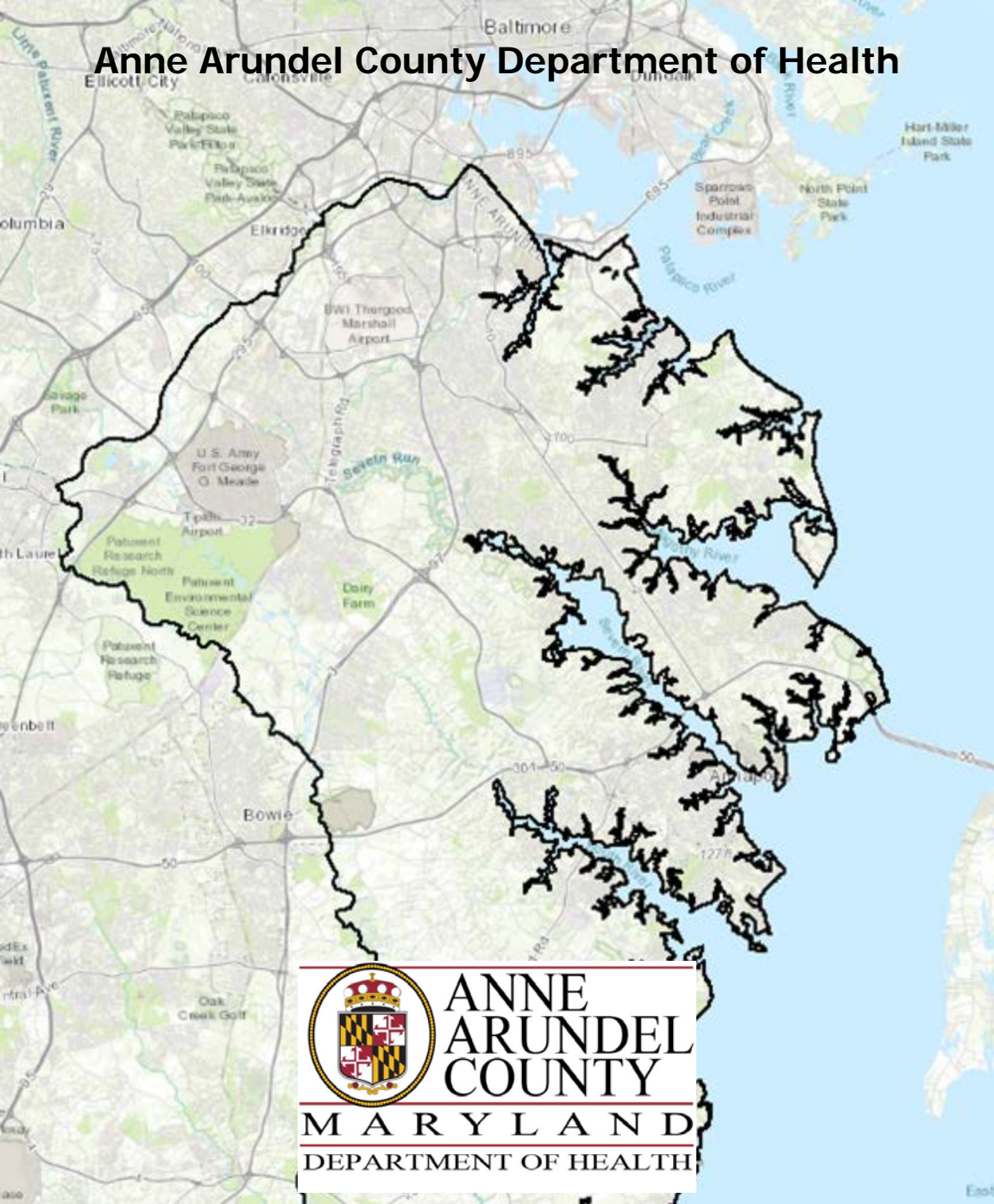


Anne Arundel County Department of Health



Report of Community Health Indicators, 2020 Updated May 2021



Table of Contents

Introduction

County Executive's Message	2
Health Officer's Message	3

Demographics

Demographics	5
Demographic Trends	6

Health Outcomes

Life Expectancy Map	8
Leading Causes of Death	9
Leading Causes of Death by Race/Ethnicity	10

Health Equity and Social Determinants of Health

Health Equity	12
Social Determinants of Health	13-14
Economic Factors	15
Households Below Poverty Map	16
Housing	17
Education and Language	18
Less than High School Education Map	19
Access to Healthy Food	20
Food Environment Map	21
Health Insurance	22
Health Care Access	23



Table of Contents (continued)

COVID-19

COVID-19	25-27
----------	-------

Gun Violence

Gun Violence	29
--------------	----

Chronic Diseases

New Cancer Diagnoses	31
Cancer Mortality	32
Diabetes	33

Communicable Diseases

Infectious Disease Reporting	35
Sexually Transmitted Infections	36

Maternal and Child Health

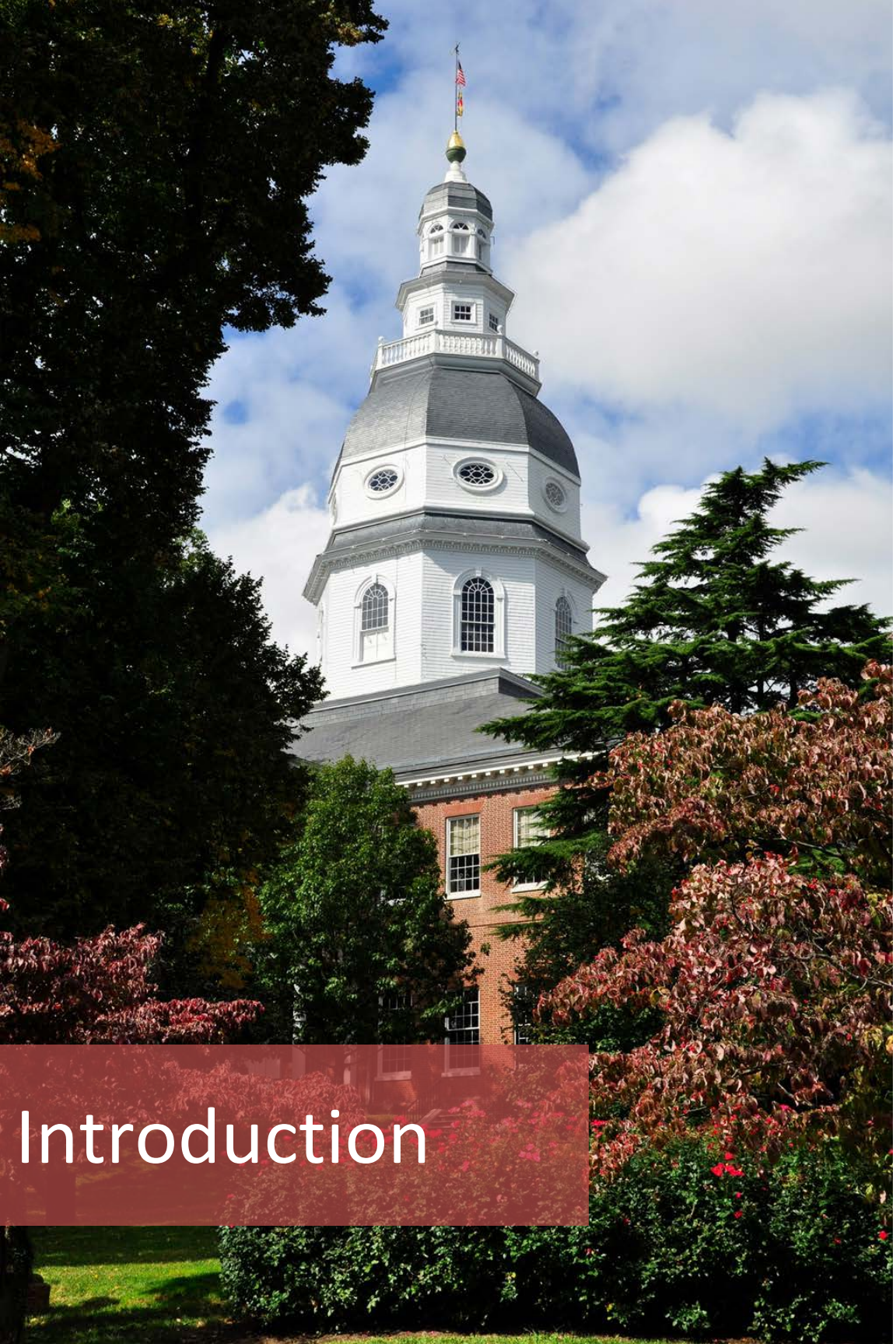
Prenatal Care	38
Maternal Child Health	39
Infant Mortality	40
Teen Pregnancy	41

Suicide

Suicide	43
---------	----

Alcohol, Tobacco & Substance Use

Opioid and Other Drug Use	45
Tobacco and E-Cigarette Use	46



Introduction



County Executive's Message

I am pleased to present the Anne Arundel County Department of Health's Updated 2020 Report of Community Health Indicators. This past year presented significant challenges to every area of this department and to our dedicated Health Officer, Dr. Nilesh Kalyanaraman. Our county is indebted to each and every one of you for how you met these challenges - with hard work, technical expertise, and patience. Your work throughout this past year saved lives across the county, especially among vulnerable communities that were disproportionately impacted by the pandemic. Thank you.

As you know, our work to end the pandemic is not over, but we now have the tools available to bring back a sense of normalcy in the coming months. The work of Dr. Kalyanaraman and all of our staff engaged in providing vaccines to residents helps us move toward a future without COVID affecting our daily lives in the way it has through the past year. The expert coordination this department showed in standing up a vaccination program designed to efficiently meet the needs of underserved communities has provided our residents critical opportunities to pursue these life-saving shots.

While we work to bring an end to the pandemic, there is still important work being done - we continue to work toward a more equitable future for public health in this county. We continue to address the social determinants of health, those drivers of health disparities and outcomes highlighted by the impacts of the pandemic. And we continue to look for ways to meet our residents where they are, each and every day, in providing programming and opportunities that ensure a healthier Anne Arundel County.

I said it before and I'll say it again - thank you all, for every action you've taken this past year to promote the health and wellness of all of our residents. Your collective efforts made a difference. You saved lives. Your work helped continue to make our county The Best Place - For All!

Respectfully submitted,
Steuart Pittman
County Executive



Health Officer's Message

Anne Arundel County's public health concerns have changed over the years, but one issue has remained constant—achieving health equity. Whether we are addressing cancer prevention, diabetes, substance use or COVID-19, equitable prevention and treatment is the underlying goal. Digging deeper, we know that race and where you live affect access to housing, education, healthy food and health. These social determinants of health have a large impact on health outcomes and disparities. This report card lays out health outcomes, social determinants of health and specifics for a range of conditions; pulling lived experiences together to paint a broad picture of the health of our county.

The past year has been challenging like no other in recent memory. The COVID-19 global pandemic has taken a toll on our health, finances and well-being. Public health takes center stage in our daily life. Every day we see the importance of data, health education and public health interventions like vaccinations, testing and contact tracing. Advances in health practices and scientific continue to steadily improve our ability to prevent COVID-19 and ultimately get closer to a new normal.

This pandemic has highlighted the role of data, preventive practices and health equity as core concerns for us as a county. As we head into the next decade, the Department of Health continues to focus on attaining longer lives free of preventable disease, injury and premature death for all those who live, work and play in our county.

In Health,
Nilesh Kalyanaraman, MD, FACP
Health Officer



Demographics



Demographics

The population of Anne Arundel County in 2019 grew by about **5.6 percent** from 2018. In comparison, the population of the state of Maryland increased by about 0.5 percent and the United States population grew by 0.3 percent.

2019 Estimates	Anne Arundel	Maryland	United States
Population			
Total Population Size	579,234	6,045,680	328,239,523
Male	49.5%	48.4%	49.2%
Female	50.5%	51.6%	50.8%
Race and Ethnicity*			
White, NH	66.3%	49.8%	60.0%
Black/African American, NH	17.0%	29.7%	12.4%
Hispanic	8.4%	10.6%	18.4%
Asian or Pacific Islander, NH	3.7%	6.3%	5.8%
American Indian, NH	0.2%	0.2%	0.7%
Age			
Under 5 Years Old	6.1%	5.9%	5.9%
18 Years and Over	77.8%	78.0%	77.8%
65 Years and Over	15.0%	15.9%	16.5%
Median Age (Years)	38.5	39.0	38.5

NH-Non-Hispanic

*Percents will not sum to 100.

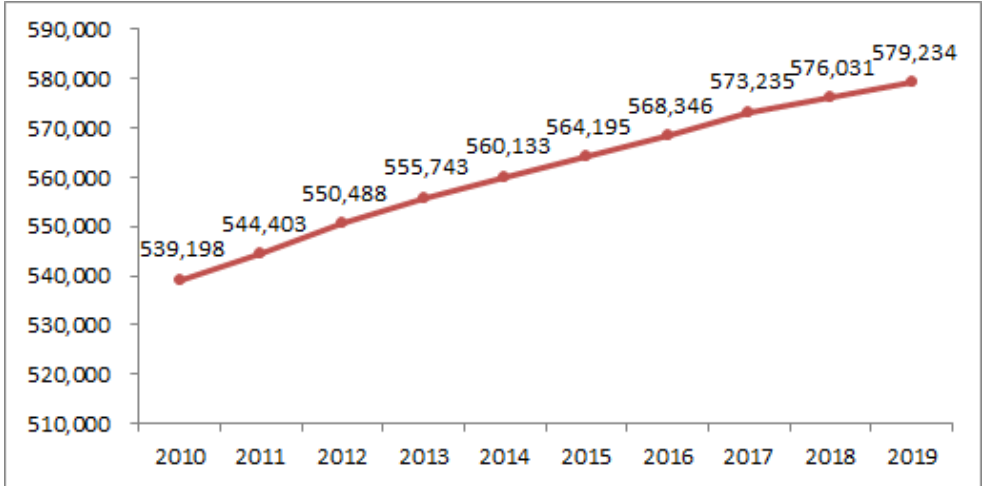
Data Source: U.S. Census Bureau: 2019 Population Estimates; 2019 American Community Survey 1-year Estimates.



Demographic Trends

The Black, Hispanic, and Asian/Pacific Islander populations all grew as a percentage of the population continuing a trend towards increased racial and ethnic diversity.

Anne Arundel County Population, 2010-2019



Population	2017	2018	2019
Total Population Size	573,235	576,031	579,234
Male	49.6%	49.6%	49.5%
Female	50.4%	50.4%	50.5%
Race/Ethnicity	2017	2018	2019
White, NH	68.2%	67.1%	66.3%
Black/African American, NH	16.3%	16.5%	17.0%
Hispanic	7.9%	8.1%	8.4%
Asian or Pacific Islander, NH	3.7%	3.8%	3.7%
American Indian, NH	0.2%	0.2%	0.2%
Age	2017	2018	2019
Median Age (years)	38.5	38.2	38.5

Data Source: U.S. Census Bureau: 2010-2019 Population Estimates; U.S. Census Bureau: 2017- 2019 American Community Survey 1-year Estimates.



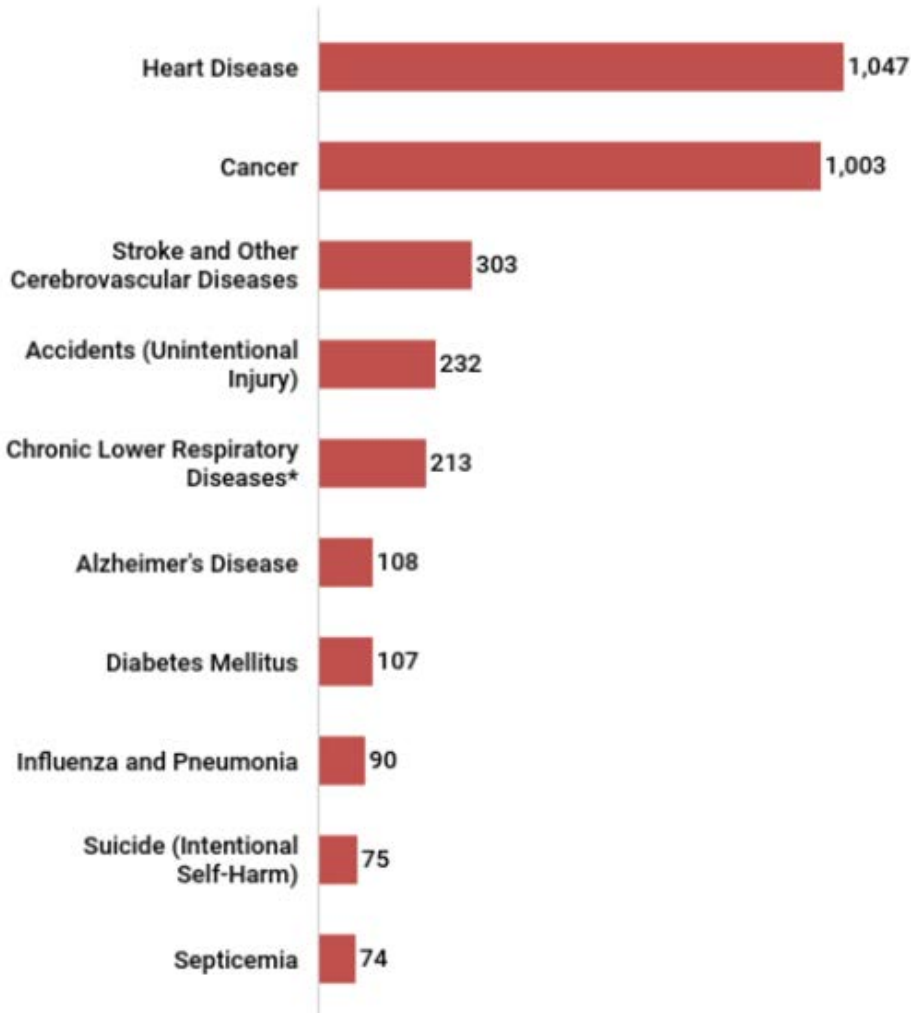
Health Outcomes



Leading Causes of Death

In 2019, there were **4,543 deaths** in Anne Arundel County and life expectancy was **79.3 years**. The mortality rate was **718.7 deaths** per 100,000 population which is lower than the previous year's rate of 727.4 deaths per 100,000, but still higher than the Maryland rate of 713.0 deaths per 100,000. Heart disease was the leading cause of death, followed closely by cancer. Accidents moved up the the fourth leading cause of death and suicides to the ninth leading cause this year.

Top Ten Leading Causes of Death, Anne Arundel County, 2019



*Chronic lower respiratory diseases (CLRD) include chronic obstructive pulmonary disease and asthma.
Data Source: Maryland Department of Health, Vital Statistics Administration, 2019 Annual Report.



Leading Causes of Death by Race/Ethnicity

In 2019, there were a total of 4,543 deaths. Of those deaths, 3,681 were non-Hispanic White, 658 were non-Hispanic Black, 99 were non-Hispanic Asian, and 95 were Hispanic. Heart disease was the leading cause of death for non-Hispanic White and Hispanic groups in Anne Arundel County whereas cancer was the leading cause of death for non-Hispanic Black, and non-Hispanic Asian groups.

Leading Causes of Death by Race/Ethnicity, Anne Arundel County, 2019

White, NH	Black, NH	Hispanic	Asian, NH
Heart Disease 862 (23.4%)	Cancer 151 (22.9%)	Heart Disease 21 (22.1%)	Cancer 26 (26.3%)
Cancer 805 (21.9%)	Heart Disease 143 (21.7%)	Cancer 18 (18.9%)	Heart Disease 21 (21.2%)
Cerebrovascular Disease 243 (6.6%)	Cerebrovascular Disease 47 (7.1%)	Accidents 9 (9.5%)	Cerebrovascular Disease 9 (9.1%)
CLRD* 198 (5.4%)	Accidents 31 (4.7%)	Cerebrovascular Disease 4 (4.2%)	Diabetes 7 (7.1%)
Accidents 189 (5.1%)	Diabetes 24 (3.6%)	Influenza and Pneumonia 4 (4.2%)	Accidents 3 (3.0%)

NH- non-Hispanic

Data shown as number of deaths (percent)

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

Data Source: Maryland Department of Health, Vital Statistics Administration, 2019 Annual Report.

Health Equity and Social Determinants of Health





Health Equity

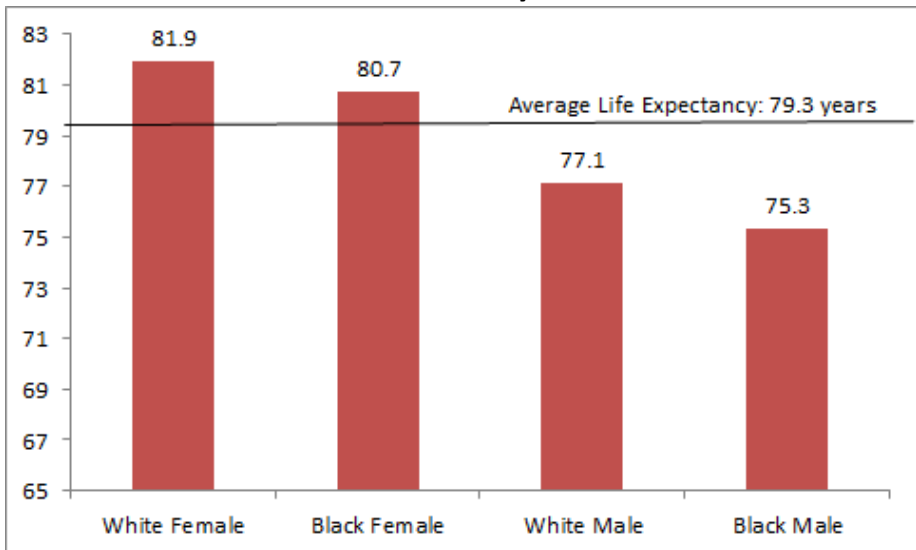
Health equity means that everyone has a fair and just opportunity to be as healthy as possible. In 2019, the Department of Health compiled a health equity report for Anne Arundel County which showed that racial/ethnic, income, and geographic disparities were persistent in health measures for our residents.

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

Health equity is achieved when aspects of someone's identity and circumstances are no longer predictors of their health outcomes.

The average life expectancy is 79.3 years. In Anne Arundel County, Whites and women have a longer life expectancy than Blacks and men, respectively. Unfortunately, data is not available for life expectancy for Hispanics and Asians.

**Life Expectancy by Race and Sex,
Anne Arundel County, 2017-2019**



Data Source: American Public Health Association, Creating the Healthiest Nation: Advancing Health Equity; Centers for Disease Control and Prevention: Health Equity Page; Maryland Department of Health, Vital Statistics Administration, 2019 Annual Report



Social Determinants of Health

Differences in the social determinants of health, both those explored in this report and those listed in the table below, are often the result 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.

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

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

The data in this report focuses on the health outcomes in Anne Arundel County where disparities are most evident. The main drivers of disparities are not biological factors, but rather the social determinants of health. The visual below helps explain how race/ethnicity and geography impact poverty level, income, education and access to food. This, in turn, affects life expectancy.



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



Social Determinants 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 determinants 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. For example, those who have less than a high school diploma are at increased risk for chronic diseases like heart disease and diabetes and are more likely to engage in unhealthy behaviors such as smoking or excessive alcohol use.

2019 Estimates	Anne Arundel	Maryland	United States
Families Below Poverty Level	3.0%	5.8%	8.6%
Individuals Below Poverty Level	5.0%	9.0%	12.3%
Median Household Income	\$101,147	\$86,738	\$65,712
Unemployment Rate, January 2021*	5.2%	6.4%	6.3%
High Housing Costs**	26.6%	30.6%	29.8%
Violent Crime (per 100,000)	316.8	468.7	368.9
High School Graduation	93.0%	90.4%	88.6%
English as Primary Language	88.5%	80.6%	78.0%
Households Receiving SNAP Benefits	5.1%	9.8%	10.7%
Uninsured	3.6%	6.0%	9.2%
Percent of residents reporting routine check up in past year	77.2%	78.9%	75.0%

* These numbers are still being affected by COVID-19 shutdowns which is why they vary significantly from 2020.

**Percent of people paying 30 percent or more of household income on monthly housing costs.

Data Sources: U.S. Census Bureau: 2019 American Community Survey 1-year Estimates; United States Department of Labor: Bureau of Labor Statistics; 2015 Crime in the United States, Federal Bureau of Investigation; Centers for Disease Control and Prevention, 2019 Maryland BRFSS



Economic Factors

The Poverty Level (PL) is a measurement of the minimum amount of annual income needed for individuals and families to pay for essentials, such as housing, food, clothes and transportation. PL takes into account the number of people in a household, their income and the state in which they live and changes every year.

From 2017 to 2018, the proportion of families and individuals below the PL increased, the median household income decreased for nearly all racial/ethnic groups and the percent unemployment increased for Hispanic residents. However, most of these trends reversed in 2019. Income and employment are highly associated with health outcomes as those with lower income may not be able to afford the costs associated with health care, and health insurance is often dependent on employment.

Percent Below Poverty Level	2017	2018	2019
White, NH	4.1%	5.0%	3.5%
Black, NH	10.7%	12.1%	12.1%
Hispanic	12.5%	13.9%	1.8%
Asian, NH	3.7%	3.7%	4.3%

Median Household Income	2017	2018	2019
White, NH	\$102,080	\$103,360	\$104,458
Black, NH	\$79,105	\$78,888	\$91,784
Hispanic	\$73,405	\$72,304	\$93,475
Asian, NH	\$107,650	\$82,804	\$103,048

Percent Unemployment	2017	2018	2019
White, NH	3.9%	3.4%	3.4%
Black, NH	6.5%	4.3%	4.5%
Hispanic	5.2%	6.3%	2.4%
Asian, NH	3.3%	3.7%	2.2%

Note: The data above are based on 1-year estimates which are based on small numbers and can vary widely from year to year based on who is sampled for data collection.

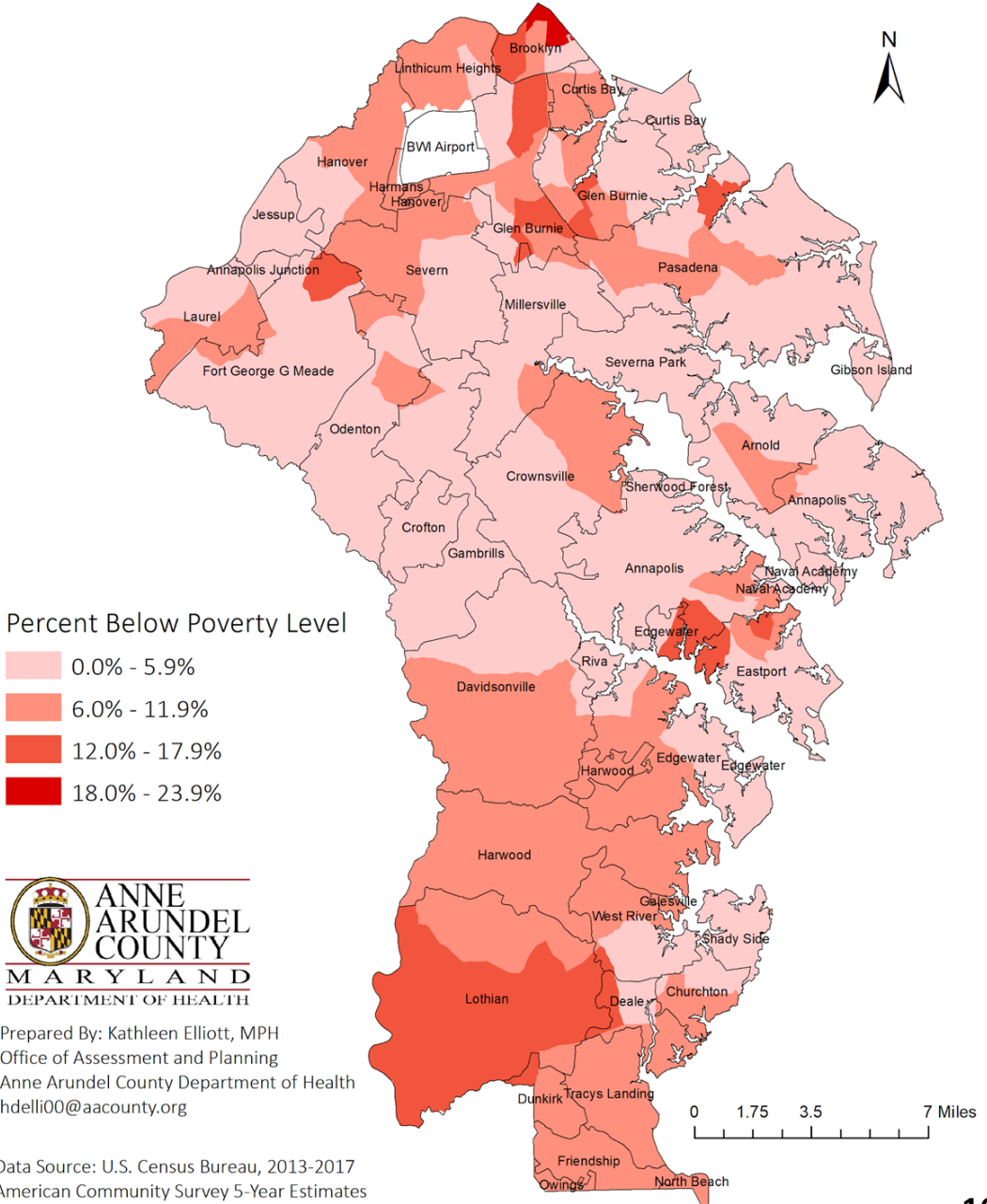
Data Sources: U.S. Census Bureau: 2017, 2018, and 2019 American Community Survey 1-year Estimates



Households below Poverty Level

Areas of higher poverty are shown in darker red. There are pockets of higher poverty areas throughout the county but they are clustered in the north and south of the county.

Percent of Population Below Poverty Level Anne Arundel County, 2017





Housing

Safe and affordable housing is important for good health. There are four aspects of housing that affect health: stability, quality and safety, affordability, and neighborhood characteristics. Quality housing, free of contaminants, with access to clean air and water is important for maintaining both mental and physical health. As is living in a neighborhood with access to safe spaces to be outdoors.

Housing costs that are more than 30 percent of one’s income can lead to housing instability in the form of moving frequently, falling behind in rent or losing housing altogether. While fewer households spend more than 30 percent of their income on rent in 2019 compared to 2018 and 2017, those in lower income brackets spend more of their income on rent than those in higher income brackets.

Additionally, owning a house rather than renting builds wealth, provides long-term stability and can be more affordable over time. The financial stability that can come from home ownership leads to better health outcomes including fewer chronic health conditions and better mental health. In Anne Arundel County in 2019, a much higher proportion of White residents owned their own homes than any other racial/ethnic group.

Monthly Housing Costs Above 30 Percent of Income	2017	2018	2019
Income less than \$50,000	72.6%	73.8%	69.3%
Income more than \$50,000	14.3%	17.3%	17.3%

Percent Owning Own Home	2017	2018	2019
White, NH	81.7%	80.4%	80.2%
Black, NH	55.1%	53.5%	54.8%
Hispanic	48.6%	57.0%	49.6%
Asian, NH	69.5%	72.8%	68.7%

Data Sources: HHS, Office of Disease Prevention and Health Promotion, Healthy People 2020; U.S. Census Bureau: 2017, 2018, and 2019 American Community Survey 1-year Estimates;



Education and Language

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

People with limited English proficiency are among the most vulnerable populations. They experience higher rates of medical errors, have worse clinical outcomes and receive lower quality care than those who are English-proficient. In 2019, nearly 12 percent of Anne Arundel County residents speak a language other than English as their primary language and they report lower English proficiency than those that speak English as their primary language.

High School Graduate or Higher	2017	2018	2019
White, NH	94.3%	94.0%	94.4%
Black, NH	91.3%	93.3%	91.7%
Hispanic	67.4%	73.8%	81.2%
Asian, NH	87.4%	84.8%	88.2%

Primary Language Spoken at Home	2017	2018	2019
English	88.1%	87.9%	88.5%
Spanish	6.2%	5.7%	5.5%
Other Indo-European Languages	2.6%	2.5%	2.5%
Asian and Pacific Island Languages	2.2%	2.5%	2.2%
Other Languages	1.0%	1.4%	1.4%

NH- non-Hispanic

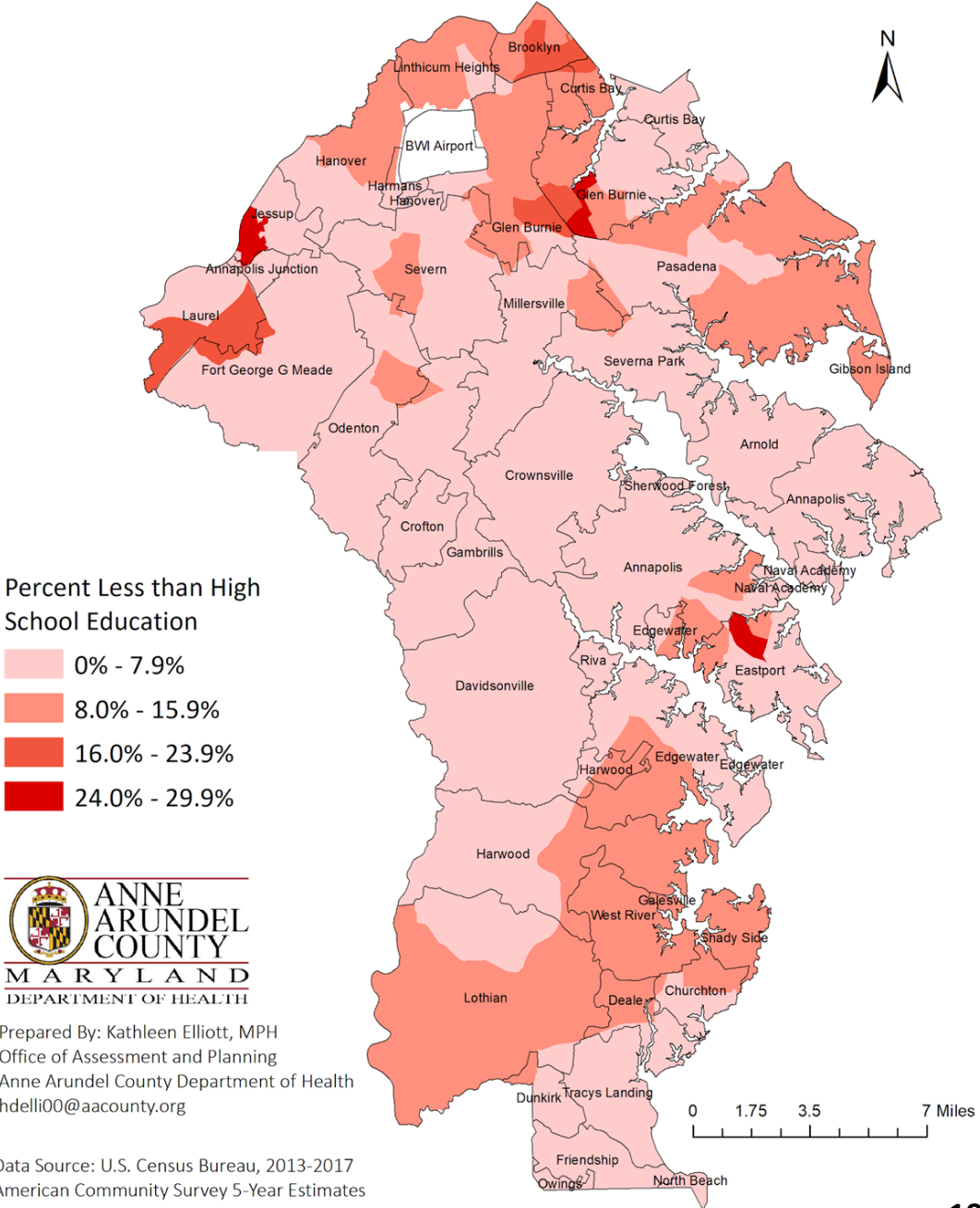
Data Source: Virginia Commonwealth University, Center on Society and Health, Why Education Matters to Health: Exploring the Causes; AMA Journal of Ethics, Language-Based Inequity in Health Care: Who Is the “Poor Historian”?; U.S. Census Bureau: 2017, 2018, and 2019 American Community Survey 1-year Estimates



Education

Areas with less education are shown in darker red. There are clusters in the north county, Annapolis and Laurel area.

Percent Less than High School Education, 25 years and older, Anne Arundel County, 2017





Access to Healthy Food

Lack of 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.

One measure of access to food is the number of households that are receiving supplemental nutrition assistance program benefits (SNAP) or food stamps. The proportion of households receiving benefits has increased from 2017 to 2019 and nearly double the proportion of Black and Hispanic households are receiving SNAP/food stamps than Asian and White 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 1 mile to a store without access to a vehicle. Census tracts with low access to food also tend to have residents with lower levels of education, lower incomes and higher unemployment.

Year	2017	2018	2019
Percent of population who lack adequate access to food	8.0%	7.0%	7.0%

Households on Food Stamps/SNAP Benefits	2017	2018	2019
White, NH	4.6%	3.4%	3.3%
Black, NH	12.0%	9.9%	19.3%
Hispanic	13.2%	10.6%	4.1%
Asian, NH	4.4%	4.8%	4.8%

NH- non-Hispanic

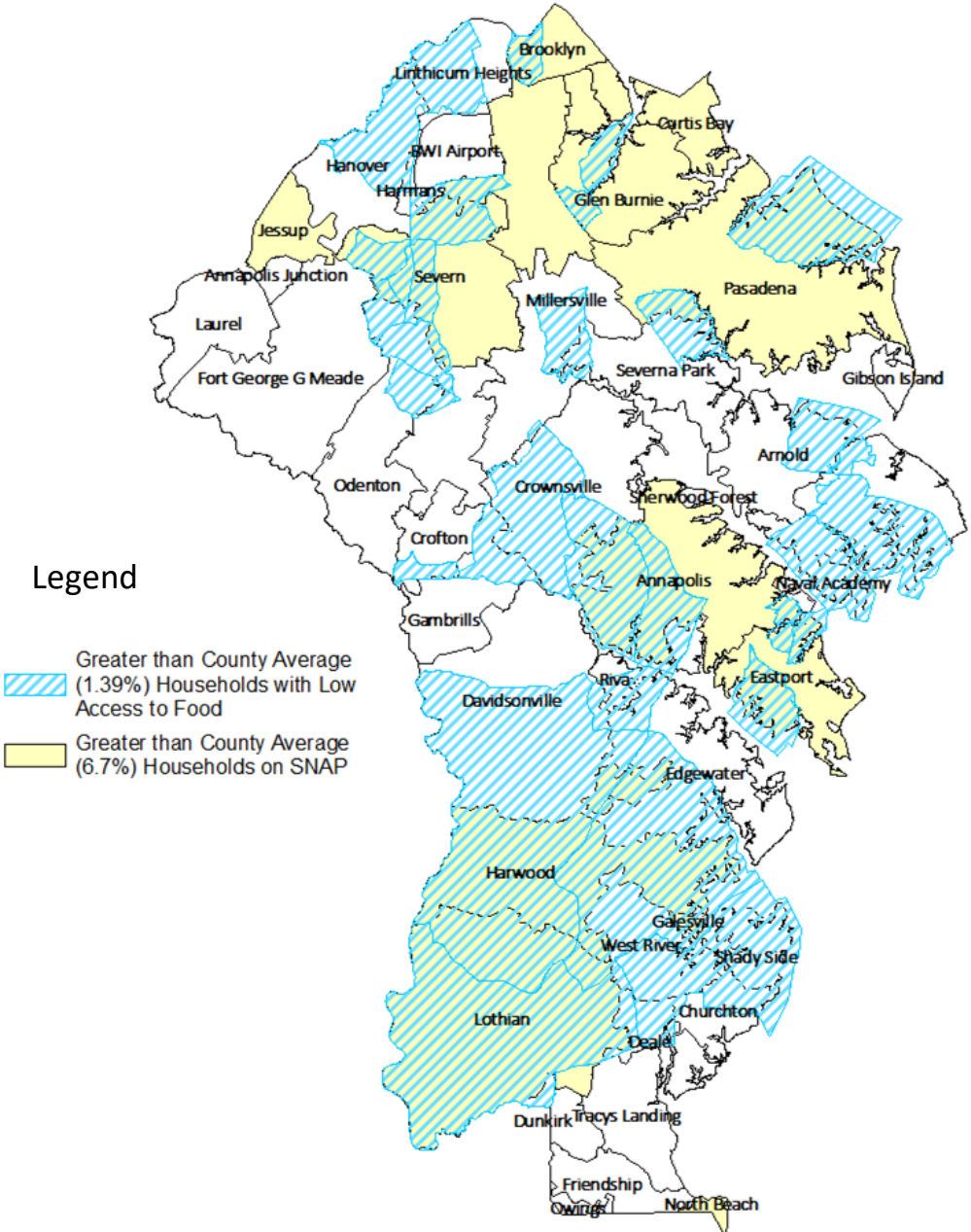
Note: The data above are based on 1-year estimates which are based on small numbers and can vary widely from year to year based on who is sampled for data collection.

Data Source: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; U.S. Census Bureau: 2017, 2018, and 2019 American Community Survey 1-year Estimates; USDA, Characteristics and Influential Factors of Food Deserts; Robert Wood Johnson Foundation, 2020 County Health Rankings



Food Environment

Access to Healthy Food Anne Arundel County, 2019



Data Source: Supplemental Nutrition Assistance Program (SNAP) Participation: 2013-2017 American Community Estimates; Low Access Areas: United States Department of Agriculture (USDA) Food Access Research Atlas.
 NOTE: Low access is defined as the percentage of housing units more than 1 mile from nearest supermarket or grocery store without access to vehicle.



Health Insurance and Access

One important measure of access to health care is the ability of people to pay for the care they need. People without health insurance are more likely to avoid preventive care such as routine check ups, dental cleanings and delay necessary care which can lead to serious illness or other health problems. The percent of uninsured residents in Anne Arundel County has declined steadily over time and reached a low of **3.6 percent** in 2019. While this is encouraging, it still means that over 20,000 county residents remain without health insurance coverage.

Additionally, high deductible insurance plans and steep copays can prevent even those with insurance from affording and accessing care. In 2019, **9.0 percent** of Anne Arundel County adults reported being unable to see a doctor due to cost even when they needed to which is down from 11.2 percent in 2018 but up from 8.3 percent in 2017.

2019 Estimates Race/Ethnicity	Percent of Residents Uninsured	Number of Residents Uninsured
White, NH	2.3%	8,665
Black, NH	5.0%	4,812
Hispanic	8.7%	3,988
Asian, NH	5.7%	1,195
Total	3.6%	20,195



Health Care Access

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

In 2019, 77.2 percent of county residents reported having a routine yearly check up with their doctor, while almost nine percent of residents reported that they were unable to see a doctor in the past year because they could not afford the cost. Additionally, 84.9 percent 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.

2019 Estimates	Anne Arundel	Maryland	United States
Primary Care Physician Ratio	1,440:1	1,141:1	1,325:1
Mental Health Provider Ratio	530:1	390:1	440:1
Dentist Ratio	1,492:1	1,292:1	1,447:1

2019 Estimates	Black, NH	White, NH	Overall
Percent of residents reporting routine check up in past year	92.5%	74.0%	77.2%
Percent of residents unable to see a doctor due to cost	6.8%	8.7%	9.0%
Percent of residents reporting having one or more personal doctor	92.7%	84.7%	84.9%

Data Sources: CDC, 2019 Maryland BRFSS; Robert Wood Johnson Foundation, 2020 County Health Rankings; U.S. Census Bureau

COVID-19

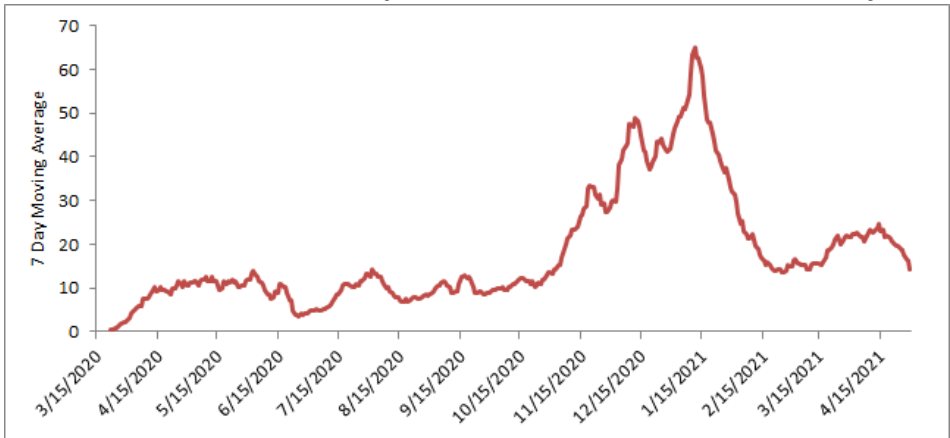




COVID-19

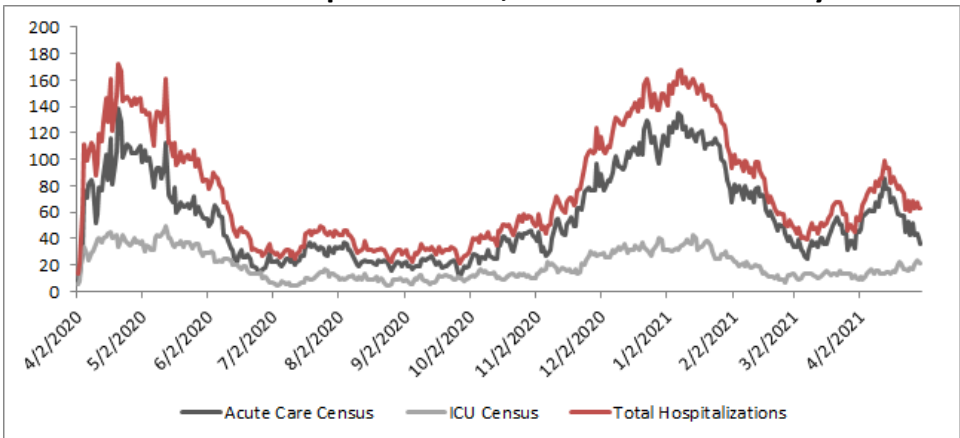
COVID-19, is a disease caused by the virus SARS-CoV-2. COVID-19 is primarily transmitted person-to-person both through respiratory droplets and aerosolized transmission. While many cases are asymptomatic or have mild symptoms, those with severe disease are at higher risk of serious long-term health outcomes and death. As of April 30, 2021, Anne Arundel County has had 42,598 cases and 581 deaths.

New COVID-19 Cases per 100,000, Anne Arundel County



Some individuals with COVID-19 may require hospitalization and if their condition is very severe they could be admitted to the intensive care unit (ICU). Older individuals or those with underlying medical conditions such as diabetes, heart disease, or lung disease are at higher risk for hospitalization than those who are younger or have no underlying medical conditions.

COVID-19 Hospitalizations, Anne Arundel County



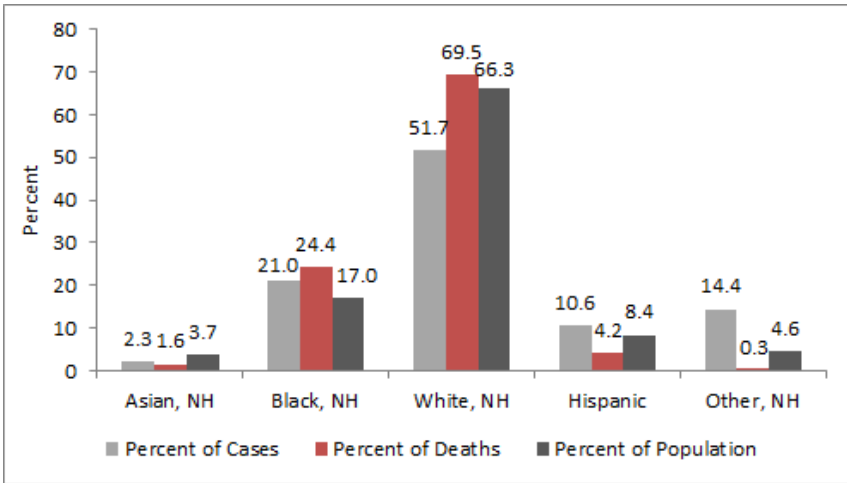
Data Source: Centers for Disease Control and Prevention, Maryland Department of Health, National Electronic Disease Surveillance System (NEISS), CRISP Hospital Dashboards



COVID-19 Demographics

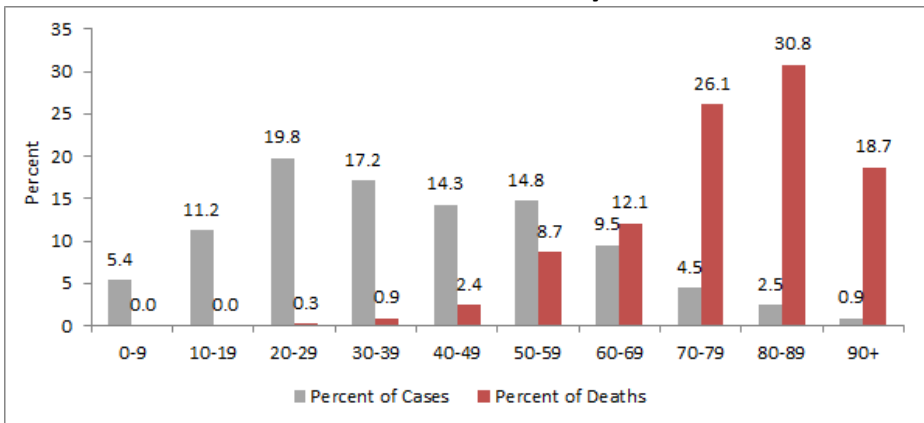
COVID-19 has shown the stark health disparities between different race/ethnicity groups in Anne Arundel County. Specifically, Hispanic, non-Hispanic Black, and other races are disproportionately affected by COVID-19 compared to non-Hispanic White residents.

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



Initially, most of the county's cases were in adults, and deaths were concentrated in residents aged 60 and over. Over time, cases in youth have increased. Preventive measures like wearing a mask and physical distancing helped slow the spread of the virus.

COVID-19 Cases and Deaths, by Age Group, Anne Arundel County



*NH- non-Hispanic; Data through April 30, 2021

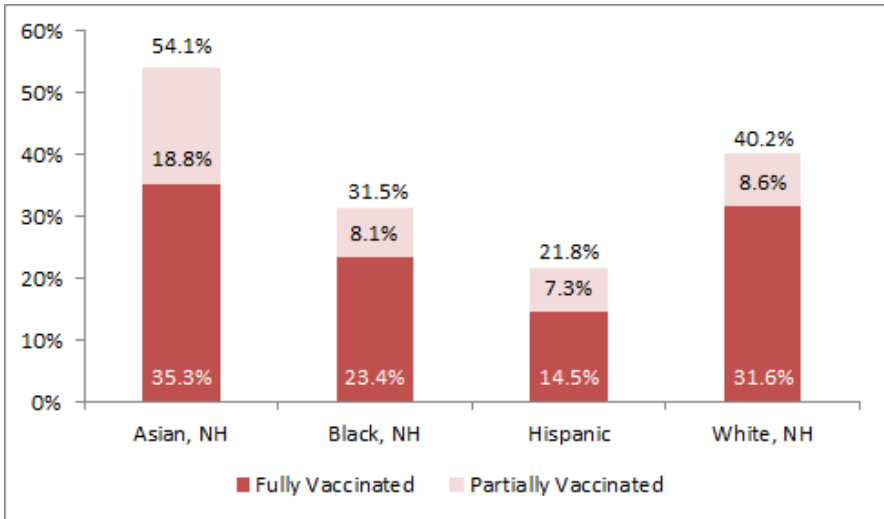
Data Source: Maryland Department of Health, National Electronic Disease Surveillance System (NEDSS)



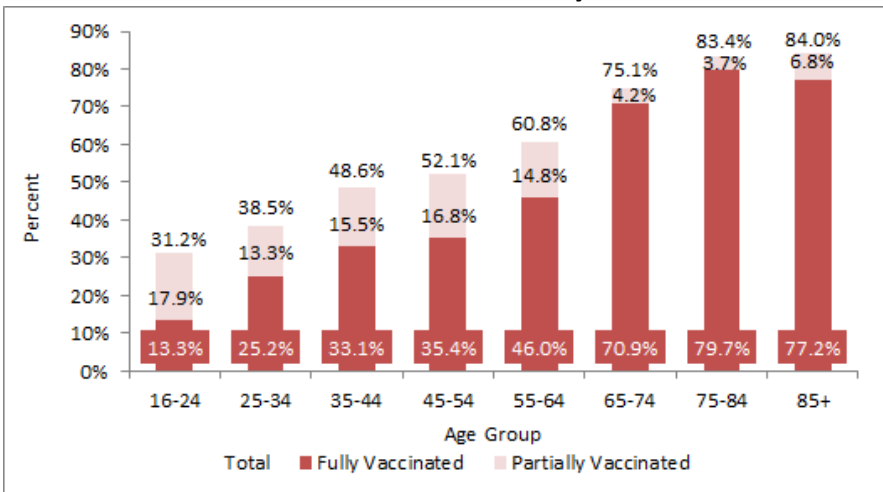
COVID-19 Vaccinations

In December 2020, the first vaccines for COVID-19 were approved by the FDA for emergency use. Due to limited supply of vaccines initially, vaccines were made available on an expanding basis based on preventing morbidity and mortality and to preserve societal functioning.

COVID-19 Vaccinations by Race/Ethnicity, Anne Arundel County



COVID-19 Vaccinations by Age Group, Anne Arundel County



Data through April 30, 2021

Data Source: Maryland Department of Health, Immunet Raw Data Files



Gun Violence



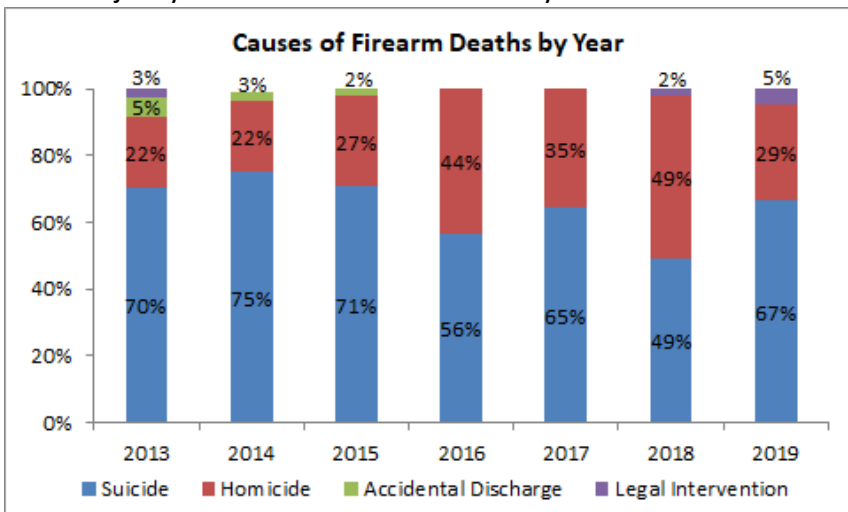
Gun Violence

In 2019, the Anne Arundel County Executive declared gun violence a public health issue and committed to decreasing gun violence in the county. Over 100,000 people are injured or killed with a firearm every year in the United States including over 300 people in Anne Arundel County.

Gun violence affects all people but it disproportionately affects young black males and older white males. Nearly 80 percent of all suicides by firearm occur in White males while 58 percent of the homicides by firearm occur in Black males. This difference points to the need for different strategies to reach different populations

Sex/Race Category	Suicides	Homicides
Black Male	14 (7%)	58 (58%)
White Male	151 (78%)	22 (22%)
Black Female	3 (2%)	4 (4%)
White Female	21 (11%)	8 (8%)
Hispanic Male	5 (2%)	4 (4%)
Hispanic Female/Others	0 (0%)	4 (4%)
Total Deaths	194	100

In 2013, the majority of firearm deaths were due to suicide (70%). By 2018 suicide deaths fell to 49 percent of firearm deaths, equal to the proportion of firearm-related deaths by homicide. In 2019, however, there was a shift back to a majority of firearm-related deaths by suicide.



Data Source: Maryland Department of Health, Vital Statistics Administration, Death Files, 2013-2019



Chronic Diseases



New Cancer Diagnoses

Cancer Incidence Rates*, Anne Arundel County, 2012-2016

Cancer Type	County Case Count	Anne Arundel Rates	Maryland Rates	United States Rates
All Cancer Types**	14,320	461.0	443.9	452.4
Male	7,082	497.2	483.1	494.3
Female	7,234	438.4	418.4	424.3
Colorectal**	1,056	34.7	36.1	38.8
Male	509	36.9	40.4	44.4
Female	546	33.1	32.6	33.9
Lung/Bronchus**	1,926	63.4	55.6	53.4
Male	920	68.2	62.8	69.1
Female	1,006	60.1	50.4	51.7
Melanoma**	994	32.2	23.0	23.2
Male	581	40.9	30.7	27.9
Female	413	45.7	17.4	17.2

Sex-Specific Cancers	County Case Count	Anne Arundel Rates	Maryland Rates	United States Rates
Breast (Female)	2,223	133.7	130.1	130.1
Cervical	99	6.9	6.3	7.4
Prostate	1,749	112.2	120.3	106.8

*Age-adjusted rates per 100,000 population.

**Includes male, female, and unknown gender cases.

Data Source: 2019 Cancer Report, Cigarette Restitution Fund Program, MDH; CDC Wonder, CDC United States Cancer Statistics



Cancer Mortality

Cancer Mortality Rates*, Anne Arundel County, 2012-2016

Cancer Type	County Death Count	Anne Arundel Rates	Maryland Rates	United States Rates
All Cancer Types**	4,993	165.6	160.3	161.0
Male	2,610	198.1	190.0	193.1
Female	2,383	142.7	140.1	137.7
Colorectal**	398	13.3	14.1	14.2
Male	209	16.1	16.9	16.9
Female	189	11.2	11.9	11.9
Lung/Bronchus**	1,364	45.0	40.1	41.9
Male	690	51.4	48.3	51.6
Female	674	40.3	34.2	34.4
Melanoma**	89	2.9	2.2	2.5
Male	65	4.8	3.6	3.7
Female	24	1.4	1.3	1.5

Sex-Specific Cancers	County Case Count	Anne Arundel Rates	Maryland Rates	United States Rates
Breast (Female)	351	20.7	22.2	20.6
Cervical	28	1.8	1.9	2.3
Prostate	213	18.6	20.1	19.2

*Age-adjusted rates per 100,000 population.

**Includes male and female cases.

Data Source: 2019 Cancer Report, Cigarette Restitution Fund Program, MDH; CDC Wonder, American Cancer Society Cancer Facts & Figures 2019.



Diabetes

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

In 2019, **10.4 percent** of Anne Arundel County residents had Type 2 Diabetes. Residents aged 65+ had the highest percentage of diabetes (**22.1 percent**) compared to those in younger age groups. A higher proportion of males had diabetes compared to females (11.2 percent vs. 7.1 percent) and non-Hispanic Black residents had a higher proportion of diabetes compared to non-Hispanic White residents (12.8 percent vs. 8.6 percent).

Prevalence of Diabetes by Age Group, Anne Arundel County, 2017-2019			
	2017	2018	2019
45-54	16.5%	10.1%	9.9%
55-64	12.4%	16.9%	19.7%
65+	18.5%	26.6%	22.1%

Prevalence of Diabetes by Sex, Anne Arundel County, 2017-2019			
	2017	2018	2019
Female	9.1%	10.0%	7.1%
Male	11.4%	9.6%	11.2%

Prevalence of Diabetes by Race/Ethnicity*, Anne Arundel County, 2017-2019			
	2017	2018	2019
Black, NH	16.8%	10.8%	12.8%
White, NH	8.5%	9.6%	8.6%

NH- non-Hispanic

* Data for Hispanics, Asian, NH, and Multiracial, NH were suppressed due to instability or small cell size.

Data Source: Maryland Behavioral Risk Factor Surveillance System, 2017-2019



Communicable Diseases



Infectious Disease Reporting

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

Number of Selected Reportable Diseases In Anne Arundel County

	2016	2017	2018	2019	2020*	5-Year Mean
Campylobacter	81	96	78	110	69	87
Salmonella	105	120	130	126	96	115
Vibrio	17	13	11	18	17	15
Legionellosis	6	17	42	28	14	21
<i>M. tuberculosis</i>	10	11	7	12	9	10
Hepatitis B**	95	99	107	98	40	88
Hepatitis C**	619	549	514	460	123	453
Meningitis, meningococcal	1	0	0	0	0	<1
Pertussis	28	9	15	2	2	11
Chlamydia	1,973	1,636	1,819	1,686	1,477	1,718
Gonorrhea	546	342	484	652	597	524
Syphilis***	41	22	21	26	25	27
Lyme Disease	173	126	93	108	48	110
Animal Rabies	15	30	11	18	14	18
Outbreaks: Gastrointestinal	5	10	11	8	2	7
Outbreaks: Respiratory****	8	8	17	11	6	10

*Provisional data

**Includes both acute and chronic cases

***Includes primary and secondary

****Respiratory Outbreaks include Pneumonia and Influenza/Influenza-like Illness

Data Source: Bureau of Disease Prevention and Management, Anne Arundel County Department of Health.

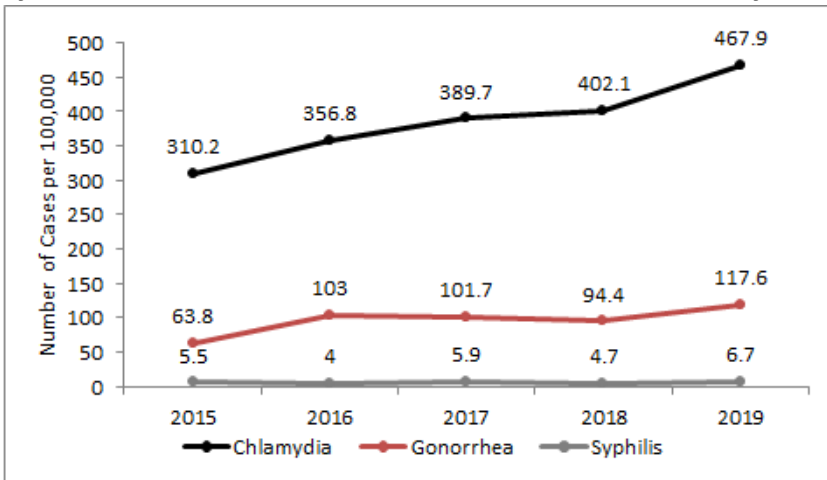


Sexually Transmitted Infections

Over the past five years, there has been an increase in sexually transmitted infections including chlamydia, gonorrhea, primary and secondary syphilis, and HIV cases in Anne Arundel County, with Maryland and the US following a similar trend. From 2018 to 2019, there was a 17% increase in chlamydia cases, a 25% increase in gonorrhea cases, and a 43% increase in primary and secondary syphilis cases.

The rate of HIV in non-Hispanic Blacks is almost **triple** that of Hispanics and almost **nine times** that of non-Hispanic Whites. Out of the nearly 1,400 people in Anne Arundel County living with HIV, nearly 60% of them are non-Hispanic Blacks.

Sexually Transmitted Infection Rates, Anne Arundel County, 2015-2019



New HIV Cases in Anne Arundel County, 2015-2019

	2015	2016	2017	2018	2019
Number of HIV Cases	52	51	40	41	48

HIV Rates per 100,000 by Race/Ethnicity*, Anne Arundel County, 2019

	Number of Cases	Rate per 100,000	Percent of Cases
Black, NH	799	949.6	57.2%
White, NH	375	112.6	26.8%
Hispanic	124	351.5	8.9%

Data Source: Maryland Department of Health, Center for STI Prevention, 2019 Annual Report; Maryland Department of Health, Center for HIV Surveillance, Epidemiology and Evaluation Prevention and Health Promotion Administration 2019 Report



Maternal and
Child Health



Prenatal Care

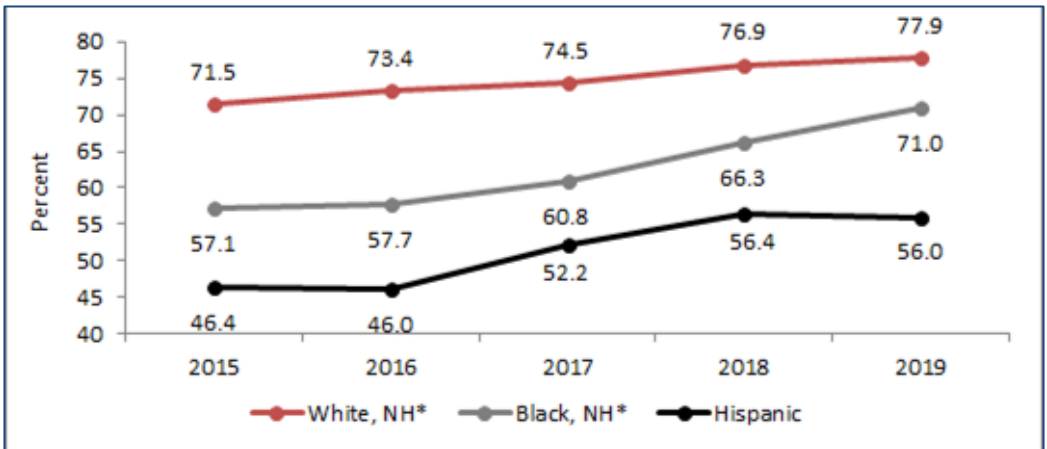
Prenatal care is essential for healthy birth outcomes for both mothers and babies. Women who get regular prenatal care can reduce their risk of pregnancy complications, such as hypertension and diabetes, and reduce their risk of complications for the child, such as congenital abnormalities and low birth weight.

As of 2019, almost **73 percent** of pregnant women received prenatal care in the first trimester; up from 71 percent in 2018. There were increases in those receiving first trimester prenatal care in women of all races and decreases in those receiving late or no prenatal care.

Percent of Women Receiving First Trimester Prenatal Care (First trimester includes the first 12 weeks of pregnancy)

	2015	2016	2017	2018	2019
Anne Arundel	65.3%	66.1%	68.1%	71.4%	72.8%
Maryland	66.9%	67.8%	66.3%	70.0%	69.9%

Percent of Women Receiving First Trimester Prenatal Care by Race/Ethnicity, Anne Arundel County, 2015-2019



*NH- Non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2015-2019 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.



Maternal and Child Health

In 2019, there were **6,830 live births** in Anne Arundel County. Of those births, 3,975 were non-Hispanic White, 1,320 were non-Hispanic Black and 1,070 were Hispanic. Low birth weight and preterm birth can increase the risk of infant death, breathing problems, obesity and other diseases during childhood. Black women were much more likely to have low birth weight or preterm infants than White or Hispanic women.

Encouragingly, the percent of low birth weight and preterm births decreased in Black infants in Anne Arundel County from 2018 to 2019.

	2015	2016	2017	2018	2019
Percent of Low Birth Weight Infants (<2,500 grams or about 5.5 lbs)					
Anne Arundel	7.8%	7.4%	7.8%	7.7%	7.8%
Maryland	8.6%	8.6%	8.9%	8.9%	8.7%
United States	8.1%	8.2%	8.3%	8.3%	8.3%
Percent of Low Birth Weight Infants, Anne Arundel by Race/Ethnicity					
White, NH	6.4%	6.2%	6.5%	6.7%	6.9%
Black, NH	12.6%	11.7%	12.3%	11.6%	11.3%
Hispanic	7.2%	6.2%	7.2%	6.7%	6.6%
Percent of Women Having Preterm Births (<37 weeks of gestation)					
Anne Arundel	9.3%	8.7%	9.7%	10.5%	9.9%
Maryland	10.0%	10.1%	10.5%	10.2%	10.3%
United States	9.6%	9.8%	9.9%	10.0%	10.2%
Percent of Preterm Infants, Anne Arundel by Race/Ethnicity					
White, NH	8.4%	7.8%	9.3%	10.0%	9.5%
Black, NH	12.1%	11.7%	12.1%	12.8%	10.8%
Hispanic	9.6%	8.0%	7.7%	10.1%	10.6%

Data Source: Maryland Department of Health, Vital Statistics Administration, 2014-2018 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.



Infant Mortality

Infant mortality measures deaths of babies during the first year of life. In 2019, there were **29 infant deaths** in Anne Arundel County, with an overall infant mortality rate of **4.2 deaths per 1,000 live births**. This is an increase from the rate of 3.2 per 1,000 live births in 2018.

From 2018 to 2019, the infant mortality rate in Black infants increased from 4.0 to 8.3 deaths per 1,000 live births. As mortality rates are based on small numbers of deaths, year to year variability is not uncommon.

	2015	2016	2017	2018	2019
Infant Mortality – All Races per 1,000 Live Births					
Anne Arundel	5.1	5.6	4.1	3.2	4.2
Maryland	6.7	6.5	6.5	6.1	5.9
United States*	5.9	5.9	5.8	5.9	5.7
Infant Mortality – Non-Hispanic White per 1,000 Live Births					
Anne Arundel	3.6	5.3	2.8	3.2	2.3
Maryland	4.0	4.3	4.0	4.1	4.1
United States	4.8	4.8	4.9	4.9	4.6
Infant Mortality – Non-Hispanic Black per 1,000 Live Births					
Anne Arundel	9.5	10.1	7.9	4.0	8.3
Maryland	11.3	10.5	11.2	10.2	9.3
United States	11.7	11.8	11.4	10.8	10.8
Infant Mortality – Hispanic per 1,000 Live Births					
Anne Arundel	**	**	5.3	**	6.5
Maryland	5.5	5.4	4.7	3.8	5.1
United States	5.2	5.2	5.0	5.0	4.9

*U.S. Data is one year behind, so 2019 data is from 2018

**Rate not calculated, fewer than 5 deaths.

Source: Maryland Department of Health, Vital Statistics Administration, 2015-2019 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.



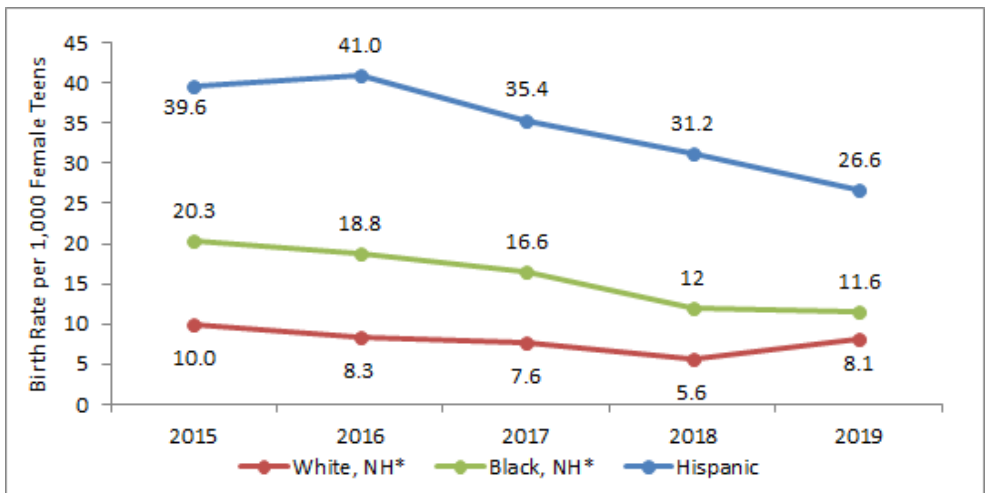
Teen Pregnancy

Pregnant teens are at higher risk for complications such as low birth weight, preterm birth, high blood pressure, and postpartum depression. Teenage pregnancy rates have declined over the past five years. In 2019, there were **11.2 births** per every 1,000 women aged 15-19 years in Anne Arundel County; lower than both the state and national averages but higher than the county rate in 2018.

Although the teen birth rate has declined overall since 2014, it is much higher among Hispanic teens than Black and White teens. In fact, the birth rate in Hispanic teens is more than **three times** that of White teens and more than **double** that of Black teens.

Births to Women 15-19 Years Old per 1,000 Women Ages 15-19					
	2015	2016	2017	2018	2019
Anne Arundel	14.4	13.4	12.1	9.4	11.2
Maryland	16.9	15.9	14.2	14.1	13.9
United States	22.3	20.3	18.8	17.4	16.0

Teen (Aged 15-19) Birth Rates by Race/Ethnicity, Anne Arundel County, 2015-2019



*NH- Non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2015-2019 Annual Reports.

A group of four people are seated in a circle in a meeting room. A woman with long brown hair is seen from the back, wearing a light grey sweater. To her left, a woman with long blonde hair and bangs, wearing a light blue button-down shirt over a grey top, looks towards the woman with brown hair. To the right of the woman with brown hair, a woman with dark hair pulled back, wearing a grey sweater, has her hand to her face in a gesture of distress or crying. On the far right, a man with short dark hair, wearing a grey polo shirt, is looking towards the woman with dark hair. The room has large windows with white horizontal blinds in the background. A semi-transparent red banner is at the bottom of the image.

Suicide



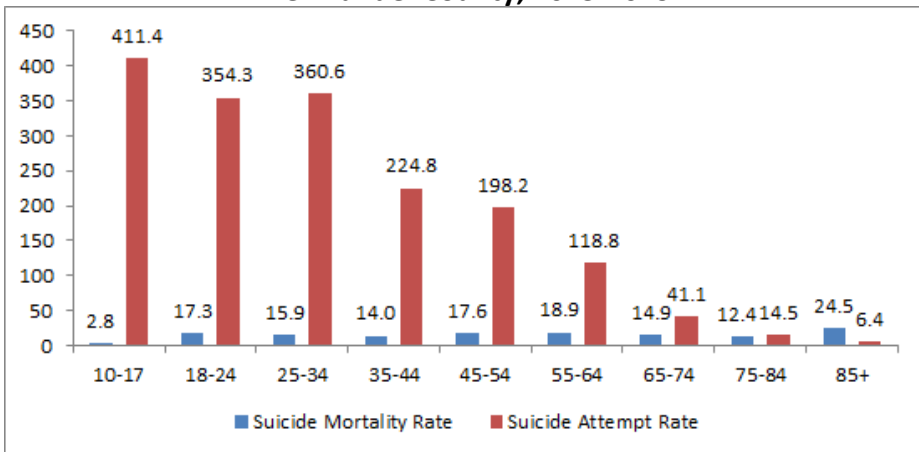
Suicide

In 2017 the number of deaths by suicide reached the highest level ever. Encouragingly, 2019 was the second year in a row with a decrease in suicides.

	2015	2016	2017	2018	2019
Number of Deaths	69	53	95	79	75

Those under the age of 34 attempt suicide at the highest rates while those above 85+ have the highest death rate. White males make up the majority of suicide deaths in Anne Arundel County followed by Hispanic males and Black males.

Suicide Mortality and Attempt Rate per 100,000 population by Age, Anne Arundel County, 2015-2019



Sex/Race Category	Suicides	Rate per 100,000 population
White Male	234 (63%)	24.0
White Female	88 (24%)	8.9
Black Male	24 (7%)	10.7
Black Female	3 (1%)	1.3
Hispanic Male	13 (4%)	12.1
Hispanic Female	0 (0%)	--
Other	9 (2%)	4.7
Total Suicide Deaths (2015-2019)	371	13.1

Data Source: Maryland HSCRC Outpatient and Inpatient Files, 2017-2019; Maryland Department of Health, Vital Statistics Administration, Death Files, 2015-2019.



Alcohol, Tobacco and Substance Use



Opioid and Other Drug Use



208

Number of drug- and alcohol-related intoxication deaths in 2019



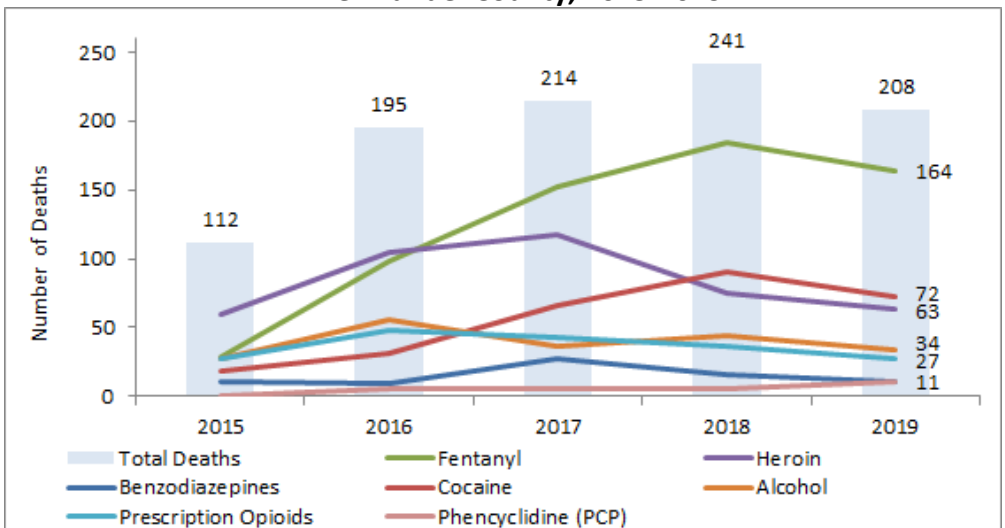
14%

Percent decrease in intoxication deaths from 2018 to 2019

In 2019, deaths involving fentanyl decreased for the first time since 2011 but were still up by more than 400% from 2015 and fentanyl was involved in 79% of all intoxication deaths. Deaths from nearly all drugs and alcohol decreased from 2018 to 2019 likely due to better opioid prescribing practices as well as increased outreach efforts and harm reduction strategies. However, deaths involving phencyclidine or PCP more than doubled from 2018 to 2019 from 5 to 11 deaths and PCP was the only drug with an increase in deaths in 2019

From 2015 to 2019, deaths involving cocaine increased **279 percent** from 19 to 72 deaths. Deaths from benzodiazepines fell to the same level they were at in 2015 with 11 deaths. Much of the increase in deaths involving cocaine and benzodiazepines can be attributed to their combined use with opioids, mainly fentanyl. In fact, more than **85 percent** of cocaine-related deaths and **72 percent** of the benzodiazepine-related deaths in Maryland also involved fentanyl.

Drug- and Alcohol-Related Intoxication Deaths, Anne Arundel County, 2015-2019



Data Note: People with more than one substance in their system at the time of death...

Data Source: 2019 Drug- and Alcohol-Related Intoxication Deaths Report, Maryland Department of Health.



Tobacco and E-Cigarette Use

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

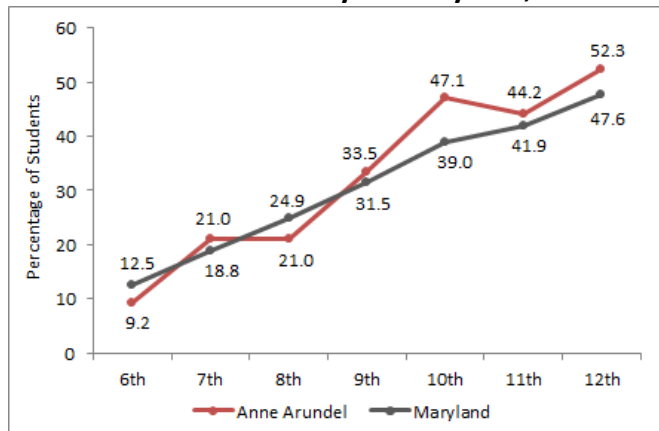
From 2015 to 2019, the percent of Anne Arundel County residents currently using cigarettes increased **1.3 percent**, while current cigarette use in Maryland decreased 2.2 percent over the same time period. The increase in Anne Arundel County was largely due to increases in cigarette use by those aged 35-54 and 65 and older.

	2015	2016	2017	2018	2019
Current Cigarette Use- Women					
Anne Arundel	18.0%	14.0%	17.0%	11.2%	16.2%
Maryland	13.8%	12.3%	12.0%	11.6%	11.5%
Current Cigarette Use- Men					
Anne Arundel	12.9%	14.5%	17.3%	13.9%	15.9%
Maryland	17.0%	15.9%	16.4%	14.4%	14.7%

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

In 2019, **52.3 percent** of county 12th graders ever used an ESD and female students report higher ever use of ESD than male students in every grade level but 9th grade.

Ever-use of an ESD by Grade, Anne Arundel County vs Maryland, 2019



Data Source: CDC: 2019 Maryland Behavioral Risk Factor Surveillance System (BRFSS), 2018-2019 Maryland Youth Risk Behavior Survey, MDQuit.org



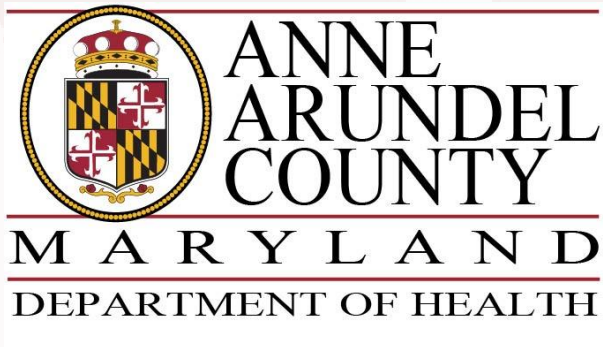
Contact Information

Compiled in 2021 by:

Office of Assessment and Planning

Technical assistance provided by:

The Public Information Office



The services and facilities of the Anne Arundel County Department of Health are available to all regardless of race, color, religion, political affiliation, national origin, age, gender identity, sexual orientation or disability.

Anne Arundel County Department of Health

Office of Assessment and Planning

3 Harry S. Truman Parkway,

MS 3101 HD#17

Annapolis, MD 21401

410-222-4224

www.aahealth.org