ANNE ARUNDEL COUNTY
LOCAL WORKFORCE
DEVELOPMENT BOARD

Camp Wabanna, Edgewater MD

Wednesday, April 17, 2019

8:30 am – 9:00 am Breakfast Light Fare/Networking

9:00 am – 11:00 am Board Retreat

AGENDA

I.	Welcome and Introductions	Walt Townshend
II.	County Executive Steuart Pittman "Workforce Vision for Anne Arundel County"	Steuart Pittman
III.	Welcome to Camp Wabanna	Grant Larsen
IV.	Presentation by South County Chamber of Commerce	Julia Howes
	Break	
V.	Local Board Meeting	Walt Townshend
	• Approval of Agenda and Minutes	
	• President & CEO Report	Kirkland Murray
	• Nomination of LWDB Officers from the Floor	Kirkland Murray
	• One Stop Operator Procurement	Walt Townshend
	• LWDB Survey Reports & Labor Market Data	Milena Kornyl
	Break	
VI.	Presentation: "Poverty Amidst Plenty"	Dr. Pam Brown
	LUNCH	
VII.	Presentation: "State of Workforce"	Alivia Metts, EMSI
VIII.	Activities & Work Session	Alivia Metts

Anne Arundel County
Local Workforce Development Board
Anne Arundel County Career Center
Patapsco River Training Room

January 31, 2019

MINUTES

Members Present

Burkowski, Rena
Dewling, Anita
Doheide, Grant
Emmel, Judith
Hall, Kathy
James, Andre
Kingston, Tim
Kremer, Deborah
Laffey, Christy
McGovern, Julie
Murray, Kirkland
Pfundstein, Thomas
Stewart, Michelle
Townshend, H. Walter, (Chair
Weaver, James
White, Carnitra

Members Absent

Armstead, Franchaun
Huesman, Tom
Oliver, Nicole
Shanklin, Bishop Abraham
Waldroff, Dale

AAWDC Staff

Kornyl, Milena
Krahl, Pam
Leonard, Bekki
Lynch, Louise
Morris, Aviance
Samantha Stallybrass
Speedy, Bonnie
Russell, Deborah
Wallace, Scott

Guests

Branham, Mary Ellen
DiGiacomo, Mike
Middleton, Kelly
O'Ferrall, Tim
Williams, Venus

Guests

England, Bruce, via phone	Stanfield, Martha
Fairfax, Kristy, via phone	Stewart, Gina
Kudchadkar, Raj	Carley Tolle

MEETING CALLED TO ORDER & INTRODUCTIONS

Mr. Townshend called the meeting to order at 9:00 am. Mr. Townshend introduced those in attendance via phone, all invited guests in attendance, partners in attendance, LWDB members in attendance, and all AAWDC Staff in attendance.

APPROVAL OF MINUTES

Mr. Townshend requested a motion to approve the Local Workforce Development Board (LWDB) meeting agenda for the January 31, 2019 meeting and the October 25, 2018 LWDB meeting minutes. Ms. McGovern made a motion to approve the January 31, 2019 LWDB meeting agenda and the October 25, 2018 LWDB meeting Minutes as written. Ms. Laffey seconded the motion and with no objection the January 31, 2019 meeting agenda and the October 25, 2018 meeting minutes were approved as written.

CHAIRS REMARKS

Mr. Townshend referenced the articles that were sent out to all board members prior to the board meeting, i.e. Hiring Those with Disabilities, "Lost Labor Now Found" from the Wall Street Journal, Labor Secretaries Article re: Minimum Wage from the Wall Street Journal, and Washington Post article re: "Facts on Living Wage & Minimum Wage".

THINK TANK PRESENATION

Ms. Klahr introduced Jaimie M. Francis, Director, Programs and Operations Center for Education and Workforce, U.S. Chamber of Commerce Foundation. Mr. Klahr discussed the various roundtables that have taken place with a focus on the HITCH Industries (Healthcare, Information Technology, Transportation, Construction, and Hospitality). Ms. Klahr briefly discussed what has been happening thus far with these industries.

Ms. Francis shared her background and her role in Talent Pipeline Management.

Ms. Francis gave a PowerPoint presentation on "Talent Pipeline Management, A Supply Chain Approach to Closing the Skills Gap" (TPM). Ms. Francis explained that TPM is a demand-driven, employer-led approach to closes the skills gap that builds supply chains of talent aligned to dynamic business needs. TPN is a workforce strategy for the current time that can meet the needs of an ever-changing business environment. Ms. Francis explained the progression of TPM starting with the development of a white paper that outlined the 5 challenges facing and economy competing with talent: 1. Stakeholder pain points (employers, educators, & learners), 2. Perennial challenge of employer engagement, 3. Growing demand for RIO from public and private stakeholders, 4. Increasingly dynamic labor markets and skill obsolescence, 5. Lack of

date interoperability between stakeholders. Ms. Francis explained that TPM is a system to move to a talent supply chain approach to an end so that employers can signal what their needs are for their employees. Ms. Francis indicated that a primary need is to focus data management and employer engagement to create a good talent pipeline. Ms. Francis discussed the end to end talent management process, forecasting demand for critical positions, and communication strategies for stating hiring needs. Ms. Francis shared TPM success stories and explained the structure and successes for with the U.S. Chamber of Commerce Foundation's Talent Pipeline Academy and explained how Academies can be formed via State Workforce Grants, creation of local Workforce Academies, or attendance at their tuition-based Academy in Washington DC (with limited number who can attend). Currently there are Academies in Michigan, Kentucky, and Tennessee. Ms. Francis discussed the process for organizing TPM academies, how to launch, the timeline, requirements and costs (for specific details see the PowerPoint presentation by Ms. Francis).

Mr. Murray asked the group what the next steps might be, i.e. have the LWDB decide to formalize the process or continue doing what we are doing with HITCH industries employer engagement, decide who will engage TPM (AACo Local Board, the Governors Workforce Development Board (GWDB), or Maryland Workforce Association (MWA). Mr. Murray recommended that the Business and Industry Committee review all options further and report back to the Local Workforce Development Board.

EXECUTIVE DIRECTOR REPORT

County Executive Transition:

Mr. Murray updated all regarding the County Executive's transition team and the month-long transition process for the new Administration and shared the County Executive's plan for Anne Arundel County. Mr. Murray explained that AAWDC will engage with the new Administration around targeted communities with a focus on the Asset Limited, Income Constrained, Employed (ALICE) population. Mr. Murray indicated that County Executive's Transition Team was in the process of completing their transition report. Mr. Murray shared that he and Mr. Townshend met recently with Empowered Communities Transition Team (Pete Smith, Chair) and Educated Communities Transition Team (Stacy Korbelak) at the Career Center to discuss what Anne Arundel Workforce Development's priorities are, what funding needs from the County will be for the coming fiscal years and gave the leaders an overview of the Local Workforce Development Board's priorities. Mr. Murray will submit the County Grant to the County Executive and request increased funding for AAWDC's Community Centers (Meade Village, Freetown, Stanton Center) to include future locations in Brooklyn Park, South County and AACo Libraries. Mr. Murray shared that he and Mr. Townshend will meet with the County Executive's Chief Administrative Officer, Mr., Ben Birge on February 7th to discuss AAWDC's Mission and how the Mission impacts outcomes through data driven metrics.

Mr. Murray shared that he will continue as a member of the County Executive's Cabinet on the Health and Human Services Core Group. Mr. Murray will meet with all new County Council

Members and Constituent Services to share what AAWDC does for Anne Arundel County and surrounding regions. Mr. Murray indicated that he and Louise Lynch will be working with the County Executive's Director of Boards and Commissions to add new members to the LWDB and review current term dates for members.

LWDB Survey:

Mr. Murray thanked all members who filled out the survey following the October 25th LWDB meeting and indicated that going forward survey's will be sent out quarterly. Mr. Murray briefly shared survey results regarding future meeting topics and additional data noted. The LWDB Survey results will be discussed in detail at the Board Retreat in April.

Fiscal Report:

Mr. Murray highlighted the WIOA Fiscal Report for FY19 Q2 Adult & Dislocated Workers, and FY19 Q2 Youth. Mr. Murray indicated that with the decrease in WIOA funds things need to be done differently going forward regarding partner resource sharing expenses.

Performance Report:

Mr. Murray discussed the "Christmas Tree" Report and referred all to the report in their packets. Mr. Murray reviewed Performance Indicators for Adult, Dislocated Workers, and Youth and discussed youth certifications and indicated that he is working with staff to improve Youth and Dislocated Workers certifications for both. Mr. Townshend shared that the Governance Committee reviews Performance Indicators data on a quarterly basis.

NEW BUSINESS

Update on the Anne Arundel County Local Workforce Plan:

Ms. Kornyl explained that the Local Plan needs to be updated to match the new County Administration's vision for the County and include updated labor market information, changes to reflect our new location, and the addition of libraries as a partner. The changes will also incorporate Benchmarks for Success, working poor to targeted populations (ALICE Population), new priority of service, Community Service Block Grant Function, and an updated policy development schedule.

Mr. Townshend requested a motion for the following votes: *1. The Anne Arundel County Local Workforce Development Board approves the updates to the 2016-2020 Local Workforce Development Plan for Anne Arundel County. 2. The Local Board directs the Governance Committee to review and further update the Local Workforce Development Plan to address any additional and substantive comments received following a public comment of now less than thirty days.* Mr. Kingston made a motion to approve both votes for number 1 and number 2 as listed, Ms. McGovern seconded the motion. With no objections both votes were approved as written.

Board Retreat in April:

Mr. Townshend indicated that a doodle poll was sent out recently listing possible dates for the Board Retreat to be held at Camp Wabanna in Edgewater MD. If a date is not established

additional dates will be sent out. Mr. Townshend shared that the County Executive and the Chief Administrative Officer will be invited to the Retreat to share their vision for the County.
Annual Report;
Mr. Murray referred all to the AAWDC FY18 Annual Report included in their packet. Mr. Murray thanked Ms. Leonard, Communications Coordinator, and Mr. Plaks, Graphic Designer for all their work on creating the report. The Annual Report shows the impact on Title I funds, Core Career Connect Grant (C3), Maryland Tech Connection Grant (MTC), and all other Grants.

LWDB COMMITTEE UPDATES

Mr. Murray thanked Carnitra White for agreeing to be he Chair person for the Targeted Populations Committee and thanked Deborah Kremer for agreeing to chair the Youth Sub-Committee.
Targeted Populations Committee:
Ms. White gave highlights of the Targeted Populations Committee meeting including the following: development of a Youth Sub-Committee, completion of a draft inventory list of what we provide now and what is needed, developed a partner list to look at any gaps in who needs to be served. Going forward the Committee will develop resources to address any gaps and then develop a plan. The Committee will be meeting bi-monthly.
Business & Industry Committee:
Ms. Hall thanked Ms. McGovern for her work with Healthcare and identifying key positions needed and how to develop talent. Ms. Hall indicated that the business and industry videos are now completed and will be released shortly.
Alignment Committee:
Andre James indicated that the Alignment Committee has been working on the Local Plan and will begin to work on the Resource Sharing Agreement and will discussed Benchmarks for Success presentation around barrier removal and what skills are needed for various industries. Mr. James, Mr. Murray and Mr. Lawrence met to review priorities for the One Stop Operator.
Governance Committee:
Mr. Townshend indicated that the Governance Committee reviewed all Performance Indicators as a standing review to assure the organization is operating properly and within performance requirements.

MEETING ADJOURNMENT

Mr. Townshend requested a motion to adjourn the meeting. Mr. Kingston made a motion to adjourn the meeting. Ms. Kremer seconded the motion. With no further discussion the meeting was adjourned at 11:10 AM.

Steuart Pittman

Steuart Pittman, Jr. was elected Anne Arundel County Executive after his first campaign for public office in 2018.

Born and raised on his family farm in Davidsonville, Steuart graduated from the University of Chicago and then went on to work as a community organizer in Chicago and Des Moines, Iowa. In that role, he built neighborhood organizations, confronted environmental hazards, and attracted private investment to blighted communities.

Once back home, Steuart coordinated national programs for National Low Income Housing Coalition and Association of Community Organizations for Reform Now (ACORN) before starting his own business as a farmer and horse trainer. He is best known in the horse industry for creating Retired Racehorse Project, an award-winning national nonprofit that is responsible for transitioning thousands of racehorses into second careers.

Steuart's philosophy of government is both conservative and progressive. As a farmer, he worked hard against onerous regulations that had no public benefit and promoted policies to make the industry commercially viable. As a Director of the Anne Arundel County Soil Conservation District, he pushed for compliance with erosion and sediment control standards to protect local waterways.

As County Executive, Steuart has pledged to make Anne Arundel County "The Best Place," by "Putting Communities First." His strategy is to engage communities from every sector and to practice transparency and data-driven policymaking.

Steuart Pittman
County Executive

Julia Howes

Executive Director, Southern Anne Arundel Chamber of Commerce

Julia Howes is an Executive Director who has worked with the community and businesses in Southern Anne Arundel County with the Chamber of Commerce for the past five years to build economy, bring tourists and to be involved citizens.

Julia believes that with a strong community, everything else will follow. If the citizens are living a lifestyle they enjoy in a safe and healthy community, everything else will develop including business and community organizations. While the Southern Anne Arundel Chamber has a small membership of just under 200, the needs of the business community are great. Julia holds a position on the Anne Arundel County Agritourism Commission. Julia is the Vice President of the Business and Community Advisory Board at Southern High School, where business professionals are encouraged. She is a member of Southern High Schools Signature Integrated Community Stakeholders Team, ICST where curricula, job shadowing, mentoring, co-curricular clubs, college courses and internships are crafted. Real world connections made through Signature Programs prepare high school students for college and career. She is currently enrolled in Leadership Anne Arundel with Flagship 2019.

Contact:
chamber@southcounty.org
Phone (410) 867-3129

Amy Q. Felix *ACS, CBC*

Director of Operations, Reilly Benefits, Inc.
President, Southern Anne Arundel Chamber of Commerce

Amy entered the employee benefits industry in 1994. She spent 16 years working for a national group life and disability insurance company, before deciding to join Reilly Benefits, where she manages client and customer services and overall operations.

Amy holds an Associate in Customer Service designation and she is also designated a Chartered Benefit Consultant. She specializes in administration and contract language, particularly in the areas of group life and disability benefits.

Amy has volunteered with the local High School Business Advisory Board, the County School Improvement Team, and the Chamber of Commerce.

Contact:
areilly@reillybenefits.com
Phone (410) 867-0261

Bio – Pam Brown

Dr. Pamela Brown is currently the Executive Director of the Anne Arundel County Partnership for Children, Youth and Families. Over the past 30 years she has held several leadership positions in the fields of education, social services and government including Vice President of Programs at a not-for-profit agency, Assistant District Administrator for Family Services in state government, and Chief-of-Staff for a board of City Commissioners. She completed her Ph.D. in Educational Leadership at Florida Atlantic University. Her dissertation focused on the importance of community partnerships in diverse neighborhoods to improve outcomes for children and families. She is certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 20 years.

CHRONOLOGICAL EMPLOYMENT HISTORY

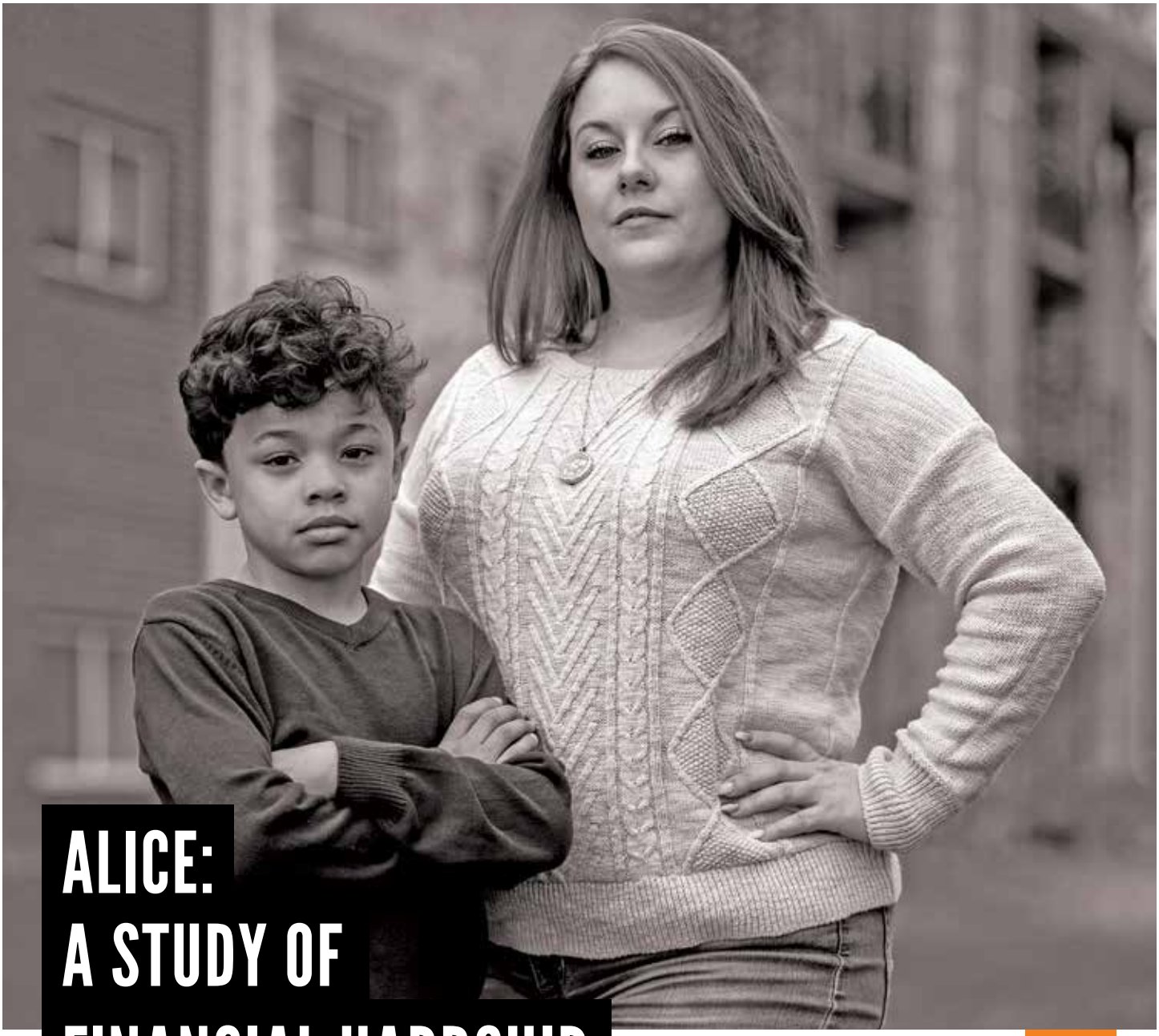
Executive Director, Anne Arundel County Partnership for Children, Youth and Families. Annapolis, MD, 2009 -
Executive Director, Leadership Anne Arundel, Annapolis, MD 2007 - 2008
Ernest O. Melby Fellow, Adjunct Professor, and Consultant. Florida Atlantic University, College of Education, Department of Educational Leadership, Boca Raton Campus. 2005 – 2007.
.**Chief-of-Staff,** City of Fort Lauderdale, FL**.** Coordinator of services for five City Commissioners of the fifth largest city in Florida with a population of approximately 170,000. 2000-2005
Vice President of Programs, Partners for Children and Families, Altoona, FL: A not-for-profit children' services agency serving a five county region with a staff of over 300. 1998-2000
Executive Staff and Child Welfare Director, Districts 3 & 13, Department of Children and Families, Florida: A fifteen county region of the state social services agency undergoing complete reconstruction and privatization of services. 1992-1998

Current and Past Board Membership

Board Member, Arundel Lodge Children's Committee, 2015-
Board Member, Seeds for Success, 2013-
President, State of Maryland Local Management Board Association, 2010 -
Board Member, AA County Core Services Agency, 2010 -
President, Chrysalis House Board of Directors 2011 – 2014
Board Member, AA County National Alliance for the Mentally Ill 2011-2014
Vice Chair, AA County Community Services Coalition, 2007-2009
Board of Directors AA County Homeless Partnership, 2013 -
Member, Fort Meade Alliance Education Committee, 2007 - 2009
Member, City of Annapolis Parks and Recreation Board, 2007 - *2010*
Chair, Broward County School Board Diversity Committee, FL. 2005-2007.
Chair, City of Fort Lauderdale Education Advisory Board, FL. 2004-2007.
Member, Dr. Martin Luther King Celebration Committee, City of Fort Lauderdale, FL. 2002-2004.

Alivia Metts, EMSI

Alivia Metts is an economist with 16 years of experience in helping communities thrive. Her insightful economic and demographic analyses guide decision makers in economic and workforce development as well as different planning elements. Alivia has been with EMSI since 2016 and has worked in both the public and private sectors. Most recently she served in the Idaho Department of Labor as the Regional Economist for the state's five most northern counties. There she focused on the special needs of communities and performed economic analysis across all industries for businesses, governments, economic development agencies, and workforce boards. She holds a bachelor of arts in Economics from the University of Michigan.



ALICE: A STUDY OF FINANCIAL HARDSHIP IN MARYLAND

LIVE UNITED

2018 REPORT

ALICE® is an acronym for Asset Limited, Income Constrained, Employed.

The United Way *ALICE Project* is a collaboration of United Ways in Connecticut, Florida, Hawai'i, Idaho, Indiana, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

United Way

THE UNITED WAYS OF MARYLAND

County United Way

United Fund of Talbot County

United Way of Calvert County

United Way of Caroline County

United Way of Cecil County

United Way of Central Maryland

United Way of Charles County

United Way of Frederick County

United Way of Kent County

United Way of Queen Anne's County

United Way of St. Mary's County

United Way of the Lower Eastern Shore

United Way of the National Capital Area

United Way of Washington County

Note: In addition to the corporate sponsorships, this report was made possible by the United Ways noted above in bold.

Learn more here: http://www.uwcm.org/main/alice/

NATIONAL ALICE ADVISORY COUNCIL

The following companies are major funders and supporters of the United Way *ALICE Project*.

Aetna Foundation ■ Alliant Energy ■ AT&T ■ Atlantic Health System ■ Deloitte ■ Entergy
Johnson & Johnson ■ KeyBank ■ Novartis Pharmaceuticals Corporation ■ OneMain Financial
RWJBarnabas Health ■ Thrivent Financial Foundation ■ Union Bank & Trust ■ UPS ■ U.S. Venture

UNITED WAY FIGHTS FOR ALICE

Dear Marylanders,

"The Free State." It's a slogan used to describe Maryland — a place where we are free to make choices that will improve our lives and neighborhoods. But our world is changing in unprecedented and unexpected ways. What if we were forced to make choices that had dire consequences for our families and communities?

Every day, an alarming *38 percent* of Maryland residents must make financial decisions, often with life-changing consequences — for them and for their communities. This group includes the **ALICE** population — an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed.

Each of us knows ALICE. Some of us have been ALICE. They are people who operate and maintain the foundation of our daily lives. ALICE is our daycare provider, the home health nurse that cares for our father, the attendant at our parking garage, the waiter at our favorite restaurant, the construction worker helping to remodel our bathroom.

When ALICE is at risk, we are *all* at risk.

Financially stressed, ALICE is forced to make risky choices, many of which carry long-term, life-changing implications: Will my seven-year-old be safe at home alone if I take the night job I need to pay the rent? Should we get auto insurance or buy school clothes for the kids? Do we pay the utility bill, so our power stays on, or get a critical prescription filled?

These difficult choices threaten their health, their safety, and their future — and that of our region. Our local economy is at risk when so many families are struggling to make ends meet. And the cost of these perilous decisions is one that none of us can afford.

In early 2017, we released the first United Way ALICE Report for Maryland, which revealed that 35 percent of our citizens struggled to afford the very basic necessities of life: food, transportation, housing, health care, child care, and taxes.

Unfortunately, the situation is not improving for ALICE and those experiencing poverty. Since the release of the first report, the number of those who can't afford a basic, monthly survival budget has jumped to 38 percent, far outpacing the rate of inflation nationwide. It is imperative to accelerate efforts to address the challenges faced by ALICE.

This report would not be possible without the generous support of OneMain Financial, our corporate sponsor, and those who contribute to the work of United Way organizations throughout the state. With their help, we are strengthening our fight for ALICE. Please join our fight.

United for ALICE,

Franklyn Baker, *President & CEO, United Way of Central Maryland*

Leadership of United Ways in Maryland

Rosie Allen-Herring
President & CEO
United Way of the National Capital Area
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Franklyn Baker
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Robin Spurdle
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THE UNITED WAY ALICE PROJECT

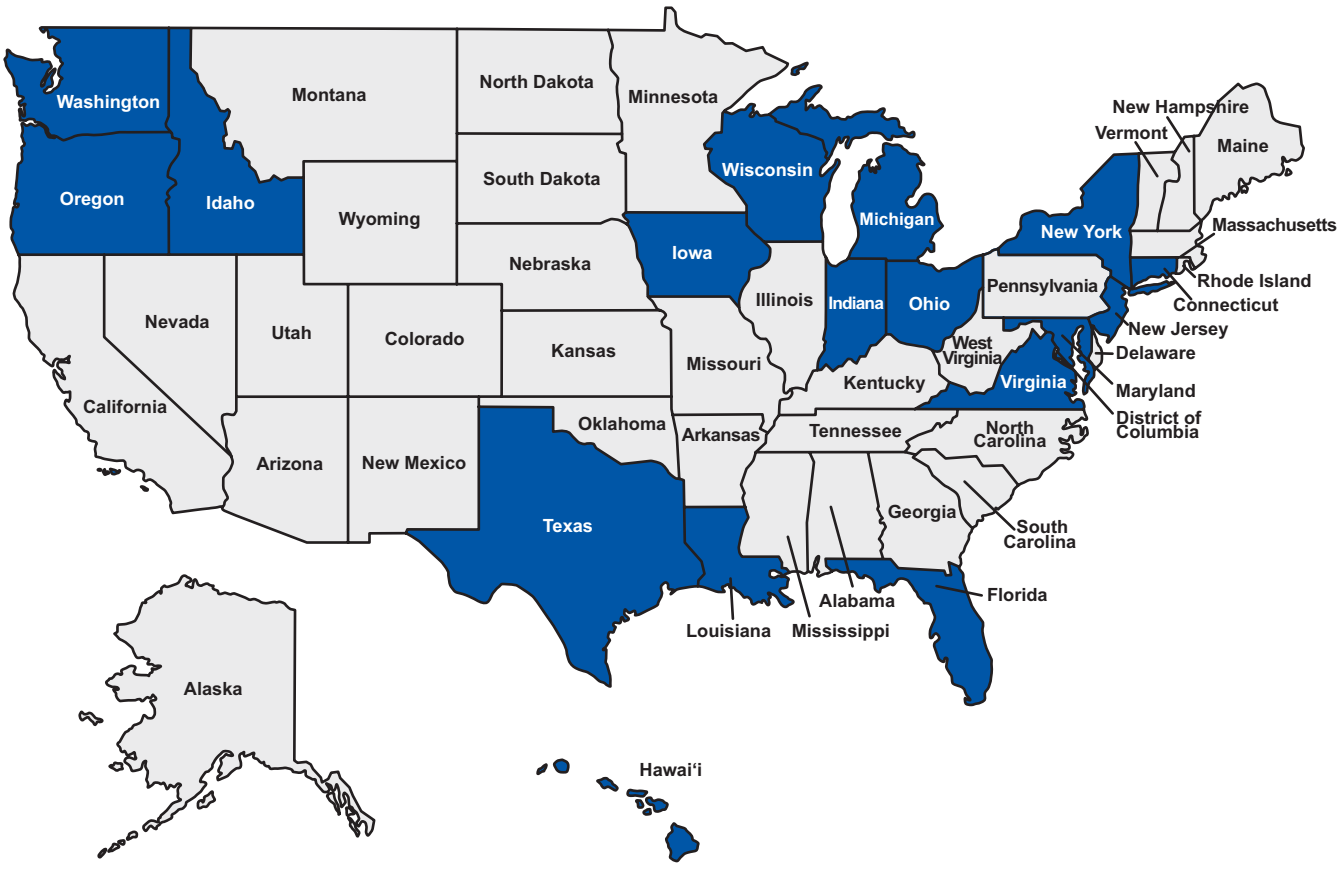
The United Way *ALICE Project* provides a framework, language, and tools to measure and understand the struggles of a population called **ALICE** — an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. ALICE is the growing number of households in our communities that do not earn enough to afford basic necessities. This research initiative partners with state United Way organizations to present data that can stimulate meaningful discussion, attract new partners, and ultimately inform strategies for positive change.

Based on the overwhelming success of this research in identifying and articulating the needs of this vulnerable population, the United Way *ALICE Project* has grown from a pilot in Morris County, New Jersey in 2009, to the entire state of New Jersey in 2012, and now to the national level with 18 states participating. The Maryland United Ways are proud to join the more than 540 United Ways in these states that are working to better understand ALICE's struggles. Organizations across the country are also using this data to address the challenges and needs of their employees, customers, and communities. The result is that ALICE is rapidly becoming part of the common vernacular, appearing in the media and in public forums discussing financial hardship in communities nationwide.

Together, United Ways, government agencies, nonprofits, and corporations have the opportunity to evaluate current initiatives and discover innovative approaches that give ALICE a voice, and create changes that improve life for ALICE and the wider community.

To access reports from all states, visit UnitedWayALICE.org

States With United Way ALICE Reports



THE ALICE RESEARCH TEAM

The United Way *ALICE Project* provides high-quality, research-based information to foster a better understanding of who is struggling in our communities. To produce the United Way ALICE Report for Maryland, a team of researchers collaborated with a Research Advisory Committee, composed of 16 representatives from across Maryland, who advised and contributed to the report. This collaborative model, practiced in each state, ensures each report presents unbiased data that is replicable, easily updated on a regular basis, and sensitive to local context. Working closely with United Ways, the United Way *ALICE Project* seeks to equip communities with information to create innovative solutions.

Lead Researcher

Stephanie Hoopes, Ph.D. is the lead researcher and director of the United Way *ALICE Project*. Dr. Hoopes began this effort with a pilot study of a more accurate way to measure financial hardship in Morris County, New Jersey in 2009. Since then, she has overseen its expansion into a broad-based, state-by-state research initiative now spanning 18 states across the country. Her research on the ALICE population has garnered both state and national media attention.

Before joining United Way full time in 2015, Dr. Hoopes taught at Rutgers University and Columbia University. Dr. Hoopes has a doctorate from the London School of Economics, a master's degree from the University of North Carolina at Chapel Hill, and a bachelor's degree from Wellesley College.

Dr. Hoopes is on the board of directors of the McGraw-Hill Federal Credit Union, and she received a resolution from the New Jersey General Assembly for her work on ALICE in 2016.

Research Support Team

Andrew Abrahamson

Madeline Leonard

Dan Treglia, Ph.D.

ALICE Research Advisory Committee for Maryland

Regina Aris, M.B.A.
Baltimore Metropolitan Council

Charles Betley, M.A.
The Hilltop Institute, University of Maryland Baltimore County

Susan Bradley, M.A.
State of Maryland Department of Health and Mental Hygiene Behavioral Health Administration

Robin C. Brungard, M.S.W.
End Hunger in Calvert County

Richard Clinch, Ph.D.
The Jacob France Institute, University of Baltimore

Sarah Guy, Ph.D., M.B.A.
Business, Economic, and Community Outreach Network, Salisbury University

James F. Kercheval
The Greater Hagerstown Committee, Inc.

Kathryn M. Leifheit, M.S.P.H.
Johns Hopkins University

Robin McKinney, M.S.W.
Creating Assets, Savings, and Hope Campaign of Maryland

John McMullen, M.A., Ph.D.
Frostburg State University

Benjamin Orr, M.P.A.
Maryland Center on Economic Policy

Letitia Logan Passarella, M.P.P.
University of Maryland

Amber Starn, M.P. H.
Charles County Department of Health

Dawn Thurman, M.S.W., Ph.D.
Morgan State University School of Social Work

Kasey Wiedrich, M.P.A.
Prosperity Now

Margaret Williams
Maryland Family Network

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EXECUTIVE SUMMARY

In Maryland, 825,433 households — 38 percent — could not afford basic needs such as housing, child care, food, transportation, health care, and technology in 2016.

This update of the United Way ALICE Report for Maryland provides the most comprehensive look at the population called **ALICE** — an acronym for **A**sset Limited, **I**ncome **C**onstrained, **E**mployed. ALICE households have incomes above the Federal Poverty Level (FPL) but struggle to afford basic household necessities.

The Report describes the cost of basic needs for each county in Maryland, as well as the number of households earning below this amount — the ALICE Threshold — and focuses on how households have fared since the Great Recession ended in 2010.

Despite overall improvement in employment and gains in median income, the economic recovery in Maryland has been uneven. Many ALICE households continue to face challenges from low wages, reduced work hours, depleted savings, and increasing costs. For the many households that earned just above the ALICE Threshold in the past, the increases in the cost of living have pushed them below the Threshold and into financial hardship. The total number of Maryland households that cannot afford basic needs increased 22 percent from 2010 to 2016.

This Report focuses on trends in Maryland that led to more families becoming unable to make ends meet. Key findings include:

- **Households continue to struggle:** Of Maryland's 2,192,996 households, 10 percent lived in poverty in 2016 and another 28 percent were ALICE. Combined, 38 percent (825,433 households) had income below the ALICE Threshold, an increase of 22 percent since 2010.

- **Basic cost of living still on the rise:** The cost of basic household expenses increased steadily in Maryland since 2010, reaching $69,672 for a family of four (two adults with one infant and one preschooler) and $26,052 for a single adult. These bare-minimum budgets are significantly higher than the 2016 Federal Poverty Level of $24,300 for a family and $11,880 for a single adult. The cost of the family budget increased by 27 percent from 2010 to 2016.

- **Changes in the workforce:** Although unemployment rates are falling, ALICE workers are still struggling. Low-wage jobs dominate the employment landscape, with 50 percent of all jobs paying less than $20 per hour, and an increase in contract jobs and on-demand jobs has created less stability. Gaps in wages persist and vary depending on the type of employer as well as the gender, education, race, and ethnicity of workers.

- **Emerging trends:** Several trends could impact the economic landscape for ALICE families:

    - *The Changing American Household* — Baby boomers are aging, millennials are making different lifestyle and work choices than previous generations, and patterns of domestic and foreign migration are shifting. These trends are changing both household composition and demands for goods and services.

    - *Market Instability* — A globally connected economy means that economic disruptions and natural disasters in one part of the world will increasingly have an impact on U.S. ALICE workers, contributing to employment instability, a shifting supply and demand, and disruption in traditional modes of operation.

    - *Health Inequality* — As advances in medical care outpace the ability of many households to afford them, there will be increasing disparities in health and longevity based on income.

The United Way ALICE Report for Maryland offers an enhanced set of tools for stakeholders to measure the real challenges ALICE households face in trying to make ends meet. This information is presented to enable communities to move beyond stereotypes of "the poor" and an outdated FPL, and instead use more accurate data to inform programmatic and policy solutions for ALICE and communities, now and for the future.

RESEARCH FRAMEWORK

GLOSSARY

ALICE is an acronym that stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprising households with income above the Federal Poverty Level but below the basic cost of living. A household consists of all the people who occupy a housing unit but does not include those living in group quarters such as a dorm, nursing home, or prison.

The Household Survival Budget calculates the actual costs of basic necessities (housing, child care, food, transportation, health care, technology, and taxes) in Maryland, adjusted for different counties and household types.

The ALICE Threshold is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each county in Maryland. (Households earning below the ALICE Threshold include both ALICE and poverty-level households.)

WHAT'S NEW

Every two years, the United Way *ALICE Project* engages a national Research Advisory Committee of external experts to scrutinize the ALICE methodology and sources. This rigorous process results in enhancements to the methodology and new ways to more accurately measure and present data on financial hardship. While these changes impact specific calculations, the overall trends have remained the same. For this Report, the following improvements have been incorporated:

- **The Household Survival Budget now includes the cost of smartphones for each adult:** Technology has become a regular part of life, and smartphones in particular are an expectation for employment.

- **The source for state taxes has been updated:** To provide greater consistency across states and reduce the complexity of calculations while maintaining accuracy, the Report uses the Tax Foundation's individual income tax rates and deductions for Maryland instead of state-level tax sources. Maryland's *Individual Income Tax Forms and Instructions* are used to confirm state tax deductions and exemptions, such as the Personal Tax Credit.

- **Change over time:** The first United Way ALICE Report measured change before and after the Great Recession, in 2007 and 2010. This Report focuses on the recovery, measuring change from the baseline of 2010, followed by the even years since — 2012, 2014, and 2016. To ensure consistency in change-over-time comparisons, the data for previous years — 2010, 2012, and 2014 — has been recalculated and is presented in this Report. For example, the old Report stated that 743,738 households (35 percent) had income below the ALICE Threshold in 2014; the new Report states that 769,713 households (36 percent) had income below the ALICE Threshold in 2014.

- **Additional geographic data available:** More ALICE data is available at the local level on our website including by: subcounty, place, zip code, Public Use Microdata Area (PUMA), and congressional district.

METHODOLOGY NOTES

This Report remains focused on the county level because state averages can mask significant differences between counties. For example, the percentage of households below the ALICE Threshold ranges from 26 percent in Howard County to 56 percent in Somerset County. The Report examines issues surrounding ALICE households from different angles to draw the clearest picture with the range of data available. Sources include the American Community Survey, the U.S. Department of Housing and Urban Development, the U.S. Department of Agriculture, the Bureau of Labor Statistics at the U.S. Department of Labor, the Internal Revenue Service, the Tax Foundation, and Maryland Family Network. State, county, and municipal data is used to provide different lenses on ALICE households. The data are estimates; some are geographic averages, others are one- or five-year averages depending on population size.

Due to different rounding conventions in different data sources, total percentages may vary by +/-1 percent from 100 percent for a group. Typically, we present rounded numbers to make the ALICE data as clear as possible to a general audience.

The United Way ALICE Reports follow the U.S. Census classifications for the largest non-White populations: Black, Asian, Hispanic, and American Indian/Alaska Native, as well as people identifying as two or more races. Because people of any race, including Whites, can also be of Hispanic ethnicity, the ALICE data looks at White, Black, Asian, and American Indian/Alaska Native categories “alone” (i.e., not also Hispanic), as well as at Hispanic populations.

In Maryland, ALICE data is only available for White, Black, Hispanic, and Asian populations; the American Community Survey does not provide income data on other race/ethnicity categories, because they have small samples, so ALICE statistics are not available. Less than 1 percent of households in Maryland identify themselves as American Indian/Alaskan Native, another 2 percent identify as “Some Other Race,” and 2 percent also identify as being of “Two or More Races” (American Community Survey, 2016).

For a more detailed description of the methodology and sources, see the *Methodology Overview* on our website, UnitedWayALICE.org. For a breakdown of the data by county and municipality, see the County Pages and Data File on the website (under “Downloads” for Maryland).

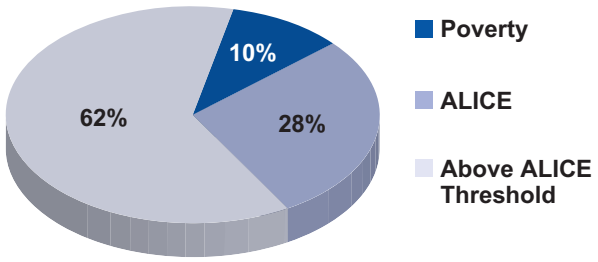
AT-A-GLANCE: MARYLAND

2016 Point-in-Time Data

Population: 6,016,447 | **Number of Counties:** 24 | **Number of Households:** 2,192,996

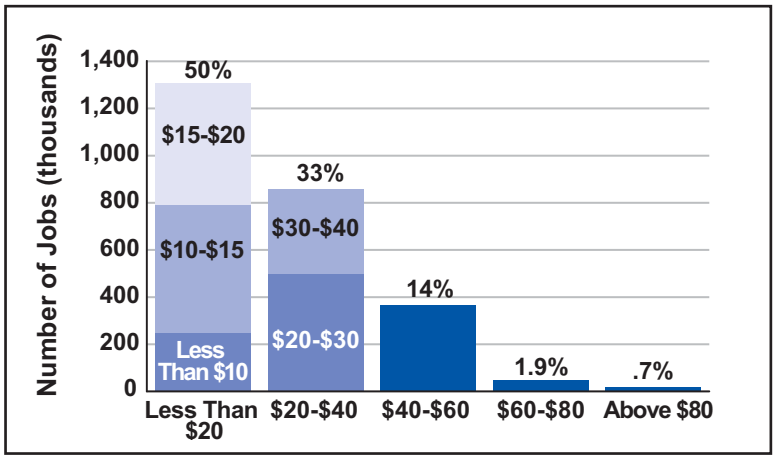
How many households are struggling?

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprises households that earn more than the Federal Poverty Level (FPL) but less than the basic cost of living for the state (the ALICE Threshold). Of Maryland's 2,192,996 households, 209,035 earn below the FPL (10 percent) and another 616,398 (28 percent) are ALICE.



How much does ALICE earn?

In Maryland, 50 percent of jobs pay less than $20 per hour, with 60 percent of those jobs paying less than $15 per hour. Another 33 percent of jobs pay from $20 to $40 per hour. Only 14 percent of jobs pay from $40 to $60 per hour, and less than 3 percent pay more than $60 per hour.



What does it cost to afford the basic necessities?

Despite a low rate of inflation nationwide (9 percent from 2010 to 2016) the bare-minimum Household Survival Budget increased by 22 percent for a single adult and 30 percent for a family. Affording only a very modest living, this budget is still significantly more than the FPL of $11,880 for a single adult and $24,300 for a family of four.

Household Survival Budget, Maryland Average, 2016

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$827	$1,165
Child Care	$-	$1,252
Food	$182	$603
Transportation	$337	$667
Health Care	$217	$811
Technology	$55	$75
Miscellaneous	$197	$528
Taxes	$356	$705
Monthly Total	$2,171	$5,806
ANNUAL TOTAL	$26,052	$69,672
Hourly Wage*	*$13.03*	*$34.84*

**Full-time wage required to support this budget*

AT-A-GLANCE: MARYLAND

Maryland Counties, 2016		
COUNTY	TOTAL HOUSEHOLDS	% ALICE & POVERTY
Allegany	27,608	41%
Anne Arundel	206,956	33%
Baltimore City	240,761	47%
Baltimore County	312,921	38%
Calvert	32,434	32%
Caroline	12,010	41%
Carroll	61,661	27%
Cecil	37,296	39%
Charles	55,929	36%
Dorchester	13,206	46%
Frederick	89,800	39%
Garrett	11,644	38%
Harford	91,813	33%
Howard	112,542	26%
Kent	7,683	40%
Montgomery	373,346	34%
Prince George's	307,816	43%
Queen Anne's	17,785	32%
Somerset	8,328	56%
St. Mary's	41,368	36%
Talbot	16,481	39%
Washington	55,824	41%
Wicomico	36,774	45%
Worcester	21,010	38%

Sources: Point-in-Time Data: *American Community Survey, 2016.* ***ALICE Demographics:*** *American Community Survey and the ALICE Threshold, 2016.* ***Wages:*** *Bureau of Labor Statistics, 2016.* ***Budget:*** *U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Maryland Family Network, 2016.*

ALICE BY THE NUMBERS

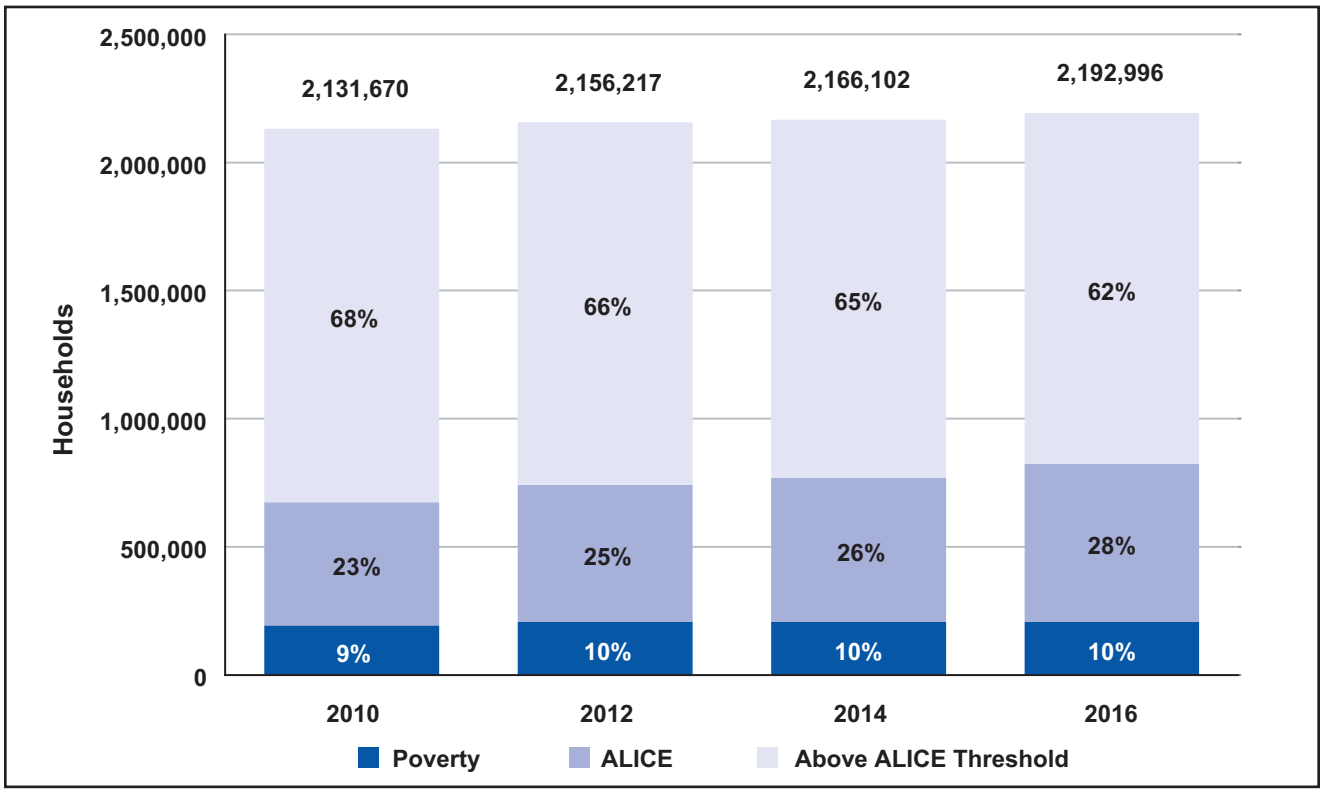
In Maryland, ALICE households exist in all age groups, across all races and ethnicities, in single and two-parent families and with or without children. They exist in all parts of the state, from urban Baltimore to suburban Washington DC, to rural western and coastal communities. This section drills down to reveal demographic differences of ALICE and poverty-level households by age, race/ethnicity, and household type over time. It also reports on important local variations that are often masked by state averages.

Overall population changes: In Maryland, the total number of households increased by 3 percent between 2010 and 2016 to 2,192,996. But the number of ALICE and poverty-level households increased even more, from 674,359 in 2010 to 825,433 in 2016, a 22 percent increase (Figure 1).

- **Poverty:** The number of households in poverty — defined in 2016 as those earning $11,880 for a single adult and $24,300 for a family of four — rose from 193,809 in 2010 to 209,035 in 2016, an 8 percent increase. The proportion of all households that were in poverty rose slightly from 9.1 percent to 10 percent during that period.

- **ALICE:** The number of ALICE households increased from 480,550 in 2010 to 616,398 in 2016, a 28 percent increase. The proportion of all households that were ALICE rose from 22.5 percent to 28 percent during that period.

Figure 1.
Household Income, Maryland, 2010 to 2016



Source: American Community Survey, 2010-2016, and the ALICE Threshold, 2010-2016; for additional data and ALICE Methodology, see UnitedWayALICE.org

HOUSEHOLDS BY AGE

Two major population bubbles are changing communities across Maryland: The baby boomers (born between 1946 and 1964) are the largest generation, and as they age, their needs and preferences change. The second largest group is the millennials (adults born between 1981 and 1996 according to the Pew Research Center), who are making different lifestyle and work choices than previous generations. Between the two population

bubbles is the smaller Generation X, made up of adults born between 1964 and 1980. To analyze general trends, the ALICE data is presented by household in more precise Census age breaks: under-25, 25-44, 45-64, and 65 and older. Millennials are covered by the youngest two brackets and baby boomers by the oldest two (Dimock, 2018).

Aging Population

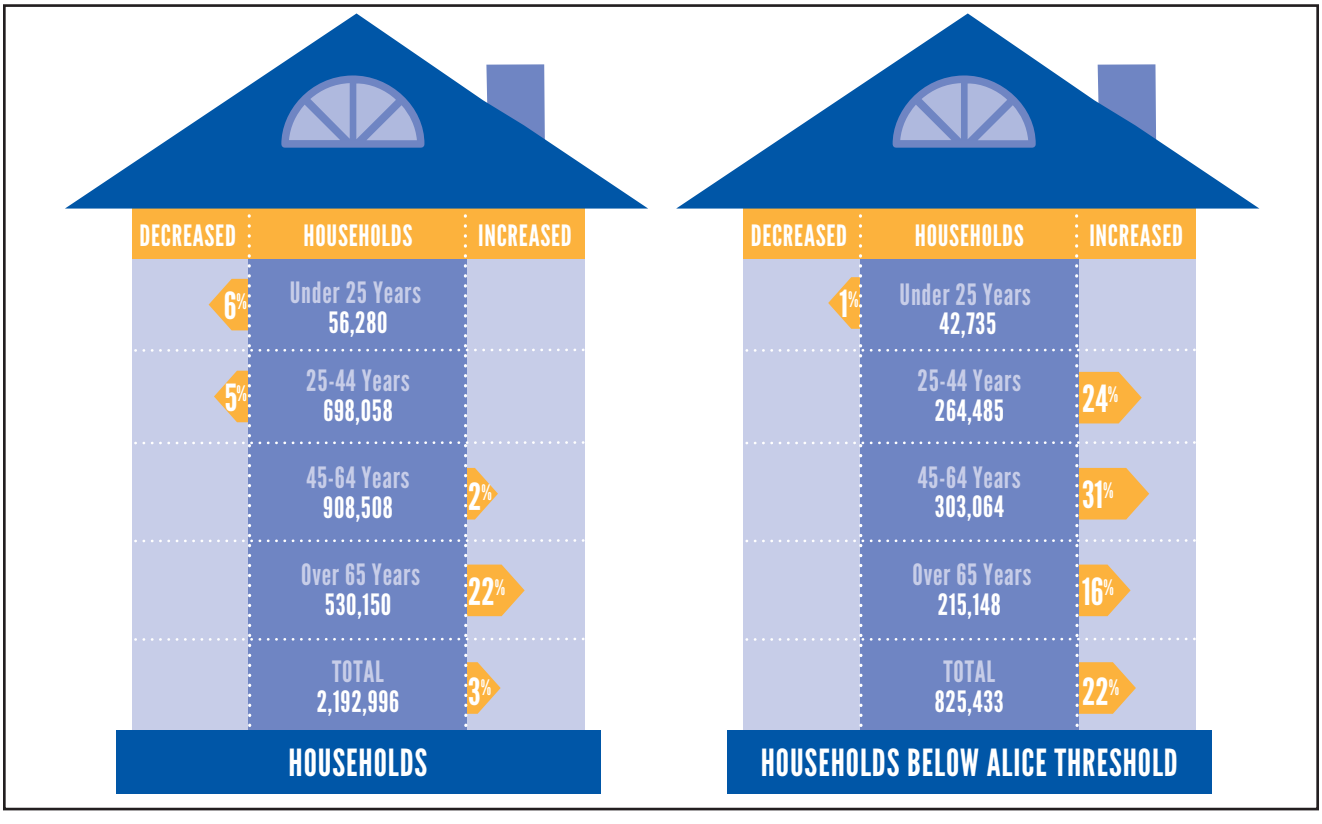
The number of senior households (65 years and older) increased from 432,940 in 2010 to 530,150 in 2016, a 22 percent increase (Figure 2). At the same time, the number of senior households with income below the ALICE Threshold grew by 16 percent, so that by 2016, 41 percent of senior households had income below the ALICE Threshold.

The increase in the number of ALICE households in Maryland is driven by those in their prime earning years. Households headed by 45- to 64-year-olds, grew only 2 percent, yet the number of these households with income below the ALICE Threshold increased by 31 percent. Households headed by 25- to 44- year-olds actually decreased by 5 percent overall, yet the number with income below the ALICE Threshold increased by 24 percent (American Community Survey, 2010 and 2016).

Younger Households

Even though the population of millennials is increasing, the number of households headed by them is decreasing. The youngest segment of the millennials, households headed by under-25-year-olds, fell by 18 percent, from 68,637 households in 2010 to 56,280 in 2016, and the number with income below the ALICE Threshold decreased by 1 percent. Unlike previous generations of young Americans, many millennials cannot afford to live on their own. Instead, they are more likely to live with their parents or with roommates. And for the first time in more than a century, they are less likely to be living with a romantic partner. These patterns vary among some millennials from immigrant families. Overall, the youngest householders who remain on their own are far less likely to be able to afford basic necessities, with 76 percent of them living below the ALICE Threshold (American Community Survey, 2010 and 2016; Cilluffo & Cohn, 2017; Frey W. H., 2018).

Figure 2.
Household Income by Age of Head of Household, Maryland, 2010 to 2016



Source: American Community Survey, 2016, and the ALICE Threshold, 2016

HOUSEHOLDS BY RACE AND ETHNICITY

Overall changes in statewide wealth are driven by changes in the wealth of White (non-Hispanic) households, because they make up the largest racial group by far, but these trends often mask important changes in other ethnic groups. In Maryland, the number of, Black, Hispanic, and Asian households grew while the number of White households fell from 2010 to 2016. Black households increased by 5 percent to 645,099, Hispanic households increased by 24 percent to 136,726 households, and Asian households increased by 18 percent to 116,144 households. In comparison, the number of White households decreased by 3 percent to 1,240,594 households (see the note on race/ethnicity in the Research Framework Box on p. 3).

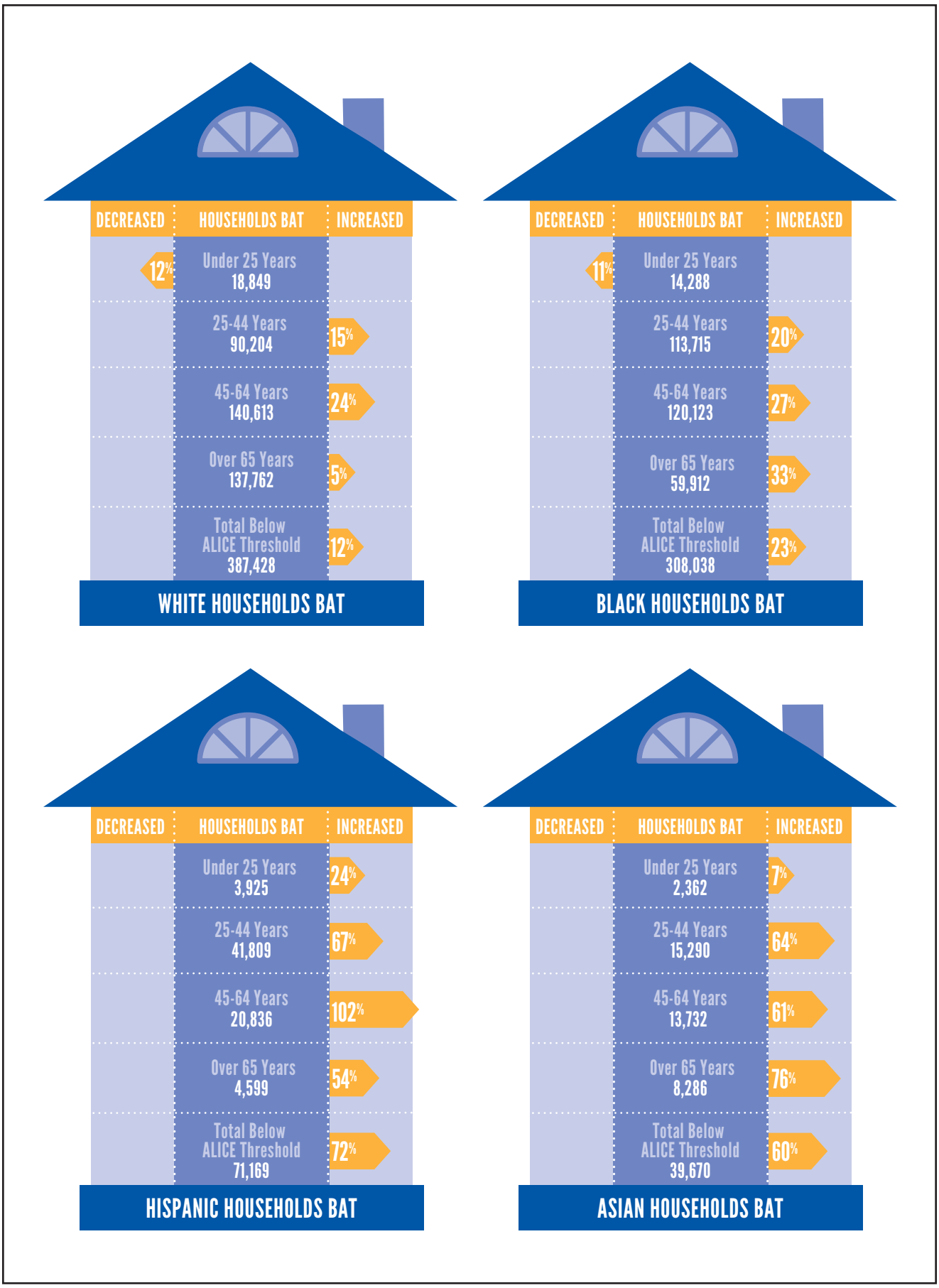
A breakdown by race and age shows other important trends:

Young households are decreasing overall: The number of White under-25-year-old households fell by 27 percent from 2010 to 2016. In addition, Black under-25-year-old households decreased by 21 percent and Hispanic households in this age group decreased by 11 percent. Young Asian households were the only group to see an increase, growing by 3 percent. Households headed by the next older age group followed a similar trajectory with White 25- to 44-year-old households decreasing by 8 percent, and Black 25- to 44-year-old households decreasing by 7 percent. Hispanic and Asian 25- to 44-year-old households increased by 12 percent and 8 percent respectively.

Senior households of all race and ethnic groups are increasing: White senior households are driving the overall growth in the senior population, increasing by 15 percent from 2010 to 2016. Yet other senior groups are experiencing significant growth as well: Black senior households increased by 36 percent, Hispanic senior households by 58 percent, and Asian senior households by 39 percent. This trend held for 45- to 64-year-old households of color, but the number of White 45- to 64-year-old households fell by 7 percent.

Below ALICE Threshold households increased across most groups (Figure 3): The number of households below the ALICE Threshold increased in all age, race, and ethnic groups from 2010 to 2016, except the youngest White and Black households. The largest increases of households below the ALICE Threshold were among Hispanic and Asian households 25 and older, with Asian 45- to 64-year-old households below the ALICE Threshold more than doubling. White and Black under-25-year-old households, the only groups that saw a decrease in ALICE households, also experienced a decrease in total households.

Figure 3.
Households Below ALICE Threshold (BAT), by Age and Race/Ethnicity, Maryland, 2010 to 2016



Source: American Community Survey, 2010–2016 and the ALICE Threshold, 2010–2016

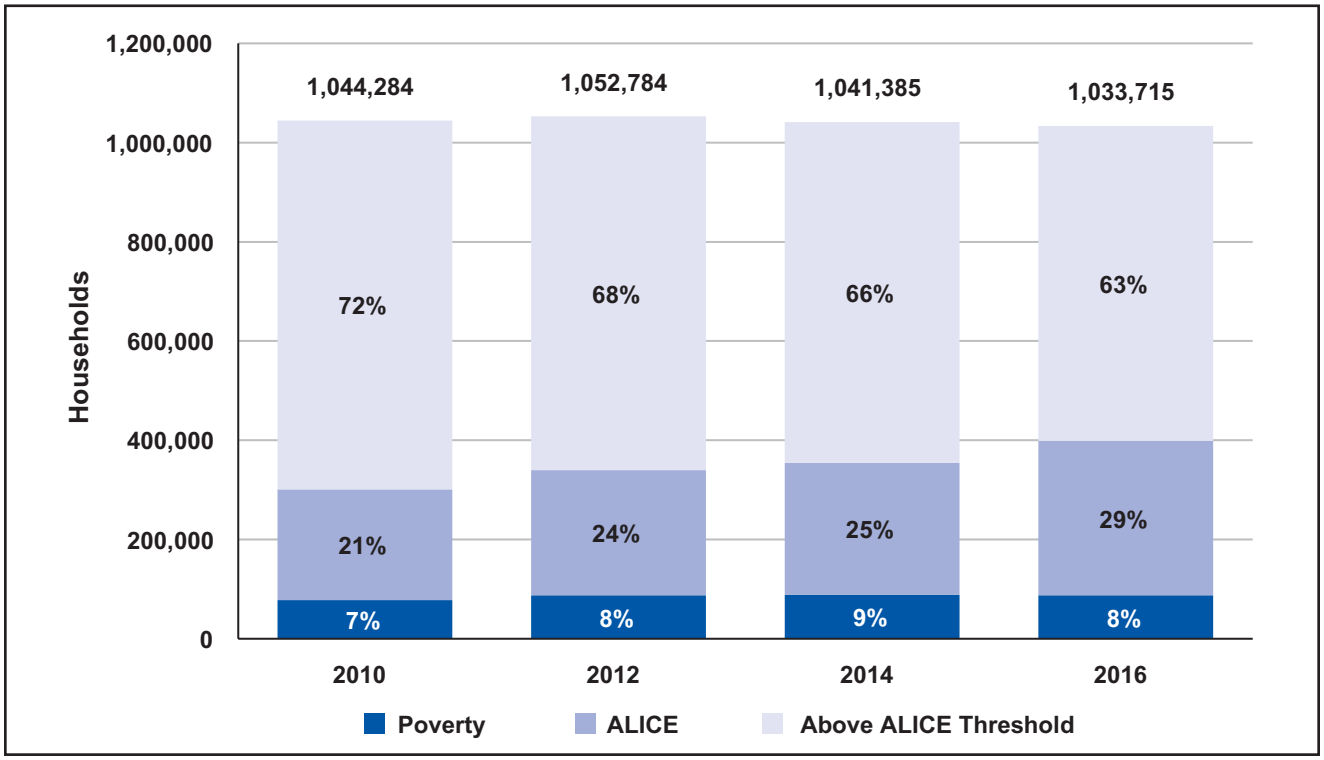
HOUSEHOLDS BY FAMILY TYPE

There are longstanding preconceptions about what types of families tend to be low-income — for example, homes headed by single mothers. Yet ALICE and poverty-level families exist in all configurations. In fact, there have been such dramatic changes in the living arrangements of Americans that it is important to re-evaluate these old stereotypes.

After decades of declining marriage rates along with rising levels of divorce, remarriage, and cohabitation, the household made up of a married couple with two children is no longer typical. Since the 1970s, American households have become smaller for a number of reasons: Fewer households have children, there are fewer married-couple households, and more people are living alone, especially at older ages. People are living in a wider variety of arrangements, including singles living alone or with roommates, and grown children living with parents. The share of American adults who have never been married is at a historic high. In Maryland, there are 1,033,715 households composed of single or cohabiting adults under the age of 65 with no children under 18 years old. They make up the largest group in Maryland, accounting for 47 percent of all households (Figure 4).

These single or cohabiting households without children under age 18 are also the group with the largest number of households below the ALICE Threshold in Maryland. In 2016, 37 percent of these households (386,245) had income below the ALICE Threshold, increasing from 28 percent in 2010.

Figure 4.
Single or Cohabiting (Under 65) Households, No Children, by Income, Maryland, 2010 to 2016



Source: American Community Survey, 2016, and the ALICE Threshold, 2016

Families With Children

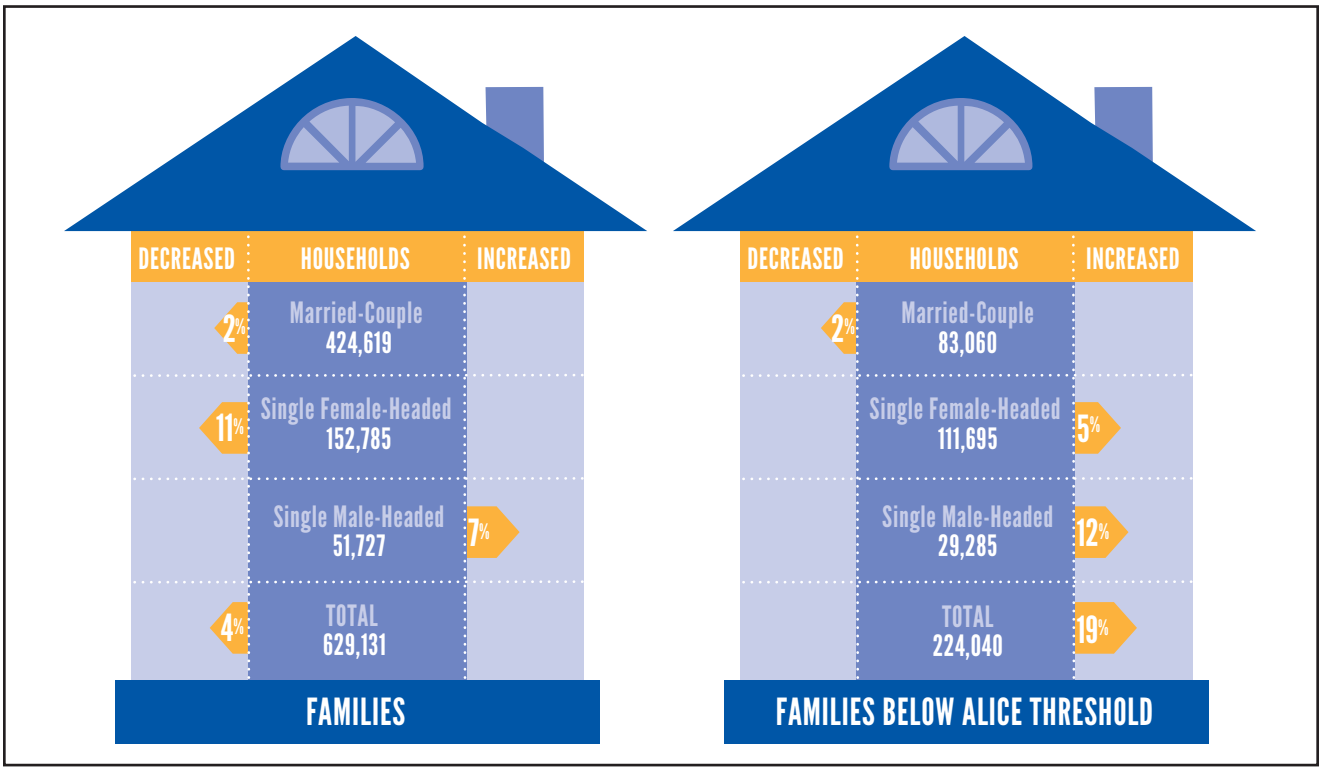
Families with children are also changing, with mothers doing more paid work outside the home as the cost of living continues to rise. Nationally in 2015, 42 percent of mothers were sole or primary breadwinners, bringing in 50 percent or more of family earnings, and another 22 percent were co-breadwinners, earning 25 percent to 49 percent of earnings in 2015. Gender roles are changing as well, with fathers doing more housework and child care. Over the last 30 years, the number of stay-at-home fathers has doubled to 2.2 million, and the amount of housework fathers report doing has also doubled to an average of nine hours a week (Glynn, 2016; Cohn & Caumont, 2016; Parker & Livingston, 2017; Livingston, 2014).

The composition of families is also changing. There are increasing numbers of other types of families, including those with several cohabiting generations and those with lesbian, gay, bisexual, and transgender (LGBT) parents. Households with combined children from parents' prior relationships are also on the rise. Almost one in six children under the age of 18 now lives in a family with parents and their children from previous relationships. More than a quarter of married LGBT couples are now raising children, and the number of same-sex marriages more than doubled nationally from just before the Supreme Court ruling in 2013, which required the federal government to recognize state-sanctioned marriages of same-sex couples, to the 2015 ruling that enabled same-sex marriage nationwide (Cohn & Caumont, 2016; Gates & Brown, 2015; Pew Research Center, 2015).

Maryland families saw the following changes from 2010 to 2016:

- **Below ALICE Threshold:** Of all Maryland families with children, there were 224,040 with income below the ALICE Threshold — 37 percent in married-parent families, 50 percent in single-female-parent families, and 13 percent in single-male-parent families.
- **Married-parent families:** The number of married-parent families with children fell by 2 percent from 2010 to 2016, and the number below the ALICE Threshold decreased by the same amount (Figure 5).
- **Single-female-headed families:** The number of single-female-headed families with children fell by 11 percent, but the number below the ALICE Threshold increased by 5 percent. As a result, the percent of single-female-headed families below the ALICE Threshold increased.
- **Single-male-headed families:** This smallest share of family types increased by 7 percent; the number with income below the ALICE Threshold increased by 12 percent.

Figure 5.
Families With Children by Income, Maryland, 2010 to 2016

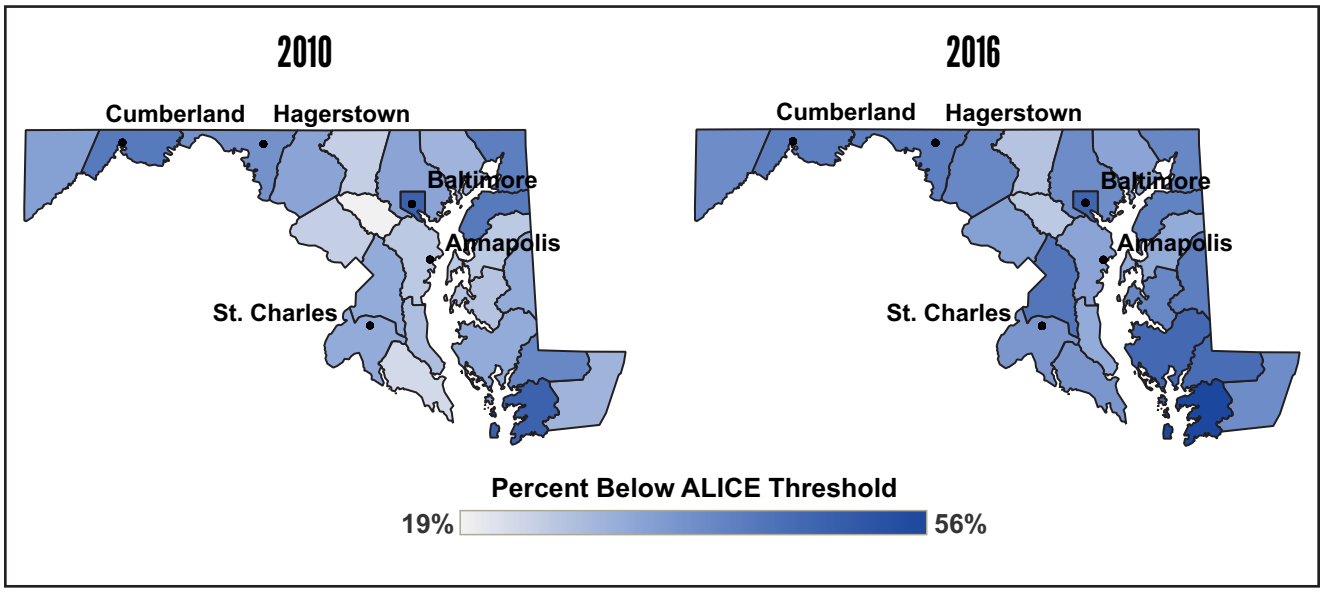


Source: American Community Survey, 2010-2016, and the ALICE Threshold, 2010-2016

ALICE BY COUNTY

Contrary to stereotypes that suggest financial hardship only exists in inner cities, ALICE households live in urban, suburban, and rural areas and in every county in Maryland. Though the cost of living and wages differ across the state, the number of households with income below the ALICE Threshold increased across most counties from 2010 to 2016. But there is enormous variation among counties; the percent of households below the ALICE Threshold ranges from 26 percent in Howard County to 56 percent in Somerset County (Figure 6).

Figure 6.
Percent of Households Below the ALICE Threshold by County, Maryland, 2010 and 2016

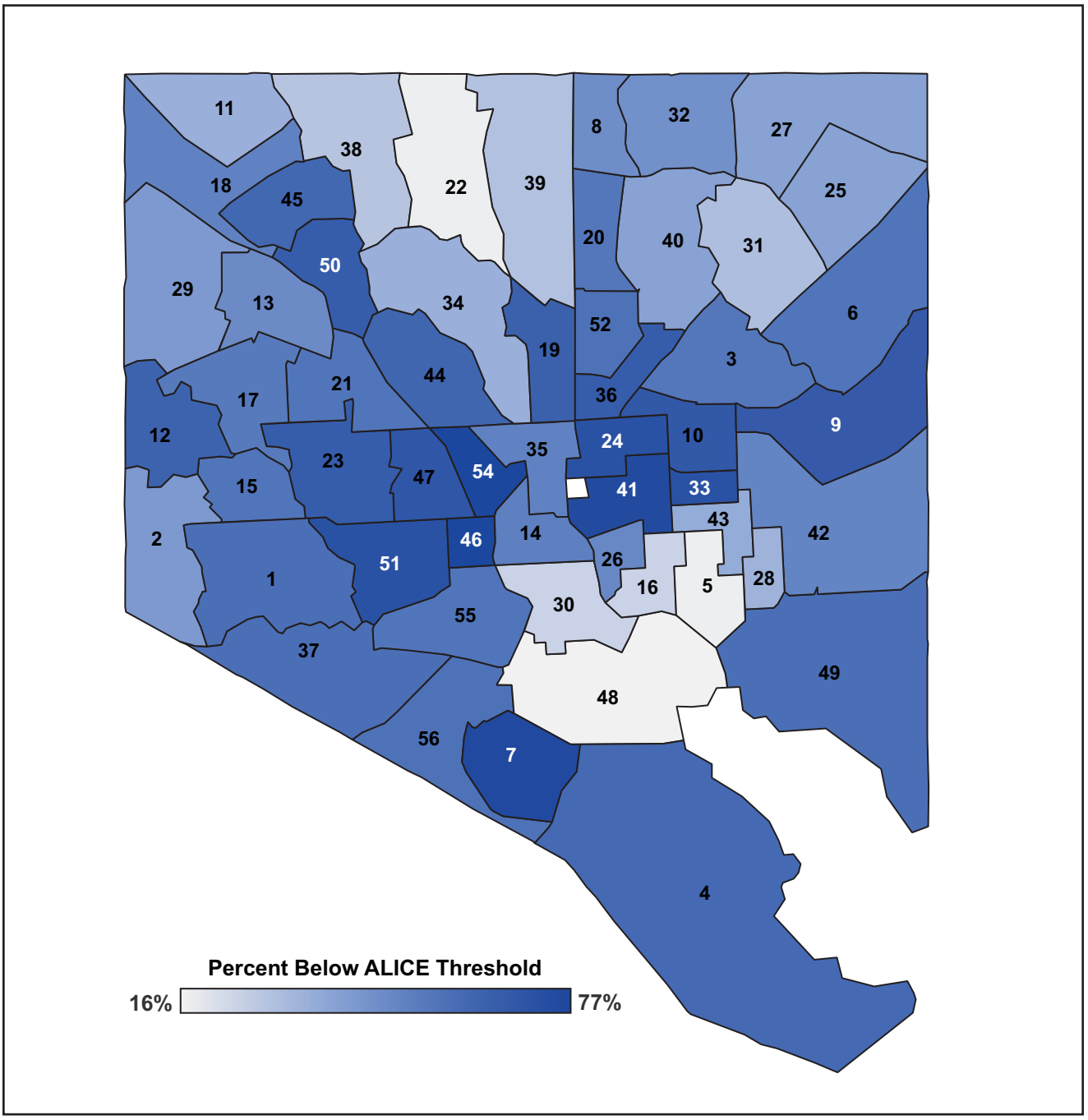


Source: American Community Survey, 2010 and 2016, and the ALICE Threshold, 2010 and 2016. Details on each county's household income and ALICE demographics, as well as further breakdown by municipality, are listed in the ALICE County Pages and Data File at UnitedWayALICE.org

ALICE IN BALTIMORE

Financial hardship has increased across all Baltimore neighborhoods from 2014 to 2016. The map of Baltimore (Figure 7) shows that financial hardship varies greatly among neighborhoods across the city. Households with income below the ALICE Threshold range from 16 percent in South Baltimore to 77 percent in Poppleton/ The Terraces/Hollins Market and Upton/Druid Heights. Many of Baltimore's lowest-income neighborhoods are predominantly Black and have been struggling for decades. These findings reinforce the reports by Baltimore Neighborhoods Indicators Alliance, which also show significant variation in poverty and income levels across Baltimore neighborhoods (Baltimore Neighborhoods Indicators Alliance, 2018).

Figure 7.
Percent of Households Below the ALICE Threshold by Neighborhood, Baltimore, 2016



Source: American Community Survey, 2010 and 2016, the ALICE Threshold, 2010 and 2016; Baltimore Neighborhood Indicator Alliance, 2016

Key to Map: Baltimore Neighborhoods	
1	Allendale/Irvington/S. Hilton
2	Beechfield/Ten Hills/West Hills
3	Belair-Edison
4	Brooklyn/Curtis Bay/Hawkins Point
5	Canton
6	Cedonia/Frankford
7	Cherry Hill
8	Chinquapin Park/Belvedere
9	Claremont/Armistead
10	Clifton, Berea
11	Cross-Country/Cheswolde
12	Dickeyville/Franklintown
13	Dorchester/Ashburton
14	Downtown/Seton Hill
15	Edmondson Village
16	Fells Point
17	Forest Park/Walbrook
18	Glen-Fallstaff
19	Greater Charles Village/Barclay
20	Greater Govans
21	Greater Mondawmin
22	Greater Roland Park/Poplar Hill
23	Greater Rosemont
24	Greenmount East
25	Hamilton
26	Harbor East/Little Italy
27	Harford/Echodale
28	Highlandtown
29	Howard Park/West Arlington

Key to Map: Baltimore Neighborhoods	
30	Inner Harbor/Federal Hill
31	Lauraville
32	Loch Raven
33	Madison/East End
34	Med-field/Hampden/Woodberry/ Remington
35	Midtown
36	Midway/Coldstream
37	Morrell Park/Violetville
38	Mount Washington/Coldspring
39	North Baltimore/ Guilford/Homeland
40	Northwood
41	Oldtown/Middle East
42	Orangeville/East Highlandtown
43	Patterson Park North & East
44	Penn North, Reservoir Hill
45	Pimlico/Arlington/Hilltop
46	Poppleton/The Terraces/Hollins Market
47	Sandtown-Winchester/Harlem Park
48	South Baltimore
49	Southeastern
50	Southern Park Heights
51	Southwest Baltimore
52	The Waverlies
53	Unassigned — Jail
54	Upton/Druid Heights
55	Washington Village
56	Westport/Mt. Winans/Lakeland

THE HOUSEHOLD SURVIVAL BUDGET

The Household Survival Budget reflects the bare minimum cost to live and work in the modern economy. In Maryland, the average Household Survival Budget was $69,672 for a four-person family and $26,052 for a single adult in 2016 (Figure 8). The hourly wage necessary to support a family budget is $34.84 for one parent working 40 hours per week for 50 weeks per year (or $17.42 per hour each, if two parents work), and $13.03 per hour full time for a single adult. These costs continue to increase faster than the rate of inflation.

Figure 8.
Household Survival Budget, Maryland Average, 2016

Household Survival Budget, Maryland Average, 2016			Percent Change from 2010-2016	
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs				
Housing	$827	$1,165	2%	9%
Child Care	$0	$1,252	N/A	10%
Food	$182	$603	1%	10%
Transportation	$337	$667	23%	22%
Health Care	$217	$811	109%	95%
Technology*	$55	$75	N/A	N/A
Miscellaneous	$197	$528	19%	27%
Taxes	$356	$705	24%	64%
Monthly Total	$2,171	$5,806	19%	27%
ANNUAL TOTAL	$26,052	$69,672	19%	27%
Hourly Wage*	*$13.03*	*$34.84*	*19%*	*27%*

** New to budget in 2016*
*** Wage working full time required to support this budget*

Source: U.S. Department of Housing and Urban Development, 2016; U.S. Department of Agriculture, 2016; Bureau of Labor Statistics, 2016; Internal Revenue Service; Tax Foundation, and Maryland Family Network, 2016. For the Methodology Overview and additional data, see our website: UnitedWayALICE.org

The cost of household basics in the Household Survival Budget — housing, child care, food, transportation, health care, technology, and taxes — increased by 19 percent for a single adult and 27 percent for a family of four from 2010 to 2016. At the same time, median earnings only increased 9 percent in Maryland, and 11 percent nationwide, putting greater strain on households. It is important to note that the national rate of inflation — which covers many budget items that change at varying rates — during this time period was 9 percent, significantly lower than the increase in Maryland's Household Survival Budget. The rise in the Household Survival Budget in Maryland was driven primarily by the addition of technology (a smartphone); a 22 percent increase in transportation costs; and a 95 percent increase in the cost of health care, stemming primarily from the increase in out-of-pocket health-care costs and a small portion from the addition of the Affordable Care Act penalty (for more details on health care costs, see the Methodology Overview on the UnitedWayALICE.org website) (American Community Survey, 2010 and 2016; Bureau of Labor Statistics, 2018).

The big increase in taxes can largely be explained by the increase in all other budget items. As the cost of these items increased, the earnings needed to cover the expenses increased, and higher earnings resulted in a larger tax bill. Changes in tax rates were minimal from 2010 to 2016; both federal and state tax rates remained flat though tax brackets shifted.

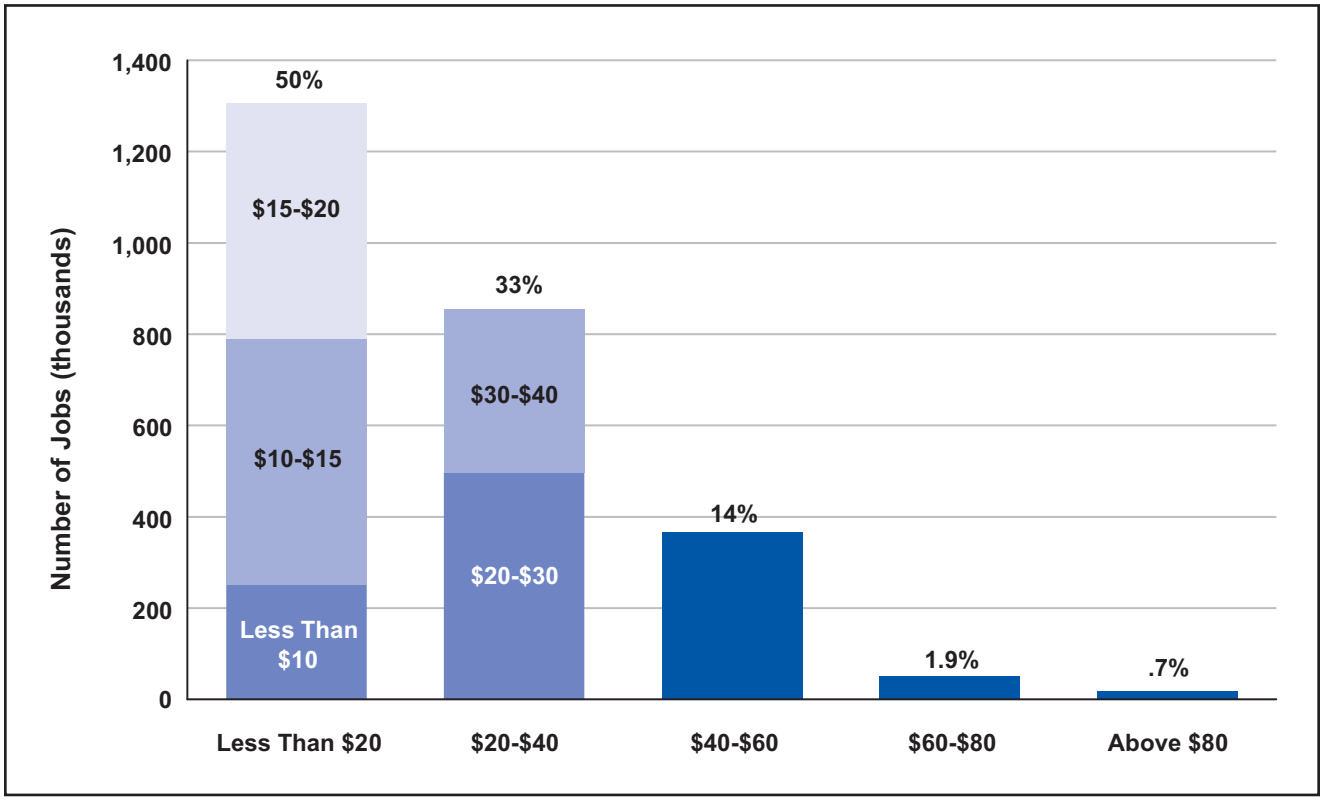
ALICE IN THE WORKFORCE

Overall economic conditions in Maryland continued to improve: Unemployment was down from a high of 8 percent in 2010 to less than 5 percent in 2016, though rates varied across the state, and many businesses have increased their productivity. The core segments of the Maryland economy — health and education as well as federal employment — have continued to be large and steady employers. However, many workers in Maryland still don't earn enough to cover a basic household budget. The health and education sectors, though growing, are big employers of low-wage jobs, while government jobs, once a guarantee for economic security, have been cut back and no longer uniformly offer middle wage jobs with benefits. For a range of reasons — including low wages, lack of full-time work, and a reduced share of profits going to workers — ALICE households are not benefiting financially from seemingly positive economic trends (Federal Reserve Bank of Richmond, 2018; Cohen & Gebeloff, 2018; Maryland.gov, 2018; Sage Policy Group, 2018).

LOW-WAGE JOBS

Low-wage jobs continue to dominate the Maryland economy, making it more challenging for workers to find jobs with wages that can support even a basic household budget. With 2.6 million total jobs in Maryland recorded by the Bureau of Labor Statistics in 2016, the job market has shown improvement since 2010. But 50 percent of jobs paid less than $20 per hour, with 60 percent of those jobs paying less than $15 per hour (Figure 9). A full-time job that pays $15 per hour grosses $30,000 per year, which is less than half of the Household Survival Budget for a family of four in Maryland (Figure 8). The largest increase in the number of jobs were among jobs that paid under $20 per hour, while the largest wage increases were in occupations with wages over $60 per hour (Bureau of Labor Statistics, 2016).

Figure 9.
Number of Jobs by Hourly Wage, Maryland, 2016



Source: Bureau of Labor Statistics, Occupational Employment Statistics Wage Survey — All Industries Combined, 2016

Many ALICE workers are employed in the service sector, but they also work in occupations that build and repair our infrastructure, as well as in jobs that educate and care for the workforce. Together, these workers were aptly described as "maintainers" by technology scholars Lee Vinsel and Andrew Russel in 2016 (Frey & Osborne, 2013; Vinsel & Russell, 2016).

The top 20 occupations employing the most people in Maryland are predominantly maintainer jobs, which are more likely to pay low wages. In 2016, only three of the top 20 occupations paid enough to support the Household Survival Budget for a family, a minimum of $34.84 per hour — general and operations managers, accountants and auditors, and nurses (Figure 10).

Cashiers are the most common occupation in Maryland and are paid a wage that is well below what is needed to make ends meet. The state's more than 77,000 cashiers make an average of $9.45 per hour, or $18,900 if working full-time year-round. These jobs fall short of meeting the family Household Survival Budget by more than $50,000 per year. Even if both parents worked full-time at this wage, they would fall short of the Household Survival Budget by almost $32,000 per year.

Figure 10.
Top 20 Occupations by Employment and Wage, Maryland, 2016

2016			Percent Change 2010-2016	
OCCUPATION	NUMBER OF JOBS	MEDIAN HOURLY WAGE	NUMBER OF JOBS	MEDIAN HOURLY WAGE
Cashiers	77,520	$9.45	11%	4%
Retail Salespersons	69,470	$10.69	-7%	8%
Secretaries and Administrative Assistants	61,760	$18.56	63%	6%
Registered Nurses	53,330	$35.31	6%	-2%
Food Prep, Including Fast Food	48,940	$9.38	14%	9%
General and Operations Managers	47,850	$56.20	-8%	12%
Customer Service Representatives	46,910	$16.38	31%	1%
Office Clerks	46,300	$15.01	-28%	10%
Waiters and Waitresses	42,360	$9.38	-3%	8%
Janitors and Cleaners	41,550	$11.55	-5%	5%
Laborers and Movers, Hand	40,360	$12.70	21%	4%
Stock Clerks and Order Fillers	39,610	$11.20	20%	7%
First-Line Supervisors of Office Workers	38,060	$28.03	47%	17%
Nursing Assistants	29,180	$13.91	-8%	7%
Security Guards	27,720	$14.03	11%	8%
Sales Representatives	27,320	$28.85	31%	5%
First-Line Supervisors of Retail Sales Workers	26,820	$19.93	13%	7%
Accountants and Auditors	26,510	$35.59	19%	9%
Elementary School Teachers	24,960	$31.57	-7%	9%
Bookkeeping and Auditing Clerks	23,570	$21.04	-10%	11%

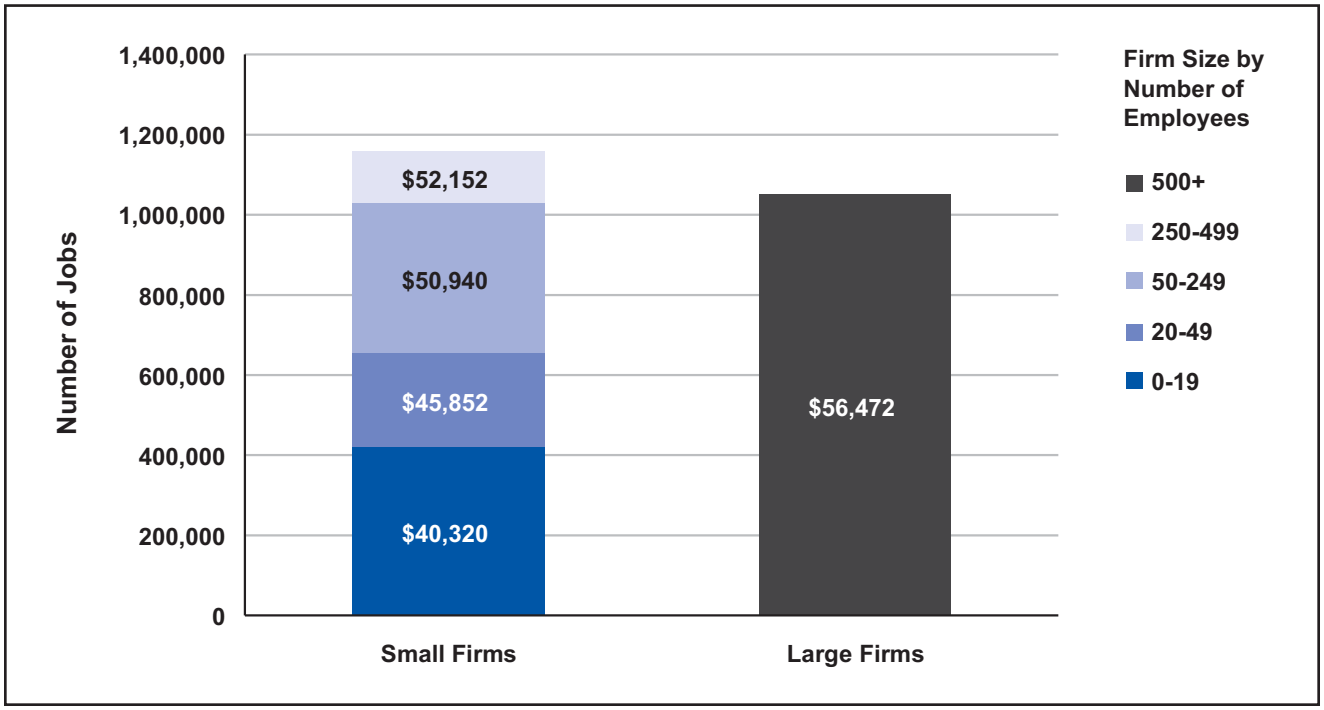
Source: Bureau of Labor Statistics, Occupational Employment Statistics Wage Survey -- All Industries Combined, 2010 and 2016

SMALL BUSINESSES

One of the key determinants of ALICE workers' wages, benefits, and job stability is the size of their employer. Generally, large companies have greater resources to offer career-growth opportunities, continuous employment, and better benefits. Small businesses, defined by the Bureau of Labor Statistics as firms with fewer than 500 employees, have been an important engine for growth in the Maryland and U.S. economies, driving job creation, innovation, and wealth — and have traditionally grown to become medium or large employers. However, small businesses are more vulnerable to changes in demand, price of materials, and transportation costs, as well as to cyberattacks and natural disasters. As a result, their employees face more instability, reduced wages, and a greater risk of job loss. These past two decades have been particularly tough for small businesses, with entrepreneurial growth in the U.S. and Maryland largely down from the levels experienced in the 1980s and 1990s (Ewing Marion Kauffman Foundation, 2017; Haltiwanger & et., 2017).

Despite these struggles, small businesses employed more than half of the private-sector workforce in 2016 in Maryland (Figure 11). The very smallest firms — those with fewer than 20 people — accounted for the largest share of small-business employment. Yet because small firms experience the greatest employee turnover of any size firm, workers in small firms move in and out of employment more often, which can lead to periods of no wages (U.S. Census Bureau, 2016).

Figure 11.
Private-Sector Employment by Firm Size, With Average Annual Wages, Maryland, 2016



Source: U.S. Census Bureau; Quarterly Workforce Indicators, 2016

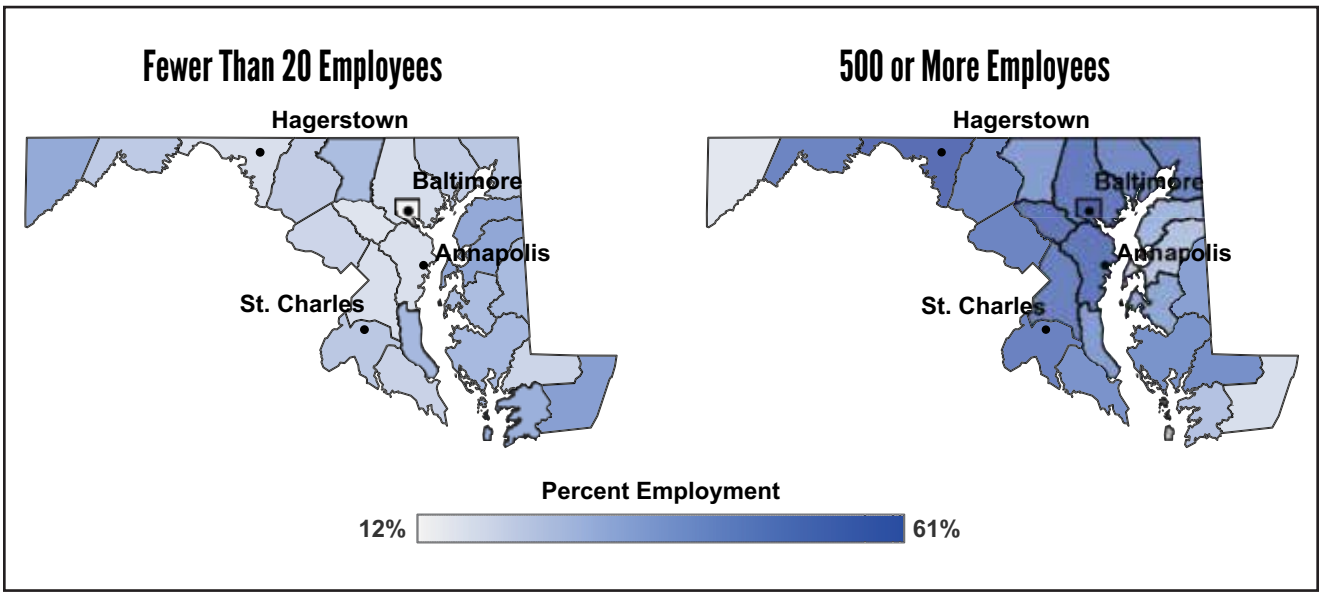
The wages of employees in the smallest firms are significantly lower than wages in larger firms (Figure 11). While average wages have been increasing faster than the 9 percent national rate of inflation, for many employees, wages have not kept pace with the 30 percent increase in the cost of the family Household Survival Budget. From 2010 to 2016, workers in firms with fewer than 20 employees and firms with 20 to 49 employees saw their wages rise by 11 percent to an average of $40,320 and $45,852 (if full time year-round) respectively. Wages of workers in companies with 50 to 250 employees increased by 13 percent to $50,940.

Employees in the largest firms started with higher wages and also saw an increase in their wages: Those working in firms with 250 to 499 employees saw their wages increase by 13 percent to $52,152 (if full time year-round), and wages of those working in firms with 500 or more employees increased by 10 percent to $56,472.

Another measure reveals that new-hire wages are lower than wages of workers in stable employment (working more than one quarter). Since job instability is often a threat to an ALICE household's stability, it's important to note the difference between new wages and stable wages. For all firm sizes, newly hired wages were at least 26 percent lower than stable wages, and in firms with 20 to 49 employees, newly hired wages were as much as 34 percent less.

Wages vary widely by location and by sector; areas dominated by small companies tend to have lower wages and less job stability. Figure 12 shows the percent of firms in each county that are the smallest (fewer than 20) and the largest (500 or more), with lighter areas representing a lower percentage of firms and the darker areas representing a higher percentage. Rural counties, such as Garrett and Worchester, have a higher concentration of employment in small firms, while companies with 500 or more employees are more concentrated in urban areas around Washington D.C. and Baltimore. Large companies in rural areas are often large retail chains, which tend to have lower wages, explaining the lower median wage for firms with more than 500 employees in rural areas compared to firms with 250 to 499 employees in those areas (U.S. Census Bureau, 2016).

Figure 12.
Percent Employment by Firm Size, Maryland, 2016



Source: U.S. Census Bureau; Quarterly Workforce Indicators, 2016

GIG ECONOMY

As the economy approached full employment (generally defined as an unemployment rate of less than 5 percent) in many areas of Maryland and across the country in 2016, ALICE workers were less likely to be unemployed. But their income still lagged behind the cost of living in most areas. In some cases, the problem is just low wages. But there is also the challenge of finding full-time, continuous employment. During the past decade there has been a shift away from traditional full-time, full-benefit jobs. In 2016, 15 to 33 percent of the workforce worked as a consultant or contingent worker, temp, freelancer, or contractor within the so-called gig economy. According to a National Bureau of Economic Research report, as much as 94 percent of U.S. net employment growth in the last decade has come from alternative or contingent labor. As a result, more workers are experiencing gaps in employment and less regular schedules and they are forgoing retirement plans, health insurance, and worker safety protections. Many gig-economy workers struggle to afford ongoing monthly expenses and often don't qualify for loans or other financial products that require regular income (Abraham, Haltiwanger, Sandusky, & Spletzer, 2016; Freelancers Union & Elance-oDesk, 2016; Eden & Gaggl, 2015; U.S. Government Accountability Office, 2015; Fehr, 2017; Katz & Krueger, 2016).

EMERGING TRENDS

While ALICE households differ in their composition, challenges, and level of need, three broad trends will impact the conditions they face and their opportunities to change their financial status over the next decade: the changing American household, increasing market instability, and growing inequality of health. These trends will also have significant implications for local communities and the state as a whole.

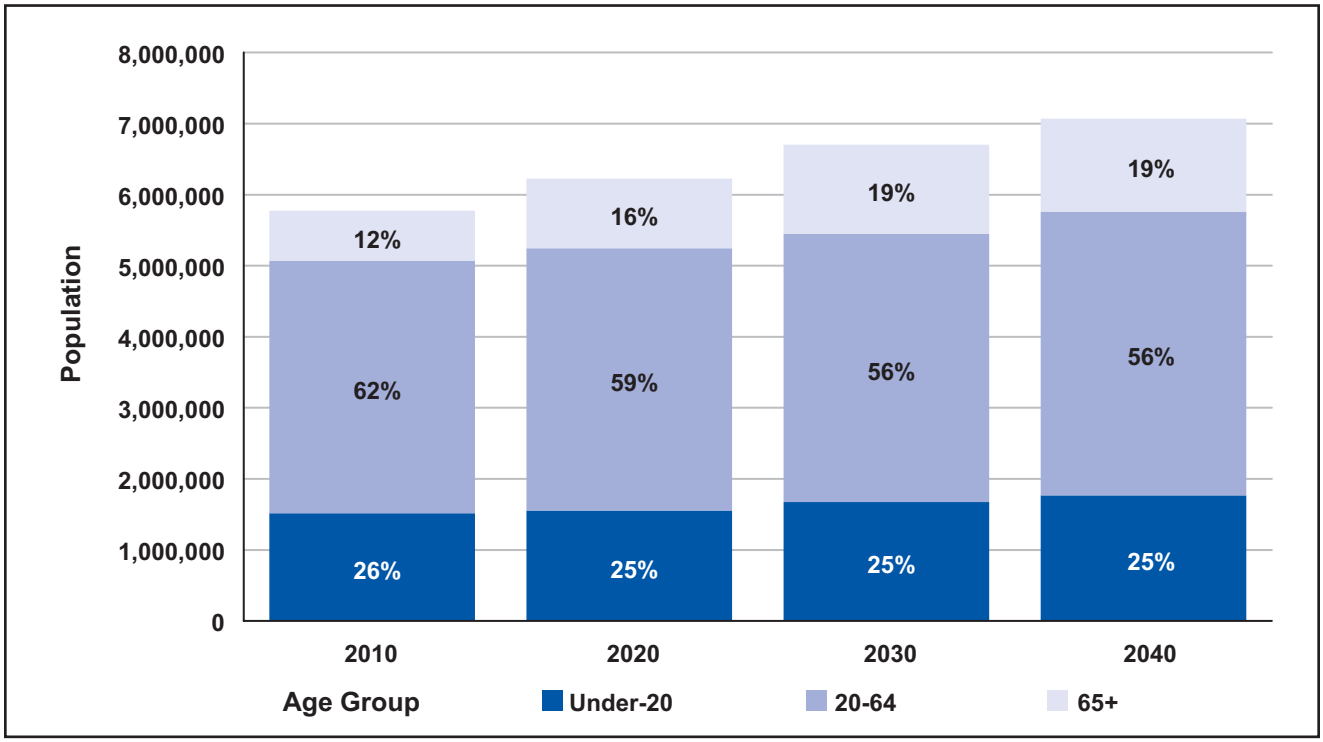
THE CHANGING AMERICAN HOUSEHOLD

Decades of shifting demographic trends have created changes in demand for housing, health care, transportation, and community services. These changes have implications for which households become ALICE households and where they live and work.

Growing Populations: Millennials, Baby Boomers, and Immigrants

Generational shifts: Both millennials and baby boomers are powerful demographic forces. Millennials have different lifestyle preferences than past generations, including choosing to live in urban areas, and delaying both marriage and having children. The large boomer cohort encompasses a group that is working longer, involved in a wide array of activities, and generally healthier than previous generations. Maryland's elderly population is projected to grow from 707,642 (12 percent) in 2010 to 1.3 million (19 percent) by 2040, an 85 percent increase (Figure 13). In contrast, demographers predict that the rest of the population will increase in numbers, but their percent of the overall population will actually decline. For example, the number of 0- to 19-year-olds will grow from 1.5 million (26 percent) in 2010 to 1.8 million (25 percent) by 2040 and 20- to 64-year-olds will grow from 3.5 million (62 percent) in 2010 to 4 million (56 percent) by 2040 (Weldon Cooper Center for Public Service, 2016).

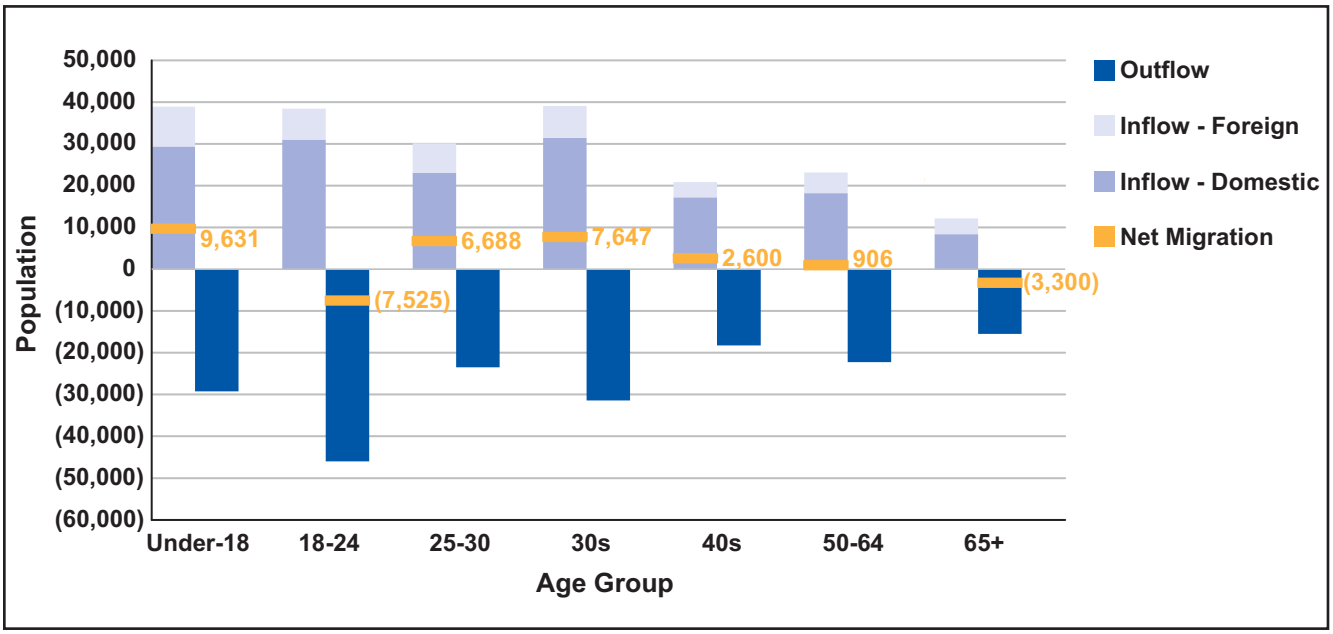
Figure 13.
Population Projection, Maryland, 2010 to 2040



Source: Weldon Cooper Center for Public Service, 2016

Migration and immigration: The primary driver behind Maryland's population growth is the migration of people from other states, mainly mid-Atlantic neighbors, as well as immigration from abroad. Though people moved in and out of the state, more people across all age groups moved into Maryland than left in 2016, a trend that has been increasing over the last decade. The largest inflows and outflows were among 18- to 24-year-olds and people in their 30s. There was a strong positive inflow of those in their late 20s and those in their 30s, while there was a net outflow of 18- to 24-year-olds and seniors (Figure 14). For all groups there was a significant number of foreign-born immigrants moving into the state. In fact, the number of foreign-born immigrants is almost the same as the net migration; in other words, without immigration, Maryland migration would be almost neutral (Aisch, Gebeloff, & Quealy, 2014; American Community Survey, 2016).

Figure 14.
Population Inflows and Outflows, Maryland, 2016



Source: American Community Survey, 2016

An ethnically diverse workforce: International migration plays a role in Maryland's racial and ethnic composition as well as its changing workforce. The immigration inflow has remained fairly flat at around 45,000 people per year since 2007. The largest number of immigrants are of working age (25-64), followed by those under 18 years old, and a much smaller number of seniors (American Community Survey, 2010, 2016).

Because of this steady flow of immigrants, the foreign-born population made up 15 percent of Maryland's total population by 2016, up from 10 percent in 2000. By 2016, roughly half had become citizens, 22 percent were legal permanent residents, and 27 percent were undocumented. Current immigrants in Maryland come from Latin America (40 percent), followed by Asia (33 percent), but they also hail from Africa, Europe, and the Middle East (Migration Policy Institute, 2014; Migration Policy Institute, 2016; American Community Survey, 2016).

- **Impact on the labor force:** Though state data is not available, nationally, the portion of the labor force that is foreign-born has risen over the last 20 years, from about 11 percent to just over 16 percent. Because the number of immigrants and their children are increasing faster than the domestic population, they will become a significant portion of the future workforce (National Academies of Sciences, Engineering, and Medicine, 2017).

- **Immigrants work in all sectors:** Across the country, large numbers of immigrants work as private household workers (45 percent) and in farming, fishing, and forestry occupations (46 percent), but they also work across all industry and occupational groups (Cilluffo & Cohn, 2017).

- **Immigrants vary widely in education:** Among adults age 25 and older, 24 percent of Maryland's foreign-born population has less than a high school education, compared with 7 percent of the native population. However, a much higher percentage of the foreign-born population has a graduate or professional degree (16 percent) compared to the native-born population (9 percent) (American Community Survey, 2016).

Implications of Demographic Trends

Changing infrastructure needs: Millennials tend to prefer to live near urban centers with amenities and public transportation; seniors want to be near family, health care, and other services; and immigrants want to live near good schools, public transportation, and jobs. These trends are increasing the demand for smaller, low-cost housing units, and expanded public transportation in Maryland. The demand has pushed down the vacancy rate of rental units to less than 6 percent across the state in 2016, though it is slightly higher in Baltimore (7 percent, which is down from a high of 16 percent in 2010). Because of the increased demand, rental prices have been increasing, making it harder for ALICE households of all ages to find and afford basic housing (U.S. Census Bureau, 2017; Department of Numbers, 2017; U.S. Department of Housing and Urban Development, 2016; Federal Reserve Bank of Richmond, 2018).

Increased need for caregiving: The aging population will increase demand for geriatric health services, including caregiving, assisted living facilities, nursing homes, and home health care. The challenges to ensure seniors get the care they need include a shortage of paid and unpaid caregivers, lack of training among caregivers, and the financial and emotional burden of caregiving on family members.

- **The caregiver-support ratio:** With the number of seniors increasing and the number of potential caregivers (aged 45 to 64) decreasing, there will be fewer people available to care for each senior. The ratio of working age people to seniors (80 years old and older) was 7.2 to 1 in 2010 nationally, and is projected to fall to 4.1 to 1 by 2030, and then to 2.9 to 1 in 2050 (AARP Public Policy Institute, 2015; Redfoot, Feinberg, & Houser, 2013).

- **Health aides are ALICE:** Personal care and home health aide occupations do not require much training, are not well regulated, and are not well paid. These workers are largely women, with one in four being immigrants, and earning a median annual income of $19,000 (Bureau of Labor Statistics, 2016; Espinoza, 2017).

- **Elder abuse:** Low pay, poor training, and lack of oversight may lead to poor-quality care, including physical, mental, and financial abuse and neglect, an issue that is on the rise in Maryland and across the country (MetLife Mature Market Institute, 2011; U.S. Bureau of Justice Statistics, 2015).

- **Caregiving takes a toll:** There are currently more than 771,000 family caregivers in Maryland. While families of all income levels may choose to care for family members themselves, many ALICE caregivers are forced into the role because they cannot afford to hire outside care. Half of caregivers reported household income of less than $50,000 per year and said they had no choice in taking on caregiving responsibilities. Caregiving also adds direct costs to a household budget and can reduce income due to hours away from work or the loss of a job. And the responsibility of making medical decisions as well as the amount of care required can mean further mental and physical strain for caregivers (Dixon, 2017; MetLife Mature Market Institute, 2011; AARP Public Policy Institute, 2015; Rainville, Skufca, & Mehegan, 2016; Ramchand, Tanielian, & et., 2014; Edwards, 2016).

MARKET INSTABILITY

In a complex, integrated global economy, ALICE workers will experience even greater fluctuations in employment and changes in job requirements. Economic disruptions and natural disasters in one part of the world will increasingly have an impact on ALICE workers in the U.S., contributing to employment instability, a shifting supply and demand, and disruption in traditional modes of operation. ALICE households, with few resources to weather these fluctuations, will suffer the most.

Shifting Risk to Workers

As businesses seek new ways to improve productivity and reduce costs, they have increasingly shifted to a contingent workforce that enables them to scale up or down as needed. Yet, workers bear the brunt of this strategy, by experiencing unexpected gains or losses in work hours, which makes it difficult for ALICE households to pay bills regularly, make short term family plans (e.g., child care), or make long-term financial plans such as qualifying for a mortgage. In addition, shorter working hours make it uneconomic for those who have to travel long distances to jobs. These arrangements also reduce the responsibility of employers to provide benefits, such as health insurance and retirement plans. This increases costs to ALICE households and makes them more vulnerable if they have a health crisis or have to retire early. In some cases, employer or government benefits (including paid and unpaid time off, health insurance, unemployment insurance, public assistance, and work supports) are tied to number of hours worked, and unpredictable scheduling means workers could at times fall short of eligibility. For example, low-wage workers are two and a half times more likely to be out of work than other workers but they are only half as likely to receive unemployment insurance (Garfield, Damico, Stephens, & Rouhani, 2015; Watson, Frohlich, & Johnston, 2014; U.S. Government Accountability Office, 2007; U.S. Government Accountability Office, 2015).

Changing Job Market

Maryland's economic landscape is changing. Despite media attention on innovation, the workforce in Maryland is projected to be largely low-paying jobs requiring few educational credentials. From 2018 to 2025, 57 percent of the fastest-growing jobs in Maryland will pay less than $20 per hour, and half (53 percent) will not require more than a high school diploma (Figure 15) (Projections Central, 2016; Bureau of Labor Statistics, 2016).

Many of these jobs are also at the greatest risk of being replaced by technology. In fact, in Maryland almost two-thirds (59 percent) of jobs in the top-20 fastest-growing occupations could be replaced by technology in the next two decades. In addition to automating existing jobs, technology is creating new on-demand jobs and services, with the most attention going to gig economy jobs such as TaskRabbit work and Uber and Lyft driving (Frey & Osborne, 2013).

It is easy to identify the jobs that are likely to disappear due to automation, but it is more difficult to predict the many new jobs that will be created to build and repair the newly mechanized parts of this infrastructure. Workers filling these maintainer roles will be required to develop new sets of skills. In the face of rapidly increasing computing power, an ability to work with data and work alongside machines will be necessary. The pace of change may be faster than anticipated. By one estimate, 50 percent of subject knowledge acquired during the first year of a four-year technical degree will be outdated by the time students graduate. Types of jobs that are predicted to emerge in the next 20 to 30 years include augmented reality architects, alternative currency bankers, waste data managers, 3-D printing engineers, privacy managers, wind turbine repair techs, nano-medics, drone dispatchers, robotic earthworm drivers, body part and limb makers, memory augmentation therapists, mass energy storage developers, and self-driving car mechanics (Frey T. , 2011; Mejia, 2017; Kaiser Family Foundation, 2016; OECD, 2016; World Economic Forum, 2016).

Figure 15.
New Job Growth by Occupation, Maryland, 2014 to 2024

Occupation	2014 Employment	Average Annual Openings	Hourly Wage	Education or Training	Likelihood of Being Replaced by Tech
Registered Nurses	83,090	3,250	$34.30	Bachelor's degree	1%
Retail Salespersons	71,940	3,150	$10.12	No formal educational credential	92%
Secretaries and Administrative Assistants	71,930	2,130	$18.01	High school diploma or equivalent	96%
Cashiers	67,810	3,250	$9.06	No formal educational credential	97%
Customer Service Representatives	48,500	2,210	$16.03	High school diploma or equivalent	55%
Elementary School Teachers	48,210	2,510	$31.53	Bachelor's degree	0%
General and Operations Managers	47,910	1,770	$54.54	Bachelor's degree	16%
Janitors and Cleaners	47,610	1,920	$11.24	No formal educational credential	66%
Office Clerks	46,560	1,420	$14.41	High school diploma or equivalent	96%
First-Line Supervisors of Office Workers	39,350	1,590	$26.92	High school diploma or equivalent	1%
Stock Clerks and Order Fillers	38,080	1,210	$10.72	High school diploma or equivalent	64%
Secondary School Teachers	37,540	1,850	$31.70	Bachelor's degree	1%
Laborers and Movers, Hand	36,890	1,760	$11.91	No formal educational credential	85%
Nursing Assistants	32,840	1,640	$13.25	Postsecondary nondegree award	30%
Teachers and Instructors	32,090	1,330	$33.71	Bachelor's degree	1%
Security Guards	29,890	1,060	$13.83	High school diploma or equivalent	84%
Accountants and Auditors	28,950	1,490	$34.59	Bachelor's degree	94%
Teacher Assistants	28,030	1,350	$13.64	Some college, no degree	56%
Middle School Teachers	27,010	1,410	$32.64	Bachelor's degree	17%
Bookkeeping and Auditing Clerks	26,130	730	$20.29	Some college, no degree	98%

Source: Projections Management Partnership, 2016; Bureau of Labor Statistics, 2014; Bureau of Labor Statistics, 2017

Increasing Exposure to Environmental Hazards

The impact of natural and man-made disasters is often felt more by ALICE workers and low-income communities. More affordable homes are often located in vulnerable areas. Droughts, floods, crop failures, violent weather, rising sea levels, and ocean acidification directly threaten the homes of ALICE families and jobs where ALICE works. The most common natural disasters to hit Maryland are floods, coastal hazards, winter storms, high winds, and thunderstorms. But there are also man-made disasters; for example, there are more than 900 industrial facilities with toxic runoff from their operations that put local communities and waterways at

risk. ALICE families are more likely to live near these areas, and ALICE workers are more likely to work in these industrial sites, which include auto salvage yards, scrap metal recycling facilities, and landfills (van Paasschen, 2017; Steinzor, Lam, Flores, Isaacson, & Bernhardt, 2017; Maryland Emergency Management Agency, 2016; NASA, 2018).

Lacking Assets

What makes market instability especially difficult for ALICE households is their lack of financial resilience. Without adequate assets, families have little to no savings and few opportunities to improve their situation. When families can invest in education, new technology, a small business, or their own home, they can improve their circumstances socially and economically. They can also finance a secure retirement. These are opportunities for creating financial security that are often unavailable to ALICE, increasing the vulnerability of hard-working people.

More than three-quarters of U.S. workers live paycheck to paycheck at least some of the time, and nearly as many are in debt. They do not have savings or access to credit that might sustain them through a low period of income or an unexpected disaster. In 2015, 50 percent of Maryland residents did not have money set aside to cover expenses for three months to protect them against an emergency such as illness or the loss of a job. The wealth divide disproportionately affects households of color, which have fewer assets than White households. Nationally (state data is not available), the median wealth of White households was eight times the median wealth of Black households in 2010 and grew to 13 times in 2013 (the most recent data available) (Prosperity Now, 2018; CareerBuilder, 2017; Kochhar & Cilluffo, 2017; McKernan, Ratcliffe, & Shanks, 2011; FINRA Investor Education Foundation, 2016).

While data on wealth is minimal, there is data on three of the most common assets in Maryland — vehicles, homes, and investments — which can provide insight into resources families have for emergencies and to accumulate wealth. Most Maryland households (91 percent) have at least one vehicle. Although cars are a necessity for work in Maryland and offer other benefits beyond their cash value, they are not an effective means of accumulating wealth. The second most common asset is a home, which has traditionally provided financial stability and the primary means for low-income families to accumulate wealth. In 2016, 64 percent of Maryland households owned a home and three-quarters of those had a mortgage. Renting a home has become less affordable in Maryland as the cost of rentals has continued to rise, while demand for low-cost and multi-family housing has outpaced the supply. Maryland renters devote a high percentage of their household income to rent — the fifth highest percentage in the nation (National Low Income Housing Coalition, 2016; American Community Survey, 2016).

The most effective resource to weather an emergency is an income-producing investment, which can range from a savings account to a 401K retirement plan to a rental property. In 2016, 23 percent of households in Maryland had interest and dividends or rental income, above the national average of 21 percent, but down from 30 percent in 2010. And only 21 percent of Maryland households had retirement income (American Community Survey, 2014 and 2016; CareerBuilder, 2017; McKernan, Ratcliffe, & Shanks, 2011).

When families do not have savings or access to traditional financial services, they are often forced to use alternative lending products with high interest rates and greater risks of predatory lending practices and default. Yet in some cases, the consequence of not taking out these loans are worse than the risk of taking them. It may be more costly to forgo heat or necessary medical care, for example, than the financial cost of predatory lending. In many cases, borrowing costs are cheaper than fees for missing payments, such as heat-reinstatement fees (Mayer & Jencks, 1989; McKernan, Ratcliffe, & Shanks, 2011; McKernan, Ratcliffe, & Vinopal, 2009; Mills & Amick, 2011).

THE WEALTH-HEALTH GAP

There has long been a real and significant divide in health outcomes by socio-economic status, largely because of differences in living conditions, but also because of disparities in levels of quality health care access. With advances in technology and medical care, that gap is projected to grow. It is well documented that people in lower-income groups do not live as long as those in higher income groups. The National Academies of Sciences, Engineering, and Medicine projects that of people born in 1960, those in the lowest-income quintile have a shorter life expectancy than those in the highest-income quintile: 13 years shorter for men (76 years compared to 89 years) and 14 years shorter for women (78 years compared to 92 years) (National Academies of Sciences, Engineering, and Medicine, 2015; Chetty, Stepner, Abraham, & al, 2016; Komlos & Kelly, 2016).

The wealth-health gap is projected to increase further in two ways. First, there is a rise in precision medicine, or the ability to personalize medical treatments, products, and interventions, especially for cancer and rare disease treatments. Precision medicine can be expensive and not always covered by insurance. Second, biotechnology and genetic engineering may soon make it possible to upgrade health, beyond mere treatment of injury and disease. There are medical advances, for example, that will enable families who can afford it to repair genes that cause diseases like cystic fibrosis or insert genes that offer lifelong protection against infections and Alzheimer's disease. Still in the testing stages, none are covered by health insurance, and all are extremely expensive (Harari, 2014; Komlos & Kelly, 2016; Regalado, 2015).

Furthermore, the health-wealth divide is exacerbated by the differences in the environments where families live. Those with the fewest resources live in areas with unhealthy living conditions, such as contaminated water and polluted air, because these homes are less expensive. The impact of pollution, toxic exposure, and disease compounds over time.

Institutionalized racism and ongoing discrimination also factor into disproportionate exposure to adverse health conditions, as people of color have typically had less mobility and choice around where they live and in job opportunities. A 30-year analysis of 319 commercial hazardous waste treatment and storage sites in the U.S. found a consistent pattern of placing hazardous waste facilities in low-income neighborhoods, which are often disproportionately populated by Black and Hispanic families. A variety of large studies have also revealed an association between low socio-economic status and greater harm from air pollution. A comprehensive review from Harvard University researchers revealed that Black, Asian, Hispanic, and Medicaid-eligible individuals of any race/ethnicity had a higher likelihood of death from any pollution-related cause compared to the rest of the population, with Black people almost three times as likely to die from exposure to air pollutants than other groups (Di, Wang, Zanobetti, & Wang, 2017; Mohai & Saha, 2015).

THE DENTAL HEALTH DIVIDE

Nowhere is the wealth-health divide starker than in the disparity in dental care. The wealthiest families have full access to care that helps prevent tooth decay and breakage, and promotes jaw comfort, clear speech, and easier maintenance — all of which lead to better overall health. They often spend thousands of dollars on supplemental dental care to achieve whiter, straighter, stronger smiles, which leads to more social and job opportunities.

Those with the lowest income rarely have dental insurance and therefore forego preventative care. As a result, more low-income individuals suffer from tooth decay and gum infection, which increases the risk of cancer and cardiovascular diseases, and can affect speech and communication, eating and dietary nutrition, sleeping, learning, playing, and overall quality of life. In addition, crooked or yellow teeth can stigmatize people in social settings and reduce job prospects, and they are associated with low educational achievement and social mobility. In fact, 29 percent of low-income respondents to a 2015 American Dental Association survey reported that the appearance of their mouth and teeth affected their ability to interview for a job.

Dental services for low-income children and other vulnerable populations in Maryland have improved significantly over the last 15 years. Maryland's Healthy Smiles Dental Program, under Maryland Children's Health Insurance Program (MCHIP), provides coverage for children and those under the age of 21, former foster care recipients under the age of 26, pregnant women 21 years of age and older, and adults enrolled in the Rare and Expensive Case Management program. From 2005 to 2013, the dental utilization gap between privately-insured children and those enrolled in Healthy Smiles narrowed by over 80 percent, exceeding the national gap decrease of 53 percent.

Even with these improvements, there are still significant barriers to access to dental care for many adults in Maryland. Dental services, including those provided by Healthy Smiles, often require a co-pay that makes them unaffordable for many ALICE families. For seniors, Medicare does not cover routine oral health and dental care, but Maryland provides limited supplemental services for low-income seniors. Unable to afford expensive root canals and crowns, many adults simply have their teeth pulled. As a result, nearly one in five Americans older than 65 do not have a single real tooth.

Having dental insurance does not guarantee access to treatment. Even those with dental coverage have difficulty accessing care in Maryland because there are 49 Dental Care Health Professional Shortage Areas, in both rural areas and urban areas, meaning that only 23 percent of need is being met. According to the Maryland Rural Health Association, 36 percent of Maryland children did not receive dental care in 2015, and in counties with the worst coverage, that rate is as high as 49 percent.

Source: Jordan & Sullivan, 2017; Frakt, 2018; Otto, 2017; Health Policy Institute, 2015; Kaiser Family Foundation, 2016; Center for Health Care Strategies, 2018; Maryland Health Connection, 2017; Maryland Rural Health Association, 2018; Maryland Department of Health, 2017; Maryland Health Connection, 2018

NEXT STEPS

There is a basic belief in America that if you work hard, you can support yourself and your family. Yet the data presented in this Report shows that for more than 825,000 households in Maryland, this is not the case. Working households are still struggling due to the mismatch between the basic cost of living and the wages of many jobs across the state, exacerbated by systemic inequalities in opportunity and wealth. By making this clear, the ALICE data challenges persistent assumptions and stereotypes about people who can't afford to pay their bills or are forced to visit a food bank — that they are primarily people of color, live only in cities, are unemployed, or are struggling as the result of some moral failing. The data on ALICE households shows that hardship in Maryland exists across boundaries of race/ethnicity, age, and geography.

With projected demographic changes and persistent barriers to stability, many ALICE and poverty-level families will continue to face hardship. In particular:

- At least 50 percent of Maryland residents do not have money set aside to cover expenses for three months in case of an emergency such as illness or the loss of a job (FINRA Investor Education Foundation, 2016).
- The majority of residents under age 25 are unable to afford to live on their own, and for both economic and cultural reasons are delaying getting married, having children, or moving for new job opportunities.
- More seniors are aging without saving for retirement.
- There are fewer workers to meet the growing demand for senior caregiving.
- Income and wealth disparities persist by race/ethnicity, sex, gender identity, and sexual orientation.

PRIORITY ISSUES FOR CONSIDERATION

Economic conditions will continue to evolve, and these changes will both provide opportunity and inflict costs. The distribution of opportunity and cost is not usually even or equitable. For change to have a positive impact on ALICE households, communities need to consider a range of system changes that would both help ALICE weather downturns in the short term and become more financially secure in the long term. Policy makers, academics, and advocates in the field have proposed a range of broad ideas that could be adapted on a local, statewide, or national front. The following are a sample of these ideas for consideration.

Education

1 **Incorporate technology training into basic public education throughout a person's lifetime.** Going forward, most jobs will require digital skills, from basic use of computers and smartphones to managing automation and robots. Since 2004, the share of occupations that required high levels of digital skills more than doubled, from 10 to 22 percent. For ALICE workers to maintain employment over time, they will need technology training that is accessible and of high quality throughout their lifetime. Public K-12 schools can incorporate digital skills into all aspects of the curriculum for students, higher education can offer more focused programs, and companies can invest in training for their employees (Liu, 2017).

Financial Stability

2 **Create programs and infrastructure to help workers weather fluctuations in the modern economy.** The issue of fluctuating income for families is one of the biggest problems for individuals, families, and the macro economy. The solutions will have to be big as well. Here are several approaches for policy makers to consider:

- **Access to credit:** For those with low incomes, saving for emergencies is nearly impossible. Access to credit at low rates has proven to be effective to help ALICE workers and employers, especially small businesses, weather an emergency. ALICE families do not always qualify for low rates, but when they do they still need to have enough income to repay the loan or they risk greater long-term financial crises (Collins & Gjertson, 2013; Mayer & Jencks, 1989).

- **Private and public financial instruments:** These range from new types of financial products to a guaranteed income or allowance. Employers could make wages more immediately available (rather than wait two weeks until payday), and banks could do the same for deposited funds. Financial institutions as well as the government could offer insurance or credit to protect workers against dips in income. Going even further, economists, theologians, and policymakers have proposed a minimum guaranteed income for all families for centuries, though proposals run the gamut of approaches. The idea has received more bipartisan attention lately as more workers face periods of low wages or unemployment (Murray, 2016; Schiller, 2017; Van Parijs & Vanderborght, 2017; Shaefer, Collyer, & et, 2018; Farrell & Greig, 2015).

Employment

3 **Remove barriers to employment.** Barriers to employment for ALICE workers include family-care responsibilities, physical and mental health problems (including substance abuse), limited language skills, lack of reliable transportation, and lack of job skills. There are several evidence-based solutions such as work programs that provide direct connections to employment (including apprenticeships), an individualized training approach (that can address a wide range of challenges from soft skills to housing), and the development of career pathways over time through work and education. Successful outcomes require employers, government agencies, and nonprofits to weave together programs and resources that provide a wide-reaching web of support (Van Horn, Edwards, & Greene; Yellen, 2017; Tessler, 2013; U.S. Department of Health and Human Services, 2012).

Consider portable benefits: Benefits such as health insurance, retirement plans like a 401(k), or paid leave, could move with the worker from job to job, and across multiple jobs at once. These can be delivered in multiple forms, through programs that are not connected to work or the employer at all, or through programs that involve employers. Some examples of this approach can be found in the construction industry and business associations, and legislators in New York and Washington are considering benefit management systems so that employers could pay into workers' benefit funds (Foster, Nelson, & Reder, 2016; Strom & Schmitt, 2016; Guillot, 2017; Quinton, 2017; Maxim & Muro, 2018).

Lifetime employment: Considering examples from other countries can expand thinking on this topic. For example, guaranteed employment is an innovative policy that has been utilized in Germany and Japan. Companies guarantee employment for large numbers of workers. To avoid layoffs, the practice allows for transfers and defined reductions in hours and wages in lean times (Noorderhaven, Sorge, & Koen, 2015).

Equity

4 **Level the playing field for all.** Biases against marginalized groups persist in the workplace and the housing market despite positive shifts in public opinion and attitudes regarding differences in race and ethnicity, sex, sexual orientation, gender identity, and disability.

Racial bias is among the most persistent, despite research confirming that the gaps in education, income, and wealth that now exist along racial lines in Maryland and across the U.S. have little to do with individual behaviors. Instead, these gaps reflect systemic policies and institutional practices that create different opportunities for people of differing races and ethnicities. This divide is especially apparent in Baltimore, manifested through gentrification and concentrated poverty in communities of color. Discriminatory practices have been embedded in our social structures and legal system, especially in terms of housing policies, immigration practices, voting rights, school funding, and health care programs. To make a difference for ALICE households of color, changes need to be made within institutions that impede equity in areas including the legal system, health care, housing, education, and jobs (Mishel, Bivens, Gould, & Shierholz, 2012; Shapiro, Meschede, & Osoro, 2013; Agency for Healthcare Research and Quality, 2015; Goldrick-Rab, Kelchen, & Houle, 2014; Racial Wealth Divide Initiative, 2017; Anti-Poverty Network of New Jersey, 2017).

For solutions to be effective, they must be as comprehensive and as interconnected as the problems are. Siloed solutions do not work. Because conditions vary across counties and states, the solutions to the challenges that ALICE and poverty-level households face will vary as well. Stakeholders — family, friends, nonprofits, businesses, and the government — will need to work together with innovation and vision to bring structural change, beginning at the highest levels of economic policy and extending deep into the fabric of our communities.

Ultimately, if ALICE households can become financially stable, Maryland's economy will be stronger and its communities more vibrant — improving life not just for ALICE, but for everyone. The data detailed in this report can be a jumping-off point for new and better ideas that can help working families move toward this goal. There is no one solution: A host of strategies will be needed to build and fortify a nation where working people and their families aren't left behind.

Care. Connect. Contribute.
community foundation
of anne arundel county

POVERTY AMIDST PLENTY VI:

On the Road to Progress For All

Sixth Edition, 2018

Poverty Amidst Plenty VI. Sixth Edition. Annapolis, MD:
Community Foundation of Anne Arundel County 2019.

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

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Forward

The 2018 Anne Arundel County Community Needs Assessment, *Poverty Amidst Plenty VI*, is the result of an extended collaboration between the following partners: The Community Foundation of Anne Arundel County, Anne Arundel Medical Center, University of Maryland Baltimore Washington Medical Center, Anne Arundel County Department of Health, Anne Arundel County Mental Health Agency, Anne Arundel County Partnership for Children, Youth and Families and the YWCA of Annapolis and Anne Arundel County.

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

The report draws on qualitative data gathered from 26 key informants and 11 focus groups. Focus group areas included emergency department personnel, low income youth, behavioral health providers, Hispanic residents, advocates, domestic violence victims and a host of others representing a total of 185 participants. The author thanks Lisa Kovacs, Administrative Coordinator at the Anne Arundel County Partnership for Children, Youth and Families, for the hours of transcription time spent ensuring this Needs Assessment accurately represents the voices of our community. The data was read and reread until dominant themes emerged which became the subtext of the report. All participants gave permission for their words to be used in the final report, although their identities are protected. The author would also like to thank Cindy O'Neill and Martha Blaxall for the hundreds of hours they spent editing and refining this report.

ABOUT THE AUTHOR

Dr. Pamela Brown is currently the Executive Director of the Anne Arundel County Partnership for Children, Youth and Families. She completed her Ph.D. in Educational Leadership at Florida Atlantic University. Her dissertation focused on the importance of community partnerships in diverse neighborhoods. She is a Dissertation Chair for the University of Phoenix specializing in qualitative case study methods. She is certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 20 years. The author takes full responsibility for the interpretations and analyses represented here. They do not necessarily represent the interpretations or the views of the Community Foundation of Anne Arundel County, the Anne Arundel County Partnership for Children, Youth and Families, or the staff, boards, officers, or donors of these organizations.

The Community Foundation of Anne Arundel County (CFAAC) is pleased to present the 2018 needs assessment *Poverty Amidst Plenty VI* 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. CFAAC is deeply grateful to Dr. Pamela Brown and the Anne Arundel County Partnership for Children, Youth, and Families for their extensive work in compiling data and drafting this report.

CFAAC's mission is to connect people who care with causes that matter in our community. The report intends to increase knowledge and awareness, as well as to frame informed discussions about persistent local trends and needs. This report is also meant to inform fund holders, donors, nonprofit grantees, professional adviser partners, and all stakeholders in the county about the challenges facing our community and the importance of their participation in critical conversations focused on transforming and strengthening our community.

CFAAC is dedicated to convening both private and public sectors – individual, family and corporate philanthropists, civic and faith-based organizations, nonprofits, community advocates, volunteers, business leaders, elected officials, policymakers, government agencies, foundations, professional advisors, and others – to prioritize and develop strategies and implementation plans with measurable goals to address the most pressing needs of our community.

We believe that by tracking key measures of community well-being, and developing a common vision for Anne Arundel County supported by shared commitment and strong leadership, dynamic partnerships across all sectors can be forged to determine real community solutions. To support these efforts, CFAAC plays an important role by continuing to build a permanent source of philanthropic assets to sustain nonprofit agencies and the important work they do.

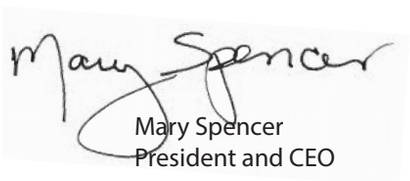
Founded in 1998, CFAAC is the largest institutional funder of nonprofits in Anne Arundel County. With over $14 million dollars in assets, and $2.3 million dollars in grants made in 2018 alone, CFAAC remains committed to providing an increasingly powerful pool of resources to sustain the kind of impact that strong philanthropic support can achieve in a community.

Since the last community needs assessment report done in 2016, the most pressing community needs have remained constant. Affordable housing and child care, quality health care, jobs that pay a living wage, and the availability of transportation continue to be identified as key determinants to a strong and thriving community in Anne Arundel County. Newer concerns have swept across our county as well, including the increasingly devastating effects on the lives of those impacted by the opioid crisis. Additionally, the too-close-to-home threat of gun violence has increasingly jumped to the forefront, affecting our entire community, especially in light of the tragic shooting at the Capital Gazette Newspaper office on June 28, 2018. The federal and state laws associated with the national issue of gun violence, and the political landscape affecting those laws, is beyond the scope of this community needs assessment report. Knowing that Anne Arundel County is engaged with federal, state, and other local authorities in looking at this as a public health issue is an indication of the next steps in the local community, and broader, conversation. Correlations between mental health issues, drug and alcohol abuse, poverty, and increases in gang activity, among other things, all would seem to play a part in the growing concern over gun violence in our community and in our country.

With knowledge comes power, and it is our hope that the information contained in this report sparks powerful conversations and meaningful progress toward achieving a healthy and strong community for all of the residents of Anne Arundel County.

Together we remain steadfast and committed to Achieving Progress for All.

James P. Nolan
Chair, Board of Trustees



Mary Spencer
President and CEO

Summary of Principal Findings

Population: The Anne Arundel County population has grown 15.3 percent since 2000 to 564,600 residents. The county's population is aging. Those over the age of 65 have increased since 2014 while the percentages of those 19 and under have decreased slightly.

Hispanic Population: The Hispanic population is growing more significantly than all other races/ethnicities and is now at 7.3 percent (41,275 residents) of the county's population. The county has the fourth largest Hispanic population, by percentage, among Maryland counties. The location of the Hispanic population in the county is uneven, with a high of just over 20 percent of the population of the City of Annapolis.

Poverty: As of 2018, a family of four (two adults, two children) with an annual income below $25,100 is defined as living in poverty by the federal government. There are roughly 33,000 Anne Arundel County residents (6.1 percent) living below the poverty level. There are 31,377 households led by single parents, of which 22,565 have a female as the head of household. Estimates suggest nearly 15 percent of the single parent households in the county make an income that is below the federal poverty level.

The Income Gap: The gap between rich and poor continues to widen. The number of resident households with an income above $200,000 has grown by over 38 percent while the number of households with an income below $25,000 has shrunk, but only by 1.8 percent. The 2018 median household income for the county stood at $99,652; 19 percent more than the state and 65 percent more than the nation.

Economic Opportunity: Anne Arundel County is the fifth largest jurisdiction in the state in terms of population yet it has the third largest economy at $36 billion. There are approximately 15,000 businesses within county boundaries. The median home price has increased 6.6 percent since 2017 with an average value of $325,333. The unemployment rate has dropped from almost 7 percent in 2010 to 2.8 percent at the end of 2018.

Transportation: The lack of public transportation continues to be a major issue for the county. The majority of county residents (80 percent) drive to work alone in their cars every day; 7.7 percent car pool, two percent walk, and two percent take a bus. There are now five regional transit routes, eight Annapolis routes, four local bus routes, and four commuter bus routes. Additionally, there are two pilot bus routes in South County. Nonetheless, public transportation continued to be a major concern for all participants in this needs assessment. There are large areas of the county that are underserved (or not served at all), including North and West County.

Housing: As of September 2018, the median home sale price was $345,000, an increase of 10 percent or $30,000 compared to last year. Renters account for 26.4 percent or 52,948 of the 203,336 households in the county. Of those renters, 24,172 or 45 percent are overburdened. Renters are considered overburdened when they pay more than 30 percent of their gross income in rent. There is a decreasing amount of public and subsidized housing in the county. There are 10,278 county families on the waiting list for Housing Choice Vouchers and 17,683 families on the waiting list for public housing. There are 1,514 families on the Annapolis public housing wait list.

Homelessness: Homelessness is a continuing concern for individuals and families in the county. The county served 1,684 homeless individuals in 2017. There are still only three homeless shelters in the county and three rapid rehousing programs. In 2018, 1,260 homeless youth were identified in the county public school system.

Child Care: Child care continues to be a huge issue for those seeking employment, especially single parents. The average cost of family day care for two children is over $20,000 per year, more for a child care center. The distribution of child care centers is uneven across the county. There are none in Brooklyn Park, Harmans or Shadyside. The numbers of family day care providers are dropping and that trend is predicted to continue until 2022.

Youth Development: There are 127,512 children under the age of 18 living in Anne Arundel County. Of those, 35,002 (27.4 percent) are under five years of age, and over 12,0000 (10 percent) live below the federal poverty level; an increase of two percent since 2015.

- In 2015, a new kindergarten readiness tool was introduced to Anne Arundel County Public Schools: Ready4Kindergarten or R4K. While scores have slightly improved from a low of 43 percent in 2015, the 2018 score of 48 percent shows less than half of county children are ready for kindergarten.
- In the 2018 Maryland school district rankings, Anne Arundel County ranked 13th of 24 school districts based on the most recent standardized test scores. Over 80 percent of Anne Arundel County 8th graders are not meeting standards in math and less than half are meeting standards in reading.
- There are still gaps in achievement related to race, ethnicity, income, disability, and Limited English Proficient students. However, between 2010 and 2016, African American students have shown an 8.56 percent improvement, and Free and Reduced Meal Students (FARMS) have shown a 7.96 percent improvement in graduation rates.
- The county's chronic truancy or habitual absenteeism rate has risen across all grade levels and student populations. Children from low income families who receive free lunch (FARMS) have the highest levels of chronic truancy, an increase of three percent since 2014.
- The overall county unemployment rate for youth ages 17 to 24 stands at 13.6 percent. The rate of youth unemployment for African Americans stands at 25 percent, almost double that of the overall rate.

Health: County life expectancy has risen to 79.6 years. In 2017, cardiovascular disease was the leading cause of death followed by cancer. Accidental (unintentional injury) deaths are the fifth leading cause of death, driven most likely by increases in opioid overdose deaths. Cardiovascular disease accounted for about 31 percent of all county deaths in 2017, an increase of almost 10 percent since 2013.

Mental Health: There has been a 70 percent increase in residents seeking mental health services since 2012; 16,348 residents were served by the county mental health agency in 2018. The two highest increases in numbers served are the early childhood population and those over 65. Increased mental health and behavioral issues in the birth to five early childhood population are causing widespread concern in every system. The county's hospital emergency departments are often the receiving facilities for behavioral health issues. In 2017, there were 12,446 behavioral health encounters; mood disorders accounted for 26.3 percent of those.

Substance Abuse: In 2018, Anne Arundel County police reported almost 1,100 opioid-related overdoses occurring within the county, a 171 percent increase since 2014. Fentanyl-related deaths in the county have increased significantly since 2013 and surpassed heroin related deaths in 2018. The current opioid crisis has many victims. The number of newborns assessed positive for substances in their systems, including methadone, has risen 144 percent since 2014 from 74 to 181. Grandparents and great grandparents are raising children with little governmental help.

The Environment: The annual *State of the Bay* Report from the Chesapeake Bay Foundation tracks several indicators detailing the overall health of the Bay. The record precipitation that fell in Maryland in 2018 led to an overall increase in pollution in the Bay and other waterways. Despite many efforts by federal, state, and local governments and other interested parties, pollution in the Bay does not meet existing water quality standards. All of the county's waterways are considered "impaired" because of excessive levels of major contaminants, which are largely a result of untreated storm water runoff.

Social Media: The use of social media, including the active use of smart phones and tablets, is a major concern for residents and professionals in every area of the county. The constant access to electronic information is impacting every age group and demographic. Babies as young as 12 months have been observed in the county holding iPhones and tablets. One early childhood provider described this as "soothing by cell phone".

Chapter 1 | Introduction & Demographics

Anne Arundel County is the fifth largest county in Maryland, covering 415 square miles with 534 miles of natural shoreline. For the majority of residents it is a wonderful place to live. Most recent household median income estimates stand at $99,652.[1] The unemployment rate as of December 2018 is 2.8 percent, lower than the state average of 3.4 percent.[2] However, there are 33,246 Anne Arundel County residents (6.1 percent) living below the poverty level. The rate of poverty for children is much higher at 9.3 percent. Single female head of household numbers are even higher, and there are racial disparities. Nearly 15 percent of White and 20 percent of African American single female head of households are at or below the poverty level.[3] Economic distress is spread unequally throughout the county, with pockets of low income and poverty level families clustered in North and South County areas and in Annapolis.

In 2018, residents are most concerned about the heroin/opioid crisis, youth gun and gang violence, behavioral issues among the very young, and the impact of social media on every facet of our lives and the lives of our children. Participants in this needs assessment agreed that lack of transportation was the most often cited barrier to success in Anne Arundel County. Transportation impacts all facets of life, from accessing appropriate medical care to acquiring and retaining employment. The lack of quality, affordable child care and affordable housing are continuing barriers for poverty-level and low income families as they try to move towards self-sufficiency.

Population Demographics

The most recent census estimates on the diversity of the county illustrate a diminishing White, Caucasian population. The Hispanic population has grown 219 percent since the year 2000 (Table 1). The most common foreign languages in Anne Arundel County are Spanish (26,124 speakers), Tagalog (2,810 speakers), and Korean (2,751 speakers). Compared to other places, Anne Arundel County has a relatively high number of individuals who speak Greek (737 speakers), Korean (2,751 speakers), and African languages (2,387 speakers).[4]

Table 1

Ethnic/Racial Composition
Anne Arundel County, 2000-2017

	2000		2010		2017		% Change 2000-2017
	Number	%	Number	%	Number	%	%
Total Population	489,656	100	537,656	100	564,600	100	15.3
Non-Hispanic Whites	390,519	79.8	405,456	75.4	393,139	69.6	0.6
Other Races	**99,137**	**20.2**	**132,200**	**24.6**	**171,191**	**30.3**	**72.6**
Hispanic or Latino	12,902	2.6	32,902	6.1	41,275	7.3	219.9
Black or African-American	65,755	13.4	83,484	15.5	89,365	15.9	77
Other*	20,480	4.2	15,814	3	40,551	7.1	98

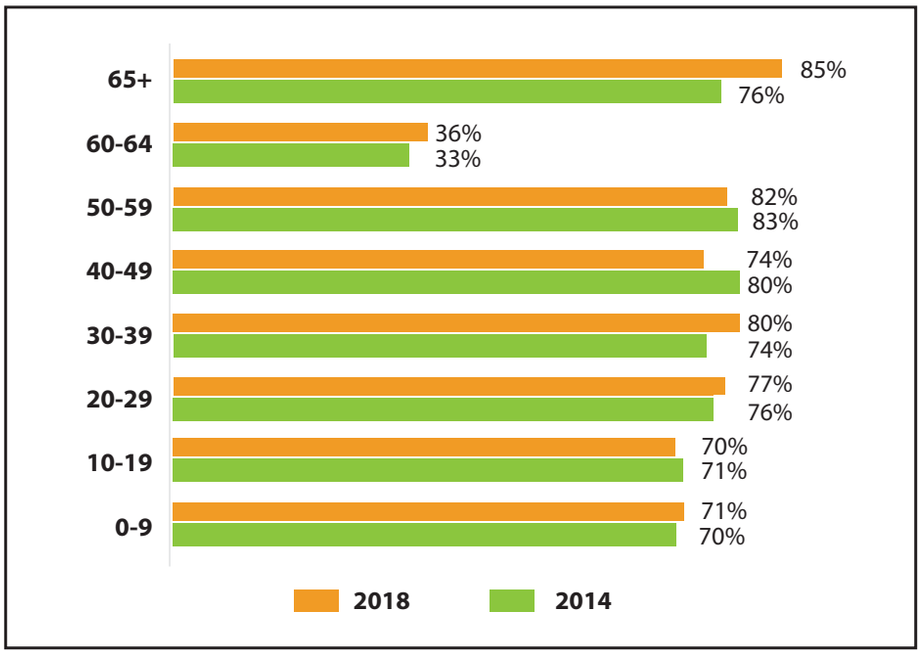
U.S. Census Bureau, American Community Survey, 2016. *"Other" here includes "American Indian and Alaskan Native and "Asian," "Native Hawaiian or other Pacific Islander," "Some other race," or "Two or more races." Therefore, the "White" and "Black" figures are those who were counted as "White alone" or "Black alone."*

[1] U.S. Census Bureau, *2013-2017 American Community Survey 5-Year Estimates*, 2018.
[2] Maryland Department of Labor, Licensing and Regulation, *Local Area Unemployment Statistics*, 2019.
[3] U.S. Census Bureau, *American Community Survey 2013-2017 5-year Estimates.*
[4] Ibid.

Anne Arundel County has an aging population. Since 2014, the percentage of residents over the age of 65 has increased while the percentage of residents 19 and under have decreased slightly (Figure 1).

Figure 1

ANNE ARUNDEL COUNTY AGE DISTRIBUTION (2014-2018)



Anne Arundel County Economic Development Corporation, 2018

The Hispanic Community

While the White Caucasian population of the county continues to diminish, the Hispanic population is growing more significantly than all other races/ethnicities and is now at 7.3 percent, still lower than the state average of 9.8 percent.[5] The county has the fourth largest Hispanic population by percentage among Maryland counties. The distribution of the population is uneven in the county, with a high of 20.3 percent in the City of Annapolis. The largest sector of the Hispanic population is from Central American countries, including a growing population from El Salvador. This is significantly different from the overall U.S. Hispanic population, which is overwhelmingly Mexican (63 percent).[6]

Traditional governmental systems, from the city and county police departments to the public schools and health systems, are struggling to adequately respond to this growing Spanish-speaking population. Only seven Annapolis City and nine county police officers speak Spanish, and only nine percent of full-time civilian personnel speak spanish.[7] The public school system has a shortage of teachers for English Language Learners.[8] The county mental health agency reports a woeful lack of Spanish-speaking counselors. There is only one Spanish-speaking psychiatrist in the county.[9]

[5] Pew Research Center, *Hispanic Trends: Anne Arundel County, Maryland,* 2016.
[6] Flores, Antonio, *How the U.S. Hispanic Population is Changing*, Pew Research Center, 2017.
[7] City of Annapolis Police Department, 2017.
[8] Anne Arundel County Public Schools, 2018.
[9] Anne Arundel County Mental Health Agency, 2018.

Community focus group participants in this Needs Assessment noted the following general trends in the Hispanic community:

- The Hispanic community lives in clusters within the county, in close proximity to public and subsidized housing and low rent private accommodations. Many family members live together in overcrowded conditions; some townhouses hold up to four families. Approximately 90 percent of families are sharing homes.
- Many Hispanic residents are actively seeking English lessons, but the lack of transportation to the community college or Centro de Ayuda, and the lack of time due to long working hours, are barriers.
- Children of Hispanic families spend many hours alone as the parent/caregiver often works two or three jobs. School personnel and others report that hunger is a problem for some of the children. Several respondents noted the man of the family is rarely present in the home. They work seasonal and low paying jobs with long hours.
- Focus group participants stated that many Hispanic parents are scared to allow their children to stay for after-school activities due to immigration and gang-recruitment concerns.
- Many Hispanic residents are living in a state of constant fear of 'the knock on the door' that could signal a return to their country of origin. The large El Salvadoran population has created a well-documented MS-13 gang presence that has led to the development of an active city/county gang taskforce. However, the number of Hispanic residents involved in gang activity is extremely small. Some of the Hispanic residents now living in Annapolis left El Salvador specifically to get away from gangs, only to find themselves re-recruited here. Law enforcement officials in both the City of Annapolis and Anne Arundel County are working diligently to combat gang activity.

Income

The gap between rich and poor continues to widen. The number of resident households with an income above $200,000 has grown by over 38 percent. Those households with an income below $25,000 have shrunk, but only slightly (Table 2). According to the most recent estimates by the Anne Arundel County Economic Development Corporation (2018), the median household income for the county now stands at $99,652; 19 percent more than the state and 65 percent more than the nation.

Table 2

Estimated Annual Household Income Numbers 2010-2016					
Totals	**2010 195,999**		**2016 204,829**		
Per Households	**Number**	**%**	**Number**	**%**	**Percent Change**
Less than $25,000	20,819	10.7%	20,439	10%	-1.8%
$25,000 - 34,999	12,201	6.2%	10,875	5.3%	-10.9%
$35,000 - 49,000	19,077	9.7%	18,775	9.2%	-1.6%
$50,000-74,999	34,853	17.7%	32,573	15.9%	-6.5%
$75,000 - 99,999	29,982	15.3%	29,148	14.2%	-2.8%
$100,000 - 199,999	20,480	31%	68,734	33.6%	11.6%
$200,000 and Above	17,498	9%	24,285	11.9%	38.8%

U.S. Census Bureau, American Community Survey, 2016 Estimates

Poverty

The Federal Government determines the official United States poverty rate. As of 2018, a family of four (two adults, two children) with an annual income below $25,100 is living in poverty. There are 32,368 Anne Arundel County residents (6.1 percent) living below the poverty level; the trend line is up slightly since 2014 (Table 3). There are 31,377 households led by single parents, of which 22,565 have a female as the head of household. Economic well-being for households headed by a single parent can be fragile. Estimates suggest 14.7 percent of the single parent households in the county make an income that is below the federal poverty level.

Table 3

Poverty Status Anne Arundel County (2014-2017)								
	2014		**2015**		**2016**		**2017**	
	# below poverty level	**% below poverty level**	**# below poverty level**	**% below poverty level**	**# below poverty level**	**% below poverty level**	**# below poverty level**	**% below poverty level**
Overall Population	31,573	5.9%	31,573	5.9%	33,168	6.1%	32,246	6.1%
Age								
Under 18 years	8,846	7.1%	8,359	6.7%	8,923	7.1%	9,234	7.4%
18-64 years	8,377	6.8%	19,571	5.7%	20,126	5.8%	19,823	5.7%
65 years and over	3,563	5.2%	3,643	5.1%	4,119	5.6%	4,189	5.5%
Race & Ethnicity								
White, not Hispanic or Latino	18,365	4.6%	18,875	4.7%	18,237	4.7%	18,361	4.8%
Black or African American alone	8,608	10.5%	8,622	10.3%	8,153	9.7%	7,967	9.2%
Asian alone	1,744	9.1%	1,524	7.8%	1,423	7.2%	1,280	6.3%
Hispanic or Latino origin (of any race)	3,165	8.9%	3,018	8.2%	3,643	9.5%	4,176	10.4%

U.S. Census Bureau, American Community Survey Estimates 2017

Poverty continues to be concentrated in the north and south of the county (Table 4). The highest percentage of poverty is in the ZIP Code that contains Brooklyn Park at a staggering 27.3 percent, followed by Curtis Bay at 16.6 percent; both areas border Baltimore City. In South County, Deale has almost twice the level of poverty as the county average.

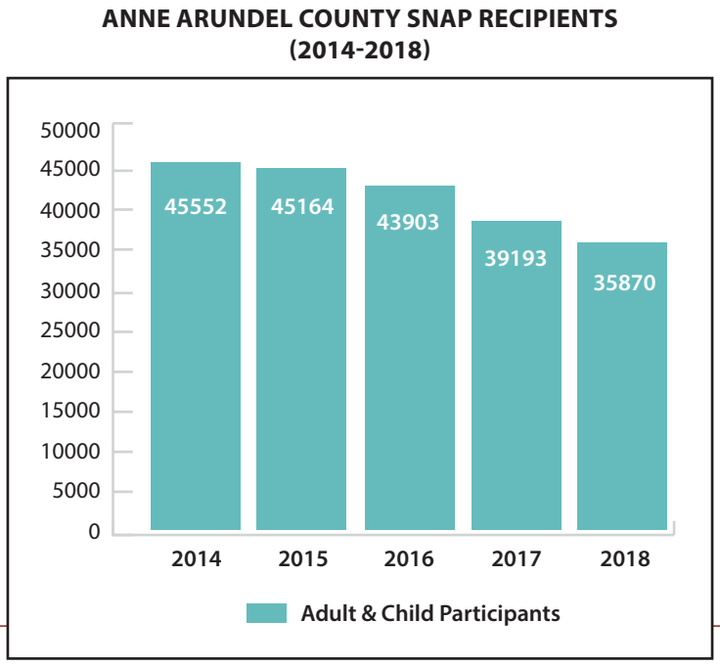
Table 4

Selected Poverty Percentages by Zip Code in Anne Arundel County (2016)		
Zip Code	**Area**	**Poverty Percentage**
21225	Brooklyn Park	27.3%
21226	Curtis Bay	16.6%
21060	Glen Burnie (East)	7.9%
21061	Glen Burnie (West)	9.2%
20751	Deale	10.8%
	Anne Arundel County	6.1% (2018)

U.S. Census Bureau, American Community Survey, Estimates 2016 and 2017

Data about low income residents can also be measured by the numbers receiving (what used to be called food stamps and is now the Supplemental Nutrition Assistance Program (SNAP). SNAP participation is down 21 percent since peaking in 2014 at 45,552 (Figure 2). This is partly due to reinstated work requirements and a decrease in adult eligibility, as well as the improving economy.

Figure 2

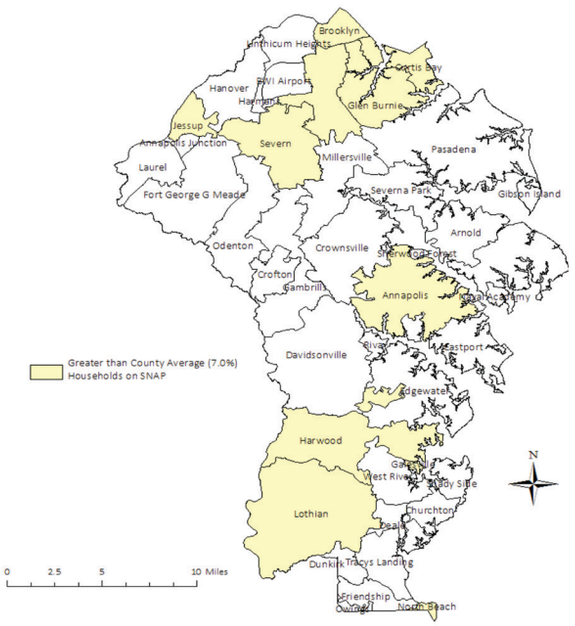


Anne Arundel County Department of Social Services, 2018

According to the 2016 U.S. Census Bureau American Community Survey estimates, SNAP recipients are spread unevenly across the county (Figure 3) with the largest number in North and South County areas and Annapolis.

Figure 3

ANNE ARUNDEL COUNTY SNAP RECIPIENTS (2016)



U.S. Census Bureau, American Community Survey, Estimates 2016

According to the Centers for Disease Control, high poverty and concentrated neighborhood disadvantage increases the likelihood that a child will suffer abuse and neglect.[10] In Anne Arundel County, an average of 481 children per month were abused or neglected from July 2017 through June 2018, an increase of about 25 percent since 2014.

Table 5

Counties in Maryland with the Highest Number of Child Maltreatment Reports (2018)	
	Monthly Average from July 2017-June 2018
Prince George's	734
Baltimore City	559
Montgomery	481
Anne Arundel	471
Baltimore County	370

Maryland Department of Human Resources, 2018

The number of Anne Arundel County families receiving in-home services from county social services has risen every year since 2014. Most alarming, the number of newborns exposed to illegal substances has increased 158 percent since 2014 (Table 6).

Table 6

Anne Arundel County Child Welfare Key Indicators (2014 to present)					
	2014	**2015**	**2016**	**2017**	**2018 (Jan. - Sept.)**
Families Receiving in Home Services	483	607	662	753	625
New Children Receiving in Home Services	1005	1016	1139	1429	1196
New Child Protective Services Accepted Investigations	2400	2154	2161	2185	2243
New Substance Exposed Newborn Assessments	74	169	197	174	191

Anne Arundel County Department of Social Services, 2018

[10] Centers for Disease Control and Prevention, *Violence Prevention, Child Abuse and Neglect: Risk Protective Factors,* 2018.

The Environment

Anne Arundel County is a place of natural beauty that can be enjoyed through two state parks and 70 county parks linked by an extensive network of recreation and transportation trails. With 534 miles of linear coastline, the county ranks second for waterfront in the state.

The Chesapeake Bay is perhaps Anne Arundel County's most treasured natural resource, constituting the largest estuary in the United States. The annual *State of the Bay Report* from the Chesapeake Bay Foundation tracks several indicators detailing the overall health of the Bay (Table 7). The record precipitation that fell over the region in 2018 led to increased pollution, nitrogen and phosphorus levels in the Bay. The Bay did show some positive signs of health and resiliency despite the weather challenges, although it remains a fragile estuary.[11]

Despite many efforts by federal, state, and local governments and other interested parties, the amount of pollution in the Bay does not meet existing water quality standards. According to the Anne Arundel County Department of Public Works, all of Anne Arundel County's waterways are considered "impaired" because of excessive levels of major contaminants, which are largely a result of untreated stormwater runoff. All stormwater runoff ends up in nearby streams, rivers and eventually the Chesapeake Bay without prior treatment. Since stormwater comes into contact with litter, gasoline, oils, brake pad dust from our cars, pesticides, waste from our pets, and many other toxins along its journey, stormwater is a significant source of pollution to our waterways.

Many Anne Arundel communities are within one mile of the Bay shoreline. The county has 500 miles of Chesapeake Bay shoreline and a wealth of waterways, including the Magothy River, the Upper Patuxent River, the Rhode River, the Severn River, the South and West Rivers, and the Patapsco River.

Table 7

CHESAPEAKE BAY HEALTH INDICATORS 2018 COMPARED TO 2016

	Indicator	2016 Score	Change from 2016	Grade
Tan area = Pollution	Nitrogen	12	-5	F
	Phosphorus	19	-9	F
	Dissolved Oxygen	42	+2	C
	Water Clarity	16	-4	F
	Toxins	28	0	D
Green area = Habitat	Forested Buffers	57	0	B
	Wetlands	42	0	C
	Underwater Grasses	25	+1	D
	Restored Lands	33	+1	D+
Blue area = Fisheries	Rockfish	66	0	A-
	Blue Crabs	55	0	B
	Oysters	10	0	F
	Shad	10	-1	F

Chesapeake Bay Foundation, 2018

[11] Chesapeake Bay Foundation, *State of the Bay,* 2018.

The Anne Arundel County Department of Health identified five potential groundwater problem areas for water quality within the county due to saltwater intrusion, volatile organic compounds (VOCs), and elevated levels of nitrate, radium, arsenic, and cadmium. The areas are Annapolis Neck, Gambrills Area, Northern Anne Arundel County (generally all areas north of U.S. Route 50), the Fort Meade/Odenton Area and the Annapolis/Edgewater Peninsula.

As of August 2018, 19 public schools had unacceptable levels of lead in their drinking water. Although the Centers for Disease Control do not set an unsafe level of lead, the U.S. Environmental Protection Agency recommends water should be shut off at any faucet where lead levels exceed 20 parts per billion. Children are especially susceptible to lead poisoning. It can result in an array of negative health affects including reduced IQ, impaired growth, hearing loss, and severe neurological problems. At Glen Burnie High School, 71 water outlets tested above that level. Nineteen elementary schools had at least one faucet at an unacceptable lead level; all are located in North County (Table 8). The testing is on going throughout the county.

Table 8

SCHOOL LEAD RATES - ANNE ARUNDEL COUNTY 2018

Schools with faucets above 20 parts per billion for lead	Number of Faucets
Brooklyn Park Elementary School	23
Sunset Elementary	14
Hilltop Elementary	13
High Point Elementary	13
Overlook Elementary	10
Park Elementary	10
Belle Grove Elementary	8
Linthicum Elementary	5
Solley Elementary	5
Oakwood Elementary	3
Marley Glen Special Elementary	4
George Cromwell Elementary	2
Glendale Elementary	2
Richard Henry Lee Elementary	2
Woodside Elementary	2
Ferndale Elementary	1
North Glen Elementary	1
Point Pleasant Elementary	1

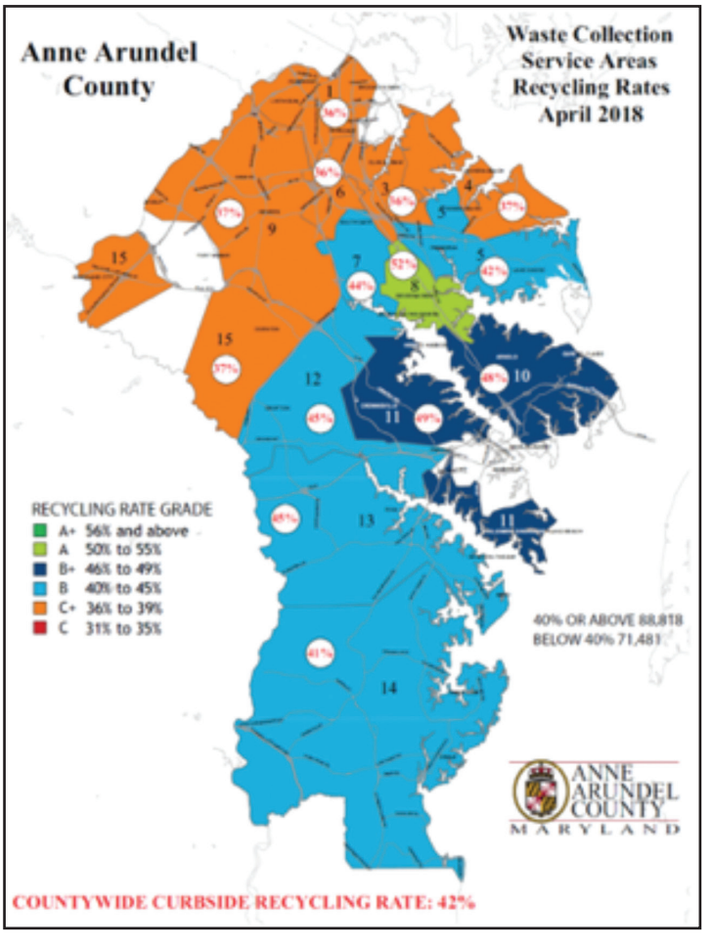
Maryland Department of the Environment, 2018

Air quality is another concern for the county. Anne Arundel scored an "F" on the American Lung Association's "State of the Air" report in 2018 for an average of 13 high ozone days per year between 2014 and 2016, a reduction from 23 days in 2013.[12] 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.

Recycling is a way to protect the environment and reduce pollution. According to the Anne Arundel County recycling program, the county average recycling rate is 42 percent. As of April 2018, the Severna Park area has the highest rate at 52 percent and is the only area to receive an "A". Brooklyn Park and parts of North County have the lowest rate at 36 percent.

Figure 4

WASTE COLLECTION SERVICE AREAS RECYCLING RATES AS OF APRIL 2018



Anne Arundel County Department of Public Works, 2018

[12] American Lung Association, *State of the Air Report,* 2018.

While our Bay and watersheds are improving, air quality is still an issue for vulnerable residents. Newly required testing for lead pollution in the drinking water at public schools points to the need for public action, especially at the elementary level when children are most susceptible.

Summary

In 2018, Anne Arundel County is still a land of plenty. Low unemployment, high median household income, growing cultural diversity and acres of natural beauty make the county a desirable place to live. However, deep and stubborn pockets of poverty to the south and north of the county and in the City of Annapolis, require focused attention. As one administrator noted:

> "There is a lot of suffering, there are a lot of people with challenges in this community and as good a job as we're doing, these problems are not going to be solved overnight."

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.

North County is the most densely populated area in the county, with a healthy mix of residential, commercial and industrial development. North County (specifically Glen Burnie, Brooklyn and Pasadena) touches the edges of Baltimore City and shares its issues related to urban poverty. North County has the highest population of residents living in poverty, the highest rate of substance abuse in the county, and has the highest rate of parental incarceration. Much of the area is a food desert, with few locations where healthy food can be purchased.

South County, a region generally defined as that part of Anne Arundel County south of the South River. Much of South County is wealthy, including Davidsonville and communities along the waters of the Bay, and much of it below Edgewater is largely rural. There are several small pockets of poverty in South County that lack access to jobs, health care, transportation, and affordable housing. Many families in these poor communities suffer from poor health, lack of access to healthy food, and chronic truancy. The large number of South County opioid overdoses and deaths, relative to population size, also characterize areas surrounding Deale and Lothian.

Annapolis, as the state capital, thrives economically on government activity, but is also known for its maritime and tourism businesses. The city is located on the Chesapeake Bay at the mouth of the Severn River. The growth of the Hispanic community in Annapolis has strained many social service, healthcare, school, and law enforcement resources. The city has a high proportion of public housing and other subsidized housing, most of which is in need of repair and/or replacement. With no transportation and little affordable child care, most families in public housing have become mired in intergenerational poverty.

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 and Hotel. The rapid economic growth in West County has put pressure on many county schools and other services.

Chapter 2 | Expanding Economic Opportunity

Anne Arundel County is a significant economic force in the Baltimore-Washington Metropolitan Area. Annual economic activity now exceeds $36 billion, the third largest economic entity in Maryland.[1] Its population base is estimated at about 565,000, the fifth highest in the State.[2] Approximately 15,000 businesses — government agencies, technology firms, healthcare facilities, construction companies, hotels, entertainment centers, restaurants, retail outlets, and agricultural entities are located within county boundaries.[3] These industries have grown substantially since the Great Recession of 2008-2010.

Employment

The overall effect of recent economic growth has been beneficial for Anne Arundel County. State of Maryland data show continuing improvement from the end of December 2014 to the end of December 2018. As shown in Table 9, the total number of individuals employed in the county grew 17 percent during this period, and the average weekly wage from December 2014 to December 2017 increased 7.6 percent. The service industry remains the largest single employer in the county, with an average of 194,879 jobs followed by trade, transportation, and utilities with 57,013 jobs. The top wage earning jobs in the county are in manufacturing, where there are currently 11,843 jobs. The county's largest single private employer, Northrop Grumman, is a manufacturing employer. Fort George G. Meade is the county's largest employment center.[4]

Table 9

Anne Arundel County Employment Growth, 2014-2018						
Date	**December 2014**	**December 2015**	**December 2016**	**December 2017**	**December 2018**	**percent change 2014-2018**
Number Employed	258,125	264,231	271,011	297,640	301,207	17 %
Average Weekly Wage	$1,094	$1,144	$1,159	$1,177	n/a	7.6 % (2014-2017)

State of Maryland, Department of Labor, Licensing and Regulation, Office of Workforce Information and Performance, County Industry Series, Maryland's Quarterly Census of Employment and Wages (QCEW) for 2014-2017, and DLLR's Monthly Labor Review, December 2018, for Number Employed, December 2017 and 2018.

[1] Anne Arundel County Economic Development Corporation, *Anne Arundel County Snapshot*.

[2] U.S. Census Bureau, *2013-2017 American Community Survey 5-Year Estimates, 2018.*

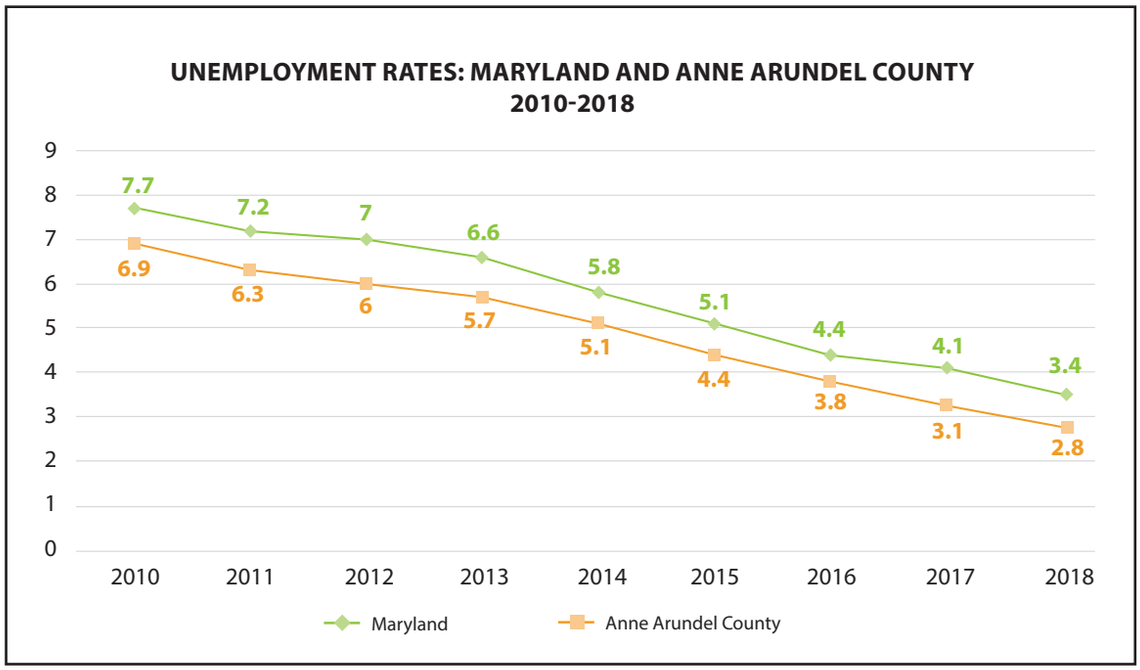
[3] U.S. Census Bureau, *American Fact Finder Quick Facts*, 2016.

[4] Maryland Department of Labor, Licensing and Regulation, Office of Workforce Information and Performance, *County Industry Series, Maryland's Quarterly Census of Employment and Wages (QCEW) for 2014-2017*, and DLLR's Monthly Labor Review, December 2018.

Unemployment

Anne Arundel County's employment growth during the last five years has reversed the high unemployment rates experienced during the Great Recession, as shown in Figure 5.

Figure 5



Bureau of Labor Statistics, MD Office of Workforce Information & Performance
(Seasonally unadjusted data)

By December 2018, the county's unemployment rate (not-seasonally adjusted) has declined to 2.8 percent, almost half of the levels seen in 2012. Unemployment rates vary by zip code. The northeast part of the county represented by Glen Burnie, Brooklyn Park, and Pasadena has the highest rate of unemployment (Figure 6). These areas represent parts of the county that contain a significant number of low income residents and those living in poverty. Inadequate transportation to and from potential employers and lack of affordable child care contribute to the chronic unemployment and low wage opportunities that characterize the economic conditions in much of these geographic areas. It is often easier for residents of Baltimore City to commute to these communities for jobs than it is for current residents to find local transportation to them. As one resident indicated in a focus group:

> "The problem we still have countywide is transportation....public transportation is almost non-existent in West County. Certainly not enough to get people to jobs and places they need to go....the lack of transportation hasn't changed since 2015."

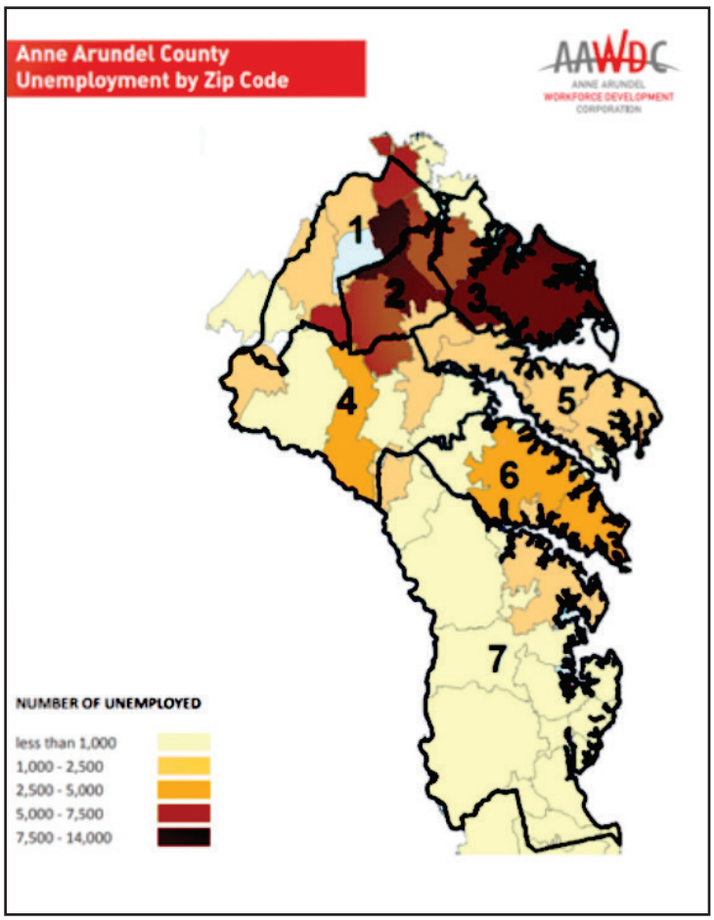
Income Distribution and Poverty

Anne Arundel County as a whole is a wealthy county. The median household income in 2018 reached $99,652,[5] higher than that of Maryland ($80,776) and of the United States ($60,336).[6] About 92 percent of the population over age 25 has at least a high school diploma, and almost 40 percent of the population has a Bachelor's or post-graduate degree.[7]

While the majority of county residents are economically secure, there were still about 34,314 county residents estimated to be living in poverty at the end of 2017.[8] A little over a quarter of these individuals were age 17 or younger.[9]

The current federal poverty guideline is $25,100 for a family of four. Anne Arundel County residents deemed to be living in poverty have incomes far below the level of the median household income for the county. Families living in poverty also earn well below the "Living Wage Incomes" as defined by Massachusetts Institute of Technology (MIT) to be the minimum incomes that can provide a semblance of comfort for a working family.

Figure 6



Anne Arundel Workforce Development Corporation, 2018

[5] Anne Arundel County Economic Development Corporation, *Anne Arundel County Snapshot*, 2019.
[6] Departmentofnumbers.com, *Maryland Household Income*, September, 2018.
[7] U.S Department of Labor, Federal Bureau of Statistics, 2018.
[8] U.S. Census Bureau, *Estimate of People of All Ages in Poverty in Anne Arundel County, MD*, 2019.
[9] Ibid.

The Living Wage Model

Anne Arundel County has a high cost of living, including high rents and high real estate costs. The Living Wage Model, developed at the MIT, is a tested measure of required income given a geographic location. It is a market-based approach that examines specific expenditure data related to a family's likely minimum costs for food, child care, health insurance, housing, transportation, and other basic necessities. It offers a comparison between what a family in Anne Arundel County has to live on at the federal poverty level, Maryland's minimum wage of $9.25 per hour (2017 rate); the higher 2018 rate of $10.10 per hour and what a minimum living wage would realistically be (Table 10). The living wage shown is the hourly rate that an individual must earn to support their family if they are working full-time (2,080 hours per year). The state minimum wage is the same for all individuals, regardless of how many dependents they may have. The poverty guideline, shown in Table 10, is typically quoted as gross annual income. It has been converted to an hourly wage for comparison purposes.

Table 10

Living Wage Calculation for Anne Arundel County, 2017				
Family Size	Poverty Hourly Wage	Maryland Minimum Hourly Wage	Living Hourly Wage	Required Living Wage Annual Salary
1 Adult	$5.00	$9.25	$13.28	$28,479
1 Adult 1 Child	$7.00	$9.25	$28.46	$60,010
1 Adult 2 Children	$9.00	$9.25	$32.27	$69,083
1 Adult 3 Children	$11.00	$9.25	$40.24	$84,972
2 Adults (1 Working) 1 Child	$9.00	$9.25	$25.38	$44,953
2 Adults (1 Working) 2 Children	$11.00	$9.25	$28.35	$54,678
2 Adults (1 Working) 3 Children	$13.00	$9.25	$31.69	$67,399
2 Adults (both working) 1 Child	$4.00	$9.25	$15.09	$64,710
2 Adults (both working) 2 Children	$5.00	$9.25	$17.67	$74,603
2 Adults (both working) 3 Children	$6.00	$9.25	$20.44	$86,623

Living Wage Calculator, MIT 2017

The Living Wage rates have increased considerably since 2014. A single adult in 2017 needed to earn $13.28 per hour to be self-sufficient, an increase of almost 11 percent since 2014. A single adult with one child had to earn $28.46 per hour, an increase of almost 14 percent since 2014. The average teacher in Anne Arundel County made only $23.74 per hour in 2017, with a small raise in 2018. There are many job opportunities in the county that do not offer even $12 per hour.[10]

[10] Indeed.com, *Anne Arundel County Salaries*, 2018.

Table 11 presents typical annual salaries for various professions in Anne Arundel County. More than a third of salaries listed provide far less than the required living wage estimated for Anne Arundel County, yet many of the lowest income individuals in the county are employed in these fields.

Table 11

Typical Annual Salaries in Anne Arundel County, 2017			
Occupational Area	**Average Salary**	**Occupational Area**	**Average Salary**
Management	$120,175	Food Prep & Serving	$22,231
Business/Financial Operations	$77,493	Building & Grounds Cleaning & Maintenance	$27,364
Computer & Mathematical	$98,592	Personal Care & Service	$24,658
Architecture & Engineering	$93,973	Sales and Related	$27,960
Community & Social Service	$48,730	Office and Administrative Support	$38,525
Legal	$69,263	Farming, Fishing & Forestry	$34,441
Education, Training, Library	$58,678	Construction & Extraction	$46,508
Healthcare Practitioners & Technical	$75,395	Installation, Maintenance & Repair	$50,891
Healthcare Support	$31,736	Production	$36,231
Protective Service	$46,621	Transportation & Material Moving	$35,357

Source: MIT Living Wage Calculator for Anne Arundel County, 2018

The Geography of Poverty

Low income families live predominantly in pockets of poverty to the south and north of the county and in Annapolis. Table 12 shows several zip codes with poverty areas greater than the county average.

North County has the highest population of residents living in poverty, (a staggering 27.3 percent in Brooklyn Park), as shown in Table 12. The most recent estimates show child poverty at 23 percent. This part of the county also has the highest rate of parental incarceration; 4,203 individuals with children were incarcerated in Anne Arundel County jails in 2017, over 40 percent of whom have a home address in one of four communities in North County.[11] As one North County participant noted:

> "Some kids come to school because it's a safe place and a place to eat and has someone who cares about them."

Much of North County is a food desert, with few locations where healthy food can be purchased. North County also has the highest rate of substance abuse in the county.

[11] Anne Arundel County Jail, 2018.

Table 12

Selected Poverty Percentages and Median Household Income by ZIP Code Anne Arundel County, 2017			
Zip Code	**Area**	**Poverty Percentage**	**Median Household Income**
21225	Brooklyn Park	27.3%	$41,904
21226	Curtis Bay	16.6%	$73,438
21060	Glen Burnie (East)	7.9%	$69,388
21061	Glen Burnie (West)	9.2%	$65,321
	Anne Arundel County	**6.10% (2017 estimates)**	**$94,502**

Source: Poverty Percentages were supplied by the Maryland Department of Health; Median Household Income is from the U.S. Census Bureau, American Community Survey, 2013-2017. The population base for these two numbers may not be the same.

South County, a region generally defined as that part of Anne Arundel County south of the South River, has a population of just less than 50,000. Much of South County is wealthy, including Davidsonville and communities along the waters of the Bay, and much of it below Edgewater is largely rural. There are several small pockets of poverty in South County that lack access to jobs, health care, transportation, and affordable housing. About 14 percent of its families make less than $35,000 annually.

Many families in these poor communities suffer from poor health, lack of access to healthy food, and chronic truancy. In Deale and Lothian, the youth unemployment figures are 16 percent and 21 percent, respectively, compared to a 10 percent youth unemployment rate for the county as a whole. Disconnected youth in these areas of South County is a growing concern, as is truancy at Southern High School. The large number of South County heroin overdoses and deaths, relative to population size, also characterize areas surrounding Deale and Lothian.[12]

Annapolis has a population of 39,321, of which almost 11 percent live at or below the Federal Poverty level of approximately $25,000 for a family of four. African Americans and Hispanics constitute almost 25 percent and 20 percent, respectively, of the total population, and represent a higher proportion of those living in poverty.[13] Annual median household income for Annapolis is $74,187, about $25,000 lower than that of the county overall.

The City has 790 public housing units for low and moderate-income residents, which is inadequate to meet the demand. The age of public housing ranges from 40 to 70 years old and all of it is in need of repair and/or replacement. The Housing Authority of the City of Annapolis also administers 331 rental vouchers and 53 project-based vouchers. There are six Section 8 complexes within the city limits. The crack cocaine epidemic, mass incarceration, and an ever increasing gap between rich and poor, have helped change the demographics and the culture of public and subsidized housing. The majority (almost 85 percent) of residents are African American females living with their children on an average of $25,000 per year, equal to or below the poverty threshold.[14] With no transportation and little affordable child care, most families in public housing have become mired in intergenerational poverty.

[12] Anne Arundel County Police Department.

[13] U.S. Census Bureau, *American Community Survey, American Fact Finder*, 2017.

[14] Housing Authority of the City of Annapolis, 2018.

Transportation

The lack of public transportation continues to be a major issue for the county. Eighty percent of county residents drive to work in their own automobile, alone, every day. Almost eight percent participate in a car pool, two percent walk, and two percent take a bus.[15]

In 2014, the county created an Office of Transportation, which has led to some improvements. There are now five regional transit routes, eight Annapolis routes, four local bus routes and four commuter bus routes. Additionally, there are two pilot bus routes in South County. Nonetheless, public transportation continues to be a major concern for all participants in this needs assessment. There are large areas of the county that are underserved or not served at all, including North and West County. As one provider noted:

> "A family I am working with relocated to Severn. She works at a senior living community in Annapolis. It's a 3-hour commute via MTA, that's what you have to do for connections. What about transportation in West County? You're in Sarah's House but you are from Annapolis and you want to come back to work here. Forget it. You can't."

Low income residents who have no car or share a car have major difficulties getting to work, to college, to the hospital, even to the nearest grocery store. Many low income residents do not know how to drive a car and lessons are prohibitively expensive. Even when that hurdle is overcome, the required number of hours needed for driving is a huge barrier, especially for young drivers. Uber and Lyft are fine for populated areas, but very expensive in outlying or rural areas such as South County. Taxis are in the same category. Cheaper transportation, such as instant rentals of electric scooters and bikes, are increasingly regulated which requires a high initial outlay. Insurance, tags, and title are other costs that have to be factored in to owning an automobile.

Affordable Child Care

As of 2017 there were 494 family child care providers, 120 child care centers, 12 Head Start sites and 41 public pre-kindergarten sites in Anne Arundel County.[16] The distribution of child care centers is uneven across the county. There are none located in Brooklyn Park, Harmans or Shadyside, for example.[17]

Table 13

Average Weekly Cost of Full-Time Child Care in Anne Arundel County		
	Family Child Care Programs	**Child Care Centers**
0-23 months	$218.55	$305.53
2-4 years	$108.64	$196.09
5 years	$169.19	$189.64
School Age Full	$155.97	$174.14
School Age B/A	$102.35	$107.40

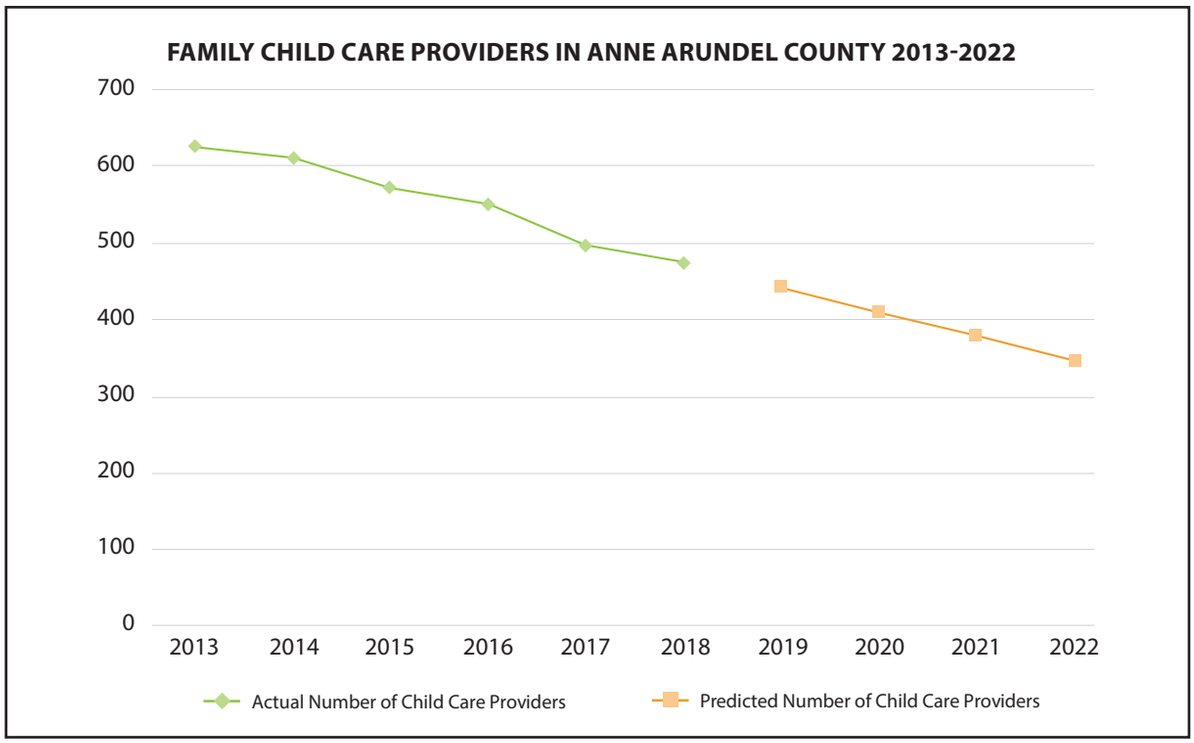
Maryland Family Network, 2018

[15] U.S. Census Bureau, *American Community Survey*, 2016.
[16] Maryland State Department of Education, 2017.
[17] Maryland Family Network, 2018.

The cost of child care continues to rise. The average cost of family day care for two children is over $20,000 per year, and even more in a licensed child care center. [18] The majority of middle and low income families, therefore, still choose family day care, although the numbers of family day care providers are dropping and are predicted to continue to decline until 2022, as seen in Figure 7.

According to early childhood advocates, the issues driving child care costs upward include the high costs associated with licensed day care as licensing standards increase, and the difficulty in finding qualified employees who will work for the relatively low wages paid by day care providers. The wages for teachers and aides are well below the living wage levels for a single adult with no children, seen in Table 14.

Figure 7



Maryland Family Network, 2018

Table 14

Average Salary of Child Care Professionals in Maryland	
Family Child Care Provider	$38,790
Child Care Center Director	$40,766
Center Senior Staff/Teacher	$25,203
Center Aide	$17,265

Maryland Family Network, 2018

[18] Ibid.

Housing

As of September 2018, the median home sale price in Anne Arundel County was roughly $345,000, an increase of 10 percent, or $30,000, compared to the previous year. The number of houses sold declined 9 percent during the same period to 8,619, with realtors ascribing the decline to low inventory and an increase in mortgage rates.

Table 15

Anne Arundel County Housing Choice Voucher Waiting List, by Income Level, 2018			
	# of Families	% of total families	Average Days Waiting
Waiting list total	10,278		966
Extremely low income (<=30% but <=50% AMI)	7,414	72.1%	
Very low income (>50% but 80% AMI)	1,836	17.9%	
Low income (>50% but 80% AMI)	746	7.3%	
Over limit for low income (>80% AMI)	282	2.7%	

Housing Commission of Anne Arundel County, Agency Plan FY2018

Renters account for 26.4 percent or 52,948 of the 203,336 households in the county. The median gross rent paid by Anne Arundel County renters in 2017 was $1,579 monthly, or almost $19,000 annually. Forty-five percent of all renters – 24,172 – are "overburdened," in that they pay more than 30 percent of their gross income in rent. In Anne Arundel County, a household making less than $4,990 a month – about $60,000 annually – would be considered overburdened when renting an apartment at or above the median rent.[19]

According to the 2016-2020 Consolidated Plan for Anne Arundel County, 66 percent of extremely low income renters and 72 percent (4,645 homeowners) of extremely low income homeowners are paying more than 50 percent of their income for housing. If an emergency, such as sudden unemployment, seasonal lay-off, unexpected medical event, or other difficulties occur, these households risk losing their homes and becoming homeless. Single parent families, the elderly, and those with disabilities who are dependent on one paycheck or on a fixed income are also at risk of homelessness.

There is a decreasing amount of public and subsidized housing in the county. There were 10,278 county families on the waiting list for Housing Choice vouchers as of 2017. There were 17,683 families on the waiting list for public housing in the county in 2018[20] and 1,514 families on the Annapolis public housing list.[21] Eighty-eight percent of the families on the county waiting list included children, five percent represented families with disabilities, three percent were elderly families and the remaining four percent were undesignated. White families constituted 14 percent of the total waiting list, African American families 29 percent, Asian families 0.7 percent and unassigned, 55.9 percent (Table 15).

Homelessness

Homelessness remains a serious socio-economic problem in Anne Arundel County as seen in Table16. The county served 1,684 homeless individuals in 2017, an increase of 13 percent since 2015. The family homelessness count is only of those families who were served in a shelter program. Many families are doubled up or living in their cars. Anecdotal estimates suggest family homelessness is far higher in the county than shown in the table due to the lack of affordable housing. There are still only three homeless shelters in the county, and three rehousing programs.

Of the 308 homeless people in need of housing services who attended the 2018 Anne Arundel County Homeless Resource Day, only 34 percent were in a shelter or receiving some kind of resident services (Table 17).

[19] Towncharts.com, *United States Demographics Data*, 2016.
[20] Anne Arundel County Housing Commission, 2018.
[21] Housing Authority of the City of Annapolis, 2018.

Table 16

Anne Arundel County Homeless Served 2015-2017			
	2015	**2016**	**2017**
Single Adult	1138	1215	1290
Veteran	44	41	37
Youth Under 21	15	19	4
Family	256	274	269
Senior 62+	17	40	43
Chronic	46	82	41
Total Served	**1516**	**1671**	**1684**

Anne Arundel County Department of Social Services, 2018

Table 17

Anne Arundel County Homeless Resource Day Attendees 2018, by Living Arrangement		
Type of Living Arrangement	**Number of Attendees**	**Percent of total**
Total	308	100%
Living in Shelters	64	21%
Living in Residential Programs/ Halfway Houses, etc.	40	13%
Staying with Family	40	13%
Staying with Friends	40	13%
Renting their own Apartment	40	13%
Living in a place not meant for habitation	31	10%
Other	52	17%

Source: Anne Arundel County, Department of Social Services, 2018

Summary:

Anne Arundel County offers great economic opportunity for the majority of its residents. However, the high cost of living and especially the housing market, creates difficulties for middle class and low-income residents. Wages for public employees – teachers, police officers, and other local government employees – have increased slowly or remained stagnant since the Great Recession, which has made it even more difficult to afford living and working in the county. Too many low income residents are now paying well over 30 percent of their income for rent. Those who work in the lower paid service industries often choose to live in other counties or Baltimore City.

Needs and Gaps

- For those county residents who don't have their own car, or share a car, transportation is a major barrier to self-sufficiency. The major institutions: the community college, county government, the school system, the workforce development agency, and the private sector need to cooperate to develop transportation hubs to their services.
- Quality, affordable child care continues to be a huge barrier to the pursuit of economic opportunity for many residents, particularly those in neighborhoods without any affordable child care services and for single parents.
- Job training and apprenticeships are not accessible to low income residents in the locations they are currently offered.
- The lack of affordable housing continues to be problematic, not just for low income residents but also for middle income professionals.

Chapter 3 | Youth Development

There are approximately 127,512 children under the age of 18 living in Anne Arundel County; a 0.6 percent increase since 2015. Of those, 27.4 percent (35,002) are under five years of age, and 10 percent (over 12,000) live below the federal poverty level; an increase of two percent since 2015. [1]

School Readiness

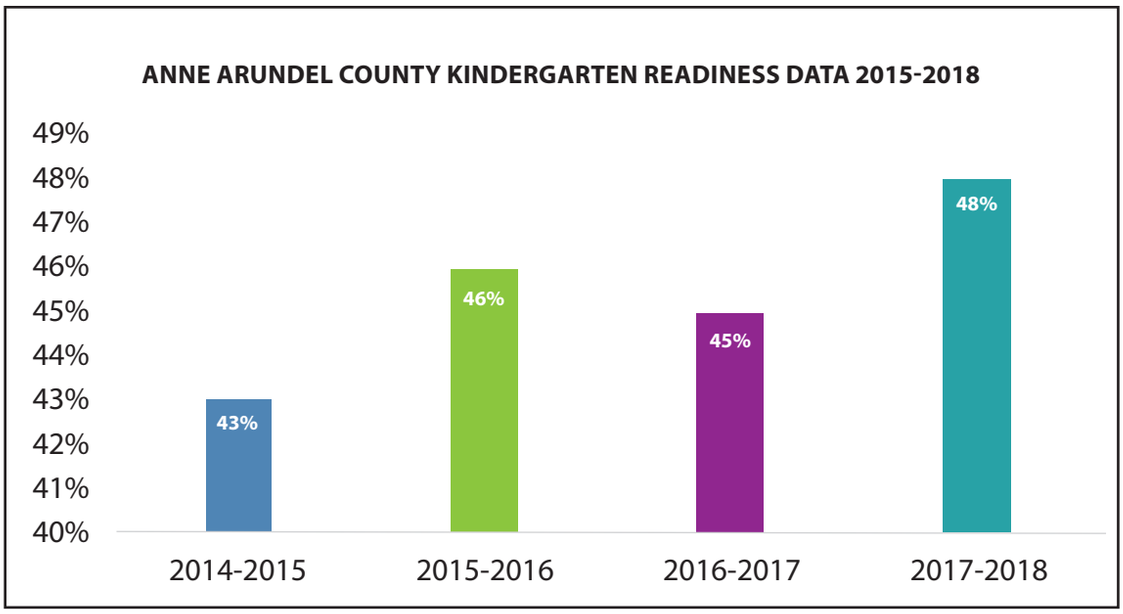
The first five years of a child's life can be the most prophetic in terms of future success and achievement. The brain develops more quickly during the early years than at any other time in life. Babies and young children grow, learn and develop when they receive love and affection, encouragement and stimulation, as well as nutritious meals and good health care.[2]

The level of income within a community is a statistically significant predictor of differences in kindergarten readiness.[3] Numerous studies have documented that low income children as young as age two perform worse across cognitive measures. Further, the number of Adverse Childhood Experiences (ACES) a child has experienced can also decrease readiness. ACES have been associated with risky health behaviors, chronic health conditions, low life potential, and early death.[4] ACES may also cause inability to process verbal and nonverbal or written information, inability to effectively use language to relate to others, lack of sequential organization, and inability to distinguish emotions, all essential skills in the kindergarten classroom.[5] As one participant noted:

> "…you don't know colors, and you don't know letters, and you have a 100 word vocabulary and your peers are coming in with a 3,000 -10,000 word vocabulary. That's a huge gap that puts you at a disadvantage."

In 2015, a new kindergarten readiness tool was introduced to Anne Arundel County Public Schools: Ready4Kindergarten or R4K. While scores have improved from a low of 43 percent in 2015 (Figure 8), the 2018 score still shows less than half of county children are ready for kindergarten.

Figure 8



Anne Arundel County Public Schools, 2018

[1] U.S. Census Bureau, *American Community Survey*, 2017 Estimates

[2] The Annie E. Casey Foundation, Baltimore: *The First Eight Years: Giving Kids a Foundation for Lifetime Success,* 2013

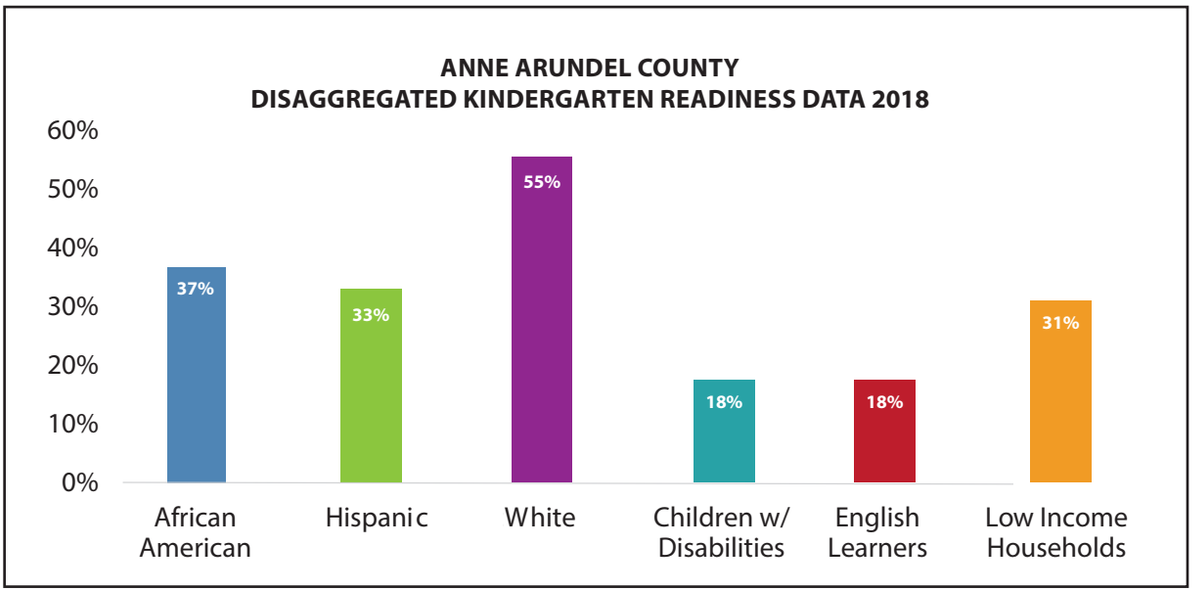
[3] Loughan, A. and Perna, R., *Neuropsychological Profiles and Subsequent Diagnoses of Children With Early Life Insults: Do Caregiver Reports Suggest Deficits?*, 2014.

[4] Centers for Disease Control and Prevention, *Violence Prevention - Adverse Childhood Experiences,* 2018.

[5] Hertel, R. and Fretzo, L. *Compassionate Schools,* 2011.

When the data is disaggregated by disability status, race/ethnicity, English proficiency, and low income, the scores are much lower and the achievement gap is clearly visible.

Figure 9



Anne Arundel County Public Schools, 2018

Mental Health and Behavioral Issues in Early Childhood

Increased mental health and behavioral issues in the early childhood population are causing widespread concern in every system. Behavioral problems in children as young as two years old are disrupting child care facilities including Early Head Start and Head Start. They are causing consternation for parents, and increasing stress for preschool and kindergarten teachers. Hospital personnel described young children in the emergency department as "totally out-of-control" and physically assaulting staff who try to calm them. Parents are described as "exhausted and desperate - looking for a place they can keep their child safe." As one provider commented:

> "The shift is more and more towards younger children. It used to be that when five, six, and seven year olds came in we thought they just needed better parenting. We don't say that anymore because a lot of these kids are really sick. About 50 percent of them need to be hospitalized."

Professionals are divided as to the cause of this increase, but they all agree that this is a new phenomenon unrelated to income. Many suggested the use of social media by parents and young children is leading to huge deficits in social and emotional skills. It is no longer surprising to see young children "biting, scratching," and even "throwing chairs" in kindergarten classrooms. Children as young as two are being diagnosed with Attention Deficit Disorder and medicated accordingly.

Chapter 3 | Youth Development

Some serious mental health issues are surfacing earlier, often co-occurring with developmental issues such as autism. As one professional commented "we've seen some kids with psychotic issues at a very young age." According to the Anne Arundel County Mental Health Agency (2018) the birth to age five population is showing another large increase in use of mental health services, a rise of 11.4 percent in one year. Yet there is a huge lack of resources inside the public school system and within the community for this age group. According to participants from hospitals and schools, suicidal ideation and "cutting" behaviors are becoming more and more common at the elementary school level. Pediatricians are attempting to manage the crisis, usually with medications. Many professionals commented that for the age 0-5 population, parents are the most important piece of the picture. As one noted:

> "If you took the child out of the environment would we still see the behavior? It is not just the traditional intergenerational poverty environments, it is truly parents. Even if you have an environment that feels or looks okay, you may have a parent who is not skilled. We obviously have more vulnerable families who have issues with opioids. Kids may be acting out, but when you see the parenting up close …"

The K-12 years

The Anne Arundel County Public School System consists of 111 schools: 80 elementary, 19 middle, and 12 high schools. These numbers have not changed since 2014 despite continuing growth in the number of students. The total enrollment rose from 79,720 in 2015, to 83,307 in 2018 (Table 18). In 2018, ground was broken on the $124.5 million Crofton High School that will serve 1,700 students.

Table 18

Enrollment Data for Anne Arundel County Public Schools (2015 – 2018)
Anne Arundel County Public Schools Overview

Type of School	# of Schools in County	Total Number of Students Enrolled			
		September 2015	September 2016	September 2017	September 2018
Elementary School (Grades PreK-5)	80	39,947	40,649	41,323	45,284
Middle School (Grades 6-8)	19	17,620	17,747	18,089	16,977
High School (Grades 9-12)	12	22,153	22,370	22,715	21,046
Totals	111	79,720	80,766	82,127	83,307

Anne Arundel County Public Schools, 2018

The Hispanic Population

There are 11,147 Hispanic students in the Anne Arundel County Public School System, over 14 percent of the student body. The students hail from several Spanish speaking countries, although currently the majority are from El Salvador. Some elementary schools now have a majority (or over 50 percent) Hispanic students. Many are English Language Learners, some were forced to flee their own countries due to violence, and a very small percentage are illiterate in their own language. School system officials expect this demographic to grow and are responding as quickly as possible to the growing need for English for Speakers of Other Languages (ESOL) teachers, but there is a shortage within the county. Those available are itinerant (move from school to school) in order to serve as many students as possible, which often means they serve each student only once per week. Parents are increasingly difficult to engage because they are afraid. As one focus group participant noted:

> "They are becoming more and more afraid to call for anything or ask for anything. It's been a lot more difficult to persuade them, and say 'no really this isn't going to hurt your immigration status.' "

Academic Achievement

Maryland now uses the Maryland Comprehensive Assessment Program (MCAP) as the umbrella for all standardized state testing. Anne Arundel County uses the Partnership for Assessment of Readiness for College and Careers (PARCC) as the test to assess Language Arts and Math. In the 2018 Maryland school district rankings, Anne Arundel County ranked 13 of 24 school districts based on the most recent test scores. As illustrated in Tables 19 and 20, over 85 percent of Anne Arundel County 8th graders are not meeting standards in math, and less than half are meeting standards in reading. The constantly changing scoring mechanisms at the state level makes interpreting the scores more difficult.

Table 19

8th Grade Math Performance Levels - PARCC (2018 Name Change to MCAP)						
Location	**Achievement Level**	**Data Type**	**2015**	**2016**	**2017**	**2018**
Maryland	Not meeting or exceeding	Number	31,627	33,865	31,504	31,524
		Percent	76.8%	78.1%	83.2%	84.1%
Anne Arundel County	Not Meeting or exceeding	Number	2,902	2,845	2,843	2,916
		Percent	85.5%	90.4%	86.7%	88.7%

The Annie E. Casey Foundation, Kids Count Data Center, 2018

Table 20

8th Grade Reading Performance Levels - PARCC (2018 Name Change to MCAP)						
Location	**Achievement Level**	**Data Type**	**2015**	**2016**	**2017**	**2018**
Maryland	Not meeting or exceeding	Number	35,320	38,098	38,489	37,614
		Percent	59.5%	61.4%	61.1%	58.7%
Anne Arundel County	Not Meeting or exceeding	Number	2,746	3,342	3,315	3,351
		Percent	50.2%	58.5%	56.8%	56.4%

The Annie E. Casey Foundation, Kids Count Data Center, 2018

Free and Reduced Meals (FARMS) Students

Eight of ten children from low income households receive FARMS, which is a measure of household poverty. The Anne Arundel County Public School System has a reasonably low rate of FARMS students overall: 37 percent at the elementary school level; 31.8 percent in middle schools and 37 percent at the high school level. However, when we compare two school feeders, one in a relatively high income area and one in a low income area, the differences in rates are dramatic. The range is from 76.86 percent at Park Elementary in Brooklyn Park, to 1.53 percent at Shipley's Choice Elementary in Severna Park (Tables 21 and 22).

Table 21

North County High School Feeder System, Free and Reduced Meals (2018)		
School	**Total Free and Reduced**	**Percentage Free and Reduced**
North County High	989	44.5%
Brooklyn Park Middle	388	53.81%
Lindale Middle	485	44.41%
Belle Grove Elementary	206	71.53%
Brooklyn Park Elementary	236	53.76%
Ferndale Early Education Center	73	50.69%
George Cromwell Elementary	133	42.77%
Hilltop Elementary	539	76.13%
Linthicum Elementary	93	8.73%
North Glen Elementary	179	65.09%
Overlook Elementary	197	52.39%
Park Elementary	372	76.86%

Anne Arundel County Public Schools, 2018

Table 22

Severna Park High School Feeder System, Free and Reduced Meals (2018)		
School	**Total Free and Reduced**	**Percentage Free and Reduced**
Severna Park High	62	3.28%
Severna Park Middle	68	4.67%
Benfield Elementary	15	3.43%
Folger McKinsey Elementary	24	3.83%
Jones Elementary	29	8.73%
Oak Hill Elementary	54	7.79%
Severna Park Elementary	24	5.76%
Shipley's Choice Elementary	6	1.53%

Anne Arundel County Public Schools, 2018

Achievement Gap

Nationally standardized (NAEP) Reading and Math testing data from 2007 to 2017 illustrates a downward trend in 8th grade Math and Reading achievement for the 2017 school year (Tables 23 and 24). The achievement gap related to race, ethnicity and low income children (as measured by FARMS) is clearly visible.

Table 23

Anne Arundel County Public School Students Scoring at "Basic" or Above on 8th Grade NAEP Math Assessments (2007-2017)						
	2007	**2009**	**2011**	**2013**	**2015**	**2017**
All Students	73%	75%	74%	74%	71%	66%
African American/Black	53%	55%	55%	59%	52%	49%
Hispanic/Latino	64%	64%	61%	69%	64%	55%
FARMS	57%	55%	55%	60%	53%	48%

National Center for Education Statistics, 2018

Table 24

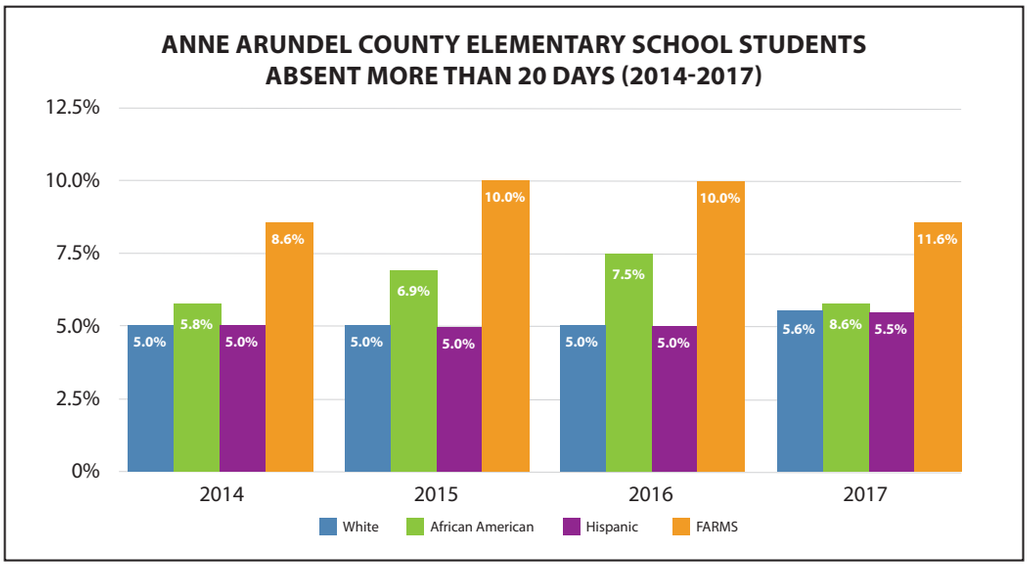
Anne Arundel County Public School Students Scoring at "Basic" or Above on 8th Grade NAEP Reading Assessments (2007-2017)						
	2007	**2009**	**2011**	**2013**	**2015**	**2017**
All Students	76%	77%	80%	82%	76%	74%
African American/Black	60%	61%	66%	70%	60%	60%
Hispanic/Latino	69%	71%	71%	78%	69%	64%
FARMS	61%	61%	63%	72%	62%	59%

National Center for Education Statistics, 2018

Truancy

Students are considered habitually or chronically truant if they are absent for 20 or more days during the school year. Research shows that students who miss more than 20 days of school in preschool, kindergarten, and first grade are much less likely to read at grade level by the third grade. Students who cannot read at grade level by the end of third grade are four times more likely than proficient readers to drop out of high school. The likelihood of chronic absenteeism increases as students progress into high school and often leads to poor outcomes later in life, from poverty and diminished health, to involvement in the criminal justice system.[6] According to the 2018 Maryland Report Card, the county's chronic truancy or habitual absenteeism rate has risen across all grade levels and student populations. This should be of great concern at the elementary level (Figure 11). Children from low income families who receive free lunch (FARMS) have the highest levels of chronic truancy, an increase of three percent since 2014. Hispanic children have the least chronic absences of all students.

Figure 10

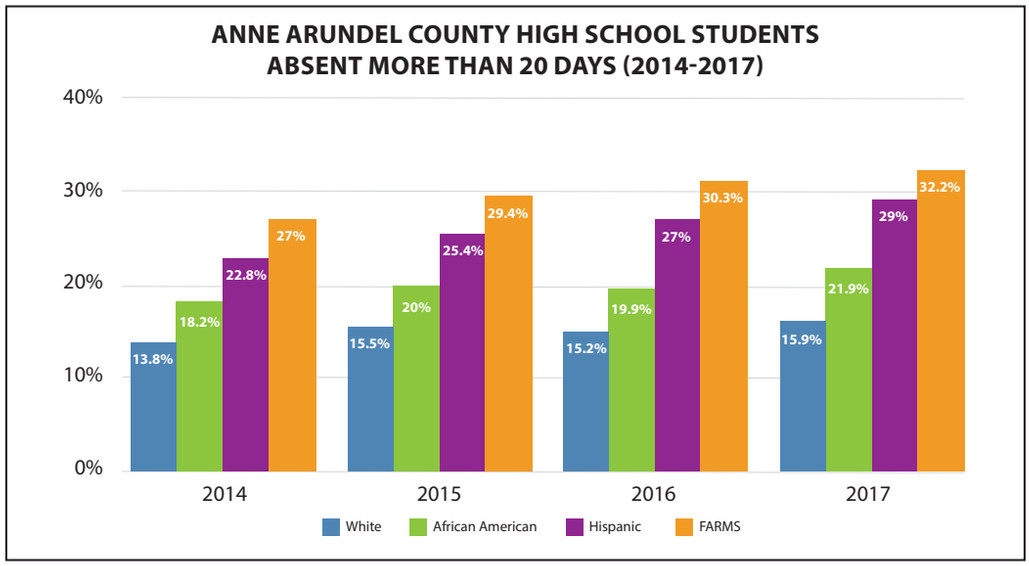


Maryland Report Card, 2018

[6] U.S. Department of Education, *Chronic Absenteeism in the Nation's Schools*, 2016.

According to participants in this needs assessment, by ninth grade many vulnerable and struggling students have effectively already dropped out of school, although they may turn up every so often and "roam the halls." Figure 11 shows a steady increase in chronic absenteeism over three years for all student populations; the highest being an over three percent increase for FARMS students.

Figure 11

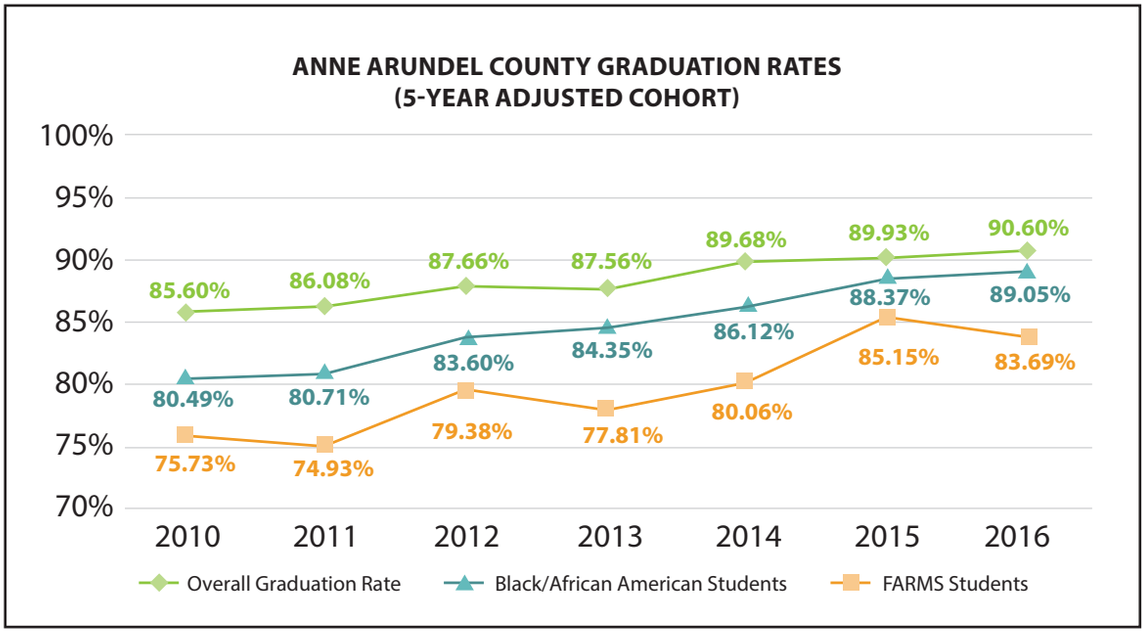


Maryland Report Card, 2018

Graduation Rates

The on-time graduation rate is the number of students graduating divided by the number of students entering ninth grade four years earlier. High school graduation rates are one of the measures of the overall effectiveness of our school system. Among the school districts in the state of Maryland, high school graduation rates range from 74.84 percent in the Baltimore City district, to 95 percent in Queen Anne's, Calvert, and Carroll counties. Anne Arundel County's overall graduation rate has risen just shy of five points from 85.6 percent in 2010 to 90.5 percent in 2016, a rate approximately 3 percent higher than the state of Maryland at 87.67 percent. Nine of the county's 12 high schools have graduation rates of 90 percent and higher, led by Severna Park High School (over 95 percent). There are still gaps in achievement related to race and income, (Figure 12) but these gaps do slowly appear to be shrinking. Between 2010 and 2016, African American students have shown an 8.56 percent improvement, and FARMS students have shown 7.96 percent improvement in graduation rates.

Figure 12

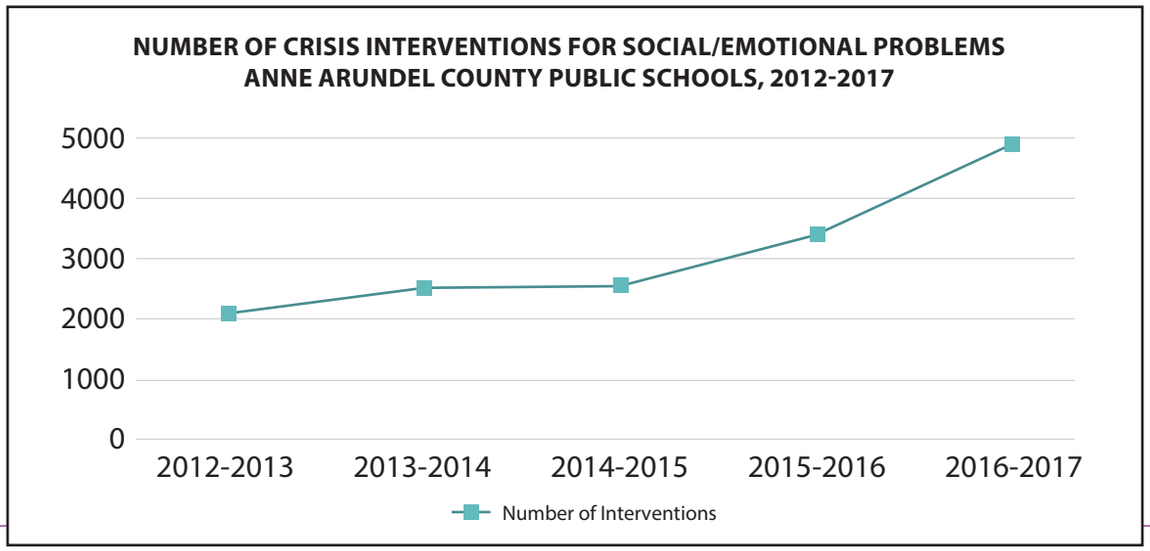


Maryland Report Card, 2018

Mental Health and Older Youth

The Anne Arundel County Department of Health provides school health services to all public school students through school nurses. The nurses work with school system guidance counselors to address students' physical and mental health issues as they are identified and to coordinate interventions as needed. The number of crisis interventions in the public school system for social and emotional issues has doubled since the 2012 - 2013 school year (Figure 13).

Figure 13

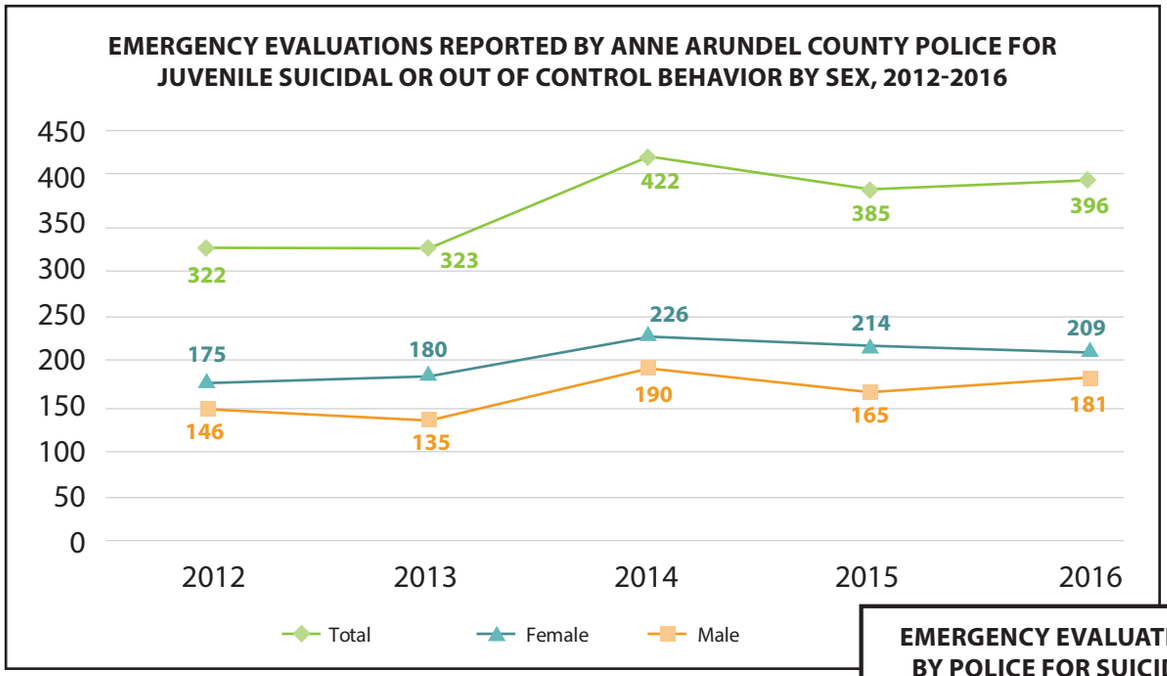


Anne Arundel County Department of Health, 2018

As of 2016, the Anne Arundel County youth suicide rate was 7.8 per 100,000, an increase from the rate of 5.3 per 100,000 in 2012. The American Foundation for Suicide Prevention estimates that for each youth suicide, there are 25 suicide attempts.[7] Between 2012 and 2016, there were 1,306 Emergency Department encounters in Maryland hospitals for suicide attempts by Anne Arundel County youth aged 10 to 24 years, an average of 261 per year. Similar to the completed suicides among this age group, there were more Emergency Department encounters for suicide attempts between 2012-2016 (compared to the previous report for 2008-2012) costing Emergency Departments an estimated $1.1 million. According to the 2016 High School Youth Risk Behavior Survey, the percentage of Anne Arundel County high school students who felt sad or hopeless almost every day for 2 weeks in a row so that they stopped doing some usual activities increased significantly between 2014 and 2016.

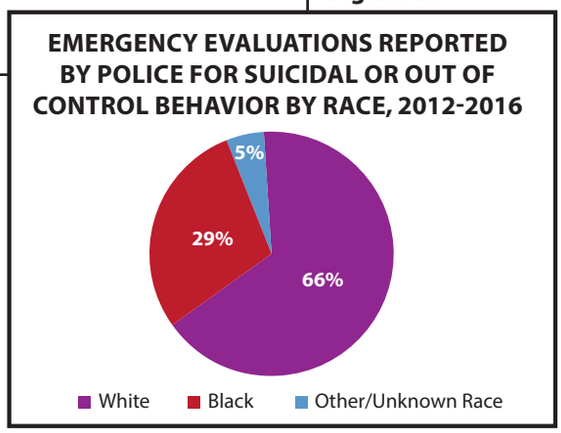
The number of emergency evaluations by county police for juvenile suicidal or out of control behavior has been steadily rising since 2012 (Table 14). County police performed over 1,800 emergency evaluations for juveniles (ages 17 years and under) for suicidal or out of control behavior from 2012 through 2016. Two thirds of the juveniles were White, 29 percent were Black (Table15).

Figure 14



Anne Arundel County Police Department, 2016

Figure 15



Anne Arundel County Police Department, 2016

[7] American Foundation for Suicide Prevention, *Suicide Statistics*, 2017

Chapter 3 | Youth Development

Participants in this needs assessment emphasized the growing mental health issues for youth throughout the school system. Cutting behaviors, depression and anxiety are increasing. Since 2016, there has been an over ten percent rise in mental health services for youth ages 6-12 years, and an 8.1 percent rise for youth ages 12-17. Educators stressed that trauma, poverty and substance abuse at home impact many children. As one noted:

> "We have kids that are totally out of control. It's coming from a multitude of factors, and lack of parenting is a huge piece of it. The worst cases we have managed include parents who were on pills, experiencing homelessness or about to be evicted."

Hungry Children

In several research studies, childhood hunger has been associated with significantly poorer cognitive functioning, decreased school attendance, and diminished academic achievement. Many participants in this needs assessment from school personnel to the faith community, noted that they are seeing more hungry children who are unprepared for the school day than ever before. As one school administrator noted:

> "They haven't eaten at home, they barely have a sofa to sleep on, and there are things happening at home so they are not getting a good night's sleep. Therefore, when they come to school and their homework isn't done, as a teacher, that's really the least of your worries. We worry about what's happening at home and how can we help?"

While there are volunteer backpack programs that send children home from school with a weekend supply of food, and/or church food pantries and SNAP (food stamps) programs for those eligible, there are many gaps, particularly for those children living with grandparents, relatives, and friends. The free breakfast and lunch program within the public school system has seen a persistent increase in the number of children registering for and receiving free breakfast and lunch. The number of children receiving free breakfast has risen almost 21 percent in four years. An added concern is that school breakfasts are served only 181 days of the year, just over half of the potential days for a child to eat breakfast. The number of free lunches served daily to students has increased from 14,351 in 2014 to 15,216 in 2018, a seven percent increase.[8]

[8] Anne Arundel County Public Schools, 2018.

Youth Gang Violence

For some youth in Anne Arundel County, informal gangs (neighborhood crews) or legitimate, international gangs such as Mara Salvatrucha (MS-13) provide the consistency, safety, and security usually provided by the family. The sense of belonging and purpose has been described, eloquently, by gang members. The Annapolis Collaborative for Change, a cross sector partnership on gun and gang violence, has inventoried at least ten identifiable neighborhood crews in Annapolis alone, and four sects of MS-13 across the county. Neighborhood crews appear to have developed from the rivalries or neighborhood 'beefs' in low income and public housing communities. Thirty years ago these natural turf wars, waged fiercely on a sunny Saturday afternoon, were most often settled with a cross-community get together or cook-out on the same evening. As one ex-resident of a public housing complex noted:

> "The neighborhood was like a family – everyone looked after everyone's kids. I grew up with a single parent who warned against ever having a cop knocking on the door. We were all raised as brothers and sisters. Even the drunk on the corner would threaten to tell your Mom if you were up to no good."

Young people get involved in gangs to belong. They sell drugs to be perceived as successful and entrepreneurial, to buy tennis shoes, and sometimes to buy food or pay rent for the family. It is a local cottage industry described by a community member as "a pyramid scheme and no-one wants to stop the flow." Arguments over drug territory and sales have become entangled with the old neighborhood rivalries. As another resident noted, "There are territories. They are controlling territories so they can do drug transactions."

MS-13 (an international criminal gang that originated in Los Angeles, California, in the 1980s) has an organized presence in the county. Members are searching for young recruits. According to one Hispanic resident:

> "They are active in schools in Annapolis, Arnold, and Glen Burnie. Some elementary school children are very familiar with MS-13. They are second generation – their parents are gang members. Children as young as 13 in Annapolis have been invited in. No one wants to 'snitch.'"

Since the Needs Assessment, *Poverty Amidst Plenty V: Striving to Achieve Progress For All* (2015), youth violence has increased in the public school system, both in amount and intensity. While the incidents of fatal youth gun violence have declined in the county, anxiety related to gun violence was expressed by several participants. The concern about the possibility of a gun related incident in one of the local schools was expressed by some. As one professional noted:

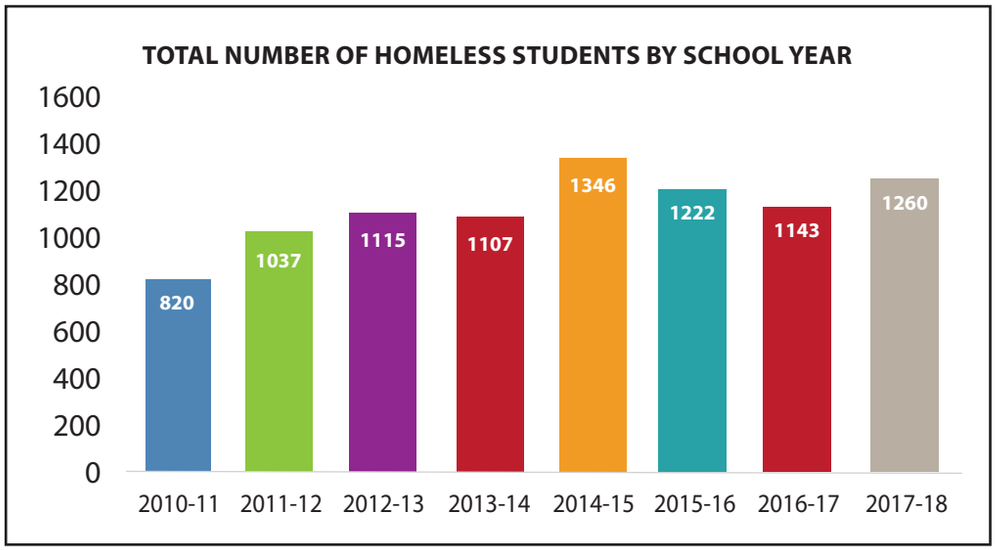
> "What they are being disciplined for is qualitatively different … fights were fights, and now fights involve weapons. Aggression was aggression, but now the aggression is more dangerous, more volatile, having more serious repercussions in terms of injuries and the like."

Chapter 3 | Youth Development

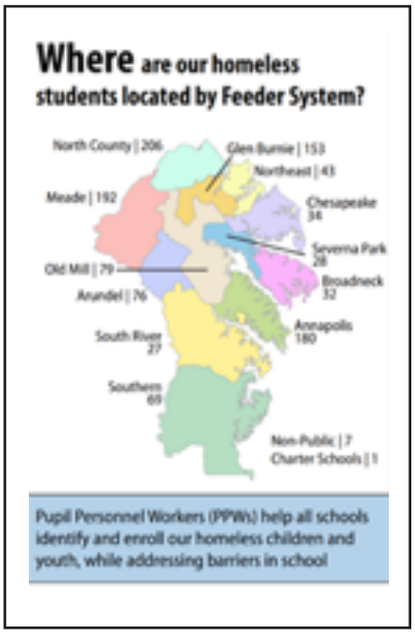
As of June 2018, there were 1,260 homeless youth identified in the county public school system (Figure 16). North County schools accounted for 337 of the homeless children, triple the amount for 2016. The county Youth Reach Survey for 2018 documented 137 unaccompanied, homeless youth. A disproportionate number of unaccompanied homeless youth live in North County; 18 percent are living outside or in an abandoned building, over 33 percent have spent time in adult jail or juvenile detention facilities, and only 10 percent of older youth (age 16 to 24) have a full-time job (down from 17 percent in 2017).

Figures 16 and 17

ANNE ARUNDEL COUNTY HOMELESS STUDENTS BY SCHOOL YEAR & GEOGRAPHY



Anne Arundel County Public Schools, 2018



There are an estimated 6,702 disconnected youth in the county, a small drop from the 2017 figure of 7,000.[9] Disconnected youth are young people aged 16 to 24 who have dropped out of school, are not in college, and are without employment or any sort of career path. These youth are disproportionately found in North County, but a South County needs assessment (completed in 2017) showed unemployment and disconnection among South County youth is a growing concern. In fact, many youth are leaving South County to find employment, which is contributing to the majority aging population in the area.

When youth employment figures for county youth aged 17-24 are disaggregated, the African American rate of unemployment is 25 percent as opposed to an overall rate of 13.2 percent (Table 25).

[9] Opportunity Nation, *Opportunity Index*, 2018.

Table 25 **EMPLOYMENT STATUS BY RACE AND ETHNICITY, AGES 17-24, (2012 – 2016)**

Employment Status Race and Ethnicity	July 2012	July 2013	July 2014	July 2015	July 2016
Total					
Population	38,799	38,861	38,735	38,589	44,175
Employed	19,461	19,684	20,085	20,333	32,696
Unemployed	4,011	3,821	3,353	2,829	5,144
Unemployment Rate	17.1%	16.3%	14.3%	12.2%	13.6%
White					
Population	28,956	28,866	28,718	28,488	31,552
Employed	15,498	15,679	15,917	15,903	25,277
Unemployed	2,715	2,525	2,220	1,832	3,267
Unemployment Rate	14.9%	13.9%	12.2%	10.3%	11.4%
Black or African-American					
Population	5,971	5,997	5,973	5,916	7,461
Employed	2,323	2,315	2,376	2,645	5,496
Unemployed	933	910	784	691	1,835
Unemployment Rate	28.6%	28.2%	24.8%	20.7%	25%
Hispanic of Latino Ethnicity					
Population	8,164	8,229	8,313	8,406	8,488
Employed	3,799	3,897	3,903	4,127	4,244
Unemployed	860	859	772	601	536
Unemployment Rate	18.5%	18.1%	16.5%	12.7%	11.2%

U.S. Department of Labor, 2017

According to the Opportunity Nation website, the lost revenue and social service investments for disconnected youth are estimated to cost taxpayers $93 billion a year and $1.6 trillion over their lifetimes.[10]

[10] Opportunity Nation, *Disconnected Youth*, 2018.

Sports, Recreation and the Arts

The 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 Annapolis and Broadneck High Schools. Maryland Hall for the Creative Arts, the Chesapeake Arts Center, the Annapolis Children's Museum and several non-profit organizations offer after school and summer arts programs. However, for low income students, the lack of any transportation out of their neighborhood makes participation difficult.

Many participants in this needs assessment lamented the lack of sports and recreation opportunities for children and youth across the county, especially the removal of middle school sports from the curriculum in public schools. Participation in a school sports team is tied to academic achievement. When students have failing grades they cannot participate in sports. While this is supposed to act as an incentive to improve grades, according to participants it most often acts as a disincentive to attend school.

Parents from every race, ethnicity and income level decried the lack of "active things to do" for children and youth. While some communities have a recreation center for youth, many do not. One parent and county resident recalled the importance of inter-neighborhood sports during his childhood:

> "When I was young we had our own community sports and associations and we played against the other communities. So there was great investment within those communities for young people; we played against Pumphrey, and Pumphrey played against Freetown, Freetown played against Magothy. Now we have the recreation leagues that are pulling youth out of their communities - it's not community driven."

School personnel also noted the importance of sports and the need for more recreation centers in low income neighborhoods where youth struggle with transportation needs as well as the negative outcomes associated with poverty. As one noted:

> "We need rec-centers. Only the families who can afford to sign up their kids for sports can engage in them. I tell everyone I'm a product of community center, rec-center, I went to summer camp there, I went to Head Start there. It was the catch-all."

Career and Work Opportunities

There are three institutions of higher education within county boundaries. Anne Arundel Community College is a two-year institution with three campuses, and had an enrollment of 18,734 full-time credit students in fall of 2018. St. John's College, a four-year liberal arts college in Annapolis had an enrollment of 513 in the same year. The county is also home to the United States Naval Academy, a four year institution with an enrollment of 4,495 in fall of 2018.

Several participants in this needs assessment commented on the lack of apprenticeship and career opportunities for those students who are not college bound. School system officials recognize that for some students who may successfully graduate, there is no formal path forward. As one school official asked:

> "What can we be doing, the community college and others in the county, for those students that aren't going off to college and are really seeking some marketable career skills as they leave us in the K-12 system and go into the workforce?"

Anne Arundel Community College recently announced plans to expand its skilled trades program by 2021. The college plans to construct a new Center for Innovation and Skilled Trades on its Arnold campus. The center will initially offer certification for forklift operation and general contracting with plans to expand to training in plumbing, electrical, HVAC and welding.[11]

Summary

The successful development of youth in our county begins during early childhood. The birth to five year period may be 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 rapid increase in behavioral and mental health issues for this age group, a problem that county leaders must struggle with. Mental health and substance abuse issues for older youth should also be made a priority. There should be increased collaboration between the public school system, community college and workforce development to ensure that our youth have work options.

Needs and Gaps in Services

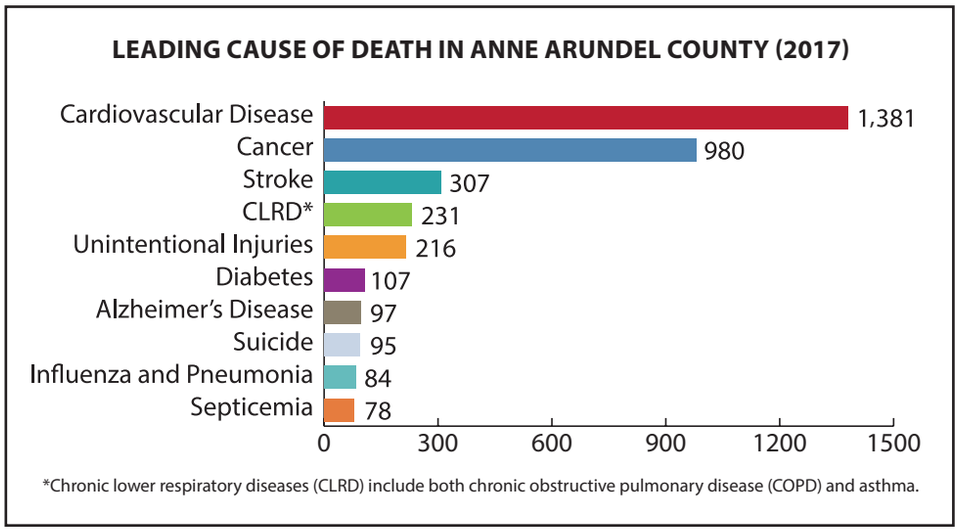
- The need for behavioral supports for young children continues to grow. The public school system needs additional community support as it grapples with this problem.
- Anxiety and depression, including increased suicidal ideation among public school students, requires a huge increase in mental and emotional health services inside and outside of the school system.
- Mentoring programs continue to be high on everyone's list of needs, especially for financial literacy and soft skills, but also for adults who can act as role models and support for youth who have little parental supervision and those who are unaccompanied. **There has been almost no increase in mentoring programs since this gap was highlighted in the 2015 needs assessment.**
- Youth recreation and support centers within low income communities are desperately needed. The lack of transportation for low income parents and their children makes this need even greater.
- Participants from every income level commented that we need "**'something for our kids to do after school, a place to be.'"**
- While the public school system does an excellent job feeding children, there are gaps on weekends and during semester breaks. This need is greatest in North and South counties.
- The lack of consistent career education in the school system has not changed since 2015.
- The need for coordinated employment services for those youth who are not college bound is growing as the job market grows.
- Many parents, at every income level, are struggling with raising children. While some are single, low income parents, all parents who took part in this needs assessment were battling the impact of social media. The lack of parenting programs in the county continues to be a signficant area of need.

[11] Lauren Lumpkin, *AACC receives $1M gift to fund skilled trades program,* The Capital, January 29, 2019.

Health

In 2017, there were 4,461 deaths in Anne Arundel County, and life expectancy was 79.6 years. Cardiovascular disease was the leading cause of death in the county, followed by cancer. Accidental deaths (unintentional injury) were the fifth leading cause of death, primarily driven by increases in opioid overdose deaths. That number has risen almost 10 percent since 2013 (Figure 18).

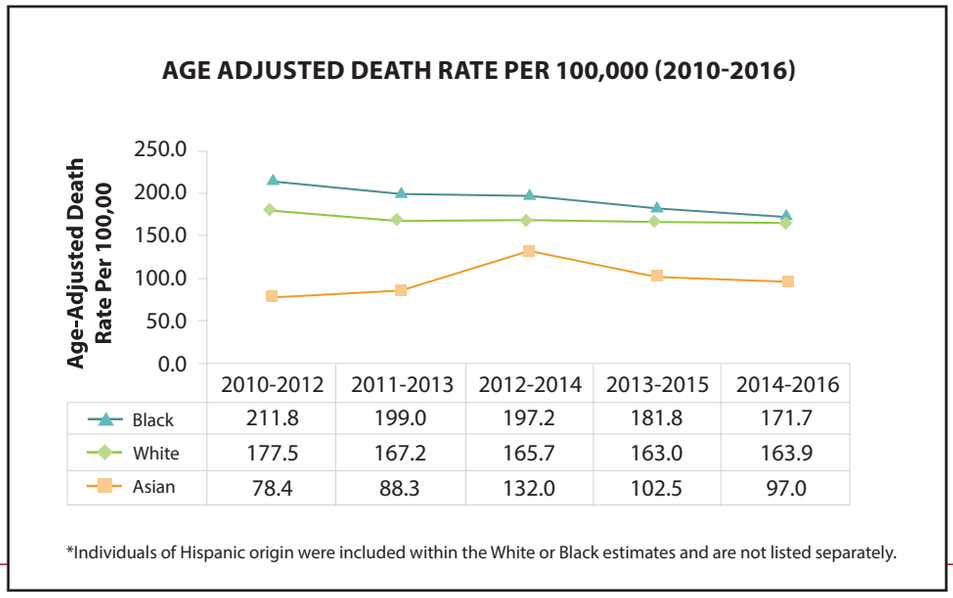
Figure 18



Maryland Department of Health, Vital Statistics Administration, 2018

Age-adjusted death rates for coronary heart disease decreased for Blacks and Whites between 2013 and 2016. While Blacks still have the highest death rates in the county per 100,000 residents, that number decreased by 18 percent in just three years. The decrease for Whites was only 8 percent (Figure 19).

Figure 19



Centers for Disease Control and Prevention, 2016

Births

Many factors affect pregnancy and childbirth including the mother's pre-pregnancy health status, the mother's age at birth, access to health care and socioeconomic status.[1] In 2017, there were 6,985 births in Anne Arundel County. Of those births, 4,242 were non-Hispanic White, 1,273 were non-Hispanic Black and 936 were Hispanic (Table 26).

Table 26

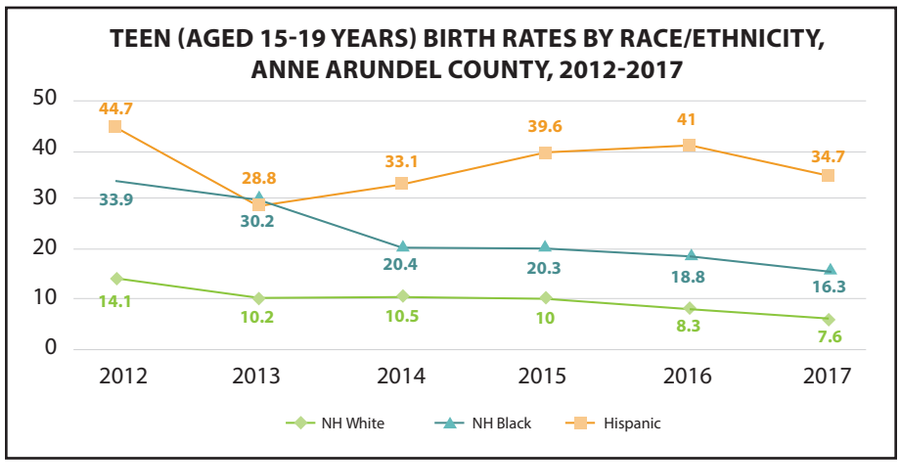
Anne Arundel County Births by Race and Ethnicity (2013-2017)					
	2013	**2014**	**2015**	**2016**	**2017**
Total	6,814	6,968	6,924	6,994	6,985
NH*White	4,399	4,483	4,383	4,357	4,242
NH Black	1,204	1,236	1,259	1,291	1,273
Hispanic	827	866	847	896	936

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

Adequate prenatal care access is a concerning issue in the county. The Hispanic population is showing the greatest increase in births, approximately 15 percent, yet there is low utilization of available OB-GYN services. The county Health Department reports since 2012, there has been an overall decrease in pregnant women seeking prenatal care during their first trimester. In 2016, less than half of Hispanic mothers received prenatal care during their first trimester of pregnancy and 10.5 percent of Hispanic mothers received late or no prenatal care.[2]

The teen birth rate has dropped for all races/ethnicities since 2013, although the Hispanic rate has shown an uptick since 2013. The Black teen birth rate has dropped by almost half since 2012 (Figure 20).

Figure 20



Maryland Department of Health, Vital Statistics Administration, 2012-2017 Annual Reports

[1] Anne Arundel County Department of Health, 2018.
[2] Ibid.

Infant Mortality

Infant mortality measures deaths during the first year of life. In 2017, there were 28 infant deaths in Anne Arundel County, with an overall infant mortality rate of 4.1 per 1,000 live births, lower than the state and the nation. A significant disparity continues to exist between white and black infant mortality. In 2017, non-Hispanic black infants in Anne Arundel County had a mortality rate of 7.9 per 1,000 live births, significantly higher than for non-Hispanic white infants. The same disparity is seen at the state and national levels (Table 27).

Table 27

Infant Mortality Rate Comparison, 2013- 2017					
	2013	2014	2015	2016	2017
Infant Mortality- All Races per 1,000 Live Births					
Anne Arundel	5.6	5.7	5.1	5.6	4.1
Maryland	6.6	6.5	6.7	6.5	6.5
United States	6.0	5.8	5.9	5.9	5.9
Infant Mortality- Non-Hispanic White per 1,000 Live Births					
Anne Arundel	3.9	3.8	3.6	5.3	2.8
Maryland	4.6	4.4	4.0	4.3	4.0
United States	5.1	4.9	4.9	5.0	5.0
Infant Mortality- Non-Hispanic Black per 1,000 Live Births					
Anne Arundel	10.8	12.9	9.5	10.1	7.9
Maryland	10.6	10.7	11.3	10.5	11.2
United States	11.1	10.9	11.3	10.8	10.8
Infant Mortality- Hispanic (Any Race) per 1,000 Live Births					
Anne Arundel	7.3	**	**	**	5.3
Maryland	4.7	4.4	5.5	4.3	4.7
United States	5.0	5.0	5.0	5.0	5.0

** Rate not calculated, fewer than 5 deaths.
Maryland Department of Health, *Vital Statistics Administration, 2013-2017 Annual Reports.*
U.S. Department of Health and Human Services, *Healthy People 2020.*

Low Birthweight

Low birthweight is a term used to describe babies who are born weighing less than 2,500 grams (five and a half pounds). In contrast, the average newborn weighs about 8 pounds. Risk factors for low birthweight include using street drugs and abusing prescription drugs, exposure to air pollution or lead, low socioeconomic status and domestic violence.[3] Low birthweight infants run the risk of developing health issues, hyperactivity disorders and developmental issues, especially those developmental issues related to school achievement. In Anne Arundel County, the percentage of low birthweight babies is dropping slowly and is less than the state average at 7.4 percent (Table 28).

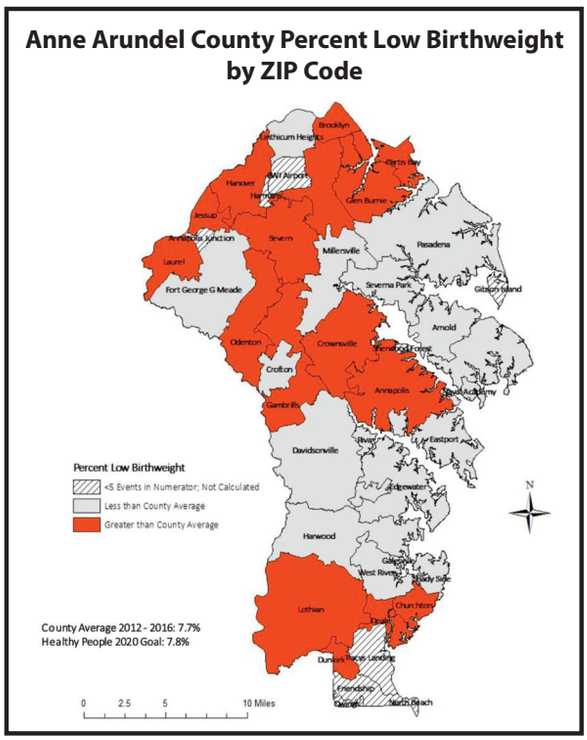
Table 28

Percentage of Babies Born of Low Birthweight, 2014 & 2016			
Percentage of Low Birthweight (<2500 g) Babies	**Anne Arundel**	**Maryland**	**United States**
2014	7.5%	8.5%	8.0%
2016	7.4%	8.6%	8.2%

Anne Arundel County Department of Health, 2018

There are several ZIP Codes concentrated in the northern part of the county where the percentage of low birthweight infants is much higher than 7.5 percent (Figure 21).

Figure 21



Anne Arundel County Department of Health, 2018

[3] March of Dimes, *Low Birthweight,* 2018.

Chapter 4 | Health

Health Care Access

The Affordable Care Act (ACA) continues to increase county residents' access to health care. Under the ACA, persons whose income is up to 138 percent of the poverty level are eligible for Medicaid. Persons whose income is above 138 percent but below 400 percent of the poverty level have the option to purchase health insurance through the Maryland Health Connection (the state's insurance marketplace/exchange). However, access issues remain. As one respondent commented:

> "People believe they have access to healthcare via Medicaid but there are many providers who do not accept Medicaid; that's a real barrier to access. Also, many people who have high-deductible health insurance plans can't afford the deductible."

A small percentage of county residents such as undocumented persons, those not enrolled in Medicaid despite being eligible, and persons opting to pay the annual penalty instead of purchasing insurance, still remain uninsured. However, the percentage of uninsured residents in Anne Arundel County continued to decline in 2018, reaching a low of six percent of residents.[4]

The number of Medicaid enrollments increased ten percent, from 84,616 in 2014 to 93,425 in May 2018 (Table 29). Access to specialist care is limited for the Medicaid and uninsured populations. While primary care may be accessible through community health clinics, finding specialists who will take referrals without private insurance is difficult. As one provider noted:

> "We can use preventive primary care – there's no problem with that, but if someone needs cardiology or oncology and they are uninsured, not all specialists will see them or do payment plans – that's an access to care issue."

Table 29

Medicaid Enrollment by Age, Sex and Race/Ethnicity, Anne Arundel County (May 2018)			
		Medicaid Enrollment 2014	Medicaid Enrollment 2018
Total Enrollment		84,616	93,425
Age	**Under 20 Years**	37,843	44,572
	21 to 64 Years	43,040	44,216
	65 Years and Over	3,733	4,637
Sex	**Male**	37,186	42,133
	Female	47,430	51,292
Race/ Ethnicity	**White, NH**	39,793	35,824
	Black, NH	25,193	22,718
	Hispanic, Any Race	6,349	920
	Asian	3,829	4,274

Maryland Department of Health, 2018

[4] Anne Arundel County Department of Health, 2018.

Access to Outpatient Care

Access to outpatient care is a continuing problem in the county. Having a primary care provider reduces non-financial barriers to obtaining care, facilitates access to services, and increases the frequency of contacts with health care providers. Without a primary care provider, people have more difficulty obtaining prescriptions and attending necessary appointments. According to county health rankings, the patient to primary care physician ratio in Anne Arundel is lower than the state of Maryland average and that of the U.S. top performing counties which are among the 90th percentile in ranking. The actual number of primary care physicians in the county has increased by only five since 2014 (Table 30).

According to one provider:

> "The percentage of primary care doctors is still low and that's a problem. Primary care doctors do have large caseloads and that is hard on folks. We need to make primary care more attractive to medical schools."

Similarly, the patient to dentist and mental health provider ratios in Anne Arundel County are worse than in Maryland and the U.S. top performing counties.

Table 30

Primary Care Physicians, Dentists and Mental Health Providers Anne Arundel County (2018)				
	Anne Arundel County Total	**Anne Arundel County Ratio**	**Maryland Ratio**	**Top U.S. Counties (90th percentile)**
Primary Care Physicians (2018)	386	1,450:1	1,140:1	1,030:1
Dentists (2018)	378	1,480:1	1,320:1	1,280:1
Mental health providers (2018)	861	650:1	460:1	330:1

Anne Arundel County Department of Health, 2018

Chapter 4 | Health

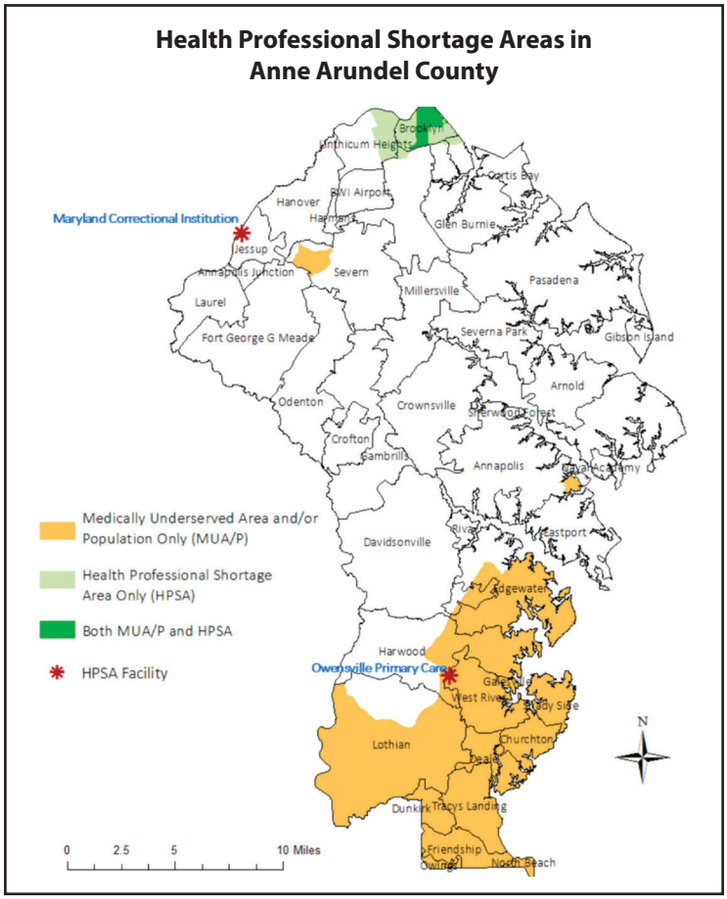
Heath Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designated by the federal Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic or facility-based. In Anne Arundel County there is currently one designated Primary Care HPSA facility (Owensville Primary Care), One Dental HPSA facility (Owensville Primary Care) and two Mental Health HPSA facilities (Owensville Primary Care and Maryland Correctional Institution, Jessup).

Medically Underserved Areas

Medically Underserved Areas (MUA) are designated based on four variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. There are 11 census tracts in Anne Arundel County that are designated as medically underserved areas or populations. Approximately 54,700 (10 percent) of the county's population lives in these 11 census tracts. Brooklyn Park in North County is both an HPSA and an MUA (Figure 22).

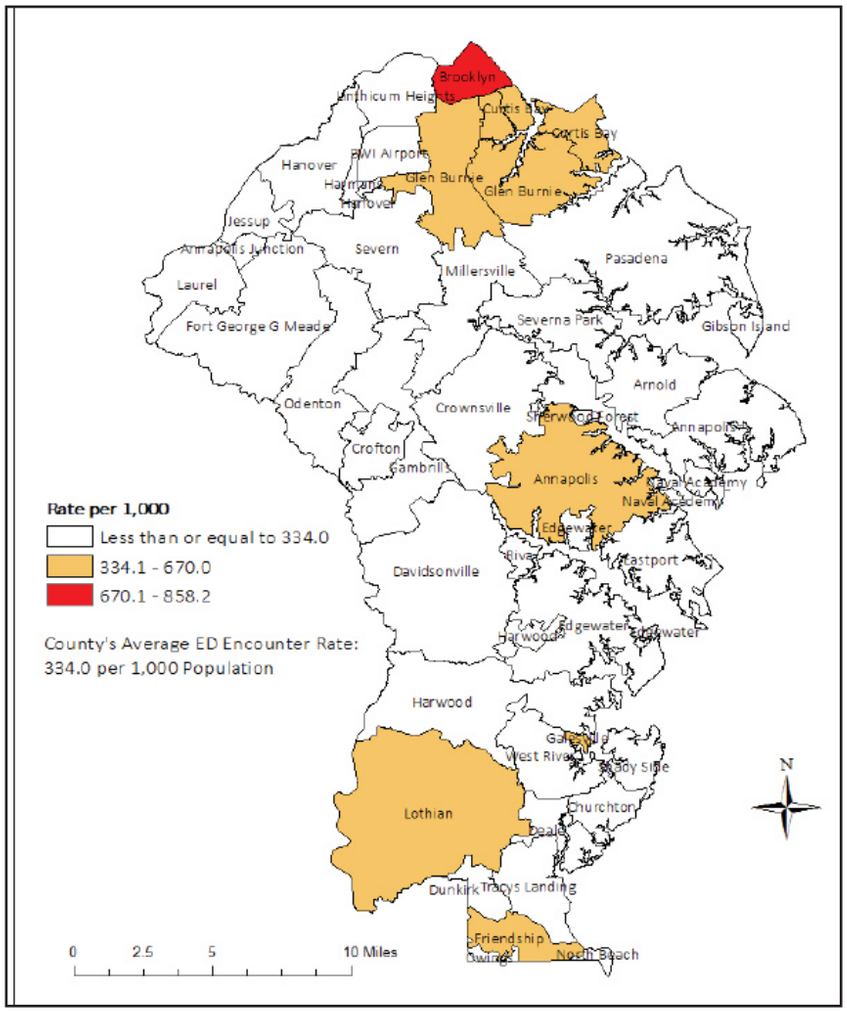
Figure 22



Anne Arundel County Department of Health, 2018

In 2017, 9.6 percent of Emergency Department visits were by uninsured residents. Although not all visits to the Emergency Department are avoidable, care in lower level settings for some conditions, such as diabetes and hypertension, can potentially reduce the number of visits, thereby reducing costs and increasing the quality of care.[5] The rate of Emergency Department visits increases for those residents living in Medically Underserved and Health Professional Shortage Areas (Figure 23).

Figure 23 **Emergency Department Encounters per 1,000 Population by ZIP Code, Anne Arundel County, 2017**



Anne Arundel County Department of Health, 2018

[5] Anne Arundel County Department of Health, 2018.

Hospital Admissions

In 2017 there were 59,277 hospital stays in Anne Arundel County, a rate of 104.3 stays per thousand (Table 31). The hospitalization rate increased with age from 68.7 hospitalizations per 1,000 population among 0–18 year olds, to 262.5 hospitalizations per 1,000 population among those age 65 years and over. (Note: This data only includes Anne Arundel County residents admitted to hospitals in Maryland.)

Table 31

Inpatient Hospitalizations in Anne Arundel County (2017)		
	Number	**Rate per 1,000**
Total Hospitalizations	59,277	104.3
Age		
0 to 18 Years	9,763	68.7
19 to 39 Years	12,917	83.3
40 to 64 Years	16,607	84.9
65 Years and Over	19,990	262.5
Sex		
Male	25,656	92.7
Female	33,621	118.8
Race/Ethnicity		
White, NH	38,719	96.9
Black, NH	11,747	132.5
Asian, NH	1,271	62.1
Hispanic (Any Race)	3,368	84.7

Anne Arundel County Department of Health, 2018

ZIP codes are another way to track hospitalizations. The ZIP Code containing Brooklyn Park has the highest rate of hospitalization at 163.9 per 1,000 residents. The Glen Burnie rates are also notable when population density is considered (Table 32).

Table 32

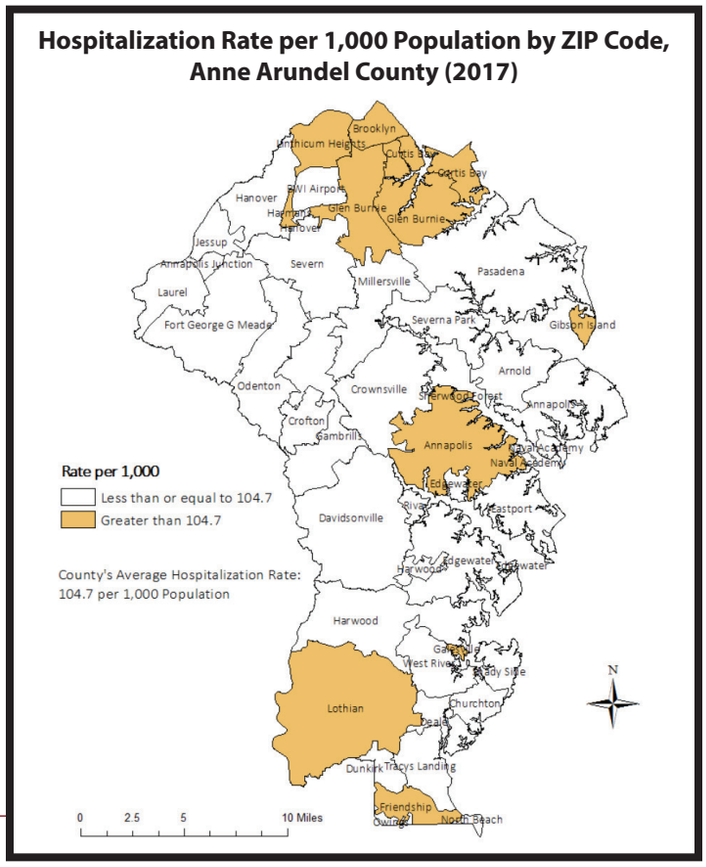
Inpatient Hospitalizations by ZIP Code, Anne Arundel County (2017)			
Town	**Zip Code**	**Number**	**Rate per 1,000**
Brooklyn	21225	2,396	163.9
Curtis Bay	21226	555	16.4
Friendship	20758	66	155.3
Galesville	20765	53	147.2
Glen Burnie (East)	21060	4,307	133.9
Glen Burnie (West)	21061	6,717	123.8

Anne Arundel County Department of Health, 2018

Lack of access to primary care, multiple health issues presenting at the same time, poverty, unhealthy food and lack of medication management were reasons given for the high rates. As one provider noted:

> "We have seen a huge increase in the acuity of our patients… they have multiple issues; congestive heart failure, renal failure and diabetes… many patients with very complex and multiple issues along with poor social determinants of good health."

Figure 24



Anne Arundel County Department of Health, 2017

Chapter 4 | Health

The Social Determinants of Health

Many factors determine the state of a person's overall wellness. The social determinants of health include income level, especially for those who live in poverty, access to healthy food, emotional stability, the cleanliness and safety of the environment, and access to health services. Although Anne Arundel County has a high standard of living overall, there are pockets of poverty and health access issues found in areas of high population density in North County, Annapolis, and in some of the rural areas of South County. Many focus group participants commented on the intractable nature of the pockets of poverty and distress, and a multiplication of the negative social determinants of a healthy life for some families. As one primary care provider commented:

> "Back pain, headaches, insomnia; all the symptoms of stress. You start digging into the socio-economic factors – there are reasons for those things. They're behind on the rent, they could get evicted, they haven't had money to buy food. Sometimes there is a job loss involved."

The majority of negative social and health indicators continue to polarize North and South County and Annapolis (Table 33). In South County, access to health care is very limited and there are few primary care doctors. Those residents with transportation often travel to Glen Burnie to access primary care. Owensville Primary Care is inaccessible to those residents who live in areas like Deale and have no transportation. Brooklyn Park (North County) is both a Medically Underserved and a Health Shortage Area and continues to have the highest indicators of need, as does Glen Burnie (Table 33).

Table 33

Rising Demographic, Socioeconomic, and Health Indicators by Zip Code, Anne Arundel County, 2017								
Zip Code	Area	Poverty Percentage	Percent without High School Diploma	Percent of Households on Snap	ED Visit Rate per 1,000	Percent Low Birthweight Infants	Preventable Hospitalization Rate per 1,000	Minority Population
20711	Lothian	11.7%	13.2%	23.4%	389.7	8.4%	6.8	25.6%
20714	North Beach	10.6%	7.5%	8.6%	285.0	8.9%	<11	12.4%
20724	Laurel	3.8%	9.1%	4.2%	234.6	9.3%	2.4	64.6%
20751	Deale	10.8%	8.7%	5.4%	233.1	9.2%	4.6	7.1%
20758	Friendship	7.1%	3.9%	0.0%	562.4	8.8%	<11	7.1%
20765	Galesville	14.7%	20.2%	9.6%	352.8	6.3%	<11	22.5%
20776	Harwood	10.8%	7.6%	8.8%	293.1	4.4%	6.0	15.5%
20794	Jessup	7.9%	20.6%	11.8%	220.4	11.3%	2.9	52.5%
21060	Glen Burnie (East)	7.9%	13.7%	12.6%	406.5	8.0%	6.9	29.8%
21061	Glen Burnie (West)	9.2%	13.6%	12.8%	441.9	8.0%	5.5	45.0%
21090	Linthicum Heights	7.5%	10.1%	5.1%	270.5	6.9%	5.6	10.8%
21144	Severn	7.9%	8.2%	10.4%	289.2	9.2%	3.5	51.7%
21225	Brooklyn	27.3%	20.1%	32.6%	858.2	9.9%	8.9	59.4%
21226	Curtis Bay	16.6%	15.8%	16.8%	509.6	8.7%	6.6	26.9%
21401	Annapolis	7.9%	7.2%	8.9%	364.5	7.7%	5.4	31.5%
21403	Eastport	6.9%	9.8%	6.9%	331.8	7.5%	4.4	37.5%
Anne Arundel County		6.1%	8.1%	7.0%	340.0	7.7%	4.6	29.7%

U.S. Census Bureau, American Community Survey, 5-year Estimates 2012-2016. Maryland Health Services Cost Review Outpatient Files, 2017
Red = Higher than County Average

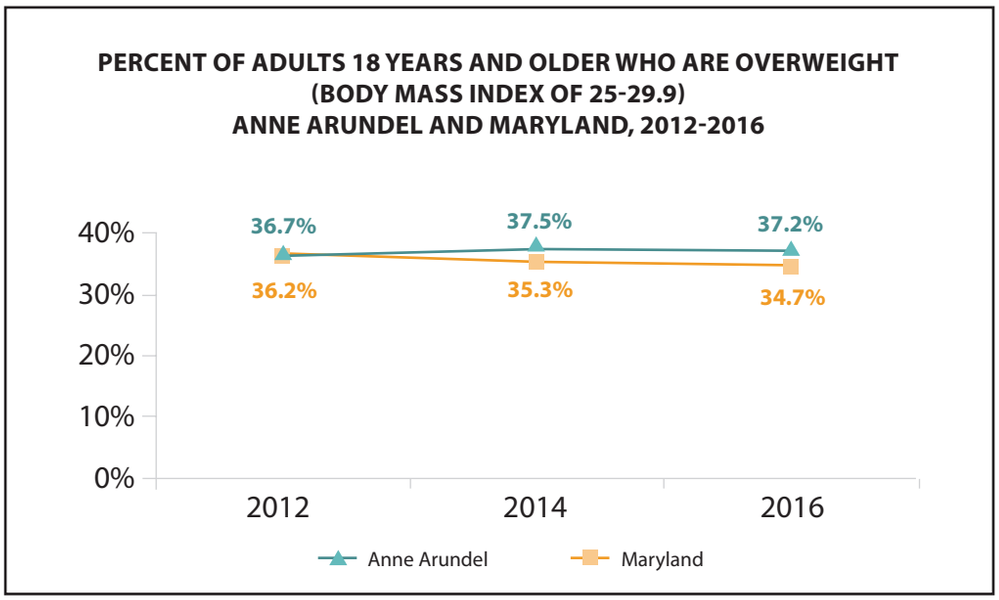
Overweight and Obesity

Overweight and obesity continue to create health issues for county residents. Many factors play a role in weight including low income, lifestyle, surrounding environment, access to healthy food, genetics and certain diseases. Overweight and obesity are determined using weight and height to determine a BMI or "body mass index" measure. Between 2012 and 2016, the percent of overweight adults (Body Mass Index of 25 to 29.9) 18 years and older in Anne Arundel County rose slightly from 36.7 percent to 37.2 percent while the state average fell (Figure 25).

The percent of residents who are classified as obese (Body Mass Index 30 and over) also rose from 27 to 31 percent and the state average also rose (Figure 26).

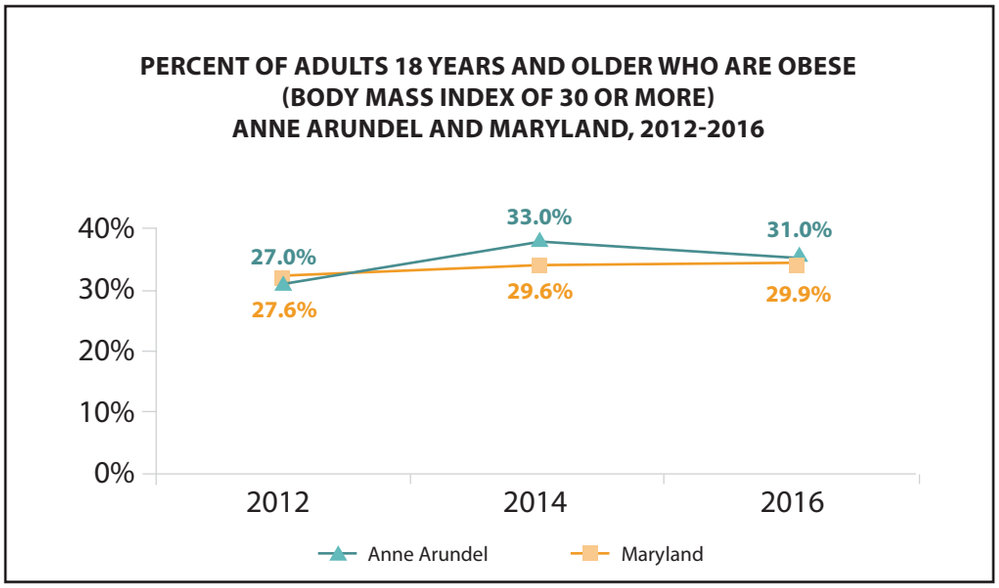
Obesity is prevalent in low income families in the county for a variety of reasons: their neighborhoods often lack full-service grocery stores and farmers' markets, healthy food can be more expensive, there is no transportation to get to a supermarket, there is a greater availability of fast food restaurants selling cheap, filling food, and there are fewer recreational facilities for exercise. The streets may be unsafe and there is little for children to do.

Figure 25



Anne Arundel County Department of Health, 2018, (Maryland BFSS)

Figure 26



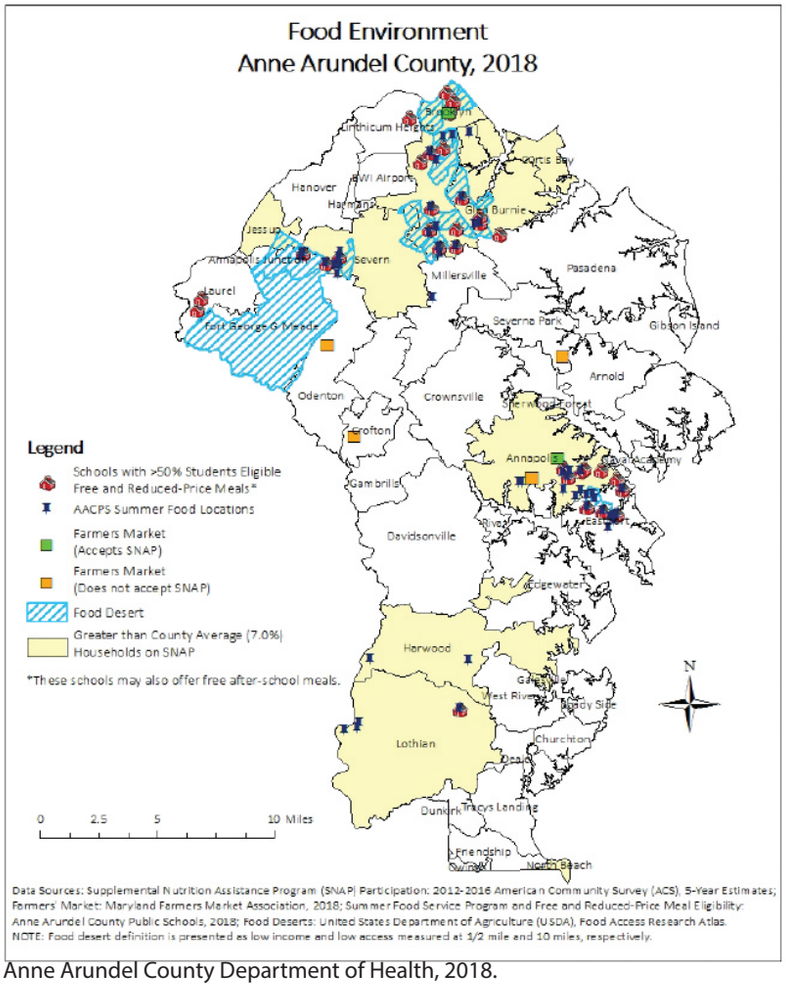
Anne Arundel County Department of Health, 2018, (Maryland BFSS)

Access to Healthy Food

In 2018, over 13 percent or 74,522 county residents resided in a food desert, up from 12 percent in 2015. Food deserts are defined by the United States Department of Agriculture (USDA) as urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food. Several of the county's low income communities are also mapped as food deserts (Figure 27). They do not have access to healthy food and they have no transportation to get to supermarkets. Unhealthy food is cheap and filling, an important asset for large families managing with few means. As one health provider noted:

> "Many people don't have access. They may have medical transportation to get to a doctor but they don't have the transportation to get to a grocery store. If they get to the grocery store and are on the SNAP program, or whatever, they see apples are $2.99 a pound, but the ramen noodles are 10 packs for $1."

Figure 27

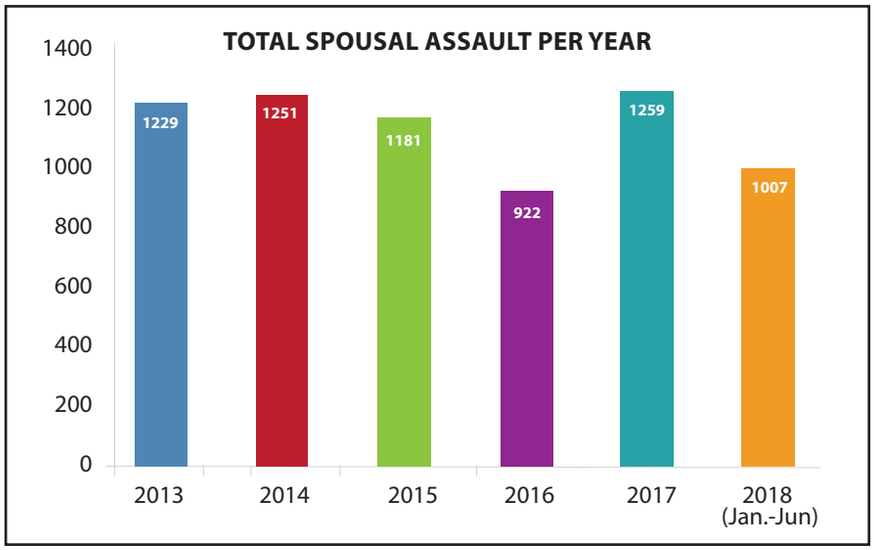


Anne Arundel County Department of Health, 2018.

Domestic Violence

The Anne Arundel County Police Department tracks domestic violence by year and police district, including physical assaults with hands or fists, guns, and knives. Figure 28 shows all Domestic Violence incidents in the county from 2013 through the first six months of 2018. The data shows an upward trend although there was a dip in numbers for the 2015-2016 year. The statistics for the early 2018 year are alarming. The numbers for the six month period are almost as high as for the previous 12 months. These statistics confirm anecdotal data from police, schools and hospital personnel, who all reported a notable increase in domestic violence over the same period.

Figure 28



Anne Arundel County Police Department, 2018

Child Physical and Sexual Abuse

In 2018, the county's Child Advocacy Center investigated 326 sexual abuse cases, of which seven were for sexual assault.[6] Respondents noted a large increase in the number of child on child sexual assaults that are being reported by the school system and others. One commented that:

> "Children are looking at pornography on their parent's phones and tablets. It used to be that the child was the victim and the adults the perpetrators, but that's not always the case now. Now we have five and six year olds doing inappropriate things. Kids are watching pornography at early ages."

All child sexual assault and sexual abuse cases must go to the police department prior to a hand-off to social services. This process, and the limited number of police specialists, can cause back ups of over three months and then there may be 95 to 100 cases at a time sent to Department of Social Services (DSS). As one provider noted:

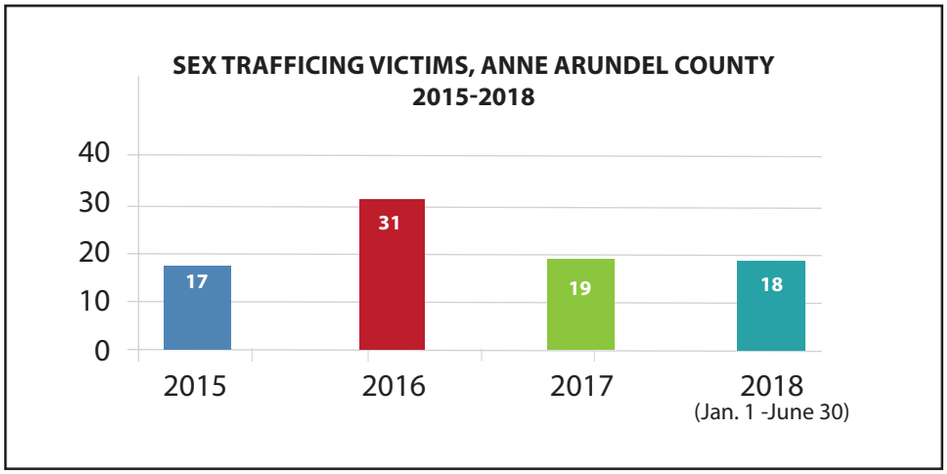
> "Every report has to go through these guys before it comes to DSS. We're often cold calling three months later."

[6] Anne Arundel County Department of Social Services, 2018.

Sex Trafficking Victims

Anne Arundel County is in the top five jurisdictions in Maryland for sex trafficking.[7] The 50-mile radius surrounding BWI airport is becoming known as the third-most-lucrative area in the state for trafficking in people.[8] Anne Arundel County Police Department tracks the number of sex trafficking incidents for the county (Figure 29). While the numbers were stable between 2015 and 2017, data for the first 6 months of 2018 are showing an almost 100% increase in cases. There are only two detectives fully dedicated to human trafficking.

Figure 29



Anne Arundel County Police Department, 2018

Social Media as a Public Health Issue

Social media, including the active use of smart phones and tablets, is a major concern for residents and professionals in every area of the county. The constant access to electronic information is impacting every age group and demographic:

Early Childhood. Focus group participants reported babies as young as 12 months are regularly observed holding cell phones and tablets. One early childhood provider described this as 'soothing by cell phone.' Another commented:

> "I hate to blame technology but youngsters at a very early age are being babysat by electronics, usually it's an iPad or a cell phone. Then we're asking them to sit quietly in a circle and say their ABCs."

Many focus group participants commented on the number of parents with their eyes on their own cell phone rather than creating any interaction or eye contact with their children. Several suggested that the ease of electronic access to pornography for very young children is linked to rising child on child sexual abuse within the school system.

Youth. Increases in bullying, suicide and suicidal ideation for youth have been linked to the constant use of social media 'apps' such as Instagram and Snapchat. As one educator noted:

> "Students will turn one another in: 'look what she wrote online about me' or 'look what he posted online' – it's a disruption of the school day."

Youth in low income communities are emulating international gang members, their colors and lifestyles by following their on-line presence. Body language, eye contact and social behavior of every kind is now lessened by the isolation caused by cell phone use. Several focus group participants noted that video-games are replacing outdoor play and recreation for many children.

[7] A. Rubenstein and N. Carr, *Child Sex Trafficking Victims Initiative Child Sex Trafficking in Maryland: January 2017*. University of Maryland School of Social Work, 2017

[8] Maryland Human Trafficking Taskforce, *Trafficking in Maryland,* 2018.

Adults. All focus group participants commented on the increase in the use of social media by adults. Some commented on the isolation it causes and the need to look at every experience through the lens of a photo for Facebook. As one professional commented:

> "People spend way too much time looking at other people's activity on social feeds – how many likes did you get or not get? Let's make sure we take some pictures so we can post them. How about enjoying the event you're going to?"

Others linked the use of social media and rapid electronic communication with rising rates of drug use, depression and anxiety. As a faith community member commented:

> "People are feeling more and more isolated because you can be surrounded by 500 friends (on social media) but you're in your room by yourself."

Limited English Proficient Residents

The numbers of Limited English Proficient residents are growing, especially in North County. Anecdotal information suggest their health needs are being served in community health clinics. While the numbers of bi-lingual health care professionals appear to be growing slowly, there is a lack of interpreters who understand medical terminology. As one provider recounted:

> "We have a patient who saved months for his neurological care, to see a neurosurgeon for follow up; cost was $715 for the visit which he knew ahead of time; and he and his wife scrimped and saved and they went to the appointment. The wife had to translate, she has no medical knowledge whatsoever and the patient left with no idea what the doctor said."

Summary

Overall, the physical health of county residents and their access to health services have improved since 2014. However, in the densely populated areas of Glen Burnie and Brooklyn Park (Health Professional Shortage and Medically Underserved Areas), costs are being driven up by emergency room visits and increased hospitalization rates.

Needs

- Increased numbers of community health clinics, especially in Medically Underserved Areas
- A plan to recruit primary care physicians
- Translation services for limited English Proficient residents
- Access to specialist services for the uninsured and the Medicaid population
- Healthy living and preventative health care to avoid hospitalization
- Greater awareness of importance of prenatal care for pregnant women
- Increased focus on areas of high need and few resources: Brooklyn Park, Glen Burnie, and South County
- A plan to address the social determinants of health

Mental Health

The rise in behavioral health issues for every age group, and the lack of appropriate services and service providers, were major concerns for all participants in this needs assessment. Providers who don't accept Medicaid and Medicare, and patients with inadequate health insurance, or no insurance, exacerbate the issue. Overall there has been a 70 percent increase in Anne Arundel County residents seeking mental health services since 2012; 16,348 residents were served by the county mental health agency in 2018 (Table 34). The two highest increases in residents served since 2016 are the early childhood population and those over age 65. Participants in this needs assessment shared many opinions as to why mental health issues are increasing, including poverty, isolation, social media, increasing societal violence and hostility, the fast pace of a technological world, and the reduction of stigma regarding mental health services. Several commented on the intergenerational and socio-economical nature of mental health issues. As one provider noted:

> "I think you go back to the families that are struggling in poverty who are multi-generational and living together; it's the hereditary piece. It's the third generation bipolar schizophrenic whose child is showing ADHD acting out behaviors where we know we worked with mom or the grandmother 10 years ago. We're dealing with more at an even younger age; you're talking first and second graders."

Table 34

Individuals Served in the Public Mental Health System (2012 – 2018)							
Age Range	**FY 2012**	**FY 2016**	**FY 2017**	**2016 - 2017 % Change**	**FY 2018***	**2017 - 2018 % Change**	**2012-2018 % Increase**
Early Child (0-5)	392	460	492	7.0%	548	11.4%	40%
Child (6-12)	1,821	2,596	2,774	6.9%	2,999	8.1%	65%
Adolescent (13-17)	1,388	1,923	1,929	0.3%	2,128	10.3%	55%
Transitional (18-21)	586	792	884	11.6%	926	4.8%	58%
Adult (22 to 64)	5,351	8,520	9,036	6.1%	9,628	6.6%	80%
Elderly (65 and over)	59	92	105	14.1%	119	13.3%	102%
TOTAL	**9,597**	**14,383**	**15,220**	**5.8%**	**16,348**	**7.4%**	**70%**

* Based on claims paid through September 30, 2018.
Anne Arundel County Mental Health Agency, 2018

The county's hospital emergency departments are often the receiving facilities for behavioral health issues. In 2017, there were 12,446 behavioral health encounters; mood disorders accounted for 26.3 percent of those and over 20 percent were alcohol related (Table 35).

Table 35

ED Encounters for Behavioral Health Conditions in Anne Arundel County (2017)			
	Condition	**Frequency**	**Percent**
1	Mood Disorders	3,277	26.3%
2	Alcohol-Related Disorders	2,546	20.8%
3	Substance-Related Disorders	2,212	17.8%
4	Anxiety Disorders	1,654	13.3%
5	Suicide and Intentional Self-Inflicted Injuries	724	5.8%
6	Schizophrenia and Other Psychotic Disorders	655	5.3%
7	Attention-Deficit Conduct and Disruptive Behavior Disorders	379	3.1%
8	Delirium Dementia and Amnestic and Other Cognitive Disorders	348	2.8%
9	Adjustment Disorders	295	2.4%
10	Miscellaneous Mental Health Disorders	112	0.9%
	Total	**12,446**	

Anne Arundel County Department of Health, 2018

Access to Care

The Affordable Care Act continues to increase access to mental health services through expanded Medicaid services. The total numbers served in the county public mental health system have increased 13 percent in two years, from 14,383 in 2016 to 16,348 in 2018 (Table 36). Those with private insurance struggle the most to access care due to limited coverage, high deductibles, time limits, and providers who will not accept private insurance. As one provider noted:

> "To receive clinical mental health services, the co-pays and deductibles in the new insured world will break your back. If you're living paycheck to paycheck and you need a 30 dollar co-pay once a week, for the next six weeks, that probably isn't going to happen."

Table 36

Three Year Comparison for Medicaid Insured and Uninsured Individuals					
	Persons Served				
	FY 2016	FY 2017	2016 -2017 % Change	FY 2018	2017 - 2018 % Change
Medicaid	13,824	14,626	5.8%	15,694	7.3%
Medicaid State Funded	1,923	2,342	21.8%	2,591	10.6%
Uninsured	746	488	-34.6%	642	31.6%
Total	**14,383**	**15,220**	**5.8%**	**16,348**	**7.4%**

Anne Arundel County Mental Health Agency, 2018

The number of out-patient mental health providers in the county continues to grow, an increase of 4.6 percent from 366 in 2014, to 383 in 2018. However, the ratio of mental health providers to residents in the county is much lower than the state (Table 37).

The county lacks psychiatrists and geriatric psychiatrists, especially for those residents with dementia and Alzheimer's disease. There is one Spanish-speaking psychiatrist in the entire county available to the Hispanic uninsured population. There are very few Spanish speaking mental health counselors.

Table 37

Mental Health Providers in Anne Arundel County, Maryland (2018)				
	Anne Arundel County Total	Anne Arundel County Ratio	Maryland Ratio	Top U.S. Counties (90th percentile)
Mental health providers	861	650:1	460:1	330:1

Anne Arundel County Department of Health, 2018

Residential services are a growing and urgent need. In Anne Arundel County, there are only 24 crisis temporary beds and only one inpatient psychiatric unit with 24 beds. The beds are almost always full. There are 263 beds for the chronically mentally ill scattered throughout the county. There are no residential services for adolescents. Both hospitals are currently expanding their mental health services to meet the community demand. University of Maryland Baltimore Washington Medical Center (UM-BWMC) recently added ten beds to their inpatient psychiatric unit, which will allow them to serve 650 more residents per year. Anne Arundel Medical Center (AAMC) broke ground on a new mental health hospital in 2018 that will add 16 inpatient beds and serve an estimated 900 patients when it opens in 2020. The need is overwhelming. As one provider noted:

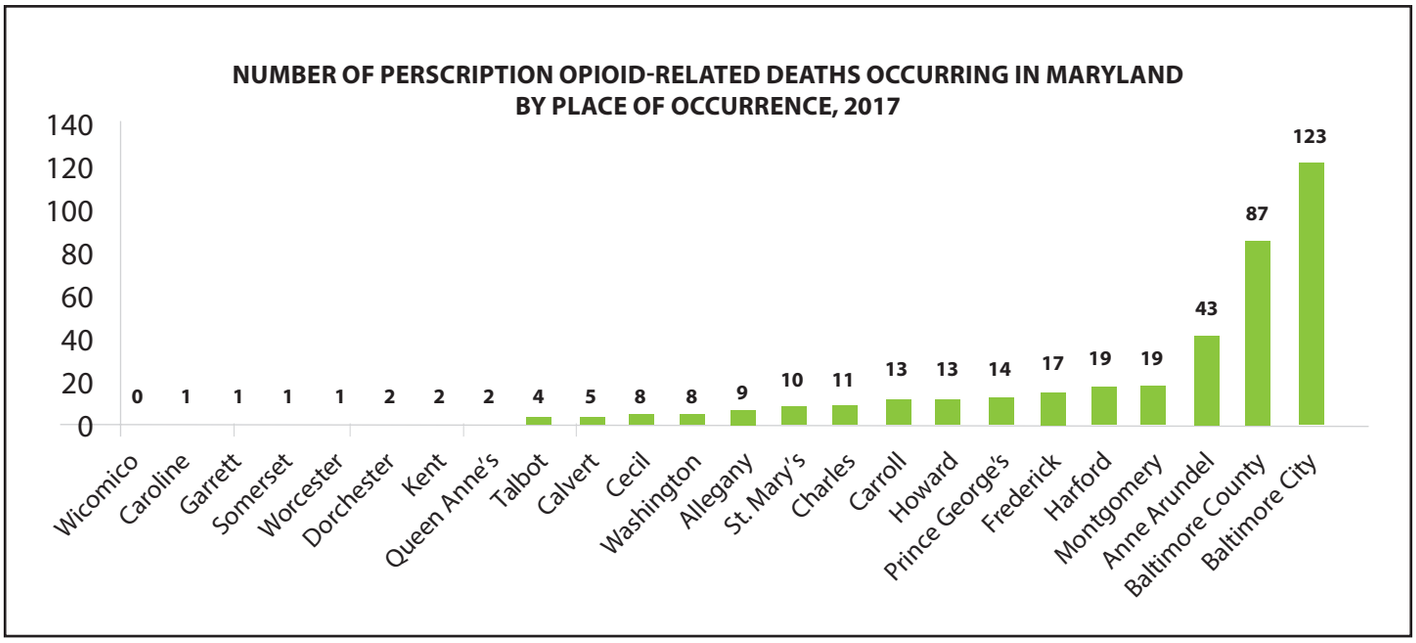
> "So if you come to our campus with a broken bone, there are 30 orthopedists who want to fix your bone. But if you come to our hospital with a broken soul, we've got two psychiatrists, only one of them on this campus."

The Opioid Epidemic

Prescription Opioids

Prescription opioid addiction is now a major public health crisis. Although Anne Arundel County is the fifth largest county in the state in terms of population, it had the third highest rate of prescription opioid related deaths as of 2017 (Figure 30).

Figure 30



Maryland Department of Health, 2018

Chapter 5 | Behavioral Health

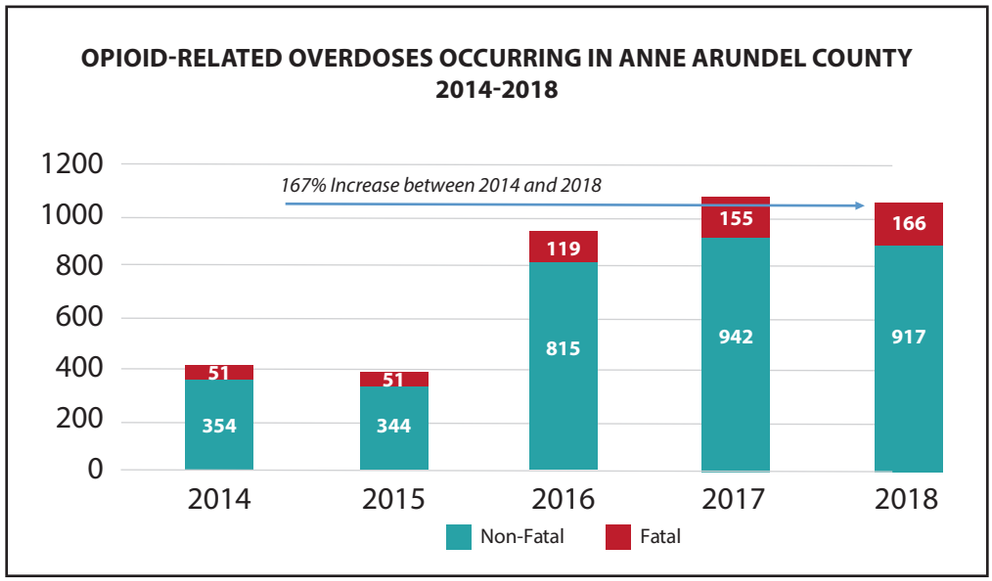
County health professionals acknowledge that while opioids are helpful to patients in extreme pain, opioid addiction is a major issue. The medical community has tightened regulations and behaviors regarding opioids, and 2017 saw the first decrease in prescription overdose use since 2013, from 48 to 43 deaths.[1] According to one provider, it is important to manage pain but at the same time make sure excess supply is diminished:

> "We don't want to withhold pain medicine from patients (who need it) but decrease the excess supply that is sitting out there in everyone's medicine cabinets."

Opioid/Heroin Overdoses

In 2018, Anne Arundel County police reported almost 1,100 opioid-related overdoses occurring within the county, a 167 percent increase since 2014 (Figure 31).

Figure 31



Anne Arundel County Police Department, 2018. **Note:** In 2018, there were 116 Persons with 2 or more overdoses.

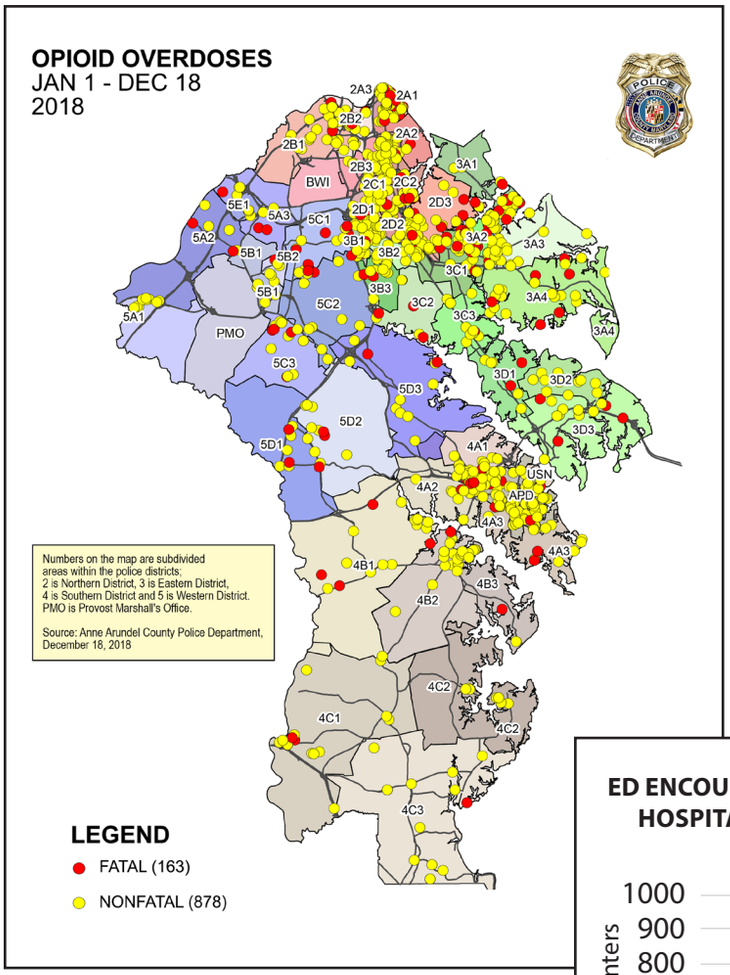
In 2018, there were 1,083 total overdoses year to date, a 1.3 percent decrease from 1,097 in 2017 (Figure 31). Several county initiatives have contributed to that reduction including the very successful Safe Stations program. However, the rate of fatal overdoses continues to increase, driven by the introduction of fentanyl into the community. Fentanyl-related deaths in the county have increased significantly since 2013 and surpassed heroin related deaths in 2018. Also, in 2018 there were 166 fatal overdoses compared to 155 in 2017, a 7.1 percent increase.

[1] Maryland Department of Health, *Unintentional Drug-and Alcohol-Related Intoxication Deaths in Maryland,* 2017.

As with other county issues, geography plays a part. The majority of overdoses occur in North County and Annapolis. Several participants pointed to Glen Burnie as the number one area for opioid availability. As one provider noted:

> "I would like to see more suboxone providers in Glen Burnie because we know that this is a heroin saturated zip code and there are very few docs that prescribe suboxone."

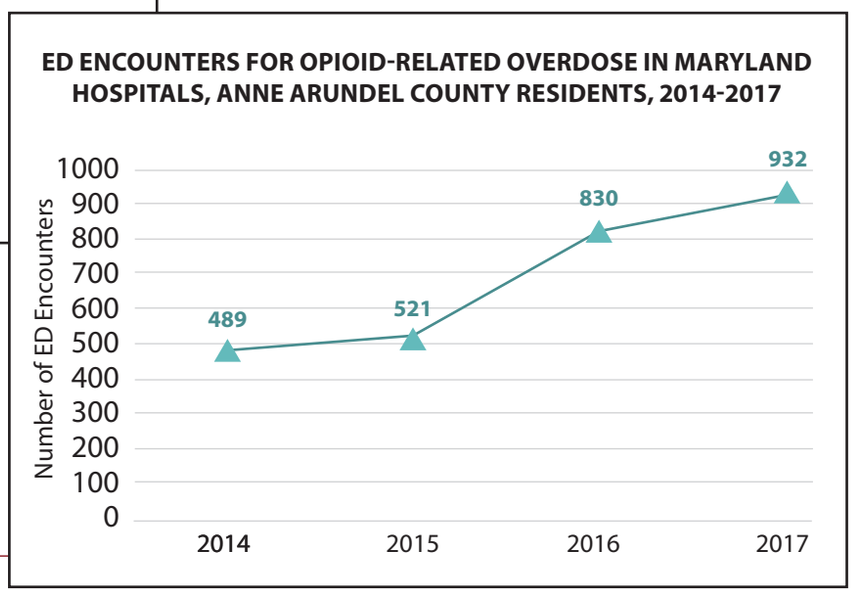
Figure 32



Anne Arundel County
Police Department, 2018

Opioid related overdoses are also causing capacity issues for hospital emergency departments. The rate of emergency department opioid overdose encounters for Anne Arundel County residents has risen 91 percent since 2014 from 489 to 932 (Figures 32 and 33). The percentages are uneven for the two county hospitals. The University of Maryland Baltimore Washington Medical Center accounted for 45 percent of the hospital encounters for opioid related diagnoses through October 2018, whereas Anne Arundel Medical Center accounted for 19 percent.

Figure 33



Anne Arundel County Department of Health, 2018

Secondary Victims of the Opioid Crisis

The current opioid crisis has many victims. The number of newborns assessed positive for substances in their systems, including methadone, has risen 144 percent since 2014 from 74 to 181.[2] Grandparents and great-grandparents are raising children with little governmental help. Many are on fixed incomes and have health and other issues to contend with. As one participant pointed out:

> "We need support for these grandparents. I have an 85 year old client who is a retired nurse raising a second grader. It's actually her great-grandchild. She came to a meeting with a notebook like I had, trying to keep track of the systems and how to navigate them."

According to all participants, the children of opioid victims are traumatized and ashamed. Several suggested we need narcotics support groups for teen family members. Young children born into homes where heroin is used may be neglected, may have spent periods homeless or living in a tent, as was the case of an 18 month old Glen Burnie child in 2017. Participants in this needs assessment cited numerous examples of very young children left alone or strapped into a car seat 24 hours a day. As one provider noted:

> "Sometimes we're not seeing these kids 'til kindergarten or coming into pre-k, but when they were two years old, dad was a heroin addict and put the kid in the closet."

Participants in this needs assessment also explained that many teens who have an addicted single mother or father, or who are living with grandparents, are taking care of their siblings, finding places to sleep, selling drugs for rent, and visiting food pantries. As one participant commented:

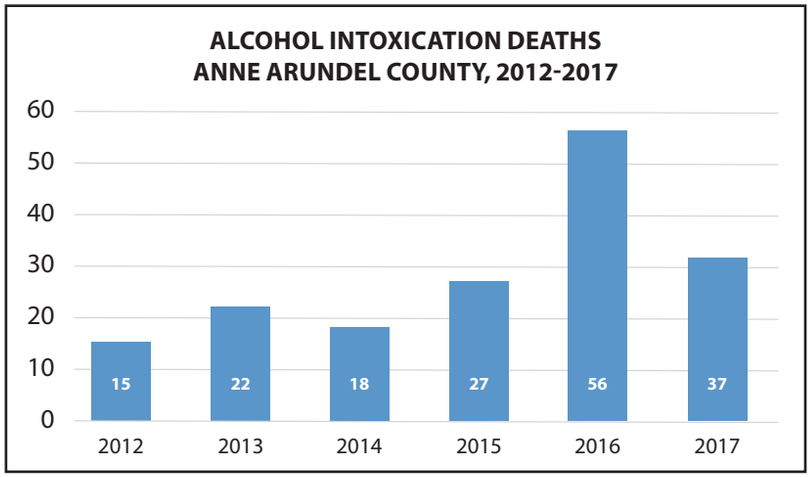
> "Like the 17 year-old who finds her mom dead of an overdose in a hotel and goes to school the next day and begs the school for help. This epidemic is not going away…every family is impacted so what are we doing with that? You've got fathers, mothers, aunts, and uncles who are dying. What are we doing with that?"

Other Substance Use

Alcohol

Alcohol use continues to be an acceptable social norm in the county. The number of alcohol related deaths increased by 273 percent between 2012 and 2016, from 15 to 56 deaths. In 2017, the number of alcohol-related deaths declined to 37 (Figure 34). According to the Maryland Department of Health 2016 High School Youth Risk Behavior Survey, the number of students who acknowledged driving a car, or driving within a car with someone who had been using alcohol, has reduced significantly since 2014.

Figure 34



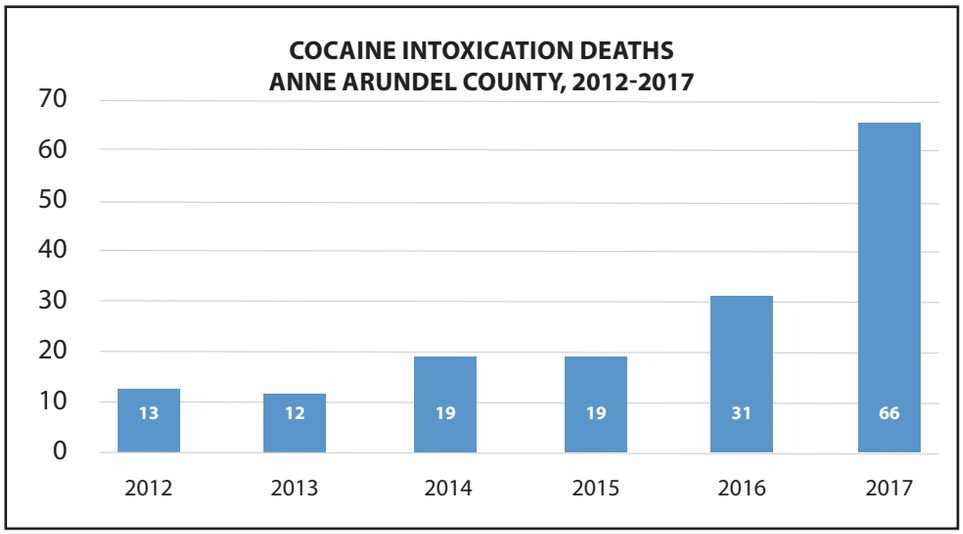
Maryland Department of Health, 2018

[2] Anne Arundel County Department of Social Services, 2018.

Other Drugs

Several participants noted a rise in the use of 'street drugs' such as PCP, crystal meth and cocaine. Anne Arundel County was third in the state in 2017 for cocaine ingestion deaths with a 400 percent increase between 2012 and 2017, from 13 deaths to 66 deaths[3] (Figure 35). The first quarter of 2018 showed a similar trend with 23 deaths from cocaine use. Many participants noted the use of cannabis in students as young as 11, and the intergenerational use of street drugs.

Figure 35



Maryland Department of Health, 2018

Summary

Behavioral Health issues are a major worry for participants in this needs assessment. Mental health issues at either end of the age scale, early childhood and seniors, are rising very rapidly. For the senior population, these issues may be co-occurring with senility or dementia.

Everyone who participated in this needs assessment acknowledged the enormous efforts made by the county and county hospitals to manage the opioid/heroin crisis, yet the progress is little and slow.

Needs and Gaps:

- More providers of psychiatric, geriatric-psychiatric, counseling and substance abuse services, especially Spanish speaking services
- Residential mental health and substance abuse beds, especially for the adolescent population
- Further support for the Anne Arundel County Mental Health Agency's very successful Crisis Intervention system and the Safe Stations program
- Integration of social and behavioral health services
- Crisis beds for immediate response and to relieve the emergency departments
- Support for seniors with co-occurring mental health issues and dementia

[3] Maryland Department of Health, *Unintentional Drug-and Alcohol-Related Intoxication Deaths in Maryland,* 2017.

Chapter 6 | Senior Population

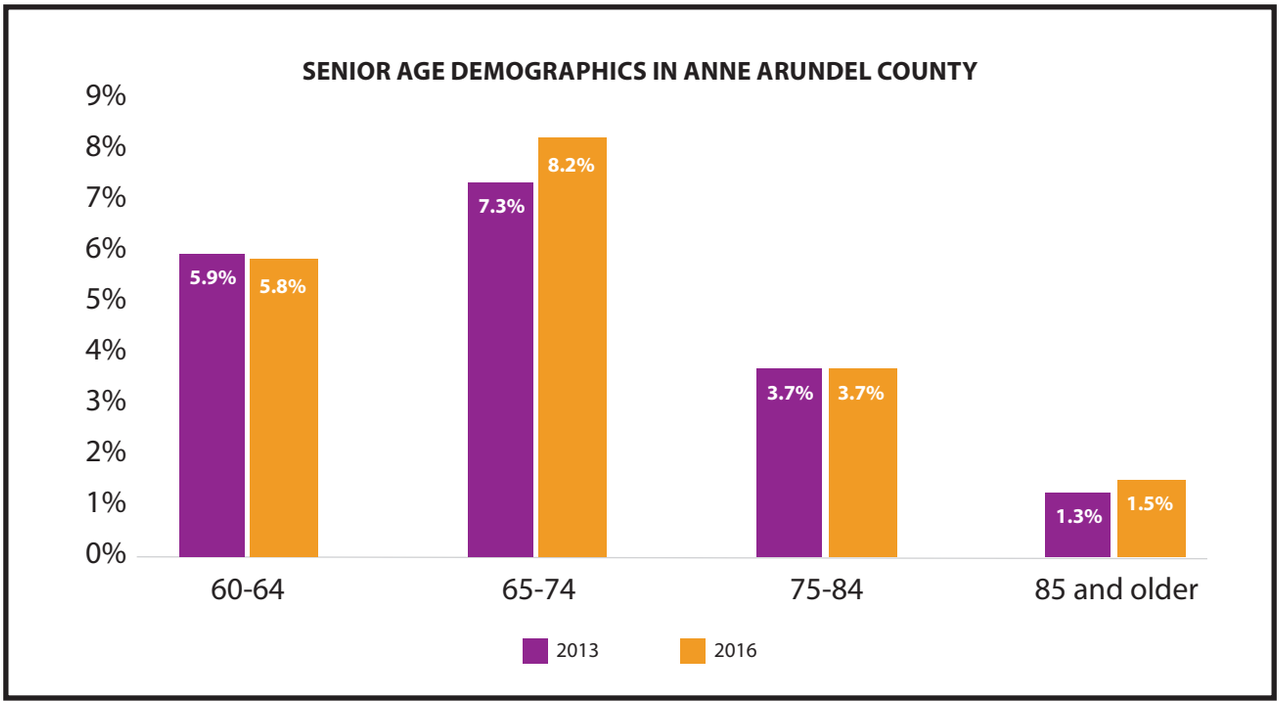
Senior Population

The number of Americans over the age of 60 is increasing. The large demographic of Baby Boomers (those born between 1946 and 1964) is now defining the aging population; 10,000 people in the nation turn 65 every day.[1] Seniors are also living longer through advanced medical care, early diagnosis and treatment of diseases, and better nutrition.

'Senior' is a very broad term for a group that now spans almost four decades. Service providers see the aging population in three distinct 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 tend to get treated as one large demographic.

Since 2013, the number of Anne Arundel County residents over age 60 has grown from 99,084 to 107,523, an increase of 8.6 percent. The largest increase is seen in the 65-74 year old age group, with a smaller increase for the 85 and older group. (Figure 36). As each group continues to age, their requirements for support and services increase.

Figure 36

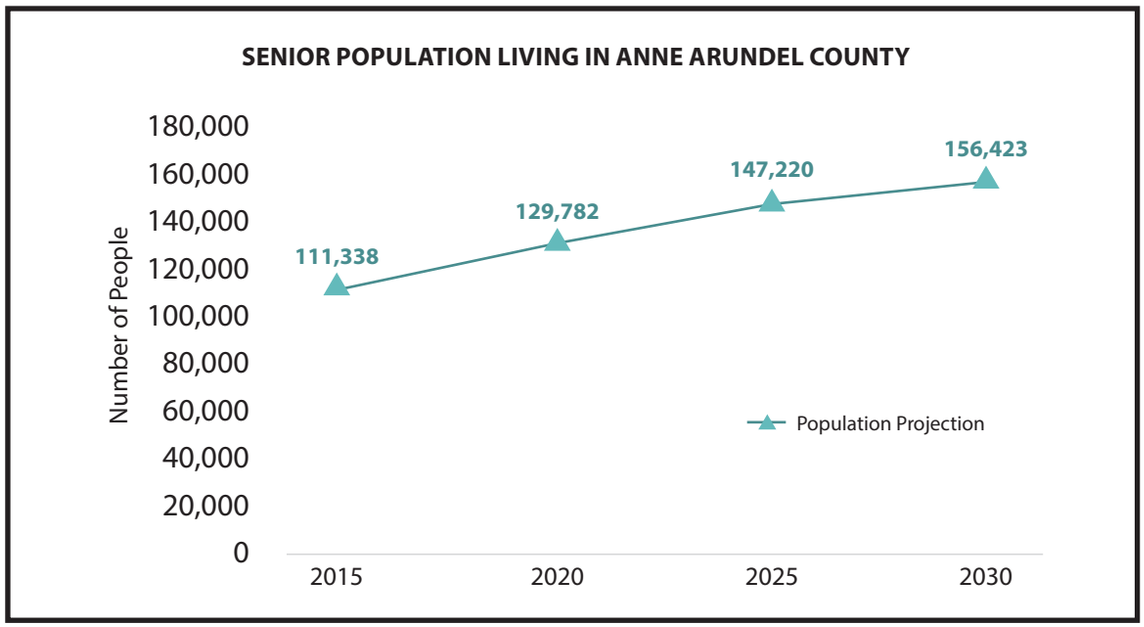


U.S. Census Bureau, American Community Survey, 2016 Estimates

The county's senior population is expected to continue rapid growth until 2030 when the trend line begins to dip (Figure 37). The Maryland Department of Aging State Plan (2017) predicts there will be a 40.49% increase in seniors living in Anne Arundel County during this period from 111,000 seniors to over 150,000 in 2030.

[1] U.S. Department of Health & Human Services, *Aging,* 2018.

Figure 37



Maryland Department of Aging, 2017

Economics

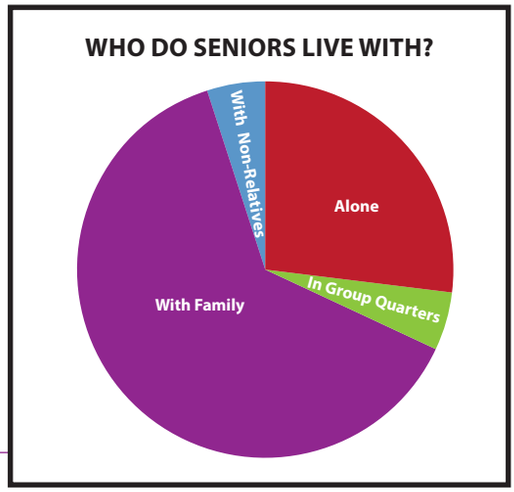
Households headed by people ages 65 and over reported a median income of $58,559 nationally in 2016, according to the Administration on Aging Administration for Community Living (AAACL). More than 85 percent of people 65 and older receive Social Security. The average Social Security income for all retired workers in 2018 is $1,404 per month, a $44 increase over 2017. Among elderly Social Security beneficiaries, 50 percent of married couples and 71 percent of unmarried persons receive 50 percent or more of their income from Social Security. Generally, women receive less from Social Security due to work breaks to raise children and lower earnings over time.[2]

In Anne Arundel County, the median income for the 65 and older population was $47,976 in 2016. Just over six percent of county seniors (almost 5,000) are living below 100 percent of the poverty line, lower than the national average of 9.3 percent. [3]

Housing

Affordable and appropriate housing is one of the biggest challenges seniors face in Anne Arundel County. Twenty-seven percent of seniors live alone, and 72 percent of those are single females. The majority of seniors live with family members, either because they are financially and/or physically unable to live alone, or because their adult children cannot find affordable housing in the county (Figure 38). Sometimes three and four generations of family members find it necessary to live together. According to 2016 U.S. Census estimates, there are 9,212 county households where three generations of family members live together in the same house. Residents from the sandwich generation (those managing children and seniors) often become unpaid caregivers. Twenty-seven percent of them have stopped working to care for a loved one according to the Genworth Cost of Care Survey (2018).

Figure 38



Source: Census.gov

[2] Social Security Administration, *Social Security is Important to Women,* 2018.

[3] Administration on Aging Administration for Community Living, *Aging and Disability in America,* 2018.

There are some subsidized housing options under which the renter pays 30 percent of total adjusted income (including income from assets). Waiting lists are maintained by the Housing Commission of Anne Arundel County, the Annapolis Housing Authority, and privately managed Section 8 complexes. There are 1,142 elderly families on the county's public housing wait list. The average wait time is 685 days.[4] Monthly costs for every type of assisted care in the Baltimore area are very high (Table 38) ranging from $1,880 per month for adult day care to $10,585 per month in a private room.

Table 38

Average Monthly Cost of Long Term Care Services in Maryland			
Care Type		**Baltimore Area, MD**	**National Average Cost**
Adult Day Care	Weekdays only	$1,880	$1,492
Assisted Living		$4,250	$3,600
Homemaker Services	44 hours per week	$4,004	$3,813
Home Health Care	44 hours per week	$3,813	$3,813
Nursing Home	Semi-Private (double occupancy room for one person)	$9,733	$6,692
	Private (single occupancy room for one person)	$10,585	$7,604

Genworth Cost of Care Survey, 2018

Participants from the medical community commented on the number of seniors who are admitted to the hospital, often through the emergency room, who have no home to return to. Some take up hospital beds for months at a time, at a very high cost, until guardianship can be determined and a place found for them. According to providers, guardianship programs for seniors have increased fourfold since 2014. As one participant explained:

> "Sometimes there is family but they're estranged, or they might just be far away and feel like they don't want to take on the responsibility; all sorts of reasons for it. But the cases are very complex; many of the folks have very little means, some of them have some assets and income, but sometimes it's very hard to place them. It can be very hard to find appropriate housing."

There is a long waiting list for Senior Care, a program operated by the County Department of Aging and Disabilities, that helps seniors age in place. The program costs $300-600 per month, as opposed to thousands of dollars for nursing home care. Seniors often need assisted living as they age, which is difficult to afford on a fixed income.

[4] Housing Commission of Anne Arundel County, 2018.

Health

Most seniors have at least one chronic health condition, and many have multiple conditions. The top five conditions seniors suffer from are hypertension, hyperlipidemia, arthritis, ischemic heart disease, and diabetes.[5] According to participants in this needs assessment, urinary tract infections are common, largely due to decreased fluid intake in the elderly. Sepsis and pneumonia are also common, especially during a hospital stay.

Multiple participants noted the over-prescription of medications to seniors. Many prescriptions are multiples of the same kind of medicine and do not react well together. Seniors often have issues remembering to take pills at the right time and in the right dose. As one participant noted:

> "We've asked seniors how many medications they are on; some are on as many as 20 medications, including 3 or 4 for high blood pressure."

The number of Medicare beneficiaries is rising in the county as a result of the growing senior population. The county has served almost 3,000 new beneficiaries in the last three years. The number of people who are also eligible for Medicaid due to low income rose from 10.9 percent to 11.3 percent in three years (Table 39). Half of all people on Medicare have incomes less than $26,200.[6]

Table 39

Medicare Beneficiaries in Anne Arundel County 2013 - 2016 Comparison		
Beneficiary Demographic Characteristics	**2013 (Number or Percentage)**	**2016 (Number or Percentage)**
Beneficiaries with Part A & Part B	75,607	78,529
Fee-for-service Beneficiaries	69,420	70,606
Medicare Advantage (MA) Beneficiaries	6,187	7,923
Average Age	72 years	72 years
Female	56.2%	56.5%
Male	43.8%	43.5%
White, NH	82.2%	81.5%
Black	31.1%	12.5%
Hispanic, Any Race	1.3%	1.6%
Eligible for Medicaid	10.9%	11.3%

Anne Arundel County Department of Health, 2018

[5] Administration on Aging Administration for Community Living, *Aging and Disability in America,* 2018.
[6] Jacobson, G; Griffin, S.; and Neuman T. *Income and Assets of Medicare Beneficiaries,* 2016-2035. Kaiser Family Foundation, 2017.

Chapter 6 | Senior Population

Behavioral Health

Demand for mental health services has risen more steeply for those age 65 and older than for any other demographic, increasing 102% since 2012 (see chart on page 55).[7]

Loneliness and isolation often results in anxiety and depression. As seniors live longer, an increasing number develop dementia or Alzheimer's disease. There are no mental health services for seniors in the county that accept Medicare and very few geriatric psychiatrists. There are very few in-home services that offer evaluations for those with mental health issues and/or dementia. Those that do exist don't accept Medicaid or Medicare. According to participants, in times of real crisis, Medicare eligible seniors may be referred as far away as Georgia for mental health care. There are many elderly couples in the county who are caring for each other. When one or both become too frail, they are often separated in nursing homes or acute care facilities. Currently there are no nursing facilities that allow senior couples to stay together. As one participant noted:

> "You've got couples that live into their 90's and one has dementia and one doesn't. We put them in the hospital or in assisted living and separate them which causes an increase in loneliness and despair… There's no reason why two people who have been married for 60 years can't be in the same room together."

Substance abuse also occurs in the elderly. According to participants, seniors become addicted to pain medication through pain clinics and prescriptions from primary care providers. They are often prescribed medication for anxiety and depression. There are no substance abuse treatment services through Medicare. As one provider commented:

> "We're also seeing quite a bit of benzo addiction and people prescribed Xanax, and unfortunately we are dealing with opioid addictions. We have 67 year old heroin addicts right now because of opioid addiction."

Transportation

As seniors age, they may be physically unable to drive, or prefer not to. They depend on public transportation services to take them from Point A to Point B. There are only two forms of transportation for the elderly population: Medicaid medical transportation for those eligible and the county's 'on demand' partial transit system. The age for the latter service has been increased to 65 and the number of available vans has been decreased to twelve. Many respondents commented on the need for transportation for seniors: to the grocery store, a hairdresser's appointment or a visit to the local senior center. These activities help address the loneliness and isolation experienced by our aging population. As one participant noted:

> "Now it's going to be even tougher when it comes to things like medications, groceries and other everyday needs, they just don't get them. 'I couldn't get there so I didn't buy them.'"

[7] Anne Arundel County Mental Health Agency, 2018.

Kinship & Guardianship

Kinship caregivers are those grandparents, relatives and friends who agree, formally and informally, to raise their grandchildren and other children when parents are no longer able to. The number of grandparents raising grandchildren in the county has increased over 34 percent between 2014 and 2017. The opioid and heroin crisis may be partly responsible for the increase, as parents overdose or fall into addiction. There are few formal supports for kinship families and many issues to struggle with. When kinship caregivers do not have legal guardianship they may be unable to sign for medical and other care for the children in their charge. Legal guardianship procedures can take months. Many kinship caregivers are on a fixed or limited income. As one provider noted:

> "It's the grandparents and great-grandparents caring for babies or school-aged children that they don't have a clue what to do with. They do not have the financial assistance that they need to take care of them and they don't have the room. They are depleting their savings, they are on a fixed income and that population is growing tremendously. Almost 50 percent of our calls for help are from kinship families."

Needs and Gaps

- Aging in place is the preferred method of care. As seniors age they are likely to develop a need for some assistance with daily living. Affordable assisted living is a huge need for this demographic.
- Mental health services and especially geriatric psychiatry are a gap in services for senior residents, especially those that rely on Medicare and/or Medicaid.
- The over-prescription of every type of medication was commented on many times during this needs assessment. Some medical facilities have a pharmacist review medications when patients enter, but seniors may see several medical and mental health providers, all of whom may prescribe medication for a specific issue without looking at the entire picture of a patient's medications.
- The number of kinship caregivers who are also seniors is growing in the county. There is a huge need for financial and other supports for such families. Without formal legal guardianship their ability to act in the place of the parent is sorely limited.
- As more seniors age, demand will increase for transportation services to help with daily living.

Needs Assessment Summary

Anne Arundel County is a wonderful place to live for most residents. In 2018, there is low unemployment, high median household income, a good public school system, cultural diversity and acres of natural resources for recreation. Most residents are able to access healthcare services. The growing need for behavioral health services for all ages requires attention from county health leaders. The consequences of increased social media use are causing negative health and behavioral problems throughout the community. Increasing aggression and violence in schools, hospitals and other systems should be a huge concern to county leadership.

Deep and stubborn pockets of poverty in North and South County and in the city of Annapolis require focused attention and effective collaborative solutions. Low income families, youth and seniors regularly encounter barriers to progress.

The three big needs in the county—transportation, affordable housing and affordable quality child care—remain unchanged since 2009. Public and private investments are needed to advance progress for all.



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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 800 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 126 funds and manages more than $14 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.

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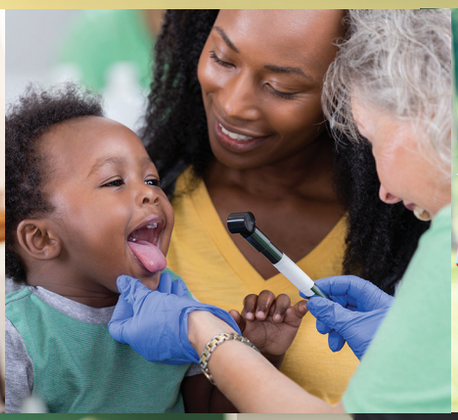

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