



# HEALTH EQUITY PLAN

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# Letter from the Health Officer

Dear residents of Anne Arundel County,

I am honored to present the Anne Arundel County Department of Health's Health Equity Plan. This plan is shared with both a deep sense of urgency and profound hope. It outlines key priority areas set with the community and goals within each area to improve health disparities throughout the county. Creating this plan allows the Department to concentrate our efforts, be transparent with our priorities, and be accountable for making change.

Early in my career, I worked as an intensive care unit nurse. I witnessed firsthand the stark realities of health disparities. I saw patients arrive in critical condition with preventable diseases, often from communities where access to basic health care, healthy food and safe environments was a distant dream. It was a painful education, revealing that a person's ZIP code, income, or background could tragically determine their health outcomes. This experience ignited a passion within me, a deep-seated belief that health is a fundamental right, not a privilege.

That conviction only deepened during my time in a leadership role at Healthcare for the Homeless. There, I saw the resilience of individuals facing unimaginable challenges, yet also the devastating impact of systemic inequities on their health. It became undeniably clear that addressing health goes far beyond clinic walls; it requires us to confront the social, economic and environmental factors that shape lives.

These experiences laid the foundation for my commitment to public health and, specifically, to health equity. I believe that everyone deserves access to quality health care and safe living conditions – not to be earned but given as an inherent human right. Your health outcomes should not be a measure of income, education, location or demographics. However, far too often, those with the least among us predictably have poorer health and lower life expectancy.

Our hope is that this plan will move us closer towards an Anne Arundel County where everyone can attain their full potential for health and well-being.

This report is our community's mirror, reflecting where we stand on this vital issue. It highlights the areas where we excel and, more importantly, where significant work remains. It is a call to action for all of us – government, community organizations, health care providers, businesses and residents – to collaborate, innovate and dismantle the barriers that prevent our neighbors from thriving.

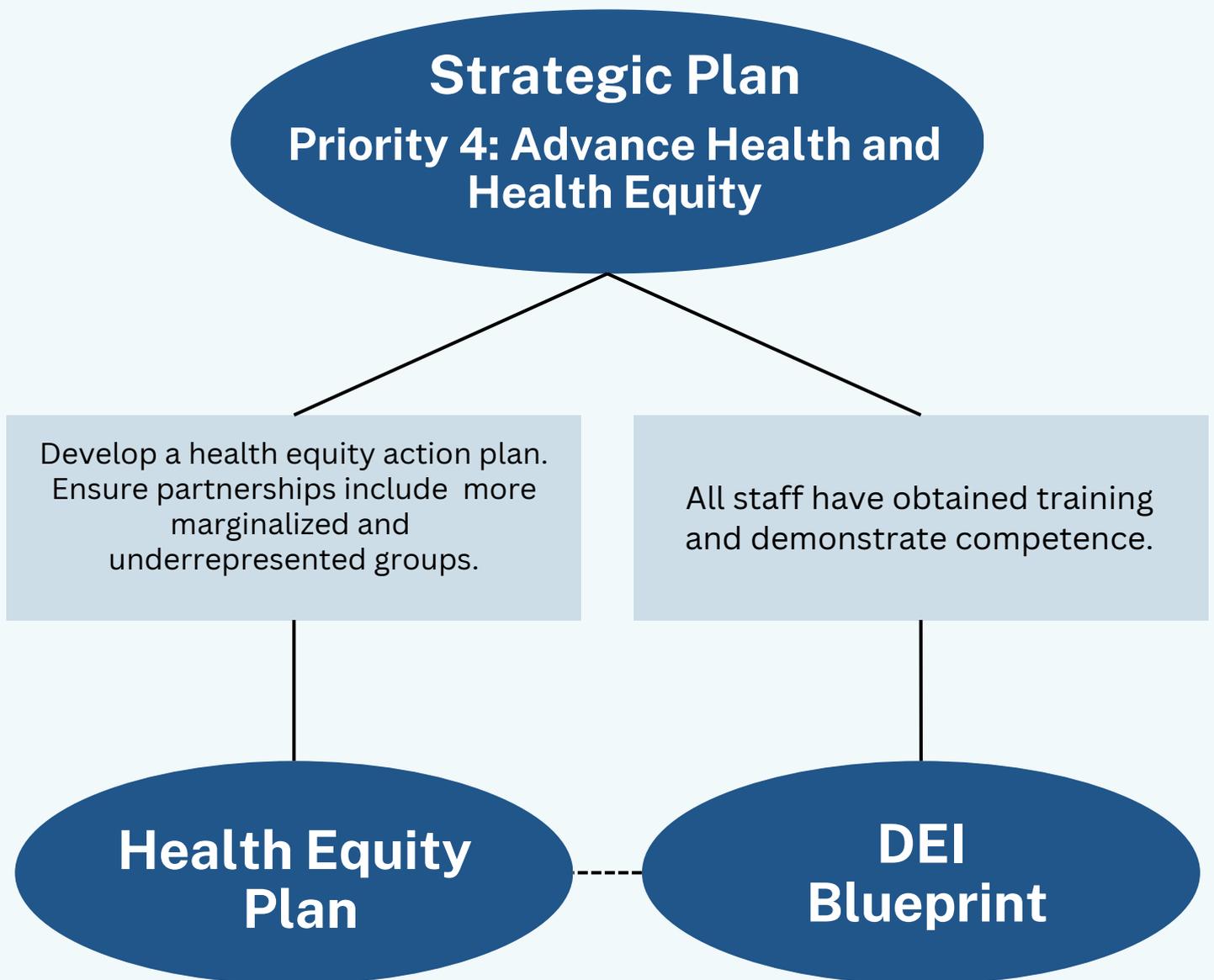
Thank you to everyone who helped contribute to this plan. Collaboration is the only way to make change in health outcomes, and we appreciate your time and partnership.

Together, we can build a healthier, more equitable Anne Arundel County.

Tonii Gedin, RN, DNP

# The Planning Process

Our **Strategic Plan** for 2023-2025 underscored the impact of the COVID-19 pandemic with priorities that emphasized the urgent need to address health disparities and strengthen our public health infrastructure. The Plan identified four key priorities: workforce development, infrastructure enhancement, fostering community partnerships and **advancing health equity**. These priorities provide a framework for strengthening our foundation and ensuring that we are equipped to respond effectively to a wide range of health challenges while promoting health equity and social justice. This **Health Equity Plan** is a result of the Strategic Plan's health equity priority and builds on our existing efforts. We have also developed a **DEI (Diversity, Equity and Inclusion) Blueprint**, designed to support Anne Arundel County Department of Health (DOH) staff knowledge and human resource efforts.



# The Planning Process

This Plan was developed with input from a variety of stakeholders and in consideration of available reports and data.

## Department of Health Leadership

Informational Interviews were used to identify the agency's strengths, challenges and priorities in promoting equity. Four major themes emerged:

- Level setting staff knowledge
- Partnership expansion
- Expand reach to populations experiencing inequities
- Funding for health equity initiatives

## Community and Stakeholders

Community members and stakeholders were prioritized in the development of this plan, with input collected through:

- 5 Data Walks (displaying information through posters similar to an art gallery to elicit feedback)
- 2 collaborative SWOT analysis sessions
- 4 community focus groups, including youth and young adults

## Strategic Plan Health Equity Workgroup

The Health Equity Workgroup was comprised of staff across the Department of Health with diverse expertise and experience, and provided ongoing input and feedback through the planning process

## Data and Reports

Both existing reports, such as the Community Health Needs Assessment, Community Plan for Behavioral Health, and secondary data from medical care, vital statistics, and surveys, were reviewed to help identify inequities.



# The Big Picture

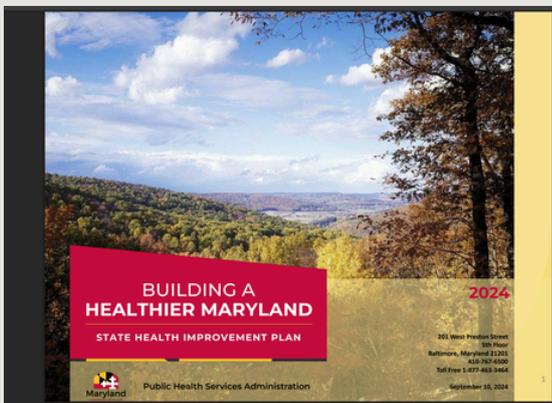
Equity and health equity are at the forefront for Anne Arundel County and Maryland. We are excited about the intersections of our Health Equity Plan with the county's [Equity Blueprint](#) and [State Health Improvement Plan](#).



Four of the Equity Blueprint **Pillars of Practice** intersect with this Health Equity Plan:

- Accessible and Inclusive Legislation
- Community and Public Engagement
- Data Collection and Analysis
- Training, Education and Development

Intersections in our Health Equity Plan are identified by this symbol:



Five of the State Health Improvement Plan **Health Priority Areas** align with our Health Equity Plan Priorities:

- Chronic Disease
- Access to Care
- Women's Health
- Violence
- Behavioral Health



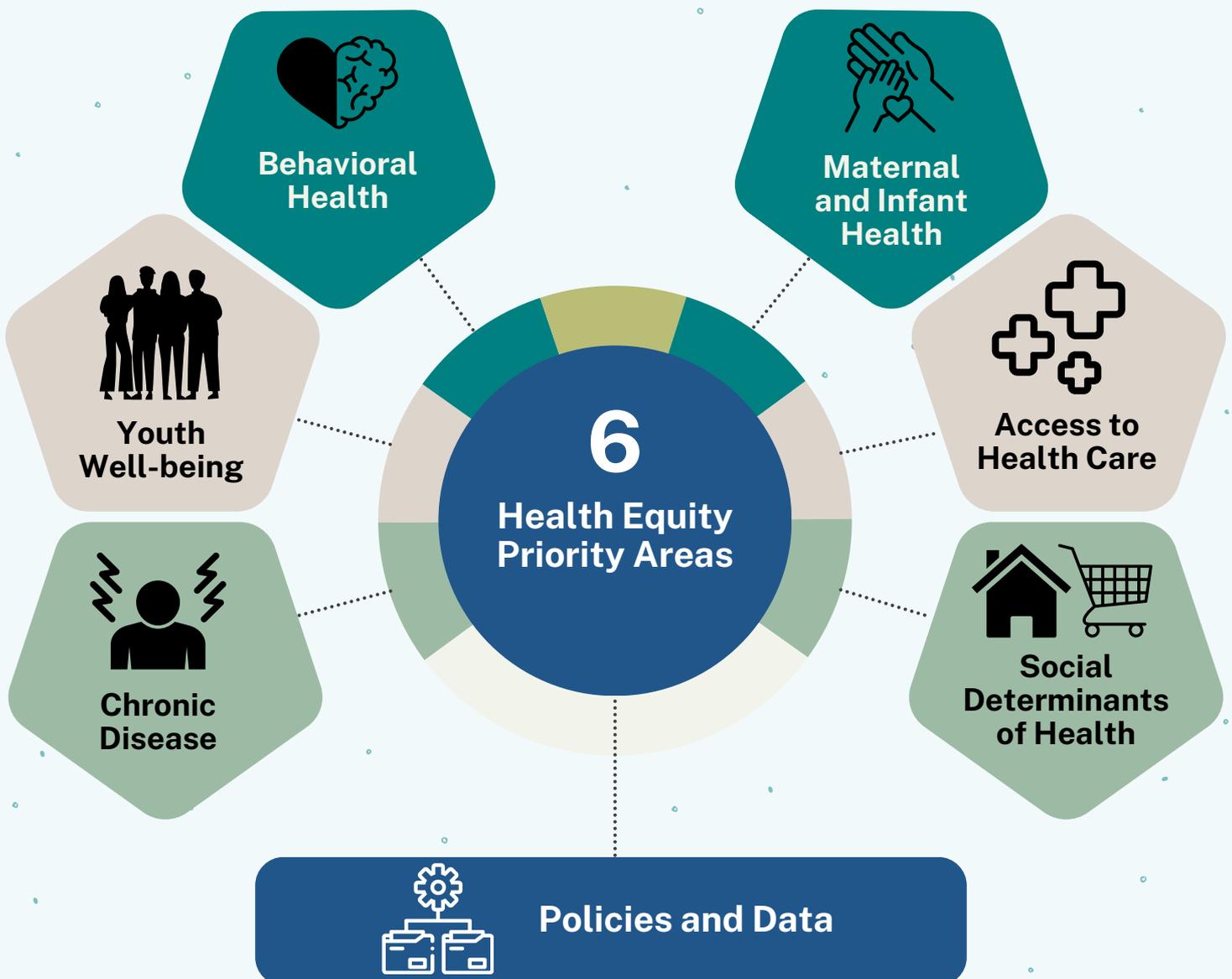
As we develop or identify other related plans, we will continue to seek opportunities to align our Health Equity work.

# Health Equity Action Plan

## Priority Areas

A robust assessment process, including population and program data, staff interviews and input, community and partner data walks, and community focus groups, identified six health equity priority areas: mental health and substance use (Behavioral Health), youth well-being, chronic disease, access to health care, maternal and infant health, and social determinants of health.

In addition to these priority areas, DOH policies and data collection and analysis were recognized as critical to supporting health equity throughout the agency.





# Priority: Behavioral Health

## Why is this important?

Even though progress has been made in reducing stigma, nearly everyone has some degree of bias and negative perception related to behavioral health, even people experiencing behavioral health issues. This keeps them from getting needed help. Access to care is challenging for those seeking a diverse provider pool with services provided in languages other than English. Substance use deaths have decreased in the county, but are not decreasing uniformly.

### Strategies



### Actions



1

Increase awareness and reduce stigma surrounding behavioral health issues for community members through tailored education and outreach campaigns

- Make behavioral health education opportunities widely available 
- Ensure mental health knowledge is embedded through DOH, academic institutes, employers in the county

2

Provide education and training on mental health awareness, stigma reduction, and suicide prevention to health care providers and first responders

- Make behavioral health resources, trainings, and materials available to health care providers and first responders 
- Conduct and support symposiums and educational opportunities 

3

Support youth-friendly and culturally responsive treatment services

- Assess current DOH programs for the ability to incorporate two-generational models
- Advocate for policy/funding to increase provider diversity



### Community Indicators What will we monitor?

Percentage of youth who have seriously considered suicide

Percentage of people with Medicaid receiving behavioral health services

Number of crisis response deployments

Number of fatal opioid overdoses

Percentage of youth substance use



### Key Partners Who works with us?

[Anne Arundel County Mental Health Agency](#)

[Overdose Prevention Team](#)

[Healthy Anne Arundel Coalition](#)

[Community Health Ambassadors](#)

[Gun Violence Intervention Team](#)



# Priority: Youth Well-Being

## Why is this important?

Over one in five residents in the county is under the age of 18, and nearly 30% are under 25 years. Youth well-being is a critical concern in our community, as young people face various burdens that can impact their physical, emotional and social health. Concerns for youth spanned across other priority areas, with mental health and the changing substance use landscape rising to the top, as well as violence and reproductive health where there are notable disparities.

## Strategies



1

Connect with organizations, providers, and academic institutes to raise awareness of and increase existing resources (mental health, sexual health, healthy and active living, etc.)

2

Support initiatives/policies to increase youth-tailored programs and funding

3

Engage youth in decision-making processes and empower them to advocate for their own health needs and priorities

## Actions



- Coordinate with organizations spearheading the ENOUGH Act
- Support funding efforts, education and trainings for partner organizations and seek opportunities to collaborate 

- Monitor and support policies/legislation that improve social drivers of health 
- Identify programs and messaging to tailor and right-size for youth 

- Engage and coordinate with youth groups in the county through DOH programs 
- Ensure youth input and representation for related initiatives and program development 



## Community Indicators What will we monitor?

Percentage of youth who have seriously considered suicide

Percentage of youth who have a trusted adult to speak with about important issues

Percentage of youth who engage in safe sex practices

Percentage of Youth Substance Use

Percentage of Youth with two or more Positive Childhood Experiences (PCEs)



## Key Partners Who works with us?

Partnership for Children, Youth and Families

Anne Arundel County Mental Health Agency

Anne Arundel Community College

Anne Arundel County Public Schools

Community Health Ambassadors

Anne Arundel County Department of Social Services



# Priority: Chronic Disease

## Why is this important?

Chronic disease causes over half of deaths in Anne Arundel County. Lifestyles including healthy food and physical activity can reduce chronic disease. However, not all residents have the resources needed for a healthy lifestyle. For example, limited access to grocery stores forces households to choose convenience and shelf life, resulting in the reliance on boxed and processed foods over fresh options. For some, more pressing needs such as food, housing and transportation limit resources available to support physical activity.

### Strategies



### Actions



1

Improve health literacy and self-management skills among individuals with chronic diseases through education and support programs

- Promote evidence-based prevention and self-management programs 
- Incorporate best health literacy practices in DOH chronic disease publications and advertisements

2

Partner with food pantries and farmers' markets to provide diet specific suggestions

Provide/support nutrition education programs that teach how to make healthy and affordable meals 

3

Utilize and grow relationships with community partners to promote healthy lifestyles

- Promote chronic disease screenings, particularly for those at higher risk 
- Promote vaccines to prevent cancer 
- Connect residents to local parks and programs 



## Community Indicators What will we monitor?

- Prevalence of diabetes
- Percentage of cancer screenings
- Rate of new cancer diagnoses
- Rate of chronic disease hospitalizations
- Rate of chronic disease deaths



## Key Partners Who works with us?

- [Conquer Cancer Coalition](#)
- [Luminis Health/Anne Arundel Medical Center](#)
- [UMD Baltimore Washington Medical Center](#)
- [AAC Department of Recreation and Parks](#)
- [Community Health Ambassadors](#)
- [Healthy Anne Arundel Coalition](#)



# Priority: Maternal and Child Health

## Why is this important?

Each year, Anne Arundel County welcomes about 7,000 babies. However, Black birthing individuals and infants have notably worse outcomes compared to other groups. This includes nearly double the rate of maternal mortality in the state. In the county, Black infants are more likely to be preterm or a low birth weight. Black and Hispanic infants have delayed initiation of prenatal care and infant mortality rates that are twice that of white, non-Hispanic infants.

### Strategies



1

Expand access to prenatal care and maternal health services

2

Identify gaps and plan for diverse maternity care options such as doulas, midwives, etc.

3

Support programs for pregnant individuals, particularly those from marginalized communities and younger age groups

### Actions



- Support policies, procedures and legislation that improve care and services 
- Coordinate with providers and educate residents to respond to changes in services 

- Work with partners and community members to assess the needs/gaps 
- Coordinate with partners to respond to identified needs and gaps

- Promote preconception education 
- Promote completion of assessments to identify those at high risk
- Support workflows/care coordination linking pregnant individuals to care



### Community Indicators What will we monitor?

Percentage of late or no care during pregnancy

Rate of maternal morbidity

Percentage of cesarean sections

Preterm and low birth rates

Infant mortality rate



### Key Partners Who works with us?

Maternal and Infant Health Task Force

Partnership for Children, Youth and Families

Luminis Health/Anne Arundel Medical Center

UMD Baltimore Washington Medical Center



# Priority: Access to Care

## Why is this important?

While the county overall has a relatively high rate of health care coverage, access to care remains challenging for certain populations. Cost of care, transportation and health insurance contribute to disparities in care, as well as geography, with health care not evenly distributed throughout the county. Distrust of the medical system, language barriers and cultural competency of providers continue to be a challenge in the county, and cultural perceptions of preventive care were also identified as contributing to health outcome differences.

### Strategies



### Actions



1

Improve transportation options and language access services to facilitate healthcare access for individuals with limited mobility or English proficiency

- Coordinate with organizations spearheading the ENOUGH Act
- Review utility of existing interpretation and translation services
- Support policies increasing transportation

2

Focus mobile clinics and other resources in more remote areas of the county

- Explore School-Based Health Center feasibility
- Create a county partner mobile screening and health care calendar

3

Connect with community organizations that assist residents with accessing care

- Promote FindHelp platform as catalog of available health care services
- Support credible messengers to help residents navigate accessing care 



### Community Indicators What will we monitor?

Percentage of adults who have delayed health care

Percentage of households without a vehicle

Percentage of healthcare providers speaking a language other than English



### Key Partners Who works with us?

Partnership for Children, Youth and Families

Luminis Health/Anne Arundel Medical Center

UMD Baltimore Washington Medical Center

Community Health Ambassadors

Maternal and Infant Health Task Force

Federally Qualified Health Centers

Healthy Anne Arundel Coalition

Anne Arundel County Public Schools



# Priority: Social Drivers of Health

## Why is this important?

The social drivers of health, including housing, safety, transportation, environmental factors and access to healthy food, contribute to differences in health outcomes. The areas of the county that have worse drivers of health have higher incidences of injuries, chronic disease and premature death. These historically under-resourced areas in the county are often home to people of color, with decades of systemic injustices resulting in an environment not supportive of good health.

## Strategies



## Actions



1

Partner with and support organizations that have a mission to address social drivers of health

- Coordinate with organizations spearheading the ENOUGH Act
- Support funding efforts, education, and trainings for partner organizations and seek opportunities to collaborate 

2

Support initiatives and policies to increase the minimum wage, improve tenant protections, and expand funding for affordable housing and nutrition assistance programs

- Monitor and support policies/legislation that improve social drivers of health 
- Enforce regulations for safe food and housing for residents.
- Ensure DOH representation on related Councils, Coalitions and Boards 

3

Collaborate with community organizations and local stakeholders to address systemic issues contributing to health inequities, such as poverty, racism, and environmental injustice

- Review county-level plans and identify opportunities to elevate or incorporate health equity
- Organize or support convenings of organizations and stakeholders 



## Community Indicators What will we monitor?

- Healthy food priority areas
- Housing cost burdened households
- Rate of homicide mortality
- Life expectancy
- High school graduation rate



## Key Partners Who works with us?

- Partnership for Children, Youth, and Families
- Anne Arundel County Food Council
- Housing Commission
- Housing Authority of the City of Annapolis
- Gun Violence Intervention Team
- Healthy Anne Arundel Coalition
- Community Health Ambassadors



# Priority: Policies and Data

## Why is this important?

Our agency policies and practices can support health equity, but can sometimes unintentionally create disparities or gaps. This can be exacerbated by limited resources that can drive a focus on quantity instead of equity. We strive to make data-driven decisions and recognize that how data is collected, analyzed, and presented can also create inequities, especially for populations with limited representation that leads to challenges for use and interpretation.

### Strategies



### Actions



1

Embed health equity in agency policy and procedure review and development processes

- Incorporate health equity in policy review process
- Review/develop existing and needed key policies to support health equity

2

Ensure DOH programs embed health equity in their implementation and data collection

- Create a program health equity checklist
- Require DOH program to complete the checklist
- Create a report of program checklist findings

3

Provide data that incorporate best equity practices

- Develop a data equity guide
- Develop a data equity dashboard 



### Agency Indicators What will we monitor?

Number of policies reviewed for health equity

Number of programs using the health equity checklist

Measures included on the health equity dashboard



### Key Partners Who works with us?

[Anne Arundel County Office of Equity and Human Rights](#)

[Anne Arundel County Office of Multicultural Affairs](#)

# Roadmap to Health Equity Planning



Where we are headed as we operationalize this plan.



## Identify and Detail Opportunities for Health Equity

Data is the basis for making effective change. It can cut through ideological boundaries and illustrate problems and collective solutions. This stage will include a deep data assessment and strategic SWOT analysis that assists with defining goals and creating focused and effective strategies.



## Detailed Plans

Setting clear and well-defined goals and objectives is the foundational step towards achieving meaningful and measurable progress. At this crucial stage, we will define what it aims to accomplish and begin brainstorming activities necessary to reach those goals.



## Optimize Partnerships and Community Engagement

Partnerships are crucial to advancing health equity, extending our reach and impact to better meet community and social needs. This stage includes mapping our partnerships and community engagement to understand current strengths and opportunities related to our priority areas.



## Create Performance Measures

Performance measurement and evaluation are key to understanding how well interventions are working and identifying possible improvements. At this stage, the workgroup will select performance measures to help monitor progress.



## Implementation

Each of the previous stages builds the information needed for the health equity action plan. At this stage, we will draft a shareable plan that outlines goals and strategies, a timeline for each activity, and measures of progress.

# Acknowledgements

This initial Health Equity Plan could not have been possible without our Department of Health staff, community partners and most importantly, those who live, work and are engaged in Anne Arundel County.

## **DOH Health Equity and Social Drivers of Health Workgroup**

Alexandra Bennof	Darin Ford
Christine Bloom	Corynna Limerick
Alexander Bravo	Megan Pringle
Peggy Cruz	Jennifer Powell

## **DOH Leadership**

Dr. Tonii Gedin	Sandy O’Neill
Dr. Tope Bada	Donna Perkins
Shawn Cain	Jennifer Powell
Peggy Cruz	Megan Pringle
Don Curtian	Karen Siska-Creel
Jennifer Schneider	Grace Tydings

## **Community Collaborators and Partners**

Health Equity Forum  
Healthy Anne Arundel Coalition  
Kingdom Kare Teenage Parent Education Program  
Fresh Start Church, Growth Matters  
Annapolis Kappa League

## **DOH Health Equity and Racial Justice Program**

Corynna Limerick  
Dr. Eona Harrison  
Raymond Medley

## **DOH Strategic Plan Support**

Donna Perkins  
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# Improving Health Together

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