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of anne arundel county

POVERTY AMIDST PLENTY V:

Striving To Achieve Progress For All

Fifth Edition, 2015

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Preface

Poverty Amidst Plenty V culls from the most recent U.S. Census Bureau data, 2013 estimates, as well as numerous other issue and population specific quantitative data sources. The data sources are cited throughout the report.

The report also draws on qualitative data gathered from 10 key informants and eight focus groups, for a total of 110 participants representing the arts, early childhood, education, environment, health, human services, mental health, various nonprofit organizations, public housing, and consumers of services. Interviews and conversations were recorded with the permission of the participants and transcribed verbatim. The data were read and reviewed until dominant themes emerged to form the report's subtext. All participants gave permission for their words to be used in the final report and remain anonymous. We are indebted to many of the Anne Arundel County residents who gave their time freely to ensure a wide range of perspectives and experiences are shared in this report.

The authors take 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, or the staff, boards, officers, or donors of these organizations.

The Community Foundation of Anne Arundel County (CFAAC) is pleased to present the 2015 Community Needs Assessment, *Poverty Amidst Plenty V*, to the residents of Anne Arundel County. The purpose of this report is to provide an overview of the issues in Anne Arundel County that impact the economy and quality of life.

The report intends to increase knowledge and awareness as well as to frame informed discussions about persistent local trends and needs. It is our goal to assist those interested in continuous improvement with their efforts aimed at strengthening the county. It is also a call to action. This report can be used by nonprofits, community advocates, the faith community, volunteers, business leaders, elected officials, policymakers, government agencies, foundations, individual philanthropists, professional advisors, and others to prioritize and develop strategies and implementation plans with measurable goals that benefit everyone in the county.

It takes each and every one of us to build and sustain a community. We all bring different strengths and perspectives that are of value and lend to the whole. The public sector includes all government services that are provided for our health, education, safety, transportation and governance. The private sector includes businesses of all sizes. The social sector includes nonprofit organizations that provide additional essential services for surviving and thriving in our community. None of us can do what needs to be done without each other.

The issues outlined in this report are addressed every day by people throughout Anne Arundel County. All sectors repeat the phrase "do more with less" and with resilience and creativity everyone continues to move forward.

We have more opportunity today than ever to develop cross-sector partnerships that yield real solutions to seemingly intractable societal challenges. Most people can agree that a community where people are safe and healthy, and have access to affordable housing, quality health care, jobs that pay a living wage, and transportation to get there is a decent place to live. What many people cannot agree on is how to best achieve this.
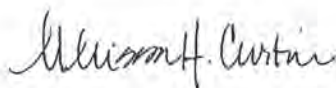
To make transformational and long-term impact requires a common vision for Anne Arundel County combined with strong leadership, shared commitment, a long-term plan, stable funding, and shared measures across sectors. Progress is being made every day.

People from all sectors often ask "How can we have greater impact together?" Together does not just mean the key decision-makers. It means everyone, including the people who are most impacted by the issues in this report – partnering and collaborating with each other to increase engagement, leadership, self-sufficiency, and quality of life.

Yours in Striving to Achieve Progress for All,

Florence Beck Kurdle
Chair, Board of Trustees

Melissa H. Curtin
Executive Director

Summary of Principal Findings

Population: The Anne Arundel County population has grown 11.2 percent since 2000 to 544,426 residents. The county's senior population (over 65) trend is one of rapid growth, increasing from the 2013 figure of 99,086 to over 140,000 by 2030, when the trend line begins to dip. The Hispanic population is growing more significantly than all races/ethnicities and is now at 6.4 percent or 34,854 residents. The county has the fourth largest Hispanic population, by percentage, among Maryland counties.

Income: The gap between rich and poor has widened since 2010. There is an increase in the numbers of residents at both ends of the economic scale - households living below the poverty line and households with a combined income of $200,000 or more. Median county household income stands at $87,430, higher than the state ($73,858) and the nation ($53,046).

Transportation: Lack of public transportation is a major barrier to increasing employment for many low-income county residents. The majority of county transportation resources are devoted to roads and bridges that carry about 90 percent of the county's traffic. Current transportation and land use policies have been designed to support and encourage automobile travel. The county provides subsidy support for three bus routes. The City of Annapolis offers a circular route and fixed route services. Neither city nor county bus routes operate early in the morning or later in the evening and the wait between buses can be one to one and a half hours. There are no direct buses from Annapolis or South County to Glen Burnie, the area with the highest number of jobs.

The Environment: The county has 500 miles of Chesapeake Bay shoreline and a wealth of waterways. Despite this abundance of water, there is only a handful of public water access points for county residents. All of our rivers are "impaired" under the Clean Water Act, meaning they do not meet water quality standards for their intended use. Nineteen separate local water bodies are not currently meeting water quality standards. Air quality is another issue for the county. Anne Arundel was given an "F" by the American Lung Association for an average of 23 high ozone days every year between 2011 and 2013.

Poverty: There are 33,352 Anne Arundel County residents (6.3 percent) living below the federal poverty level of $24,250 for a family of four. There are 31,377 households led by single parents, with 22,565 having a female head of household. An estimated 20.4 percent of single parent households in the county earn an income that is below the federal poverty level. Poverty is concentrated in the North and South of the county. The highest percentage of poverty (26.5 percent) is in ZIP Code 21225 (Brooklyn).

Economic Opportunity: The county economy is improving. The unemployment rate decreased to five percent in 2014, although the rate is still much higher than pre-2009 figures, which hovered around three percent. Anne Arundel County's job market appears robust; last year the county was number one in job growth among the five largest regional counties. The highest numbers of jobs are within the "trades, transit and utilities" sector, which includes the traditionally low wage retail and wholesale trades. Over 39 percent of residents work outside of Anne Arundel County. More than half of those working outside the county work in Baltimore City or Prince George's County.

Housing: Rising home prices, high private rents and a lack of affordable and multi-family housing units are continuing problems for large segments of the population. The median price for a house in Anne Arundel County is third highest in the state at $315,000. In 2013, 34.3 percent of Anne Arundel County homeowners and 49.5 percent of renters spent 30 percent or more of their income on housing, thus falling in the HUD definition of "cost burdened." As income levels decrease, families spend an increased proportion of their income on housing. Thirty-nine percent of renters and homeowners with an income of 80 percent or less of the average median income are paying 50 percent or more of their income on housing costs. There are 9,000 families on the waiting list for public housing and 10,000 families on the waiting list for Housing Choice (Section 8) vouchers.

Homelessness: Homelessness remains an issue for individuals and families in the county. The numbers of single adult homeless residents in shelter or on the street decreased to 335 last year. The fastest growing homeless population is homeless families and youth who are staying with friends or living temporarily in motels. There are over 200 families living in a shelter or transitional housing. Anne Arundel County Public School System estimates suggest there are over 925 county students who do not sleep in their own homes on any given night.

Youth: There are over 125,000 children under the age of 18 living in Anne Arundel County. Of those, 28 percent (35,451) are under five years of age, 14 percent receive public assistance and nearly 10,000 children are living below the federal poverty level.

Childcare ranks third among other major household expenses at $21,228 per year for a family with two children -- or nearly 21 percent of median family income. Some low-income families qualify for federal childcare vouchers but there is usually a gap between the amount of the voucher and the amount needed for child care.

Education: Anne Arundel County is fortunate to have a strong public school system. Last year, academic achievement in Anne Arundel County, as measured by the Maryland School Assessment (MSA), was higher than the State of Maryland when compared to averages for all learners at the 3rd through 8th grade level. The number of Anne Arundel County youth with no high school diploma has decreased every year between 2012 and 2015 and the high school graduation numbers have increased. The county saw a two percent increase in the graduation rate to 87.75 percent. Eight of the county's 12 high schools have graduation rates of 90 percent and higher. In 2014, African American students showed a 1.9 percent improvement and Hispanics showed a 3.2 percent improvement in graduation rates. Less encouraging are recent data from the new readiness for kindergarten test (R4K) showing that only 43 percent of Anne Arundel County's children entering kindergarten classrooms demonstrated the skills and behaviors needed to fully participate in kindergarten. Additionally, once in school, low-income students in the 8th grade are 16.6 points behind in reading, 23.5 points behind in math and 17.9 points behind in science. Sixteen percent of African-American students were suspended in the 2013-14 school year as compared to just five percent of their white peers.

Summary of Principal Findings

Health: Life expectancy in Anne Arundel County is 79.8 years. Cancer is the leading cause of death followed by heart disease, which together account for 66 percent of all deaths. Obesity is one of the top health concerns in the county. Many factors play a role in weight including low income, lifestyle, surrounding environment, access to healthy food, genetics and certain diseases. Almost 10 percent of all Anne Arundel County residents and 17.7 percent of all county children were food insecure in 2013. Twelve percent of residents live in a food desert.

Mental Health: The Anne Arundel County Mental Health Agency served 11,321 residents in 2014, an increase of 11 percent over 2013. This figure compares to the six percent increase from 2012 to 2013. The 0-5 population is showing the highest increase of all ages in the use of mental health services, a rise of 20 percent in one year. There has been a 14.5 percent increase in mental health services for children ages 6 to 12 and a 9.6 percent increase for children between 12 and 17 years of age. In 2013, the Anne Arundel County Police Department received 487,911 calls for service with 1,946 of those calls resulting in an emergency mental health evaluation. Anne Arundel Medical Center is in the early stages of establishing a mental health inpatient unit and expanding its outpatient mental health capacity in response to this increase in demand. Other private organizations are also expanding their range of services.

Substance Abuse: Opioid addiction is now a major public health crisis in Anne Arundel County. There was almost a three-fold increase in the number of heroin-related deaths (from 18 to 53) between 2010 and 2014. The number of heroin-related deaths increased by 29.2 percent between 2013 and 2014. The county police department reports more than one heroin overdose per day for 2015. To address this issue, County Executive Steve Schuh has established a task force that includes active participation by all relevant county agencies.

Seniors: Currently, 12.3 percent of Anne Arundel County's population is age 65 or older. The county's senior population is expected to continue to grow over the next fifteen years, leveling out at around 140,000 people in 2030. Many seniors currently struggle with affordable housing and medical care, including a high percentage of income spent on prescription drugs. It is anticipated seniors will have an exponentially increasing impact on county services during the coming decade. Collaboration and communication will be necessary among county and state leaders and service providers to ensure aging in place becomes a successful reality for all county seniors.

Poverty Amidst Plenty 2015 is the Community Foundation of Anne Arundel County's fifth edition of the Anne Arundel County Community Needs Assessment.[1] At the time of the last edition, published in 2012, the county was still dealing with effects of the 2008 economic recession. The report reflected the continuing major impacts of that downturn, not just for low-income families, but also for middle-income families struggling to make ends meet during a period of high unemployment and a decline in the housing market. Three years later, the economy has improved, but many of the same issues highlighted in 2012 – particularly inadequate public transportation, a lack of affordable housing, and an absence of affordable, quality childcare – have limited the effects of the economic recovery from reaching many low-income community members.

Furthermore, the long-term effects of the 2008 Great Recession have greatly aggravated the level of economic and emotional stress experienced within lower and middle-income families. They have been struggling to adjust to the "new realities" for nearly a decade, and solutions to their principal problems are not materializing. Many children in these families are living with what can only be described as "toxic stress," as was stated in more than one focus group organized for this report. It is no longer unusual for people to work on weekends or to have multiple jobs to make ends meet. Inevitably, there is a major increase in the need for mental health services among all age groups, but especially among the very young, and a major increase in opioid and heroin use among young adults.

Although this report focuses on all of Anne Arundel County, it should be noted that there are four distinct quadrants in the county that differ considerably in economic and social characteristics.

- **West County**, dominated by the military installation of Fort George G. Meade (Fort Meade), has experienced much greater economic growth than any other part of the county, fueled by job and operational additions at Fort Meade, the National Security Agency, Baltimore Washington International Thurgood Marshall Airport (BWI Airport) and the Arundel Mills complex featuring Maryland Live! Casino. The growth is also related to the federal government's Base Realignment and Closure (BRAC) initiative.

- **North County**, (specifically Glen Burnie, Brooklyn and Pasadena) touches the edges of Baltimore City and shares its issues related to urban poverty, including an upswing in drug abuse.

- **Annapolis Area**, dominated by the historic City of Annapolis, is situated on the Chesapeake Bay at the mouth of the Severn River. Annapolis is one of only two incorporated cities in the county, the other being the coastal community of Highland Beach. The Hispanic community in Annapolis has grown exponentially, which has contributed to a rapidly growing demand for elementary school placements and greater pressure on the limited supply of health care services for low-income and Spanish-speaking residents.

- **South County**, the area below the South River, most resembles some of the rural communities found on Maryland's Eastern Shore. It is the area most impacted by the current growth in heroin trafficking in the county.

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[1] Community Foundation of Anne Arundel County, "Poverty Amidst Plenty: *The Two Faces of Anne Arundel County*, A Guide to Action" 2005, 2008, 2010; "Poverty Amidst Plenty: *Surviving the Economic Downturn*," Fourth Edition, 2012.

Population Demographics

Anne Arundel County remains a largely white county, but it is becoming increasingly diverse. The total population has grown more than 11 percent between 2000 and 2013, principally due to a 170 percent increase in the Hispanic/Latino population during this period. The black population has grown 28 percent during this time, and non-Hispanic whites have increased by less than five percent. The Hispanic community is distributed throughout the county, but has settled largely in Annapolis (17 percent of the total population) and Glen Burnie (eight percent of the total population). Most Hispanics are from Central American countries. The county's senior population (65 years and older) is also growing rapidly, and is expected to increase from just over 99,000 in 2013 to 140,000 by 2030. In the next 15 years, seniors will have an exponentially greater impact on county services and supports, as is discussed in Chapter 6.

Table 1

Ethnic/Racial Composition Anne Arundel County, 1990-2013							
	2000		**2010**		**2013**		**% Change 2000-2013**
	Number	**%**	**Number**	**%**	**Number**	**%**	**%**
Total Population	489,656	100	537,656	100	544,426	100	11.2
Non-Hispanic Whites	390,519	79.8	405,456	75.4	408,715	75.1	4.6
Other Races	99,137	20.2	132,200	24.6	135,711	25	37
Hispanic or Latino	12,902	2.6	32,902	6.1	34,854	6.4	170
Black or African-American	65,755	13.4	83,484	15.5	84,230	15.5	28
Other*	20,480	4.2	15,814	3	16,627	3.1	18

U.S. Census Bureau, *American Community Survey*, 2013 and Revised U.S. Census Bureau Intercensal Population Estimates, 1990 to 1999 for Maryland. "Other" here includes "American Indian and Alaskan Native" and "Asian." Beginning in 2000, it includes "Native Hawaiian or other Pacific Islander," "Some other race," or "Two or more races". Therefore, the "White" and "Black" figures are those who were counted as "White alone" or "Black alone".

Growing Income Inequality

As has occurred throughout the United States, the gap between rich and poor has widened since 2010, with those at the upper end of the economic spectrum gaining wealth while those at the middle and lower end are losing ground. As seen in Table 2, the number of households living below the poverty line (incomes below $25,000) increased by five percent between 2010 and 2013, while those in the middle class declined by 14 percent. The number of households with income greater than $100,000 increased 4.4 percent, and those with incomes greater than $200,000 grew by 11 percent. County median household income stood at $87,430 in 2013 compared to $85,098 in 2010. It is higher than the state's ($73,538) and the nation's ($53,046), according to 2013 estimates from the U.S. Census Bureau. [2] Average household income was $107,405. Because there are so many one person households, the median household income is lower than the median family income. The median family income was $101,268. [3]

Table 2

Estimated Annual Household Income 2010 and 2013					
Totals	**2010: 195,999**		**2013: 199,904**		
Income Per Household	**Number**	**%**	**Number**	**%**	**% change**
Less than $25,000	20,819	10.7	21,890	11	5.1%
$25,000-34,999	12,201	6.2	11,584	6	-5%
$35,000-49,999	19,077	9.7	18,623	9.3	-2%
$50,000-74,999	34,853	17.7	32,962	16.5	-5%
$75,000-99,999	29,982	15.3	29,086	14.6	-2%
$100,000-199,999	61,569	31	64,274	32.6	4.4%
$200,000 and above	17,498	9	21,485	23	11%

U.S. Census Bureau, *American Community Survey,* 2013 estimates.

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[2] U.S. Census Bureau, *American Community Survey*: State & County Quick Facts, Revised 14 October 2015. Household income includes the income of the head of household plus the income of all earners living in the household who are 15 or older, regardless of whether or not these earners are related.

[3] U.S. Census Bureau, American Fact Finder, Selected Economic Characteristics, 2009-2013, *American Community Survey* 2009-2013, Five Year Estimates, 2013. Family income includes income from all earners 15 years or older who are related.

Poverty

The federal government classifies a family of four with an annual income below $24,230 as living in poverty.[4] There are 33,352 Anne Arundel County residents (6.3 percent) living below the poverty level (Table 3), a slight dip from the 2011 level of 34,410 residents (6.4 percent).

Table 3

Poverty, Anne Arundel County, U.S. Census 2013 Estimates		
	Below Poverty Level	**Percent Below Poverty Level**
Population Below Poverty Level	33,352	6.3%
Age		
Under 18 Years	9,966	8%
18 to 64 Years	19,765	5.8%
65 Years and Over	3,621	5.5%
Sex		
Male	14,860	5.8%
Female	18,492	6.8%
Race and Ethnicity		
White, not Hispanic or Latino	16,701	4.4%
Black or African American	9,997	12.7%
Asian	2,092	11%
Hispanic (of any race)	3,172	9.4%

There are a total of nearly 200,000 households in the county, of which slightly more than 138,000 are in family units. Almost 15 percent of these households are led by single female parents. Economic well-being for households headed by a single parent can be fragile. In fact, 20.4 percent of families with a female head of household live in poverty.

Poverty in Anne Arundel County is concentrated in North and South county (Table 4). The highest percentage of poverty, 26.5 percent, is in the ZIP Code that contains Brooklyn. ZIP Code 21077 (Harmans) has the third highest poverty level in the county at 16.5 percent, even though it is surrounded by an area of huge economic growth including the Maryland Live! Casino and Baltimore/Washington International Thurgood Marshall Airport.
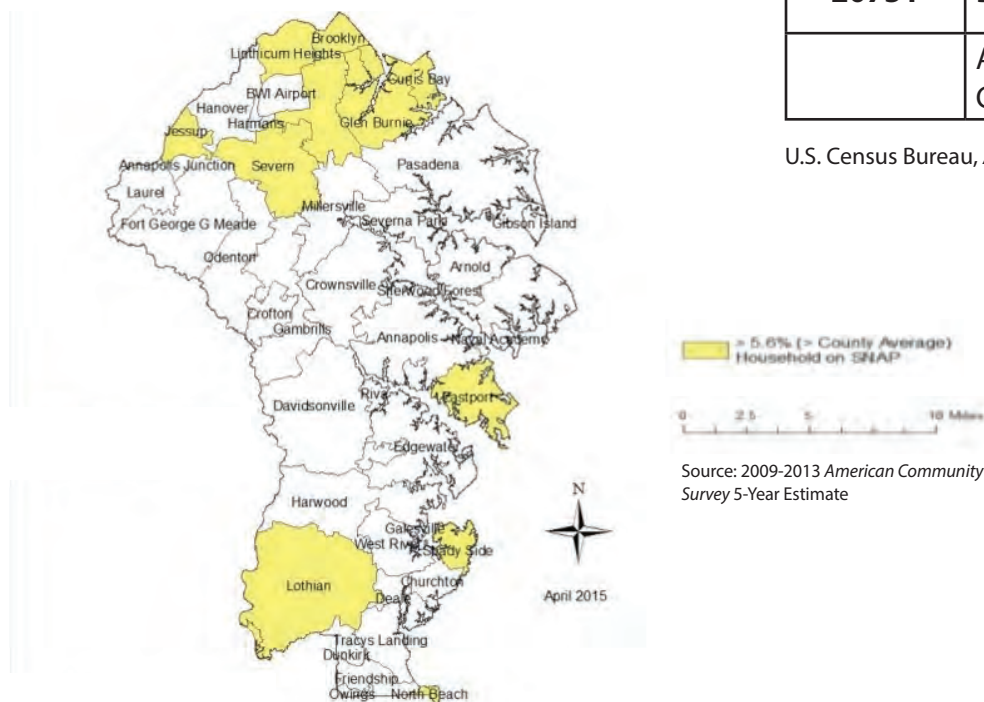
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[4] U.S. Census Bureau, *American Community Survey*, 2013 Estimates.

Low-income status can also be measured by the geographic distribution of recipients of the Supplemental Nutrition Assistance Program (SNAP), formerly called food stamps. Anne Arundel County has a lower percentage of households receiving SNAP benefits (5.6 percent) than either Maryland (9.5 percent) or the U.S. (12.4 percent), but the numbers have risen sharply since 2009 to a high of 22,792 adults (Figure 1). [5]

According to 2013 U.S. Census data, SNAP recipients are spread across the county. The highest numbers are concentrated in three areas - Lothian (16.8 percent), Curtis Bay (16.5 percent) and Brooklyn (26.5 percent). More than 50,000 county residents are food insecure, of which many are children.

Figure 1

PERCENTAGE OF FOOD STAMPS/SNAP RECIPIENCY HOUSEHOLD BY ZIP CODE, 2013

Source: 2009-2013 *American Community Survey* 5-Year Estimate

Table 4

Select Poverty Percentages by ZIP Code Anne Arundel County, 2013		
Zip Code	**Area**	**Poverty %**
21225	Brooklyn	26.5%
21226	Curtis Bay	16.5%
21077	Harmans	16.8%
21060	Glen Burnie (East)	11.2%
21061	Glen Burnie (West)	10.8%
20714	North Beach	9.9%
20751	Deale	9.2%
	Anne Arundel County	6.3%

U.S. Census Bureau, *American Community Survey*, 2013 estimates.

[5] *Ibid.*

Figure 2

AVERAGE NUMBER OF MONTHLY SNAP PARTICIPANTS IN ANNE ARUNDEL COUNTY
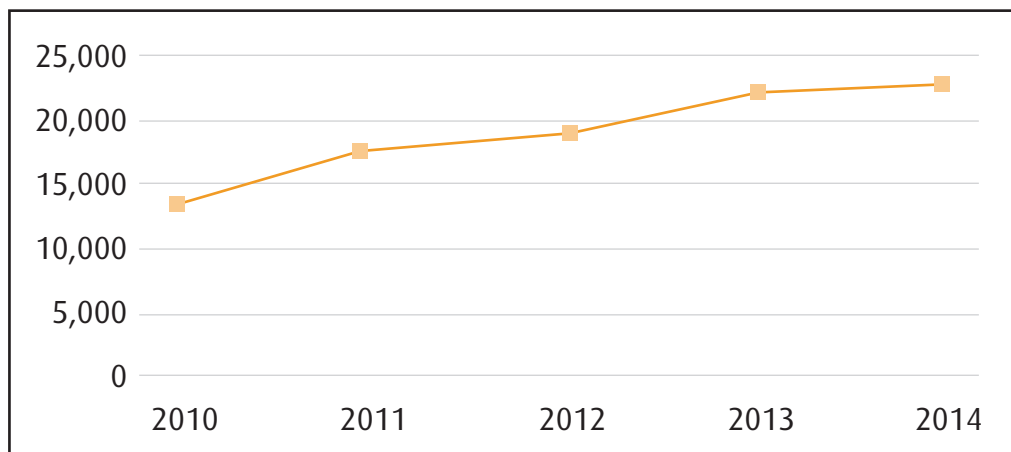
The Annie E. Casey Foundation. "*Monthly Average Number of Children Issued Food Stamps (SNAP).*" Baltimore: Kids Count Data Center, 2014.

Poverty is the single best predictor of the likelihood for child abuse and neglect within a family. According to U.S. Department of Health and Human Services data, children in low socioeconomic status households experience maltreatment at more than five times the rate of other children. They are more than three times as likely to be abused and about seven times as likely to suffer from neglect. [6]

In Anne Arundel County, an average of 385 children per month were reported as abused or neglected from October 2014 to September 2015 (Table 5), and an average of 150 children per month are cared for outside of their homes either in foster care, therapeutic group homes or a residential facility. Anne Arundel County has the fourth highest number of child maltreatment reports in the state, although the numbers show a very slight dip from the 2011 number of 406.

Table 5

Counties in Maryland with the Highest Number of Child Maltreatment Reports			
County	**Monthly Average from October 2014 –September 2015**	**County**	**Monthly Average from October 2014 –September 2015**
Montgomery	533	**Anne Arundel**	385
Baltimore City	501	**Baltimore County**	335
Prince George's	426		

Maryland CHESSIE, 2015.

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[6] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, "National Incidence Study of Child Abuse and Neglect." (NIS-4), 2004-2009, 1 2.

[7] Maryland Department of Human Resources: Maryland CHESSIE (Children's Electronic Social Services Information Exchange), 2015.

The Environment

Anne Arundel County is an aesthetically appealing place to live. The natural beauty of the county can be enjoyed through two state and 70 county parks and an extensive network of recreation and transportation trails. The Chesapeake Bay, the largest estuary in the United States, is Anne Arundel County's most treasured natural resource. With 534 miles of linear coastline, the county ranks second for waterfront in the state. Even with the abundance of waterfront, however, there is only a handful of public water access points for county residents.

Despite many efforts by federal, state, and local governments and other interested parties, pollution in the Bay fails existing water quality standards. There are numerous citizens groups and nonprofit organizations that lead and participate in restoration efforts. The Watershed Stewards Academy (WSA) is a program that trains residents to improve the water quality of local streams. The program works with a consortium of environmental professionals, master watershed stewards and their communities to reduce pollutants, infiltrate stormwater and restore natural systems. The Chesapeake Legal Alliance organizes *pro bono* legal assistance to groups fighting for a better local environment.

The county has a grant to locally administer the Bay Restoration Fund (BRF) program. It provides funding to replace conventional septic tanks with nitrogen-reducing units to reduce the amount of harmful nutrients, such as nitrogen, that septic systems discharge into the Chesapeake Bay and its tributaries. The Anne Arundel County Department of Health operates various programs such as the well and septic system assistance program and the radium treatment system. And the Chesapeake Bay Foundation engages in a continuous crusade to educate residents and politicians on the restoration needs of the Bay. It will take a consistent effort on the part of residents and business owners to ensure its beauty and health for future generations.

Air quality is another issue for the county. The American Lung Association rated Anne Arundel County an "F" in 2015 for an average of 23 high ozone days every year between 2011 and 2013. 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.

Summary

The economy is improving, unemployment is decreasing, and there are many local attempts to enhance the environmental beauty and health of the county. The population is increasingly diverse, and there is a growing senior population. Like the nation, Anne Arundel County is struggling with the triumph and stress of the knowledge economy and its "instantaneous communications culture." The remainder of this report provides greater detail on the important needs and gaps in service for the county as it moves rapidly towards a new decade.

Anne Arundel County is located in the heart of the nation's fourth largest marketplace, the Baltimore-Washington D.C. corridor. It is situated between the rapidly growing Washington Metropolitan Area and the redeveloping Baltimore Metropolitan Area. The county is adjacent to America's East Coast Main Street (I-95), Amtrak's Northeast Corridor, the longest high-speed rail corridor in the United States, and to the Port of Baltimore, which has been expanded to accept greater amounts of ship-borne commerce due to the widening of the Panama Canal.

Economic Growth

At first glance, Anne Arundel's job market appears robust, supported by a diverse set of economic drivers, particularly in West County. These include Baltimore/Washington International Thurgood Marshall Airport airport and private employers in diverse sectors including transit, utilities, and the traditional low-wage retail and distribution operations. The county has a growing defense industry marked by the presence of the National Security Administration (NSA), the Defense Information Systems Agency (DISA), and the U.S. Cyber Command, all at Fort Meade, which is the largest employer in the county with 50,000 employees. Eight of the nation's top ten defense contractors have a presence in the county.[1] In 2014, the county ranked number one in job growth among the five largest regional counties in Maryland.

In aggregate, the county is home to 14,500 businesses that employ an estimated 205,000 workers, or 81 percent of the total workforce. More than 300 of these firms have 100 or more employees. High growth industries include professional and technical services, cyber-technology, gambling and recreation, entertainment, food services, and health services. Key private sector employers include Booz Allen Hamilton, Johns Hopkins HealthCare, Northrup Grumman Electronic Systems, Rockwell Collins, Southwest Airlines, and KEYW Corporation.[2]

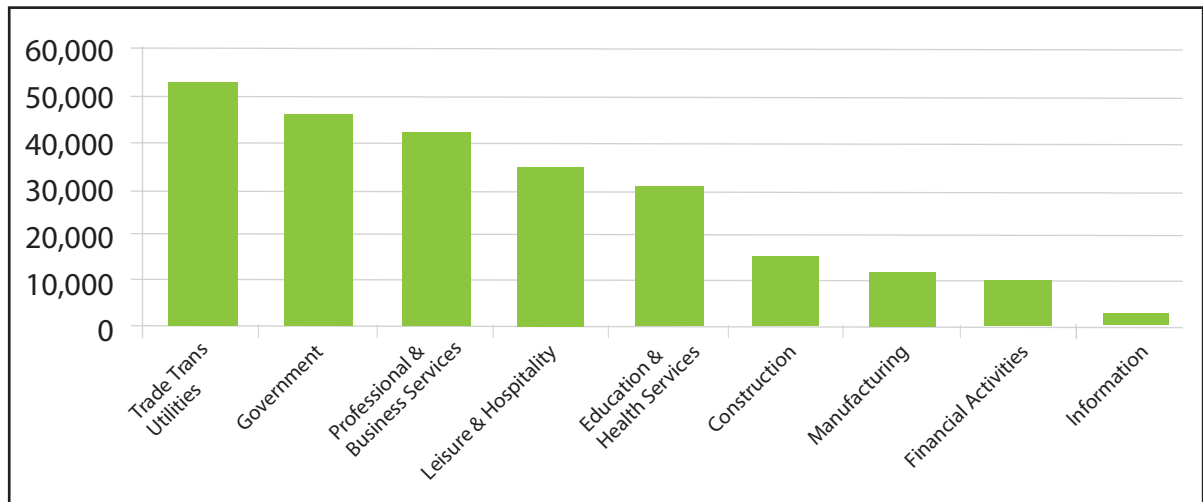**Figure 3**   **JOB GROWTH OF ANNE ARUNDEL COUNTY RESIDENTS, 2002-2014**

Total Employment of County Residents

In County Employment of County Residents

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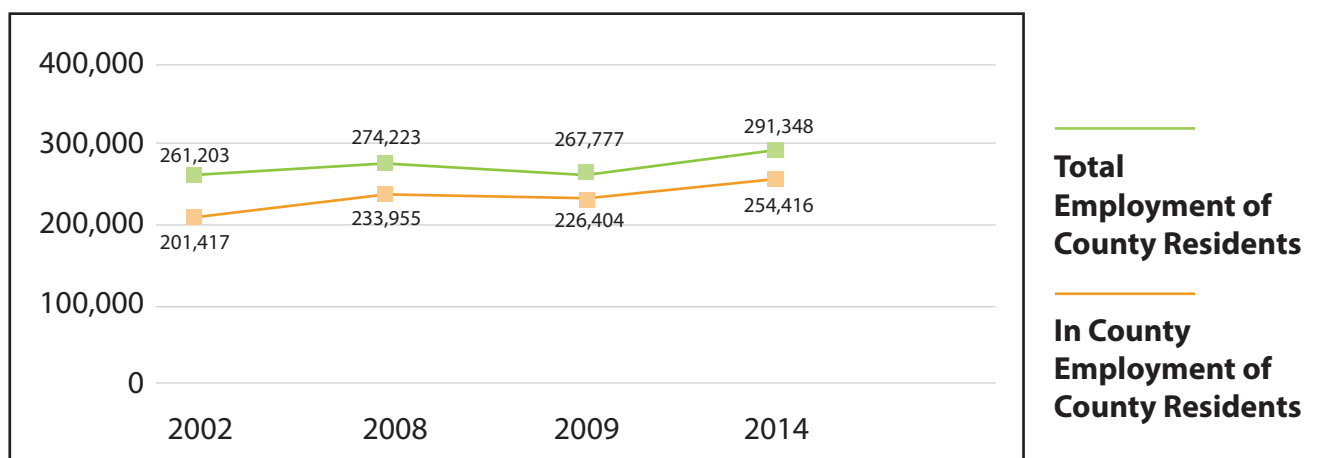
[1] Maryland Department of Business and Economic Development, 2014.

[2] *Ibid.*

ANNE ARUNDEL COUNTY EMPLOYMENT BY TYPE OF EMPLOYER, 2014

Figure 4

Maryland Department of Labor, Licensing and Regulation, Employment and Payrolls, County Industry Series, Anne Arundel County, 2014 (2015). (NSA employment not included due to National Security).

The Geography of Employment

Despite its status as a strong economic hub in the state, Anne Arundel County still grapples with intractable poverty in a relatively wealthy economy. Low-income residents and those living in poverty face major barriers in a county where the median household income is $87,430.[3] Housing and childcare costs are high and public transportation is lacking.

More than 95 percent of Anne Arundel County residents work in Maryland or the District of Columbia. Of those who work in Maryland, nearly 40 percent work outside of the county, and more than half of those work in Baltimore City or Prince George's County. Glen Burnie is the most common work destination for residents, with about 17,000 employees. Conversely, more than 17,000 Baltimore City residents – about eight percent of the total – work in Anne Arundel County.[4] Much of this is due to existing transportation infrastructure. According to one participant, "this is likely because Anne Arundel industries that are situated on the light rail recruit from Baltimore… Most people coming to work at the airport are coming from Baltimore [City]."

Unemployment

In 2010, at the peak of the economic downturn, the unemployment rate for the county reached a high of 6.6 percent. It has been decreasing since that time to about five percent in 2014 (Figure 5) and slightly below that in 2015. This is still higher than pre-2009 figures, which hovered around three percent.[5]

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[3] U.S. Census Bureau, *American Community Survey*, "State & County Quick Facts," revised 14 Oct. 2015.

[4] Maryland Department of Business and Economic Development, "*Brief Economic Facts: Anne Arundel County,*" 2014.

[5] U.S. Department of Labor, Bureau of Labor Statistics, 2015.

Figure 5

UNEMPLOYMENT RATES, 2000-2014
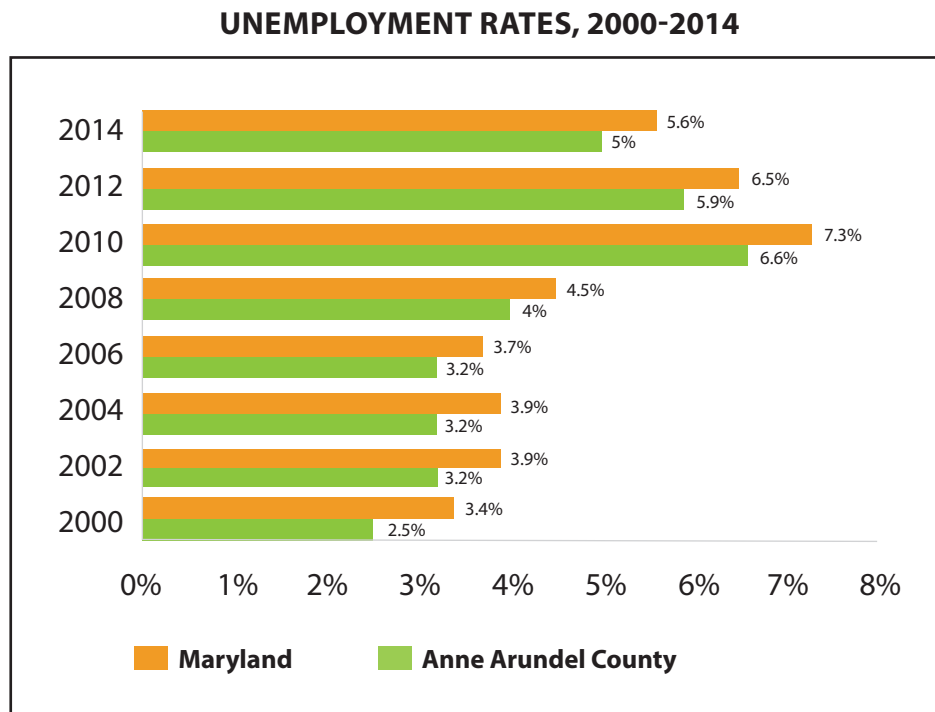
U.S. Department of Labor, Bureau of Labor Statistics, Unemployment rates (2015).

The Living Wage Model

Employment is not the only indicator of economic health in a county. 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 expense for food, childcare, health insurance, housing, transportation, and other basic necessities. The model looks at costs and income to determine the minimum employment earnings necessary to meet a family's basic needs while also maintaining self-sufficiency.

The Living Wage Model offers a comparison among what a family in Anne Arundel County has to live on at the federal poverty level, Maryland's minimum wage of $8.25 an hour (2014 rate) and what a minimum living wage would realistically have to be (Table 6). The living wage shown is the hourly rate that an individual must earn to support his or her 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.

Table 6

Living Wage Calculation for Anne Arundel County, 2015			
	Living Hourly Wage	**Poverty Hourly Wage**	**Minimum Hourly Wage**
1 Adult	$12.36	$5.00	$8.25
1 Adult, 1 Child	$25.48	$7.00	$8.25
1 Adult, 2 Children	$29.58	$9.00	$8.25
1 Adult, 3 Children	$36.59	$11.00	$8.25
2 Adults (one working), 1 Child	$23.24	$9.00	$8.25
2 Adults (one working), 2 Children	$25.80	$11.00	$8.25
2 Adults (one working), 3 Children	$28.67	$13.00	$8.25
2 Adults (both working), 1 Child	$13.82	$4.00	$8.25
2 Adults (both working), 2 Children	$16.13	$5.00	$8.25
2 Adults (both working), 3 Children	$18.59	$6.00	$8.25

Living Wage Calculator, Massachusetts Institute of Technology, 2015.

A single adult living in Anne Arundel County needs to earn more than $12 per hour to make a subsistence income in the county. A single adult with one child would have to make over $25 an hour to support his/her family – more than three times the rate of the Maryland minimum wage. Many job opportunities in the county do not offer even $12 per hour, including retail, truck operators, packers and shipping clerks. [6]

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[6] "Brief Economic Facts: Anne Arundel County," Maryland Department of Business and Economic Development, 2015.

Economic Opportunity and Educational Achievement

Anne Arundel County residents are well-educated. More than 91 percent of the population has a high school diploma or higher, and 37 percent have earned a Bachelor's degree or higher. The number of high school dropouts has decreased since 2010 and high school graduation rates have increased. These improvements are shown in Table 7 below.

Table 7

Highest Educational Attainment for Persons in Anne Arundel County over 25 Years of Age, 2013					
	2010 Estimates		2013 Estimates		Percent of Change
	Number	**Percentage**	**Number**	**Percentage**	
Less than 9th grade	11,123	3%	10,482	2.8%	-0.2%
9th to 12th, no diploma	28,012	7.7%	23,687	6.4%	-1.3%
High School Graduate (includes GED)	89,429	24.5%	93,703	25.4%	0.9%
Some College, no degree	80,879	22.2%	78,194	21.2%	1%
Associate's Degree	25,679	7%	26,336	7.1%	0.1%
Bachelor's Degree	78,612	21.6%	80,213	21.7%	0.1%
Graduate or Professional Degree	50,979	14%	56,623	15.3%	1.3%
TOTAL	364,713	100%	369,238	100%	

U.S. Census Bureau, *American Community Survey,* 2013 estimates.

These improvements are promising, given that the unemployment rate is much higher for those with less than a high school diploma (14.1 percent).

Childcare

Finding affordable, quality childcare remains a major barrier to employment for many job seekers, and particularly for those who are single parents. Table 8 indicates the average weekly full time childcare costs in the county. Applying these average cost estimates to a family of four that includes two working adults and two children ages 1 to 2 and 3 to 5 years, childcare expenses rank third among major household expense categories. Using the median household income in the county of $87,430, the estimated annual childcare costs for these two children is $21,228, or 25 percent of household income. In some cases, low-income families may qualify for federal childcare vouchers, but there is usually a gap between the amount of the voucher and actual childcare costs. For individuals earning less than $10 per hour, childcare costs are usually prohibitive.

Table 8

Average Weekly Cost of Full-Time Childcare in Anne Arundel County, 2015		
Age of Child	**Family Childcare Program**	**Childcare Center**
0 – 23 months	$184.25	$265.41
2 – 4 years	$156.32	$188.06
5 years	$144.68	$177.09
School Age (Full)	$135.46	$160.77
School Age (Before/After)	$ 93.07	$107.43

Maryland Family Network, 2015.

Employment Screening Barriers

Even for entry-level jobs many employers require background screening, drug testing, finger printing and a clean criminal record. While some employers will accept an applicant with minor criminal charges, most will not. Although some charges can be expunged, the process can be expensive, and many prospective employees are unaware this service exists. Homeless residents, those with mental health issues, and some youth have low level felonies and misdemeanors that may be over 10 years old. Some can be expunged easily, but others require a pardon by the Governor, and there are few resources available to assist these individuals with this type of legal barrier.

Needs and Gaps in Services

Transportation

Transportation influences virtually every aspect of county community life, including its economic health. Current transportation and land use policies have been designed to support and encourage automobile travel. The majority of transportation resources in the county are devoted to the roads and bridges that carry about 90 percent of the traffic. Eighty percent of traffic occurs on designated state and federal roads, and the majority of the county's highway transportation planning and construction funds are spent addressing congestion on state-owned roads. Transportation improvements for transit riders, pedestrians and bicyclists have a lower priority, according to the Anne Arundel County Transportation Commission.

A lack of transportation resources for the county's workforce was the barrier cited most often by focus group participants. Since many low-income residents do not own cars, they are disproportionately affected by the absence of a strong public transportation system in the county. The county provides subsidy support for three bus routes (B, J, and K) operating on 60 to 90 minute intervals covering Maryland City, Odenton, Severn and Northwest Glen Burnie. According to the Anne Arundel County Transportation Commission, the intent was to create routes from areas with lower than average incomes and higher unemployment to areas with significant economic growth and opportunity.

However, neither city nor county bus routes operate early in the morning or late in the evening, and the wait between buses can be up to one to one and a half hours. Consequently, potential employees relying on public transit cannot accept jobs with shift work or evening shifts. Even those low-income residents who live and work in Annapolis often have to walk three miles to and from the bus stop each day. According to one rider, it can take more than three and a half hours to travel from Annapolis to Glen Burnie by public transportation.

Many low-income residents do not know how to drive and cannot afford driving lessons. Cheaper alternatives, such as electric scooters or bicycles, have safety issues and require a high initial outlay that is compounded by insurance, tag and title costs.

The lack of reliable, affordable transportation routes throughout the county diminishes the value of the training and certification programs run by the Anne Arundel County Workforce Development Corporation, Anne Arundel Community College, the public school system, and other public and private initiatives intended to help county residents find and qualify for available jobs. County officials need to figure out how to develop land use plans that reduce the need for mass transit and consider alternatives to traditional public transportation such as business vans, ride sharing, and the new public taxi systems such as Uber.

Summary

Although poverty remains a serious problem in certain parts of the county, the overall economy is improving, unemployment figures are dropping and job opportunities are increasing. Superior education and training opportunities are available for all age groups and Anne Arundel County's school system continues to offer a very high-quality education. While county job growth is the best in the state, without effective transportation to these jobs and affordable childcare, and, in some cases, legal assistance, the most vulnerable residents will continue to struggle.

Every focus group cited a lack of affordable housing as a major issue for Anne Arundel County. Rising home prices, high private rentals and a lack of multi-family housing units are continuing problems for large segments of the population, from young graduates to senior citizens. The foreclosure rate is still increasing for many homeowners, and single income, middle class individuals in every age group struggle to find safe, affordable housing. County and city public housing waiting lists were so high in 2014 they were actually closed. According to study participants, the number of homeless families living with relatives, friends or in motels is still increasing rapidly.

Although the economy is recovering, many families lost their homes in the last three years and, as mentioned above, the foreclosure rate in Maryland is still rising. Housing experts explain that this is linked to Maryland's efforts two years ago to delay foreclosures and allow mediation for many properties. This strategy helped homeowners, but also created a backlog of homes that would inevitably be foreclosed. In 2015, Maryland recorded its largest influx of "real estate owned" properties, with 2,859 lender purchases from April through June.[1] Anne Arundel County had 237 of these properties, up 48 percent from last year. Nonetheless, the median price for a house in Anne Arundel County is still rising and is fourth highest in the state: $320,000 in 2015, a rise of 1.5 percent from $315,406 in 2014. The average cost for a house in Maryland is $275,400, rising only 0.6 percent from the 2014 cost of $273,784. (Figure 6).

Figure 6

**MEDIAN PRICE FOR A HOUSE IN
ANNE ARUNDEL COUNTY - MAY, 2015**
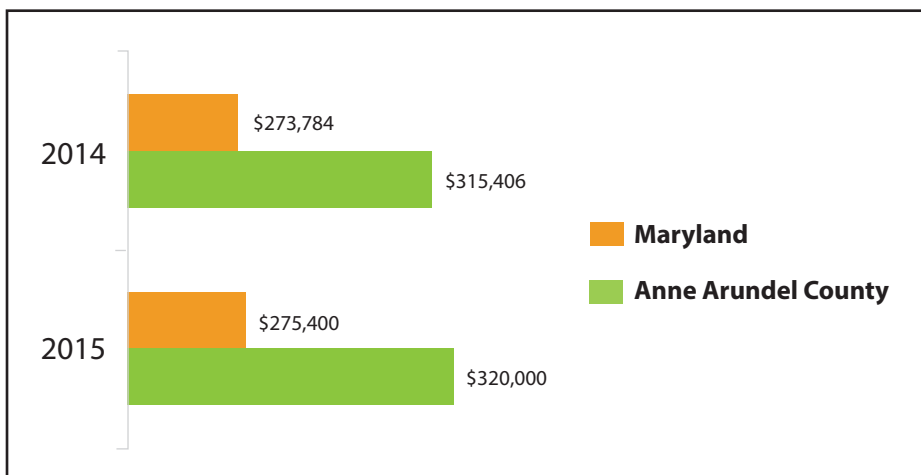
Maryland Association of Realtors, 2015.

Median monthly rent in the county is also high ($1,331 per month), driven partly by increased demand created during the economic downturn when families lost their homes. Both home values and monthly rents have increased almost 100 percent since 2000 (Table 9). Median monthly owner costs for housing units with a mortgage dipped slightly in 2013.

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[1] Maryland Department of Housing and Community Development: "*Property Foreclosures in Maryland Second Quarter,*" 2015.

Table 9

| Anne Arundel County Median Home and Rental Cost 2010-2013			
	2000	**2013**	**% Change**
Median Home Value	$156,900	$310,000	98%
Median Rent	$700	$1,331	90%

Anne Arundel County Community Development Plan FY16- FY20.

Proportion of Income to Housing Cost

Nationally, most family incomes are not keeping pace with rising housing costs. Average family income for the bottom 90 percent of the population has been flat since 1980.[2] A family with one full-time worker earning minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.[3] The dilemma of high house prices and flat wages causes families to spend an ever higher proportion of their income on housing.

According to the U.S. Department of Housing and Urban Development (HUD), families paying more than 30 percent of their income for housing are cost burdened and may have difficulty paying for food, clothing, transportation and medical care. In 2013, 34 percent of Anne Arundel County homeowners and almost half of all renters fit the definition of cost burdened due to paying more than 30 percent of their income for housing.[4] As income levels decrease, families need to spend an increasing proportion of their income on housing.

Figure 7

PERCENTAGE OF FAMILIES IN ANNE ARUNDEL COUNTY SPENDING OVER 30% OF INCOME ON HOUSING
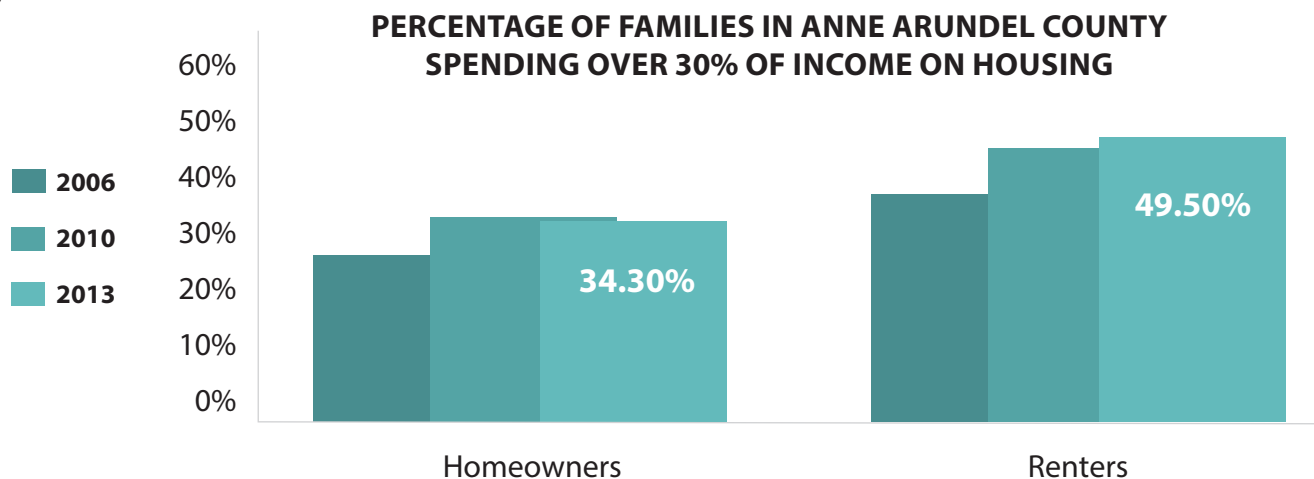
[2] Jason Furman, "*A Brief History of Family Economics: Productivity, Participation and Inequality in the United States.*" voxeu.org, 20 February 2015.

[3] *Ibid.*

[4] Anne Arundel Community Development Corporation, 2015.

Affordable Housing

Addressing the affordable housing issue is difficult. Most county property reserved for residential use is zoned for single-family homes. Zoning restrictions limit options for multifamily development, especially for affordable housing, except for one small area along the Route 2 corridor zoned for multiple housing units.[5] Increases in the number of housing units in the county are not expected to keep pace with the population seeking housing. In fact, job growth in the county has surpassed housing growth for years, a pattern expected to continue into the future. [6] Affordable housing is an issue for all ages, especially for young people, whether they have just left foster care or are newly graduated from college and working at their first job.

Public Housing

Public housing is managed by two separate entities in the county. The Housing Commission of Anne Arundel County (HCAAC) owns and manages 1,026 housing units that are fully occupied. Of the 1,026 units, families occupy 354,

"Affordable housing in Anne Arundel County is hard to find for a 21-year-old who has little to no work experience and maybe works in a job that is making a little more than minimum wage."

and the remainder are inhabited by the elderly and disabled. There are more than 7,500 families on the waitlist for this program. HCAAC also administers Housing Choice Vouchers, previously known as Section 8. Vouchers are issued to families as a promise to pay a subsidy on behalf of the family. The family can take the voucher to any private landlord in the county. Currently, there are over 1,800 participating families in the county and more than 10,000 families on the waitlist. [7]

The Housing Authority of the City of Annapolis (HACA) owns and manages 790 low- income affordable housing units and 331 Housing Choice Vouchers. Currently, there are 1,561 people on their public housing list and 707 on the Housing Choice Voucher list.[8] The average waitlist time for the Public Housing Program is 2-5 years and the average waitlist time for the Housing Choice Voucher Program is 5-10 years. The voucher program was rated highly by some participants, although one noted:

"Some of our families and single adults can't get housing with a voucher. The rents are so high. A single person voucher is worth just under $1,000... Families have to go to Brooklyn – the area has high crime and drug usage. No one is moving out of subsidized housing because there's nowhere to go."

Focus group participants in this needs assessment, including those who live in public housing, describe public housing as a 'multi-generational poverty trap' that allows family members to 'inherit' housing. Many current residents grew up in public housing and have never experienced a different living situation. As one resident articulated, "when you have lived here for so long, you don't even know how to fix the problem, it is your life and you accept it."

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[5] Anne Arundel County Department of Planning and Zoning, 2015.

[6] Arundel Community Development Services Inc. 2015.

[7] Anne Arundel County Housing Transition Report, 2015.

[8] Housing Authority of the City of Annapolis, 2015.

Much of the public housing in Annapolis and Anne Arundel County is aging and in need of repair even as continuing federal cuts make long-term capital projects difficult. One young public housing resident's description of his dream home tells us a multitude about his current living conditions:

"My ideal house would have hot water and a working toilet, have a washer and dryer. I don't like walking to go wash my clothes, it is really far away. Little things like having a basketball rim that isn't bent, being able to have a lawn and see trees would be ideal."

The Homeless Population

The U.S. Department of Housing and Urban Development (HUD) recently changed the definition of homelessness to include families with children and unaccompanied youth (without either parent) who are unstably housed, perhaps with friends or in motels. This is a new official category of homelessness and will change the numbers considerably. Also adding to the difficulty of counting people who are homeless is the transience of the population.

According to the National Alliance to End Homelessness, in 2015 about 578,000 people experience homelessness on any given night in the United States. Thirty-seven percent are families and 37 percent are female. About 12 percent of the homeless population consists of veterans, with 92 percent of these being male, and half of the veterans in homeless shelters are living with disabilities. [9]

Point in Time Count

HUD requires that the homeless population be counted through the "point in time" survey that occurs annually in January. This count provides a snapshot of who is homeless on a given night. In each community a particular night is chosen to count the homeless (as much as possible) where they are, including on the streets or in any type of temporary shelter. In Anne Arundel County, the count typically takes place the last ten days of January. The count can be unreliable for a number of reasons. Many homeless people do not want to be found and choose shelter in hidden locations. When the weather is bad they may sleep in abandoned buildings. Yearly results can be impacted by everything from a snowstorm to the number and experience of volunteers.

The 2015 point in time count for homeless individuals in Anne Arundel County shows the numbers of homeless in shelter or on the street decreasing to approximately 335, down from 400 two years prior (Figure 8). This count excludes families and youth. Homeless providers believe the decline is due to increased collaboration among agencies serving the homeless, increased services, and the Access to Housing Project (100k Homes Project) that targets the chronically homeless. According to participants in this needs assessment,the fastest growing segment of the homeless population in the county are homeless families and unaccompanied youth who are staying with friends or living temporarily in motels, and who

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[9] U.S. Department of Veterans' Affairs, "*Economic Opportunity Report*," 2015.

were, therefore, not counted in the survey. There were also several deaths among the county's homeless population in the winter of 2015, including six people who froze to death. According to one participant, the vulnerability of this county population is of grave concern:

"I can't imagine that anyone would say a county where six people froze to death over the winter is a safe place. I think we have to acknowledge that…safety means housing. It is dangerous to live on the streets. People are traumatized and injured. People die 25 years younger when they live on the streets based on the general population."

Figure 8

HOMELESS SERVED IN ANNE ARUNDEL COUNTY - 2013- 2015
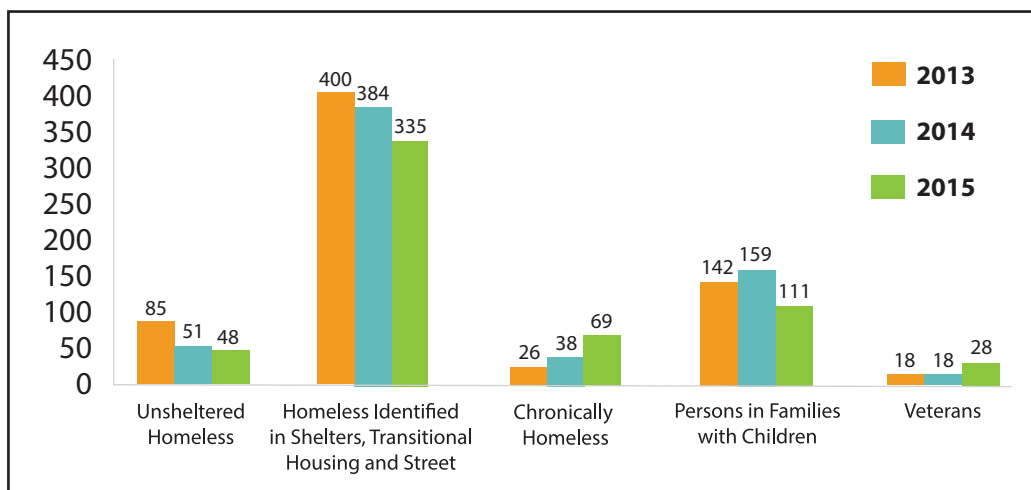
Anne Arundel Community Development Service, *Anne Arundel County Action Plans* 2014, 2015.

Services for the Homeless

In Anne Arundel County, homeless services are counted using the Homeless Management Information System (HMIS), which includes those who received at least one homeless service in a given year. Over 2,000 county residents received homeless related services in 2014 (Table 10), including shelter stay, transitional housing, shelter referral, housing assistance, supportive housing, identification payment assistance, and day center activities from the following agencies:

- Anne Arundel County Department of Social Services
- Anne Arundel County Mental Health Agency
- 100k Homes Project (Access Housing)
- Arundel House of Hope
- Housing Commission of Anne Arundel County
- Emmaus Center
- The Light House Shelter
- People Encouraging People
- Sarah's House
- Anne Arundel County Partnership for Children,Youth and Families
- We Care & Friends.

There are only three shelters for the homeless in Anne Arundel County: The Light House, Arundel House of Hope and Sarah's House. The county works in partnership with the faith community and Arundel House of Hope to operate Winter Relief during the winter months (October to April). This service bumps up the number of available beds in the county to 110 year-round.

Homeless Families

The official HMIS count for homeless families requiring services in 2014 is just over 200. However, as referenced above, county homeless advocates believe this number is significantly underestimated since many families are 'doubled up' with relatives and friends or living temporarily in hotels or in their cars. The county has only 58 units set aside for homeless families including shelter and transitional housing.[10] The typical waiting list for families requiring shelter is 130 at the Light House Shelter alone.

Homeless Youth

The county public school system uses the definition of homeless youth contained in the McKinney-Vento Homeless Children Education Assistance Act (McKinney-Vento Act). It defines homeless youth as those who "lack a fixed, regular, and adequate nighttime residence including motels, hotels, trailer parks, or camping grounds, cars, parks, emergency or transitional shelters, waiting for foster care placement or who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings." The primary responsibility of schools is to enroll and educate homeless children and youth in accordance with the McKinney-Vento Act, which neither authorizes nor requires schools to make judgments about the validity of why a student is not living with a parent or guardian. According to the HMIS system, Anne Arundel County Public Schools had 925 homeless students in 2014.

Table 10

Numbers of Homeless Served in Anne Arundel County 2013-2014		
	Total Served	**New Entries 2014**
Total Homeless Served	2,078	
Total Veterans	105	
Male	1,120	
Female	958	
Emergency Shelter		
Total People	805	605
Number of Families	128	108
Transitional Housing		
Total People	152	77
Number of Families	39	20
Anne Arundel County Public Schools (Not included in numbers above)		
Active homeless students	925	
Unaccompanied Youth	350	

HMIS System for Anne Arundel County, 2015.

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[10] Anne Arundel County Department of Social Services, 2015.

Unaccompanied Homeless Youth

A separate category of homeless youth are those who are unaccompanied by supervising adults. The Anne Arundel County Public School System estimated that there were 293 students in this cohort during March 2015 (Table 11). Many of these young people have left home due to severe family dysfunction, including abuse and neglect. Some are immigrants, and others have aged out of the juvenile services or foster care systems. The most significant barrier to this group's educational success is the daily struggle to manage basic needs while enduring the extreme physical and emotional stress of homelessness. [11] Behavioral health issues and trauma are found disproportionately among this population. They have poor attendance rates and are at high risk for dropping out of school.

Needs and Gaps in Services

Unavailability of Affordable Housing

Anne Arundel County needs more affordable housing, especially private rentals. Inclusionary zoning has been successful in some areas of the country. This involves passing county ordinances that mandate a given share of new construction to be affordable by people with low to moderate incomes. The mix of affordable housing and market-rate housing in the same neighborhood may be a tool to alleviate poverty, desegregate neighborhoods in terms of household income, and revitalize neighborhoods. However, such ordinances require agreement from the government and the business community.

Mental Health and Substance Abuse Services for the Homeless

Mental health and substance abuse issues are rampant among the homeless population. National figures show that on a given night in 2012, nearly 40 percent of the homeless population had serious mental illness or conditions related to chronic substance abuse. [12] County homeless advocates participating in this needs assessment placed that number at more like 60 percent based on their own experience. According to needs assessment participants, trauma is a huge issue for the homeless, especially among homeless veterans and unaccompanied youth. The greatest needs are for crisis beds to stabilize the population, residential substance abuse treatment and in-patient mental health care.

Table 11

AACPS Unaccompanied Youth Numbers by School Feeder, 2015	
School Feeder	**Number of Youth**
Annapolis	79
Arundel	21
Broadneck	17
Chesapeake	5
Glen Burnie	50
Meade	47
Northeast	6
North County	25
Old Mill	21
Severna Park	6
Southern	6
South River	10
TOTAL	**293**

Anne Arundel County Public Schools 2015.

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[11] Nell Bernstein and Lisa K.Foster, "*Voices from the Street: A Survey of Homeless Youth by their Peers,*" California Research Bureau, March, 2008.
[12] National Alliance for Homelessness, 2015.

Long-Term Supportive Housing for the Homeless, including those who are Mentally Ill

Affordable permanent housing is hard to find in the county, especially for the homeless, who may have bad credit, an arrest record, and behavioral health issues. Participants stressed the need for more supportive housing for those homeless men and women who are trying to manage serious mental health issues. Currently, there are few options for this subgroup, and more access to transitional housing with subsidized rents for individuals and families struggling to get back on their feet after a period of instability is desperately needed.

Specialized Services for Unaccompanied Homeless Youth

Currently, there are no programs for the homeless unaccompanied youth population in the county. Host family housing has been successful with this population in other states. Group homes that also build independent living skills could be especially helpful.

Summary

Although Anne Arundel County Community Development Services is working to expand affordable housing in the county with programs that promote homeownership, such as a foreclosure prevention program, homebuyer counseling and mortgage assistance, housing continues to be one of the most hotly discussed issues in Anne Arundel County. The cost of home ownership, high rents, and zoning laws that do not encourage multi-family housing have combined to aggravate the unfulfilled demand for housing for many county residents. Focus group participants emphasized that these issues have worsened since 2012 across all age groups. More than 5,000 people have gone through its classes, and 4,000 have used its foreclosure prevention program, but that has not been adequate to solve the housing crisis nor prevent it from growing.

While official figures show the county homeless population shrinking, focus group participants noted the inaccuracy of homeless counts, especially those related to homeless families. Most homeless individuals and families remain in need of an array of supportive services that includes case management, assistance in paying for security deposits or first month rent, mental health care, alcohol and drug abuse treatment, educational and employment programs, childcare, transportation services, medical services, and food. Focus group participants stressed that providing housing, alone, will not solve the issues related to homelessness. As one participant said, "housing is a big issue but personally I'm never sure that housing solves much. It is important for people to have a place but it is so much bigger than that as far as what they need."

There is some positive news. Many county residents volunteer to serve the homeless in a myriad of ways. The Light House Shelter has 2,700 active volunteers. The 100k Homes Project, now known as Access Housing, is successfully identifying and helping the chronically homeless. Non-federal dollars from funders such as United Way of Central Maryland are targeted for the county population of homeless families and young adults. Finally, homeless advocates, service providers, the faith community, county agencies and the private sector work together on the county's homeless partnership to share information and deliver a host of programs, including annual Homeless Resource Day.
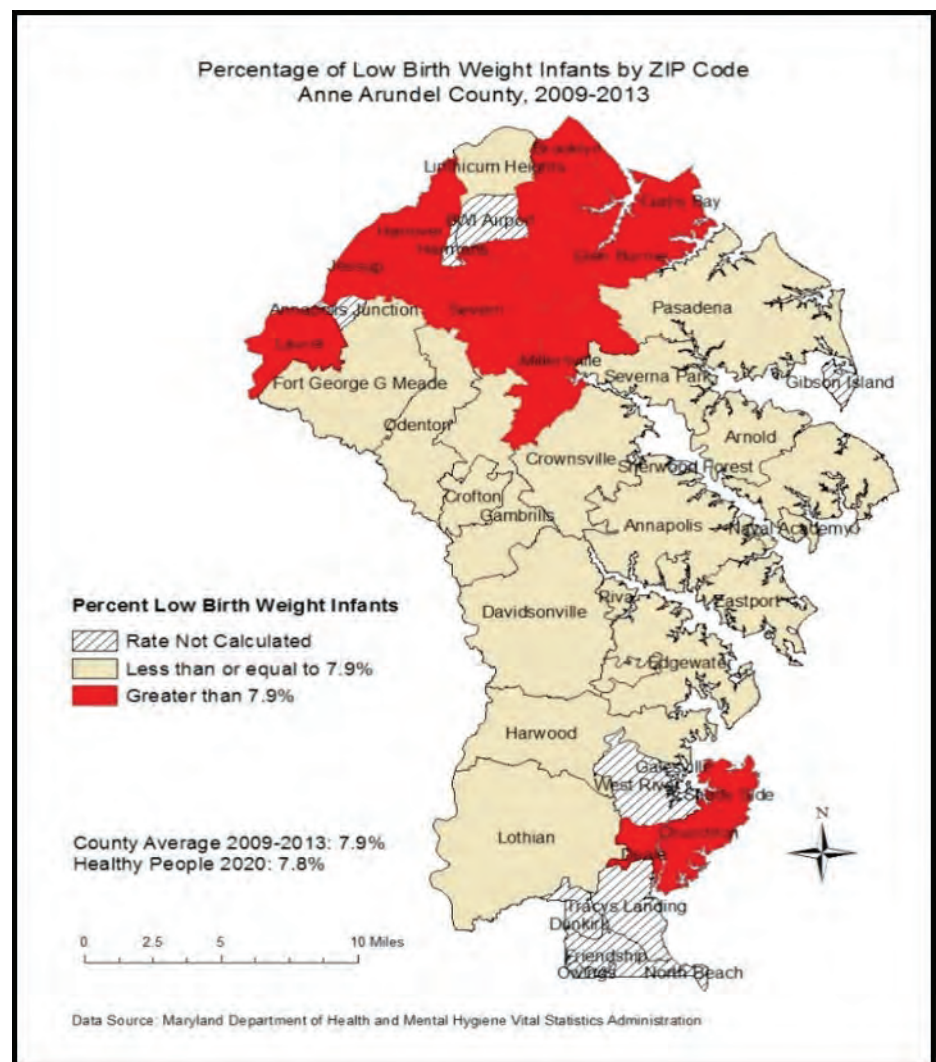
Every child deserves the opportunity for successful emotional, social, physical and academic development. Unfortunately, the playing field for children is not flat. Some struggle with issues related to poverty, others have special needs, while still others live in unhealthy and unsafe environments.

There are almost 127,000 children under the age of 18 living in Anne Arundel County. Of those, 28 percent (35,451) are under five years of age, 21 percent (25,569) are considered low-income and eight percent, or nearly 10,000 children, are living below the federal poverty level.[1] In 2013, 14 percent of these children received public assistance.[2]

Early Childhood

Disparities exist for children beginning at birth. Low-income women who suffer from chronic psychosocial stress are at increased risk of having a lowbirth weight baby defined as less than 5.5 pounds.[3] Low birth weight infants run a greater risk of developing health issues, hyperactivity disorders and developmental issues, especially those related to school achievement. In Anne Arundel County, the percentage of low birth weight babies – about 7.9 percent – is less than the state or national average, but there are several ZIP Codes in the Northern and Southeastern parts of the county where the percentage of low birth weight infants is much higher (Figure 9).

Figure 9

Percentage of Low Birth Weight Infants by ZIP Code
Anne Arundel County, 2009-2013

Percent Low Birth Weight Infants
Rate Not Calculated
Less than or equal to 7.9%
Greater than 7.9%

County Average 2009-2013: 7.9%
Healthy People 2020: 7.8%

Data Source: Maryland Department of Health and Mental Hygiene Vital Statistics Administration

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[1] The Annie E. Casey Foundation, "*Poverty*," Baltimore, Kids Count Data Center, 2015.

[2] U.S. Census Bureau, Children Characteristics, 2009-2013, *American Community Survey* 5-Year Estimates.

[3] A.E. Borders et al: "*Chronic Stress and Low Birth Weight Neonates in a Low-Income Population of Women*," Obstetrics & Gynecology, Vol. 109, Feb. 2007, 331-38.

School Readiness

The first five years of a child's life can be the most predictive in terms of future success and achievement. Early experiences provide the basis for the brain's organizational development and functioning throughout life. They impact how children develop learning skills as well as social and emotional abilities. Children learn more quickly during their early years than at any other time in life. Babies and young children grow, learn and develop when they receive love and affection, encouragement and stimulation, as well as nutritious meals and good health care.[4] Physical, emotional and social needs must be met in order for every child to be fully ready for kindergarten.

Until 2015, Anne Arundel County Public Schools used the Maryland Model for School Readiness Assessment as an early measure of child development and social and emotional readiness for kindergarten. Using that measure, from 2007-2014 Anne Arundel County's readiness figures increased from 69 percent to 86 percent, although the lowest scoring students were the low-income (78 percent) and English Language Learners (72 percent). [5]

In 2015, a new kindergarten readiness tool was introduced: Ready4Kindergarten (R4K). The tool includes an Early Learning Assessment that measures the progress of learning in young children (36 months to school age) and the Kindergarten Readiness Assessment (KRA). Since the two tests are entirely different, the readiness scores for 2015 cannot be compared to prior years. According to 2015 R4K data, only 43 percent of Anne Arundel County's children entered kindergarten classrooms demonstrating the skills and behaviors needed to participate fully in the kindergarten curriculum (Figure 10). This was lower than the comparable figure for Maryland at 47 percent and for Baltimore City at 48 percent. When the data are disaggregated by disability status, English proficiency and lower income levels, the scores are much lower and the achievement gap is clearly visible. [6]

Figure 10

CHILD READINESS IN ANNE ARUNDEL COUNTY

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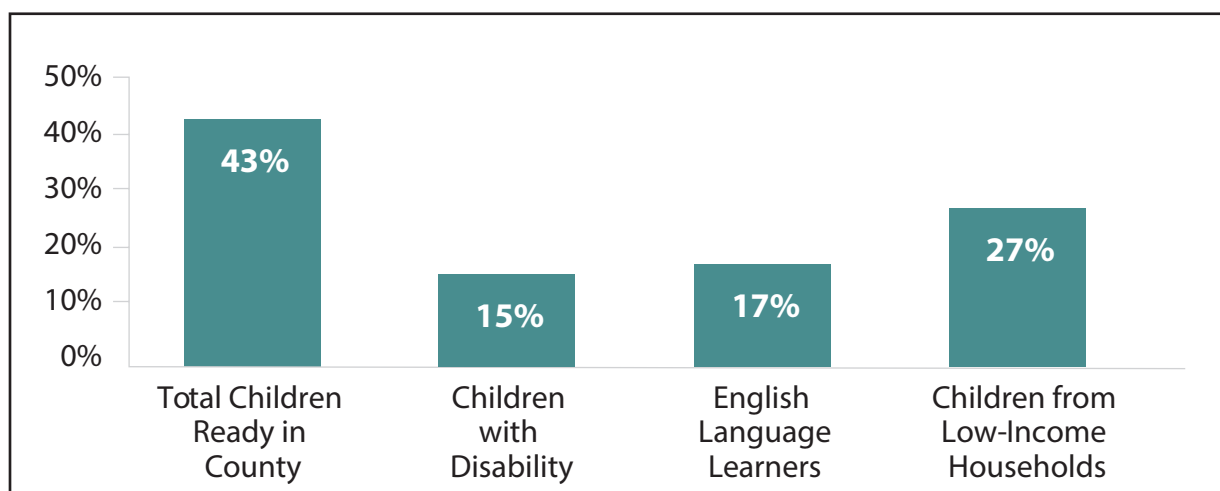
[4] The Annie E. Casey Foundation, "*Early Childhood*," Baltimore, Kids Count Data Center, 2015.

[5] Maryland State Department of Education, 2014.

[6] *Ibid*. 2015.

The K-12 years

The Anne Arundel County Public School System consists of 111 schools: 80 elementary, 19 middle and 12 high schools. The school system has seen an enrollment increase in the last three years from 75,771 to 76,871 although there was a slight dip in the number of high school students (Table 12). Focus group participants suggest the increase reflects the higher than state average student achievement as well as middle class families' decreasing economic resources for private education.

Table 12

ANNE ARUNDEL COUNTY PUBIC SCHOOL POPULATION				
Type of School	Number in County	September 2012	September 2013	September 2014
Elementary (PreK - 5)	80	37,470	38,161	38,172
Middle (Grades 6 - 8)	19	16,209	16,400	16,720
High School (Grades 9 - 12)	12	22,092	21,876	21,979
TOTAL	111	75,771	76,437	76,871

Anne Arundel County Public Schools, 2015.

Academic Achievement

In aggregate, public school students in Anne Arundel County score higher than the State of Maryland as measured by Maryland School Assessment (MSA) at all grade levels, as shown in Table 13. When county achievement data are disaggregated by income level, however, the results clearly illustrate the achievement gap.

Table 13

READING, MATH AND SCIENCE MSA SCORES (PERCENT OF TOTAL STUDENTS BY GRADE) ANNE ARUNDEL COUNTY AND MARYLAND AVERAGE, 2014						
Grade Level	**Average Proficient and Advanced in Reading**		**Average Proficient and Advanced in Math**		**Average Proficient and Advanced in Science**	
	AAC	Maryland	AAC	Maryland	AAC	Maryland
3	85.8	77.2	86.1	74.2	-	-
4	91.5	86.3	90.3	80.6	-	-
5	92.9	72.8	85	72.8	76.4	64.2
6	86.4	67.8	70.5	67.8	-	-
7	82	63.1	63.7	63.1	-	-
8	60.5	58.7	60.5	58.7	79.1	69.4

Maryland Report Card, 2015.

Eighty percent of the children living in low-income households are FARMS students – those receiving Free and Reduced Meals in Schools. Table 14 shows the number and percentage of public school students who are eligible for this program by grade level. Looking below the aggregate data in 12 elementary schools, the FARMS population is at least 70 percent. Seven middle schools have FARMS populations of at least 50 percent, and four high schools' FARMS percentages exceed 40 percent. Maryland School Assessment (MSA) scores in 2014 among the eighth grade FARMS students and all eighth graders in reading, math, and science, as an example, were 24 points behind in reading (85 vs. 61), 34 points behind in math (71 vs. 37), and 26 points behind in science (87 vs. 61).[7]

Other academic disparities exist based on race and ethnic backgrounds, although the numbers are improving slowly. Nearly 50 percent of black students took at least one Advanced Placement course in the 2013-14 school year as compared to 68 percent of their white counterparts. Sixteen percent of black students were suspended in the 2013-14 school year, compared to just five percent of their white peers.[8]

Truancy

Students are considered habitually truant if they are absent for 20 percent or more of the days during the school year. Research shows that truancy is linked to dropping out of school early, lower salaries, higher unemployment rates, drug use and criminal activity. One study showed that over 90 percent of youth in juvenile detention have a history of truancy.[9] According to the Maryland Report Card, significant truancy in Anne Arundel County has been an issue only at the high school level and at one middle school. As of this writing, there are no truancy programs available to target these students in Anne Arundel County.

Table 14

AACPS FARMS DATA, 2014-2015 SCHOOL YEAR		
	School Enrollment	FARMS Percentage
Elementary School Total	38,449	37.34%
Middle School Total	16,865	32.56%
High School Total	22,115	27.15%
Grand Total	77,429	

Anne Arundel County Public Schools, 2014-2015.

Table 15

Percent of Anne Arundel County Students Absent More Than 20 Days During the School Year				
	2011	2012	2013	2014
Elementary School	<5%	<5%	<5%	<5%
Middle School	9%	7.7%	8.8%	7.7%
High School[10]	14.3%	17.1%	16.2%	15.6%

Maryland Report Card, 2015.

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[7] Maryland Report Card, 2015.

[8] Anne Arundel County Public Schools, 2015.

[9] Colorado Foundation for Families and Children, *Youth Out of School: Linking Absence to Delinquency*, 2002.

[10] For example, in 2014, the truancy level at Glen Burnie High School was 24%, at Annapolis High 21%, at Meade High School 19%, at Arundel High 12%, and at Brooklyn Park Middle School 14%.

Graduation Rates

High school graduation rates are another measure of the overall effectiveness of a school system. The rate is measured by the percentage of students who receive diplomas four years after entering high school. Research has shown that students who do not graduate cost society more in crime, public health care costs and welfare expenditures. As graduation rates go up, these expenses go down.

A high school diploma is also a requirement for most jobs, and is a milestone for students proceeding to higher education. The General Education Development (GED) test is becoming less acceptable to employers and higher education institutions as its alignment with common core standards continues to deviate.

Among all school districts in Maryland, high school graduation rates range from 56 percent in Baltimore City to 94 percent in Carroll County. Anne Arundel County's rate in 2014 was almost 88 percent, a two percent improvement over the 2013 rate. Eight of the county's 12 high schools have graduation rates of 90 percent and higher, led by Arundel High School at 95.3 percent. While there are still graduation gaps due to race and income (Figure 11), they are continuing to shrink. In 2013 and 2014, black and Hispanic students showed a 1.9 percent and 3.2 percent improvement in graduation rates, respectively.

Figure 11

AACPS GRADUATION RATES 2010-2014
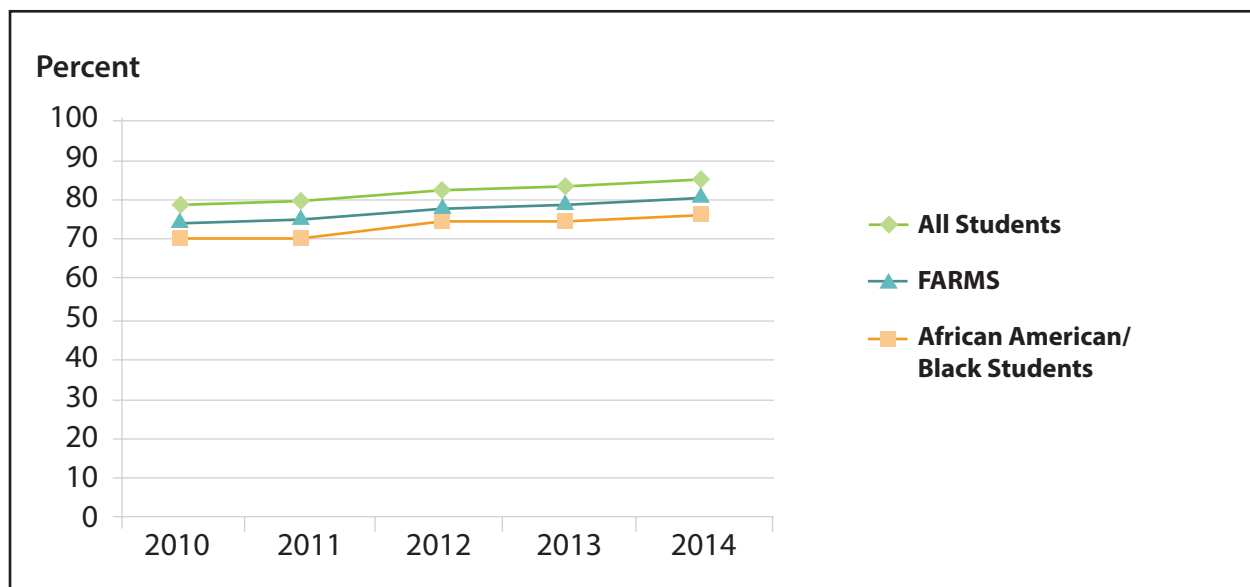
Maryland Report Card, Anne Arundel County, 2014.

Disconnected Youth

According to the Annie E. Casey Foundation's 2015 Kids Count report, 1.3 million (7 percent) U.S. teens ages 16 to 19 and 4.9 million (16 percent) young adults ages 18 and 24 are neither in school nor employed. The comparable numbers for Maryland are 24,000 teens (8 percent) and 77,000 young adults (14 percent). These data are not available at the county level.[11]

These "disconnected youth" are in danger of becoming chronically under or unemployed as adults and failing to gain the 21st century technical skills employers require. Many are high school dropouts who live in poverty, often with a single parent, and have few working adults around them. About 20 percent, or 1.4 million of these youth nationally have children of their own, perpetuating an intergenerational cycle of poverty. They are also in competition with older workers for increasingly scarce entry-level jobs. According to the Department of Labor (2013) there were 26,688 youth aged 17 to 21 in the Anne Arundel County labor force, of which about 4,500 (17 percent) were unemployed. Anne Arundel County Workforce Development is developing programs for this cohort of unemployed youth but their barriers are many and difficult to solve.

Economic Opportunity and Youth

Regional statistics from the 2013 U.S. Census Community Survey reported the unemployment rates for Anne Arundel County youth ages 16 to 19 at 25 percent, and at just above 13 percent for those ages 20 to 24. While the number of entry level positions is growing, focus group participants noted that many young people, regardless of their socio-economic backgrounds, often lack the soft skills necessary to hold a job even when they are well educated and well-trained technically, they lack basic communication and relationship building skills. As one employer remarked;

> "We need to teach them how to show up to work on time, how to dress, have a good email address. They're not just lacking employable skills but how to communicate…We have people who've cycled through job after job because they can't get along with other people."

In response to the growth of technology jobs in the county, the Anne Arundel County Public School system has created a Center for Applied Technology in both the Northern and Southern ends of the county. However, many low-income youth have not attained the 2.5 grade point average required for admission into these programs. Nor are these students provided information about other opportunities. For example, there are major shortages of electricians, carpenters and plumbers, and there are vacancies in the maritime trade. Lack of awareness about these alternative career paths often leads young people to choose "retail" jobs because they better understand what these positions entail.

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[11] The Annie E. Casey Foundation. Baltimore: *"Unemployed Teenage age 16-19,"* Kids Count, 2015. Note: These data overlap for the 18 and 19 year olds and cannot be directly added, but those individuals who are 19 and older are clearly a much larger cohort. Given that Anne Arundel County's graduation rate is higher than that in Maryland as a whole, we can assume that the numbers of teens and young adults in this category is in the low thousands.

Finally, several focus group participants commented on the 'hidden' economic and employment market available to youth through the rise in drug trafficking throughout the county. Most youth in the local drug trade are hired initially at the 'runner' or 'distributor' level, and some hand out 'testers' of mixed drugs. Sometimes youth become users and distributors, which 'locks them in' to the trade and provides ready profit for the dealer. One transaction can pay anywhere between a hundred and a thousand dollars, although most entry-level youth are making far less. This street-level, hidden, illegal economy is increasing as the cost of many drugs decreases, especially heroin and heroin mixes, better known on the streets of Annapolis as 'ready'.

Youth and the Arts

According to the National Endowment for the Arts (2012), four longitudinal studies have shown that at-risk students who have access to the arts in or out of school also tend to have better academic results, better workforce opportunities, and more civic engagement. Focus group participants noted that the arts are also very useful for stress release, which is greatly needed by many of these individuals.

The Anne Arundel County Public School System offers arts programming through its magnet programs in the Performing and Visual Arts (PVA). PVA is available at Wiley H. Bates and Brooklyn Park Middle Schools, and at Annapolis and Broadneck High Schools. The middle schools each serve 435 students in grades 6-8 with a variety of different programs. Annapolis High School hosts dance, creative writing, theatre and visual arts, serving a total of 540 students, and Broadneck High School hosts all music programs, serving a total of 240 students.[12] Some low-income students are prevented from participating, however, because they lack transportation home at the end of the required extended day. Maryland Hall for the Creative Arts, the Chesapeake Arts Center, the Annapolis Children's Museum and the nonprofit Creating Communities all have after-school and summer arts programs. A few nonprofits have volunteers who provide transportation, but it is not typical and can be unreliable. Lack of public transportation is a significant barrier to accessing before and after school programs of any kind. As one arts provider noted, "even if their school is next door, they still have to find a way home."

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[12] Anne Arundel County Public Schools, 2014.

Needs and Gaps in Services

- **Mentoring programs** are high on needs assessment participants' list of priorities, especially for financial literacy and soft skills. In almost every focus group, participants commented on young employees' lack of social or 'soft skills.' One focus group participant suggested businesses should set up mentoring programs with seasoned workers so young people would 'know how to act' at work. Youth and adults suggested that there should be mentoring support for young people while they train for college or a career.

- **Learning and enrichment programs** should not end with the school bell. Out-of-school arts, recreation and sports programs are increasingly important as school curricula become more focused on academics and the common core. According to focus group participants, the provision of afterschool and summer activities is uneven across the county. Low-income children are least likely to access enrichment activities for a variety of reasons including parents working multiple jobs, lack of public transportation to their homes, and participation costs. And they are further disadvantaged by the absence of youth programs in their own neighborhoods. The young focus group participants asked for more "summer school and summer activity groups, field days and fun days," and pressed for youth community centers as alternatives to "hanging on the street." One focus group participant commented, "we need community centers in low-income communities…Some place where there are adults and always someone to watch them."

- **Needs assessments for special subgroups**. Several educators suggested an evaluation of specific groups of young people within the school system to ensure that their needs are being identified and met. These include military families, those with specific disabilities and undocumented immigrants.

- **Truancy programs** are scarce in the county. While truancy rates are uneven, there are some schools where the problem is very evident. Participants suggested targeting specific geographic areas with proven programs.

- **Vocational and career-focused training.** Many focus group participants criticized the lack of consistent, career-focused education programs at the high school level. Some schools emphasize a vocational technology option and others do not. Some schools have aggressive career counselors while others either offer no career guidance or do a poor job of publicizing its availability. Here is a typical comment from participants: "Career planning for 13 to 18 year-olds depends on the school they go to. They have different curricula for different students and different areas of the county."

- **Transportation access to job information and opportunities**. Because many parents of low-income children work long hours or do not have their own transportation, their children are not mobile after school. Participants expressed concern that the career assistance resources, while available, are hard to access due to a lack of transportation. Several participants suggested placing job center satellites that offer workshops and job training inside lower income neighborhoods. A constant refrain was that 'people are not aware of the jobs' or of the opportunities to learn on-the-job. One participant suggested a bus route from high schools that would allow students to get to Glen Burnie or Baltimore to look for and retain a job.

- **Need for parenting programs.** Focus group participants suggested that the availability of no or low-cost parenting groups would help address some of the behavioral issues observed within the early childhood programs. Although evidence-based parenting programs are available, many parents lack the ability to pay for them.

- **Need for greater flexibility among family support programs.** Focus group participants commented on the narrow scope of many government and nonprofit youth programs. As one noted, "It would be wonderful to have some funding available that allows us to work with families and support their basic needs. Families don't fit into neat boxes."

Summary

Successful youth development begins during early childhood. The first five years of life are the most important in terms of future social, emotional and academic development. It is in these years that gaps in achievement related to income, race, ethnicity and special needs begin. Participants commented overwhemingly on the importance of county leaders addressing the rapid increase in behavioral and mental health issues for this young age group. And as these youth enter their teen years and move towards young adulthood, career advice, job training and 'soft skills' are critically necessary to prepare them for continuing education and employment. While the county has an excellent public school system, the time spent before and after school are also important in terms of the future success of our youth.

Life expectancy in Anne Arundel County in 2013 rose to an average of 79.8 years from 75.9 years in 2009. [1] Cancer and heart disease remained the leading causes of death, and together they accounted for nearly 47 percent of all deaths (Figure 12). Smoking, high blood pressure, overweight and obesity, physical inactivity, poor diet and excess alcohol consumption are the principal risk factors contributing to these conditions.

Figure 12

LEADING CAUSES OF DEATH, ANNE ARUNDEL COUNTY, 2013
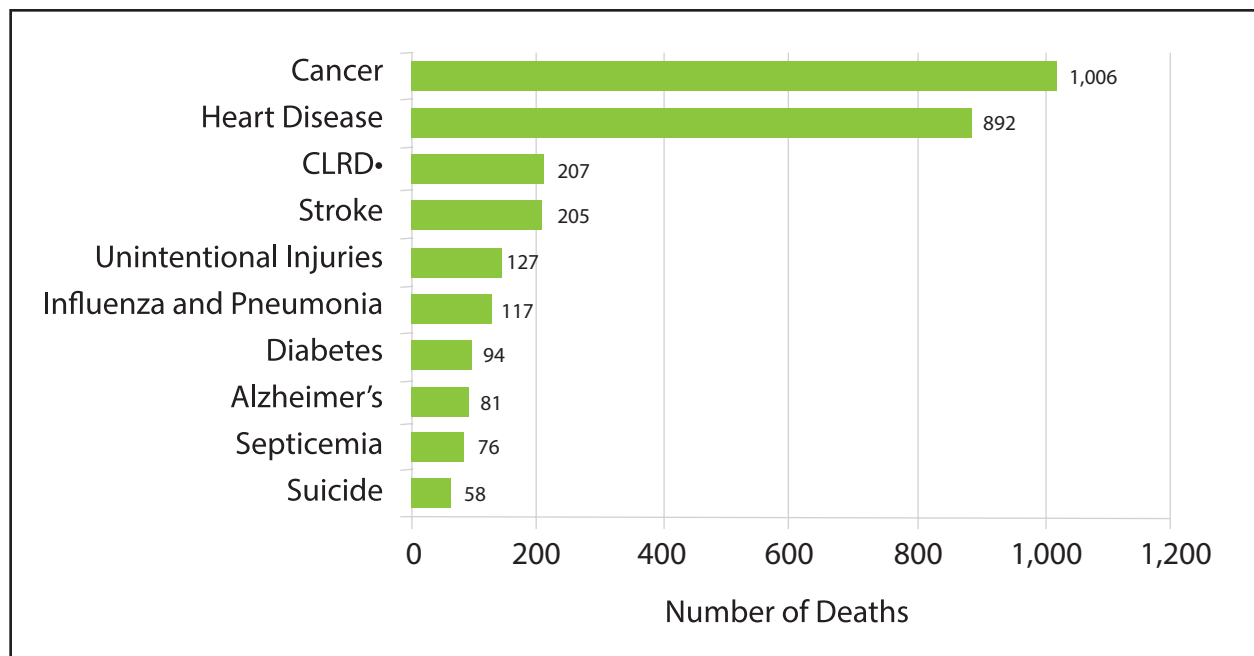
*Chronic lower respiratory diseases (CLRD) include both chronic obstructive pulmonary disease (COPD) and asthma.
Maryland Department of Health and Mental Hygiene, Maryland Vital Statistics, Annual Report 2013.

Access to Health Care

Historically, Anne Arundel County residents have had relatively good access to health insurance coverage through their place of employment, and most seniors over age 65 are covered by Medicare. Since 2010, after the passage of the Affordable Care Act (ACA), health insurance enrollment throughout Maryland increased substantially. Beginning in January 2014, all legal residents in Maryland less than 65 years of age and with incomes below 133 percent of the federal poverty level became eligible for Medicaid. Additionally, all legal residents in Maryland without access to affordable health coverage through their employer became eligible to enroll in health insurance through the Maryland Health Connection. As of February 2015, 21,677 Anne Arundel County residents had enrolled in Medicaid or health insurance through this program.

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[1] Data on 2009 are from the World Health Organization, World Life Expectancy, "*Maryland Life Expectancy*," 2009. Data on 2013 are from State of Maryland, Department of Health and Mental Hygiene, Maryland Vital Statistics, Annual Report 2013.

Prior to full implementation of the ACA in 2013, 92.1 percent of the civilian population in Anne Arundel County had health insurance, 82 percent of which was private coverage. Only 7.9 percent of the county's population and 3.5 percent of children under age 18 had no access to health insurance (41,149 and 4,438, respectively). More than half of those without health insurance in the county in 2013 were those who were unemployed or "not in the labor force," including retirees, discouraged workers, disconnected youth and others not seeking work. Table 16 shows the number of Anne Arundel County civilian residents without health insurance by employment status. The ACA's impact on the number of uninsured individuals can be seen in the number of residents enrolled in Maryland Medicaid. In 2010 there were 41,122 Medicaid recipients and by the middle of 2015 that number had increased to 72,024.[2]

Table 16

Anne Arundel County Civilian Residents without Health Insurance, by Employment Status, 2013			
CATEGORY	**TOTAL**	**WITHOUT HEALTH INSURANCE**	
		NUMBER	PERCENT
Employed	257,986	22,723	9%
Unemployed	18,896	6,666	35%
Not in Labor Force	56,118	6,894	12%

U.S. Census Bureau, *American Community Survey*, 2009 – 2013.

While most focus group participants commented on the benefits of the Affordable Care Act, several noted that the co-pays and deductibles for those with health insurance can be prohibitive, especially for those with mental health and substance abuse issues who may need to attend weekly appointments. Focus group health professionals noted that higher co-payments and deductibles are now leading some lower and middle-income ACA-insured individuals to consider dropping the program altogether.

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[2] Maryland Department of Health and Mental Hygiene, Maryland Medicaid eHealth Statistics, 2013.

Obesity

Members of Healthy Anne Arundel, a coalition of county health professionals, rate obesity as one of the top health issues in the county. Obesity is generally determined using weight and height to determine a body mass index (BMI) measure that equals 30 or above. "Overweight" is defined as having a BMI of 25 to 29.9. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, many of the leading causes of preventable death. Between 2011 and 2013, the percent of overweight adults 18 years and older in Anne Arundel County declined from 36.2 percent to 32.6 percent (Figure 13), but the obesity rates remained stable (Figure 14).
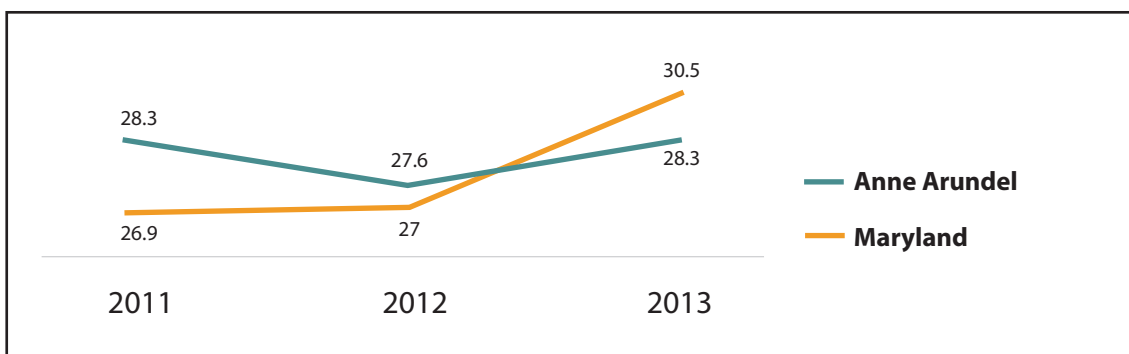
Figure 13

PERCENT OF OVERWEIGHT ADULTS (BODY MASS INDEX OF 25 TO 29.9)
18 YEARS AND OLDER, ANNE ARUNDEL COUNTY AND MARYLAND, 2011-2013
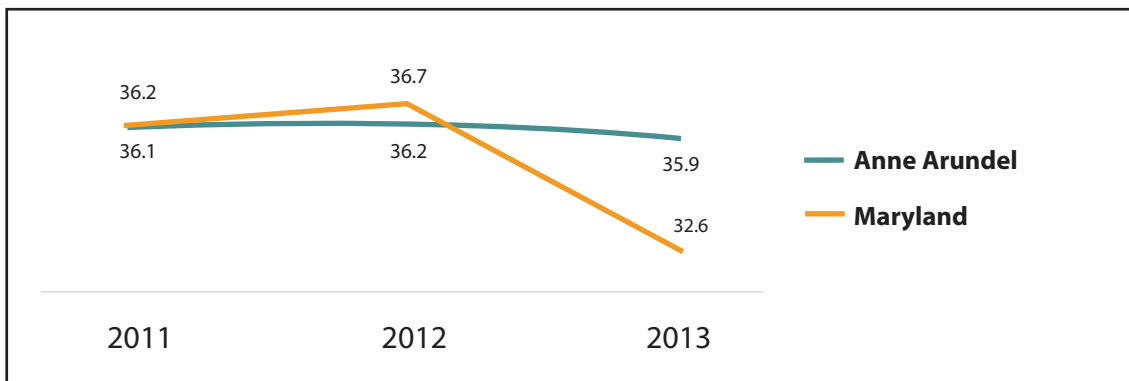
Anne Arundel County Department of Health, Report Card, 2015 (Maryland BRFSS).

Figure 14

PERCENT OF OBESE ADULTS (BODY MASS INDEX OF 30 OR MORE)
18 YEARS AND OLDER, 2011-2013

Anne Arundel County Department of Health, Report Card, 2015 (Maryland BRFSS).
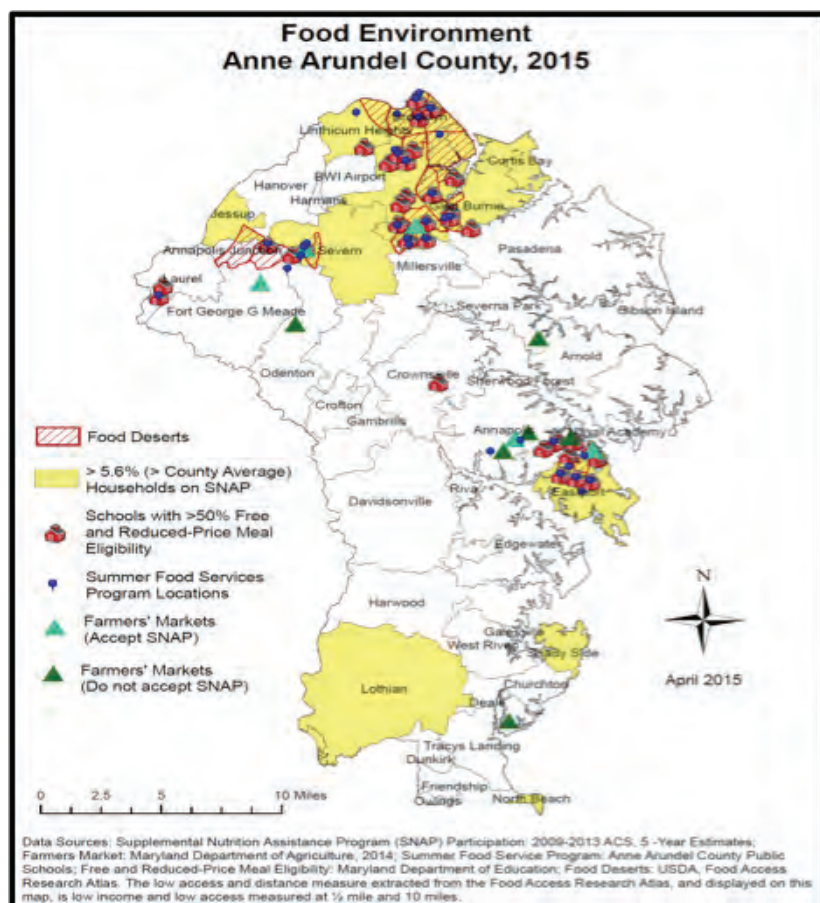
Many factors play a role in weight gain, including low income, lifestyle, environment, genetics and certain diseases. Lack of health insurance is another contributor, since many low-income overweight or obese patients lack the financial means to pay for regular medical check-ups or access to a free health care clinic. Even if they receive such care they may be unable to afford the medicines prescribed by clinic doctors.

Food Deserts

A key factor contributing to obesity and related diseases in low-income families is a lack of full-service grocery stores and farmers' markets in their neighborhood. This makes healthy food purchases more expensive and unable to compete, either in cost or availability, with unhealthy inexpensive, filling food from nearby convenience stores or fast food outlets. Approximately 69,000 of Anne Arundel County residents live in such areas, which are categorized as "food deserts" (Figure 15). Food deserts are defined as urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food. Many of the food issues are concentrated in North and South County.

Figure 15

Food Environment
Anne Arundel County, 2015

Data Sources: Supplemental Nutrition Assistance Program (SNAP) Participation: 2009-2013 ACS, 5 -Year Estimates; Farmers Market: Maryland Department of Agriculture, 2014; Summer Food Service Program: Anne Arundel County Public Schools; Free and Reduced-Price Meal Eligibility: Maryland Department of Education; Food Deserts: USDA, Food Access Research Atlas. The low access and distance measure extracted from the Food Access Research Atlas, and displayed on this map, is low income and low access measured at ½ mile and 10 miles.

"We have a problem with [type 2] diabetes but it seems as soon as things become sugar-free they are way more expensive. You can't choose to change your lifestyle because eating healthy comes with a price...when you don't have money you eat chicken and rice, ground beef, things that can go in the microwave, a lot of processed foods mainly - whatever is cheap and easy."

Lack of transportation is another barrier to healthy food. For example, since only 30 percent of residents at Meade Village public housing complex own a car, they are forced to shop at local convenience stores and fast food restaurants because the nearest grocery store is over a mile away. As one resident commented, "I have transportation once a month, which costs $30 -- $15 to Walmart and $15 back. It is too much money. The driving schools are really expensive. The bus stops don't even come into the communities." Health care providers urge patience when combating obesity, explaining that it is a multi-faceted issue with no short-term solution. As one public health official noted, "When you think about food, food quality, access to food, fitness, nutrition, education - all of the pieces that go into this - you are breaking cycles of drinking soda or lower cost unhealthy foods; that is very, very difficult to do. I would caution all of us to be patient because this stuff is not going to turn in a 3-year cycle."

Health and Hunger

Food insecurity is the most broadly used measure of food deprivation. The U.S. Department of Agriculture defines the existence of food insecurity as "when consistent access to adequate food is limited by a lack of money and other resources at times during the year." According to Feeding America, almost 10 percent (50,580) of Anne Arundel County's residents were food insecure in 2013, with more than 40 percent of these being children. Hungry children suffer from two to four times as many individual health problems as children who are adequately nourished. Health issues include unwanted weight loss, fatigue, headaches, irritability, inability to concentrate and frequent colds.

The Anne Arundel County Public School system recognizes that children who are hungry cannot succeed in school. In 2014, school system personnel served more than two million breakfasts, almost five million lunches, 90,000 dinners and 85,000 plus summer meals, for a grand total of more than eight million meals to their students. These programs are supplemented at the household level through federal programs such as SNAP (formerly food stamps), and a variety of nonprofit and church-supported food banks such as Food Link and the Maryland Food Bank.

Mental Health

The Demand and Supply of Mental Health Services

Almost every focus group participant commented on the rise in mental health and substance abuse issues among county residents. These perceptions are substantiated by the 11 percent recorded increase in the number of residents seeking mental health services in 2014 – almost double the increase from 2012 to 2013 (Table 17). The 2014 number is 145 percent greater than the comparable number in 2002. [3]

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[3] Anne Arundel County Mental Health Agency, "*Report Card of Community Health Indicators*," March 2002.

Table 17

Number of People Served by a Mental Health Service in Anne Arundel County					
	2012	2013	Percent Change ('12-'13)	2014	Percent Change ('13-'14)
Early Child (0-5)	392	394	0.5%	473	20.1%
Child (6-12)	1,821	1,880	3.2%	2,152	14.5%
Adolescent (13-17)	1,388	1,476	6.3%	1,617	9.6%
Transitional (18-21)	586	584	-0.3%	610	4.5%
Adult (22 to 64)	5,351	5,762	7.7%	6,396	11%
Elderly (65 and over)	59	70	18.6%	73	4.3%
TOTAL	9,597	10,166	5.9%	11,321	11.4%

Anne Arundel County Mental Health Agency, 2015.

This increase appears to be a function of both supply and demand. On the demand side, focus group participants attributed the higher levels of stress that families are encountering since the Great Recession, as well as the broader coverage for mental health services provided through the Affordable Care Act (Table 18). County mental health officials report a decrease of 20 percent in the number of uninsured mental health patients served and a decrease of 25 percent in expenditures for the uninsured.

Table 18

Insurance Status of Anne Arundel County Residents Receiving Mental Health Care Services, FY 2012 -2014					
	Persons Served				
	FY 2012	FY 2013	Percent Change (2012 - 2013)	FY 2014	Percent Change (2013 - 2014)
Medicaid	8,883	9,463	6.1%	10,687	12.9%
Medicaid State Funded	1,238	1,446	14.4%	1,639	13.3%
Uninsured	768	780	1.5%	624	-20%
Total	9,597	10,166		11,321	11.4%

Anne Arundel County Mental Health Agency, 2015.

On the supply side, the two main hospitals in the county, University of Maryland Baltimore Washington Medical Center (UM-BWMC) in Glen Burnie and Anne Arundel Medical Center (AAMC) in Annapolis, have both placed higher priority on increasing their capacity to provide mental health services. As of November 2015, UM-BWMC had the only inpatient mental health unit in Anne Arundel County with 14 beds. Although roughly 75 people are admitted monthly to UM-BWMC for mental health services, an additional 65 patients are typically transferred to hospitals outside the county. Others remain in the emergency department until a mental health bed becomes available.[4]

AAMC recently announced its plan to submit a request to the state for a Certificate of Need to open a mental health inpatient unit for between 16 and 20 beds. Federal Medicaid restrictions limit reimbursement for community hospitals with more than 16 inpatient mental health beds, which may limit the size of the unit or require AAMC to seek a waiver from the Centers for Medicare and Medicaid Services. In 2015, AAMC opened an outpatient mental health unit. Plans are underway to open a mental health day program that will provide six to eight hours of care daily to patients who are stable enough to remain living at home. This unit will be able to serve 12 adults and 12 children at any one time. UM-BWMC already has such a "day" program.[5] Arundel Lodge in Annapolis is another private, nonprofit facility providing a wide range of mental health services in the county. The long-term viability of these facilities will depend upon the insurance companies' payment policies for mental health services. Those without any health insurance coverage will continue to be dependent upon philanthropy to the institutions providing such care.

Mental Health and Behavioral Issues in Early Childhood

Focus group participants particularly noted a major increase in behavioral and mental health issues among the county's 0 to 5 population across all socioeconomic groups. Early childhood specialists commented that young children seem "less able to calm themselves" or socialize, and exhibit a much greater degree of stress and frustration than older cohorts. The 0 to 5 age group is also experiencing the highest increase in the use of mental health services among all age groups – 20 percent in one year (Table 17). Early childhood advocates suggest that the increased use of technology, both by parents and young children, may be contributing to this rise in the demand for mental health services. They recommend that for children in this age group "all use of technology should cease one hour before bedtime." Also contributing are the longer working hours of parents, the increased stress that parents project, and the decline in the use of family-based childcare for those who are three or younger. Some parents are working two and sometimes three minimum wage jobs to make ends meet, as one focus group participant explained:

"Parents are not using family providers like they used to. They have a notion that center care is less expensive. I strongly recommend family childcare for 0-3. It's a family situation with less stress…People believe the older children need academics at centers so it's more convenient for them to have the infant at the same center."

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[4] Ben Weathers, "*Proposed Psych Ward at AAMC Would More Than Double Inpatient Beds in County,*" *The Capital,* November 8, 2015.

[5] *Ibid.*

Mental Health and Youth

As shown in Table 17, between 2013 and 2014 there was a 14.5 percent increase in mental health services for children ages 6 to 12 and a 9.6 percent increase for those ages 12 to 17. These numbers, reflecting greater stress, include the increasing rate of cyberbullying on social media. The most recent Maryland Youth Risk Behavior Survey (2013) found some disturbing results:

- 21.9 percent of Anne Arundel County students had been bullied on school property in the previous 12 months;
- 27.9 percent of students reported feeling so sad or hopeless almost every day for two weeks in a row they had stopped doing normal activities;
- 16.9 percent of students had seriously considered attempting suicide during the previous 12 months; and
- 13 percent of students had made a plan about how they would attempt suicide in the past 12 months.

Seven hundred out of AAMC's 2,800 emergency room mental health evaluations in fiscal year 2015 were adolescents under the age of 18. At BWMC, the comparable numbers were 461 out of 3,907 total visits. These numbers reflect the serious adolescent mental health needs throughout Anne Arundel County. [6]

Mental Health and the Criminal Justice System

Increasing numbers of mentally ill residents are entering the criminal justice system. In 2013, the Anne Arundel County Police Department received almost 490,000 calls for service. Many of those calls were from residents struggling with mental health issues and 1,946 of those calls resulted in an emergency mental health evaluation.[7] Too often, those in need of mental health care become incarcerated instead of getting the help they need. While the county has an excellent crisis response system that now works hand-in-hand with the police department, the lack of in-patient mental health facilities and residential beds has exacerbated the problem.

Substance Abuse

Opioid addiction is now a major public health crisis nationwide. More than 100 Americans die each day of opioid-related overdoses. Anne Arundel County health professionals acknowledge that opioid addiction is a serious issue locally. As one noted, "If you have someone on controlled medicines for more than six weeks then that is chronic pain management and you have to see them every month; you have to do specific documentation about their continued need and how they are doing."

The medical community in the county has begun tightening regulations and behaviors around opioid prescribing. This has made the trade in prescription opioids more expensive, and some addicts have turned to illegal heroin as a replacement. As a result, heroin has made a profound reappearance on the streets of Anne Arundel County. It can be as cheap as $10 per 'hit' and can be injected, snorted or smoked. And because it is entirely unregulated, heroin addicts cannot tell, in advance, whether a dosage is strong or weak or whether it has been mixed with other deadly drugs.

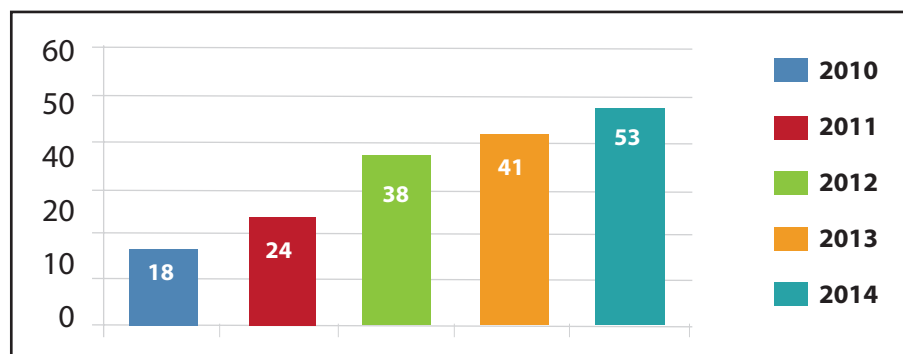[6] Anne Arundel County, Department of Health, 2015.
[7] Anne Arundel County, Criminal Justice Coordinating Council, 2014.

Consequently, there was almost a three-fold increase in the number of heroin-related deaths (from 18 to 53) between 2010 and 2014 (Figure 16). Since January 1, 2014, there have been 318 reported opioid overdoses, of which 249 were due to heroin. There were 49 fatal overdoses recorded by the county police, 26 of which were caused by heroin or mixtures of heroin and fentanyl, a prescription narcotic painkiller. Four deaths were the result of fentanyl alone, with 11 deaths occurring because of other opioid drugs. Thirty-four percent of the overdose victims counted by police were ages 18 to 24. The majority, 53 percent, were ages 25 to 44. The number of county residents visiting hospital emergency departments due to heroin related poisoning increased by 161 percent from 2010 to 2013, as shown in Figure 17.[8]

Figure 16

NUMBER OF HEROIN-RELATED INTOXIFICATION DEATHS IN ANNE ARUNDEL COUNTY BY YEAR 2010-2014

Anne Arundel County, Department of Health and Mental Hygiene, Behavioral Health Administration, 2014.

Figure 17

NUMBER OF HEROIN-RELATED EMERGENCY DEPARTMENT VISITS IN ANNE ARUNDEL COUNTY, 2009-2013

A survey of 9,000 patients at treatment centers around the country found that 90 percent of heroin users were white men and women. Most were relatively young, with an average age of 23, and 75 percent of users said they first became addicted with prescription opioids like OxyContin.[9]
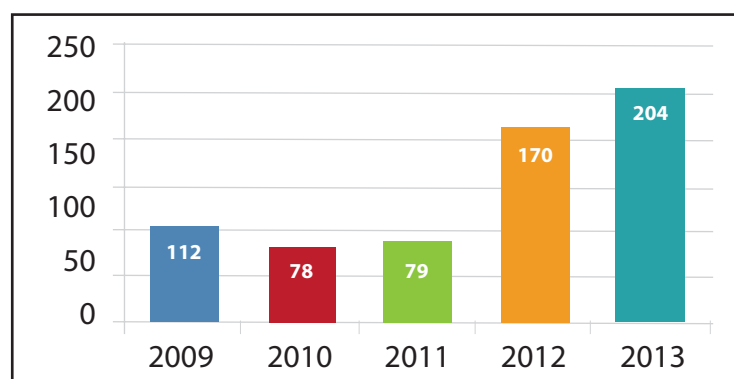
Anne Arundel County, Department of Health, Behavioral Health Administration, "*Substance Use and Overdoses in Anne Arundel County*," December 2014. Data are from the Maryland Health Care Review Commission from Outpatient Hospital Discharge Data.

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[8] Anne Arundel County, Department of Health and Mental Hygiene, Behavioral Health Administration, 2014.
[9] T.J. Cicero et al. "*The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years*," JAMA Psychiatry, published online on May 28, 2014.
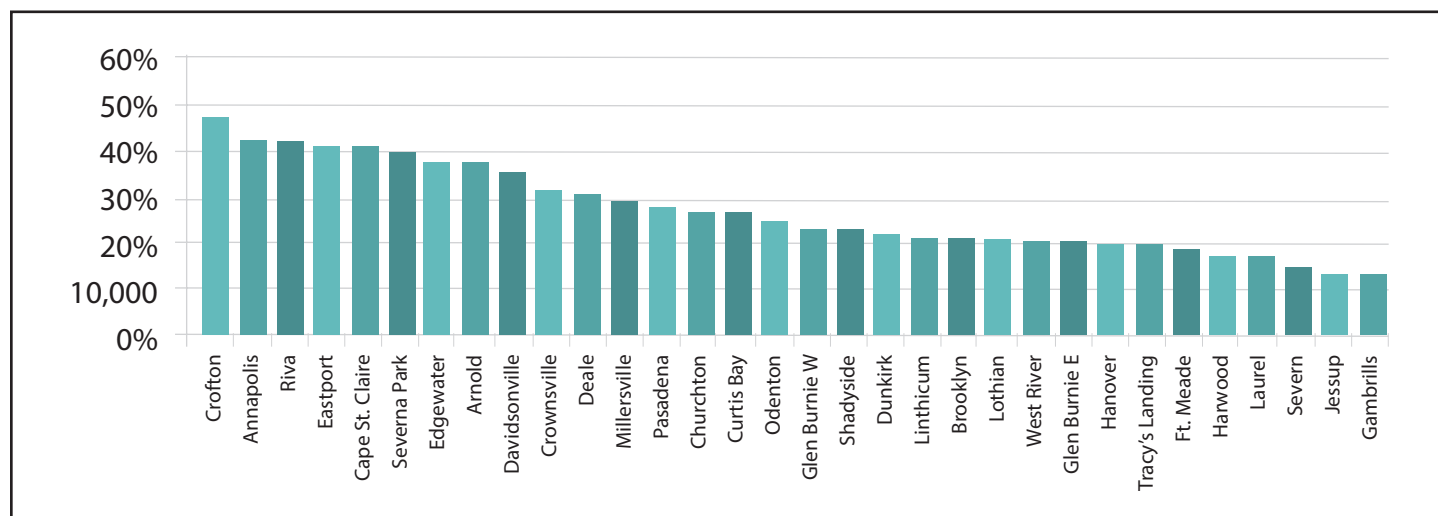
The Office of the County Executive has responded to the heroin crisis with the creation of a taskforce that includes all relevant county agencies and the public school system. The taskforce has developed an action plan that includes the education of residents and their children through targeted public awareness campaigns and community engagement, expanded treatment opportunities by investing in programs that break the cycle of addiction, and increased enforcement.[10]

Substance Abuse and Youth

Alcohol is more frequently used than tobacco and other illicit drugs among youth, and is responsible for more than 4,700 annual deaths, nationally. According to the Maryland Youth Behavioral Risk Survey (2013) over one quarter of Anne Arundel County youth admitted to alcohol use (Figure 18), with underage drinking occurring in all of the county's ZIP Codes. Crofton reported the highest use and Gambrills the lowest. The majority of youth who use alcohol reported that they got it from someone who gave it to them or that they gave someone money to buy it for them. Several surveys have shown that there is a community 'norm' around alcohol abuse in the county that results in some underage youth receiving alcohol from their parents.

Figure 18

PERCENTAGE OF ANNE ARUNDEL YOUTH AGES 12-20 REPORTING
ALCOHOL USE IN THE LAST 30 DAYS, BY ZIP CODE, 2013

Coalition for Safe Communities, Behavioral Risk Survey, 2013.

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10 Anne Arundel County, Office of the County Executive, "*Anne Arundel County Heroin Action Taskforce Report and Recommendations*," March 2, 2015.

The Coalition for Safe Communities risk survey also indicated marijuana is the second most popular drug for Anne Arundel County youth (Table 19). An average of 14 percent of surveyed youth reported past 30-day use of marijuana, two percent higher than those reporting tobacco use. The percentage varies by ZIP Code (Figure 19). The county average for marijuana use is slightly higher than for tobacco use, although tobacco has a slightly greater range of usage by ZIP Code. The impact of legalization of medical marijuana or small amounts of marijuana has contributed to young people's perception that marijuana use is acceptable and even healthy.

Table 19

Percentage of Anne Arundel County Youth Abusing Alcohol and Other Substances over a 30-day period in 2013, by type of Substance		
	Countywide Average	**County Ranges by ZIP Code**
Alcohol	27%	15%-48%
Tobacco	12%	0%-28%
Marijuana or Hashish	14%	0%-23%
Prescription Drugs	6%	0%-13%

Coalition for Safe Communities Risk Survey, 2013.

Figure 19

PERCENTAGE OF ANNE ARUNDEL COUNTY YOUTH AGES 12-20 REPORTING MARIJUANA USE IN THE PAST 30 DAYS BY ZIP CODE
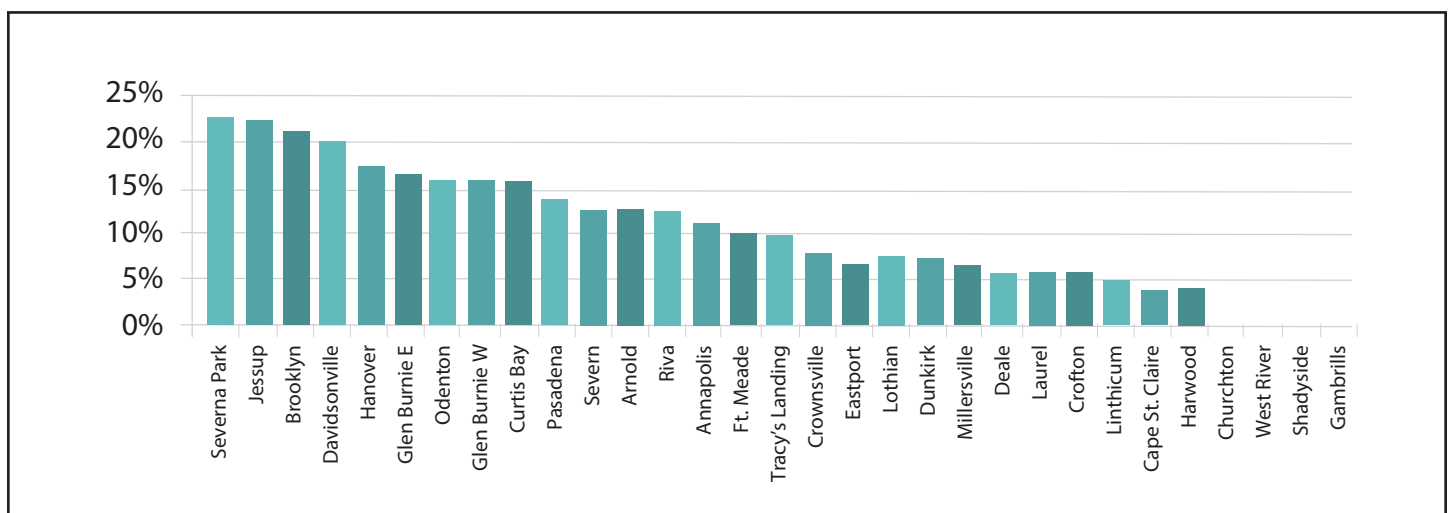
Coalition for Safe Communities Behavioral Risk Survey, 2013.

While tobacco, marijuana and alcohol are the top three substances being abused, when participating youth were asked about substance abuse in the county they emphasized that pills of every kind are readily available and often abused. Children overuse their own prescriptions of anti-anxiety or ADHD medications by taking too many or selling them to others. Many youth with a prescription pill addiction issue were originally prescribed painkillers after a sports injury. Given the link between opioid abuse and heroin addiction, these results are of great concern.

Needs and Gaps in Services

- **Lack of Public Transportation.** The lack of public transportation to get to medical care arose again and again among Focus Group participants. One of the reasons the emergency room at Anne Arundel Medical Center is popular for primary care is that it is on a bus route. Low-income residents are unable to access the county's mental health services in Annapolis and Glen Burnie due to public transportation gaps. Many of the treatment providers for substance abuse are in Glen Burnie and the Northern end of the county, even though police data indicate that the highest number of overdoses and heroin deaths occur in South County. [11] As noted earlier, there are no direct bus routes from Annapolis or South County to Glen Burnie.

- **Inadequate Mental Health Services for Youth and Special Needs Patients.** Focus group participants emphasized the growing mental health needs of youth, especially those who have suffered through trauma and poverty. Many participants identified a lack of resources for children with special needs. However, the county's Recreation and Parks department was commended for offering summer camps that cater to special needs children and scholarships for those children that are low-income.

- **Inadequate funding and services for Substance Abuse.** Substance abuse treatment services are still limited in the county. In-patient treatment is particularly lacking. Pathways, operated by Anne Arundel Medical Center, offers a variety of outpatient services and 40 in-patient beds, 32 for adults and eight for adolescents ages 13-17. But Medicaid will not pay for other than acute inpatient care for patients older than 17. Another substance abuse service provider has been discussing the development of a 120-bed longer-term facility at the Crownsville hospital site and renovations are already underway. Chrysalis House is still the only residential treatment facility that offers in-patient services to women and their children.

- **Limited Prevention Services.** Prevention services for substance abuse, including community education and outreach, are often the most hard to find. There are few dollars to fund the kinds of mass education and outreach services that might help prevent residents from starting down the path of opiate and heroin abuse. The county as a whole lacks adequate prevention programs for youth including youth activity centers, therapeutic recreation and mentoring programs.

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[11] Personal communication with the Anne Arundel County Police Department.

- **Shortages of Beds and Outpatient Treatment Centers.** There is a growing number of outpatient mental health providers in the county, and Anne Arundel Medical Center has recently opened an outpatient mental health clinic. Lack of private insurance for mental health services limits third-party reimbursements. School-based mental health services are available for students, though there are often waiting lists. The county lacks psychiatrists and specialty therapists who are trained in trauma, veterans' issues, and memory loss for seniors with dementia and Alzheimer's. There is only one Spanish-speaking psychiatrist in the county available to the Hispanic uninsured population and there are very few Spanish speaking mental health counselors. [12]

- **In-patient Beds** for those with mental health issues are inadequate in number, but expected to more than double in the next few years after the opening of the AAMC inpatient unit. The inpatient mental health beds currently available at the University of Maryland's Baltimore Washington Medical Center are not available to residents under 18. Arundel Lodge now has a children's mental health program and is expanding its inpatient services.

- **Behavioral Health Services for the 0-5 Population** are the largest single mental health need in the county, yet only one behavioral program exists for that population. BEST (Behavioral and Emotional Support and Training) is offered by Anne Arundel Community College's TEACH Institute and Parenting Center. Some of the behavioral issues found in the early childhood population could be addressed through parenting classes, which are available at the community college, but parents must have their own transportation to get there and they must be able to find the time. As one participant noted, "We need to educate parents, but when you have two jobs and four other children, getting to parenting class is low on the list – transportation affects everything we do. We run a lot of parenting groups, at least one per month, but if parents can't get to them...what's the point?" There are some in-home programs, but they are one-on-one and, therefore, expensive. The school system offers an excellent Infants and Toddlers program, but participants must have at least a 25 percent developmental delay to qualify for services.

- **Homeless Population's Needs.** Approximately one-third of the total homeless population includes individuals with serious, untreated mental illnesses.[13] The county lacks enough shelters and transitional housing for the homeless, so they often resort to living in tents in local woods, which makes treatment almost impossible. They sometimes appear in emergency rooms, requiring police intervention to stabilize the situation. A higher proportion of the homeless have legal issues, school attendance/suspension/expulsion issues and smoking addictions when compared with comparable statewide averages. [14]

- **Services Dispersed throughout the County.** A large number of participants stressed the increased need for services to be delivered at one central location instead of many locations throughout the county. Several suggested that the county adopt the model of community schools where a variety of social services can be offered at the school site. Many also commented on the lack of collaboration among agencies even though there are several partnerships related to mental health and substance abuse among the police department, criminal justice agencies, health, mental health and the public school system.

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[12] Anne Arundel County Mental Health Agency, 2013.
[13] Treatment Advocacy Center, 2015.
[14] Anne Arundel County Mental Health Agency, "*Annual Report*," 2015.

Summary

Health officials agreed that the main health issues reported in 2012 continue to exist -- diabetes, heart disease, obesity, mental health issues and addiction. The first three are often related to a poor diet and a lack of access to healthy food. Inadequate mental health issues are a serious and worsening problem for all age groups, especially among the very young. Of special concern are the lack of inpatient mental health beds, psychiatrists and other mental health personnel, and a broader range of outpatient behavioral services. The current opioid crisis overshadows other addiction issues. While the new county budget includes funds for a new substance abuse treatment center, community grant funding and a heroin enforcement intra-county task force, this crisis will need support from every sector of the community including residents, private businesses and philanthropy.
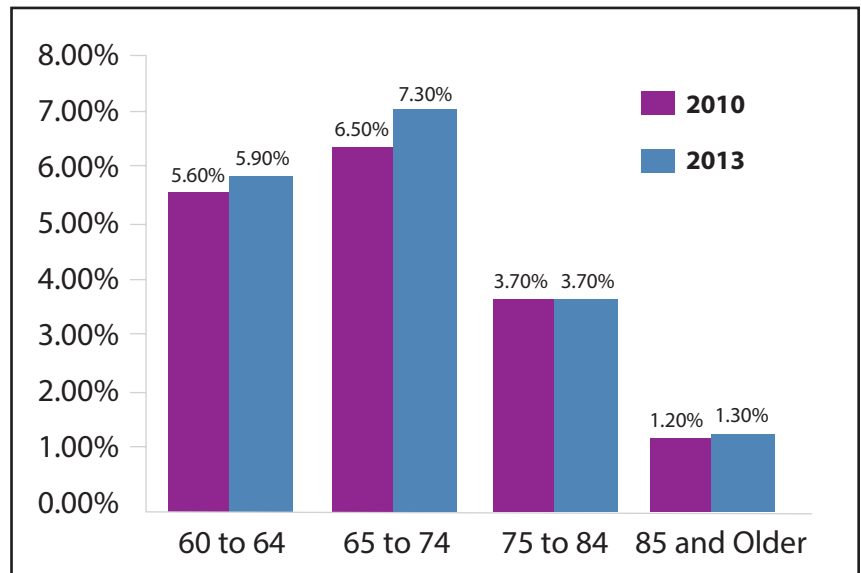
The Aging of America

Between the years 1946 and 1964, a surge of American births caused a demographic bulge that eventually reached over 78 million. The first wave of the 'baby boomer' generation is about to turn 70; 10,000 people turn 65 every day. By 2030 there will be 72 million seniors living in America. The 85 and over population is projected to increase from 5.9 million in 2012 to 14.1 million in 2040.[1]

In Maryland, 12.6 percent of the population is age 65 or older, and in Anne Arundel County, 12.3 percent. Including those who are 60 or over, this percentage increases to 18.2 percent, representing 99,086 people. The largest increase since 2010 is in the 65-74 age group. (Figure 20)

Figure 20

PERCENT OF SENIOR POPULATION IN ANNE ARUNDEL COUNTY, BY AGE, 2010 AND 2013

U.S. Census Bureau, *American Community Survey*, 2013 estimates.

In line with the rest of the nation, the projected trend for seniors in Anne Arundel County is one of rapid growth until 2030, when the trend line begins to dip (Figure 21). At that time, estimates show the senior population in Anne Arundel County will be about 140,000 people. In the next fifteen years, seniors will have an exponentially increasing impact on county services and supports.
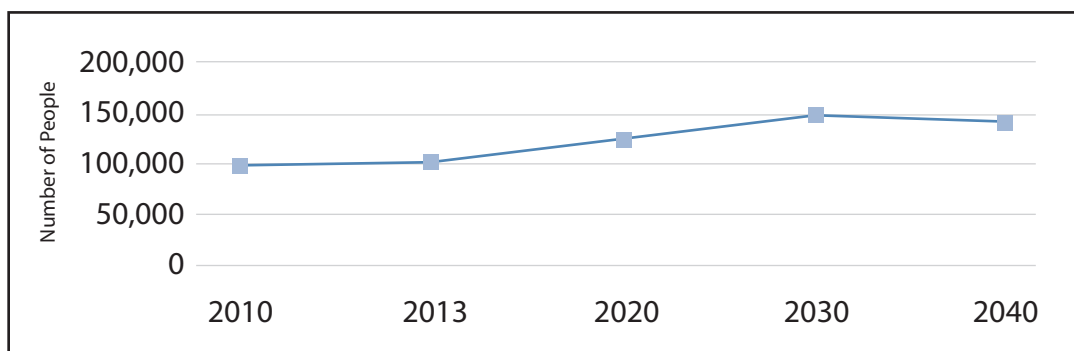
Figure 21

SENIOR CITIZEN ESTIMATED POPULATION PROJECTIONS TO 2040 FOR ANNE ARUNDEL COUNTY

Maryland Department of Aging, 2014.
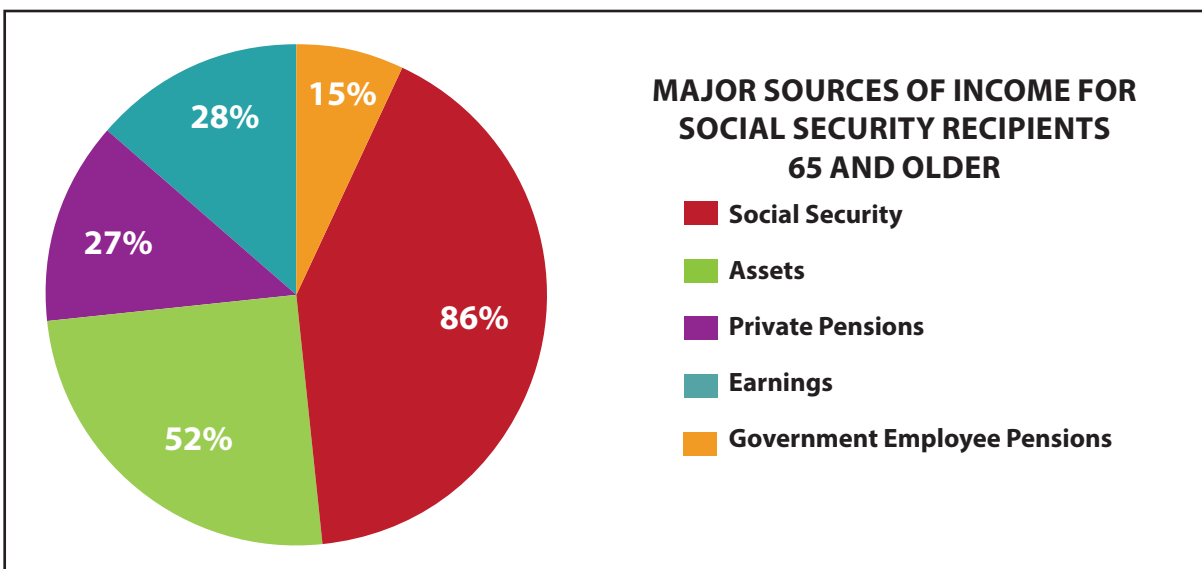
[1] U.S. Department of Health and Human Services, 2013.

"Seniors" is a broad term for a group that now spans almost four decades. Participants in the needs assessment focus group broke the aging population into three distinct age groups: 55-70 years of age, 70-85 years of age and 85 and older. Each group has very distinct needs emotionally, physically and psychologically, yet they get lumped together when services and funding are at stake.

The seven senior centers operated by Anne Arundel County Department of Aging and Disabilities were rated very highly by participants in this focus group. They offer a wide range of educational programs, recreational activities, health screenings, nutritious noontime meals and access to information and services for county residents age 55 and older. They also provide activities and socialization for this population as do county swimming pools and recreation centers. The nonprofit sector, represented well by Partners in Care, helps seniors remain independent and involved in the community through a host of volunteer-run programs. The two community hospitals are state-of-the-art facilities offering excellent medical care.

Economics

According to the U.S. Census Bureau's 2009-13 American Community Survey 5-Year Estimates (2013), the income of an Anne Arundel County Senior Citizen (age 65 or over) is $67,510, compared to the all-county average of $104,876. Slightly more than 11 percent of county seniors have an income that is less than 150 percent of the poverty level.[2] Nationally, the average social security benefit received by women 65 and older was $12,250 in 2012, as compared to $16,398 for men — a $3,878 disparity.[3] This gender gap in income is due to lower lifetime earnings, time taken off for caregiving and other societal issues. It definitely contributes to the greater poverty of many older women in their last few years of life.

Figure 22

MAJOR SOURCES OF INCOME FOR SOCIAL SECURITY RECIPIENTS 65 AND OLDER

- Social Security — 86%
- Assets — 52%
- Private Pensions — 27%
- Earnings — 28%
- Government Employee Pensions — 15%

U.S. Census Bureau, Current Population Survey, 2013.

[2] U.S. Census Bureau, *American Community Survey*, 2009 - 13. Five Year Estimates, 2013.
[3] Social Security Administration.

In 2013, the U.S. Census Bureau set the official poverty threshold at $11,173 for an individual age 65 or older (Figure 23). Using this measure, poverty rates among people ages 65 and older rise with age, are higher for women than men, higher for minorities than for whites, and are higher among people in relatively poor health than those in better health. [4] In Maryland approximately eight percent of the 65 and over population live below this threshold.

Figure 23

PERCENTAGE OF SENIORS IN THE UNITED STATES WITH INCOMES AT 100% AND 200% UNDER THE OFFICIAL POVERTY RATE, BY AGE, 2013
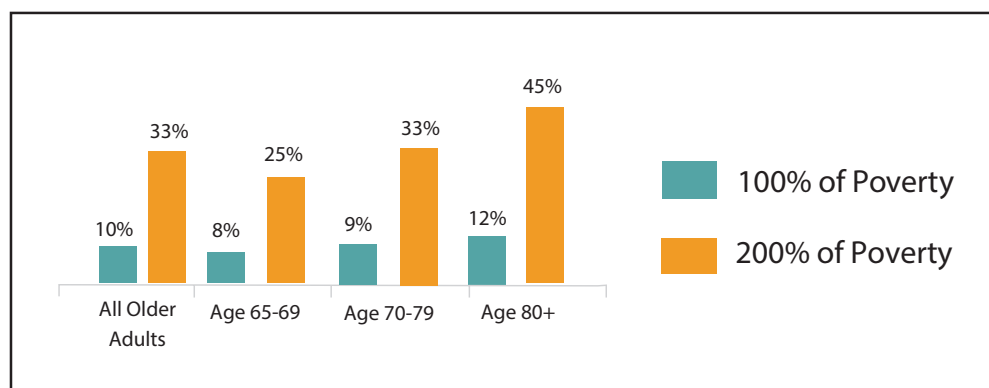
Kaiser Family Foundation, *Analysis of Current Population Survey*, 2014 Annual Social and Economic Supplement from Juliette Cubanski et al, "*Poverty Among Seniors: An Updated Analysis of National and State Level Poverty Rates Under the Official and Supplemental Poverty Measures*," Issue Brief. The Henry J. Kaiser Foundation June 10, 2015.

In 2014, 4,861 Anne Arundel County grandparents had primary responsibility for their grandchildren.[5] Participants noted this trend, adding that even great- grandparents are caring for their great-grandchildren. The current heroin epidemic, general increases in substance abuse, lack of income and the cost of childcare are all contributing factors. Some low-income seniors are accessing baby pantries to feed their grandchildren. "How can you do it on $690 per month?" one asked.

The high cost of medications, co-pays and home heating in the winter forces many fixed income seniors to make difficult budgetary decisions. Focus group participants noted some low income seniors would like to find employment but there are multiple barriers, including the age stigma and lack of transportation.

"So many [seniors] are living on a disability or small pension. We had abysmal weather [last winter]… fragile budgets were decimated."

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[4] K2 Kaiser Family Foundation, *Analysis of Current Population Survey*, 2014 Annual Social and Economic Supplement from Juliette Cubanski et al, "*Poverty Among Seniors: An Updated Analysis of National and State Level Poverty Rates Under the Official and Supplemental Poverty Measures*," Issue Brief. The Henry J. Kaiser Foundation June 10, 2015.

[5] The Annie E. Casey Foundation. "*Grandparents Caring for Grandchildren*". Baltimore: Kids Count Data Center, 2015.

Seniors and older adults suffered major financial losses during the economic downturn.[6] Many lost equity in their homes due to the housing crisis. Private retirement funds were often greatly reduced, and working seniors were among the most likely to have lost a job and have trouble finding a new one. When seniors struggle economically they are more likely to take Social Security benefits early, which decreases the value of their benefits over time. These years of financial losses may explain why Anne Arundel County seniors are now working longer. As one participant noted:

> "I am a working senior…a lot of seniors are still working. My observation is that many have adult children who have moved back into the house and need support."

Many seniors gave a home to adult children who lost income during the economic downturn. Conversely, according to participants, the high cost of living in our county has forced some seniors to move in with relatives, friends or with their adult children.

Health

The most widespread medical conditions affecting those 65 and older are coronary heart disease, stroke, cancer, pneumonia and the flu.[7] Accidents and falls are also common.

Health concerns noted by those who serve seniors in our county included falls, urinary tract infections, anxiety, dehydration, medication compliance, type 2 diabetes, obesity and lack of mobility caused by joint issues. Some of the medications prescribed to the aging population actually cause dizziness, which can lead to falls. Many seniors have issues getting to the bathroom, or they suffer from incontinence. Some seniors simply forget to take their pills, or the writing is too small on the bottle, or the side effects are unpleasant. Seniors often have more than one doctor for their different ailments. As a case manager pointed out, "I had a client with about 30 medications. She's diabetic, has COPD and congestive heart failure." There is rarely consultation among doctors, which can result in seniors taking medicines that are contra-indicated.

Aging makes admissions to hospitals more likely. In 2013, the 65 and over population accounted for 40 percent of county hospital admissions and 46 percent of readmissions, even though they represent less than 13 percent of the population.[8] The number increases to 55 percent for those referred to as 'high utilizing patients,' that is those who have been admitted three times or more in a year. These figures make appropriate discharge processes vital. Several focus group participants commented on the hospital discharge process as a place for improvement. Discharge may occur late at night or early in the morning. Seniors may or may not understand the discharge instructions. Many seniors return from the hospitals confused and unready to manage medications, nutrition, and fluid intake, increasing the possibility of hospital readmission. Often social workers and case managers are not informed that their client has been discharged from the hospital and are not included in the discharge plan.

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[6] Kevin Prindiville, "*Senior Poverty: Now You Know*," Talk Poverty.org, September 16, 2014.

[7] Aging Care, "*The Most Common Issues of Aging*," 2015.

[8] Anne Arundel County Department of Health, "*Hospital Admissions/Readmissions*," 2014.

As one participant noted:

> "Communication is a big issue. Sometimes we don't find out they've been to the hospital until they've already gone and come back again. What happened prior to admission? What medicine wasn't taken? Can they read their medications?"

Initiatives to offer increased assistance to seniors after discharge from the hospital are currently underway at both Anne Arundel Medical Center (AAMC) and University of Maryland Baltimore Washington Medical Center. UM-BWMC has plans to open a Transitional Care Center on its campus and AAMC now partners with a private transitional care company to offer follow-up services after hospital discharge.[9]

According to the Anne Arundel County Mental Health Agency, the number of county residents 65 and over seeking mental health services has increased 22 percent since 2012. The grief and loss seniors experience as they lose their peers and loved ones to illness and death often result in depression. Many become increasingly isolated as they lose their ability to drive and public transportation is the only alternative. As one service provider noted, "Depression and anxiety are rampant among seniors. They get bored and so lonely. Families have forsaken them or they don't have a support network."

Needs and Gaps in Services

Transportation was repeatedly cited as an issue for seniors. The Anne Arundel County Department of Aging and Disabilities provides rides to seniors age 55 and over to senior centers, nutrition sites, medical appointments and for other purposes. However, the hours are limited and reservations must be made. Seniors are limited to three rides each week to the senior centers. As one participant commented, "Buses start running early for dialysis and go to all seven senior centers but they get full. What happens if your appointment is at 4:30p.m.? Dialysis often doesn't let out until 6:00p.m." There is also a limited taxi voucher service for those seniors living at the extremities of the county. Medicare provides medical transportation only for those whose income qualifies them.

Affordable housing is another issue for seniors. The economic downturn damaged retirement income and some seniors were trapped into reverse mortgages. Many seniors rely on two Social Security incomes, and when a spouse dies they may not be able to maintain the home. Even those seniors who planned well and paid off their mortgage lost value in their homes when the housing market collapsed. They may have planned to sell the house and buy something smaller but cannot afford a new residence.

> "You have owned your nice home and it has been paid off for years and with the economy people aren't getting out of it what they thought. Maybe you get $300,000 out of the home you have lived in forever. You are now widowed - where do you go in Anne Arundel County for $300,000 that is a comfortable home?"

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[9] Christina Jedra, "*BWMC has plan for discharged patients,*" *The Capital*, November 20, 2015.

For low-income seniors, the housing problem is even more challenging. There are waiting lists for senior housing in the county and the costs for private rentals are increasingly prohibitive.

Home visiting for housebound seniors was cited several times as an emerging need. Such a service could address mental and physical health issues before they reach crisis proportions and require hospitalization. Many of the costs associated with admission and readmission to hospitals are caused by isolation and the absence of another caring adult. These costs will rise as the aging population continues to grow.

Lack of communication and collaboration among private and public agencies serving seniors was an area of major concern among professionals and those who receive services. The inability of agencies to share client or patient information, often prohibited by various regulations, causes untold confusion and drives up costs in both sectors. Agencies exist within their own silos of services and remain ill-informed about which other agencies may be involved with a specific senior client.

Summary

While there are major issues facing the aging population in the county, many seniors are leading active lives and living well into their eighties and nineties. Over the next ten years, the Anne Arundel County aging population will grow exponentially, creating a major financial impact on our agencies and services. Improved collaboration and communication will be necessary among county and state leaders and service providers to ensure that "aging in place" becomes a successful reality for all county seniors.

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Chapter 6

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About the Community Foundation of Anne Arundel County

In 1998 a group of community leaders gathered to consider how they might make a substantial and long-term difference in our community. Their vision was to create a Community Foundation, a permanent charitable foundation that would provide funds needed to create a better quality of life for all residents in Anne Arundel County for as long as the foundation exists. Under their leadership, the Community Foundation of Anne Arundel County (CFAAC) was born and is now one of more than 750 community foundations across the country. CFAAC is certified for operational and legal excellence and accountability with the National Standards for U.S. Community Foundations. CFAAC currently holds 90 funds and manages more than $7.1 million in assets.

CFAAC is a 501(c)3 nonprofit organization that seeks to elevate philanthropy in the county. We help donors meet their financial and philanthropic goals through donor advised funds while helping to build and sustain community through grant making. CFAAC is a significant contributor to philanthropic community leadership in the county by helping to harness the power of collective giving to address persistent community needs today and for generations to come. We partner with donors to maximize the impact of their philanthropic investments for the long-term and make it easy, effective and accessible to everyone.

community foundation
of anne arundel county
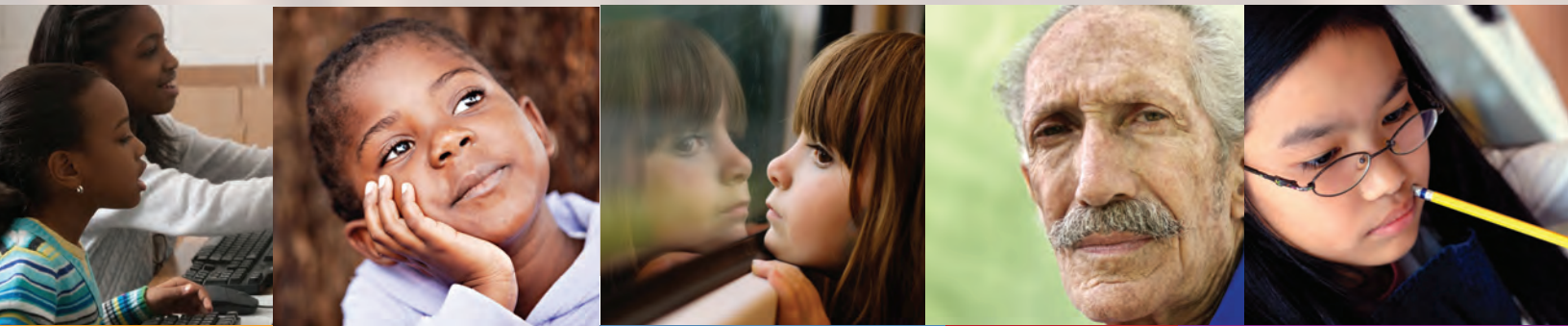
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