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***POVERTY
AMIDST
PLENTY:***

**BUILDING
COMMUNITY
TOGETHER**

Eighth Edition, 2025



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Prepared and written for the Community Foundation of Anne Arundel County by
Pamela M. Brown, Ph.D. with assistance from Lisa Kovacs and Cindy O'Neill.

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FOREWORD

The 2025 Anne Arundel County Community Needs Assessment, *Poverty Amidst Plenty VIII, Building Community Together*, is the result of an extended collaboration between the following partners: The Community Foundation of Anne Arundel County; Anne Arundel Medical Center; University of Maryland Baltimore Washington Medical Center; Anne Arundel County Department of Health; Anne Arundel County Mental Health Agency; and the Anne Arundel County Partnership for Children, Youth, and Families.

Dr. Pamela Brown is the researcher and writer of this report. She is currently the Executive Director of the Anne Arundel County Partnership for Children, Youth, and Families. She completed her Ph.D. in Educational Leadership at Florida Atlantic University. Her dissertation focused on the importance of community partnerships in diverse neighborhoods. She was certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 30 years.

The report contains summative (quantitative) data from a variety of local, state, and national sources. Population and socio-economic statistics were compiled using data available from the 2020 United States (U.S.) Census, United States (U.S.) Census Bureau's Population Estimates Program, and the American Community Survey 1-Year and 5-Year Estimates. The latter two data sources should be considered less reliable due to the gap of five years since the last full census. Birth and death data files were obtained from the Maryland Department of Health and Mental Hygiene, Vital Statistics Administration. The emergency department and inpatient hospital discharge data files were obtained from the Maryland Health Services Cost Review Commission for topics like birth, mortality, and hospital utilization. Other data sources used for this report were: Maryland Vital Statistics Annual Reports, Maryland Department of Health and Mental Hygiene's Annual Cancer Reports, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention's CDC WONDER Online Database, Centers for Medicare and Medicaid Services, National Vital Statistics Reports, County Health Rankings, Maryland Department of Education Report

Card, and a variety of local databases. The specific data sources are listed throughout the report. The Anne Arundel County Department of Health played a major role in gathering the summative data.

The report draws on qualitative data gathered from 12 key informants and 18 focus groups. Focus group areas included behavioral health providers, domestic violence experts, Hispanic residents, advocates, representatives of philanthropy, public and subsidized housing residents, pupil personnel workers, disabled residents, seniors, youth, and a host of others, representing a total of 181 participants. All participants gave permission for their words to be used in the final report, although their identities are protected. The qualitative data was read and reread until dominant themes emerged, which became the subtext of the report.

The author thanks Lisa Kovacs, ENOUGH Initiative Manager at the Anne Arundel County Partnership for Children, Youth and Families, for the hours of transcription time spent ensuring this Needs Assessment accurately represents the voices of our community and the coordination of all summative data found in this report. The author would also like to thank Cindy O'Neill for the hundreds of hours she spent editing and refining this report and Ashley Robison St. Clair, CFAAC Marketing and Communications Manager, for the superb layout of the report. The final huge thank you goes to Mary Spencer, President and CEO of the Community Foundation of Anne Arundel County, for her expertise, support, and advocacy throughout the project.

The author takes full responsibility for the interpretations and analyses represented here. They do not necessarily represent the interpretations or the views of the Community Foundation of Anne Arundel County; the Anne Arundel County Partnership for Children, Youth, and Families; Anne Arundel County government; or the staff, boards, officers, or donors of these organizations.



Pamela M. Brown, Ph.D.
*Poverty Amidst Plenty VIII, Building
Community Together Author*

FROM YOUR COMMUNITY FOUNDATION

Since 1998, the Community Foundation Anne Arundel County's (CFAAC's) goal has been to make Anne Arundel County a better place for all residents through philanthropy, education, and action. As community members, we share a deep appreciation for the natural beauty of Anne Arundel County but we also realize there are still areas facing significant challenges. That's why CFAAC publishes the Community Needs Assessment Report: *Poverty Amidst Plenty*, authored by Dr. Pamela Brown, every three years. CFAAC is deeply grateful to Pam and the Partnership for Children, Youth, and Families for their all-encompassing work compiling, composing, and writing this report.

This Community Needs Assessment, *Poverty Amidst Plenty VIII, Building Community Together*, helps CFAAC to understand the changing and persistent needs in our community, set priorities, and develop a strategic, comprehensive grantmaking approach to address the needs presented. More than a report, it's a means to uncover the barriers and systemic challenges facing Anne Arundel County residents. By acknowledging these realities, we can lay the groundwork for change.

Since our last community Needs Assessment in 2022, *Poverty Amidst Plenty VII: Moving Forward Together*, some of the most pressing challenges have remained the same — from the lack of reliable and accessible transportation to the shortage of affordable housing, and childcare. However, new needs have moved to the forefront — most notably, the need for more mental health providers, treatment facilities, and residential beds — driven by increasing levels of anxiety and anger that were exacerbated by the pandemic.

As these needs persist and new ones emerge, CFAAC is committed to growing permanent philanthropic assets that strengthen our dedicated nonprofits. With more than \$45 million in total assets intended for grantmaking and nearly \$20 million in endowed assets planned to support our community in perpetuity, we are the largest institutional funder of nonprofit organizations in Anne Arundel County. Since 2022, the last time this Needs Assessment was published, CFAAC has awarded 2,190 grants, totaling nearly \$22.7 million, as of July 31, 2025.

This report is central to our mission: to inspire philanthropy by connecting people who care with causes that matter. It is also a starting point and a call to action not only for us as an organization but also for nonprofits, advocates, donors, volunteers, business leaders, government agencies, and community members to use this data to identify key needs, explore root causes, and collaborate on solutions. If you want to get involved, turn to page 117 or visit cfaac.org.

It is our hope that this Needs Assessment provides a structured basis for thoughtful and productive discussion about these ongoing local challenges to advance collaborative efforts that lead to lasting change in our community.



H. Lawrence Clark
Chair, CFAAC Board of Trustees



Mary Spencer
CFAAC President & CEO

SUMMARY OF PRINCIPAL FINDINGS

POPULATION

Anne Arundel County is now the fourth largest jurisdiction in the state with a population of 594,582. The most recent census estimates on the diversity of the county illustrate a diminishing White, Caucasian population, which now represents 60.5% of the overall population. Since 2010, the Hispanic population has grown by almost 94% and is now 10.7% of the population. The African American population has increased by 27.8% since 2010 and now stands at 104,552 residents or 17.6% of the population. The Census “Other” category, which includes American Indian and Alaskan Native, Asian, Native Hawaiian, or other Pacific Islander, some other race, or two or more races, has seen a marked decrease since 2020 and now stands at 5% of the population.

CHILDREN & FAMILIES

There are 133,835 children under the age of 18 living in Anne Arundel County; a 5% increase since 2017. Of those, 26.5% (35,436) are under five years of age, and 6.1% (2,103) of those under five live below the federal poverty level of \$32,150 for a family of four. In 2023, there were 6,504 births in Anne Arundel County. The Hispanic population is showing the greatest percentage increase of almost 30% from 2017 to 2023. The largest decrease is in White births, which fell from 4,242 in 2017 to 3,430 in 2023, an almost 20% decrease since 2017.

HISPANIC POPULATION

While the White Caucasian population of the county continues to diminish, the Hispanic population is growing more significantly than all races/ethnicities and is now 10.7% of the county population. The county has the fourth largest Hispanic population by percentage among Maryland counties. It is worth noting that the City of Annapolis is much more diverse. As of 2023, 56.9% of Annapolis residents are White (not Hispanic or Latino), 18.6% are Hispanic or Latino, and 18.5% are Black or African American (not Hispanic or Latino). The largest sector of the county’s Hispanic population is from Central American countries, including a growing population from El Salvador.

HEALTH

Heart disease remains the leading cause of death in Anne Arundel County. Cardiovascular diseases come in third at 399 deaths. Alzheimer’s disease and COVID-19 are both present in the top 10 causes of death, most likely related to our growing senior population. Intentional self-harm (suicide) also remains in the top 10 causes of death, according to the most recent data available. Obesity and being overweight continue to create health issues for county residents. Most recent data shows the number of overweight county residents has decreased since the 2022 Needs Assessment. The number of obese county residents increased by almost 4% for the same period. Access to healthcare, and particularly primary care, is a continuing issue for county residents. 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.

SOCIAL DETERMINANTS OF HEALTH

The U.S. Department of Health and Human Services defines the social determinants of health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Although Anne Arundel County has a high standard of living overall, there are pockets of poverty and health access issues to be found in neighborhoods throughout Anne Arundel County and those issues were magnified by the COVID-19 pandemic years. The majority of negative social and health indicators continue to polarize in the Annapolis, Glen Burnie, Severn, Laurel, Brooklyn Park, and Lothian ZIP codes.

MENTAL HEALTH

Many county residents spoke about the lingering trauma caused by the social isolation and heightened anxiety experienced during the pandemic. Additionally, the increasing number of residents suffering economic distress, and the relationship between that distress and rising mental health issues, was accentuated far more in this report than in previous reports. Maryland numbers for the use of public mental health services by age for the years 2022 through 2024 show an increasing trend of usage across all age groups; an average increase of 4%. The largest increases are for seniors, adults, and children ages 6 to 12, respectively.

SUBSTANCE USE

As of 2024, the number of opioid overdoses in the county, fatal and non-fatal, has dropped significantly. Reasons for the decrease include improved education about the synthetic opioid fentanyl in the drug supply, the wide availability of Naloxone, and the accessibility of medications such as Suboxone to treat opioid addiction. Fentanyl is still the leading cause of drug overdose deaths in the county. Substance use, from street drugs to cocaine and alcohol, continues to be a county-wide issue. Anne Arundel County had the fourth highest number of intoxication-related deaths in the state, in 2024.

YOUTH

Concerns about the emotional and mental health of our children and youth are growing. The influence of social media, the amount of screen time on cell phones, and the damage done by the social isolation of the pandemic, were mentioned over and over again by youth and adults. Almost everyone commented on the increasing amount of trauma experienced by our youth, including random school violence, as an ongoing concern. The need for trauma-informed services is growing. “Angry” and “Hopeless” were the two words constantly used to describe children of every age. Some of our youngest children are spitting, hitting, and throwing chairs. Youth described themselves as increasingly “anxious, depressed, and hopeless.” Our immigrant youth were described as “scared and withdrawn.” Economic issues for families, including the middle class, are impacting the children in terms of their own security and future success.

SUMMARY OF PRINCIPAL FINDINGS, CONTINUED

FOOD ACCESS

Anne Arundel County has 74,522 residents living in a food desert. There are 17 census tracts in the county that are considered food deserts and they are contained in Glen Burnie, Brooklyn Park, Linthicum Heights, Eastport, Fort George G. Meade, Jessup, and Severn (Anne Arundel County Department of Health, 2022). Those with the least access to food are more likely to be receiving SNAP benefits, and are also more likely to be in the areas where other social determinants of health are worsening.

GUN VIOLENCE

Gun violence is considered a public health issue in Anne Arundel County, and the Gun Violence Task Force has been in place since 2018 to address it. According to the Maryland Department of Health, firearm-related suicides in the first half of 2025 have decreased, compared to the same period in 2024. Of the five victims in the first half of 2025, all were male, two were Black and three were White, and more than half were under 40 years old. However, firearm-related homicides have increased in the first half of 2025, with the year trending toward a higher overall number. Of the seven homicides recorded so far, all victims were male, six were Black, and all but two were under 30 years old.

THE ENVIRONMENT

All of Anne Arundel County's waterways are considered impaired due to excessive levels of major contaminants, which are largely a result of untreated storm water runoff. Without prior treatment, all storm water runoff ends up in nearby streams, rivers, and eventually the Chesapeake Bay. The Anne Arundel County Department of Health has identified five potential groundwater problem areas within the county: Annapolis Neck, Gambrills Area, Northern Anne Arundel County (generally all areas north of U.S. Route 50), Fort George G. Meade/Odenton Area, and the Annapolis/Edgewater Peninsula. In many of these areas, residents depend on private wells rather than public water for drinking water. These problem areas are due to saltwater intrusion, volatile organic compounds (VOCs), and elevated levels of nitrate, radium, arsenic, and cadmium.

TRANSPORTATION

Transportation continues to be a huge issue for low-income residents. Residents who own a car in a county where public transportation is largely inaccessible have easier access to all of the economic mobility tools. The ability to drive for employment, healthcare, college, and simply to get children to school when the bus doesn't arrive, all help make the difference in health and wealth for county families. There are 4,304 households in Anne Arundel County for whom no vehicle is available. The Brooklyn Park ZIP code has the highest percentage of households without access to a car. The Anne Arundel County Department of Transportation has made some strides since the last needs assessment in 2022. The county now has 55 revenue-service vehicles, 12 fixed-route bus lines, two Saturday-shopper shuttles, as well as on-demand services for South County and North county, and on-demand paratransit (documented disability) and elderly (55 and over). All fares are free.

CHILDCARE

Anne Arundel County lost 135 childcare providers during the COVID period. There is a decreasing childcare workforce related to pay, conditions, and regulations; a decreasing number of childcare providers; a decreasing number of available childcare slots; increasing insurance costs for providers; and exacting state licensing requirements with little flexibility. The lack of quality childcare is most noticeable in areas where the need is great. Brooklyn Park, the area with the highest poverty rate in the county at 22.3% (U.S. Census, 2023), is now considered a childcare desert.

AFFORDABLE HOUSING

The cost of rental housing continues to increase. In 2019, the median rent for the county was \$1,696 compared to \$1,097 for the rest of the nation. By 2023, the rate had increased to \$1,998, an almost 19% increase. Rents are continuing to rise related to the lack of affordable housing and increasing prices for landlords as they struggle with maintenance costs. The housing market is still strong, which encourages landlords to sell. In turn, that reduces the rental housing supply. Low-income families are often choosing between what necessities they should and shouldn't pay for to keep their family afloat.

LONELINESS/LOSS OF COMMUNITY

According to participants in this Needs Assessment, loneliness and a loss of a sense of community are issues that we all contend with, from the smallest children to the senior population. While there is currently no quantifiable data to support these comments, they are trends that researchers are reporting nationwide. Lack of social connection is associated with low academic achievement in children, increased risk of heart disease in adults, anxiety and depression, and an increased susceptibility to viruses related to a weakened immune system. County residents cited the isolation that began during the pandemic, an ever increasing reliance on the virtual world, and the diminishing numbers for church attendance as contributing factors to the issue. Some participants connected the lack of social interaction and loneliness among teens with the documented numbers of county youth expressing lack of hope in the most recent behavioral risk survey.



Chapter 1

INTRODUCTION & DEMOGRAPHICS

Poverty Amidst Plenty VIII was researched and developed from October 2024 to June 2025. During that time, the COVID-19 pandemic officially ended, along with the federal funding that helped residents survive the hardships of the COVID years. However, many participants in this Needs Assessment noted that the issues related to low-income communities existed long before the pandemic. As one resident said:

"So, I feel like we're back where we were — pre-pandemic. You're seeing a lot of evictions. You're seeing people not able to pay their bills, their rent; a lot of people have gotten evicted. You're seeing people that can't afford childcare now. You're seeing people having to quit their jobs because they don't have people to take care of their kids so what we're seeing is pre-pandemic."

Care providers, from childcare providers to those who work with the senior population, lamented the end of pandemic funding, especially for the provision of basic necessities like food. As one provider said:

"They [senior residents] could come in, no questions asked, and get a giant box of food that they would share with neighbors — it was wonderful. You know, post-pandemic after those funds went away, so did access to fresh fruits and vegetables. So, we're back at square one in that."

In January 2025, a new administration took office in Washington, D.C. Their approach to health and human services policies and funding is likely to have a profound impact on vulnerable county residents most in need of help. The lived experiences of those residents experiencing that impact and the providers who serve them, are threaded through this Needs Assessment. The interviews, focus groups, and key stakeholder meetings were tinged with uncertainty, anxiety, and fear for the future.

As of January 2025, Diversity, Equity and Inclusion strategies are being dismantled at the federal level. However, county racial/ethnic and other disparities continue to be apparent throughout the most recent data used for this Needs Assessment. Rather than create a special section, those disparities will be highlighted throughout *Poverty Amidst Plenty VIII*.

POPULATION DEMOGRAPHICS

Anne Arundel County has a population of more than 594,000 and spans 415 square miles. The county has 534 miles of natural shoreline and is strategically located near Washington D.C. and Baltimore. It is the fourth largest jurisdiction in Maryland and has the third largest economy of \$64.3 billion. The county has over 66,000 businesses and is home to several critical statewide and national assets including: Annapolis, the state capital; BWI Thurgood Marshall Airport; National Business Park; Live! Casino & Hotel Maryland, one of the nation's largest casinos; Fort George G. Meade, the third largest Army base in the U.S; the National Security Agency; U.S. Cyber Command; and the U.S. Naval Academy (Anne Arundel County Economic Development Services, 2025).

The most recent Census estimates on the county's diversity illustrate a further diminishing White Caucasian population, now at 60.5% of the county population. Since 2010, the percentage change for the Hispanic population is a 93.93% increase. The African American population has increased by 27.78% or 81,819 residents in 2010 to 104,552 residents in 2023. The Census "Other" category, which includes American Indian and Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, some other race, or two or more races, has seen a marked decrease since 2020 (Table 1: Anne Arundel County Ethnic and Racial Composition, 2010-2023).

Table 1: Anne Arundel County Ethnic and Racial Composition, 2010-2023

	2010		2016		2020		2023		% of Change 2010 - 2023
	Amount	%	Amount	%	Amount	%	Amount	%	
Total	527,656	100%	568,346	100%	588,261	100%	594,582	100%	↑ 12.60%
Non-Hispanic Whites	389,386	72.4%	392,285	69.0%	367,893	62.5%	359,992	60.5%	↓ -7.54%
Other Races/ Ethnicities	148,270	27.6%	176,061	31.0%	220,368	37.5%	199,487	33.5%	↑ 34.50%
<i>Hispanic or Latino</i>	32,902	6.1%	42,802	7.5%	56,796	9.7%	63,808	10.7%	↑ 93.93%
<i>Black/ African American</i>	81,819	15.2%	89,798	15.8%	102,555	17.4%	104,552	17.6%	↑ 27.78%
<i>Other*</i>	33,549	6.2%	43,461	7.6%	61,017	10.4%	31,127	5.0%	↓ -7.20%

*Includes American Indian/Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, some other race, or two or more races. Therefore, the White and Black figures are those who are counted as "White alone" or "Black alone".

Source: U.S. Census Bureau, 2020 Decennial Census, American Community Survey 2022 1-Year Estimates, 2023 1-Year Estimates

As of 2023, 9.7% of county residents (57.7K people) were born outside of the United States, which is lower than the national average of 13.8%. In 2022, the percentage of foreign-born residents in the county was 9.12%, which shows an increase in the rate (U.S. Census American Community Survey, 2023).



THE HISPANIC COMMUNITY

While the White Caucasian population of the county continues to diminish, the Hispanic population is growing more significantly than all races/ethnicities and is now at 10.7% of the county population (still lower than the state average of 12.98%). The county has the fourth largest Hispanic population by percentage among Maryland counties. It is worth noting that the City of Annapolis is much more diverse. As of 2023 U.S. Census estimates, 56.9% of Annapolis residents are White (not Hispanic or Latino), 18.6% are Hispanic or Latino, and 18.5% are Black or African American (not Hispanic or Latino). The largest sector of the Hispanic population is from Central American countries, including a growing population from El Salvador (Table 2: Anne Arundel County Hispanic or Latino Origin by Specific Origin).

Table 2: Anne Arundel County Hispanic or Latino Origin by Specific Origin				
Country of Origin	2022		2023	
	Number	%	Number	%
Puerto Rico	11,357	20.33%	10,203	15.90%
Mexico	9,867	17.67%	15,474	24.20%
El Salvador	8,172	14.63%	16,117	25.20%
Guatemala	4,913	8.80%	3,623	5.60%
Other Countries	21,547	38.58%	18,391	28.00%
Total	55,856	9.40%	63,808	10.70%

Source: U.S. Census Bureau American Community Survey 2023, 1 Year Estimates

There are 63,808 Hispanics/Latinos who are living in Anne Arundel County. They come from a variety of backgrounds and living situations, tend to be younger than the rest of the population, and are a mix of second and third generation as well as recent immigrants. Anne Arundel County Hispanics/Latinos are employed in essential industries such as construction, restaurants, agriculture, and seafood. Within these industries, more and more are starting their own companies. Construction, restaurants, legal and tax offices, and cleaning companies are the majority of those new businesses (Anne Arundel County Office of Multicultural Affairs, 2025). Many of the new Hispanic immigrants work low-paid, seasonal jobs, which causes issues when the season is over. As one participant commented:

"They have seasonal jobs. So there'll be moments where things are going well or better, and they're able to afford certain things. But saving for those times when the season changes, or, you know, having those funds when those jobs aren't available is a huge challenge. Those off-seasons are very, very hard for families."



Hispanics/Latinos are a strong driving force behind the county's economy, yet traditional governmental systems — from the city and county police departments to the public schools and health systems — are struggling to adequately respond to this growing Spanish-speaking population. However, there have been some improvements. Anne Arundel County Police Department maintains a roster of certified Spanish-speaking officers and now has 17 police officers who successfully completed a Spanish Proficiency Test. At any given time, the actual number of Spanish-speaking officers in the department ranges from 25 to 35 officers (Anne Arundel County Police Department, 2025; electronic communication).

The public school system still has a shortage of teachers for English Language Learners, but there have been improvements since 2022. For FY 2026, there will be 186 English Language Development teachers: 108 at elementary level and 78 at secondary level (Anne Arundel County Public Schools, 2025). The county's Mental Health Agency reports a continuing lack of Spanish-speaking mental health counselors, although the situation has improved somewhat, and there are now three Spanish-speaking psychiatrists (Anne Arundel County Mental Health Agency, 2025).

Hispanic residents in this Needs Assessment expressed fear and anxiety related to some of the changes in immigration enforcement. Almost all of those residents had legal status to live and work in the U.S.; many were Green Card holders and some were naturalized citizens. Stories of residents being removed by ICE are spreading throughout the community, creating such fear that some families are no longer sending their children to school. Here is a typical comment:

"Two guys were working and they came and they took them. They had their papers — they were working documents, they had legal permits to work, but they did an I-9 audit, decided that they had done something incorrectly, and took them away and they are gone, you know?"

NATIVE AMERICANS IN ANNE ARUNDEL COUNTY

This edition of *Poverty Amidst Plenty* acknowledges that Native Americans occupied Anne Arundel County land approximately 13,000 years prior to the first European settlers. The tribal groups who live or lived in the heritage area are the Piscataway, Patuxent, Mattapanient (Mattaponi), Nacotchtank (Anacostan), and Susquehannock. Anne Arundel County has more than 1,000 native archaeological sites recorded with the State of Maryland. The excavation, study, and research of these sites, and their artifacts, continue to lend new insights into the history and culture of the Native Americans who have lived on these lands.

The Jug Bay Wetlands Sanctuary Complex is the richest site in the county for Native American heritage representing 13,000 years of human occupation. Dozens of unique archaeological sites have been recorded and studied in the sanctuary and its partner properties, including the Glendening Nature Preserve and the Nature Preserve at Waysons Corner. These sites have yielded stone tools, decorative pottery, finely honed projectile points, and evidence of subsistence, trade, and ancient social structures. The areas around Jug Bay and along the Patuxent River provide exciting potential for future understanding of the rich role of Native Americans in the history and culture of present-day America (Chesapeake Heritage Crossroads Area, 2024). While European colonization in the 1640s brought about their enslavement and cultural disruption, 4,707 descendants of these indigenous people still live in Anne Arundel County (U.S. Census estimates, 2023).

THE SENIOR POPULATION

According to the Maryland Department of Planning, (2024), more than a third of Maryland residents have reached or passed the age of 50. Some 1.4 million residents are over the age of 60, and that number is expected to reach nearly 2.1 million by 2035. According to the Maryland Department of Aging (2021), 62.8% of Maryland’s older adults (60+) reside in Baltimore City and in Anne Arundel, Baltimore, Montgomery, and Prince George’s counties. In 2035, these will remain the jurisdictions with the largest number of individuals over 60 years old.

In Anne Arundel County, senior population growth is highest in the over 65 age group. The number of residents aged 60-64 has decreased slightly since 2022 but the overall trend is up. Residents aged 65+ are more likely to have health and mobility issues and many rely on Medicare and Medicaid for their care. Both of these federal programs are under scrutiny in 2025.

Table 3: Senior Population Growth in Anne Arundel, 2018-2023		
Year	60-64	65+
2018	36,294	84,811
2019	36,749	86,827
2020	34,992	85,034
2022	41,189	95,842
2023	37,971	97,801

Source: U.S. Census Bureau American Community Survey 2022 1-Year Estimates, 2023 1-Year Estimates

THE LGBTQ+ COMMUNITY

It is difficult to accurately estimate the size of the LGBTQ+ community in Anne Arundel County. Some individuals may not publicly disclose their sexual orientation or gender identity. Additionally, there is a lack of local, accessible data on this population, an issue that should be addressed. According to data from the Williams Institute at UCLA School of Law (2025), 4.2% of Maryland adults identify as LGBTQ+. Of those, 57% identify as female and 20% have children. Another report from the same source states that Anne Arundel County has 995 same-sex couples but the data pertains specifically to same-sex couples and does not provide the total number of individuals who identify as LGBTQ+ in the county. The same source also indicates that 17.3% of same-sex couples in Anne Arundel County are raising children.

According to county LGBTQ+ advocates, there is a need for much more data regarding the demographics and needs of the LGBTQ+ community. The name itself is an umbrella term for a very diverse group of residents in terms of age, socio-economics, race, ethnicity, and gender. One LGBTQ+ resident expressed the need for a gathering place in the county. As the participant noted:

"There is no home for the LGBTQ community here in the county. I've been to, for example, Frederick County Center, and it is a place that they [LGBTQ+] can drop in — a community gathering space. They try to have access to food and snacks and drinks there that people might need, public bathrooms, and different things that people might need to offer them support."

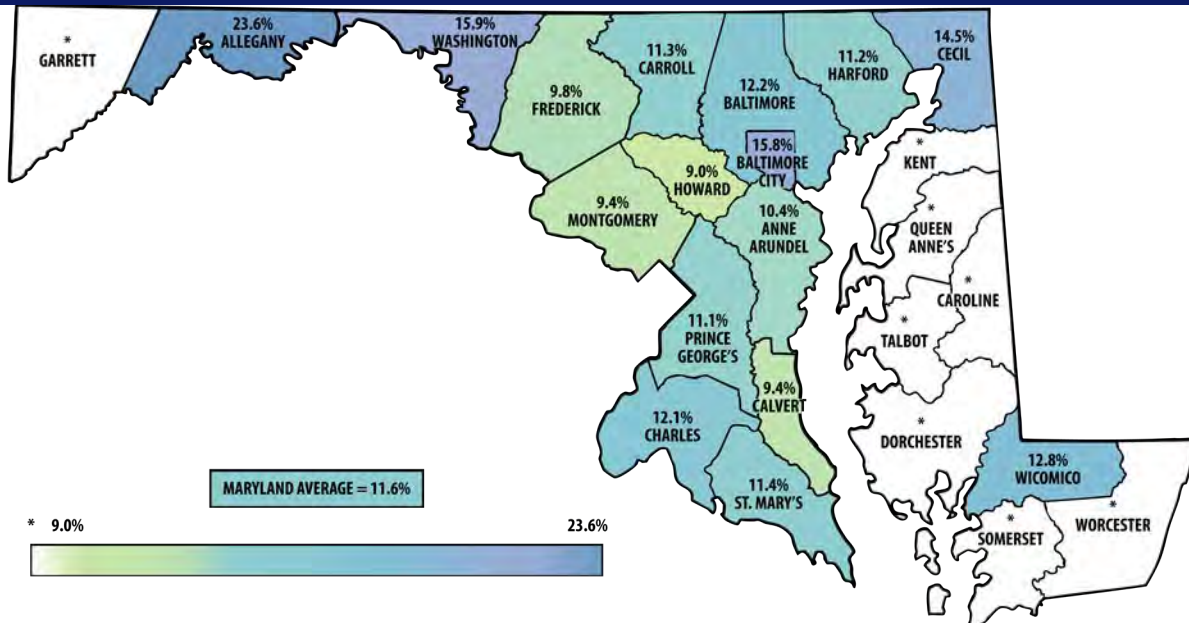


THE DISABLED POPULATION

Data on the county's disabled population continues to be problematic, largely related to the different definitions used. According to the 2023 U.S. Census American Community Survey (ACS), more than 10% of the Anne Arundel County population has one or more disabilities. Overall, the survey attempts to capture six aspects of disability: hearing, vision, cognitive, ambulatory, self-care, and independent living, which can be used together to create an overall disability measure or independently to identify populations with specific disability types.

The U.S. Census five-year estimates for those under 65 years of age who are disabled is 7.4%, most likely lower due to the age limit of 65, which does not include the larger senior population. Older Americans are significantly more likely than younger adults to have a disability. For the five-year estimates, disabled residents are defined as those who have serious difficulty with four basic areas of functioning: hearing, vision, cognition, and ambulation.

Figure 1: Percent of People with a Disability in Maryland and its Jurisdictions, 2023



Source: Maryland Department of Planning from the 2023 ACS for the *16 counties covered (population of 65,000 or more), September 2024

According to the Pew Research Center (2025), county residents with disabilities tend to earn less than those who do not have a disability. They are also much more likely than other Americans to have faced psychological distress during the COVID-19 pandemic. The most common types of disability in the U.S. involve difficulties with walking, independent living, or cognition.

Anne Arundel County Public Schools provides a comprehensive range of special education and related services for students with disabilities from birth through age 21. These services include early intervention for infants and toddlers, as well as specialized programs for students in high school, including those with Autism Spectrum Disorder (ASD), emotional/behavioral disabilities, and visual impairments. In 2025, 11,874 Anne Arundel County Public School students qualified for special education services.

The number of children with ASD continues to rise in the county and the state. In Maryland, the estimated prevalence of ASD among children aged eight years is 1 in 49, a 6.5% increase compared to data collected in 2016. One positive statistic related to this demographic is that the 2024 graduation rate for students with disabilities in Anne Arundel County Public Schools rose 6.79%, more than any other student group.

THE ENVIRONMENT

The natural environment within Anne Arundel County is rich in diversity and natural beauty that can be enjoyed through two state parks and 70 county parks, which are linked by an extensive network of recreation and transportation trails. The county has many large and small rivers, streams, and coves that form over 533 miles of tidal shoreline including the Chesapeake Bay, extensive woodlands, farmlands, sensitive areas such as tidal and nontidal wetlands, bogs, and steep slopes. The county ranks second for waterfront in the state and second in the nation when compared to other counties. The county has a wealth of waters including the Magothy River, Upper Patuxent River, Rhode River, Severn River, South River, West River, and Patapsco River.

The Chesapeake Bay is perhaps Anne Arundel County's most treasured natural resource, constituting the largest estuary in the United States. Many Anne Arundel communities are within one mile of the Bay shoreline. The 2022 State of the Bay Report from the Chesapeake Bay Foundation, the most recent report, shows that in two indicator categories: pollution and fisheries, there have been improvements since 2020 (Table 4: State of the Bay, Chesapeake Bay Health Indicators, 2022). However, despite many efforts by federal, state, and local governments and other interested parties, pollution in the Bay still does not meet existing water quality standards.

Table 4: State of the Bay, Chesapeake Bay Health Indicators, 2022

	Indicator	2022 Score	Change from 2020	Grade
Pollution	Nitrogen	17	0	F
	Phosphorus	29	2	D
	Dissolved Oxygen	44	0	C
	Water Clarity	16	-1	F
	Toxics	28	0	D
Habitat	Forest Buffers	56	0	B
	Wetlands	42	0	C
	Underwater Grasses	22	0	D-
	Resource Lands	32	-1	D+
Fisheries	Rockfish	51	2	B-
	Oysters	17	5	F
	Blue Crabs	55	-5	B
	Shad	7	0	F

Source: Chesapeake Bay Foundation, 2022

Note: Shortly after this report was prepared, the University of Maryland Center for Environmental Science released the 2025 Chesapeake Bay and Watershed Report Card, which provides additional 2025 data. Available at: www.ChesapeakeBayReportCard.org



According to the Anne Arundel County Department of Public Works (2025), all of Anne Arundel County's waterways are considered impaired due to excessive levels of major contaminants, which are largely a result of untreated storm water runoff. Without prior treatment, all storm water runoff ends up in nearby streams, rivers, and eventually the Chesapeake Bay. Since storm water comes into contact with litter, gasoline, oils, vehicle brake pad dust, pesticides, waste from pets, and many other toxins along its journey, storm water is a significant source of pollution to the county waterways.

GROUND WATER

The Anne Arundel County Department of Health has identified five potential groundwater problem areas within the county, (Figure 2: Anne Arundel County Ground Water Problem Areas).

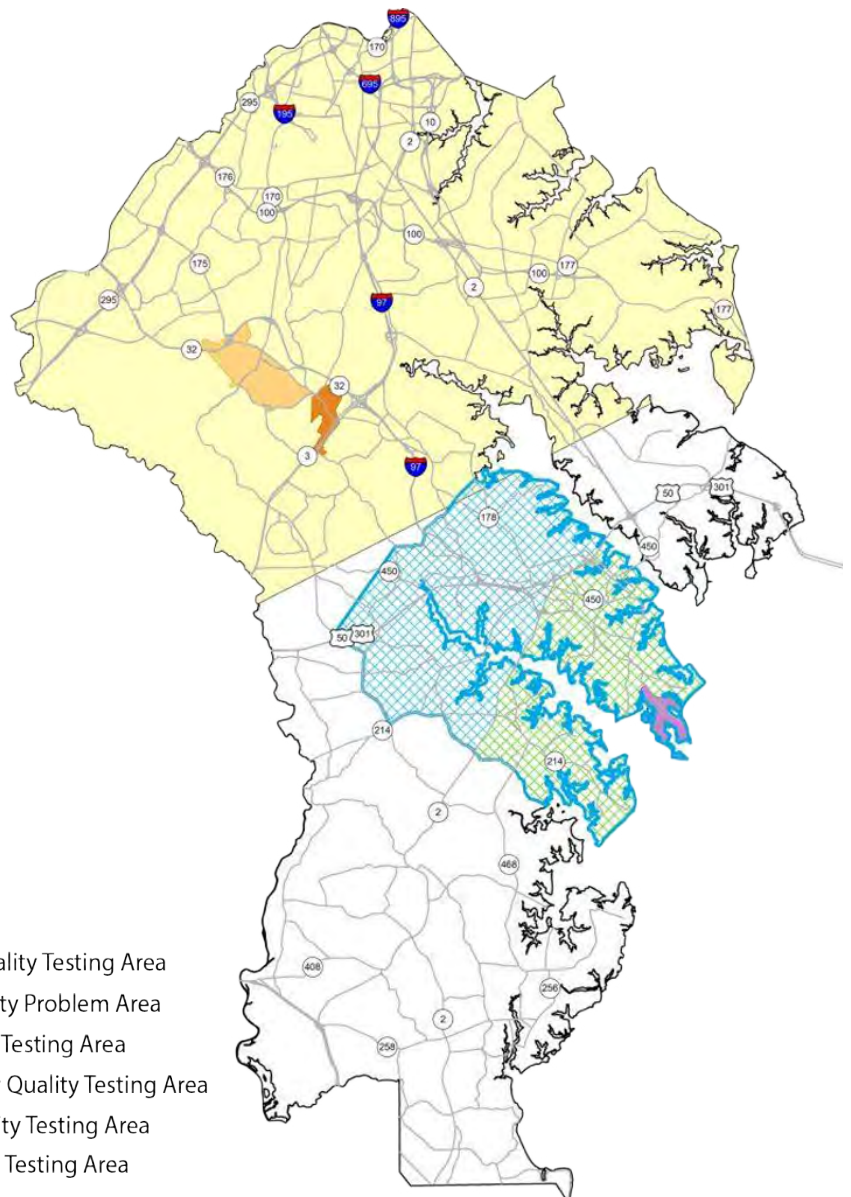
These problem areas are due to saltwater intrusion; volatile organic compounds (VOCs); and elevated levels of nitrate, radium, arsenic, and cadmium. The five groundwater problem areas are Annapolis Neck, Gambrills, Northern Anne Arundel County (generally all areas north of U.S. Route 50), Fort George G. Meade/Odenton, and the Annapolis/Edgewater Peninsula. In many of these areas, residents depend on private wells for drinking water rather than public water.

The county process for requesting public water in a neighborhood is arduous and the cost is prohibitive for low-income residents.

Figure 2: Anne Arundel County Ground Water Problem Areas

Legend

-  Fort Meade Water Quality Testing Area
-  Gambrills Water Quality Problem Area
-  Arsenic Water Quality Testing Area
-  Annapolis Neck Water Quality Testing Area
-  Cadmium Water Quality Testing Area
-  Radium Water Quality Testing Area



Source: Anne Arundel County Department of Health, 2025

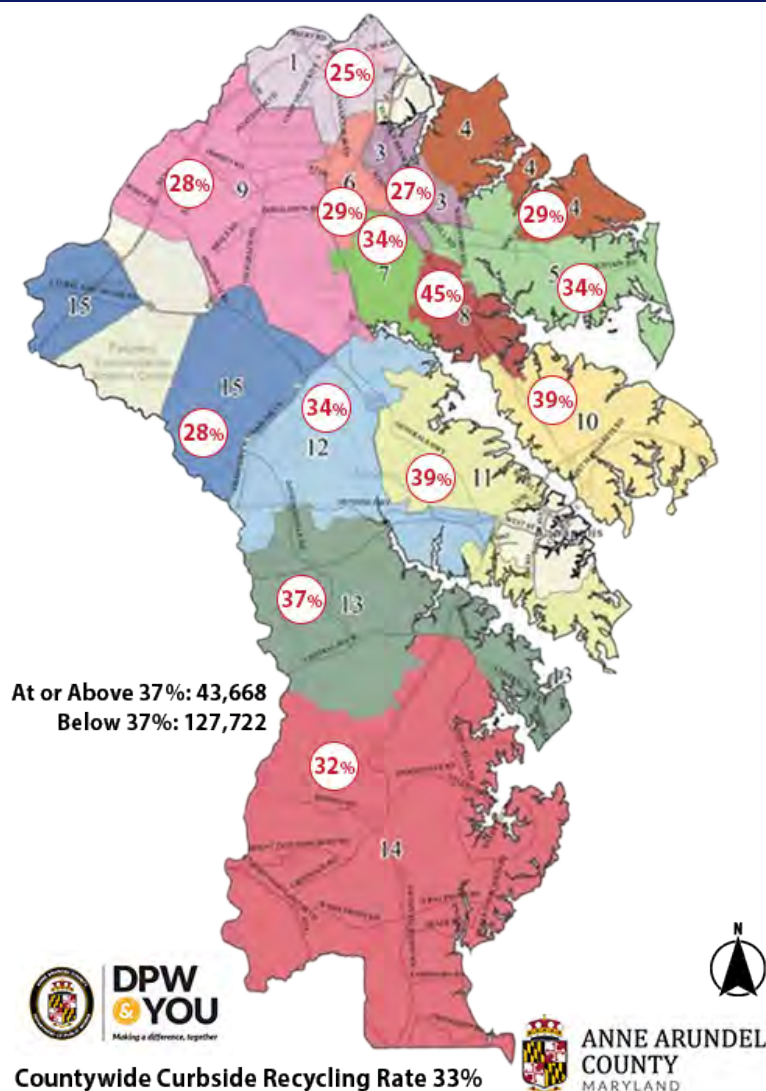
AIR QUALITY

Air quality is another issue for the county. Anne Arundel County was given an 'F' by the American Lung Association in 2021 for a weighted average of 7.5 high ozone days, a reduction from the 2018 rate of 13 days. High ozone causes respiratory harm (e.g., worsened asthma, worsened COPD, inflammation), can cause cardiovascular harm (e.g., heart attacks, strokes, heart disease, congestive heart failure), and may cause harm to the central nervous system. Groups at risk in the county include 12,464 pediatric asthma patients, 40,950 adult asthma patients, and 31,515 adults with cardiovascular disease (American Lung Association, 2021).

RECYCLING

Recycling is a way to protect the environment and reduce pollution. According to the Anne Arundel County recycling program (Figure 3: Waste Collection Service Areas Recycling Rates, FY 2024), Severna Park has the highest recycling rate at 45%. The lowest rates are in North County, especially Brooklyn Park at 25%.

Figure 3: Waste Collection Service Areas Recycling Rates, FY 2024



Source: Anne Arundel County Recycling Program



LONELINESS/LOSS OF COMMUNITY

According to the Office of the U.S. Surgeon General (2023), social interaction is a fundamental human need, as essential to survival as food, water, and shelter. The lack of social connection is associated with low academic achievement in children, increased risk of heart disease in adults, anxiety, depression, and an increased susceptibility to viruses related to a weakened immune system. According to participants in this Needs Assessment, loneliness and a loss of a sense of community are issues that we all contend with, from the smallest children to the senior population. While there is currently no quantifiable data to support these participant comments, they correspond with trends that researchers are reporting nationwide. Participants cited the isolation that began during the pandemic, an ever-increasing reliance on the virtual world, and the diminishing numbers for church attendance, as factors in the problem. Some participants connected the lack of social interaction and loneliness among teens with the documented numbers of county youth expressing lack of hope in the most recent behavioral risk survey (Table 23: Anne Arundel County High School Youth Risk Behavior Survey, 2022, Mental Health on page 45). Other participants spoke particularly about the impact on low-income residents. Here is an example:

"We've talked a lot about generational trauma and generational poverty and all, and now we're seeing the effects of how technology has impacted that trauma and created this loneliness and isolation. Where now you're just sitting in your little cocoon with your trauma."

Providers from the senior community spoke about the damage done to senior social interaction and loss of connection during the pandemic when senior centers were closed. The senior population is most likely to be isolated from the community related to ambulatory and other issues. As one provider noted:

"We've realized the importance of connection. And I think there's increased loneliness, not only with teens, but with everybody, with seniors. And I think that that lack of connection is associated with an increased lack of hope."

It may be too soon after the pandemic to make any connection between social isolation and the increasing frustration, anger, and physical violence among county residents commented on in this Needs Assessment: in childcare centers, hospitals, pediatric clinics, health clinics, schools, and workplaces. Several residents suggested that the pandemic left lasting scars on residents and one provider commented that the reaction felt like the anger that comes with grief:

"I think as a society, we are actually going through the grieving process and what you're seeing is one of the stages of grief in society, which is anger."



SUMMARY

Poverty Amidst Plenty VIII includes the opinions of a diverse group of residents from every age and economic sector; some working in public and private systems, some running small businesses, some attending our schools, and some who are raising children. Their thoughts and comments are threaded through this Needs Assessment. The majority were highly concerned about issues related to basic needs like rent, food, depressed wages, and the rising prices of electricity and mortgage rates. Anxiety increased among participants as changes were made at the federal level beginning in January 2025. Every participant was worried about the state of the economy and their own economic future. The continuing increase in mental health issues in all age groups, but particularly children and youth, was of equal concern, with a consensus that these issues were exacerbated by the pandemic.

The three major needs reported in this Needs Assessment have not changed since 2009. Lack of regular and accessible transportation continues to create access issues for our most vulnerable residents, although there have been some small improvements. The lack of affordable housing and rapidly rising rents are fueling the increase in family, youth, and senior homelessness. The already struggling childcare industry is shrinking at a time when more slots are needed for a federal workforce returning to the office.

In 2025, the majority of county residents will enjoy a higher than average income in a county known for its natural beauty. However, economic challenges are forcing more families — over a third of Anne Arundel County residents — into the Asset Limited, Income Constrained, Employed (ALICE) category, meaning they struggle to afford their basic necessities. Neighborhoods throughout the county are struggling with growing social determinants of health that impact their wellbeing, including their longevity. Many residents have incomes below what is required for a healthy life.

The end of the pandemic offers an opportunity to rebuild a sense of community in the county that includes protecting our most vulnerable residents. Increased social interaction across the boundaries of economics, race, ethnicity, class, and political belief may be the real solution to ending Poverty Amidst Plenty in Anne Arundel County.



UNDERSTANDING THE REGIONS OF ANNE ARUNDEL COUNTY

While this report covers all of Anne Arundel County, it's important to recognize that the county is made up of four distinct regions, each with unique economic and social characteristics. The Community Foundation of Anne Arundel County defines these areas as:

WEST COUNTY

Crofton, Fort George
G. Meade, Gambrills,
Hanover, Harmans,
Laurel, Maryland
City,
Odenton,
Russett,
and
Severn

NORTH COUNTY

Brooklyn Park, Baltimore/Washington
International (BWI) Thurgood
Marshall Airport, Curtis Bay,
Gibson Island, Glen Burnie,
Lake Shore, Linthicum,
Orchard Beach,
Pasadena, and Riviera
Beach

CENTRAL COUNTY

Annapolis,
Arnold, Cape
Saint Claire,
Crownsville,
Eastport, Highland
Beach, Millersville, The
United States Naval
Academy, Severna Park,
and Sherwood Forest

SOUTH COUNTY

Beverley Beach, Churchton,
Davidsonville, Edgewater,
Edgewater Beach, Friendship,
Galesville, Harwood, Lothian,
Mayo, Riva, Shady Side, Tracy's
Landing, and West River





Anne Arundel County has a diverse \$64.3 billion economy, the third largest economy in Maryland with over 66,000 businesses within its boundaries (Anne Arundel County Economic Development Corporation, 2025). Strategically located between Washington, D.C. and Baltimore, the county is home to several critical statewide and national assets including BWIThurgood Marshall Airport, National Business Park, Live! Casino & Hotel Maryland, Fort George G. Meade, the National Security Agency, U.S. Cyber Command, and the U.S. Naval Academy. In 2023, the leading industries in Anne Arundel County were healthcare and social services, professional, scientific, and technical services, retail, and accommodation and food services (Anne Arundel County Economic Development Corporation, 2025).

INCOME

The most recent household median income estimates stand at \$116,548 (U.S. Census estimates, 2023). The gap between rich and poor continues to widen as illustrated by the number of resident households with an income above \$200,000 having grown by 115% since 2016. Meanwhile, those households with an income below \$50,000 have shrunk, but not at the same rate. There are over 16,000 county residents with an income below \$25,000 (Table 5: Estimated Annual Household Numbers, 2016-2023). When residents in this Needs Assessment were asked about the local economy most talked of a “tale of two cities” where even middle-income families were struggling with rising costs. As one person aptly commented, “it depends who you ask.” Here is a typical comment about the local economy:

"So where is this good economy that we're talking about? Because we're not seeing it. We're not seeing it be sustainable in our grocery bills. We're not seeing it being sustainable in our gas bill, living, and everything, just across the board, so my question is, where is this healthy economy?"

Table 5: Estimated Annual Household Numbers, 2016-2023

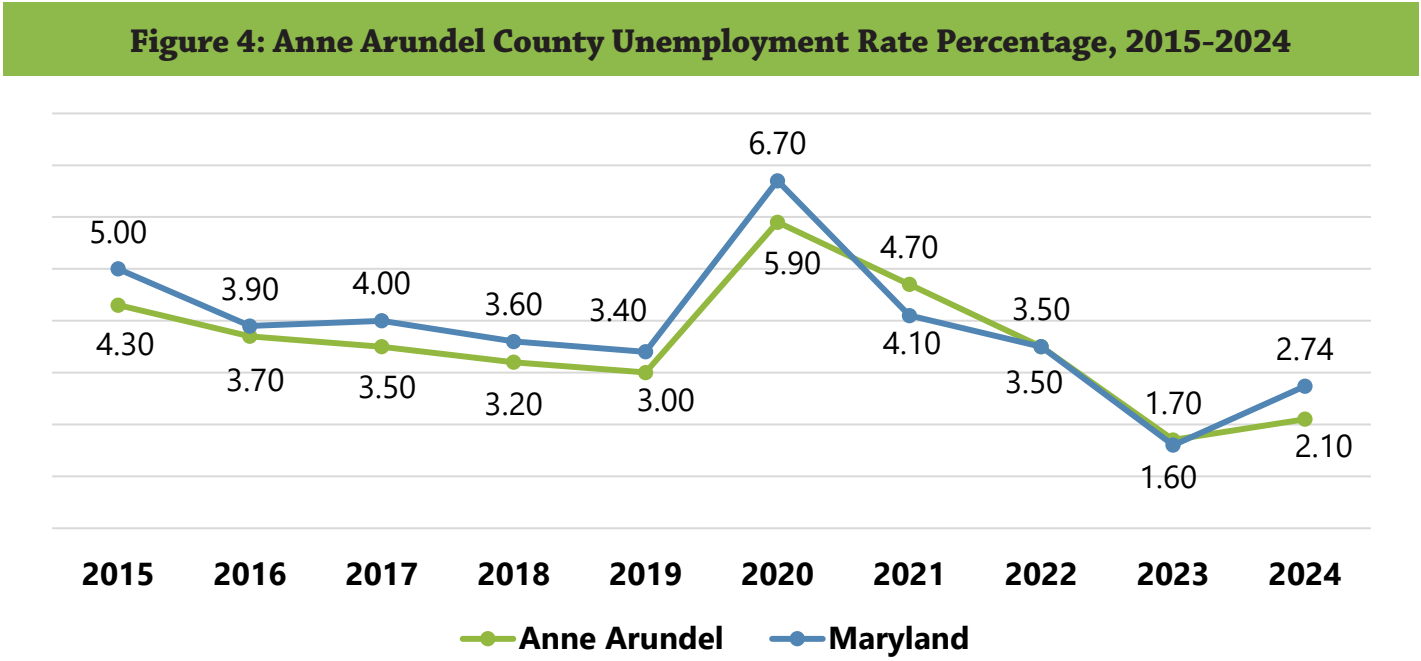
Totals Per Household	2016		2019		2022		2023		Change since 2016
	Number	%	Number	%	Number	%	Number	%	
Less than \$25,000	20,439	10.0%	16,127	7.4%	20,365	9.0%	16,534	7.3%	-19.11%
\$25,000 - \$34,999	10,875	5.3%	10,386	4.8%	8,825	3.9%	8,154	3.6%	-25.02%
\$35,000 - \$49,999	18,775	9.2%	14,214	6.6%	13,803	6.1%	13,816	6.1%	-26.41%
\$50,000 - \$74,999	32,573	15.9%	34,349	15.9%	28,738	12.7%	26,953	11.9%	-17.25%
\$75,000 - \$99,999	19,148	14.2%	30,813	14.3%	26,927	11.9%	28,765	12.7%	50.22%
\$100,000 - \$199,999	68,734	33.6%	74,692	34.6%	76,484	33.8%	49,604	21.9%	-27.83%
\$200,000 or more	24,285	11.9%	35,619	16.5%	50,914	22.5%	52,095	23.0%	114.52%

Note: Due to the COVID-19 pandemic, 2021 data was unavailable.

Source: U.S. Census Bureau American Community Survey 2022 1 Year Estimates, 2023, 1 Year Estimates

UNEMPLOYMENT

Since 2015, the county’s unemployment rate has been reasonably steady with a clear exception for the pandemic years when it reached a high of 5.9%. As of 2024, the rate is the lowest it has been in nine years at 2.1%. The county rate is generally lower than the state average (Figure 4: Anne Arundel County Unemployment Rate Percentage, 2015-2024).



Source: Anne Arundel Economic Development Corporation, Bureau of Labor Statistics, 2024

As of 2024, the Black and Hispanic rates of unemployment are twice and three times (respectively) the rate of Whites. Those disparities have been consistent since 2018 for Blacks but have increased for Hispanics in 2023 (Table 6: Percent Unemployed by Race, Anne Arundel County, 2023).

Table 6: Percent Unemployed by Race, Anne Arundel County, 2023					
	2018	2019	2020	2022	2023
White, non-Hispanic	4.20%	3.80%	3.70%	2.70%	2.80%
Black, non-Hispanic	6.70%	5.50%	5.90%	4.10%	4.50%
Hispanic	5.60%	5.20%	4.10%	1.50%	6.10%
Asian, non-Hispanic	3.50%	3.40%	4.20%	1.90%	1.30%

Note: Due to the COVID-19 pandemic, 2021 data was unavailable.

Source: U.S. Census Bureau: 2018, 2019, 2020, 2022 & 2023 American Community Survey 5-year Estimates

UNEMPLOYMENT, CONTINUED

Typical salaries for Anne Arundel County in 2024 tend to be much higher for management positions. For example, construction, maintenance, and repair employees can expect to make just above a third of what a manager makes (Table 7: Anne Arundel County Occupations & Typical Salary, 2024).

Table 7: Anne Arundel County Occupations & Typical Salary, 2024			
Occupational Area	Typical Annual Salary	Occupational Area	Typical Annual Salary
Management	\$130,690	Community & Social Service	\$58,620
Legal	\$119,180	Installation, Maintenance, & Repair	\$58,440
Computer & Mathematical	\$117,500	Construction & Extraction	\$57,090
Healthcare Practitioners & Technical	\$108,360	Sales & Related	\$49,750
Architecture & Engineering	\$105,670	Office & Administrative Support	\$47,660
Life, Physical, & Social Science	\$97,180	Farming, Fishing, & Forestry	\$38,880
Business & Financial Operations	\$94,020	Healthcare Support	\$38,860
Education, Training, & Library	\$71,130	Personal Care & Service	\$37,410
Arts, Design, Entertainment, Sports, & Media	\$68,550	Building & Grounds Cleaning & Maintenance	\$36,830
Protective Service	\$58,760	Food Preparation & Serving Related	\$34,320

Source: Massachusetts Institute of Technology, Living Wage Calculator, 2024

POVERTY

Poverty is defined in different ways. The official United States poverty rate is decided by the federal government. As of 2025, for a family or household of four persons living in one of the 48 contiguous states or the District of Columbia, the federal guideline is \$31,200 per annum. In 2016, 33,168 residents lived in poverty. As of 2023, that number increased by almost 31% to 36,637 (U.S. Census Estimates, 2024).

Table 8: Below Poverty Level Status, Anne Arundel County, 2016-2023

	2016		2018		2020		2022		2023	
	Number	%	Number	%	Number	%	Number	%	Number	%
Below Poverty Level	33,168	6.1%	39,678	7.1%	31,697	5.7%	36,384	6.2%	36,637	5.5%
Age										
Under 18 Years	8,923	7.1%	13,887	11.0%	9,385	7.4%	9,282	7.1%	7,726	5.8%
18 to 64 Years	20,126	5.8%	21,663	6.2%	18,388	5.3%	19,998	5.6%	18,915	5.3%
65 Years and Older	4,119	5.6%	4,128	5.0%	4,194	5.0%	7,114	7.6%	5,201	5.8%

Note: Due to the COVID-19 pandemic, 2021 data was unavailable.

Sources: U.S. Census Bureau American Community Survey 2022 1 Year Estimates, American Community Survey 2020 5 Year Estimates, American Community Survey 2023 5 Year Estimates



Poverty percentages also change depending on ZIP code and census tract. The geographic nature of county poverty percentages match other data sets related to the social determinants of health. Several providers commented on the differences they see in the health and well-being of residents related to where they live in the county. As one healthcare practitioner noted:

"I think good health and nutrition varies depending on where people live and just their access to grocery stores and what their transportation is."

LIVING WAGE MODEL

The Anne Arundel County cost of living continues to rise. Wages have not kept up with inflationary prices fueled by the pandemic. Food, rent, and energy costs, coupled with a shortage of affordable housing, have left many families making choices about what bill to pay, while visiting food pantries to make their dollars stretch.

The Living Wage Model, developed at the Massachusetts Institute of Technology, is a tested measure of required income given geographic location. It is a market-based approach that examines specific expenditure data related to a family's likely minimum food, childcare, health insurance, housing, transportation, and other basic necessities. It offers a comparison between what a family in Anne Arundel County has to live on at the federal poverty level, Maryland's minimum wage of \$15.00 dollars an hour (2024 rate), and what a minimum living wage would realistically be (Table 9: Living Wage Calculator Comparison, Anne Arundel County, 2019 and 2024). The living wage shown is the hourly rate that an individual must earn to support their family, if they are working full-time (2,080 hours per year). The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty rate is typically quoted as gross annual income. It has been converted to an hourly wage for comparison purposes. According to MIT's Living Wage Calculator (2024), a single adult with one child in Anne Arundel County must make \$45.69 per hour to cover their expenses (Table 9).

Table 9: Living Wage Calculator Comparison, Anne Arundel County, 2019 and 2024

	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Child- ren	1 Child	2 Child- ren	3 Child- ren	0 Child- ren	1 Child	2 Child- ren	3 Child- ren	0 Child- ren	1 Child	2 Child- ren	3 Child- ren
2019												
Living Wage	\$15.84	\$34.18	\$41.52	\$55.16	\$25.81	\$31.22	\$34.81	\$37.85	\$12.19	\$18.47	\$23.13	\$27.67
Poverty Wage	\$6.13	\$8.29	\$10.44	\$12.60	\$8.29	\$10.44	\$12.60	\$14.75	\$4.14	\$5.22	\$6.30	\$7.38
Minimum Wage	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
2024												
Living Wage	\$26.90	\$45.69	\$56.55	\$73.70	\$36.02	\$43.81	\$48.33	\$53.42	\$18.00	\$25.03	\$30.44	\$36.38
Poverty Wage	\$7.24	\$9.83	\$12.41	\$15.00	\$9.83	\$12.41	\$15.00	\$17.59	\$4.91	\$6.21	\$7.50	\$8.79
Minimum Wage	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
% Comparison of Living Wage												
	69.82%	33.67%	36.20%	33.61%	39.56%	40.33%	38.84%	41.14%	47.66%	35.52%	31.60%	31.48%

Source: Massachusetts Institute of Technology, Living Wage Calculator 2019 & 2024



ASSET LIMITED INCOME CONSTRAINED EMPLOYED FAMILIES (ALICE)

The United Way organization coined the term Asset Limited Income Constrained Employed (ALICE) for the individuals and families across the nation who, despite being employed, do not earn enough to afford the five basic household necessities: housing, childcare, food, transportation, and healthcare. Even though these residents are working, their income does not cover the cost of living in the county and they often require public assistance to survive.

By 2022, there were 226,285 county households living below the ALICE threshold, up from 212,687 in 2018, a 7% increase. Additionally, longstanding disparities in financial hardship by household type remained: 71% of single-female-headed families and 58% of single-male-headed families were below the ALICE threshold in 2022, compared to 19% of married-parent families.

Table 10: ALICE Families by County in Maryland, 2022

County	2021		2022	
	Total Households	ALICE + Poverty %	Total Households	ALICE + Poverty %
Allegany	28,535	48%	26,246	54%
Anne Arundel	225,064	30%	226,285	33%
Baltimore	332,529	44%	337,529	40%
Baltimore City	254,370	53%	254,707	55%
Calvert	32,751	28%	33,284	31%
Caroline	11,963	46%	12,013	46%
Carroll	64,161	32%	64,437	32%
Cecil	41,000	39%	40,707	38%
Charles	59,481	34%	62,712	36%
Dorchester	13,123	45%	13,216	50%
Frederick	103,685	36%	104,912	32%
Garrett	12,392	38%	12,448	39%
Harford	101,196	37%	101,437	37%
Howard	120,546	24%	121,423	29%
Kent	8,291	46%	8,375	45%
Montgomery	388,396	32%	391,297	37%
Prince George's	346,127	42%	347,207	42%
Queen Anne's	18,914	35%	19,351	35%
Somerset	8,113	56%	8,355	54%
St. Mary's	42,078	28%	41,211	30%
Talbot	16,251	35%	16,270	39%
Washington	60,215	39%	59,530	43%
Wicomico	40,577	44%	40,611	38%
Worcester	22,573	36%	23,457	37%

Source: United Way of Central Maryland, ALICE Report 2024

HOMEOWNERSHIP

In November 2024, the median home price in Anne Arundel County was \$500,000, up from \$449,000 in 2022. However, houses are staying on the market longer, an average of 22 days compared with eight days in 2022 (Long and Foster Market Minute, 2025).

There is disparity in homeownership by race and ethnicity (Table 11: Percent Owning Own Home, Anne Arundel County). Historically, homeownership for Black people was burdened by redlining, the inability to use their G.I. Bills, and other federal discriminatory practices to inhibit homeownership (Ray & Perry, 2020).

Table 11: Percent Owning Own Home, Anne Arundel County						
	2018	2019	2020	2021	2022	2023
White, non-Hispanic	80.0%	79.8%	80.0%	80.9%	81.4%	81.5%
Black, non-Hispanic	52.2%	52.1%	53.5%	54.5%	56.0%	55.9%
Hispanic	54.7%	53.8%	58.7%	57.3%	60.0%	60.2%
Asian, non-Hispanic	72.8%	71.5%	68.6%	71.3%	71.8%	75.0%

Sources: U.S. Department of Health and Human Services, Healthy People 2030 Objectives; U.S. Census Bureau: 2018, 2019, 2020, 2021, 2022, 2023 American Community Survey 5-year Estimates.

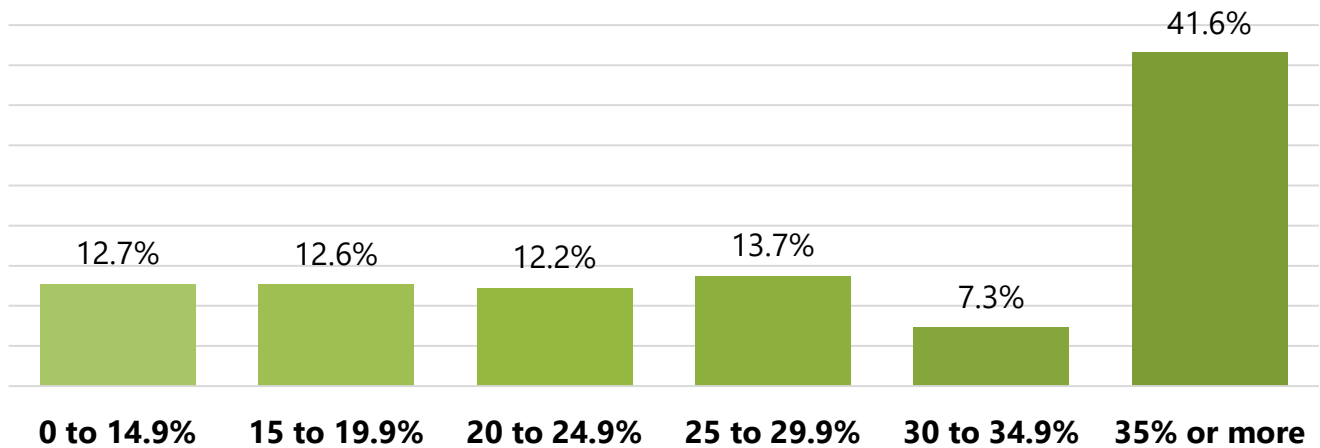
THE RENTAL MARKET

As of 2024, the majority of Anne Arundel County residents are homeowners (71.1%). Renters account for 28.9% of residents, which is an increase from 25.3% in 2021 (Anne Arundel County Economic Development Services, 2025). However, Anne Arundel County’s proportion of renters is still lower than that of the Maryland average of 32% (U.S. Census estimates, 2024). A majority of participants in this Needs Assessment commented on the increasing lack of affordable housing in the county and the limited supply of rental properties. In 2023, almost 50% of county renters spent over 30% of their income on their rent, which classifies them as rent overburdened (Figure 5: Anne Arundel County Gross Rent as a Proportion of Household Income in the Past 12 Months, 2023). As one educator noted:

"Just the lack of affordable housing, that's what we've seen, probably a 10% to 20% increase. The majority of what we're seeing is they're [families] doubling up. They're staying in hotels because there's not adequate affordable housing."



Figure 5: Anne Arundel County Gross Rent as a Proportion of Household Income in the Past 12 Months, 2023

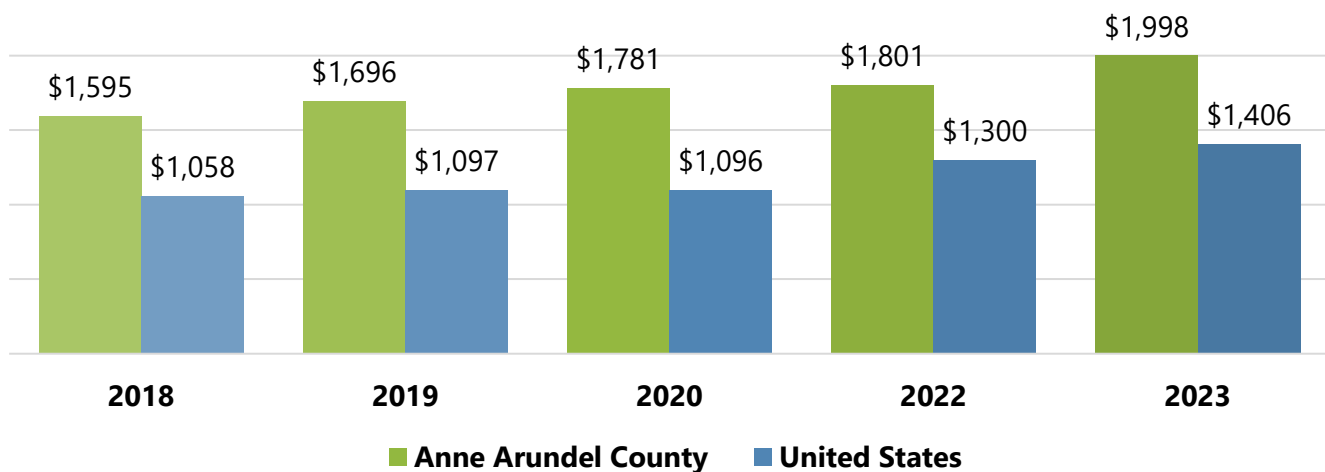


Source: U.S. Census Bureau American Community Survey, 2023 1 Year Estimates

The cost of rental housing continues to increase. In 2019, the median rent for the county was \$1,696 compared to \$1,097 for the rest of the nation. By 2023, the rate had increased to \$1,998, an almost 19% increase (Figure 6: Median Rent, Anne Arundel County and U.S., 2018 - 2023). Rents are continuing to rise related to the lack of affordable housing and increasing prices for landlords as they struggle with maintenance costs. The housing market is still strong, which encourages landlords to sell. In turn, that can reduce the rental housing supply. Low-income families are often choosing between what necessities they pay for to keep their family afloat. As one provider noted:

"People are telling me that they're making decisions between paying for their medications, paying their rent, paying their electricity. There just isn't enough money and there may not be enough work."

Figure 6: Median Rent, Anne Arundel County and U.S., 2018 - 2023



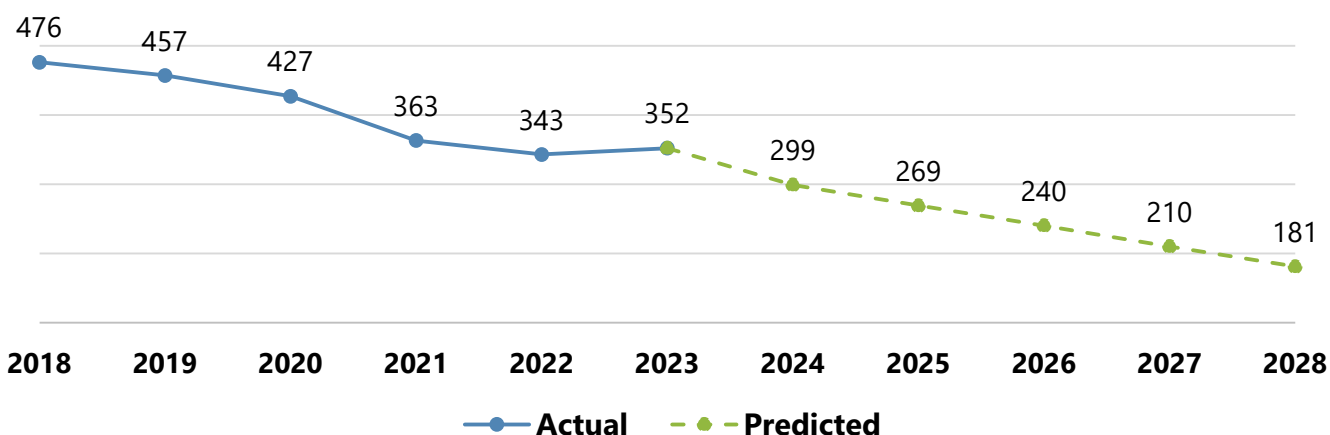
Source: U.S. Census Bureau American Community Survey, 2023 1 Year Estimates

CHILDCARE

As the county emerged from the COVID-19 pandemic, it became increasingly clear that our youngest children suffered learning losses and missed some developmental milestones. Additionally, our early care and education providers were hit hard by the shutdown. Anne Arundel County lost 135 providers during the COVID period. A 2024 statewide childcare summit, attended by over 300 stakeholders and sponsored by Anne Arundel County, outlined a decreasing childcare workforce related to pay, conditions, and regulations; a decreasing number of childcare providers; a decreasing number of available childcare slots; increasing insurance costs for providers; and exacting state licensing requirements with little flexibility.

The lack of quality childcare is most noticeable in areas where the need is great. Brooklyn Park, the area with the highest poverty rate in the county at 22.3% (U.S. Census, 2023), is now considered a childcare desert. While the Push to Pre-K legislation (part of Maryland's Blueprint) seeks to create a mixed delivery childcare system with private and public options, and has increased childcare slots for three and four year olds, the unintended consequences are that childcare providers are left to serve the 0 to 3 year olds, who are the most expensive in terms of staffing ratios.

Figure 7: Past and Anticipated Growth Patterns – Family Childcare Providers in Anne Arundel, 2018 - 2028



Source: Maryland Family Network, 2024

The average weekly cost of childcare for children ages 0 to 2 years for center-based care is \$418.89 and \$318.99 for children ages 2 to 4 years (Maryland Family Network, 2024). The average weekly cost of family-based childcare is \$288.3 for ages 0 to 2 years and \$248.74 for ages 2 to 4; an increase of over 10% in just one year (Maryland Family Network, 2024). If families have more than one young child, both the cost and the childcare options become more complicated if a center only has openings for certain age groups. Many parents and providers commented that childcare has become an even more significant and expensive issue since the pandemic. As one participant noted:

"I just don't remember it being this terrible. I really, really feel bad for families right now. If they do find childcare, it's just, the cost is astronomical, so, you know, do you pay the babysitter so you can go to work but then do you have enough food to put on the table?"



The top reason county parents needed childcare in 2023 was related to the demands of their jobs (Maryland Family Network, 2024). As more businesses seek to move away from the virtual workplace, the demand for childcare will grow. Many federal workers are now returning to the office full-time, increasing the demand for childcare slots.

Table 12: Average Weekly Cost of Full Time Childcare, Anne Arundel County, 2024

	2022		2023	
	Family Childcare Programs	Childcare Centers	Family Childcare Programs	Childcare Centers
0-23 Months	\$254.20	\$384.57	\$288.03	\$418.89
2-4 Years	\$213.21	\$248.24	\$248.74	\$318.99
5 Years	\$192.49	\$234.15	\$231.43	\$308.96
School Age Full	\$173.60	\$231.26	\$203.66	\$352.04
School Age B/A	\$116.44	\$153.98	\$141.00	\$165.12

Source: MFN/Locate, June 2023

According to providers there are growing shortages of qualified childcare staff. The pay is often barely above minimum wage, so employees move quickly when one childcare center offers an extra \$1 or \$2 an hour. According to a 2023 survey by Maryland Family Network, a childcare center senior teacher earns \$31,309 per annum whereas a public-school teacher earns \$75,294 (Table 13: Early Childhood Annual Wage Rate Information).

Table 13: Early Childhood Annual Wage Rate Information

Public School Teacher Salary (AA County) ¹	\$75,294
Public Teacher Salary Average MD ¹	\$79,420
Non Public School Teacher Salary Average (National) ²	\$67,201
Family Childcare Provider (County) ³	\$38,172
Childcare Center Director (County) ³	\$40,263
Center Senior Staff/Teacher (County) ³	\$31,309
Center Aide (County) ³	\$22,084

1. Average Teacher Salary MSDE Sept 2023

2. National Association of Independent Schools (NAIS) 2022-2023 Year

3. MFN's 2022 Statewide Survey of Family Childcare Providers and Childcare Centers

Source: Maryland Family Network, 2024

According to participants, the shortage of childcare teachers has been exacerbated by the increasing behavior issues among preschoolers. As one former childcare provider noted "why should I get hit and spit on when I can get better money driving for Uber?"

HOMELESSNESS

It is almost impossible to accurately calculate the numbers of homeless residents in Anne Arundel County. Some of the data is captured in the Federal Homeless Management Information System (HMIS), but HMIS only collects data on the residents who meet the federal definition of homelessness: those who are on the street or in a shelter. The Point-in-Time (PIT), which is the data relied on by the federal government to assess the homeless, takes place in January, is coordinated by volunteers, and only counts those homeless who are found on the street on that evening.

Many youth, families, and seniors who are homeless, do not qualify as homeless because they are living in motels or are doubled up with other families. According to the HMIS system, 137 county families were homeless in 2024, but they are ONLY the families who meet the strict federal definition of homelessness. When numbers from service providers, the Anne Arundel County Public School System, and the Department of Social Services are merged, there are at least 1,000 homeless families in the county as of December 2024.

All participants in this Needs Assessment agreed that the number of homeless families is growing. They are living in hotels, in their cars during good weather, or they are doubled up, temporarily, with other family members or friends. The positive housing market has led to a decrease in affordable rental housing in a county where there is already a huge shortage of affordable housing. Homeless families are becoming more prevalent in our human services systems, including the Department of Social Services, Crisis Response, the emergency room, childcare centers, and public schools. Evictions are happening more often as families become less and less able to manage increased rents as well as the rising cost of food and electricity. As one participant noted:

"You know, people are telling me all the time, my rent was, you know, raised by \$500, even \$1,000 a month. And that's just not affordable."

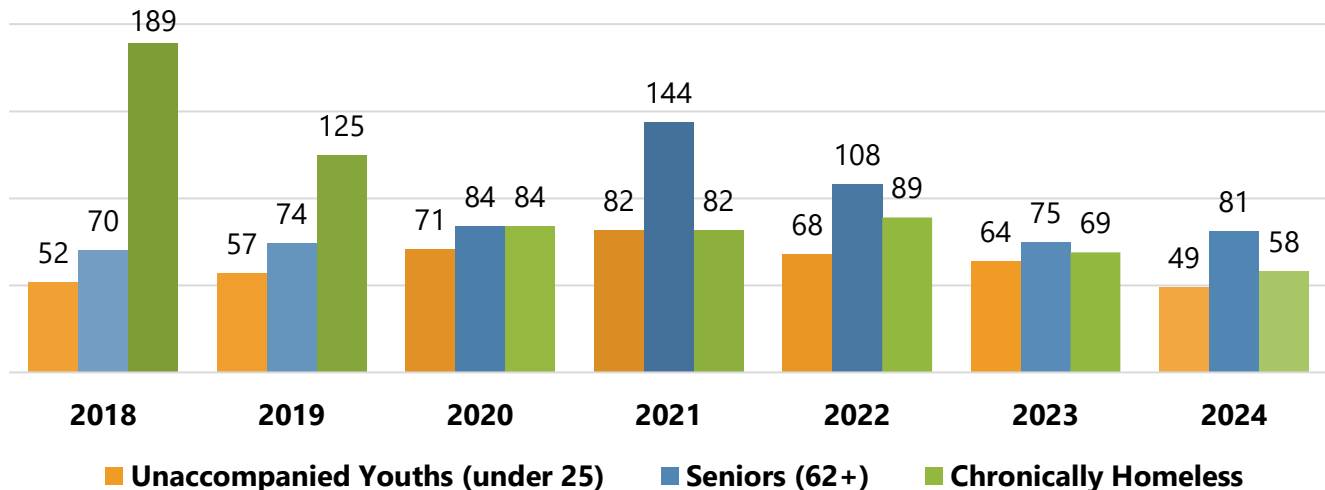
Youth, family, and senior homeless populations have increased since 2018. These numbers may have been higher except that county homeless services increased during the pandemic due to federal funding. That funding ended as of December 31, 2024. Couple that fact with the rise in rent, food, and energy prices and we can expect youth and family homelessness to continue to increase. Seniors are a growing number of the reported homeless. The cost of living in the county and the lack of affordable housing leaves seniors without good retirement income and struggling to survive (Figure 8: Anne Arundel County Homeless Youths, Seniors, and Chronically Homeless Served, 2018-2024). The senior disabled population are of particular concern, especially those who have relied on their parent's care. As one provider noted:

"A gentleman had become homeless, parents had died, he was in his 60s, had cerebral palsy, was in special education his entire life; his parents took care of him. When they died there was nowhere for him to go."





Figure 8: Anne Arundel County Homeless Youths, Seniors, and Chronically Homeless Served, 2018-2024



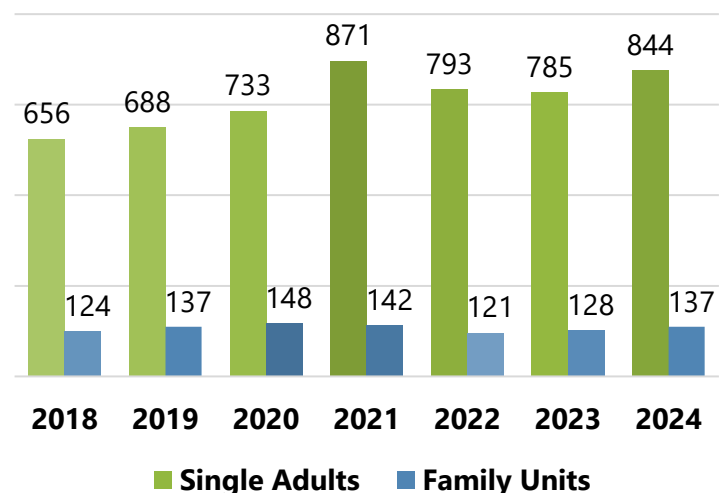
Source: Anne Arundel County Department of Social Services, 2024

"Single Adult" is another category used to describe a sector of the homeless population. This category is used for those adults who may be currently homeless but have not fallen into the category of "chronic." A person meets the chronic homeless definition if they have a disability of long duration and have been living in a shelter or in the street for 12 consecutive months (or four episodes of homelessness in the past three years in which the four episodes equal 12 or more months). A single adult or a family can meet the chronic homeless definition. The number of homeless single adults has risen from 2018 to 2024 (Figure 9: Anne Arundel County Homeless Figures, 2018-2024). The number of chronically homeless has decreased from 189 in 2018 to 58 in 2024 (Figure 8).

Health systems do not track homelessness separately from other health indicators, so there are no accurate estimates of how big an impact the homeless population creates in Emergency Rooms or hospitals. Anecdotal data suggests homeless residents repeatedly return for emergency and hospital services and that their placement after discharge is difficult. There are only three regular shelters for the homeless in Anne Arundel County and no supported housing for those who need care after emergency room or hospital services. Aftercare services are also limited, especially assisted living. As a provider noted:

"Many seniors and disabled individuals need an assisted living level of care but there are waitlists ... individuals being stuck in emergency departments because that next level of care is not there."

Figure 9: Anne Arundel County Homeless Figures, 2018-2024



Source: Anne Arundel County Department of Social Services, 2024

DOMESTIC VIOLENCE SURVIVORS AND HOUSING

The Centers for Disease Control's National Intimate Partner and Sexual Violence Survey noted that Anne Arundel County has an estimated 16,754 domestic violence survivors with 10% of these residents having housing needs. Additionally, according to the 2025 PIT Count, approximately 11% of those served in county emergency shelters at the time of the count, had a history of or current status of being affected by domestic violence.

SUBSIDIZED HOUSING

The shortage of affordable housing in the county, coupled with the increasing cost of basic needs without accompanying pay increases, creates increasing demand for subsidized housing. Our two public housing authorities, the Housing Authority of the City of Annapolis and the Anne Arundel County Housing Commission, continue to have long waiting lists. There is also a waitlist to obtain a housing voucher. The number of elderly families on the waitlist for a voucher has increased by nearly 120% since 2020. Currently, there are approximately 23,000 families in the county waiting for a housing voucher (Table 14: Anne Arundel County Housing Choice Voucher List, 2024). The county is in need of much more permanent supportive housing for those individuals and families with mental or physical disabilities who will never earn enough to afford rent in the county, especially as our aging population continues to grow. Most survive on social security payments and SNAP benefits, which together do not provide enough income for rent. They can expect to be on the waiting list for a housing voucher for many years.

Table 14: Anne Arundel County Housing Choice Voucher List, 2024

	2020 # of Families	2024 # of Families	% Change
Waiting List Total	18,453	22,889	24.04%
Extremely Low Income	14,274	16,485	15.49%
Very Low Income	3,116	5,305	70.25%
Low Income	617	982	59.16%
Over limit for Low Income	446	117	-73.77%
Families with Children	9,983	11,289	13.08%
Elderly Families	664	1,460	119.88%
Families with Disabilities	4,134	5,377	30.07%
Other	N/A	4,763	-
White	3,177	3,766	18.54%
African American	13,384	17,194	28.47%
American Indian/Alaskan Native	123	188	52.85%
Asian	186	231	24.19%
Native Hawaiian/Other Pacific Islander	68	82	20.59%
Other	739	1,274	72.40%
Not Assigned	776	154	-80.15%

Source: Housing Commission of Anne Arundel County, 2021 - 2024

**Table 15: City of Annapolis Housing Authority Waitlist, 2023**

	Housing Choice Voucher Waiting List	Public Housing Waiting List
Waiting List Total	886	1,216
Extremely Low Income	683	1,015
Very Low Income	168	165
Low Income	29	31
Over limit for Low Income	5	5
Families with Children	-	540
Elderly Families	39	60
Families with Disabilities	154	230
Other	-	-
White	106	171
African American	774	1,039
American Indian/Alaskan Native	20	21
Asian	11	14
Native Hawaiian/Other Pacific Islander	12	10
Other	0	0
Not Assigned	8	15

Source: Housing Authority of the City of Annapolis, 2024

The immigrant community is particularly vulnerable to the high cost of housing and the rising cost of living. It is not unusual to find several immigrant families sharing one house while paying for one room in that house. As one participant commented:

"I'm used to seeing hammocks in living rooms ... and they make it work. And sometimes I'll ask the people, do you know these folk? Well, they met through so and so, but no, they're not related, not really, but they formed a family unit. The kitchen usually serves as one of those common places that they share. And these groups of people are making it work ... they're surviving."

TRANSPORTATION

Access to transportation remains an issue for low-income residents. While 70% of residents drive alone to work in 2024, over 4,000 residents walked to work (Table 16: Anne Arundel County, Means of Transportation to Work, 2024). According to participants in this Needs Assessment, transportation is one of the top three barriers to economic mobility for residents. The continued lack of access to transportation is coupled with the expenses of having a car. Families may have a car but they cannot afford the gas, insurance, and repairs necessary to keep that car operating. As one participant noted:

"I have a single mother trying to work; she's having an issue having enough money to actually put gas in her car."

The Department of Transportation has made some progress initiating call and ride services to the north and south of the county, adding a connector in Brooklyn Park. There are still only five buses across the county and they do not have extended hours.

Table 16: Anne Arundel County, Means of Transportation to Work, 2024

Transportation	Total	%
Drove alone	211,849	70.46%
Worked at home	59,441	19.77%
Carpool	18,373	6.11%
Walked	4,010	1.33%
Other means	2,904	0.97%
Bus or trolley bus	1,629	0.54%
Taxicab	880	0.29%
Light rail or street car or trolley car	815	0.27%
Bicycle	654	0.22%
Motorcycle	95	0.03%
Long-distance train or commuter rail	1	0.00%
Ferryboat	1	0.00%

Source: Anne Arundel County Department of Transportation, Applied Geographic Solutions, August 2024



SUMMARY

Anne Arundel County's overall economy is very bright. However, for over 200,000 residents there is a daily struggle to meet their needs given rising rental and mortgage costs, the price of food, the soaring cost of childcare, and the lack of subsidized transportation. These issues are systemic and nationwide but we must do what we can at the local level to help our low-income and ALICE families.

The end of pandemic-related federal funding to address poverty and the termination of federal programs to help the poor are creating a perfect storm for those residents in our county who are already struggling, including our senior and disabled population. Collaborative energy at the local level, including government, nonprofits, small business, and philanthropy, must be engaged if we are to continue building Anne Arundel County as the best place for all.

NEEDS & GAPS IN SERVICES

- Increase options for affordable transportation. Lack of affordable transportation is a major barrier to self-sufficiency for low-income residents who do not own a car or have an unreliable car. This is an economic issue as it impacts residents' ability to get to work and helps to fuel labor shortages.
- Quality affordable childcare to help decrease the opportunity gap in our schools, increase the numbers of parents in full employment, and help families move to self-sufficiency. The childcare system is under review by the Maryland Department of Education. Over-regulation by the state is fueling the increased costs.
- Increase the number of affordable housing options. Housing is a huge issue. Rental costs have soared and the lack of affordable housing means more families are in competition for fewer lower-cost units. Families, seniors, and young adults are swelling the county's homeless numbers.
- Alternate employment opportunities, especially those that do not require transportation, including entrepreneurial and small business ventures, could help address some of the barriers to full employment for youth.
- Programs that help families build wealth, especially first-time home buyer programs, should be readily available, along with financial management strategies that encourage families to begin saving money.



Chapter 3

CHILDREN & YOUTH DEVELOPMENT

There are 133,835 children under the age of 18 living in Anne Arundel County; a 5% increase since 2017. Of those, 26.5% (35,436) are under five years of age, and 6.1% of those under five (2,103) live below the federal poverty level (U.S. Census American Community Survey, 1-Year Estimate, 2023).

In 2023, there were 6,504 births in Anne Arundel County. The Hispanic population is showing the greatest percentage increase of almost 30% from 2017 to 2023. The largest decrease is in White births, which fell from 4,242 in 2017 to 3,430 in 2023; an almost 20% decrease since 2017 (Table 17: Anne Arundel County Births by Race and Ethnicity, 2017-2023).

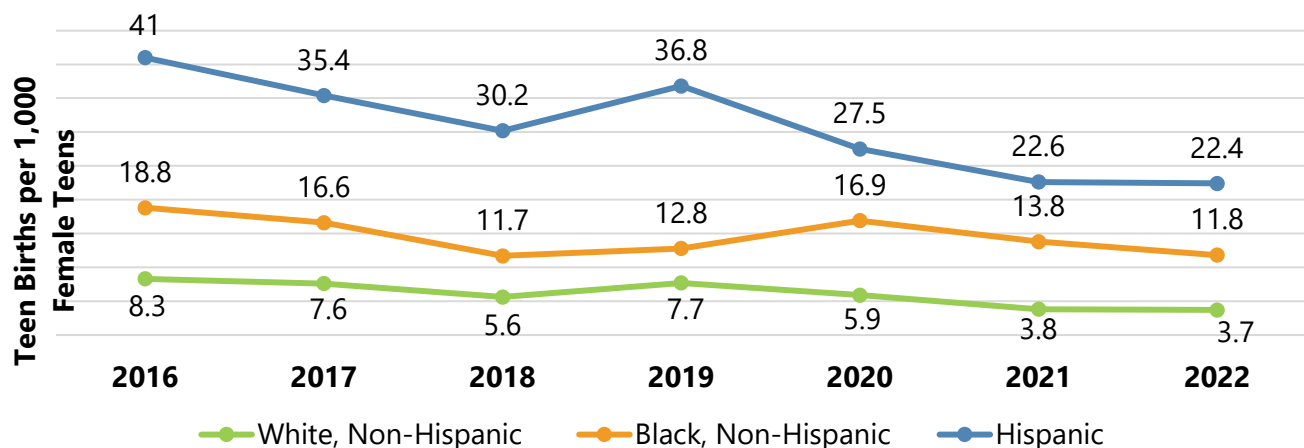
Table 17: Anne Arundel County Births by Race and Ethnicity, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
White, non-Hispanic	4,242	4,118	3,975	3,917	3,909	3,692	3,430
Black, non-Hispanic	1,273	1,251	1,320	1,451	1,342	1,380	1,239
Hispanic	936	1,009	1,070	1,058	1,115	1,244	1,214
Total	6,895	6,783	6,830	6,827	7,009	6,920	6,504

Source: Maryland Department of Health, Vital Statistics Administration, 2017-2023 Annual Reports. CDC WONDER.

In 2023, there were 145 teen births in Anne Arundel County. The trend for county teen births between 2017 and 2023 show a decreasing trend for Whites and Blacks but a higher trendline for Hispanic teens (Figure 10: Teen Birth Rates by Race/Ethnicity for Anne Arundel County, 2016-2022). Hispanic teens consistently have higher birth rates compared to White, non-Hispanic and Black, non-Hispanic teens (Figure 10). Hispanic teen mothers who took part in this Needs Assessment emphasized the need for programs that support them in completing their education and seeking careers as they cared for their babies.

Figure 10: Teen Birth Rates by Race/Ethnicity for Anne Arundel County, 2016-2022



Source: Maryland Department of Health, Vital Statistics Administration, 2016-2022, Annual Reports.

PRENATAL CARE

Childhood disparities begin before each child is born. Many factors affect pregnancy and childbirth including the mother's pre-pregnancy health status, the mother's age at birth, access to healthcare, and socioeconomic status. A wide -ranging literature review completed by Simoncic, Deguen, Enaux, Vandentorren, and Talantikite (2022), indicated that the healthy development of a child during the first 1,000 days of life depends on maternal health status during pregnancy, living and working conditions, and neighborhood characteristics.

Prenatal care is critical in ensuring healthy outcomes for child and parent. Compared with infants born to mothers who received prenatal care, infants whose mothers did not receive prenatal care are three times more likely to have a low birthweight, and are five times more likely to die in infancy. Low weight and preterm birth in infants contribute to increased risk of sudden infant death syndrome (SIDS), respiratory and gastrointestinal problems, and other long-term health complications (Novoa, 2020).

According to the Maryland Department of Health (2024), White women have the highest percentage of prenatal care (87%), followed by Black women (79%) and Hispanic women (62%). The gap in prenatal care by race and ethnicity is continuing to grow (Figure 11: Percent of Women Receiving First Trimester Prenatal Care, Anne Arundel County, 2016-2023).

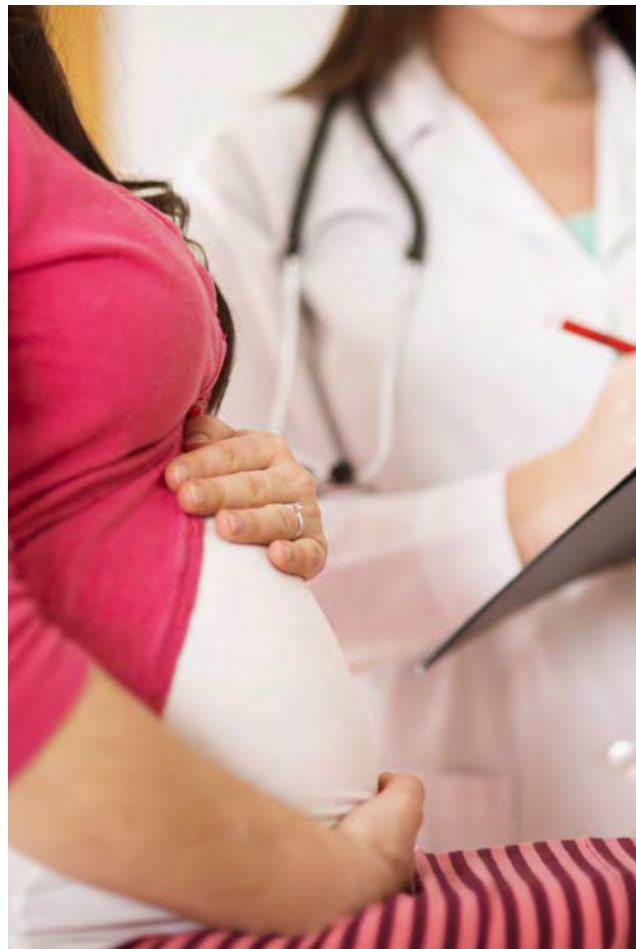
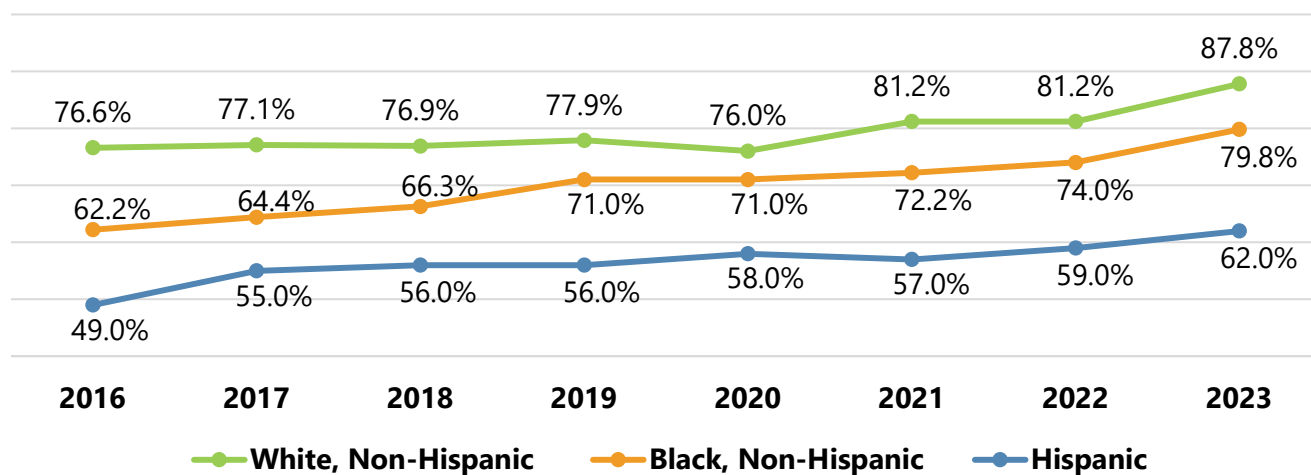


Figure 11: Percent of Women Receiving First Trimester Prenatal Care, Anne Arundel County, 2016-2023



Source: Maryland Department of Health, Vital Statistics Administration, Birth Certificate Files 2016-2023. CDC WONDER.

INFANT MORTALITY

Infant mortality rates measure deaths during the first year of life. The infant mortality rate dropped significantly in Anne Arundel County between 2015 and 2019.

However, the trend began to increase again in 2020 and by 2022, the rate was higher at 5.5% than the 5.1% rate of 2015. The overall infant mortality rate for the county continues to be lower than the state and the nation.

County numbers by race and ethnicity are unavailable for 2022 but state rates show disparities by race and ethnicity. While White babies have a rate of 3.11 deaths per 1,000 live births, Blacks have a rate of 10.3 deaths, and Hispanics a rate of 5.6 deaths per 1,000 live births (Table 18: Infant Mortality Rate Comparison, 2015-2022).

Table 18: Infant Mortality Rate Comparison, 2015-2022

	2015	2016	2017	2018	2019	2020	2021	2022
Infant Mortality- All Races per 1,000 Live Births								
Anne Arundel	5.1	5.6	4.1	3.2	4.2	4.5	5.6	5.5
Maryland	6.7	6.5	6.5	6.1	5.9	5.7	6.1	6.2
United States	5.9	5.9	5.8	5.9	5.7	5.4	5.4	5.6
Infant Mortality- Non-Hispanic White per 1,000 Live Births								
Anne Arundel	3.6	5.3	2.8	3.2	2.3	3.3	***	***
Maryland	4.0	4.3	4.0	4.1	4.1	3.3	3.7	3.1
United States	4.8	4.8	4.9	4.9	4.6	4.4	4.4	4.5
Infant Mortality- Non-Hispanic Black per 1,000 Live Births								
Anne Arundel	9.5	10.1	7.9	4.0	8.3	5.5	***	***
Maryland	11.3	10.5	11.2	10.2	9.3	9.9	9.8	10.3
United States	11.7	11.8	11.4	10.8	10.8	10.4	10.5	10.9
Infant Mortality- Hispanic (Any Race) per 1,000 Live Births								
Anne Arundel	**	**	5.3	**	6.5	5.7	***	***
Maryland	5.5	5.4	4.7	3.8	5.1	4.6	5.3	5.6
United States	5.2	5.2	5.0	5.0	4.9	4.7	4.8	4.9

** Rate not calculated; fewer than 5 deaths.

*** Rates based on <20 events in the numerator are not presented since such rates are subject to instability

Sources: 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.



LOW BIRTHWEIGHT

Low birthweight is a term used to describe babies who are born weighing less than 2,500 grams (5.5 pounds). In contrast, the average newborn weighs about 8 pounds. Having a low weight at birth can cause serious health problems for some babies. A baby who is very small at birth may have trouble eating, gaining weight, and fighting off infections (March of Dimes, 2021). In Anne Arundel County, the percentage of low birthweight babies has been trending downwards since 2017, although there was a small increase between 2022 and 2023 from 7.2% to 7.4%, yet still lower than the state average of 8.6% (Table 19: Percentage of Babies Born of Low Birthweight, 2023).

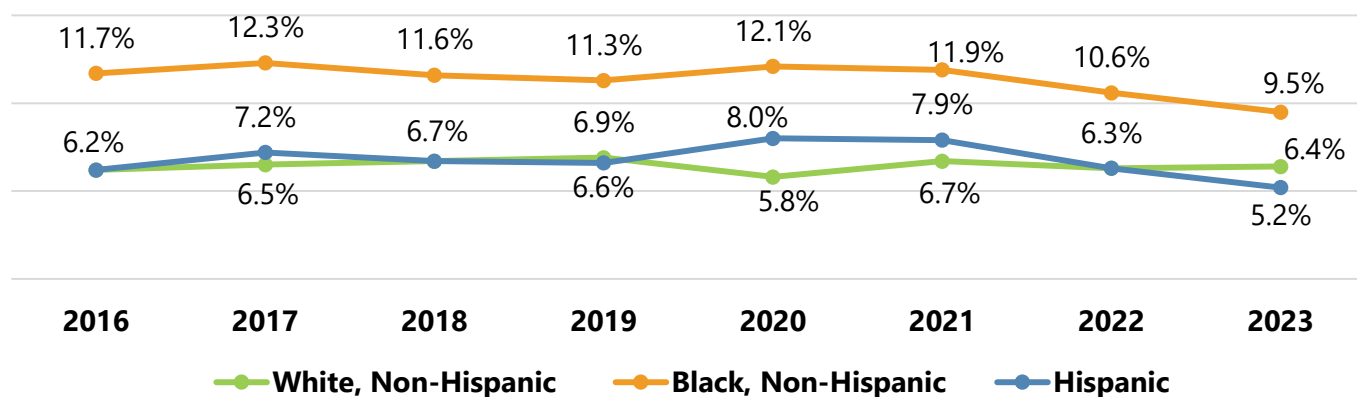
Table 19: Percentage of Babies Born of Low Birthweight, 2023

Percentage of Low Birthweight (<2500 g) Babies	Anne Arundel	Maryland	United States
2017	7.8%	8.9%	8.3%
2019	7.8%	8.7%	8.3%
2020	7.7%	8.5%	8.2%
2021	7.9%	8.9%	8.5%
2022	7.2%	8.7%	8.6%
2023	7.4%	8.6%	8.6%

Sources: Maryland Department of Health, Vital Statistics Administration, 2017-2022 Annual Reports and Jurisdictional Birth Reports; National Vital Statistics Report: Births: Final Data for 2022. CDC WONDER.

Black infants had the highest incidence of low birthweight in 2023 at 9.5%, but the percentage dropped from 11.7% in 2016; an 18% decrease. The White percentage of low birthweight is trending upward at 6.4%, while the Hispanic percentage continues to drop and is the lowest percentage in 2023 at 5.2% (Figure 12: Percentage of Low Birthweight Infants by Race/Ethnicity, Anne Arundel County, 2016-2023).

Figure 12: Percentage of Low Birthweight Infants by Race/Ethnicity, Anne Arundel County, 2016-2023



Sources: Maryland Department of Health, Vital Statistics Administration, 2016-2023 Annual Reports. CDC WONDER.

SCHOOL READINESS

The term “kindergarten readiness” encompasses the knowledge, skills, and behaviors that enable children to participate and succeed when they begin school. This sets the stage for future learning and overall success. Children who start kindergarten ahead, stay ahead year after year. Conversely, those children unready for school become part of the opportunity gap that widens through the grade levels (Anne Arundel County Public Schools, 2025).

In 2015, a new kindergarten readiness tool was introduced to Anne Arundel County Public Schools: Ready4Kindergarten (R4K). This was the first standardized test in the county to measure readiness on a variety of domains including Language & Literacy, Mathematics, Physical Well-Being and Motor Development, Science, Social Foundations, Social Studies, and the Arts. However, the Maryland State Department of Education (MSDE) has moved away from the current Kindergarten Readiness Assessment (KRA) after a study indicated potential bias in the current assessment against multilingual learners. A new assessment tool will be introduced in 2025.

Between 2017 and 2024, overall kindergarten readiness numbers for Anne Arundel County were trending downwards from 48% ready in 2017 to 44% ready in 2024. The percentage dropped to 40% in 2022, most likely due to the developmental and learning losses for the under-five year olds during the pandemic. Two issues were highlighted by participants in this Needs Assessment related to readiness. Several teachers and early childhood providers commented on the increasing numbers of four and five year olds who are not potty trained. Here is a typical comment:

"We have a lot of kids that are not potty trained. We have four or five year olds, the schools work really hard to get them all potty trained. They go home over Christmas break, they come back and they're not potty trained again."

Parents and providers also noted the growing number of nonverbal pre-kindergarteners in preschool settings. Some parents shared they had actively searched for pre-k care where a majority of students were already verbal.

There are continuing disparities in kindergarten readiness by race and ethnicity. In 2024, there was an almost 20% gap in readiness between Blacks and Whites and a 30% gap between Whites and Hispanics (Table 20: Anne Arundel County Kindergarten Readiness by Race and Ethnicity, 2017-2025). Those gaps related to race and ethnicity have increased since 2017.

Table 20: Anne Arundel County Kindergarten Readiness by Race and Ethnicity, 2017-2025

Race/Ethnicity	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023 - 2024	2024 - 2025
African American	37%	40%	34%	*	31%	37%	37%	*
Hispanic/ Latino	33%	29%	28%	*	19%	25%	26%	*
White	55%	57%	55%	*	51%	53%	56%	*
County Average	48%	48%	46%	*	40%	43%	44%	*
State Average	45%	47%	47%	*	40%	42%	44%	*

* No Kindergarten Readiness Assessment Administered

Source: Anne Arundel County Public Schools, 2025



CHILDREN'S MENTAL HEALTH

Stakeholders in this Needs Assessment were almost unanimous in their concern for what they perceived as growing mental health issues in children and adolescents, a concern voiced in the last two needs assessments. Many pointed to a generally higher level of anxiety among children and youth. As one provider pointed out:

"Many of the clients that we see, especially the ones who are in middle school and elementary school ... there's a level of just baseline anxiety for all of the kids. They seem very kind of unsure of themselves, very worried about specific things ... sometimes they have an anxiety disorder, but sometimes it's just a generalized anxiety, especially the younger ones. So, I'd say that for kids about 12 and under, they just seem to be in a state of concern, fear, agitation, and are confrontational with each other."

Public mental health usage data for the county shows that numbers for children and youth accessing mental health services has increased for all age groups between ages 0 to 21, with the highest percentage rise among the 6 to 12 year olds (Table 21: Service Utilization for Individuals Receiving Mental Health Treatment in the Public Behavioral Health System).

Table 21: Service Utilization for Individuals Receiving Mental Health Treatment in the Public Behavioral Health System

	Persons Served				
	FY 2022	FY 2023	% Change	FY 2024	% Change
Early Childhood (0-5)	471	477	1.3%	482	1.0%
Child (6-12)	2,899	3,056	5.4%	3,178	4.0%
Adolescent (13-17)	2,484	2,677	7.8%	2,718	1.5%
Transitional (18-21)	1,171	1,309	11.8%	1,358	3.7%
Adult (22-64)	11,420	12,037	5.4%	12,683	5.4%
Elderly (65 and Older)	173	188	8.7%	198	5.3%
Total	18,618	19,744	6.0%	20,617	4.4%

Source: Anne Arundel County Mental Health Agency, 2025

CHILDREN'S MENTAL HEALTH, CONTINUED

A majority of participants commented that the pandemic years were particularly hard on children and youth because they were socially isolated from their peers, and the predictability and security of the school system were taken away. Early Childhood specialists noted that the pandemic was particularly hard on the 0 to 5 year old population because they were kept at home while their parents tried to work from home. Here is a typical comment from an early childhood provider:

"Parents didn't know how to support their children's play at home. They didn't know how to make toys out of coasters and how to do pretend play, and they were stuck with that. And then some of them were also trying to be on Zoom calls, earning a living at the same time with children being children in the background."

Children who need special education were disproportionately impacted by the pandemic in terms of services lost. Most of those services, particularly occupational therapy and speech language services, are delivered through the public school system, which was closed. Even when children returned to school, the mandate to wear masks caused a further issue for this population due to the importance of being able to see facial expressions and mouth movement.

There was general agreement among participants that our children are still recovering from the pandemic years. Calls to the county's crisis line from and about children and youth support those observations, showing a rise in calls for 2022 and 2023, but a 13% drop in 2024. Although there was a 13% drop in 2024, the longer-term trend is upward (Table 22: Number of Calls to the Anne Arundel County Crisis Warm Line, FY 2021 - FY 2024). Many participants in this Needs Assessment talked about the increasing sense of despair and hopelessness for our teenagers, including youth themselves who said they felt alone and relied on their phone for connection. One youth therapist commented that:

"A lot of them feel like they don't have safe spaces, and that they're not heard. So they're like, if I'm not heard and this isn't a safe environment for me, why should I say anything? So instead of me voicing how I feel, voice the concerns I have, or even the mental health issues I have, I'd rather just stay silent because nobody's listening to me anyway."

Table 22: Number of Calls to the Anne Arundel County Crisis Warm Line, FY 2021 - FY 2024

	FY 2021	FY 2022	FY 2023	FY 2024	% Change 2023 to 2024
Children	3,627	4,654	4,409	3,810	-13.60%
Adult	38,554	45,151	38,721	38,317	-1.04%

Source: Anne Arundel County Mental Health Agency, 2025



The Youth Risk Behavior Survey (YRBS), a part of the Youth Risk Behavior Surveillance System (YRBSS), is a biennial survey conducted by the Centers for Disease Control and Prevention (CDC) that monitors health-related behaviors and experiences among high school students in the U.S. The most recent version conducted in county schools echoes the data on hopelessness and teens (Table 23: Anne Arundel County High School Youth Risk Behavior Survey, 2022, Mental Health). Many participants, when asked about rising hopelessness in youth, blamed social media.

"At our church, we had a teenager, he was getting baptized, and he spoke about how he was addicted to video games, and then he and all the kids were like, "yes, yes," because they're all addicted to video games. I mean, he said, "I've been addicted to video games for so long that I lost touch with reality, and I just don't know what's real."

When shown the same data, youth described themselves as “addicted” to their phones. Some acknowledged that phones “cause trouble” among youth, especially videos of fights and bullying that circulate.

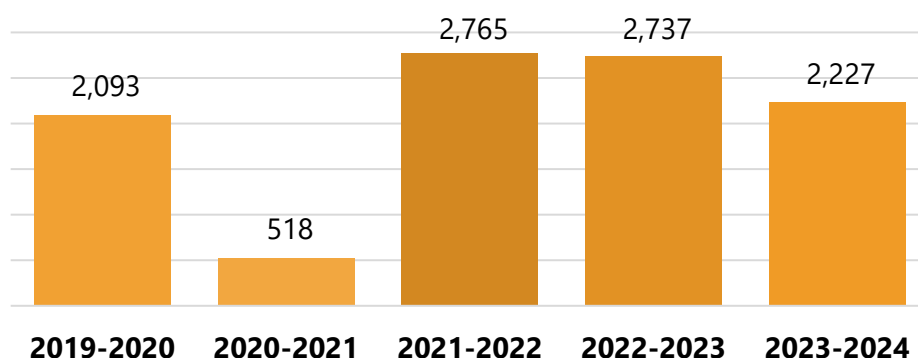
Table 23: Anne Arundel County High School Youth Risk Behavior Survey, 2022, Mental Health

Measure	% of Students 2018	% of Students 2022	Change Since 2018
Felt sad or hopeless almost every day for 2 or more weeks in a row	32.0%	36.0%	4% Increase ↑
Seriously considered attempting suicide	18.5%	18.5%	No change
Bullied on school property	16.5%	14.9%	Slight decrease -1.6% ↓
Bullied electronically	13.3%	12.8%	Slight decrease -0.5% ↓
Always or mostly able to talk to a caring adult about their feelings	N/A	47.6%	New Measure

Source: Maryland Risk Youth Behavior Survey, 2022

Threats of self-harm by county public school students have been rising since 2019 (Figure 13: Suicidal Risk Assessment Data (Threats and Gestures) by AACPS Students) leveling out at 6% in the 2024 school year. The pandemic years are outliers given the amount of trauma and stress created by the lock-down, but the overall trend is still upward. Again, participants commented on the dangers of social media.

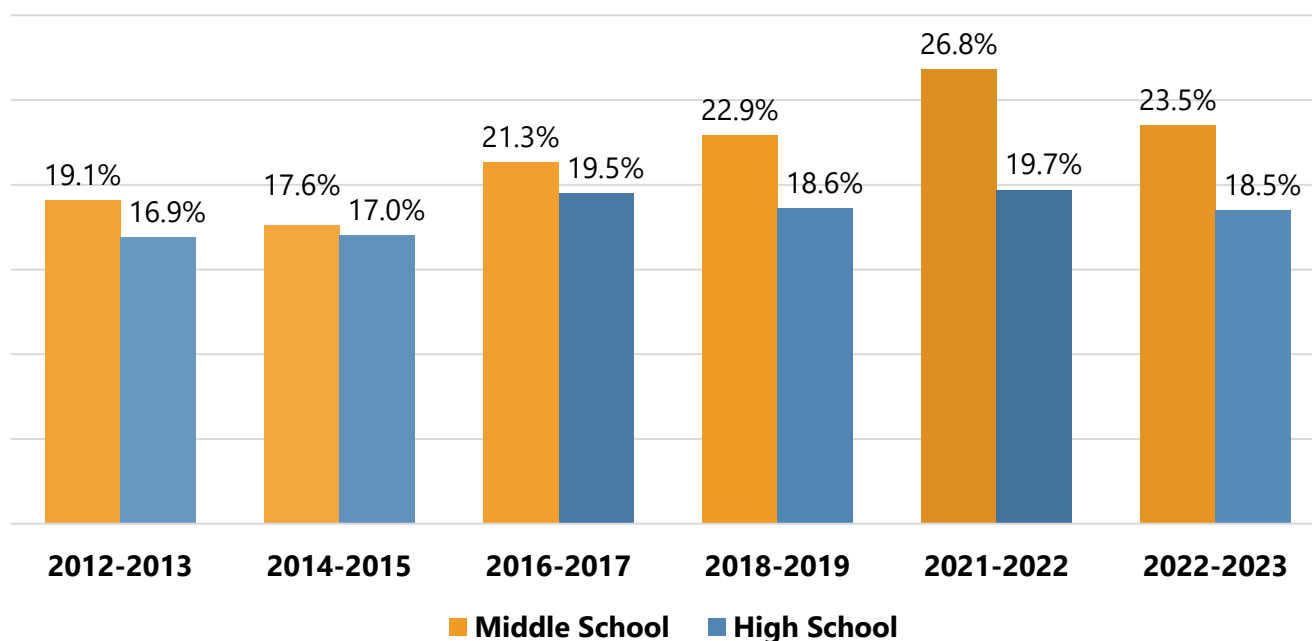
Figure 13: Suicidal Risk Assessment Data (Threats and Gestures) by AACPS Students



Source: Anne Arundel County Public Schools, 2025

CHILDREN'S MENTAL HEALTH, CONTINUED

Figure 14: Middle and High School Students Who Have Seriously Considered Attempting Suicide in the Past 12 Months



Source: Maryland Youth Risk Behavior Survey (YRBS)

0-5 POPULATION

The numbers for the 0 to 5 year old population receiving mental health treatment in the public system have risen again, albeit by only 1% between 2022 and 2024 (Figure 15: School Extended School-Based Mental Health Student Serviced by Grades, 2022-2023 School Year on page 48). Childcare providers and early childhood specialists were unanimous in their concerns related to behavior in the 0 to 5 year old population. Here is a typical comment:

"Early childhood mental health – challenging behaviors and social emotional learning – is one of our biggest challenges. Right now, I'm worried I'm going to lose staff because the children are so challenging and so difficult. We're really stretched."

Participants commented that the pandemic created developmental and social emotional issues for toddlers that they will be dealing with into the K-12 years, especially noting the rise in physical violence. Some felt parents were also struggling with how to deal with destructive behaviors. As one noted:

"The behavioral issues of the children in the classroom. I mean throwing chairs and just smacking. I mean it's just, it's more aggressive, and the parents' response often is that they'll hand them their phone."



One group of participants talked about the lack of role modeling for parents during the pandemic. As one participant said, “parents didn’t have access to models. A lot of what we do in parenting is because of what we see other parents doing.” Parents were isolated and alone as they tried to develop those early parenting skills. A majority of participants expressed the need to better engage parents in understanding the importance mental health and behavioral services for this population.

The lack of behavioral health services for family- and center-based childcare was noted by childcare providers. The margins for business owners are very thin. Basic needs and licensure requirements must be met, which leaves little revenue for special education or behavioral health services.

SCHOOL MENTAL HEALTH SERVICES

Every school in the AACPS system has Expanded School-Based Mental Health (ESBMH) services. Students enrolled in Medicaid can receive mental health services at their school during the school day through Villa Maria, Children’s Guild, Innovative Therapeutic Services, Thrive Behavioral Health, or Army Behavioral Health. AACPS ESBMH served 1,548 students during the 2022-2023 school year (Table 24: Student Mental Health Services), a 15% increase in one year.

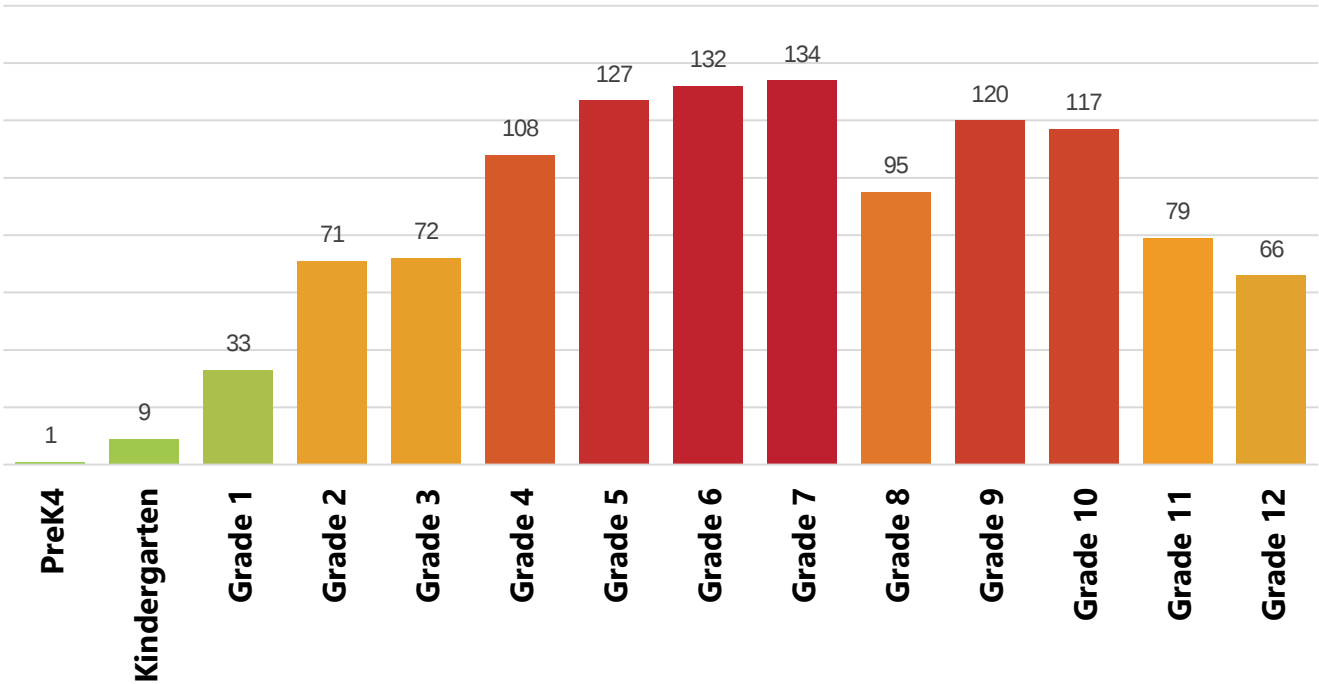
Table 24: Student Mental Health Services			
Provider	2021-2022 Student Count	2022-2023 Student Count	Change from 2021-2022
Innovative Therapeutic Services	151	241	+90
Thrive	314	365	+51
The Children’s Guild	473	524	+51
Villa Maria	416	418	+2
Grand Total	1,354	1,548	+194

Source: Anne Arundel County Public Schools, 2024

There are some differences in mental healthcare usage based on the age of the child and grade level. Grades 6, 7, and 8 showed the most demand for services in 2024. Traditionally, these grades are the transitional years for youth and create more challenges (Figure 15: School Extended School-Based Mental Health Student Served by Grades, 2022-2023 School Year on page 48). Over three quarters of students served (76.8%) qualified for Free and Reduced Meals (Anne Arundel County Public Schools, 2023). This should not be surprising as the school-based mental health system is based on Medicaid billing rather than county dollars. According to participants, the children hardest to serve are those with no health insurance. By grade 12, the use of school-based mental health services is significantly lower.

SCHOOL MENTAL HEALTH SERVICES, CONTINUED

Figure 15: School Extended School-Based Mental Health Student Serviced by Grades, 2022-2023 School Year



Source: Anne Arundel County Public Schools, 2024

As stated above, participants in this Needs Assessment were concerned about the growing levels of anxiety among children and youth. Many different reasons were suggested including the state of national and international affairs and the constant bombardment from social media. The importance of “appearance” and the role of social media influencers were also recurring themes. As one participant noted:

"I almost think it's rare to have a child who doesn't have anxiety now. I mean, what some are experiencing is much more debilitating than others, but it's an anomaly now when a kid is not experiencing any anxiety."

According to Anne Arundel County Public Schools data, ADHD (22.1%), trauma (19%), and anxiety (17.68%) are the most frequent primary diagnoses for students served by extended, school-based mental health services and account for over half of all diagnoses (Table 25: Anne Arundel County Public Schools Students Served by Primary Diagnosis).



Table 25: Anne Arundel County Public Schools Students Served by Primary Diagnosis

Primary Diagnosis	2022
ADHD	342
Anxiety	272
Conduct	83
Depression	72
Developmental	(service area issue)
Mood	164
OCD	10
Other	191
Stress	91
Trauma	294
Diagnosis Not Reported	21
Total	1,548

Source: Anne Arundel County Public Schools, 2024

Youth with serious mental health issues are often treated in hospital Emergency Departments. Unfortunately, there are no facilities in the county to transfer them to. There are no residential beds for youth, or transitional age specific beds in the county. Children requiring residential care are often placed in other counties and sometimes out of state. Such distances create issues for parents as they try to act as strong, ongoing support systems. Parental distance, especially for those parents without access to transportation, does not aid these children's recovery.



SOCIAL MEDIA

There are no reliable numbers that would attest to the overuse of social media by our youth but participants in this Needs Assessment pointed to how concerned our young people are with maintaining a positive online presence. Every person who commented on this issue pointed to social media as highly detrimental to youth mental and emotional health. Youth were socially and physically isolated during the pandemic, which increased the use of social media platforms, online gaming, and general electronic communication. Here is a typical comment:

"I talked to a counselor recently who said it [social media] should be banned for kids like alcohol and cigarettes because they see the effect on these kids and link it to the high teen suicide rate."

According to a nationwide study on the link between youth self-harm and social media by Tormien, Myre, Kihdahl, Wallaby, and Rossow (2023), youth who spent at least three hours a day on social media have an increased risk of self-harm. Researchers have also made a causal link between depression, suicide, and social media use (Social Media Victims Law Center, 2025). Medical providers in this Needs Assessment commented on the adverse health effects of social media for teenagers. As one noted:

"I talk to my teenage patients all the time about the amount of time they spend on social media. I mean ... it creates a lot of anxiety. We can all get into that kind of mode where all you're looking at is kind of gloom and doom and it's reverberating, so kids aren't sleeping as much."

Parents, teachers, and providers cited lack of sleep as one of the adverse effects of gaming and general social media use on children and youth.

SUBSTANCE USE

The data is mixed related to youth substance use. The Youth Risk Behavior Survey for 2022 shows a decrease in all categories since 2018 but this data is self-reported by youth (Table 26: Anne Arundel County High School Youth Risk Behavior Survey, 2022, Substance and Alcohol Use).

Table 26: Anne Arundel County High School Youth Risk Behavior Survey, 2022, Substance and Alcohol Use

Measure	% of Students 2022	Change Since 2018
Currently Drink Alcohol	20.5%	Decrease
Currently Binge Drink	11.6%	Decrease
Current Cigarette Use	3.5%	Decrease
Current Cigar Product Use	4.5%	Slight Decrease
Current Electronic Vapor Product Use	14.3%	Decrease
Current Marijuana Use	14.0%	Decrease
Ever Used Prescription Pain Meds Outside Prescribed Use	10.9%	Decrease

Source: Maryland Risk Youth Behavior Survey, 2022



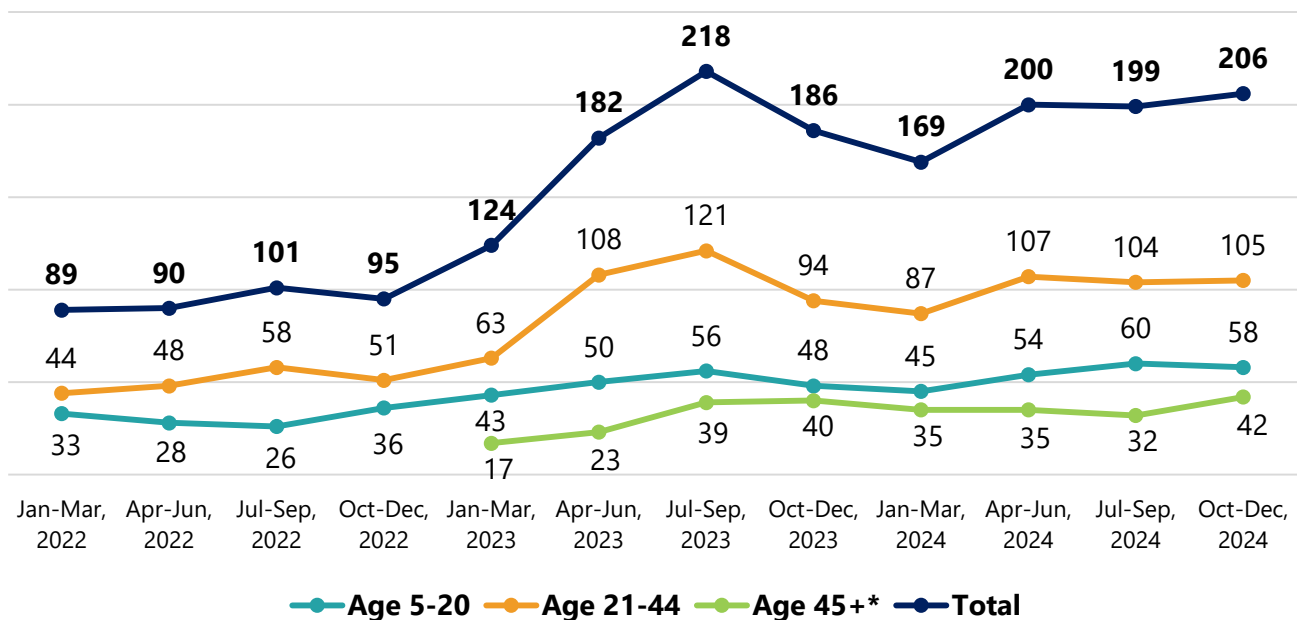
Qualitative data from providers, parents, and residents tell a different story, especially around the normalization of cannabis in many forms, including gummies that may be accessible to young children due to use by parents. As one provider noted:

"A major challenge is the normalization of marijuana and THC; there has been calls to elementary schools with children going in with gummies ... for our generation, the normalcy of adults drinking a beer in the backyard has now gone to the normalcy of marijuana."

Cannabis-related hospital visits for children and youth have risen over the past three years and the trend is moving upward (Figure 16: Cannabis Related Hospital Visits by Age Groups, 2022-2024, Anne Arundel County Residents). Providers and school personnel commented on the pervading smell on children's clothes and bodies if they are living in households where cannabis is used or are using cannabis themselves. This can lead to the children being ostracized in the school environment. As one school employee noted:

"A third grader who comes to school regularly – everything smells like marijuana. It's pretty strong. So much so they take his backpack outside to air it out."

Figure 16: Cannabis Related Hospital Visits by Age Groups, 2022-2024, Anne Arundel County Residents



Source: Anne Arundel County Health Department, 2025

Several residents commented on the continuing use of street drugs by teenagers, especially when they are mixed with popular drinks like Sprite. As one resident noted:

"Promethazine and codeine mixed with Sprite, you know, a beverage that tastes good. They add the drugs to the beverage and they drink it."

EDUCATION: THE K-12 YEARS

The Anne Arundel County Public School System consists of 112 schools: 81 elementary, 16 middle, and 15 high schools. Total enrollment has grown from 81,379 in 2017 to 84,346 in 2024, an increase of almost 4% (Table 27: Anne Arundel County Public School Enrollment, 2017-2024).

Table 27: Anne Arundel County Public School Enrollment, 2017-2024

		Total Number of Students Enrolled							
	# of Schools in County	2017	2018	2019	2020	2021	2022	2023	2024
Elementary (PreK-5)	81	40,649	41,323	41,170	41,670	41,670	38,875	39,613	39,552
Middle School	16	17,884	18,233	18,745	19,427	19,427	19,378	19,258	18,956
High School	15	22,846	23,221	23,385	23,887	23,887	24,910	25,581	25,838
Total	112	81,379	82,777	83,300	84,984	84,984	83,164	84,452	84,346

Source: Maryland Report Card, 2025





THE OPPORTUNITY GAP

The word “Opportunity” replaces “Achievement” in this Needs Assessment. That term will be used consistently throughout this document in recognition that denial of opportunity, not lack of effort or innate talent, is to blame for the gap in academic success between groups of students. This inequality of opportunity, related to race and income, begins with lack of prenatal care, the negative effects of low birthweight, and poor nutrition, and is compounded by unsafe housing, inadequate transportation, and neighborhood violence. Many participants in this Needs Assessment commented on the issues outside the school system that impact achievement inside the school. As one person commented, “If Mom's not okay, there's absolutely no way that the kids are okay. It's just not possible.”

Maryland uses the Maryland Comprehensive Assessment Program (MCAP) as the umbrella for all standardized state testing. According to the most recent data (2024), while 5th grade English Proficiency MCAP scores have seen some improvement since 2018, math proficiency continues to trend downwards significantly. There is some improvement between 2023 and 2024 but it's too early to consider this improvement a trend. There are still noticeable disparities in both English and math achievement related to race and ethnicity. Hispanic achievement is trending downward, considerably, in both areas (Table 28: Anne Arundel County 5th Grade MCAP English Proficiency 2018-2024 and Table 29: Anne Arundel County 5th Grade MCAP Math Proficiency 2018-2024).

Table 28: Anne Arundel County 5th Grade MCAP English Proficiency 2018-2024

Race	2018	2019	2020-2021	2022	2023	2024
Black/African American	30.9%	31.9%	N/A	31.3%	31.6%	36.3%
White	61.3%	61.3%	N/A	57.7%	58.4%	62.2%
Hispanic	35.1%	36.7%	N/A	31.4%	30.0%	33.6%
Overall	50.1%	51.5%	N/A	46.9%	46.8%	50.3%

Source: Maryland Report Card, 2024

Table 29: Anne Arundel County 5th Grade MCAP Math Proficiency 2018-2024

Race	2018	2019	2020-2021	2022	2023	2024
Black/African American	19.6%	16.6%	N/A	10.5%	10.6%	15.3%
White	49.7%	48.5%	N/A	31.6%	36.7%	40.4%
Hispanic	24.9%	21.7%	N/A	9.7%	13.0%	13.7%
Overall	38.9%	36.6%	N/A	22.7%	25.6%	28.5%

Source: Maryland Report Card, 2024

THE OPPORTUNITY GAP, CONTINUED

By 8th grade, county English proficiency is increasing across all demographics, although the gap in achievement by race and ethnicity is still very clear (Table 30: Anne Arundel County 8th Grade MCAP English Proficiency 2018-2024). The trend line for math proficiency is dropping for all races and the gap in achievement by race and ethnicity is increasing (Table 31: Anne Arundel County 8th Grade MCAP Math Proficiency 2018-2024).

Table 30: Anne Arundel County 8th Grade MCAP English Proficiency 2018-2024						
Race	2018	2019	2020-2021	2022	2023	2024
Black/African American	23.7%	28.3%	N/A	28.1%	36.9%	38.6%
White	54.0%	60.0%	N/A	59.6%	64.8%	66.4%
Hispanic	27.2%	30.6%	N/A	30.1%	34.9%	36.0%
Overall	43.6%	48.9%	N/A	47.0%	52.3%	53.2%

Source: Maryland Report Card, 2024

Table 31: Anne Arundel County 8th Grade MCAP Math Proficiency 2018-2024						
Race	2018	2019	2020-2021	2022	2023	2024
Black/African American	5.0%	5.0%	N/A	5.0%	5.0%	5.2%
White	17.3%	19%	N/A	10.1%	11%	13.5%
Hispanic	7.8%	5.8%	N/A	5.0%	5.0%	5.0%
Overall	11.3%	11.9%	N/A	5.9%	6.7%	9.0%

Source: Maryland Report Card, 2024

TRUANCY

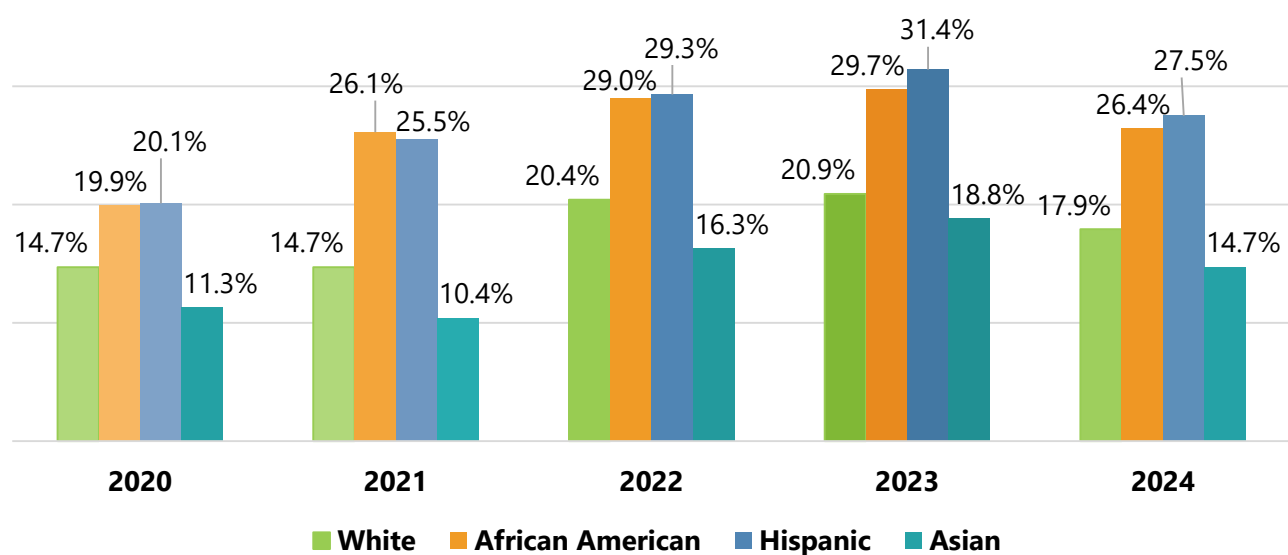
Students are considered habitually or chronically absent if they are absent for 20 or more days during the school year. Students who miss more than 20 days of school in preschool, kindergarten, and first grade are much less likely to read at grade level by the third grade. Students who cannot read at grade level by the end of third grade are four times more likely than proficient readers to drop out of high school. According to Gubbels, van der Put, and Assink (2019), missing 10% or more of school for any reason (excused, unexcused, or suspensions) in kindergarten leads to worse achievement in later grades. The impact was greatest on the children living in poverty with less resources to make up for lost time to learn in the classroom.



When youth returned to school after the pandemic there were many residual issues related to attendance. The bus driver shortage impacted low-income children disproportionately as they were less likely to have alternate transportation to school. When schools were closed students were no longer in the habit of going to school so a return to that routine for parents and children was quite difficult. These issues are made clear in the county's Chronic Absentee Rate of the Maryland Report Card, which shows an expected spike for the 2022 and 2023 years and a drop for 2024. Unfortunately, the trend line increases between 2020 and 2024 (Figure 17: Chronic Absenteeism Rate for Anne Arundel County Public Schools by Race/Ethnicity, 2020-2024). There are still deep disparities in chronic absenteeism by race and ethnicity and those disparities worsened between 2020 and 2024 (Figure 17).

Some educators commented that parents are more likely, since the pandemic, to keep their children away from school for relatively mild health issues. Several participants commented that children are also helping families economically by looking after siblings or contributing to the family income; attending school becomes secondary to keeping the family going. Several parents and educators commented that there are few options for youth who are ready to leave the traditional school setting at 16. There are no apprenticeship tracks and few opportunities to engage in entrepreneurialism as a part of the school system. Some of the more successful ones, for instance, the evening high school program, have recently lost funding.

Figure 17: Chronic Absenteeism Rate for Anne Arundel County Public Schools by Race/Ethnicity, 2020-2024



Source: Maryland Report Card, 2024

According to participants in this Needs Assessment, lack of transportation is a contributing factor to truancy, particularly due to the shortage of school buses. According to one participant:

"We have families that have transportation and can get their kids to school. Whereas in the Meade cluster, we have families that had no way of getting their kids to school during the bus shortage so we had chronic absenteeism go up, and it further built those academic gaps that we already experienced in some of those schools."

GRADUATION RATES

The on-time graduation rate is the number of students graduating divided by the number entering ninth grade four years earlier. High school graduation rates are one of the measures of the overall effectiveness of our school system. Anne Arundel County’s overall graduation rate has increased by a very small 0.1% between 2017 and 2024, although the pandemic has to be factored in. When the rates are disaggregated by race, ethnicity, and income, we can clearly note the continuing opportunity gap. The percentage trend for the Hispanic population is encouraging but there is a 7% difference in the graduation rate between African American and White students in 2024. (Table 32: Anne Arundel County Graduation Rates, 2017-2024).

Table 32: Anne Arundel County Graduation Rates, 2017-2024								
	2017	2018	2019	2020	2021	2022	2023	2024
African American Students	87.56%	86.83%	87.20%	88.32%	87.64%	86.61%	84.43%	86.95%
White Students	90.90%	92.05%	91.20%	92.71%	93.16%	92.60%	92.51%	93.06%
Hispanic Students	76.24%	79.01%	74.93%	73.24%	81.26%	76.44%	75.27%	77.68%
FARMS Students	81.39%	83.19%	80.96%	81.99%	84.58%	81.24%	80.26%	83.00%
Overall	88.53%	89.20%	88.30%	88.89%	92.50%	88.63%	87.68%	88.54%

FARMS = Anne Arundel County Public Schools Free and Reduced Meals

Source: Maryland Report Card, 2024

HISPANIC YOUTH

The numbers of Hispanic youth in the Anne Arundel County Public School System has increased from 14,935 in 2021 to 17,926 in 2024 (Maryland Report Card, 2024), a growth rate of over 20%. The students hail from several Spanish-speaking countries, although currently the majority are from El Salvador. Many are English Language Learners and some were forced to flee their own countries related to the violence there. School system officials continue to respond as quickly as possible to the growing need for English for Speakers of Other Languages (ESOL) teachers.

Hispanic residents in this Needs Assessment commented on the need for mental health services for immigrant youth. Hispanic youth, particularly, were described as “closed down, not speaking” and one participant noted that “they fear being deported, having a parent deported, or having their entire family separated.” Several people noted that Hispanic youth lacked confidence and feared any form of confrontation.

Hispanic youth participants were more likely to describe working after-school at jobs and working long hours on weekends. Both boys and girls feared violence in their schools and emphasized the need to “keep your head down in the halls; don’t look at either side.” They were motivated to get good jobs but some were worried about their current immigration status being revoked.



HOMELESS YOUTH

As of March, 2025, there are 1,323 youth identified by the school system as homeless. These numbers account for only three quarters of a year and are higher than the numbers for 2022-2023, a 12-month period. Of those youth, 218 are unaccompanied, meaning they have no parent or caretaker. There can be a variety of reasons for this dilemma. Some have been asked to leave their parental home, others have left foster care or the Department of Juvenile Services, still others have migrated from war-torn countries without their parents.

Table 33: Anne Arundel County Students Registered as Homeless (McKinney-Vento)

	2022	July 1, 2023 - June 30, 2024	July 1, 2024 - March 2025
Early Childhood	8	22	21
Pre-K (3 and 4)	41	5 42	16 64
Elementary K - 5	417	525	528
Middle School 6 - 8	199	244	273
High School 9 - 12	377	418	421
Total Enrollments for 2023-2024 (Including Withdrawals)	1,046	1,256	1,323
Enrolled as Unaccompanied		243	218
Nighttime Primary Residence			
Hotel/Motel	124	276	251
Shelter/Transitional Housing	68	112	104
Doubled Up	838	854	956
Other	16	14	12

Source: Anne Arundel County Public Schools, 2025

YOUTH UNEMPLOYMENT

Youth unemployment figures are always higher than that for adults for a number of reasons including lack of skills related to the needs of the labor market, limited access to quality education and training, and economic instability. In Anne Arundel County, the overall unemployment rate of youth, ages 16 to 19 is 11.9%. Between the ages of 20 to 24, the rate decreases to 4.8% (Table 35: Youth Employment Status, Anne Arundel County, 2023).

Table 34: Youth Employment Status, Anne Arundel County, 2023

	Labor Force Participation	Unemployed
Ages 16 to 19	46.6%	11.9%
Ages 20 to 24	79.0%	4.8%

Source: U.S. Census Bureau, 2023

According to the U.S. Bureau of Labor Statistics (2022), the overall Maryland unemployment rate for youth ages 16 to 24 dropped to 8%. The data for 2021 (2022 not available) shows that when employment figures are disaggregated, the African American youth rate of unemployment is 13.6%, the Hispanic rate is 11.7% as opposed to the White rate of 8.9%. (Table 36: Employment Status of the Civilian Non-Institutional Population 16 to 24 Years of Age by Sex, Race, and Hispanic or Latino Ethnicity, July 2018-2022).





Table 35: Employment Status of the Civilian Non-Institutional Population 16 to 24 Years of Age by Sex, Race, and Hispanic or Latino Ethnicity, July 2018-2022

	Jul-18	Jul-19	Jul-20	Jul-21	Total
Total					
Population	37,997	37,729	37,472	37,250	714,000
Employed	20,897	21,196	17,507	20,268	356,000
Unemployed	2,119	2,115	3,973	2,254	31,000
Unemployment Rate	9.2%	9.1%	18.5%	10.0%	8.0%
White					
Population	27,866	27,658	27,474	27,333	398,000
Employed	16,174	16,295	13,595	15,635	212,000
Unemployed	1,335	1,421	2,727	1,533	20,000
Unemployment Rate	7.6%	8.0%	16.7%	8.9%	8.6%
Black or African American					
Population	5,668	5,561	5,494	5,452	N/A
Employed	2,675	2,771	2,151	2,594	N/A
Unemployed	528	472	733	410	N/A
Unemployment Rate	16.5%	14.6%	25.4%	13.6%	N/A
Hispanic or Latino Ethnicity					
Population	8,687	8,750	8,810	8,880	N/A
Employed	4,492	4,485	3,752	4,456	N/A
Unemployed	543	574	1,037	588	N/A
Unemployment Rate	10.8%	11.3%	21.7%	11.7%	N/A

Source: U.S. Bureau of Labor Statistics, 2022

CAREER AND WORK OPPORTUNITIES

There are three colleges of higher education within county boundaries. Anne Arundel Community College is a two-year institution with three campuses. It had an enrollment of 11,948 in 2020, rising to 16,083 in 2024; an almost 35% increase (Table 37: Anne Arundel Community College Enrollment Data, 2018-2024). St. Johns College of Liberal Arts in Annapolis, had an enrollment of 484 in 2023, an increase from 383 students in 2020 (U.S. News, 2023). The county is also home to the United States Naval Academy; a four-year institution with an enrollment of 4,465 in 2023, a slight decrease from 4,594 in 2020 (U.S. News, 2023).

Participants who live and work with youth in low-income neighborhoods commented that there were just not enough apprenticeship and career opportunities for youth, which made it more likely they would turn to other means to make money, often to help their family. As one stated:

"We need to figure out ways to help young people make money legally, figure out a way to help them identify their skill sets, and build those skill sets."

Table 36: Anne Arundel Community College Enrollment Data, 2018-2024

	2016	2017	2018	2019	2020	2022	2023	2024
Total Headcount	13,904	13,354	12,886	12,655	11,948	15,555	11,158	16,083
FTE Students	3,819	3,689	3,536	3,438	3,235	5,984	2,929	3,831
Dual Enrollment	1,006	1,042	1,125	1,373	1,468	1,172	2,122	2,355

FTE = Full Time Equivalent (Students whose estimated time commitment for schoolwork is 40 hours per week).

Note: Due to the COVID-19 pandemic, 2021 data was unavailable.

Source: Anne Arundel Community College, 2024





SUMMARY

Concerns about the emotional and mental health of our children and youth are growing. The influence of social media, the amount of screen time on cell phones, and the damage done by the social isolation of the pandemic, were mentioned over and over again by youth and adults. Almost everyone mentioned the increasing amount of trauma for our youth, including random school violence, as an ongoing concern. The need for trauma-informed services is growing.

“Angry” and “hopeless” were the two words constantly used to describe children of every age. Some of our youngest children are spitting, hitting, and throwing chairs. Youth are increasingly anxious, depressed, and hopeless. Our immigrant youth have been described as “scared and withdrawn.” Economic issues for families, including the middle class, are impacting the children in terms of their own security and future success. We must work together as a community to build a brighter future for our children and youth.

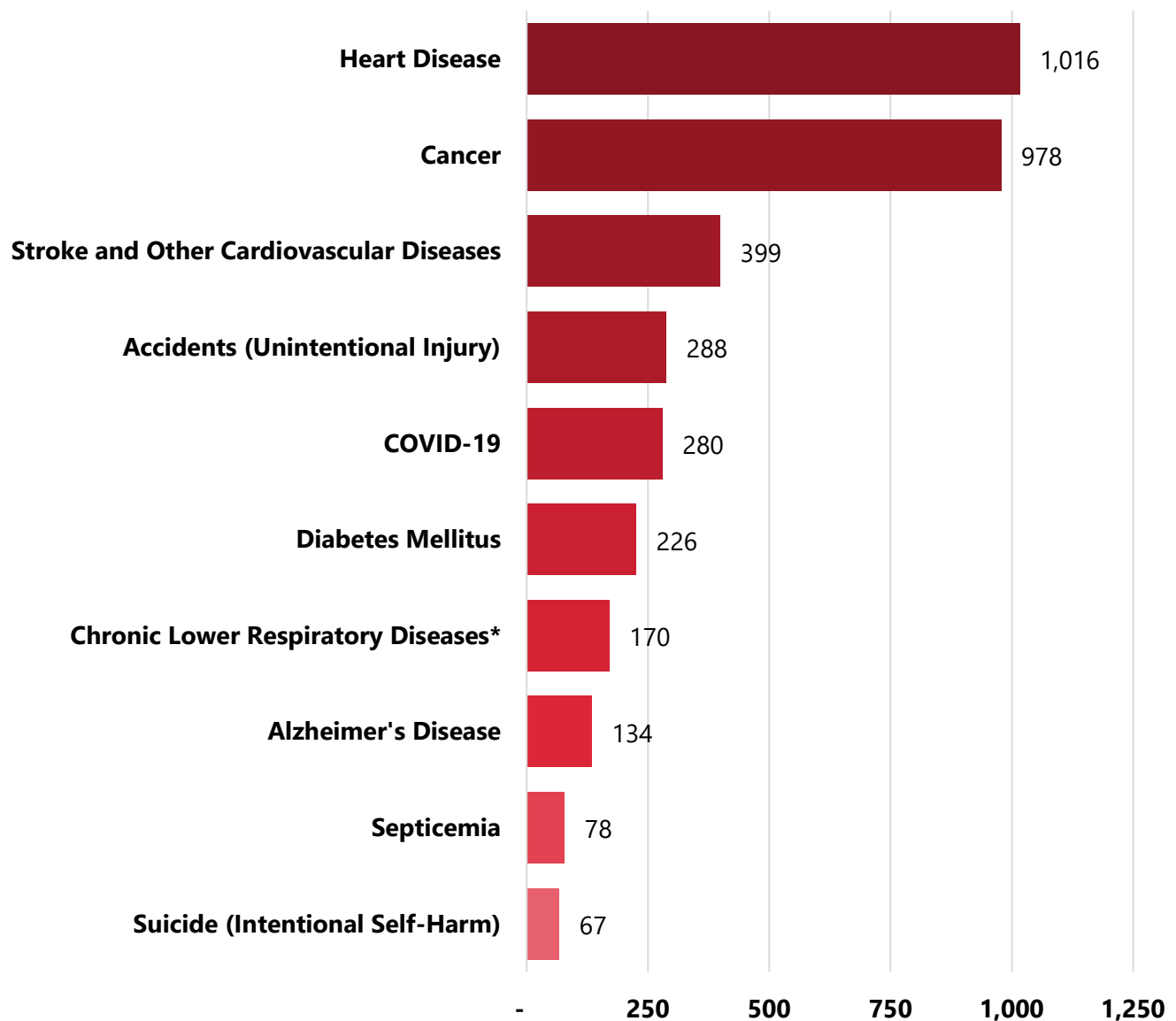
NEEDS & GAPS IN SERVICES

- Parenting programs for parents of the 0 to 5 year old population to help them manage the developmental impacts of the pandemic.
- Behavioral programming in childcare and pre-school settings.
- Early reading comprehension intervention, before third grade, was mentioned by several educators as imperative in order to decrease the opportunity gap.
- Transportation to after-school services, especially sporting events.
- Services for anxiety, depression, and hopelessness – especially trauma-informed care.
- Residential programs in the county for youth with serious mental health issues.
- Education for parents and children on the negative effects of social media use.
- More mentoring programs were mentioned by parents and providers, particularly programs led by mentors who have firsthand experience with the challenges youth are facing.
- Community programs that encourage social interaction, especially outdoor programs.
- Alternate programs for youth ages 16 to 24, especially evening high school, apprenticeships, and entrepreneurial programs.
- Recreational, training, and employment opportunities after-school and weekends.



Heart disease remains the leading cause of death in Anne Arundel County, accounting for 1,016 deaths in 2022. Stroke and related cardiovascular diseases rank third, with 399 deaths. Alzheimer's disease and COVID-19 are also among the top ten causes, likely due to the county's growing senior population. Intentional self-harm (suicide) also remains in the top ten causes of death, according to the most recent data available (Figure 18: Top Ten Leading Causes of Death, Anne Arundel County, 2022; N=4,991).

Figure 18: Top Ten Leading Causes of Death, Anne Arundel County, 2022



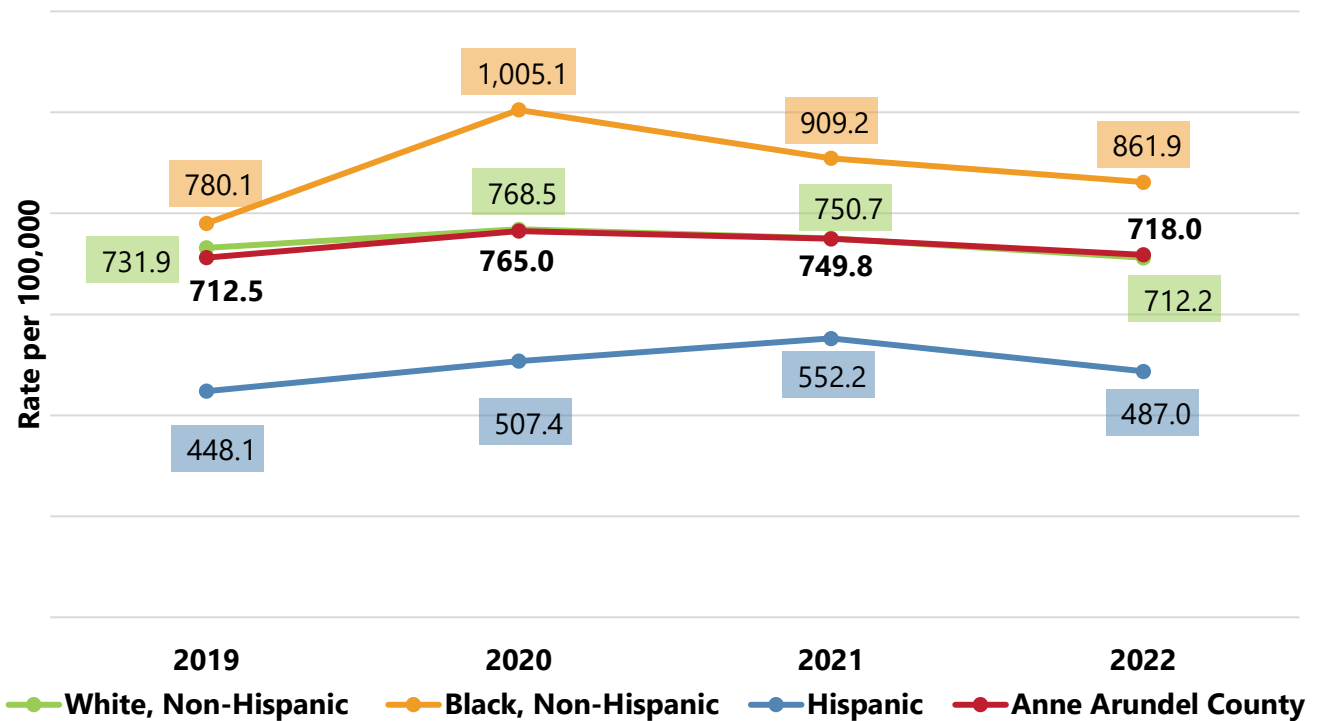
*Chronic lower Respiratory diseases (CLRD) include both chronic obstructive pulmonary disease and asthma.

N= Number of People Surveyed

Source: Maryland Department of Health, Vital Statistics Administration, Death Certificate Files, 2022

When the age-adjusted death rate for the county is disaggregated by race and ethnicity, African Americans are dying at a considerably higher rate, an almost 10% increase, and that trend line is moving upwards as of 2022 (Figure 19: Age-Adjusted Death Rate by Race and Ethnicity per 100,000, 2019-2022). Mortality rates among the Hispanic community are lower but that may be related to the younger average age of the county's Hispanic population.

Figure 19: Age-Adjusted Death Rate by Race and Ethnicity per 100,000, 2019-2022



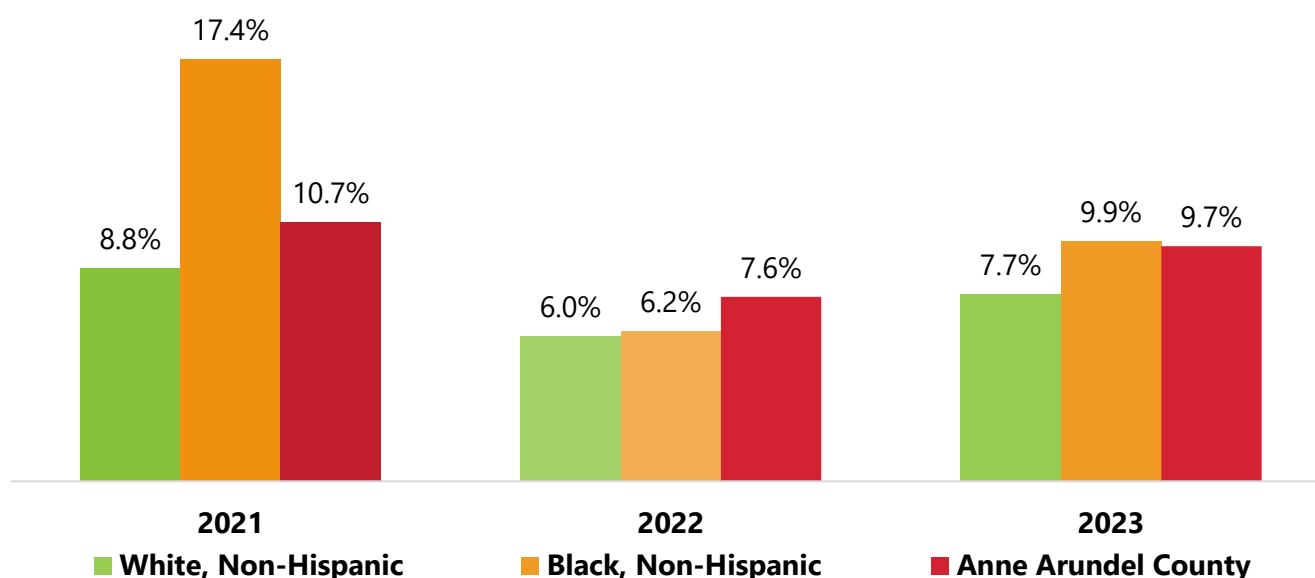
Source: Maryland Department of Health, Vital Statistics Administration, Death Certificate Files, 2022



DIABETES

Diabetes Mellitus Type 2 is a chronic disease that often develops as a result of being overweight, obesity, and lack of physical activity. Other risk factors include hypertension, low HDL cholesterol or high triglycerides, or being age 45 or older. Diabetes has a significant genetic component and occurs more often in these minority groups: African American/Black, American Indian, Asian American, and Hispanic/Latino (Figure 20: Diabetes Prevalence by Race/Ethnicity, Anne Arundel County, 2021-2023).

Figure 20: Diabetes Prevalence by Race/Ethnicity, Anne Arundel County, 2021-2023



Source: Maryland Behavior Risk Factor Surveillance System, 2021-2023

OVERWEIGHT AND OBESITY

Overweight and obesity continue to create health issues for county residents. Many factors play a role in weight including low income, lifestyle, surrounding environment, access to healthy food, lack of recreational opportunities, stress, genetics, and certain diseases. Overweight and obesity are calculated by using weight and height to determine a BMI or “body mass index” measure.

Between 2019 and 2023, the percent of overweight adults 18 years and older (Body Mass Index of 25 to 29.9) in Anne Arundel County fell from 37.9% to 33.3%; a 4.6% decrease, while the state average rose very slightly. (Figure 21: Proportion of Adults Age 18 and Over Who Are Overweight (BMI 25.0-29.9), in Anne Arundel County, 2019-2023).

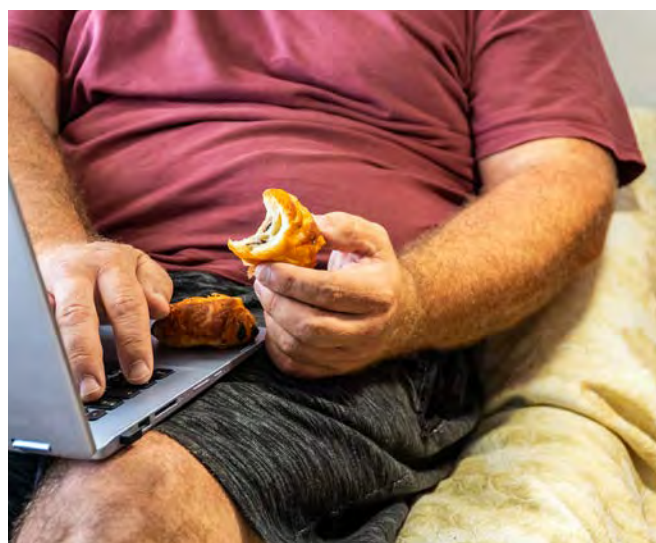
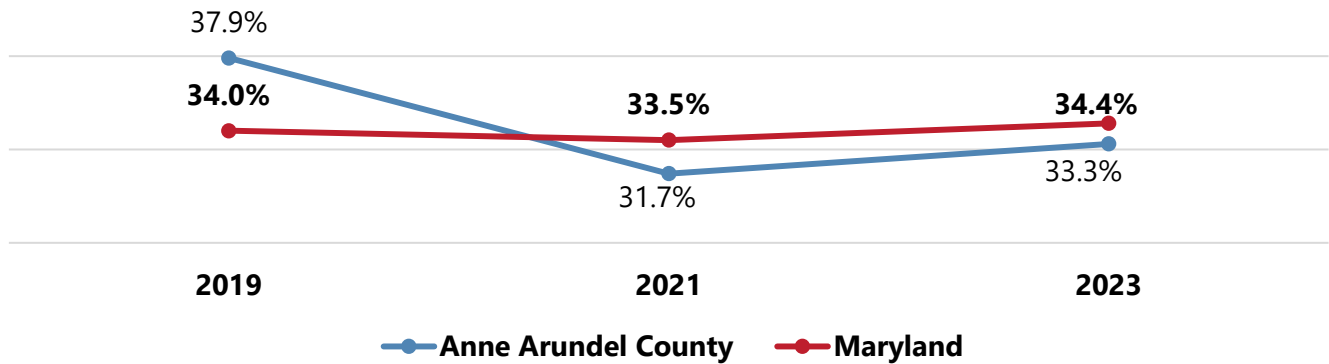




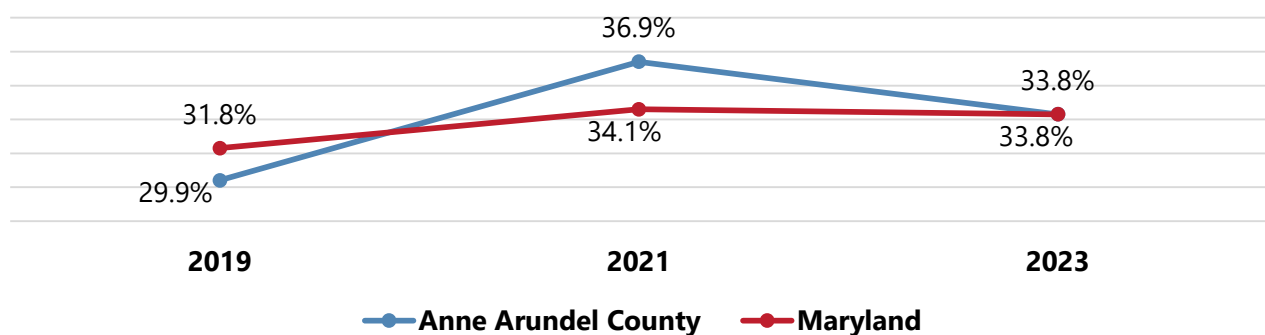
Figure 21: Proportion of Adults Age 18 and Over Who Are Overweight (BMI 25.0-29.9), in Anne Arundel County, 2019-2023



Source: Maryland Behavior Risk Factor Surveillance System, 2019-2023

Between 2019 and 2023, the number of obese county residents rose from 29.9% to 33.8%; a 3.9% increase. The state average also rose from 31.8% to 33.8%. (Figure 22: Proportion of Adults Age 18 and Over Who Are Obese (BMI 30.0 and above), in Anne Arundel County, 2019-2023). Obesity is prevalent in low-income families in the county for a variety of reasons: their neighborhoods often lack full-service grocery stores and farmers markets; primary care is less accessible; healthy food comes with extra costs; transportation to a supermarket may be unavailable; fast food is more affordable, filling and readily available; and there are fewer recreational facilities or green spaces for exercise.

Figure 22: Proportion of Adults Age 18 and Over Who Are Obese (BMI 30.0 and above), in Anne Arundel County, 2019-2023



Source: Maryland Behavior Risk Factor Surveillance System, 2019-2023

Several medical providers expressed their concern about growing obesity among residents and the corresponding health issues that can be predicted. As one noted:

"The obesity thing is so striking when you're in primary care and you're going to go in and do a physical with somebody – if they are obese then you know they are going to be in there for a while. You're going to be talking about their blood pressure, their diabetes, their sleep apnea, their joint pains, you know, their reflux, just a laundry list of things that are totally predictable when somebody is significantly overweight."

HEALTH INSURANCE AND ACCESS TO HEALTHCARE

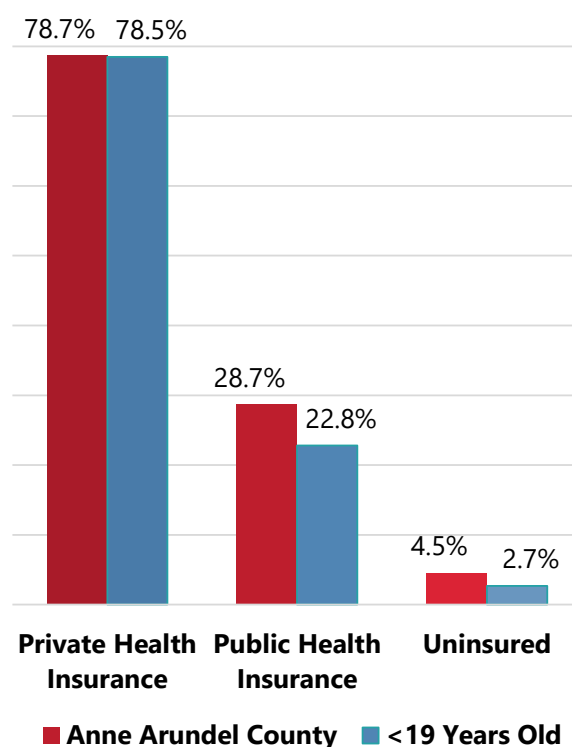
One important measure of access to healthcare is the ability of people to pay for the care they need. People without health insurance are more likely to avoid preventive care such as routine check-ups and dental cleanings and delay necessary care, which can lead to serious illnesses or other health problems (U.S. Department of Health and Human Services, 2025). According to 2022 U.S. Census estimates, the majority of Anne Arundel County residents have private health insurance, almost 79%. A similar proportion of youth under 19 years have private health insurance, (78.5%), most likely because they are covered by their parents' policies (Figure 23: Health Insurance Coverage, Anne Arundel County, 2022). According to a 2025 report from the Anne Arundel County Department of Health, 11.6% of residents living below the poverty threshold are uninsured; almost three times the percentage of the county average. The percent of uninsured residents in Anne Arundel County has risen slightly since 2019 (Table 38: Health Insurance and Access, Anne Arundel County, 2019-2023 Estimates). In 2023, the rate reached 4.6%, which represents 25,481 medically uninsured residents (U.S. Census One Year Estimates).

The Affordable Care Act (ACA) continues to increase county residents' access to healthcare. Under the ACA, residents whose income is above 138% but below 400% of the poverty level have the option to purchase health insurance through the Maryland Health Connection (the state's insurance marketplace/exchange). 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 2023, 83.3% of county residents reported having a routine check-up in the past year, while 9% of residents reported that they were unable to see a doctor in the past year because they could not afford the cost. Additionally, 91% of residents reported having at least one personal doctor or a doctor they routinely see (Maryland BRFSS, 2023).

Racial and ethnic disparities exist in the rates of people who lack health insurance. Black residents are almost two and a half times as likely to have no health insurance; up from 3,738 residents in 2019 to 5,812 residents in 2023. The Hispanic population numbers are even higher at almost 14.9%, six times the percentage rate of Whites or 8,568 residents (Table 38: Health Insurance and Access, Anne Arundel County, 2019-2023 Estimates). Several providers talked about the issues related to health insurance for the Hispanic community. As one noted:

"They don't have insurance so they don't go to prevention appointments, and then they go to the emergency room when they have a really big, big, big problem and they have to pay a lot of money."

Figure 23: Health Insurance Coverage, Anne Arundel County, 2022



Source: American Community Survey, 2022 5-year estimate

**Table 37: Health Insurance and Access, Anne Arundel County, 2019-2023 Estimates**

	Percent of Residents Uninsured									
	2019		2020		2021		2022		2023	
	%	Number	%	Number	%	Number	%	Number	%	Number
White, non-Hispanic	2.7%	10,239	2.5%	9,442	2.5%	9,279	2.4%	8,684	2.4%	8,622
Black, non-Hispanic	4.2%	3,738	4.5%	4,020	5.7%	5,209	5.9%	5,714	5.9%	5,812
Hispanic	19.0%	8,074	18.0%	7,892	16.8%	7,805	16.6%	8,241	14.9%	8,568
Asian, non-Hispanic	6.0%	1,238	6.9%	1,485	9.0%	2,001	9.3%	2,159	10.1%	2,379
Total	4.4%	24,038	4.3%	23,561	4.5%	25,160	4.5%	25,755	4.6%	25,481

Sources: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates; CDC, 2021 Maryland BRFSS.

Maryland offers enhanced Medicaid services including the Maryland Children's Health Program (MCHIP). County residents whose income is up to 138% of the poverty level are eligible for Medicaid. The number of county residents enrolled in Medicaid continues to increase, from 112,159 in 2019, to 135,816 in 2024, reflecting an enrollment rate of 23% (Table 39: Medicaid Enrollment, All Ages, Anne Arundel County, 2019-2024).

MCHIP provides free coverage to eligible uninsured children whose family earns too much money to be eligible for Medicaid, but not enough to afford private health insurance. Eligibility requirements for MCHIP include various income limits, lack of private insurance and provision, or intent to apply for a social security number. The number of MCHIP county enrollees has increased from 13,158 children in 2019 to 17,225 in 2024; a 30% increase, most likely related to stagnant wages and cost of living increases, which has made more families eligible (Table 39).

Table 38: Medicaid Enrollment, All Ages, Anne Arundel County, 2019-2024

	2019	2020	2021	2022	2023	2024
Medicaid Enrollees	99,001	102,856	110,936	117,707	123,251	118,591
CHIP Enrollees (0-19)	13,158	11,842	12,806	13,668	15,071	17,225
Total Medical Assistance (Medicaid+CHIP)	112,159	114,698	123,742	131,375	138,322	135,816
Percent of County Residents with Medical Assistance	19.60%	19.90%	21.20%	22.30%	23.40%	23.00%

Sources: Maryland Medicaid DataPort, The Hilltop Institute, UMBC, Accessed 5/30/2025. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2024, Table DP05.

IN-PATIENT HOSPITALIZATIONS

In 2024, there were 48,489 hospital stays in Anne Arundel County; a rate of 81.6 per 1,000 (Table 40: Inpatient Hospitalizations, Anne Arundel County, 2020-2024). The hospitalization rate increased with age from 55.4 hospitalizations per 1,000 population among those aged 0 to 19 years old to 209.7 hospitalizations per 1,000 population among those aged 65 years and over (this data only includes Anne Arundel County residents admitted to hospitals in Maryland). The overall rate has increased from 76.3 per 1,000 in 2020 to 81.6 per 1,000 in 2024. Females are more likely to be hospitalized than males; a rate of 69.2 per 1,000 to 93.6 per 1,000, respectively.

Table 39: Inpatient Hospitalizations, Anne Arundel County, 2020-2024

	2020	2022	2024	2020	2022	2024	2020	2022	2024
	Number			Population			Rate per 1,000		
Total hospitalizations	44,954	45,679	48,489	589,106	593,347	594,582	76.3	77.0	81.6
Age									
0 to 19 years	8,024	8,398	8,067	146,538	145,809	145,617	54.8	57.6	55.4
20 to 39 years	9,496	9,349	9,410	159,087	159,256	158,010	59.7	58.7	59.6
40 to 64 years	11,370	10,301	10,488	194,491	193,700	193,068	58.5	53.2	54.3
65+ years	16,064	17,631	20,524	88,990	94,582	97,887	180.5	186.4	209.7
Sex									
Male	19,177	19,109	20,365	291,745	293,767	294,261	65.7	65.0	69.2
Female	25,776	26,569	28,122	297,361	299,580	300,321	86.7	88.7	93.6
Race/Ethnicity									
White, NH	28,776	29,583	31,102	381,889	373,801	369,004	75.4	79.1	84.3
Black, NH	8,503	9,032	9,834	105,806	111,719	114,182	80.4	80.8	86.1
Asian, NH	1,063	1,129	1,307	24,797	26,474	27,213	42.9	42.6	48.0
Hispanic	3,530	3,628	3,952	57,175	61,489	63,808	61.7	59.0	61.9

Maryland Health Services Cost Review Commission Outpatient Files, 2020-2024; CDC WONDER Single-Race Population Estimates 2020-2023, accessed May 22, 2025. The population counts for 2024 were not available so 2023 population counts were used for those rate calculations.

Sources: Maryland Health Services Cost Review Commission Outpatient Files, 2020-2024; CDC WONDER Single-Race Population Estimates 2020-2023, accessed May 22, 2025.



PRIMARY CARE

Anne Arundel County’s provider to patient ratios continue to be much higher than the Maryland average (Table 41: Primary Care Physicians and Dentists Ratios, Anne Arundel County, 2025). There are only 353 primary care providers for the entire county of almost 600,000 residents. High provider to patient ratios are associated with poorer patient health outcomes. Patients who wait longer to see their doctors are delaying necessary preventive care. Doctors have less time to devote to each patient and are facing burnout. Those patients who are treated initially at the emergency room may have to wait months to see their primary care doctor. As one provider noted:

"They leave the ER and they're told to contact a doctor within 24 hours, and it's three months before they can get in to see somebody for an acute issue. Or they can't get in to see their primary care doctor. The doctor says we don't have any appointments for you, so you need to go to urgent care or to the ER. That's for people who have insurance, much less for people who don't."

Table 40: Primary Care Physicians and Dentists Ratios, Anne Arundel County, 2025

	Anne Arundel County Ratio	Maryland Ratio	United States Ratio
Primary Care Physicians (2021)	1,490:1	1,180:1	1,330:1
Dentists (2022)	1,370:1	1,240:1	1,360:1

Source: County Health Rankings, 2025

Concern about the number of primary care providers in the county was expressed by both providers and residents. According to providers, it’s not unusual for a primary care doctor to have more than 2,000 patients on their panel. As one provider noted:

"We don't have enough primary care providers, not just in my clinic but throughout the area. The demand, the wait to get a new patient appointment, if people are even taking new patients, for everyone, is just terrible."

One of the issues is the rate of pay for primary care doctors compared to specialist physicians. The difference can amount to hundreds of thousands of dollars. This is related to the rate of insurance reimbursement for specialty care. As one provider said:

"The differential is really extreme and it's because specialists perform procedures that reimburse more. We're still in a very fee-for-service environment so specialists that perform expensive procedures and surgeries are paid more."

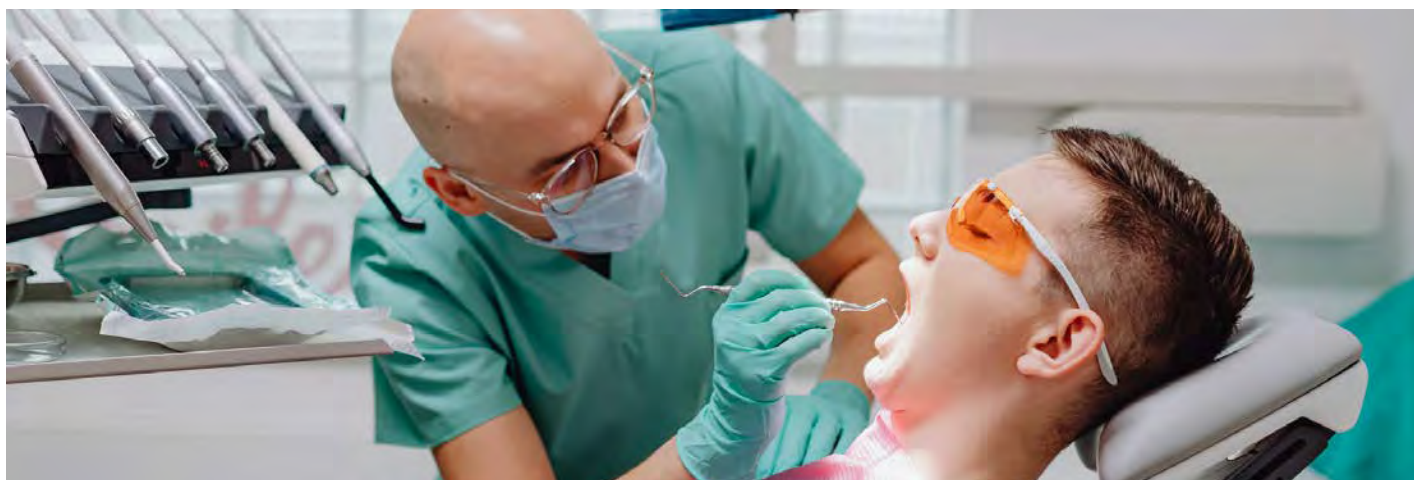


PRIMARY CARE, CONTINUED

Some doctors in the U.S. are leaving the public health field and creating concierge services for residents who can pay for their medical care without using health insurance, partly because of the difficulties of billing and denial of care. Most providers were pessimistic about the future of primary care without some improvement in pay and conditions. Some noted that primary care is not well respected in the medical profession. As one noted:

"I went to Duke, which considers itself elite and it was pretty clear, nobody stated this but if you wanted respect and money, you should be a specialist, and if you wanted no money and no respect you should be in primary care."

In 2022, 7% of county residents reported that they were unable to see a doctor in the past year because they could not afford the cost. Self-pay/charity visits occurred more frequently among Black non-Hispanic and Hispanic residents compared to White non-Hispanic residents. In fact, 41% of self-pay/charity visits were made by Hispanic residents. Over 8,000 of the Emergency Department visits (6%) were expected to be paid entirely by the patient or by a charity, with an average charge of \$1,149 (County Health Ranking Report, 2024).



DENTAL CARE

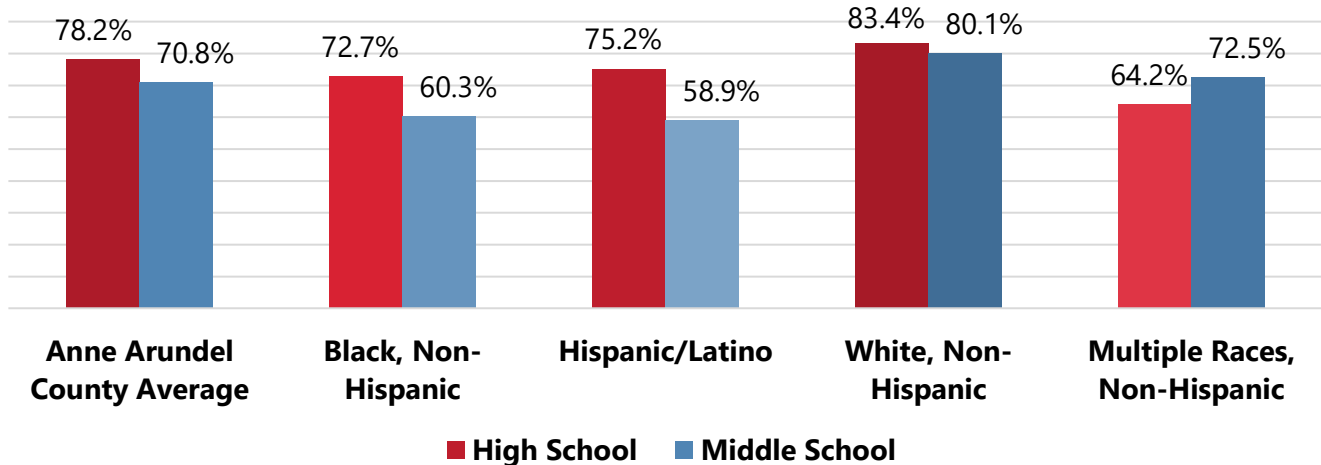
Access to dental care continues to be a huge issue in the county. However, the ratio of one dentist to 1,370 residents has decreased from the 1:1,470 ratio of 2019 (Table 41: Primary Care Physicians and Dentists Ratios, Anne Arundel County, 2025 on page 69). In 2022, among adults in the county, only 55% of Hispanic residents reported seeing a dentist in the past year, compared to the overall county average of 71% (Anne Arundel County Department of Health, 2022).

Those residents fortunate enough to have dental insurance often have large copays. For those without dental insurance, there are dental clinics at the Anne Arundel County Department of Health in Annapolis and Glen Burnie, and another at the Chase Brexton Federally Qualified Health Center in Glen Burnie.

In 2023, 78% of county high school students and 71% of middle school students reported that they saw a dentist at least once in the past year. The proportion of students who saw a dentist was lowest among Hispanic middle school students (59%) and Black non-Hispanic middle school students (60%) (Figure 24: Dental Care Among Middle and High School Students, Anne Arundel County, 2023).



Figure 24: Dental Care Among Middle and High School Students, Anne Arundel County, 2023



Source: MDH Youth Risk Behavior Survey, 2022-2023

According to the Care Quest Institute (2022), patients most likely to visit the Emergency Department for dental care are 25-34 years old, uninsured or have Medicaid coverage, live in a rural area, and/or are low income. Their dental issues are more serious due to the delay in care and the cost for the visit is higher. These trends reflect persistent inequities in Americans' access to dental care. From 2018-2023, Anne Arundel County residents made 103 visits to Maryland Emergency Departments for dental issues such as cavities, periodontitis, and other dental conditions. Children ages 5 to 17 years made up one-third (32%) of these visits. Most of these visits were paid for by Medicaid (44%) or private insurance (41%) (Table 42: Emergency Department Visits for Dental Conditions, Anne Arundel County Residents, 2018-2023).

Table 41: Emergency Department Visits for Dental Conditions, Anne Arundel County Residents, 2018-2023

	ED Visits	% of ED Visits
Total	103	100%
Race/Ethnicity		
White, NH	55	53.4%
Black, NH	29	28.2%
Age Group		
0-4 Years	25	24.3%
5-17 Years	33	32.0%
18-44 Years	32	31.1%
45+ Years	13	12.6%
Insurance Type		
Private/Commercial	42	40.8%
Medicaid	45	43.7%
Other	16	15.5%

Source: Health Cost Review Commission Outpatient Files, 2023

FOOD INSECURITY

The term “food insecurity” coined by the USDA, is used to describe people who don't have enough to eat and don't know where their next meal will come from. Anne Arundel County Food Bank is averaging more than 51,000 instances of food assistance monthly in 2025; 6% more than last year and 19% more than two years ago. This is an 85% higher need than the 2019 monthly average. As one participant noted:

"I've noticed at our pantry, a lot of people come and ask me because they have empty cupboards – at the school, we have a monthly shopping day where families come and shop, but I'm getting calls from families in between those monthly days where they tell me they have absolutely nothing on their shelves to eat. The food has become so scarce, and the prices are just so high."

Low-income residents can also be measured by the numbers receiving what used to be called food stamps and is now the Supplemental Nutrition Assistance Program (SNAP). According to Feeding America (2023), the number of food-insecure people in Anne Arundel County increased by over 5,000 people from the previous year, from 61,640 to 66,310. The percentage of food-insecure people rose to 11.2% of residents. Of that group, 57% are above the SNAP threshold and deemed ineligible for SNAP benefits.

The rate is higher per capita for African Americans, which is most likely related to the disproportionate numbers of African Americans living in poverty or/and receiving less than a living wage. African American households are also more likely to experience food insecurity, compared with all U.S. households (U.S. Department of Health and Human Services, 2025).

Table 42: Households on Food Stamps/SNAP Benefits by Race/Ethnicity in Anne Arundel County, 2020 - 2023

	2020	2021	2022	2023
White, NH	54.0%	44.1%	43.6%	42.1%
Black, NH	32.9%	40.5%	43.3%	39.5%
Hispanic	10.4%	11.7%	8.9%	9.6%
Asian	2.7%	3.0%	3.2%	2.5%

Source: U.S. Census Bureau, American Community Survey 1-year Estimates 2020 - 2023

FOOD ACCESS

Lack of access to healthy food causes many issues for county residents. Residents who lack access to food are at an increased risk for a variety of negative health outcomes and health disparities including increased risk for obesity and chronic disease. Food-insecure children may also be at an increased risk for a variety of negative health outcomes including a higher risk of developmental problems compared with food-secure children. Reduced frequency, quality, variety, and quantity of consumed foods has a negative effect on children’s mental health (U.S. Department of Health and Human Services, 2025).



ANNE ARUNDEL COUNTY PUBLIC SCHOOLS FREE AND REDUCED MEALS (FARMS)

Eligibility for the free and reduced-price meal program is determined by household income; free meals are available to families below 130% of the Federal Poverty Level (FPL) and reduced-price meals for those between 131% and 185% of the FPL. The cost of reduced-price meals has not changed since 2014 and in the 2025-2026 school year, the Anne Arundel County Board of Education has approved leaving the price of school meals unchanged again. The county's Free and Reduced Meals rate has crept steadily upwards over the last few years. In 2020, the percentage of eligible students was 35.2%. By 2024, the percentage had grown to 43.8% (Table 44: Anne Arundel County FARMS, 2022-2024).

Table 43: Anne Arundel County FARMS, 2022-2024

	2020	2021	2022	2023	2024
Percent of Students	35.2%	37.6%	36.6%	43.4%	43.8%

Source: Maryland Report Card, 2025

Anne Arundel County Public Schools Food and Nutrition Services offers breakfast and lunch to school children. In 2024, over nine million meals were served (Table 45: Anne Arundel County Public Schools Food and Nutrition Services: Total Meals Served Pre/Post Pandemic) The school system also supplies summer meals at various sites in the county. In 2007, when the program started, 22,877 meals were distributed in the county. By 2024, that number had grown to 93,677, thanks largely to the addition of mobile sites. In the summer of 2025, the public school system will offer fewer mobile sites but with a "grab and go" option.

**Table 44: Anne Arundel County Public Schools Food and Nutrition Services:
Total Meals Served Pre/Post Pandemic**

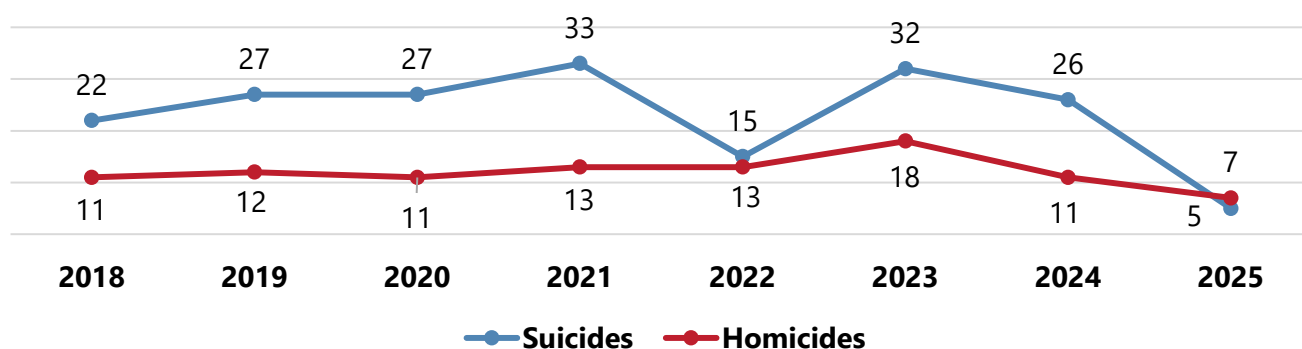
	2017/2018	2018/2019	2020/2021	2021/2022	2022/2023	2023/2024
Total Breakfasts Served	3,717,762	3,471,076	2,222,449	4,585,679	2,697,193	3,034,229
Total Lunches Served	5,837,279	5,920,448	2,366,715	7,987,512	5,931,211	6,149,400
Total Dinners Served	131,001	125,210	1,896,114	204,831	97,635	112,870
Total Snacks Served	28,234	33,654	1,896,114	-	7,974	13,921
Total Meals Served	9,714,276	9,550,388	8,381,392	12,778,022	8,734,013	9,310,420

Source: Anne Arundel County Public Schools, 2024

GUN VIOLENCE

Gun violence is considered a public health issue in Anne Arundel County, and the Gun Violence Task Force has been in place since 2018 to address it. According to the Maryland Department of Health, firearm-related suicides in the first half of 2025 have decreased, compared to the same period in 2024. Of the five victims in the first half of 2025, all were male, two were Black and three were White, and more than half were under 40 years old. However, firearm-related homicides have increased in the first half of 2025, with the year trending toward a higher overall number. Of the seven homicides recorded so far, all victims were male, six were Black, and all but two were under 30 years old.

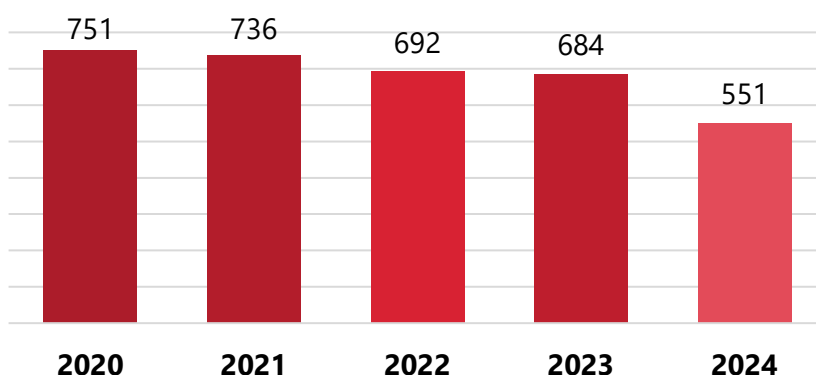
Figure 25: Gun Homicides and Suicides Occurring in the County, 2018-2025



Source: Anne Arundel County Department of Health, 2025

The most recent gun crime data from the Anne Arundel County Gun Violence Taskforce shows a continuing decrease in incidents since 2020; the numbers are down from 751 in 2020 to 511 in 2024; an almost 32% decrease (Figure 26: All Gun-Related Incidents Occurring in Anne Arundel County and Annapolis City). Gun-related incidents include all gun-related fatalities (homicides and suicides), suicide attempts, and crimes (assault, contact shooting, robbery, carjacking, home invasion, sex offense, threats, and wear, carry, transport violations) that occurred within Anne Arundel County, regardless of what county the victim lives in.

Figure 26: All Gun-Related Incidents Occurring in Anne Arundel County and Annapolis City



Source: Anne Arundel County Department of Health, Gun Violence Intervention Team Dashboard, 2025

Racial disparities related to firearm injury are illustrated in the data, although the overall disparity rate is down (Table 46: Anne Arundel County Firearm Injury by Race and Ethnicity). While Black males have the highest number of injuries in the more recent data period, 184 compared with 95 for White males, that number has decreased from 349 to 184 — a 47% decrease.

**Table 45: Anne Arundel County Firearm Injury by Race and Ethnicity**

Sex and Race/Ethnicity	2016 - 2019		2020 - 2024	
	Total Injuries (Percent)		Total Injuries (Percent)	
Black Male	349	(59.0%)	184	(37.9%)
White Male	129	(22.0%)	95	(19.6%)
White Female	27	(5.0%)	69	(14.2%)
Black Female	38	(6.0%)	63	(13.0%)
Hispanic Male	20	(3.0%)	n/a	
Other/Hispanic Female	31	(5.0%)	31	(6.4%)
Total	594		442	

Source: Anne Arundel Gun Violence Taskforce, 2025

The trend line for inpatient hospitalizations and Emergency Department visits for firearm injuries in the county is moving upwards for 2023, the most recent data available. Inpatient hospitalizations have seen the largest increase from 40 in 2016 to 76 in 2023; a 90% increase. In 2023, there were a total of 174 admissions (Table 47: Inpatient Hospitalizations and Emergency Department Visits for All Firearm Injuries, 2016-2023).

Table 46: Inpatient Hospitalizations and Emergency Department Visits for All Firearm Injuries, 2016-2023

Place of Admission	2016	2017	2018	2019	2020	2021	2022	2023
Emergency Department Visits	86	84	74	73	68	79	104	98
Inpatient Hospitalizations	40	54	38	42	48	62	56	76
Total Admissions	126	138	112	115	116	141	160	174

Source: Anne Arundel County Department of Health, Gun Violence Intervention Team Dashboard, 2025

The total cost of firearm-related injuries in 2020 was \$2,490,384.74. That cost decreased in 2024 to \$2,313,146.95 from a cost of almost three times that number in 2023 (Table 48: Total Cost of Firearm-Related Costs for Inpatient Hospitalizations and Emergency Room Visits).

Table 47: Total Cost of Firearm-Related Costs for Inpatient Hospitalizations and Emergency Room Visits

	2020	2021	2022	2023	2024
Inpatient Hospitalizations	\$ 2,310,939.15	\$ 4,846,063.33	\$ 3,796,412.71	\$ 5,831,843.55	\$ 2,143,710.33
Emergency Room Visits	\$ 179,445.59	\$ 204,070.07	\$ 465,940.44	\$ 299,006.14	\$ 169,436.62
Total Cost	\$ 2,490,384.74	\$ 5,050,133.40	\$ 4,262,353.15	\$ 6,130,849.69	\$ 2,313,146.95

Source: Maryland Health Services Cost Review Commission Outpatient Files, 2020-2024

INCREASING COMMUNITY VIOLENCE

Many participants in this Needs Assessment commented on the increasing frustration, anger, and physical violence among county residents; in childcare centers, hospitals, pediatric clinics, health clinics, schools, and in the workplace. Examples included spitting, tearing workers' clothing, and threats made against clinicians, their families, their livelihoods. Several residents suggested that the pandemic had left lasting scars on residents, with one provider commenting that the reaction felt like the anger that comes with grief. As one provider noted:

"People are much more aggressive now, less patient. We do have signs in the waiting room 'this is a place of healing, please speak respectfully.' I feel like we didn't have to do that as much before. Understandably, people who are really sick and feel sometimes that there's barriers to care or delays, do get really angry sometimes."

Many participants commented on the fear and anxiety generated by growing amounts of change and confusion at the national level. Some participants talked of a sense of impending disaster. Here is an example:

"I'm worried that the next big event is going to happen in our county. It's just like we're a boiling pot ready to blow the top off ... There's more hate out there ... just anger over nothing, like you can't even say why you're angry."

Increasing aggression in children was noted at home, in childcare homes and centers, schools, and emergency rooms. There is no residential mental healthcare for children in the county and parents have very few alternatives. Some participants in this Needs Assessment commented on the lack of boundaries for youth and the increasing violence that can be seen in video games and on social media. As one provider commented:

"... the increase in pediatric mental health, I would say 20% to 25% of that is just aggressive children. It is not depression, it is not suicide, it is children who are being physical with other adults in their home and with their parents. And they come to us with diagnoses of Oppositional Defiant Disorder and essentially do not follow rules. There is not anything that we have found with success that can help them to do that, and so their families don't want them in their homes anymore."

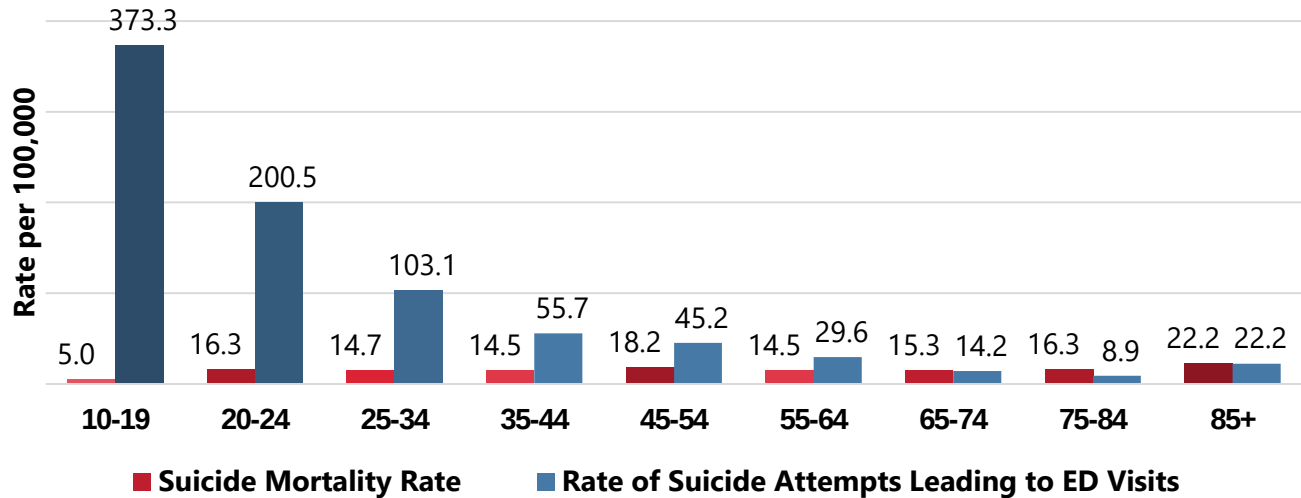
SUICIDE

Between 2018 and 2022, there were 366 suicide deaths in Anne Arundel County. Those residents ages 85+ have the highest rates of suicide deaths at 22.2 per 100,000, but the rate may be skewed by the number of residents of that age group. Youth ages 10 to 19 have the highest rate of attempted suicides leading to Emergency Department visits (Figure 27: Suicide Mortality and Attempt Leading to Emergency Department (ED) Visits, Anne Arundel County, 2018-2022).





Figure 27: Suicide Mortality and Attempt Leading to Emergency Department (ED) Visits, Anne Arundel County, 2018-2022



Sources: Maryland Department of Health, Vital Statistics Administration, Death Certificate Files, 2018-2022, HSCRC Outpatient Files, 2018-2022, CDC WONDER Single-Race Population Estimates, 2018-2022

Between 2018 and 2022, White males and White females make up the majority of suicide deaths in Anne Arundel County (230 and 68 respectively) followed by Black males (31) and Hispanic males (14) (Table 49: Anne Arundel County Suicides by Sex and Race, 2018-2022). Guns are the most common means of suicide in the county. Of all suicides from 2019-2023, gun suicides make up 42% of the total (CDC Wonder, 2019-2023).

Table 48: Anne Arundel County Suicides by Sex and Race, 2018-2022

Race/Sex 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		14.2

NH - non-Hispanic

*Includes Hispanic and Asian females due to data suppression requirements

Sources: Maryland Department of Health, Vital Statistics Administration, Death Certificate Files, 2018-2022; CDC WONDER Single-Race Population Estimates 2018-2022

TRANSPORTATION

The Anne Arundel County Department of Transportation has made some strides since the last Needs Assessment in 2022. The county now has 55 revenue service vehicles, 12 fixed route bus lines (three are deviated flex routes: Crofton, Brooklyn Park, and Crofton Express to Annapolis), two Saturday shopper shuttles, on-demand services for South and North Counties (Glen Burnie-Severn-Brooklyn Park), on-demand paratransit (documented disability) and elderly (55 and over). The department also developed an App to help with routes and service times, and all fares are free. According to the Department of Transportation (2025), they have increased the number of residents transported from 9,000 residents per month to 30,000 residents per month. However, the majority of participants in this Needs Assessment commented on the increasing need for transportation for work, shopping, appointments of every kind, access to the career center, and a multitude of other needs. The need for transportation was mentioned 136 times. As one participant noted:

"A lot of families don't have a car and it's just very hard for them to go anywhere, much less if they want to catch a bus. They have to walk a really far distance or have a way to get there, and then there's no sidewalks to get anywhere. So, then it's very dangerous for them to be moving at all. So, a lot of families are just staying where they are, and you know, just barely making it by."

The limited transit offered to seniors and the disabled requires an appointment in advance. Medicaid transportation will allow only the child needing access to be served and the caregiver. This is a barrier to access for caregivers with other children in the family.

Both county hospital Emergency Rooms are on a limited bus route, which makes them preferred centers for those without transportation. Families often miss appointments for recertifications, medical, and behavioral healthcare, job interviews, court dates, school physicals; the list seems endless.

The majority of Anne Arundel County residents drive to work. As of 2024, 70% of residents drove alone to work, just over 6% carpooled, and 4,000 residents walked. Almost 20% of residents are still working from home (Table 50: Anne Arundel County, Means of Transportation to Work, 2024). As more residents are required to return to the office and those accepting federal benefits may have further work requirements placed on them, it will be even more important to study alternate modes of transport to get residents where they need to go.

Table 49: Anne Arundel County, Means of Transportation to Work, 2024

Transportation	Total	%	Transportation	Total	%
Drove alone	211,849	70.46%	Taxicab	880	0.29%
Worked at home	59,441	19.77%	Light rail or street car or trolley car	815	0.27%
Carpool	18,373	6.11%	Bicycle	654	0.22%
Walked	4,010	1.33%	Motorcycle	95	0.03%
Other means	2,904	0.97%	Long-distance train or commuter rail	1	0.00%
Bus or trolley bus	1,629	0.54%	Ferryboat	1	0.00%

Source: Anne Arundel County Department of Transportation, Applied Geographic Solutions, August 2024



SUMMARY

Anne Arundel County is fortunate to have a comprehensive healthcare system. Our two Federally Qualified Health Clinics, Bay Community Health and Chase Brexton, were praised by both residents and providers. However, the traditional healthcare system came under criticism for high copay costs, long waits, and the rigidity of the Medicaid and Medicare systems. Life-shortening issues such as obesity and diabetes continue to rise in the county and occur disproportionately among African American residents, related to social, economic, and racial disparities in some of our neighborhoods.

Concerns about the decreasing number of primary care doctors were expressed by many residents. Some residents now use urgent care centers as their primary care, others wait for months for appointments or to find a new primary care doctor when their current doctor retires or leaves. Health professionals stress that this situation will continue to worsen, the waits will get longer, and the likelihood of finding a primary care doctor will lessen.

Heart disease continues to be the leading cause of death in the county. The growing cost of healthy food, increasing grocery store prices, and sedentary lifestyles all contribute to cardiovascular issues. The growing obesity rates are an additional factor. Access to healthcare, especially specialized healthcare outside of the county, is still an issue for low-income residents who often live in areas with little transportation and few healthcare facilities.

NEEDS & GAPS IN SERVICES

- More available primary care doctors. The growing shortage of primary care doctors should be alarming. This is a nationwide issue that has multiple impacts on the healthcare system.
- A multidisciplinary taskforce to examine and understand the reported increasing levels of physical violence and aggression across the county, especially among children.
- Continued funding for programs like Residents Access to a Coalition of Health (REACH), which is specifically for residents not eligible for Medicaid, Medicare, and plans available through MD Health Connection. REACH offers low-cost health services to all county residents. Unfortunately, the county's REACH program has a long waiting list.
- Alternate methods of transportation, or more remote work, which will allow low-income residents to increase their wealth.
- Expanded access to food, especially healthy foods, in low-income neighborhoods.



MENTAL HEALTH AND SUBSTANCE USE

Mental health numerical data tends to be unreliable. County residents accessing public mental health services are counted at the state and local level but those accessing mental health through private insurance are not part of that count. This report relies on numbers from the public mental health system, hospitals, schools, and the county's Crisis Response System, as well as qualitative data from mental health professionals, primary care doctors, therapists, pupil personnel workers, and residents.

Many spoke about the lingering trauma caused by the social isolation and anxiety brought on by the pandemic. Additionally, the increasing number of residents suffering economic distress, and the relationship between that distress and rising mental health issues were accentuated far more in this report than in previous ones. As one person noted:

"A huge portion of our population in Anne Arundel County is struggling to put food on the table, to pay the bills, to get kids where they need to be because they only have one car ... I think more programs, more mental health programs, are really going to have to focus on how we help solve some of those life stressors that are outside of mental health."

Maryland numbers for the use of public mental health services by age, for the years 2022 through 2024, show an increasing trend of usage across all age groups; an average increase of 4%. The largest increases are for seniors, adults, and children ages 6 to 12, respectively (Table 51: Number of Maryland Individuals Receiving Mental Health Services by Age Group in the Public Behavioral Health System - Three Year Comparisons By Age, 2022-2024).

Table 50: Number of Maryland Individuals Receiving Mental Health Services by Age Group in the Public Behavioral Health System - Three Year Comparisons By Age, 2022-2024

	Persons Served				
	FY 2022	FY 2023	% Change	FY 2024	% Change
Early Child (0 to 5)	471	477	1.3%	482	1.0%
Child (6 to 12)	2,899	3,056	5.4%	3,178	4.0%
Adolescent (13 to 17)	2,484	2,677	7.8%	2,718	1.5%
Transitional (18 to 21)	1,171	1,309	11.8%	1,358	3.7%
Adult (22 to 64)	11,420	12,037	5.4%	12,683	5.4%
Elderly (65 and over)	173	188	8.7%	198	5.3%
Total	18,618	19,744	6.0%	20,617	4.4%

*Based on claims paid through September 30, 2024.

Source: Maryland Department of Health, 2025

CRISIS RESPONSE SERVICES

The Anne Arundel County Mental Health Agency has developed a comprehensive Crisis Response System in response to the growing need for crisis services and the desire to serve individuals in the least restrictive setting. The system provides an array of behavioral health options and links to resources within the community, 24 hours per day and seven days per week. The system also provides services to the community through Mobile Crisis Teams, Homeless Outreach Services, an Urgent Care Clinic, a Sexual Assault Clinic, Community Education, and Crisis Beds. The system is internationally recognized and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited.

The number of 24-hour warmline calls to the Crisis Response System in any given year offers a picture of the state of our county's mental health. The numbers for 2022 and 2023 are higher, most likely due to the stress and trauma of the pandemic. The 2022-2024 trend line is up for calls related to children (Table 52: Crisis Response System, Total Warmline Calls, FY 2021 - FY 2024).

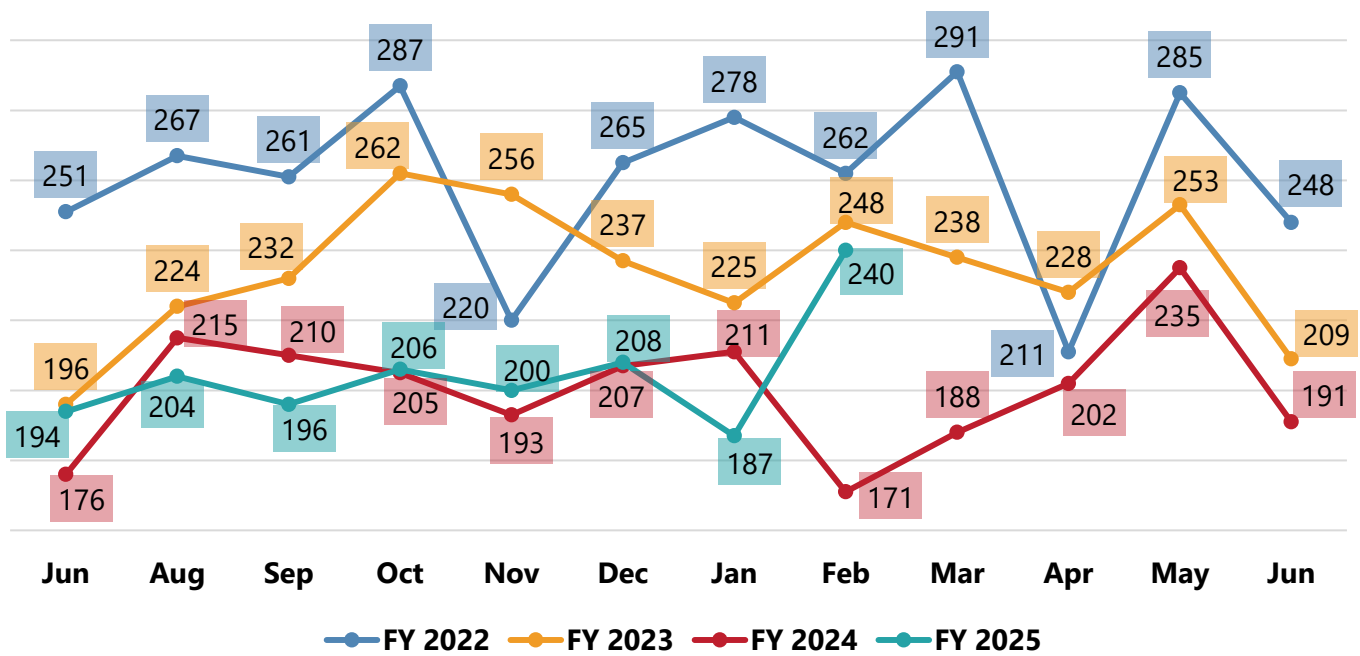
Table 51: Crisis Response System, Total Warmline Calls, FY 2021 - FY 2024

	FY 2021	FY 2022	FY 2023	FY 2024
Children	3,627	4,654	4,409	3,810
Adult	38,554	45,151	38,721	38,317

Source: Anne Arundel County Mental Health Agency, 2025

The 2022-2024 Mobile Crisis Team dispatches by month show a decrease, most likely related to the waning of the pandemic. However, the 2025 numbers are concerning. There was a sharp rise in calls for February 2025 (Figure 28: Anne Arundel County Mobile Crisis Team Dispatches by Month, FY 2022-2025).

Figure 28: Anne Arundel County Mobile Crisis Team Dispatches by Month, FY 2022-2025



Source: Anne Arundel County Mental Health Agency, 2025

CRISIS RESPONSE SERVICES, CONTINUED

According to the most recent annual data for the Health Services Cost Review Commission, Anne Arundel County Emergency Departments (ED) saw almost 12,000 patients for behavioral health issues in 2023, a 9% increase. The top three categories are unchanged; substance-related disorders, alcohol-related disorders, and anxiety disorders (Table 53: Emergency Department Encounters for Mental Health Conditions, Anne Arundel County, 2023).

Table 52: Emergency Department Encounters for Mental Health Conditions, Anne Arundel County, 2023

Condition	Frequency	%
Substance Related Disorders	4,194	35.5%
Alcohol Related Disorders	2,372	20.1%
Anxiety Disorders	2,163	18.3%
Mood Disorders	1,252	10.6%
Schizophrenia and Other Psychotic Disorders	672	5.7%
Delirium Disorders and Amnestic and Other Cognitive Disorders	640	5.4%
Attention-Deficit Conduct and Disruptive Behavior Disorders	531	4.5%
Suicide and Intentional Self-Inflicted Injuries	478	4.0%
Trauma and Stressor Related Disorders	347	2.9%
Miscellaneous Health Disorders	222	1.9%
Personality Disorder	37	0.3%
Total	11,804	100.0%

Source: Maryland Health Services Cost Review Commission Outpatient Files, 2023



DOMESTIC VIOLENCE

During Fiscal Year 2024, the county's Domestic Violence provider, the YWCA, responded to approximately 11,144 calls through the domestic violence/sexual abuse hotline. Of these calls, 5,577 were reported incidents of intimate partner violence (IPV), 2,858 were reported incidents of family violence, and 2,709 protective orders were filed. The YWCA Safe House Shelter served 275 persons during the same period.

Victims of domestic violence, sexual assault, and other violence are also referred to the emergency room for medical care (Table 54: Emergency Department Visits for Sexual Assault and Other Violent Injuries). Victims are often highly traumatized and require trauma-informed care in a trauma-informed setting. Often they are accompanied by their children. One provider noted that "what we observe in the emergency room is generational trauma and the effects that it has on families."

Table 53: Emergency Department Visits for Sexual Assault and Other Violent Injuries

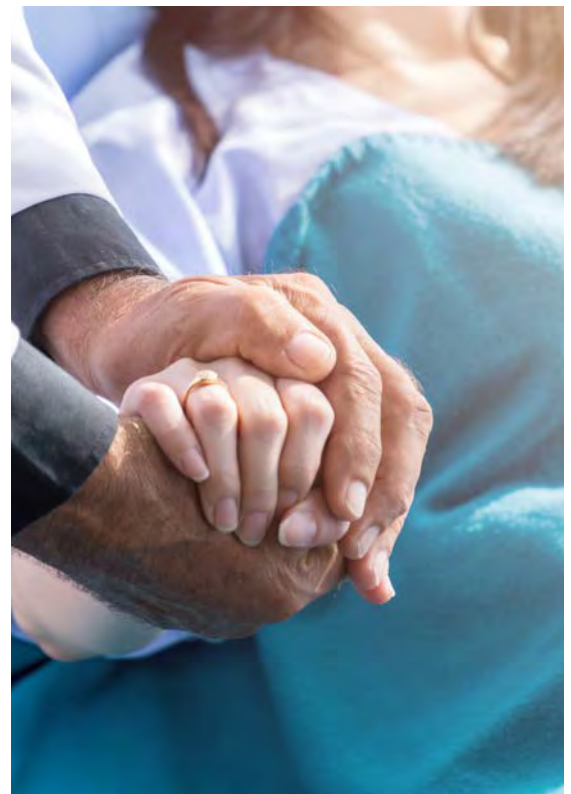
	2019	2020	2021	2022	2023
Sexual Assault	91	97	107	120	92
Violent Injuries (Assault)	1,357	1,106	1,080	1,174	1,122

Source: Maryland Health Services Cost Review Commission Outpatient Files, 2019-2023

LACK OF RESIDENTIAL CARE FOR MENTAL ILLNESS

The county continues to lack residential care for those residents with serious mental illness who require staff support to successfully reside in the community. There are 272 residential rehabilitation program (RRP) beds in Anne Arundel County, 201 intensive beds, and 71 are general beds. The Public Behavioral Health System (PBHS) does not reimburse providers for individuals who require services and support beyond 40 hours per week or for supervision or medication monitoring. Additionally, the limited grant funding for 24/7 care is only available for individuals coming from out of state psychiatric hospitals. According to several providers, increasing capacity for residential care would decrease contacts with law enforcement, jail, community, and state psychiatric hospitals.

As of March 2025, there are 141 individuals on the waitlist for residential care. All 272 beds are for adults. There are no residential beds for youth or transitional-aged youth in the county. Children requiring residential care are often placed in other counties and sometimes out of state. Such distances create issues for parents as they try to act as strong, ongoing supports. Lengthy residential stays out of state add to parental responsibility difficulties when youth inevitably return home.



ACCESS AND SERVICE ISSUES

According to a 2024 report by the Maryland Health Care Commission, Maryland needs to increase the number of behavioral healthcare workers by about 50% to meet current demands. In 2023, there were 34,613 people working in various areas of the behavioral health field, 18,222 workers shy of what is currently needed according to the report. By 2028, a further 14,565 workers will be needed to meet the growing need in the state.

As of 2025, the county has 1,685 mental health providers for an overall ratio of 350:1 county residents (Table 55: Ratio for Mental Health Providers, Anne Arundel County, 2025). This is a lower rate compared to the state and almost half the ratio of the top U.S. counties. The lack of Spanish-speaking counselors and psychiatrists continues to be an issue, especially as this population is increasingly traumatized by national events.

Table 54: Ratio for Mental Health Providers, Anne Arundel County, 2025

	Anne Arundel County Total	Anne Arundel County Ratio	Maryland Ratio	United States Ratio
Mental Health Providers	1,685	350:1	270:1	300:1

Source: Anne Arundel County Health Rankings Report, 2025

The shortage of mental health therapists is largely due to low pay and high stress. The shortage is causing waiting lists across the county for all patients, with or without insurance, and increasing the number of referrals to emergency departments. Additionally, there is a national decline in students choosing mental health and social work as a career. Nationally, low reimbursement rates through Medicare and Medicaid and the cost of education and training is deterring people from entering or staying in the field (Maryland Health Care Commission, 2024). Many participants commented on low payment rates in the county. As one participant noted:

"They're doing other careers, and then we're not replacing those people at the same rate, because the schools [universities and colleges] aren't attracting people. It's no longer an attractive job to have. It's stressful, it's unpleasant ... it doesn't pay well. They're going into things that maybe they don't love as much, but it pays better and it's less stress."

Several participants commented on the high-turnover rates for therapists; a particularly problematic issue as the relationship between clinician and patient is so important to the overall success of therapy. Patients commented that they would develop a good relationship with a therapist only to find they had left the agency. As one participant noted:

"I've seen a lot of transition with therapists. So, you finally get a family in or get a child seeing a therapist, and then their therapist transitions out after a couple of months and moves on."





LACK OF FAMILY THERAPY

Many participants in this Needs Assessment commented on the need for the family unit to be strengthened. Educators, clinicians, and residents commented on the growing economic and social issues that impact the children inside the family and the need for therapy that includes the whole family. Several participants noted that unresolved and intergenerational trauma cannot be solved through individual child therapy. Here is a typical comment:

"It's really more about a family need and a family challenge as opposed to just a challenge with a child. I just think sometimes it's Band-aids, instead of being able to get to the root challenges because it's family dynamics or family trauma as opposed to just a child issue."

INSURANCE ISSUES

According to participants, an increasing number of clinicians do not accept Medicare or Medicaid due to complex billing issues and low reimbursement rates. Additionally, using private insurance for mental health services has its own set of problems including restrictions on length of services and the costs of residential treatment. Copays are another issue in the current economic climate. As one provider noted, "if someone has to make a decision, am I going to pay a copay for a mental health visit or make sure my child eats, the answer is easy." Families who fall into the category of ALICE or working poor, and who have no medical insurance and earn too much to qualify for Medicaid, have almost no options for mental health services.

Many providers commented on the difficulties of using Medicare for seniors and the disabled, especially related to the complexities of the system, the lack of providers who will accept Medicare, and the low rates of reimbursement. As one provider commented:

"It's very difficult to find therapists that accept Medicare. It's almost impossible. And that's also the same with older adults with disabilities."

AWARENESS AND STIGMA

There was a consensus among participants that awareness of mental health needs continues to grow and that the stigma of a mental health diagnosis is decreasing. However, those serving the aging population commented that older males were less likely to acknowledge or seek treatment for mental health issues. Residents in low-income neighborhoods commented on increased trauma in their neighborhoods, which is often untreated and unrecognized. Hispanic residents commented on the growing anxiety and fear in their community related to immigration enforcement issues and the difficulties of staying positive. As one noted:

"I can't help but feel like I'm constantly looking over my shoulder, like waiting for the shoe to drop. Like something much worse than what we've seen so far. There are a lot of uncertainties so I feel like I'm just holding on with my hands, gripping as tightly as I can, you know. What are things that I can do as an individual and what communities, what groups, can I be a part of to kind of just make the world a little bit better every day?"

VIRTUAL SERVICES

Virtual mental health services increased during the pandemic years. At the beginning of the pandemic, regulations changed to allow for billing of tele-behavioral health services, which has been helpful for low-income children and adults who lack transportation or who have irregular schedules. However, many participants in this Needs Assessment commented on the need for in-person services, especially for children. Here is a typical comment:

"Although we were able to pivot to virtual therapy and virtual services, it was great for a time period but what we're seeing is, especially children, want to go back to that in person. They're upset that in-person therapy is not offered as readily as it previously had been."

SENIORS

The trend line for the use of public mental health services is also increasing for those aged 65 and older (Table 51: Number of Maryland Individuals Receiving Mental Health Services by Age Group in the Public Behavioral Health System - Three Year Comparisons By Age, 2022-2024 on page 80). The issue is exacerbated due to the growing number of county seniors over age 75 who may also have issues related to forms of dementia, including Alzheimer's disease. Several professionals serving the senior population commented on the co-occurring issues related to dementia, mental health, and the shortage of specialized professionals to treat them. As one provider noted:

"Geriatric mental health issues are always an area of significant gap. There aren't a lot of community providers who are focused on those areas and the hospitals don't have the acute care services for that either."

An increasing number of seniors spend extended time in the emergency department because, according to participants, there are so few neuro- and geri-psychiatrists to perform assessments and few mental health beds. According to the county's Network of Care website, there are only three geri-psychiatrists, with two of them stationed at the Luminis Emergency Department. The majority are located in Baltimore City. Elderly patients may wait in the emergency department for days, sometimes weeks, for an inpatient geriatric psychiatry bed, while at the same time, there are few community services to support the person and their family members. This is a worsening issue across the state relative to our aging population. As one provider noted:

"More of our older population with behavioral health challenges are getting stuck in EDs because there is nowhere to put them and a lot of times what they're doing is ending up on a medical floor until they can get a bed."





MENTAL HEALTH IMPROVEMENTS

There have been several mental health service improvements since 2022. Arundel Lodge operates an urgent care walk-in center, which has become an important part of the county's Crisis Response System, according to participants. The Luminis Behavioral Health facility was extended in 2022 to include therapy and medication management, a psychiatric day treatment program (PDTP), a mental health partial hospitalization program (PHP), an intensive outpatient program (IOP) for adults and adolescents, an eight-bed addiction residential service, and a substance use disorder intensive outpatient treatment program.

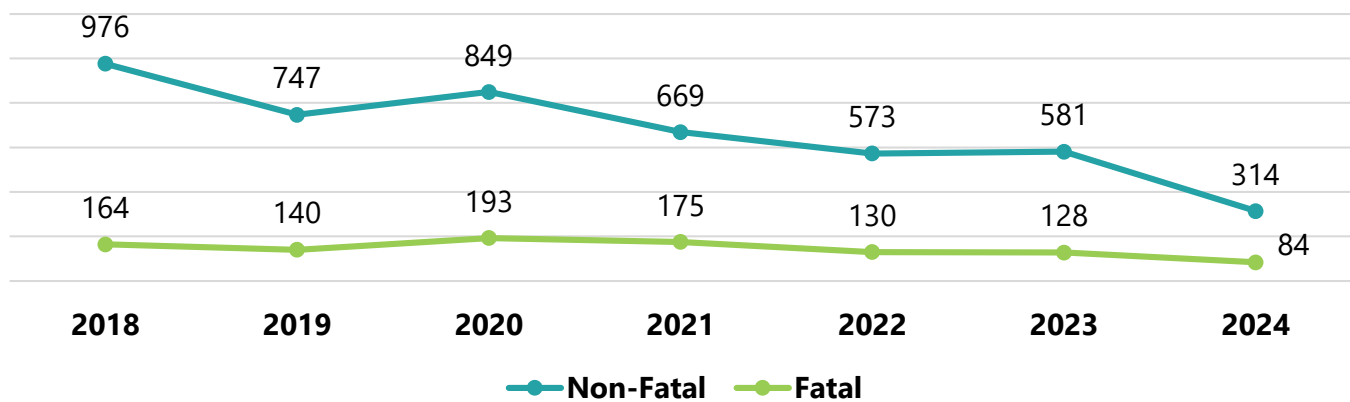
The county has two Federally Qualified Health Centers: Chase Brexton in Glen Burnie and Bay Health Center with three locations in South County: West River, Shady Side, and Lothian. Both centers accept Medicare and Medicaid, most private insurance, and offer sliding scales for those who can't pay. Both centers were given excellent reviews by participants in this Needs Assessment.

SUBSTANCE USE: OPIOIDS

As of 2024, the number of opioid overdoses in the county, fatal and non-fatal, has dropped significantly. Non-fatal overdoses dropped from a high of 976 in 2018 to a low of 314 in 2024, an almost 68% decrease. Fatal overdoses decreased from 164 to 84, an almost 49% decrease (Figure 29: Opioid Overdoses Occurring in Anne Arundel County by Year, 2018-2024). Similar decreases have been reported across Maryland. According to the Bloomberg School of Public Health at Johns Hopkins University (2024), reasons for the decrease include improved education about the synthetic opioid fentanyl in the drug supply, the wide availability of Naloxone, and the accessibility of medications such as Suboxone to treat opioid addiction. Providers praised the use of medications for opioid use. As one provider noted:

"Some of my closest relationships with my patients are the ones that I'm treating for opioid use disorder, because I see them so frequently so I know them really well ... for the most part, they are very stable, you know, folks who have their lives and are able to work and take care of their kids because of these medications."

Figure 29: Opioid Overdoses Occurring in Anne Arundel County by Year, 2018-2024



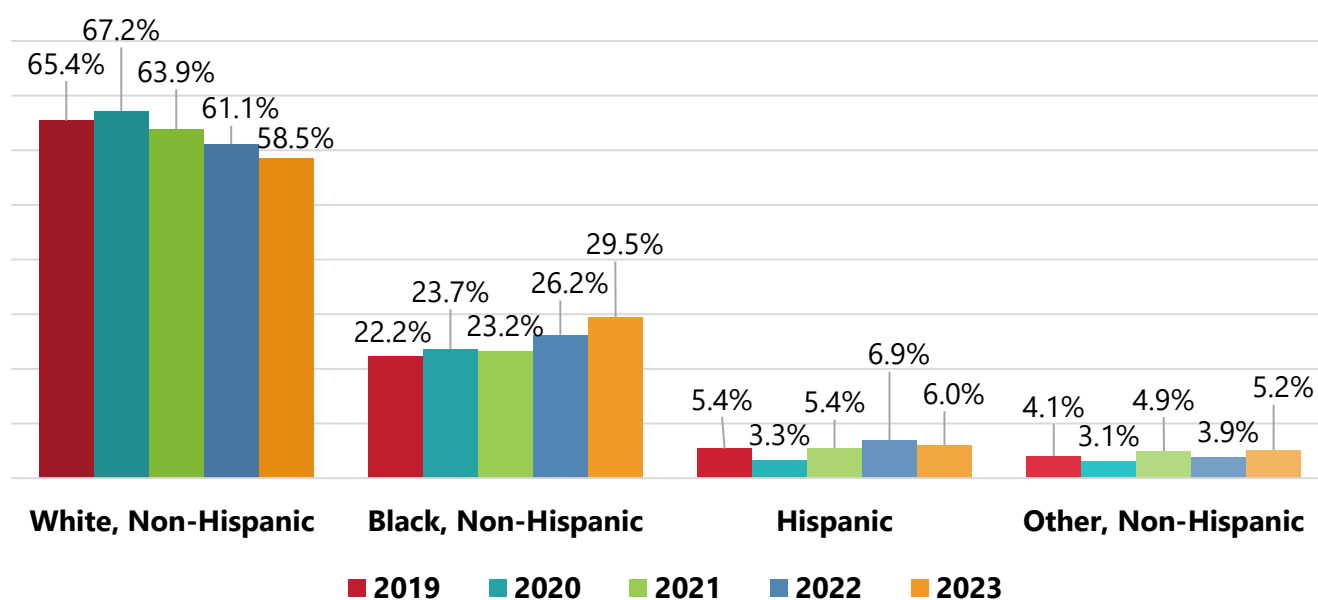
Sources: Anne Arundel County Police Department and Annapolis Police Department

SUBSTANCE USE: OPIOIDS, CONTINUED

The County Emergency Department (ED) encounters for opioid-related overdoses for the years 2019 to 2023 tell a similar story. The numbers dropped from 610 encounters to 224 encounters over five years; a 63% decrease (Figure 30: Emergency Department Visits for Any Overdose in Anne Arundel County Residents by Race and Ethnicity, 2019-2023). This may be partly due to the very successful Safe Stations program instituted by the county's Mental Health Agency. This program allows residents to ask for help at any fire or police station. Safe Stations has served over 5,000 residents since 2017 (Figure 32: Safe Stations Assessment, FY 2022 - FY 2024 on page 90).

White residents make up the highest number of overdose ED visits from 2019 to 2023. African American residents are over-represented, with 29% of ED visits in FY 2023 (Figure 30) but comprising only 17.4% of the population. The number of ED visits have increased for Black non-Hispanic but decreased for White residents (Maryland Health Services Costs Review Commission, 2024).

Figure 30: Emergency Department Visits for Any Overdose in Anne Arundel County Residents by Race and Ethnicity, 2019-2023



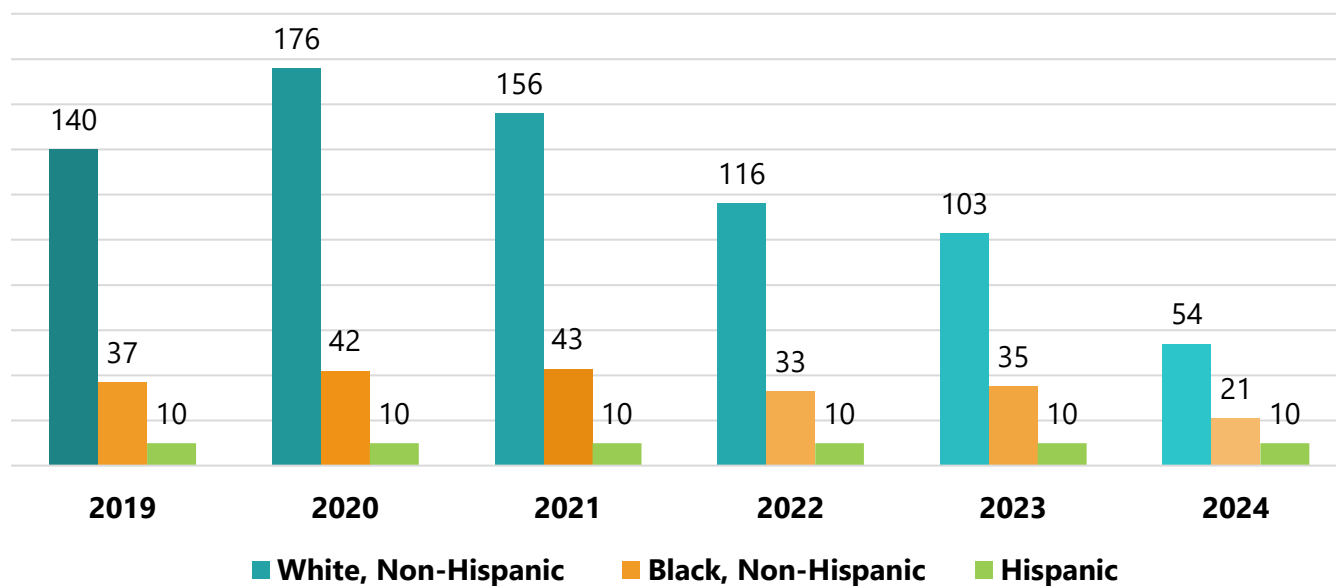
Source: Maryland Health Services Cost Review Commission, 2019-2023

According to data from the Maryland Department of Health, between 2019 and 2024, opioid-related fatalities decreased 61% among non-Hispanic, White county residents. Among Blacks, rates increased in 2020 and 2021, possibly related to the increased trauma and loss in their communities related to the pandemic. However, by 2024, the overall trend is decreasing, though more slowly than for Whites. Overall, the decrease in deaths due to opioids is not necessarily related to a decrease in use but to increases in methods of treatment. As one provider noted:

"We see good trends in saving lives, but those trends are more concentrated for White men and to some extent White women, depending on the substance. However ... experts don't necessarily think the substance use has decreased, but that treatment works for those who have gotten into treatment. And so we're saving lives but we're not necessarily seeing a reduction in use."



Figure 31: Anne Arundel County Opioid Related Fatal Overdoses by Race/ Ethnicity, 2019-2024



Source: Health Services Cost Review Commission, CRISP Public Health Dashboard, January 2019 to December 2024

As of May 2025, the county had a total of 106 overdoses, an almost 39% decrease since 2024. Of those, 24 were fatal overdoses and 17 of those (almost 74%) included the use of Fentanyl (Anne Arundel County Overdose Dashboard, 2025).

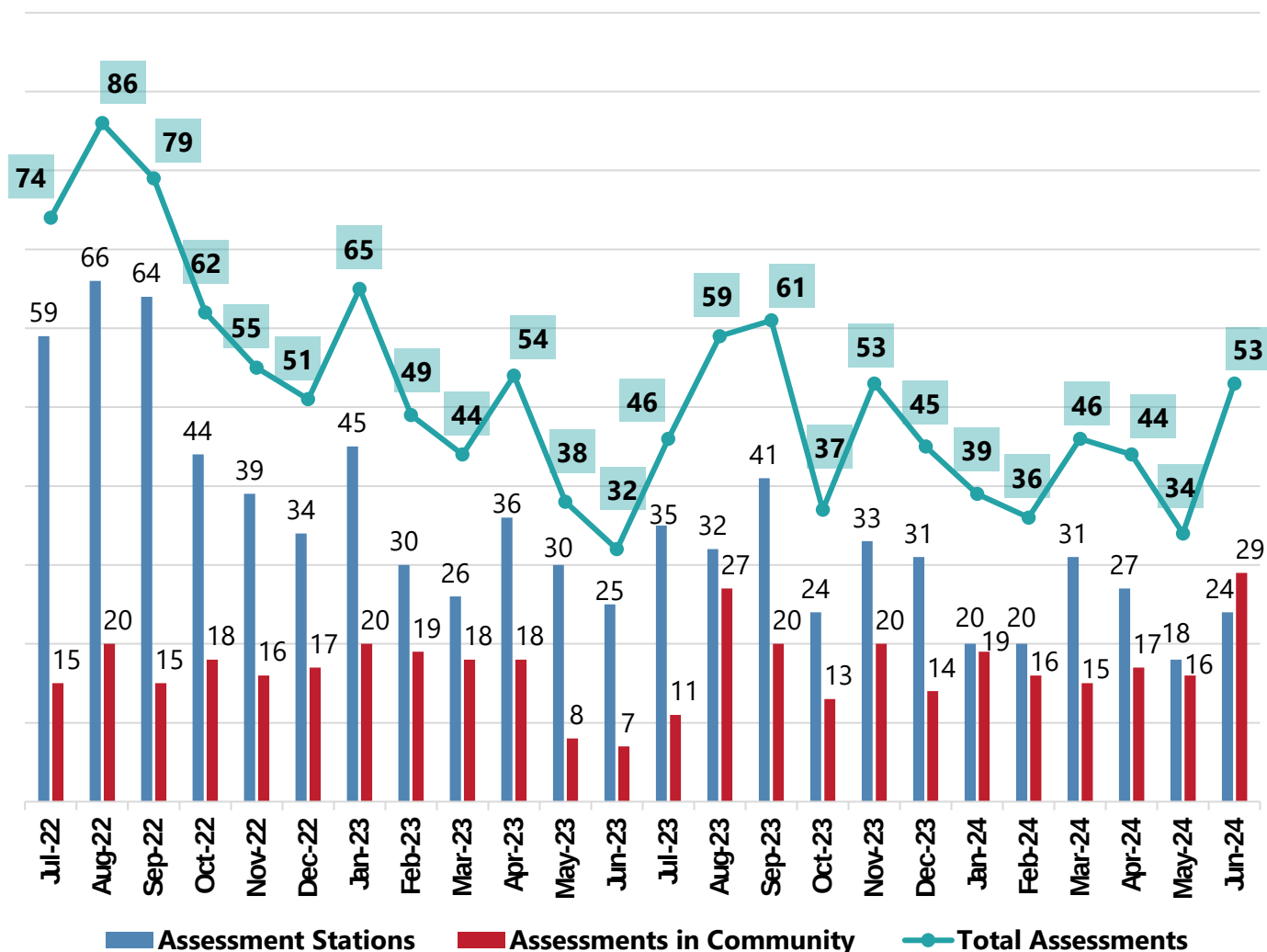


SUBSTANCE USE: SAFE STATIONS PROGRAM

In Anne Arundel County, residents seeking treatment for addiction can visit any police or fire station across the county, day or night, to dispose of any paraphernalia, and to find assistance gaining access to care. City and county police departments continue to track all overdoses by month (Figure 32: Safe Stations Assessment, FY 2022 - FY 2024). This data is helpful in ensuring the best available treatment and prevention strategies.

Assessment data between 2020 and 2025 shows higher trends of overdose during the summer months. This may be because there are more social gatherings, sometimes paired with alcohol, less supervision of youth, and more time spent outside, in groups. Between 2022 and 2024, there have been spikes in use of the program by month. However, the overall trend of use is down slightly from 59 total assessments per month in July of 2022 to 53 total assessments per month in June of 2024; a 10% decrease. There is a similar decrease for the last two fiscal years. In 2023, there were 657 total assessments and 553 total assessments in 2024; a 16% decrease.

Figure 32: Safe Stations Assessment, FY 2022 - FY 2024



Source: Anne Arundel County Mental Health Agency, 2025



SUBSTANCE USE: FENTANYL

Fentanyl is an extremely dangerous synthetic opioid significantly more potent than heroin. Even a tiny amount can be fatal, and it's often mixed with other drugs, including cannabis. Illicitly manufactured fentanyl is frequently found in heroin, cocaine, and counterfeit pills, often without the user's knowledge. Fentanyl is still the leading cause of drug overdose deaths in the county, although there was a decrease in fentanyl-related deaths between 2020 and 2022 (Table 56: Total Number of Unintentional Fentanyl-Related Intoxication Deaths by Place of Occurrence, Anne Arundel County, 2016-2022). Naloxone can reverse fentanyl overdoses, but multiple doses are often needed due to its potency.

Table 55: Total Number of Unintentional Fentanyl-Related Intoxication Deaths by Place of Occurrence, Anne Arundel County, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Total Number	98	152	184	164	209	193	141

Source: Maryland Department of Health, 2024

SUBSTANCE USE: COCAINE, AND STREET DRUGS

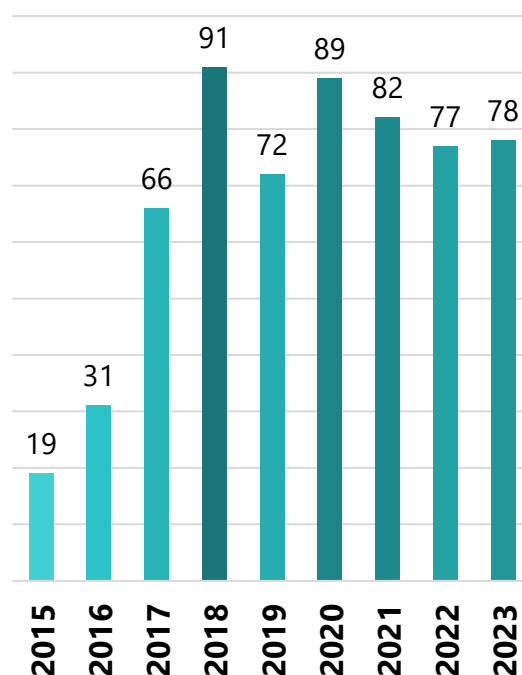
Between 2015 and 2023, deaths involving cocaine increased 310%, from 19 to 78 deaths (Figure 33: Cocaine Intoxication Deaths in Anne Arundel County, 2015-2023). Much of the increase in deaths involving cocaine can be attributed to their combined use with opioids, mainly fentanyl (Table 56). In fact, more than 86% of cocaine-related deaths in Maryland also involved fentanyl (Maryland Department of Health, 2022). Providers noted the upswing in cocaine and PCP use and suggested it was related to the fear of opioid overdose. Several participants noted the dangers of PCP for first responders. Here is a typical comment:

"Those two [Cocaine and PCP] are increasing. And with PCP use it's always scary for us because people are very, very unpredictable and that becomes dangerous for staff."

Lean, a street drug that was popularized in the 1960s and re-popularized through the Hip Hop movement, is a mix of codeine and the antihistamine promethazine with soda, cough syrup, candy, or alcohol and is still a popular street drug. As one participant noted:

"You'd be hard pressed to find a video where you don't see their favorite hip hop artists openly drinking lean in a video or talking about it, or singing about it. That makes it harder for young people to really see it as the problematic drug."

Figure 33: Cocaine Intoxication Deaths in Anne Arundel County, 2015-2023



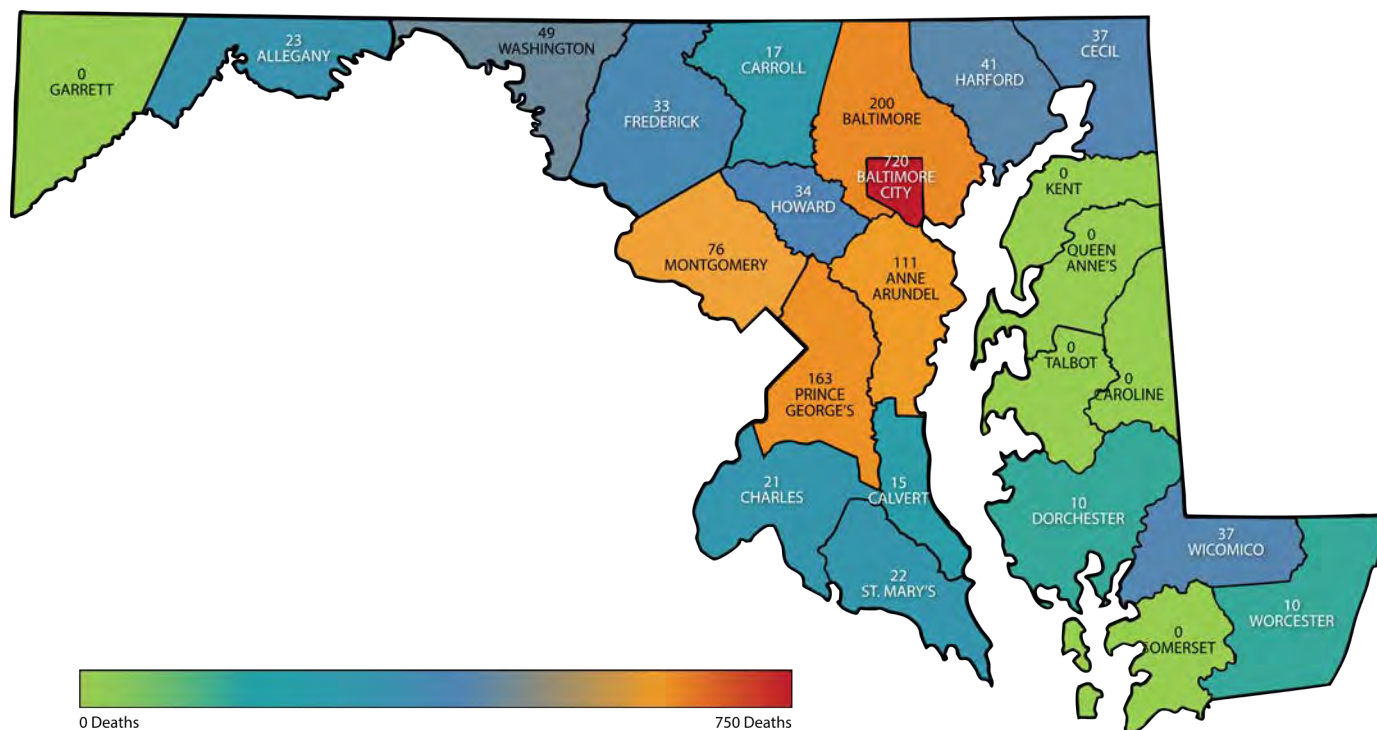
Source: Maryland Department of Health, Unintentional Drug-and Alcohol-Related Intoxication Deaths Report, 2023

SUBSTANCE USE: ALCOHOL

Anne Arundel County had the fourth highest number of intoxication-related deaths in 2024 compared to other Maryland Counties (Figure 34: Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2024). The county already has a “social norm” of alcohol use, as pointed out in every Needs Assessment since 2012. According to one provider:

"The increase in emergency room visits have skyrocketed as related to substance abuse, including alcohol. It is definitely reflected in both emergency rooms and including the emergency room at Harbor Hospital, which some of our Brooklyn Park families use because it's closer than coming up to Hospital Drive."

Figure 34: Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2024

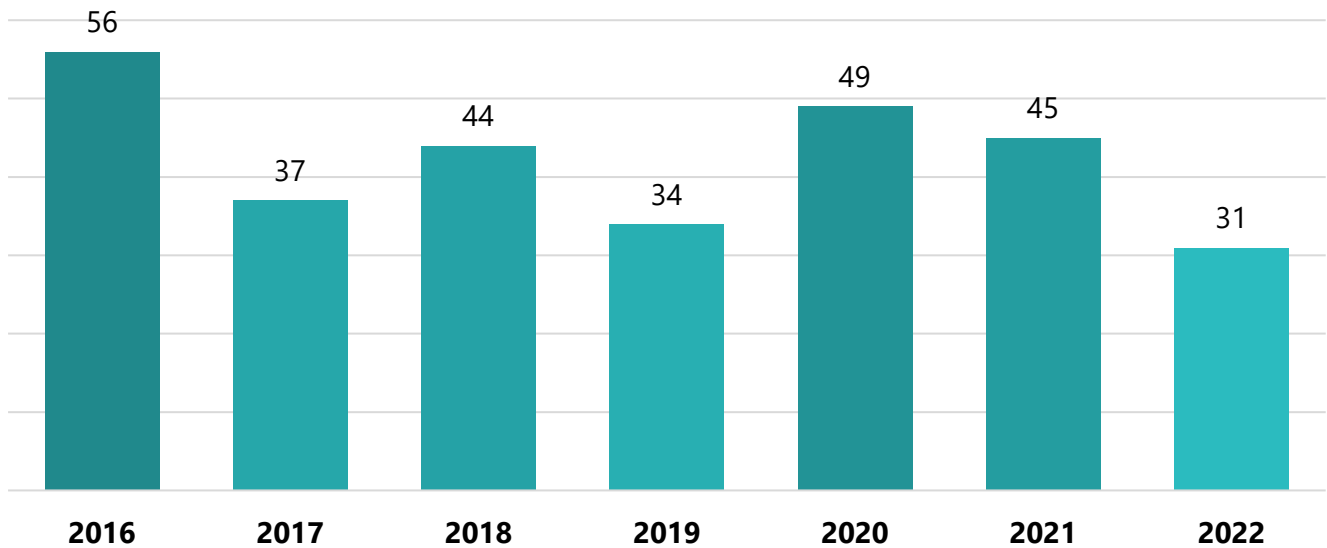


Source: Maryland Department of Health. (2024). Maryland Vital Statistics. Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2022.

Alcohol-related deaths are trending downwards for the county. They have declined from 56 in 2016 to 31 in 2022; a 44% decrease (Figure 35: Total Number of Alcohol-Related Intoxication Deaths by Place of Occurrence, Anne Arundel County, 2016-2022). The trend includes the pandemic years when alcohol use was higher.



Figure 35: Total Number of Alcohol-Related Intoxication Deaths by Place of Occurrence, Anne Arundel County, 2016-2022

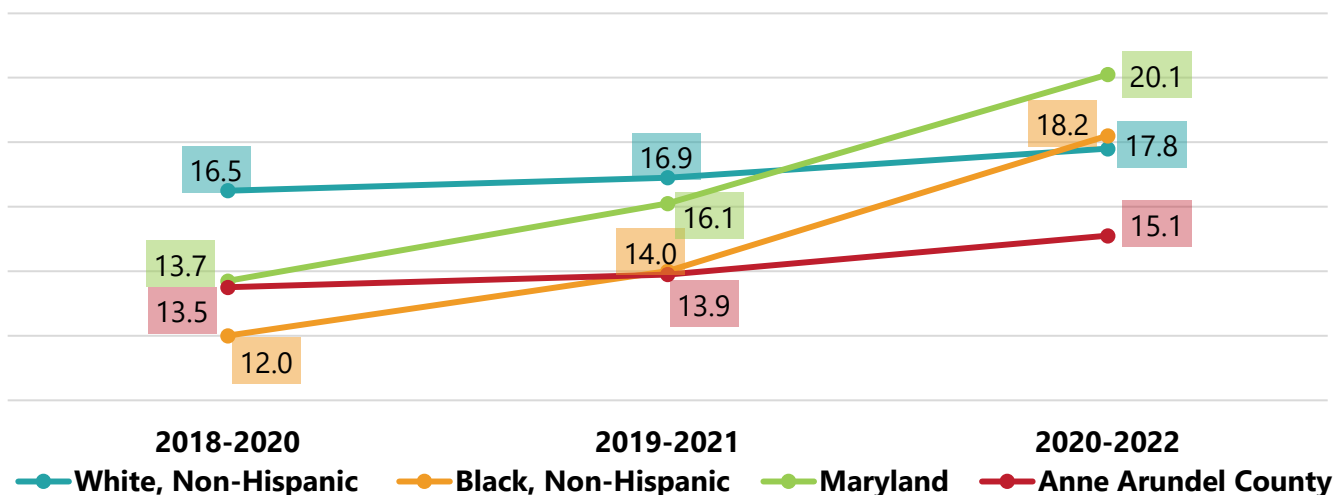


Source: Maryland Department of Health, 2024

SUBSTANCE USE: DRUG-RELATED DEATH RATES

There are disparities in the county's drug-related death rate by race. Anne Arundel County has a lower death rate of 15.1 per 100,000 compared with the state at 20.1. County rates show that Black residents have a death rate of 18.2 per 100,000 in comparison with White residents at 17.8 per 100,000. The rates do not include ethnicity.

Figure 36: Age-Adjusted Drug-Related Death Rate per 100,000 in Anne Arundel County Residents by Race, 2018-2022



Source: CDC Wonder, Underlying Cause of Death, Unintentional Drug Poisoning (X40-X44)

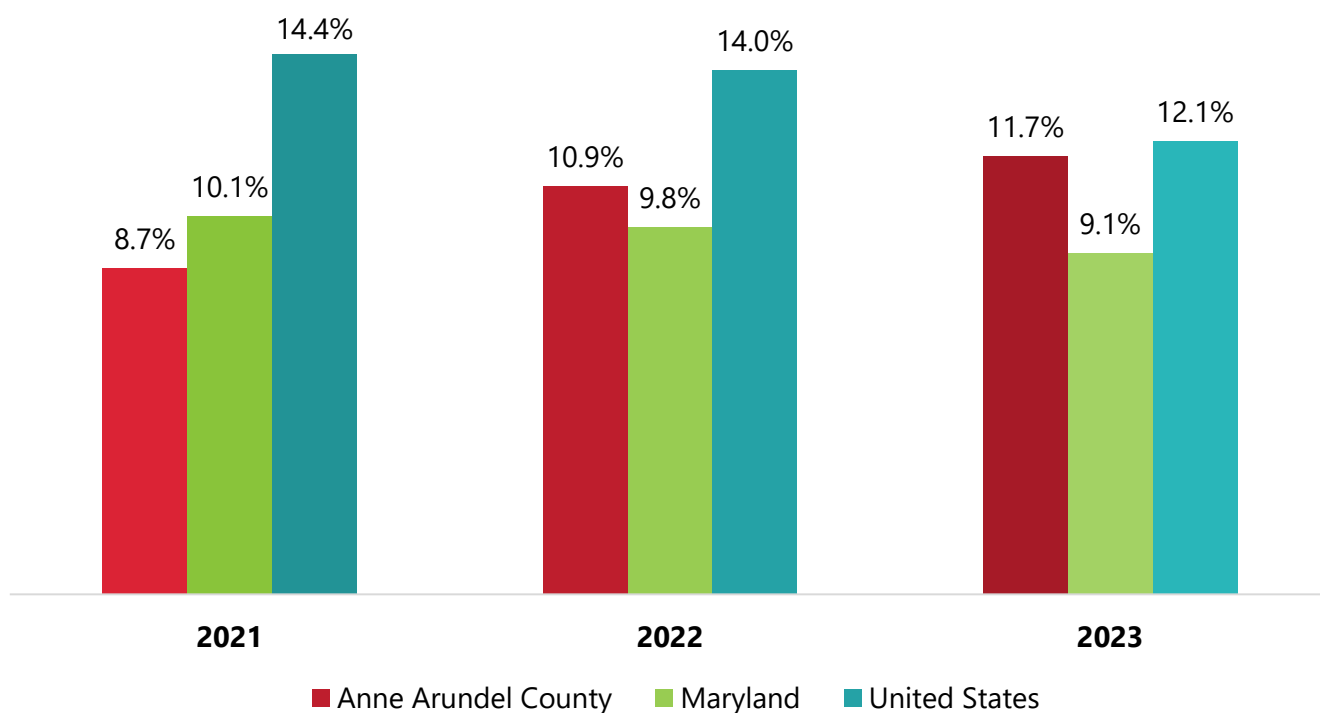
SUBSTANCE USE: CIGARETTES

As of 2023, the percentage of smokers in the county continues to rise. The percentage of county smokers has risen from 8.7% in 2021 to 11.7% in 2023; a 3.4% increase. The county percentage has dropped slightly below the national average but it is still higher than the state (Figure 37: Behavioral Risk Factor Surveillance System Survey Data, 2021-2023). There are no accurate statistics on e-cigarettes or vaping as of yet but participants in this Needs Assessment commented on the number of children using vapes. As one educator said:

"A lot more children are vaping, flavored vaping. A couple of weeks ago, we had a fifth grader caught in the bathroom vaping ... certainly that is an issue, with substance marijuana vaping at the middle school level."



Figure 37: Behavioral Risk Factor Surveillance System Survey Data, 2021-2023



Source: Behavioral Risk Factor Surveillance System Survey Data, 2021-2023



SUMMARY

The majority of residents participating in this Needs Assessment voiced their concern about rising mental health issues in the county, especially unresolved trauma, anxiety, and depression. Many felt that the impact of the pandemic as a trauma felt by all residents has not been sufficiently addressed. Numerical data shows a rise in use of mental health services across all age groups. The decreasing supply of mental health providers, especially those willing to deliver services in person, is a major concern and will likely worsen in the coming years.

Opioid data is encouraging, especially the decrease in fatal overdose numbers. However, substance use, from street drugs to cocaine and alcohol, continues to be a county-wide issue. Given the successes of opioid treatment and intervention, it may be time to focus on similar treatment and intervention programs for other forms of substance use with the same urgency.

NEEDS & GAPS IN SERVICES

- A county-wide effort to increase the number of mental health providers to address the growing numbers of mental health issues in the county. There should be a focus on higher pay as well as recruitment and training to address the labor shortages.
- Increased number of psychiatric, geri-psychiatric, and counseling services for the elderly and disabled populations.
- Support for the growing number of seniors with co-occurring mental health issues and dementia.
- Increased Spanish-speaking mental health services.
- Increased number of residential beds, especially for the adolescent population.
- Further financial support for mental health programming from the private and public sector, especially given the potential for Medicaid cuts.
- More youth education on the dangers of cigarette use and vaping.



SOCIAL DETERMINANTS OF HEALTH

The U.S. Department of Health and Human Services (2021) defined the Social Determinants of Health (SDOH) as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Although Anne Arundel County has a high standard of living overall, there are pockets of poverty and health access issues to be found in neighborhoods throughout the county. The majority of negative social and health indicators continue to be concentrated in the Annapolis, Glen Burnie, Severn, Laurel, Brooklyn Park, and Lothian ZIP codes (Table 57: Demographic, Socioeconomic, and Health Indicators by ZIP Code in Anne Arundel County, 2023). The areas outlined are disproportionately African American and increasingly Hispanic. Numerical data supporting these facts were mined from several different sources, sometimes by census tract and sometimes by ZIP code.

Table 56: Demographic, Socioeconomic, and Health Indicators by ZIP Code in Anne Arundel County, 2023

ZIP Code	Area	Poverty %	% Without High School Diploma	% of Households with SNAP	2023 ED Visit Rate per 1,000	% Low Birthweight Infants (2018-2022)	Minority Population
20711	Lothian	13.40%	17.60%	7.80%	289.4	9.10%	40.40%
20724	Laurel	10.10%	7.50%	8.60%	220.6	9.50%	76.00%
20765	Galesville	9.80%	6.90%	19.00%	188.7	Suppressed	30.70%
20776	Harwood	7.00%	9.00%	11.00%	271.7	5.20%	23.90%
21060	Glen Burnie (East)	8.80%	8.80%	12.80%	298.0	8.30%	45.20%
21061	Glen Burnie (West)	9.00%	10.20%	13.20%	317.6	9.10%	50.00%
21122	Pasadena	5.00%	6.50%	6.50%	225.0	7.00%	19.50%
21144	Severn	4.70%	5.40%	7.40%	232.3	8.60%	56.90%
21225	Brooklyn Park	22.30%	21.00%	25.70%	379.9	12.10%	68.30%
21226	Curtis Bay	15.50%	12.60%	21.60%	250.3	9.50%	41.30%
21401	Annapolis	7.10%	4.40%	7.50%	276.0	6.60%	31.30%
21403	Eastport	4.90%	9.30%	4.80%	245.8	8.20%	35.40%
Anne Arundel		5.50%	6.20%	6.50%	229.9	7.70%	37.30%

Red = Higher than county average

Sources: U.S. Census American Community Survey 5-year Estimates 2019-2023; HUD USPS ZIP code crosswalk files accessed 5/6/25; Maryland Health Services Cost Review Commission Outpatient Files, 2023; Maryland Vital Statistics Administration Birth Files, 2018-2022

POVERTY BY PLACE OF OCCURRENCE

Pockets of poverty continue to be concentrated in specific county ZIP codes and census tracts throughout the county. The highest percentage of poverty is in the ZIP code that contains Brooklyn Park at 22.3% (almost five times the rate of the county average) followed by Curtis Bay at 15.5%. Lothian, in South County, has over twice the level of poverty as the county average. Both Glen Burnie ZIP codes have increased their poverty percentages between 2021 and 2023. The 21401 ZIP code in Annapolis has a lower poverty rate (Table 58: Selected Poverty Percentages by ZIP Code, Anne Arundel County). The poverty percentage in Annapolis ZIP code 21403 has decreased between 2021 and 2023, possibly due to the increase in high-income housing within that ZIP code (Table 58). However, the same ZIP code contains census tracts where poverty ranges from 20% (the Clay Street neighborhood) to 30% (Bay Ridge Gardens).

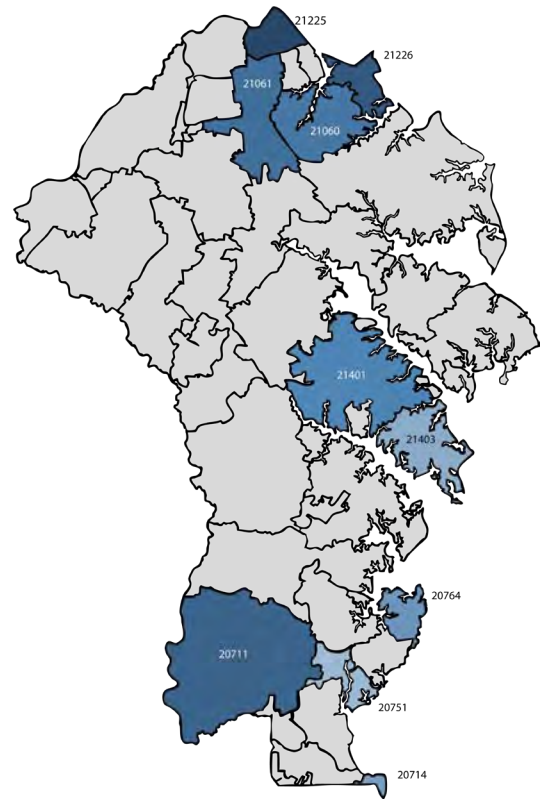


Table 57: Selected Poverty Percentages by ZIP Code, Anne Arundel County

ZIP Code	Area	2021 Poverty %	2023 Poverty %
21225	Brooklyn Park	25.1%	22.3%
21226	Curtis Bay	13.9%	15.5%
21060	Glen Burnie (East)	7.0%	8.8%
21061	Glen Burnie (West)	7.7%	9.0%
20714	North Beach	3.2%	6.0%
20751	Deale	1.8%	1.6%
20711	Lothian	11.5%	13.4%
21401	Annapolis	7.5%	7.1%
21403	Annapolis	8.6%	4.9%
20764	Shady Side	6.0%	6.9%
Anne Arundel County		6.2%	5.7%

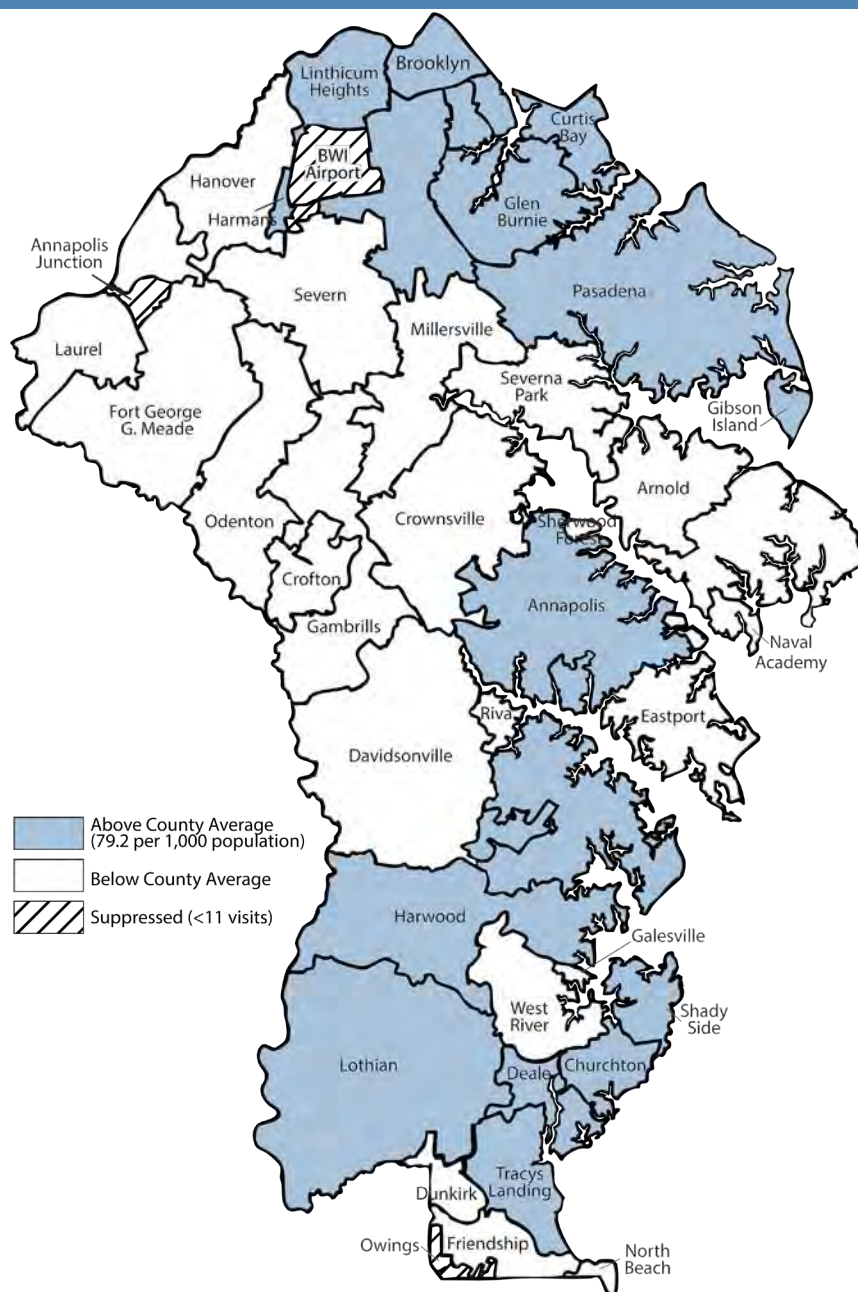
Source: U.S. Census Bureau American Community Survey 2021 5 Year Estimates, 2023 5 Year Estimates

PLACE-BASED HEALTH DISPARITIES: HOSPITALIZATION & EMERGENCY DEPARTMENT

When the patterns of hospitalization are examined by ZIP code (Figure 38: Hospitalizations per 1,000 population by ZIP Code, Anne Arundel County, 2023), they generally reflect the social determinants illustrated in (Table 58: Selected Poverty Percentages by ZIP Code, Anne Arundel County on page 97) ZIP code 21225, which contains Brooklyn Park, has the highest hospitalization rate of anywhere else in the county, most likely due to the lack of accessible primary healthcare and therefore lack of preventive care.

Residents, especially those without access to health insurance, may wait until their health issue is more serious to seek care. In 2025, Total Health Care opened a Federally Qualified Health Clinic in Brooklyn, less than two miles from Brooklyn Park, which will offer more health resources to Brooklyn Park residents, including primary care.

Figure 38: Hospitalizations per 1,000 population by ZIP Code, Anne Arundel County, 2023



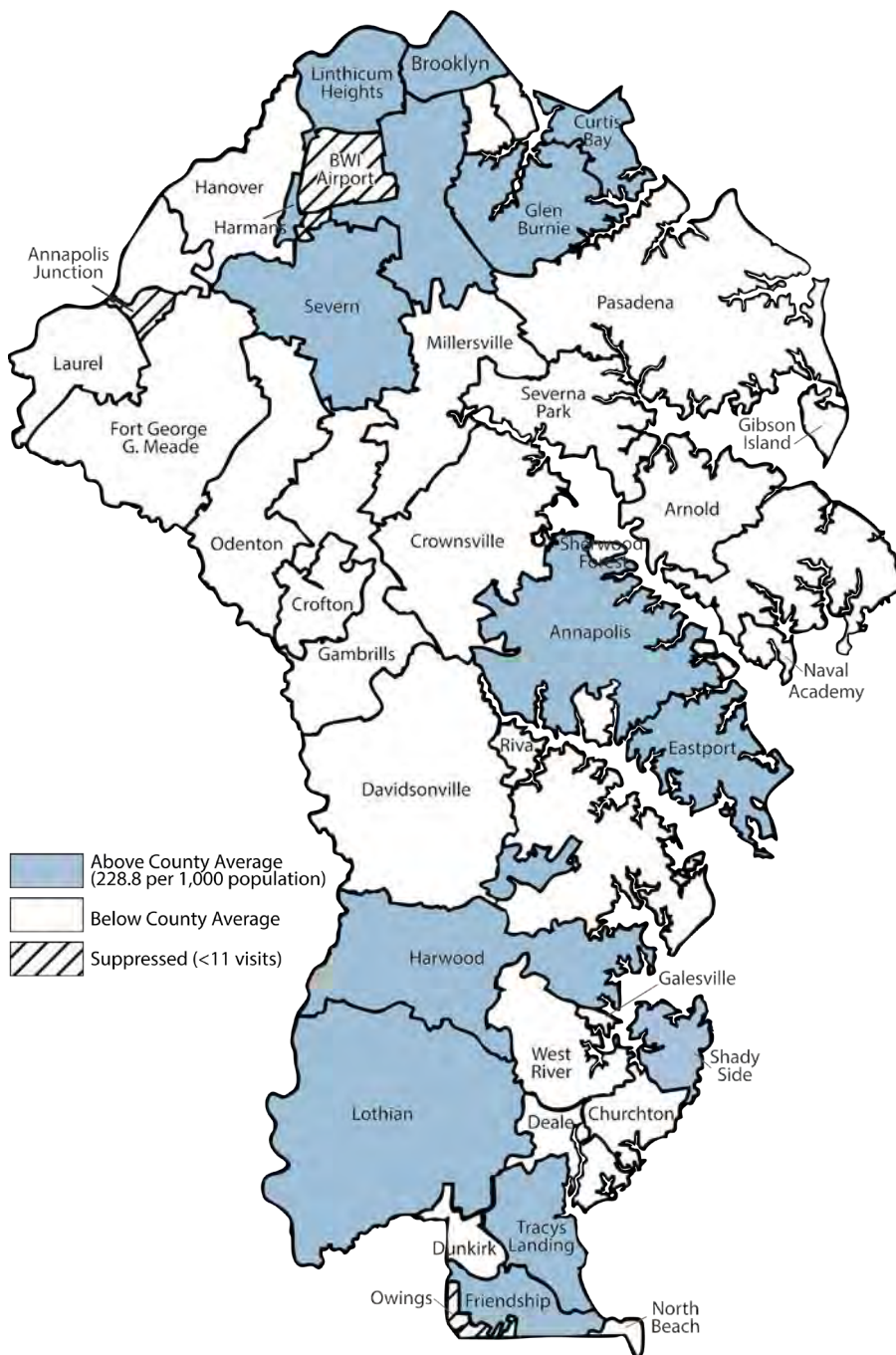
Sources: Office of Assessment and Planning; Anne Arundel County Department of Health
Data Sources: HSCRS Inpatient Files, 2023; Census Bureau ACS 5-year population estimates, 2023

The Anne Arundel County map of the number of Emergency Department (ED) visits per 1,000 residents shows clearly the correlation between rising social determinants of health neighborhoods and ED visits (Figure 39: Emergency Department (ED) visits per 1,000 population by ZIP Code, Anne Arundel County, 2023). ED services are used more often by residents without insurance or who live in areas where primary care is not accessible. Hospitals are required by law to treat individuals with life-threatening medical conditions, regardless of their ability to pay. This is enshrined in the Emergency Medical Treatment and Labor Act (EMTALA). The resident is still billed, but the hospitals make connections to payment plans and government options.

ED care is expensive, over \$600 per visit in Maryland, as opposed to an average of \$150 for primary care. One provider noted that families sometimes try to access cheaper health services and refuse the ones that cost more:

"Like 'I'd like the chest X-ray, but I don't want the swab. Is the MRI going to cost me? Is there another way for me to do this in a cost-efficient manner?' And we're talking about an emergency room where, you know, care needs to happen. And I have had to say to families, 'I do care about our standard of care, and I don't know what the price of the MRI is, I don't know what the price of the ultrasound is,' because I'm doing the care."

Figure 39: Emergency Department (ED) visits per 1,000 population by ZIP Code, Anne Arundel County, 2023



Source: Office of Assessment and Planning; Anne Arundel County Department of Health
 Data Sources: HSCRS Inpatient Files, 2023; Census Bureau ACS 5-year population estimates, 2023

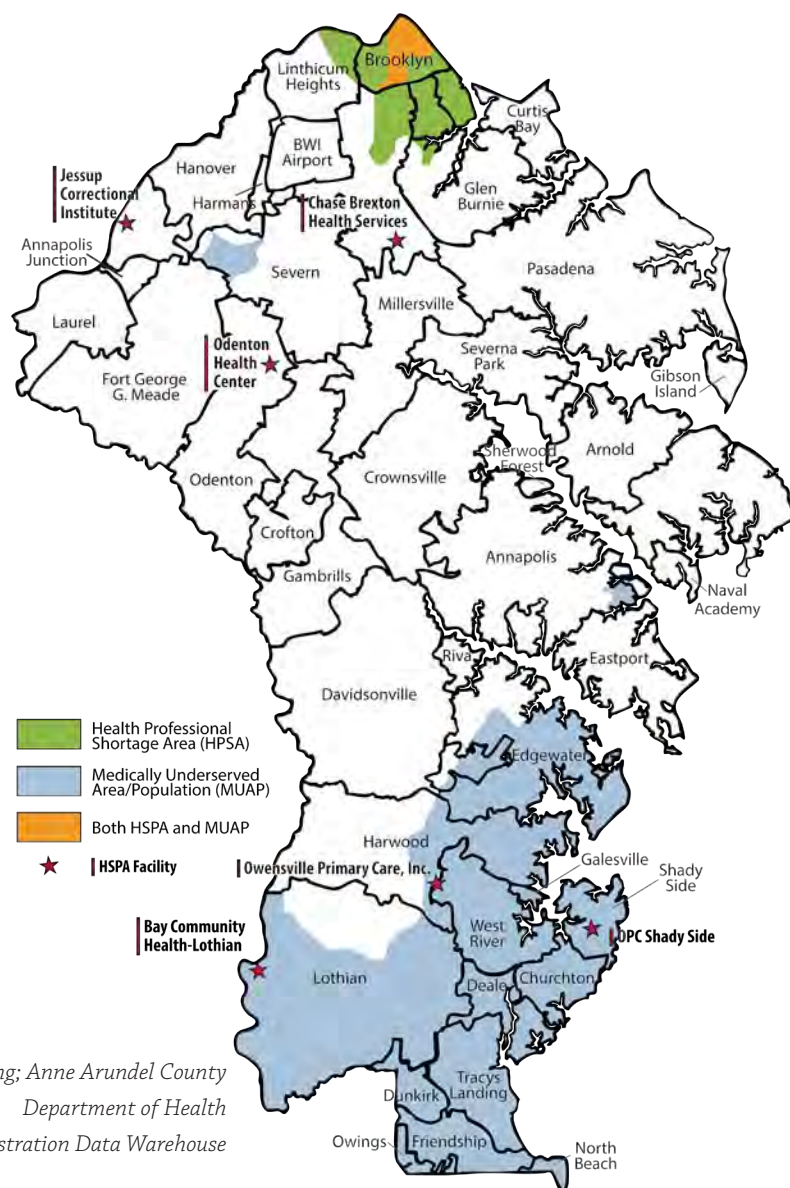
PLACE-BASED HEALTH DISPARITIES: MEDICALLY UNDERSERVED AREAS

Medically Underserved Areas (MUAs) are designated based on four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. There are 11 census tracts in Anne Arundel County designated as medically underserved areas or populations. Approximately 54,700 (10%) of the county's population lives in these 11 census tracts.

PLACE-BASED HEALTH DISPARITIES: HEALTH PROFESSIONAL SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental, or mental health providers and may be geographic or facility-based. (Figure 40: Health Professional Shortage and Medically Underserved Areas, Anne Arundel County, 2024) In Anne Arundel County, there is currently one designated Primary Care HPSA facility (Bay Community Health in South County), one Dental HPSA facility (Bay Community Health) and two Mental Health HPSA facilities (Bay Community Health and Maryland Correctional Institution, Jessup). Bay Community Health Center extended healthcare to a location in Lothian in 2024. Brooklyn Park in North County is both an HPSA and a Medically Underserved Area (Figure 40).

Figure 40: Health Professional Shortage and Medically Underserved Areas, Anne Arundel County, 2024



Sources: Office of Assessment and Planning; Anne Arundel County
Department of Health

Data Sources: Health Resources & Services Administration Data Warehouse



PLACE-BASED HEALTH DISPARITIES: LACK OF MEDICAL INSURANCE

The percentage of residents without health insurance also varies by ZIP code. The county average is 4.5% but the ZIP codes with the highest proportion of self-pay/charity visits to area hospitals are 20724 (Laurel) at 13%, 21403 (Annapolis) at 12%, 21225 (Brooklyn Park) at 9%, and 21401 (Annapolis) at 8% (Maryland Health Services Cost Review Commission Outpatient Files, 2023).

PLACE-BASED HEALTH DISPARITIES: OPIOID OVERDOSES

According to the National Institutes for Health (2020), studies show higher opioid overdose deaths in communities with lower socioeconomic status (SES). The study cites a statistically significant study based on data from four million people, which found that individuals living at or below the poverty line constituted 31% of opioid overdose victims. According to a 2020 Department of Health and Human Services study, people without health insurance, those who have been incarcerated, or those who are living in poverty face an increased risk of fatal opioid overdose. Another 2020 study by Altekruze, Cosgrove, Jenkins, and Blanco showed that economic instability, lack of health insurance, incarceration, and poverty increase the risks for fatal opioid overdose. This research is exemplified in Annapolis, Glen Burnie, and Brooklyn Park ZIP codes with high concentrations of poverty that show a higher rate of both fatal and non-fatal opioid overdoses (Table 59: Total Opioid Overdoses by Incident ZIP Code).

Table 58: Total Opioid Overdoses by Incident ZIP Code

Incident ZIP Code	Non-Fatal Opioid Overdoses		Fatal Opioid Overdoses		All Opioid Overdoses	
	Frequency	%	Frequency	%	Frequency	%
21061 Glen Burnie	52	16.6	16	18.6	68	17.0
21401 Annapolis	55	17.5	11	12.8	66	16.5
21225 Brooklyn	35	11.1	15	17.4	50	12.5
21122 Pasadena	38	12.1	7	8.1	45	11.3
21060 Glen Burnie	33	10.5	10	11.6	43	10.8
21403 Annapolis	20	6.4	4	4.7	24	6.0
21090 Linthicum	17	5.4	5	5.8	22	5.5
21032 Crownsville	9	2.9	2	2.3	11	2.8
21144 Severn	6	1.9	4	4.7	10	2.5
21037 Edgewater	5	1.6	2	2.3	7	1.8
21076 Hanover	6	1.9	1	1.2	7	1.8

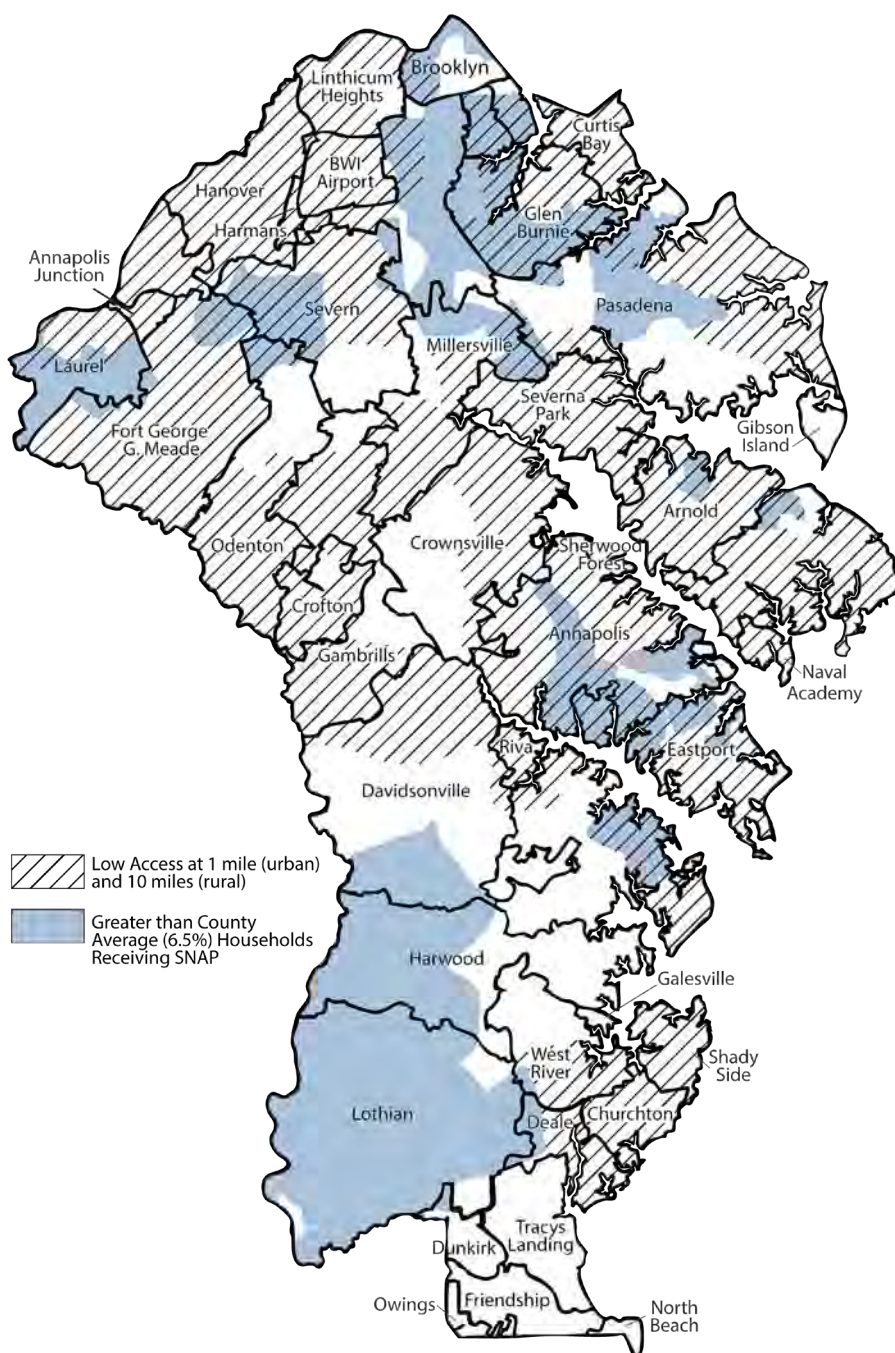
Source: Anne Arundel County and Annapolis Police Departments, 2024

PLACE-BASED HEALTH DISPARITIES: FOOD ACCESS AND FOOD DESERTS

Food deserts are defined by the United States Department of Agriculture (USDA) as “urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food.” Typically, these areas are low income and where residents lack the economic resources to travel for food purchases.

Anne Arundel County has 74,522 residents living in a food desert. There are 17 census tracts in the county that are considered food deserts in areas of Glen Burnie, Brooklyn Park, Linthicum Heights, Eastport, Fort George G. Meade, Jessup, and Severn (Anne Arundel County Department of Health, 2022). Those with the least access to food are more likely to be receiving SNAP benefits and are more likely to be in the areas where other social determinants of health are worsening (Figure 41: Households Receive SNAP (2023) and Access to Food (2019), Anne Arundel County).

Figure 41: Households Receive SNAP (2023) and Access to Food (2019), Anne Arundel County



Source: Office of Assessment and Planning; Anne Arundel County Department of Health
Data Sources: U.S. Census Bureau ACS 5-year Estimates, 2023; USDA Food Access Research Atlas,

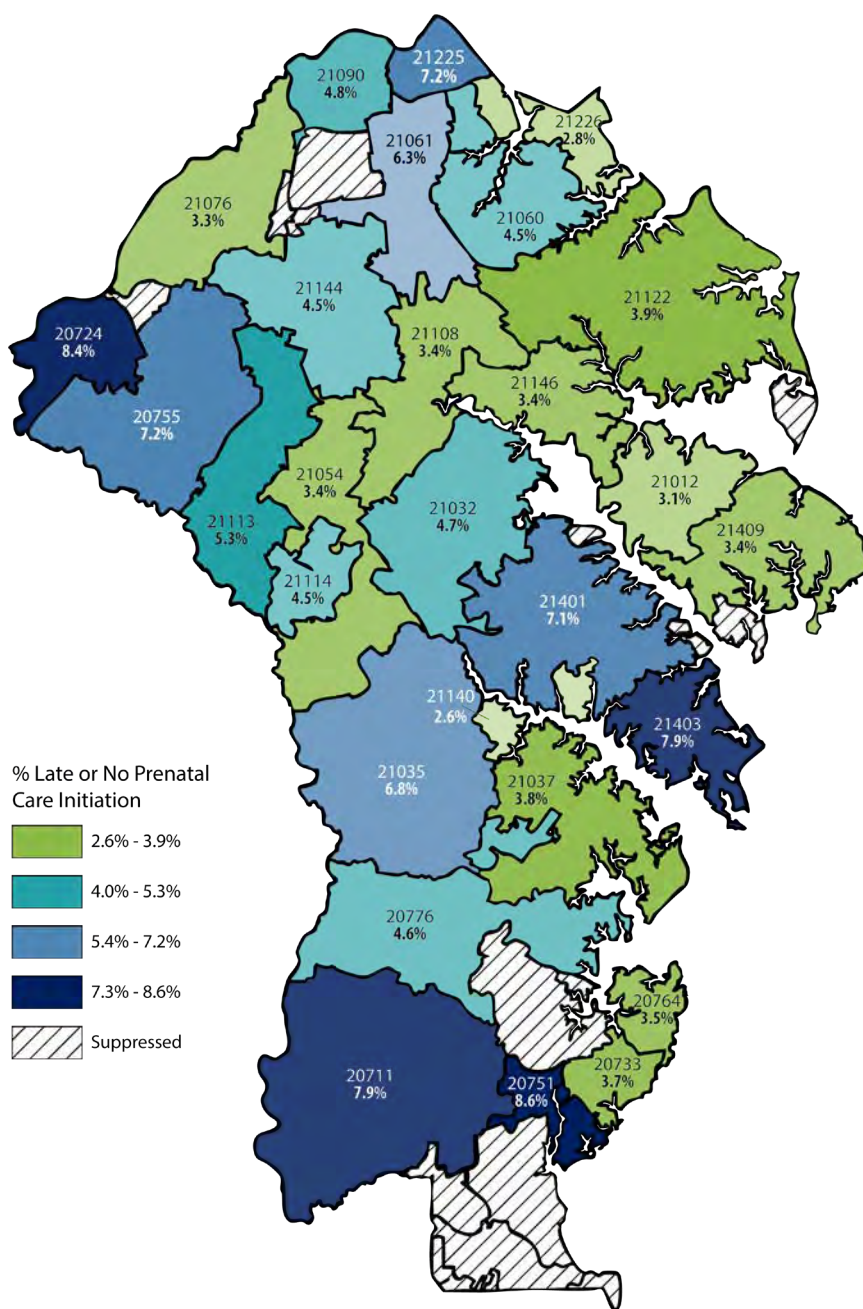
2019

PLACE-BASED DISPARITIES FOR CHILDREN AND YOUTH: PRENATAL CARE

Prenatal care is an essential part of a healthy pregnancy. It helps ensure the health of the mother and baby through birth and beyond, by monitoring fetal development and detecting any potential development and health issues (Isla, 2023).

County mothers who receive late or no prenatal care are more likely to live in the ZIP codes where other social determinants are worsening: Brooklyn Park, Glen Burnie, Laurel, Annapolis (21401 and 21403), and Lothian (Figure 42: Portion of Live Births with Late or No Prenatal Care Initiation, Anne Arundel County, 2018-2022). Lack of prenatal care can also be a factor in infant mortality and low birthweight.

Figure 42: Portion of Live Births with Late or No Prenatal Care Initiation, Anne Arundel County, 2018-2022



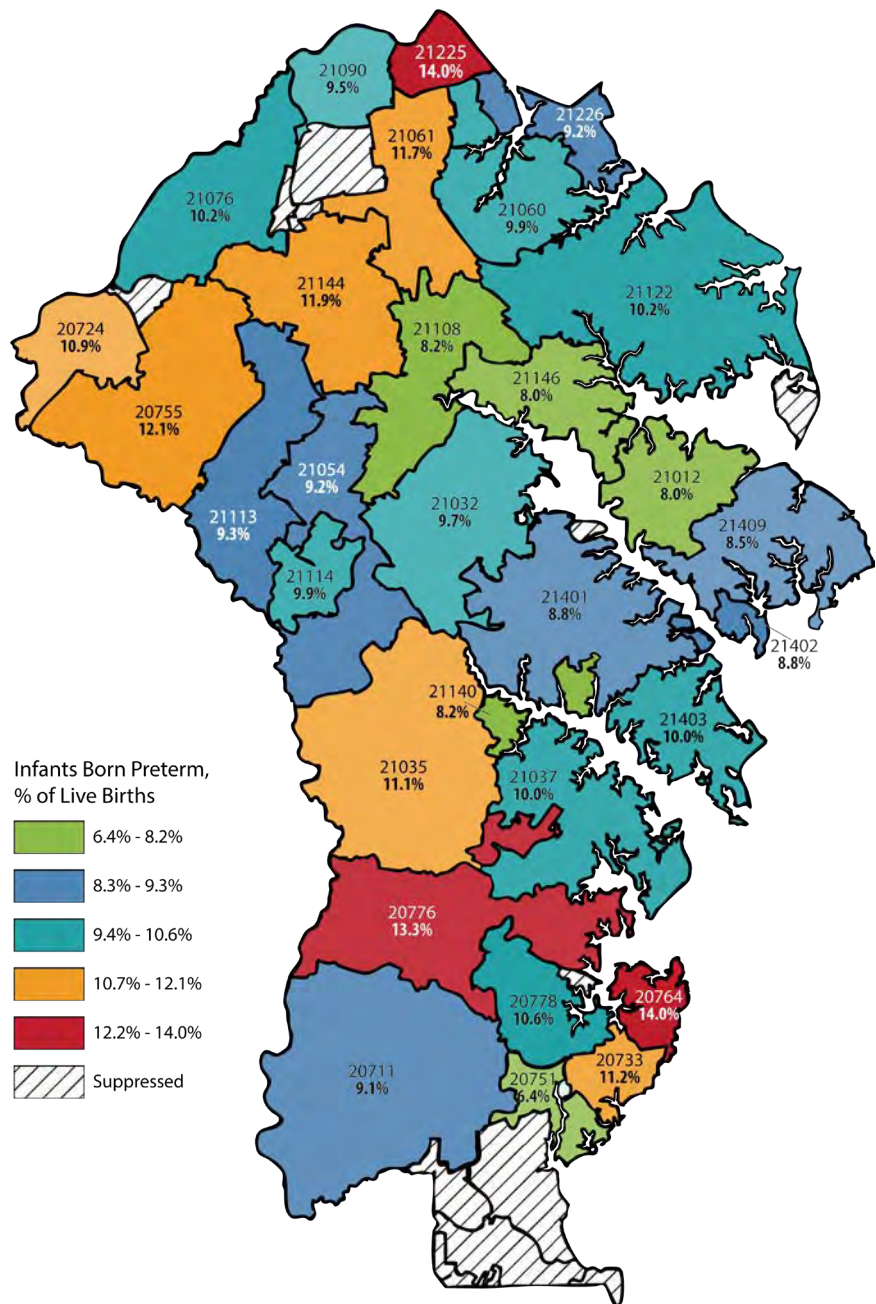
Source: Office of Assessment and Planning; Anne Arundel County Department of Health
Data Sources: Maryland Vital Statistics Administration, Birth Certificate Files, 2018-2022

PLACE-BASED DISPARITIES FOR CHILDREN AND YOUTH: PRE-TERM BIRTHS

According to the World Health Organization, (2023), pre-term is defined as babies born alive before 37 weeks of pregnancy are completed. The earlier in pregnancy a baby is born, the more likely they are to have health problems. According to the National Institute for Health (2020), factors like socioeconomic status, access to healthcare, education, and social support systems play a crucial role in maternal and infant health, and these factors significantly influence pre-term birth rates and outcomes.

Many survivors of pre-term birth face a lifetime of disability, including learning disabilities, visual and hearing problems. Children born in Brooklyn Park (ZIP code 21225) and Shady Side in South County (ZIP code 20764) have the highest pre-term birth percentages at 14% (Figure 43: Infants Born Preterm (<37 Weeks of Gestation) by ZIP Code, Anne Arundel County, 2018-2022).

Figure 43: Infants Born Preterm (<37 Weeks of Gestation) by ZIP Code, Anne Arundel County, 2018-2022



Source: Office of Assessment and Planning; Anne Arundel County Department of Health
Data Sources: Maryland Department of Health Vital Statistics Administration, Birth Certificate
Files, 2018-2022

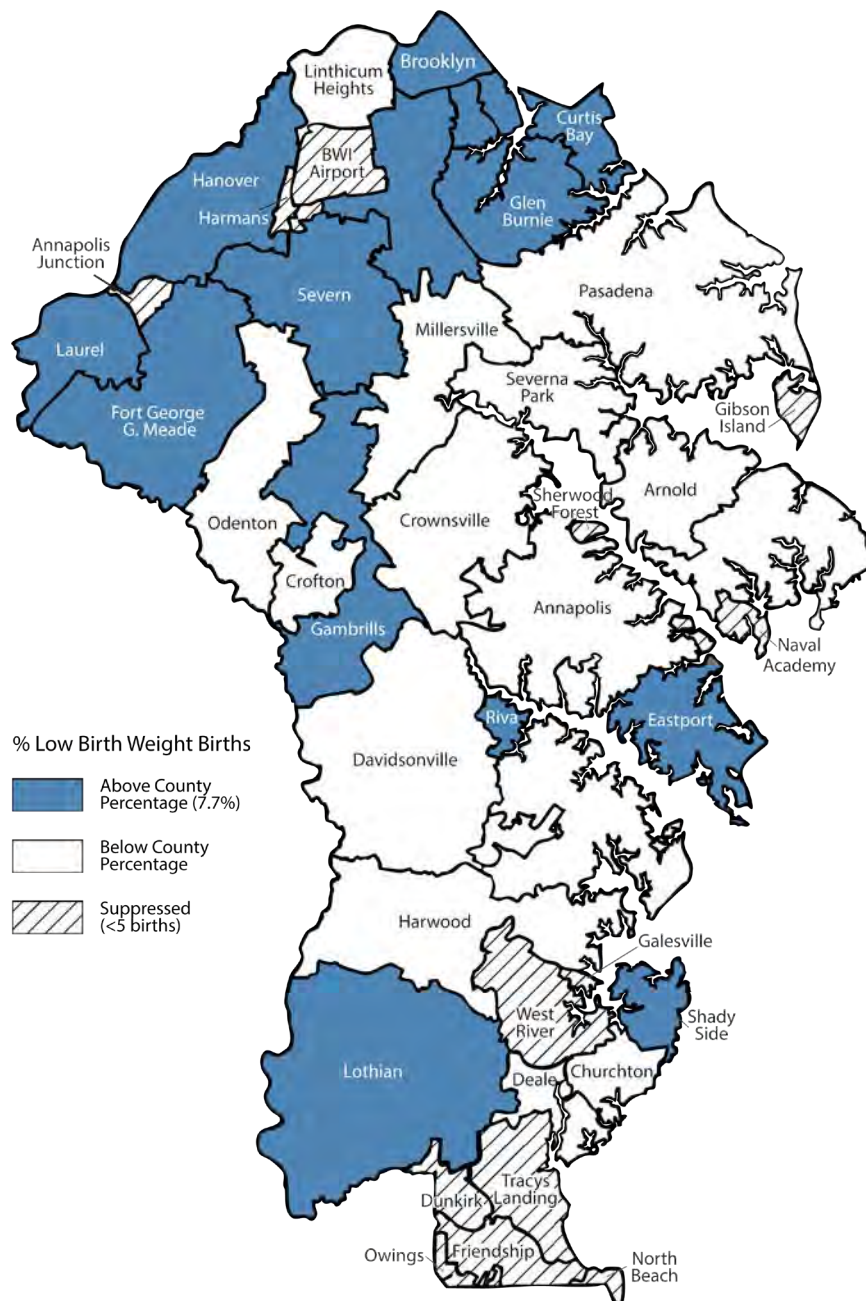


PLACE-BASED DISPARITIES FOR CHILDREN AND YOUTH: LOW BIRTHWEIGHT

Low birthweight is defined as weighing less than 5.5 pounds at birth. Babies born at a low birthweight are more likely to have health conditions later in life including diabetes, heart disease, intellectual and developmental disabilities, high blood pressure, and obesity (March of Dimes, 2025).

In Anne Arundel County, the percentages for low birthweight vary depending on the ZIP codes highlighted throughout this chapter. The same ZIP codes in the North, West, Annapolis, and South County have higher proportions of low birthweight babies than those of other ZIP codes (Figure 44: Above County Proportion of Births with Low Birthweight (<2500 grams) by ZIP Code, Arundel County, 2018-2022).

Figure 44: Above County Proportion of Births with Low Birthweight (<2500 grams) by ZIP Code, Arundel County, 2018-2022



Source: Office of Assessment and Planning; Anne Arundel County Department of Health
Data Sources: Maryland Department of Health Vital Statistics Administration, Birth Certificate Files, 2018-2022

PLACE-BASED DISPARITIES FOR CHILDREN AND YOUTH: HOMELESS YOUTH

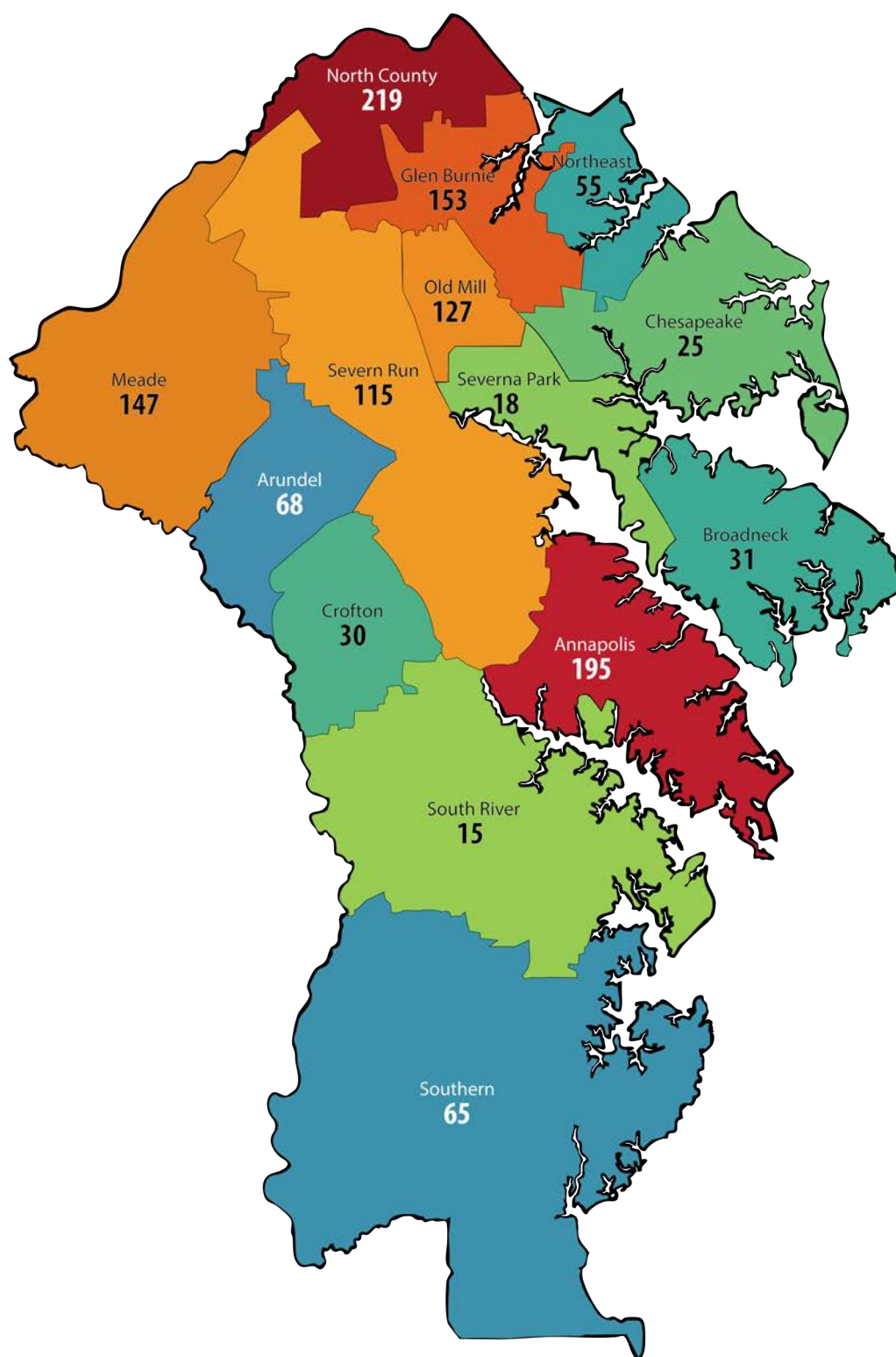
According to the National Network for Youth (2025), youth from low-income neighborhoods, where there is a lack of safe spaces and social support, are more likely to become homeless. The numbers of homeless youth in each Anne Arundel County Public Schools cluster follow the same geographic pattern as other social determinants of health for the county and are unevenly distributed. The numbers are higher in school feeders that cover ZIP codes that are disproportionately African American and low income. (Table 60: Homeless Youth by School Feeder) The North County Feeder System, which includes the Brooklyn Park ZIP code, has the most homeless youth at 219, in 2024-2025, an almost 21% increase since 2022 (Table 60 and Figure 45: County McKinney-Vento (Homeless) Public School Students by School Cluster).

Table 59: Homeless Youth by School Feeder

	2022	July 1, 2023 - June 30, 2024	July 1, 2024 - March, 2025
Annapolis	144	173	195
Arundel	38	48	68
Broadneck	47	45	31
Charter	12	7	10
Chesapeake	33	23	25
Crofton	20	30	30
Glen Burnie	140	161	153
Meade	155	171	147
North County	173	209	219
Northeast	61	56	55
Old Mill	55	132	127
Severna Park	17	18	18
Severn Run	-	-	115
South River	25	14	15
Southern	71	97	65

Source: Anne Arundel County Public Schools, 2025

Figure 45: County McKinney-Vento (Homeless) Public School Students by School Cluster



Source: Anne Arundel County Public Schools, 2025

OTHER PLACE-BASED DISPARITIES: FIREARM DEATHS

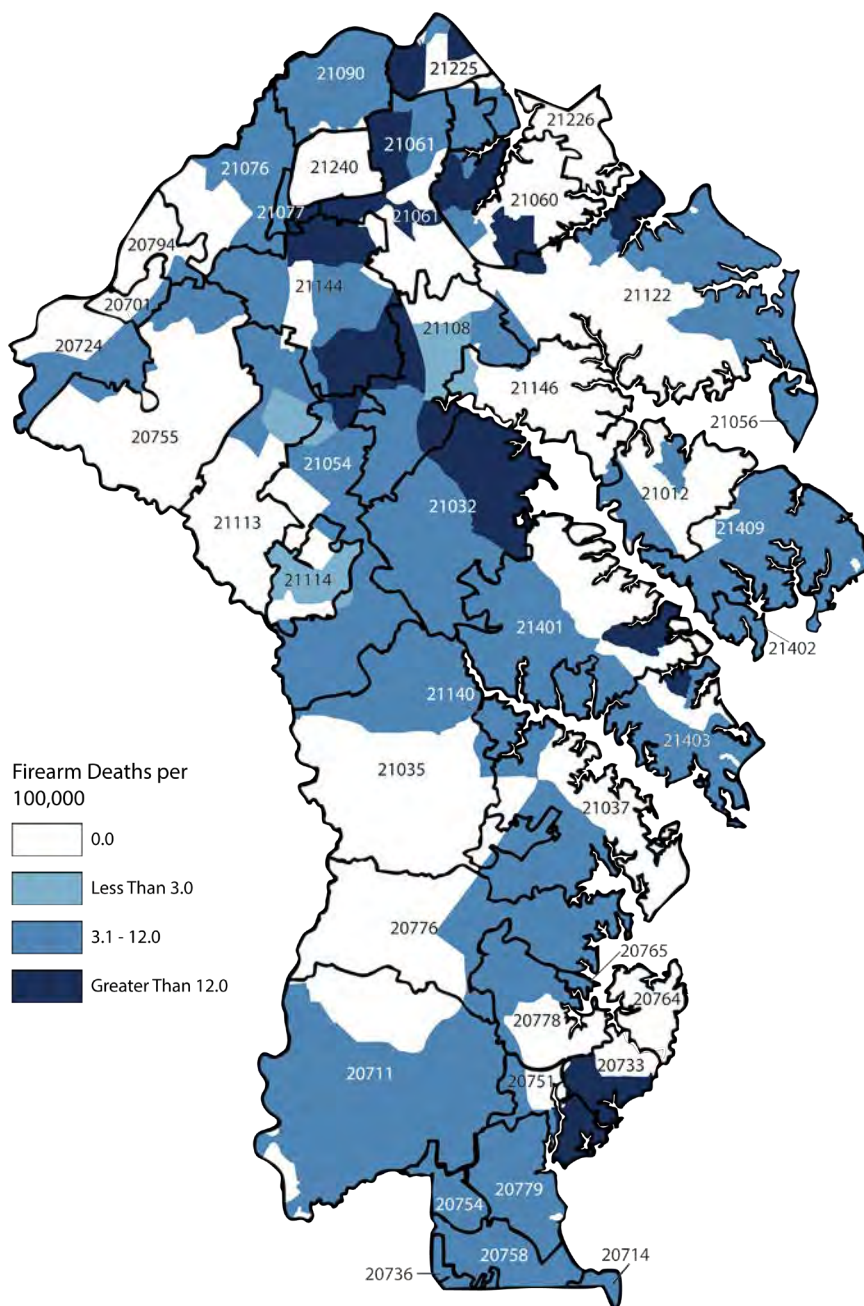
Several research studies have shown a link between areas of poverty and firearm deaths, especially among youth. According to the Center for Economic Policy and Research (2022), firearm death is strongly correlated with economic hardship.

County firearm deaths by census tract show that the most vulnerable neighborhoods have the highest rate of firearm deaths in the county at greater than 12 per 100,000 residents (Figure 46: Firearm Deaths by Census Tract, Anne Arundel County Residents, 2018-2022). Social and economic inequities are often at the root of community violence.

Several participants commented on the growing number of guns in the county. As one provider noted:

"I have so many patients living in the Annapolis area that have been affected by gun violence in some way; a son or a daughter that was killed by gun violence."

Figure 46: Firearm Deaths by Census Tract, Anne Arundel County Residents, 2018-2022



Source: Anne Arundel County Health Department



OTHER PLACE-BASED DISPARITIES: TRANSPORTATION

Residents who own a car in a county where public transportation is largely inaccessible have easier access to all of the tools for economic mobility. The ability to drive to their place of employment, healthcare, college, and simply to get children to school when the bus doesn't arrive, all help make the difference in health and wealth for county families. There are 4,304 households in Anne Arundel County that don't have access to a vehicle. The Brooklyn Park ZIP code has the highest percentage of households without access to a vehicle, followed by Glen Burnie, and Annapolis (21401). From 2022 to 2023, those percentages have risen for those ZIP codes. The county average for households with no vehicle available is 1.9%. In Brooklyn Park, the percentage is almost 6.5 times the average percentage at 12% (Table 61: Anne Arundel County Households with no Vehicle Available by ZIP Code, 2022 and 2023).



Table 60: Anne Arundel County Households with no Vehicle Available by ZIP Code, 2022 and 2023

ZIP Code	2022		2023	
	# of Households without a car	% No vehicle available	# of Households without a car	% No vehicle available
21225	1,378	10.8%	1,550	12.0%
21226	110	4.4%	96	3.4%
21061	772	3.5%	754	3.4%
21401	554	3.1%	665	3.7%
20701	15	4.5%	25	6.5%
21054	294	5.6%	281	5.3%
21060	231	1.5%	220	1.4%
20716	237	2.7%	250	2.7%
Anne Arundel	4,212	1.9%	4,304	1.9%

Source: American Community Survey 2023 1-year Estimate

OTHER PLACE-BASED DISPARITIES: INTERNET ACCESS

According to the U.S. Department of Health and Human Services citing the most recent U.S. census data (2023), more than one in six people in poverty have no internet access. Accordingly, residents with higher incomes are more likely to have internet access in their households. County residents who lack internet access are likely to live in the areas of deepest poverty. Households without broadband access and/or those who lack a device are clustered in some of the same ZIP codes already pointed out in this chapter (Figure 47: Households Without Broadband* by Census Tract, Anne Arundel County, 2023 and Figure 48: Household Without a Device** by Census Tract, Anne Arundel County, 2023). Lack of access to available technology is an increasing barrier for children, youth, and adults as systems move to electronic communication. Schools, health, social, and government systems are increasingly inaccessible without good internet access at home.

Figure 47: Households Without Broadband* by Census Tract, Anne Arundel County, 2023

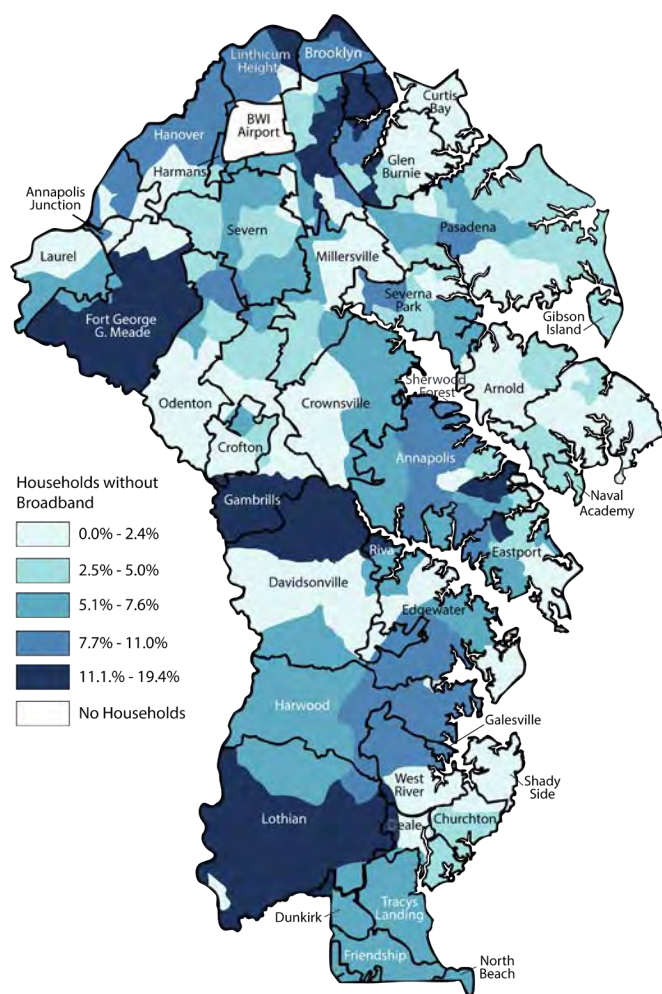
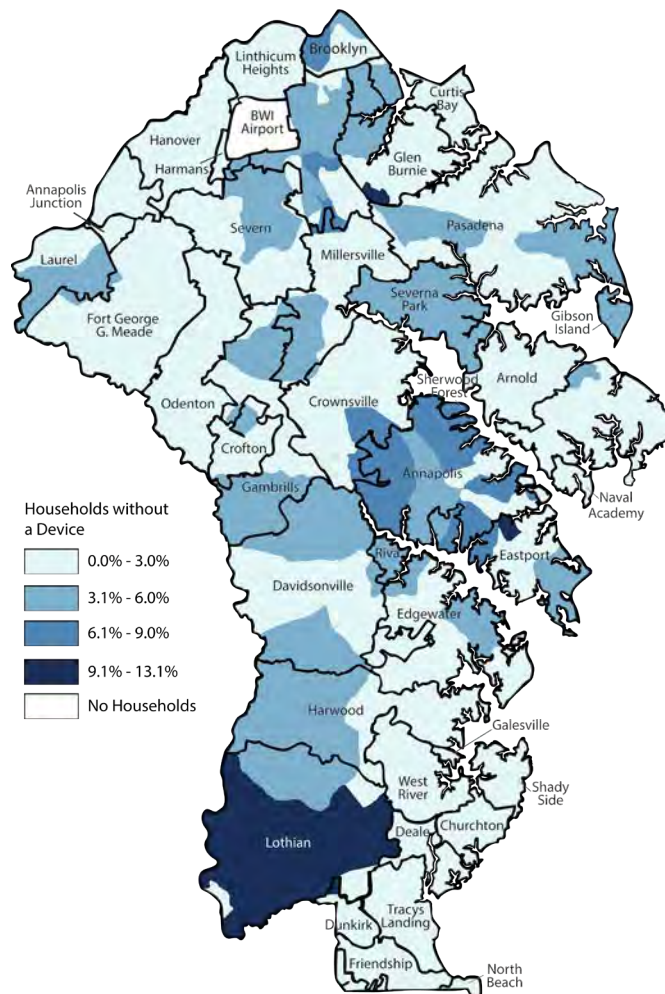


Figure 48: Household Without a Device by Census Tract, Anne Arundel County, 2023**



*Broadband includes cable, fiber optic, DSL broadband, cellular data plans, and satellite services. Households without broadband either only have dial-up internet or no internet subscription. **Device includes tablets, other portable wireless computers, and other computers.

Source: Office of Assessment and Planning; Anne Arundel County Department of Health. Data Sources: U.S. Census Bureau American Community Survey 5-year Estimates, 2023

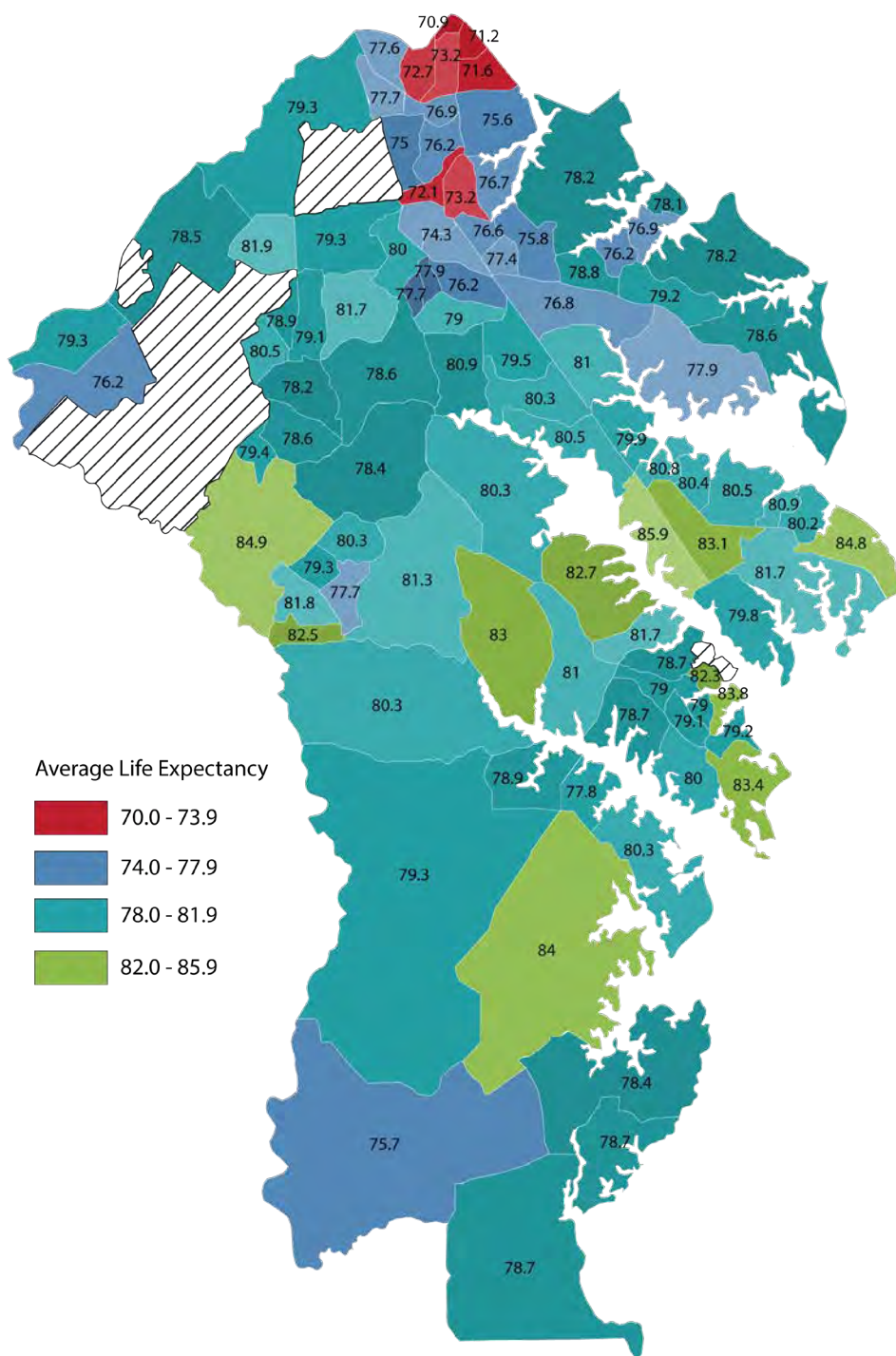
OTHER PLACE-BASED DISPARITIES: LIFE EXPECTANCY

According to the University of Florida Department of Physiology and Aging (2024), access to healthcare is one of the important indicators of life expectancy because it increases the likelihood of detecting and treating health conditions early. Those living in rural areas or without insurance are less likely to seek treatment, whether for preventive care or to address current health conditions.

Other researchers have noted that factors such as poverty, food insecurity, and lack of access to education and employment opportunities can negatively impact health and life expectancy. According to the Robert Wood Johnson Foundation (2025), where people live may affect their chances of living a long, healthy life. Different neighborhoods have different access to stable housing, quality schools, good jobs, and affordable healthcare.

Life expectancy changes by ZIP code and census tract in the county (Figure 49: Average Life Expectancy by Census Tract, Anne Arundel County, 2010-2015). Life expectancy can be up to 15 years longer for a resident living in Arnold as opposed to someone who lives in Brooklyn Park.

Figure 49: Average Life Expectancy by Census Tract, Anne Arundel County, 2010-2015



Source: National Center for Health Statistics, Neighborhood Life Expectancy Project, 2017

COUNTY AREAS OF MOST NEED

Brooklyn Park (ZIP code 21225) has a poverty rate of 22.3%, which is over four times higher than the rest of the county. The Pumphrey census tract of Brooklyn Park has a child poverty rate of 35% according to the most recent U.S. census data (U.S. Census American Community Survey, 2023). The median income for the ZIP code is \$50,069, under half of the county's average median income of \$116,548 (U.S. Census, 2023). There are at least six rising socio-economic indicators of need including the percent of families living at or below poverty, percent of the population without a high school diploma, the percent of households receiving food stamps (SNAP), the ED visit rate, the percent of low birthweight infants, the preventable hospitalization rate, and the percentage of minorities (Table 57: Demographic, Socioeconomic, and Health Indicators by ZIP Code in Anne Arundel County, 2023 on page 96). Brooklyn Park is classified as a food desert and a childcare desert (Anne Arundel County Department of Health, 2024).



Brooklyn Park is located in the watershed of the non-tidal portion of the Patapsco River. The subwatersheds that include Brooklyn Park have high levels of impervious surface, a low percentage of forest cover, and low water quality that does not meet federal Clean Water Act standards. The primary water quality impacts are from excessive inputs of nutrients (nitrogen and phosphorus) and sediments. Brooklyn Park has a tree equity score of 72 out of 100, which is the lowest in the county, whereas Severna Park has a tree equity score of 96 (American Forests Tree Equity Score, 2021). Trees can play a significant role in the health of people, as tree covers provide shade and help cool neighborhoods. Lower temperatures also mean lower energy consumption and lower electricity bills.

Annapolis ZIP codes 21401 and 21403 have a high child poverty rate that moves between 31% and 35% (U.S. Census, 2023). The general area has limited access to food and a high rate of food insecurity (Anne Arundel County Department of Health, 2024). The two ZIP codes have a high proportion of public and subsidized housing, most of which needs repair or replacement. Eighty-five percent of the households living in public or subsidized housing are African American and are led by a single female (Housing Authority of Annapolis, 2022). With limited transportation and no affordable childcare, most families in public housing have become mired in intergenerational poverty. Some residents described a sense of hopelessness in their neighborhoods, coupled with the intergenerational trauma that comes from pervasive poverty. As one participant noted:

"In Annapolis, there's a lot of pain and suffering. When you start to look at things historically and where the people are, all of the public housing out here, the permanence of hopelessness is a real thing for some of our community members and families. So how do we work in partnership to help give people a sense of hope?"

West County, including Odenton, Fort George G. Meade, Severn (21144), Maryland City, and Laurel (20724) have census tracts and neighborhoods where the poverty rate ranges up to 10%. The Maryland City census tract has a median income of \$81,239, just two thirds of the county average (U.S. Census Bureau, 2023). In ZIP code 21144 (Severn) 46.3% of the residents are rent overburdened. In ZIP code 20724 (Laurel), 58.2% of the population is rent overburdened. The majority of renters in both ZIP codes are African American. According to the most recent United Way ALICE* report, the Fort George G. Meade area population is at 48% low income and the Severn area is at 27% low income (United Way of Central Maryland, 2022). Maryland City has an ALICE population of 38%.



The Free and Reduced Meals (FARMS) data for Severn area schools shows increases in 2023 compared to 2019 data, including Quarterfield Elementary at 60.90% (up from 37.08%), Hebron-Harmon Elementary at 65.40% (up from 45.70%), Severn at 42.90% (up from 29.77%), and Maryland City 84.9% (up from 75.8%) (Maryland Report Card, 2024).

The South County area (Lothian, parts of Shady Side, and parts of Deale) houses some of the most rural and impoverished census tracts in the county. The Lothian area of South County has pockets of low-income residents living in mobile homes where the poverty rate is 13.4%, almost three times that of the rest of the county. The FARMS rate for Lothian Elementary is 62.2% and the rate for Tracey's Elementary is 60.7% (Maryland Report Card, 2024). According to participants, access to services continues to be a challenge for residents in these South County areas, including lack of access to jobs, healthcare, transportation, affordable housing, and internet services. There are few sidewalks or bike trails and transportation services are limited. Several participants commented on the increased risk of flooding in South County and the consequences that occur from that. As one participant noted:

"Probably the single biggest safety concern I hear from folks in South County is that they may not be able to get in and out of their neighborhoods or their homes or that their homes are flooding. Their yards are mush, because of the water levels in their yards. The soil is just mud. Lots of that area is served by septic tanks and wells so that has exponential long-term effects."

**Asset Limited, Income Constrained, Employed*

SUMMARY

Quantitative data attached to neighborhoods must be pieced together from many different sources and is often illuminated by talking to the residents of those neighborhoods. The data in this chapter indicates that there are neighborhoods in the county with many unmet needs and they lack the resources to meet those needs. The most telling data is that of differing life expectancy depending on the neighborhood they live in. While there are systemic issues that need attention such as affordable housing, childcare, and transportation, neighborhood-based strategies can be helpful in addressing intergenerational poverty-related issues that are likely to occur in the most vulnerable neighborhoods.

NEEDS & GAPS IN SERVICES

- Place-based strategies that include residents of low-income neighborhoods in the decision making are more likely to target the right resources.
- Data collection that denotes neighborhoods, rather than county, can help us understand, then address, the social determinants of health.
- Planning at the neighborhood level by government entities to address environmental, educational, health, and human services issues will help invigorate these neighborhoods and remove barriers to residents' successes.
- Data sharing across agencies and institutions will help build a clear picture of why intergenerational poverty exists.
- Economic mobility strategies should provide opportunities for wealth building in low-income neighborhoods.



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BUILDING COMMUNITY TOGETHER: HOW YOU CAN HELP

Community needs assessments such as this one not only examine the gaps in community services, but also offer opportunities for positive change — change that takes place with a community working together.

The last Community Needs Assessment Report, *Poverty Amidst Plenty VII: Moving Forward Together*, presented an opportunity to develop a strategic and comprehensive grantmaking approach to address the needs outlined in that report.

You can help tackle the challenges outlined in this most recent Needs Assessment Report, *Poverty Amidst Plenty VIII: Building Community Together*, by collaborating, donating, advocating, volunteering, and staying informed.

COLLABORATE.

Join like-minded donors who pool their resources and contribute to a grantmaking fund at CFAAC such as the Fund for Anne Arundel, which was established in 2017 to help meet the critical needs of the county and improve the quality of life for all county residents, now and in the future. Fund for Anne Arundel grantmaking has supported nonprofits that prioritize the health of children and families for the past three years. In 2025, our generous donors, including a transformational legacy gift, allowed us to expand that focus to include nonprofits that prioritize homeless prevention programs and initiatives; mental wellness programs and initiatives; school and after-school programs, as well as programs that focus on the physical, mental, and behavioral health of children and families.

Moving forward, the Fund for Anne Arundel will remain flexible to strategically align its grant making with the county's with most critical needs. As a partially endowed fund, it will continue to make a positive impact on our community now and in perpetuity.

DONATE.

In addition to the Fund For Anne Arundel, CFAAC has Donor Advised, Designated, and Field of Interest Funds, as well as Nonprofit Agency Endowment Funds, that support areas of need highlighted in this Needs Assessment Report. Giving to these funds is one of the ways you can help find solutions and work together to build Anne Arundel County. Visit www.cfaac.org to find out more about the Fund for Anne Arundel and other CFAAC Funds.

ADVOCATE.

Guided by principles of equity and data-driven decision-making, CFAAC works tirelessly to lay the groundwork for sustainable progress. You can also work to make progress by advocating locally for nonprofits.

VOLUNTEER.

This report can offer insight on what help the nonprofit sector needs most. Volunteering at a local nonprofit allows you to have a personal impact and helps you become knowledgeable about the nonprofit's immediate and future needs.

STAY INFORMED.

At CFAAC, we offer many educational programs throughout the year. Most of these programs are free of charge and just require registration. As we coordinate efforts, accept donations, distribute grant funds, problem solve, research, and brainstorm, our plans continue to evolve. We would be happy to keep you updated. Join our email list at www.cfaac.org and we'll keep you informed of our progress.



SCAN TO LEARN MORE

ABOUT CFAAC



Established in 1998, the Community Foundation of Anne Arundel County (CFAAC) has grown to become one of the largest funders of nonprofit organizations in the county. CFAAC is a tax-exempt, 501(c)(3), publicly supported philanthropic organization with a long-term goal of building permanent charitable funds that support local nonprofits through grants and special projects.



Our mission is to inspire and promote giving in Anne Arundel County by connecting people who care with causes that matter. We partner with donors to help them achieve their philanthropic goals, ensuring their gifts have a meaningful and lasting impact. Today, CFAAC manages more than \$45 million in assets designated for community grantmaking. Since 2015, our annual community support has increased from just over \$2 million to more than \$6 million in grants in only the first seven months of 2025. Our active funds have tripled during that time, and since our inception, we have awarded nearly \$50 million to nonprofit organizations serving our community.



CFAAC also provides a variety of educational programs and plays a leading role in philanthropic initiatives that employ the power of collective giving to address pressing community needs today and for generations to come. This includes a growing portfolio of Field of Interest Funds, which are designed to address specific issues identified in our Community Needs Assessment Report: *Poverty Amidst Plenty*. The Fund for Anne Arundel, our largest Field of Interest Fund, provides flexible grantmaking to address emerging and urgent needs in alignment with the report's findings.



Every three years, CFAAC publishes the Community Needs Assessment Report: *Poverty Amidst Plenty* to inform donors, partners, and county policymakers about local challenges and opportunities. This data-driven report guides our strategic grantmaking, shapes our educational programs, and empowers community members to better understand the issues facing Anne Arundel County. With this knowledge, donors and residents can make informed decisions about how best to support the nonprofits working on the front lines to improve the lives of all who live, work, and play in our community. **The report is made available at no cost to the community**, ensuring that everyone has access to the information needed to drive positive change.

Your support makes this possible. Help us continue to provide this critical report and additional resources free of charge by making a gift today at cfaac.org/donate.

Photos Top to Bottom

1. CFAAC President & CEO Mary Spencer, Grants Committee Member Rosalind Calvin, and Board Member Martha Van Woerkom join 2025 Fund for Anne Arundel grant recipients to present \$510,000 to 13 local nonprofits
2. Pamela Brown, Ph.D. presenting *Poverty Amidst Plenty VII: Moving Forward Together* in 2022
3. 2025 Anna E. Greenberg Board Leadership Symposium: Board and Staff Relations in an Evolving Sector with panelists Larry Clark, Mary Spencer, Nora Demleitner, Jerry Slocum, and Danista Hunte
4. Overview of the 2024 Celebration of Philanthropy Awards Luncheon

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