

**May 2024**

**Report of Community  
Health Indicators**



**Anne Arundel County Department of Health**



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# Introduction

# County Executive's Message

I am pleased to present the Anne Arundel County Department of Health's 2023 Report of Community Health Indicators. Dr. Tonii Gedin and her team are doing outstanding work, and I want to thank every single member of the Department for their dedication to improving the health and well-being of our communities. Even as federal funding comes to an end for many of the critical health and human services programs we launched during the COVID-19 pandemic, our county remains committed to continuing this work to address the social drivers of health - income, housing, education, racism, access to health care, among others - that impact our residents.

To address these disparities, we know that we must empower our communities to improve health. The Department of Health has built strong relationships and is working within our communities to provide preventative care, combat gun violence, improve mental health, and deliver the services needed to improve our residents' quality of life.

Nothing is more important than the health and well-being of our communities. Thank you to our Department of Health staff for helping to make Anne Arundel County The Best Place - For All.

Sincerely,

Steuart Pittman  
County Executive



# Health Officer's Message

This yearly report gives us an idea of where we are, what we have accomplished and what we need to do. Anne Arundel County typically ranks among the top half in health indicators statewide. Data collected helps us work towards becoming the healthiest county in the state. We can achieve that by leveraging our resources and determination.

Our staff protects and improves the health and well-being of all who live, work and play in the county. This means ensuring safe dining, clean drinking water and recreation waterways, promptly responding to disease outbreaks, while focusing on minimizing their impact among vulnerable communities. Addressing chronic illnesses, such as heart disease, cancer and healthy food access and connecting those with substance use disorders to harm reduction and recovery resources remain ongoing priorities.

It is important to build alliances with schools, clinics, hospitals, community organizations and community members. Meeting people where they are, addressing language barriers and understanding each others' goals leads to actions beneficial to our health. Anne Arundel County should be an enjoyable, healthy and safe place, however there are challenges and opportunities demanding our attention.

We are working to achieve health equity and ensuring that people of all backgrounds and demographics can access needed health care. This report stresses addressing this issue. We know vast disparities exist in health care and health care access among certain populations. These inequities affect groups that have historically and continually faced increased barriers. Data shows it is often due to race, ethnicity, age, income level or geographic location. Through collaboration and expanding partnerships, we are working to engage with local communities.

While progress is evident, our commitment to public health investment remains steadfast. We recognize the need to intensify our efforts to ensure equitable health outcomes for all residents.

Sincerely,

Tonii Gedin, RN, DNP  
Health Officer





# Demographics





# Demographics

The population of Anne Arundel County in 2021 grew by about 1.5% from 2020. In comparison, the population of Maryland increased by about 1.8% and the United States by 1.0%.

Compared to Maryland, Anne Arundel County has a larger percentage of white non-Hispanic residents, and a smaller percentage of Black non-Hispanic, Hispanic and Asian non-Hispanic residents.

2021 Estimates	Anne Arundel	Maryland	United States
<b>Population</b>			
Total Population Size	584,064	6,148,545	329,725,481
Male	49.7%	48.7%	49.5%
Female	50.3%	51.3%	50.5%
<b>Race and Ethnicity</b>			
White, NH	66.1%	49.4%	59.4%
Black, NH	16.6%	29.4%	12.2%
Hispanic	8.3%	10.6%	18.4%
Asian, NH	3.9%	6.4%	5.6%
American Indian/ Alaska Native, NH	0.1%	0.2%	0.6%
Multiracial, NH	4.6%	3.6%	3.2%
<b>Age</b>			
Under 5 Years Old	6.0%	5.9%	5.9%
Under 18 Years	22.5%	22.3%	22.5%
18 Years and Over	77.5%	77.7%	77.5%
65 Years and Over	14.8%	15.4%	16.0%

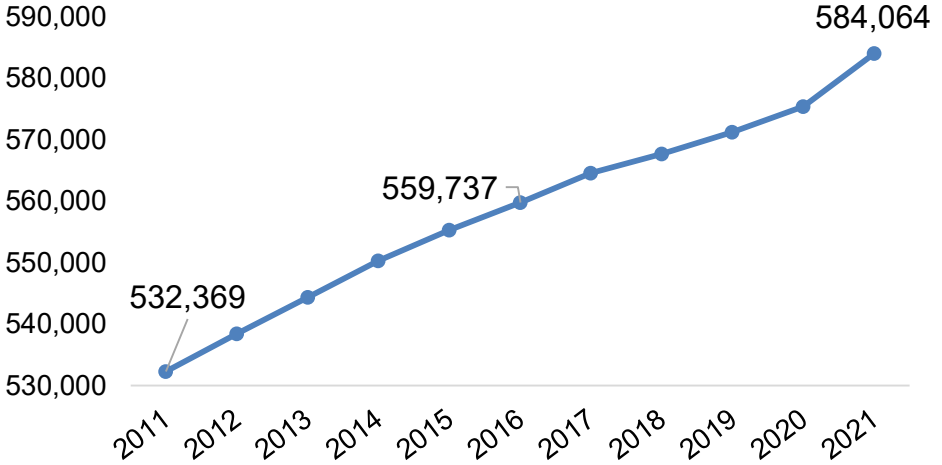
NH - non-Hispanic

Data Source: U.S. Census Bureau American Community Survey 5-year Estimates, 2021  
Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.

# Demographic Trends

The Black non-Hispanic, Hispanic and Asian non-Hispanic populations all grew as a percentage of the county population, continuing a trend towards increased racial and ethnic diversity.

**Anne Arundel County Population, 2011-2021**



Population	2019	2020	2021
Total Population Size	571,275	575,421	584,064
Male	49.5%	49.5%	49.7%
Female	50.5%	50.5%	50.3%
Race/Ethnicity	2019	2020	2021
White, NH	68.2%	67.1%	66.1%
Black, NH	16.3%	16.4%	16.6%
Hispanic	7.8%	8.0%	8.3%
Asian, NH	3.7%	3.8%	3.9%
American Indian/ Alaska Native, NH	0.1%	0.1%	0.1%

NH - non-Hispanic

Data Source: U.S. Census Bureau American Community Survey 5-year Estimates, 2011-2021. Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.

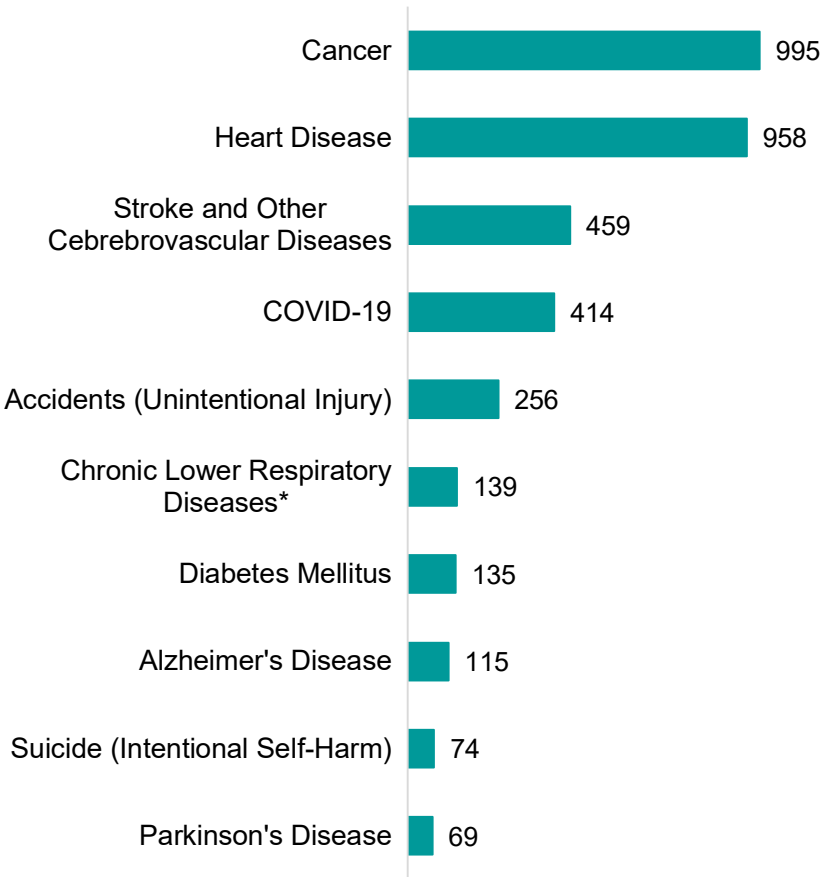
# Health Outcomes



# Leading Causes of Death

In 2021, there were 5,027 deaths among Anne Arundel County residents, similar to the number of deaths in 2020 (5,028 deaths). The age-adjusted death rate in 2021 was 743.2 deaths per 100,000 population, which is 1.8% lower than the rate in the county in 2020 (756.8 deaths per 100,000) and lower than the rate in Maryland in 2021 (786.3 deaths per 100,000). Cancer was the leading cause of death, followed closely by heart disease. COVID-19 was the fourth leading cause of death. Parkinson's disease replaced chronic liver disease as the tenth leading cause of death in the county in 2021.

**Top Ten Leading Causes of Death,  
Anne Arundel County, 2021**



\*Chronic lower respiratory diseases (CLRD) include chronic obstructive pulmonary disease and asthma.

Data Source: Maryland Department of Health, Vital Statistics Administration, 2021 Annual Report and Jurisdictional Deaths Report for Anne Arundel County.



# Leading Causes of Death by Race and Ethnicity

In 2021, there were a total of 5,027 deaths. Of those deaths, 3,912 were white non-Hispanic, 836 were Black non-Hispanic, 102 were Asian non-Hispanic and 141 were Hispanic. Cancer was the leading cause of death for white non-Hispanic, Hispanic and Asian non-Hispanic residents. Heart disease was the leading cause of death for Black non-Hispanic residents.

COVID-19 was a leading cause of death among all groups. It was the second leading cause of death among Hispanic residents, and the third leading cause of death among Black non-Hispanic residents. COVID-19 was the fourth-leading cause of death among white non-Hispanic and Asian non-Hispanic residents.

**Leading Causes of Death by Race/Ethnicity, Anne Arundel County, 2021**

White, NH	Black, NH	Hispanic	Asian, NH
<b>Cancer</b> 20.2%	<b>Heart Disease</b> 18.1%	<b>Cancer</b> 19.1%	<b>Cancer</b> 23.5%
<b>Heart Disease</b> 19.6%	<b>Cancer</b> 17.8%	<b>COVID-19</b> 13.5%	<b>Heart Disease</b> 14.7%
<b>Cerebrovascular Disease</b> 9.1%	<b>COVID-19</b> 10.2%	<b>Heart Disease</b> 11.3%	<b>Cerebrovascular Disease</b> 12.7%
<b>COVID-19</b> 7.7%	<b>Cerebrovascular Disease</b> 9.2%	<b>Accidents</b> 8.5%	<b>COVID-19</b> 6.9%
<b>Accidents</b> 5.0%	<b>Accidents</b> 4.7%	<b>Cerebrovascular Disease</b> 7.1%	<b>Accidents</b> 4.9%

NH - non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2021 Jurisdictional Deaths Report for Anne Arundel County.



Health Equity and Social  
Drivers of Health

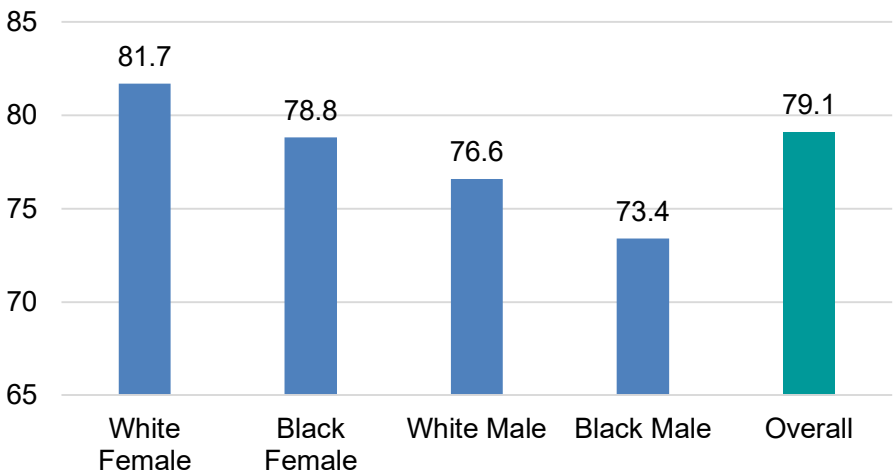
# Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Health equity is closely linked to disparities in health, as disparities often arise due to unequal access to health care services, socio-economic factors, discrimination and systemic injustices.

In Anne Arundel County, health disparities exist by race/ethnicity, income and geography. In this report card, data will be published with breakdowns by race/ethnicity, income and geography to better understand health disparities and inequities and how they impact health outcomes.

The average life expectancy in the county is 79.1 years. In Anne Arundel County, white residents have a longer life expectancy than Black residents, and female residents have a longer life expectancy than male residents. Unfortunately, data on life expectancy for Hispanic and Asian residents is currently unavailable.

**Life Expectancy by Race and Sex, Anne Arundel County, 2019-2021**



Data Source: American Public Health Association, Creating the Healthiest Nation: Advancing Health Equity; Centers for Disease Control and Prevention: Health Equity Page; Maryland Department of Health, Vital Statistics Administration, 2021 Annual Report.

# Social Drivers of Health

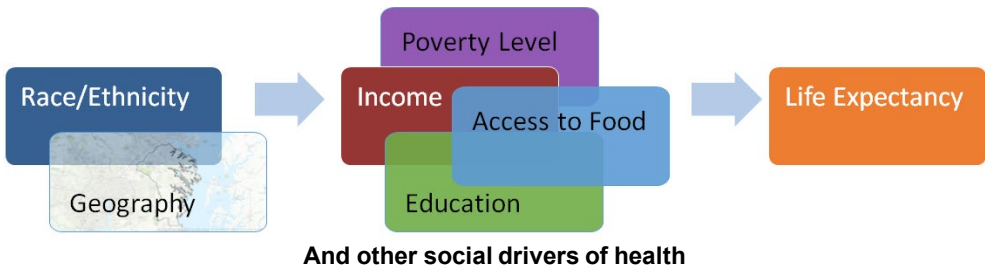
The social and environmental circumstances and conditions in which people live, work and play influences their health, well-being and quality of life. These conditions are called **social drivers of health**, and they include economic factors like income, poverty, employment, educational attainment and language, housing and safe neighborhoods, health care and access to healthy food.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Differences in the social drivers of health, both those explored in this report and listed in the table above, are often the result of social and economic policies and practices that create barriers to opportunity and continue across generations. They are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

The visual below helps explain how race/ethnicity and geography impact poverty level, income, education and access to food. This, in turn, affects life expectancy.



Data Source: American Medical Association, Addressing Social Determinants of Health: Beyond the Clinic Walls



# Social Drivers of Health

The data in this report focuses on the health outcomes in Anne Arundel County where disparities are most evident. The main drivers of disparities are not biological factors, but rather social drivers of health. For example, those who have less than a high school diploma are at increased risk for chronic diseases like heart disease and diabetes and are more likely to engage in unhealthy behaviors such as smoking or excessive alcohol use.

2021 Estimates	Anne Arundel	Maryland	United States
Families Below Poverty Level	3.9%	6.2%	8.9%
Individuals Below Poverty Level	5.6%	9.2%	12.6%
Median Household Income	\$108,048	\$91,431	\$69,021
Unemployment Rate	4.4%	5.3%	5.5%
High Housing Costs**	26.7%	30.6%	30.3%
Violent Crime (per 100,000)	277.1	435.1	387.0
High School Graduation	93.4%	90.8%	88.9%
English as Primary Language	88.0%	80.5%	78.3%
Households Receiving SNAP Benefits	6.0%	10.4%	11.4%
Uninsured	4.5%	6.0%	8.8%
Percent of residents reporting routine check up in past year	72.9%	75.0%	75.5%

\*\*Percent of people paying 30% or more of household income on monthly housing costs. Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.  
 Data Sources: U.S. Census Bureau: 2021 American Community Survey 5-year Estimates; Crime in Maryland 2021 Uniform Crime Report; Maryland Open Data Portal Violent Crime Statistics; Crime Data Explorer, Federal Bureau of Investigation; Centers for Disease Control, 2021 Maryland and United States BRFSS.

# Economic Factors

The **poverty level** is a measurement of the minimum amount of annual income needed for individuals and families to pay for essentials, such as housing, food, clothes and transportation. Poverty level takes into account the number of people in a household and their income. This measure changes every year. Income and employment are highly associated with health outcomes. Those with lower income may not be able to afford healthy choices, health care costs or health insurance which is often dependent on employment.

From 2019 to 2021, the percent of individuals below the poverty level decreased among all racial/ethnic groups except Hispanic and Asian non-Hispanic residents. The median household income increased among all racial/ethnic groups. Unemployment increased among Black non-Hispanic and Asian non-Hispanic residents.

<b>Percent Below Poverty Level</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
White, NH	4.7%	4.6%	3.9%
Black, NH	10.0%	9.6%	9.9%
Hispanic	9.7%	11.4%	10.8%
Asian, NH	4.2%	3.6%	5.9%
<b>Median Household Income</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
White, NH	\$105,768	\$108,180	\$114,874
Black, NH	\$82,360	\$86,040	\$91,166
Hispanic	\$85,640	\$89,458	\$89,053
Asian, NH	\$100,921	\$101,972	\$103,946
<b>Percent Unemployment</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
White, NH	3.8%	3.7%	3.6%
Black, NH	5.5%	5.9%	6.4%
Hispanic	5.2%	4.1%	4.6%
Asian, NH	3.4%	4.2%	4.7%

NH - non-Hispanic

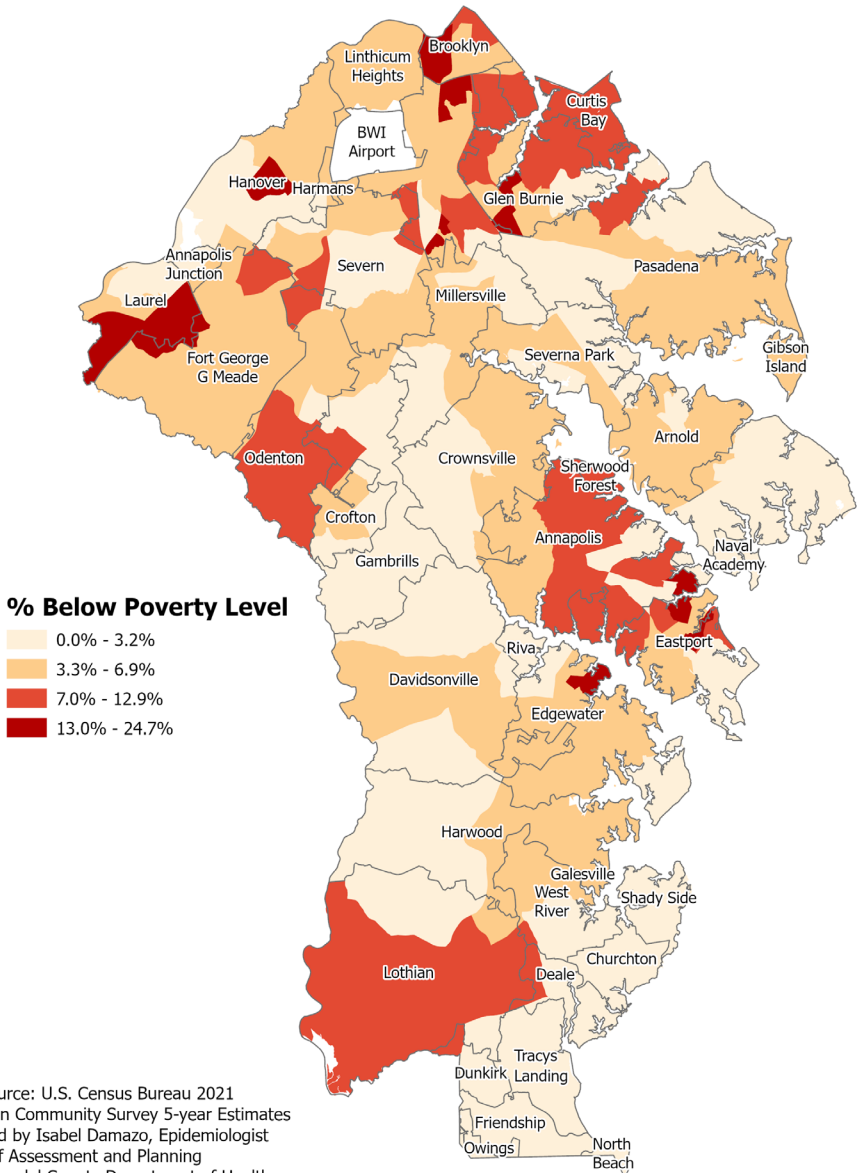
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Data Sources: U.S. Census Bureau: 2019, 2020, and 2021 American Community Survey 5-year Estimates.

# Individuals Below Poverty Level

Areas with more residents below the poverty level are shown in darker red. There are pockets of higher poverty areas throughout the county, but they are mostly clustered in the north and south as well as the Annapolis area.

Percent of Population with Income Below Poverty Level, Anne Arundel County, 2021



Data source: U.S. Census Bureau 2021 American Community Survey 5-year Estimates  
 Prepared by Isabel Damazo, Epidemiologist  
 Office of Assessment and Planning  
 Anne Arundel County Department of Health

# Housing

Safe and affordable housing is important for good health. Quality housing, free of contaminants, with access to clean air and water is important for maintaining both mental and physical health, as is living in a neighborhood with access to safe spaces to be outdoors.

Housing costs that are more than 30% of one’s income can lead to housing instability in the form of moving frequently, falling behind in rent, or losing housing altogether. In Anne Arundel County, affordable housing is a growing issue. In 2023, to afford a two-bedroom rental at a fair market rate, an individual earning minimum wage would need to work 90 hours per week. The percent of households that spent more than 30% of their income on housing costs increased from 2019 to 2021 among households with incomes less than \$50,000.

Additionally, owning a house rather than renting builds wealth, provides long-term stability, and can be more affordable over time. The financial stability that can come from home ownership leads to better health outcomes. In Anne Arundel County in 2021, a much higher proportion of white residents owned their own homes than any other racial/ethnic group.

<b>Monthly Housing Costs Above 30% of Income</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Income less than \$50,000	73.8%	73.5%	74.8%
Income more than \$50,000	16.6%	16.3%	16.4%
<b>Percent Owning Own Home</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
White, NH	79.8%	80.0%	80.9%
Black, NH	52.1%	53.5%	54.5%
Hispanic	53.8%	58.7%	57.3%
Asian, NH	71.5%	68.6%	71.3%

NH - non-Hispanic

Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.

Data Sources: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; National Low Income Housing Coalition, *Out of Reach Report 2023*. U.S. Census Bureau: 2019, 2020, and 2021 American Community Survey 5-year Estimates.



# Education and Language

Those with more education on average live longer and healthier lives than those with less education. They are more likely to obtain higher paying jobs with health insurance, paid leave and retirement plans. They also face less financial and economic stress which can take a toll on physical and mental health. Those with less education often live in lower income neighborhoods which can have less green space, higher crime rates, less access to healthy food, fewer high-quality schools, fewer jobs and higher levels of water and air pollution.

People with limited English proficiency are among the most vulnerable populations. They experience higher rates of medical errors, have worse clinical outcomes and receive lower quality care than those who are English-proficient. In 2021, 12% of Anne Arundel County residents spoke a language other than English as their primary language and they reported lower English proficiency than those that spoke English as their primary language.

<b>High School Graduate or Higher</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
White, NH	94.2%	94.9%	95.1%
Black, NH	91.8%	92.0%	92.9%
Hispanic	74.6%	79.4%	79.1%
Asian, NH	87.4%	87.8%	87.1%
<b>Primary Language Spoken at Home</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
English	88.6%	88.3%	88.0%
Spanish	5.5%	5.5%	5.8%
Other languages	5.8%	6.2%	6.3%

NH - non-Hispanic

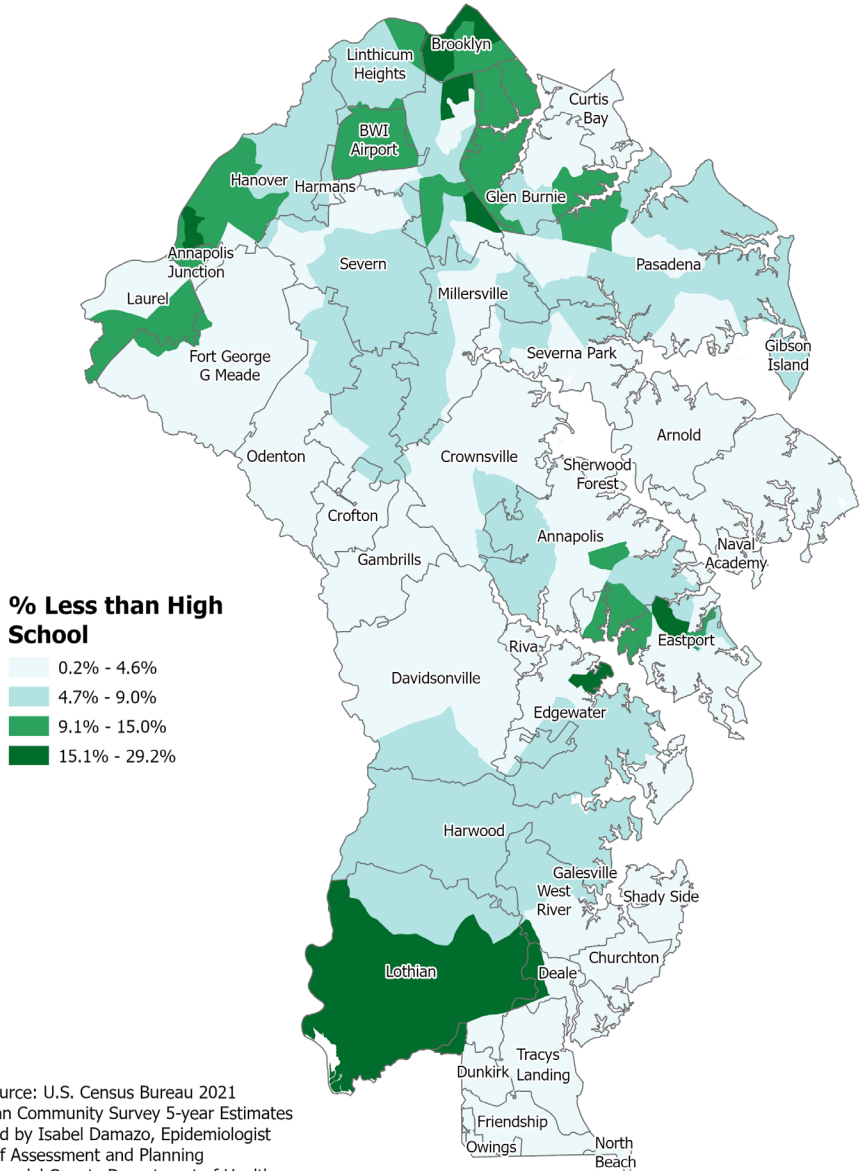
Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.

Data Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health: Exploring the Causes; AMA Journal of Ethics, Language-Based Inequity in Health Care: Who Is the "Poor Historian"?; U.S. Census Bureau: 2019, 2020, and 2021 American Community Survey 5-year Estimates.

# Education

Areas with more residents who have less than a high school degree are shown in darker green. There are clusters in the north of the county, Annapolis and the Lothian area.

Percent of Population with Less than High School Education, 25 Years and Older, Anne Arundel County, 2021



Data source: U.S. Census Bureau 2021 American Community Survey 5-year Estimates  
 Prepared by Isabel Damazo, Epidemiologist  
 Office of Assessment and Planning  
 Anne Arundel County Department of Health

# Access to Healthy Food

Limited access to healthy food, also called food insecurity, has a direct impact on health. Those who can't afford or have trouble getting quality nutritious food have higher risk of chronic illness such as diabetes, heart disease and obesity. Additionally, children who are food insecure may experience trouble focusing in school, which can lead to lower education levels and lower income in the future. In 2021, 9% of county residents lacked adequate access to food.

One measure of access to food is the number of households that are receiving supplemental nutrition assistance program benefits (SNAP) or food stamps. The proportion of households receiving benefits has remained steady from 2019 to 2021, but Black non-Hispanic and Hispanic households receive these benefits at more than twice the rate of white non-Hispanic and Asian non-Hispanic households.

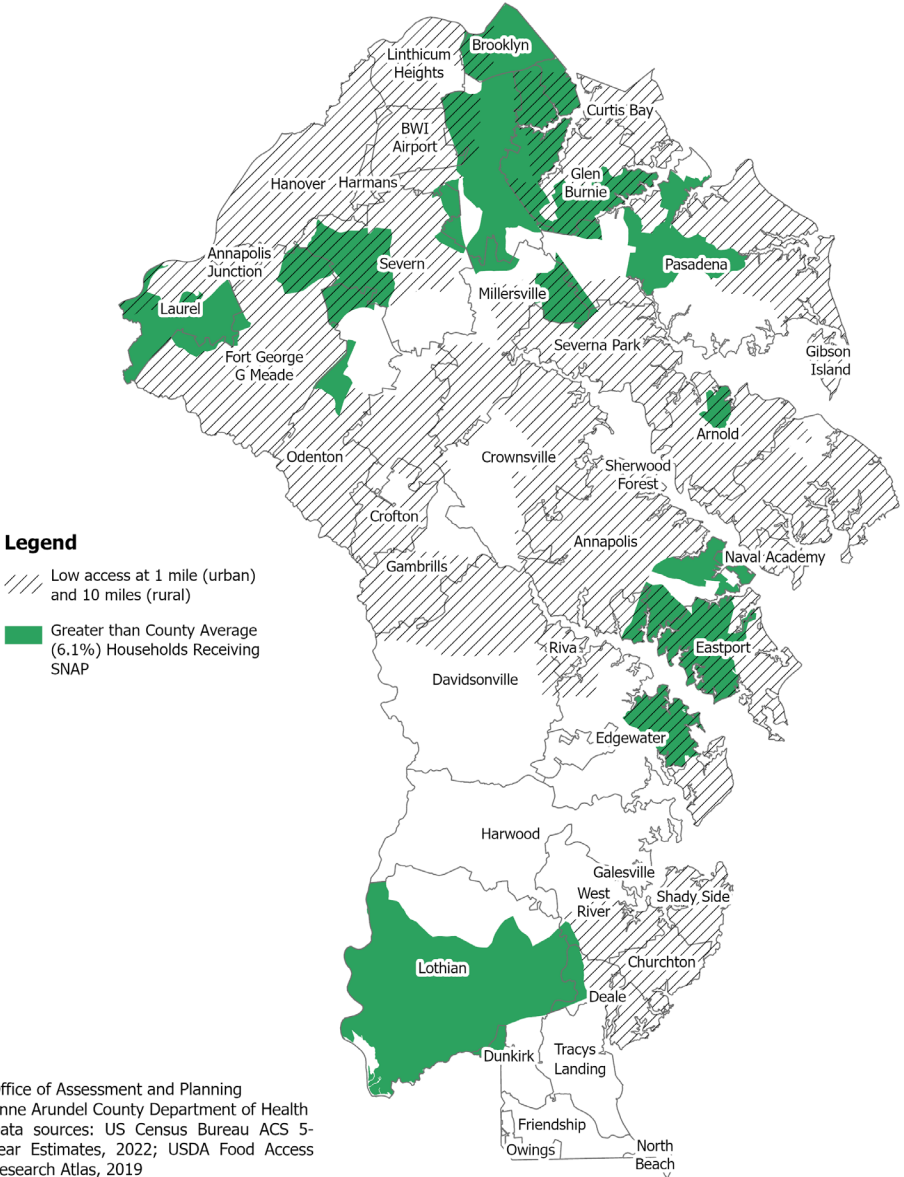
Additionally, access to food can also be measured by how closely people live to grocery stores and supermarkets and if they have access to transportation to get to the store. Low access is defined as living further than one mile to a store without access to a vehicle. Census tracts with low access to food also tend to have residents with lower levels of education, lower incomes and higher unemployment.

Households on Food Stamps/SNAP Benefits	2019	2020	2021
White, Non-Hispanic	4.2%	4.2%	4.2%
Black, Non-Hispanic	13.5%	12.3%	12.9%
Hispanic	10.8%	11.1%	9.0%
Asian, Non-Hispanic	5.2%	5.0%	4.3%

Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.  
 Data Source: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; U.S. Census Bureau: 2019, 2020, and 2021 American Community Survey 5-year Estimates; USDA, Characteristics and Influential Factors of Food Deserts; Robert Wood Johnson Foundation 2021 County Health Ranking.

# Food Environment

Households Receiving SNAP (2022) and Access to Food (2019), Anne Arundel County



NOTE: Low access is defined as census tracts with at least 500 people, or 33 percent of the population, living more than 1 mile (urban areas) or 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store.



# Health Insurance and Access

One important measure of access to health care is the ability of people to get the care they need. People without health insurance are more likely to miss preventive care such as vaccinations or cancer screenings. They also delay necessary care which can lead to serious illness or other health problems. An estimated 25,160 Anne Arundel County residents (4.5%) do not have health insurance, with the largest proportion of uninsured residents occurring among the Hispanic population.

Additionally, high deductible insurance plans and steep copays can prevent even those with insurance from affording and accessing care. In 2021, 7.4% of Anne Arundel County adults reported being unable to see a doctor when needed due to cost, which is similar to 7.2% in 2020.

2021 Estimates	Percent of Residents Uninsured	Number of Residents Uninsured
White, NH	2.5%	9,279
Black, NH	5.7%	5,209
Hispanic	16.8%	7,805
Asian, NH	9.0%	2,001
Total	4.5%	25,160

NH - non-Hispanic

Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available.

Data Sources: U.S. Census Bureau, 2021 American Community Survey 5-year Estimates; 2021 Maryland Behavioral Risk Factor Surveillance System, accessed at <https://ibis.health.maryland.gov>.

# Health Care Access

Adequate access to health care involves not only insurance coverage and the ability to pay for care, but also access to providers. Anne Arundel County’s provider-patient ratios continue to be much higher than those of both Maryland and the United States. High provider-patient ratios are associated with poorer patient health outcomes, as people may wait longer to see their doctors, which can delay necessary preventive care. Doctors may also have less time to devote to each patient which can lead to burnout.

In 2021, 72.9% of county residents reported having a routine yearly check up with their doctor, while more than 7% of residents reported that they were unable to see a doctor in the past year because they could not afford the cost. Additionally, 89.3% of residents reported having at least one personal doctor or a doctor they routinely see. Having a relationship with a doctor is important to ensure residents get effective preventive care.

2021 Estimates	Anne Arundel	Maryland
Primary Care Physician Ratio	1,460:1	1,130:1
Mental Health Provider Ratio	410:1	310:1
Dentist Ratio	1,450:1	1,260:1

2021 Estimates	Black, NH	White, NH	Overall
Percent of residents reporting routine check up in past year	71.8%	74.3%	72.9%
Percent of residents unable to see a doctor due to cost	*	6.0%	7.4%
Percent of residents reporting having one or more personal doctor	91.2%	92.1%	89.3%

NH - non-Hispanic

\*Data for Black, NH residents are not shown due to small sample size.

Data Sources: Robert Wood Johnson Foundation, 2023 County Health Rankings; CDC, 2021 Maryland BRFSS; U.S. Census Bureau



# Gun Violence

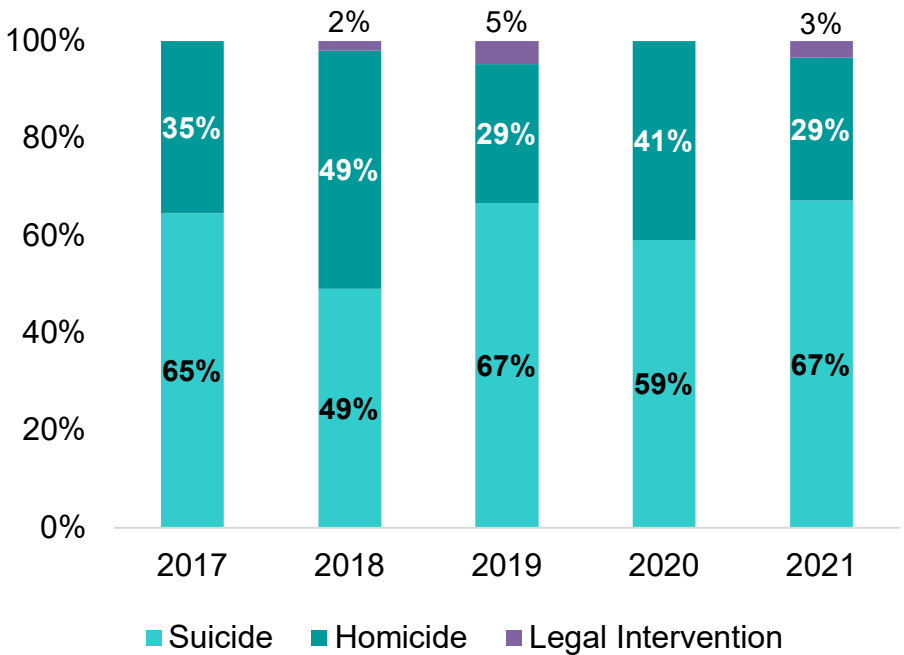


# Gun Violence

In 2019, the Anne Arundel County Executive declared gun violence a public health issue and committed to decreasing gun violence in the county.

Suicides were the majority of the gun deaths in 4 out of the 5 years. Over the past 5 years, suicides comprised 61% of all gun deaths and homicides were 37% of all gun deaths.

### Causes of Firearm Deaths by Year, Anne Arundel County, 2017-2021



Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2017-2021

# Firearm Homicides

Gun violence affects all people, but it disproportionately affects males, with significant racial disparities. From 2017 to 2021, 89 Anne Arundel County residents died in a homicide by a firearm. The mean age of the victims was 31.5 years of age.

More than half (54%) of the resident homicides were Black non-Hispanic males. White non-Hispanic males comprised 22% of these deaths, and Hispanic males comprised 11% of the homicides by firearms. The rate of death from homicide by firearm among Black non-Hispanic males was nearly ten times greater than the rate among white non-Hispanic males.

More than two-thirds of firearm homicides occurred among residents younger than 35 years of age. The rate of firearm homicides was highest among residents aged 25-34 years, at 6.9 per 100,000 population. This rate is two times greater than the overall county rate.

Homicides by Firearms by Race/Ethnicity and Sex*	Number of Deaths (%)	Rate per 100,000
White, non-Hispanic Males	20 (22%)	2.1
Black, non-Hispanic Males	48 (54%)	19.7
Hispanic Males	10 (11%)	7.9
Total Homicides by Firearms	89	3.0

Homicides by Firearms by Age	Number of Deaths (%)	Rate per 100,000
<25 years old	34 (38%)	3.8
25-34 years	28 (31%)	6.9
35-44 years	13 (15%)	3.3
45+ years	14 (16%)	1.2

\*Data for females are suppressed due to low numbers.

All rates are crude rates. Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2017-2021.



# Firearm Suicides

From 2017-2021, 149 Anne Arundel County residents died by suicide by firearm. Most (89%) residents who died by suicide by firearm were male. The overall rate of death by suicide by firearm was 5.8 deaths per 100,000 population. Most (78%) of these deaths were among white non-Hispanic males. The rate of deaths by suicide by firearm among white non-Hispanic males was more than twice that of the county rate.

About half of the deaths by suicide by firearm were among residents younger than 55 years of age, but the rate of death by suicide increased as age increased. Residents 75 years and older had the highest rate of death by suicide by firearm at 12.4 per 100,000. This is more than twice the overall county rate of death by suicide by firearm.

Deaths by Suicide by Firearms by Race/Ethnicity and Sex*	Number of Deaths (%)	Rate per 100,000
White, non-Hispanic Males	116 (78%)	13.5
Black, non-Hispanic Males	11 (7%)	5.1
Hispanic Males	6 (3%)	6.1
Total Deaths by Suicides by Firearms (2017-2021)	149 (100%)	5.8

Deaths by Suicide by Firearms by Age	Number of Deaths (%)	Rate per 100,000
10-35 years old	32 (21%)	3.4
35-54 years old	47 (32%)	6.0
55-74 years old	48 (32%)	7.4
75+ years old	22 (15%)	12.4

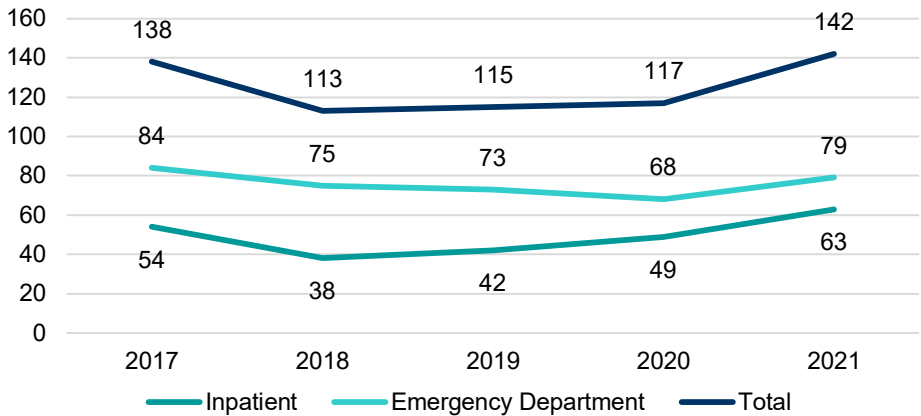
\*Data for females are suppressed due to low numbers.

All rates are crude rates. Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2017-2021.

# Firearm Injuries

From 2017 to 2021, there were 625 firearm injuries among Anne Arundel County residents treated in Maryland hospitals. More than half (55%) of these injuries occurred among Black non-Hispanic males, and 24% occurred among white non-Hispanic males. The main cause of these injuries was accidental discharge of the firearm (53.3%), followed by assault with a firearm (36.0%).

**Firearm Injuries by Year and Place of Admission, Anne Arundel County, 2017-2021**



Firearm Injuries by Cause	Number of Injuries	Percent
Accidental Discharge	333	53.3%
Assault	225	36.0%
Suicide Attempt	23	3.7%
Undetermined Intent	21	3.4%
Total firearm injury admissions (2017-2021)	625	--

Data Source: Maryland HSCRC Outpatient and Inpatient Files, 2017-2021.

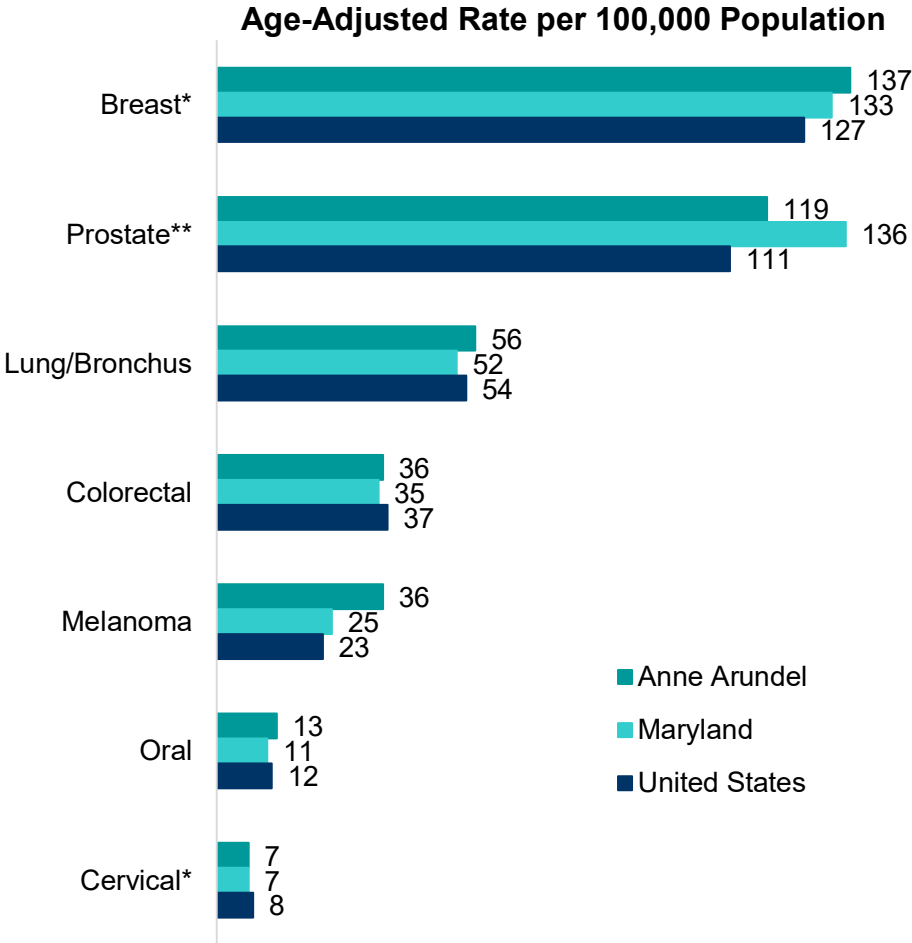
# Chronic Diseases



# New Cancer Diagnoses

Breast cancer and prostate cancer had the highest rates of new diagnoses among Anne Arundel County residents from 2016 to 2020. Rates of new cancer diagnoses (incidence rates) in Anne Arundel County are very similar to those in Maryland and the United States, with the exception of melanoma. The rate of new melanoma diagnosis among Anne Arundel County residents is 44% higher than the Maryland rate and 56% higher than the national rate.

**Cancer Incidence Rates, Anne Arundel County, Maryland, and the United States, 2016-2020**



\*Denominator includes only biologically female residents.

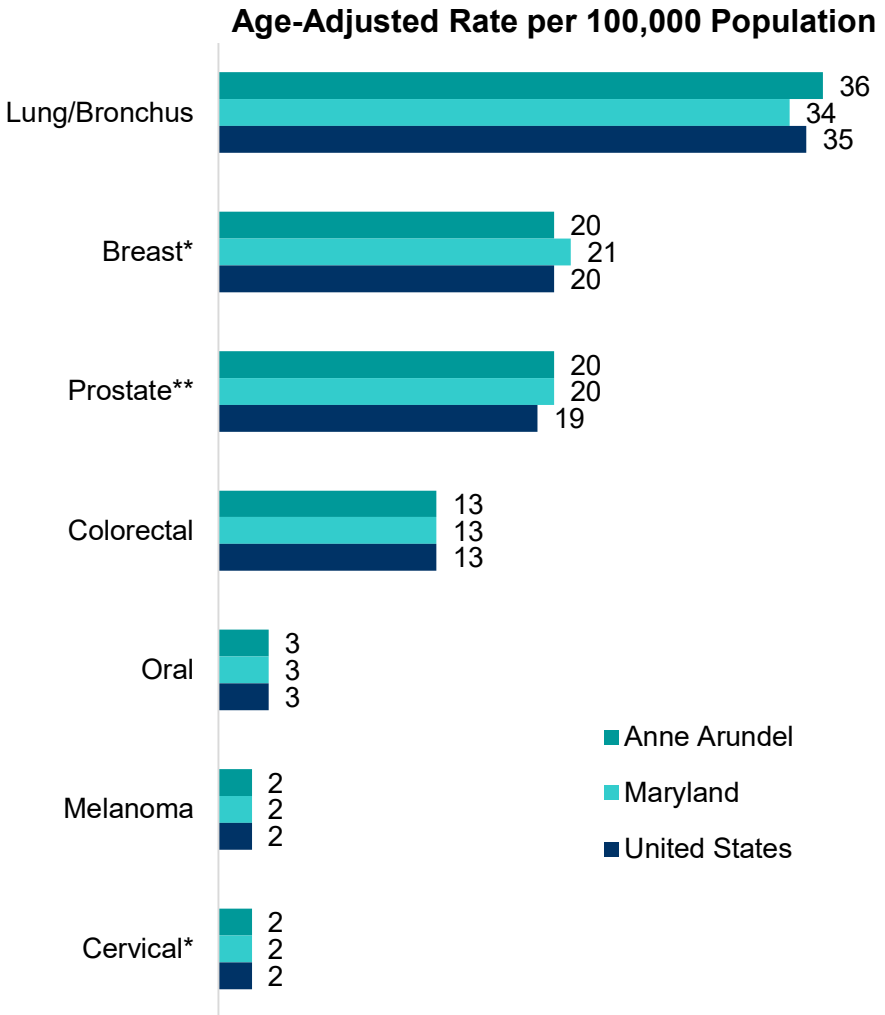
\*\*Denominator includes only biologically male residents.

Data Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Cancer Mortality

Lung and bronchus cancers had the highest mortality rates among Anne Arundel County residents from 2016 to 2020. Cancer mortality rates in Anne Arundel County are very similar to those in Maryland and the United States.

## Cancer Mortality Rates, Anne Arundel County, Maryland, and the United States, 2016-2020



\*Denominator includes only biologically female residents.

\*\*Denominator includes only biologically male residents.

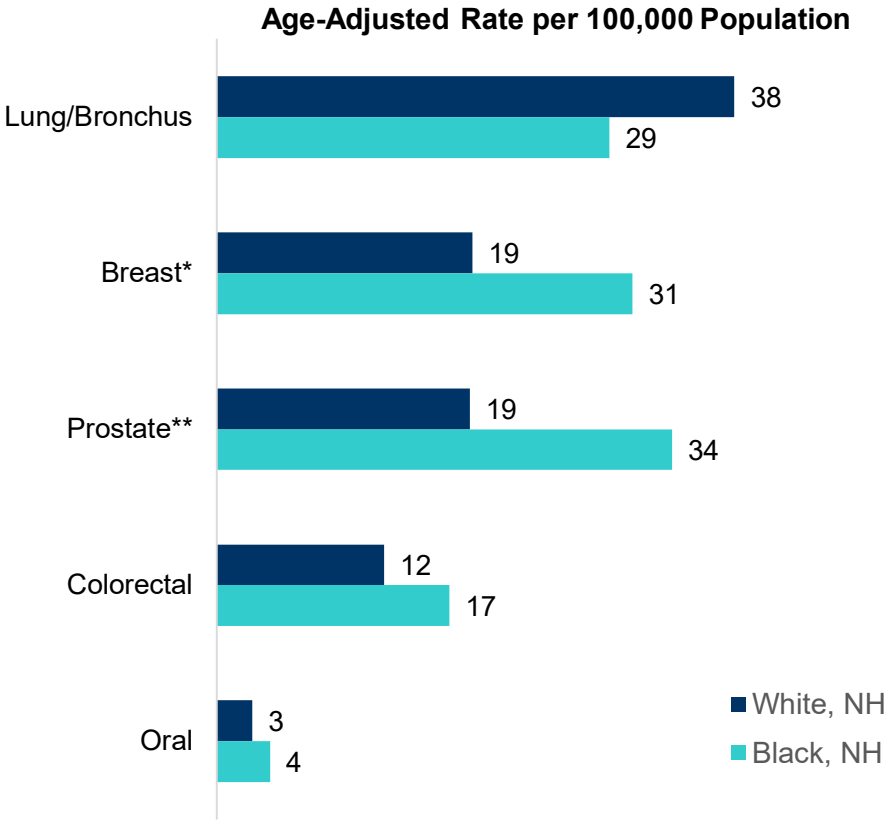
Data Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute



# Cancer Mortality by Race/Ethnicity

In Anne Arundel County from 2016-2020, cancer mortality rates were generally higher among Black non-Hispanic residents compared to white non-Hispanic residents. Mortality rates due to breast, prostate, colorectal and oral cancers were all higher among Black non-Hispanic residents. Data for Hispanic and Asian non-Hispanic residents are unavailable due to small numbers.

**Cancer Mortality Rates by Race/Ethnicity, Anne Arundel County, 2016-2020**



\*Denominator includes only biologically female residents.

\*\*Denominator includes only biologically male residents.

Data Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Diabetes

Type 2 diabetes mellitus is a chronic disease that often develops as a result of overweight, obesity and lack of physical activity. Other risk factors include high blood pressure, having low HDL cholesterol or high triglycerides, or being age 45 or older. Diabetes tends to run in families and occurs more often in certain racial/ethnic groups.

In 2021, 10.7% of residents of Anne Arundel County had been diagnosed with diabetes by a doctor. Residents aged 55-64 years had the highest percentage of diabetes (22.8%) compared to those in younger age groups. A higher proportion of males had diabetes compared to females (12.3% vs 9.3%), and a higher proportion Black non-Hispanic residents had diabetes compared to white non-Hispanic residents (17.4% vs 8.8%).

<b>Prevalence of Diabetes by Age Group, Anne Arundel County, 2019-2021</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
45-54	9.9%	*	15.9%
55-64	19.7%	16.9%	22.8%
65+	22.1%	19.8%	21.5%

<b>Prevalence of Diabetes by Sex, Anne Arundel County, 2019-2021</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
Female	7.1%	8.0%	9.3%
Male	11.4%	7.5%	12.3%

<b>Prevalence of Diabetes by Race/Ethnicity, Anne Arundel County, 2019-2021</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
Black, NH	12.7%	11.2%	17.4%
White, NH	8.7%	6.3%	8.8%

NH - non-Hispanic

\*Data for ages 45-54 in 2020 is not shown due to small sample size.

Data Source: Maryland Behavioral Risk Factor Surveillance System, 2019-2021

# Heart Disease

Heart disease was the second leading cause of death in Anne Arundel County in 2021. From 2019-2021, the majority of deaths due to heart disease were among males (56%). Residents ages 65+ had the highest rate of death due to heart disease during the three year span from 2019-2021. When comparing racial and ethnic groups, Black non-Hispanic residents had the highest rate of death due to heart disease, with 188.7 deaths per 100,000 residents during the same three-year span. Additionally, hospitalizations due to heart disease among Medicaid recipients ages 65 and older were highest among Black residents.

	2017-2019	2018-2020	2019-2021
<b>Age-Adjusted Heart Disease Death Rate per 100,000 Residents by Age Group, Anne Arundel County</b>			
Ages 35+	314.1	310.1	297.0
Ages 65+	1055.6	1033.4	990.4
All Ages	162.4	160.3	153.3
<b>Age-Adjusted Heart Disease Death Rate per 100,000 Residents by Race/Ethnicity, Anne Arundel County</b>			
White, NH	165.5	161.8	154.8
Black, NH	178.2	195.5	188.7
Hispanic	105.2	104.7	100.0

	2016-2018	2017-2019	2018-2020
<b>Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries Age 65+ by Race/Ethnicity, Anne Arundel County</b>			
White	39.5	37.6	35.0
Black	47.5	48.5	43.5
Hispanic	17.3	17.0	21.7

NH - non-Hispanic

Numbers may differ from previous reports due to changes in data sources. Sources used in previous years reports are no longer available. Age-adjustment was done using the direct method with the 2000 U.S. Standard Population. Data Sources: Maryland Department of Health, Vital Statistics Administration, Death Files, 2017-2021; CDC WONDER Single-Race Population Estimates; Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke.



# Communicable Diseases

# Infectious Disease

Certain diseases and conditions are required to be reported to the health department by law. Public health surveillance of these infectious diseases allows the Department of Health to monitor trends in disease, identify populations or geographic areas of high risk, allocate resources, develop policies, formulate and assess the effectiveness of control and prevention measures, and provide early warning of possible disease outbreaks.

Number of Selected Reportable Diseases In Anne Arundel County						
	2017	2018	2019	2020	2021	5-Year Mean
Campylobacter	96	78	110	70	89	88.6
Salmonella	120	130	126	96	102	114.8
Vibrio	13	11	18	20	14	15.2
Legionellosis	17	42	28	16	17	24
<i>M. tuberculosis</i>	11	7	12	7	8	9
Hepatitis B*	99	107	98	74	96	94.8
Hepatitis C*	549	514	460	260	244	405.4
Meningitis, meningococcal	0	0	0	0	0	0
Pertussis	9	15	2	2	0	5.6
Chlamydia †	1,636	1,819	1,686	1,477	--	--
Gonorrhea †	342	484	652	597	--	--
Syphilis **†	22	21	26	52	--	--
Lyme Disease	126	93	108	70	153	110
Animal Rabies	30	11	18	14	6	15.8
Outbreaks: Gastrointestinal	10	11	8	2	2	6.6
Outbreaks: Respiratory ‡	8	17	11	217	428	136.2

\*Includes both acute and chronic cases

\*\*Includes primary and secondary

† Due to the state network security incident in late 2021, STI data for 2021 is not available.

‡ Respiratory Outbreaks include Pneumonia, Influenza/Influenza-like Illness, and COVID-19

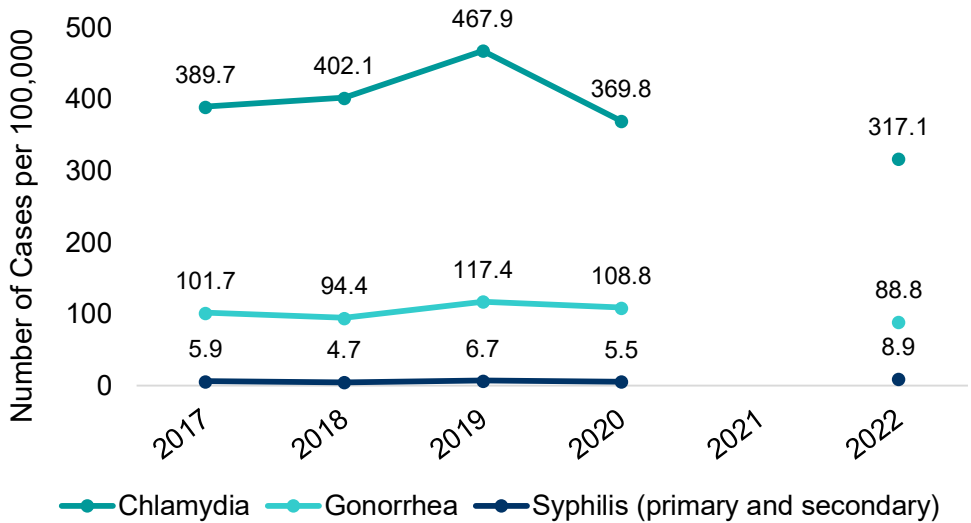
Data Source: Maryland Department of Health, National Electronic Disease Surveillance System (NEDSS)



# Sexually Transmitted Infections

Over the past six years, the rates of some sexually transmitted infections (STI), including chlamydia and gonorrhea, have decreased in Anne Arundel County. However, the rates of primary syphilis and secondary syphilis have increased over the same time period.

**Sexually Transmitted Infection Rates, Anne Arundel County, 2017-2022\***



\*Data for 2021 is unavailable due to the state network security incident.  
 Data Source: Maryland Department of Health, Selected Notifiable Conditions Reported in Maryland (2011-2022).

# Human Immunodeficiency Virus (HIV)

In 2021, 39 county residents were newly diagnosed with HIV. Most (64%) were younger than 35 years of age, and 62% were Black non-Hispanic. Nearly three-quarters (72%) of residents newly diagnosed with HIV were male.

In 2021, there were 1,419 people living with diagnosed HIV in Anne Arundel County. The number of Black non-Hispanic residents living with HIV is more than five times that of Hispanic residents and more than double that of white non-Hispanic residents. Out of the nearly 1,500 people in Anne Arundel County living with HIV, nearly 60% of them are Black non-Hispanic.

From 2019-2021, 26 Anne Arundel County residents died of HIV disease; the mortality rate was 1.48 deaths per 100,000 population.

## New HIV Cases Among Anne Arundel County Residents Aged 13+ Years, 2017-2021

	2017	2018	2019	2020	2021
<b>Number of new HIV Cases</b>	43	42	47	35	39

## Residents Aged 13+ Years Living with HIV per 100,000 by Race/Ethnicity, Anne Arundel County, 2021

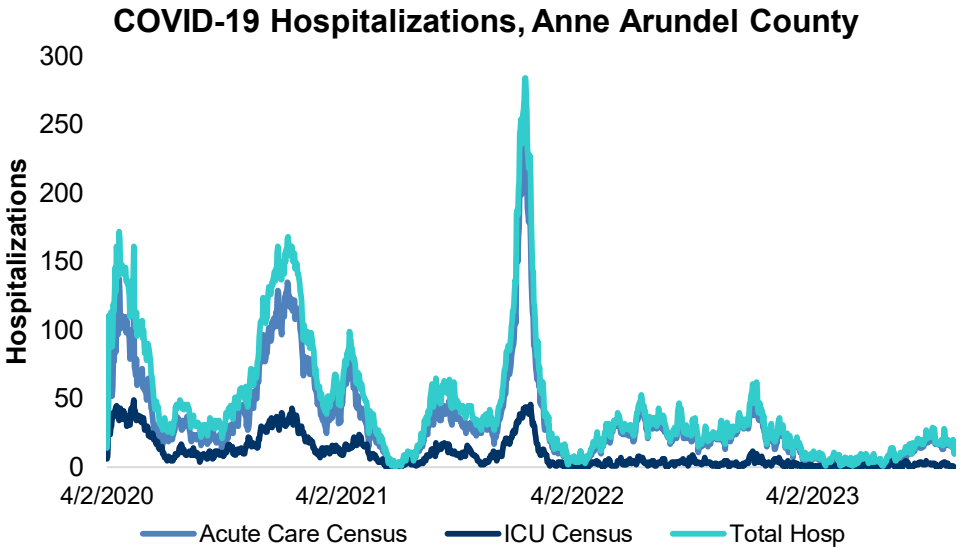
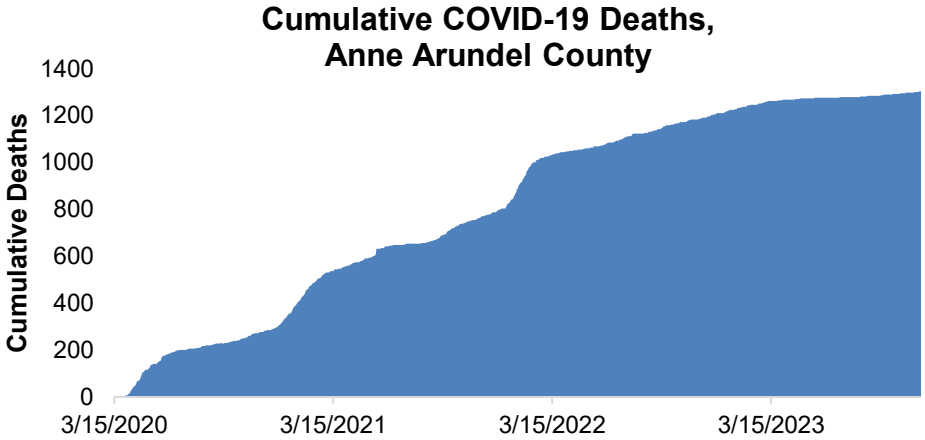
	Number of Cases	Percent of Cases
<b>Black, NH</b>	808	57%
<b>White, NH</b>	371	26%
<b>Hispanic</b>	140	10%

NH - non-Hispanic

Data Source: Maryland Department of Health, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland HIV County Overview Dashboard

# COVID-19 Deaths and Hospitalizations

COVID-19 is a disease caused by the SARS-CoV-2 virus. COVID-19 is primarily transmitted person-to-person both through respiratory droplets and aerosolized transmission. While many cases are asymptomatic or have mild symptoms, those with severe disease are at higher risk of serious long-term health outcomes and death. As of November 20, 2023, Anne Arundel County has had 123,924 cases and 1,305 deaths.



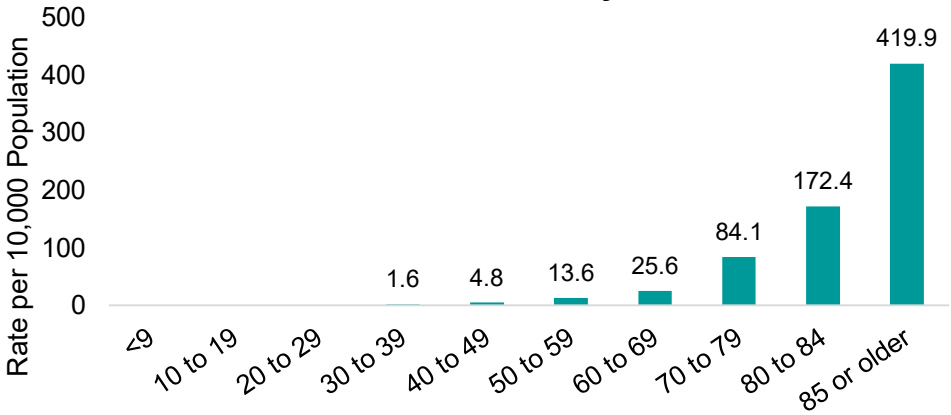
Cumulative death data through November 20, 2023; hospitalization data through November 7, 2023. Data Source: CRISP Hospital Dashboards; Maryland Department of Health, MD iMAP Data Catalog (DOIT), MD COVID-19 Confirmed Deaths By County

# COVID-19 Disparities

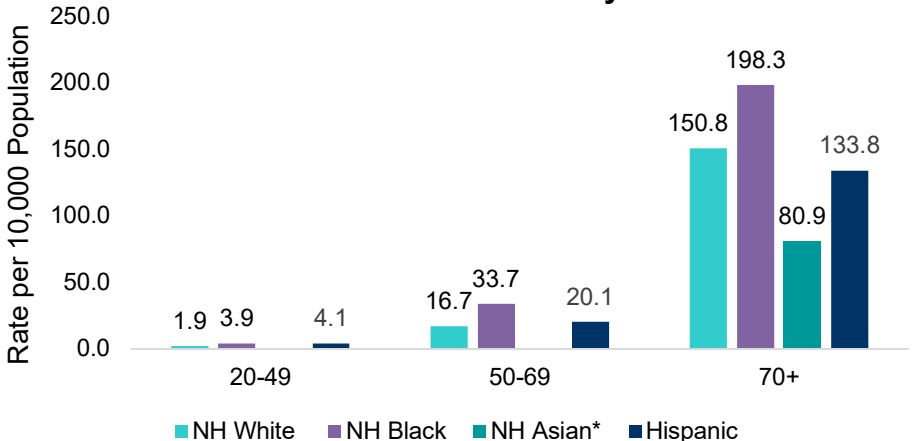
COVID-19 disparities exist across different age groups in the county. The rate of death due to COVID-19 increases with age and is highest in the 85+ age group.

Disparities also exist across different racial/ethnic groups in the county. Black non-Hispanic residents had the highest death rates among older adults, while Hispanic residents had the highest death rate among 20-49 year olds.

**COVID-19 Deaths by Age Group, Anne Arundel County**



**COVID-19 Deaths by Race/Ethnicity and Age, Anne Arundel County**



\*Rates for deaths among Asian non-Hispanic residents in the 20-49 and 50-69 age groups are suppressed due to low numbers. NH - non-Hispanic. Data through November 13, 2023.

Data Source: Maryland Department of Health, Vital Statistics Administration COVID-19 Deaths Files

# COVID-19 Vaccination Rates

In December 2020, the first vaccines for COVID-19 were approved by the Federal Drug Administration (FDA) for emergency use. The Updated COVID-19 Vaccine (2023-2024 Formula) was approved by the FDA in September 2023.

As of November 30, 2023, 72% of county residents have completed the initial vaccine series. Additionally, 10.5% of county residents have received an additional dose of the updated 2023-2024 COVID-19 vaccine.

## COVID-19 Vaccinations Administered to Anne Arundel County Residents

	Doses Administered*	Percent of Population
Initial Series Complete**	426,944	72.0%
Original Vaccine Additional Dose	302,590	51.0%
Bivalent Vaccine Additional Dose	127,044	21.4%
Updated COVID-19 Vaccine (2023-2024 Formula) Additional Dose	62,319	10.5%

\*Includes only doses administered to Anne Arundel County residents.

\*\*May be any vaccine formulation: the original formula, the bivalent formula, or the updated 2023-2024 formula

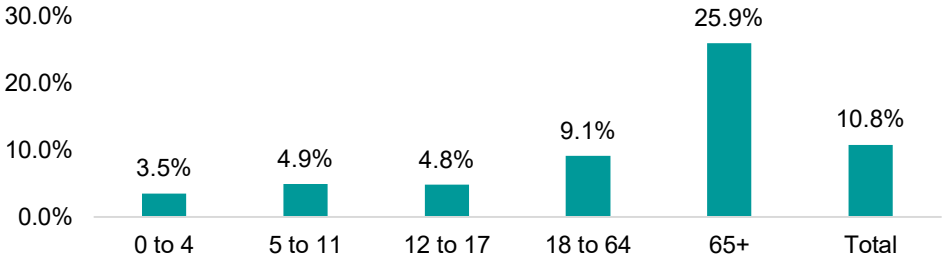


# COVID-19 Vaccination Demographics

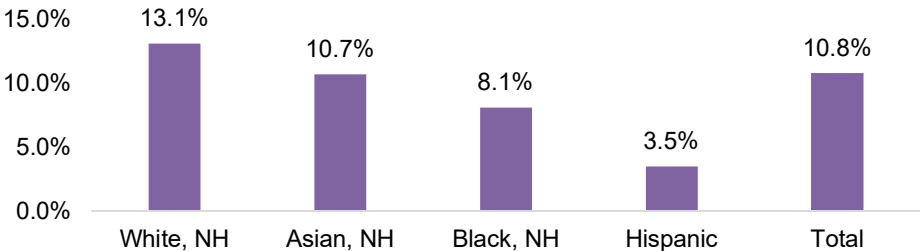
The rate of vaccination with the Updated COVID-19 Vaccine (2023-2024 Formula) is highest in the 65+ age group, with one-fourth of residents aged 65+ having received a dose. The percentage of residents that have received the updated vaccine is highest among white non-Hispanic residents, and lowest among Hispanic residents.

Receiving the Updated COVID-19 (2023-2024 Formula) Vaccine is required to be considered up-to-date on vaccination against COVID-19, regardless of the number of prior doses received.

**Percent of Anne Arundel Residents Vaccinated with the Updated COVID-19 Vaccine (2023-2024 Formula) by Age Group**



**Percent of Anne Arundel Residents Vaccinated with the Updated COVID-19 Vaccine (2023-2024 Formula) by Race/Ethnicity**



Data through November 30, 2023.

Data Source: Maryland Department of Health, ImmuNet. Data source does not include vaccines administered by the Department of Defense, Veterans Affairs, or Bureau of Prisons Federal Entities.



Maternal and Child Health

# Maternal and Child Health

In 2021, there were 7,009 live births in Anne Arundel County. Of those births, 3,909 were white non-Hispanic, 1,342 were Black non-Hispanic, and 1,115 were Hispanic. Low birth weight and preterm birth can increase the risk of infant death, breathing problems, obesity, and other health issues during childhood.

The percent of low birth weight and preterm births increased in Anne Arundel County from 2020 to 2021. In 2021, Black women were more likely to have low birth weight or preterm infants than white or Hispanic women.

	2017	2018	2019	2020	2021
<b>Percent of Low Birth Weight Infants (&lt;2,500 grams or about 5.5 lbs.)</b>					
Anne Arundel	7.8%	7.7%	7.8%	7.7%	7.9%
Maryland	8.9%	8.9%	8.7%	8.5%	8.9%
United States	8.3%	8.3%	8.3%	8.2%	8.5%
<b>Percent of Low Birth Weight Infants, Anne Arundel County by Race/Ethnicity</b>					
White, NH	6.5%	6.7%	6.9%	5.8%	6.7%
Black, NH	12.3%	11.6%	11.3%	12.1%	11.9%
Hispanic	7.2%	6.7%	6.6%	8.0%	7.9%
<b>Percent of Women Having Preterm Births (&lt;37 weeks of gestation)</b>					
Anne Arundel	9.7%	10.5%	9.9%	10.0%	10.6%
Maryland	10.5%	10.2%	10.3%	10.1%	10.7%
United States	9.9%	10.0%	10.2%	10.1%	10.5%
<b>Percent of Preterm Infants, Anne Arundel County by Race/Ethnicity</b>					
White, NH	9.3%	10.0%	9.5%	9.0%	10.3%
Black, NH	12.1%	12.8%	10.8%	12.2%	12.6%
Hispanic	7.7%	10.1%	10.6%	11.1%	10.0%

NH - non-Hispanic. Data Source: Maryland Department of Health, Vital Statistics Administration, 2017-2021 Annual Reports; National Vital Statistics Report: Births: Final Data for 2021. U.S. Department of Health and Human Services, Healthy People 2020.

# Prenatal Care

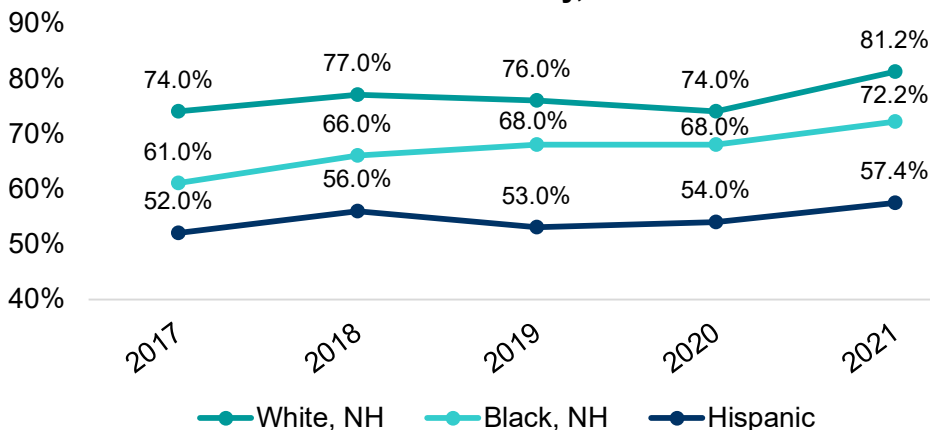
Prenatal care is essential for healthy birth outcomes for both mothers and babies. Women who get regular prenatal care have a reduced risk of pregnancy complications, low birth weight and infant death.

As of 2021, 75% of pregnant women received prenatal care in the first trimester (first 12 weeks); an increase from nearly 72% in 2020. The percent of residents who received first trimester prenatal care increased among white non-Hispanic, Black non-Hispanic and Hispanic residents. However, only half (57%) of Hispanic mothers initiated prenatal care in the first trimester in 2021. The rate of prenatal care initiation in the first trimester is much lower in Hispanic mothers compared to white non-Hispanic mothers as well as the overall county and state rates.

## Percent of Women Receiving First Trimester Prenatal Care

	2017	2018	2019	2020	2021
Anne Arundel	71.0%	71.4%	72.8%	71.8%	75.4%
Maryland	66.3%	70.0%	69.9%	70.2%	71.8%

## Percent of Women Receiving First Trimester Prenatal Care by Race/Ethnicity, Anne Arundel County, 2017-2021



NH - non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017-2021 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.

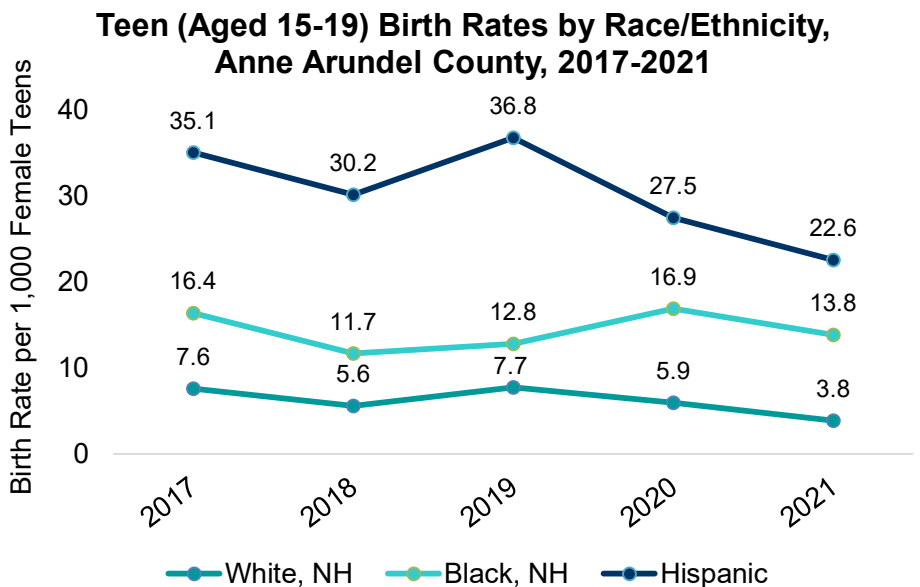
# Teen Pregnancy

Pregnant teens are at higher risk for complications such as low birth weight, preterm birth, high blood pressure and postpartum depression. Teenage pregnancy rates have declined over the past five years. In 2021, there were 8.5 teen births per every 1,000 females aged 15-19 years in Anne Arundel County, lower than both the state and national averages.

Although the teen birth rate has declined overall since 2014, it is higher among Hispanic teens than Black non-Hispanic and white non-Hispanic teens. The birth rate in Hispanic teens is more than five times that of white non-Hispanic teens and 1.6 times that of Black non-Hispanic teens.

**Teen (Aged 15-19) Birth Rates by Race/Ethnicity, Anne Arundel County, Maryland, and the United States, 2017-2021**

	2017	2018	2019	2020	2021
Anne Arundel	12.1	9.4	11.2	10.6	8.5
Maryland	14.2	14.1	13.9	13.0	11.3
United States	18.8	17.4	16.0	15.4	14.4



NH - Non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017-2021 Annual Reports.



# Maternal Age and Educational Attainment

In the last decade, the birthing population has gotten older. In 2012, 51% of mothers were less than 30 years old, but in 2021 only 37% of mothers were less than 30 years. The proportion of births among mothers less than 20 years of age has decreased in this time period, while the proportion of births among mothers 40 years and older has remain constant.

Educational attainment among mothers has also increased. From 2012 to 2021, the proportion of mothers with a college or graduate degree increased from 42% to 51%. Additionally, the proportion of mothers with less than a high school degree has decreased in this time period, from 10% in 2012 to 8% in 2021.

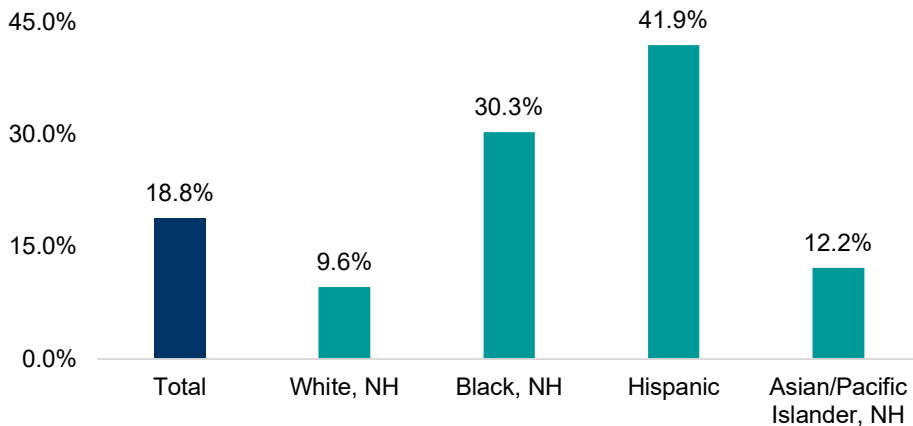
	2012	2017	2021
<b>Maternal Age</b>			
<20 years old	5%	3%	2%
20-29 years old	46%	41%	35%
30-39 years old	46%	52%	59%
40+ years old	4%	4%	4%
<b>Maternal Educational Attainment</b>			
Less than High School	10%	9%	8%
High School Graduate	17%	15%	15%
Some College	30%	28%	25%
College or Graduate Degree	42%	48%	51%

# Maternal WIC Utilization

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

From 2017-2021 in Anne Arundel County, about one in five (18.8%) mothers used WIC. Hispanic mothers had the highest WIC utilization rate (41.9%). About one-third (30.3%) of Black mothers used WIC. One in ten (9.6%) white mothers used WIC in this time period.

**Maternal WIC Utilization by Race/Ethnicity,  
Anne Arundel County, 2017-2021**



NH - non-Hispanic

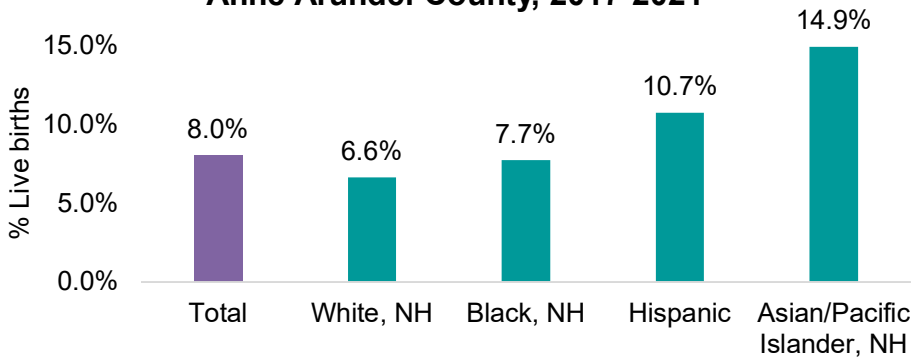
Data Source: U.S. Department of Agriculture Food and Nutrition Service, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Maryland Department of Health, Vital Statistics Administration, 2017-2021 Annual Reports.

# Maternal Morbidity

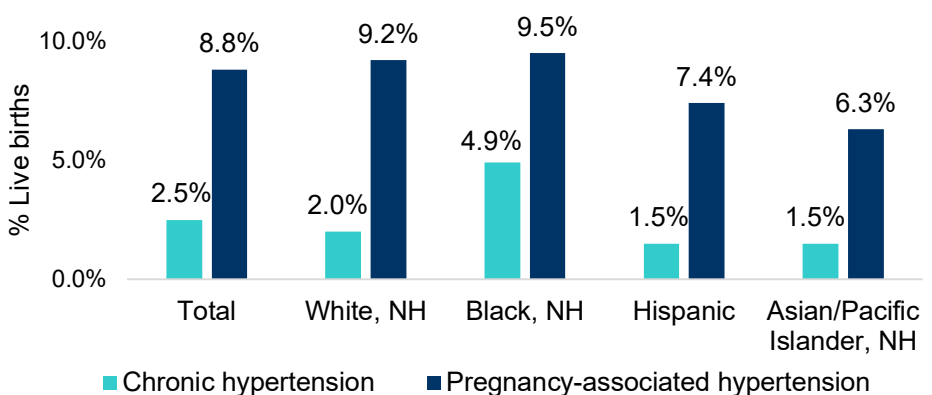
Pregnancy can cause or worsen certain health conditions, such as gestational diabetes and high blood pressure (hypertension). These conditions can impact the health of the pregnant person and their baby. Gestational diabetes can increase the risk of developing hypertension. Chronic hypertension and pregnancy-associated hypertension can lead to complications such as preeclampsia, stroke and preterm delivery.

From 2017-2021, Asian non-Hispanic mothers had the highest proportion of gestational diabetes, followed by Hispanic mothers. Black non-Hispanic mothers had the highest proportions of both chronic and pregnancy-associated hypertension.

**Gestational Diabetes by Race/Ethnicity, Anne Arundel County, 2017-2021**



**Hypertension in Pregnancy by Race/Ethnicity, Anne Arundel County, 2017-2021**



NH - Non-Hispanic

Data Source: Gestational Diabetes and Pregnancy, CDC; High Blood Pressure During Pregnancy, CDC; Maryland Department of Health, Vital Statistics Administration, 2017-2021 Birth Files.

# Infant Mortality

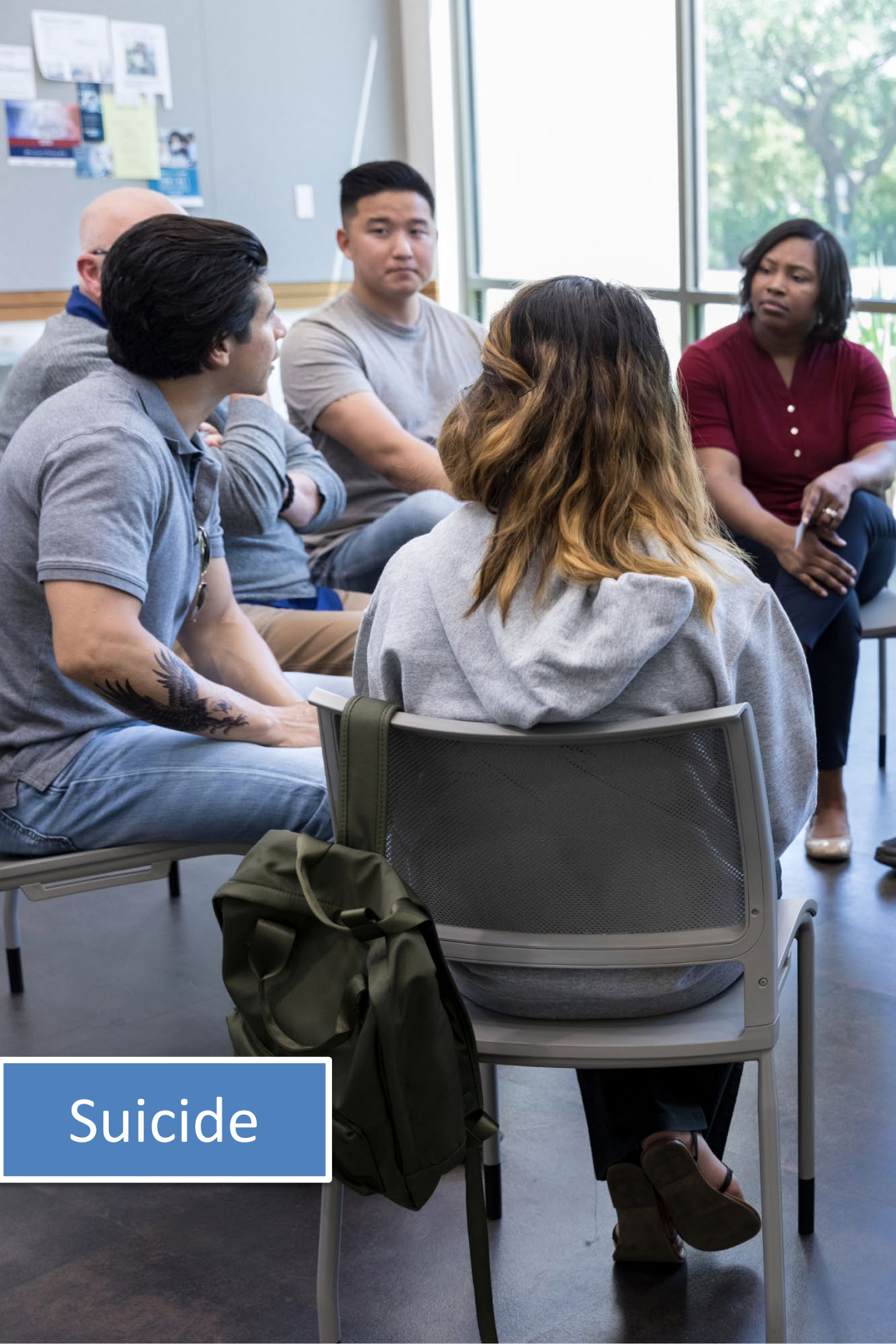
Infant mortality measures deaths of babies during the first year of life. In 2021, there were 39 infant deaths in Anne Arundel County, with an overall infant mortality rate of 5.6 deaths per 1,000 live births. This is an increase from the rate of 4.5 per 1,000 live births in 2020.

From 2020 to 2021, the infant mortality rates increased among Hispanic and Black non-Hispanic infants. The rate among Hispanic infants increased from 5.7 to 9.0 deaths per 1,000 live births, and the rate among Black non-Hispanic infants increased from 5.5 deaths to 8.2 deaths per 1,000 live births. As mortality rates are based on small numbers of deaths, year-to-year variability is not uncommon.

	2017	2018	2019	2020	2021
<b>Infant Mortality – All Races per 1,000 Live Births</b>					
Anne Arundel	4.1	3.2	4.2	4.5	5.6
Maryland	6.5	6.1	5.9	5.7	6.1
United States	5.8	5.7	5.6	5.4	5.4
<b>Infant Mortality – White non-Hispanic per 1,000 Live Births</b>					
Anne Arundel	2.8	3.2	2.3	3.3	3.6
Maryland	4	4.1	4.1	3.3	3.7
United States	4.7	4.6	4.5	4.4	4.4
<b>Infant Mortality – Black non-Hispanic per 1,000 Live Births</b>					
Anne Arundel	7.9	4.0	8.3	5.5	8.2
Maryland	11.2	10.2	9.3	9.9	9.8
United States	11.0	10.8	10.6	10.4	10.6
<b>Infant Mortality – Hispanic per 1,000 Live Births</b>					
Anne Arundel	5.3	*	6.5	5.7	9.0
Maryland	4.7	3.8	5.1	4.6	5.3
United States	5.1	4.9	5.0	4.7	4.8

\*Rate not calculated, fewer than 5 deaths.

Source: Maryland Department of Health, Vital Statistics Administration, 2017-2021 Annual Reports; National Vital Statistics Reports, Infant Mortality in the United States, 2021: Data From the Period Linked Birth/Infant Death File.



Suicide

# Suicide

In 2021, 74 county residents died by suicide. Those under the age of 34 attempt suicide at the highest rates, while those 85 years and older have the highest death rate. White males are two-thirds of the suicide deaths in Anne Arundel County, followed by white females and Black males.

## Suicide in Anne Arundel County, 2017-2021

	2017	2018	2019	2020	2021
Number of Deaths	95	79	75	70	74
Suicide Attempts Leading to Emergency Department (ED) Visits	533	541	544	467	589
Suicide Attempts Leading to Inpatient Hospitalizations	368	364	290	178	151

## Deaths by Suicide by Race/Ethnicity and Sex, Anne Arundel County, 2017-2021

Sex/Race Category	Suicides (%)	Rate per 100,000 population
White Male	258 (66%)	30.0
White Female	76 (19%)	8.7
Black Male	28 (7%)	13.0
Black Female	8 (2%)	3.5
Hispanic Male	12 (3%)	12.1
Other*	11 (3%)	4.1
Total Suicide Deaths (2017-2021)	393	15.4

\*Includes Hispanic Female due to data suppression requirements.

Data Source: Maryland HSCRC Outpatient and Inpatient Files, 2017-2021; Maryland Department of Health, Vital Statistics Administration, Death Files, 2017-2021.





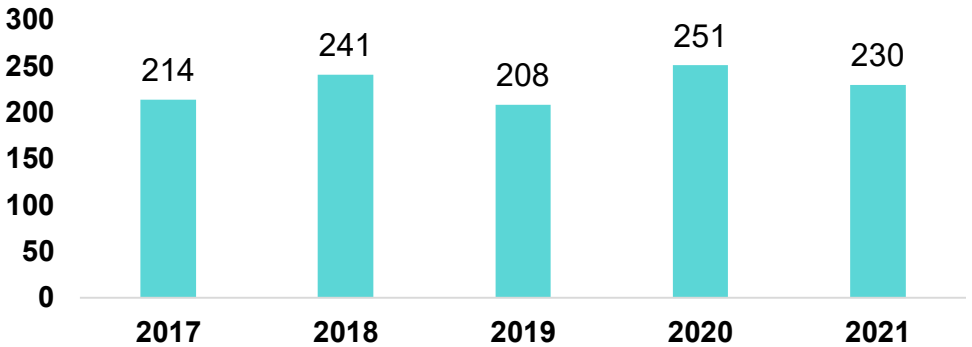
# Alcohol, Tobacco and Substance Use

# Opioid and Other Drug Use

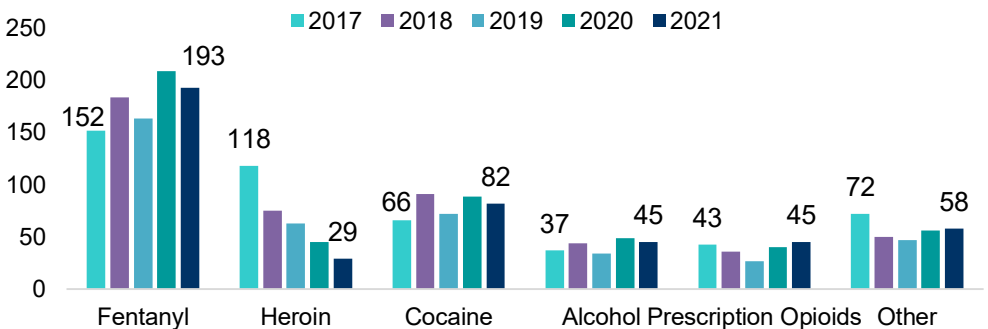
In 2021, there were 230 intoxication deaths among Anne Arundel County residents, an 8.4% decrease from 2020. Fentanyl was involved in 84% of all intoxication deaths in 2021. Deaths involving fentanyl have increased 27% since 2017, and deaths involving cocaine have increased 24%. Deaths involving heroin have decreased since 2017, while deaths involving alcohol and prescription opioids have increased.

Intoxication deaths involving more than one substance were common; 88% of cocaine-related deaths and 94% of the heroin-related deaths in Maryland also involved fentanyl.

**Total Drug and Alcohol Related Intoxication Deaths, Anne Arundel County, 2017-2021**



**Drug and Alcohol Related Intoxication Deaths by Substance and Year\*, Anne Arundel County, 2017-2021**



\*Data Note: People may have more than one substance in their system at the time of death. Other substances include Methadone (91 deaths), Oxycodone (71 deaths), Benzodiazepines (74 deaths), Phencyclidine (37 deaths) and Methamphetamine (10 deaths).

Data Source: Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2021, Maryland Vital Statistics Administration, Maryland Department of Health.

# Tobacco Use

Tobacco use is the leading cause of preventable disease, disability and death in the United States. Tobacco use increases the risk of cancer, heart disease, stroke, respiratory diseases and other health effects like Type 2 Diabetes and cataracts.

In 2021, 8.7% of Anne Arundel County residents reported currently using cigarettes, and 6.2% of residents reported currently using e-cigarettes. Additionally, 1.9% of county residents reported currently using chewing tobacco, snuff or snus products. From 2017 to 2021, cigarette use in Anne Arundel County residents decreased 55% among women and 43% among men.

	2017	2018	2019	2020	2021
<b>Current Cigarette Use, Women</b>					
Anne Arundel	17.0%	11.2%	16.2%	8.5%	7.6%
Maryland	11.9%	11.3%	11.3%	8.8%	8.6%
<b>Current Cigarette Use, Men</b>					
Anne Arundel	17.3%	13.9%	15.9%	13.5%	9.9%
Maryland	16.0%	14.0%	14.2%	13.2%	11.8%

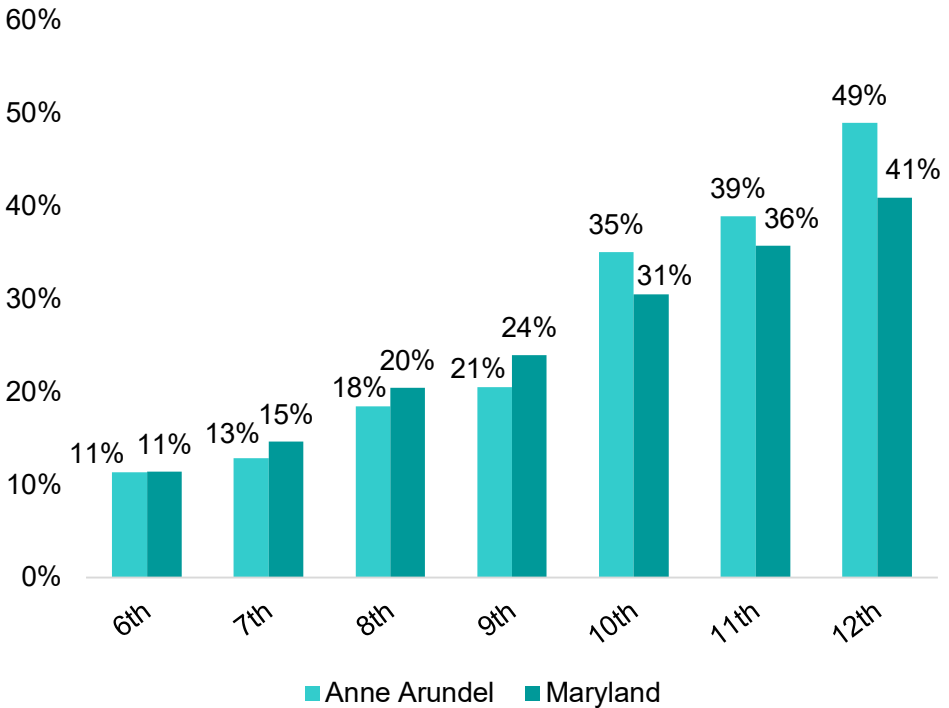
Data Source: CDC: 2017-2021 Maryland Behavioral Risk Factor Surveillance System (BRFSS). This publication utilizes data provided by the Maryland Department of Health, Maryland Behavioral Risk Factor Surveillance System; collected under guidance of the Centers for Disease Control and Prevention; and analyzed by the Anne Arundel County Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Maryland Department of Health or the Centers for Disease Control and Prevention.

# Electronic Cigarette Use

Electronic cigarettes, or E-cigarettes, are a type of Electronic Smoking Device (ESD). Teen ESD users are more likely to start smoking combustible tobacco products (e.g., cigarettes, cigars, hookahs) than teens who don't use ESDs.

In 2021, half of county 12th graders reported ever using an ESD, and a higher proportion of female students reported ever using an ESD compared to male students in every grade level but 6th grade.

**Percentage of Students Who Reported Ever Using an ESD by Grade, Anne Arundel County vs. Maryland, 2021**



Data Source: 2021-2022 Maryland Youth Risk Behavior Survey, [smokingstopshere.com](http://smokingstopshere.com)

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