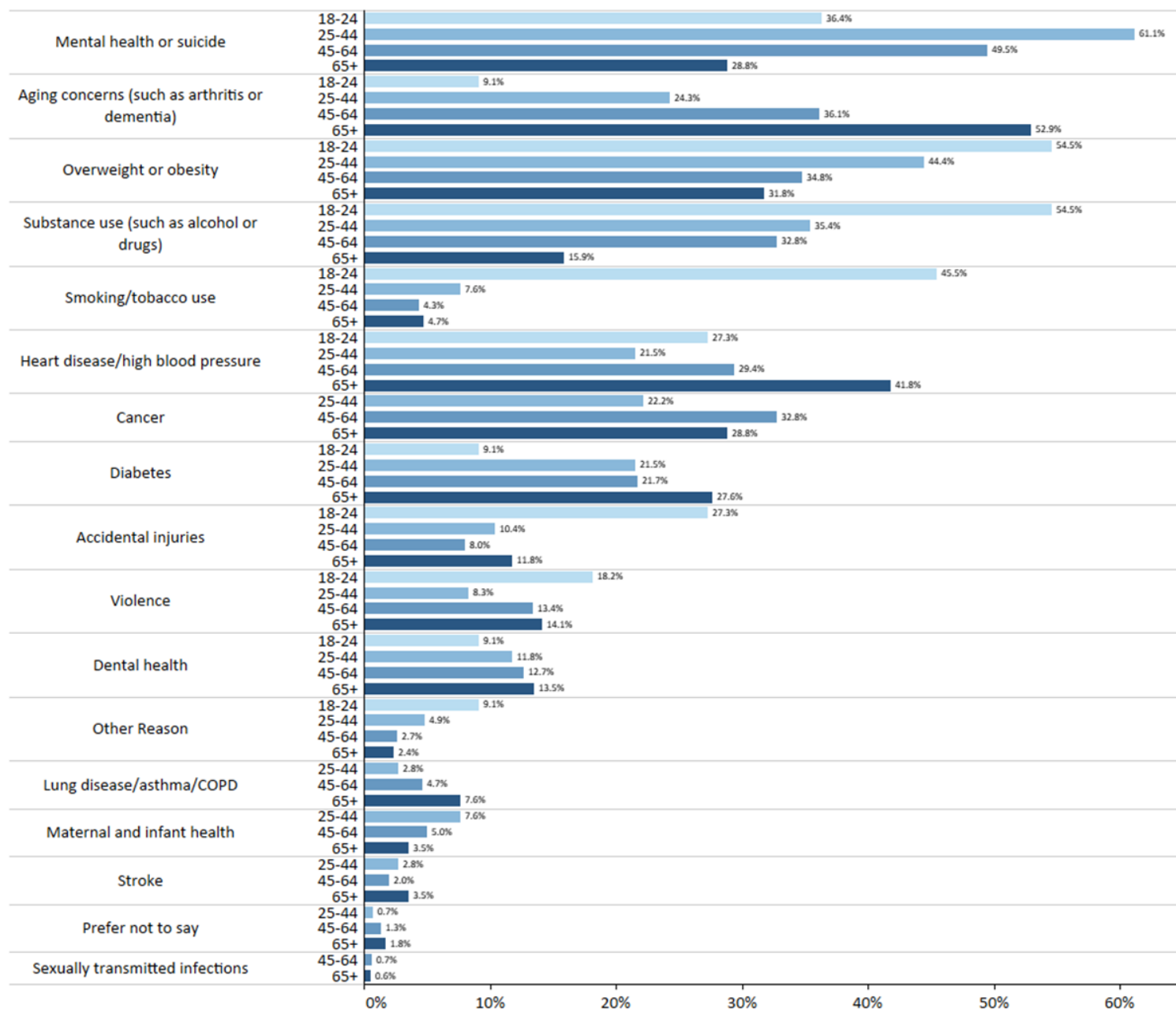
Figure A6.20: What are the three most important health problems that affect the health of your community? (by gender)
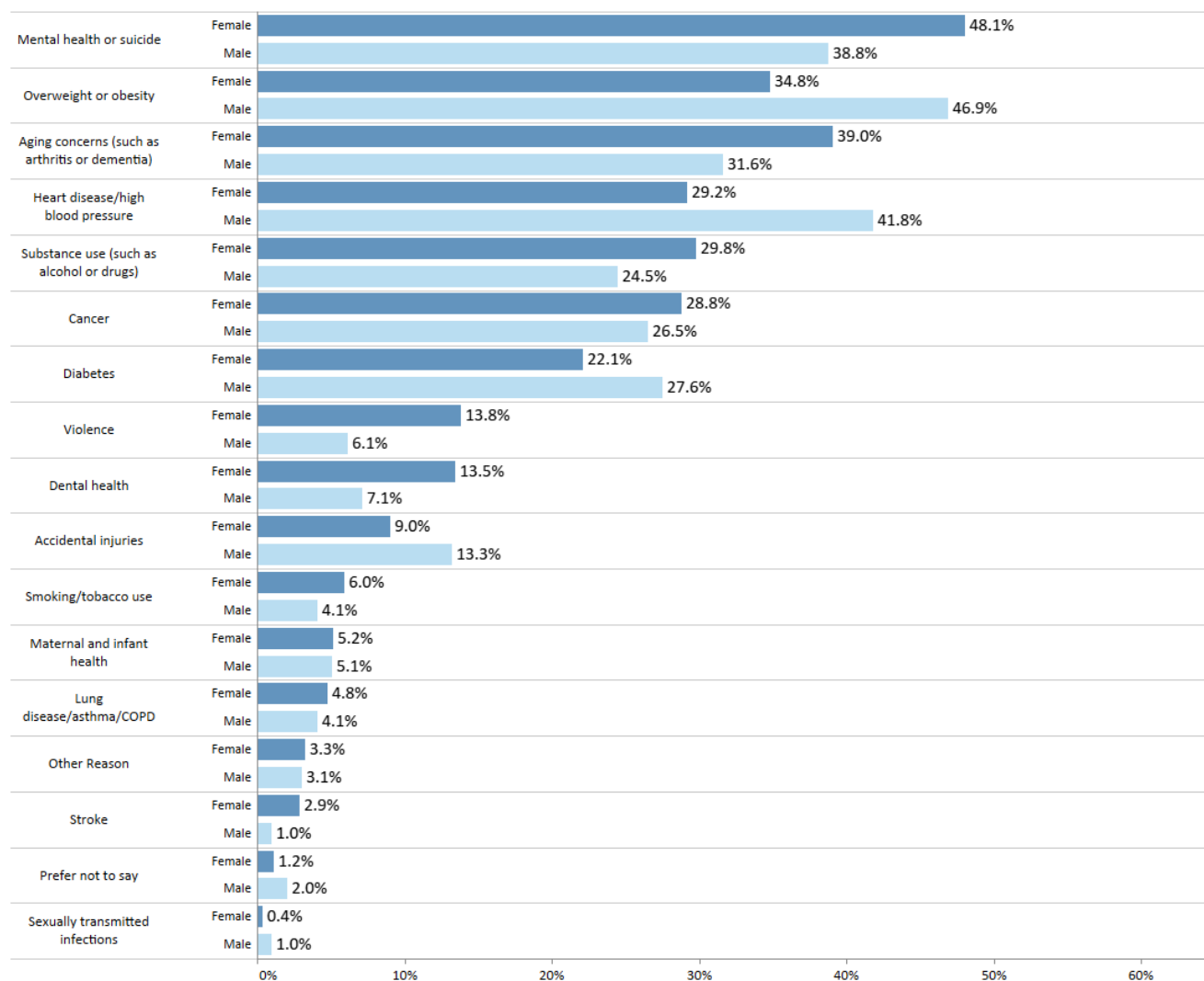
Figure A6.21: What are the three most important health problems that affect the health of your community? (by race)
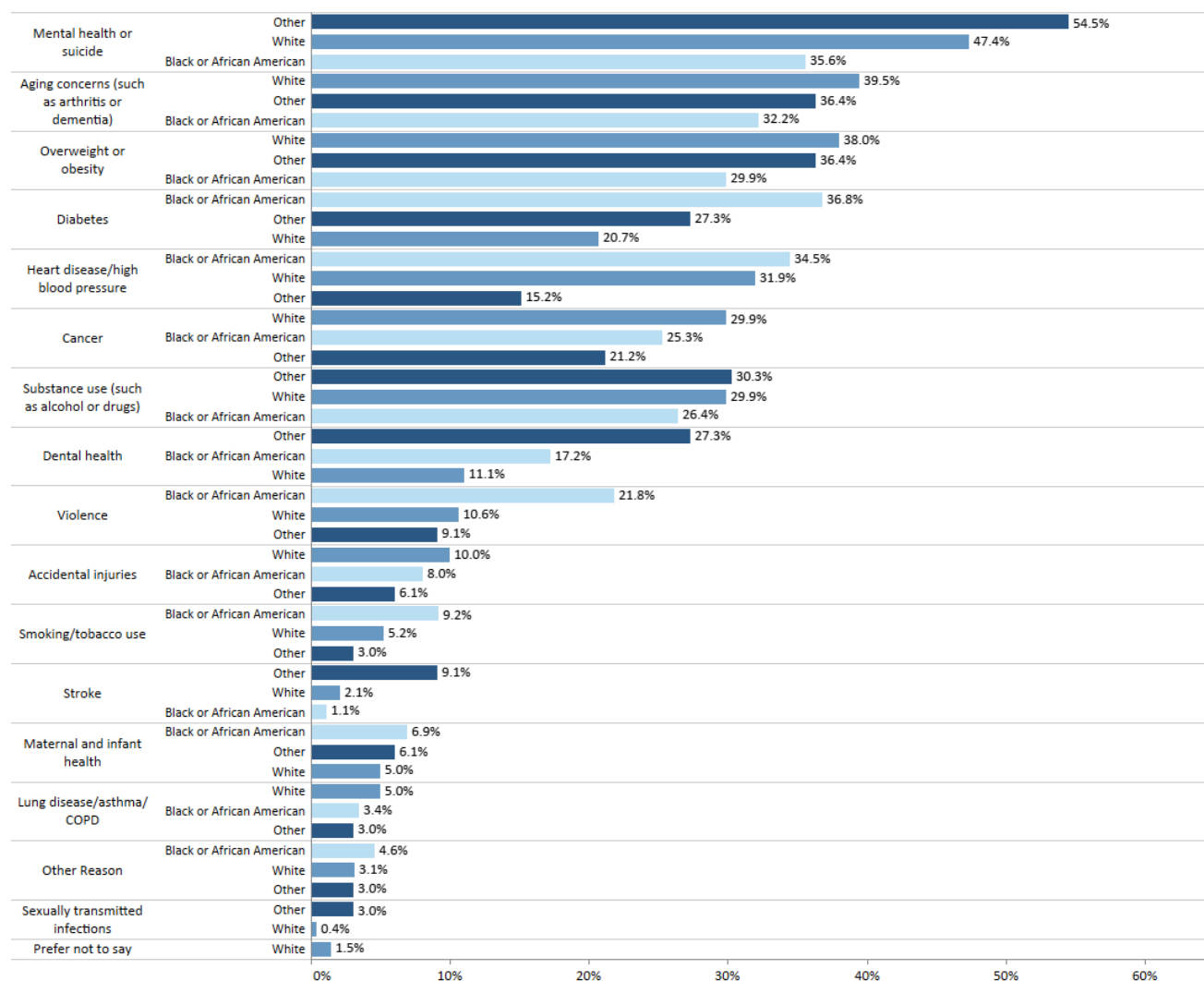
Figure A6.22: What are the three most important health problems that affect the health of your community? (by ethnicity)
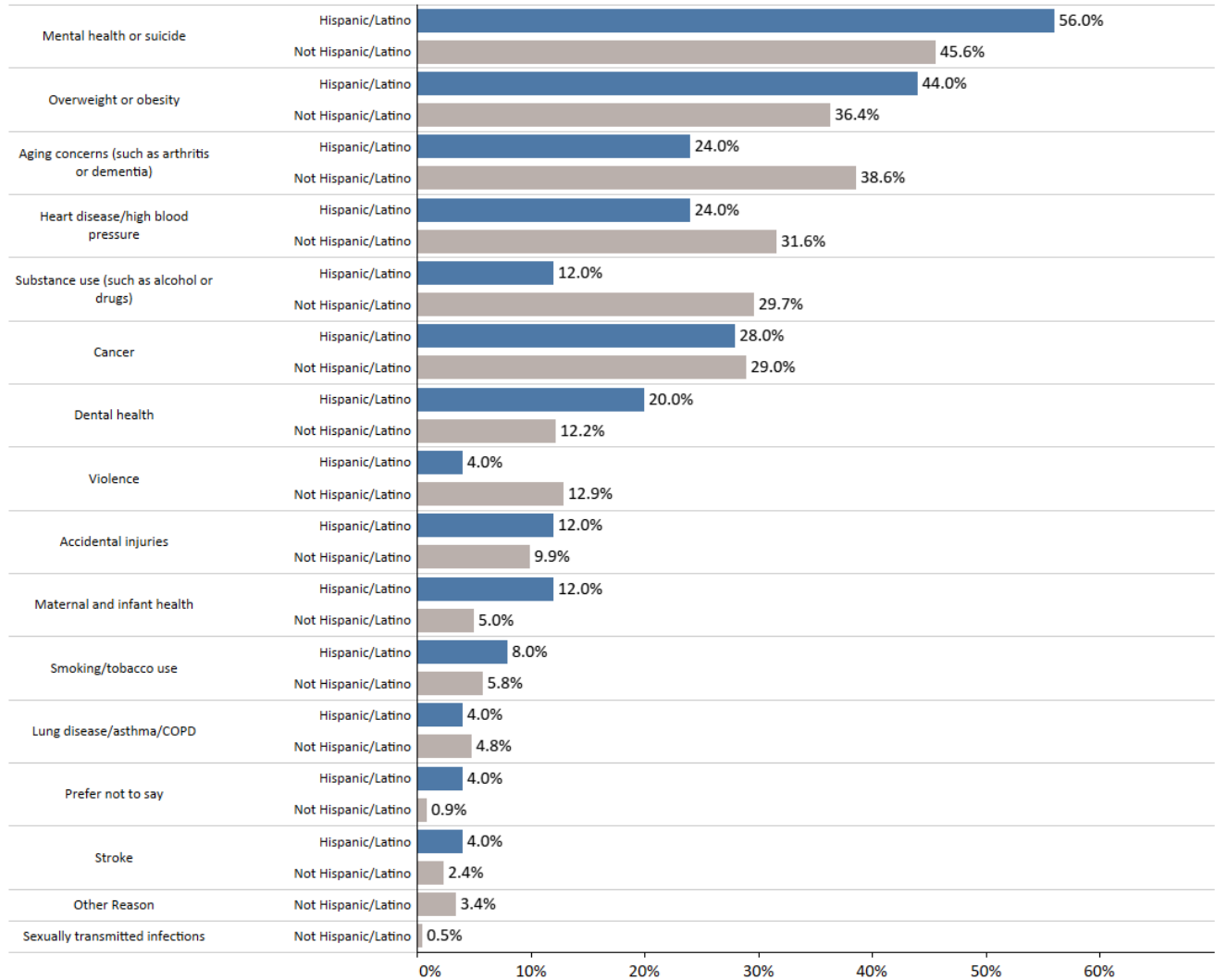
Figure A6.23: What are the three most important social or environmental problems that affect the health of your community? (n=628)
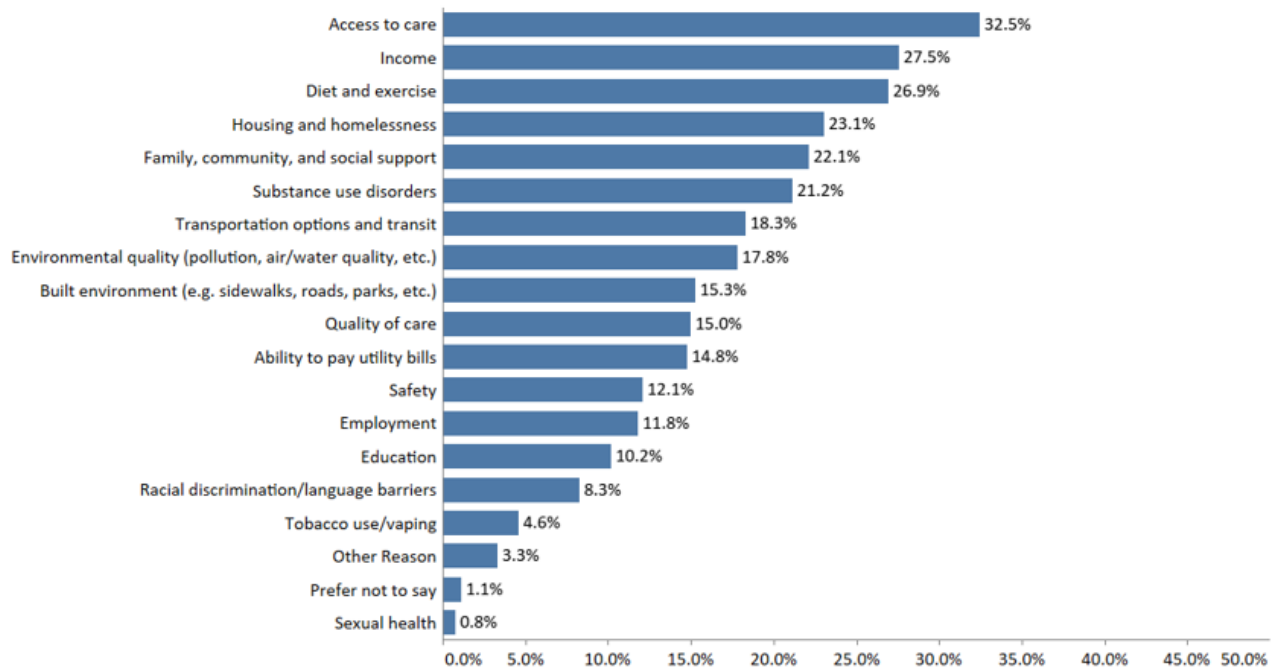
"Other" answers include:

- "All of the above" (2)
- "Cultural events, ie. entertainment"
- "Culturally competent and racially aware family, community and social support"
- "Entirely too many housing developments with way too many people & traffic"
- "Extended length of time for appointments for new patients. Otherwise, I do not believe there is an issue with accessing care in my particular community."
- "Good health insurance coverage"
- "Government"
- "Hard to get a PCP when sick and refer patients to Hospital instead"
- "Lack of politicians respecting laws and putting repeat offenders in jail or punishments"
- "Language barrier"
- "Language barriers. These are NOT related to discrimination. The two are very different"
- "Mental healthcare"
- "Noise pollution, especially traffic noise impacts every one of these quality-of-life issues such as: interference with sleep; psychological distress; unreasonable interference with the enjoyment of life.."
- "Overcrowding of housing adding to traffic"
- "Stigma of mental health"
- "Taxes"
- "Too many police and not enough affordable housing options, good schools, good paying jobs, transportation, etc."
- "Traffic" (2)
- "Unsure"

Figure A6.24: What are the three most important social or environmental problems that affect the health of your community? (by age)

Figure A6.25: What are the three most important social or environmental problems that affect the health of your community? (by gender)

Category	Gender	Percentage
Diet and exercise	Male	40.8%
	Female	24.5%
Access to care	Male	36.7%
	Female	31.7%
Income	Male	28.6%
	Female	28.0%
Housing and homelessness	Female	25.0%
	Male	12.2%
Family, community, and social support	Female	23.5%
	Male	16.3%
Substance use disorders	Male	23.5%
	Female	20.8%
Transportation options and transit	Female	19.4%
	Male	12.2%
Built environment (e.g. sidewalks, roads, parks, etc.)	Male	17.3%
	Female	14.8%
Ability to pay utility bills	Female	16.5%
	Male	7.1%
Safety	Male	15.3%
	Female	11.8%
Quality of care	Female	14.8%
	Male	12.2%
Education	Male	12.2%
	Female	9.7%
Employment	Female	11.5%
	Male	11.2%
Racial discrimination/language barriers	Female	9.1%
	Male	5.1%
Tobacco use/vaping	Male	8.2%
	Female	4.1%
Other Reason	Female	3.5%
	Male	3.1%
Prefer not to say	Female	1.2%
	Male	1.0%
Sexual health	Male	1.0%
	Female	0.8%

Figure A6.26: What are the three most important social or environmental problems that affect the health of your community? (by race)

Category	Race	Value
Access to care	Other	40.6%
	White	32.3%
	Black or African American	29.4%
Housing and homelessness	Black or African American	40.0%
	Other	28.1%
	White	19.9%
Income	Black or African American	38.8%
	Other	34.4%
	White	26.4%
Diet and exercise	White	27.5%
	Other	25.0%
	Black or African American	23.5%
Employment	Black or African American	27.1%
	Other	12.5%
	White	8.6%
Ability to pay utility bills	Other	25.0%
	Black or African American	15.3%
	White	13.8%
Family, community, and social support	Other	25.0%
	White	22.6%
	Black or African American	16.5%
Substance use disorders	White	23.7%
	Black or African American	14.1%
	Other	12.5%
Education	Other	21.9%
	White	10.7%
	Black or African American	3.5%
Racial discrimination/language barriers	Black or African American	20.0%
	White	6.5%
Transportation options and transit	White	18.7%
	Black or African American	16.5%
	Other	15.6%
Built environment (e.g. sidewalks, roads, parks, etc.)	White	16.6%
	Black or African American	9.4%
	Other	9.4%
Quality of care	White	15.3%
	Other	12.5%
	Black or African American	10.6%
Other Reason	Other	6.3%
	Black or African American	3.5%
	White	2.9%
Prefer not to say	White	1.5%
Safety	White	12.6%
	Black or African American	10.6%
	Other	9.4%
Sexual health	Other	3.1%
	White	0.8%
Tobacco use/vaping	Other	6.3%
	Black or African American	4.7%
	White	4.4%

Figure A6.29: What are the three most important social or environmental problems that affect the health of your community? (by ethnicity)

Figure A6.30: What are the three most important reasons people in your community do not get healthcare? (n=627)

"Other" answers include:
- "All of the above" (2)
- "Broken insurance system"
- "Busy, would rather not bother"
- "Cannot opine"
- "Can't get time off of work"
- "Denial"
- "Denial that they need care"
- "Dental care is too much"
- "Do not have data to assess this answer"
- "Doc availability conflicts w/patient availability"
- "Doctor availability for preventative care"
- "Doctors don't give good care anymore. They don't even bother to know who you are or what's wrong with you when you come in the door. Medical mistakes. Poor care. People where I live just won't go rather than to get attitude or poor treatment because they are poor. They won't go"
- "Doctors offices not making it convenient for patients who can not afford to miss work."
- "Doctors or hospitals being unable to provide any helpful care."
- "General lack of trust for doctors"
- "I don't know" / "I'm not sure" (6)
- "Ignoring symptoms or fear of learning a diagnosis"
- "Impact to working parents, time off work"
- "Improper education or belief in the importance of a primary care doctor or the care of common conditions"
- "Insurance won't cover."
- "Lack of affordable self-pay medical goods and services"

- "Lack of continuity of care"
- "Lack of quality healthcare"
- "Local doctors not accepting new patients"
- "Medical misogyny"
- "Mental health care funding, e.g. at AACPS schools, is inconsistent. Some pandemic grants have dried up."
- "Need for someone to go with them"
- "No insurance"
- "Not enough doctors accepting new patients"
- "Nothing"
- "Overwhelmed by diagnoses"
- "Overwhelmed primary care physicians. Difficult or impossible to get timely care"
- "People in my community are able to afford and get healthcare"
- "Political misinformation"
- "Poor availability of vaccines ....ie not available nearby"
- "Poor quality of healthcare; distrust of medical industry complex"
- "Racism"
- "Since the "opioid epidemic", people who are genuinely in need of pain management are treated like junkies, forced to go to multiple additional doctors strictly to address their pain, and often end up undermedicated as a result. This happened very recently to a dear friend of mine who had terminal cancer. He was in SO much pain. His oncologist and PCP refused to rx opiates, forcing him to try multiple "pain mgmt" practitioners. All of these docs were described by my friend as "arrogant pricks". My friend was an extremely kind, patient, and reasonable man, with zero history of any substance abuse in his 73 years of life. He was not a complainer, and very rarely had a negative word to say about anyone. When one is actively undergoing chemo, radiation, surgeries, etc., plus the most basic fact of living with CANCER, which is a physical and emotional wrecking ball, one is already overwhelmed by how many medical appts one must attend & how many difficulties and indignities one must endure. Why would we saddle such people with jumping through hoops at financially-driven pain practices just to obtain a reasonable quality of life vis a vis reducing pain to a minimum via pharmacology? I'm utterly disgusted by what my friend went through while being treated in the general Annapolis AAMC/Luminis Health medical system during the last few months of his life. There was SO much unnecessary suffering involved, especially because his pain was inadequately addressed. There is a greater picture to the very specific example which I've presented here, and it's not ALL about opioids. If I had to sum all of it up, I would add a check box to this survey question with the phrase "Lack of confidence in the healthcare system". And sadly, that lack is a very, very legitimate one."
- "Taking time off work, lack of quality care"
- "The illegals don't conform to our language, or way of life. They expect us to conform to them instead of embracing our way of life."
- "They do"
- "They don't seek care because they are lazy"
- "Too many hoops to jump through and uncertainty about costs"
- "Unaware of this issue in my neighborhood"

Figure A6.31: What are the three most important reasons people in your community do not get healthcare?

(by age)
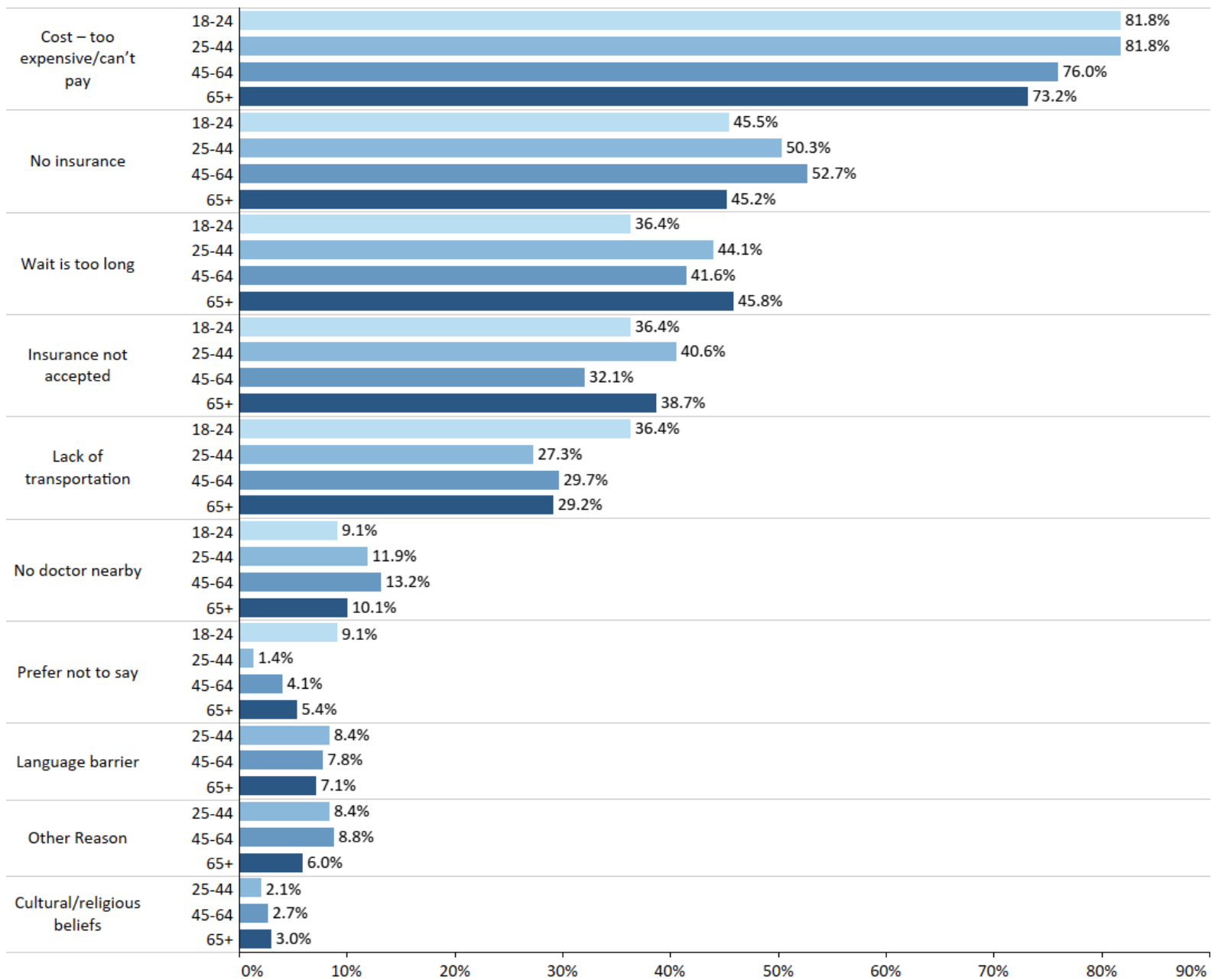
Figure A6.32: What are the three most important reasons people in your community do not get healthcare?
(by gender)
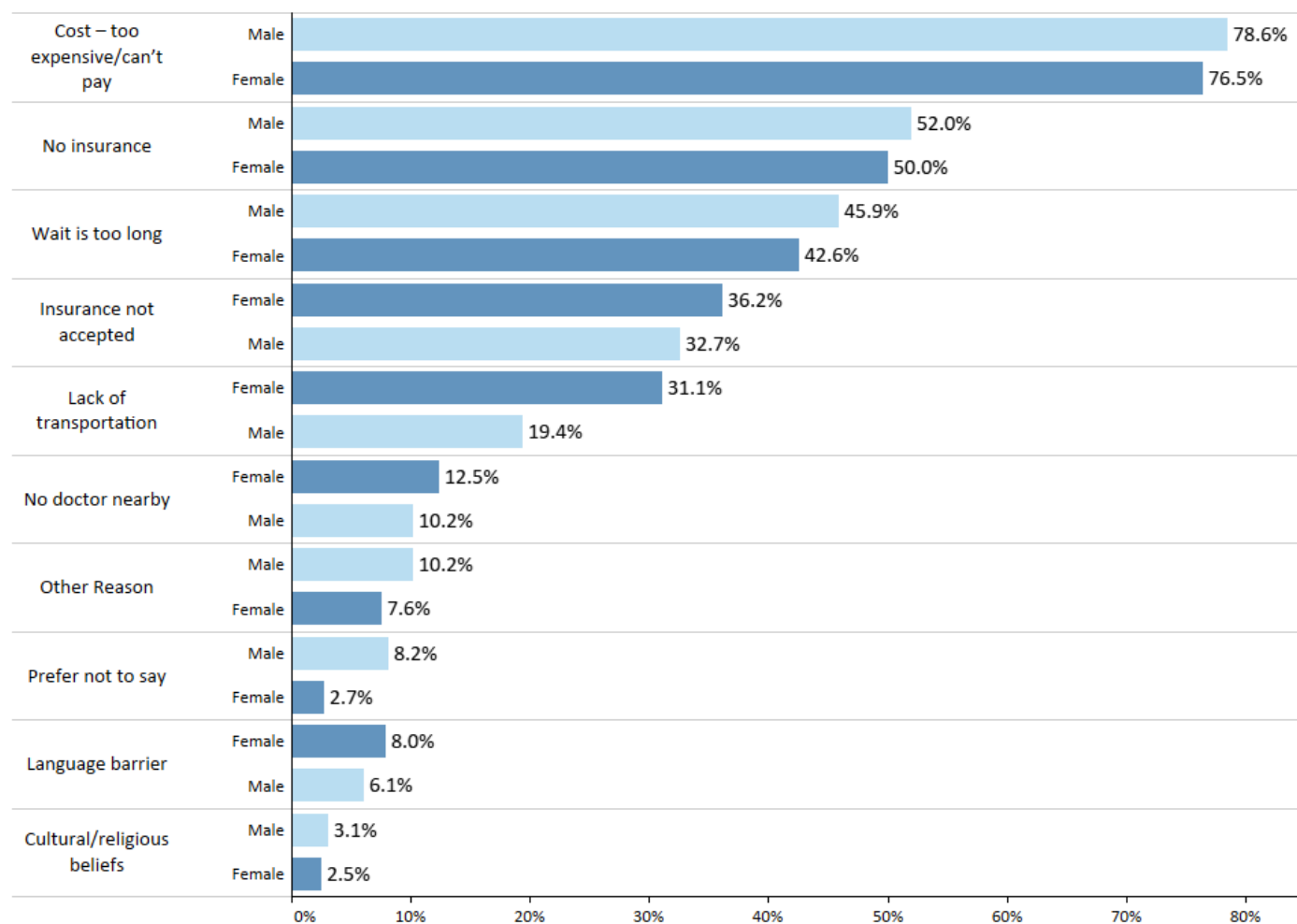
Figure A6.33: What are the three most important reasons people in your community do not get healthcare?
(by race)
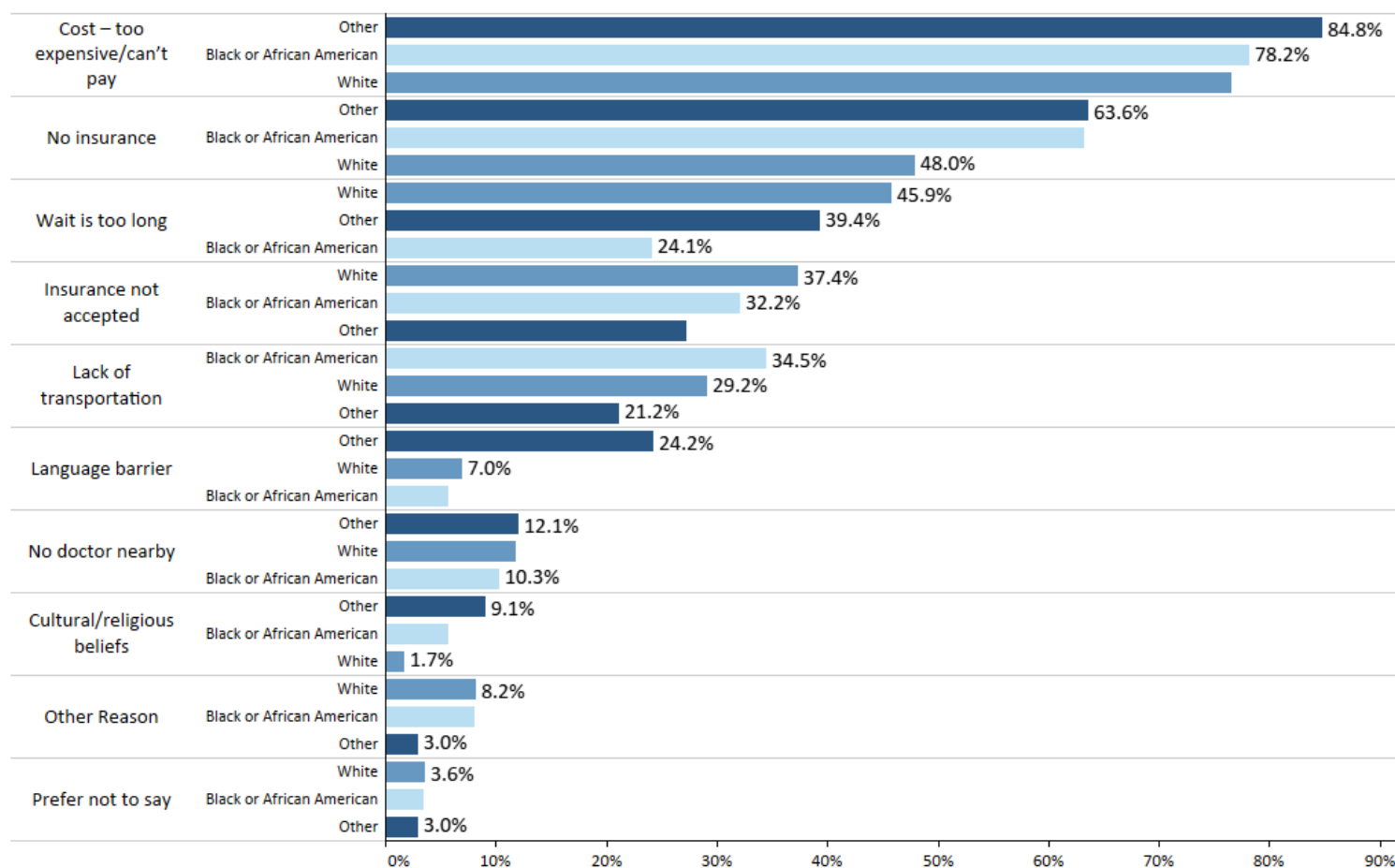
Figure A6.34: What are the three most important reasons people in your community do not get healthcare?
(by ethnicity)

Reason	Ethnicity	Percentage
Cost – too expensive/can't pay	Not Hispanic/Latino	77.0%
	Hispanic/Latino	73.9%
No insurance	Hispanic/Latino	60.9%
	Not Hispanic/Latino	50.1%
Wait is too long	Not Hispanic/Latino	43.5%
	Hispanic/Latino	26.1%
Lack of transportation	Hispanic/Latino	39.1%
	Not Hispanic/Latino	28.8%
Insurance not accepted	Not Hispanic/Latino	36.4%
	Hispanic/Latino	26.1%
Language barrier	Hispanic/Latino	30.4%
	Not Hispanic/Latino	6.7%
No doctor nearby	Not Hispanic/Latino	11.7%
	Hispanic/Latino	4.3%
Other Reason	Not Hispanic/Latino	8.1%
	Hispanic/Latino	4.3%
Prefer not to say	Hispanic/Latino	4.3%
	Not Hispanic/Latino	3.8%
Cultural/religious beliefs	Not Hispanic/Latino	2.6%

Figure A6.35: Where do you usually go when you are sick or need advice about your health? (n=634)
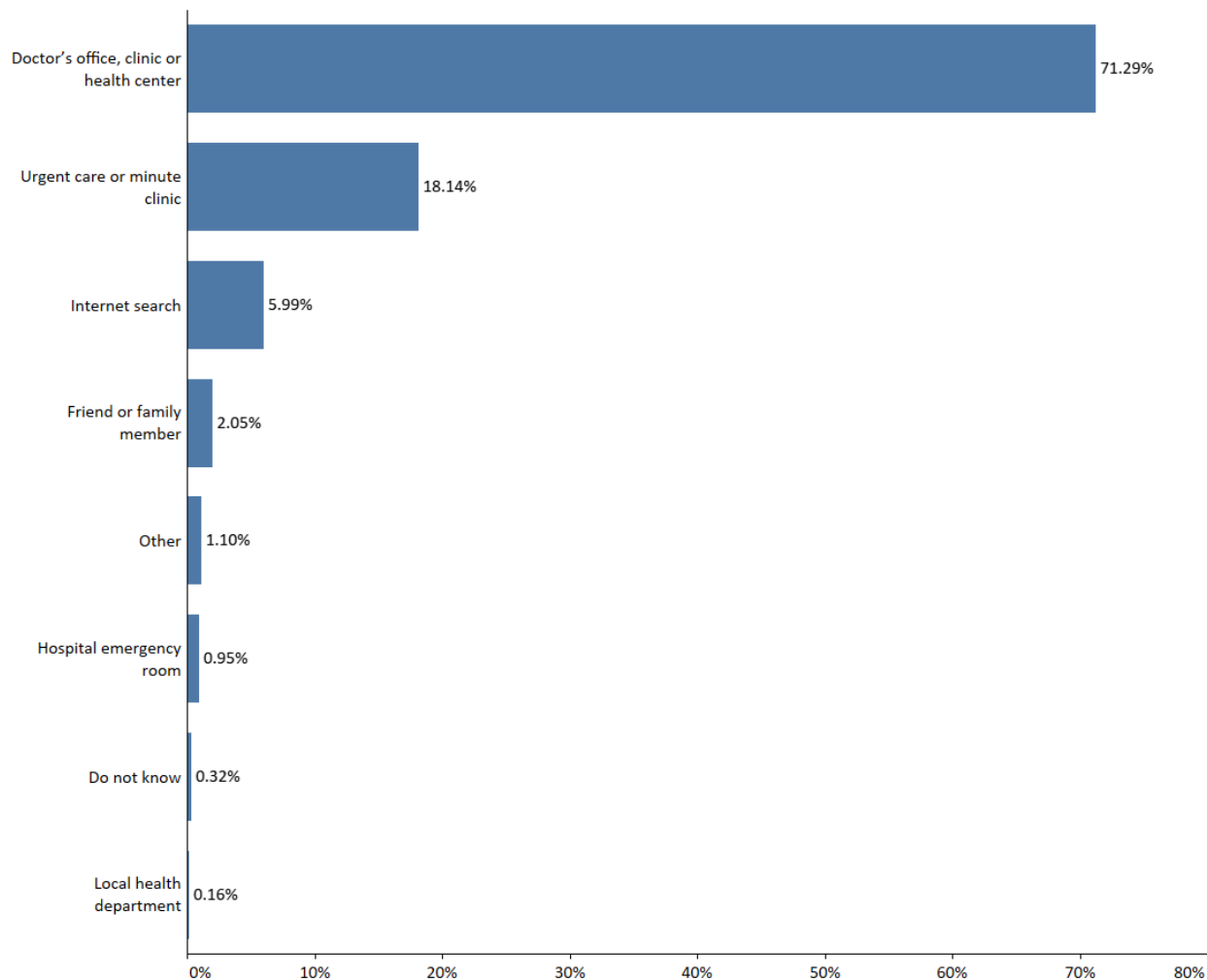
Figure A6.36: Where do you usually go when you are sick or need advice about your health? (by age)
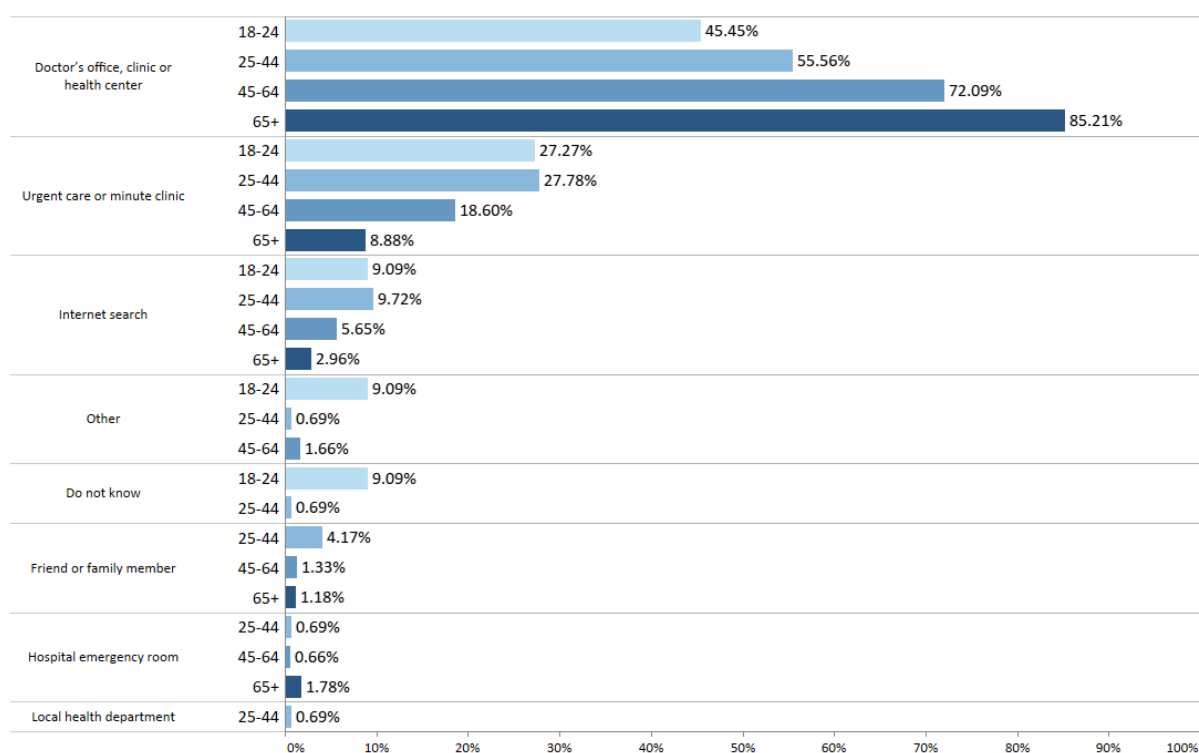
Figure A6.37: Where do you usually go when you are sick or need advice about your health?
(by gender)
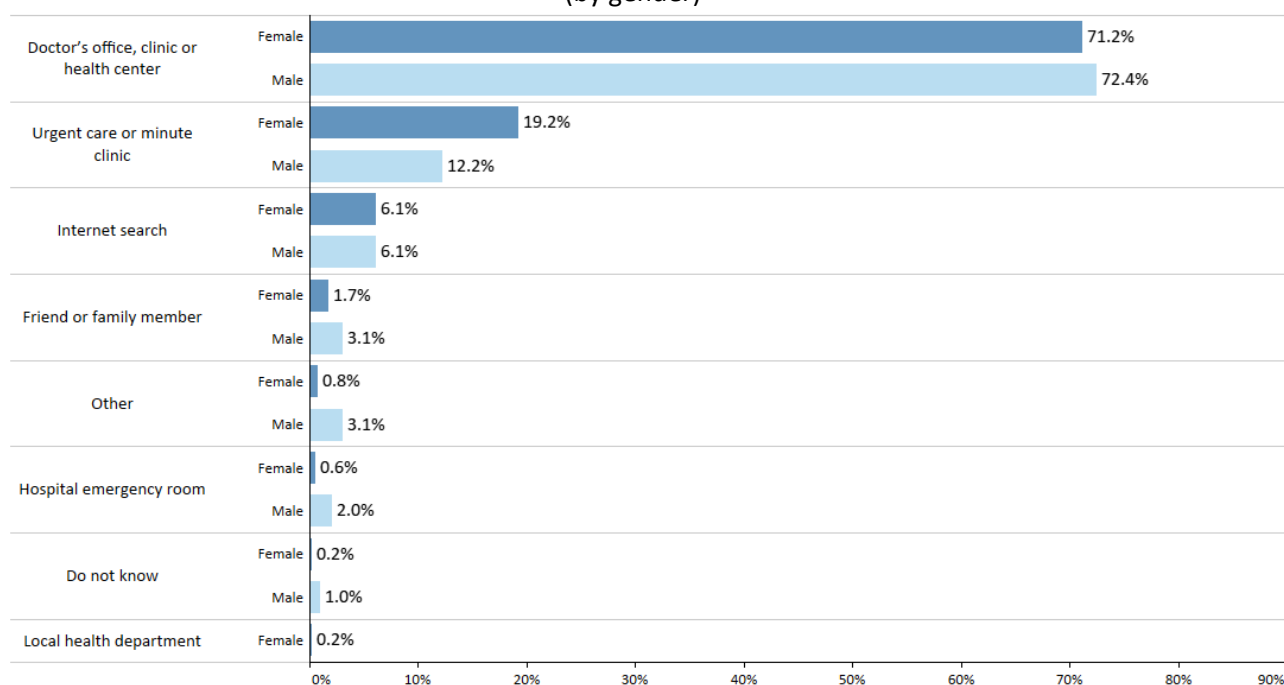
Figure A6.38: Where do you usually go when you are sick or need advice about your health? (by race)
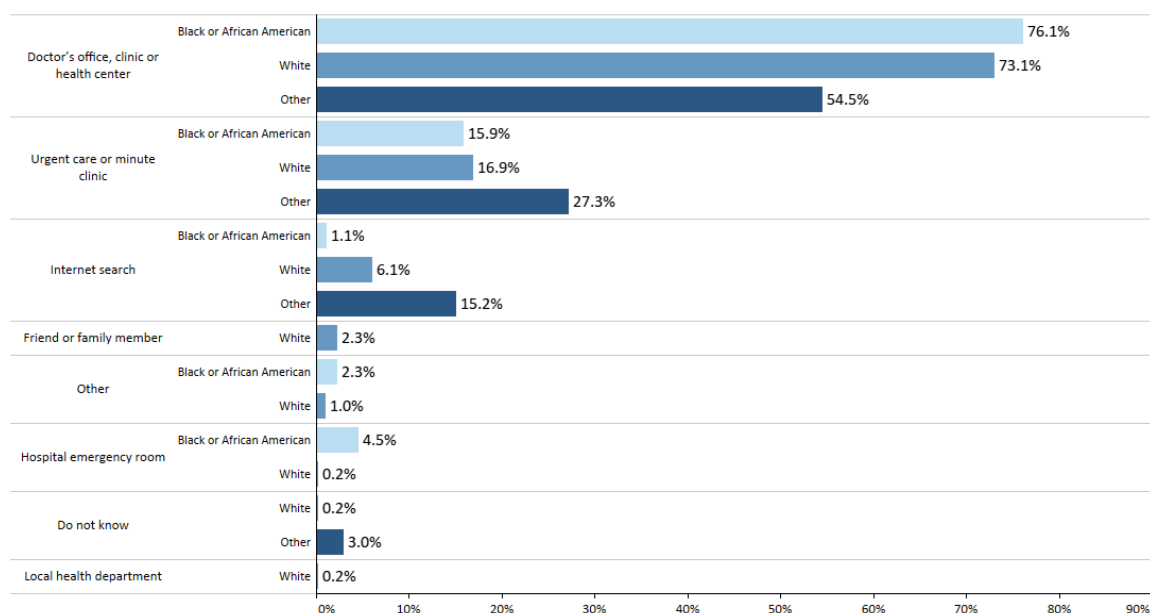
Figure A6.39: Where do you usually go when you are sick or need advice about your health? (by ethnicity)
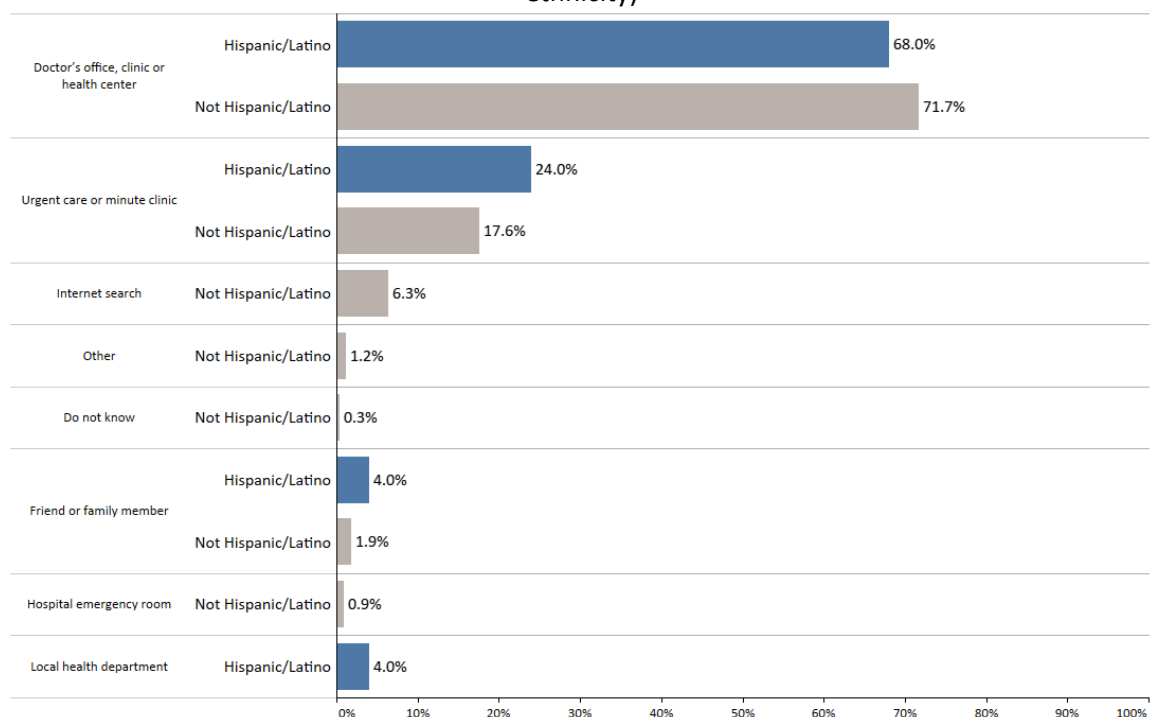
Figure A6.40: During the past 12 months have you:

Had routine/annual physical or check-up?
n= 635

No (14.5%)
Prefer not to say (0.6%)
Yes (84.9%)

Been to the dentist/dental hygienist?
n= 633

No (20.7%)
Prefer not to say (0.5%)
Yes (78.8%)

Been to the eye doctor or optometrist?
n= 635

No (29.3%)
Prefer not to say (0.2%)
Yes (70.6%)
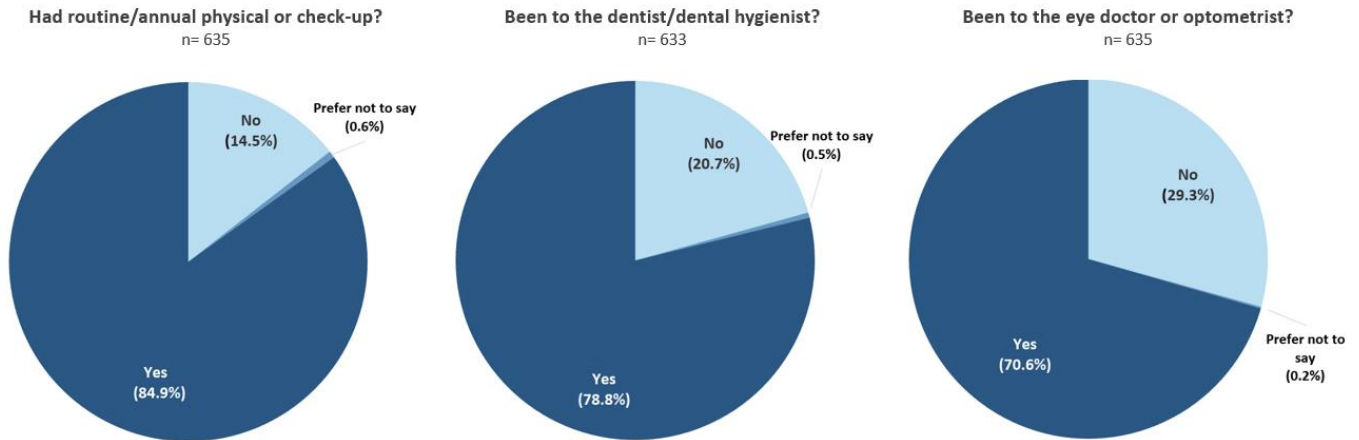
Figure A6.41: Have you delayed getting care for any of the following reasons in the past 12 months? (n=624)

Reason	Percentage
I did not delay care for any reason	42.6%
You had to pay out of pocket for some or all of the procedure	18.9%
Couldn't get time off work	15.5%
You were nervous about seeing a healthcare provider	15.4%
Other Reason	15.4%
Your deductible was too high, or you could not afford the deductible	11.7%
Couldn't afford the copay	10.9%
Didn't have transportation	4.5%
Couldn't get child care	4.0%
You provide care to an adult and could not leave him/her	3.5%
Prefer not to say	2.6%
You live in a rural area where distance to the healthcare provider is too far	1.6%

"Other" answers include:

- **Insurance / Cost**
  - "Aetna could not and/or would not confirm coverage"/ "Complicated insurance requirements and appointment process" / "Complicated insurance requirements and appointment process" / "Difficulty finding doctors that accept insurance" / "Tired of providers gaslighting and insurance pushing unnecessary hoops to jump through" / "Trying to navigate what insurance will cover and referrals needed" / "Couldn't afford the coverage costs" / "Dental Insurance hardly covers anything other than cleanings & xrays!!!" / "Drugs/medications are not covered by Medicare or too high" / "I don't have health insurance" / "No insurance and can't pay" / "need a doctor that specializes in womens care that takes my insurance"
  - "Honestly, my eye doctor is a jerk. They schedule you out a year in advance and do not remind you so they can collect the fee for missing the appointment. This is their standard of practice. I do not like it. I will not give him my money. I haven't had time to find another doctor and I work for the county government. I live on a budget to survive. I cannot afford eyeglasses, even with insurance." / "Self-pay prices too high and local options too few"
  - "Constant torrent of insurance processing errors and issues, - Feeling overwhelmed by needing a long list of diagnostic tests, specialist visits, and the unknown costs (financially AND emotionally) which come along with that territory, - Having finally GOTEN through the aforementioned diagnostics, specialists, etc, over the course of 3 months, only to end up waiting a full 5 business days after the results of the most significant and invasive scans were received before the specialist would even bother reading, analyzing, or communicating with me about their findings. Unacceptable."
- **Timely Appointments / Appointment Wait Times**
  - **AVAILABILITY:** "Appointment availability" / "Could not get an appointment" (2) / "Couldn't get an appointment with my PCP" / "Difficult to get an appointment" / "Difficulty finding/contacting doctors" / "Difficulty getting an appointment. Not enough doctors"/ "Diffiiculty getting into the doctors office or telehealth" / "Difficulty obtaining appointment in town" / "Doctor availability" / "Hour of services not available when I am available to go"/ "Unable to get appt"/ "Too hard to get an appointment" / "Dentist - just too busy to schedule but will soon."
  - **TIMELY CARE/ LONG WAIT**: / Appointments not available in timely manner" / "Couldn't get a timely appointment"/ "Couldn't get appointment in timely manner" / "Difficult to get a timely appointment" / "Doctor couldn't offer appt in a timely manner" / "Doctor unable to see me in timely fashion when sick. Sometimes delay for 3 weeks" / "Too difficult to get a timely appointment" / "Unable to obtain a timely appointment" / "currently scheduled for October - had to wait 4 months for this appointment" / "Long wait time to get an appointment" / "The time it takes to get an appointment is longer than ever" / "Took a long time to get specialist appointments" / "Urology doctor wait-room time is consistently over 90 minutes!" / "Wait time delayed treatment" / "Wait time to get an appointment" / "Wait times for appointments, doctors not available" / "Wait times too long" / "Was told to go to the ER by MD, but wait times were too long" / "Too long to get an appointment" / "Doc availability too long (specialty docs, not primary" / "Wait is too long" / "Wait for physician"/ "took weeks to get appointment"/ "Took months to get into specialist. They delayed care, not me" / "Took forever to get an appt because doctors keep taking way too many patients"/ "Too long to get on the schedule" / "The ob/gyn office at luminis has a three month wait for a new patient appointment" / "The Dr. office was booked and couldn't fit me in as soon as I would like to go"
  - **PERSONAL TIME MANAGEMENT:** "Couldn't find the time" / "Didn't' have time" / "Forgot/no time" / "Have not made time" / "Time" / "Time constraints" / "Time to make appointment" / "Personal laziness" / "Other obligations interfered and were prioritized over non urgent matters."/" Had shingles which lead to a cascade of medical problems and frankly just got exhausted trying to keep up with it all."

- o **NEW PATIENTS:** "Can't find a doctor taking new patients" / "Couldn't get an appt. due to drs. not taking any new patients"/ "Time and frustration finding a provider who takes my insurance and is taking new patients" / "Could not find Primary Care Provider that was taking new patients and covered by insurance. Insurance dropped specialists."/" I lost my primary care person because she went to concierge care and I don't want that. I'm 87 and have waited 3 months to get an appt for a new person" / "Just moved and need to find new providers" / "Finding a new doctor is daunting"
  - o **TIME OFF WORK**:"I have the time off available from work, but the press of work has caused me to change appointments on occasion and delay care."/ "Health care providers rescheduled my apt without my knowledge after taking off work for the appointment"
- **Discrimination / Perceived Discrimination**
  - o "I feel that my concerns sometimes are not taken seriously because I am overweight and a woman"
  - o "Did not want to be judged when they saw history on computer"
- **COVID**
  - o "COVID risk" / "COVID worries from unmasked people"/ "Doctors left AA County in droves during/after COVID. Shortage of family docs in Annapolis area. Need more doctors. Waiting lists are over a year long for the better practitioners."
- **Distrust of Medical System**
  - o "Distrust of medical industrial complex"
  - o "Doctors don't listen"
- **Lack of Trained Providers / Staff**
  - o "Genetic condition, no properly trained doc"
  - o "I can't get the understaffed and under trained medical office to call me to schedule my procedure"
  - o "Incompetent/old Providers"
  - o "Lack of nearby qualified specialty practitioner to meet the immediate need"
  - o "Medical Staff unfriendly"
  - o "Two doctors left and opened a concierge practice"
- **Not Applicable / Misc.**
  - o "Did not have a problem seeing a health professional"
  - o "No need for care"
  - o "Think I am ok/take my health for granted"
  - o "Late at night for acute issue and wasn't sure if it was emergency room worthy"
  - o "Out of state for college"
  - o "Anxiety attacks"
  - o "Disabled-paralyzed"
  - o "too long to explain, but my injury recovery & parent illness"

Figure A6.42: Have you delayed getting care for any of the following reasons in the past 12 months?
(by age)

Figure A6.43: Have you delayed getting care for any of the following reasons in the past 12 months?
(by gender)

Reason	Gender	Percent
I did not delay care for any reason	Male	57.3%
	Female	40.0%
You had to pay out of pocket for some or all of the procedure	Female	19.7%
	Male	15.6%
Other Reason	Female	16.8%
	Male	8.3%
You were nervous about seeing a healthcare provider	Male	16.7%
	Female	15.0%
Couldn't get time off work	Female	16.8%
	Male	7.3%
Your deductible was too high, or you could not afford the deductible	Female	12.3%
	Male	9.4%
Couldn't afford the copay	Female	11.9%
	Male	7.3%
Didn't have transportation	Male	7.3%
	Female	4.1%
Couldn't get child care	Female	4.7%
You provide care to an adult and could not leave him/her	Female	3.7%
	Male	3.1%
Prefer not to say	Male	3.1%
	Female	2.3%
You live in a rural area where distance to the healthcare provider is too far	Male	3.1%
	Female	1.2%

Figure A6.44: Have you delayed getting care for any of the following reasons in the past 12 months?
(by race)
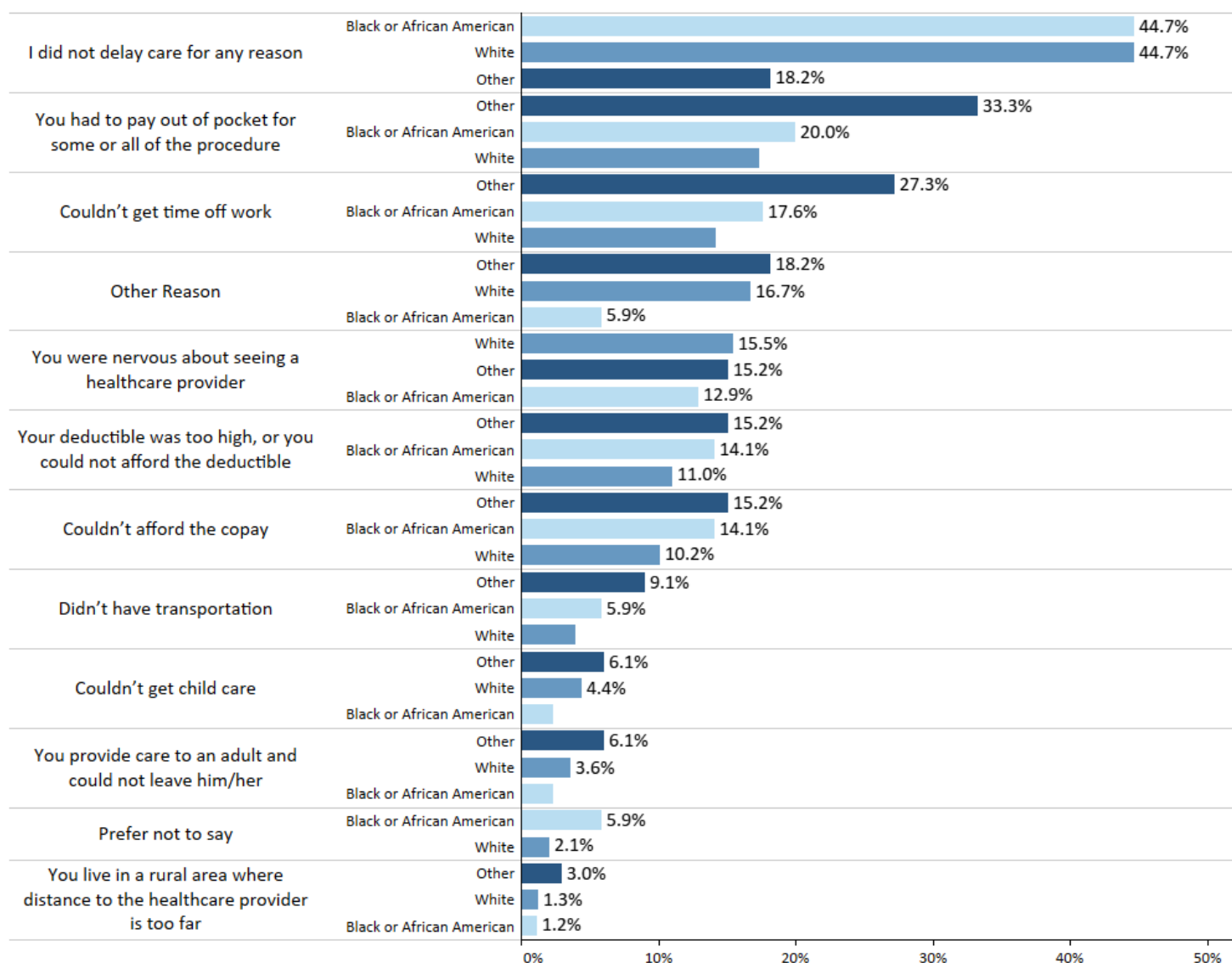
Figure A6.45: Have you delayed getting care for any of the following reasons in the past 12 months?
(by ethnicity)

Reason	Ethnicity	Percentage
I did not delay care for any reason	Not Hispanic/Latino	43.6%
	Hispanic/Latino	32.0%
Couldn't get time off work	Hispanic/Latino	24.0%
	Not Hispanic/Latino	15.2%
You had to pay out of pocket for some or all of the procedure	Not Hispanic/Latino	18.6%
	Hispanic/Latino	16.0%
Couldn't afford the copay	Hispanic/Latino	16.0%
	Not Hispanic/Latino	10.5%
Couldn't get child care	Hispanic/Latino	16.0%
	Not Hispanic/Latino	3.7%
You were nervous about seeing a healthcare provider	Not Hispanic/Latino	15.7%
	Hispanic/Latino	4.0%
Other Reason	Not Hispanic/Latino	15.5%
	Hispanic/Latino	8.0%
Your deductible was too high, or you could not afford the deductible	Hispanic/Latino	12.0%
	Not Hispanic/Latino	11.7%
Didn't have transportation	Hispanic/Latino	12.0%
	Not Hispanic/Latino	4.0%
Prefer not to say	Hispanic/Latino	8.0%
	Not Hispanic/Latino	2.4%
You provide care to an adult and could not leave him/her	Hispanic/Latino	8.0%
	Not Hispanic/Latino	3.3%
You live in a rural area where distance to the healthcare provi..	Not Hispanic/Latino	1.4%

Figure A6.46: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (n=626)

"Other" answers include:

- "Chropractor" (2)
- "MRI" (2)
- "Physical Therapy" (2)
- "The Medicaid dentist I saw damaged 2 teeth and placed 2 ill fitting crowns. I had to go to a trustworthy dentist out of network and pay out of pocket. My MCO covers $19 for glasses but I need readers and distance glasses. I had to choose."
- "Concierge docs too expensive."

Figure A6.47: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by age)
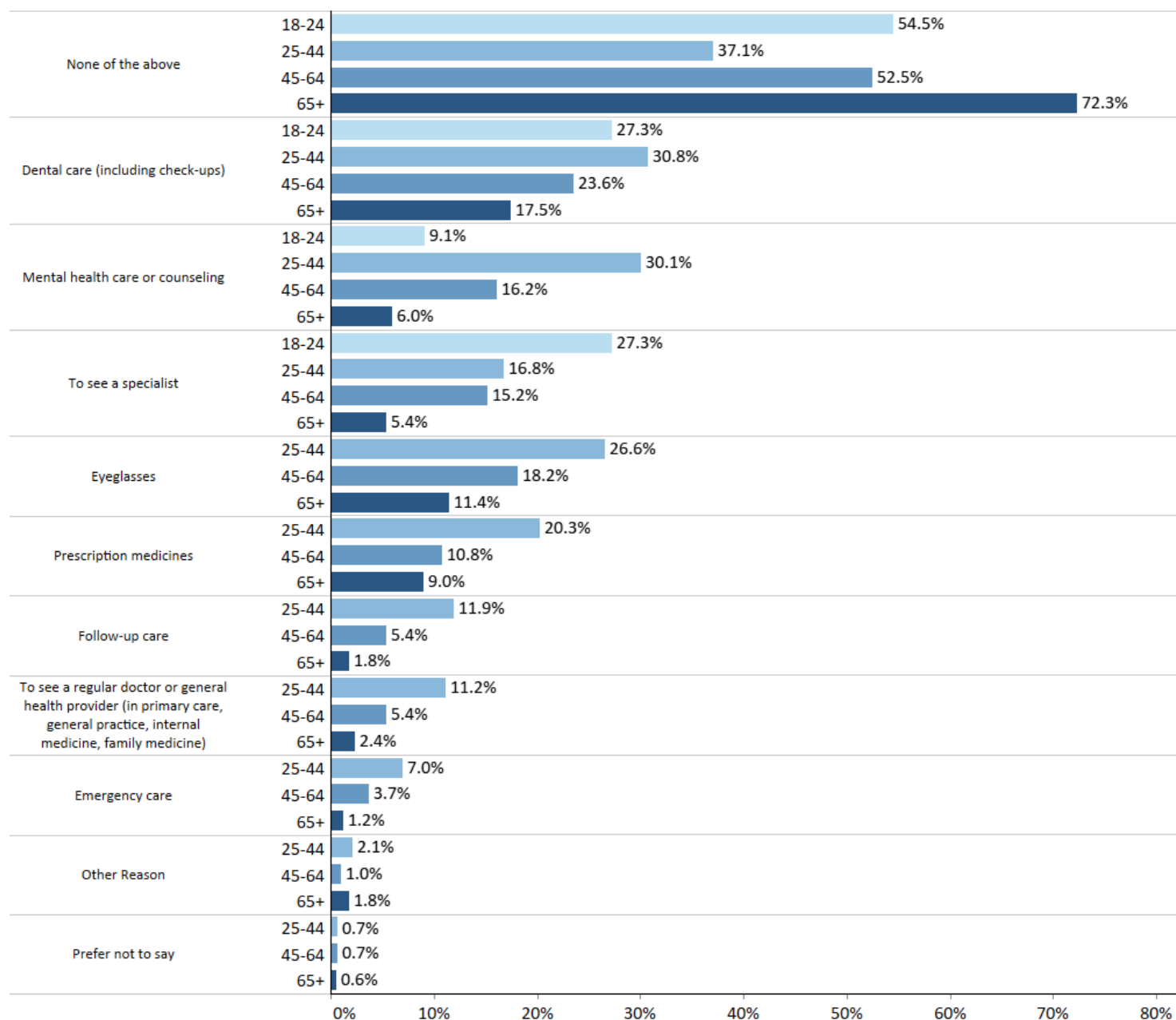
Figure A6.48: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by gender)
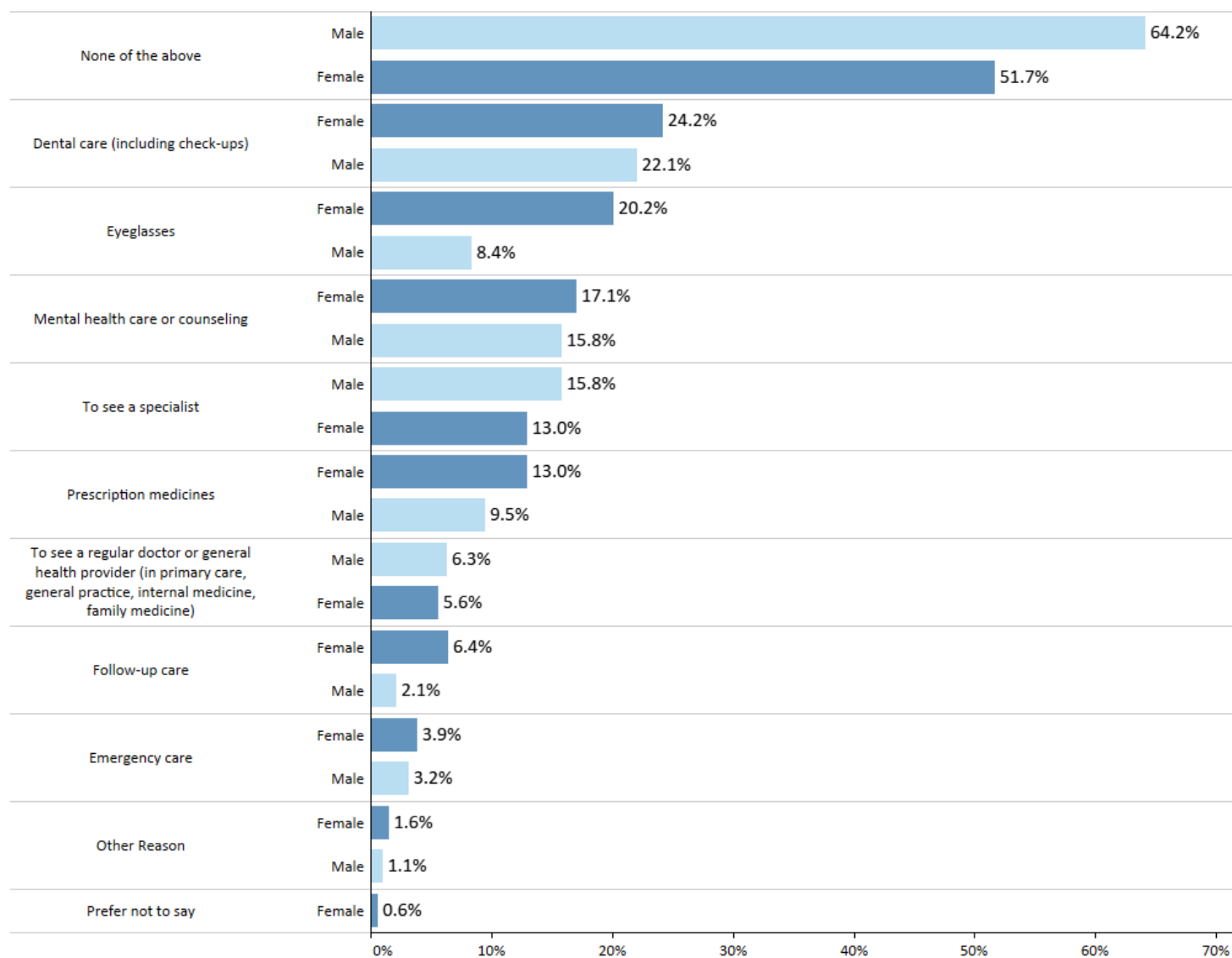
Figure A6.49: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by race)

Category	Race	Percent
None of the above	White	56.2%
	Black or African American	51.7%
	Other	30.3%
Dental care (including check-ups)	Other	36.4%
	Black or African American	29.9%
	White	20.9%
To see a specialist	Other	33.3%
	Black or African American	14.9%
	White	11.2%
Eyeglasses	Other	27.3%
	White	17.8%
	Black or African American	17.2%
Mental health care or counseling	Other	21.2%
	White	16.3%
	Black or African American	13.8%
Prescription medicines	Other	15.2%
	Black or African American	12.6%
	White	11.6%
Follow-up care	Other	15.2%
	Black or African American	8.0%
	White	4.7%
To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)	Other	15.2%
	Black or African American	8.0%
	White	4.2%
Emergency care	Black or African American	8.0%
	Other	3.0%
	White	2.7%
Other Reason	White	1.7%
	Black or African American	1.1%
Prefer not to say	Black or African American	2.3%
	White	0.4%

Figure A6.50: During the past 12 months, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (by ethnicity)
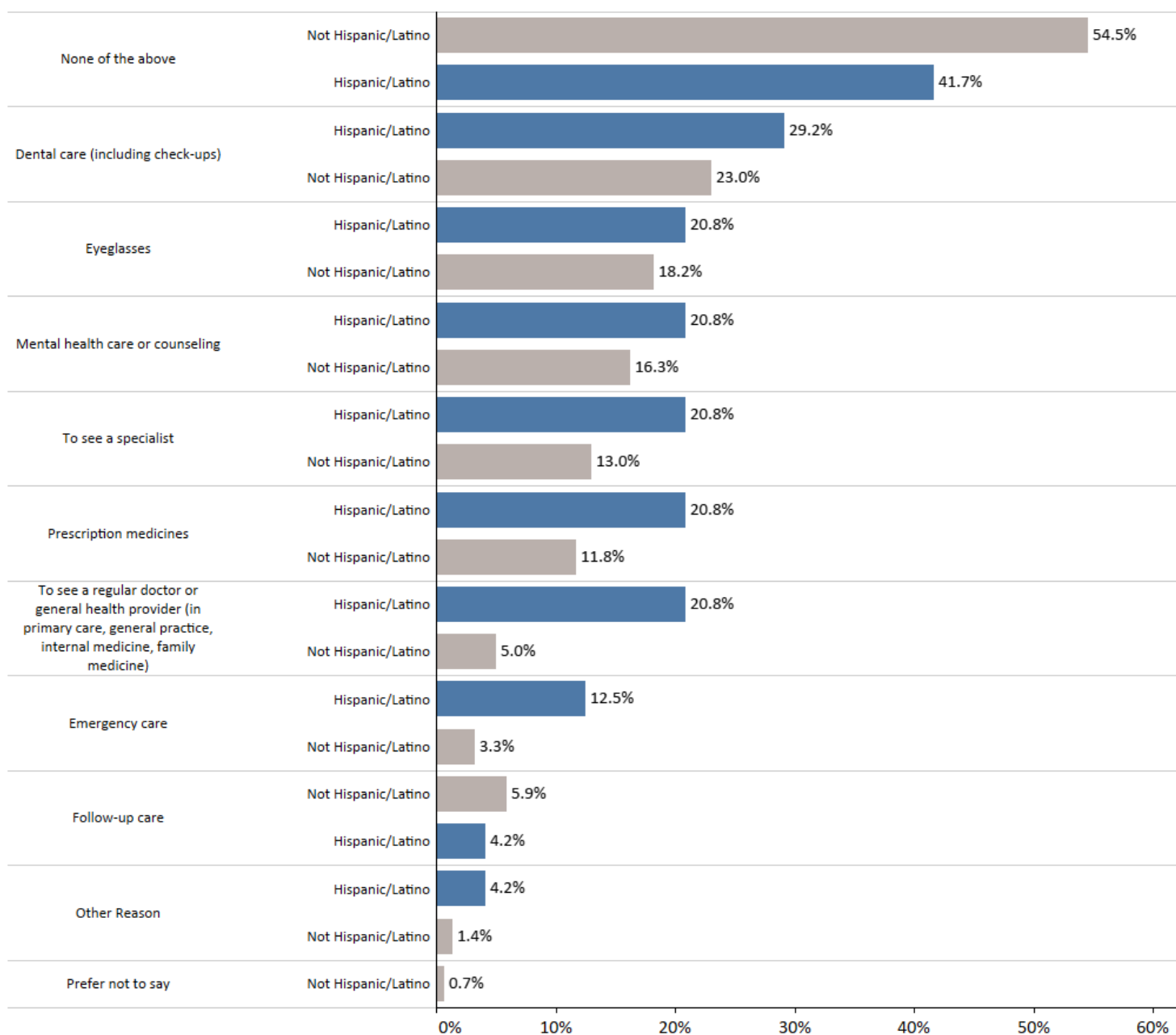
Figure A6.51: In the past 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food? (n=635)
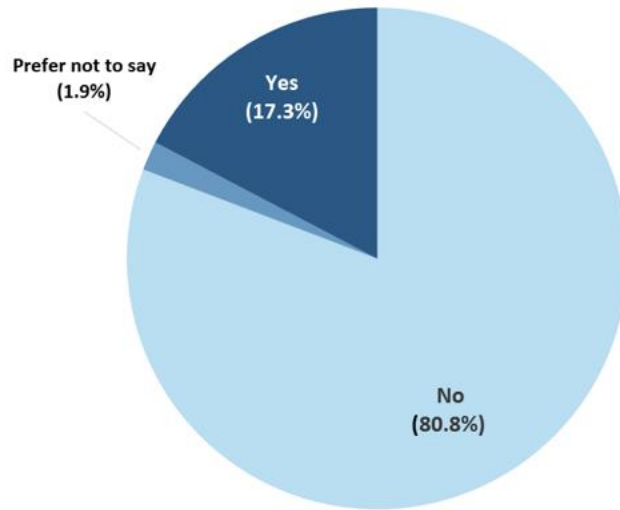
Figure A6.52: In the past year, did you have any of the following assistance needs NOT met? (n=625)
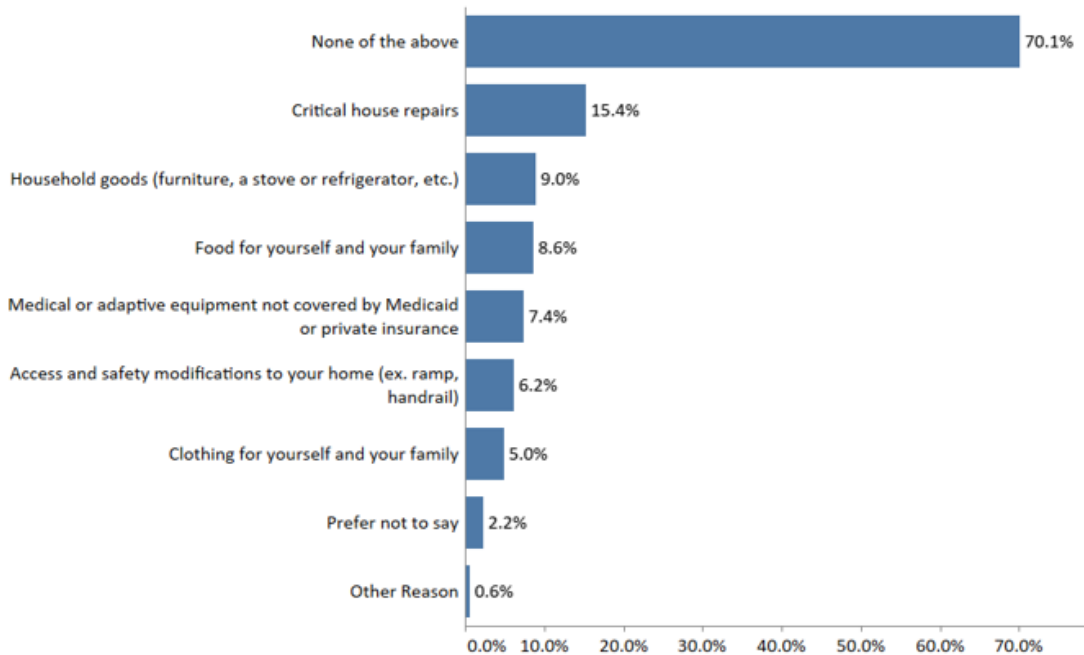
"Other" answers include:

- "Special needs child care home support"
- "Eye medication not covered by insurance"
- "Carro propio"
- "Need assistance navigating the healthcare system and getting insurance to cooperate"

Figure A6.53: In the past year, did you have any of the following assistance needs NOT met? (by age)
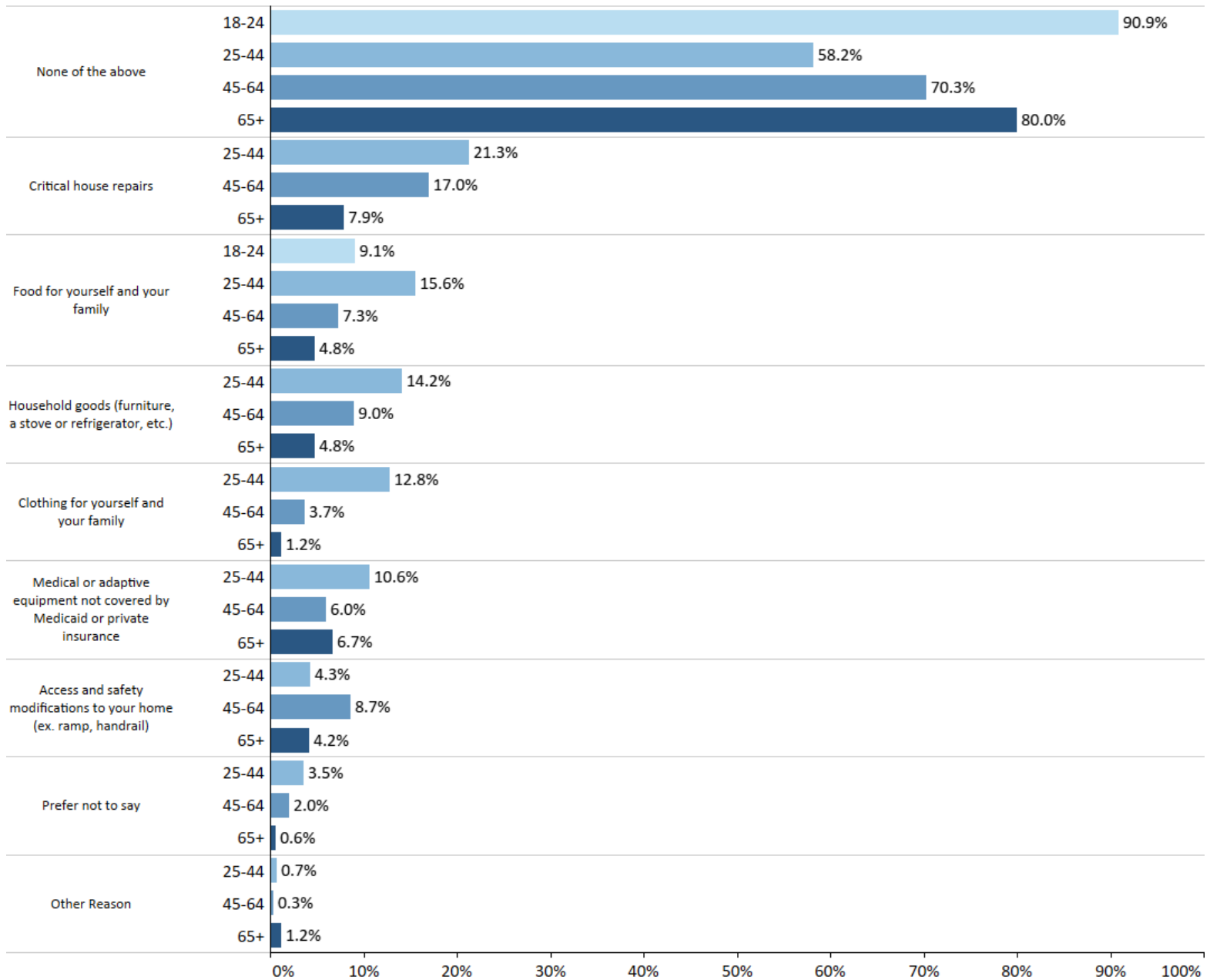
Figure A6.54: In the past year, did you have any of the following assistance needs NOT met? (by gender)
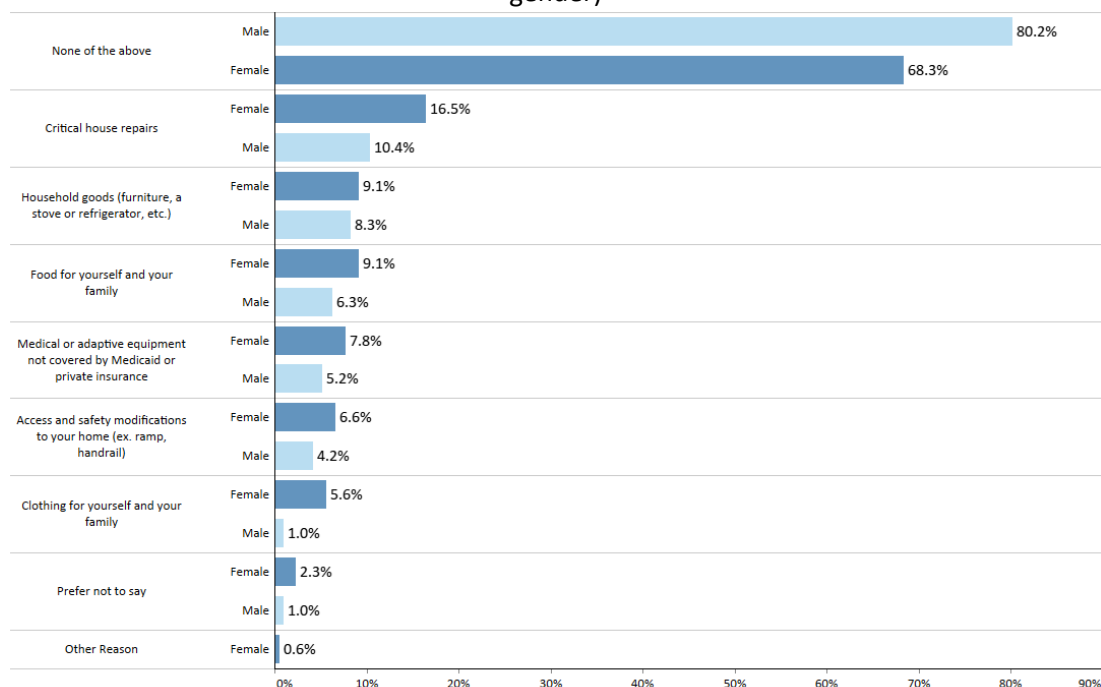
Figure A6.55: In the past year, did you have any of the following assistance needs NOT met? (by race)
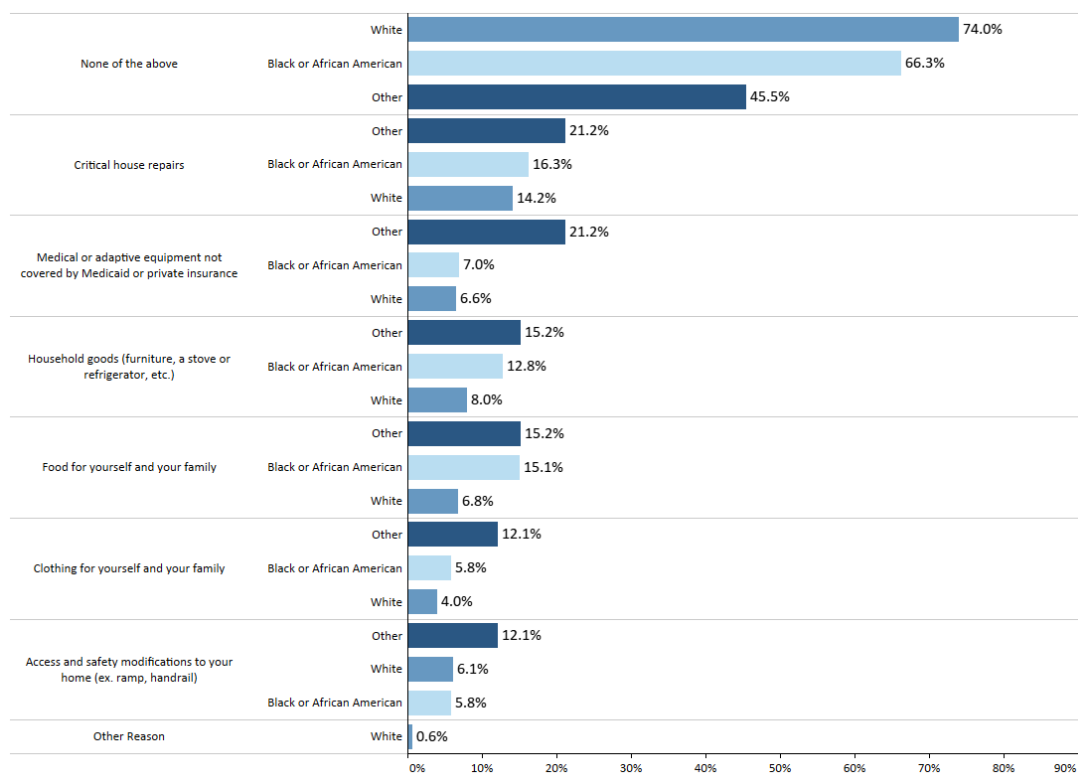
Figure A6.56: In the past year, did you have any of the following assistance needs NOT met? (by ethnicity)
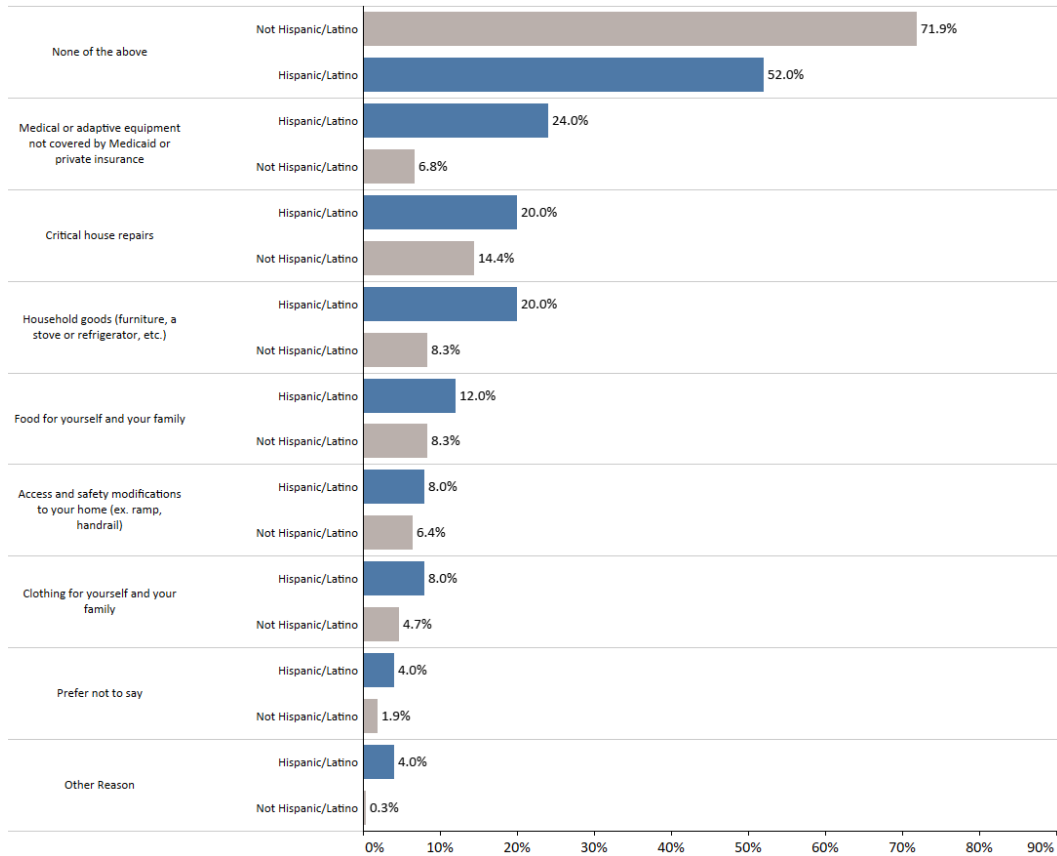
Figure A6.57: Mental Health Questions
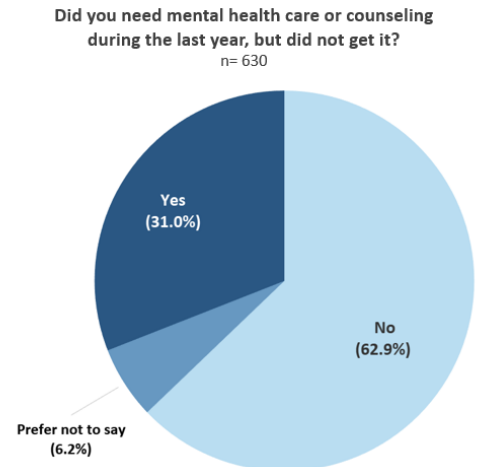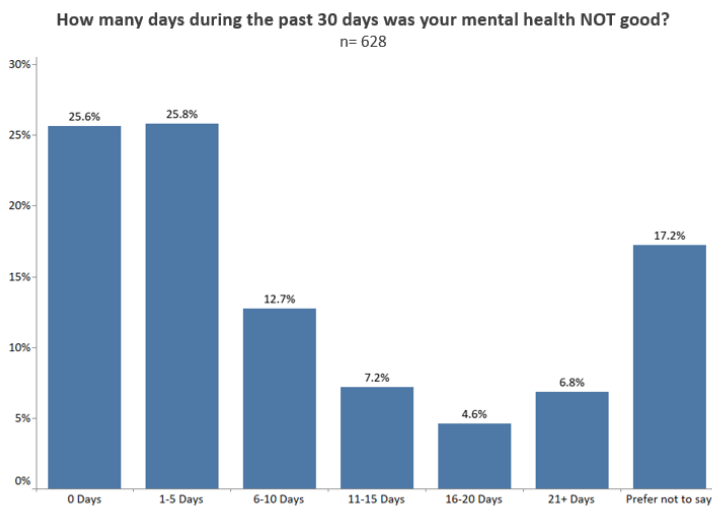
Figure A6.58: Considering your physical health overall, how would you describe your health? (n=634)
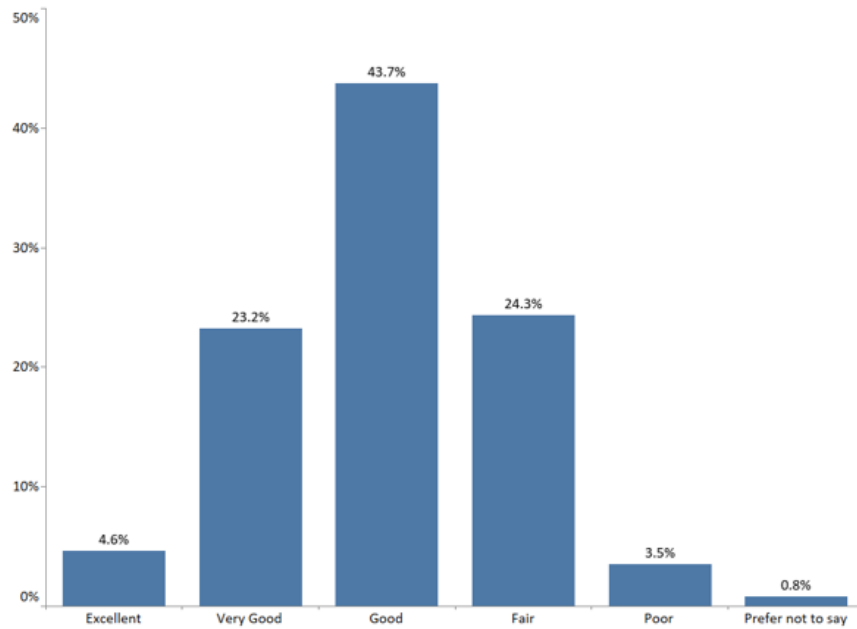
Figure A6.59: Alcohol and Substance Use Questions
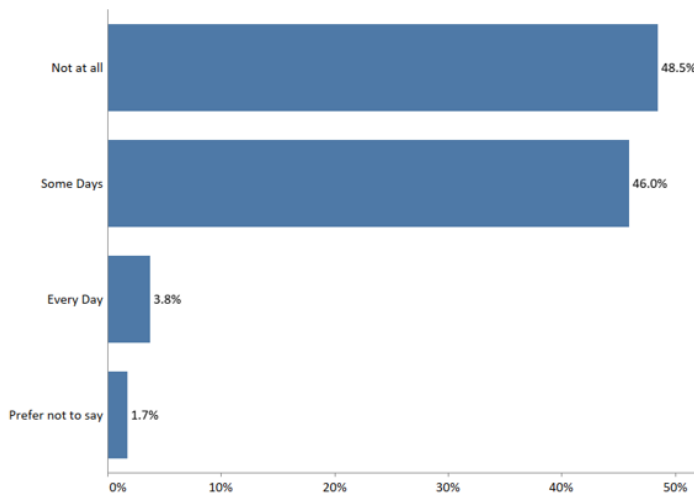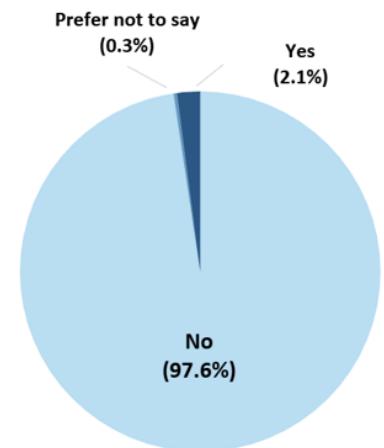
APPENDIX 7 | PRIMARY DATA SUMMARY

Primary data findings are summarized in full by the table below.

Potential Priority Area	Community Survey	Key Leader Survey	Community Health Ambassadors	Focus Groups	HAAC Prioritization
⭐ Access to Care	✓	✓	✓	✓	✓
⭐ Chronic Diseases	✓	✓		✓	✓
⭐ Behavioral Health/Mental Health	✓	✓		✓	✓
⭐ Substance Use	✓	✓		✓	✓
Built Environment			✓		
Education			✓		
Family, Comm. & Social Support	✓	✓	✓		
Food Access & Security			✓	✓	
Health Equity/Literacy			✓	✓	
Housing and Homelessness		✓		✓	✓
Income and Employment	✓		✓		✓
Maternal & Child Health					
Overweight/Obesity	✓				
Sexual Health					
Transportation		✓	✓	✓	
Violence and Safety		✓			

⭐ Top priority area from secondary data

APPENDIX 8 | SUPPLEMENTAL DATA ANALYSIS – COMMUNITY HEALTH AMBASSADOR SURVEY

Respondent Demographics

Table A8.1: What is your race/ethnicity (n=13,249)

Race/Ethnicity	Respondents	%
NHPI	22	0.2%
MENA	24	0.2%
AIAN	68	0.5%
Multiracial/Other	485	3.7%
Asian	698	5.3%
White	3,708	28.0%
Black	3,976	20.0%
Hispanic	4,268	32.2%
No response	605	

Table A8.2: What is the zip code you live in? (n=13,854)

Zip Code	Respondents	%
21061	3,206	23.1%
21144	1,914	13.8%
21225	1,668	12.0%
21060	1,507	10.9%
21401	1,062	7.7%
21403	943	6.8%
21113	692	5.0%
20724	565	4.1%
21076	438	3.2%
21122	388	2.8%
21226	218	1.6%
21037	214	1.5%
21090	163	1.2%
21054	153	1.1%
21108	141	1.0%
21146	130	0.9%
21114	108	0.8%
20755	88	0.6%
21409	57	0.4%
20711	28	0.2%

21012	28	0.2%
21032	27	0.2%
21077	17	0.1%
20776	14	0.1%
20733	12	0.1%
20764	11	0.1%
21402	11	0.1%
21123	8	0.1%
21140	7	0.1%
20779	6	0.0%
21035	6	0.0%
21062	5	0.0%
20778	3	0.0%
21405	3	0.0%
20751	2	0.0%
21240	2	0.0%
20714	1	0.0%
20736	1	0.0%
20754	1	0.0%
20758	1	0.0%
20765	1	0.0%
21056	1	0.0%
21106	1	0.0%
21404	1	0.0%
21411	1	0.0%

Table A8.3: What is your age? (n=13,674)

Age Group	Respondents	%
Under 18 years	145	1.1%
18-24 years	644	4.7%
25-29 years	1,311	9.6%
30-39 years	3,138	22.9%
40-49 years	3,033	22.2%
50-59 years	2,148	15.7%
60-69 years	1,990	14.6%
70 years and above	1,265	9.3%
No response	180	

Table A8.4: What is your gender identity? (n=13,310)

Gender Identity	Respondents	%
Transgender, non-binary, or another	36	0.3%
PNR	195	1.5%
Male	4,119	30.9%
Female	8,960	67.3%
No response	544	

Table A8.5: What best describes your current job status? (n=3,166)

Job Status	Respondents	%
Other	128	4.0%
Retired	680	21.5%
Unemployed	728	23.0%
Employed	1,630	51.5%
No response	10,688	

Table A8.6: Do you identify as a person with a disability or other chronic condition? (n=12,926)

Identification	Respondents	%
PNR	572	4.4%
Yes	2,676	20.7%
No	9,678	74.9%
No response	928	

Table A8.7: Are you pregnant, or recently gave birth? (n=3,192)

Pregnancy Status	Respondents	%
PNR	76	2.4%
Yes	269	8.4%
No	2,847	89.2%
No response	10,662	

Table A8.8: What main language do you speak? (n=13,162)

Language	Respondents	%
Other	131	1.0%
Korean	395	3.0%
Spanish	3,903	29.7%
English	8,733	66.4%
No response	692	

CHA Survey Responses by Race/Ethnicity

Table A8.9: Do you have any concerns about your current living situation, such as neighbors, housing conditions, safety and costs? (n=3,150)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Yes	1,102	35.0%	5	31	300	400	1	50	2	304
No	2,048	65.0%	7	139	576	690	2	76	3	531
No Response	10,704									

Table A8.10: If yes, what concerns do you have about your current living situation? (n=1,102, *Multiple Responses Allowed*)

Response	Total	Race/Ethnicity							
	n	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Condition of housing	515	2	9	160	127	1	29	2	183
Lack of more permanent housing	487	3	3	148	139	1	25	1	163
Ability to pay for housing or utilities	724	3	11	215	211	1	41	2	234
Feeling safe	472	3	9	149	74	0	33	1	201
Discrimination or harassment from neighbors	319	1	4	84	89	0	23	0	117
Other	77								
No response	30								

Table A8.11: Where do you get support in your community? (n=12,866, *Multiple Responses Allowed*)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Faith Community	4,970	38.6%	30	222	1,629	1,364	8	188	8	1,463
Family	8,100	63.0%	30	297	1,317	2,003	11	158	10	1,410
Friends	5,831	45.3%	33	299	1,939	1,335	11	275	12	1,862
Local Business	694	5.4%	7	41	206	178	3	35	2	207
Neighbors	2,618	20.3%	25	135	855	513	6	112	5	927
Organizations	2,916	22.7%	24	73	858	881	5	124	7	918
Social Clubs	717	5.6%	11	46	244	126	3	46	2	227
Support Groups	1,556	12.1%	15	57	442	448	1	72	1	497
Care Professionals	1,773	13.8%	4	123	574	246	4	80	3	706
None of the above	1,444	11.2%	1	39	357	652	1	54	2	312
No Response	988									

Table A8.12: How would you rate the overall health of your community? (n=12,918)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Healthy	**4,731**	**36.6%**	7	276	1,487	1,995	13	165	6	1,190
Somewhat healthy	**5,234**	**40.5%**	43	244	1,603	1,103	6	193	10	1,705
Unhealthy	**1,542**	**11.9%**	10	66	225	399	1	52	1	299
Very healthy	**714**	**5.5%**	1	46	342	249	1	26	1	258
Very unhealthy	**697**	**5.4%**	7	16	156	161	1	18	2	93
No response	**936**									

Table A8.13: How would you rate your own personal health? (n=12,641)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Healthy	**5,212**	**41.2%**	20	276	1,487	1,995	13	165	6	1,190
Somewhat healthy	**4,950**	**39.2%**	25	244	1,603	1,103	6	193	10	1,705
Unhealthy	**1,065**	**8.4%**	8	66	225	399	1	52	1	299
Very healthy	**951**	**7.5%**	9	46	342	249	1	26	1	258
Very unhealthy	**463**	**3.7%**	4	16	156	161	1	18	2	93
No response	**1,090**									

Table A8.14: What are the top three things that make a healthy community? (n=13,242, *Multiple Responses Allowed*)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Economic factors	**7,858**	**59.3%**	39	359	2,362	2,195	13	291	13	2,330
Education	**6,561**	**49.5%**	29	327	1,817	2,126	9	210	8	1,690
Food	**7,523**	**56.8%**	43	276	2,073	2,339	8	284	10	2,137
Health care system	**5,549**	**41.9%**	27	331	1,604	1,562	9	170	12	1,515
Neighborhood / physical environment	**5,882**	**44.4%**	26	289	1,908	1,474	11	200	10	1,723
Social experiences	**3,047**	**23.0%**	18	165	1,023	846	6	123	8	724
Other	**286**	**2.2%**	1	10	84	82	0	33	1	68
No response	**612**									

Table A8.15: In the last month, how often have you felt nervous and "stressed"? (n=3,061)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/Other	NHPI	White
Almost Never	468	15.3%	1	42	122	188	0	17	0	93
Fairly Often	485	15.8%	4	22	116	146	0	27	0	169
Never	352	11.5%	1	15	132	71	1	17	1	111
Sometimes	1,607	52.5%	5	82	438	639	1	50	5	373
Very Often	149	4.9%	1	8	34	36	0	8	0	60
No Response	10,793									

Table A8.16: Do any of the following prevent you from seeing a doctor when you need care for your mind or body? (n=12,562, *Multiple Responses Allowed*)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/Other	NHPI	White
Childcare	1,522	12.1%	7	43	377	648	9	86	0	338
Cost	5,077	40.4%	33	231	1,168	1,983	12	201	8	1,365
Don't know where to go	1,556	12.4%	5	97	325	771	3	54	2	281
Limited hours	2,580	20.5%	17	111	667	843	5	130	7	778
Long wait for an appointment	3,688	29.4%	23	208	1,034	1,001	8	185	9	1,184
No paid sick leave	1,529	12.2%	11	63	471	354	6	97	6	507
No quality pharmacy nearby	643	5.1%	5	29	166	250	2	27	4	146
Not able to see doctor that looks like you	664	5.3%	4	52	269	189	1	38	3	98
Not able to see doctor that speaks your language	1,430	11.4%	0	112	144	994	1	25	5	128
Transportation	1,549	12.3%	10	47	549	461	2	91	6	381
N/A	3,157	25.1%	12	139	1,310	460	0	121	4	1,061
No response	1,292									

Table A8.17: In your daily life, how often have you been treated with less courtesy or respect than other people or felt harassed/threatened? (n=3,017)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
A few times a month	682	22.6%	1	11	167	253	0	45	3	198
At least once a week	199	6.6%	1	3	70	37	0	11	1	73
At least once a year	774	25.7%	4	51	167	367	1	26	0	151
Never or less than once/year	1,362	45.1%	5	103	422	420	1	33	2	366
No response	10,837									

Table A8.18: Do you agree or disagree with the following statement: My community is a safe place to live (n=12,824)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Agree	4,880	38.1%	24	335	1,303	1,778	10	158	9	1,201
Disagree	1,416	11.0%	10	28	499	280	2	64	3	521
Neutral	4,599	35.9%	22	189	1,451	1,380	8	168	6	1,306
Strongly Agree	1,541	12.0%	5	101	512	446	3	60	1	382
Strongly Disagree	388	3.0%	5	8	114	80	0	21	2	154
No Response	1,030									

Table A8.19: What are the top three biggest challenges to your community's health? (n=13,007, *Multiple Responses Allowed*)

Response	Total		Race/Ethnicity							
	n	%	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
Economic factors	7,778	59.8%	35	335	2,229	2,317	11	294	12	2,330
Education	4,592	35.3%	26	227	1,295	1,422	8	147	7	1,172
Food	6,560	50.4%	35	227	1,850	1,914	7	248	10	1,924
Health care system	5,059	38.9%	27	282	1,399	1,551	10	141	6	1,296
Neighborhood / physical environment	4,862	37.4%	19	219	1,513	1,435	6	149	7	1,287
Social experiences	3,302	25.4%	14	173	1,062	1,033	11	106	3	773
Other	1,245	9.6%	9	26	373	250	3	90	2	481
No response	847									

Table A8.20: Would you like to learn more about any of the following?

Response	Total n	AIAN	Asian	Black	Hisp.	MENA	Multi/ Other	NHPI	White
					Race/Ethnicity				
COVID-19 vaccine / booster	968	6	49	345	330	1	35	2	188
Food pantries / resources	4,841	33	122	1,340	1,674	6	214	7	1,392
Gun locks	730	4	35	315	162	1	42	3	160
Health info / education	2,132	15	144	681	615	5	96	3	557
Health insurance	2,239	12	138	601	833	3	92	2	538
Healthcare	1,761	16	105	564	561	5	82	2	409
Extreme weather / emergency preparedness	1,678	9	53	541	457	2	95	6	496
Preventing substance use / misuse	1,280	9	31	419	266	3	77	3	466
Mental health	2,531	17	104	822	554	4	146	6	856
Rent / utility assistance	2,881	7	79	917	866	3	142	10	822
Transportation	1,410	7	29	434	455	2	75	3	389
No help needed	4,713	23	267	1,477	1,245	14	146	6	1,474
Other	123								
No response	1,056								

APPENDIX 9 | SUPPLEMENTAL DATA ANALYSIS – HEALTH INDICATORS

Leading Causes of Death

Table A9.1: Leading Causes of Death in Anne Arundel County, 2020-2022[105]

Ranking	All Races/Ethnicities	White	Black	Asian	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	Cancer	Cancer
2	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
3	Stroke	Stroke	COVID-19	Stroke	COVID-19
4	COVID-19	COVID-19	Stroke	Diabetes	Accidents
5	Accidents	Accidents	Accidents	COVID-19	Stroke
6	Diabetes	-	-	-	-
7	Chronic Lower Respiratory Disease	-	-	-	-
8	Alzheimer's	-	-	-	-
9	Suicide	-	-	-	-
10	Septicemia	-	-	-	-

Table A9.2: Leading Causes of Death in Maryland, 2020-2022[105]

Ranking	All Races/Ethnicities	White	Black	Asian	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	Cancer	COVID-19
2	Cancer	Cancer	Cancer	Heart Disease	Cancer
3	COVID-19	COVID-19	COVID-19	COVID-19	Heart Disease
4	Stroke	Stroke	Stroke	Stroke	Accidents
5	Accidents	Accidents	Accidents	Diabetes	Stroke
6	Chronic Lower Respiratory Disease	-	-	-	-
7	Diabetes	-	-	-	-
8	Alzheimer's	-	-	-	-
9	Septicemia	-	-	-	-
10	Kidney Disease	-	-	-	-

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[105] Source: Maryland Department of Health Vital Statistics Administration Death Certificates 2018-2021; CDC WONDER Underlying Cause of Death; CDC WONDER Single-Race Population Estimates; Accessed 7/22/2024. Based on age-adjusted death rate per 100,000 population.

Table A9.3: Leading Causes of Death in United States, 2020-2022[105]

Ranking	All Races/Ethnicities	White	Black	Asian	Hispanic
1	Heart Disease	Heart Disease	Heart Disease	Cancer	COVID-19
2	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
3	COVID-19	COVID-19	COVID-19	COVID-19	Cancer
4	Accidents	Accidents	Accidents	Stroke	Accidents
5	Stroke	Chronic Lower Respiratory Disease	Stroke	Accidents	Stroke
6	Chronic Lower Respiratory Disease	-	-	-	-
7	Alzheimer's	-	-	-	-
8	Diabetes	-	-	-	-
9	Nephritis, Nephrotic Syndrome, and Nephrosis	-	-	-	-
10	Chronic Liver Disease and Cirrhosis	-	-	-	-

Life Expectancy

Table A9.4: Anne Arundel County Life Expectancy at Birth, 2017-2021[106]

	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021
All Races	**79.5**	**79.2**	**79.3**	**79.0**	**79.1**
White	79.5	79.3	79.5	79.3	79.1
Black	78.3	77.9	78.1	76.8	76.2

Table A9.5: Maryland Life Expectancy at Birth, 2017-2021[106]

	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021
All Races	**79.2**	**79.2**	**79.2**	**78.6**	**78.2**
White	79.9	79.8	79.9	79.6	78.7
Black	79.6	76.9	76.9	75.9	74.8

Table A9.6: United States Life Expectancy at Birth, 2017-2021[106]

	2017	2018	2019	2020	2021
All Races	**78.6**	**78.7**	**78.8**	**77.0**	**76.4**
White	77.5	78.6	78.8	77.4	76.7
Black	71.9	74.7	74.8	71.5	71.2

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[106] Source: Maryland Vital Statistics Annual Report, 2017-2021

Mortality

Table A9.7: Anne Arundel County Mortality Rate, 2018-2022[105]

Race/Ethnicity	Sex	2018-2020	2019-2021	2020-2022
All Races	Female	641.2	648.6	652.7
	Male	846.8	840.0	840.8
	All Sexes	**738.7**	**739.7**	**741.3**
White	Female	653.0	657.7	657.8
	Male	860.6	849.4	841.1
	All Sexes	**753.0**	**750.4**	**745.4**
Black	Female	751.4	770.4	780.7
	Male	1,024.5	1,037.8	1,084.4
	All Sexes	**872.9**	**889.6**	**913.6**
Asian	Female	374.6	367.5	374.1
	Male	488.4	448.1	426.7
	All Sexes	**423.9**	**402.1**	**408.7**
Hispanic	Female	382.8	391.4	438.2
	Male	576.2	640.8	603.8
	All Sexes	**471.6**	**500.0**	**510.2**

Access to Healthcare

Emergency Department (ED) Visits

Table A9.8: Anne Arundel County ED Visit Rate per 1,000 Population, 2019-2023[107]

	2019	2020	2021	2022	2023
Race/Ethnicity					
White	224.2	166.8	186.6	173.3	189.6
Black	403.5	282.1	307.1	319.1	328.0
Asian	103.7	69.9	84.1	95.3	98.1
Hispanic	276.9	206.4	225.7	250.0	271.2
Sex					
Male	242.5	181.9	199.1	205.9	206.3
Female	289.4	209.8	232.5	244.2	248.0
Age Group					
Under 20	233.5	142.0	174.1	215.2	210.9
20-39	289.4	228.4	242.4	231.7	232.1
40-64	247.7	196.8	204.1	205.4	209.4
65 and Older	304.9	231.0	256.5	269.0	283.3
Total	**265.7**	**195.3**	**215.6**	**224.8**	**226.9**

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[107] Source: Maryland Health Services Cost Review Commission (HSCRC) Outpatient Files, 2019-2023.

Table A9.9: Anne Arundel County ED Visits – Top Principal Diagnoses, 2023[107]

Principal Diagnosis	Count	Percent of Total Visits
Musculoskeletal System/Connective Tissue Diseases	9,756	7.2%
Chest Pain	7,670	5.7%
Genitourinary Diseases	7,138	5.3%
Abdominal Pain	6,384	4.7%
Open Wounds	5,259	3.8%
Upper Respiratory Infection	4,796	3.5%
Fractures	3,897	2.9%
Pregnancy/Childbirth Related	3,521	2.6%
Lower Respiratory Infection	3,505	2.6%
Nervous System Disorder	3,476	2.6%

Inpatient Hospital Admissions

Table A9.10: Anne Arundel County Inpatient Admission Rate per 1,000 Population, 2019-2023[107]

	2019	2020	2021	2022	2023
Race/Ethnicity					
White	75.9	66.1	69.5	67.4	68.0
Black	94.4	84.1	86.7	84.3	86.1
Asian	50.3	44.5	45.1	43.3	45.3
Hispanic	70.7	75.6	69.7	66.4	69.8
Sex					
Male	72.6	63.2	64.5	61.3	63.0
Female	93.2	83.8	86.0	84.6	85.7
Age Group					
Under 20	60.7	56.4	56.7	58.5	56.5
20-39	62.8	59.1	61.3	58.2	57.6
40-64	68.4	60.0	58.6	53.3	54.2
65 and Older	210.6	177.8	183.4	183.6	197.8
Total	**82.3**	**73.0**	**74.7**	**72.4**	**73.9**

Table A9.11: Anne Arundel County Inpatient Admissions – Top Principal Diagnoses, 2023[107]

Principal Diagnosis	Count	Percent of Total Visits
Live Birth	4,006	8.6%
Bacterial Diseases	3,636	7.8%
Disorders/Care Related to Pregnancy and Childbirth	3,482	7.4%
C-Section	2,167	4.6%
Hypertension Diseases	1,859	4.0%
Neoplasms	1,742	3.7%
Cerebrovascular Diseases	1,506	3.2%
Medical/Surgical Care Complications	1,503	3.2%
Mental, Behavioral, and Neurodevelopmental Disorders	1,307	2.8%
Fractures	1,289	2.8%

Health Insurance

Table A9.12: Percentage of Residents without Health Insurance, 2022[108]

	Anne Arundel County	Maryland	United States
Race/Ethnicity			
White	2.4%	2.9%	7.0%
Black	5.9%	5.5%	9.8%
Asian	9.3%	5.2%	6.1%
Hispanic	16.6%	21.7%	17.6%
Sex			
Male	5.2%	6.9%	9.7%
Female	3.9%	5.0%	7.7%
Age Group			
Under 19	2.7%	3.8%	5.3%
19-64	6.2%	8.1%	12.2%
Total	**4.5%**	**5.9%**	**8.7%**

Table A9.13: Children with Health Insurance, 2022[108]

	Anne Arundel County	Maryland
Race/Ethnicity		
White	98.6%	97.3%
Black	99.0%	97.2%
Asian	95.3%	97.8%
Hispanic	89.7%	89.0%
Sex		
Male	97.5%	96.1%
Female	97.0%	96.1%
Age Group		
Under 6	97.5%	96.8%
6-18	97.2%	96.0%
Total	**97.3%**	**96.2%**

Table A9.14: Uninsured Emergency Department Visits, 2019-2023[107]

Year	Anne Arundel County	Maryland
2019	7.0%	5.0%
2020	7.3%	5.3%
2021	5.8%	4.7%
2022	6.0%	4.8%
2023	6.2%	4.6%

Note: Includes visits where payer was indicated as "self pay" or "charity"

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[108] Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimate, Tables S2701, 2022

Primary Care Access

**Table A9.15: Adults who Had a Routine Check Up Within the Last Year –
Anne Arundel County, 2018-2022[109]**

	2018	2019	2020	2021	2022
Race/Ethnicity					
White	81.9%	73.9%	72.6%	72.0%	72.6%
Black	87.5%	92.4%	78.9%	70.8%	86.7%
Hispanic	80.4%	-	70.6%	67.4%	65.6%
Sex					
Male	79.2%	75.4%	69.7%	68.5%	69.6%
Female	85.9%	79.3%	77.8%	74.7%	78.4%
Age Group					
18-34	79.7%	65.4%	52.7%	62.3%	62.5%
35-49	77.4%	75.7%	75.8%	66.4%	74.3%
50-64	84.9%	85.6%	82.4%	77.7%	80.2%
65 and Older	92.7%	92.0%	90.7%	89.1%	87.0%
Total	**82.7%**	**77.3%**	**73.7%**	**71.5%**	**74.1%**

**Table A9.16: Adolescents Enrolled in Medicaid Who Received a Wellness Check in the Last Year,
2016-2021[110]**

Year	Anne Arundel County	Maryland
2016	54.3%	55.3%
2017	53.1%	54.6%
2018	53.8%	55.7%
2019	55.4%	57.1%
2020	45.9%	46.3%
2021	48.4%	49.2%

Table A9.17: Residents with a Usual Primary Care Provider, 2018-2022[109]

	Anne Arundel					Maryland				
Race/Ethnicity	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
White	88.7%	84.6%	83.6%	91.4%	88.5%	85.5%	85.3%	84.7%	89.8%	89.7%
Black	85.6%	92.6%	80.7%	90.5%	86.2%	84.0%	87.5%	85.2%	88.3%	88.2%
Hispanic	80.5%	**	63.0%	68.0%	57.2%	64.1%	51.4%	60.3%	64.9%	64.9%
Total	**86.2%**	**84.9%**	**81.4%**	**88.6%**	**84.9%**	**82.0%**	**83.4%**	**82.0%**	**85.8%**	**85.5%**

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[109] Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2018-2022

[110] Source: Maryland Medicaid Service Utilization

Behavioral Health

Mental Health

Table A9.18: Number of Anne Arundel County Residents Receiving Mental Health Services by Age Group in The Public Behavioral Health System, FY2021-FY2024[111]

	FY 2021	FY 2022	FY 2023	FY 2024
0-5 Years	475	475	478	466
6-12 Years	2,785	2,907	3,064	3,126
13-17 Years	2,250	2,480	2,673	2,676
18-21 Years	1,081	1,175	1,310	1,332
22-64 Years	10,547	11,433	12,058	12,539
65+ Years	145	174	190	197
Total	**17,283**	**18,644**	**19,773**	**20,336**

Table A9.19: Anne Arundel County Mobile Crisis Team Dispatches, FY2016-FY2024[112]

Year	Dispatches
FY 2016	2,089
FY 2017	1,912
FY 2018	2,287
FY 2019	2,148
FY 2020	2,384
FY 2021	3,052
FY 2022	3,126
FY 2023	2,808
FY 2024	2,404

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[111] Source: The Maryland Medicaid DataPort, The Hilltop Institute at University of Maryland Baltimore County and Public Behavioral Health System Administrative Services Organization Optum, claims paid through 7/31/2024

[112] Source: Anne Arundel County Crisis Response System

Table A9.20: ED Visits and Rates per 100,000 for Mental Health Conditions in Anne Arundel County, 2019-2023[107]

Diagnosis[113]	Anne Arundel									
	2019		2020		2021		2022		2023	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Substance-related disorder	6,681	122.8	5,548	100.2	5,286	94.9	4,471	80.1	4,191	75.1
Alcohol-related disorder	3,170	58.2	2,935	53.0	2,858	51.3	2,538	45.5	2,372	42.5
Anxiety Disorder	4,705	86.4	3,557	64.2	2,835	50.9	2,475	44.3	2,151	38.5
Mood disorder	5,074	93.2	3,856	69.6	2,807	50.4	1,328	23.8	1,252	22.4
Delirium, dementia, and amnestic and other cognitive disorders	846	15.5	637	11.5	711	12.8	710	12.7	640	11.5
Schizophrenia or psychotic disorder	787	14.5	755	13.6	722	13.0	685	12.3	672	12.0
Attention deficit/hyperactivity, conduct, or behavior disorder	1,298	23.8	839	15.2	610	11.0	540	9.7	513	9.2
Suicide/intentional self-harm[114]	544	10.7	467	9.0	591	11.4	548	10.5	478	9.2
Trauma and stressor related disorder	517	9.5	359	6.5	288	5.2	261	4.7	347	6.2

Table A9.21: ED Visits and Rates per 100,000 for Sexual Assault and Other Violent Injuries in Anne Arundel County, 2019-2023[107]

Injury Modality	2019		2020		2021		2022		2023	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Sexual Assault[115]	175	32.5	180	33.5	152	28.4	171	31.7	145	26.8
All Other Violent Injuries[116]	811	149.0	635	114.7	693	124.7	827	168.3	744	133.9

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[113] The categories are not mutually exclusive. For all categories except suicide/intentional self-harm, visits are among residents aged 5 years and older. Intentional self-harm/suicide was restricted to patients ages 10 years and older. ICD-10 codes for all visits except suicide/self-harm were adapted from the Mental Health Annual Report 2013–2018 Use of Mental Health Services: National Client-Level Data 2018 report from SAMHSA, Appendix E. Three diagnosis codes (the principal diagnosis, the first secondary diagnosis, and the external cause of injury field) were used to identify relevant ED encounters.

[114] ICD-10 codes for suicide/self-harm were adapted from Issues in developing a surveillance case definition for nonfatal suicide attempt and intentional self-harm using International Classification of Diseases, Tenth Revision, Clinical Modification (ICD–10–CM) coded data by Hedegaard et. al. (2018). All diagnosis fields were used to identify relevant encounters. Encounters and rates were limited to individuals aged 10 years and older.

[115] Sexual assault ICD-10 codes include T74.21, T74.22, T76.21, T76.22, Z04.41, Z04.71, and Z04.42

[116] Violent injuries ICD-10 codes include W32-W34, X72-X83, X93-X99, Y00-Y04, Y08, Y22-Y32, and Y35

Table A9.22: Anne Arundel County Public School Students Served by Primary Mental Health Diagnosis, 2022-2023[117]

Diagnosis	Count
ADHD	563
Anxiety	390
Conduct	66
Depression	188
Mood	119
OCD	1
Stress	61
Trauma	280
Other	130
Total	**1,818**

Table A9.23: Warmline Call Ins, FY2018-FY2023[112]

Fiscal Year	Adult Warmline	Children's Warmline
FY 2018	22,431	1,375
FY 2019	22,236	1,811
FY 2020	25,007	2,672
FY 2021	32,964	3,627
FY 2022	41,234	4,654
FY 2023	35,467	4,409

Table A9.24: Trends in Reports of Threats to Self-Harm by Anne Arundel County Public School Students, School Years 2012-2013 through 2023-2024[118]

School Year	Count
2012-2013	1,126
2013-2014	1,147
2014-2015	1,158
2015-2016	1,217
2016-2017	1,861
2017-2018	2,370
2018-2019	2,864
2019-2020	2,093
2020-2021	518
2021-2022	2,765
2022-2023	2,737
2023-2024	2,227

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[117] Source: Anne Arundel County Public Schools

[118] Source: Anne Arundel County Mental Health Task Force

Substance Use Disorders

Table A9.25: Opioid Related Overdoses Occurring in Anne Arundel County, 2018-2023[119]

	2018	2019	2020	2021	2022	2023
Non-Fatal	917	720	793	669	573	580
Fatal	166	138	193	175	130	128

Table A9.26: Total Opioid Overdoses by Top 10 Incident Zip Codes in Anne Arundel County, 2023[119]

Incident ZIP	City	Non-Fatal Opioid Overdoses		Fatal Opioid Overdoses		All Opioid Overdoses	
		Number	Percent	Number	Percent	Number	Percent
21061	Glen Burnie	101	17.5%	25	19.7%	126	17.9%
21401	Annapolis	76	13.2%	8	6.3%	84	11.9%
21122	Pasadena	72	12.5%	11	8.7%	83	11.8%
21060	Glen Burnie	61	10.6%	18	14.2%	79	11.2%
21225	Brooklyn	55	9.5%	10	7.9%	65	9.2%
21403	Annapolis	39	6.7%	9	7.1%	49	7.0%
21090	Linthicum Heights	28	4.9%	8	6.3%	36	5.1%
21144	Severn	17	3.0%	3	3.4%	20	2.8%
21037	Edgewater	15	2.6%	0	0.0%	15	2.1%
21076	Hanover	13	2.3%	3	2.4%	16	2.3%

Table A9.27: Emergency Department Encounters for Opioid Related Overdoses in Anne Arundel[120]

	2019	2020	2021	2022	2023
Number	610	566	541	340	304
Rate per 100,000	109.8	98.7	93.9	58.7	52.3

Table A9.28: Unintentional Opioid Related Fatal Overdose Death Rate per 100,000 by Residents by Race/Ethnicity, 2019-2022[121]

	Anne Arundel County				Maryland				United States			
	2019	2020	2021	2022	2019	2020	2021	2022	2019	2020	2021	2022
White	15.0	18.3	17.7	17.3	11.4	17.9	16.2	20.2	23.1	30.0	33.7	32.6
Black	9.9	17.8	14.8	23.8	12.4	19.4	23.5	29.3	22.0	33.1	41.3	45.0
Hispanic	--	--	--	--	--	7.5	4.9	9.7	11.8	16.6	20.1	21.7

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[119] Source: Anne Arundel County and Annapolis Police Departments

[120] Source: Health Services Costs Review Commission, CRISP Public Health Dashboard, January 2019 to December 2023, run date July 19, 2024. Run on ED utilization for Opioid Overdose

[121] Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2019-2022 on CDC WONDER Online Database. Underlying cause of death = X40-X44 and Multiple Cause of death = T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6

Table A9.29: Total Number of Unintentional Drug and Alcohol-Related Intoxication Deaths by Place of Occurrence in Maryland, 2017-2021[122]

	2017	2018	2019	2020	2021
Garrett	8	3	9	8	6
Allegany	38	39	28	52	45
Washington	59	91	88	110	103
Frederick	78	78	64	64	53
Baltimore City	761	888	914	1028	1079
Baltimore County	367	388	350	394	390
Anne Arundel	**214**	**241**	**208**	**251**	**230**
Carroll	55	72	56	46	59
Howard	51	41	37	57	38
Hartford	101	101	87	84	96
Montgomery	116	89	105	1398	142
Prince George's	167	127	146	203	225
Calvert	32	28	31	25	25
Charles	37	27	31	53	35
St. Mary's	34	31	33	33	41
Cecil	59	59	62	92	87
Kent	5	2	10	6	10
Queen Anne's	8	17	13	14	15
Caroline	11	7	12	17	10
Talbot	11	10	14	17	13
Dorchester	12	7	11	17	22
Wicomico	35	36	41	47	47
Somerset	4	8	10	16	10
Worcester	19	16	19	26	19

Table A9.30: Drug and Alcohol-Related Intoxication Deaths Occurring in Anne Arundel County, 2017-2021[122]

Substance	2017	2018	2019	2020	2021
Fentanyl	152	184	164	209	193
Heroin	118	75	63	45	29
Cocaine	66	91	72	89	82
Benzodiazepines	27	16	11	10	10
Alcohol	37	44	34	49	45
Prescription Opioids	43	36	27	40	45
Methadone	23	12	12	21	23
Phencyclidine (PCP)	5	5	11	10	6
Total Deaths	214	241	208	251	230

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[122] Source: MDH VSA Unintentional Drug and Alcohol-Related Intoxication Deaths Annual Report, 2021

Table A9.31: Cigarette Smoking in Adults 18 Years and Older, 2018-2022[109]

	Anne Arundel County					Maryland				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Sex										
Male	13.4%	15.4%	13.6%	9.9%	10.4%	14.0%	14.5%	13.4%	11.8%	11.4%
Female	11.1%	16.0%	8.3%	7.5%	11.1%	11.4%	11.4%	8.8%	8.5%	8.1%
Race/Ethnicity										
White	13.8%	18.6%	9.9%	10.2%	13.4%	14.3%	15.3%	12.6%	11.7%	10.0%
Black	**	15.5%	**	**	**	13.5%	12.5%	11.9%	10.4%	10.3%

Cancer

Table A9.32: Cancer Screening Measurements[109]

	Anne Arundel			Maryland		
Screening Measure	White	Black	Overall	White	Black	Overall
Men (40+) with a Prostate Specific Antigen Test (PSA) in the Past 2 Years, 2020	34.9%	-	**30.9%**	35.9%	31.4%	**32.2%**
Men and Women Fully Meeting Colorectal Cancer Screening Recommendation, 2022	75.5%	66.6%	**70.5%**	73.2%	73.2%	**71.8%**
Women (40+) who had a Mammography in the Past 2 Years, 2022	78.7%	77.2%	**78.2%**	74.1%	80.6%	**75.6%**
Women who had a Pap Smear in the Past 3 Years, 2020	62.1%	75.4%	**63.3%**	63.8%	75.2%	**67.6%**

Table A9.33: Age-Adjusted Cancer Incidence Rates by Site per 100,000 Residents[123,124]

	2014-2018			2017-2021		
Site	Anne Arundel County	Maryland	United States	Anne Arundel County	Maryland	United States
Breast*	132.8	130.8	127.7	136.5	135.5	129.8
Prostate**	108.8	126.3	108.8	121.7	136.4	113.2
Lung/Bronchus	60.2	54.1	57.8	53.6	50.0	53.1
Colorectal	35.1	36.1	38.3	34.6	35.2	36.4
Melanoma	34.2	24.1	22.8	36.3	24.5	22.7
Oral	12.8	11.1	12.0	12.4	11.1	12.0
Cervical*	7.3	6.6	7.8	6.8	6.4	7.5
Overall	**457.4**	**446.1**	**454.2**	**457.4**	**446.8**	**444.4**

*Denominator includes only biologically female residents
**Denominator includes only biologically male residents

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[123] Source: Maryland Cigarette Restitution Fund Cancer Report 2021.

[124] Source: U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute.

Table A9.34: Age-Adjusted Cancer Incidence Rates by Race/Ethnicity per 100,000 Residents, 2017-2021[124]

Race/Ethnicity	Anne Arundel	Maryland	United States
White	471.5	476.2	463.1
Black	450.5	443.5	447.9
Asian	288.1	276.6	292.9
Hispanic	327.1	281.6	350.0

Table A9.35: Age-Adjusted Cancer Incidence Rates by Sex and Site per 100,000 Residents, 2017-2021[124]

	Male			Female		
Site	Anne Arundel	Maryland	United States	Anne Arundel	Maryland	United States
Lung/Bronchus	56.4	54.2	59.4	52.1	47.1	48.4
Colorectal	36.9	39.1	41.3	32.6	32.0	32.1
Melanoma	44.3	32.0	28.7	30.8	19.3	18.3
Oral	19.5	16.9	18.0	6.1	6.2	6.6
Overall	**491.5**	**485.7**	**481.1**	**436.3**	**422.5**	**421.1**

Table A9.36: Age-Adjusted Cancer Mortality Rates by Site per 100,000 Residents[123,124]

	2014-2018			2018-2022		
Site	Anne Arundel	Maryland	United States	Anne Arundel	Maryland	United States
Breast*	19.6	21.8	20.1	18.2	20.0	19.2
Prostate**	19.1	19.9	19.0	18.1	19.8	18.8
Lung/Bronchus	40.3	37.1	38.5	31.7	29.9	32.3
Colorectal	12.7	13.7	13.7	12.3	12.8	12.8
Melanoma	2.5	1.9	2.3	2.3	1.8	2.0
Oral	2.4	2.5	2.5	2.7	2.4	2.6
Cervical*	1.2	1.9	2.2	1.4	2.0	2.2
Overall	**156.7**	**154.8**	**155.6**	**142.8**	**141.8**	**145.4**

*Denominator includes only biologically female residents
**Denominator includes only biologically male residents

Table A9.37: Age-Adjusted Cancer Mortality Rates by Race/Ethnicity per 100,000 Residents, 2018-2022[124]

Race/Ethnicity	Anne Arundel	Maryland	United States
White	143.8	144.1	151.3
Black	163.9	161.8	170.4
Asian	100.2	85.3	91.2
Hispanic	80.0	79.8	106.3

Table A9.38: Age-Adjusted Cancer Mortality Rates by Race/Ethnicity and Site per 100,000 Residents, 2018-2022[124]

Site	White			Black		
	Anne Arundel County	Maryland	United States	Anne Arundel County	Maryland	United States
Breast*	17.1	18.7	19.4	24.3	26.3	27.1
Prostate**	16.5	16.0	18.0	37.3	37.6	37.3
Lung/Bronchus	34.2	32.8	35.4	26.8	30.5	34.6
Colorectal	11.8	12.5	12.9	16.8	15.6	16.9
Melanoma	2.9	2.7	2.6	-	0.3	0.3
Oral	2.8	2.6	2.8	-	2.4	2.5
Cervical*	1.4	1.7	2.1	-	2.6	3.2

Table A9.39: Age-Adjusted Cancer Mortality Rates by Sex and Site per 100,000 Residents, 2018-2022[124]

Site	Male			Female		
	Anne Arundel	Maryland	United States	Anne Arundel	Maryland	United States
Lung/Bronchus	36.1	35.1	38.5	28.8	26.2	27.4
Colorectal	14.0	15.0	15.3	11.2	11.0	10.7
Melanoma	3.6	2.7	3.0	1.4	1.2	1.3
Oral	4.5	4.1	4.0	1.2	1.2	1.4
Overall	**165.9**	**167.0**	**172.2**	**127.3**	**124.8**	**125.8**

Chronic Diseases

Chronic Lower Respiratory Disease

Table A9.40: Crude Death Rate per 100,000 for Chronic Lower Respiratory Disease by Race/Ethnicity, 2018-2021[105]

Race	Death Rate
White	45.5
Black	16.5
Asian	7.4
Overall	**33.7**

Table A9.41: Asthma ED Visit and Inpatient Hospitalization Rates per 100,000 Anne Arundel County Residents Ages 20+ by Demographic Group, 2019-2023[107]

	ED Visit Rate					Hospitalization Rates				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Race/Ethnicity										
White	11.6	8.4	6.6	8.3	9.2	1.7	0.9	1.1	0.9	1.2
Black	51.5	28.3	35.3	32.7	36.4	7.3	4.3	3.2	2.9	4.2
Hispanic	19.0	18.4	15.1	11.8	15.0	S	S	S	S	S
Sex										

Male	15.9	11.0	8.8	9.2	12.8	1.8	1.0	0.8	0.9	1.0
Female	22.3	14.3	16.5	17.2	17.5	3.5	2.1	2.1	1.5	2.6
Age Group										
20-34 years	28.9	20.3	21.0	20.3	25.5	1.6	S	1.2	0.9	1.4
35-54 years	20.7	13.6	12.8	13.7	15.4	3.4	2.1	1.6	0.9	2.0
55+ years	10.9	6.6	7.1	8.4	8.1	2.7	1.8	1.6	1.7	1.9
Overall	**19.2**	**12.7**	**12.7**	**13.3**	**15.2**	**2.7**	**1.6**	**1.5**	**1.2**	**1.8**

Diabetes

Table A9.42: Diabetes ED Visit and Inpatient Hospitalization Rates per 100,000 Anne Arundel County Residents Ages 20+ by Demographic Group, 2019-2023[107]

	ED Visit Rate					Hospitalization Rates				
	2019	**2020**	**2021**	**2022**	**2023**	**2019**	**2020**	**2021**	**2022**	**2023**
Race/Ethnicity										
White	11.6	8.4	6.6	8.3	9.2	1.7	0.9	1.1	0.9	1.2
Black	51.5	28.3	35.3	32.7	36.4	7.3	4.3	3.2	2.9	4.2
Hispanic	19.0	18.4	15.1	11.8	15.0	S	S	S	S	S
Sex										
Male	15.9	11.0	8.8	9.2	12.8	1.8	1.0	0.8	0.9	1.0
Female	22.3	14.3	16.5	17.2	17.5	3.5	2.1	2.1	1.5	2.6
Age Group										
20-34 years	28.9	20.3	21.0	20.3	25.5	1.6	S	1.2	0.9	1.4
35-54 years	20.7	13.6	12.8	13.7	15.4	3.4	2.1	1.6	0.9	2.0
55+ years	10.9	6.6	7.1	8.4	8.1	2.7	1.8	1.6	1.7	1.9
Overall	**19.2**	**12.7**	**12.7**	**13.3**	**15.2**	**2.7**	**1.6**	**1.5**	**1.2**	**1.8**

Table A9.43: Percentage of Adults Who Have Ever Been Told by a Health Professional That They Have Diabetes, 2018-2022[109]

	Anne Arundel County					Maryland				
	2018	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**
Race/Ethnicity										
White	9.3%	8.7%	6.3%	8.8%	6.0%	8.7%	7.8%	7.8%	8.4%	8.3%
Black	10.7%	12.7%	11.2%	17.4%	6.2%	14.3%	13.3%	11.8%	11.7%	13.1%
Sex										
Male	9.2%	11.4%	7.5%	12.3%	8.6%	11.5%	10.5%	9.6%	10.7%	11.7%
Female	9.9%	7.1%	8.0%	9.3%	6.5%	10.2%	9.3%	8.7%	9.1%	9.7%
Age Group										
45-54 years	10.1%	9.9%	-	15.9%	-	14.3%	12.2%	10.1%	11.3%	12.9%
55-64 years	16.9%	19.7%	17.4%	22.8%	14.5%	19.8%	17.4%	15.4%	18.4%	18.8%
65+ years	26.6%	22.1%	20.0%	21.5%	18.8%	23.9%	23.2%	21.5%	22.3%	24.0%
Overall	**9.8%**	**9.2%**	**7.8%**	**10.7%**	**7.6%**	**10.8%**	**9.9%**	**9.1%**	**9.8%**	**10.6%**

Table A9.44: Three Year Age-Adjusted Death Rate per 100,000 for Diabetes, 2015-2021[105]

	2015-2017	**2016-2018**	**2017-2019**	**2018-2020**	**2019-2021**
Anne Arundel	16.3	17.7	16.7	18.4	18.8
Maryland	19.4	19.8	20.1	21.4	22.5
United States	21.2	21.3	21.5	22.6	23.9

Heart Disease

Table A9.45: Heart Disease ED Visit and Inpatient Hospitalization Rates per 100,000 Anne Arundel County Residents by Demographic Group, 2019-2023[107]

	ED Visit Rate					Hospitalization Rates				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Race/Ethnicity										
White	304.6	262.0	292.9	293.9	309.4	608.6	519.4	532.9	532.2	536.4
Black	483.0	353.5	360.1	399.2	448.3	887.6	629.0	674.9	698.0	787.7
Sex										
Male	375.6	338.3	337.5	334.7	391.4	813.8	674.0	671.8	667.7	683.2
Female	312.9	230.5	268.7	273.6	267.9	531.6	443.9	444.6	447.9	481.2
Age Group										
<35 years	58.7	57.8	59.0	57.0	43.1	37.2	26.0	24.5	26.6	27.3
35-64 years	355.1	296.4	330.2	324.3	342.9	526.2	35.1	417.2	398.6	393.8
65+ years	1405.5	1108.2	1157.0	1184.3	1368.2	35078.5	2940.1	2987.5	3035.3	3255.6
Overall	**342.9**	**22.3**	**302.1**	**302.3**	**325.9**	**663.9**	**551.7**	**5501**	**550.0**	**576.3**

Table A9.46: Three Year Rolling Age-Adjusted Heart Disease Mortality Rates, 2017-2021[105]

	Anne Arundel			Maryland			United States		
	2017-2019	2018-2020	2019-2021	2017-2019	2018-2020	2019-2021	2017-2019	2018-2020	2019-2021
Age Group									
Ages 35+	314.1	310.1	297	312.9	315.6	317.6	316.6	318.8	325.1
Ages 65+	1,055.6	1,033.4	990.4	1,020	1,021.4	1,027	1,033.8	1,034.1	1,051.5
Race/Ethnicity									
Whit	165.5	161.8	154.8	161.9	163.3	165.5	167.4	168.4	172.2
Black	178.2	195.5	188.7	189.8	195.7	196.4	207.6	217.6	222.3
Hispanic	105.2	104.7	100	69.2	73.5	72.7	112.5	115.5	117.7
Overall	**162.4**	**160.3**	**153.3**	**161.9**	**163.2**	**164.3**	**163.4**	**164.5**	**167.8**

Hypertension and Stroke

Table A9.47: Hypertension ED Visit and Inpatient Hospitalization Rate per 100,000 Anne Arundel County Residents by Demographic Group, 2019-2023[107]

	ED Visit Rate				
	2019	2020	2021	2022	2023
Race/Ethnicity					
White	105.2	75.8	91.6	85.0	102.1
Black	385.2	278.8	294.9	285.0	288.6
Sex					
Male	144.9	110.0	112.7	114.1	118.4
Female	175.3	127.8	149.8	136.4	164.5
Age Group					
35-64 years	233.0	181.1	191.6	189.8	210.7
65+ years	443.7	309.2	364.8	346.6	378.6
Overall	**161.8**	**119.8**	**132.7**	**126.6**	**142.8**

Table A9.48: Age-Adjusted Cerebrovascular Disease Mortality Rates by Race/Ethnicity per 100,000 Residents, 2018-2022[105]

Race/Ethnicity	Anne Arundel	Maryland	United States
White	55.9	40.5	3.5
Black	77.0	57.9	56.8
Overall	**57.6**	**43.8**	**38.9**

Table A9.49: Percentage of Adults Who Have Ever Been Told by a Health Professional They Have High Blood Pressure, 2017-2021[109]

	Anne Arundel			Maryland		
	2017	**2019**	**2021**	**2017**	**2019**	**2021**
Age Group						
45-54	34.2%	32.9%	43.3%	33.5%	36.1%	35.4%
55-64	48.3%	42.4%	42.3%	49.9%	46.8%	50.1%
65+	57.2%	62.8%	59.6%	63.6%	65.3%	63.8%
Sex						
Female	25.6%	24.4%	27.3%	28.2%	29.4%	30.6%
Male	31.0%	35.7%	33.6%	32.7%	34.8%	33.5%
Race/Ethnicity						
White	27.5%	29.2%	28.7%	28.5%	30.2%	30.1%
Blac	34.3%	33.9%	42.1%	37.1%	39.6%	38.0%
Hispanic	-	-	25.9%	23.1%	22.9%	26.5%
Overall	28.4%	30.1%	30.2%	30.4%	32.0%	32.0%

Note: Excludes women told only during pregnancy

Nephritis

Table A9.50: Age-Adjusted Death Rate per 100,000 for Nephritis, Nephrosis, and Nephrotic Syndrome, 2018-2021[105]

	Death Rate
Anne Arundel County	8.5
Maryland	10.4
United States	13.0

Table A9.51: Age-Adjusted Inpatient Hospitalization Rates for Nephritis, Nephrosis, and Nephrotic Syndrome in Anne Arundel County, 2019-2023[107]

	2019	2020	2021	2022	2023
Race/Ethnicity					
White	85.6	--	--	74.4	--
Black	180	--	188	152.9	169.3
Sex					
Male	112.1	--	105.8	103.8	--
Female	--	73.9	87.1	76.1	85
Age Group					
35-64 years	87.1	77.8	75.7	71.2	61.9
65+ years	487.4	399.8	476.7	441.1	507.8
Overall	**100.4**	**84.8**	**95.4**	**88.4**	**95.5**

Obesity

Table A9.52: Adult Obesity and Physical Health Measures, 2022[109]

	Percentage of Adults Who Are Obese		Percentage of Adults Who Are Overweight		Percentage of Adults Who Participated in Any Leisure Time Physical Activity in the Past Month	
	Anne Arundel County	Maryland	Anne Arundel County	Maryland	Anne Arundel County	Maryland
Sex						
Male	32.2%	31.5%	46.1%	38.2%	80.0%	82.0%
Female	40.7%	34.8%	26.7%	30.7%	74.2%	75.9%
Race/Ethnicity						
White, NH	34.3%	30.7%	35.2%	34.9%	80.7%	80.5%
Black, NH	47.1%	42.0%	37.7%	32.4%	79.1%	77.5%
Hispanic	28.8%	33.8%	48.3%	37.9%	52.7%	70.0%
Age						
18 to 34 Years	28.1%	27.9%	32.5%	28.6%	79.9%	82.6%
35 to 44 Years	49.3%	39.2%	32.6%	35.0%	77.6%	82.4%
45 to 54 Years	41.3%	40.9%	35.0%	35.5%	85.2%	81.0%
55 to 64 Years	44.4%	37.3%	34.8%	35.5%	75.9%	76.9%
Over 65 Years	28.3%	28.0%	45.9%	39.1%	68.4%	71.2%
Total	**36.6%**	**33.2%**	**36.2%**	**34.4%**	**77.0%**	**78.8%**

Table A9.53: Percentage of Adults Who Are Obese, 2017-2022[109]

Year	Anne Arundel County	Maryland	United States
2018	32.4%	30.9%	30.9%
2019	30.5%	32.2%	32.4%
2020	31.7%	31.0%	31.9%
2021	37.1%	34.3%	33.9%
2022	36.6%	33.2%	33.6%

Table A9.54: High School Student Obesity and Physical Health Measures, 2022[125]

	% of High School Students who are Obese			% of High School Students who are Overweight			% of High School Students Who were Physically Active for a Total of at Least 60 Minutes per day on Five or More Days of the Past Week			% of High School Students Who Ate Vegetables Three or More Times per day During the Past Week		
	Anne Arundel County	MD	United States	Anne Arundel County	MD	United States	Anne Arundel County	MD	United States	Anne Arundel County	MD	United States
Sex												
Male	17.1%	18.4%	18.7%	12.2%	14.3%	14.8%	49.6%	46.0%	54.7%	10.9%	11.2%	12.3%
Female	12.3%	13.4%	13.7%	14.8%	16.4%	17.4%	33.8%	31.3%	35.9%	9.2%	9.0%	9.9%
Race/Ethnicity												
Black, NH	18.7%	19.7%	21.2%	14.3%	17.0%	18.6%	29.0%	32.1%	35.1%	6.2%	8.3%	12.6%
Hispanic	17.8%	20.6%	20.2%	18.3%	8.6%	20.9%	34.1%	31.3%	39.1%	11.8%	10.7%	10.9%
White, NH	12.2%	11.9%	13.7%	11.7%	12.8%	14.6%	48.8%	47.0%	51.6%	11.3%	9.8%	9.9%
Grade												
9th Grade	14.6%	15.8%	16.1%	14.1%	16.5%	17.4%	44.5%	42.1%	48.1%	8.1%	10.4%	10.7%
10th Grade	18.2%	17.4%	16.6%	13.7%	15.6%	15.6%	37.6%	37.9%	48.2%	11.4%	8.9%	11.5%
11th Grade	9.5%	14.4%	15.3%	11.6%	14.7%	16.8%	47.3%	38.8%	43.1%	14.3%	10.9%	11.0%
12th Grade	16.3%	15.6%	17.3%	14.7%	14.2%	14.2%	35.9%	34.9%	41.7%	7.2%	10.1%	11.3%
Total	**14.8%**	**15.9%**	**16.3%**	**13.5%**	**15.3%**	**16.0%**	**41.2%**	**38.5%**	**45.3%**	**10.2%**	**10.2%**	**11.2%**

Table A9.55: Percentage of High School Students who are Obese by Race/Ethnicity, 2014-2022[125]

	Anne Arundel				Maryland				United States			
Race/Ethnicity	2014-2015	2016-2017	2018-2019	2021-2022	2014-2015	2016-2017	2018-2019	2021-2022	2014-2015	2016-2017	2018-2019	2021-2022
White	9.7%	11.4%	8.9%	12.2%	9.2%	9.9%	9.7%	11.9%	12.4%	12.5%	13.1%	13.7%
Black	14.6%	16.6%	20.6%	18.7%	14.4%	16.3%	16.4%	19.7%	16.8%	18.2%	21.1%	21.2%
Hispanic	16.0%	18.2%	18.7%	17.8%	13.9%	14.7%	16.8%	20.6%	16.4%	18.2%	19.2%	20.2%
Total	**11.6%**	**13.0%**	**12.5%**	**14.8%**	**11.5%**	**12.6%**	**12.8%**	**15.4%**	**13.9%**	**14.8%**	**15.5%**	**16.3%**

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[125] Source: 2021-2022 Maryland Youth Risk Behavior Survey; Centers for Disease Control and Prevention YRBS Explorer, Accessed 7/22/2024.

Chronic Disease Data Comparisons

Table A9.56: Chronic Condition ED Visits and Inpatient Admissions in Anne Arundel County, 2019-2023[107]

Visit Type	Chronic Condition	2019	2020	2021	2022	2023
Inpatient Hospitalizations	Chronic Lower Respiratory Disease	203	98	125	120	165
	Diabetes	884	805	874	891	926
	Heart Disease	4,451	3,772	3,844	3,975	4,156
ED Visits	Chronic Lower Respiratory Disease	1735	944	1068	1379	1516
	Diabetes	1231	953	1078	1019	1078
	Heart Disease	2,241	1,895	2,065	2,125	2,291
	Hypertension	597	417	494	488	577

Table A9.57: Chronic Condition ED Visits and Inpatient Admission Rates per 100,000 Anne Arundel County Residents, 2019-2023[107]

Zip Code	Pediatric Asthma Visits	Pediatric Asthma Rate	Diabetes Visits	Diabetes Rate	Hypertension Visits	Hypertension Rate
20711	44	47.3	100	270.4	43	116.3
20724	103	47.5	185	205.7	140	155.7
20733	15	48.5	43	313.9	21	153.3
20751	--	--	18	175.1	25	243.2
20755	55	32.1	34	63.6	25	46.7
20758	--	--	12	452.1	--	--
20764	14	47.8	40	232.0	34	197.2
20776	17	53.0	47	312.0	27	179.2
20778	--	--	13	108.8	18	150.6
20794	--	--	41	48.8	19	22.6
21012	87	28.2	121	106.0	129	113.0
21032	43	65.1	72	182.1	63	159.3
21035	18	19.2	34	82.1	42	101.5
21037	71	31.1	169	159.9	135	127.7
21054	63	36.2	88	128.0	79	114.9
21060	213	62.5	465	251.6	356	192.6
21061	480	77.2	799	290.4	546	198.4
21076	88	48.0	117	118.0	132	133.1
21090	38	33.3	92	182.8	77	153.0
21108	69	31.5	133	145.9	130	142.6
21113	188	45.6	250	140.5	277	155.7
21114	127	34.4	155	119.3	159	122.3
21122	230	35.2	527	172.9	437	143.4
21140	--	--	13	65.0	19	95.0
21144	247	53.2	394	216.8	324	178.3
21146	113	29.8	130	90.9	144	100.7
21225	166	34.6	247	143.9	141	82.1
21226	22	26.7	29	93.7	21	67.8
21401	301	82.9	464	234.9	422	213.7
21402	16	65.7	--	--	--	--
21403	279	86.5	356	223.0	254	159.1
21409	92	38.7	143	142.5	156	155.5

Gun Violence

Table A9.58: Firearm Injuries (Number and Rate per 100,000) by Place of Admission for Anne Arundel County and Maryland Residents, 2019-2023[107]

Anne Arundel County:

Place of Admission	2019 #	2019 Rate	2020 #	2020 Rate	2021 #	2021 Rate	2022 #	2022 Rate	2023 #	2023 Rate
Inpatient	42	7.3	48	8.5	62	11.3	56	10.2	76	13.9
Emergency Department	73	13.8	68	12.7	79	14.5	104	18.8	98	17.9
Total	**115**	**21.1**	**116**	**21.3**	**141**	**25.8**	**160**	**25.8**	**174**	**29.1**

Maryland:

Place of Admission	2019 #	2019 Rate	2020 #	2020 Rate	2021 #	2021 Rate	2022 #	2022 Rate	2023 #	2023 Rate
Inpatient	1028	18.7	1083	19.3	1154	20.3	1166	20.4	1106	19.4
Emergency Department	3257	59.3	3158	57	3676	65.4	3442	61.2	3250	57.6
Total	**4285**	**78.0**	**4241**	**76.4**	**4830**	**85.7**	**4608**	**81.6**	**4356**	**77.0**

Table A9.59: Cause of Firearm Deaths (Number and Rate per 100,000) for Anne Arundel County and Maryland Residents, 2017-2021[105]

Anne Arundel County:

Cause of Death	2017 #	2017 Rate	2018 #	2018 Rate	2019 #	2019 Rate	2020 #	2020 Rate	2021 #	2021 Rate
Suicide	31	5.1	25	4.4	28	4.2	26	4.1	39	6.5
Homicide	17	3.2	25	4.4	12	2.2	18	3.4	17	3.1
Legal Intervention	0	0	-	-	-	-	0	0	-	-

Maryland:

Cause of Death	2017 #	2017 Rate	2018 #	2018 Rate	2019 #	2019 Rate	2020 #	2020 Rate	2021 #	2021 Rate
Suicide	271	4.5	266	4.1	268	4.1	267	4.1	310	4.7
Homicide	454	7.5	426	7.4	468	8.2	526	9.3	592	10.3
Legal Intervention	-	-	10	0.2	17	0.3	-	-	-	-

Table A9.60: Firearm Injury Rates (per 100,000 Residents) by Sex and Race/Ethnicity, 2019-2023[107]

Race/Ethnicity	Anne Arundel County Male	Anne Arundel County Female	Maryland Male	Maryland Female
White	17.3	2.6	28.7	7.0
Black	147.3	17.4	374.2	45.7
Hispanic	27.1	-	40.9	4.6

Table A9.61: Gun crimes Occurring in Anne Arundel County, 2016-2023[126]

2016	2017	2018	2019	2020	2021	2022	2023
687	534	471	682	710	687	650	631

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[126] Source: Anne Arundel County and Annapolis Police Departments

Infectious Disease

Table A9.62: Rates of Infectious Diseases per 100,000 Population, 2017-2022[127]

Condition	Anne Arundel						Maryland					
	2017	2018	2019	2020	2021	2022	2017	2018	2019	2020	2021	2022
Campylobacterosis	16.8	13.5	18.8	12.0	16.1	19.6	14.6	15.5	14.7	11.9	13.8	17.7
Salmonellosis	20.9	22.6	21.7	16.3	17.5	15.5	14.8	16.0	16.6	11.6	13.3	14.0
Vibriosis	2.3	2.3	3.1	3.4	2.0	3.2	1.1	1.7	1.6	1.4	1.6	1.8
Legionellosis	3.0	7.1	5.0	2.6	2.7	3.7	3.1	6.0	4.5	3.0	3.5	3.3
Tuberculosis	2.3	-	2.1	-	-	-	3.4	3.5	3.5	2.4	3.2	2.6
Chlamydia	389.7	402.1	467.3	369.8	-	317.1	552.1	587.2	623.9	535.0	-	506.7
Gonorrhea	101.7	94.4	117.4	108.8	-	88.8	181.4	170.5	191.5	199.0	-	181.1
Syphilis*	5.9	4.7	6.7	5.5	-	8.9	9.5	12.2	14.3	14.4	-	12.7
Lyme Disease	22.2	15.6	19.0	12.0	25.9	21.2	31.2	22.9	23.5	13.8	14.9	33.0

*Includes primary and secondary syphilis

Human Immunodeficiency Virus (HIV)

Table A9.63: HIV Diagnosis and Prevalence Measures, 2018-2022[128]

Measure	County/State	2018	2019	2020	2021	2022
New HIV Diagnoses Among Individuals 13+	Anne Arundel County	42	47	35	39	25
	Maryland	1,019	927	714	758	751
People Living with Diagnosed HIV	Anne Arundel County	1,390	1,415	1,399	1,419	1,416
	Maryland	31,597	31,529	31,430	31,396	31,616

Table A9.64: Percentage of Adult Residents who have Ever Been Tested for HIV, 2022[109]

	Anne Arundel	Maryland
Sex		
Male	44.2%	44.8%
Female	49.6%	51.1%
Race/Ethnicity		
White	42.9%	38.5%
Black	62.7%	64.2%
Hispanic	52.8%	54.5%
Overall	**46.8%**	**48.0%**

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[127] Source: Maryland Department of Health Notifiable Conditions Dashboard.

[128] Source: A Maryland HIV County Overview Dashboard, Maryland Department of Health HIV Surveillance

Table A9.65: Demographics of People Living with Diagnosed HIV, 2022[128]

	Anne Arundel		Maryland	
	Number	% of Total	Number	% of Total
Assigned Sex at Birth				
Male	965	68%	20,948	66%
Female	451	32%	10,667	34%
Age				
13-24	32	2%	744	2%
25-34	230	16%	4,402	14%
35-44	274	19%	6,298	20%
45-54	321	23%	6,937	22%
55-64	379	27%	8,694	27%
65+	179	13%	4,541	14%
Race/Ethnicity				
White	355	25%	3,761	12%
Black	802	57%	23,469	74%
Hispanic	159	11%	2,446	8%
Other	99	7%	1,936	6%
Exposure				
HET	524	37%	12,321	39%
IDU	156	11%	4,608	15%
MMSC	654	46%	13,050	41%
MMSC/IDU	46	3%	1,078	3%
Perinatal	23	2%	433	1%
Not Reported	4	0%	84	0%
Other	6	0%	40	0%
Total	**1,416**	**100%**	**31,616**	**100%**

Sexually Transmitted Infections

Table A9.66: Sexually Transmitted Infections Cases and Rates per 100,000, 2014-2022[129]

	Anne Arundel County						Maryland					
	Chlamydia		Gonorrhea		P & S Syphilis		Chlamydia		Gonorrhea		P & S Syphilis	
Year	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2014	1,745	311.4	332	59.2	23	4.1	27,424	459.3	6,108	102.3	449	7.5
2015	1,751	310.2	359	63.6	31	5.5	27,450	457.5	6,858	114.3	509	8.5
2016	2,028	356.5	586	103	23	4	30,658	508.9	9,523	158.1	509	8.4
2017	2,234	389.7	583	101.7	34	5.9	33,416	552.1	10,978	181.4	573	9.5
2018	2,316	402.1	544	94.4	27	4.7	35,483	587.2	10,305	170.5	737	12.2
2019	2,710	467.3	681	117.4	39	6.7	37,779	623.9	11,598	191.5	868	14.3
2020	2,155	369.8	633	108.6	32	5.5	32,398	535	12,052	199	873	14.4
2021	--	--	--	--	--	--	30,312	490.9	10,483	169.8	726	11.8
2022	1896	319.6	529	89.2	54	9.1	31236	506.7	11,164	181.1	781	12.7

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[129] Source: MDH Center for Sexually Transmitted Infection Prevention, 2014-2022

Table A9.67: Sexually Transmitted Infections Cases and Rates per 100,000, 2022[129]

	Chlamydia	Gonorrhea	P&S Syphilis
Sex			
Male	238.0	111.5	17.3
Female	399.1	66.9	--
Race/Ethnicity			
White	107.8	28.5	5.0
Blac	555.1	219.5	18.7
Asian	70.7	--	0.0
Hispanic	225.6	28.6	12.5
Multiracial	1680.2	424.2	--
Age Group			
10-14	55.8	--	0.0
15-19	1676.2	275.0	--
20-24	1952.5	441.5	17.2
25-29	694.3	267.7	23.9
30-34	417.6	149.1	25.2
35-39	221.0	69.9	20.3
40-44	87.6	73.0	--
45-54	36.8	43.6	9.5
55-64	19.1	16.5	8.9
65+	0.0	--	--
Overall	**319.6**	**89.2**	**9.1**

Immunizations

Table A9.68: Percentage of Adult Residents Who Received an Influenza Immunization in Past 12 Months, 2018-2022[109]

	Anne Arundel County					Maryland				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Gender										
Male	42.1%	45.4%	42.4%	44.2%	54.9%	36.1%	44.8%	43.3%	43.9%	47.6%
Female	45.6%	56.6%	55.8%	54.8%	56.3%	40.2%	51.2%	52.7%	50.5%	54.5%
Race/Ethnicity										
White	46.6%	52.0%	54.6%	52.1%	61.1%	41.0%	52.0%	54.1%	53.0%	56.6%
Black	35.7%	46.6%	31.2%	39.2%	49.9%	33.1%	41.4%	40.0%	40.4%	43.8%
Hispanic	-	-	34.5%	43.5%	36.7%	36.2%	39.5%	48.2%	37.2%	42.7%
Total	**43.8%**	**51.0%**	**49.1%**	**49.3%**	**55.5%**	**38.1%**	**48.0%**	**48.2%**	**47.3%**	**51.2%**

Table A9.69: Percentage of Anne Arundel County Residents Who Received COVID-19 Vaccine, 2023-2024[130]

	Percent
Race/Ethnicity	
White	19.2%
Black	13.5%
Asian	6.4%
Hispanic	16.2%
Race/Ethnicity	
0 to 4	8.2%
5 to 11	8.1%
12 to 17	7.9%
18 to 64	13.2%
65+	39.0%
Total	**16.3%**

Maternal and Infant Health

Table A9.70: Live Births and Live Birth Rate per 1,000 Population in Anne Arundel County, 2017-2021[131]

Race/Ethnicity	2017		2018		2019		2020		2021	
	Live Births	Live Birth Rate	Live Births	Live Birth Rate	Live Births	Live Birth Rate	Live Births	Live Birth Rate	Live Births	Live Birth Rate
White	4,242	10.8	4,118	10.6	3,975	10.3	3,917	10.2	3,909	10.2
Black	1,273	13.3	1,251	12.7	1,320	13.0	1,451	13.9	1,342	12.3
Asian/Pacific Islander	410	17.8	376	15.7	444	18.1	383	15.2	383	14.4
Hispanic	936	21.2	1,009	21.8	1,070	22.1	1,058	21.1	1,115	20.9
Total	**6,895**	**12.1**	**6,783**	**11.8**	**6,830**	**11.8**	**6,827**	**11.7**	**7,009**	**11.8**

Table A9.71: Live Births by Age Group in Anne Arundel County, 2017-2021[131]

Age Group	2017		2018		2019		2020		2021	
	Live Births	% of Total	Live Births	% of Total	Live Births	% of Total	Live Births	% of Total	Live Births	% of Total
<18	64	0.9%	46	0.7%	50	0.7%	52	0.8%	29	0.4%
18-19	131	1.9%	107	1.6%	142	2.1%	121	1.8%	113	1.6%
20-24	851	12.3%	787	11.6%	777	11.4%	746	10.9%	716	10.2%
25-29	1,961	28.4%	1, 833	27.0%	1,843	27.0%	1,724	25.3%	1,713	24.4%
30-34	2,389	34.6%	2,448	36.1%	2,438	35.7%	2,519	36.9%	2,681	38.3%
35-39	1,229	17.8%	1,262	18.6%	1,302	19.1%	1,357	19.9%	1,443	20.6%
40+	270	3.9%	300	4.4%	278	4.1%	308	4.5%	314	4.5%
Total	**6,895**		**6,783**		**6,830**		**6,827**		**7,009**	

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[130] Source: Maryland ImmuNet, data as of 7/18/24

[131] Source: MDH VSA Birth Certificates, 2017-2021

Table A9.72: Teen (Ages 15-19) Birth Rate per 1,000 Population, 2012-2021[131]

Geography	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Anne Arundel County	20.3	15.6	13.9	14.4	13.4	11.9	9.4	11.2	10.6	8.5
Maryland	22.1	19.3	17.8	16.9	15.9	14.2	14.1	13.9	13.1	11.3
United States	29.4	26.6	24.2	22.3	20.3	18.8	17.4	16	15.4	14.4

Table A9.73: Teen (Ages 15-19) Birth Rate per 1,000 Population in Anne Arundel County, 2017-2021[131]

Year	White			Black			Hispanic		
	Live Births	Pop.	Rate Rate	Live Births	Pop.	Rate Rate	Live Births	Pop.	Rate Rate
2017	80	10,540	7.6	54	3,301	16.4	54	1,539	35.1
2018	58	10,447	5.6	39	3,344	11.7	50	1,658	30.2
2019	80	10,343	7.7	44	3,449	12.8	65	1,768	36.8
2020	60	10,149	5.9	57	3,375	16.9	53	1,929	27.5
2021	37	9,622	3.8	45	3,261	13.8	48	2,128	22.6

Table A9.74: Low Birthweight and Preterm Births in Anne Arundel County, 2017-2021[131]

	Births Born with Low Birth Weight					Preterm Births				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Race/Ethnicity										
White	6.5%	6.7%	6.9%	5.8%	6.7%	9.3%	10.0%	9.5%	9.0%	10.3%
Black	12.3%	11.6%	11.3%	12.1%	11.9%	12.1%	12.8%	10.8%	12.2%	12.6%
Asian/Pacific Islander	10.0%	9.3%	8.3%	9.4%	5.7%	11.0%	10.6%	9.2%	9.9%	6.3%
Hispanic	7.2%	6.7%	6.6%	8.0%	7.9%	7.7%	10.1%	10.6%	11.1%	10.0%
Age Group										
<18 years	-	-	-	0.1%	-	-	0.1%	-	-	-
18-19 years	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.2%	0.1%	0.2%
20-24 years	1.0%	0.8%	1.1%	0.9%	1.1%	1.0%	1.0%	1.1%	1.2%	1.4%
25-29 years	2.2%	1.6%	2.1%	2.0%	1.8%	3.0%	2.2%	2.4%	2.2%	2.3%
30-34 years	2.3%	2.8%	2.6%	2.6%	2.6%	3.0%	3.9%	3.5%	3.7%	3.7%
35-39 years	1.6%	1.6%	1.5%	1.5%	1.8%	2.0%	2.4%	2.4%	2.1%	2.4%
40+ years	0.4%	0.7%	0.3%	0.5%	0.4%	0.6%	0.8%	0.4%	0.6%	0.6%
Total	**7.8%**	**7.7%**	**7.8%**	**7.7%**	**7.9%**	**9.7%**	**10.5%**	**9.9%**	**10.0%**	**10.6%**

Table A9.75: Percentage of Births with No or Late Prenatal Care in Anne Arundel County, 2017-2021[131]

Race/Ethnicity	2017	2018	2019	2020	2021
White	5.0%	4.0%	4.0%	3.0%	2.9%
Black	9.0%	7.0%	6.0%	6.0%	5.6%
Asian/Pacific Islander	7.1%	4.2%	5.1%	3.8%	1.6%
Hispanic	10.0%	10.0%	10.0%	8.0%	9.7%
Total	**6.7%**	**5.5%**	**5.6%**	**4.8%**	**4.4%**

Table A9.76: Three Year Infant Mortality Rates by Race/Ethnicity in Anne Arundel County, 2016-2021[131]

Race/Ethnicity	2016-2018	2017-2019	2018-2020	2019-2021
White	3.7	2.7	2.8	3.1
Black	7.3	6.8	6.0	7.3
Hispanic	3.9	5.0	5.1	7.1
Total	**4.3**	**3.9**	**4.0**	**4.8**

Table A9.77: Maternal Morbidity by Race/Ethnicity in Anne Arundel County, 2017-2021[131]

Race/Ethnicity	Gestational Diabetes	Chronic Hypertension	Pregnancy Associated Hypertension
White	6.6%	2.0%	9.2%
Black	7.7%	4.9%	9.5%
Asian/Pacific Islander	14.9%	1.5%	6.3%
Hispanic	10.7%	1.5%	7.4%
Total	**8.0%**	**2.5%**	**8.8%**

Table A9.78: Low Birth Weight and Preterm Births Percentages by Zip Code in Anne Arundel County, 2017-2021[105,131]

Zip Code	Births	% Low Birthweight	% Preterm
20711	371	9.4%	10.2%
20714	33	-	-
20723	5	-	-
20724	1,373	10.8%	9.5%
20725	28	-	-
20733	145	11.7%	7.6%
20751	115	8.7%	7.8%
20754	36	-	-
20755	959	11.7%	8.1%
20758	38	-	-
20764	232	13.8%	9.9%
20765	24	-	-
20776	137	13.9%	5.8%
20778	83	9.6%	-
20779	44	-	-
20794	214	10.7%	7.5%
21012	1,111	7.5%	4.8%
21032	452	10.4%	6.0%
21035	294	11.6%	6.5%
21037	1,090	8.9%	6.1%
21054	670	9.6%	8.1%
21060	2,808	10.0%	8.2%
21061	3,681	11.4%	9.3%
21076	1,362	10.2%	8.9%
21077	19	-	-
21090	543	9.8%	7.9%
21108	906	9.1%	5.5%

Zip Code	Births	% Low Birthweight	% Preterm
21113	2,202	9.4%	8.0%
21114	1,491	9.3%	7.3%
21122	3,229	10.7%	7.4%
21140	183	6.6%	7.1%
21144	2,276	11.4%	8.9%
21146	1,225	8.2%	5.6%
21225	976	13.7%	12.2%
21226	293	8.9%	8.5%
21401	2,543	9.1%	6.7%
21402	80	11.3%	-
21403	1,759	9.8%	7.7%
21404	11	-	-
21405	9	-	-
21409	949	8.3%	4.5%

Oral Health

Table A9.79: Percentage of Adults who Visited a Dentist in the Past Year, 2018-2022[132]

	Anne Arundel County			Maryland		
	2018	**2020**	**2022**	**2018**	**2020**	**2022**
Sex						
Male	70.1%	66.2%	71.1%	65.1%	61.6%	62.9%
Female	73.7%	75.3%	70.9%	67.8%	69.3%	69.0%
Race/Ethnicity						
White	74.7%	73.4%	73.6%	72.3%	71.0%	70.8%
Black	64.7%	68.3%	71.4%	59.0%	60.8%	63.9%
Hispanic	66.9%	52.6%	52.0%	58.7%	53.2%	52.7%
Overall	**71.9%**	**70.6%**	**71.1%**	**66.4%**	**65.5%**	**66.0%**

Table A9.80: Percentage of High School Students Who Saw a Dentist in the Past Year, 2018-2022[132]

	Anne Arundel County			Maryland		
	2018	**2020**	**2022**	**2018**	**2020**	**2022**
Sex						
Male	75.0%	72.6%	76.8%	75.4%	73.3%	72.5%
Female	78.4%	77.5%	79.5%	77.8%	75.3%	75.2%
Race/Ethnicity						
White	82.8%	77.5%	83.4%	84.5%	81.1%	82.0%
Black	63.1%	74.1%	72.7%	68.3%	67.3%	66.6%
Hispanic	69.0%	73.1%	75.2%	71.5%	72.5%	69.8%
Overall	**76.3%**	**74.9%**	**78.2%**	**76.3%**	**74.1%**	**73.8%**

[132] Provided by the Anne Arundel County Department of Health. Source not specified.

Unintentional Injuries

Table A9.81: Age Adjusted Death Rate per 100,000 for Unintentional Injuries, 2018-2022[121]

	Anne Arundel County					Maryland				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Gender										
Male	44.3	52.0	59.0	48.9	52.4	49.2	51.8	63.8	62.8	68.9
Female	13.4	18.2	20.2	24.6	26.6	22.2	23.0	26.8	29.9	30.8
Race/Ethnicity										
White	39.8	46.1	47.3	45.5	45.5	38.7	39.9	47.8	46.7	49.3
Black	28.0	29.2	44.9	31.9	45.5	37.1	37.9	47.6	53.2	56.4
Age Groups										
0-34 Years	18.8	23.4	24.5	19.4	19.6	16.6	16.7	20.9	19.8	21.7
35-64 Years	43.2	39.3	47.1	38.9	48.4	35.9	36.4	48.9	51.2	58.1
65+ Years	86.3	93.1	99.6	117.5	123.9	103.8	114.0	121.4	127.9	125.8
Total	**37.5**	**39.5**	**29.8**	**24.6**	**27.5**	**35.0**	**36.6**	**44.4**	**45.6**	**48.8**

Table A9.82: Age Adjusted Death Rate per 100,000 for Fall Related Deaths, 2018-2022[121]

	Anne Arundel					Maryland				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
55-74 Years	**	13.1	13.7	11.9	11.9	10.7	10.8	14.1	14.5	11.9
75+ Years	119.8	141.1	132.5	175.7	172.9	125.2	146.0	134.7	149.8	142.9
Total	**8.4**	**11.2**	**10.5**	**12.3**	**13.1**	**9.9**	**10.5**	**11.3**	**12.0**	**11.2**

Table A9.83: Age Adjusted Death Rate per 100,000 due to Motor Vehicle Accidents, 2018-2022[121]

Anne Arundel County					Maryland				
2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
8.7	8.5	11.2	7.5	7.5	8.3	8.6	10.0	10.3	9.6

Table A9.84: Unintentional Injury Measures, 2018-2022[133]

Measure	County / State	2018	2019	2020	2021	2022
Pedestrian Injury Rate on Public Roads	Anne Arundel County	44.1	34.5	27.5	27.9	26.3
	Maryland	50.7	47.1	34.0	37.0	38.1
Fatal Motor Vehicle Crashes Involving Pedestrians on Foot	Anne Arundel County	11	10	5	13	12
	Maryland	124	130	125.0	131.0	153
Fatal Motor Vehicle Crashes Involving Bicycles or Other Pedalcycles	Anne Arundel County	1	4	0	1	2
	Maryland	10	16	6.0	11.0	15
Fatal Motor Vehicle Crashes Involving Distracted Driving	Anne Arundel County	13	14	11	14	10
	Maryland	183	205	205	189	203
Fatal Motor Vehicle Crashes Involving Driver Speed	Anne Arundel County	7	11	8	9	7
	Maryland	72	101	88	99	95

Senior Health

Alzheimer's Disease

Table A9.85: Age Adjusted Death Rate per 100,000 for Alzheimer's Disease, 2018-2021[105]

	Death Rate
Anne Arundel County	18.2
Maryland	15.4
United States	31.0

Table A9.86: Hospitalization Rate Related to Alzheimer's Disease or Other Dementias, 2008-2017[107]

State / County	Race/Ethnicity	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Anne Arundel	White	312.0	300.1	281.3	235.2	217.7	176.4	158.1	236.6	501.5	435.9
	Black	530.9	432.8	501.5	335.0	317.1	260.8	261.3	375.5	742.6	728.6
	Overall	**334.3**	**315.3**	**299.1**	**245.4**	**233.3**	**197.0**	**189.1**	**252.4**	**533.7**	**474.8**
Maryland	White	298.5	288.6	252.2	223.2	188.0	171.1	147.8	218.7	459.8	449.0
	Black	512.7	492.9	437.3	369.6	351.9	280.7	215.3	329.0	735.6	709.5
	Asian/Pacific Islander	90.9	83.4	125.9	80.4	69.8	66.3	68.3	85.3	229.2	197.1
	Hispanic	106.3	113.9	136.8	115.4	180.4	114.0	97.1	-	315.2	298.9
	Overall	**341.5**	**327.9**	**291.1**	**267.8**	**247.6**	**221.6**	**194.1**	**249.2**	**527.8**	**515.5**

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[133] Source: Maryland State Highway Administration (SHA), Maryland Highway Safety Office, Maryland Department of Transportation

Activities of Daily Living

Table A9.87: Percentage of Seniors (65+) by Disability Type, 2018-2022[109]

	Anne Arundel County					Maryland				
	2018	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**
Has 1+ Disability	28.7%	35.4%	33.7%	36.9%	34.3%	29.1%	36.9%	32.4%	38.0%	38.2%
Disability Type										
Cognitive	4.5%	5.6%	-	7.2%	8.0%	5.6%	6.9%	6.0%	6.9%	8.8%
Mobility	23.3%	24.7%	24.2%	20.2%	20.7%	22.8%	24.4%	19.7%	23.4%	24.2%
Independent living	10.1%	13.1%	7.6%	11.5%	7.2%	7.5%	9.0%	7.0%	8.7%	9.2%
Self-care	-	5.3%	-	5.1%	-	4.3%	5.2%	3.7%	4.7%	4.0%
Vision	4.9%	6.1%	-	5.7%	5.8%	4.8%	5.7%	4.7%	6.3%	6.8%
Hearing	-	8.9%	13.2%	16.7%	14.2%	-	10.9%	12%	14.1%	13.7%

Table A9.88: Percentage of Seniors (65+) Reporting Physical or Mental Health Kept Them from Usual Activities in the Past Month, 2018-2022[109]

	Anne Arundel					Maryland				
Number of Days	**2018**	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**
1-2 days	5.3%	3.7%	--	4.6%	--	3.9%	3.5%	2.8%	3.5%	2.9%
3-7 days	4.3%	4.4%	--	--	7.1%	4.4%	5.8%	3.4%	4.9%	5.5%
8-29 days	7.6%	6.3%	4.1%	4.8%	6.3%	6.4%	6.8%	5.1%	5.3%	6.1%
30 days	5.6%	9.7%	6.0%	5.1%	5.8%	4.4%	5.1%	3.8%	4.5%	3.0%

APPENDIX 10 | SUPPLEMENTAL DATA ANALYSIS – DEMOGRAPHICS AND SDOH, BY SOURCE

U.S. Census Bureau American Community Survey

Table A10.1: Median Age (Years) by Race/Ethnicity, 2022[134]			
Race/Ethnicity	**Anne Arundel County**	**Maryland**	**United States**
All Races/Ethnicities	**38.8**	**39.1**	**38.5**
White, Non-Hispanic	43.1	44.6	43.8
African American	36.5	37.6	34.8
Hispanic	28.0	29.4	30.1
Asian	39.0	39.7	37.9

Figure A10.1: Racial and Ethnic Majority by Census Tract, 2022[135]

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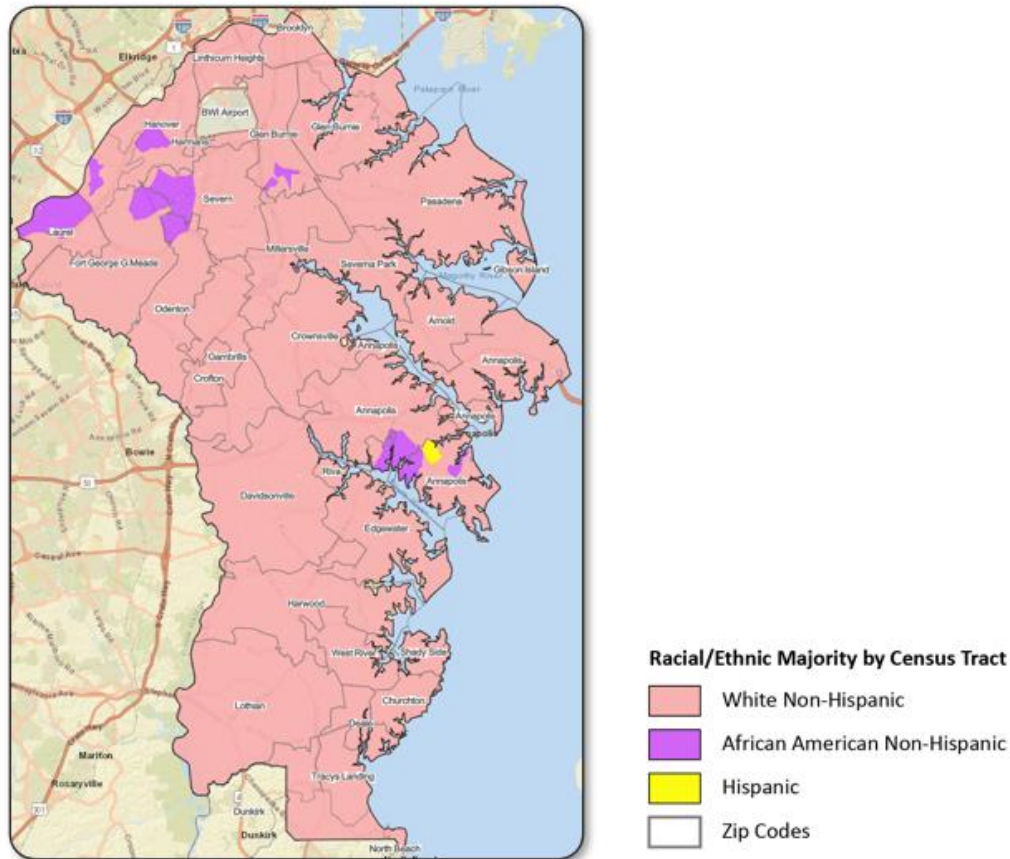
[134] Source: U.S. Census Bureau, ACS Survey 1-Year Estimate, Tables B01002B, B01002D, B01002H, and B01002I, 2022
[135] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table DP05, 2018-2022

Figure A10.2: Country of Origin of Foreign-Born Residents in Anne Arundel County, 2022[136]

El Salvador, 9.6%

Philippines, 7.7%

Nigeria, 6.2%

Mexico, 6.1%

China, 5.1%

Korea, 4.5%

India, 4.4%

Guatemala, 3.9%

United Kingdom, 2.7%

Ghana, 2.7%

Other, 47.1%
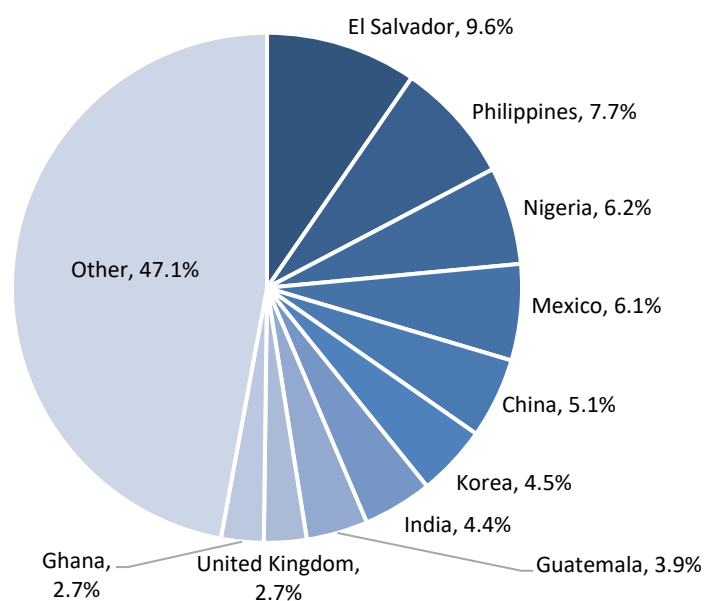
Figure A10.3: Home Ownership, 2018 & 2022[137]

		Owner-Occupied	Renter-Occupied
United States	2022	64.8%	35.2%
	2018	63.8%	36.2%
Maryland	2022	67.5%	32.5%
	2018	66.8%	33.2%
Anne Arundel	2022	75.0%	25.0%
	2018	74.3%	25.7%
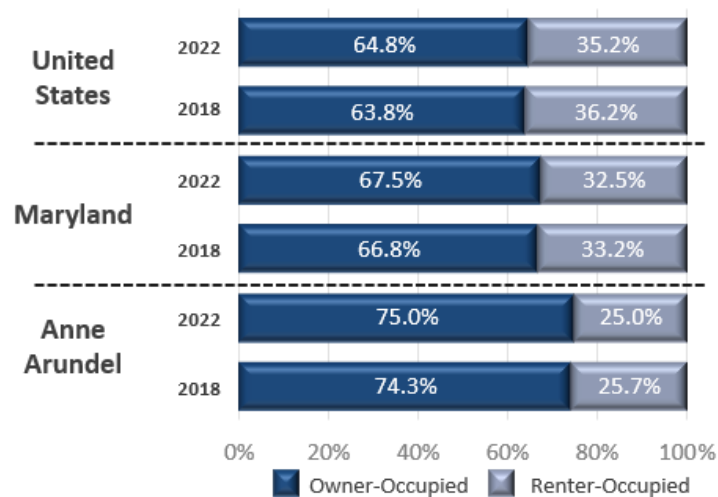
[136] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table B05006, 2018-2022
[137] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Tables S2501 and B25010, 2018-2022

Figure A10.4: Percent of Occupied Housing Units with No Vehicle Available, 2022[138]

Census Tract Level - Percent of Occupied Housing Units with No Vehicle Available, 2022

- 16.9% - 27.8%
- 9.6% - 16.8%
- 4.7% - 9.5%
- 2.0% - 4.6%
- 0.0% - 1.9%
- No Data
- Zip Codes

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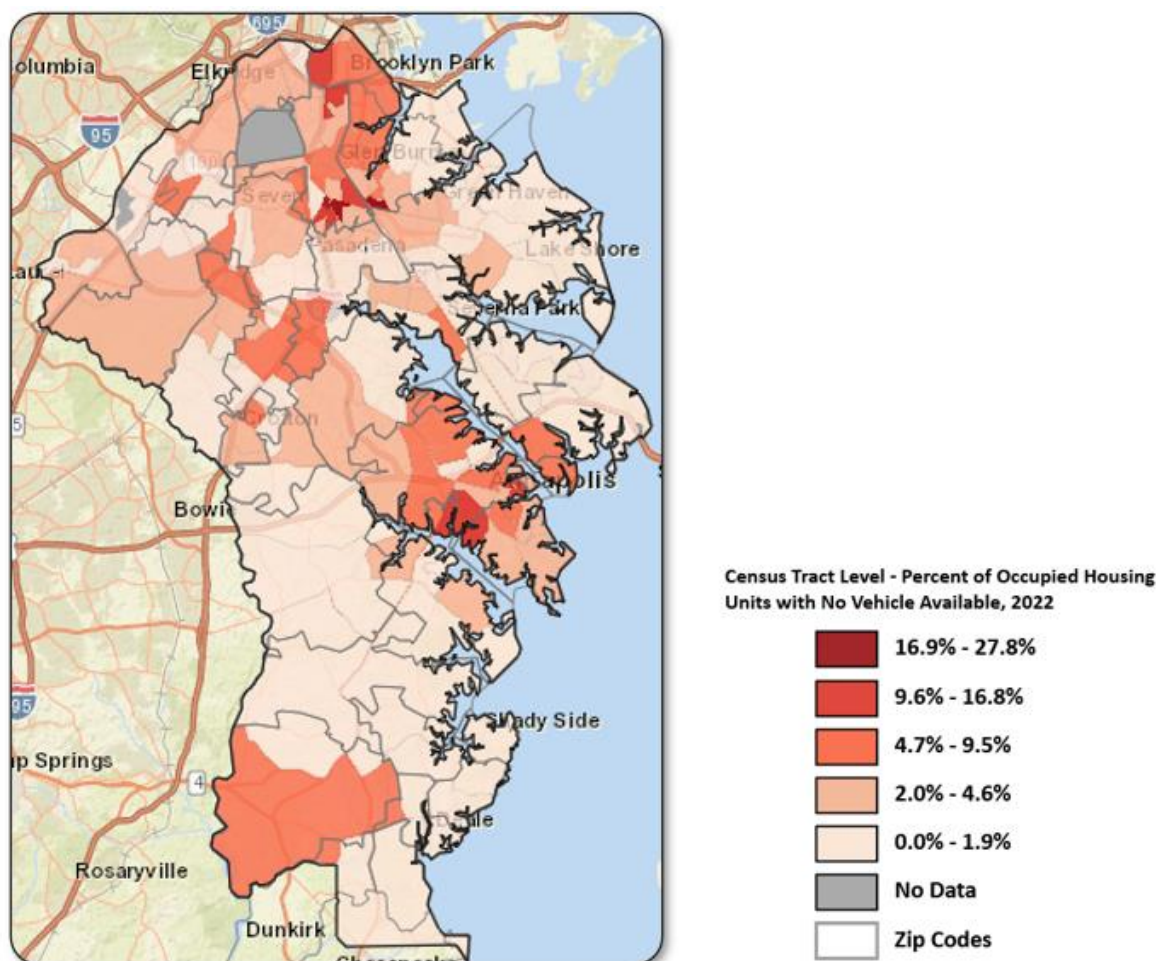
[138] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table S2504, 2018-2022

Figure A10.5: Percent of Residents Older than 25 without a High School Diploma or Equivalent, 2022[139]

Census Tract Level - Percent Residents >25 Without High School Diploma or Equivalent, 2022

- 18.2% - 31.2%
- 9.2% - 18.1%
- 5.2% - 9.1%
- 2.7% - 5.1%
- 0.0% - 2.6%
- No Data
- Zip Codes

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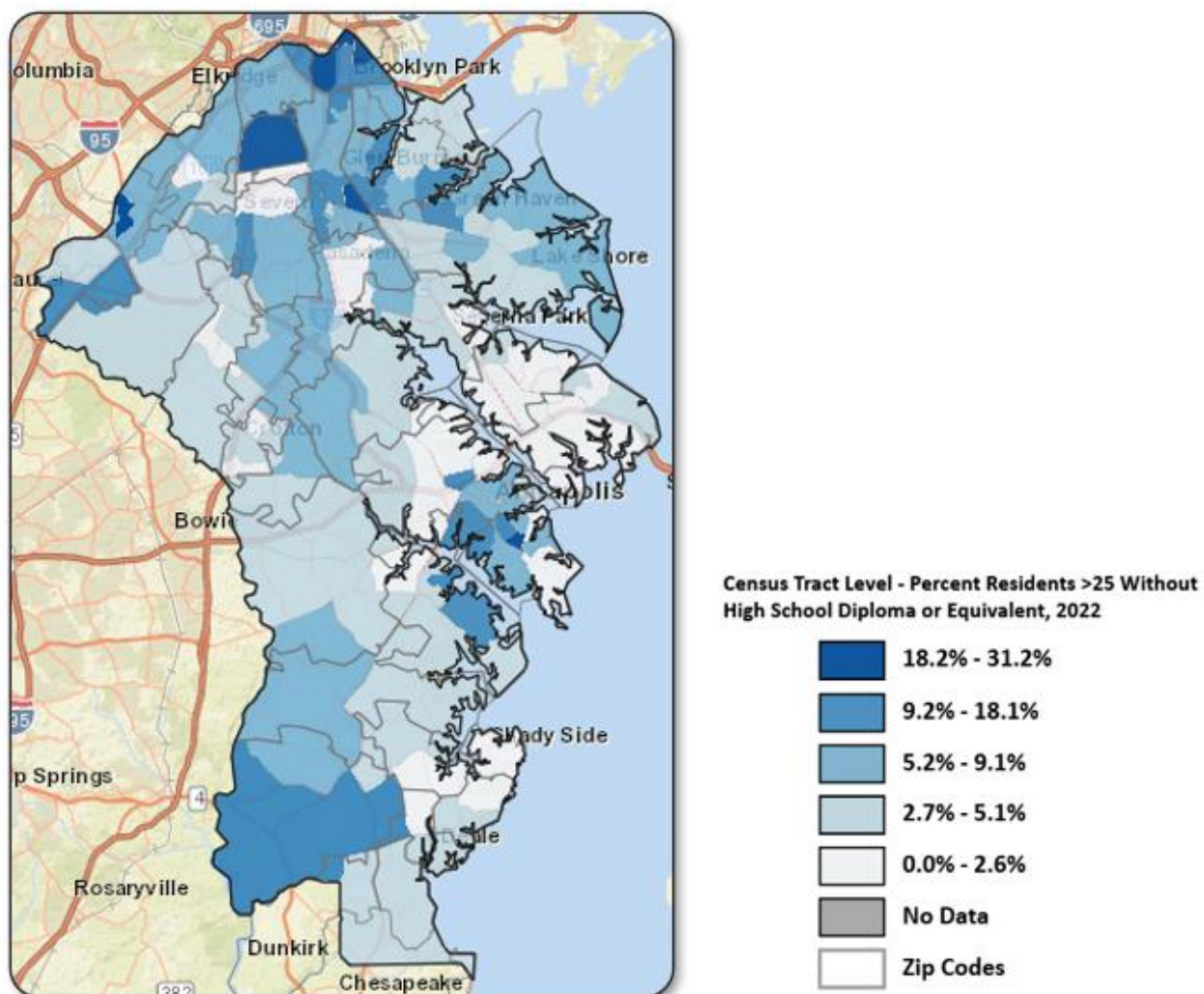
[139] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table S1501, 2018-2022

Figure A10.6: Percent of Households Receiving SNAP Benefits, 2022[140]

Census Tract Level - Percent Households Receiving SNAP, 2022

- 17.3% - 31.2%
- 10.5% - 17.2%
- 6.0% - 10.4%
- 2.4% - 5.9%
- 0.0% - 2.3%
- No Data
- Zip Codes

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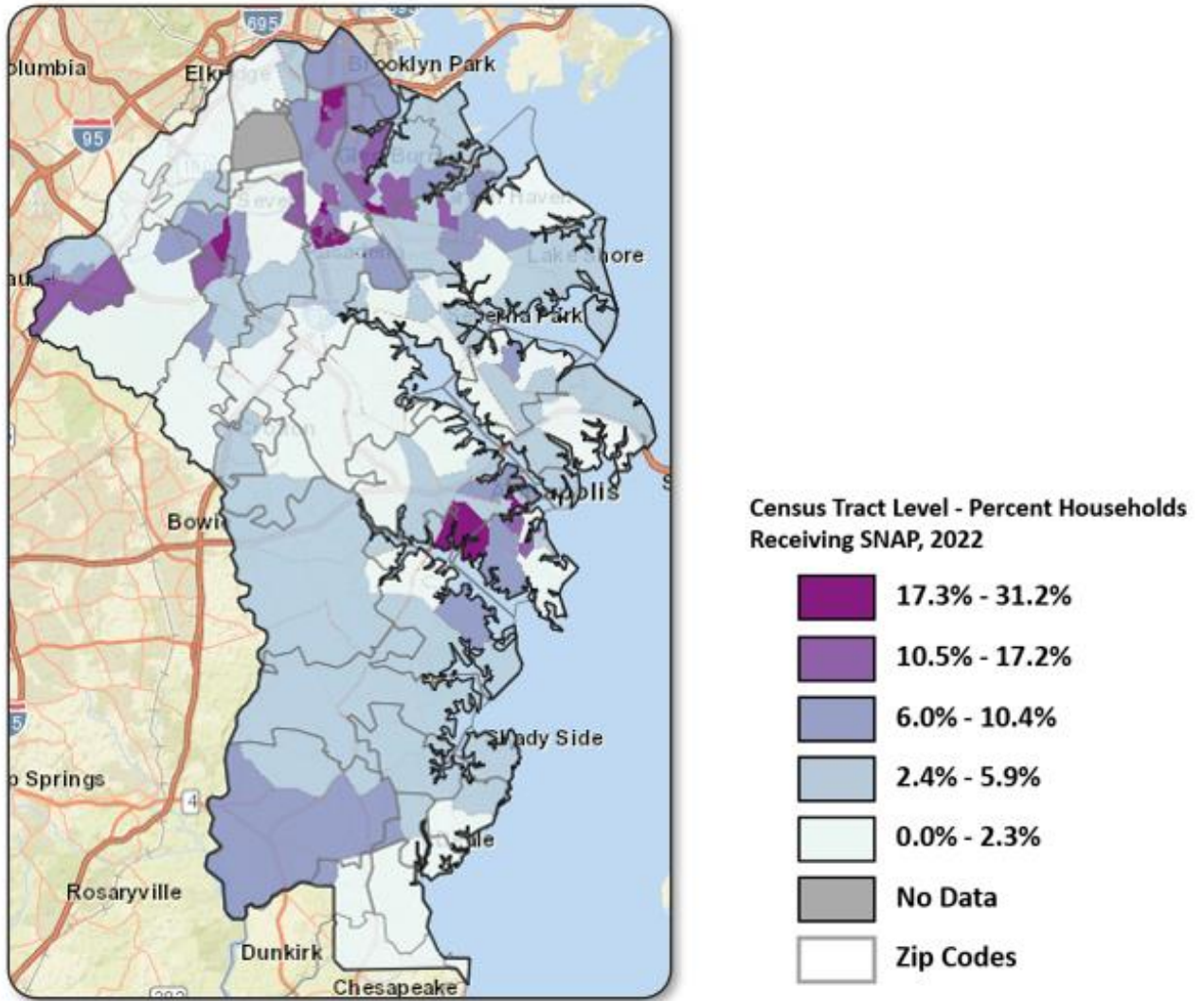
[140] Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table S2201, 2018-2022

Figure A10.7: Household Income Profile by Race and Ethnicity, 2022[141]

Legend:
- Hispanic
- Black, NH
- Asian, NH
- White, NH

Income	Hispanic	Black, NH	Asian, NH	White, NH
<$15,000	3.3%	6.8%	4.3%	3.4%
$15,000-$24,999	4.0%	3.8%	4.9%	3.0%
$25,000-$34,999	5.3%	4.0%	4.8%	3.2%
$35,000-$49,999	7.5%	6.0%	6.2%	6.3%
$50,000-$74,999	19.1%	15.5%	12.6%	11.3%
$75,000-$99,999	11.1%	14.2%	10.6%	12.3%
$100,000-$149,999	20.5%	21.5%	23.0%	21.5%
$150,000-$199,999	17.1%	13.7%	10.7%	15.1%
$200,000 or greater	12.2%	14.5%	22.7%	24.0%
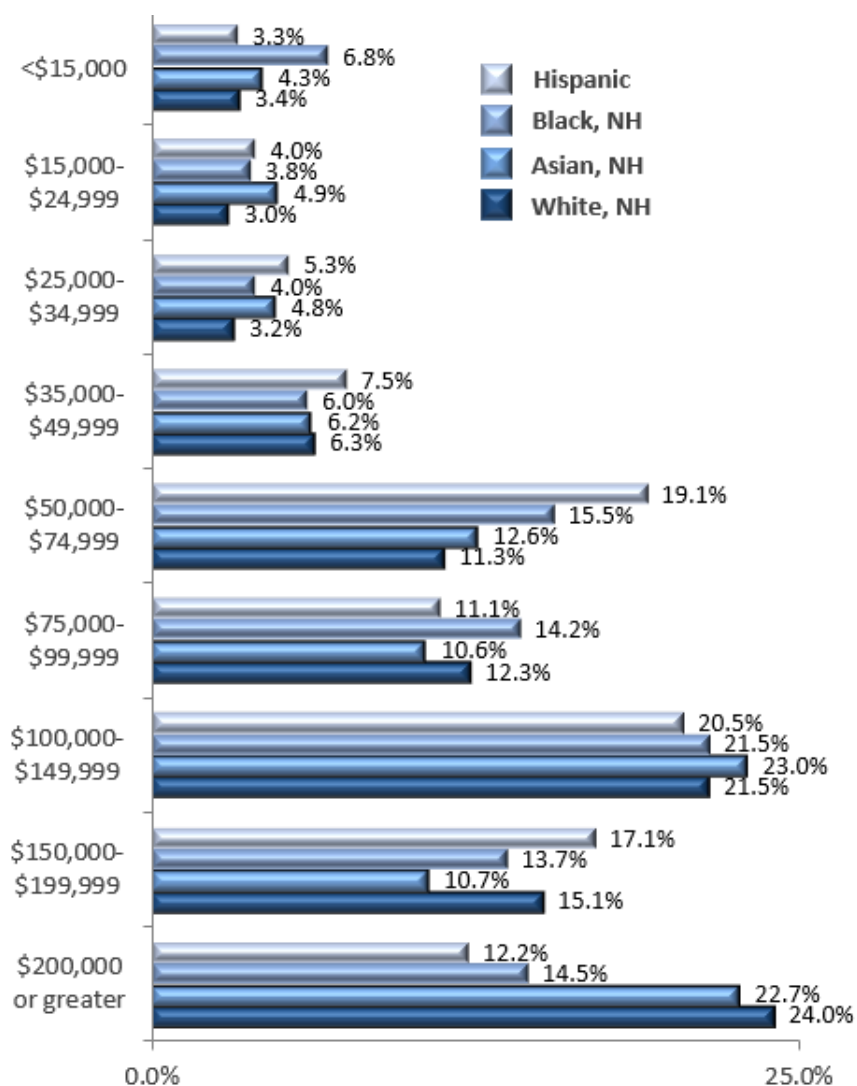
Figure A10.8: Median Household Income, 2022[141]
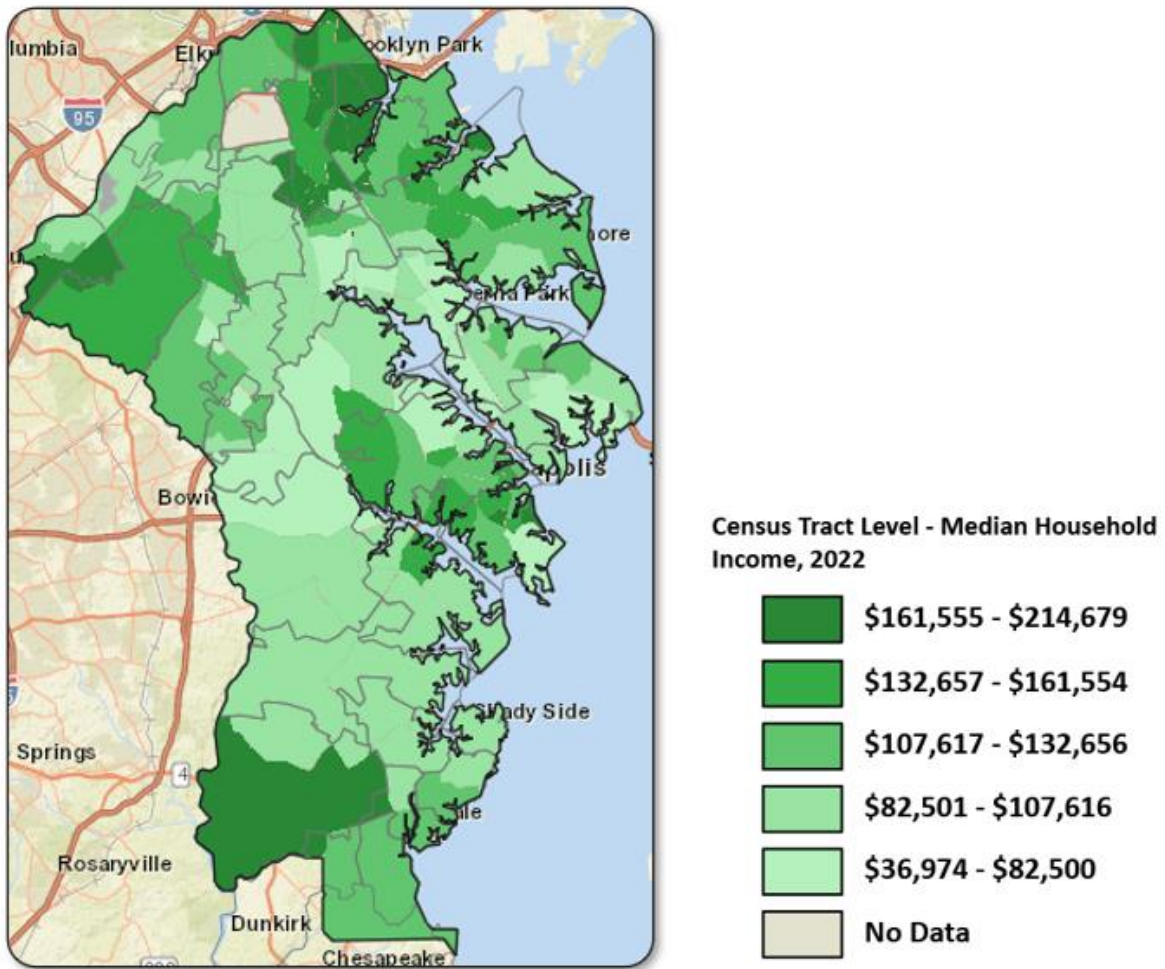
Source: U.S. Census Bureau, ACS Survey 5-Year Estimates, Table S1901, 2018-2022

Figure A10.9: 2022 Educational Attainment by Race and Ethnicity in Anne Arundel County[142]

■ White, NH   ■ Black, NH   ■ Asian   ■ Hispanic
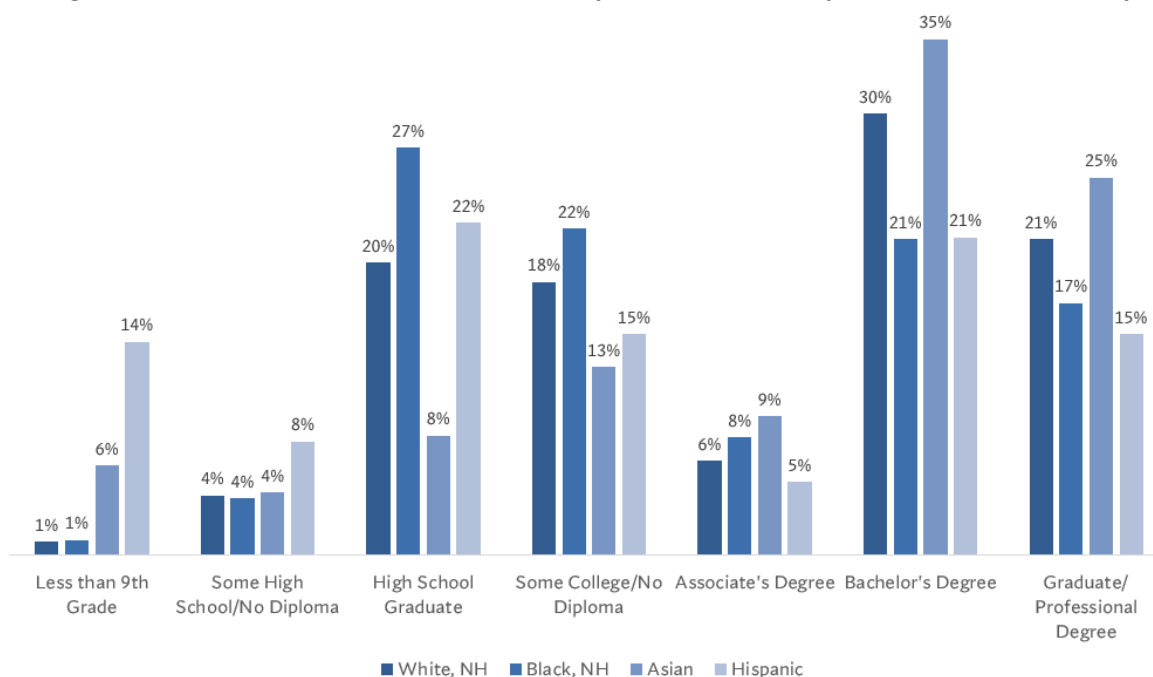
Maryland Youth Risk Behavior Survey (YRBS), 2018 & 2022

Table A10.2: Select YRBS Data Measures, Behavioral Health[143]

Measurement	Description	% of Students in 2018	% of Students in 2022	2022 Data Highlights
Felt Sad or Hopeless	Percentage of Anne Arundel County (AAC) high school respondents who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months	32.0%	36.0%	LGB (57.9%) Multi-race, NH (51.0%) Female (47.4%) Hispanic (44.6%)
Seriously Considered Attempting Suicide	Percent of AAC high school respondents who seriously considered attempting suicide (during the 12 months before the survey)	18.6%	18.5%	LGB (34.9%) Female (24.3%)

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[142] Source: U.S. Census Bureau (2022), ACS Table B15002 1-Year Estimates, 2022

[143] Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) (2018-2019; 2022-2023). Retrieved from https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx

Measurement	Description	% of Students in 2018	% of Students in 2022	2022 Data Highlights
Bullied on School Property	Percent of AAC high school respondents who were bullied on school property (ever during the 12 months before the survey)	16.5%	14.9%	LGB (26.0%) Female (17.2%)
Bullied Electronically	Percent of AAC high school respondents who were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media, ever during the 12 months	13.3%	12.8%	LGB (23.5%) Multi-race, NH (23.9%) Female (16.4%)
Able to Talk to Caring Adult about Feelings	Percent of AAC high school respondents who report that they most of the time or always are able to talk to an adult in their family or another caring adult about their feelings (during their life)	Not Measured	47.6%	Female (40.3%) LGB (38.4%)
Drink Alcohol	Percent of AAC high school respondents who currently drink alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	27.5%	20.5%	12th Grade (33.6%) White, NH (25.4%)
Binge Drink	Percent of AAC high school respondents who currently binge drink (had four or more drinks of alcohol in a row if they were female or five or more drinks if they were male, within a couple of hours, on at least 1 day during the 30 days before the survey)	14.6%	11.6%	12th Grade (21.6%) White, NH (15.5%)
Use Cigarettes	Percent of AAC high school respondents who currently smoke cigarettes (on at least 1 day during the 30 days before the survey)	6.0%	3.5%	Male (4.8%)
Use Cigar Products	Percent of AAC high school respondents who currently smoke cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild, or Backwoods, on at least 1 day during the 30 days before the survey)	6.3%	4.5%	Male (5.5%)
Use Electronic Vapor Product	Percent of AAC high school respondents who currently use an electronic vapor product (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods [such as JUUL, SMOK,	29.8%	14.3%	12th grade (19.7%) Female (17.3%)

Measurement	Description	% of Students in 2018	% of Students in 2022	2022 Data Highlights
	Suorin, Vuse, and blu], on at least 1 day during the 30 days before the survey)			
Use Marijuana	Percent of AAC high school respondents who currently use marijuana (one or more times during the 30 days before the survey)	17.5%	14.0%	12th grade (21.8%) Female (15.6%)
Prescription Pain Medicine Misuse	Percent of AAC high school respondents who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life)	14.2%	10.9%	Multi-Race, NH (19.6%) 9th Grade (15.7%) Hispanic (15.5%)
Ever Had Sexual Intercourse	Percent of AAC high school respondents reporting ever having sexual intercourse.	33.2%	25.3%	Hispanic (27.5%) Multi-Race (34.4%) 12th Grade (41.3%)
Had Sexual Intercourse before Age 13	Percent of AAC high school respondents reporting having sexual intercourse for the first time before age 13.	4.1%	2.5%	Male (3.3%) Female (1.8%) Hispanic (3.8%)
Had Sexual Intercourse with 4 or More People During Lifetime	Percent of AAC high school respondents reporting having sexual intercourse with 4 or more people during their lifetime.	8.7%	4.5%	Female (4.7%) White (4.7%) Black (3.3%)
Currently Sexually Active	Percent of AAC high school respondents reporting having sexual intercourse in the past 3 months.	24.5%	17.8%	Female (18.5%) Hispanic (19.6%) Black (14.3%)
Drank Alcohol or Used Drugs Before Last Sexual Intercourse	Percent of AAC high school respondents reporting drinking alcohol or using drugs before the last time they had sexual intercourse.	20.8%	20.0%	Male (20.5%) White (25.4%)

CDC WONDER

Figure A10.10: Race and Ethnicity Trend in Anne Arundel County, 2017-2022[144]
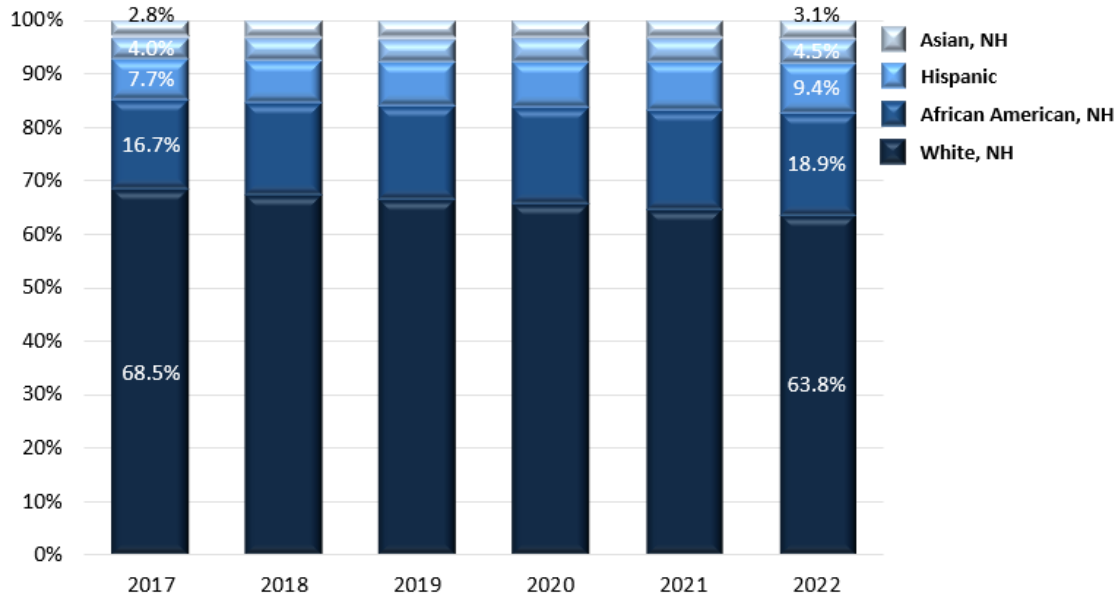
National Low Income Housing Coalition[145]

Table A10.3: 2024 Fair Market Rent			
Rental Size	**Anne Arundel County**	**Maryland**	**United States**
One Bedroom	$1,582	$1,608	$1,390
Two Bedroom	$1,943	$1,909	$1,670
Three Bedroom	$2,519	$2,437	$2,161
Four Bedroom	$2,849	$2,811	$2,493

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[144] Source: CDC WONDER Single-Race Population Estimates
[145] Source: National Low Income Housing Coalition, Out of Reach 2024

Anne Arundel County Department of Social Services[146]

Figure A10.11: People Experiencing Homelessness in Anne Arundel County, 2018-2022

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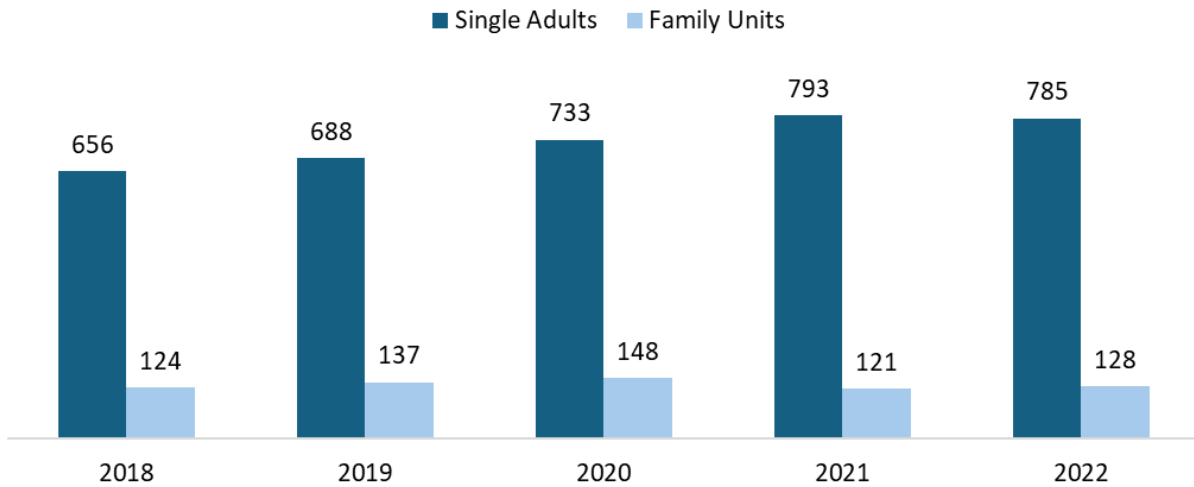
[146] Source: Anne Arundel County Department of Department of Social Services, 2018-2022

APPENDIX 11 | SUPPLEMENTAL DATA ANALYSIS – GEOGRAPHIC ANALYSIS

ZIP code-level data for select priority area indicators is presented in this section. All data was sourced from the CDC's Behavioral Risk Factor Surveillance System and accessed via the CDC PLACES interactive web tool, which provides chronic disease and other health-related data for all U.S. counties, incorporated and census designated places, census tracts and ZIP Code Tabulation Areas.

Priority: Access to Care

Table A11.1: Cholesterol Screening Among Adults in Anne Arundel County, 2021

ZIP Code	Percent	ZIP Code	Percent
20701	86.4	21054	89.9
20708	88.3	21056	90.9
20711	87.5	21060	86.4
20714	88.8	21061	85.9
20720	91.4	21076	87.6
20724	86.8	21077	90.3
20733	89.1	21090	88.6
20751	90.1	21108	89.1
20754	90.5	21113	88.1
20755	80.7	21114	89.3
20758	89.8	21122	88
20764	89.3	21140	91.5
20765	90	21144	88.7
20776	90.2	21146	90.9
20778	90	21225	83.7
20779	91.2	21226	84.9
20794	86.4	21401	89.6
21012	90.1	21402	84
21032	90.3	21403	89
21035	90.1	21405	92.3
21037	88.6	21409	90.4

**Table A11.2: Colorectal Cancer Screening Among Adults Ages 45-75 years
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	62.9	21054	70.9
20708	66.1	21056	81
20711	68.8	21060	67.6
20714	70.6	21061	67.1
20720	72.6	21076	67.3
20724	65.9	21077	75
20733	74	21090	72
20751	73	21108	71.9
20754	71.7	21113	69.7
20755	57.9	21114	70.5
20758	74.6	21122	69.8
20764	74.3	21140	75.1
20765	75	21144	69.1
20776	71.8	21146	71.2
20778	73.8	21225	62.3
20779	75.6	21226	66.9
20794	65	21401	73.9
21012	72.1	21402	64.5
21032	72.6	21403	72.6
21035	73.9	21405	79.9
21037	70.8	21409	71.6

**Table A11.3: Current Lack of Health Insurance Among Adults Ages 18-64 Years
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	7.1	21054	5.9
20708	11.8	21056	6.4
20711	11	21060	8.9
20714	6.8	21061	9.9
20720	6.6	21076	6.9
20724	10.4	21077	7.8
20733	5.5	21090	6.8
20751	5.7	21108	5.9
20754	5.6	21113	6.3
20755	9.1	21114	5.5
20758	5.9	21122	7
20764	5.4	21140	5.1
20765	6.5	21144	7.5
20776	6.6	21146	5
20778	5.2	21225	15
20779	5.3	21226	9.5
20794	10.8	21401	7.2
21012	5.2	21402	7.3
21032	5.8	21403	8.7
21035	5.1	21405	3.7
21037	7.1	21409	5.3

**Table A11.4: Mammography Use Among Women Ages 50-74 Years
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	84.8	21054	84.4
20708	80.7	21056	82.6
20711	81.2	21060	82.8
20714	80	21061	82.6
20720	84.1	21076	84.2
20724	83.3	21077	87
20733	85.4	21090	84
20751	84.6	21108	83.9
20754	81.5	21113	86
20755	83.9	21114	84.6
20758	86.2	21122	83.4
20764	83.6	21140	83.5
20765	86.4	21144	84
20776	84.5	21146	84.8
20778	83.6	21225	78.2
20779	84.9	21226	80.9
20794	82.3	21401	84.8
21012	84.6	21402	83.8
21032	84.2	21403	84.6
21035	83.8	21405	86.7
21037	82.5	21409	85.3

**Table A11.5: Visited Dentist or Dental Clinic in the Past Year Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	64.2		21054	70.3
20708	58.3		21056	68.5
20711	59.4		21060	63
20714	69.3		21061	61.4
20720	66.6		21076	67
20724	60.6		21077	71
20733	69.9		21090	68.2
20751	74.8		21108	72.2
20754	71.1		21113	69.7
20755	62.5		21114	72.8
20758	72.6		21122	67
20764	70.5		21140	73.8
20765	70.8		21144	66.3
20776	69.5		21146	74.1
20778	71.8		21225	49
20779	73.1		21226	61.8
20794	59.5		21401	69.9
21012	73.1		21402	68.9
21032	71.1		21403	69.3
21035	73.8		21405	77.5
21037	68.9		21409	72.5

**Table A11.6: Visited Doctor for Routine Checkup in the Past Year Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	71.2	21054	76.4
20708	75.2	21056	79.9
20711	75	21060	74.3
20714	76.3	21061	74.7
20720	78.5	21076	74.2
20724	76.2	21077	77.3
20733	76.3	21090	75
20751	76.7	21108	76.2
20754	77.4	21113	75.4
20755	68.4	21114	75.2
20758	77.1	21122	74.7
20764	75.5	21140	77
20765	80.2	21144	76.1
20776	77.1	21146	77
20778	77.8	21225	75.5
20779	79.4	21226	74.1
20794	71.8	21401	77.8
21012	76.1	21402	71.1
21032	76.3	21403	76.8
21035	77.5	21405	80.8
21037	75.5	21409	76.5

Priority: Behavioral Health

Table A11.7: Binge Drinking Among Adults in Anne Arundel County, 2022

ZIP Code	Percent		ZIP Code	Percent
20701	20.5		21054	17.5
20708	11.9		21056	14.1
20711	16.8		21060	18.4
20714	17		21061	17.4
20720	11.3		21076	17.5
20724	16.3		21077	16.7
20733	18.3		21090	18.4
20751	18.5		21108	18.5
20754	16.3		21113	18.7
20755	23.5		21114	19.3
20758	18.3		21122	18.9
20764	18.9		21140	17.9
20765	14.7		21144	17.4
20776	17.3		21146	18
20778	17.4		21225	16.5
20779	16		21226	19.7
20794	17.8		21401	16.3
21012	18.8		21402	21.9
21032	18.1		21403	17.1
21035	17.6		21405	15.1
21037	18		21409	18.3

Table A11.8: Current Cigarette Smoking Among Adults in Anne Arundel County, 2022

ZIP Code	Percent	ZIP Code	Percent
20701	11.8	21054	10.8
20708	11.7	21056	12.2
20711	16.5	21060	14.2
20714	12.1	21061	14.5
20720	9.3	21076	10.8
20724	13.5	21077	9.8
20733	12.4	21090	12
20751	8.8	21108	9.9
20754	11.1	21113	10.3
20755	11.9	21114	9.2
20758	10	21122	13.6
20764	11.5	21140	9.5
20765	10.9	21144	12
20776	11.9	21146	9.7
20778	11.4	21225	20.6
20779	10	21226	14.8
20794	14.5	21401	9.6
21012	9.9	21402	10.3
21032	11.2	21403	10.1
21035	9.9	21405	6.2
21037	12.3	21409	10.3

Table A11.9: Depression Among Adults in Anne Arundel County, 2022

ZIP Code	Percent		ZIP Code	Percent
20701	19.3		21054	20.1
20708	15.3		21056	19.2
20711	22.3		21060	21.6
20714	22.4		21061	21.2
20720	13.6		21076	18.7
20724	19.2		21077	20
20733	21.1		21090	21.4
20751	20.1		21108	20.7
20754	21		21113	19.9
20755	23.3		21114	20.4
20758	20.1		21122	22.6
20764	21.2		21140	20.3
20765	19.6		21144	19.7
20776	20.2		21146	20.4
20778	21		21225	24.1
20779	19.4		21226	23.9
20794	18.6		21401	19.7
21012	21.2		21402	21.7
21032	21		21403	20
21035	20.3		21405	18.4
21037	21.7		21409	21

Table A11.10: Feeling Socially Isolated Among Adults in Anne Arundel County, 2022

ZIP Code	Percent		ZIP Code	Percent
20701	37.5		21054	33.3
20708	38.4		21056	30.9
20711	34.4		21060	36.2
20714	34.9		21061	37.1
20720	35.8		21076	35.5
20724	37		21077	34.5
20733	32.7		21090	34.1
20751	32.2		21108	32.9
20754	32.9		21113	34.9
20755	40		21114	33.6
20758	32		21122	34.4
20764	33.5		21140	31.3
20765	32		21144	35.4
20776	32.2		21146	31.4
20778	31.7		21225	39.6
20779	30.6		21226	36.3
20794	37.9		21401	32.4
21012	32.6		21402	37.6
21032	32		21403	32.8
21035	31.5		21405	28.6
21037	33.3		21409	32.2

Table A11.11: Frequent Mental Distress Among Adults in Anne Arundel County, 2022

ZIP Code	Percent		ZIP Code	Percent
20701	17.1		21054	14.6
20708	16.1		21056	13.3
20711	17.6		21060	17.5
20714	16.3		21061	17.7
20720	13.7		21076	15.3
20724	17.1		21077	14.3
20733	15.1		21090	15.6
20751	12.8		21108	14.5
20754	14.8		21113	15.3
20755	20.2		21114	14.4
20758	13.4		21122	16.7
20764	14.8		21140	13.2
20765	13.5		21144	15.8
20776	14.6		21146	13.6
20778	14.2		21225	21.8
20779	12.8		21226	18.4
20794	16.9		21401	14.1
21012	14.3		21402	17.2
21032	14.5		21403	14.3
21035	13.5		21405	11.5
21037	15.4		21409	14.3

Priority: Chronic Health Conditions

Table A11.12: Arthritis Among Adults in Anne Arundel County, 2022

ZIP Code	Percent		ZIP Code	Percent
20701	14.8		21054	27.2
20708	22.5		21056	38.2
20711	31.1		21060	26.2
20714	28.7		21061	26.2
20720	24.3		21076	21.1
20724	23.7		21077	28
20733	29.5		21090	28
20751	27.9		21108	26.8
20754	30		21113	23.3
20755	13.9		21114	23.8
20758	30.9		21122	28.3
20764	28.3		21140	29.2
20765	36.5		21144	25.3
20776	30.8		21146	28.9
20778	32.6		21225	28.6
20779	33.9		21226	25.2
20794	20.2		21401	29.7
21012	27.5		21402	18.5
21032	29.4		21403	28.2
21035	29.9		21405	34.1
21037	29.1		21409	28.4

**Table A11.13: Ever Had Cancer (Non-Skin) or Melanoma Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	3.2	21054	8.7
20708	5	21056	13.4
20711	8.4	21060	7
20714	8.9	21061	6.9
20720	5.6	21076	5.5
20724	5.1	21077	8.4
20733	9.3	21090	9.2
20751	10.3	21108	9
20754	9.8	21113	6.6
20755	3	21114	7.7
20758	10.9	21122	8.7
20764	9	21140	10.4
20765	12.6	21144	6.8
20776	10.2	21146	10.3
20778	10.9	21225	6.1
20779	12.2	21226	6.9
20794	4.8	21401	10.2
21012	9.3	21402	5.2
21032	9.8	21403	9.2
21035	10.6	21405	14.2
21037	9.6	21409	9.6

**Table A11.14: Ever Had Chronic Obstructive Pulmonary Disease Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	2.9		21054	5.3
20708	4.9		21056	8.9
20711	8.9		21060	6
20714	6.1		21061	6.1
20720	4.3		21076	4
20724	5.2		21077	5.1
20733	5.9		21090	6.1
20751	4.7		21108	4.9
20754	6.1		21113	4.1
20755	3		21114	4.1
20758	6.1		21122	6.3
20764	5.8		21140	5.4
20765	7.6		21144	5.1
20776	6.6		21146	5.2
20778	6.7		21225	9
20779	6.5		21226	5.9
20794	4.7		21401	5.6
21012	5		21402	3.6
21032	5.9		21403	5.3
21035	5.5		21405	5.1
21037	6.2		21409	5.3

**Table A11.15: Ever Had Coronary Heart Disease Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	2.6	21054	5.8
20708	4.7	21056	10.2
20711	7.9	21060	5.7
20714	5.9	21061	5.8
20720	4.7	21076	4.1
20724	4.8	21077	5.1
20733	6.1	21090	6.4
20751	5.9	21108	5.6
20754	6.7	21113	4.4
20755	2.4	21114	4.7
20758	7.2	21122	6.2
20764	6.2	21140	6.7
20765	8.7	21144	5.2
20776	7	21146	6.2
20778	7.2	21225	6.9
20779	7.9	21226	5.4
20794	4.5	21401	6.8
21012	5.8	21402	3.6
21032	6.5	21403	6.2
21035	6.5	21405	8.2
21037	6.5	21409	6

**Table A11.16: Diagnosed Diabetes Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	6.9		21054	9.9
20708	12.2		21056	13.9
20711	13		21060	10.5
20714	10.4		21061	11
20720	12.8		21076	9.3
20724	11.5		21077	10.8
20733	10.4		21090	9.8
20751	9.1		21108	9.4
20754	11.1		21113	9
20755	5.5		21114	8.4
20758	10.8		21122	9.9
20764	9.9		21140	9.8
20765	12.7		21144	10.7
20776	11		21146	9.5
20778	11.1		21225	14.5
20779	11.4		21226	10.1
20794	10.2		21401	10.8
21012	9.2		21402	7
21032	10.1		21403	10.5
21035	10		21405	10.8
21037	10.1		21409	9.6

**Table A11.17: Frequent Physical Distress Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	8		21054	10.4
20708	10.4		21056	13.4
20711	14.7		21060	11.8
20714	11.1		21061	12.1
20720	9		21076	9.3
20724	11.7		21077	10.4
20733	10.9		21090	11.1
20751	9.4		21108	9.8
20754	10.8		21113	9.3
20755	8.8		21114	9
20758	10.7		21122	11.6
20764	10.6		21140	10
20765	11.9		21144	10.6
20776	11.5		21146	10
20778	11.4		21225	16.5
20779	11.1		21226	11.9
20794	10.7		21401	10.7
21012	9.9		21402	8.8
21032	10.9		21403	10.7
21035	10.2		21405	9.6
21037	11.4		21409	10.2

**Table A11.18: High Blood Pressure Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	26		21054	32.7
20708	34.7		21056	43.8
20711	36.9		21060	33.2
20714	34.7		21061	33.7
20720	37.2		21076	29.6
20724	34		21077	32.8
20733	34.3		21090	32.7
20751	33.4		21108	32.6
20754	35.9		21113	30.7
20755	20.6		21114	29.2
20758	34.8		21122	32.5
20764	33		21140	33.1
20765	42.1		21144	33.4
20776	35.8		21146	32.8
20778	36.2		21225	37.5
20779	38.5		21226	33
20794	31.1		21401	35.7
21012	31.2		21402	24.5
21032	33.9		21403	34.5
21035	35.4		21405	39.7
21037	33.7		21409	32.2

**Table A11.19: High Cholesterol Among Adults Who Have Ever Been Screened
in Anne Arundel County, 2022**

ZIP Code	Percent	ZIP Code	Percent
20701	25.6	21054	36.5
20708	32.7	21056	45.9
20711	38.5	21060	34.6
20714	36.8	21061	34.7
20720	35	21076	32.4
20724	32.5	21077	36.5
20733	38.2	21090	37
20751	38.4	21108	36.8
20754	38.2	21113	32.8
20755	23.5	21114	34
20758	40	21122	36.7
20764	37	21140	38.9
20765	42.8	21144	34.6
20776	39.4	21146	38.2
20778	41.1	21225	34.6
20779	42.2	21226	34.1
20794	31.6	21401	38.1
21012	36.8	21402	29.5
21032	38.6	21403	37.5
21035	39.8	21405	44.2
21037	38.2	21409	37.4

Table A11.20: Obesity Among Adults
in Anne Arundel County, 2022

ZIP Code	Percent	ZIP Code	Percent
20701	36.5	21054	33.5
20708	36.1	21056	33
20711	38.2	21060	37.4
20714	34.3	21061	37.9
20720	34.3	21076	33
20724	40.7	21077	33.8
20733	35.2	21090	33.2
20751	31.5	21108	33.1
20754	33.4	21113	35
20755	35.2	21114	32.8
20758	32.8	21122	35.3
20764	34.2	21140	31.9
20765	33.7	21144	36.6
20776	34.3	21146	31.8
20778	34.2	21225	41.3
20779	32.7	21226	36
20794	35.9	21401	33.7
21012	32.9	21402	32.1
21032	33.5	21403	34.5
21035	32.3	21405	29.6
21037	33.9	21409	33.3

**Table A11.21: Stroke Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	1.7		21054	2.9
20708	3.2		21056	4.6
20711	4.3		21060	3.2
20714	3		21061	3.3
20720	3.1		21076	2.4
20724	3.1		21077	2.9
20733	3		21090	3.1
20751	2.7		21108	2.7
20754	3.2		21113	2.5
20755	1.5		21114	2.4
20758	3.3		21122	3.1
20764	3		21140	3
20765	4.2		21144	3
20776	3.4		21146	2.9
20778	3.4		21225	4.8
20779	3.6		21226	3
20794	2.8		21401	3.4
21012	2.7		21402	1.9
21032	3.1		21403	3.1
21035	3		21405	3.3
21037	3.1		21409	2.9

Priority: Social Determinants of Health

**Table A11.22: Any Disability Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	20		21054	22.9
20708	25.5		21056	29.8
20711	31.7		21060	26.3
20714	24.7		21061	27.3
20720	21.5		21076	21.2
20724	25.7		21077	22.8
20733	23.4		21090	24.8
20751	20.4		21108	21.5
20754	24.2		21113	20.9
20755	22		21114	19.8
20758	23.5		21122	25.1
20764	23.2		21140	21.9
20765	28.1		21144	23.7
20776	25.4		21146	21.9
20778	24.3		21225	36
20779	24.7		21226	26.1
20794	25.9		21401	25
21012	21.3		21402	20.6
21032	23.6		21403	24
21035	22.2		21405	22.7
21037	24.8		21409	22.2

**Table A11.23: Food Insecurity in the Past 12 Months Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	12.7		21054	9.1
20708	22.5		21056	7.7
20711	14.1		21060	14.5
20714	9.9		21061	16.8
20720	13.8		21076	11.6
20724	20.4		21077	11.3
20733	8.5		21090	9.6
20751	7.7		21108	8.3
20754	8.1		21113	10.8
20755	15.1		21114	8.3
20758	7		21122	10.5
20764	8.7		21140	6.5
20765	9.2		21144	13.2
20776	8.4		21146	6.5
20778	7.6		21225	29.4
20779	7.3		21226	15.7
20794	17.5		21401	9.9
21012	7.8		21402	10.6
21032	7.4		21403	10.6
21035	7.1		21405	4.4
21037	9.6		21409	7.3

**Table A11.24: Housing Insecurity in the Past 12 Months Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	15		21054	9.1
20708	21.1		21056	6.7
20711	12.5		21060	13.7
20714	10.4		21061	15.5
20720	14.7		21076	11.8
20724	19.2		21077	11.3
20733	8.4		21090	9
20751	7.6		21108	8.5
20754	8.3		21113	11.2
20755	15.2		21114	8.8
20758	7		21122	10.1
20764	8.7		21140	6.7
20765	8		21144	13.2
20776	8.4		21146	6.6
20778	7		21225	25.1
20779	7		21226	14.8
20794	17.5		21401	9.2
21012	7.9		21402	10.8
21032	7.4		21403	10
21035	7.1		21405	4.1
21037	9.1		21409	7.6

Table A11.25: Lack of Reliable Transportation in the Past 12 Months Among Adults in Anne Arundel County, 2022

ZIP Code	Percent	ZIP Code	Percent
20701	8.3	21054	6
20708	11.9	21056	5.2
20711	8.2	21060	8.7
20714	6.6	21061	9.9
20720	7.9	21076	7.4
20724	11.4	21077	7.2
20733	5.6	21090	6.4
20751	5.2	21108	5.6
20754	5.6	21113	7
20755	10.1	21114	5.7
20758	5	21122	6.8
20764	5.8	21140	4.6
20765	5.7	21144	8.1
20776	5.7	21146	4.6
20778	5	21225	16.3
20779	4.8	21226	9.4
20794	10.3	21401	6.3
21012	5.4	21402	7.5
21032	5.1	21403	6.6
21035	4.9	21405	3.4
21037	6.2	21409	5.1

**Table A11.26: Lack of Social/Emotional Support in the Past 12 Months Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	30.9		21054	26
20708	34.5		21056	23.6
20711	27.9		21060	30.1
20714	25.9		21061	31.6
20720	31.9		21076	29.8
20724	32.6		21077	28
20733	24.6		21090	26.4
20751	23.5		21108	24.9
20754	23.8		21113	27.5
20755	31.2		21114	25.3
20758	24.1		21122	26.4
20764	25.9		21140	22.5
20765	24.6		21144	29.6
20776	24.7		21146	22.7
20778	23.8		21225	34.3
20779	23.1		21226	28
20794	34.4		21401	24.5
21012	24		21402	29.5
21032	23.7		21403	24.9
21035	23.1		21405	19.2
21037	25.1		21409	23.8

**Table A11.27: Received Food Stamps in the Past 12 Months Among Adults
in Anne Arundel County, 2022**

ZIP Code	Percent		ZIP Code	Percent
20701	10.3		21054	7.3
20708	19.3		21056	6.1
20711	12.6		21060	12.7
20714	8.4		21061	15.1
20720	9.7		21076	9.4
20724	19.7		21077	8.8
20733	6.8		21090	7.7
20751	6.4		21108	6.6
20754	6.6		21113	9
20755	12.7		21114	6.5
20758	5.3		21122	9
20764	6.9		21140	5.2
20765	8		21144	11.2
20776	6.4		21146	5.1
20778	6		21225	32
20779	5.8		21226	15.8
20794	14.3		21401	8.6
21012	6.3		21402	7.8
21032	5.8		21403	9.4
21035	5.7		21405	3.4
21037	8.3		21409	5.8