

# Report of Community Health Indicators, May 2019



**Anne Arundel County Department of Health**



# County Executive's Message



I am pleased to present the Anne Arundel County Department of Health's 2019 Report of Community Health Indicators. A healthy community is essential for Anne Arundel County to be "The Best Place." This report's data will help county leaders identify community health needs and provide resources to our neighborhoods and populations that are most at-risk.

According to this year's report, our county has made progress in many public health areas. For instance, the percent of uninsured county residents has decreased and our cancer death rate is lower.

Yet, the county faces challenges, including the impact of substance use disorders on our residents. My administration works closely with the Department of Health to address the opioid crisis. Through strong networks with other government agencies, health care providers, schools, faith-based groups, community organizations and businesses, our county saw a decrease in opioid overdoses for the first quarter of 2019. This improvement is attributable to community awareness and innovative programs, such as the new Mobile Wellness Initiative, the STAR (Screening Teens to Access Recovery) program in the public schools, and our fire and police Safe Stations for those seeking help anytime.

Gun violence is a national public health problem. This scourge greatly impacted our county last year when a gunman killed five employees at the Capital Gazette office. That afternoon, Department of Health staff quickly joined with the County Mental Health Agency to provide counselors at a family reunification center. Reducing gun violence is a priority with my administration, and this report highlights some physical and mental health emergency preparedness and response initiatives.

I thank the Department's staff for their diligence in providing excellent behavioral, environmental, family health, school health, and disease prevention and management programs. Our residents deserve "The Best Public Health Service," and they certainly get it from the Anne Arundel County Department of Health.

Respectfully,  
Steuart Pittman  
County Executive



# Health Officer's Message

2020 is almost here. So is the time to see how Anne Arundel County has reached the Healthy People 2020 goals set by the U.S. Department of Health and Human Services a decade ago. Some of the HHS goals, which appear on page 8, focus on attaining longer lives free of preventable disease, injury and premature death.

Anne Arundel County has successfully achieved low mortality rates related to diabetes. This is partially due to healthy living programs, such as our Learn To Live campaign, and collaborative outreach initiatives with many community partners. Healthy lifestyle choices can help prevent type 2 diabetes. Learn To Live is a resource for educational presentations and information ([www.LearnToLiveHealthy.org](http://www.LearnToLiveHealthy.org)) on eating healthy foods and getting active. With support from a Maryland Community Health Resources Commission grant, the Department of Health opened a free food pantry in Brooklyn Park and started free healthy cooking classes this year. Brooklyn Park is the area with the highest diabetes rate in our county. We are pleased to provide evidence-based programs to fight that chronic disease.

For some other HHS goals, "so close yet so far" is an appropriate phrase. The Department of Health is within a couple of points for reaching goals pertaining to lung cancer, breast cancer and suicide. Awareness is the key to progress, and our dedicated caring employees are focused on making a positive difference in the health of county residents. To help meet the goals, staff are providing Smoking Stinks programs at county schools and community organizations; referrals for free smoking cessation classes and breast cancer screening; anti-bullying projects for youth; and a variety of other services.

Through strong partnerships and community outreach, the county can and will meet goals set nationally and locally. Over the past decade, we have made great strides. Yes, 2020 is right around the corner. The Anne Arundel County Department of Health is optimistic about better health as we turn that corner and for many generations to come.

Warm regards,  
Billie Penley, M.B.A.  
Acting Health Officer



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# Demographics and Social Factors





# Demographics

The population of Anne Arundel County has grown by about 6.6 percent since the 2010 Census. In comparison, Maryland has grown by about 4.8 percent and the United States has grown by 5.5 percent. The county mirrors the state and country on age and sex breakdowns, but differs by race and ethnicity.

2017 Estimates	Anne Arundel	Maryland	United States
<b>Population</b>			
Total Population Size	573,235	6,052,177	325,719,178
Male	49.6%	48.5%	49.2%
Female	50.4%	51.5%	50.8%
<b>Race and Ethnicity</b>			
White, NH (non-Hispanic)	68.2%	50.7%	60.6%
Black/African American, NH	16.3%	29.4%	12.3%
Hispanic	7.9%	10.1%	18.1%
Asian or Pacific Islander, NH	3.7%	6.4%	5.7%
American Indian, NH	0.2%	0.2%	0.7%
Two or More Races, NH	3.7%	2.9%	2.4%
<b>Age</b>			
Under 5 Years Old	6.2%	6.1%	6.2%
18 Years and Over	77.5%	77.5%	77.1%
65 Years and Over	13.8%	14.2%	14.9%
Median Age (Years)	38.5	38.5	37.8

Data Source: U.S. Census Bureau, 2017 American Community Survey 5-year Estimates and 1-year Estimates.



# Social and Environmental Factors

The social and environmental conditions in which people live, work and play can influence their health, well-being and quality of life. These conditions, or social determinants of health, include income, poverty, employment, educational attainment and housing status.

While the county has a lower proportion of families and individuals below the poverty line than both Maryland and the United States, there are still county populations in which poverty is a major issue. Almost 10.4 percent of Hispanic individuals live below poverty level while only 5.1 percent of White individuals do. The same racial and ethnic disparities are found in most of the determinants shown below.

2017 Estimates	Anne Arundel	Maryland	United States
Median Household Income	\$94,502	\$78,916	\$57,652
Families Below Poverty Level	3.9%	6.6%	10.5%
Individuals Below Poverty Level	6.1%	9.7%	14.6%
Children in Single Parent Households	25.9%	33.7%	33.3%
High Housing Costs*	29.7%	33.4%	33.1%
High School Graduation	92.0%	89.8%	87.3%
Unemployment Rate, January 2019 **	3.6%	3.7%	4.0%
Violent Crime (per 100,000)	352.9	500.2	382.9

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

\*\*Preliminary Data

Data Sources: U.S. Census Bureau, 2017 American Community Survey 5-year Estimates; United States Department of Labor, Bureau of Labor Statistics; Federal Bureau of Investigation, 2015 Crime in the United States Report.





# General Health and Access to Care



# Healthy People 2020

At the beginning of each decade, the U.S. Department of Health and Human Services (DHHS) provides a set of 10-year national objectives for improving health. The Healthy People 2020 initiative helps guide Anne Arundel County’s ongoing efforts toward building a healthier community. As we near 2020, the county has already achieved some goals and continues to work toward others.

Indicator	Anne Arundel* (as of 2017)	Maryland* (as of 2017)	National 2020 Goal
<b>Mortality (age-adjusted death rates per 100,000 population)</b>			
Coronary Heart Disease	158.5	166.4	103.4
Stroke	45.8	39.3	34.8
Diabetes	16.3	19.4	66.6
Unintentional Injuries	33.1	34.3	36.4
All Cancer**	169.2	162.2	161.4
Lung Cancer***	47.0	41.1	45.5
Female Breast Cancer	21.3	22.4	20.7
Homicide	4.2	10.2	5.5
Suicide	12.1	9.3	10.2

\*Rates based on data from 2015-2017.

\*\*Cancer Rates based on data from 2011-2015.

\*\*\*Lung cancer data also includes data on cancer of bronchus.

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report; Maryland Department of Health, Cigarette Restitution Fund Program, 2018 Cancer Report; U.S. DHHS, Healthy People 2020.



# Health Care Access

One important measure of access to health care is the ability of patients to pay for the care they need. The percent of uninsured residents in Anne Arundel County has declined steadily over time and reached a low of 5.4 percent in 2017. High deductible insurance plans and steep copays can prevent even those with insurance from accessing care. Nearly 12 percent of Anne Arundel County adults reported being unable to see a doctor due to cost.

Adequate access to health care not only involves financial coverage, but access to providers. Anne Arundel County’s provider-patient ratios continue to be much higher than those of both Maryland and the United States. High provider-patient ratios are associated with poorer patient health outcomes, as patients often wait longer to see their doctors, and doctors have less time to devote to each patient. In fact, less than 77 percent of adults in Anne Arundel County had a routine health checkup within the past year.



11.9%

Percent of adults who were unable to see a doctor (when needed) due to cost



76.8%

Percent of adults who had their last doctors visit for a routine checkup within the past year

2017 Estimates	Anne Arundel	Maryland	United States
Uninsured	5.4%	7.3%	10.5%
Primary Care Physician Ratio	1,440:1	1,140:1	1,330:1
Mental Health Provider Ratio	600:1	430:1	440:1
Dentist Ratio	1,490:1	1,300:1	1,460:1

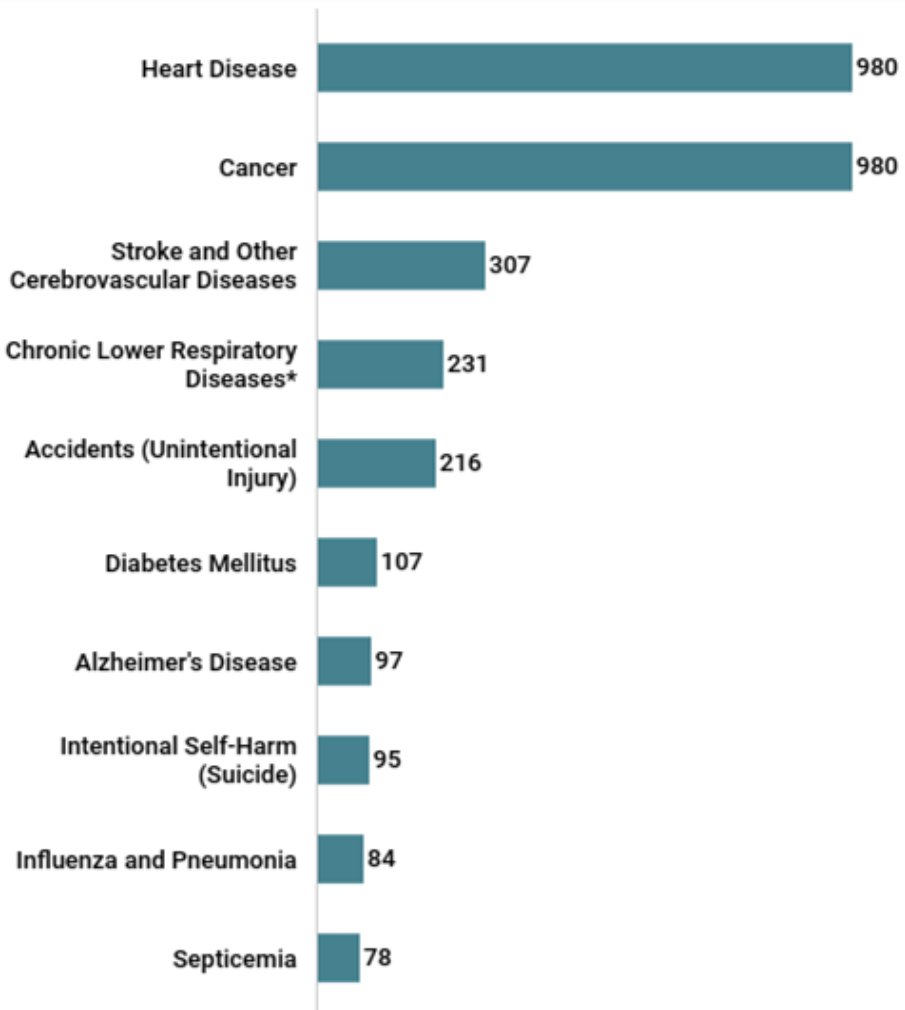
Data Source: Centers for Disease Control and Prevention (CDC), 2015 Maryland Behavioral Risk Factor Surveillance System (BRFSS); Robert Wood Johnson Foundation, 2019 County Health Rankings; U.S. Census Bureau, 2013-2017 American Community Survey.



# Leading Causes of Death

In 2017, Anne Arundel County had 4,461 deaths, and the average life expectancy was 79.5 years. The death rate for Anne Arundel County was 713.4 deaths per 100,000 population which is lower than the Maryland rate of 715.3 deaths per 100,000. Cancer and heart disease are tied for the leading cause of death. Intentional self-harm (suicide) rates increased dramatically from 2016 to 2017 and continue to increase. For the first time, suicide was in the top 10 leading causes of death.

## Top Ten Leading Causes of Death, Anne Arundel County, 2017



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

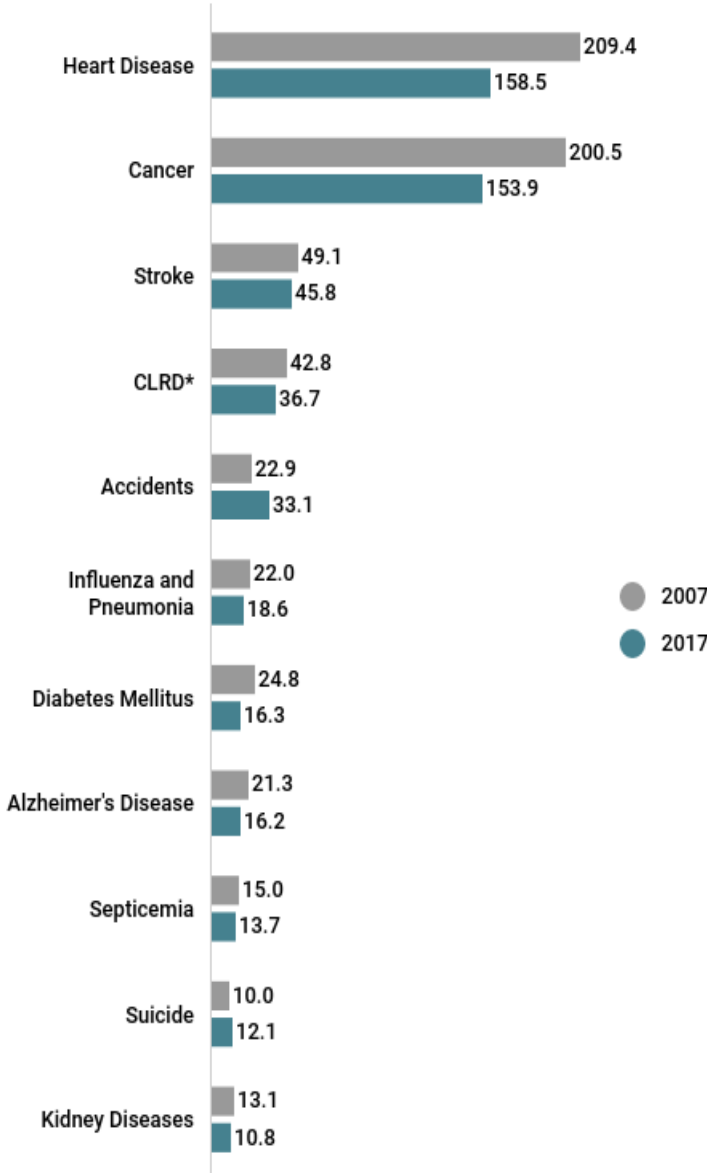
Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report.



# Mortality Trends

Death rates from all causes, except accidents and suicide, decreased from 2007 compared to 2017. Accidental death rates increased largely due to opioid overdoses.

### Age-Adjusted Mortality Rates per 100,000 Population, Anne Arundel County, 2007 vs. 2017



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

Data Source: Maryland Department of Health, Vital Statistics Administration, 2007 and 2017 Annual Reports.





# Cancer Incidence

## Cancer Incidence Rates\*, Anne Arundel County, 2011-2015

Cancer Type	County Case Count	Anne Arundel Rates	Maryland Rates	United States Rates
All Sites**	14,001	459.9	443.4	439.2
Breast (Female)	2,175	132.5	129.6	126.0
Cervical (Female)	92	6.4	6.3	7.4
Colorectal**	1,018	34.1	36.4	39.4
Male	499	37.4	41.2	45.1
Female	518	31.8	32.6	34.3
Lung/Bronchus**	1,906	64.2	56.2	54.6
Male	901	68.4	63.6	70.8
Female	1,003	61.4	50.8	52.2
Melanoma**	981	32.5	22.3	22.8
Prostate (Male)	1,806	118.8	121.6	112.6

\*Age-adjusted rates per 100,000 population.

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

Data Source: Maryland Department of Health, Cigarette Restitution Fund Program, 2018 Cancer Report; National Center for Health Statistics, CDC WONDER.



# Cancer Mortality

## Cancer Mortality Rates\*, Anne Arundel County, 2011-2015

Cancer Type	County Death Count	Anne Arundel Rates	Maryland Rates	United States Rates
All Sites**	4,961	169.2	162.2	163.5
Breast (Female)	349	21.3	22.4	20.9
Cervical (Female)	32	2.2	2.0	2.3
Colorectal**	384	13.1	14.2	14.5
Male	203	16.0	17.1	17.3
Female	181	11.0	12.0	12.2
Lung/Bronchus**	1,383	47.0	41.4	43.4
Male	708	54.4	49.7	53.8
Female	675	41.6	35.3	35.4
Melanoma**	91	3.1	2.3	2.6
Prostate (Male)	214	19.1	20.0	20.0

\*Age-adjusted rates per 100,000 population.

\*\*Includes male and female cases.

Data Source: Maryland Department of Health, Cigarette Restitution Fund Program, 2018 Cancer Report; National Center for Health Statistics, CDC WONDER.



# General Disease Reporting

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

**Number of Selected Reportable Diseases In Anne Arundel County**

	2014	2015	2016	2017	2018*	5-Year Mean
Campylobacter	83	61	81	70	78	75
Salmonella	81	141	105	101	124	110
Vibrio	9	5	16	11	13	11
Legionellosis	8	5	6	9	42	14
<i>M. tuberculosis</i>	3	10	10	8	7	8
Hepatitis B**	104	76	96	90	104	94
Hepatitis C**	567	519	652	572	496	561
Meningitis, meningococcal	0	0	1	0	0	<1
Pertussis	42	28	28	32	15	29
Chlamydia	1,681	1,696	1,973	1,636	1,819	1,761
Gonorrhea	322	337	546	342	484	406
Syphilis***	44	42	41	22	21	34
Lyme Disease	99	107	174	121	91	118
Animal Rabies	36	38	15	30	11	26
Outbreaks: Gastrointestinal	8	13	5	10	11	9
Outbreaks: Respiratory****	14	18	8	8	17	13

\*Provisional data.

\*\*Includes both acute and chronic cases.

\*\*\*Includes primary and secondary.

\*\*\*\*Includes pneumonia and influenza/influenza-like illness.

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



# Health of Our Children



# Prenatal Care

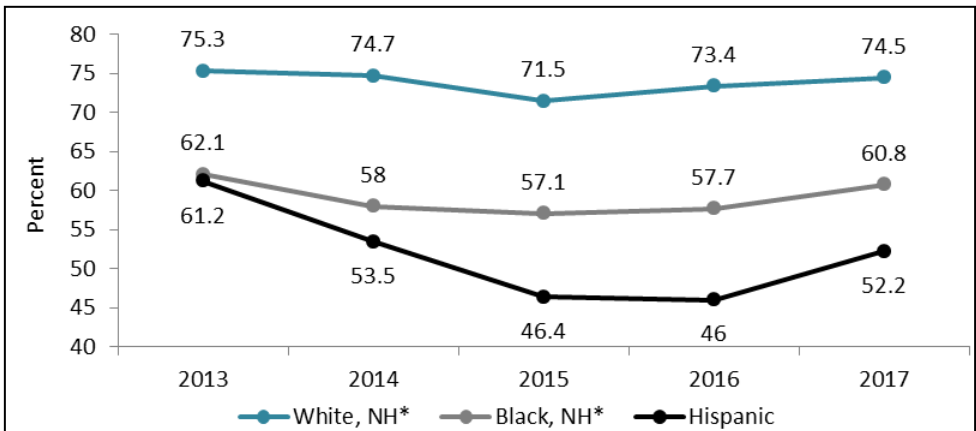
Prenatal care is essential for positive birth outcomes for mothers and babies. Regular prenatal care can reduce the risk of pregnancy complications, such as hypertension and diabetes, and reduce the risk of complications for the child, such as congenital abnormalities and low birth weight.

As of 2017, 68 percent of pregnant women in the county received prenatal care in the first trimester. Since 2015, there have been increases in women of all races who received first trimester prenatal care; however, the county remains below the Healthy People 2020 goal of 77.9 percent of women receiving first trimester prenatal care.

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

	2013	2014	2015	2016	2017
Anne Arundel	74.2%	68.5%	65.3%	66.1%	68.1%
Maryland	67.0%	66.6%	66.9%	67.8%	66.3%

## Percent of Women Receiving First Trimester Prenatal Care by Race/Ethnicity, Anne Arundel County, 2013-2017



\*NH- Non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.





# Maternal and Child Health

In 2017, there were 6,895 live births in Anne Arundel County. Of those births, 4,242 were non-Hispanic (NH) White, 1,273 were non-Hispanic Black and 936 were Hispanic. In addition to increasing an infant's risk of death in the first days of life, low birth weight and preterm birth can increase the risk of breathing problems, obesity and other diseases for a child. Black women were more likely to have low birth weight or preterm infants than White or Hispanic women.

Anne Arundel County matched the Healthy People 2020 goal for low birth weight (less than 7.8 percent) but did not meet the goal for preterm births (less than 9.4 percent).

	2013	2014	2015	2016	2017
<b>Percent of Low Birth Weight Infants (&lt;2,500 grams or about 5.5 lbs)</b>					
Anne Arundel	7.5%	8.1%	7.8%	7.4%	7.8%
Maryland	8.5%	8.6%	8.6%	8.6%	8.9%
United States	8.0%	8.0%	8.1%	8.2%	8.3%

<b>Percent of Low Birth Weight Infants, Anne Arundel by Race/Ethnicity</b>					
White, NH	6.1%	6.9%	6.4%	6.2%	6.5%
Black, NH	12.3%	13.8%	12.6%	11.7%	12.3%
Hispanic, Any Race	7.4%	6.9%	7.2%	6.2%	7.2%

<b>Percent of Women Having Preterm Births (&lt;37 weeks of gestation)</b>					
Anne Arundel	8.9%	9.1%	9.3%	8.7%	9.7%
Maryland	9.8%	10.1%	10.0%	10.1%	10.5%
United States	11.4%	9.6%	9.6%	9.8%	9.9%

<b>Percent of Preterm Infants, Anne Arundel by Race/Ethnicity</b>					
White, NH	8.0%	8.2%	8.4%	7.8%	9.3%
Black, NH	11.9%	13.5%	12.1%	11.7%	12.1%
Hispanic, Any Race	8.9%	7.9%	9.6%	8.0%	7.7%

Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.



# Infant Mortality

Infant mortality measures deaths of babies during the first year of life. In 2017, there were 28 infant deaths in Anne Arundel County, with an overall infant mortality rate of 4.1 per 1,000 live births. The Healthy People 2020 goal for infant mortality is less than 6.0 deaths per 1,000 live births, and the county met that goal.

A significant disparity continues to exist in which the mortality rate for Black infants in the county is almost three times the mortality rate of White infants and about 1.5 times that of Hispanic infants. A similar disparity is seen at the state and national levels.

	2013	2014	2015	2016	2017
<b>Infant Mortality – All Races per 1,000 Live Births</b>					
Anne Arundel	5.6	5.7	5.1	5.6	4.1
Maryland	6.6	6.5	6.7	6.5	6.5
United States	6.0	5.8	5.9	5.9	5.8

<b>Infant Mortality – Non-Hispanic White per 1,000 Live Births</b>					
Anne Arundel	4.4	3.8	3.6	5.3	2.8
Maryland	4.6	4.4	4.0	4.3	4.0
United States	5.1	4.9	4.8	4.8	4.9

<b>Infant Mortality – Non-Hispanic Black per 1,000 Live Births</b>					
Anne Arundel	10.5	12.7	9.5	10.1	7.9
Maryland	10.6	10.7	11.3	10.5	11.2
United States	11.2	11.0	11.7	11.8	11.4

<b>Infant Mortality – Hispanic (Any Race) per 1,000 Live Births</b>					
Anne Arundel	7.3	**	**	**	5.3
Maryland	4.7	4.4	5.5	5.4	4.7
United States	5.0	5.0	5.2	5.2	5.0

\*\*Rate not calculated, fewer than 5 deaths.

Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports; U.S. Department of Health and Human Services, Healthy People 2020.

# Behaviors and Health





# Opioid and Other Substance Use



214

Number of drug- and alcohol-related intoxication deaths in 2017



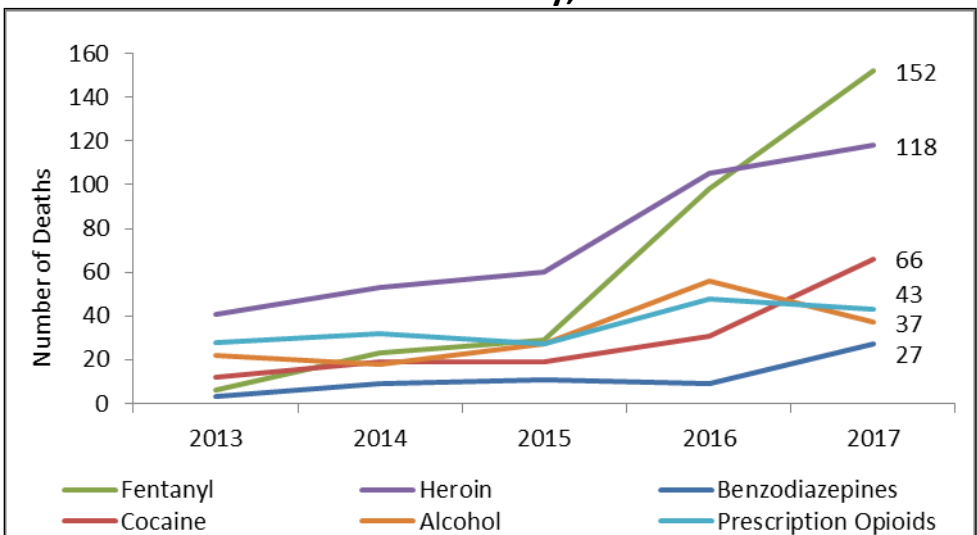
174%

Percent increase in intoxication deaths from 2013 to 2017

While deaths from opioids such as fentanyl and heroin, have increased dramatically since 2013, deaths from other drugs are also on the rise. From 2014 to 2017, deaths involving cocaine increased 450 percent from 12 to 66 deaths. Additionally, deaths from benzodiazepines increased 800 percent from 2013 to 2017 from 3 deaths to 27. Most of the increase in deaths involving cocaine and benzodiazepines can be attributed to their combined use with opioids, especially fentanyl. In fact, more than 71 percent of the cocaine-related intoxication deaths in Maryland also involved fentanyl.

While deaths from many drugs have increased dramatically, deaths from both prescription opioids and alcohol decreased from 2016 to 2017. One reason for the decrease in prescription opioid deaths may be that physicians have adopted better opioid prescribing practices.

## Drug- and Alcohol-Related Intoxication Deaths, Anne Arundel County, 2013-2017



Data Source: Maryland Department of Health, 2017 Drug- and Alcohol-Related Intoxication Deaths Report.



# DOH Opioid Crisis Response

## Maryland Mobile Wellness Initiative

In February 2019, the Maryland Mobile Wellness Initiative was launched in Anne Arundel County. The mobile health vehicle offers prevention education, counseling, testing, immunizations and naloxone. It connects people that have substance use disorders to medication-assisted treatment.



## Opioid Overdose Response Training



In 2014, the Department of Health began offering community training on the use of intranasal naloxone, which reverses the effects of an opioid overdose and can prevent death. Since the training started, more than 5,000 naloxone kits have been distributed throughout the county. Naloxone was administered in over 80 percent of all opioid overdoses that county police have responded to since 2017, potentially saving thousands of lives.

## Substance Use Treatment Services

Anne Arundel County has expanded the availability of substance use treatment in an effort to help people with substance use disorders access treatment more easily. There are currently 47 treatment providers in the county and this number continues to increase. Resources can be accessed through the Substance Abuse Treatment Referral Line at 410-222-0117.







# Tobacco and E-Cigarette Use

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

From 2012 to 2016, estimated current tobacco use decreased by 29.2 percent in Anne Arundel County women and 19.9 percent in women statewide. Over the same time period, estimated current tobacco use decreased by 23.1 percent in Anne Arundel County men and 12.3 percent in men statewide.

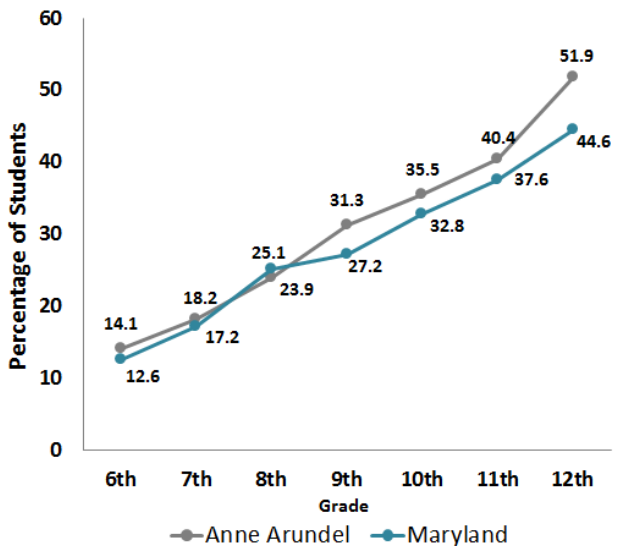
**Estimated Prevalence of Current Tobacco Use,  
Anne Arundel vs. Maryland**

Women				Men			
Anne Arundel		Maryland		Anne Arundel		Maryland	
2012	2016	2012	2016	2012	2016	2012	2016
18.5	13.1	16.1	12.9	26.0	20.0	23.5	20.6
29.2% ↓		19.9% ↓		23.1% ↓		12.3% ↓	

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

In 2016, 51.9 percent of Anne Arundel County 12th graders had ever used an ESD compared to 44.6 percent 12th graders across Maryland.

**Ever-use of an ESD by Grade,  
Anne Arundel County vs Maryland, 2016**

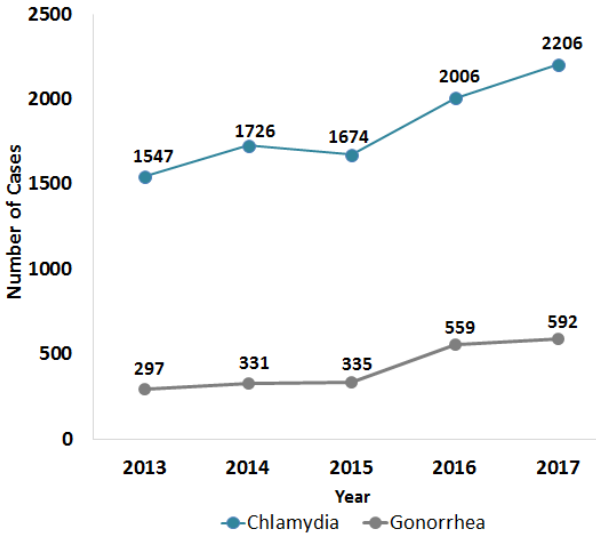


Data Source: CDC, 2016 Maryland BRFSS.



# Sexually Transmitted Infections

## Chlamydia and Gonorrhea Cases, Anne Arundel County, 2013-2017



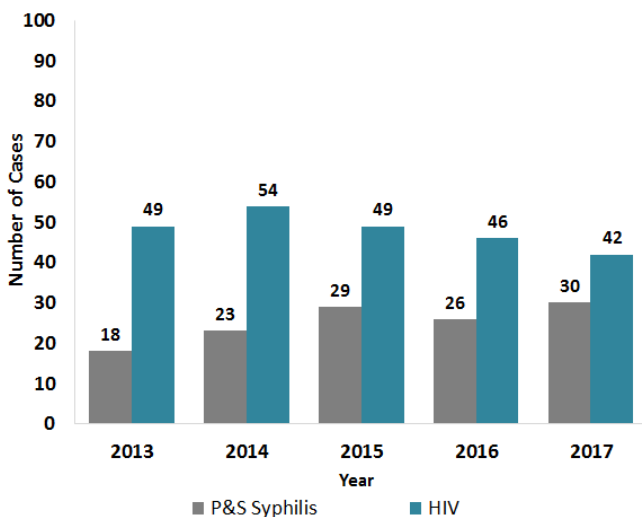
Over the past five years, there have been increases in chlamydia and gonorrhea cases in Anne Arundel County, with Maryland and the United States following a similar trend.

In 2017, the 15-24 age group represented only 13 percent of Anne Arundel County's population, however they accounted for 65 percent of chlamydia cases and 43 percent of gonorrhea cases.

Although diagnoses have decreased, the HIV rate in Black non-Hispanics is almost triple the HIV rate of Hispanics and almost nine times the rate for non-Hispanic Whites.

Out of the 42 new cases of HIV in 2017, 45 percent were 20-29 years old, 57 percent were Black, and 60 percent reported their exposure as male-to-male sexual contact.

## Primary and Secondary Syphilis and HIV Cases in Anne Arundel County, 2013-2017



Data Source: Maryland Department of Health, Center for STI Prevention.



# Teen Pregnancy

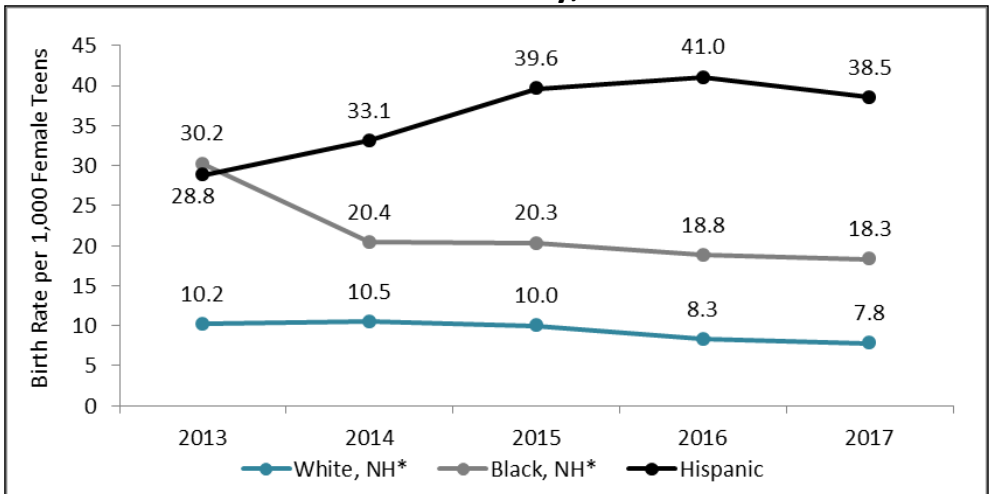
Teen pregnancies are at higher risk for complications, such as low birth weight, preterm birth, high blood pressure and postpartum depression. Teenage pregnancy rates have declined over the past five years. In 2017, there were 12.1 births per every 1,000 women aged 15-19 years in Anne Arundel County, lower than both the state and national averages.

Although the overall teen birth rate has declined since 2013, the birth rate among Hispanic teens is much higher than that of both Black and White teens. In fact, the birth rate in Hispanic teens is nearly five times that of White teens and more than double that of Black teens.

## Births to Women 15-19 Years Old per 1,000 Women Ages 15-19

	2013	2014	2015	2016	2017
Anne Arundel	15.6	13.9	14.4	13.4	12.1
Maryland	19.3	17.8	16.9	15.9	14.2
United States	26.6	24.2	22.3	20.3	18.8

## Teen (Aged 15-19) Birth Rates by Race/Ethnicity, Anne Arundel County, 2013-2017



\*NH- Non-Hispanic

Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports.



# Emergency Preparedness

## Anne Arundel County Active Assailant Response

On June 28, 2018, a gunman entered the offices of the Capital Gazette in Annapolis, MD and killed five employees. Police officers were on the scene and had neutralized the threat within minutes of the initial 911 call; it was a rapid response that likely saved many lives.

Staff from the Anne Arundel County Department of Health quickly activated its incident management team, provided mental health clinicians to support reunification center operations, and coordinated with Anne Arundel County Mental Health Agency to establish a warmline for those wishing to speak to a counselor.



## Empowering the Public

In light of this tragedy, the Office of Emergency Preparedness and Response (OEPR) identified two training initiatives designed to empower the public and provide tools to use following an active assailant emergency: Stop the Bleed and Mental Health First Aid.

To date, more than 150 individuals completed the Stop the Bleed training coordinated and conducted by OEPR. In April 2019, the Department of Health hosted its first eight-hour Mental Health First Aid training for DOH employees and volunteers. For more information on training opportunities, call 410-222-4115.

Data Source: Anne Arundel County Department of Health, Bureau of Behavioral Health, Office of Emergency Preparedness and Response.



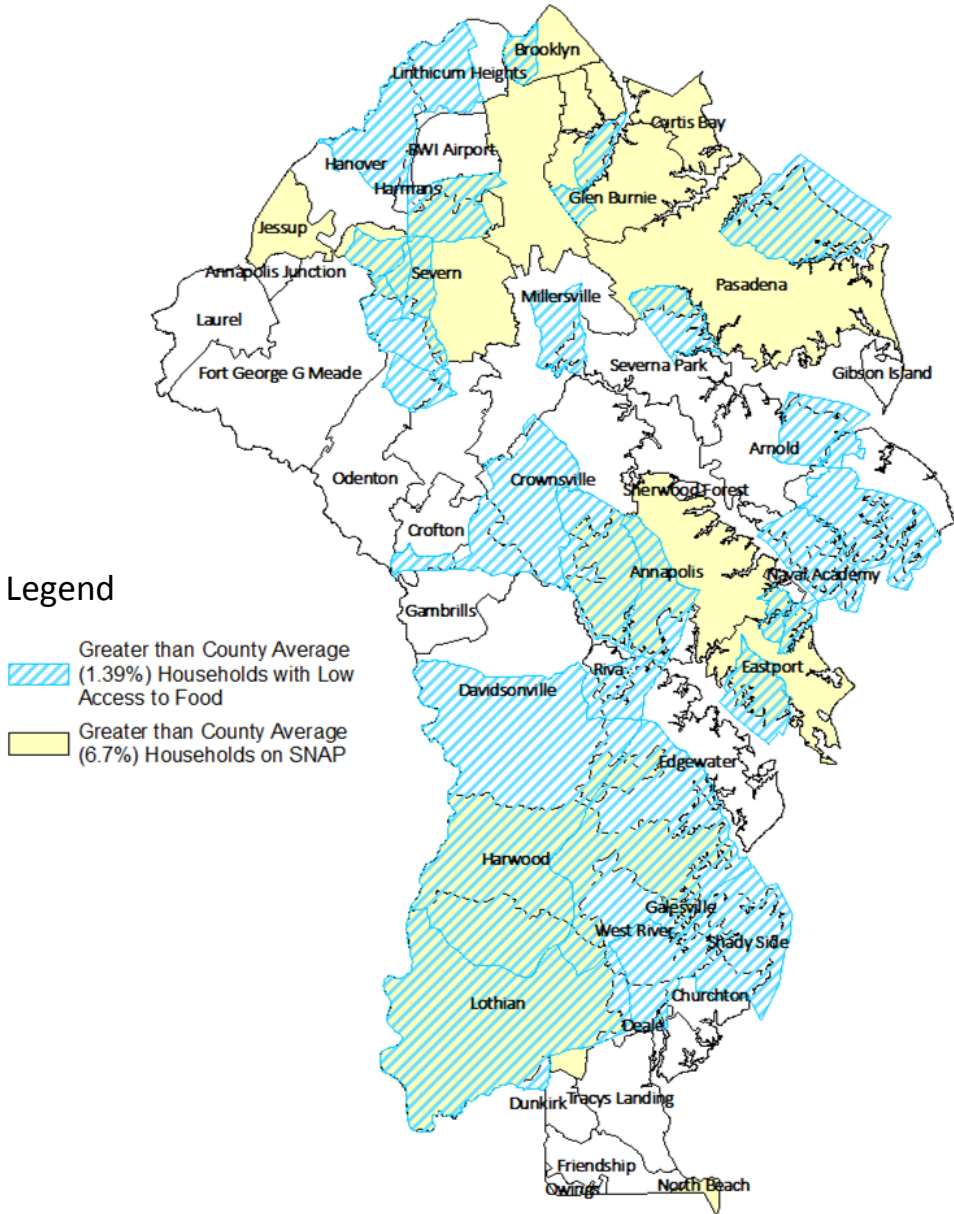
# Environment and Health





# Food Environment

## Access to Healthy Food Anne Arundel County, 2019



NOTE: Low access is defined as the percentage of housing units more than 1 mile from nearest supermarket or grocery store without access to vehicle.

Data Source: U.S. Census Bureau, 2017 American Community Survey 5-year Estimates; United States Department of Agriculture (USDA) Food Access Research Atlas.

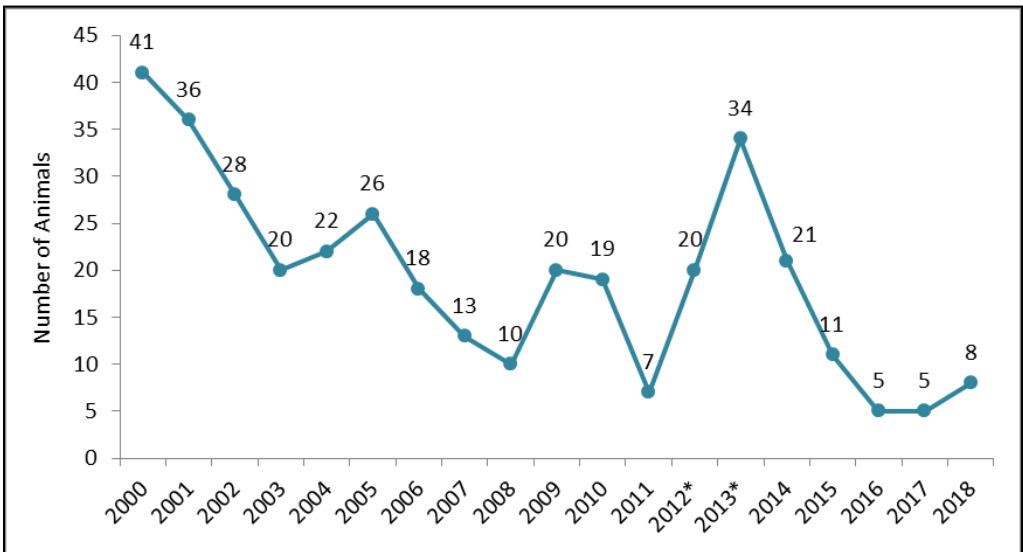


# Raccoon Oral Rabies Vaccination Program

The Anne Arundel County Department of Health has conducted the Raccoon Oral Rabies Vaccination (ORV) Program since 1998. Rabies is a fatal viral infection spread through the saliva of infected mammals. In the eastern United States, the raccoon is the main reservoir for the disease. The ORV Program's goal is to keep county residents and their pets safe by reducing the number of wild raccoons and other wildlife with rabies.

Since the ORV Program's implementation, more than 1,200,000 rabies vaccine baits have been distributed throughout the county. The total number of terrestrial animals that have tested positive for rabies in the county annually has dropped greatly. Before the ORV Program began, 20 percent of all animals testing positive for rabies in the state were in Anne Arundel County — the most of any Maryland jurisdiction. Now, Anne Arundel County has one of the lowest percentages in the state. The ORV Program has proven to be a great tool to combat rabies and to help keep county residents and their pets safe and healthy.

**Number of Animals Testing Positive for Rabies, Anne Arundel County, 2000-2018**



\*NOTE: The ORV Program was discontinued from 2012 to 2013, and the number of animals testing positive for rabies increased dramatically.

Data Source: Anne Arundel County Department of Health, Bureau of Environmental Health





# Raccoon Oral Rabies Vaccination Program

## Rabid Animals in Anne Arundel County - 2018



Data Source: Anne Arundel County Department of Health, Bureau of Environmental Health.



# Contact Information

**Compiled in 2019 by:**

Kathleen Elliott, MPH

Dara Rosenberg, MPH

**Technical and editorial assistance provided by:**

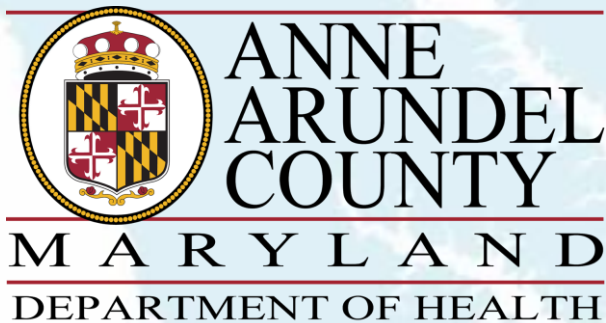
Office of Public Information

**Department of Health program data provided by:**

Bureau of Environmental Health

Bureau of Behavioral Health

Bureau of Disease Prevention and Management



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

**Anne Arundel County Department of Health**

Office of Assessment and Planning

3 Harry S. Truman Parkway

MS 3101, HD#17

Annapolis, MD 21401

410-222-0983

[www.aahealth.org](http://www.aahealth.org)