

Appendix for the:

MARYLAND RURAL HEALTH PLAN



THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Family Health Administration | Office of Health Policy and Planning | State Office of Rural Health

JUNE 2007

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Table of Contents

Definitions of Rural: Office of Rural Health Policy and State Rural	3
Table 1: Change and Percent Change in Total Resident Population	7
Table 2: Population Density	8
Table 3: Percent of Population Aged 65 and Older	9
Table 4: Median Household Income	10
Table 5: Unemployment Rates	11
Table 6: Population Aged 18 Years and Younger Living in Poverty	12
Table 7: Total Population Living in Poverty	13
Table 8: High School and Bachelors Degree Attainment	14
Table 9: Population Reporting Fair or Poor Health	15
Table 10: Average Medicaid Enrollment	16
Table 11: Medicare Beneficiaries	17
Table 12: Adult Chronic Drinking	18
Table 13: Substance Abuse Treatment Admissions	19
Table 14: Adults Diagnosed with Depression	20
Table 15: Adults Seen for a Mental Health Problem	21
Table 16: Population that has not Visited a Dentist in Five Years or More	22
Table 17: Population with Total Tooth Loss	23
Table 18: Births to Teen Mothers	24
Table 19: Overweight and Obesity	25
Table 20: Population with High Blood Pressure	26
Table 21: Current Adult Smokers	27
Table 22: Adults with Diagnosed Diabetes	28
Table 23: Age-Adjusted Death Rates for Selected Causes	29
Improving the Health Care Workforce: Programs in Maryland	30
Improving Availability of Facilities: Programs in Maryland	32
Health Insurance Programs in Maryland	38

Definitions of Rural: Office of Rural Health Policy and State Rural

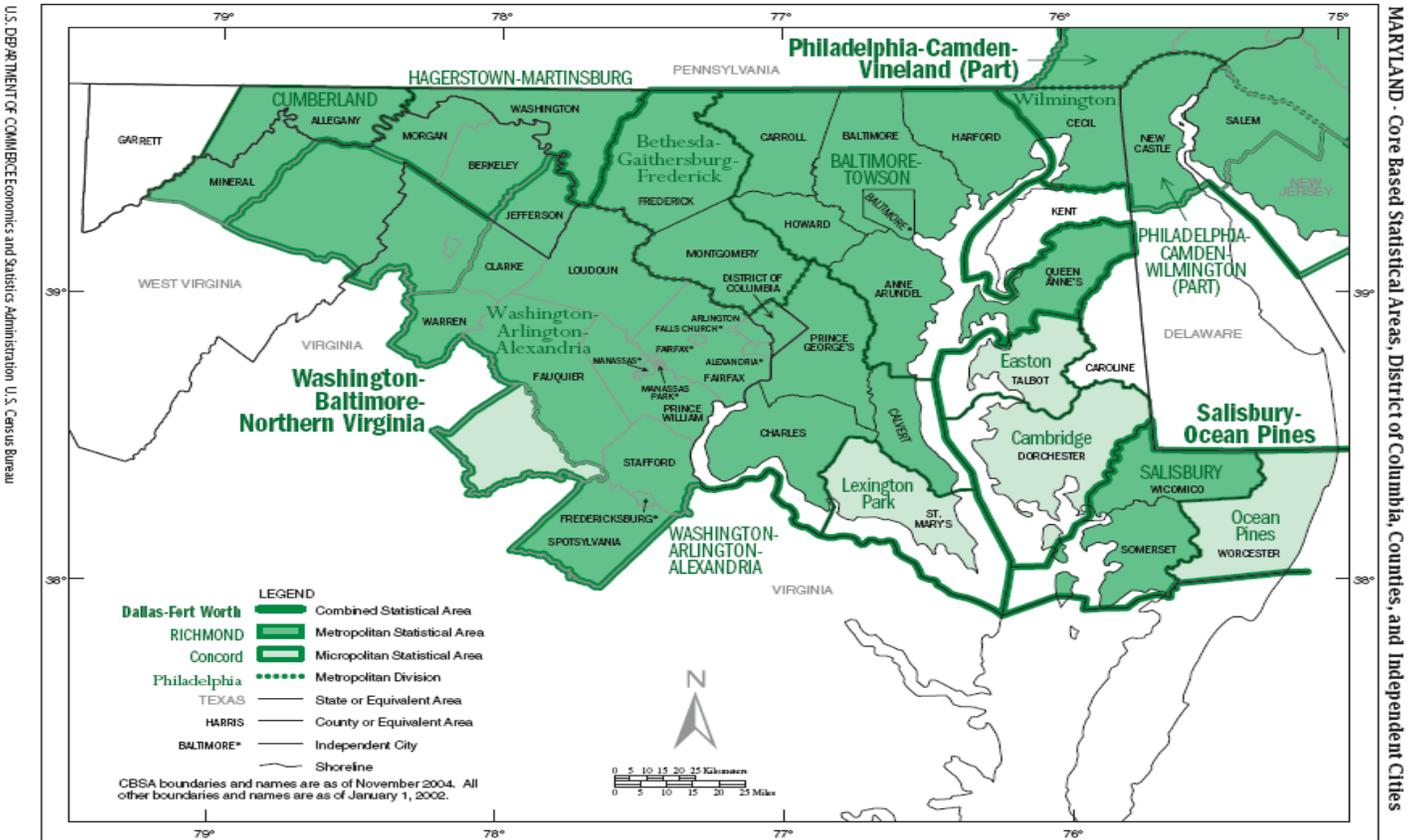
Office of Rural Health Policy

The Federal Office of Rural Health Policy, located in the Health Resources and Services Administration of the U.S. Department of Health and Human Services, has developed a classification for rural areas. The Office of Rural Health Policy (ORHP) uses the Office of Management and Budget's classification of Metropolitan and Micropolitan statistical areas to determine those areas eligible for ORHP funding. Metropolitan or Micropolitan statistical areas are core areas containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core.

All jurisdictions that are not identified as part of a Metropolitan Area are considered rural by ORHP for funding purposes and are included on the eligibility list for ORHP funding. Because large parts of many Metropolitan jurisdictions may be rural in nature, the ORHP uses the Goldsmith modification to identify rural census tracts within Metropolitan jurisdictions. The Office of Rural Health Policy funded the development of the Rural Urban Commuting Area Codes (RUCAs) to designate "Rural" zones within metropolitan areas.

In June 2003, OMB published a new list of Core Based Statistical Areas (CBSAs) which identifies metropolitan and micropolitan statistical areas.

Maryland – Core Based Statistical Areas



Within Metropolitan jurisdictions, all Census Tracts assigned a RUCA code of 4-10 are eligible for Rural Health grants according to the ORHP. In addition, Census Tracts within Metropolitan Areas with RUCA codes 2 and 3 that are larger than 400 square miles and have population density of less than 30 people per square mile are also considered rural. Maryland’s RUCA codes are listed on-line:

<http://www.ers.usda.gov/Data/RuralUrbanCommutingAreaCodes/2000/RUCA24.xls>.

Those jurisdictions in Maryland with more than half of their census tracts designated as rural are:

- Allegany (23 out of 23)
- Queen Anne’s (6 out of 10)
- Somerset (5 out of 7)

In developing the Plan, additional federal definitions of rural were considered for classifying Maryland’s rural areas, as summarized in Table 1, however, none of these fully and accurately captured those jurisdictions considered rural in Maryland.

Definition Source	Definition Summary
Census Bureau	Defines urban areas (UA) and urban clusters (UC) by population density at the census tract level. Those areas outside a UA or UC are considered rural.
U.S. Office of Management and Budget	Defines Metropolitan Statistical Areas (MSAs) by county, with all areas outside MSAs considered rural.
U.S. Department of Agriculture	Ranks jurisdictions by degree of urbanization using rural-urban continuum codes from 1-6, with 1 being most urbanized. The Beale codes for Maryland are available here: http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/2003/LookUpRUCC.asp?C=R&ST=MD

State Definition of Rural: Representatives to serve on the Rural Maryland Council as specified in Maryland Code

Article 41, Title 15.
RURAL MARYLAND COUNCIL.

Section

- 15-101. "Council" defined.
- 15-101.1. Established.
- 15-102. Rural development council; permissible activities.
- 15-103. Membership.
- 15-104. Chairman; bylaws; Executive Board.
- 15-105. Recommendations by Executive Board; subcommittees.
- 15-106. Executive Director.

15-107. Independent nature; exemptions from certain requirements; funding; staff and resources; legal advisor.

15-108. Authority of Council.

15-109. Annual report.

15-110. Disposition of assets upon dissolution.

§ 15-104. Chairman; bylaws; Executive Board.

(a) *Chairman.*- From among its members, the Council annually shall elect a Chairman and one or more vice chairmen.

(b) *Bylaws.*- The Council shall adopt bylaws to regulate its affairs and the orderly conduct of its business.

(c) *Executive Board - Composition.*-

(1) The Council shall establish an Executive Board.

(2) The Executive Board shall include:

(i) The Chairman of the Council, who shall serve as Chairman of the Executive Board;

(ii) The Governor or the Governor's designee;

(iii) The Secretary of Agriculture or the Secretary's designee;

(iv) The Secretary of Business and Economic Development or the Secretary's designee;

(v) The Secretary of Housing and Community Development or the Secretary's designee;

(vi) The Secretary of Health and Mental Hygiene or the Secretary's designee;

(vii) The Secretary of Natural Resources or the Secretary's designee;

(viii) The Director of Maryland Cooperative Extension or the Director's designee;

(ix) Two representatives of the Maryland Municipal League, selected from rural regions of the State;

(x) Two representatives of the Maryland Association of Jurisdictions, selected from rural regions of the State;

(xi) One or more representatives of federal agencies, selected in accordance with the bylaws of the Council;

(xii) One representative of the Delmarva Advisory Council;

(xiii) One representative of each of the rural regional planning and development councils in Maryland;

- (xiv) One representative of each of the resource, conservation, and development councils in Maryland;
 - (xv) One representative selected, in accordance with the bylaws of the Council, from Garrett, Allegany, and Washington jurisdictions;
 - (xvi) One representative selected, in accordance with the bylaws of the Council, from Carroll County or Frederick County;
 - (xvii) One representative selected, in accordance with the bylaws of the Council, from Calvert, Charles, or St. Mary's jurisdictions;
 - (xviii) One representative selected, in accordance with the bylaws of the Council, from Cecil County or Harford County;
 - (xix) One representative selected, in accordance with the bylaws of the Council, from Dorchester, Somerset, Wicomico, or Worcester jurisdictions;
 - (xx) One representative of the private for-profit sector, selected in accordance with the bylaws of the Council;
 - (xxi) One representative of the nonprofit sector, selected in accordance with the bylaws of the Council;
 - (xxii) As nonvoting members, the Senator and Delegate appointed to the Council under § 15-103 (b) (2) and (3) of this title from the Eastern Shore region of the State;
 - (xxiii) As nonvoting members, the Senator and Delegate appointed to the Council under § 15-103 (b) (2) and (3) of this title from the Southern Maryland region of the State;
 - (xxiv) As nonvoting members, the Senator and Delegate appointed to the Council under § 15-103 (b) (2) and (3) of this title from the Western Maryland region of the State;
 - (xxv) As a nonvoting member, one Senator or Delegate appointed to the Council under § 15-103 (b) (4) of this title from Harford County;
 - (xxvi) Two at-large members, selected by the membership of the Council; and
 - (xxvii) No more than six members representing statewide nonprofit organizations with a rural focus, selected in accordance with the bylaws of the Council.
- (3) Members of the Executive Board shall be selected and serve in accordance with the bylaws of the Council.
- (d) *Same - Expansion of membership.*- The Council may expand the membership of the Executive Board through the bylaws of the Council.

[1995, ch. 119, § 1; 2003, ch. 21, § 7; ch. 266.]

Table 1. Change and Percent Change in Total Resident Population, by Jurisdiction, Maryland, 2000-2004

Jurisdiction	Estimated Population, 2000	Estimated Population, 7/1/2004	Change, 4/1/2000-7/1/2004	Percent Change, 4/1/2000-7/1/2004
Maryland	5,296,507	5,558,058	261,551	4.9%
Allegany ^{fr}	74,930	73,871	-1,059	-1.4%
Anne Arundel	489,656	508,572	18,916	3.9%
Baltimore County	754,292	780,821	26,529	3.5%
Calvert ^{sr}	74,563	86,474	11,911	16.0%
Caroline ^{fr}	29,772	31,058	1,286	4.3%
Carroll ^{sr}	150,897	166,159	15,262	10.1%
Cecil ^{sr}	85,951	95,526	9,575	11.1%
Charles ^{sr}	120,546	135,807	15,261	12.7%
Dorchester ^{fr}	30,674	30,912	238	0.8%
Frederick ^{sr}	195,277	217,653	22,376	11.5%
Garrett ^{fr}	29,846	30,124	278	0.9%
Harford ^{sr}	218,590	235,594	17,004	7.8%
Howard	247,842	266,738	18,896	7.6%
Kent ^{fr}	19,197	19,582	385	2.0%
Montgomery	873,341	921,690	48,349	5.5%
Prince Georges	801,515	842,967	41,452	5.2%
Queen Anne's ^{sr}	40,563	45,078	4,515	11.1%
Somerset ^{fr}	24,747	25,863	1,116	4.5%
St. Mary's ^{fr}	86,232	94,921	8,689	10.1%
Talbot ^{fr}	33,812	35,017	1,205	3.6%
Washington ^{sr}	131,923	139,624	7,701	5.8%
Wicomico ^{sr}	84,644	88,782	4,138	4.9%
Worcester ^{fr}	46,543	48,974	2,431	5.2%
Baltimore City	651,154	636,251	-14,903	-2.3%

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning. URLs: <http://www.vsa.state.md.us/vsa/doc/04annual.pdf> and http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to04/KeyJurisdictionSummary/JurisTotalPop.xls

Source for Estimated Population 2000: DP-1. Profile of General Demographic Characteristics: 2000

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data. URL: http://factfinder.census.gov/servlet/QTTable?_bm=y&-state=qt&-context=qt&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U&-tree_id=4001&-all_geo_types=N&-_caller=geoselect&-geo_id=05000US24001&-geo_id=05000US24003&-geo_id=05000US24005&-geo_id=05000US24009&-geo_id=05000US24011&-geo_id=05000US24013&-geo_id=05000US24015&-geo_id=05000US24017&-geo_id=05000US24019&-geo_id=05000US24021&-geo_id=05000US24023&-geo_id=05000US24025&-geo_id=05000US24027&-geo_id=05000US24029&-geo_id=05000US24031&-geo_id=05000US24033&-geo_id=05000US24035&-geo_id=05000US24037&-geo_id=05000US24039&-geo_id=05000US24041&-geo_id=05000US24043&-geo_id=05000US24045&-geo_id=05000US24047&-geo_id=05000US24510&-search_results=01000US&-format=&-_lang=en

Note: The census counts for Maryland and St. Mary's are corrected census 2000 counts

Table 2. Population Density, by Jurisdiction, Maryland, 2004

Jurisdiction	Estimated Population, 7/1/2004	Land Area, 2000, Square Miles	Population Density
Maryland	5,558,058	9,348.4	594.5
Allegany ^{fr}	73,871	425.4	173.6
Anne Arundel	508,572	415.9	1222.7
Baltimore County	780,821	598.6	1304.4
Calvert ^{sr}	86,474	215.2	401.9
Caroline ^{fr}	31,058	320.1	97.0
Carroll ^{sr}	166,159	449.1	370.0
Cecil ^{sr}	95,526	348.1	274.4
Charles ^{sr}	135,807	461.0	294.6
Dorchester ^{fr}	30,912	557.5	55.4
Frederick ^{sr}	217,653	662.9	328.3
Garrett ^{fr}	30,124	648.0	46.5
Harford ^{sr}	235,594	440.3	535.0
Howard	266,738	252.0	1058.3
Kent ^{fr}	19,582	279.4	70.1
Montgomery	921,690	495.5	1860.1
Prince Georges	842,967	485.4	1736.5
Queen Anne's ^{sr}	45,078	372.2	121.1
Somerset ^{fr}	25,863	361.2	71.6
St. Mary's ^{fr}	94,921	327.2	290.1
Talbot ^{fr}	35,017	269.1	130.1
Washington ^{sr}	139,624	458.1	304.8
Wicomico ^{sr}	88,782	377.2	235.4
Worcester ^{fr}	48,974	473.2	103.5
Baltimore City	636,251	80.8	7874.0

fr = federally-designated rural counties

sr = state-designated rural counties

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning. URLs: <http://www.vsa.state.md.us/vsa/doc/04annual.pdf> and http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to04/KeyJurisdictionSummary/JurisTotalPop.xls

Source for Land Area: Maryland Department of Planning. 1990 AND 2000 POPULATION DENSITY PER SQUARE MILE FOR MARYLAND'S JURISDICTIONS. URL: <http://www.mdp.state.md.us/msdc/pop-dens/den90-00.pdf>

Table 3. Percent of Population Aged 65 and Older, by Jurisdiction, Maryland, 2000

Jurisdiction	Estimated Population, 2000	Population Aged 65 and Older, 2000	Percent of Population Aged 65 and Older, 2000
Maryland	5,296,507	599,307	11.3%
Allegany ^{fr}	74,930	13,429	17.9%
Anne Arundel	489,656	48,820	10.0%
Baltimore County	754,292	110,335	14.6%
Calvert ^{sr}	74,563	6,627	8.9%
Caroline ^{fr}	29,772	4,031	13.5%
Carroll	150,897	16,267	10.8%
Cecil ^{sr}	85,951	8,995	10.5%
Charles ^{sr}	120,546	9,402	7.8%
Dorchester ^{fr}	30,674	5,423	17.7%
Frederick ^{sr}	195,277	18,836	9.6%
Garrett ^{fr}	29,846	4,461	14.9%
Harford ^{sr}	218,590	22,160	10.1%
Howard	247,842	18,468	7.5%
Kent ^{fr}	19,197	3,708	19.3%
Montgomery	873,341	98,157	11.2%
Prince Georges	801,515	61,951	7.7%
Queen Anne's ^{sr}	40,563	5,227	12.9%
Somerset ^{fr}	24,747	3,503	14.2%
St. Mary's ^{fr}	86,232	7,825	9.1%
Talbot ^{fr}	33,812	6,897	20.4%
Washington ^{sr}	131,923	18,690	14.2%
Wicomico ^{sr}	84,644	10,823	12.8%
Worcester ^{fr}	46,543	9,351	20.1%
Baltimore City	651,154	85,921	13.2%

fr = federally-designated rural counties

sr = state-designated rural counties

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning

Source for Estimated Population 2000: DP-1. Profile of General Demographic Characteristics: 2000 Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data.

http://factfinder.census.gov/servlet/QTTable?_bm=y&-state=qt&-context=qt&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U&-tree_id=4001&-all_geo_types=N&-_caller=geoselect&-geo_id=05000US24001&-geo_id=05000US24003&-geo_id=05000US24005&-geo_id=05000US24009&-geo_id=05000US24011&-geo_id=05000US24013&-geo_id=05000US24015&-geo_id=05000US24017&-geo_id=05000US24019&-geo_id=05000US24021&-geo_id=05000US24023&-geo_id=05000US24025&-geo_id=05000US24027&-geo_id=05000US24029&-geo_id=05000US24031&-geo_id=05000US24033&-geo_id=05000US24035&-geo_id=05000US24037&-geo_id=05000US24039&-geo_id=05000US24041&-geo_id=05000US24043&-geo_id=05000US24045&-geo_id=05000US24047&-geo_id=05000US24510&-search_results=01000US&-format=&-_lang=en

Table 4: Median Household Income, by Jurisdiction, Maryland, 2003

Jurisdiction	Median Household Income
Maryland	\$54,320
Allegany ^{fr}	\$32,492
Anne Arundel	\$64,329
Baltimore County	\$50,254
Calvert ^{sr}	\$71,488
Caroline ^{fr}	\$39,293
Carroll	\$66,617
Cecil ^{sr}	\$52,800
Charles ^{sr}	\$65,995
Dorchester ^{fr}	\$34,642
Frederick ^{sr}	\$66,493
Garrett ^{fr}	\$34,572
Harford ^{sr}	\$61,949
Howard	\$79,455
Kent ^{fr}	\$45,642
Montgomery	\$76,546
Prince Georges	\$53,659
Queen Anne's ^{sr}	\$61,022
Somerset ^{fr}	\$29,485
St. Mary's ^{fr}	\$58,651
Talbot ^{fr}	\$48,072
Washington ^{sr}	\$43,829
Wicomico ^{sr}	\$40,052
Worcester ^{fr}	\$42,137
Baltimore City	\$29,066

fr = federally-designated rural counties

sr = state-designated rural counties

Source: U.S. Census Bureau, State and County Quick Facts for Maryland. URL: <http://quickfacts.census.gov/qfd/states/24000.html>

Table 5: Unemployment Rates-Annual Averages, by Jurisdiction, Maryland, 2004

Jurisdiction	Labor Force*	Unemployed Persons	Unemployment Rate
Maryland	2,888,157	124,047	4.3
Allegany ^{fr}	34,982	2,125	6.1
Anne Arundel	271,530	10,100	3.7
Baltimore County	413,782	18,441	4.5
Calvert ^{sr}	45,110	1,485	3.3
Caroline ^{fr}	15,936	732	4.6
Carroll	89,868	2,989	3.3
Cecil ^{sr}	48,479	2,076	4.3
Charles ^{sr}	70,966	2,405	3.4
Dorchester ^{fr}	17,032	1,005	5.9
Frederick ^{sr}	117,839	3,807	3.2
Garrett ^{fr}	16,215	798	4.9
Harford ^{sr}	126,149	4,962	3.9
Howard	151,455	4,774	3.2
Kent ^{fr}	10,728	439	4.1
Montgomery	497,616	15,969	3.2
Prince Georges	440,832	20,685	4.7
Queen Anne's ^{sr}	24,522	841	3.4
Somerset ^{fr}	11,297	720	6.4
St. Mary's ^{fr}	49,075	1,644	3.3
Talbot ^{fr}	18,638	734	3.9
Washington ^{sr}	66,744	2,997	4.5
Wicomico ^{sr}	50,010	2,174	4.3
Worcester ^{fr}	27,415	1,837	6.7
Baltimore City	271,936	20,308	7.5

fr = federally-designated rural counties

sr = state-designated rural counties

* Labor Force includes anyone age 16+ that is employed or searching for employment

Source: Maryland Department of Labor, Licensing, and Regulation- Office of Labor Market Analysis and Information; Data Retrieved from 2004 Data Source: Employment, Unemployment and Unemployment Rate By Place of Residence (LAUS); URL: <http://www.dllr.state.md.us/lmi/laus/lausmain.htm>

Table 6: Population 18 Years of Age and Younger Living in Poverty, by Jurisdiction, Maryland, 2000

Jurisdiction	Population for Whom Poverty Status is Determined under 18 Years	18 and younger Living in Poverty	Percentage 18 and younger Living in Poverty
Maryland	1,330,780	141,877	10.7%
Allegany ^{fr}	14,827	2,674	18.0%
Anne Arundel	121,308	8,147	6.7%
Baltimore County	175,061	13,434	7.7%
Calvert ^{sr}	21,871	1,179	5.4%
Caroline ^{fr}	7,863	1,210	15.4%
Carroll	41,118	1,792	4.4%
Cecil ^{sr}	23,294	2,217	9.5%
Charles ^{sr}	34,217	2,398	7.0%
Dorchester ^{fr}	7,063	1,348	19.1%
Frederick ^{sr}	52,859	2,735	5.2%
Garrett ^{fr}	7,340	1,254	17.1%
Harford ^{sr}	59,996	3,722	6.2%
Howard	68,607	2,831	4.1%
Kent ^{fr}	3,901	690	17.7%
Montgomery	218,146	13,516	6.2%
Prince Georges	210,129	20,108	9.6%
Queen Anne's ^{sr}	10,100	780	7.7%
Somerset ^{fr}	4,524	1,300	28.7%
St. Mary's ^{fr}	23,732	2,098	8.8%
Talbot ^{fr}	7,210	796	11.0%
Washington ^{sr}	30,298	3,902	12.9%
Wicomico ^{sr}	20,641	3,302	16.0%
Worcester ^{fr}	9,448	1,638	17.3%
Baltimore City	157,227	48,806	31.0%

fr = federally-designated rural counties

sr = state-designated rural counties

Source: U.S. Census Bureau, Census Bureau Summary File 3 (SF3); Table: QT-P34: Poverty Status in 1999 of Individuals: 2000

URL: http://factfinder.census.gov/servlet/QTTable?_bm=y&-state=qt&-context=qt&-qr_name=DEC_2000_SF3_U_QTP34&-ds_name=DEC_2000_SF3_U&-tree_id=403&-all_geo_types=N&-redoLog=true&-_caller=geoselect&-geo_id=05000US24001&-geo_id=05000US24003&-geo_id=05000US24005&-geo_id=05000US24009&-geo_id=05000US24011&-geo_id=05000US24013&-geo_id=05000US24015&-geo_id=05000US24017&-geo_id=05000US24019&-geo_id=05000US24021&-geo_id=05000US24023&-geo_id=05000US24025&-geo_id=05000US24027&-geo_id=05000US24029&-geo_id=05000US24031&-geo_id=05000US24033&-geo_id=05000US24035&-geo_id=05000US24037&-geo_id=05000US24039&-geo_id=05000US24041&-geo_id=05000US24043&-geo_id=05000US24045&-geo_id=05000US24047&-geo_id=05000US24510&-search_results=04000US24&-format=&-_lang=en

Table 7: Total Population Living in Poverty, by Jurisdiction, Maryland, 2000

Jurisdiction	Population for Whom Poverty Status is Determined	Population Below Poverty Level	Percent Population Below Poverty Level
Maryland	5,164,376	438,676	8.5
Allegany ^{fr}	68,705	10,149	14.8
Anne Arundel	473,849	24,335	5.1
Baltimore County	737,953	47,603	6.5
Calvert ^{sr}	73,901	3,235	4.4
Caroline ^{fr}	29,308	3,442	11.7
Carroll	147,149	5,617	3.8
Cecil ^{sr}	84,648	6,066	7.2
Charles ^{sr}	119,084	6,518	5.5
Dorchester ^{fr}	30,124	4,153	13.8
Frederick ^{sr}	190,718	8,550	4.5
Garrett ^{fr}	29,167	3,873	13.3
Harford ^{sr}	216,563	10,695	4.9
Howard	245,126	9,491	3.9
Kent ^{fr}	18,037	2,342	13.0
Montgomery	864,909	47,024	5.4
Prince Georges	782,291	60,196	7.7
Queen Anne's ^{sr}	40,000	2,537	6.3
Somerset ^{fr}	19,831	3,993	20.1
St. Mary's ^{fr}	83,531	6,031	7.2
Talbot ^{fr}	33,243	2,771	8.3
Washington ^{sr}	122,850	11,697	9.5
Wicomico ^{sr}	81,553	10,463	12.8
Worcester ^{fr}	45,785	4,381	9.6
Baltimore City	626,051	143,514	22.9

fr = federally-designated rural counties

sr = state-designated rural counties

Source: U.S. Census Bureau, Census Bureau Summary File 3 (SF3); Table: QT-P34: Poverty Status in 1999 of Individuals: 2000

URL: http://factfinder.census.gov/servlet/QTTable?_bm=y&-state=qt&-context=qt&-qr_name=DEC_2000_SF3_U_QTP34&-ds_name=DEC_2000_SF3_U&-tree_id=403&-all_geo_types=N&-redoLog=true&-_caller=geoselect&-geo_id=05000US24001&-geo_id=05000US24003&-geo_id=05000US24005&-geo_id=05000US24009&-geo_id=05000US24011&-geo_id=05000US24013&-geo_id=05000US24015&-geo_id=05000US24017&-geo_id=05000US24019&-geo_id=05000US24021&-geo_id=05000US24023&-geo_id=05000US24025&-geo_id=05000US24027&-geo_id=05000US24029&-geo_id=05000US24031&-geo_id=05000US24033&-geo_id=05000US24035&-geo_id=05000US24037&-geo_id=05000US24039&-geo_id=05000US24041&-geo_id=05000US24043&-geo_id=05000US24045&-geo_id=05000US24047&-geo_id=05000US24510&-search_results=04000US24&-format=&-_lang=en

Table 8: High School and Bachelors Degree Attainment, by Jurisdiction, Maryland, 2000

Jurisdiction	Percentage of High School Graduates Ages 25+	Percentage of those Age 25+ with a Bachelors Degree or Higher
Maryland	83.8%	31.4%
Allegany ^{fr}	79.9%	14.1%
Anne Arundel	86.4%	30.6%
Baltimore County	84.3%	30.6%
Calvert ^{sr}	86.9%	22.5%
Caroline ^{fr}	75.0%	12.1%
Carroll	85.3%	24.8%
Cecil ^{sr}	81.2%	16.4%
Charles ^{sr}	85.8%	20.0%
Dorchester ^{fr}	74.2%	12.0%
Frederick ^{sr}	87.1%	30.0%
Garrett ^{fr}	79.2%	13.8%
Harford ^{sr}	86.7%	27.3%
Howard	93.1%	52.9%
Kent ^{fr}	78.8%	21.7%
Montgomery	90.3%	54.6%
Prince Georges	84.9%	27.2%
Queen Anne's ^{sr}	84.2%	25.4%
Somerset ^{fr}	69.5%	11.6%
St. Mary's ^{fr}	85.3%	22.6%
Talbot ^{fr}	84.4%	27.8%
Washington ^{sr}	77.8%	14.6%
Wicomico ^{sr}	80.7%	21.9%
Worcester ^{fr}	81.7%	21.6%
Baltimore City	68.4%	19.1%

fr = federally-designated rural counties

sr = state-designated rural counties

Source U.S. Census Bureau: State and County QuickFacts. URL: <http://quickfacts.census.gov/qfd/states/24000.html>

Table 9: Population Reporting Fair or Poor Health, by Jurisdiction, Maryland, 2000-2004

Jurisdiction	Percent Population Reporting Fair Health	Percent Population Reporting Poor Health
Maryland		
Allegany ^{fr}	13.6	5.3
Anne Arundel	9.3	3.2
Baltimore County	10.2	3.5
Calvert ^{sr}	6.4	2
Caroline ^{fr}	11.4	5.4
Carroll	9.6	3.1
Cecil ^{sr}	9.2	3.6
Charles ^{sr}	7.1	2
Dorchester ^{fr}	10.9	2.9
Frederick ^{sr}	5.3	2.6
Garrett ^{fr}	13.6	6.3
Harford ^{sr}	11.6	3
Howard	5.9	1.6
Kent ^{fr}	15.1	4.8
Montgomery	6.5	2.1
Prince Georges	8.4	2.3
Queen Anne's ^{sr}	9.5	3.1
Somerset ^{fr}	17.8	2.8
St. Mary's ^{fr}	8.4	4.4
Talbot ^{fr}	8.7	3.3
Washington ^{sr}	11.1	3.1
Wicomico ^{sr}	10.8	3.9
Worcester ^{fr}	7.8	4.2
Baltimore City	14	5.4

fr = federally-designated rural counties

sr = state-designated rural counties

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL: <http://www.marylandbrfss.org>

Table 10: Average Medicaid Enrollment, by Jurisdiction, Maryland, 2004

Jurisdiction	Average Medicaid Enrollment	Estimated Population, 7/1/2004	Percent Population Enrolled in Medicaid
Maryland	689,449	5,558,058	12.4%
Allegany ^{fr}	13,344	73,871	18.1%
Anne Arundel	37,652	508,572	7.4%
Baltimore County	79,450	780,821	10.2%
Calvert ^{sr}	7,015	86,474	8.1%
Caroline ^{fr}	6,034	31,058	19.4%
Carroll	10,121	166,159	6.1%
Cecil ^{sr}	12,101	95,526	12.7%
Charles ^{sr}	13,948	135,807	10.3%
Dorchester ^{fr}	6,727	30,912	21.8%
Frederick ^{sr}	15,825	217,653	7.3%
Garrett ^{fr}	6,073	30,124	20.2%
Harford ^{sr}	20,831	235,594	8.8%
Howard	15,371	266,738	5.8%
Kent ^{fr}	2,848	19,582	14.5%
Montgomery	73,348	921,690	8.0%
Prince Georges	103,959	842,967	12.3%
Queen Anne's ^{sr}	4,159	45,078	9.2%
Somerset ^{fr}	4,975	25,863	19.2%
St. Mary's ^{fr}	10,171	94,921	10.7%
Talbot ^{fr}	4,284	35,017	12.2%
Washington ^{sr}	18,375	139,624	13.2%
Wicomico ^{sr}	16,032	88,782	18.1%
Worcester ^{fr}	6,785	48,974	13.9%
Baltimore City	200,021	636,251	31.4%

fr = federally-designated rural counties

sr = state-designated rural counties

Source for Average Medicaid Enrollment: Maryland Department of Human Resources Fact Pack: Medical Assistance. URL: <http://www.dhr.state.md.us/pi/index.htm>

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning. URLs: <http://www.vsa.state.md.us/vsa/doc/04annual.pdf> and http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to04/KeyJurisdictionSummary/JurisTotalPop.xls

Table 11: Medicare Beneficiaries, by Jurisdiction, Maryland, 2004

Jurisdiction	Medicare Beneficiaries	Estimated Population, 7/1/2004	Percent Population Medicare Beneficiaries
Maryland	698,833	5,558,058	12.6%
Allegany ^{fr}	15,784	73,871	21.4%
Anne Arundel	60,745	508,572	11.9%
Baltimore County	123,868	780,821	15.9%
Calvert ^{sr}	8,754	86,474	10.1%
Caroline ^{fr}	4,895	31,058	15.8%
Carroll	22,649	166,159	13.6%
Cecil ^{sr}	11,762	95,526	12.3%
Charles ^{sr}	11,904	135,807	8.8%
Dorchester ^{fr}	5,949	30,912	19.2%
Frederick ^{sr}	22,541	217,653	10.4%
Garrett ^{fr}	4,958	30,124	16.5%
Harford ^{sr}	27,815	235,594	11.8%
Howard	18,913	266,738	7.1%
Kent ^{fr}	4,849	19,582	24.8%
Montgomery	105,545	921,690	11.5%
Prince Georges	78,449	842,967	9.3%
Queen Anne's ^{sr}	5,401	45,078	12.0%
Somerset ^{fr}	4,154	25,863	16.1%
St. Mary's ^{fr}	9,513	94,921	10.0%
Talbot ^{fr}	8,052	35,017	23.0%
Washington ^{sr}	21,935	139,624	15.7%
Wicomico ^{sr}	13,017	88,782	14.7%
Worcester ^{fr}	11,254	48,974	23.0%
Baltimore City	96,127	636,251	15.1%

fr = federally-designated rural counties

sr = state-designated rural counties

Source for Medicare Beneficiaries: Centers for Medicare and Medicaid Services. State county market penetration files, SC-2004 Files (March). URL: http://www.cms.hhs.gov/HealthPlanRepFileData/02_SC.asp

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning. URLs: <http://www.vsa.state.md.us/vsa/doc/04annual.pdf> and http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to04/KeyJurisdictionSummary/JurisTotalPop.xls

Table 12: Adult Chronic Drinking (Men having more than 2 drinks and females having more than 1 drink per day), by Jurisdiction, Maryland, 2001-2004

Jurisdiction	Percent Population Chronic Drinkers
Maryland	4.9
Allegany ^{fr}	7.0
Anne Arundel	7.0
Baltimore County	5.1
Calvert ^{sr}	6.9
Caroline ^{fr}	3.7
Carroll	6.1
Cecil ^{sr}	5.0
Charles ^{sr}	5.1
Dorchester ^{fr}	6.5
Frederick ^{sr}	4.8
Garrett ^{fr}	3.9
Harford ^{sr}	4.2
Howard	4.5
Kent ^{fr}	10.7
Montgomery	4.3
Prince Georges	3.4
Queen Anne's ^{sr}	8.0
Somerset ^{fr}	4.5
St. Mary's ^{fr}	6.6
Talbot ^{fr}	6.1
Washington ^{sr}	3.5
Wicomico ^{sr}	4.9
Worcester ^{fr}	8.8
Baltimore City	4.7

fr = federally-designated rural counties

sr = state-designated rural counties

Source: Maryland Behavioral Risk Factor Surveillance Survey.
 URL: <http://www.marylandbrfss.org>

Table 13: Substance Abuse Treatment Admissions, by Jurisdiction, Maryland, FY 2004

Jurisdiction	Treatment Admissions, FY 2004*	Estimated Population, 7/1/2004	Treatment Admissions per 100,000 Population
Maryland	71,698	5,558,058	1290.0
Allegany ^{fr}	870	73,871	1177.7
Anne Arundel	5705	508,572	1121.8
Baltimore County	7955	780,821	1018.8
Calvert ^{sr}	1306	86,474	1510.3
Caroline ^{fr}	606	31,058	1951.2
Carroll ^{sr}	1917	166,159	1153.7
Cecil ^{sr}	1348	95,526	1411.1
Charles ^{sr}	1417	135,807	1043.4
Dorchester ^{fr}	766	30,912	2478.0
Frederick ^{sr}	2141	217,653	983.7
Garrett ^{fr}	401	30,124	1331.2
Harford ^{sr}	2429	235,594	1031.0
Howard	1538	266,738	576.6
Kent ^{fr}	489	19,582	2497.2
Montgomery	6166	921,690	669.0
Prince Georges	4497	842,967	533.5
Queen Anne's ^{sr}	587	45,078	1302.2
Somerset ^{fr}	473	25,863	1828.9
St. Mary's ^{fr}	1208	94,921	1272.6
Talbot ^{fr}	681	35,017	1944.8
Washington ^{sr}	1572	139,624	1125.9
Wicomico ^{sr}	1915	88,782	2157.0
Worcester ^{fr}	1128	48,974	2303.3
Baltimore City	24583	636,251	3863.7

fr = federally-designated rural counties

sr = state-designated rural counties

*Includes Alcohol and Drug Abuse Administration-funded and non-funded admissions

Source: Maryland Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene. Outlooks and Outcomes 2004 Annual Report. Table 4, p. 30. URL: http://www.maryland-adaa.org/ka/ka-2.cfm?folder_id=287&parent=161&levels=2&type=1

Source for Estimated Population 7/1/2004: Maryland Vital Statistics 2004 Annual Report (Table 1) and Maryland Department of Planning. URLs: <http://www.vsa.state.md.us/vsa/doc/04annual.pdf> and http://www.mdp.state.md.us/msdc/Pop_estimate/estimate_00to04/KeyJurisdictionSummary/JurisTotalPop.xls

Table 14: Adults Diagnosed with Depression,
by Jurisdiction, Maryland, 2001-2002

Jurisdiction	Percent Population Diagnosed with Depression*
Maryland	14.4
Allegany ^{fr}	15.3
Anne Arundel	17.7
Baltimore County	14.3
Calvert ^{sr}	11.9
Caroline ^{fr}	21.4
Carroll	22.3
Cecil ^{sr}	16.3
Charles ^{sr}	11.3
Dorchester ^{fr}	6.9
Frederick ^{sr}	15.8
Garrett ^{fr}	11.1
Harford ^{sr}	14.3
Howard	11.8
Kent ^{fr}	11.7
Montgomery	15
Prince Georges	10.8
Queen Anne's ^{sr}	14.7
Somerset ^{fr}	9.8
St. Mary's ^{fr}	11.3
Talbot ^{fr}	19
Washington ^{sr}	16.8
Wicomico ^{sr}	12.1
Worcester ^{fr}	9.2
Baltimore City	15.8

fr = federally-designated rural counties

sr = state-designated rural counties

*Respondents aged 18 and older who have
ever been given a diagnosis of depression by a
mental health professional

Source: Maryland Behavioral Risk Factor Surveillance
Survey. URL: <http://www.marylandbrfss.org>

Table 15: Adults Seen for a Mental Health Problem,
by Jurisdiction, Maryland, 2001-2002

Jurisdiction	Percent Population Seen for a Mental Health Problem*
Maryland	18.7
Allegany ^{fr}	13.1
Anne Arundel	22.0
Baltimore County	18.2
Calvert ^{sr}	17.7
Caroline ^{fr}	24.3
Carroll	20.5
Cecil ^{sr}	21.1
Charles ^{sr}	10.3
Dorchester ^{fr}	10.2
Frederick ^{sr}	22.7
Garrett ^{fr}	10.2
Harford ^{sr}	19.8
Howard	21.3
Kent ^{fr}	14.9
Montgomery	23.5
Prince Georges	14.1
Queen Anne's ^{sr}	11.9
Somerset ^{fr}	**
St. Mary's ^{fr}	13.0
Talbot ^{fr}	20.6
Washington ^{sr}	17.4
Wicomico ^{sr}	12.5
Worcester ^{fr}	9.3
Baltimore City	18.5

fr = federally-designated rural counties

sr = state-designated rural counties

*Respondents aged 18 and older who in their lifetime
have seen someone for a mental health problem

**Sample sizes of <50 are statistically unstable.
Therefore, data are not displayed.

Source: Maryland Behavioral Risk Factor Surveillance Survey.
URL: <http://www.marylandbrfss.org>

Table 16: Population that has not Visited a Dentist in Five Years or More, by Jurisdiction, Maryland, 2000, 2002-2004

Jurisdiction	Percent Population that has not Visited a Dentist in >= 5 Years
Maryland	7.0
Allegany ^{fr}	13.4
Anne Arundel	6.8
Baltimore County	7.0
Calvert ^{sr}	6.7
Caroline ^{fr}	16.1
Carroll	5.3
Cecil ^{sr}	10.0
Charles ^{sr}	6.5
Dorchester ^{fr}	11.8
Frederick ^{sr}	5.7
Garrett ^{fr}	17.9
Harford ^{sr}	5.1
Howard	3.5
Kent ^{fr}	9.2
Montgomery	4.7
Prince Georges	5.6
Queen Anne's ^{sr}	7.4
Somerset ^{fr}	15.1
St. Mary's ^{fr}	5.6
Talbot ^{fr}	9.1
Washington ^{sr}	10.2
Wicomico ^{sr}	12.1
Worcester ^{fr}	9.6
Baltimore City	10.6

fr = federally-designated rural counties

sr = state-designated rural counties

*Respondents aged 18 and older who have not visited a dentist for any reason in five years or more

Source: Maryland Behavioral Risk Factor Surveillance Survey.
URL: <http://www.marylandbrfss.org>

Table 17: Population with Total Tooth Loss, by Jurisdiction, Maryland, 2000, 2002-2004

Jurisdiction	Percent Population with Total Tooth Loss*
Maryland	4.4
Allegany ^{fr}	11.3
Anne Arundel	3.7
Baltimore County	4.8
Calvert ^{sr}	2.5
Caroline ^{fr}	11.2
Carroll	5.6
Cecil ^{sr}	5.2
Charles ^{sr}	3.6
Dorchester ^{fr}	7.4
Frederick ^{sr}	2.9
Garrett ^{fr}	10.4
Harford ^{sr}	6.3
Howard	1.9
Kent ^{fr}	3.8
Montgomery	1.8
Prince Georges	2.9
Queen Anne's ^{sr}	5.8
Somerset ^{fr}	14.4
St. Mary's ^{fr}	5.4
Talbot ^{fr}	7.7
Washington ^{sr}	5.7
Wicomico ^{sr}	8.4
Worcester ^{fr}	6.8
Baltimore City	7.4

fr = federally-designated rural counties

sr = state-designated rural counties

*Respondents aged 18 and older who have all permanent teeth removed

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL: <http://www.marylandbrfss.org>

Table 18: Births to Teen Mothers, by Jurisdiction, Maryland, 2004

Jurisdiction	Births, 2004	Births to Mothers < 20	Percent of Births to Mothers < 20
Maryland	74500	6358	8.5%
Allegany ^{fr}	641	91	14.2%
Anne Arundel	6767	438	6.5%
Baltimore County	9448	715	7.6%
Calvert ^{sr}	997	68	6.8%
Caroline ^{fr}	465	66	14.2%
Carroll	1990	104	5.2%
Cecil ^{sr}	1211	124	10.2%
Charles ^{sr}	1820	159	8.7%
Dorchester ^{fr}	365	62	17.0%
Frederick ^{sr}	2954	183	6.2%
Garrett ^{fr}	316	36	11.4%
Harford ^{sr}	2988	193	6.5%
Howard	3470	116	3.3%
Kent ^{fr}	202	22	10.9%
Montgomery	13546	531	3.9%
Prince Georges	12205	1133	9.3%
Queen Anne's ^{sr}	509	25	4.9%
Somerset ^{fr}	266	32	12.0%
St. Mary's ^{fr}	1449	141	9.7%
Talbot ^{fr}	388	34	8.8%
Washington ^{sr}	1705	206	12.1%
Wicomico ^{sr}	1166	151	13.0%
Worcester ^{fr}	449	42	9.4%
Baltimore City	9183	1686	18.4%

fr = federally-designated rural counties

sr = state-designated rural counties

Source: Maryland Vital Statistics 2004. Table 11G, p. 89. URL:
<http://www.vsa.state.md.us/vsa/html/reports.html>

Table 19: Overweight and Obesity Based on Body Mass Index (BMI), 2000-2004, by Jurisdiction, Maryland, 2001-2004

Jurisdiction	Percent Population Overweight (BMI 25.0 - 29.9)	Percent Population Obese (BMI 30.0 and above)
Maryland	36.6	21.2
Allegany ^{fr}	41.9	23.8
Anne Arundel	36.8	22.3
Baltimore County	36	19.9
Calvert ^{sr}	35.1	23.3
Caroline ^{fr}	34.3	25.9
Carroll	41	19.9
Cecil ^{sr}	41.2	24.4
Charles ^{sr}	36.4	23.4
Dorchester ^{fr}	33.5	26.1
Frederick ^{sr}	36.4	20.2
Garrett ^{fr}	37.4	25.3
Harford ^{sr}	39.2	21.7
Howard	34.3	15.8
Kent ^{fr}	40.9	22.6
Montgomery	35.6	14.8
Prince Georges	39.4	24
Queen Anne's ^{sr}	42.5	21.5
Somerset ^{fr}	31.2	31.1
St. Mary's ^{fr}	32	24.4
Talbot ^{fr}	37.7	19.8
Washington ^{sr}	36.8	21
Wicomico ^{sr}	33.4	21.8
Worcester ^{fr}	40.7	23.8
Baltimore City	34.1	27.3

fr = federally-designated rural counties

sr = state-designated rural counties

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL:
<http://www.marylandbrfss.org>

Table 20: Population with High Blood Pressure*, by Jurisdiction, Maryland, 2001, 2003-2004

Jurisdiction	Percent Population with High Blood Pressure
Maryland	25.8
Allegany ^{fr}	32.6
Anne Arundel	28.1
Baltimore County	25.6
Calvert ^{sr}	26.9
Caroline ^{fr}	33.3
Carroll	27.4
Cecil ^{sr}	27.4
Charles ^{sr}	23.3
Dorchester ^{fr}	31.5
Frederick ^{sr}	20.9
Garrett ^{fr}	27.1
Harford ^{sr}	26.5
Howard	20.1
Kent ^{fr}	33.7
Montgomery	22.9
Prince Georges	26.8
Queen Anne's ^{sr}	28.3
Somerset ^{fr}	28.8
St. Mary's ^{fr}	25.4
Talbot ^{fr}	30.2
Washington ^{sr}	29.3
Wicomico ^{sr}	26.1
Worcester ^{fr}	38.8
Baltimore City	30.0

fr = federally-designated rural counties

sr = state-designated rural counties

* Respondents age 18 and older that have ever been told by a health professional they have high blood pressure

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL: <http://www.marylandbrfss.org>

Table 21: Current Adult Smokers, by Jurisdiction, Maryland, 2000-2004

Jurisdiction	Percent Population that are Current Smokers*
Maryland	20.6
Allegany ^{fr}	32.6
Anne Arundel	28.1
Baltimore County	25.6
Calvert ^{sr}	26.9
Caroline ^{fr}	33.3
Carroll	27.4
Cecil ^{sr}	27.4
Charles ^{sr}	23.3
Dorchester ^{fr}	31.5
Frederick ^{sr}	20.9
Garrett ^{fr}	27.1
Harford ^{sr}	26.5
Howard	20.1
Kent ^{fr}	33.7
Montgomery	22.9
Prince Georges	26.8
Queen Anne's ^{sr}	28.3
Somerset ^{fr}	28.8
St. Mary's ^{fr}	25.4
Talbot ^{fr}	30.2
Washington ^{sr}	29.3
Wicomico ^{sr}	26.1
Worcester ^{fr}	38.8
Baltimore City	30.0

fr = federally-designated rural counties

sr = state-designated rural counties

* Respondents aged 18 and older who have smoked at least 100 cigarettes in their lifetime and currently smoke

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL: <http://www.marylandbrfss.org>

Table 22: Adults with Diagnosed Diabetes, by Jurisdiction, Maryland, 2000-2004

Jurisdiction	Percent Population Diagnosed with Diabetes*
Maryland	7.0
Allegany ^{fr}	8.8
Anne Arundel	6.7
Baltimore County	6.2
Calvert ^{sr}	6.2
Caroline ^{fr}	9.3
Carroll	6.4
Cecil ^{sr}	6.5
Charles ^{sr}	4.3
Dorchester ^{fr}	10.1
Frederick ^{sr}	5.6
Garrett ^{fr}	9.1
Harford ^{sr}	7.0
Howard	4.3
Kent ^{fr}	9.2
Montgomery	5.2
Prince Georges	8.6
Queen Anne's ^{sr}	7.0
Somerset ^{fr}	11.7
St. Mary's ^{fr}	6.0
Talbot ^{fr}	9.1
Washington ^{sr}	6.4
Wicomico ^{sr}	8.2
Worcester ^{fr}	10.3
Baltimore City	9.8

fr = federally-designated rural counties

sr = state-designated rural counties

*Respondents aged 18 and older who have ever been told by a doctor that they have diabetes

Source: Maryland Behavioral Risk Factor Surveillance Survey. URL: <http://www.marylandbrfss.org>

Table 23: Age-Adjusted* Death Rates** for Selected Causes of Death, by Jurisdiction, Maryland, 2002-2004

Jurisdiction	All Causes	Heart Disease	Cancer	CVD
Maryland	839.6	227.7	194.4	53.8
Allegany	874.1	285.3	200.1	58.2
Anne Arundel	842.2	222.3	200.4	59.4
Baltimore	832.4	217.5	198.2	58.7
Baltimore City	1197.1	300.1	251.4	63.5
Calvert	854.3	232.4	220.2	51.4
Caroline	934.6	224.4	226.7	***
Carroll	821.8	230.5	194.4	53.5
Cecil	908.7	262.1	206.9	40.3
Charles	925.9	256.3	222.4	53.6
Dorchester	936.1	301.4	210.5	48.3
Frederick	797.5	235.5	192.4	59.9
Garrett	880.4	287.0	195.3	58.9
Harford	845.8	249.0	197.0	59.0
Howard	724.6	195.6	156.5	59.5
Kent	833.7	200.1	199.8	72.3
Montgomery	606.2	159.0	147.0	40.1
Prince Georges	873.9	256.8	193.5	49.6
Queen Anne's	822.3	204.5	193.2	56.1
Somerset	1015.6	360.9	263.8	***
St. Mary's	846.2	234.3	212.2	44.7
Talbot	723.9	176.2	181.6	65.1
Washington	868.3	237.3	202.3	59.8
Wicomico	895.2	276.1	210.1	41.4
Worcester	788.2	215.3	205.8	40.0

*Rates have been age-adjusted to the projected 2000 population by the direct method. These rates should only be compared with other rates age-adjusted to the projected 2000 population.

**Per 100,000 population

*** Age-adjusted death rates not calculated for jurisdictions with an average of fewer than 20 deaths

Source: Vital Statistics Administration

Improving the Health Care Workforce: Programs in Maryland

Janet L. Hoffman Loan Assistance Repayment Programs (LARP)

Primary Care Physicians

The purpose of the Maryland State Loan Repayment Program is to encourage primary care practitioners, and psychiatrists to work in Health Professional Shortage Areas (HPSAs). Eligible primary care practitioners include those who are specialty board certified or have completed a residency in family practice, osteopathic general practice, obstetrics/gynecology, internal medicine, and pediatrics. The Janet L. Hoffman Loan Assistance Repayment Program is a collaborative effort among state-federal entities, including the Maryland Department of Health and Mental Hygiene, Maryland Higher Education Commission, and the federal Health Resources and Services Administration. It offers physicians an opportunity to practice their profession in a community that lacks adequate primary health care services, while also paying off educational loans. In 2003, eleven physicians were placed in rural areas through this program for periods of two years or four years. In 2004, the program extended the participation of two physicians practicing in rural areas for an additional two years each.

Other Health Professionals

Maryland residents who provide public service in Maryland State or local government or nonprofit agencies in Maryland to low income or underserved residents are also available for LARP. Professions eligible include: lawyers, nurses, nurse faculty members, physical and occupational therapist, social workers, speech pathologists, physician assistants, and specific credentialed teachers. The Janet L. Hoffman program is open to those professionals who earned a degree from a college in Maryland and are employed full-time (35+ hours per week) in state or local government or in a nonprofit organization in Maryland. The employer must help low income, underserved residents or underserved areas in the state.

J-1 Visa Waiver Program and National Interest Waiver

The J-1 Visa Waiver Program allows foreign-born physicians to receive a waiver from their J-1 Visa obligation in exchange for the physician's agreement to work in an underserved area for three years. The J-1 Visa requires them to return to their home country for two years at the end of their medical training. The Maryland Primary Care Office (PCO) manages this program and has the ability to place up to thirty J-1 Visa Waiver physicians to work primarily in Health Professional Shortage Areas and/or Medically Underserved Areas (MUAs)/Populations (MUPs). In Fiscal Year 2004, a total of 16 physicians were placed in rural Health Professional Shortage Areas through the J-1 Visa Waiver Program.

The National Interest Waiver (NIW) is another federal program administered by the PCO in Maryland. The PCO supports physicians with a Maryland sponsored J-1 Visa Waiver for an NIW, which requires them to work for a total of five years primarily in federally designated HPSAs or MUAs/MUPs in Maryland. One physician located in a rural area received an NIW in Fiscal Year 2004.

National Health Service Corps

The National Health Service Corps (NHSC) recruits primary care and other clinicians for communities in need. The Maryland PCO supports NHSC students and other clinicians to work in communities and provider sites to improve and expand access to health care for underserved Marylanders. Three NHSC physicians were placed in rural areas in 2003 and four in rural areas in 2004.

Area Health Education Centers

The purpose of Area Health Education Centers (AHECs) is to improve access to health care services and quality in healthcare by providing training to health professionals and students and increasing the supply of health professionals serving underserved populations. The goal of AHECs is to recruit and retain the health professional workforce. Maryland has two AHECs located in rural areas of the state: the Western Maryland Area Health Education Center and the Eastern Shore Area Health Education Center. AHECs provide rural rotations for students from surrounding health professional schools to expose them to practicing in rural areas.

3R Net: The National Rural Recruitment and Retention Network

3R Net (www.3Rnet.com) is a non-profit organization that helps health professionals find practice opportunities in rural areas. Members of 3R Net include State Offices of Rural Health, AHECs, and State Primary Care Associations. Members post job opportunities that can be searched and viewed by health professionals visiting the site and seeking employment.

Improving Availability of Facilities: Programs and Facilities in Maryland

Hospitals

There is a hospital located in each county in Maryland, except for the jurisdictions of Caroline and Queen Anne's. Maryland has a unique payment system for hospitals for which it received a Medicaid waiver to institute. The system is administered by the Maryland Health Services Cost Review Commission (HSCRC). The Maryland HSCRC was created in 1971 to set the rates that Maryland's hospitals may charge. Working together, the HSCRC and Maryland's hospitals have successfully slowed the rate of increase in hospital costs that Maryland residents must pay.

Hospitals and Number of Beds per Hospital in Rural Jurisdictions, Maryland		
<i>Jurisdiction</i>	<i>Hospital</i>	<i>Number of Beds</i>
Allegany County	Memorial Hospital & Med Center	109
	Braddock Hospital (formerly Sacred Heart)	155
Calvert County	Calvert Memorial Hospital	105
Caroline County	Served in part by Chester River Hospital and Memorial Hospital at Easton	N/A
Carroll County	Carroll Hospital Center	216
Cecil County	Union Hospital of Cecil County	105
Charles County	Civista Medical Center	121
Dorchester County	Dorchester General	49
Frederick County	Frederick Memorial	246
Garrett County	Garrett Memorial Hospital	34
Harford County	Harford Memorial Hospital	91
	Upper Chesapeake Medical Center	168
Kent County	Chester River Hospital	62
Queen Anne's County	Served by Anne Arundel Medical Center, Chester River Hospital, and Memorial Hospital at Easton	N/A
Somerset County	McCready Memorial Hospital	8
St. Mary's County	St. Mary's Hospital	108
Talbot County	Memorial Hospital at Easton	123
Washington County	Washington County Hospital	264
Wicomico County	Peninsula Regional Medical Center	366
Worcester County	Atlantic General	51

Source: Annual Report on Maryland Acute Care Hospital Services and Licensed Bed Capacity. (FY 2008)
Available at: http://mhcc.maryland.gov/hospital_services/acute/acutehospital/annrptlicbedsfy08.pdf

The federal Small Rural Hospital Improvement Grant Program (SHIP) provides grants of approximately \$8,900 annually to each hospital that qualifies, to pay for costs related to the implementation of the Medicare Prospective Payment System, compliance with provisions of the Health Insurance Portability and Accountability Act, and/or the reduction of medical errors and support of quality improvement. To qualify for the SHIP program hospitals must have 49 beds or fewer and be located in a rural area. Three of Maryland's hospitals: McCready Memorial

Hospital, Atlantic General Hospital, and Garrett Memorial Hospital, qualify for the SHIP program.

Health Centers

In addition to hospitals and private providers, there are health centers in some areas of the state that serve all persons regardless of income and offer a sliding fee scale to low-income patients. There are many types of health centers which qualify for funding and programs depending on their designation: Federally-Qualified Health Centers, Federally-Qualified Health Center Look-Alikes, Maryland Qualified Health Centers, other health centers, and private practices that offer a sliding fee scale. Maryland does not have any rural health clinics, which are provided enhanced reimbursement for providing care to Medicaid and Medicare patients. The Centers for Medicare and Medicaid (CMS) offer enhanced reimbursement for physicians, located in HPSAs, who see Medicare patients.

Federally-Qualified Health Centers

Federally-Qualified Health Centers (FQHCs) include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. Types of organizations that may receive 330 grants include: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs. Community Health Centers must serve a Medically Underserved Area or Medically Underserved Population. FQHCs may be located in rural and urban areas. They must provide primary care services for all age groups, as well as preventive health services, dental services, mental health and substance abuse services, transportation services necessary for adequate patient care, and hospital and specialty care.

The benefits of being an FQHC include:

- For new start FQHCs that are PHS 330 grant recipients grant funding up to \$650,000 can be requested
- Enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the federal Tort Claims Act
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Access to National Health Service Corps Program
- Access to the Vaccine for Children program
- Eligibility for various other federal grants and programs

There are six FQHCs with a total of 23 health care delivery sites and one Health Care for the Homeless center located in rural areas.

- Choptank Community Health System, Inc has nine community health or wellness centers in Caroline, Dorchester, and Talbot jurisdictions
- Greater Baden Medical Services, Inc runs a community health center in Charles County
- Health Care for the Homeless FQHC located in Frederick County
- Three Lower Jurisdictions Community Services, Inc has eight sites serving Worcester, Somerset, and Wicomico jurisdictions

- Tri-State Community Health Center, Inc is a community health center serving Washington County with an additional delivery site serving Allegany County
- Mountain Laurel Medical Center serves Garrett County
- Walnut Street Community Health Center in Washington County

Federally-Qualified Health Center Look-Alikes

An FQHC Look-Alike is an organization that meets all of the eligibility requirements of an organization that receives a PHS Section 330 grant, but does not receive grant funding. However, because they already meet the program requirements for this grant funding, FQHC Look-Alikes are mature applicants for PHS 330 funding.

FQHC Look-Alikes benefits include:

- Enhanced Medicare and Medicaid reimbursement
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Automatic designation as a Health Professional Shortage Area (HPSA). The HPSA designation provides eligibility to apply to receive National Health Service Corps (NHSC) personnel and eligibility to be a site where a J-1 visa physician can serve.

Maryland Qualified Health Centers

There are no Maryland Qualified Health Centers (MQHCs) in rural areas. MQHCs are designated through a state process and are distinct from FQHCs. An MQHC is a non-profit health center that provides the same services as FQHCs and offers discounted fees to the low-income uninsured. MQHCs receive enhanced Medicaid reimbursement for their services to Medicaid patients, although all patients are welcome.

Private Practices

Several private practices in Maryland offer discounted fees to the low-income uninsured. Those practices identified by Maryland's Primary Care Organization include six practices in the rural jurisdictions of Cecil, Dorchester, Queen Anne's, St. Mary's, and Washington.

Local Health Departments

Each of the 24 Maryland jurisdictions has a local health department. While the size, staffing, and structure of each department varies, all provide ten essential services to the community: monitoring of health status, diagnosis and investigation of health problems, education of the community, mobilization of community partnerships, development of policies, enforcement of laws and regulations, link people to services and assurance of care, maintenance of a competent workforce, conduction of evaluation strategies, and research of innovative solutions. Local health departments provide a variety of health services to the public such as immunizations, communicable disease prevention and investigation, health education and media outreach, oral health, mental health, substance abuse services, and emergency preparedness. The local health departments also coordinate access to health care for the under and uninsured populations living in their communities. Local health departments are funded primarily by county, state, and federal agencies and are each led by a Health Officer.

Telehealth

Telehealth is defined by the Health Services and Resources Administration as “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”¹

The use of telemedicine reduces the need for rural patients and their families to travel to urban centers for health services and enhances the rural health infrastructure. Telemedicine can provide more immediate access to clinical knowledge and expertise, and services not available in rural areas. University of Maryland Telemedical Technology Service links experts at the University of Maryland Medical Center and the University of Maryland School of Medicine with the emergency departments at St. Mary’s Hospital and Cumberland Memorial in Allegany County to help patients suffering from strokes or trauma. University of Maryland Telemedical Technology Service also provides telemedicine equipment on moving ambulances, to allow specialists to examine patients on their way to medical centers. Maryland’s telemedicine network allows for consultations between providers at sites throughout the state.

In 2006, the Maryland legislature budgeted ten million dollars for installing broadband on the Eastern Shore. This funding will begin the groundwork for bringing high-speed internet to businesses and residents of the Eastern Shore, where high-speed is currently prohibitively expensive for most residents. Access to high-speed internet is necessary for many telehealth applications and may open possibilities for further development of telemedicine in these areas. Access to broadband may also increase availability of distance education and will allow more employers to locate their businesses in rural areas.

Dental Care

The availability of dentists, especially those that serve Medicaid or low-income patients is a top priority in rural areas because of poor dental health outcomes and limited access. Managed care organizations that provide care under HealthChoice, Maryland’s statewide mandatory managed care program for Medicaid enrollees, are required to offer comprehensive oral health services to children through 20 years and also to pregnant women. Although five of the seven managed care organizations offer some dental services to adults, these services are limited and not mandated. Children have coverage, but do not always receive the care they need, in part because there may not be enough providers in certain areas of the state, but also due to missed appointments, and lack of enrollee’s awareness about the importance of primary oral health care.² During 2004, Medicaid delivered oral health services to approximately 155,000 children and adult enrollees in Maryland.

¹ Health Resources and Services Administration Office of Telehealth. Available at <http://www.hrsa.gov/telehealth/default.htm>. Accessed December 10, 2006.

² Department of Health and Mental Hygiene. Family Health Administration. Office of Oral Health. Report to the General Assembly Dental Care Access under HealthChoice October 2005. <http://www.dhmd.state.md.us/mma/pdf/dentalJCRfinal10-05.pdf>

**Dental Utilization Rates, CY 2000 -CY 2004
Enrollment ≥ 320 days in an MCO, age 4-20**

Criteria	CY 2000	CY 2001	CY 2002	CY 2003	CY 2004
Age					
4-5	29.3%	33.3%	33.7%	42.8%	43.6%
6-9	31.6%	37.2%	38.2%	48.0%	48.7%
10-14	29.2%	34.1%	35.5%	44.0%	44.8%
15-18	24.7%	29.4%	29.9%	38.0%	37.6%
19-20	17.8%	19.7%	20.8%	26.8%	26.8%
All 4-20	28.7%	33.6%	34.5%	43.2%	43.7%
Region					
Baltimore City	25.1%	27.4%	27.8%	35.6%	35.8%
Baltimore Suburbs	32.5%	35.4%	37.7%	46.1%	46.1%
Washington Suburbs	30.4%	35.9%	39.6%	47.8%	46.4%
Western Maryland	38.2%	46.0%	42.85	51.0%	56.1%
Southern Maryland	26.5%	29.3%	31.8%	39.6%	39.5%
Eastern Shore	26.4%	32.6%	31.3%	44.4%	48.2%

Source: Re-printed from the Report to the General Assembly Dental Care Access under HealthChoice. October 2005. Available at <http://dhmh.state.md.us/mma/pdf/dentalJCRfinal10-05.pdf>.

**Table 6: Percentage of Adults 21+Receiving Dental Services
Enrolled for at least 90 days**

Year	Total Number of Enrollees	Enrollees Receiving one or more dental service	Percent receiving service
CY 1999	111,753	16,139	14.4%
CY 2000	114,223	16,986	14.9%
CY 2001	111,694	16,795	15.0%
CY 2002	117,885	16,800	14.3%
CY 2003	116,880	21,288	18.2%
CY 2004	115,441	12,457	10.8%

Source: Re-printed from the Report to the General Assembly Dental Care Access under HealthChoice. October 2005. <http://dhmh.state.md.us/mma/pdf/dentalJCRfinal10-05.pdf>.

The Family Health Administration’s Office of Oral Health has undertaken various initiatives to improve the dentist workforce and increase care for underserved areas. Some of the Office of Oral Health’s major efforts include the following programs.

Pediatric Dental Fellows: Dental fellows are placed in eight sites throughout the state to provide care to underserved communities at community health centers and federally qualified health centers. The map below, from the Baltimore College of Dental Surgery Dental School, pinpoints the location of these sites.

University of Maryland Dental Clinic and Affiliates Serving Maryland's Poor Children



Source: <http://www.dental.umaryland.edu/dentaldepts/pediatric/fellowship.html>

Eastern Shore Oral Health Outreach Program/Lower Eastern Shore Dental Education Program: The Eastern Shore Oral Health Outreach Program and the Lower Eastern Shore Dental Education Program provide case management services, education, Head Start oral health screenings, and fluoride rinse programs for children on the Eastern Shore.

Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP): Similar to loan assistance repayment for physicians, the MDC-LARP program provides loan-assistance repayment for dentists serving the Medicaid population. In exchange for providing at least 30 percent of their total patient services to the Maryland Medical Assistance Program recipient population per year for three years, dentists receive funds for educational loan repayment. Five Maryland dentists are selected to participate each year.

Local Health Department Program: The Family Health Administration's Office of Oral Health supported, in 2006, oral health programs at sixteen local health departments. These programs provide a variety of oral health services including clinical services, sealants, fluoride, case management, and oral health education.

Medbank

MEDBANK serves as a link between the over 100 Patient Assistance Programs (PAP)s currently operated in the United States by pharmaceutical companies, and the thousands of Marylanders they serve. Medbank streamlines the enrollment process and expands access to free medication

for those who need it most. Although many MEDBANK clients are eligible for or are enrolled in Medicare, many continue to receive their prescriptions through MEDBANK because it is more affordable than paying the co-pays associated with Medicare prescriptions. The remaining 50 percent of MEDBANK's patients are not Medicare eligible. Of those served by MEDBANK in FY05, more than half lived in rural jurisdictions. The Maryland MEDBANK Program served 8,146 uninsured patients from July 1, 2004 through June 30, 2005. MEDBANK can be reached anywhere in the state through its Toll Free number of: 877-435-7755. The following services are provided:

- A “one stop shop” approach to qualifying and enrolling eligible patient participants – In an effort to more closely regulate their PAPs, each pharmaceutical company has created its own application process, which often differs significantly from one company program to the next. Specially trained MEDBANK Patient Service Representatives (PSRs) work directly with eligible participants to 1) complete requisite application forms, 2) obtain the necessary income documentation (tax forms, check stubs, etc.) and physician signoffs, with which to verify eligibility, and 3) track all paperwork throughout the enrollment process.
- A central fill pharmacy – MEDBANK created a central fill pharmacy with support from major pharmaceutical companies. Medications are mail-ordered directly to the patient or their physician from the pharmacy, at no cost, thus shortening the distribution process from an average six to eight weeks to a fill-time of between two and ten working days.

Health Insurance Programs in Maryland

Publicly-Sponsored Health Care Coverage

Federal and state governments are the primary provider of publicly-sponsored health care coverage, including Medicaid and Medicare. Federal programs generally provide coverage for the poor, medically indigent, and other groups, such as veterans.

Beyond these groups, there are uninsured that do not qualify for Medicaid, but cannot afford private coverage. There is one type of publicly-subsidized private health insurance provided by the state of Maryland for individuals who have been denied coverage in the private market. The Maryland General Assembly established the Maryland Health Insurance Plan under the Health Insurance Safety Net Act of 2002. The Maryland Health Insurance Plan is a state administered health insurance program for Maryland residents who cannot obtain private health insurance coverage and meet certain criteria.

HealthChoice

In 1965, the U.S. Congress enacted the Medicaid program, a federal and state financed program that provides access to health care services for the low-income population. Maryland's HealthChoice Program provides health care to most Medicaid recipients. Eligible Maryland Medicaid recipients enroll in one of seven Managed Care Organizations of their choice and select a primary care provider to oversee their medical care. There were 483,000 Marylanders enrolled in HealthChoice as of December 31, 2004, approximately 70 percent of Medicaid

beneficiaries³. People on Medicare, living in nursing homes or other institutions, or aged 65 or older are not enrolled in HealthChoice. Medicaid eligibles who do not qualify for HealthChoice receive their Medicaid services through “fee-for-service”.

Maryland Children’s Health Program

Maryland’s children’s health program is Maryland’s State Children’s Health Insurance Program (MCHP). MCHP uses federal and state funds to provide health care coverage to low-income children, up to age 19 years, and pregnant women of any age who meet income requirements. MCHP Premium provides access to low-cost health insurance for children at moderate income levels for monthly premiums. MCHP and MCHP Premium provide care through HealthChoice.

Medicare

In July 1965, Medicare was enacted into law. It provides health insurance to people aged 65 and over, those who have permanent kidney failure, and certain people with disabilities. In 2004, 12.1 percent of Maryland’s population was enrolled in Medicare.

Small-Group Health insurance

In addition to publicly-sponsored health care coverage, Maryland takes an active role in regulating health insurance for small groups. In 1993, the state legislature enacted a set of health insurance reforms that gave a number of protections to small employers in Maryland. The Maryland Health Care Commission is responsible for the design and annual review of the standard benefit plan and the Maryland Insurance Administration approves contracts, rates, and forms, as well as monitors carrier marketing.

Private Insurers

Private insurers in the state offer care through traditional insurance plans including point-of-service, health maintenance organizations, or preferred-provider networks. Private insurers in Maryland include CareFirst BlueCross Blue Shield, Kaiser Permanente, Aetna, and others.

Primary Adult Care Program

The Primary Adult Care Program (PAC) offers health services to people ages 19 years and over, who make limited amounts of money each year. Those persons previously in the Maryland Pharmacy Assistance Program or the Maryland Primary Care Program are now in PAC. The Maryland Pharmacy Assistance Program provided services for those participating in Medical Assistance, HealthChoice, Primary Adult Care, Family Planning, and Medicare Part D.

Senior Prescription Drug Assistance Program

The Senior Prescription Drug Assistance Program is a subsidy program to provide assistance to moderate-income Maryland residents, who are eligible for Medicare and enrolled in a prescription drug plan, with the purchase of outpatient prescription drugs. This program replaces the Maryland Senior Prescription Drug Plan that was administered by CareFirst BlueCross BlueShield.

³ Maryland: Medicaid Managed Care Enrollees as a Percent of State Medicaid Enrollees, as of December 31, 2004. <http://new.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcpr04.pdf>