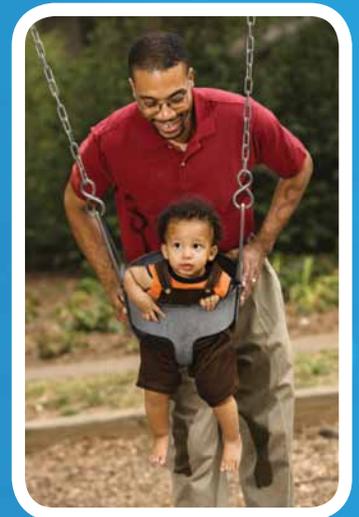


2009 Accomplishments & Challenges

Family Health Administration
Maryland Department of Health & Mental Hygiene



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Family Health Administration Accomplishments & Challenges 2009

is a publication of the Maryland Department of Health and Mental Hygiene.

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Introduction

The Family Health Administration's mission is to protect, promote, and improve the health and wellbeing of all Marylanders and their families through community-based public health efforts, giving special attention to at-risk and vulnerable populations. *Accomplishments and Challenges 2009* outlines the Family Health Administration's efforts to improve health across the lifespan for all Maryland residents.

Accomplishments and Challenges presents the work of the Family Health Administration in improving broad health status indicators such as infant mortality, cancer, chronic disease, oral health, childhood lead poisoning, adolescent pregnancy, and access to health care. Other top priorities include promoting health behaviors such as smoking cessation, improved nutrition, and physical activity. *Accomplishments and Challenges 2009* provides an updated overview of these public health issues, along with the many achievements of the administration's programs and initiatives. Charts and graphs illustrate the impact these issues have on the health of Maryland residents and document the progress that has been made to improve health status.

This report is organized into five main sections: pregnancy and infants, children and adolescents, adults, health care access, and patients with complex medical conditions. Unique health issues are raised at different points in the lifespan, and they are addressed by the coordinated efforts of the Family Health Administration programs. Each report section outlines some of the major health issues affecting Marylanders, presents the most recent health data available, and describes the related work of the Family Health Administration throughout fiscal year 2009 (July 2008-June 2009).

The Family Health Administration continues to focus on improving measurements of health status to ensure that the efforts underway are positively impacting the lives of Maryland residents. The accomplishments documented in this publication provide evidence that while we have made progress in addressing Maryland's public health needs, more work remains to be done.

Ensuring Healthy Pregnancies and Healthy Infants

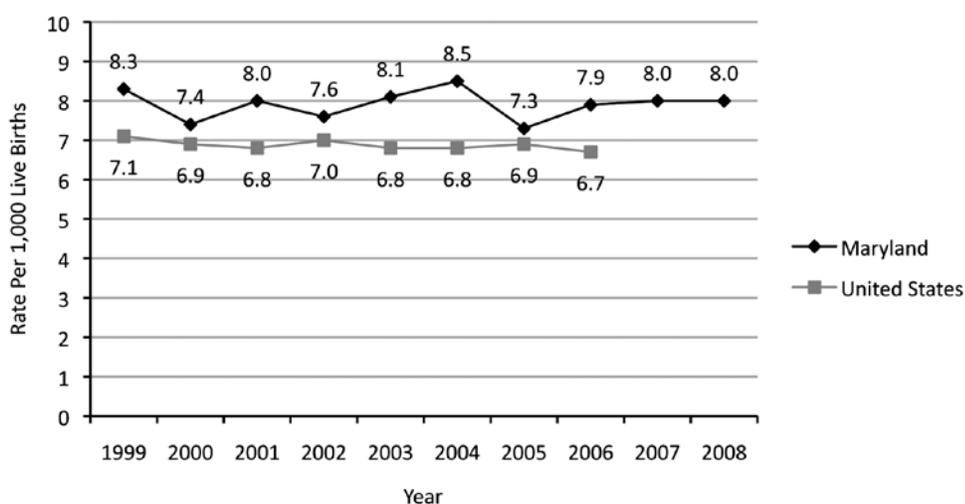
In 2008, 77,268 infants were born in Maryland. The Family Health Administration (FHA) has a number of programs designed to ensure that babies are born healthy and have the support they need for growth and development. FHA's programs work to prevent infant mortality, reduce unintended pregnancies, expand prenatal care, promote the use of folic acid before and during pregnancy, prevent fetal alcohol spectrum disorders, provide newborn screening follow-up services, and encourage breastfeeding.



Infant Mortality

Infant mortality, the rate of infant deaths per 1,000 live births, is not only a measure of the health status of mothers and infants but is also recognized as a measure of the overall health of communities. The infant mortality rate in Maryland has historically been higher than the national rate. Maryland has seen significant declines in infant mortality over the last 50 years, but decreases have been less dramatic in the last decade, and the Maryland infant mortality rate remains above the national average (Figure 1). Governor Martin O'Malley has set a goal of reducing the infant mortality rate in Maryland by 10 percent by 2012.

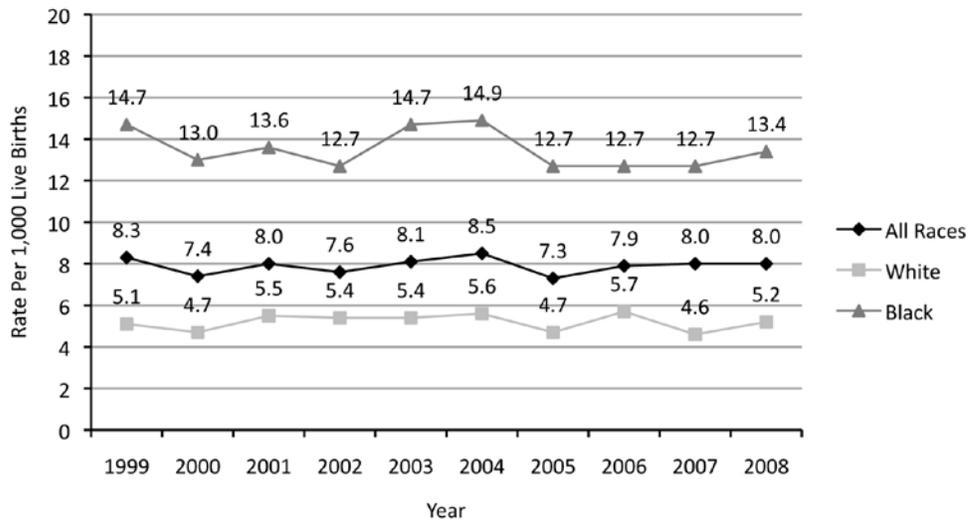
Figure 1. Infant Mortality Rate, Maryland and the United States, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Large racial disparities exist in infant mortality rates in Maryland, with African American infants two to three times more likely to die within the first year of life than White infants (Figure 2). According to 2008 data from the Maryland Vital Statistics Administration, the infant mortality rate is 13.4 deaths per 1,000 live births among African Americans compared to 5.2 among Whites, 3.4 among Asians, and 3.2 among Hispanics.

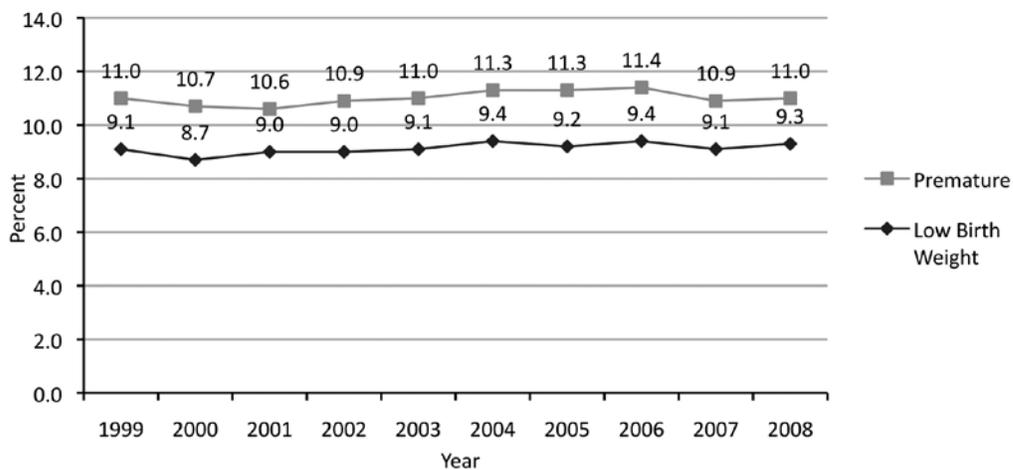
Figure 2. Infant Mortality Rate, by Race, Maryland, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

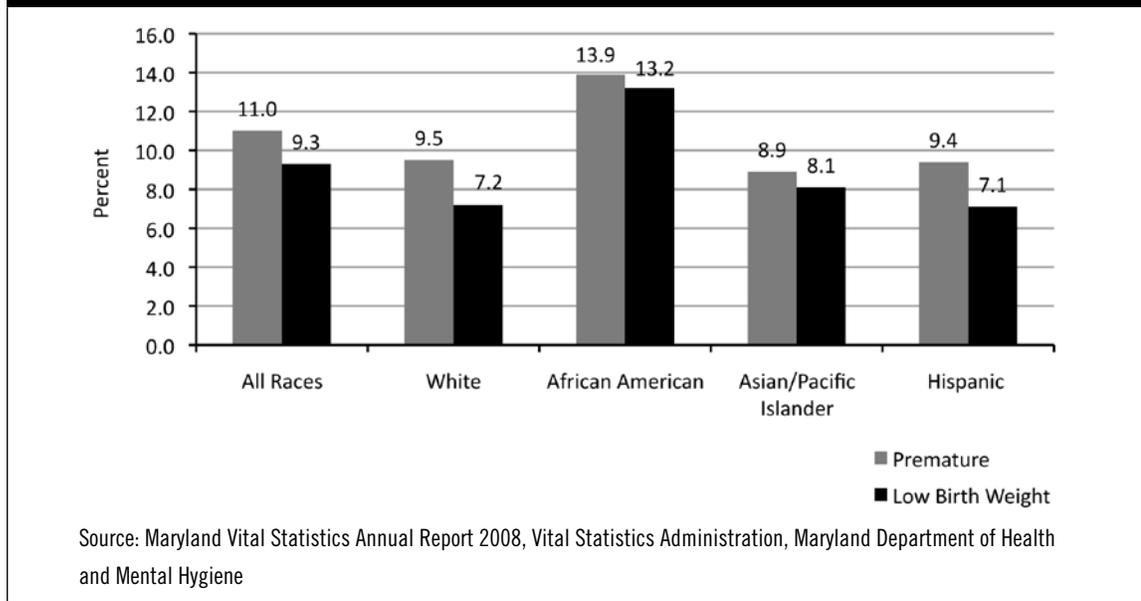
Together, prematurity and low birth weight represent the leading cause of infant mortality. Premature and low birth weight infants are at higher risk for numerous complications and medical conditions and are more likely to die within the first year of life than infants born at full term. According to the Maryland Vital Statistics Administration, 8,474 infants were born prematurely in 2008 (11.0 percent of all births) and 7,163 infants were born at low birth weights (9.3 percent of all births) (Figure 3). The Vital Statistics Administration reports that in 2008, African Americans had higher rates of both prematurity and low birth weight as compared to Whites and other races (Figure 4).

Figure 3. Percent of Infants Born Premature and Low Birth Weight, Maryland, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Figure 4. Percent of Infants Born Premature and Low Birth Weight, by Race, Maryland, 2008



While prematurity and low birth weight are the most common cause of infant death (accounting for 26.1 percent of infant deaths in Maryland in 2008), other major causes include: congenital abnormalities/birth defects (15.6 percent), Sudden Infant Death Syndrome (SIDS) (12.0 percent), and maternal complications of pregnancy (7.6 percent).

To improve the likelihood of a positive pregnancy outcome, medical and social changes can be made in a family's life before conception to address risk factors, such as planning for each pregnancy, having a healthy pre-pregnancy weight, and maintaining a well-balanced diet. For example, smoking is a high-risk behavior that contributes to preterm birth and low birth weight and can be changed prior to pregnancy through cessation efforts.

Behavioral changes made after birth can also decrease infant mortality risks. For example, placing infants on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). Although SIDS rates declined significantly in Maryland from 1999 to 2008, SIDS is still the third-leading cause of infant death. African American infants have higher rates of SIDS and are almost three times more likely than White infants to be placed inappropriately on their stomachs to sleep.

“Infant mortality is one of the most sensitive indicators of the health of a population and a critical public health issue in Maryland. The Center for Maternal and Child Health, in partnership with other State agencies and the Governor’s Office, is committed to seeing that every baby in Maryland is born healthy.”

*-Bonnie Birkel,
Director, Center for Maternal and Child Health*

What Is the Family Health Administration Doing to Prevent Infant Mortality?

- The Babies Born Healthy Program in the Center for Maternal and Child Health (CMCH) has initiated and expanded services for Maryland's women and infants to improve birth outcomes, with a strong emphasis on preconception health. The program collaborates with the CMCH Family Planning and Reproductive Health Program to reduce unintended pregnancies and improve women's health before conception by enhancing clinical services and creating new entry points to care.
- The Babies Born Healthy Program works with the Maryland Patient Safety Center to improve the quality of obstetric and neonatal care provided in Maryland hospitals and collaborates with the University of Maryland on a telemedicine program that supports and educates community obstetricians to provide high-risk prenatal care.
- To decrease rates of SIDS, the Babies Born Healthy Program supports an initiative to educate parents and health providers in Baltimore City about safe sleeping practices. CMCH supports the University of Maryland's Center for Infant and Child Loss in its work to reduce SIDS deaths.
- Each month, the Maryland Women, Infants, and Children (WIC) Program provides nutrition services to 16,568 pregnant women and 36,977 infants through a network of 85 sites. WIC services have been shown to contribute to longer pregnancies, decreased premature births and low birth weight infants, and decreased fetal and infant deaths.
- The Office for Genetics and Children with Special Health Care Needs receives information from hospitals on babies born with birth defects and connects families with appropriate care and support. The Office also monitors trends in the number of babies born with birth defects and looks for associated environmental factors as part of the Maryland Birth Defects Reporting and Information System (BDRIS).
- The Center for Maternal and Child Health supports the Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance system used to monitor selected maternal behaviors, identify problems incurred during pregnancy, and develop strategies to address them.
- The Center for Maternal and Child Health has established Fetal and Infant Mortality Review teams in each jurisdiction in the State to review infant mortality cases and identify systems changes to prevent future infant deaths.



Unintended Pregnancies

An unintended pregnancy is defined as one that is mistimed or unwanted. Unintended pregnancies are problematic because, according to Maryland PRAMS data, mothers who have unintended pregnancies are less likely to take a multivitamin, receive early prenatal care, stop smoking, breastfeed, and place their infants on their backs to sleep. They are more likely to give birth to low birth weight infants and experience postpartum depression. In 2008, 42 percent of all pregnancies in Maryland were unintended. Minority women, unmarried women, and adolescents are the most likely to report having an unintended pregnancy.

What Is the Family Health Administration Doing to Reduce Unintended Pregnancies?

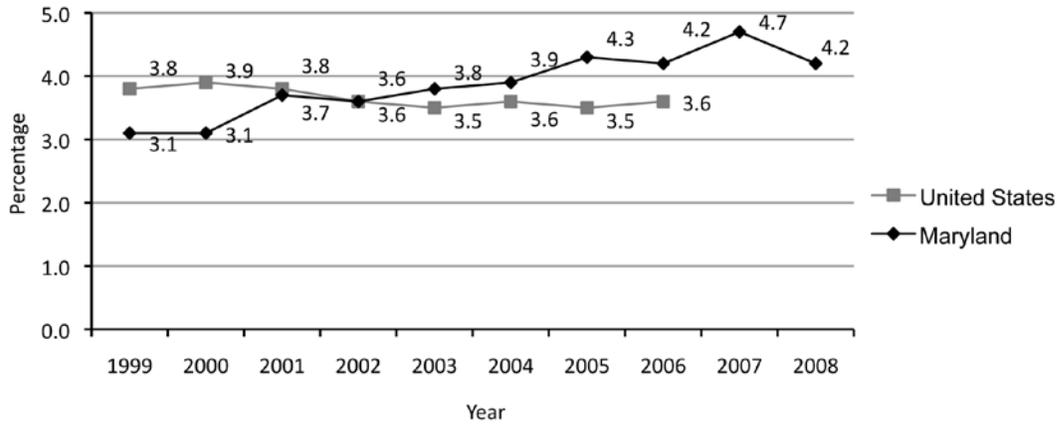
- The Maryland Family Planning Program, administered by the Center for Maternal and Child Health, provides reproductive health services through a network of 80 sites statewide. Services include health education, preconception health counseling, contraceptive services, teen pregnancy prevention services, screening and treatment for sexually transmitted infections, colposcopies, breast and cervical cancer screenings, and referrals for primary care, mental health, and social services.
- The Maryland Family Planning Program provides subsidized reproductive health and contraceptive services for uninsured and low-income women in the State. In fiscal year 2009, the Maryland Family Planning Program had more than 144,000 family planning and reproductive health visits.
- As part of the Babies Born Healthy Program, the Center for Maternal and Child Health collaborates with the Maryland WIC program to provide reproductive health and family planning services through WIC clinics. Integrating family planning and WIC services reduces women's barriers to health care.

Prenatal Care

Prenatal care provides pregnant women with education about healthy behaviors, observation for healthy pregnancy progression, and monitoring for potential complications. Early and adequate prenatal care is important for the health of both mothers and their infants and results in better health outcomes. For every \$1 invested in prenatal care, \$3 are saved in future health care costs.

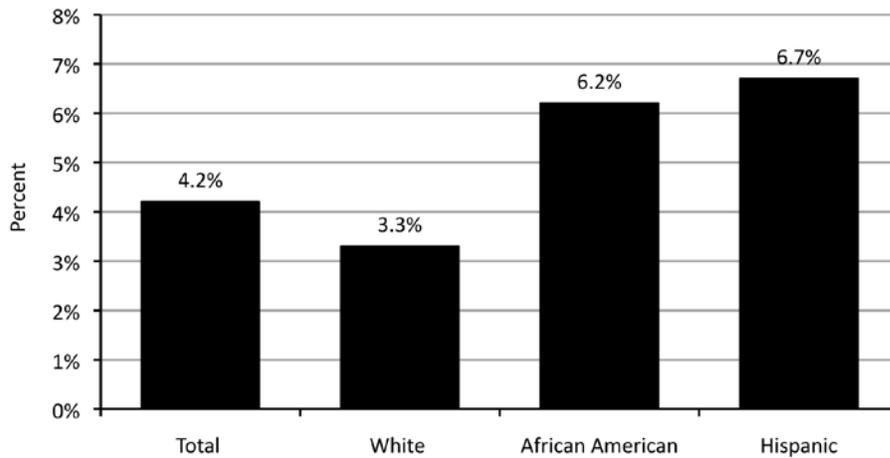
In Maryland, the percent of births to women receiving late (in the third trimester) or no prenatal care increased from 3.1 percent in 1999 to 4.2 percent in 2008 (Figure 5). African American women and Hispanic women were more likely to receive late or no prenatal care than women of other races (Figure 6). According to the 2008 Maryland PRAMS survey, the most common reasons that women did not receive prenatal care in the first trimester were: they could not get an appointment, they did not have insurance or enough money, or they did not have a Medicaid card.

Figure 5. Percent of Women with Late or No Prenatal Care, Maryland and the U.S., 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Figure 6. Percent of Births to Women Receiving Late or No Prenatal Care, by Race, Maryland, 2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

What Is the Family Health Administration Doing to Expand Prenatal Care?

- The Center for Maternal and Child Health supports a statewide Maternal and Child Health Hotline (1-800-456-8900), which is administered by the Maryland Medicaid Program, that refers women to prenatal care services.
- The Center for Maternal and Child Health supports morbidity and mortality review teams that review causes of fetal and infant deaths and look for opportunities to change community systems to prevent future occurrences, including identifying and removing barriers to prenatal care.
- The Babies Born Healthy Program partners with the University of Maryland, Department of OB/GYN to support the Maryland Advanced Perinatal Support System, an expanded pilot program that uses telemedicine to provide prenatal care for women with high-risk pregnancies in rural communities.
- The Office for Genetics and Children with Special Health Care Needs provides funding for Johns Hopkins University and Children's National Medical Center to provide genetic services, including prenatal counseling, at their genetics centers and 13 outreach clinics.

Folic Acid

Neural tube defects are serious birth defects that occur because the neural tube in the embryo does not close properly to form the brain and spinal cord, resulting in infants born with Spina bifida or Anencephaly. Folic acid, a B vitamin found in most multivitamins as well as orange juice, green leafy vegetables, and certain other foods, reduces the risk for neural tube defects by 50 to 70 percent when taken one month before conception and throughout the early months of pregnancy. The PRAMS survey found that in 2008, fewer than one in three Maryland women reported taking a multivitamin daily in the month before conception.

What Is the Family Health Administration Doing to Promote the Use of Folic Acid Before and During Pregnancy?

- The Maryland Family Planning Program provides preconception care, including education about the importance of folic acid, to thousands of women each year.
- The Maryland WIC program educates participating women about the benefits of folic acid and provides foods that are high in folic acid, including fortified cereals, 100 percent fruit juice, fresh fruits and vegetables, peanut butter, and dried beans and peas.
- The Office for Genetics and Children with Special Health Care Needs sends information about the effects of folic acid in reducing the risk of neural tube defects to mothers who have had a previous pregnancy affected by a neural tube defect.

Fetal Alcohol Spectrum Disorders

Fetal Alcohol Spectrum Disorders (FASD) encompass the range of adverse effects that can result from prenatal alcohol exposure. The most severe of these disorders is Fetal Alcohol Syndrome, which is caused by women drinking during pregnancy and is characterized by central nervous system problems, abnormal facial features, and growth retardation. Infants born with fetal alcohol spectrum disorders can experience life-long health and developmental consequences including developmental disabilities, mental health problems, difficulties in school, inability to live independently, and substance abuse.

In 2007-2008, the Maryland Behavioral Risk Factor Surveillance System (BRFSS) found that 13.2 percent of women of childbearing age reported binge drinking (five or more drinks in one setting) within the past month. The Maryland PRAMS report indicated that in 2008, 8.8 percent of respondents reported alcohol use during the last three months of pregnancy.

What Is the Family Health Administration Doing to Reduce Fetal Alcohol Spectrum Disorders?

- The Center for Maternal and Child Health provides leadership and staffing for the Fetal Alcohol Spectrum Disorders Coalition convened by the Maryland Department of Health and Mental Hygiene (DHMH).
- The FASD Coalition developed recommendations for addressing fetal alcohol spectrum disorders in Maryland and released them in a 2005 report. The recommendations included establishing a broader statewide coalition, identifying a State FASD coordinator at the Department of Health and Mental Hygiene, and seeking public and private resources to conduct a public awareness campaign.
- The FASD Coalition also serves to raise public awareness of fetal alcohol spectrum disorders through education and outreach.

Newborn Screening Follow-up

Newborn screening programs identify children with hearing loss and genetic diseases, particularly disorders of body chemistry and sickle cell disease. Early identification of hearing problems and genetic disorders allows infants to receive early and appropriate treatment and family services to ensure the best possible outcomes.

What Is the Family Health Administration Doing for Children Identified by Newborn Screening?

- FHA's Office for Genetics and Children with Special Health Care Needs has several programs that provide follow-up services for families whose newborns may have disorders: the Universal Newborn Hearing Screening Program; the Birth Defects Reporting and Information System; the Metabolic Disorders Nutrition Program; and the Sickle Cell Disease Program.
- The Universal Newborn Hearing Screening Program ensures that infants born in Maryland are tested for hearing loss. The average age of identification of infants with hearing loss has decreased from about nine months in 2000 to 1.5 months in 2008, allowing for early intervention to ensure appropriate treatment.

- In 2009, the Metabolic Disorders Nutrition Program provided support for 354 children, working with health care providers, to ensure that the children received the special diets required to treat the disorders and support healthy growth and development.
- In 2009, the Sickle Cell Anemia Program followed 529 children who suffer from this disease, working with families and providers to ensure that the children receive all the elements of care needed to stay healthy.
- The Office of Genetics and Children with Special Health Care Needs supports training for families who have children with special health care needs, sponsors camps for children with PKU, neurofibromatosis and sickle cell disease, supports other types of respite care through local health departments, and works with health care professionals to ensure evidence-based treatment for special needs children.

“Genetics is one of the most powerful tools we have for improving the health of individuals and populations in the next century.”

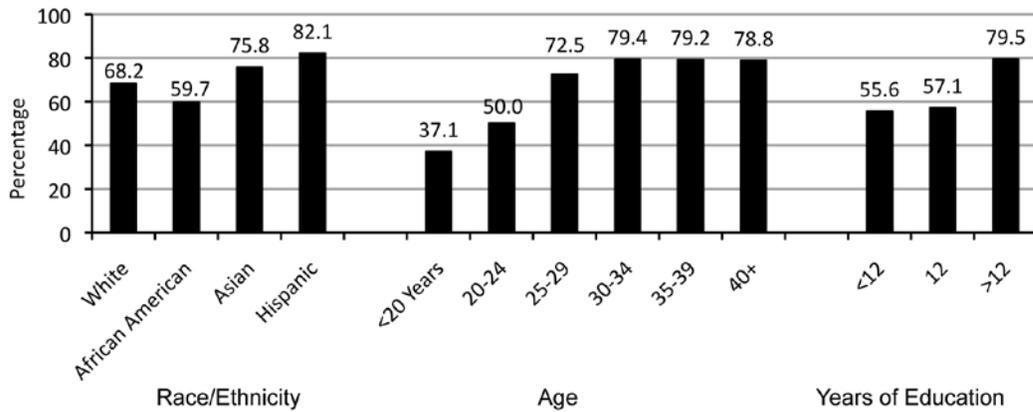
*-Susan Panny, MD,
Director, Office for Genetics and CSHCN*

Breastfeeding

Breast milk is the optimal form of nutrition for infants, and breastfeeding provides many long-term benefits including the transfer of maternal immunities and enhancement of the infant-maternal bond. Breastfed infants, when compared to formula-fed infants, have fewer ear infections and allergies and are less likely to become overweight as adults.

PRAMS data from 2008 indicate that the majority of Maryland mothers initiate breastfeeding (81 percent). However, by the time infants have reached four weeks of age, only 68 percent of mothers continued to breastfeed and at eight weeks, only 60 percent of mothers continue to breastfeed. African American women are less likely to breastfeed than women of other races, and women under 20 years of age are less likely to breastfeed than older women (Figure 7).

Figure 7. Percent of Mothers Who Reported Breastfeeding for Four or More Weeks, by Race/Ethnicity, Age, and Years of Education, Maryland, 2008



Note: Years of education includes only mothers ages 20 and above

Source: Maryland PRAMS 2008, Center for Maternal and Child Health, Family Health Administration, Department of Health and Mental Hygiene

What Is the Family Health Administration Doing to Encourage Breastfeeding?

- The Maryland WIC program promotes breastfeeding to prenatal participants and works with new moms to improve their chances of having a successful breastfeeding experience. All WIC staff members receive breastfeeding training so that they can encourage and support breastfeeding.
- A breastfeeding peer counseling program is in place in 13 local WIC agencies and will be expanded to all local agencies by fiscal year 2011. Peer counselors provide group breastfeeding education classes as well as in-person and telephone counseling.
- The WIC program provides a more extensive food package for breastfeeding infant-mother pairs, with breastfeeding women receiving a larger variety and a greater amount of foods, including a higher dollar value for fruits and vegetables, to ensure that mothers have appropriate nutrition supplementation.
- The Center for Maternal and Child Health launched the Breastfeeding Friendly Workplace Initiative to recognize employers that make breastfeeding accessible for mothers returning to work. Work sites are awarded certification for meeting basic criteria.

“We are extremely excited about the changes in the WIC foods that we can make available to WIC participants, especially the extra foods that we provide to our breastfeeding moms and babies. These extra foods help us strengthen the nutritional support we give to the moms who choose to breastfeed...it's a win/win for babies and moms!”

*-Jacqueline Marlette-Boras,
Director, Maryland WIC Program*

Enhancing the Health of Maryland's Children and Adolescents

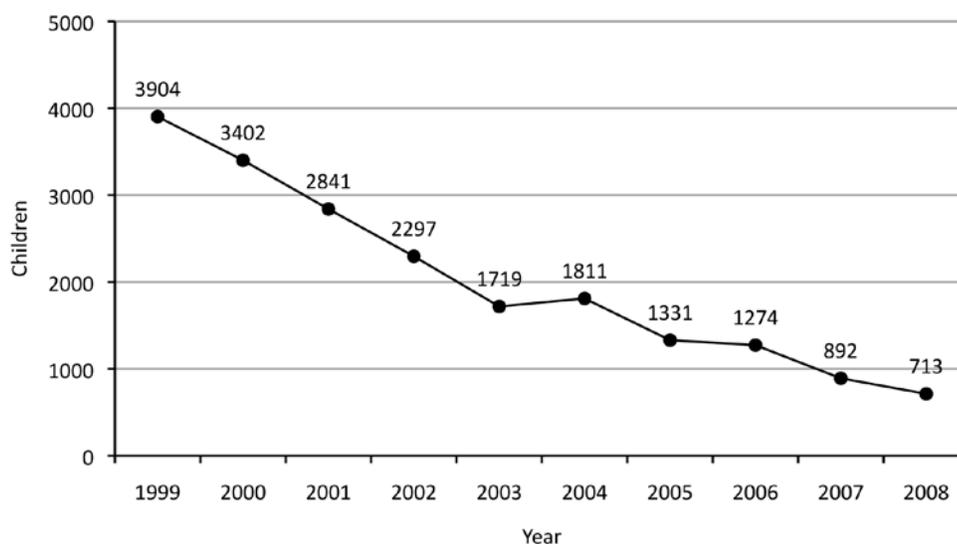
In 2008, there were 1.3 million children under the age of 18 in Maryland. The Family Health Administration works to protect the health and wellbeing of Maryland's children and adolescents through programs that address critical public health concerns such as lead poisoning, overweight and obesity, asthma, oral health, special health care needs, injury deaths, tobacco use, and adolescent pregnancy.



Lead Poisoning

Exposure to lead can have serious health and developmental consequences for children, including neurological damage, growth delays, learning disabilities, and behavioral problems. Children are most often exposed to lead through contact with chipped and peeling lead-based paint, and children younger than six years of age are at greatest risk for lead poisoning because they may put their hands and other lead-contaminated objects in their mouths. Maryland has seen significant declines in childhood lead poisoning; the number of Maryland children with elevated blood lead levels decreased by 82 percent between 1999 and 2008 (Figure 8).

Figure 8. Children with Elevated Blood Lead Levels, Maryland, 1999-2008



Source: Maryland Childhood Lead Registry, Maryland Department of the Environment, 2008

What Is the Family Health Administration Doing to Prevent Childhood Lead Poisoning?

- The Maryland Childhood Lead Screening Program educates parents and caregivers about lead exposure; increases screening and testing for lead poisoning; provides care management services for children with lead poisoning; collaborates with local health departments and community organizations; and targets efforts towards children most at risk for lead exposure. The program is administered through the Center for Maternal and Child Health in collaboration with the Maryland Department of the Environment.
- In 2008, 106,452 Maryland children under six years of age (22.4 percent of Maryland children in this age group) had their blood lead levels tested as part of the Childhood Lead Screening Program.
- The Maryland WIC program educates caregivers of participating children on the dangers of lead and provides information on how to obtain blood lead testing for participants.

Overweight and Obesity

Children who are overweight or obese are at greater risk for high cholesterol, high blood pressure, and other health risk factors. Overweight and obesity are also closely linked to Type II diabetes, which was previously considered an adult disease but has increased dramatically in children and adolescents.

Results from the 2003-2006 National Health and Nutrition Examination Survey (NHANES) indicate that nationwide, an estimated 12 percent of children ages 2-5 years, 17 percent of children ages 6-11 years, and 18 percent of children ages 12-19 years are overweight. State-level data on childhood overweight and obesity are limited. The Youth Risk Behavior Surveillance System (YRBSS) found that 13 percent of Maryland high school students were obese in 2007. The Pediatric Nutrition Surveillance System (PedNSS) found that in 2007, 15 percent of children ages 2-5 years enrolled in the Maryland WIC program were obese.

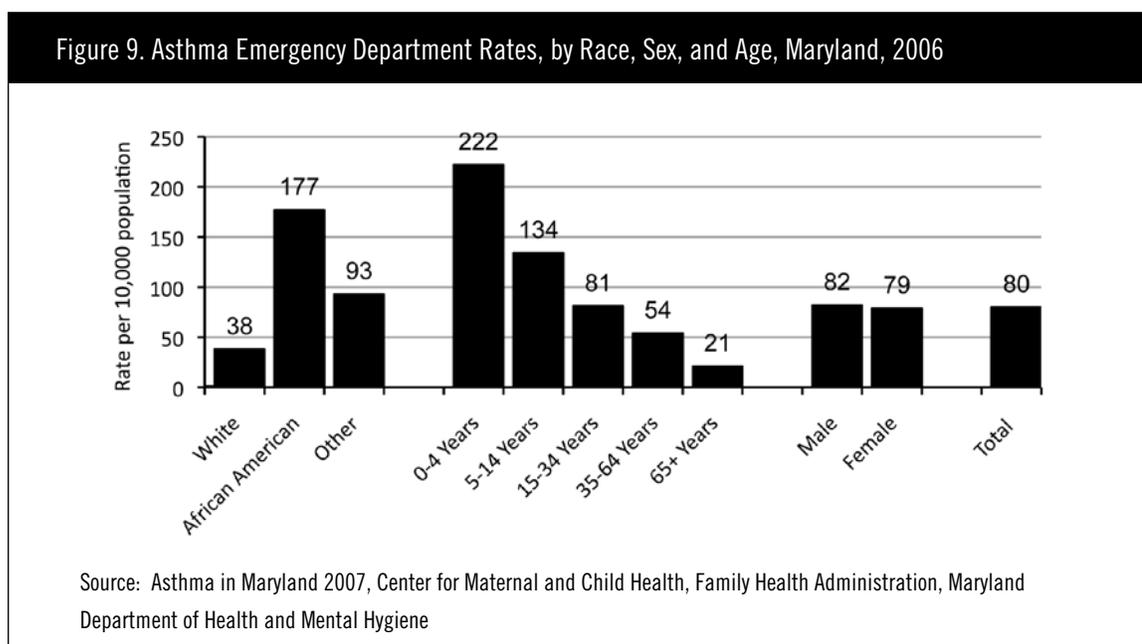
What Is the Family Health Administration Doing to Prevent Overweight and Obesity in Children?

- The Family Health Administration works with the Maryland State Department of Education to apply and evaluate school policies relating to nutrition and physical activity.
- The Maryland WIC Program measures the height and weight of child participants, evaluates their diets, educates parents/caregivers on child nutrition, and provides a supplemental food package that aligns with the Dietary Guidelines for Americans to promote healthy weight.
- The Family Health Administration provides support to local health departments for implementation of evidence-based obesity prevention programs.
- FHA's Office of Chronic Disease Prevention convened a Childhood Obesity Committee, comprised of representatives from health care and educational organizations as well as the Governor's Council on Heart Disease and Stroke. This committee advises the Governor and General Assembly on policies and programs to prevent childhood obesity.

Asthma

Asthma is a chronic lung disease that causes airway restriction and breathing difficulties. Asthma is the most common chronic disease of childhood, and according to the 2008 BRFSS, an estimated 190,000 Maryland children had a history of asthma.

Proper medical care, disease management, and pharmaceutical treatment can significantly reduce asthma-related emergencies. Emergency department visits often represent cases of asthma mismanagement and may be avoidable with proper preventive and therapeutic care. In Maryland, children under five years of age have the highest rates of emergency department visits due to asthma (222 visits per 10,000 population in 2006). African Americans have significantly higher rates of asthma emergency department visits than Whites. In 2006, African Americans in Maryland visited the emergency room for asthma at four times the rate of Whites (Figure 9).



What Is the Family Health Administration Doing to Address Childhood Asthma?

- The Maryland Asthma Control Program in the Center for Maternal and Child Health seeks to decrease the prevalence of asthma and the occurrence of its complications in Maryland, and to decrease disparities in health outcomes related to asthma.
- The Asthma Control Program educates people with asthma and their caregivers (e.g., school personnel and childcare providers) about steps to control asthma.
- The Asthma Control Program works to improve medical care for asthmatic patients by increasing awareness of the National Heart, Lung, and Blood Institute's Guidelines for Proper Asthma Management among health care providers and by seeking changes in systems of care to improve care coordination.

- The Asthma Control Program also has a comprehensive surveillance system to enhance the understanding of the asthma burden in Maryland.
- The Asthma-Friendly Schools Initiative works to maximize asthma management and reduce environmental asthma triggers in Maryland schools. Asthma-friendly schools identify and track students with asthma, provide coordinated case management, support policies regarding access to asthma medication, proactively maintain school facilities to reduce asthma triggers, and educate staff and students about asthma.

Oral Health

Oral health is an integral component of children's health. Poor oral health can lead to infection, pain, impaired eating ability, and speech difficulties that can negatively impact children's nutritional status, overall wellbeing, and ability to learn. Preventive care and early detection are necessary to minimize the impact of dental disease in childhood.

A 2005-2006 survey of the oral health status of Maryland school children (kindergarten and third-grade) found that 27 percent of children had at least one dental sealant and 31 percent of children had untreated dental decay. The Eastern Shore had the highest percentage of untreated dental decay (39 percent of children) followed by the central Baltimore region (34 percent of children).



“Oral health isn't extra health. It's not a luxury, it's a necessity. That's what Maryland learned from the tragedy of Deamonte Driver, a 12-year-old Prince George's County boy who died from an untreated dental infection.”

*- Dr. Harry Goodman,
Director, Office of Oral Health*

What Is the Family Health Administration Doing to Promote Oral Health?

- The Office of Oral Health addresses children's oral health by developing and supporting scientifically proven oral health interventions and policies, providing educational and preventive services, and expanding access to oral health treatments.
- In fiscal year 2009, the Office of Oral Health awarded grants to 22 local health departments to develop or support community-based and school-based oral health programs. Office of Oral Health grants contributed to 19,527 clinical visits for children, 2,425 children receiving dental sealants, and 3,845 children receiving fluoride treatments in fiscal year 2009.

- The Office of Oral Health designed and implemented the Maryland Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids. This program increases dental care access for high-risk, low-income children by allowing eligible, trained medical providers to apply fluoride varnish and receive Medicaid reimbursement.
- The Office of Oral Health provides funding for dental screenings for children in Head Start and Early Head Start programs.
- The Office of Oral Health funds the Deamonte Driver Dental Van Project, a mobile dental project that visits public schools and provides oral health education, diagnostic services, preventive dental care, some restorative services, and referrals. In fiscal year 2009, the project saw approximately 700 children in Prince George's and Montgomery counties.
- The Office of Oral Health also continues to support the Dental Action Committee as it works to reform oral health care access for children enrolled in Medicaid.

Special Health Care Needs

Approximately 14 percent of Maryland children, 211,000 children ages 0-19 years, have some special health care need. These needs should be identified as early as possible because for most conditions, the earlier the treatment begins, the better the results. Timely and appropriate specialty care can often prevent illness, death, and disability. Children with special health care needs often require specialty care such as orthopedics, cardiology, endocrinology, neurology, hematology, and genetics. In addition to medical care, families of children with special health care needs require family support services such as parent education, information, referrals, and peer support.

What Is the Family Health Administration Doing to Help Children with Special Health Care Needs?

- The Office for Genetics and Children with Special Health Care Needs (CSHCN) assists pediatric practices in identifying children with special needs, monitoring child development, and creating a medical home, to ensure that the provider knows the child and coordinates all the different kinds of care he/she needs.
- The Office for Genetics and CSHCN provides payment for medical care and related services for low-income, uninsured children with special needs through the Children's Medical Services program.
- The Office for Genetics and CSHCN also supports two medical day care centers for medically fragile, technology dependent children who cannot be accommodated in regular day care.
- To help ensure that appropriate medical care is available for children with special health care needs, the Office for Genetics and CSHCN provides support to pediatric specialty clinics at academic medical centers and to programs that bring pediatric specialists into community hospitals and local health departments in rural communities.

Injury Deaths

Unintentional injuries are the leading cause of death for Maryland children ages one to 17 years. From 2005 to 2007, unintentional injuries accounted for nearly one-third of all deaths in this age group. Causes of child injury deaths include motor vehicle accidents, drowning, fire, falls, and poisoning. Many child injury deaths are preventable through proper safety measures.

Motor vehicle accidents are the most common cause of unintentional injury deaths among children. In fiscal year 2008, it was estimated that 74 percent of child safety restraints were misused in Maryland. Correct use of child safety restraints can reduce the risk of death in a motor vehicle crash by 71 percent for infants and 54 percent for children ages 1-4 years.

What Is the Family Health Administration Doing to Prevent Injury Deaths?

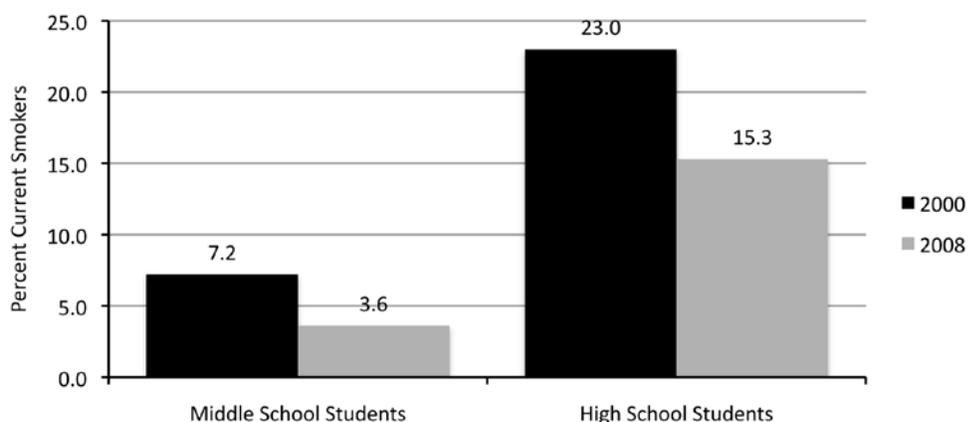
- The Center for Health Promotion and Education (CHPE) operates the Kids in Safety Seats (KISS) Program to educate the public and provide resources to increase child passenger safety. In fiscal year 2009, KISS distributed 1,004 car seats through car seat loaner programs. KISS participated in 69 child safety seat check-up events throughout the State at which 2,070 child safety seats were inspected.
- The CHPE's Division of Injury Prevention and Epidemiology conducts statewide injury surveillance and works in partnership with local health departments to create, coordinate, and evaluate injury prevention programs. Program topics include water safety, fire safety, playground safety, and poison prevention.
- To better understand the issues surrounding child mortality, the Center for Maternal and Child Health provides support to State and local child fatality review teams.

Tobacco Use

Cigarette smoking is linked to heart disease, lung disease, reduced fertility, cancer, and other serious illnesses. According to the American Cancer Society, smoking is the most preventable cause of death in the United States.

Between 2000 and 2008, smoking rates among Maryland adolescents markedly declined. Smoking among public high school students decreased by 33.5 percent and smoking among public middle school students decreased by 50 percent (Figure 10). However, despite these successes, each year about 13,000 of Maryland's youth become regular smokers.

Figure 10. Student Smokers, Maryland, 2000-2008



Source: Maryland Youth Tobacco Survey, Maryland Department of Health and Mental Hygiene

What Is the Family Health Administration Doing to Address Tobacco Use?

- The Center for Health Promotion and Education (CHPE) sponsors various initiatives to prevent tobacco use among youth. In fiscal year 2009, more than 60,000 Maryland students received tobacco education training.
- CHPE partners with the Maryland State Department of Education to support Students Against Starting Smoking (SASS) clubs in middle schools across the State. SASS clubs use peer leadership to promote tobacco-free lifestyles, smoke-free environments, and tobacco control.
- CHPE also supports Students Together Organizing Prevention Strategies (STOPS), a coalition of tobacco control groups from various college campuses. The groups work to educate their peers about the danger of tobacco use and second-hand smoke, provide information on cessation, and strengthen tobacco policies on campus and beyond.
- Teens Rejecting Abusive Smoking Habits (TRASH) is a community-based CHPE initiative that brings youth groups together to develop and implement activities to prevent youth tobacco use and assist those who want to quit.
- CHPE provides health care professionals with written materials and training to assure they are using effective, youth-oriented tools to help teens quit smoking.

“CHPE’s programs and policy efforts create measurable change in the health and well-being of Marylanders and their families. Our health promotion programs have successfully curtailed tobacco use and reduced childhood injuries.”

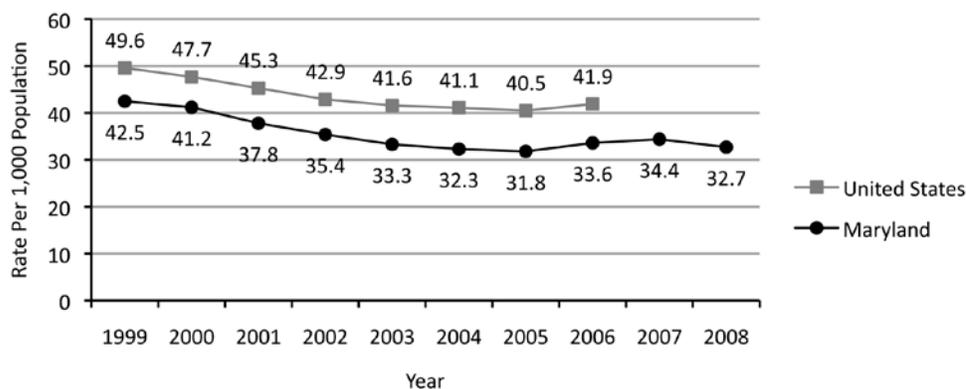
-Joan Stine,
Director, Center for Health Promotion and Education

Adolescent Pregnancy

Adolescent pregnancy can have significant personal, social, and health consequences for parents and children. Teen mothers are less likely to finish high school than their peers and more likely to receive public assistance. Infants born to teen mothers are at higher risk for prematurity, low birth weight, and mortality than those born to older mothers.

Maryland has seen a decline in births to teen mothers over the last ten years. From 1999 to 2008, the teen birth rate declined by 23 percent and was consistently under the national average (Figure 11). In 2008, birth rates for adolescents, ages 15-19 years, were highest among Hispanics. There were 84 births per 1,000 Hispanic adolescents, as compared to 50 births per 1,000 African American adolescents and 24 births per 1,000 White adolescents.

Figure 11. Birth Rates for Adolescents Ages 15-19 Years, Maryland and the United States, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

What Is the Family Health Administration Doing to Prevent Adolescent Pregnancy?

- The Maryland State Family Planning Program, administered by the Center for Maternal and Child Health (CMCH), serves more than 26,000 Maryland adolescents each year. Program services include comprehensive clinic services, health education, and counseling regarding sexual decision-making, prevention of sexual coercion, abstinence, and contraception.
- The CMCH Healthy Teens and Young Adults Program addresses the reproductive and life skills needs of adolescents who are at high risk for teen pregnancy. The program provides resources to 7,000 young men and women including educational support, clinical services, community awareness, teen advisory groups, and parental involvement.
- The CMCH Babies Born Healthy Program is partnering with Montgomery County to expand the Healthy Teens and Young Adults model for the Latina community.

Promoting Health in Adulthood

Adults, including senior citizens, make up 76 percent of the approximately 5.6 million people living in Maryland. To improve the health status of this group, the Family Health Administration focuses on chronic disease prevention and health promotion. FHA program activities are designed to promote cardiovascular health, decrease cancer deaths, prevent and manage diabetes, address arthritis, prevent rape and sexual assault, address adult obesity, and encourage tobacco cessation.

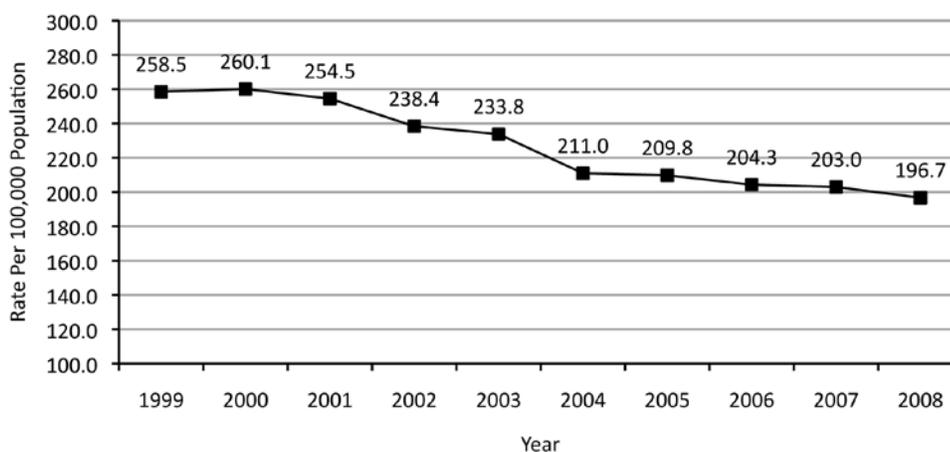


Cardiovascular Disease

In 2008, heart disease and stroke were the first and third leading causes of death in Maryland. Heart disease was responsible for 26 percent of all deaths in the State while stroke accounted for 5 percent of all deaths. The rate of premature death from heart disease (deaths before age 65 years) was twice as high in African American men as compared to White men and three times as high in African American women as compared to White women.

Heart disease and stroke are largely preventable through reduction and control of known risk factors including: unhealthy eating, lack of physical activity, smoking, high blood pressure, and high cholesterol. Maryland has seen improvement in heart disease and stroke mortality: between 1999 and 2008, the age-adjusted heart disease mortality rate declined by 24 percent (Figure 12), and the stroke mortality rate declined by 36 percent.

Figure 12. Heart Disease Mortality, Maryland, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

“Heart attacks, stroke, and diabetes are preventable. In fact, 80 percent of these events can be prevented by healthy eating, being active, and not smoking.”

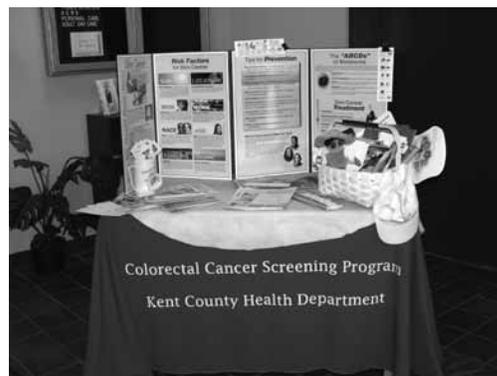
-Audrey Regan, Ph.D.,
Director, Office of Chronic Disease Prevention

What Is the Family Health Administration Doing to Promote Cardiovascular Health?

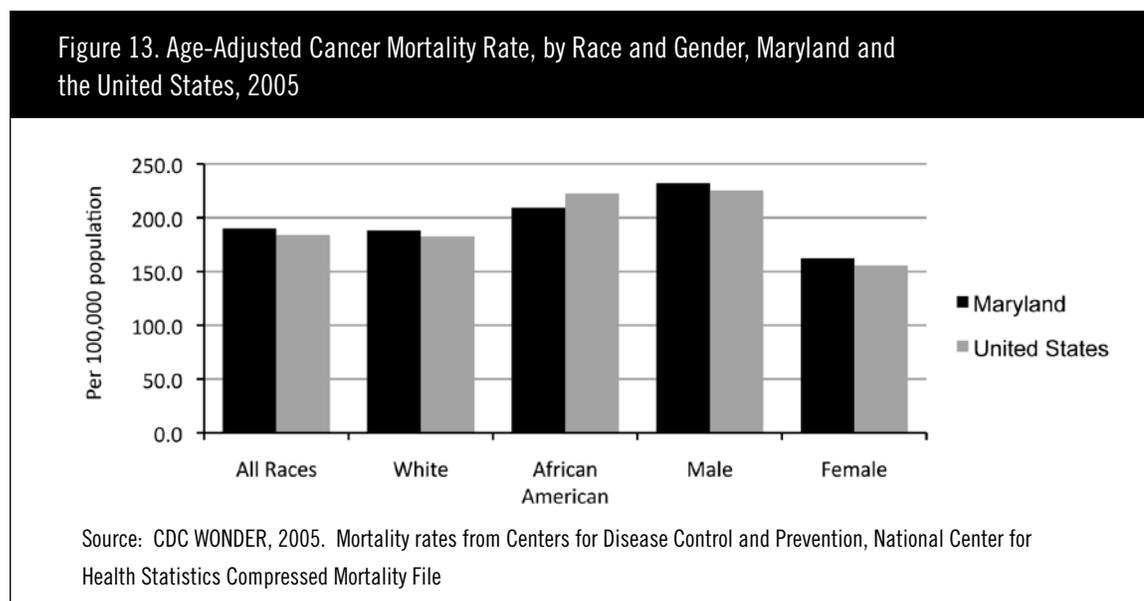
- The Office of Chronic Disease Prevention's cardiovascular health program focuses on helping Marylanders increase control of high blood pressure and high cholesterol, increasing the public's knowledge of the signs and symptoms of heart attack and stroke, improving emergency response, enhancing the quality of heart disease and stroke care, and eliminating related health disparities.
- In fiscal year 2009, more than 8,000 clients received blood pressure screenings through the cardiovascular health programs funded by the Office of Chronic Disease Prevention.
- The Office of Chronic Disease Prevention collaborates with Kent County on a program that provides health risk assessments and chronic disease management services at four worksites, where services provided include consultations, medication, support for lifestyle changes, and an electronic health outcomes tracking system.
- In fiscal year 2009, the Office of Chronic Disease Prevention partnered with the American Heart Association and the Maryland Institute for Emergency Medical Surveillance Systems to run a “time lost is brain lost” public awareness campaign on the importance of calling 9-1-1 at the first signs of stroke.
- The Office of Chronic Disease Prevention is pilot testing a patient discharge toolkit for stroke survivors and their caregivers with plans to distribute the toolkit at Maryland's Primary Designated Stroke Centers.

Cancer

In 2008, according to the Maryland Vital Statistics Administration, cancer was the second leading cause of death in Maryland, accounting for 10,345 deaths in the State. The five cancers that were responsible for the largest number of deaths in Maryland were lung/bronchial cancer (2,862 deaths), colorectal cancer (964 deaths), breast cancer (840 deaths), pancreatic cancer (661 deaths), and prostate cancer (535 deaths).



In Maryland, significant disparities exist by race and gender in cancer mortality rates. African Americans have higher cancer mortality rates than Whites, and males have higher cancer mortality rates than females (Figure 13).



According to 2002-2006 data published in the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) Cancer Statistics Review, Maryland had the 20th highest lung cancer mortality rate among all 50 states and the District of Columbia. Cigarette smoking has been established as the primary cause of lung cancer, and tobacco smoking is estimated to cause 90 percent of lung cancer in males and 78 percent of lung cancer in females. Tobacco use prevention and tobacco cessation represent the most effective public health interventions to reduce lung cancer mortality.

The SEER Review indicates that in 2002-2006, Maryland had the 14th highest colorectal cancer mortality rate in the United States. Screening has been shown to reduce mortality from colorectal cancer, and the Maryland Cancer Survey (MCS) found that in 2008, 75 percent of Maryland adults, ages 50 years and older, had a sigmoidoscopy or colonoscopy, screening tests for colon cancer, as compared to 58 percent in 2002.

The SEER Review also found that Maryland had the 5th highest female breast cancer mortality rate in the U.S. from 2002-2006. Early detection improves breast cancer outcomes, and in 2008, 83 percent of Maryland women, age 40 years and older, had received a mammogram within the last two years according to MCS. Maryland has seen a decrease in disparities between White and African American women in breast cancer incidence and mortality.

In 2002-2006, Maryland had the 12th highest pancreatic cancer mortality rate in the country. Screening is important for those at high risk of developing pancreatic cancer because this cancer often does not produce symptoms until it has reached an advanced stage. Maryland had the 9th highest prostate cancer mortality in the country from 2002-2006.

Prostate cancer can be detected early through the use of a blood test measuring the level of prostate specific antigen (PSA) and through a digital rectal exam. In 2008, 59 percent of Maryland men 50 years of age and older reported that they had had a PSA test in the past year, according to MCS.

“Maryland’s overall cancer mortality rate continues to decrease- from 11th highest in the nation in 2000 to 20th in 2009. The reduction of cancer mortality over time can be partially attributed to Center for Cancer Surveillance and Control programs that focus on cancer prevention, diagnosis, and treatment.”

*-Donna Gugel,
Director, Center for Cancer Surveillance and Control*

What Is the Family Health Administration Doing to Decrease Cancer Deaths?

- The Maryland Cancer Registry (MCR) collects, maintains, and reports data on new cancer cases in Maryland. The MCR serves as a resource for research and decision-making in cancer prevention and control throughout the State.
- The Cigarette Restitution Fund Cancer Local Public Health Program provides grants to local health departments and universities for cancer education, screening, and treatment services. Each program works on one or more of the following targeted cancers: breast, cervical, colorectal, lung, melanoma, oral, or prostate cancer.
- The Breast and Cervical Cancer Screening Program uses State and federal funds to provide mammograms, clinical breast examinations, and pap smears to low-income, uninsured women through local health departments and community hospitals. In fiscal year 2009, 12,518 women received screening services through the program.
- The Breast and Cervical Cancer Diagnosis and Treatment Program reimburses participating providers for breast and cervical cancer diagnostic and treatment services provided to eligible low-income, uninsured Maryland residents. This program serves approximately 4,000 persons annually.
- Through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Center for Cancer Surveillance and Control developed a Colorectal Cancer Demonstration Screening Program that provided colorectal cancer outreach, screening, and case management services for low-income, uninsured residents of Baltimore City.
- The Center for Cancer Surveillance and Control awards Cigarette Restitution Fund Cancer Research Grants to the University of Maryland and Johns Hopkins University to fund cancer research that can be translated for use by medical providers and the public.
- The Maryland Cancer Fund was created by State legislation so that Marylanders can donate money in their annual tax returns for cancer research, prevention, and treatment. In fiscal year 2009, the Fund raised more than \$547,000.

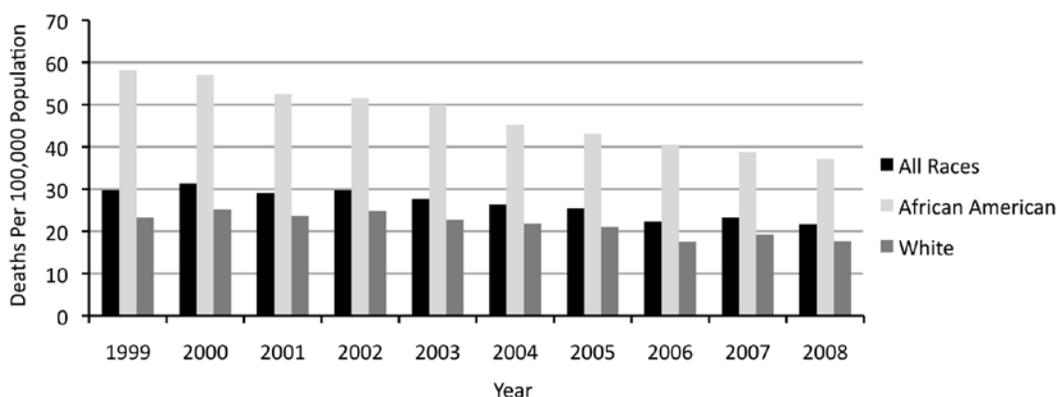
Diabetes

Between 1999 and 2008, the prevalence of diabetes in Maryland increased with the BRFSS reporting that 8.7 percent of Marylanders had diagnosed diabetes in 2008 as compared to 6.8 percent in 1999. According to the CDC, the actual number of people with diabetes is likely significantly higher because many people with diabetes are unaware that they have the disease. Although the number of diabetes diagnoses has increased, over the last ten years, the diabetes death rate has decreased (Figure 14), suggesting that medical care has become more effective in treating the disease.



In Maryland, diabetes prevalence is higher among African Americans (11.2 percent) than among Whites (7.9 percent). African Americans with diabetes are more likely than diabetics Whites to develop complications, such as blindness, amputation, and kidney failure, and to die from the disease.

Figure 14. Age-Adjusted Death Rates for Diabetes, by Race, Maryland, 1999-2008



Source: Maryland Vital Statistics Annual Report 2008, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

What Is the Family Health Administration Doing to Prevent and Manage Diabetes?

- The Maryland Diabetes Prevention and Control Program (DPCP), administered by the Office of Chronic Disease Prevention, takes a multifaceted approach to addressing diabetes in Maryland, including supporting initiatives designed to prevent diabetes, and to promote disease management and quality of care.
- DPCP collaborated with local health departments to implement the Diabetes Prevention Program. This evidence-based program uses lifestyle interventions to prevent or delay the onset of diabetes among adults at high risk.

- DPCP partners with academic medical institutions on the delivery of P3, a health management model in which registered pharmacists provide disease management services to diabetes patients in worksite and community pharmacy settings.
- DPCP works with federally qualified health centers and other safety net providers to promote quality improvement in diabetes care.
- The Office of Chronic Disease Prevention also works with the Maryland Diabetes Core Advisory Council and Maryland Coalition to Control Diabetes to identify gaps in diabetes services, support quality-driven health care, and develop a strategic plan to eliminate health disparities among Maryland citizens.

Arthritis

Arthritis, a broad term that encompasses more than 100 diseases, is associated with stiffness, pain, and loss of movement in joints. Arthritis is the number one cause of disability in the United States because it can severely limit physical activity and the ability to work.

Within Maryland, an estimated 1.1 million people, 28 percent of adults, have been diagnosed with arthritis and more than half of all older adults have the disease. According to the 2007 Maryland BRFSS survey, 59 percent of adults ages 65 years and older have been diagnosed with arthritis.

What Is the Family Health Administration Doing to Address Arthritis?

- The Maryland Arthritis Project (MAP), based in the Center for Health Promotion and Education, offers arthritis community workshops and disseminates educational materials on arthritis to local health departments, senior centers, health care providers, and partnering agencies.
- The MAP provides funding to local health departments and Area Agencies on Aging to conduct self-help classes for people with arthritis. In fiscal year 2008, these classes reached over 1,200 people with arthritis.
- The MAP trains individuals who teach the Arthritis Foundation Exercise and Aquatics classes and the Chronic Disease Self-Management Program. In fiscal year 2008, 29 leaders were trained to teach people how to manage their arthritis.
- The MAP also collects and analyzes arthritis data for Maryland, which is used for planning, implementation, and evaluation of arthritis activities.

Rape and Sexual Assault

An estimated 260,000 women in Maryland, approximately 12.5 percent of adult women, have been victims of one or more completed forcible rapes during their lifetimes. According to the National Women's Study and the National Violence Against Women Survey, the majority of rapes occur when the victim is under 18 years of age. The Unified Crime Report, issued by the Federal Bureau of Investigation, indicates that 1,127 forcible rapes were reported in Maryland in 2008.

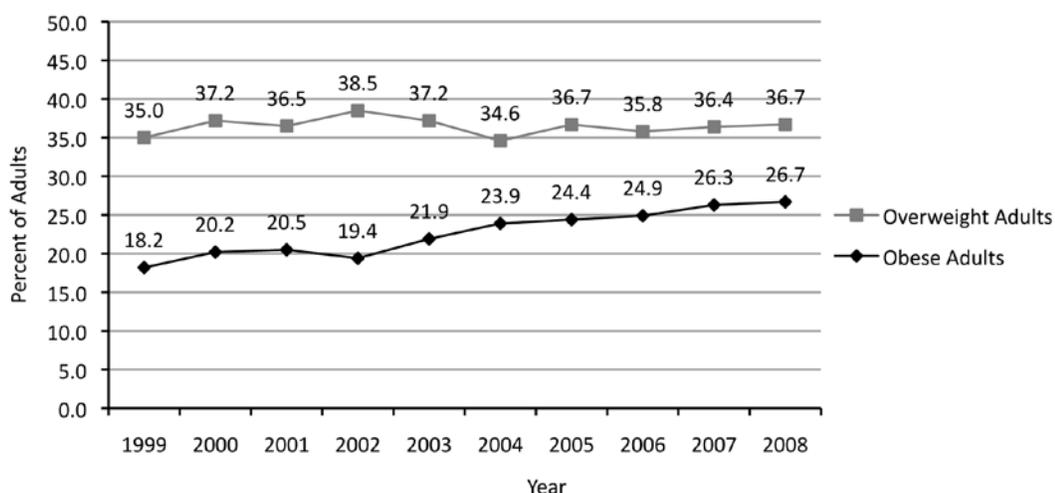
What Is the Family Health Administration Doing to Prevent Rape and Sexual Assault?

- The Center for Health Promotion and Education created the Rape and Sexual Assault Prevention Program to reduce the statewide incidence of sexual violence. The program supports 18 rape recovery centers that provide educational seminars, hotlines, training programs, print materials, and other resources to prevent sexual violence and increase community awareness.
- In fiscal year 2009, more than 200,000 students received sexual violence prevention education. Age appropriate educational programs were provided to students in ten public school systems and covered topics including sexual harassment, dating violence, and healthy relationships.
- The Rape and Sexual Assault Prevention Program is running a statewide rape and sexual assault prevention media campaign designed to raise awareness, assist victims of sexual assault in accessing resources, and involve men in the effort to end sexual violence against women.
- The Maryland Coalition Against Sexual Assault, Inc., funded through the Center for Health Promotion and Education, serves as an umbrella organization for rape recovery centers and advocates for improved victims' rights and services through education, program assistance, and legislation.

Overweight and Obesity in Adults

According to the 2008 Maryland BRFSS, 63 percent of Maryland adults are overweight or obese (Figure 15). As in the United States, the proportion of the Maryland adult population that is obese has steadily increased over time, rising from 18.2 percent in 1999 to 26.7 percent in 2008.

Figure 15. Prevalence of Adult Overweight and Obesity, Maryland, 1999-2008



Source: Maryland Behavioral Risk Factor Surveillance System, Family Health Administration, Maryland Department of Health and Mental Hygiene

In 2008, obesity was most prevalent among adults between the ages of 50-64 years (32 percent), African American adults (36 percent), individuals who did not complete college (30 percent), and adults with annual incomes less than \$15,000 (37 percent).

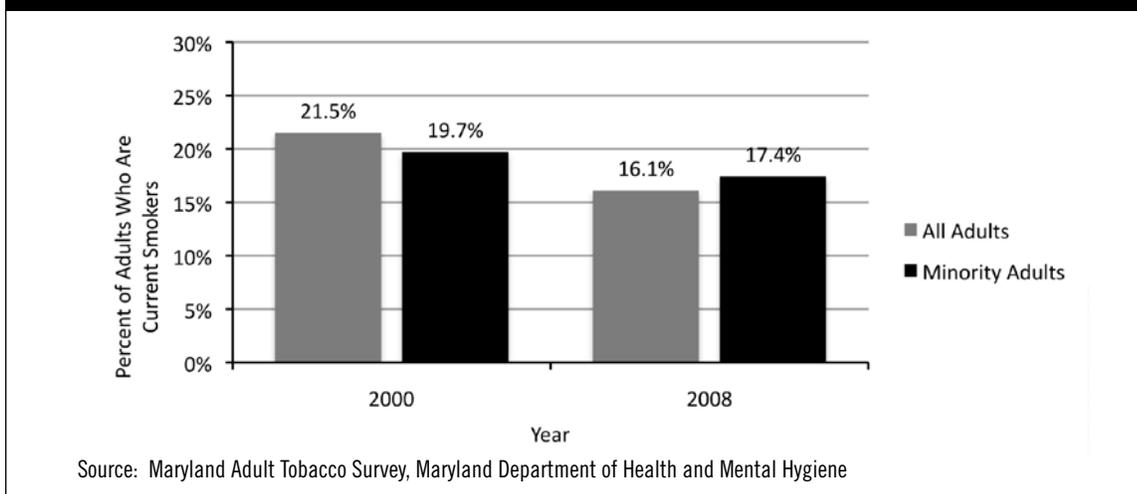
What Is the Family Health Administration Doing to Address Adult Obesity?

- The Office of Chronic Disease Prevention has partnered with 11 jurisdictions to implement community-based nutrition and physical activity interventions in local health departments, community centers, faith-based organizations, barbershops, and other settings, targeted to decreasing overweight and obesity in adults.
- In fiscal year 2009, six local health departments conducted worksite wellness initiatives to address nutrition, physical activity, and hypertension.
- The Office of Chronic Disease Prevention partners with the Maryland State Advisory Council on Physical Fitness to promote physical activity across the lifespan. In fiscal year 2009, the Council held its annual “Excellence Awards” to honor organizations that work to increase physical fitness and sponsored an event in Baltimore to highlight walking as the State’s official exercise and an achievable way to be active.
- The Office of Chronic Disease Prevention implemented a pilot worksite wellness initiative at the State Center office complex in Baltimore to learn more about the food environment there, provide information to employees about walking routes, and increase access to fresh fruits and vegetables through a weekly farmers’ market.

Tobacco Use

According to the Maryland Adult Tobacco Survey, the use of tobacco products by Maryland adults (ages 18 years and older) declined by 25 percent from 2000 to 2008 (Figure 16). However, among minority populations, adult tobacco use has not declined significantly.

Figure 16. Tobacco Use by Maryland Adults, 2000 and 2008



What Is the Family Health Administration Doing to Prevent Tobacco Use and Encourage Cessation?

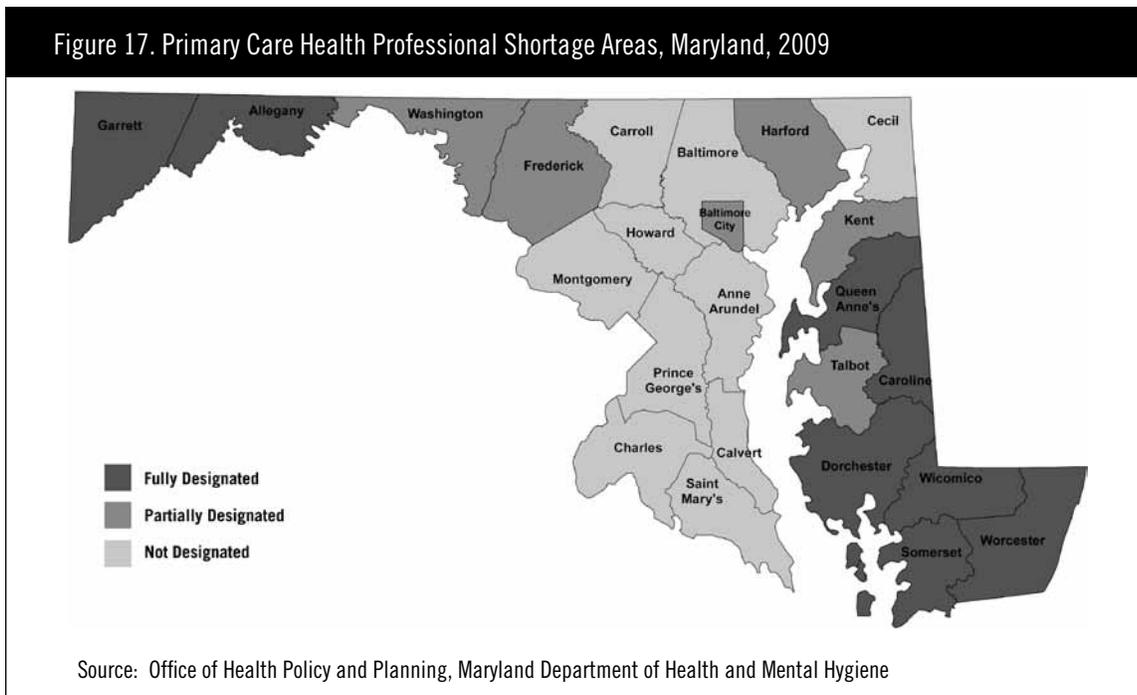
- The Center for Health Promotion and Education has been instrumental in changing smoke-free laws at both the State and local level through the use of coalitions and advocacy. In 2008 and 2009, the Center worked to support the passage of legislation that enabled Carroll, Garrett, and Cecil counties to implement civil enforcement frameworks for Maryland's youth access restrictions on tobacco products.
- The Maryland Tobacco Quitline (1-800-QUITNOW) provided cessation services to more than 9,000 individuals in fiscal year 2009. The "Smoking Stops Here" campaign increases public awareness of the Quitline through community advertising, promotions, events, and partnerships with local sports teams and other organizations.
- The Smoking Stops Here website, www.SmokingStopsHere.com, promotes the Quitline and includes testimonials, a calendar of events, announcements, a community forum, and a "Click to Call" icon that links users to a live phone call from a quit coach.
- The Center for Health Promotion and Education established the Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit) at the University of Maryland, Baltimore County. MDQuit creates a collaborative network of tobacco prevention and cessation professionals, provides evidence-based resources to local programs, links professionals and providers to State tobacco initiatives, and provides a forum for sharing best practices.
- As part of the Tobacco Related Disparities Project, the Center for Health Promotion and Education collaborated with the DHMH Office of Minority Health and Health Disparities to convene a workgroup and to develop a strategic plan for effectively reaching populations that disproportionately suffer from tobacco-related illnesses and diseases, *Common Ground: Empowering and Engaging Communities to Address Tobacco-related Disparities*. This plan was released in 2009.
- The Center for Health Promotion and Education funds various community-based and faith-based organizations to conduct tobacco use prevention and cessation programs, train leaders in tobacco control, and organize a network of tobacco control advocates within African American, Asian, American Indian, and Latino communities.
- The Center for Health Promotion and Education established and continues to support the Legal Resource Center at the University of Maryland School of Law to provide technical legal assistance to State and local officials, health departments, community coalitions, and individuals dealing with tobacco-related legal issues.

Improving Health Care Access

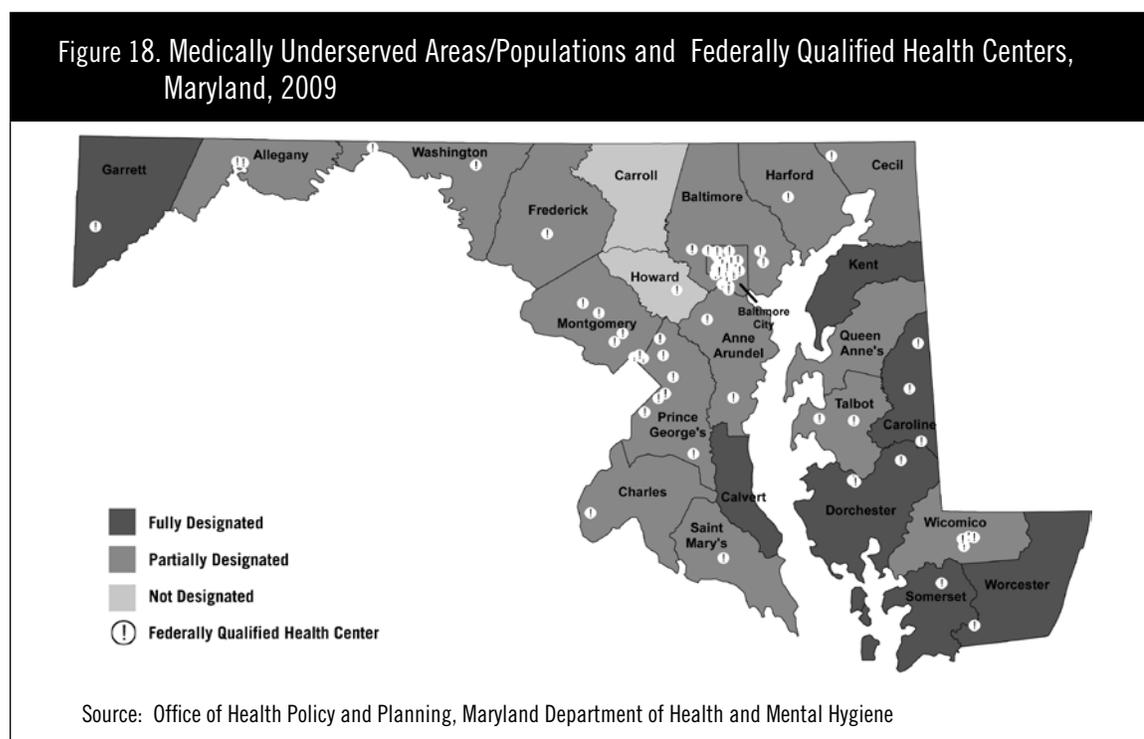
Access to care, defined by the Institute of Medicine as “the timely use of personal health services to achieve the best possible health outcomes,” is a critical factor in increasing quality and years of healthy life and eliminating health disparities. Each program within the Family Health Administration works to address access to care for targeted populations. The Office of Health Policy and Planning focuses on identifying areas of need across the State.

Underserved Areas and Populations

The federal government uses two designations to indicate areas and populations that experience particular types of access barriers. Geographic areas and populations that experience limited access to care due to a shortage of health care providers and are in need of additional health care resources are categorized into two types: Health Professional Shortage Areas (HPSAs) for primary care, dental, and mental health services and Medically Underserved Areas or Populations (MUAs/MUPs) for primary care. Areas and populations that qualify for these federal designations are eligible for a range of resources to bring health professionals to the area, including the Loan Assistance Repayment Program (LARP), the National Health Service Corps, and the J-1 Visa Waiver Program. As of 2009, Maryland had 31 designated primary care Health Professional Shortage Areas and 53 designated medically underserved areas/populations (Figure 17).



Federally Qualified Health Centers (FQHCs) are affordable, comprehensive health centers that have been approved by the government for a program to provide low-cost health care to underserved populations. FQHCs include a range of health care settings such as community health centers, migrant health services, and health centers for the homeless. Within Maryland, there are more than 75 FQHC sites; these sites are located in or near underserved areas (Figure 18).



What Is the Family Health Administration Doing to Expand Services to Underserved Areas and Populations?

- The Maryland Primary Care Office (PCO) within the Office of Health Policy and Planning works with federal government programs to promote access to health care services and to eliminate health disparities, especially among underserved populations.
- In fiscal year 2009, the PCO analyzed 46 areas in Maryland for shortages of physicians, dentists, and other health professionals, leading to the federal establishment of 14 new HPSA designations, six renewed designations, and five updated designations that were slated to have their designation withdrawn.
- In fiscal year 2009, the PCO collaborated with the Maryland Higher Education Commission to award LARP funds to 13 primary care physicians practicing in FQHCs, Community Health Centers, and Maryland Qualified Health Centers across the State.
- The PCO worked with the National Health Service Corps to place 18 primary care providers, three mental health providers, and two dental providers in Maryland HPSAs in fiscal year 2009.

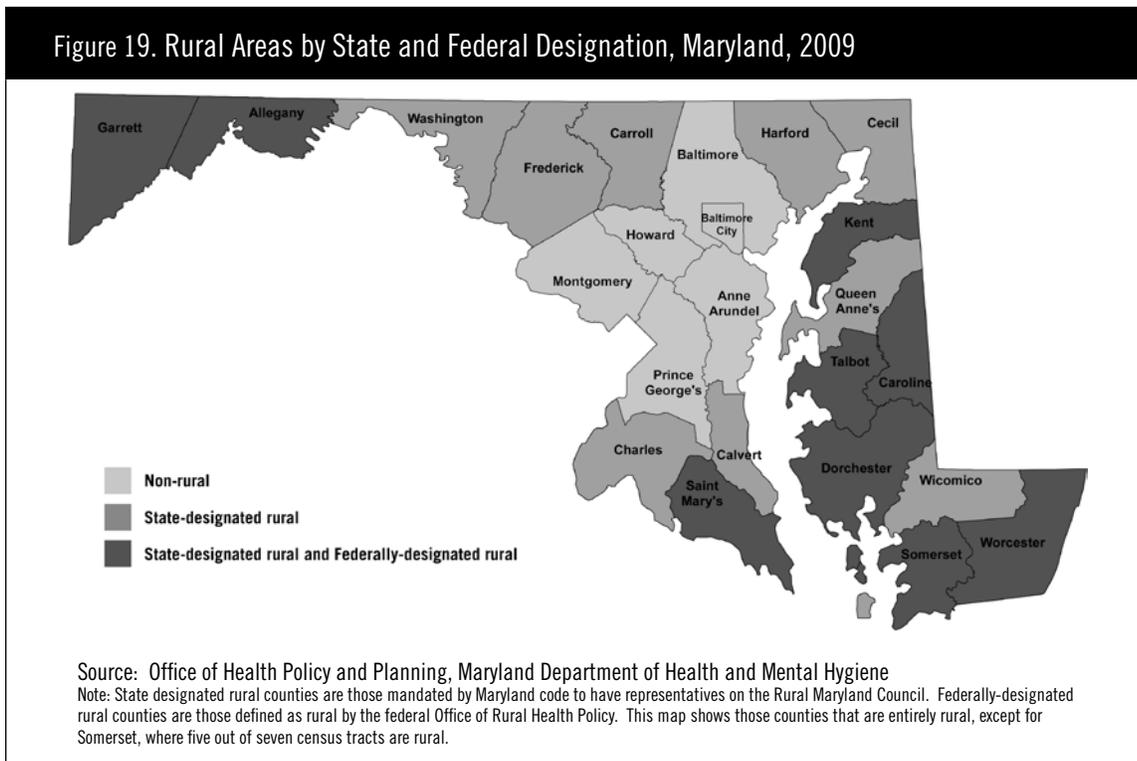
- The PCO worked with the federal government to award 18 foreign national physicians J-1 Visa Waivers in fiscal year 2009, with each physician making a three-year commitment to provide care in Maryland’s underserved areas.
- The PCO published a report with details on the development and distribution of FQHCs and Medically Underserved Areas in the State. The report is available at: http://fha.maryland.gov/pdf/ohpp/JCR_FQHCs.pdf.

Rural Health

Health care access issues arise in every jurisdiction in the State, but residents of rural areas often face problems accessing even primary care services. Rural residents often face difficulties because of long distances to health care providers, limited availability of health care providers, lack of health insurance, and migrant status.



As of 2009, 18 of Maryland’s 24 jurisdictions were designated as rural by Maryland’s Annotated Code and nine jurisdictions were designated as rural by the federal Office of Rural Health Policy (Figure 19).



“ Adequate health care access has always been problematic for low income and other underserved populations, including the geographically isolated. The Maryland Primary Care Office and the Maryland State Office of Rural Health work collaboratively to promote access for these populations around the state, including those in rural areas. ”

-Jeanette Jenkins,
Director, Office of Health Policy and Planning

What Is the Family Health Administration Doing to Improve Health in Rural Areas?

- The State Office of Rural Health (SORH), within the Office of Health Policy and Planning, works to improve health care in Maryland’s rural communities through collecting and disseminating information on rural health within the State; coordinating rural health interests and activities; providing technical assistance to attract more federal, State, and foundation funding for rural communities; and fostering networks among rural health care organizations.
- The SORH promotes recruitment and retention of health care professionals in rural areas by participating in 3R Net (the National Rural Recruitment and Retention Network), an online forum where rural health practice sites post vacancies and health care providers view job openings.
- The SORH supports two rural Area Health Education Centers (AHECs), Western Maryland and Eastern Shore, academic-community partnerships that provide training opportunities for health professionals and health professional students in underserved areas of the State. In fiscal year 2009, the two AHECs held 82 continuing education events with more than 4,500 participants and health awareness activities for more than 6,000 students.
- The SORH administers the Small Rural Hospital Improvement Program (SHIP), which awards federal grant funding to small rural hospitals to support quality improvement. Fiscal year 2009 SHIP awards went to hospitals in Somerset County, Garrett County, and Worcester County.
- The State Office of Rural Health serves as an information clearinghouse for rural health news, updates, reports, and announcements. The SORH shares information with a listserv of more than 300 Maryland stakeholders through a quarterly newsletter (http://www.fha.state.md.us/ohpp/ruralhlth/sorh_archives.cfm).

Caring for Patients with Complex Medical Conditions

Individuals with multiple and complex medical conditions require extensive hospital care, medical management, and rehabilitation services. The Family Health Administration provides support for two chronic care hospitals, the Deer's Head Hospital Center and the Western Maryland Hospital Center, to provide care for these patients.

Deer's Head Hospital Center

Deer's Head Hospital Center, located in Salisbury, Maryland, is a specialty hospital, dialysis center, and comprehensive care facility. Deer's Head Hospital Center provides care for Maryland residents who have complex medical problems and are in need of medical management, a comprehensive rehabilitation program, dialysis, wound management, or skilled and long-term care. Deer's Head has been providing services for over 60 years and offers intense physician oversight and nursing management not available in other facilities.

In fiscal year 2009, Deer's Head Hospital Center received referrals from 63 hospitals, health departments, and physicians, treated 561 patients, admitted 181 patients, and provided more than 15,000 dialysis inpatient and outpatient treatments. Deer's Head Hospital Center has also become a bariatric treatment center for morbidly obese patients and treated 23 bariatric patients in fiscal year 2009.

The Deer's Head Hospital Center comprehensive care program achieved the Centers for Medicare and Medicaid Services' (CMS) highest quality and service rating of 5-stars. The level of care that Deer's Head Hospital Center provides is evident in its 92 percent patient satisfaction rate and 93 percent employee satisfaction rate.



Western Maryland Hospital Center

Western Maryland Hospital Center (WMHC) provides specialty hospital and skilled nursing care for Marylanders with complex conditions, as well as an inpatient and outpatient renal dialysis program. WMHC receives patients from around the State and provides hospital care through the Specialty Hospital Program and the Brain Injury Program. The Specialty Hospital Program treats patients in multisystem failure in need of ventilator care and weaning from the ventilator as a result of a multitude of illnesses and injuries. The goals of the program are to wean patients from life support systems and use rehabilitation to help them regain strength and independence. The Brain Injury Program treats patients with traumatic and non-traumatic brain injuries, such as strokes and aneurysms, with the goal of returning them to independent life at the home of their choice.

The WMHC skilled nursing facility includes the Ventilator Care Program and the Comprehensive Care Program. The Ventilator Care Program serves patients who require the assistance of a ventilator to breath and are unable to return home because of multiple medical complications. The Comprehensive Care Program serves residents who require maximum assistance in activities of daily living and may need on-site dialysis.

In fiscal year 2009, WMHC received 5-star quality recognition from CMS for its Comprehensive Care Program and a 5-diamond quality rating from the Mid-Atlantic Renal Coalition for its Renal Dialysis Program. WMHC is known for its clinical excellence and enjoys a very low staff turnover rate of 14 percent and clinical vacancy rate of 7 percent. WMHC has been providing care for Maryland residents for more than 50 years.



For More Information

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Glossary of Acronyms

AHEC: Area Health Education Center
BDRIS: Birth Defects Reporting and Information System
BRFSS: Behavioral Risk Factor Surveillance System
CCSC: Center for Cancer Surveillance and Control
CDC: Centers for Disease Control and Prevention
CHPE: Center for Health Promotion and Education
CMCH: Center for Maternal and Child Health
CMS: Centers for Medicare and Medicaid Services
CSHCN: Children with Special Health Care Needs
DHMH: Department of Health and Mental Hygiene
DPCP: Diabetes Prevention and Control Program
FASD: Fetal Alcohol Spectrum Disorders
FHA: Family Health Administration
FQHC: Federally Qualified Health Center
HPSA: Health Professional Shortage Area
KISS: Kids in Safety Seats
LARP: Loan Assistance Repayment Program
MAP: Maryland Arthritis Project
MCS: Maryland Cancer Survey
MCR: Maryland Cancer Registry
MDQuit: Maryland Resource Center for Quitting Use and Initiation of Tobacco
MUA: Medically Underserved Area
MUP: Medically Underserved Population
NHANES: National Health and Nutrition Examination Survey
OCDP: Office of Chronic Disease Prevention
OGCSHCN: Office for Genetics and Children with Special Health Care Needs
OHPP: Office of Health Policy and Planning
OOH: Office of Oral Health
PCO: Primary Care Office
PedNSS: Pediatric Nutrition Surveillance System
PRAMS: Pregnancy Risk Assessment Monitoring System
PSA: Prostate Specific Antigen
SASS: Students Against Starting Smoking
SEER: Surveillance Epidemiology and End Results
SHIP: Small Rural Hospital Improvement Program
SIDS: Sudden Infant Death Syndrome
SORH: State Office of Rural Health
STOPS: Students Together Organizing Prevention Strategies
TRASH: Teens Rejecting Abusive Smoking Habits
WIC: Women, Infants, and Children Program
WONDER: Wide-ranging Online Data for Epidemiologic Research
YRBSS: Youth Risk Behavior Surveillance System

References

Asthma in Maryland 2007

<http://fha.maryland.gov/pdf/mch/AsthmaReport2007.pdf>

Center for Cancer Surveillance and Control

www.fha.state.md.us/cancer

Center for Health Promotion and Education

www.fha.state.md.us/ohpetup

Center for Maternal and Child Health

www.fha.state.md.us/mch

Child Death Report 2008

http://fha.maryland.gov/pdf/mch/cfr_Child_Death_Report_2008.pdf

Maryland Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.marylandbrfss.org/>

Maryland Cancer Surveys

<http://www.marylandbrfss.org/>

Maryland Department of the Environment

www.mde.state.md.us

Maryland Pregnancy Risk Assessment Monitoring System (PRAMS)

<http://fha.maryland.gov/mch/prams.cfm>

Maryland Resource Center for Quitting Use and Initiation of Tobacco (MDQuit)

<http://www.mdquit.org/index.php/md-data>

Maryland Vital Statistics Annual Report 2008

<http://vsa.maryland.gov/doc/08annual.pdf>

Maryland Youth Tobacco Survey

<http://www.marylandbrfss.org/>

National Cancer Institute Surveillance Epidemiology and End Results (SEER)

<http://seer.cancer.gov/>

National Health and Nutrition Examination Survey

<http://www.cdc.gov/nchs/nhanes.htm>

Office for Genetics and Children with Special Health Care Needs

www.fha.state.md.us/genetics

Office of Chronic Disease Prevention

<http://fha.maryland.gov/cdp/>

Office of Health Policy and Planning

<http://www.fha.state.md.us/ohpp/>

Office of the Maryland Women, Infants, and Children Program

www.fha.state.md.us/wic

Office of Oral Health

<http://fha.maryland.gov/oralhealth/>

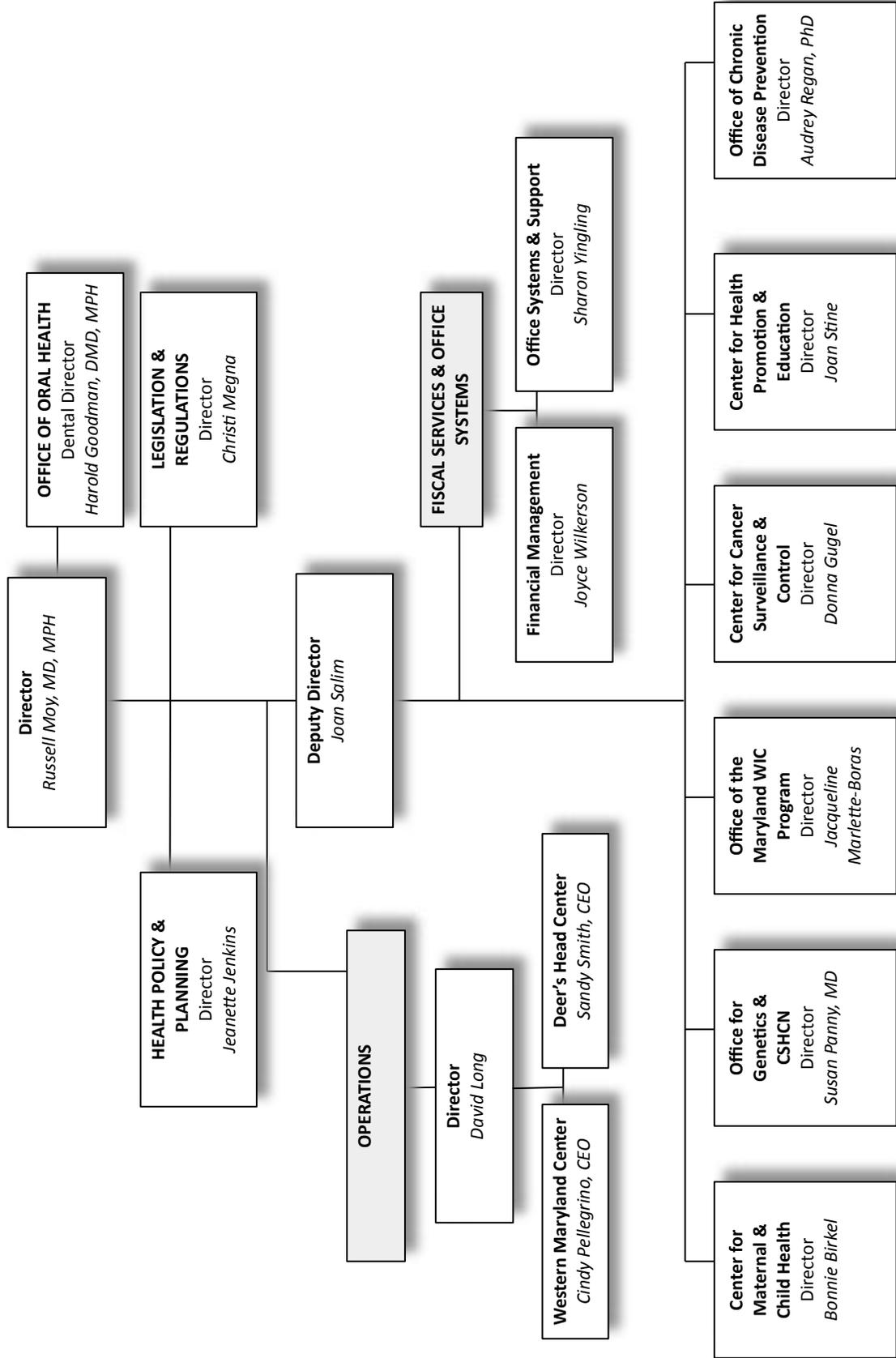
US Census Bureau

www.census.gov

WONDER, Centers for Disease Control and Prevention

<http://wonder.cdc.gov/>

Maryland Department of Health and Mental Hygiene Family Health Administration



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