

# **October 2025**

## **Report of Community Health Indicators**



**Anne Arundel County Department of Health**



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# Introduction

# Introduction

## **Thank you for checking out the 2025 Anne Arundel County Report of Community Health Indicators**

This report provides a snapshot of our residents, including the social drivers of health such as income and access, and their health outcomes. The data is compiled from diverse sources, which are updated throughout the year. For data updates and the most recent public health news for the county, please visit [AAHealth.org](http://AAHealth.org).

## **What's New in the 2025**

Information about cannabis emergency room visits have been added to this report. In 2023, Maryland legalized recreational cannabis for adults ages 21 and older. The Department of Health monitors emergency room visits for a variety of health issues to identify trends, including cannabis.

*Thank you to the Department of Health staff, especially our epidemiology team, for developing and supporting this report. Data is critical in guiding our programs and providing the opportunity for Improving Health Together.*

*Dr. Tonii Gedin, RN, DNP  
Health Officer*





# Demographics

# Demographics

Anne Arundel County is about 10% of Maryland’s population.

The population of Anne Arundel County is increasingly diverse. In 2022, about one in six residents were Black non-Hispanic, and nearly one in ten residents were Hispanic.

| 2022 Estimates                        | Anne Arundel | Maryland  | United States |
|---------------------------------------|--------------|-----------|---------------|
| Population                            |              |           |               |
| Total Population Size                 | 588,109      | 6,161,707 | 331,097,593   |
| Male                                  | 49.6%        | 48.7%     | 49.6%         |
| Female                                | 50.4%        | 51.3%     | 50.4%         |
| Race and Ethnicity                    |              |           |               |
| White, NH                             | 64.6%        | 48.5%     | 58.9%         |
| Black, NH                             | 17.2%        | 29.5%     | 12.1%         |
| Hispanic                              | 8.7%         | 10.9%     | 18.7%         |
| Asian, NH                             | 4.0%         | 6.4%      | 5.7%          |
| American Indian/<br>Alaska Native, NH | 0.1%         | 0.1%      | 0.6%          |
| Multiracial, NH                       | 4.9%         | 4.0%      | 3.5%          |
| Age                                   |              |           |               |
| Under 5 Years Old                     | 6.0%         | 5.8%      | 5.7%          |
| Under 18 Years                        | 22.4%        | 22.1%     | 22.1%         |
| 18 Years and Over                     | 77.6%        | 77.9%     | 77.9%         |
| 65 Years and Over                     | 15.4%        | 16.0%     | 16.5%         |

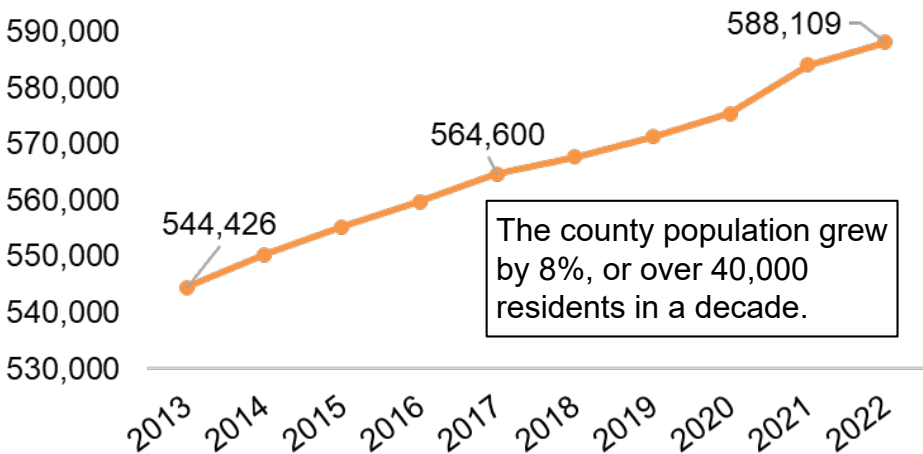
NH - non-Hispanic  
Data Source: U.S. Census Bureau American Community Survey 5-year Estimates, 2022.  
Numbers may differ from previous reports due to changes in data sources.



# Demographic Trends

The population of Anne Arundel County in 2022 grew by 0.7% from 2021. In comparison, the population of Maryland increased by about 0.2% and the United States by 0.4%. In the county, the Black non-Hispanic and Hispanic resident populations grew while white, non-Hispanic residents decreased.

Anne Arundel County Population, 2013-2022



| Population                            | 2020    | 2021    | 2022    |
|---------------------------------------|---------|---------|---------|
| Total Population Size                 | 575,421 | 584,064 | 588,109 |
| Male                                  | 49.5%   | 49.7%   | 49.6%   |
| Female                                | 50.5%   | 50.3%   | 50.4%   |
| Race/Ethnicity                        | 2020    | 2021    | 2022    |
| White, NH                             | 67.1%   | 66.1%   | 64.6%   |
| Black, NH                             | 16.4%   | 16.6%   | 17.2%   |
| Hispanic                              | 8.0%    | 8.3%    | 8.7%    |
| Asian, NH                             | 3.8%    | 3.9%    | 4.0%    |
| American Indian/<br>Alaska Native, NH | 0.1%    | 0.1%    | 0.1%    |

NH - non-Hispanic  
Data Source: U.S. Census Bureau American Community Survey 5-year Estimates, 2013-2022.  
Numbers may differ from previous reports due to changes in data sources.

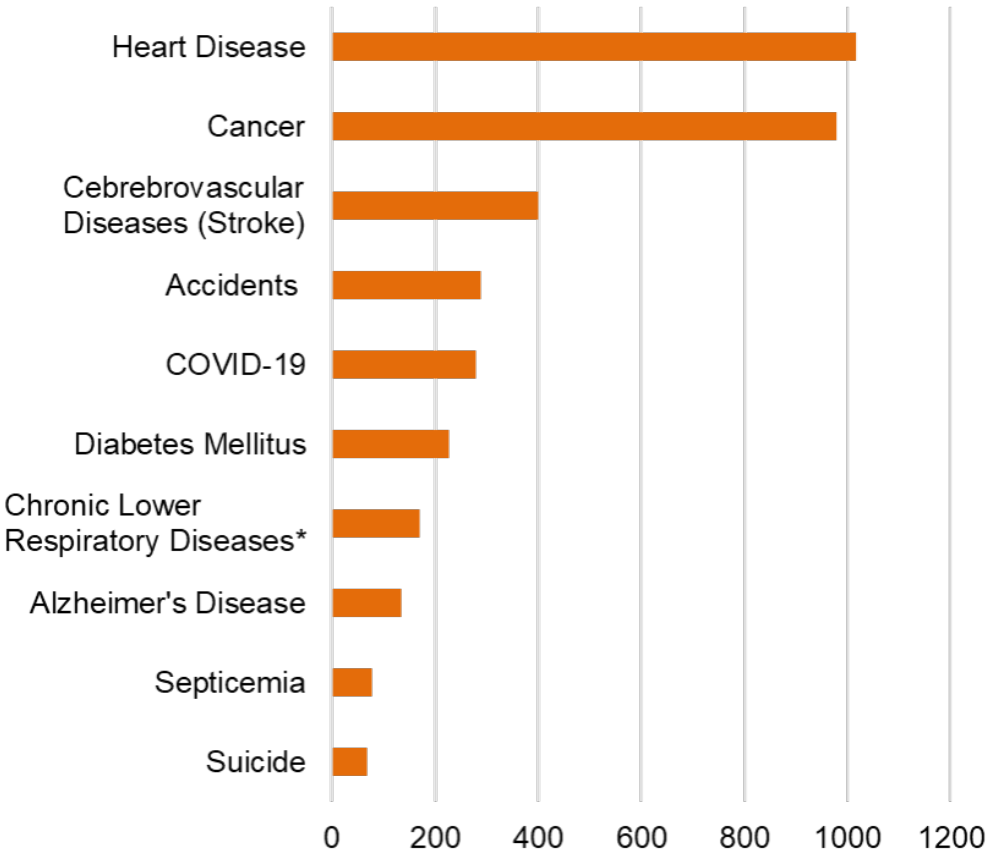
# Health Outcomes



# Leading Causes of Death

In 2022, there were 4,991 deaths among Anne Arundel County residents, similar to the number of deaths in 2021 (5,027 deaths). Chronic disease was a major cause of death in the county. Heart disease was the leading cause of death, followed closely by cancer. When added together, heart disease, cancer, diabetes, and stroke and other cerebrovascular diseases **caused more than half** (52.5%) of all deaths among county residents in 2022.

Top Ten Leading Causes of Death,  
Anne Arundel County, 2022



\*Chronic lower respiratory diseases include chronic obstructive pulmonary disease and asthma.  
Data Source: Maryland Department of Health, Vital Statistics Administration, 2022 Annual Report and Jurisdictional Deaths Report for Anne Arundel County.

# Leading Causes of Death by Race and Ethnicity

In 2022, there were a total of 4,991 deaths among county residents. Heart disease and cancer were the leading causes of death by race and Hispanic ethnicity. However, there are differences for each group:

- For Hispanic residents, over one in ten deaths (13.5%) were due to accidents, and an additional one in ten deaths (9.8%) were due to cerebrovascular disease (stroke).
- Diabetes caused one in ten deaths (10.1%) for Asian residents and over 7% of deaths for Black residents.
- COVID-19 remained a leading cause of death among white non-Hispanic residents.

**Leading Causes of Death by Race/Ethnicity,  
Anne Arundel County, 2022**

| White, NH                              | Black, NH                              | Hispanic                               | Asian, NH                              |
|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <b>Total Deaths</b><br>3,866           | <b>Total Deaths</b><br>840             | <b>Total Deaths</b><br>133             | <b>Total Deaths</b><br>109             |
| <b>Heart Disease</b><br>20.6%          | <b>Heart Disease</b><br>20.1%          | <b>Cancer</b><br>17.3%                 | <b>Cancer</b><br>28.4%                 |
| <b>Cancer</b><br>19.6%                 | <b>Cancer</b><br>18.5%                 | <b>Heart Disease</b><br>14.3%          | <b>Heart Disease</b><br>21.1%          |
| <b>Cerebrovascular Disease</b><br>8.1% | <b>Cerebrovascular Disease</b><br>7.5% | <b>Accidents</b><br>13.5%              | <b>Diabetes Mellitus</b><br>10.1%      |
| <b>COVID-19</b><br>6.0%                | <b>Diabetes Mellitus</b><br>7.4%       | <b>Cerebrovascular Disease</b><br>9.8% | <b>Cerebrovascular Disease</b><br>4.6% |
| <b>Accidents</b><br>5.4%               | <b>Accidents</b><br>6.4%               | <b>Diabetes Mellitus</b><br>4.5%       | <b>COVID-19</b><br>4.6%                |

NH - non-Hispanic  
Data Source: Maryland Department of Health, Vital Statistics Administration, 2022 Jurisdictional Deaths Report for Anne Arundel County.



# Health Equity and Social Drivers of Health

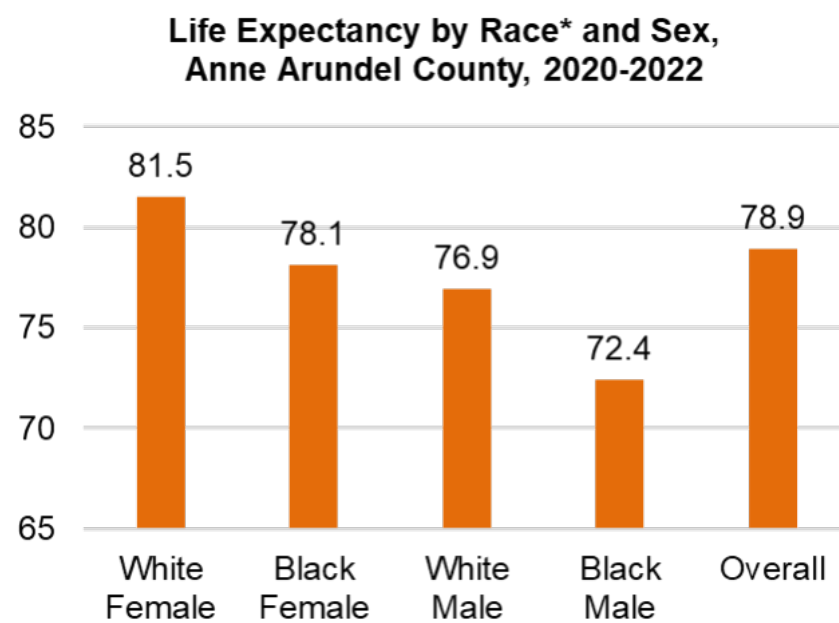


# Health Equity

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 is published when possible 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 78.9 years. In Anne Arundel County, white female residents have the longest life expectancy, and females overall have a longer life expectancy than male residents. **Black males have a life expectancy that is over six years lower than the county.** Data is not available for life expectancy for Hispanic and Asian residents.



\*All categories are non-Hispanic  
Data Sources: 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, 2022 Annual Report.

# Social Drivers of Health

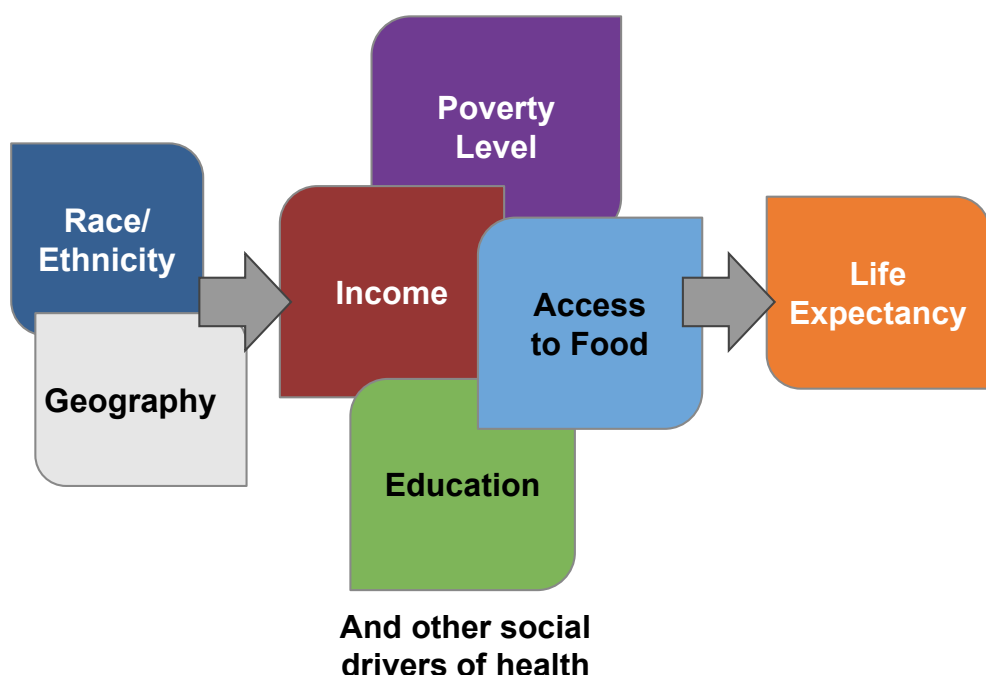
The social and environmental circumstances and conditions in which people live, work and play influences their health, well-being and quality of life. These conditions are called **social drivers of health**, and they include economic factors like income, poverty, employment, educational attainment and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

|                                                                                                        |                                                                                                      |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Economic Stability                                                                                     | Employment, Income, Expenses, Debt, Medical Bills, Support                                           |
| Neighborhood and Physical Environment                                                                  | Housing, Safety, Parks, Playgrounds, Walkability, Transportation                                     |
| Education                                                                                              | Literacy, Language, Early Childhood Education, Vocational Training, Higher Education                 |
| Food                                                                                                   | Hunger, Access to Healthy Options                                                                    |
| Community and Social Context                                                                           | Social Integration, Support Systems, Community Engagement, Discrimination                            |
| Health Care System                                                                                     | Health Coverage, Provider Availability, Provider Linguistic and Cultural Competency, Quality of Care |
| Health Outcomes                                                                                        |                                                                                                      |
| Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations |                                                                                                      |

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

## Social Drivers of Health

Differences in the social drivers of health, both those explored in this report and listed in the previous table, 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 above helps explain how race, ethnicity and geography impact poverty level, income, education and access to food. This, in turn, affects life expectancy.



# Social Drivers of Health

The main drivers of health disparities are not biological factors, but rather social drivers of health. For example, individuals with lower incomes may not be able to afford preventative health care, leading to worse long-term health outcomes. Families living in neighborhoods without grocery stores may not be able to access healthy food, which increases the risk of developing chronic diseases like heart disease and diabetes. While Anne Arundel County compares better than Maryland and the United States for many of the social drivers, there are notable differences within the county described further in this section.

Measures of Social Drivers of Health by Region, 2022

| 2022 Estimates                                                | Anne Arundel | Maryland | United States |
|---------------------------------------------------------------|--------------|----------|---------------|
| Families Below Poverty Level                                  | 4.1%         | 6.2%     | 8.8%          |
| Individuals Below Poverty Level                               | 5.7%         | 9.5%     | 12.5%         |
| Median Household Income                                       | \$116,009    | \$98,461 | \$75,149      |
| Unemployment Rate                                             | 4.2%         | 5.1%     | 5.3%          |
| High Housing Costs*                                           | 27.0%        | 30.6%    | 30.5%         |
| Violent Crime (per 100,000)                                   | 327.7        | 430.9    | 369.8         |
| High School Graduation                                        | 93.5%        | 91.0%    | 89.8%         |
| English as Primary Language                                   | 87.4%        | 80.2%    | 78.3%         |
| Households Receiving SNAP Benefits                            | 6.1%         | 10.8%    | 11.5%         |
| Uninsured                                                     | 4.5%         | 5.9%     | 8.7%          |
| % of residents reporting routine health check up in past year | 75.6%        | 78.3%    | 76.8%         |

\*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.  
Data Sources: U.S. Census Bureau: 2022 American Community Survey 5-year Estimates; Crime in Maryland 2022 Uniform Crime Report; Maryland Open Data Portal Violent Crime Statistics; Crime Data Explorer, Federal Bureau of Investigation; Centers for Disease Control and Prevention, 2022 Maryland and U.S. Behavioral Risk Factor Surveillance System (BRFSS).

# Economic Factors

The **poverty level** is the estimated minimum amount of annual income needed for individuals and families to pay for essentials, such as housing, food, clothes and transportation. The poverty level takes into account the number of people in a household and their income. In addition to the poverty level, **income** and **employment** are highly associated with health outcomes. Those with lower income may not be able to afford healthy choices, health care costs, to take time off work, transportation or child care costs to manage medical care.

From 2020 to 2022, the percent of individuals below the poverty level decreased for Black, non-Hispanic residents but increased for Asian non-Hispanic residents. The median household income increased among all racial/ethnic groups. Unemployment was highest for Black, non-Hispanic residents.

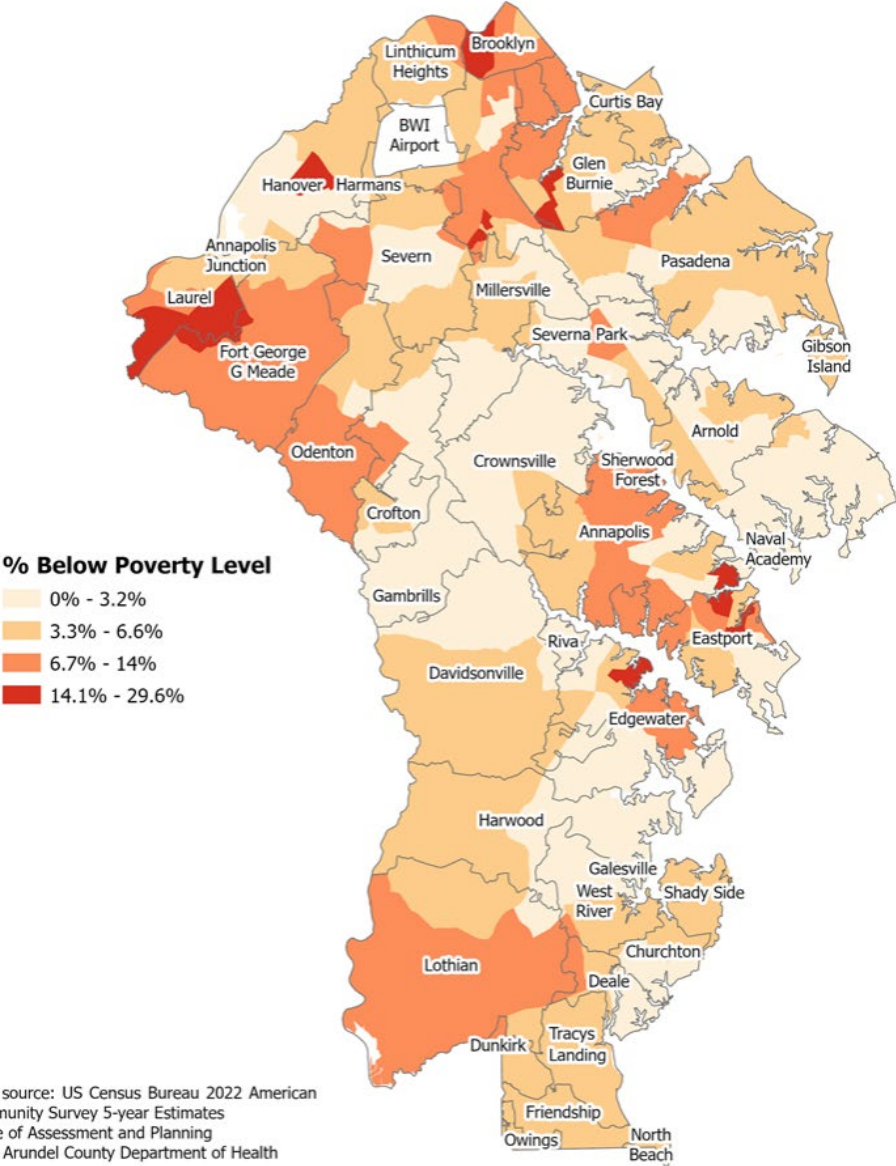
| Percent Below Poverty Level | 2020      | 2021      | 2022      |
|-----------------------------|-----------|-----------|-----------|
| White, NH                   | 4.6%      | 3.9%      | 4.2%      |
| Black, NH                   | 9.6%      | 9.9%      | 9.5%      |
| Hispanic                    | 11.4%     | 10.8%     | 9.4%      |
| Asian, NH                   | 3.6%      | 5.9%      | 7.9%      |
| Median Household Income     | 2020      | 2021      | 2022      |
| White, NH                   | \$108,180 | \$114,874 | \$123,410 |
| Black, NH                   | \$86,040  | \$91,166  | \$99,667  |
| Hispanic                    | \$89,458  | \$89,053  | \$98,703  |
| Asian, NH                   | \$101,972 | \$103,946 | \$109,370 |
| Percent Unemployment        | 2020      | 2021      | 2022      |
| White, NH                   | 3.7%      | 3.6%      | 3.5%      |
| Black, NH                   | 5.9%      | 6.4%      | 6.1%      |
| Hispanic                    | 4.1%      | 4.6%      | 4.1%      |
| Asian, NH                   | 4.2%      | 4.7%      | 3.8%      |

NH - non-Hispanic  
Numbers may differ from previous reports due to changes in data sources.  
Data Sources: U.S. Census Bureau: 2020, 2021, and 2022 American Community Survey 5-year Estimates.

# Individuals Below Poverty Level

Areas with more residents below the poverty level are shown in darker red in the map below. There are pockets of higher poverty areas throughout the county, located in the north and western portions of the county as well as the Annapolis area.

Percent of Population with Income Below Poverty Level,  
Anne Arundel County, 2022



Data source: US Census Bureau 2022 American Community Survey 5-year Estimates  
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 outdoor spaces.

Housing costs that are more than 30% of a household’s income can lead to housing instability, including moving frequently, falling behind in rent or losing housing altogether. In Anne Arundel County, affordable housing is a growing issue. In 2024, to afford a two-bedroom rental at fair market rate, an individual earning minimum wage would need to work 100 hours per week. The percent of households that spent more than 30% of their income on housing costs increased from 2020 to 2022.

Owning a house can provide long-term stability and be more affordable over time. The financial stability that can result from home ownership leads to better health outcomes. In Anne Arundel County in 2022, about one in four white residents owned their own homes, compared to just over half of Black non-Hispanic residents.

**Housing Characteristics by Household,  
Anne Arundel County, 2020-2022**

| Monthly Housing Costs Above 30% of Income | 2020  | 2021  | 2022  |
|-------------------------------------------|-------|-------|-------|
| Income less than \$50,000                 | 73.5% | 74.8% | 77.9% |
| Income more than \$50,000                 | 16.3% | 16.4% | 17.6% |
| Percent Owning Own Home                   | 2020  | 2021  | 2022  |
| White, NH                                 | 80.7% | 80.9% | 81.4% |
| Black, NH                                 | 53.5% | 54.5% | 56.0% |
| Hispanic                                  | 58.7% | 57.3% | 60.0% |
| Asian, NH                                 | 68.6% | 71.3% | 71.8% |

NH - non-Hispanic  
Numbers may differ from previous reports due to changes in data sources.  
Data Sources: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; National Low Income Housing Coalition, *Out of Reach Report 2024*. U.S. Census Bureau: 2020, 2021, and 2022 American Community Survey 5-year Estimates.

# Education and Language

On average, those with more education 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 neighborhoods with less green space, less access to healthy food, fewer high-quality schools, fewer jobs and higher levels of environmental pollution. In the county, fewer Hispanic residents have a high school degree or more.

People with limited English proficiency experience more vulnerabilities. In health care settings, they experience higher rates of medical errors, have worse clinical outcomes and receive lower quality care than those who are English-proficient. In 2022, 12.6% of county residents spoke a language other than English as their primary language. Among those residents, nearly one-third reported that they speak English less than “very well.”

## Educational Attainment and Language Spoken at Home, Anne Arundel County, 2020-2022

| High School Graduate or Higher, Among Population 25 Years and Older | 2020  | 2021  | 2022  |
|---------------------------------------------------------------------|-------|-------|-------|
| White, NH                                                           | 94.9% | 95.1% | 95.1% |
| Black, NH                                                           | 92.0% | 92.9% | 93.8% |
| Hispanic                                                            | 79.4% | 79.1% | 79.4% |
| Asian, NH                                                           | 87.8% | 87.1% | 87.6% |
| Primary Language Spoken at Home                                     | 2020  | 2021  | 2022  |
| English                                                             | 88.3% | 88.0% | 87.4% |
| Spanish                                                             | 5.5%  | 5.8%  | 5.9%  |
| Other Languages                                                     | 6.2%  | 6.3%  | 6.8%  |

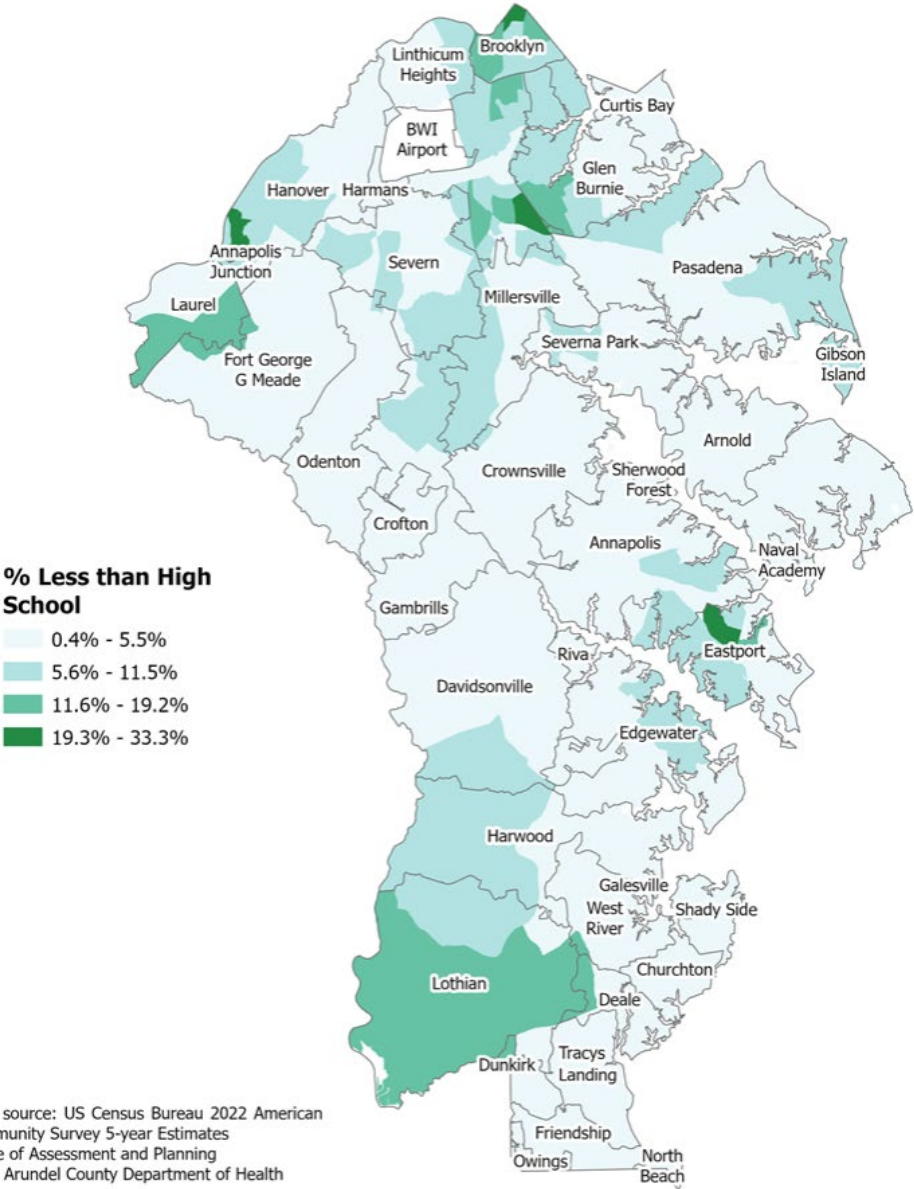
NH - non-Hispanic  
Numbers may differ from previous reports due to changes in data sources.  
Data Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health: Exploring the Causes; AMA Journal of Ethics, Language-Based Inequity in Health Care: Who Is the “Poor Historian”?; U.S. Census Bureau: 2020, 2021, and 2022 American Community Survey 5-year Estimates.



# Education

Areas with a higher proportion of residents who have less than a high school degree are clustered in the north and west of the county, Annapolis and the Lothian area.

Percent of Population with Less than High School Education, 25 Years and Older, Anne Arundel County, 2022



# 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 2022, 8% 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 (SNAP) benefits or food stamps. The overall proportion of households receiving benefits has remained steady from 2020 to 2022, 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.

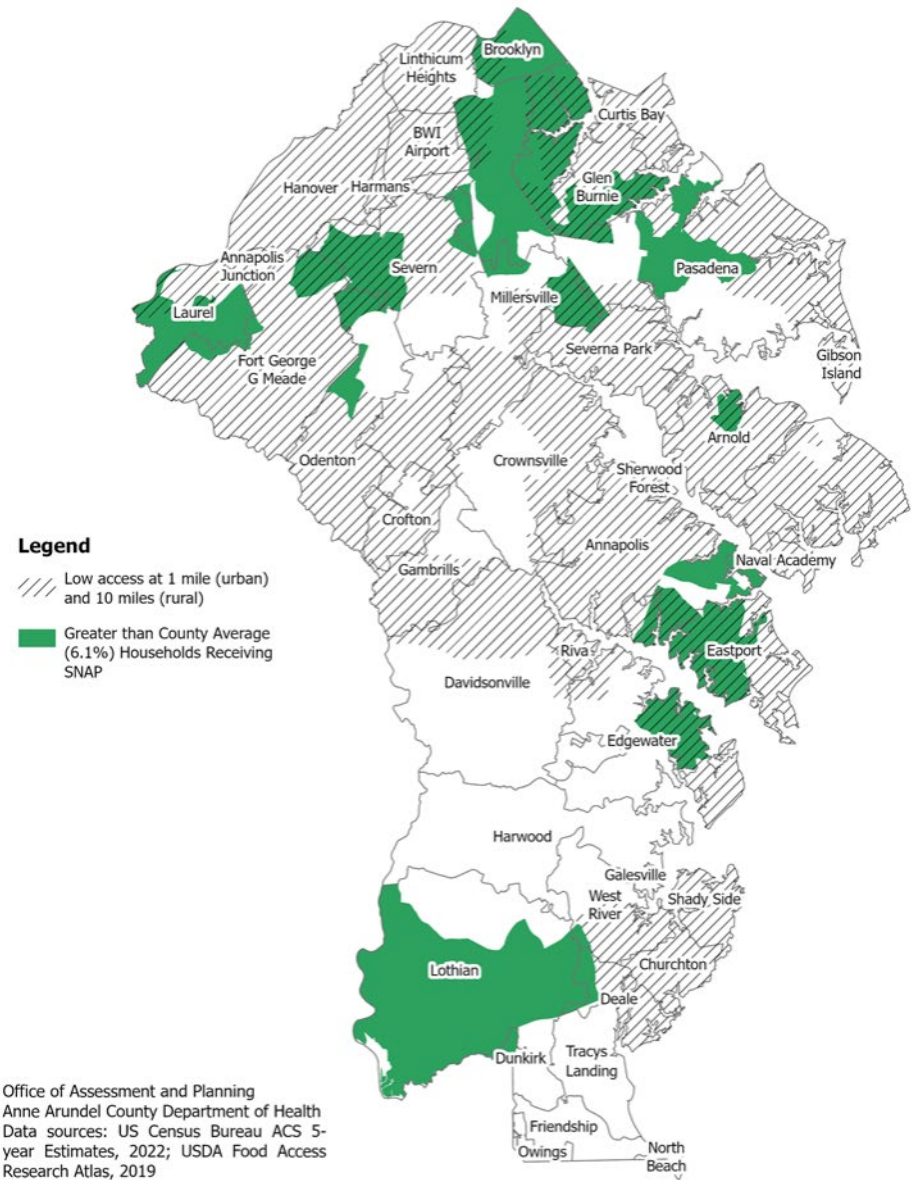
Additionally, access to food can also be measured by how closely people live to grocery stores and supermarkets and if they have access to transportation to get to the store. Low access is defined as living further than one mile to a store without access to a vehicle.

| Households on Food Stamps/SNAP Benefits | 2020  | 2021  | 2022  |
|-----------------------------------------|-------|-------|-------|
| Anne Arundel County                     | 6.0%  | 6.0%  | 6.1%  |
| White, Non-Hispanic                     | 4.2%  | 4.2%  | 4.2%  |
| Black, Non-Hispanic                     | 12.3% | 12.9% | 13.3% |
| Hispanic                                | 11.1% | 9.0%  | 8.2%  |
| Asian, Non-Hispanic                     | 5.0%  | 4.3%  | 4.8%  |

Numbers may differ from previous reports due to changes in data sources.  
Data Source: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; U.S. Census Bureau: 2020, 2021, and 2022 American Community Survey 5-year Estimates; USDA, Characteristics and Influential Factors of Food Deserts; Robert Wood Johnson Foundation 2024 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. People without health insurance may also delay necessary care which can lead to serious illness or other health problems. An estimated 25,755 Anne Arundel County residents (4.5%) lack health insurance, but this varies by race and ethnicity, with over 16% of Hispanic residents in the county lacking health insurance.

Additionally, high deductible insurance plans and copays can prevent even those with insurance from affording and accessing care. In 2022, 6.6% or one in every 16 Anne Arundel County adults reported being unable to see a doctor when needed due to cost, which is slightly lower than 7.4% in 2021.

## Health Insurance Coverage, Anne Arundel County, 2022

| 2022 Estimates      | Percent of Residents Uninsured | Number of Residents Uninsured |
|---------------------|--------------------------------|-------------------------------|
| Anne Arundel County | 4.5%                           | 25,755                        |
| White, NH           | 2.4%                           | 8,684                         |
| Black, NH           | 5.9%                           | 5,714                         |
| Hispanic            | 16.6%                          | 8,241                         |
| Asian, NH           | 9.3%                           | 2,159                         |

## Inability to Access Health Care Due to Cost, Anne Arundel County, 2022

| 2022 Estimates                                          | Black, NH | White, NH | Overall |
|---------------------------------------------------------|-----------|-----------|---------|
| Percent of residents unable to see a doctor due to cost | **        | 3.8%      | 6.6%    |

\*\*Suppressed  
NH - non-Hispanic  
Numbers may differ from previous reports due to changes in data sources.  
Data Sources: U.S. Census Bureau, 2022 American Community Survey 5-year Estimates; 2022 Maryland Behavioral Risk Factor Surveillance System, accessed at <https://ibis.health.maryland.gov>.

# Health Care Access

Adequate access to health care also involves 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 a doctor, which can delay necessary preventive care. Doctors may also have less time to devote to each patient which can lead to burnout.

In 2022, 75.6% of county residents reported having a routine yearly check up with their doctor. Additionally, 86.2% 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.

Measures of Health Care Access, Anne Arundel County, 2022

| 2022 Estimates               | Anne Arundel | Maryland | United States |
|------------------------------|--------------|----------|---------------|
| Primary Care Physician Ratio | 1,440:1      | 1,120:1  | 1,310:1       |
| Mental Health Provider Ratio | 450:1        | 330:1    | 350:1         |
| Dentist Ratio                | 1,460:1      | 1,260:1  | 1,400:1       |

| 2022 Estimates                                                    | Black, NH | White, NH | Overall |
|-------------------------------------------------------------------|-----------|-----------|---------|
| Percent of residents reporting routine check up in past year      | 86.5%     | 76.2%     | 75.6%   |
| Percent of residents reporting having one or more personal doctor | 86.2%     | 90.6%     | 86.2%   |

NH - non-Hispanic  
Data Sources: Robert Wood Johnson Foundation, 2022 County Health Rankings; Centers for Disease Control and Prevention, 2022 Maryland Behavioral Risk Factor Surveillance System (BRFSS); U.S. Census Bureau





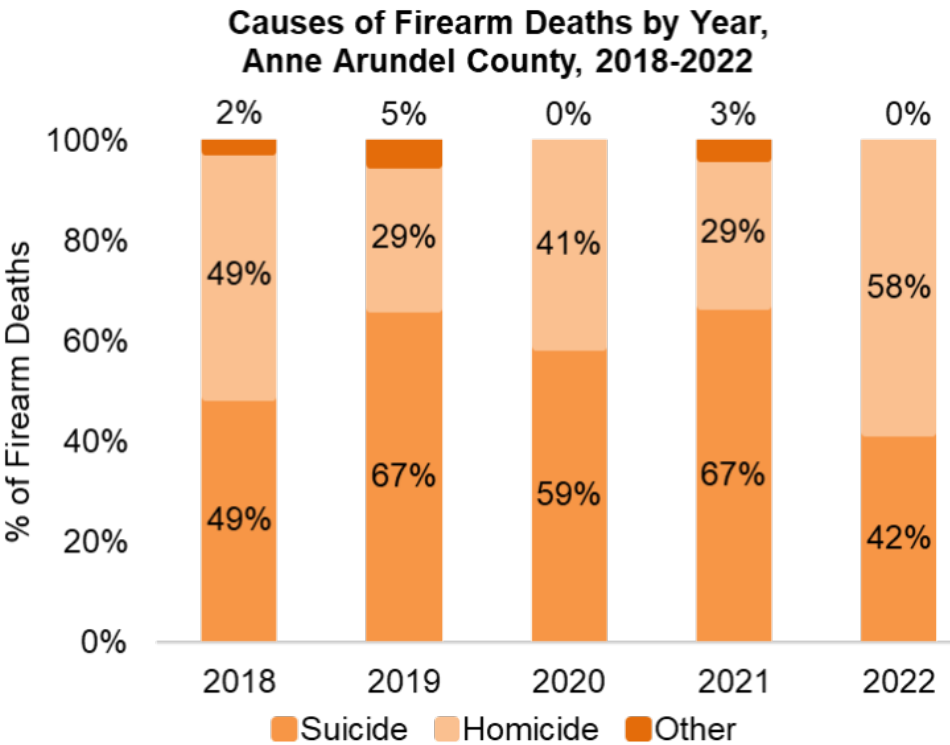
# Gun Violence



# 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. In August 2020, the Gun Violence Intervention Team (GVIT) launched under the Department of Health to address gun violence as a public health issue. Through collaborative meetings and workgroup efforts with more than a dozen partner agencies, the GVIT uses a public health, data-driven and community engagement approach to address gun violence.

Among Anne Arundel County residents from 2018 to 2022, suicides comprised 57% of all gun deaths, while homicides were 41% of all gun deaths. Other causes of firearm deaths include legal interventions and accidental discharges of a firearm.



Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2018-2022

# Firearm Homicides

From 2018 to 2022, 101 Anne Arundel County residents died due to a firearm-related homicide. The average age of the victims was 31.6 years.

Gun violence affects all people, but it disproportionately affects males, with significant racial disparities. More than half (54.5%) of the resident firearm-related homicide victims were Black non-Hispanic males, followed by white non-Hispanic males (21.8%) and Hispanic males (10.9%). The rate of firearm-related homicides for Black non-Hispanic males (21.4) was nearly ten times greater than the rate for white non-Hispanic males (2.3).

More than two-thirds of firearm homicide victims were residents younger than 35 years of age. The rate of firearm homicides was highest among residents aged 25-34 years, at 8.6 per 100,000 population. This rate is more than twice the overall county rate.

| Homicides by Firearms by Race/Ethnicity and Sex | Number of Deaths (%) | Rate per 100,000 |
|-------------------------------------------------|----------------------|------------------|
| White, non-Hispanic Males                       | 22 (21.8%)           | 2.3              |
| Black, non-Hispanic Males                       | 55 (54.5%)           | 21.4             |
| Hispanic Males                                  | 11 (10.9%)           | 8.3              |
| Black, non-Hispanic Females                     | 5 (5.0%)             | **               |
| Females, other race/ethnicity                   | 6 (5.9%)             | **               |
| Total Homicides by Firearms                     | 101                  | 3.4              |

| Homicides by Firearms by Age | Number of Deaths (%) | Rate per 100,000 |
|------------------------------|----------------------|------------------|
| <25 years old                | 35 (34.7%)           | 3.9              |
| 25-34 years old              | 35 (34.7%)           | 8.6              |
| 35-44 years old              | 16 (15.8%)           | 3.9              |
| 45+ years old                | 15 (14.8%)           | 1.2              |

\*\*Rates are suppressed due to small counts.  
All rates are crude rates. Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2018-2022.

# Firearm Suicides

From 2018-2022, 139 Anne Arundel County residents took their own life using a firearm. The suicide death rate in the county was 5.4 deaths per 100,000 population. Three-fourths (76.3%) 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 residents younger than 55 years of age, but the suicide death rate is higher as age increases. Residents 75 years and older had the highest rate of death by suicide by firearm at 12.4 deaths per 100,000 population. 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                               | 106 (76.3%)          | 12.4             |
| White, non-Hispanic Females                             | 11 (7.9%)            | 1.3              |
| Black, non-Hispanic Males                               | 10 (7.2%)            | 4.5              |
| Hispanic Males                                          | 6 (4.3%)             | 5.8              |
| Non-White Females                                       | 5 (3.6%)             | **               |
| Total Deaths by Suicides by Firearms (2018-2022)        | 139                  | 5.4              |

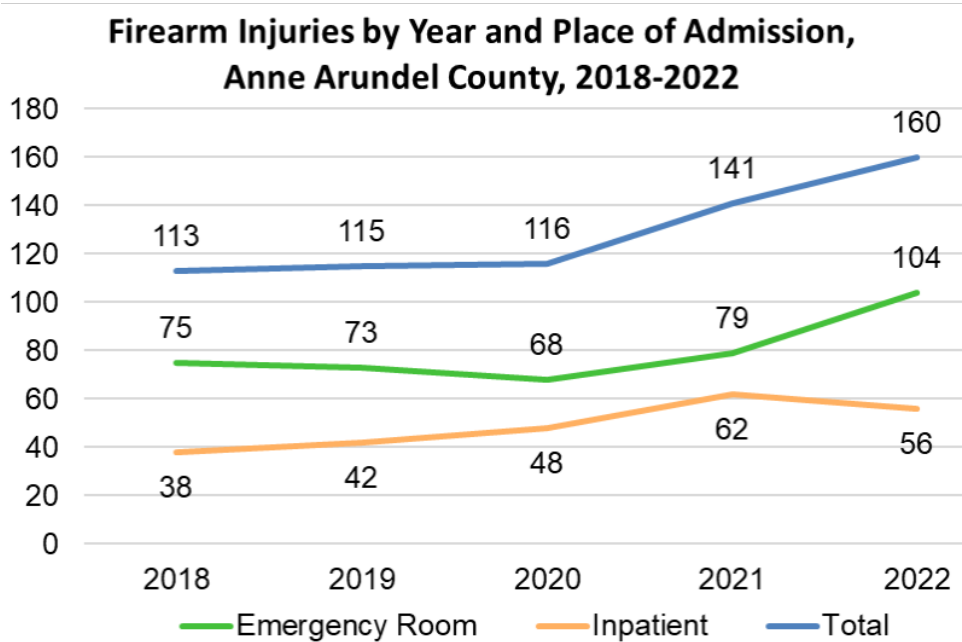
| Deaths by Suicide by Firearms by Age | Number of Deaths (%) | Rate per 100,000 |
|--------------------------------------|----------------------|------------------|
| 10-35 years old                      | 36 (25.9%)           | 3.8              |
| 35-54 years old                      | 39 (28.1%)           | 5.0              |
| 55-74 years old                      | 41 (29.5%)           | 6.2              |
| 75+ years old                        | 23 (16.5%)           | 12.4             |

\*\*Rate unavailable due to low counts.  
All rates are crude rates. Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2018-2022.

# Firearm Injuries

From 2018 to 2022, there were 645 firearm injuries among Anne Arundel County residents treated in Maryland hospitals. Over half (57.5%) of these injuries occurred among Black non-Hispanic males, and 23.7% occurred among white non-Hispanic males. One in five injuries (21.7%) occurred among residents less than 20 years of age.

The main cause of these injuries was accidental discharge of the firearm (54.0%), followed by assault with a firearm (35.7%).



| Firearm Injuries by Cause                   | Number of Injuries | Percent |
|---------------------------------------------|--------------------|---------|
| Accidental Discharge                        | 348                | 54.0%   |
| Assault                                     | 230                | 35.7%   |
| Suicide Attempt                             | 28                 | 4.3%    |
| Undetermined Intent                         | 37                 | 5.7%    |
| Total firearm injury admissions (2018-2022) | 645                | --      |

Data Source: Maryland HSCRC Outpatient and Inpatient Files, 2018-2022.





## **Chronic Diseases**

# Heart Disease

Heart disease was the leading cause of death in Anne Arundel County in 2022, causing approximately 20% of all deaths. The term refers to several different heart conditions, including coronary artery disease. High blood pressure, high blood cholesterol and smoking are key risk factors for heart disease.

The rate of death due to heart disease increases with age. The age-adjusted death rate due to heart disease was higher among residents ages 65 years and older compared to the rate of residents of all ages and residents 35 years and older.

Black non-Hispanic residents have a higher rate of death due to heart disease compared to white non-Hispanic residents. Additionally, hospitalizations due to heart disease among Medicare recipients 65 years and older were higher among Black residents compared to white and Hispanic residents.

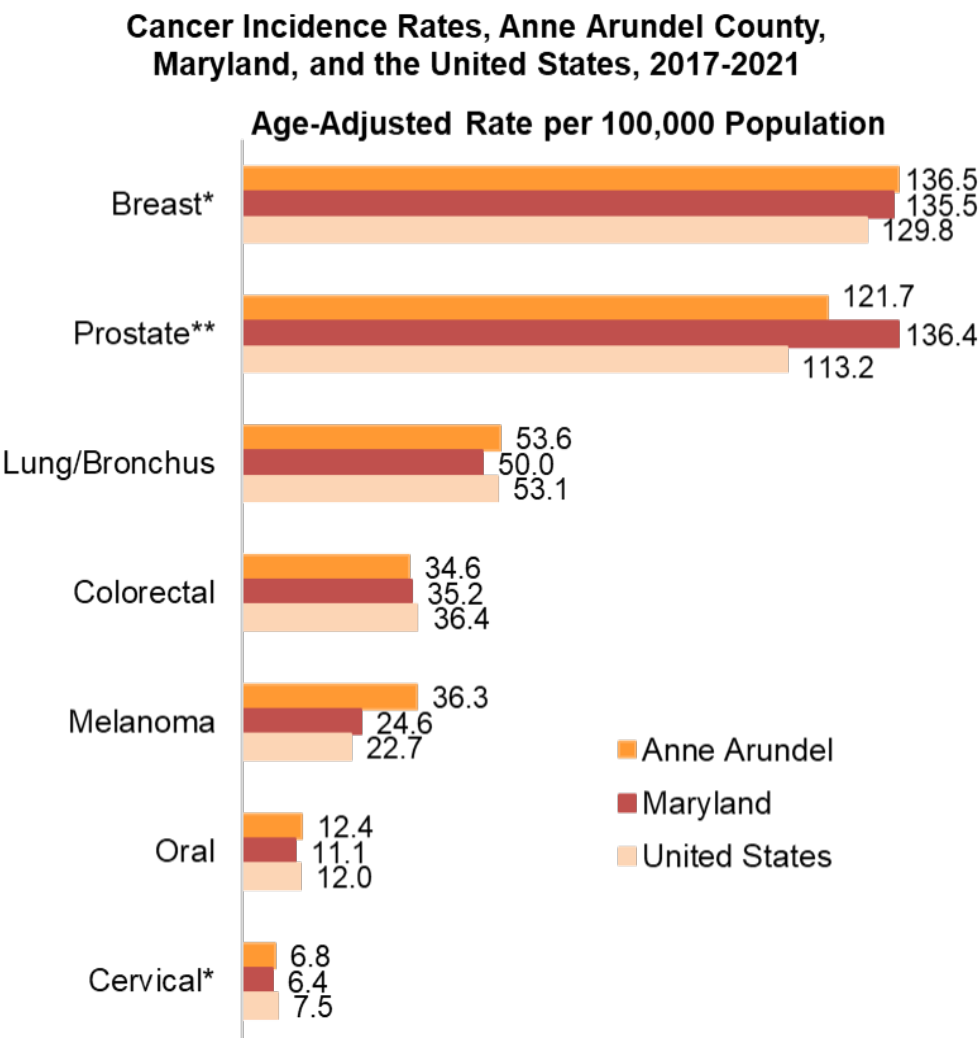
|                                                                                                           | 2018-2020 | 2019-2021 | 2020-2022 |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>Age-Adjusted Heart Disease Death Rate per 100,000 Residents by Age Group, Anne Arundel County</b>      |           |           |           |
| All Ages                                                                                                  | 160.3     | 153.3     | 147.2     |
| Ages 35+                                                                                                  | 310.1     | 297.0     | 284.0     |
| Ages 65+                                                                                                  | 1033.4    | 990.4     | 937.0     |
| <b>Age-Adjusted Heart Disease Death Rate per 100,000 Residents by Race/Ethnicity, Anne Arundel County</b> |           |           |           |
| White, NH                                                                                                 | 161.8     | 154.8     | 147.4     |
| Black, NH                                                                                                 | 195.5     | 188.7     | 187.6     |

|                                                                                                                           | 2017-2019 | 2018-2020 | 2019-2021 |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|
| <b>Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries Age 65+ by Race/Ethnicity, Anne Arundel County</b> |           |           |           |
| White                                                                                                                     | 37.6      | 35.0      | 34.0      |
| Black                                                                                                                     | 48.5      | 43.5      | 39.8      |
| Hispanic                                                                                                                  | 17.0      | 21.7      | 24.2      |

NH - non-Hispanic  
Numbers may differ from previous reports due to changes in data sources. 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, 2018-2022; CDC WONDER Single-Race Population Estimates; Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke.

# New Cancer Diagnoses

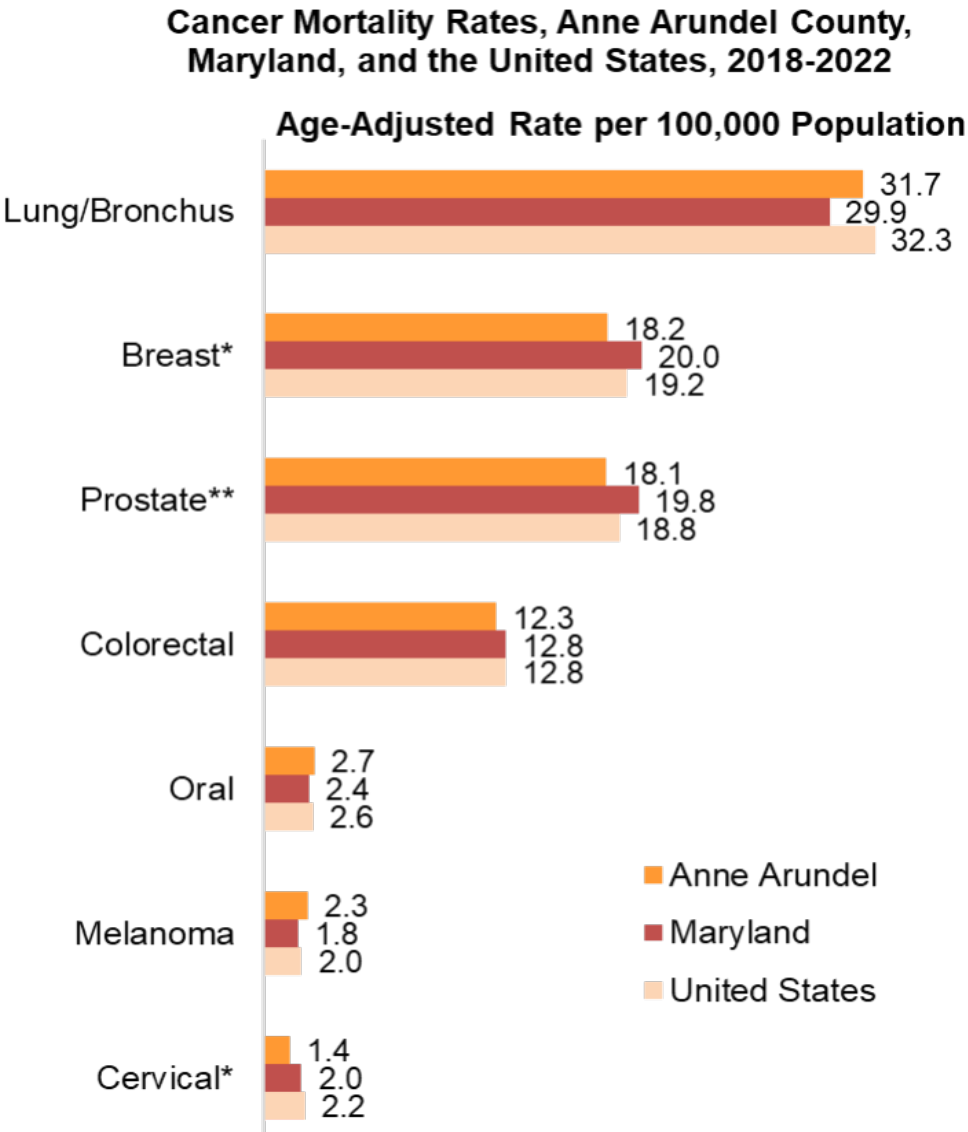
Among the different types of cancer, breast cancer and prostate cancer had the highest new diagnosis rates for Anne Arundel County residents from 2017 to 2021. Rates of new cancer diagnoses (incidence rates) in the county are very similar to those in Maryland, with the exception of prostate cancer (lower in the county) and melanoma. The rate of new melanoma diagnosis among county residents is 38% higher than the Maryland rate and 46% higher than the national rate.



\*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 2023 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Cancer Mortality

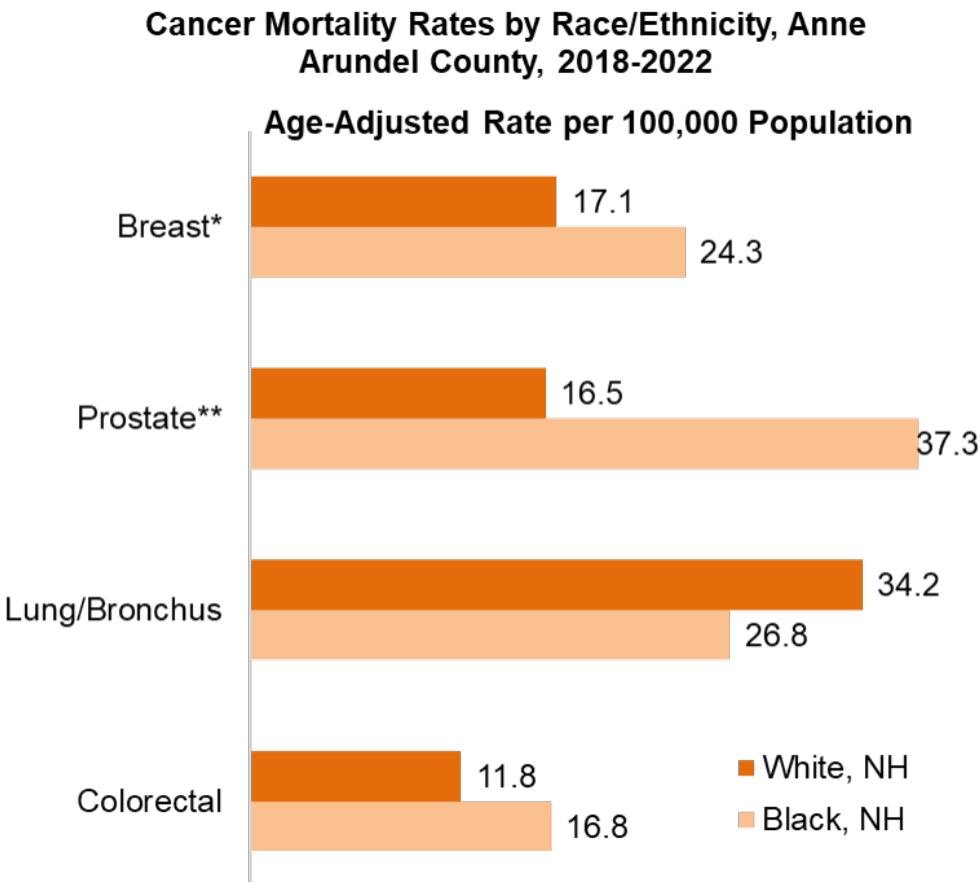
Cancer was the second leading cause of death in Anne Arundel County in 2022 causing nearly 20% of all deaths. Among the different types of cancer, lung and bronchus cancers had the highest mortality rates for residents from 2018 to 2022. Overall, cancer mortality rates in the county are very similar to those in Maryland and the United States.



\*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 2023 submission data (1999-2020), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

# Cancer Deaths by Race and Ethnicity

In Anne Arundel County from 2018-2022, the rate of cancer deaths were mostly higher among Black non-Hispanic residents compared to white non-Hispanic residents. Mortality rates for breast, prostate and colorectal cancers were all higher among Black non-Hispanic residents, though mortality due to lung and bronchus cancer occurred at a higher rate for white non-Hispanic residents. Data for Hispanic and Asian non-Hispanic residents are unavailable due to a small number of deaths.



\*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 2023 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 is a chronic disease that impacts how the body manages blood sugar levels. Some risk factors for developing type 2 diabetes include a lack of physical activity, 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 2022, diabetes was the sixth leading cause of death among Anne Arundel County residents.

In 2022, 7.6% of Anne Arundel County adults reported that a doctor had diagnosed them with diabetes. A higher proportion of males had diabetes compared to females (8.6% versus 6.5%). Among older adults (ages 65+), the difference in prevalence was more pronounced. About one in five (21.9%) males 65 years and older had diabetes compared to 15.9% of females of the same age group.

| Prevalence of Diabetes by Age Group, Anne Arundel County, 2020-2022 |       |       |       |
|---------------------------------------------------------------------|-------|-------|-------|
|                                                                     | 2020  | 2021  | 2022  |
| 45-54                                                               | **    | 15.9% | **    |
| 55-64                                                               | 16.9% | 22.8% | 14.5% |
| 65+                                                                 | 19.8% | 21.5% | 18.8% |

| Prevalence of Diabetes by Sex, Anne Arundel County, 2020-2022 |      |       |      |
|---------------------------------------------------------------|------|-------|------|
|                                                               | 2020 | 2021  | 2022 |
| Female                                                        | 8.0% | 9.3%  | 6.5% |
| Male                                                          | 7.5% | 12.3% | 8.6% |

| Prevalence of Diabetes by Race/Ethnicity, Anne Arundel County, 2020-2022 |       |       |      |
|--------------------------------------------------------------------------|-------|-------|------|
|                                                                          | 2020  | 2021  | 2022 |
| Black, NH                                                                | 11.2% | 17.4% | 6.2% |
| White, NH                                                                | 6.3%  | 8.8%  | 6.0% |

NH - non-Hispanic  
\*\*Data for ages 45-54 in 2020 and 2022 are not shown due to small sample size.  
Data Source: Maryland Behavioral Risk Factor Surveillance System, 2020-2022



# Communicable Diseases

# Infectious Disease Reporting

Certain diseases and conditions are required by law to be reported to the Department of Health. 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.

## Select Reportable Diseases, Anne Arundel County Residents, 2019-2023

|                             | 2019  | 2020  | 2021 | 2022  | 2023  | 5-Year Mean |
|-----------------------------|-------|-------|------|-------|-------|-------------|
| Campylobacter               | 110   | 70    | 95   | 116   | 153   | 108.8       |
| Salmonella                  | 126   | 95    | 103  | 92    | 130   | 109.2       |
| Vibrio                      | 18    | 20    | 12   | 19    | 16    | 17.0        |
| Legionellosis               | 29    | 15    | 16   | 22    | 10    | 18.4        |
| Tuberculosis                | 12    | 7     | 8    | 4     | 13    | 8.8         |
| Hepatitis B *               | 98    | 74    | 96   | 86    | 91    | 89.0        |
| Hepatitis C *               | 460   | 260   | 244  | 217   | 155   | 267.2       |
| Meningitis, meningococcal   | 0     | 0     | 0    | 2     | 1     | 0.6         |
| Pertussis                   | 3     | 2     | 0    | 0     | 1     | 1.2         |
| Chlamydia †                 | 2,710 | 2,155 | --   | 1,896 | 2,235 | 2,249.0     |
| Gonorrhea †                 | 681   | 633   | --   | 529   | 625   | 617.3       |
| Syphilis ** †               | 39    | 32    | --   | 54    | 65    | 47.5        |
| Lyme Disease                | 110   | 70    | 153  | 126   | 161   | 124.0       |
| Animal Rabies               | 18    | 14    | 6    | 15    | 11    | 12.8        |
| Outbreaks: Gastrointestinal | 6     | 2     | 2    | 2     | 11    | 4.6         |
| Outbreaks: Respiratory ‡    | 11    | 217   | 428  | 523   | 211   | 278.0       |

\*Includes both acute and chronic cases

\*\*Includes primary and secondary syphilis

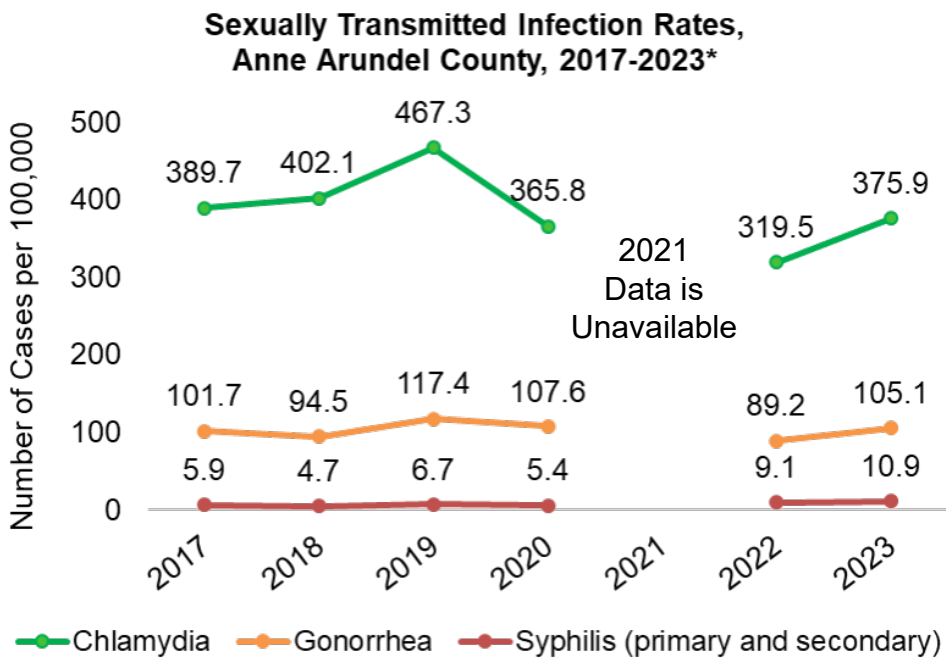
† Due to the state network security incident in late 2021, STI data for 2021 is not available.

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

Data Sources: Maryland Department of Health, National Electronic Disease Surveillance System (NEDSS); Maryland Annual STI Epidemiological Profile 2023, Maryland Department of Health, Baltimore, MD. 2024.

# Sexually Transmitted Infections

Nationally, syphilis rates have increased in recent years. In Anne Arundel County, the rate of primary and secondary syphilis increased 85% from 2017 to 2023. Rates of gonorrhea and chlamydia infections increased from 2022 to 2023.



\*Data for 2021 is unavailable due to the state network security incident.  
Data Source: Maryland Annual STI Epidemiological Profile 2023. Maryland Department of Health, Baltimore, MD. 2024.

# Human Immunodeficiency Virus (HIV)

In 2023, 1,486 people were living with diagnosed HIV in Anne Arundel County, and 43 residents were newly diagnosed with HIV. Over half (53.5%) of the people with new HIV diagnoses were younger than 35 years of age, and over three-quarters (76.7%) were male. One-third (32.6%) of newly diagnosed residents had progressed to AIDS, or stage three HIV, when they were diagnosed. AIDS is the final stage of HIV infection and causes severe damage to the immune system.

There are disparities in the populations impacted by HIV infections. Nearly half (48.8%) of the individuals newly diagnosed in 2023 were Black non-Hispanic. Additionally, out of the nearly 1,500 people in Anne Arundel County living with HIV, 57.2% of them are Black non-Hispanic. The number of Black non-Hispanic residents living with HIV is more than double that of white non-Hispanic residents.

From 2020-2022, 21 county residents died of HIV disease; the mortality rate was 1.2 deaths per 100,000 population. This was lower than the Maryland state rate (2.7) and the United States rate (1.5) in the same period.

**New HIV Cases Among Anne Arundel County Residents, Aged 13+ Years, 2019-2023**

|                         | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------------------|------|------|------|------|------|
| Number of new HIV Cases | 47   | 35   | 40   | 25   | 43   |

**Residents Aged 13+ Years Living with HIV by Race/Ethnicity, Anne Arundel County, 2023**

|           | Number of Cases | Percent of Cases |
|-----------|-----------------|------------------|
| Black, NH | 850             | 57.2%            |
| White, NH | 349             | 23.5%            |
| Hispanic  | 186             | 12.5%            |

NH - non-Hispanic  
Data Source: Maryland Department of Health, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland HIV County Overview Dashboard; CDC WONDER Underlying Cause of Death 2020-2022



# COVID-19 Deaths

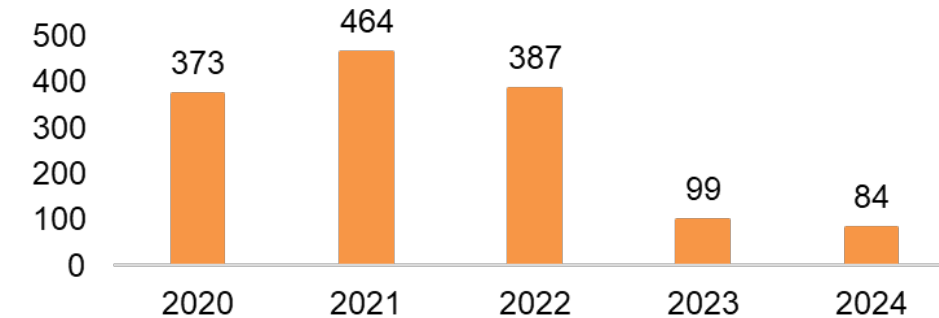
COVID-19 is a disease caused by the SARS-CoV-2 virus. While deaths have decreased due to increased population immunity (through vaccination and infection), COVID-19 was still a leading cause of death in 2024.



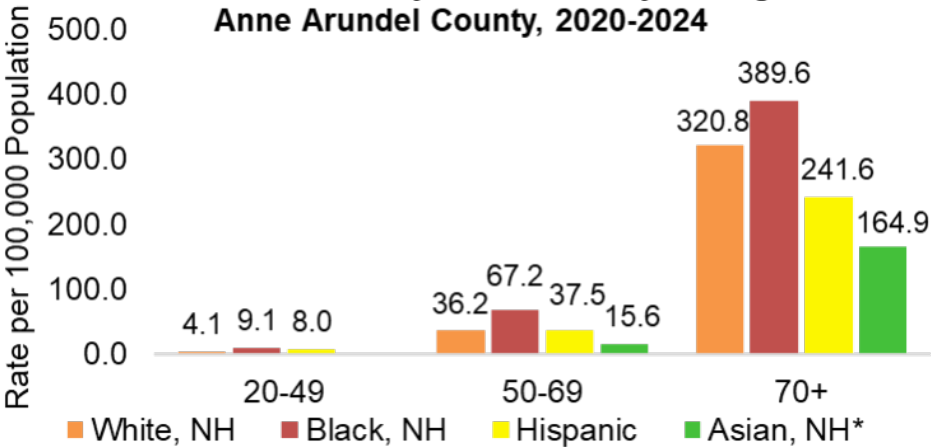
For more on respiratory illness, vaccines and local trends; scan the QR Code or visit [aahealth.org/viral-respiratory-illness](https://aahealth.org/viral-respiratory-illness)

Disparities in death rates exist across different racial/ethnic groups in the county. Black non-Hispanic residents had the highest death rates among every age group. In the 50-69 age group, Black non-Hispanic residents had a death rate nearly two times greater than white non-Hispanic residents.

COVID-19 Deaths by Year, Anne Arundel County, 2020-2024



COVID-19 Deaths by Race/Ethnicity and Age, Anne Arundel County, 2020-2024

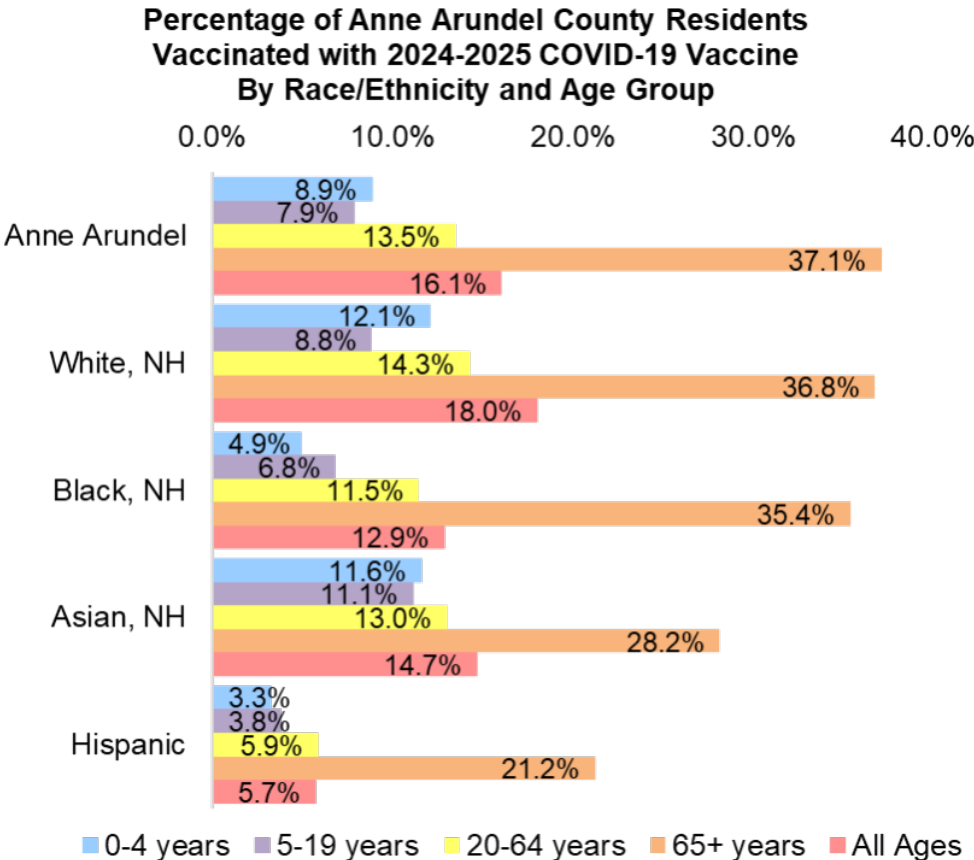


Cumulative death data through December 31, 2024. Data Source: Maryland Department of Health Emerging Infections Program

# COVID-19 Vaccinations

In December 2020, the first vaccines for COVID-19 were approved by the Federal Drug Administration (FDA) for emergency use. The 2024-2025 COVID-19 vaccine was approved by the FDA in September 2023. Receiving the 2024-2025 COVID-19 vaccine is required to be considered up-to-date on vaccination against COVID-19, regardless of the number of prior doses received.

As of July 31, 2025, 16% of county residents have received the 2024-2025 COVID-19 vaccine. Overall, the rate of vaccination is highest in the 65+ age group, with almost one-third of residents 65+ years having received a dose. Among all age groups, the percentage of residents that have received the updated vaccine is lowest among Hispanic residents.



Data through July 31, 2025.  
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 2022, there were 6,920 live births to Anne Arundel County residents. Of those births, 53% were white non-Hispanic, 20% were Black non-Hispanic and 18% were Hispanic.

Low birth weight and preterm birth can increase the risk of infant death, breathing problems and other health issues during childhood. The percent of low birth weight and preterm births increased in Anne Arundel County from 2021 to 2022. In 2022, more Black non-Hispanic babies were low birth weight or preterm compared to white non-Hispanic and Hispanic babies.

|                                                                                             | 2018  | 2019  | 2020  | 2021  | 2022  |
|---------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|
| <b>Percent of Infants Born with Low Birth Weight (&lt;2,500 grams or about 5.5 lbs.)</b>    |       |       |       |       |       |
| Anne Arundel                                                                                | 7.7%  | 7.8%  | 7.7%  | 7.9%  | 7.2%  |
| Maryland                                                                                    | 8.9%  | 8.7%  | 8.5%  | 8.9%  | 8.7%  |
| United States                                                                               | 8.3%  | 8.3%  | 8.2%  | 8.5%  | 8.6%  |
| <b>Percent of Infants Born with Low Birth Weight, Anne Arundel County by Race/Ethnicity</b> |       |       |       |       |       |
| White, NH                                                                                   | 6.7%  | 6.9%  | 5.8%  | 6.7%  | 6.2%  |
| Black, NH                                                                                   | 11.6% | 11.3% | 12.1% | 11.9% | 10.6% |
| Hispanic                                                                                    | 6.7%  | 6.6%  | 8.0%  | 7.9%  | 6.3%  |
| <b>Percent of Infants Born Preterm (&lt;37 weeks of gestation)</b>                          |       |       |       |       |       |
| Anne Arundel                                                                                | 10.5% | 9.9%  | 10.0% | 10.6% | 9.8%  |
| Maryland                                                                                    | 10.2% | 10.3% | 10.1% | 10.7% | 10.3% |
| United States                                                                               | 10.0% | 10.2% | 10.1% | 10.5% | 10.4% |
| <b>Percent of Infants Born Preterm, Anne Arundel County by Race/Ethnicity</b>               |       |       |       |       |       |
| White, NH                                                                                   | 10.0% | 9.5%  | 9.0%  | 10.3% | 8.7%  |
| Black, NH                                                                                   | 12.8% | 10.8% | 12.2% | 12.6% | 13.3% |
| Hispanic                                                                                    | 10.1% | 10.6% | 11.1% | 10.0% | 8.7%  |

NH - non-Hispanic. Data Source: Maryland Department of Health, Vital Statistics Administration, 2018-2022 Annual Reports and Jurisdictional Birth Reports; National Vital Statistics Report: Births: Final Data for 2022. U.S. Department of Health and Human Services, Healthy People 2020.

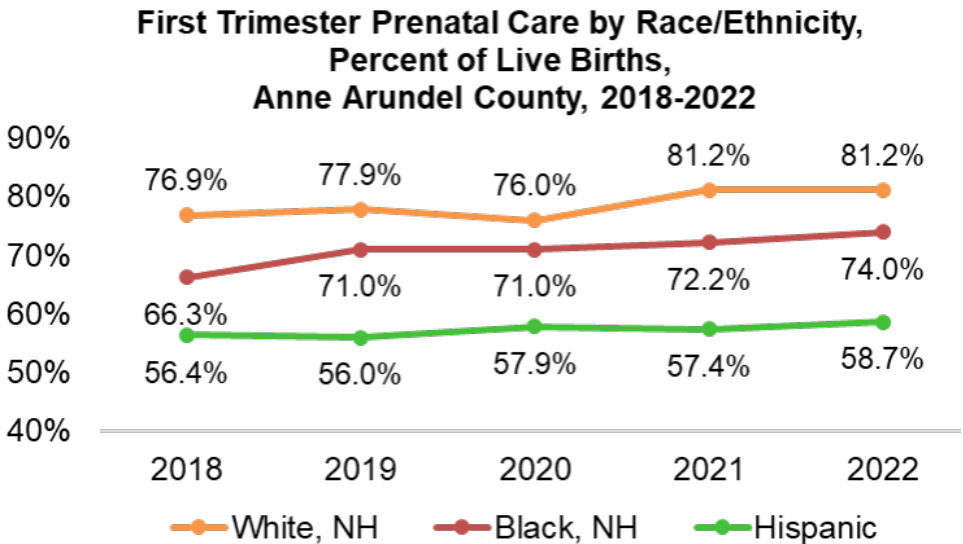
# Prenatal Care

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

In 2022, 75.2% of live births received prenatal care in the first trimester (first 12 weeks of pregnancy). The percentage of live births who received first trimester prenatal care increased among Black non-Hispanic residents from 2018 to 2022. However, only about half (58.7%) of live births to Hispanic residents had prenatal care initiated in the first trimester in 2022. The rate of prenatal care initiation in the first trimester is much lower among Hispanic residents compared to white non-Hispanic residents, suggesting disparities in access to prenatal care.

First Trimester Prenatal Care, Percent of Live Births, 2018-2022

|              | 2018  | 2019  | 2020  | 2021  | 2022  |
|--------------|-------|-------|-------|-------|-------|
| Anne Arundel | 71.4% | 72.8% | 71.8% | 75.4% | 75.2% |
| Maryland     | 70.0% | 69.9% | 70.2% | 71.8% | 69.7% |



NH - non-Hispanic  
Data Source: Maryland Department of Health, Vital Statistics Administration, 2018-2022 Annual Reports and Jurisdictional Birth Reports; U.S. Department of Health and Human Services, Healthy People 2020.



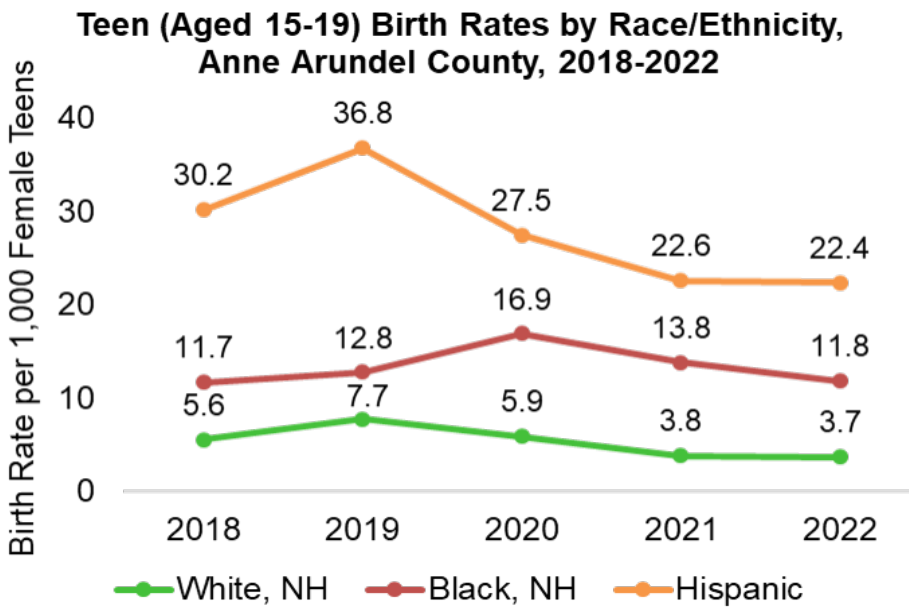
# Teen Pregnancy

Pregnant teens are at higher risk for complications such as low birth weight, preterm birth, high blood pressure and depression. Teenage pregnancy rates have declined over the past five years. In 2022, there were 8.1 births per every 1,000 females aged 15-19 in Anne Arundel County, lower than both the state and national rates.

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 for Hispanic teens is more than six times that of white non-Hispanic teens and nearly two times that of Black non-Hispanic teens.

**Teen (Aged 15-19) Birth Rates by Race/Ethnicity, Anne Arundel County, Maryland, and the United States, 2018-2022**

|               | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------------|------|------|------|------|------|
| Anne Arundel  | 9.4  | 11.2 | 10.6 | 8.5  | 8.1  |
| Maryland      | 14.1 | 13.9 | 13.0 | 11.3 | 10.8 |
| United States | 17.4 | 16.0 | 15.4 | 14.4 | 13.6 |



NH - Non-Hispanic  
Data Source: Maryland Department of Health, Vital Statistics Administration, 2018-2022 Annual Reports.

# Maternal Age and Educational Attainment

In the last decade, the age of those giving birth has shifted with more births to ages 30-39. In 2013, 50% of live births were to birthing people less than 30 years old, but in 2022 only 36% of live births were to birthing people less than 30 years.

Educational attainment among birthing people has also increased. From 2013 to 2022, the proportion of live births to birthing people with a college or graduate degree increased from 44% to 51%. Additionally, the proportion of live births to birthing people with less than a high school degree decreased in this time period, from 10% in 2013 to 8% in 2022.

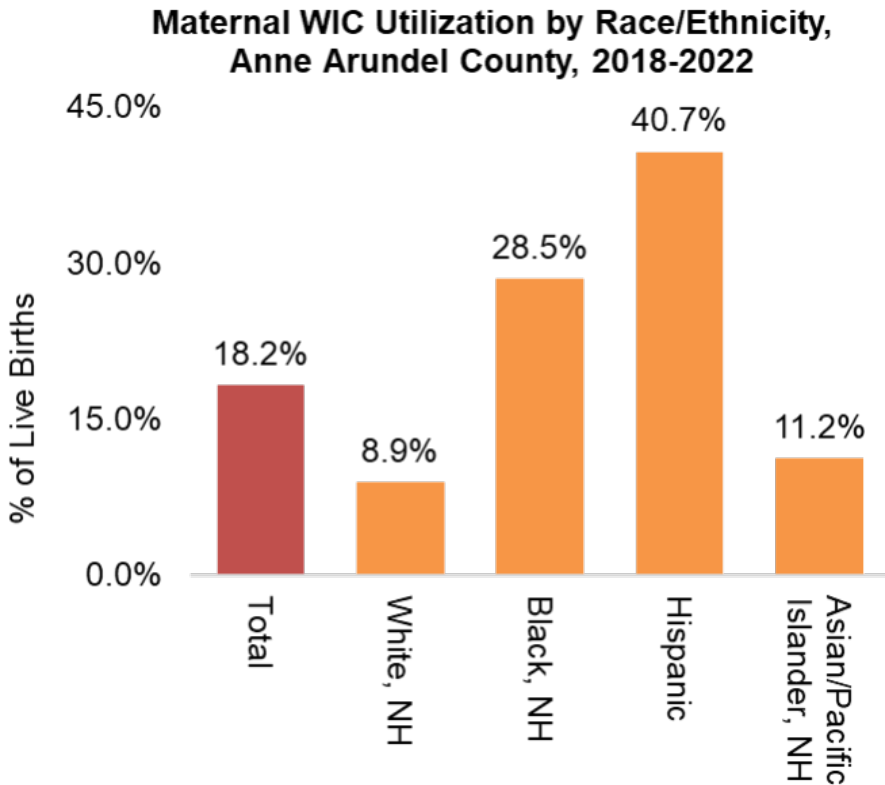
|                                                | 2013 | 2018 | 2022 |
|------------------------------------------------|------|------|------|
| Live Births by Maternal Age                    |      |      |      |
| <20 years old                                  | 4%   | 2%   | 2%   |
| 20-29 years old                                | 46%  | 39%  | 34%  |
| 30-39 years old                                | 47%  | 55%  | 59%  |
| 40+ years old                                  | 4%   | 4%   | 5%   |
| Live Births by Maternal Educational Attainment |      |      |      |
| Less than High School                          | 10%  | 9%   | 8%   |
| High School Graduate                           | 16%  | 16%  | 16%  |
| Some College                                   | 30%  | 26%  | 24%  |
| College or Graduate Degree                     | 44%  | 49%  | 51%  |

Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2022 Birth Certificate Files.

# 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 people, and to infants and children up to age 5 who are found to be at nutritional risk.

From 2018-2022 in Anne Arundel County, about one in five (18.2%) live births were to birthing people enrolled in WIC. The highest WIC utilization rate was among live births to Hispanic residents (40.7%). More than one quarter (28.5%) of live births to Black non-Hispanic residents used WIC. Nearly one in ten live births (8.9%) to white non-Hispanic residents used WIC in this time period.



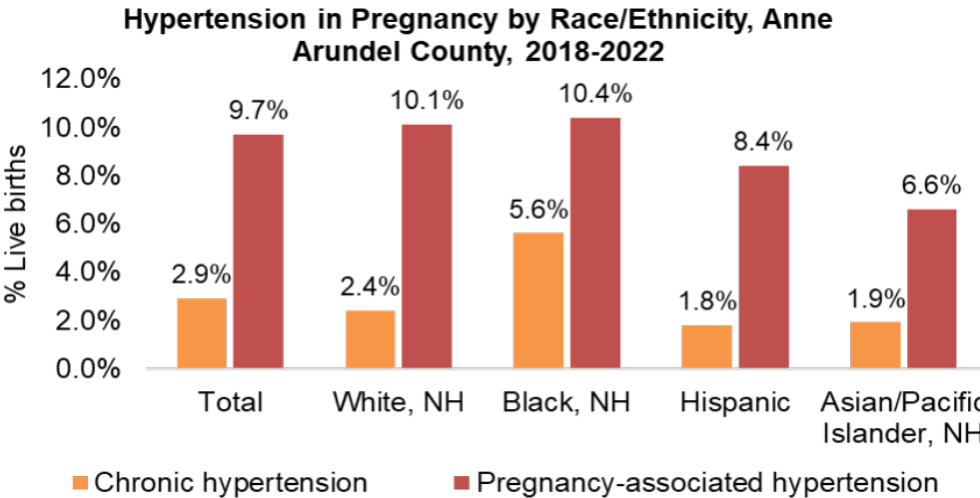
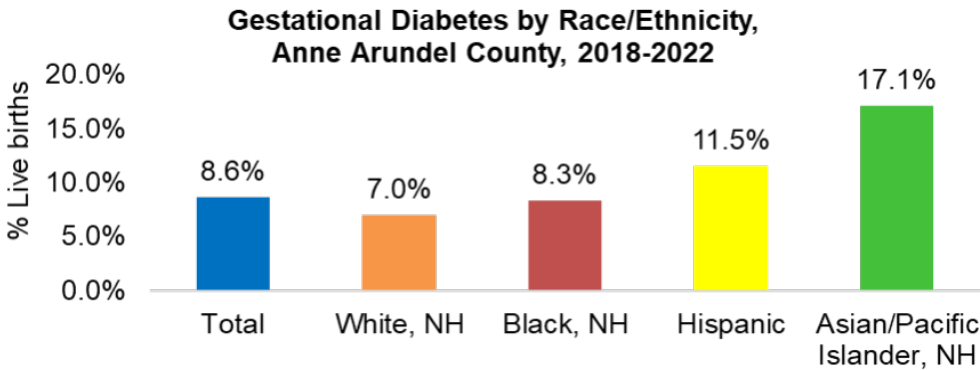
NH - non-Hispanic

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, 2018-2022 Birth Certificate Files.

# 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 and pregnancy-associated hypertension can lead to complications such as preeclampsia, stroke and preterm delivery.

From 2018-2022, Asian non-Hispanic birthing people had the highest proportion of gestational diabetes, followed by Hispanic birthing people. Black non-Hispanic birthing people had the highest proportions of both chronic and pregnancy-associated hypertension.



NH - Non-Hispanic  
Data Source: Gestational Diabetes and Pregnancy, Centers for Disease Control and Prevention (CDC); High Blood Pressure During Pregnancy, CDC; Maryland Department of Health, Vital Statistics Administration, 2018-2022 Birth Certificate Files.

# Infant Mortality

Infant mortality measures deaths of babies during the first year of life. In 2022, there were 38 infant deaths in Anne Arundel County, with an overall infant mortality rate of 5.5 deaths per 1,000 live births. This is similar to the rate in 2021 (5.6 per 1,000 live births). The county’s infant mortality rate in 2022 was lower than the Maryland rate and similar to the overall rate in the United States.

From 2018 to 2022, the infant mortality rate tripled for Black non-Hispanic infants, from 4.0 deaths to 12.3 deaths per 1,000 live births. As mortality rates are based on small numbers of deaths, year-to-year variability is not uncommon. However, the infant mortality rate among Black non-Hispanic infants is consistently higher than the rate among white non-Hispanic infants, showing a disparity between these two groups.

|                                                             | 2018 | 2019 | 2020 | 2021 | 2022 |
|-------------------------------------------------------------|------|------|------|------|------|
| Infant Mortality – All Races per 1,000 Live Births          |      |      |      |      |      |
| Anne Arundel                                                | 3.2  | 4.2  | 4.5  | 5.6  | 5.5  |
| Maryland                                                    | 6.1  | 5.9  | 5.7  | 6.1  | 6.2  |
| United States                                               | 5.7  | 5.6  | 5.4  | 5.4  | 5.6  |
| Infant Mortality – White non-Hispanic per 1,000 Live Births |      |      |      |      |      |
| Anne Arundel                                                | 3.2  | 2.3  | 3.3  | 3.6  | 2.7  |
| Maryland                                                    | 4.1  | 4.1  | 3.3  | 3.7  | 3.1  |
| United States                                               | 4.6  | 4.5  | 4.4  | 4.4  | 4.5  |
| Infant Mortality – Black non-Hispanic per 1,000 Live Births |      |      |      |      |      |
| Anne Arundel                                                | 4.0  | 8.3  | 5.5  | 8.2  | 12.3 |
| Maryland                                                    | 10.2 | 9.3  | 9.9  | 9.8  | 10.3 |
| United States                                               | 10.8 | 10.6 | 10.4 | 10.6 | 10.9 |
| Infant Mortality – Hispanic per 1,000 Live Births           |      |      |      |      |      |
| Anne Arundel                                                | *    | 6.5  | 5.7  | 9.0  | 6.4  |
| Maryland                                                    | 3.8  | 5.1  | 4.6  | 5.3  | 5.6  |
| United States                                               | 4.9  | 5.0  | 4.7  | 4.8  | 4.9  |

\*Rate not calculated, fewer than 5 deaths.  
Data Source: Maryland Department of Health, Vital Statistics Administration, 2018-2022  
Annual Reports; National Vital Statistics Reports, Infant Mortality in the United States, 2022:  
Data From the Period Linked Birth/Infant Death File.





**Suicide**

# Suicide

In 2022, 68 county residents took their own life, a decrease from 74 residents in 2021. Those under the age of 34 had the highest rate of hospital visits for suicide attempts, while those 85 years and older had the highest rate of death by suicide. White non-Hispanic males were nearly two-thirds of the suicide deaths in Anne Arundel County, followed by white non-Hispanic females (19%) and Black non-Hispanic males (8%).

Suicide Deaths and Attempts in  
Anne Arundel County, 2018-2022

|                                                        | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------------------------------------------------------|------|------|------|------|------|
| Number of Deaths                                       | 79   | 75   | 70   | 74   | 68   |
| Suicide Attempts Leading to Emergency Room (ER) Visits | 541  | 544  | 467  | 589  | 542  |
| Suicide Attempts Leading to Inpatient Hospitalizations | 364  | 290  | 178  | 151  | 147  |

Deaths by Suicide by Race/Ethnicity and Sex,  
Anne Arundel County, 2018-2022

| Sex/Race Category                | Suicides (%) |        | Rate per 100,000 population |
|----------------------------------|--------------|--------|-----------------------------|
| White, NH Male                   | 230          | (63%)  | 26.8                        |
| White, NH Female                 | 68           | (19%)  | 7.8                         |
| Black, NH Male                   | 31           | (8%)   | 14.0                        |
| Hispanic Male                    | 14           | (4%)   | 13.5                        |
| Black, NH Female                 | 9            | (2%)   | 3.8                         |
| Asian, NH Male                   | 5            | (1%)   | 9.9                         |
| Other*                           | 9            | (2%)   | 3.9                         |
| Total Suicide Deaths (2018-2022) | 366          | (100%) | 14.2                        |

\*Includes Hispanic and Asian females due to data suppression requirements.  
NH – non-Hispanic  
Data Source: Maryland HSCRC Outpatient and Inpatient Files, 2018-2022; Maryland Department of Health, Vital Statistics Administration, Death Files, 2018-2022.

# **Alcohol, Tobacco and Substance Use**



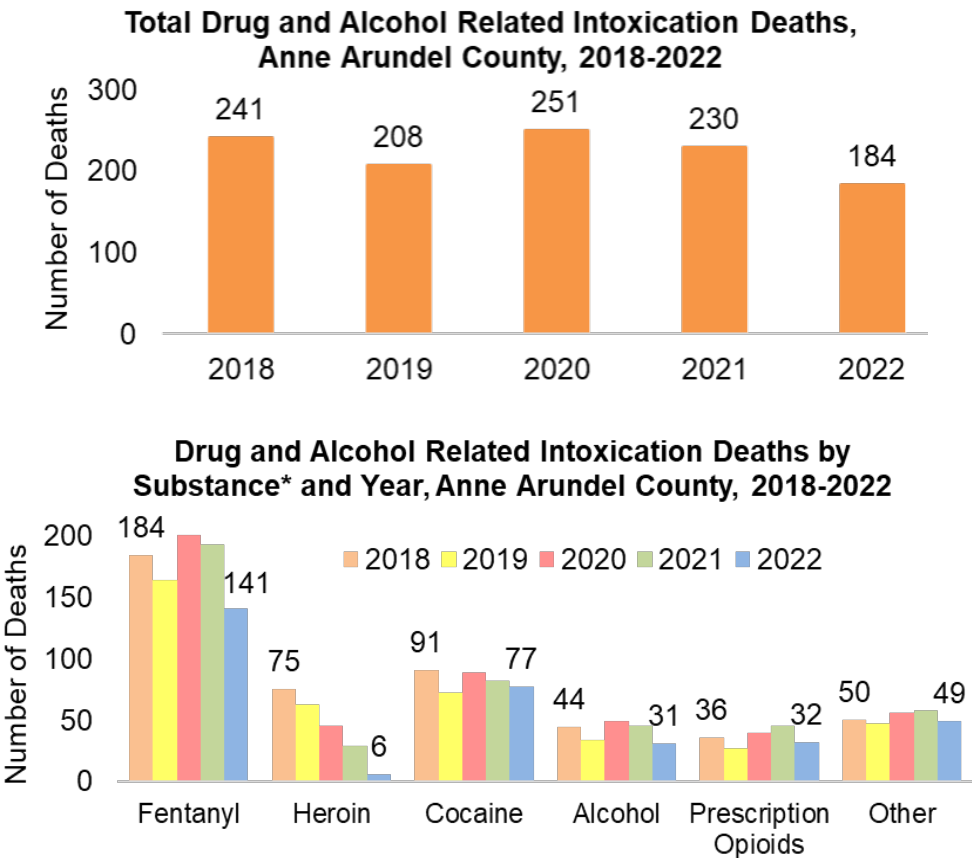


# Drug and Alcohol Deaths

In 2022, there were 184 intoxication deaths among Anne Arundel County residents, a decrease from the recent peak of 251 intoxication deaths in 2020.

The number of deaths involving fentanyl decreased from 2018 to 2022. However, fentanyl was still involved in three-fourths of the intoxication deaths in 2022.

Intoxication deaths involving more than one substance are common. In Maryland in 2022, 88.3% of cocaine-related deaths and 77.2% of alcohol-related deaths occurred in combination with opioids.



\*Data Note: People may have more than one substance in their system at the time of death. Other substances include Methadone (89 deaths), Oxycodone (65 deaths), Benzodiazepines (55 deaths), Phencyclidine (39 deaths) and Methamphetamine (12 deaths).  
Data Source: Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2022, 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. Use increases the risk of developing chronic diseases such as cancer, heart disease, stroke, respiratory diseases, Type 2 Diabetes and cataracts.

In 2022, 10.9% of Anne Arundel County adult residents reported that they currently smoked cigarettes. From 2018 to 2022, cigarette use in Anne Arundel County residents decreased 25% among men, but cigarette use did not change among women.

Among high school students in 2022, 15.3% reported that they had used tobacco products at least once in the past month. Three percent of high school students reported smoking cigarettes and 14.3% reported using an electronic vapor product (EVP) at least once in the past month. Additionally, nearly one in four (23.6%) of high school students reported that they live with someone who smokes cigarettes or cigars.

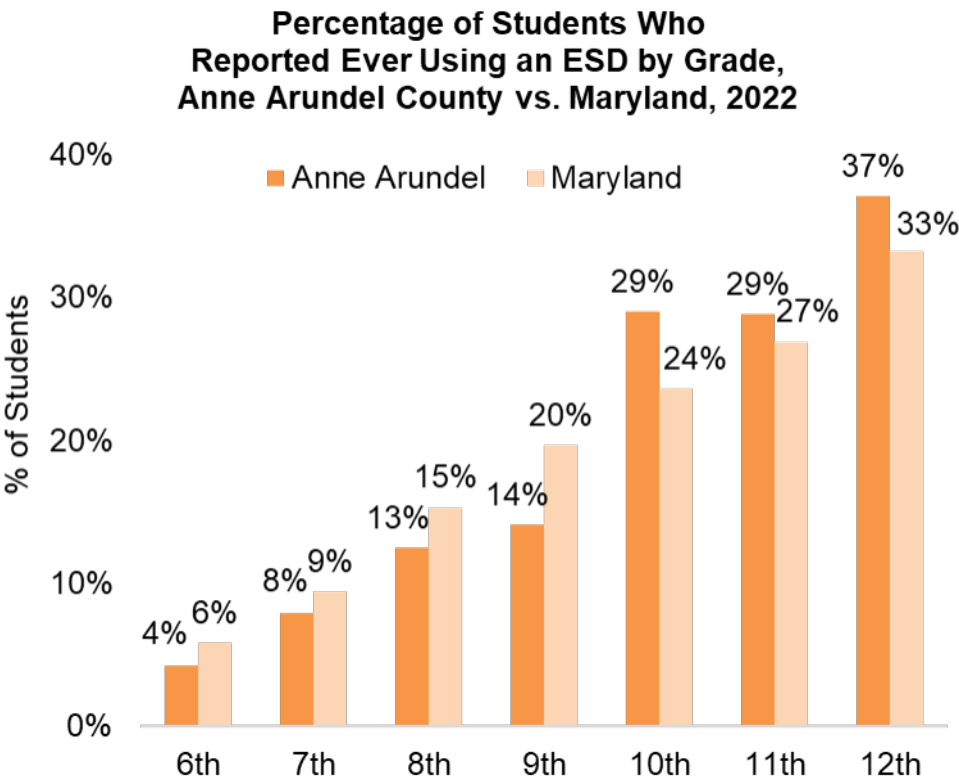
|                              | 2018  | 2019  | 2020  | 2021  | 2022  |
|------------------------------|-------|-------|-------|-------|-------|
| Current Cigarette Use, Women |       |       |       |       |       |
| Anne Arundel                 | 11.2% | 16.2% | 8.5%  | 7.6%  | 11.1% |
| Maryland                     | 11.3% | 11.3% | 8.8%  | 8.6%  | 8.1%  |
| Current Cigarette Use, Men   |       |       |       |       |       |
| Anne Arundel                 | 13.9% | 15.9% | 13.5% | 9.9%  | 10.4% |
| Maryland                     | 14.0% | 14.2% | 13.2% | 11.8% | 11.4% |

Data Source: Centers for Disease Control and Prevention (CDC): 2018-2022 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 CDC; 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 CDC.

# Electronic Cigarette Use

Electronic cigarettes, also known as e-cigarettes or vapes, are a type of Electronic Smoking Device (ESD). Among Anne Arundel County adults, 7.0% of adult residents reported that they currently used ESDs.

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 2022, over one-third of county 12th grade students reported ever using an ESD. In every grade level except 7th grade, a higher proportion of female students reported ever using an ESD compared to males. Anne Arundel County students in 10th through 12th grade were more likely to report ever using an ESD compared to all Maryland students in those grades.



Data Source: 2022-2023 Maryland Youth Risk Behavior Survey; [smokingstopshere.com](https://smokingstopshere.com)



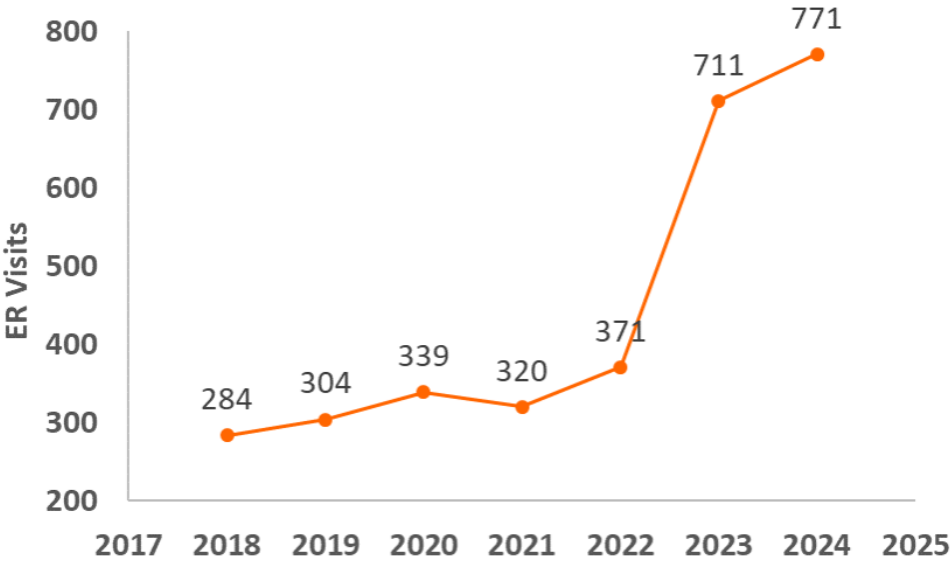
# Cannabis Use

Cannabis (marijuana) was legalized in Maryland in 2023. Adults 21 years and older can legally use and possess some amount of cannabis.

In 2022, 14% of Anne Arundel County high school students used marijuana at least one time in the month prior. This was a slight decrease from 18% of high school students in 2018. In 2022, reported use was highest among 12th grade students. One in five reported using marijuana at least once in the month.

Emergency room visits involving cannabis use have increased since legalization in 2023. From 2018 to 2022, the average number of visits per year was 324 visits. In 2023 and 2024, the annual number of visits rose to more than 700 visits each year.

**Emergency Room Visits Involving Cannabis Use,  
Anne Arundel County Residents, 2018-2024**



Data Source: Maryland Department of Health Youth Risk Behavior Survey, 2022-2023; Maryland ESSENCE, Query Marijuana v3.

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