

2016 PRIMARY CARE NEEDS ASSESSMENT

**Primary Care Office
Office of Primary Care Access
Prevention and Health Promotion Administration
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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Executive Summary

Goal of the Primary Care Office

The Primary Care Office (PCO), a unit within the Office of Primary Care Access (OPCA), Prevention and Health Promotion Administration (PHPA), Maryland Department of Health and Mental Hygiene (DHMH), is charged with improving access to health services and reducing health disparities among state residents. The PCO prepares all federal shortage designation applications for the State in an effort to garner additional provider resources for underserved communities and populations. In addition, the PCO will conduct a needs assessment bi-annually in accordance with the requirements of the PCO grant. The PCO last released a Needs Assessment in 2011. The needs assessment yields an expansive analysis of a variety of health indicators and workforce development data so that jurisdictional outcomes can be compared and used to set priorities and inform future efforts.

Objective of the Needs Assessment

The goal of the PCO Needs Assessment is to identify areas for priority to promote access to care, especially for the underserved, while executing the goals funded by the Health Resources and Services Administration's (HRSA's) Bureau of Health Workforce. The principal focus of the needs assessment is primary care¹ services with a secondary focus on primary dental and mental health services. An inadequate supply of primary care, dental and mental health providers negatively affects access to care and health outcomes, and exacerbates health disparities.

The Maryland Statewide Needs Assessment is based on the integration of two health data tracking methods; the federal Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) and the State Health Improvement Process (SHIP).

In 2013, a strategic goal was set to reduce overall preventable hospitalizations in Maryland by 15% by 2015, from 1,692/100,000 in 2011 (baseline) to 1,438/100,000 in 2015. The leading causes of potentially preventable hospitalizations in Maryland are Chronic Obstructive Pulmonary Disease (COPD), asthma, Congestive Heart Failure (CHF), and bacterial pneumonia. These conditions accounted for about 60% of all preventable hospitalizations. Other admissions considered potentially preventable hospitalizations are diabetes with short term complications, diabetes with long term complications, uncontrolled diabetes, lower extremity amputations among patients with diabetes, hypertension, angina pectoris, dehydration, and urinary tract infection. Improved access to healthcare will help reduce the number of preventable hospitalizations and reduce associated costs.

Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971 which established the Health Services Cost Review Commission (HSCRC). The HSCRC

¹“Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” according to the Institute of Medicine (1996)

is an independent state agency that has broad responsibility regarding the public disclosure of hospital data and operation performance. The commission is authorized to establish hospital rates that promote cost containment, access to care, equity, financial stability and hospital accountability. The HSCRC provides annual data to the Virtual Data Unit which is used to support this report.

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes 38 measures grouped by five focus areas that represent clinical and non-clinical determinants for health. The five focus areas are: Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care. Each measure has a data source and a target which can be assessed at the county level.

Data is submitted and updated annually by the Vital Statistics Administration, the Behavioral Risk Factor Surveillance System, the Department of Human Resources, State Highway Administration, State Department of Education, the Health Services Cost Review Commission, the Department of the Environment, the Infectious Disease Bureau, the Economic Research Service Food Desert Locator, the Environmental Protection Agency, the Department of Planning, the Center for Disease Control Immunization Survey, the Youth Tobacco Survey, the Small Area Health Insurance Estimates Program, and the Medicaid Service Utilization Data.

Each PQI and SHIP measure is ranked by jurisdiction from 1 to 24. Each measure is then entered into a matrix. The matrix demonstrates an ordered ranking of rates or percentages for the data for each jurisdiction. All counties have also received an overall ranking by quartile. These rankings, shared with Local Health Improvement Coalitions (LHICs), federally qualified health centers, local health departments, hospitals, and other safety-net organizations working with the state, will help to improve healthcare within Maryland.

The needs assessment incorporates three Appendices; Appendix A includes PQI and SHIP measures, Appendix B includes Shortage Designation and Workforce evaluation, and Appendix C includes jurisdictional mapping of neighborhood, shortage designations, FQHCs, local health departments, and hospitals.

The needs assessment will define priority areas needing state and federal resources to improve health. Maryland will target resources to the priority areas via enhanced technical assistance, workforce programs and other state and federal resources as available through partnerships and collaboration.

Findings

The 2016 PCO Needs Assessment identified the jurisdictions in Maryland that have the greatest need in regards to the PQI and SHIP 54 measures.

The following jurisdictions' indicators measured the worst quartile rankings (listed alphabetically):

- Baltimore City
- Allegany County
- Dorchester County
- Kent County
- Washington County
- Wicomico County

The following jurisdictions' indicators measured the top quartile rankings (listed alphabetically):

- Carroll County
- Frederick County
- Harford County
- Howard County
- Montgomery County
- Queen Anne's County

With the targeted jurisdictions listed above, the PCO can focus on improving health status and health care access outcomes through the use of shortage designations and workforce programs. Many of the high-need counties listed have a health professional shortage area designation, medically underserved area or population, and/or federally qualified health center. However, most of the shortage designations in these jurisdictions either do not encompass the whole county or are established only for specific populations (e.g. Medicaid or low-income populations).

Priorities

Based on the needs assessment findings, the PCO will prioritize in the following ways:

- For any competing requests from stakeholders for shortage analyses, workforce development, or technical assistance, the PCO will give priority first to those that pertain to areas of the state with greatest need as demonstrated by the results of the analyses of PQI and SHIP indicators for jurisdictions within the Bottom Quartile.
- The PCO will continue to pursue shortage analyses in all parts of the state, with priority given to the areas of greater need in the state before proceeding to others.
- The PCO will also continue to monitor health status and health care access in Maryland and will update the PCO Needs Assessment on a bi-annual schedule.

I. Introduction

The Primary Care Office

The Primary Care Office's (PCO) federally funded programs within the Maryland Department of Health and Mental Hygiene work to improve access to health care services throughout the state. The PCO develops community partnerships, builds local resources,

supports recruitment and retention of health professionals, develops shortage designations, and promotes state and national policies that expand access to health care. With federal support and assistance, the PCO also implements programs that identify and decrease health disparities among Maryland's 24 jurisdictions (23 counties and Baltimore City). Along with federal, state, and community partners, the PCO facilitates collaboration and data sharing, provides technical assistance to communities and organizations, and works toward comprehensive, culturally competent, quality care for all Marylanders.

Purpose and Rationale for Needs Assessment

As a core public health function, needs assessments provide a means for monitoring and assessing communities for health-related problems in order to set priorities for the deployment of limited resources into the state. The PCO Needs Assessment is designed to report on health status and health care access throughout Maryland in alignment with the PCO's goals and requirements from our federally funded grant, as well as the priorities set by the State. This assessment will help differentiate areas in the state that need greater health care resources to improve health outcomes. While there is an overall statewide need for health services in Maryland, this assessment is critical in focusing the limited resources of the PCO.

Data Sources and Limitations

The two health data tracking methods found in this Needs Assessment are from the federal Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs) and the State Health Improvement Process (SHIP).

The PQI data includes 16 measures which have been provided to the PCO by the Virtual Data Unit. These measures are the leading causes of preventable hospitalizations within Maryland. The measures were collected by HSCRC and are from 2014 hospital admissions in Maryland. Some data has been limited by an accompanied diagnosis, procedure and/or age of patient. Some admissions were excluded based on diagnoses and transfers from other institutions. HSCRC data also does not include data on Maryland residents seeking care outside of Maryland; therefore, data may be under-reported, especially for areas that border a neighboring state/territory where a number of Maryland residents may seek care at a neighboring hospital.

The SHIP data include 38 measures tracked by the Maryland DHMH which is posted on its website at <http://dhmh.maryland.gov/ship/Pages/home.aspx> per jurisdiction, state and national average. SHIP data encompasses five focus areas that represent clinical and non-clinical determinants for health. The five focus areas are: Healthy Beginnings, Healthy Living, Healthy Communities, Access to Health Care, and Quality Preventive Care. Each measure has a data source and a target which can be assessed at the county level. If a jurisdiction's sample size was too small or unavailable (as defined by the source), it was not included in the needs assessment overall count (page six) or jurisdictional ranking table one, but is included in the individual ranking for each affected table found in Appendix A (tables 19, 34, 37 and 47). The following jurisdictions sample sizes were deemed too small or unavailable for the affected tables mentioned above: Calvert, Caroline, Cecil, Dorchester, Garrett, Kent, Queen Anne's, Saint Mary's, Somerset, Talbot, Wicomico, and Worcester Counties.

HSCRC hospital data (all PQI measures and 8 SHIP measures) as reported above has the same limitations. Vital Statistics Administration (VSA) collects data (21 SHIP measures) on all deaths and births that occur for Maryland residents, even those out of state. Therefore measures are on all Maryland residents regardless of where the event occurred (in or outside of Maryland).

Data is submitted and updated annually to SHIP by the VSA, the Behavioral Risk Factor Surveillance System, the Department of Human Resources, State Highway Administration, State Department of Education, the Health Services Cost Review Commission, the Department of the Environment, the Infectious Disease Bureau, the Economic Research Service Food Desert Locator, the Environmental Protection Agency, the Department of Planning, the Center for Disease Control Immunization Survey, the Youth Tobacco Survey, the Small Area Health Insurance Estimates Program, and the Medicaid Service Utilization Data. Due to the varying sources of data, not all measures are from the same time period.

Shortage designation, workforce provider summaries, and safety-net data were provided by HRSA and/or the PCO. When recommending shortage designations to HRSA, the PCO takes into account access to healthcare for Maryland residents in and outside of its borders per federal regulations. The following five states/territories border Maryland; Delaware, District of Columbia, Pennsylvania, Virginia, and West Virginia.

II. Health Indicator Analyses

Indicators

The 2016 Maryland PCO Needs Assessment is based on the integration of two health data tracking methods; PQIs and SHIP. These data which are described in greater detail above in the Executive Summary will identify the following:

- Causes of preventable PQIs;
- Key barriers to access to health care;
- Areas that lack access to preventive and primary care services and demonstrates the highest need for intervention due to social determinants; and
- Areas that experience a shortage of primary care, mental health, and dental providers.

Quartile Ranking

A quartile ranking was used to order the PQI and SHIP indicator results by Maryland jurisdiction. The Health Indicator Rankings by Jurisdiction matrix can be found in Appendix A, Table 1. The information in this matrix was compiled from data from the Maryland Vital Statistics Administration, the State Health Improvement Process. The matrix focuses on 54 indicators, and ranks those indicators at the jurisdictional level. It is important to note that for a few indicators, data were not available, but the data points available, were included.

The jurisdictions were ranked for each indicator using an ordinal/quartile based ranking system. The ranking compares the best rates and percentages to the worst for each jurisdiction

(e.g. 1=best, 24=worst). This matrix found in Appendix A (Table 1) only demonstrates an ordered ranking of rates/percentages and does not imply significant differences. The overall total rankings are a summation of all the indicator rankings by jurisdictions. Based on these summations, the jurisdictions were given an overall ordinal ranking. These rankings are shown in Chart 1 below.

Note that if a rate for a given category could not be calculated due to a small sample size, it was not included in the overall ranking. In the event of a tie, the jurisdictions were each given the higher rank.

Chart 1: Quartile Rankings by Jurisdiction Based on PQI & SHIP Indicators, 2016 PCO Needs Assessment*

Jurisdictions	Indicator Score	
Montgomery	293	Top Quartile (Best)
Howard	339	
Queen Anne's	366	
Carroll	403	
Frederick	405	
Harford	469	
Calvert	527	Second Quartile
Garrett	532	
Anne Arundel	554	
Worcester	596	
Talbot	598	
Cecil	633	
Prince George's	640	Third Quartile
Saint Mary's	647	
Caroline	651	
Charles	689	
Somerset	690	
Baltimore County	699	
Kent	716	Bottom Quartile (Worst)
Washington	724	
Allegany	767	
Wicomico	811	
Dorchester	864	
Baltimore City	1,011	

*Ranking scores not used for tables 19, 34, 37 and 47 for overall count due to some counties not having data available.

Matrix Findings

Based on the selected indicators, the matrix established where the greatest areas of need are located within Maryland. Allegany, Dorchester, Kent, Washington and Wicomico Counties and Baltimore City demonstrated the worst outcomes. Carroll, Frederick, Harford, Howard, Montgomery and Queen Anne's counties demonstrated the best outcomes.

III. Shortage Designation Development

Overview

The positive correlation between health care access and health status emphasizes a need for an increased number of providers in areas where health care access is limited to improve health outcomes. The federal government uses shortage designations to identify geographic areas and populations with insufficient health care resources. The PCO works with the HRSA to establish three types of federal shortage designations in Maryland: Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs). This section will provide an in-depth description of these federal shortage designations, their benefits, and Maryland's status with these designations at the end of 2015.

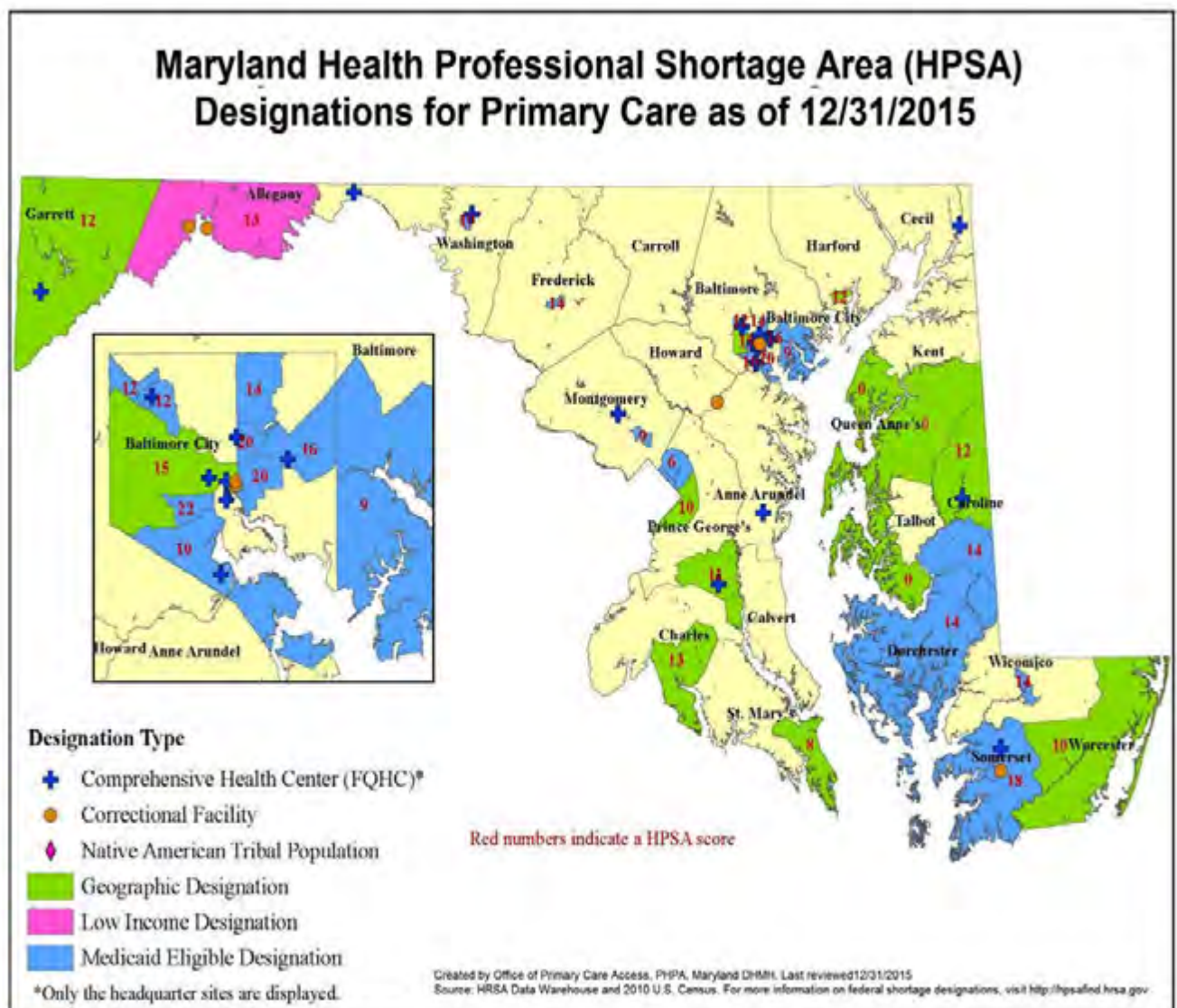
Health Professional Shortage Areas (HPSAs)

HRSA uses a complex methodology to identify HPSAs for three different health professional disciplines: primary care, dental care, and mental health care. The federal methodology establishes three types of geographic units as HPSAs: whole counties, multiple counties, or sub-counties (such as census tracts based on established neighborhoods). The methodology also identifies certain populations with shortages, e.g., low income, homeless, Medicaid, seasonal tourists, etc. using specific population data. Thus, the entire population or only a certain portion of the population in a county may reside within or be designated as experiencing shortages of health professionals based on federal criteria. Certain types of facilities are also eligible to be designated as HPSA facilities, such as prisons, mental health hospitals, Federally Qualified Health Centers (FQHCs), or other public or non-profit facilities.

HPSAs are eligible for resources from more than 30 federal programs and other benefits, including federal workforce development programs and enhanced Medicare reimbursement. When an area or facility is approved it is given a HPSA designation and score by HRSA which is utilized by the community to recruit and retain providers for various workforce programs.

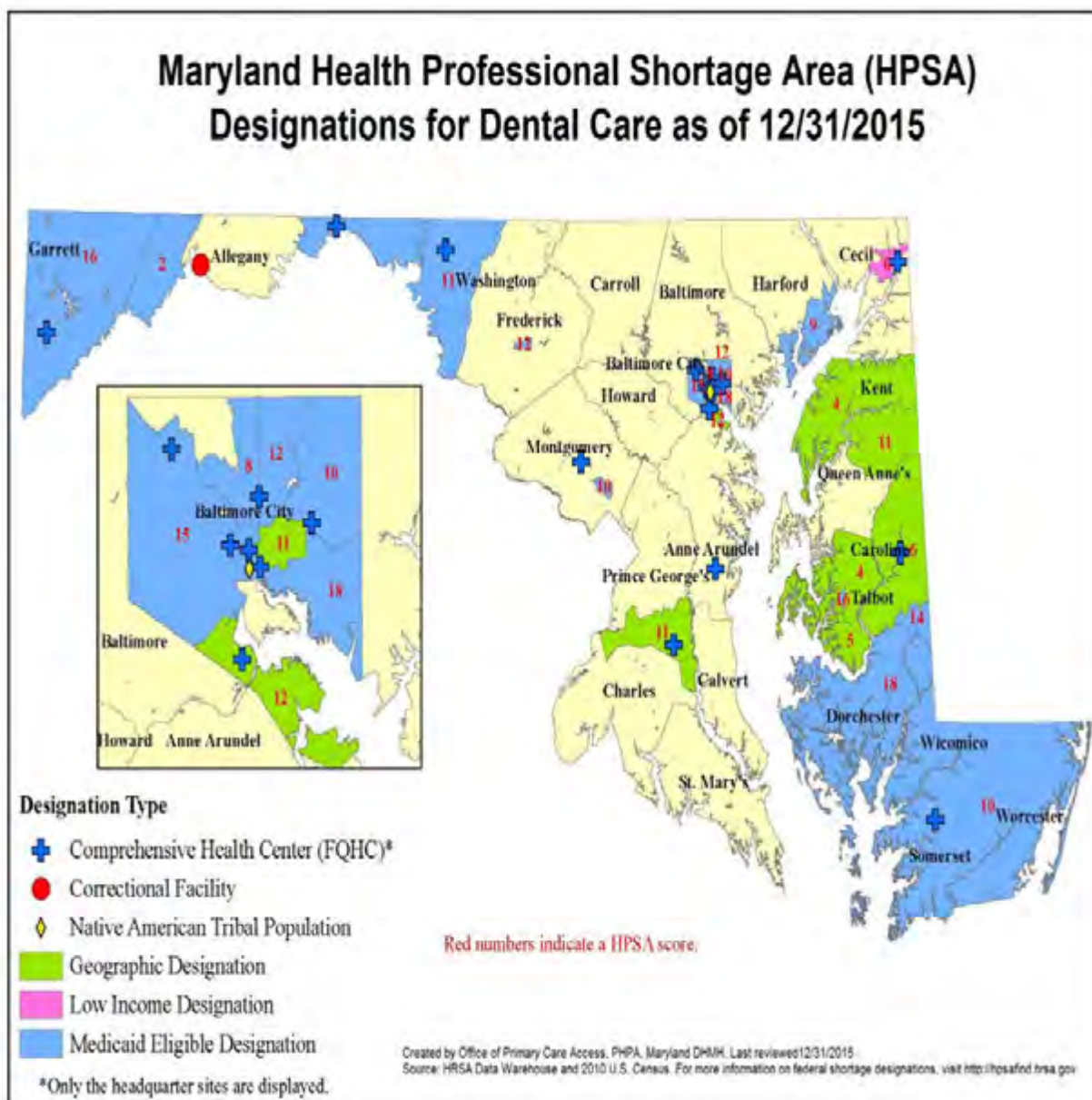
Primary Care HPSAs

In 2015, Maryland had 32 primary care HPSA designations encompassing 791,181 residents (14 percent of the Maryland population). Garrett and Worcester counties had 100 percent of their populations residing in a primary care HPSA. In addition, seven jurisdictions - Allegany, Caroline, Dorchester, Prince George's, Saint Mary's, and Somerset counties, and Baltimore City - have a greater percentage of their populations residing in a primary care HPSA than the statewide percentage. Although Baltimore City had 11 of the state's 32 primary care HPSA designations, these designations encompassed 42.3 percent of the city's population.



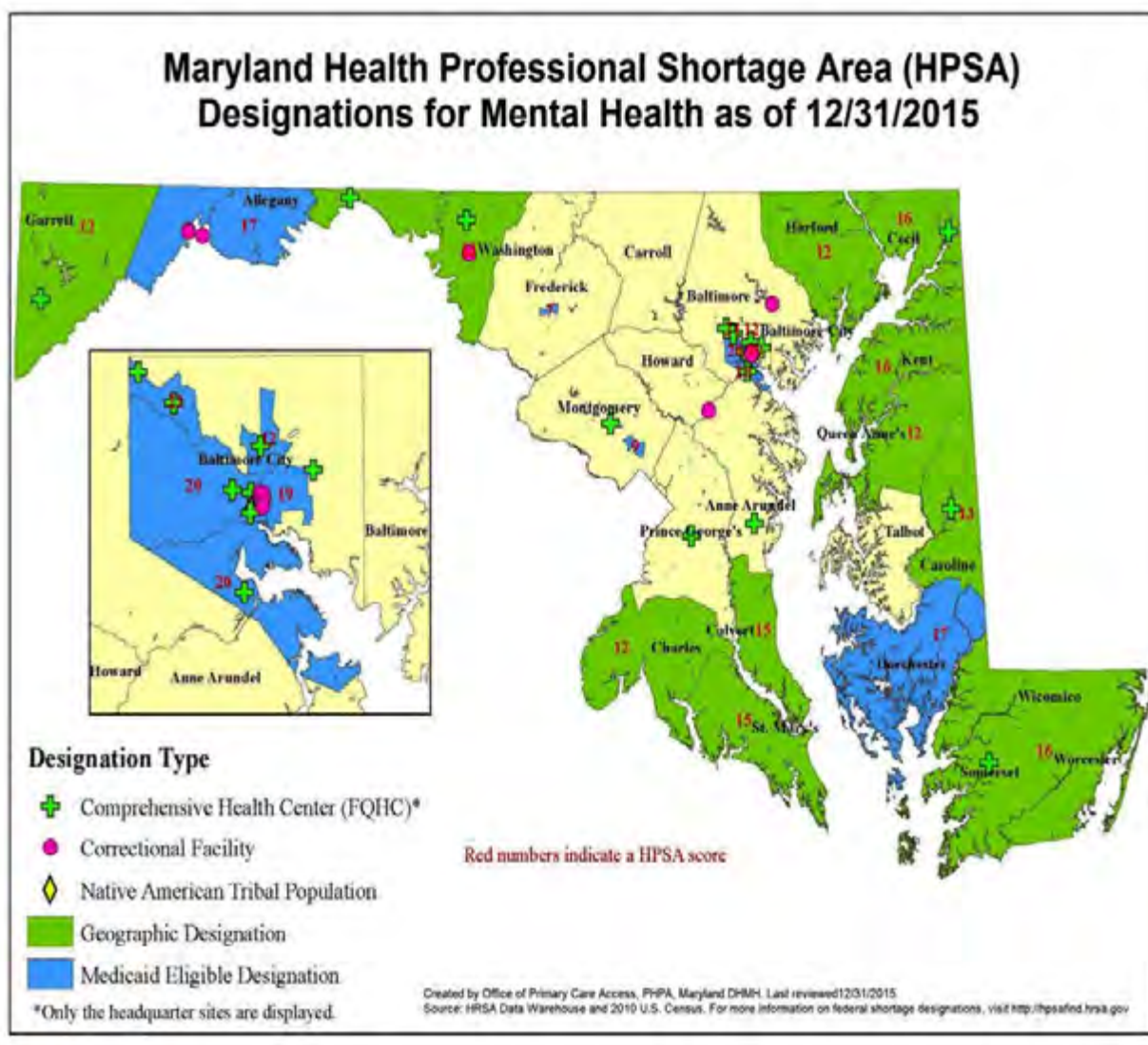
Dental Care HPSAs

In 2015, Maryland had 26 dental HPSAs, covering 522,034 residents. Dental HPSA designations in Maryland cover 9 percent of the population statewide. The only jurisdiction within Maryland that has 100 percent of its resident population residing in a dental HPSA is Kent County. Allegany, Caroline, Dorchester, Garrett, Queen Anne's, Somerset, Talbot, Washington, Wicomico, and Worcester counties as well as Baltimore City, have higher percentages of their populations residing in dental care HPSAs when compared to the statewide percentage.



Mental Health Care HPSAs

In 2015, Maryland had 35 mental health HPSAs covering 1,333,806 residents. A total of 23.0 percent of the state's population resided in these mental health HPSAs. Jurisdictions with 100 percent of their resident population residing in mental health HPSAs include Calvert, Caroline, Cecil, Charles, Garrett, Harford, Kent, Queen Anne's, Saint Mary's, Somerset, Washington, Wicomico, and Worcester counties. When compared to the statewide percentage, Allegany and Dorchester counties had a higher percentage of people residing in a mental health care HPSA. The percent of population in Baltimore City residing in a mental health care HPSA was very similar to the statewide percentage at 25 percent.



HPSA Summary

As of 2015, there were a total of 93 HPSA designations (not including facility designations) in Maryland. Carroll and Howard counties were the only jurisdictions with no HPSA designations of any kind.

Medically Underserved Areas and Medically Underserved Populations (MUAs/MUPs)

MUAs and MUPs are federally designated locations or population groups that have a shortage of primary care resources. MUAs/MUPs are designated based on four criteria: infant mortality rate, percent of the population living in poverty, percent of the population over the age of 65, and the population to primary care provider ratios. MUAs are for distinct geographic areas such as counties, census tracts, or minor civil divisions. MUPs are for specific population groups, such as low-income individuals, or seasonal or migrant farmworkers. MUPs can also be recommended at the Governor's discretion per federal criteria. Federal approval of a MUA or MUP qualifies the designated area or population for eligibility as a Federally Qualified Health Center.

Medically Underserved Areas

As of 2015, there were 46 Medically Underserved Areas in Maryland, encompassing more than 974,000 Maryland residents. Some MUA designations in Allegany, Charles, Queen Anne's, Saint Mary's, Washington, and Wicomico counties are for minor civil divisions rather than census tracts therefore exact population figures are not available for these counties. Howard County is the only jurisdiction that does not have any MUA or MUP designation.

While Baltimore City had the largest number of MUA designations at 15, it did not have the largest proportion of its population (77.3 percent) residing in a MUA designated area, compared to other Maryland jurisdictions. Calvert, Caroline, Garrett, Kent, Somerset, and Worcester counties each have 100 percent of their populations residing in MUA designations. Among Maryland's 24 jurisdictions, 20 have at least one MUA designation.

Medically Underserved Populations

Thirteen MUPs in Maryland cover more than 142,000 residents. Ten of Maryland's 24 jurisdictions have a MUP designation. Among these 10 counties, three have multiple MUP designations; Anne Arundel County with two, and Prince George's County with three. The jurisdictions with the largest percentages of population covered by MUP designations are Carroll, Dorchester, and Wicomico counties, which have 14 percent, 37.3 percent, and 18.5 percent of their populations covered, respectively.

Shortage Designation Applications

From 2014 to 2015, a total of 882 analyses were completed by the PCO. These included renewals (designations that must be updated or withdrawn), new areas proposed for designation, updates of MUA/MUPs, re-examination of areas that have been previously tested and failed eligibility, and other analyses, such as a request for re-examination to see if the area qualifies for

a higher HPSA score. From these analyses, a total of 58 applications were submitted to HRSA. Among these 58 applications, 49 were approved by HRSA.

IV. Health Care Resources

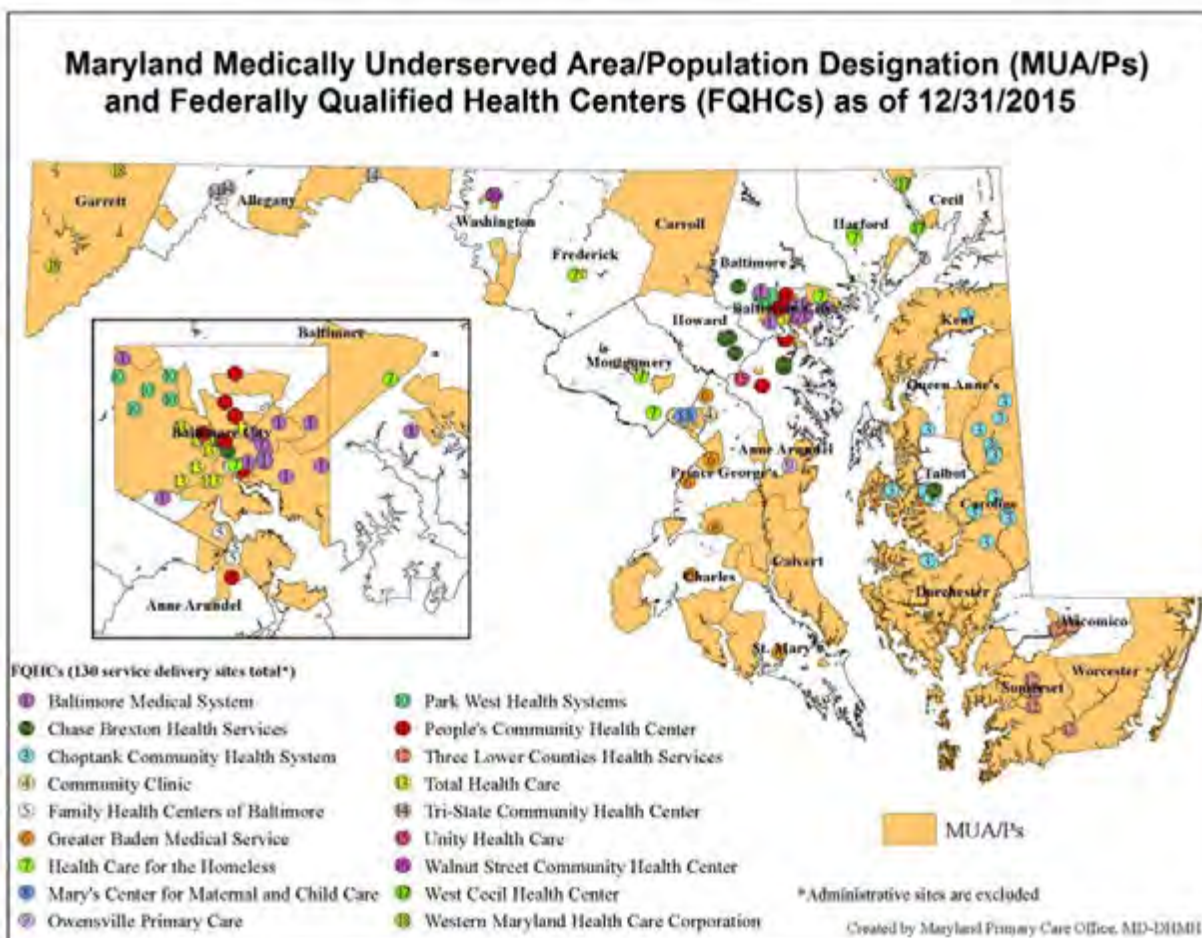
Overview

After identifying areas and populations with a shortage of health care resources, the federal government uses a variety of programs to address their needs. These programs increase health care accessibility and boost physician workforce in the designated areas. In Maryland, the principal federal programs supported by the Primary Care Office include Federally Qualified Health Centers and three workforce development programs: National Health Service Corps, the State Loan Repayment Program, and the J-1 Visa Waiver Program. The PCO also supports the Maryland Loan Assistance Repayment Program which is operated under the OPCA.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community-based health care providers funded by the federal government to provide low-cost care to underserved populations. FQHCs are located in or near a federally-designated MUA to serve the MUA residents and/or others in a MUP. These centers provide a comprehensive array of health care and supportive services. FQHCs receive federal funding under Section 330 of the Public Health Service Act. They are eligible for enhanced Medicare and Medicaid reimbursement, receive medical malpractice coverage through the Federal Tort Claims Act, and may purchase prescription and non-prescription medications at reduced cost through the 340B Drug Pricing Program.

In addition to FQHCs, there are Federally Qualified Health Center look-alikes (FQHC-LAs) and Rural Health Centers (RHCs), which are organizations that meet all of the eligibility requirements of an FQHC, but do not receive federal funding. These organizations are eligible to receive most benefits offered to FQHCs. Maryland does not have any look-alikes or RHCs.



At the end of 2015, there were 130 service site locations for FQHCs in Maryland. A FQHC may operate multiple service sites; however, the administrative site is not included in this count. In 2016, five additional sites were added bringing the total to 135 service site locations. 36 of the 135 sites are located in Baltimore City. The next highest concentrations of FQHC locations are in Montgomery County with 17, Caroline County with 15, Prince George's County with 10, Talbot and Wicomico counties (each with eight), followed by Anne Arundel and Washington counties (each with six). Only Calvert and Carroll Counties have no FQHC sites. Fifty-three satellite sites of FQHCs with headquarters in Washington D.C. are located in Anne Arundel (6); Montgomery (17) and Prince George's (30) counties and are included in the total number of 135 service sites for Maryland.

Nurse Corps Loan Repayment Program (NURSE Corps LRP)

The purpose of the NURSE Corps LRP is to assist in the recruitment and retention of professional Registered Nurses (RNs), including advanced practice RNs, dedicated to working at eligible health care facilities with a critical shortage of nurses or serving as nurse faculty (NF) in eligible schools of nursing. The NURSE Corps LRP is a sister federal program to the National

Health Service Corps that is managed separately. Although the aim of the NURSE Corps LRP is to decrease the economic barriers associated with pursuing careers at such critical shortage facilities (CSFs) or in academic nursing, the program utilizes HPSA designations based on physician data for eligibility. For additional information regarding NURSE Corps LRP, please visit its website at: <http://www.hrsa.gov/loanscholarships/repayment/nursing/> .

National Health Service Corps (NHSC)

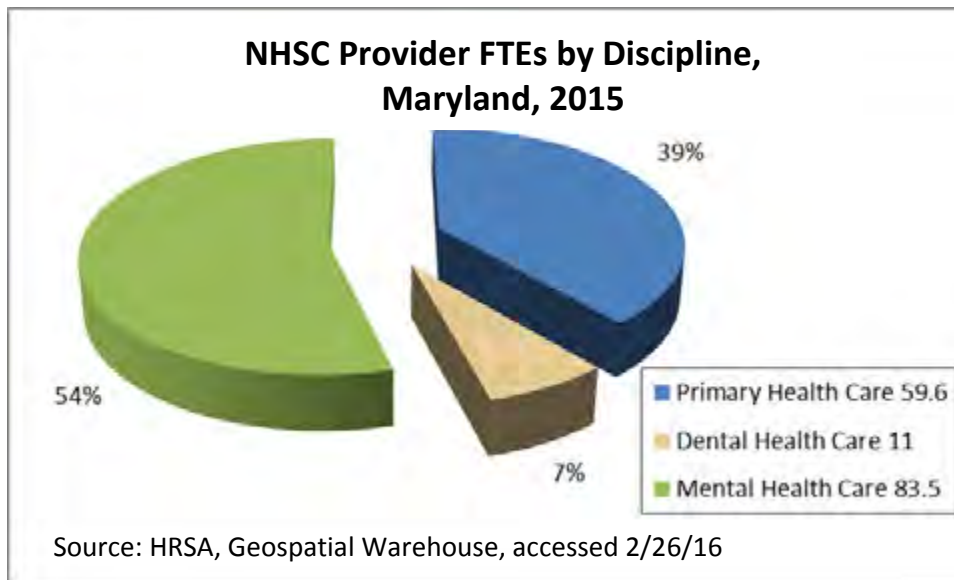
The NHSC is a federal workforce program that deploys various types of health professionals – that include physicians, nurse practitioners, nurse mid-wives, physician assistants, dentists, dental hygienists, psychiatrists, psychologists, social workers, counselors, marriage and family therapists, and psychiatric nurse specialists - to communities and sites that have been designated as HPSAs. The goal of the NHSC is to improve the health of the nation's underserved by providing communities in need with health care professionals and supporting efforts to build better systems of care. NHSC programs include state loan repayment, scholarship, and federally-administered loan repayment programs. In order for providers to be eligible for the loan assistance program, the site must first be approved as a NHSC site which is a separate application process. To learn more about eligibility as a provider, site or scholar, please visit NHSC's website at: <https://nhsc.hrsa.gov/> .

NHSC Providers

NHSC scholars are scholarship recipients who receive tuition, fees, and a living expense stipend while enrolled in approved training programs. After graduation, scholarship recipients are obligated to serve 2-4 years as a health care provider in a HPSA. NHSC loan repayors receive up to \$50,000 to repay student loans in exchange for serving at least two years in a HPSA. Both NHSC scholars and loan repayors are eligible for placement in Maryland. As of January 15, 2016, there were 12 full-time equivalent² (FTE) NHSC scholars and 142 FTE loan repayors in Maryland. In federal fiscal year 2015 (10/1/2014-9/30/2015), 94 NHSC awards were made; 92 loan repayments (67 new awards and 25 continuations) and two scholar placements.

Among the 154 FTEs (loan repayors and scholars) currently deployed in Maryland, 39 percent were primary care, 54 percent mental health care, and 7 percent dental health care providers. In 2015, NHSC approved 21 new contracts for providers to render services in the most underserved areas of Maryland. Baltimore City had the largest number of those new contracts (17) approved in 2015. Four jurisdictions had one provider each (Anne Arundel, Garrett, Washington, and Wicomico counties), while the remaining 19 jurisdictions had no new providers approved for 2015.

² The PCO defines full-time equivalent (FTE) as the increment used to determine the percentage of time a provider is available providing direct services to patients.



NHSC Sites

As of February 26, 2016, there were 122 approved NHSC sites in Maryland for calendar years 2014-2015. Nearly 63 percent of those sites were located in Baltimore City. After Baltimore City, Allegany, Harford, and Worcester counties held the next highest concentrations of sites. Five jurisdictions, Carroll, Frederick, Howard, Talbot, and Baltimore counties, had no NHSC approved sites.

State Loan Repayment Program (SLRP)

The SLRP in Maryland is a collaborative effort among state and federal entities and requires a 1:1 match of federal to state funds. SLRP offers primary care physicians and physician assistants an opportunity to practice in a designated HPSA while also getting funds to help pay their higher education loans. Physicians and physician assistants practicing in eligible primary care fields may apply. Eligible primary care physicians include: Family Practice, Internal Medicine, Pediatrics, Geriatrics, Obstetrics and Gynecology, and General Psychiatry. Eligible primary care physician assistants include: Adult, Family, Geriatric, Psychiatry, Mental Health, and Women's Health. Eligible providers may receive up to \$50,000 per year. There are two application cycles per year for the program; one in the spring and one in the fall of each year.

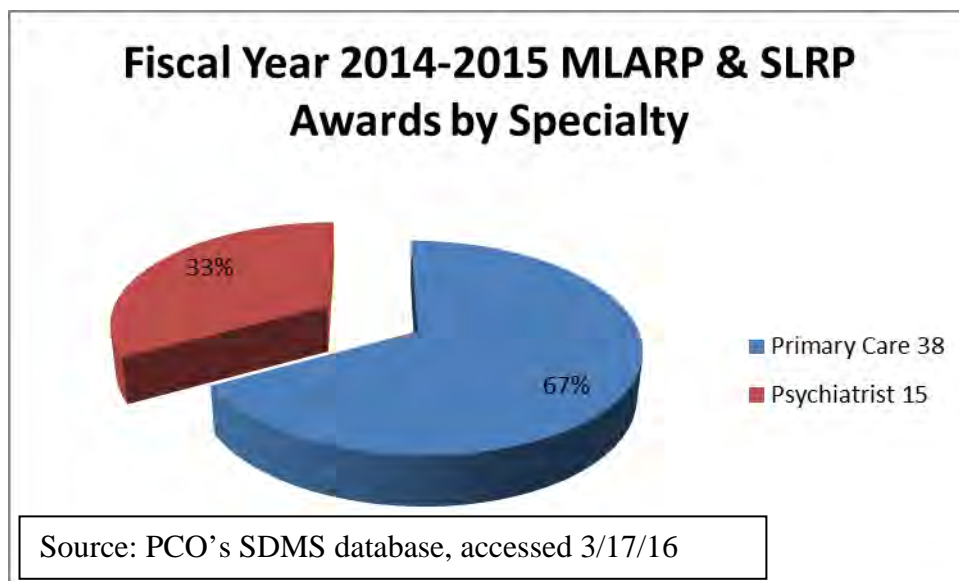
Maryland funded 47 SLRP providers: 14 psychiatrists and 33 non mental health primary care providers for fiscal year 2014-2015. The providers awarded render services in 12 out 24 of jurisdictions which include; Allegany, Anne Arundel, Baltimore, Calvert, Carroll, Cecil, Dorchester, Garrett, Howard, Montgomery, Prince George's, and Wicomico counties, as well as Baltimore City. For additional information regarding eligibility and how to apply to the program, please visit: <http://phpa.dhmh.maryland.gov/opca/Pages/workforcedev-home.aspx>.

Maryland Loan Assistance Repayment Program (MLARP)

The MLARP offers primary care physicians and physician assistants an opportunity to practice their profession in a community that lacks adequate health care services while also receiving funds to pay their educational loans. Physicians, physician assistants, and medical residents may apply. Eligible providers may receive up to \$50,000 per year. MLARP is 100% state funded. There are two application cycles per year for the program; one in the spring and one in the fall of each year.

From fiscal year 2014-2015, Maryland funded six MLARP providers; five primary care providers (two in Baltimore City, one in Calvert, one in Dorchester, and one in Montgomery County) and a psychiatrist (services rendered in Allegany County). For additional information regarding eligibility and how to apply to the program, please visit:

<http://phpa.dhmh.maryland.gov/opca/Pages/workforcedev-home.aspx> .



For additional loan repayment programs offered in the state of Maryland for providers, please visit the webpage of the Maryland Higher Education Commission's Janet L Hoffman Loan Assistance Repayment Program at:

http://www.mhec.state.md.us/financialaid/ProgramDescriptions/prog_larp.asp .

J-1 Visa Waiver Program

The J-1 Visa Waiver Program is a federal and state collaboration that enables foreign national physicians to work in the United States to improve access to primary care and other health services in federally designated shortage areas (such as HPSAs or MUA/MUPs) or state-designated shortage areas. A state-designated shortage area is an area in Maryland that can verify that a physician is needed. Since changes to expand the J-1 Visa Waiver Program were instituted

in 2009, states may host up to 20 primary care physicians in federally designated areas and as many as 10 'Flex' slots for primary care physicians or specialists in state-designated shortage areas. Physicians in the J-1 Visa Waiver Program must serve for three years and are eligible for an additional two years of service through the National Interest Waiver program. The J-1 Visa Waiver Program runs on the federal fiscal year, it begins October 1st and ends September 30th. For additional information regarding eligibility and how to apply to the program, please visit: <http://phpa.dhmd.maryland.gov/opca/Pages/workforcedev-home.aspx> .

Since federal fiscal year 2011, the PCO has approved 30 foreign born physicians each year to serve in its communities to provide primary care as well as specialty services for a three year commitment. This means at any given year, there are at maximum 90 foreign physicians providing necessary care to the most underserved population within Maryland. From 2014-2015, 60 physicians rendered services to 16 out of 24 of Maryland's jurisdictions. Baltimore City had the highest, 32% (19 providers) of the placed foreign physicians for the time period. Wicomico comes in second with 18% (11 providers), Allegany places third with 17% (10 providers). Baltimore County comes in fourth place with seven percent (six providers). Calvert places fifth place with eight percent (five providers). Dorchester and Saint Mary's counties tie for sixth place with seven percent (four providers each). Charles, Kent and Prince George's counties tie for seventh place with five percent (three providers each). Eighth place also has a three way tie at three percent (two providers each) for Cecil, Montgomery and Washington counties. Somerset comes in last place with two percent (one provider) for the time period.

The J-1 Visa Waiver program becomes more competitive each year, in 2015, all 30 slots were assigned by December 30, 2015. Due to this increased popularity, the program now provides technical assistance to foreign providers for two other waiver programs; the Appalachian Regional Commission (ARC) and the Global Programs and Initiatives' Exchange Visitor Program. The ARC and Exchange Visitor Program have specific guidelines that must be adhered to for eligibility.

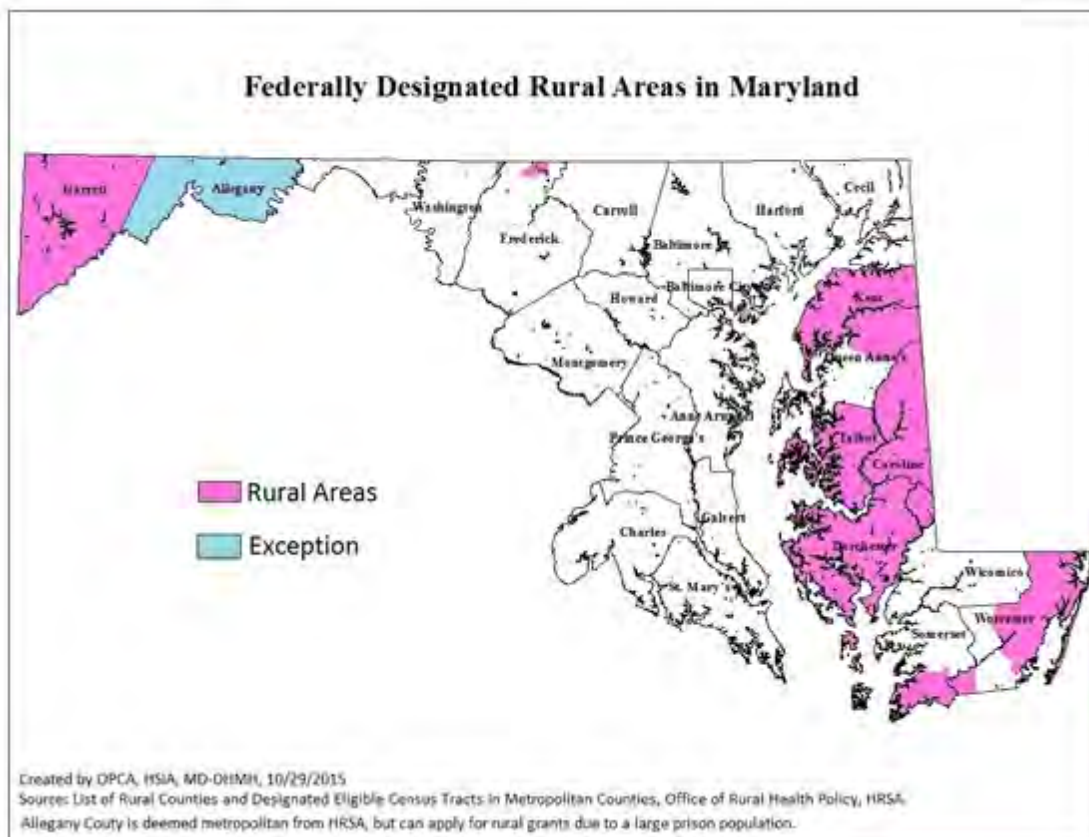
The PCO works closely with ARC to review applications of foreign-born physicians who choose to work in the following ARC recognized counties: Allegany, Garrett, and Washington. The ARC program is administered by the Appalachian Regional Commission. All applications must be state sponsored which means approved by the Governor of Maryland. For additional information, please visit: <http://www.arc.gov/j1visawaiver> .

The Exchange Visitor Program is for foreign-born physicians that are interested in research or clinical care for special situations. This program is administered jointly by Health Resources and Services Administration's (HRSA) Bureau of Health Workforce for clinical care and by U.S. Department of Health and Human Services' (HHS) Office of Global Affairs for research. For additional information, please visit: <http://www.globalhealth.gov/global-programs-and-initiatives/exchange-visitor-program/>.

V. Rural Areas of Maryland

The PCO prioritizes federally designated rural areas within Maryland for shortage designation analysis and workforce program eligibility. The PCO uses the Federal Office of Rural Health Policy (ORHP) definition of rural for areas within Maryland. ORHP uses two methods to determine rural geographic eligibility for its grant programs. All counties that are not designated as part of a Metropolitan Area (MA) by the Office of Management and Budget (OMB) are considered rural. Any county that is not a part of a Metropolitan Area is considered rural. Counties classified as Micropolitan (urban area with a population of at least 10,000 but less than 50,000) are non-Metropolitan and therefore rural as well. The ORHP classifies the following Maryland jurisdictions as rural, based on federal guidelines: Caroline, Dorchester, Garrett, Kent, and Talbot Counties.

The following Maryland Counties have some census tracts that are federally designated rural based on 2010 census data: Baltimore County (24005980000), Frederick County (24021766800), Queen Anne's County (24035810100, 24035810200, and 24035810300), Somerset County (24039930500 and 24039930600), Washington County (24043010100), and Worcester County (24047950000, 24047950100, 24047950300, 24047950400, 24047950600, 24047950700, 24047950800, 24047950900, 24047951000, 24047951100, 24047951200, 24047951300, 24047951500, 24047951700, and 24047980000).



Although Allegany County has been defined by ORHP as a MA, it has been granted an exception due to a large prison population within its borders. Therefore, the county is eligible to apply for federal rural grants.

Out of the 12 jurisdictions listed above that have federally defined rural borders, 50% are listed in the third and fourth quartiles of the health indicator analyses (Allegany, Caroline, Dorchester, Kent, Somerset, and Washington Counties). Rural areas tend to fare worse in health and economic status because they are generally more isolated with smaller numbers of residents. The residents also tend to have a high elderly population with a lack of primary care and specialty providers than MA jurisdictions in comparison.

VI. Priority Summary

The PCO is committed to improving access to health care services for all residents of Maryland. However, the jurisdictions that demonstrated the worst health status and the greatest challenges with health care access will receive priority attention from the PCO. The PCO will also continue to promote workforce programs to recruit and retain physicians in all underserved areas and continue analyses on shortage designations. Finally, the PCO will continue to monitor health status and health care access through data interpretation and will update this Needs Assessment every two years per its grant agreement with HRSA.

Appendix A: Supplemental Tables- Prevention Quality Indicators (PQIs) and State Health Improvement Process (SHIP), by Maryland Jurisdictions

Table 1:	Health Indicator Rankings by Jurisdiction, Maryland, 2016 (PQI & SHIP)
Table 2:	Diabetes with Short-term Complications 2014 (PQI)
Table 3:	Diabetes with Long-term Complications 2014 (PQI)
Table 4:	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults 2014 (PQI)
Table 5:	Hypertension 2014 (PQI)
Table 6:	Heart Failure 2014 (PQI)
Table 7:	Dehydration 2014 (PQI)
Table 8:	Bacterial Pneumonia 2014 (PQI)
Table 9:	Urinary Tract Infection 2014 (PQI)
Table 10:	Angina without Procedure 2014 (PQI)
Table 11:	Uncontrolled Diabetes without Complications 2014 (PQI)
Table 12:	Asthma in Younger Adults 2014 (PQI)
Table 13:	Lower Extremity Amputations among Admissions for Diabetes 2014 (PQI)
Table 14:	AHRQ Overall Prevention Quality Indicator (PQI) Composite 2014 (PQI)
Table 15:	AHRQ Acute Prevention Quality Indicator (PQI) Composite 2014 (PQI)
Table 16:	AHRQ Chronic Prevention Quality Indicator (PQI) Composite 2014 (PQI)
Table 17:	Infant Death Rate 2010-2014 (SHIP)
Table 18:	Babies with Low Birth Rate 2013 (SHIP)
Table 19:	Sudden Unexpected Infant Death Rate (SUIDs) 2009-2013 (SHIP)
Table 20:	Teen Birth Rate 2013 (SHIP)
Table 21:	Early Prenatal Care 2013 (SHIP)
Table 22:	Students Entering Kindergarten Ready to Learn 2013 (SHIP)
Table 23:	High School Graduation Rate 2013-2014 (SHIP)
Table 24:	Children Receiving Blood Lead Screening 2013 (SHIP)
Table 25:	Adults who are a Healthy Weight 2013 (SHIP)
Table 26:	Children and Adolescents who are Obese 2013 (SHIP)
Table 27:	Adults who Currently Smoke 2013 (SHIP)
Table 28:	Adolescents who Currently Use Tobacco Products 2013 (SHIP)
Table 29:	HIV Incidence Rate 2013 (SHIP)
Table 30:	Chlamydia Infection Rate 2014 (SHIP)
Table 31:	Life Expectancy 2011-2013 (SHIP)
Table 32:	Increase Physical Activity 2013 (SHIP)
Table 33:	Child Maltreatment Rate 2013 (SHIP)
Table 34:	Suicide Rate 2011-2013 (SHIP)
Table 35:	Domestic Violence 2013 (SHIP)
Table 36:	Children with Elevated Blood Lead Levels 2013 (SHIP)
Table 37:	Fall-Related Death Rate 2011-2013 (SHIP)

Table 38: Pedestrian Injury Rate on Public Roads 2014 (SHIP)

Table 39: Affordable Housing 2014 (SHIP)

Table 40: Adolescents who Received a Wellness Checkup in the Last Year 2013 (SHIP)

Table 41: Children Receiving Dental Care in the Last Year 2013 (SHIP)

Table 42: Persons with a Usual Primary Care Provider 2013 (SHIP)

Table 43: Uninsured ED Visits 2014 (SHIP)

Table 44: Age-Adjusted Mortality Rate from Cancer 2011-2013 (SHIP)

Table 45: Emergency Department Visit Rate Due to Diabetes 2014 (SHIP)

Table 46: Emergency Department Visit Rate Due to Hypertension 2014 (SHIP)

Table 47: Drug-Induced Death Rate 2011-2013 (SHIP)

Table 48: Emergency Department Visits Related to Mental Health Conditions 2014 (SHIP)

Table 49: Hospitalization Rate Related to Alzheimer's or other Dementias 2014 (SHIP)

Table 50: Annual Season Influenza Vaccinations 2013(SHIP)

Table 51: Emergency Department Visit Rate due to Asthma 2014 (SHIP)

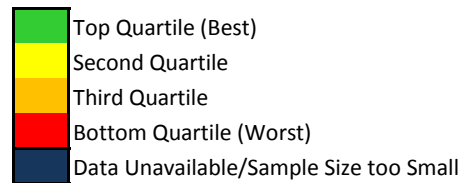
Table 52: Age-Adjusted Mortality Rate from Heart Disease 2011-2013 (SHIP)

Table 53: Emergency Department Visits for Addictions-Related Conditions 2014 (SHIP)

Table 54: Emergency Department Visit Rate for Dental Care 2014 (SHIP)

Table 1: Health Indicator Rankings by Jurisdiction, Maryland, 2016 (PQI & SHIP)

Prevention Quality Indicators (PQI) & State Health Improvement Process (SHIP) Rankings by Jurisdiction																									
	Jurisdictions	Allegany	Anne Arundel	Baltimore Cirty	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Saint Mary's	Somerset	Talbot	Washington	Wicomico	Worcester
Indicators/Tables																									
PQI Data																									
2. Diabetes with Short-term Complications		20	13	24	16	8	9	3	11	12	23	5	17	10	6	14	1	18	7	2	4	19	22	21	15
3. Diabetes with Long-term Complications		22	11	24	23	1	13	3	7	20	19	5	14	8	10	21	2	17	6	9	18	16	15	12	4
4. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults		15	11	24	12	9	17	8	16	19	23	10	5	6	2	22	1	7	3	20	21	14	18	13	4
5. Hypertension		21	2	24	19	1	6	5	10	22	23	7	11	8	3	20	12	17	4	16	14	15	18	13	9
6. Heart Failure		10	13	24	18	14	20	4	2	16	23	8	3	9	5	11	1	19	6	21	17	12	7	22	15
7. Dehydration		20	11	23	16	5	21	9	19	7	24	3	1	14	6	22	2	8	12	17	10	15	18	13	4
8. Bacterial Pneumonia		23	6	20	7	19	15	12	17	13	18	10	5	9	2	14	1	3	4	21	8	11	24	22	16
9. Urinary Tract Infection		20	12	23	16	8	21	6	10	13	22	2	3	15	11	24	5	14	4	9	7	17	19	18	1
10. Angina Without Procedure		14	13	24	21	23	6	17	10	5	3	1	19	20	8	15	11	12	7	16	18	22	2	9	4
11. Uncontrolled Diabetes Without Complications		20	3	24	17	8	16	2	9	15	6	5	21	12	10	14	7	18	4	13	11	19	22	23	1
12. Asthma in Younger Adults		3	12	24	19	11	2	10	6	18	23	9	22	8	4	15	5	16	1	17	7	13	20	21	14
13. Lower Extremity Amputations Among Admissions for Diabetes		21	14	24	20	6	8	10	4	9	3	16	7	17	5	22	2	13	11	23	18	1	15	19	12
14. AHRQ overall Prevention Quality Indicator (PQI) composite		21	10	24	15	9	18	5	12	16	23	6	4	7	2	22	1	11	3	17	14	13	20	19	8
15. AHRQ acute Prevention Quality Indicator (PQI) composite		23	10	24	13	15	19	9	16	11	22	3	2	12	4	20	1	6	5	17	8	14	21	18	7
16. AHRQ chronic Prevention Quality Indicator (PQI) composite		15	11	24	19	8	16	4	9	20	23	6	7	5	2	22	1	12	3	17	18	13	14	21	10



Created by PCO, OPCA, PHPA, DHMH, 2/24/16

Source: HSCRC, 2014 data prepared by the Virtual Data Unit. Data results after application of AHRQ PQI methodology.

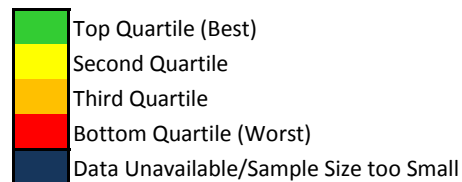
* Includes only Maryland Residents.

¹Quartile ranking was modified to address the range of counties reporting data

Data retrieved from Maryland's State Health Improvement Process' (SHIP) website

Table 1: Health Indicator Rankings by Jurisdiction, Maryland, 2016 (PQI & SHIP)

Prevention Quality Indicators (PQI) & State Health Improvement Process (SHIP) Rankings by Jurisdiction																									
	Jurisdictions	Allegany	Anne Arundel	Baltimore City	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Saint Mary's	Somerset	Talbot	Washington	Wicomico	Worcester
SHIP Data																									
Healthy Beginnings																									
17. Infant Death Rate		16	9	24	12	3	20	1	10	11	12	2	17	5	6	15	3	18	14	6	23	18	6	22	20
18. Babies With Low Birth Weight		22	11	24	17	19	5	9	8	15	22	10	13	6	14	18	11	21	3	4	2	19	6	16	1
19. Sudden Unexpected Infant Death Rate (SUIDs) ¹		13	6	14	5			8	9	7		4		3	1		2	12		11			9		
20. Teen Birth Rate		19	11	24	10	8	18	2	16	13	22	4	21	3	1	7	6	17	5	9	23	12	20	15	14
21. Early Prenatal Care		4	17	23	22	7	13	18	10	21	16	8	3	12	18	2	20	24	1	6	9	15	19	14	5
22. Students Entering Kindergarten Ready to Learn*		6	14	20	11	13	1	2	18	16	20	6	6	6	14	22	17	18	3	10	4	23	24	4	11
23. High School Graduation Rate*		9	18	24	19	2	22	1	16	10	17	7	5	13	6	14	14	23	3	4	20	8	12	21	11
24. Children Receiving Blood Lead Screening		1	15	5	6	24	3	21	20	11	13	22	16	17	18	10	8	12	23	7	4	2	19	14	9
Healthy Living																									
25. Adults who are a Healthy Weight		19	7	9	11	15	18	6	15	20	14	5	3	8	4	23	1	13	2	12	24	10	20	17	22
26. Children And Adolescents Who Are Obese (high school)		17	14	19	12	8	20	6	16	15	23	7	21	8	1	22	2	18	3	5	24	4	11	12	10
27. Adults who Currently Smoke		23	10	22	13	8	21	15	10	3	13	17	19	7	6	16	1	5	17	24	2	9	20	4	12
28. Adolescents who Use Tobacco Products		22	6	4	7	15	20	8	18	5	17	10	24	11	1	21	2	3	13	9	15	11	18	14	23
29. HIV Incidence Rate		10	14	24	19	3	4	2	12	22	16	9	5	17	15	1	21	23	7	13	20	11	8	18	6
30. Chlamydia Infection Rate*		12	11	24	17	10	15	1	7	20	23	8	3	2	5	14	9	22	4	6	16	18	13	19	21



Created by PCO, OPCA, PHPA, DHMH, 2/24/16

Source: HSCRC, 2014 data prepared by the Virtual Data Unit. Data results after application of AHRQ PQI methodology.

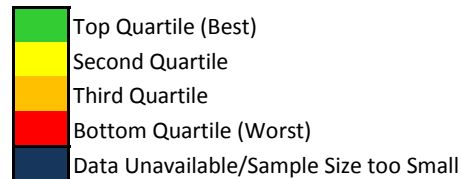
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Table 1: Health Indicator Rankings by Jurisdiction, Maryland, 2016 (PQI & SHIP)

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Healthy Living Continued																									
31. Life Expectancy		19	5	24	12	12	23	6	21	16	17	4	15	10	2	6	1	8	12	10	22	3	18	20	8
32. Increase Physical Activity		21	7	17	16	19	23	5	22	1	24	2	14	13	8	19	3	12	9	3	18	11	10	15	6
Healthy Communities																									
33. Child Maltreatment Rate		22	5	20	10	13	17	2	18	9	23	11	7	12	1	15	3	8	4	6	21	16	19	14	24
34. Suicide Rate ¹		10	5	2	8	16		12	17	11		6		9	4		2	1	18	12			15	7	14
35. Domestic Violence		21	16	13	24	10	8	7	14	19	22	15	12	6	18	5	1	4	9	23	11	3	2	20	17
36. Children with Elevated Blood Lead Levels		16	5	23	10	1	20	20	12	10	5	12	1	1	5	16	5	5	19	1	20	24	12	12	16
37. Fall-related Death Rate ¹		13	3	11	12			8		5		1		10	6		4	2					7	9	
38. Pedestrian Injury Rate on Public Roads*		4	18	24	22	12	3	11	15	14	16	8	1	10	6	5	21	20	2	9	13	7	17	19	23
39. Affordable Housing		1	22	4	9	15	5	23	8	19	7	17	11	16	24	13	21	12	20	14	2	18	6	3	10
Access to Health Care																									
40. Adolescents who Received a Wellness Checkup in the Last Year		13	18	6	7	20	12	19	17	23	9	14	24	14	4	16	1	8	22	21	2	3	10	5	11
41. Children Receiving Dental care in the Last Year		16	19	14	15	20	3	23	22	24	6	10	1	17	12	7	2	13	8	21	4	5	18	11	9
42. Persons with a Usual Primary Care Provider		19	16	23	17	3	13	7	2	11	22	9	11	8	17	14	21	24	5	10	1	6	4	20	14
43. Uninsured ED Visits*		2	20	22	21	5	14	2	7	15	13	17	10	2	16	1	23	24	7	6	9	11	18	19	11



Created by PCO, OPCA, PHPA, DHMH, 2/24/16

Source: HSCRC, 2014 data prepared by the Virtual Data Unit. Data results after application of AHRQ PQI methodology.

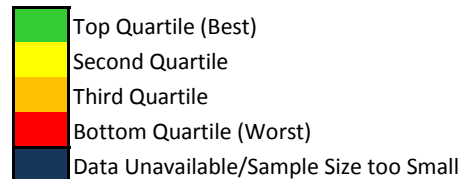
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Data retrieved from Maryland's State Health Improvement Process' (SHIP) website

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Prevention Quality Indicators (PQI) & State Health Improvement Process (SHIP) Rankings by Jurisdiction																									
	Jurisdictions	Allegany	Anne Arundel	Baltimore Cirty	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Saint Mary's	Somerset	Talbot	Washington	Wicomico	Worcester
Quality Preventive Care																									
44. Age-adjusted Mortality Rate from Cancer		8	10	23	12	13	14	9	21	18	20	4	3	11	2	5	1	6	15	19	24	7	16	22	17
45. Emergency Department Visit Rate Due To Diabetes*		15	10	24	9	7	16	3	18	16	23	8	21	5	2	12	1	6	4	13	19	20	11	22	14
46. Emergency Department Visit Rate Due To Hypertension*		17	7	24	10	14	13	4	12	21	23	5	3	8	1	20	2	14	9	19	11	16	6	22	18
47. Drug-induced Death Rate ¹		14	8	16	10	13	17	9	15	3		6		11	4		1	2		3			12	7	
48. Emergency Department Visits Related to Mental Health Conditions*		15	14	20	7	6	12	8	16	3	24	11	23	5	4	10	2	1	9	21	17	13	18	19	22
49. Hospitalization Rate Related to Alzheimer's or Other Dementias*		24	16	23	17	11	2	22	4	14	8	12	9	13	15	20	5	18	3	21	19	1	10	7	6
50. Annual Season Influenza Vaccinations		24	6	15	11	17	5	10	8	14	8	12	23	2	7	16	4	21	1	21	19	3	20	18	13
51. Emergency Department Visit Rate due to Asthma		14	6	24	16	5	19	1	7	17	23	4	10	8	2	18	3	11	12	13	20	21	9	22	15
52. Age-Adjusted Mortality Rate From Heart Disease		22	6	21	9	16	17	10	15	13	18	7	20	8	2	4	1	11	5	14	24	3	19	23	12
53. Emergency Department Visits for Addictions-Related Conditions*		11	13	24	10	14	9	7	19	4	23	8	5	16	1	12	2	3	6	20	18	15	17	22	21
54. Emergency Department Visit Rate for Dental Care*		15	6	23	8	14	16	5	21	10	24	4	11	9	1	19	2	3	7	12	17	18	13	22	20



Created by PCO, OPCA, PHPA, DHMH, 2/24/16

Source: HSCRC, 2014 data prepared by the Virtual Data Unit. Data results after application of AHRQ PQI methodology.

* Includes only Maryland Residents.

¹Quartile ranking was modified to address the range of counties reporting data

Data retrieved from Maryland's State Health Improvement Process' (SHIP) website

Table 2: Diabetes with Short-term Complications 2014 (PQI)

Jurisdiction	Diabetes with short-term complications*
Allegany	91.8
Anne Arundel	66.2
Baltimore County	75.9
Calvert	49.0
Caroline	52.5
Carroll	36.5
Cecil	58.9
Charles	64.2
Dorchester	105.8
Frederick	38.3
Garrett	76.0
Harford	54.0
Howard	41.4
Kent	70.1
Montgomery	30.9
Prince George's	78.0
Queen Anne's	44.2
Saint Mary's	37.2
Somerset	33.8
Talbot	79.6
Washington	101.4
Wicomico	95.3
Worcester	72.9
Baltimore City	164.1

*Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 3: Diabetes with Long-term Complications 2014 (PQI)

Jurisdiction	Diabetes with long-term complications*
Allegany	134.3
Anne Arundel	93.5
Baltimore County	145.4
Calvert	57.3
Caroline	102.1
Carroll	61.1
Cecil	76.8
Charles	121.0
Dorchester	114.9
Frederick	71.2
Garrett	103.0
Harford	77.5
Howard	81.2
Kent	127.0
Montgomery	59.1
Prince George's	113.9
Queen Anne's	72.8
Saint Mary's	114.4
Somerset	78.7
Talbot	110.0
Washington	105.0
Wicomico	96.8
Worcester	63.1
Baltimore City	297.6

*Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 4: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults 2014 (PQI)

Jurisdiction	Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults*
Allegany	608.0
Anne Arundel	461.1
Baltimore County	503.2
Calvert	421.3
Caroline	626.3
Carroll	395.0
Cecil	616.8
Charles	646.7
Dorchester	949.7
Frederick	428.7
Garrett	366.3
Harford	366.3
Howard	242.2
Kent	761.6
Montgomery	207.9
Prince George's	394.0
Queen Anne's	281.1
Saint Mary's	683.5
Somerset	669.8
Talbot	517.6
Washington	636.3
Wicomico	517.1
Worcester	346.3
Baltimore City	1084.5

*Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 5: Hypertension 2014 (PQI)

Jurisdiction	Hypertension*
Allegany	60.2
Anne Arundel	20.6
Baltimore County	56.0
Calvert	18.1
Caroline	26.0
Carroll	23.2
Cecil	35.9
Charles	61.6
Dorchester	79.4
Frederick	29.4
Garrett	36.1
Harford	32.4
Howard	20.7
Kent	57.7
Montgomery	36.3
Prince George's	47.3
Queen Anne's	21.2
Saint Mary's	41.0
Somerset	43.6
Talbot	43.2
Washington	55.1
Wicomico	38.8
Worcester	32.5
Baltimore City	132.5

*Admissions with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 6: Heart Failure 2014 (PQI)

Jurisdiction	Heart Failure*
Allegany	305.4
Anne Arundel	350.6
Baltimore County	406.5
Calvert	354.6
Caroline	429.8
Carroll	240.3
Cecil	206.1
Charles	387.1
Dorchester	588.8
Frederick	297.2
Garrett	235.6
Harford	297.8
Howard	258.8
Kent	321.7
Montgomery	177.6
Prince George's	410.7
Queen Anne's	285.4
Saint Mary's	396.5
Somerset	432.8
Talbot	349.5
Washington	292.9
Wicomico	454.7
Worcester	382.6
Baltimore City	906.3

*Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older.
Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 7: Dehydration 2014 (PQI)

Jurisdiction	Dehydration*
Allegany	172.9
Anne Arundel	121.8
Baltimore County	142.9
Calvert	96.3
Caroline	210.7
Carroll	115.8
Cecil	170.3
Charles	101.4
Dorchester	249.5
Frederick	82.2
Garrett	67.4
Harford	132.9
Howard	96.7
Kent	220.2
Montgomery	78.6
Prince George's	112.5
Queen Anne's	124.1
Saint Mary's	119.5
Somerset	157.6
Talbot	141.0
Washington	161.4
Wicomico	130.4
Worcester	82.7
Baltimore City	221.3

*Admissions with a principal diagnosis of dehydration per 100,000 population, ages 18 years and older.
Excludes obstetric admissions and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 8: Bacterial Pneumonia 2014 (PQI)

Jurisdiction	Bacterial Pneumonia*
Allegany	406.2
Anne Arundel	212.9
Baltimore County	214.0
Calvert	308.2
Caroline	272.6
Carroll	236.0
Cecil	292.2
Charles	236.3
Dorchester	303.9
Frederick	224.7
Garrett	193.9
Harford	221.5
Howard	164.8
Kent	251.5
Montgomery	123.4
Prince George's	181.3
Queen Anne's	185.0
Saint Mary's	219.0
Somerset	358.5
Talbot	228.9
Washington	413.5
Wicomico	372.8
Worcester	290.3
Baltimore City	350.6

*Admissions with a principal diagnosis of bacterial pneumonia per 100,000 population, ages 18 years and older. Excludes sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 9: Urinary Tract Infection 2014 (PQI)

Jurisdiction	Urinary Tract Infection*
Allegany	208.7
Anne Arundel	154.4
Baltimore County	164.8
Calvert	140.4
Caroline	229.0
Carroll	129.9
Cecil	146.9
Charles	157.4
Dorchester	230.6
Frederick	105.8
Garrett	111.9
Harford	164.0
Howard	153.4
Kent	274.6
Montgomery	124.2
Prince George's	158.2
Queen Anne's	122.5
Saint Mary's	143.3
Somerset	135.0
Talbot	173.7
Washington	201.4
Wicomico	195.5
Worcester	105.5
Baltimore City	234.6

**Admissions with a principal diagnosis of urinary tract infection per 100,000 population, ages 18 years and older. Excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 10: Angina without Procedure 2014 (PQI)

Jurisdiction	Angina without Procedure
Allegany	9.0
Anne Arundel	8.9
Baltimore County	12.0
Calvert	15.0
Caroline	3.7
Carroll	9.7
Cecil	7.3
Charles	3.7
Dorchester	3.3
Frederick	3.2
Garrett	10.6
Harford	10.8
Howard	6.2
Kent	9.6
Montgomery	7.3
Prince George's	7.9
Queen Anne's	4.5
Saint Mary's	10.1
Somerset	9.6
Talbot	14.1
Washington	3.2
Wicomico	6.4
Worcester	3.5
Baltimore City	19.6

* Admissions with a principal diagnosis of angina without a cardiac procedure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 11: Uncontrolled Diabetes without Complications 2014 (PQI)

Jurisdiction	Uncontrolled Diabetes without Complications*
Allegany	13.7
Anne Arundel	4.4
Baltimore County	12.1
Calvert	6.7
Caroline	10.4
Carroll	4.2
Cecil	7.1
Charles	9.5
Dorchester	6.4
Frederick	5.2
Garrett	14.0
Harford	8.4
Howard	7.3
Kent	9.5
Montgomery	6.5
Prince George's	12.5
Queen Anne's	4.5
Saint Mary's	8.4
Somerset	8.6
Talbot	12.5
Washington	14.4
Wicomico	15.1
Worcester	3.7
Baltimore City	23.0

*Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 12: Asthma in Younger Adults 2014 (PQI)

Jurisdiction	Asthma in Younger Adults*
Allegany	15.5
Anne Arundel	31.0
Baltimore County	49.4
Calvert	26.0
Caroline	6.6
Carroll	25.5
Cecil	21.3
Charles	43.5
Dorchester	90.9
Frederick	24.6
Garrett	75.1
Harford	23.1
Howard	16.7
Kent	36.2
Montgomery	20.2
Prince George's	38.1
Queen Anne's	5.9
Saint Mary's	21.7
Somerset	41.9
Talbot	35.3
Washington	59.5
Wicomico	63.6
Worcester	36.0
Baltimore City	139.1

*Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 13: Lower Extremity Amputations among Admissions for Diabetes 2014 (PQI)

Jurisdiction	Lower Extremity Amputations among Admissions for Diabetes*
Allegany	23.7
Anne Arundel	15.7
Baltimore County	23.6
Calvert	9.6
Caroline	11.1
Carroll	11.7
Cecil	7.2
Charles	11.2
Dorchester	6.4
Frederick	17.2
Garrett	10.3
Harford	17.7
Howard	9.3
Kent	28.2
Montgomery	6.3
Prince George's	14.7
Queen Anne's	13.3
Saint Mary's	22.6
Somerset	32.6
Talbot	4.6
Washington	15.9
Wicomico	23.3
Worcester	13.4
Baltimore City	52.1

*Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation per 100,000 population, ages 18 years and older. Excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, toe amputation admission (likely to be traumatic), obstetric admissions, and transfers from other institutions.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 14: AHRQ Overall Prevention Quality Indicator (PQI) Composite 2014 (PQI)

Jurisdiction	AHRQ overall Prevention Quality Indicator (PQI) Composite*
Allegany	1797.2
Anne Arundel	1336.7
Baltimore County	1561.6
Calvert	1308.2
Caroline	1719.9
Carroll	1119.8
Cecil	1391.7
Charles	1565.1
Dorchester	2311.5
Frederick	1139.2
Garrett	1117.2
Harford	1242.6
Howard	982.5
Kent	1830.4
Montgomery	783.8
Prince George's	1387.1
Queen Anne's	1043.3
Saint Mary's	1517.7
Somerset	1675.2
Talbot	1491.6
Washington	1775.1
Wicomico	1768.3
Worcester	1280.4
Baltimore City	3069.8

*Prevention Quality Indicators (PQI) overall composite per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 15: AHRQ Acute Prevention Quality Indicator (PQI) Composite 2014 (PQI)

Jurisdiction	AHRQ Acute Prevention Quality Indicator (PQI) Composite*
Allegany	787.1
Anne Arundel	488.9
Baltimore County	520.8
Calvert	545.1
Caroline	713.6
Carroll	481.9
Cecil	610.2
Charles	494.8
Dorchester	784.2
Frederick	412.7
Garrett	373.0
Harford	518.4
Howard	413.8
Kent	750.8
Montgomery	326.4
Prince George's	451.8
Queen Anne's	431.8
Saint Mary's	481.8
Somerset	647.9
Talbot	543.8
Washington	776.1
Wicomico	697.9
Worcester	479.0
Baltimore City	804.1

*Prevention Quality Indicators (PQI) composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: dehydration, bacterial pneumonia, or urinary tract infection.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 16: AHRQ Chronic Prevention Quality Indicator (PQI) Composite 2014 (PQI)

Jurisdiction	AHRQ chronic Prevention Quality Indicator (PQI) Composite*
Allegany	1006.4
Anne Arundel	847.4
Baltimore County	1052.7
Calvert	765.0
Caroline	1006.8
Carroll	638.6
Cecil	784.6
Charles	1064.4
Dorchester	1528.8
Frederick	726.1
Garrett	744.7
Harford	725.3
Howard	570.8
Kent	1076.7
Montgomery	458.6
Prince George's	930.9
Queen Anne's	612.5
Saint Mary's	1031.5
Somerset	1027.4
Talbot	949.4
Washington	998.3
Wicomico	1070.3
Worcester	801.7
Baltimore City	2288.6

*Prevention Quality Indicators (PQI) composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, or angina without a cardiac procedure.

Source: HSCRC data prepared by the Virtual Data Unit, 12/18/15

Table 17: Infant Death Rate 2010-2014 (SHIP)

Area	2010-2014
Allegany	7
Anne Arundel	5.5
Baltimore City	10.3
Baltimore County	6.3
Calvert	4.8
Caroline	8.6
Carroll	3.5
Cecil	6
Charles	6.2
Dorchester	6.3
Frederick	3.9
Garrett	7.7
Harford	4.9
Howard	5.1
Kent	6.9
Montgomery	4.8
Prince George's	8.4
Queen Anne's	6.5
Saint Mary's	5.1
Somerset	9.1
Talbot	8.4
Washington	5.1
Wicomico	8.8
Worcester	8.6

*This indicator shows the infant mortality rate per 1,000 live births. Infant mortality has long been considered the most sensitive indicator of the overall health of a population. While there have been several decades of improvement in infant mortality, Maryland's rate remains higher than the national average.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2010-2014 data retrieved from website,

<http://dhmh.maryland.gov/vsa/Pages/reports.aspx>

Table 18: Babies with Low Birth Rate 2013 (SHIP)

Area	2013
Allegany	9.8
Anne Arundel	7.5
Baltimore City	11.9
Baltimore County	8.5
Calvert	8.7
Caroline	6.6
Carroll	7.3
Cecil	6.9
Charles	8
Dorchester	9.8
Frederick	7.4
Garrett	7.6
Harford	6.8
Howard	7.8
Kent	8.6
Montgomery	7.5
Prince George's	9.4
Queen Anne's	5.5
Saint Mary's	6.3
Somerset	5.3
Talbot	8.7
Washington	6.8
Wicomico	8.1
Worcester	5.1

*This indicator shows the percentage of live births that are a Low Birth Weight (LBW), 2500 grams (5.5 pounds) or less. Babies born with a LBW are at increased risk for serious health consequences including disabilities and death. Maryland's LBW percentage is higher than the national average.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 19: Sudden Unexpected Infant Death Rate (SUIDs) 2009-2013 (SHIP)

Area	2009-2013
Allegany	1.43
Anne Arundel	0.69
Baltimore City	1.9
Baltimore County	0.64
Calvert	3 (Count Only)
Caroline	3 (Count Only)
Carroll	0.95
Cecil	1.04
Charles	0.76
Dorchester	2 (Count Only)
Frederick	0.62
Garrett	0 (Count Only)
Harford	0.52
Howard	0.35
Kent	1 (Count Only)
Montgomery	0.36
Prince George's	1.29
Queen Anne's	3 (Count Only)
Saint Mary's	1.26
Somerset	2 (Count Only)
Talbot	2 (Count Only)
Washington	1.04
Wicomico	2 (Count Only)
Worcester	3 (Count Only)

This indicator shows the rate of sudden unexpected infant deaths (SUIDs) per 1,000 live births. Sudden unexpected infant deaths (SUIDs) include deaths from Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

*Rates based on <5 events in the numerator are not presented since such rates are subject to instability

Source: VSA 2009-2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 20: Teen Birth Rate 2013 (SHIP)

Area	2013
Allegany	26.6
Anne Arundel	15.6
Baltimore City	43.4
Baltimore County	15.4
Calvert	13.8
Caroline	25.3
Carroll	10
Cecil	22.8
Charles	19.6
Dorchester	33.1
Frederick	11.4
Garrett	29.6
Harford	11.3
Howard	7.6
Kent	13.3
Montgomery	12.8
Prince George's	24.2
Queen Anne's	12.4
Saint Mary's	14.4
Somerset	39.9
Talbot	15.7
Washington	28.2
Wicomico	21.1
Worcester	20.6

*This indicator shows the rate of births to teens ages 15-19 years (per 1,000 population). Teen pregnancy is linked to a host of social problems such as poverty, lack of overall child well-being, out-of-wedlock births, lack of responsible fatherhood, health issues, school failure, child abuse and neglect and at-risk behaviors.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 21: Early Prenatal Care 2014 (SHIP)

Area	2014
Allegany	78
Anne Arundel	71.8
Baltimore City	56.6
Baltimore County	64.9
Calvert	77.1
Caroline	74.1
Carroll	75
Cecil	75.7
Charles	66.5
Dorchester	73.4
Frederick	76.6
Garrett	78.4
Harford	74.5
Howard	69.7
Kent	79.6
Montgomery	68.3
Prince George's	56.4
Queen Anne's	79.9
Saint Mary's	77.4
Somerset	76.6
Talbot	73.6
Washington	69.1
Wicomico	74
Worcester	77.6

*This indicator shows the percentage of pregnant women who receive prenatal care beginning in the first trimester. Inadequate prenatal care services have been linked to higher rates of infant mortality, low birth weight and pre-term deliveries. While Maryland as a whole ranks better than the National average and the Healthy People 2020 Target, disparities still exist. Due to the change in methodology for collecting information on the Maryland birth certificate, data collected in 2010 and after are not comparable to data collected in earlier years.

Created by PCO, OPCA, PHPA, DHMH, 2/24/16

Source: VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 22: Students Entering Kindergarten Ready to Learn 2013 (SHIP)

Area	2013-2014
Allegany	89
Anne Arundel	84
Baltimore City	76
Baltimore County	86
Calvert	85
Caroline	95
Carroll	94
Cecil	80
Charles	82
Dorchester	76
Frederick	89
Garrett	89
Harford	89
Howard	84
Kent	75
Montgomery	81
Prince George's	80
Queen Anne's	91
Saint Mary's	87
Somerset	90
Talbot	72
Washington	66
Wicomico	90
Worcester	86

*This indicator shows the percentage of students who enter Kindergarten ready to learn. Readiness to learn in the first year of school is strongly linked to later school success, which is predictive of adult health. Full readiness to learn is defined as consistently demonstrating skills, behaviors, and abilities which are needed to successfully meet kindergarten expectations.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: MSDE 2013-2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 23: High School Graduation Rate 2013-2014 (SHIP)

Area	2013-2014
Allegany	91.5
Anne Arundel	87.7
Baltimore City	69.7
Baltimore County	87.6
Calvert	94.1
Caroline	81.9
Carroll	95
Cecil	88.6
Charles	91.4
Dorchester	87.9
Frederick	92.6
Garrett	93.2
Harford	89.8
Howard	92.9
Kent	89.7
Montgomery	89.7
Prince George's	76.6
Queen Anne's	94
Saint Mary's	93.5
Somerset	85.6
Talbot	91.8
Washington	91
Wicomico	84.4
Worcester	91.1

*This indicator shows the percentage of students who graduate high school in four years. Completion of high school is one of the strongest predictors of health in later life. People who graduate from high school are more likely to have better health outcomes, regularly visit doctors, and live longer than those without high school diplomas.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: MSDE 2013-2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 24: Children Receiving Blood Lead Screening 2013 (SHIP)

Area	2013
Allegany	82.2
Anne Arundel	59.3
Baltimore City	75
Baltimore County	72.1
Calvert	44.4
Caroline	77.8
Carroll	51.7
Cecil	51.9
Charles	64.6
Dorchester	62.8
Frederick	49.8
Garrett	58.1
Harford	57.9
Howard	55.8
Kent	65.9
Montgomery	69.9
Prince George's	63.3
Queen Anne's	47.9
Saint Mary's	70.8
Somerset	76.6
Talbot	80.1
Washington	55.4
Wicomico	61.9
Worcester	67.6

*This indicator shows the percentage of children (aged 12-35 months) enrolled in Medicaid (90+ days) who had received a blood lead screening. Because symptoms may not be visible until blood lead levels of 70 µg/dL are reached, it is important to screen for elevated blood lead levels among toddlers.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland Medicaid 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 25: Adults who are a Healthy Weight 2013 (SHIP)

Area	2013
Allegany	29.1
Anne Arundel	36.8
Baltimore City	35
Baltimore County	33.3
Calvert	31.6
Caroline	30.3
Carroll	38.5
Cecil	31.6
Charles	27.9
Dorchester	32
Frederick	39.2
Garrett	40.2
Harford	35.3
Howard	39.8
Kent	26.7
Montgomery	44.2
Prince George's	32.4
Queen Anne's	40.3
Saint Mary's	32.7
Somerset	22.8
Talbot	34.8
Washington	27.9
Wicomico	30.9
Worcester	27.5

*This indicator shows the percentage of adults who are at a healthy weight. Forty percent of heart disease, stroke, and diabetes can be prevented through maintaining a healthy weight. Healthy weight can aid in the control of these conditions if they develop.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland BRFSS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 26: Children and Adolescents who are Obese 2013 (SHIP)

Area	2013 (high school)
Allegany	13.6
Anne Arundel	12.1
Baltimore City	14.9
Baltimore County	12
Calvert	10.7
Caroline	15
Carroll	9.6
Cecil	13.2
Charles	12.3
Dorchester	17.4
Frederick	10
Garrett	15.6
Harford	10.7
Howard	5.9
Kent	16.1
Montgomery	7.1
Prince George's	13.7
Queen Anne's	8.9
Saint Mary's	9.4
Somerset	17.5
Talbot	9.2
Washington	11.8
Wicomico	12
Worcester	10.8

*This indicator shows the percentage of children and adolescents who are obese. In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Overweight/obese children are at increased risk of developing life-threatening chronic diseases, such as Type 2 diabetes.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland YRBS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 27: Adults who Currently Smoke 2013 (SHIP)

Area	2013
Allegany	24.4
Anne Arundel	18
Baltimore City	22.7
Baltimore County	18.4
Calvert	17.2
Caroline	22.5
Carroll	19.4
Cecil	18
Charles	13.2
Dorchester	18.4
Frederick	19.8
Garrett	19.9
Harford	16.9
Howard	14.6
Kent	19.6
Montgomery	8.2
Prince George's	14.4
Queen Anne's	19.8
Saint Mary's	25.9
Somerset	13
Talbot	17.5
Washington	20
Wicomico	14.1
Worcester	18.1

*This indicator shows the percentage of adults who currently smoke. Cigarette smoking is the cause of almost 6,800 Maryland deaths each year and 150,000 people suffer from diseases/cancers caused by cigarette smoking.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland BRFSS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 28: Adolescents who Currently Use Tobacco Products 2013 (SHIP)

Area	2013
Allegany	27.2
Anne Arundel	17.7
Baltimore City	16.6
Baltimore County	18.1
Calvert	23
Caroline	25.4
Carroll	18.7
Cecil	24.6
Charles	17.6
Dorchester	24.4
Frederick	19.9
Garrett	34.3
Harford	20.2
Howard	11.5
Kent	25.7
Montgomery	12.1
Prince George's	13.3
Queen Anne's	22.5
Saint Mary's	19.2
Somerset	23
Talbot	20.2
Washington	24.6
Wicomico	22.8
Worcester	27.4

*This indicator shows the percentage of adolescents who used any tobacco product in the last 30 days. Preventing youth from using tobacco products is critical to improving the health of Marylanders. This highly addictive behavior can lead to costly illnesses and death to users and those exposed to secondhand smoke.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland YRBS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 29: HIV Incidence Rate 2013 (SHIP)

Area	2013
Allegany	7.8
Anne Arundel	11.6
Baltimore City	73.8
Baltimore County	19.7
Calvert	2.6
Caroline	3.7
Carroll	1.4
Cecil	9.4
Charles	26.1
Dorchester	14.5
Frederick	7.5
Garrett	3.9
Harford	15.3
Howard	12.7
Kent	0
Montgomery	23.5
Prince George's	56
Queen Anne's	4.9
Saint Mary's	11.1
Somerset	21.7
Talbot	9.1
Washington	6.3
Wicomico	16.5
Worcester	4.4

*This indicator shows the rate of adult/adolescent cases (age 13+) diagnosed with HIV (per 100,000 population). HIV is a significant and preventable public health problem. An estimated 21% of people with HIV are undiagnosed. We have the knowledge and tools needed to slow the spread of HIV infection and improve the health of people living with HIV.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland DHMH Infectious Disease Bureau, Center for HIV Surveillance and Epidemiology 2013 data retrieved from SHIP's website,

Table 30: Chlamydia Infection Rate 2014 (SHIP)

Area	2014
Allegany	334.3
Anne Arundel	330.2
Baltimore City	1126.8
Baltimore County	437.8
Calvert	304.7
Caroline	363.6
Carroll	180.8
Cecil	276.6
Charles	496
Dorchester	942.2
Frederick	281.9
Garrett	220.2
Harford	206.1
Howard	250.3
Kent	341.7
Montgomery	296.5
Prince George's	649
Queen Anne's	223.1
Saint Mary's	260.9
Somerset	432.9
Talbot	468.8
Washington	335.7
Wicomico	473.8
Worcester	554

*This indicator shows the rate of Chlamydia infections per 100,000 population. In 2009, there were 17,507 reported Chlamydia cases among people aged 15-24. Chlamydia infections are usually without symptoms and go undiagnosed. They are associated with pelvic inflammatory disease, infertility, ectopic pregnancy and chronic pelvic pain.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: IDEHA and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 31: Life Expectancy 2011-2013 (SHIP)

Area	2011-2013
Allegany	77.7
Anne Arundel	79.8
Baltimore City	73.9
Baltimore County	79.4
Calvert	79.4
Caroline	76.4
Carroll	79.7
Cecil	77.3
Charles	78.7
Dorchester	78.3
Frederick	80.7
Garrett	79.3
Harford	79.5
Howard	82.6
Kent	79.7
Montgomery	84.3
Prince George's	79.6
Queen Anne's	79.4
Saint Mary's	79.5
Somerset	77.2
Talbot	81.3
Washington	78
Wicomico	77.6
Worcester	79.6

*This indicator shows life expectancy from birth, in years. Life expectancy is a summary measure used to describe overall health. Life expectancy at birth is the average number of years a newborn is expected to live given current conditions. The life expectancy in the US is the highest in recorded history thanks to public health interventions such as improvements in sanitation and food safety, development and use of vaccines, and health promotion efforts.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2011-2013 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 32: Increase Physical Activity 2013 (SHIP)

Area	2013
Allegany	41.2
Anne Arundel	51.3
Baltimore City	42.6
Baltimore County	43.3
Calvert	41.4
Caroline	39
Carroll	52.3
Cecil	39.1
Charles	55.3
Dorchester	32
Frederick	52.9
Garrett	45.9
Harford	46.4
Howard	50.7
Kent	41.4
Montgomery	52.8
Prince George's	47.4
Queen Anne's	49.7
Saint Mary's	52.8
Somerset	42.1
Talbot	49
Washington	49.1
Wicomico	45.6
Worcester	51.9

*This indicator shows the number of persons who reported at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week. Physical activity is important to prevent heart disease and stroke, two of the important causes of death in United States. In order to improve overall cardiovascular health, The American Heart Association suggests at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland BRFSS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 33: Child Maltreatment Rate 2013 (SHIP)

Area	2013
Allegany	27.5
Anne Arundel	6
Baltimore City	20.5
Baltimore County	8.5
Calvert	10.7
Caroline	15.7
Carroll	3.4
Cecil	16.5
Charles	7.5
Dorchester	28.4
Frederick	8.8
Garrett	7.1
Harford	10.2
Howard	2.3
Kent	12.5
Montgomery	4.8
Prince George's	7.4
Queen Anne's	5.3
Saint Mary's	6.2
Somerset	24.2
Talbot	14.4
Washington	20.4
Wicomico	12.1
Worcester	28.6

*This indicator shows the rate of children who are maltreated per 1,000 population under the age of 18. Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: DHR and MDP 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 34: Suicide Rate 2011-2013 (SHIP)

Area	2011-2013
Allegany	11
Anne Arundel	9.4
Baltimore City	7.3
Baltimore County	10.5
Calvert	14.7
Caroline	9 (Count Only)
Carroll	11.8
Cecil	15.1
Charles	11.1
Dorchester	11 (Count Only)
Frederick	10
Garrett	6 (Count Only)
Harford	10.7
Howard	8.8
Kent	10 (Count Only)
Montgomery	7.3
Prince George's	5.8
Queen Anne's	16.7
Saint Mary's	11.8
Somerset	7 (Count Only)
Talbot	12 (Count Only)
Washington	14.5
Wicomico	10.2
Worcester	12

This indicator shows the suicide rate per 100,000 population. Suicide is a serious public health problem that can have lasting effects on individuals, families, and communities. Mental disorders and/or substance abuse have been found in the great majority of people who have died by suicide. In Maryland, approximately 500 lives are lost each year to this preventable cause of death.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

*Rates not reported if number of deaths was less than 20.

Source: VSA 2011-2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 35: Domestic Violence 2013 (SHIP)

Area	2013
Allegany	719.5
Anne Arundel	591.5
Baltimore City	543.8
Baltimore County	786.7
Calvert	470.8
Caroline	434.3
Carroll	392.7
Cecil	562.2
Charles	702.6
Dorchester	728.7
Frederick	564.6
Garrett	518.6
Harford	384.8
Howard	632
Kent	346
Montgomery	140.7
Prince George's	279.6
Queen Anne's	439
Saint Mary's	743.4
Somerset	475.8
Talbot	258.4
Washington	212.6
Wicomico	718.6
Worcester	606.4

*Domestic violence contributes greatly to the morbidity and mortality of Maryland citizens. Up to 40% of violent juvenile offenders witnessed domestic violence in the homes, and 63% of homeless women and children have been victims of intimate partner violence as adults.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: UCR and VSA 2013 Data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 36: Children with Elevated Blood Lead Levels 2013 (SHIP)

Area	2013
Allegany	0.4
Anne Arundel	0.1
Baltimore City	1.2
Baltimore County	0.2
Calvert	0
Caroline	0.7
Carroll	0.7
Cecil	0.3
Charles	0.2
Dorchester	0.1
Frederick	0.3
Garrett	0
Harford	0
Howard	0.1
Kent	0.4
Montgomery	0.1
Prince George's	0.1
Queen Anne's	0.5
Saint Mary's	0
Somerset	0.7
Talbot	1.3
Washington	0.3
Wicomico	0.3
Worcester	0.4

*This indicator shows the percentage of children who were tested who had elevated blood lead levels ($>10 \mu\text{g/dL}$). Exposure to lead is the most widespread environmental hazard for children in Maryland. Lead paint dust from deteriorated lead paint or from renovation is the major source of exposure for children in Maryland. Between 75% and 95% of homes built before 1980 are estimated to contain lead paint.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15
 Source: MDE 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 37: Fall-Related Death Rate 2011-2013 (SHIP)

Area	2011-2013
Allegany	11.6
Anne Arundel	7.3
Baltimore City	10.3
Baltimore County	10.9
Calvert	17 (Count Only)
Caroline	12 (Count Only)
Carroll	9.3
Cecil	11 (Count Only)
Charles	7.9
Dorchester	8 (Count Only)
Frederick	6
Garrett	11 (Count Only)
Harford	9.9
Howard	8
Kent	9 (Count Only)
Montgomery	7.5
Prince George's	6.5
Queen Anne's	7 (Count Only)
Saint Mary's	15 (Count Only)
Somerset	5 (Count Only)
Talbot	12 (Count Only)
Washington	8.1
Wicomico	9.5
Worcester	15 (Count Only)

This indicator shows the rate of fall-related deaths per 100,000 population. Falls are a major cause of preventable death among the elderly and have increased across age groups in the past decade. Causes of fall-related deaths differ between the elderly and young and middle-aged populations, and require different prevention strategies. In 2009, falls accounted for 30% of accidental deaths.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

*Rates not reported if number of deaths was less than 20.

Source: VSA 2011-2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 38: Pedestrian Injury Rate on Public Roads 2014 (SHIP)

Area	2014
Allegany	9.6
Anne Arundel	35.2
Baltimore City	113.8
Baltimore County	48.4
Calvert	22.1
Caroline	9.2
Carroll	22
Cecil	28.3
Charles	23.9
Dorchester	30.7
Frederick	16
Garrett	3.4
Harford	19.2
Howard	15.5
Kent	10.1
Montgomery	41.3
Prince George's	39.6
Queen Anne's	8.2
Saint Mary's	18.1
Somerset	23.2
Talbot	15.9
Washington	30.8
Wicomico	38.4
Worcester	91

This indicator shows the rate of pedestrian injuries on public roads per 100,000 population. Maintaining pedestrian safety is a key element in preventing motor vehicle injuries and fatalities. There were 2,340 pedestrian injuries in Maryland in 2009. Children are especially at risk for pedestrian injuries and fatalities.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: SHA and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 39: Affordable Housing 2014 (SHIP)

Area	2014
Allegany	97.2
Anne Arundel	29.8
Baltimore City	83.4
Baltimore County	59
Calvert	45.6
Caroline	77
Carroll	27.5
Cecil	62
Charles	34.4
Dorchester	66.4
Frederick	40.2
Garrett	56
Harford	40.3
Howard	23.1
Kent	50.9
Montgomery	31.1
Prince George's	54.2
Queen Anne's	32.6
Saint Mary's	46.4
Somerset	89.3
Talbot	39.5
Washington	75.8
Wicomico	85.6
Worcester	56.9

*This indicator shows the percentage of housing units sold that are affordable on the median teacher's salary. Affordable housing can improve health by providing greater stability and reducing stress. Having affordable housing can allow family resources to be used for other needs like healthy food and healthcare.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: MDP 2014 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 40: Adolescents who Received a Wellness Checkup in the Last Year 2013 (SHIP)

Area	2013
Allegany	52.4
Anne Arundel	49.2
Baltimore City	55.2
Baltimore County	55.1
Calvert	47.3
Caroline	52.5
Carroll	47.9
Cecil	49.8
Charles	46.2
Dorchester	54.3
Frederick	50.9
Garrett	42.9
Harford	50.9
Howard	56.2
Kent	50.8
Montgomery	63.1
Prince George's	54.7
Queen Anne's	46.6
Saint Mary's	47
Somerset	60.5
Talbot	59.4
Washington	54.2
Wicomico	55.9
Worcester	53.9

*This indicator shows the percentage of adolescents (ages 13-20 years old) enrolled in Medicaid (320+ days) who received a wellness visit during the past year. Many health and social problems peak in adolescence (homicide, suicide, motor vehicle crashes, substance use and abuse, smoking, sexually transmitted infections, HIV, unplanned pregnancies, and homelessness). Receiving annual wellness checkups can help detect and prevent the development of these problems in adolescence and later in life.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland Medicaid 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 41: Children Receiving Dental Care in the Last Year, 2013(SHIP)

Area	2013
Allegany	62.1
Anne Arundel	57.9
Baltimore City	63
Baltimore County	62.4
Calvert	56.4
Caroline	69.9
Carroll	52.6
Cecil	53.1
Charles	50.7
Dorchester	67.8
Frederick	64.7
Garrett	72
Harford	59.9
Howard	64.5
Kent	66.3
Montgomery	70.9
Prince George's	64
Queen Anne's	65.9
Saint Mary's	55.1
Somerset	69.4
Talbot	68.8
Washington	59
Wicomico	64.6
Worcester	65.8

*This indicator shows the percentage of children (aged 0-20 years) enrolled in Medicaid (320+ days) who had a dental visit during the past year. Diseases of the teeth and gum tissues can lead to problems with nutrition, growth, school and workplace readiness, and speech. Adoption and use of recommended oral hygiene measures are critical to maintaining overall health.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: Maryland Medicaid 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 42: Persons with a Usual Primary Care Provider 2013 (SHIP)

Area	2013
Allegany	80.1
Anne Arundel	81.3
Baltimore City	74.4
Baltimore County	80.8
Calvert	89.4
Caroline	82.7
Carroll	86.4
Cecil	90.9
Charles	83.1
Dorchester	74.5
Frederick	85.5
Garrett	83.1
Harford	86
Howard	80.8
Kent	82.2
Montgomery	74.9
Prince George's	73.5
Queen Anne's	88.9
Saint Mary's	84.8
Somerset	91.5
Talbot	87.5
Washington	89
Wicomico	78.6
Worcester	82.2

*This indicator shows the percentage of people who reported that they had a personal doctor or health care provider.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: BRFSS 2013 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 43: Uninsured ED Visits 2014 (SHIP)

Area	2014
Allegany	5.8
Anne Arundel	10.7
Baltimore City	12
Baltimore County	11.5
Calvert	6.2
Caroline	8.8
Carroll	5.8
Cecil	6.5
Charles	9
Dorchester	8
Frederick	9.5
Garrett	7.3
Harford	5.8
Howard	9.2
Kent	5.4
Montgomery	13.8
Prince George's	15.5
Queen Anne's	6.5
Saint Mary's	6.3
Somerset	7.2
Talbot	7.6
Washington	9.7
Wicomico	9.9
Worcester	7.6

*This indicator shows the percentage of persons without health (medical) insurance. People without health insurance are more likely to be in poor health than the insured. Lack of health insurance can result in increased visits to the emergency department and decreased routine care visits with a primary care provider.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 44: Age-Adjusted Mortality Rate from Cancer 2011-2013 (SHIP)

Area	2011-2013
Allegany	163.6
Anne Arundel	166.1
Baltimore City	212.4
Baltimore County	168.4
Calvert	172.9
Caroline	174.2
Carroll	165.1
Cecil	189.4
Charles	184.2
Dorchester	187.6
Frederick	151.6
Garrett	150.9
Harford	167.9
Howard	143.1
Kent	152.5
Montgomery	124.6
Prince George's	157.7
Queen Anne's	176.9
Saint Mary's	187.5
Somerset	213
Talbot	160.4
Washington	178
Wicomico	200.5
Worcester	180.7

*This indicator shows the age-adjusted mortality rate from cancer (per 100,000 population). Maryland's age adjusted cancer mortality rate is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2011-2013 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 45: Emergency Department Visit Rate Due to Diabetes 2014 (SHIP)

Area	2014
Allegany	241.4
Anne Arundel	187.3
Baltimore City	548.9
Baltimore County	177.8
Calvert	169.2
Caroline	244.2
Carroll	117.4
Cecil	250.2
Charles	244.2
Dorchester	455.4
Frederick	177
Garrett	352.1
Harford	165.5
Howard	102.1
Kent	209.4
Montgomery	95
Prince George's	169
Queen Anne's	154.2
Saint Mary's	219
Somerset	253.8
Talbot	276.4
Washington	187.9
Wicomico	372.7
Worcester	229.9

*This indicator shows the emergency department visit rate due to diabetes (per 100,000 population). Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled. In Maryland, there were 10,620 emergency department visits for primary diagnosis of diabetes in 2010.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 46: Emergency Department Visit Rate Due to Hypertension 2014 (SHIP)

Area	2014
Allegany	279.1
Anne Arundel	183.6
Baltimore City	658.9
Baltimore County	234.5
Calvert	261.7
Caroline	257.8
Carroll	150.4
Cecil	241.2
Charles	347.7
Dorchester	465.4
Frederick	172.4
Garrett	148.9
Harford	185.5
Howard	112.1
Kent	334.7
Montgomery	141
Prince George's	261.7
Queen Anne's	187.8
Saint Mary's	314.6
Somerset	239.3
Talbot	265.1
Washington	182.4
Wicomico	383.7
Worcester	286.2

*This indicator shows the rate of emergency department visits due to hypertension (per 100,000 population). In Maryland, 30% of all deaths were attributed to heart disease and stroke. Heart disease and stroke can be prevented by control of high blood pressure. In Maryland, there were 12,484 emergency department visits for primary diagnosis of hypertension in 2010.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 47: Drug-Induced Death Rate 2011-2013 (SHIP)

Area	2011-2013
Allegany	19.8
Anne Arundel	15.3
Baltimore City	28.4
Baltimore County	17.8
Calvert	18.2
Caroline	29.4
Carroll	16.2
Cecil	26.5
Charles	10.4
Dorchester	12 (Count Only)
Frederick	13.9
Garrett	6 (Count Only)
Harford	17.9
Howard	9.8
Kent	11 (Count Only)
Montgomery	5.1
Prince George's	5.4
Queen Anne's	19 (Count Only)
Saint Mary's	9.5
Somerset	11 (Count Only)
Talbot	12 (Count Only)
Washington	18.1
Wicomico	15
Worcester	17 (Count Only)

*This indicator shows the drug-induced death rate per 100,000 population. Drug-induced deaths include all deaths for which illicit or prescription drugs are the underlying cause. In 2007, drug-induced deaths were more common than alcohol induced or firearm-related deaths in the United States. In 2010, there were 761 drug induced deaths in Maryland.

*Rates not reported if number of deaths was less than 20.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2011-2013 data retrieved from SHIP's website,

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 48: Emergency Department Visits Related to Mental Health Conditions 2014 (SHIP)

Area	2014
Allegany	4722.9
Anne Arundel	4509.9
Baltimore City	6782
Baltimore County	2967.5
Calvert	2859.1
Caroline	4369.6
Carroll	3140.8
Cecil	5501.6
Charles	2346.9
Dorchester	8551.1
Frederick	3892
Garrett	7826.4
Harford	2853.4
Howard	2613.8
Kent	3590.3
Montgomery	1791.7
Prince George's	1539.3
Queen Anne's	3435.4
Saint Mary's	7006.8
Somerset	5665.2
Talbot	4444.2
Washington	5785.3
Wicomico	6207.9
Worcester	7509.3

**This indicator shows the rate of emergency department visits related to mental health disorders* (per 100,000 population). Mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. In Maryland, there were 161,208 mental health disorder-related emergency department visits in 2010.*Diagnoses include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 49: Hospitalization Rate Related to Alzheimer's or other Dementias 2014
(SHIP)

Area	2014
Allegany	352.6
Anne Arundel	189.1
Baltimore City	309.2
Baltimore County	202.8
Calvert	162.4
Caroline	123.7
Carroll	257.1
Cecil	136.5
Charles	178.9
Dorchester	153
Frederick	166.3
Garrett	157.4
Harford	177.7
Howard	183.2
Kent	236.2
Montgomery	142.7
Prince George's	204.8
Queen Anne's	132.5
Saint Mary's	241.7
Somerset	228.7
Talbot	99.7
Washington	159.6
Wicomico	146.9
Worcester	146.1

*This indicator shows the rate of hospitalizations related to Alzheimer's or other dementias (per 100,000 population). In the US, an estimated 5.4 million people are living with Alzheimer's disease. Reducing the proportion of hospitalizations related to Alzheimer's and other dementias can decrease burdens on individuals, families, and the health care system.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 50: Annual Season Influenza Vaccinations 2013 (SHIP)

Area	2013
Allegany	34.6
Anne Arundel	47.1
Baltimore City	44
Baltimore County	45.9
Calvert	42.9
Caroline	47.4
Carroll	46.1
Cecil	46.4
Charles	44.9
Dorchester	46.4
Frederick	45.6
Garrett	35.4
Harford	53.3
Howard	46.8
Kent	43.9
Montgomery	48.7
Prince George's	36.9
Queen Anne's	53.6
Saint Mary's	36.9
Somerset	39.2
Talbot	49.2
Washington	38
Wicomico	42.8
Worcester	45.4

*This indicator shows the percentage of adults who are vaccinated annually against seasonal influenza. For many people, the seasonal flu is a mild illness, but for some it can lead to pneumonia, hospitalization, or death. Vaccination of persons in high-risk populations is especially important to reduce their risk of severe illness or death.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: BRFSS 2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 51: Emergency Department Visit Rate due to Asthma 2014 (SHIP)

Area	2014
Allegany	61.8
Anne Arundel	45.4
Baltimore City	224.8
Baltimore County	67.8
Calvert	43.6
Caroline	71.4
Carroll	26.9
Cecil	47
Charles	69.4
Dorchester	141.8
Frederick	38.4
Garrett	48.5
Harford	47.2
Howard	35.8
Kent	71.2
Montgomery	36.3
Prince George's	52.8
Queen Anne's	53.8
Saint Mary's	60.8
Somerset	78.7
Talbot	79.2
Washington	47.8
Wicomico	91.5
Worcester	64.1

*This indicator shows the rate of emergency department visits due to asthma per 10,000 population. Asthma is a chronic health condition which causes very serious breathing problems. When properly controlled through close outpatient medical supervision, individuals and families can manage their asthma without costly emergency intervention. In Maryland, there are nearly 50,000 emergency department visit related to asthma each year.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 52: Age-Adjusted Mortality Rate from Heart Disease 2011-2013 (SHIP)

Area	2011-2013
Allegany	242.8
Anne Arundel	165
Baltimore City	242.7
Baltimore County	171.8
Calvert	194.1
Caroline	195
Carroll	171.9
Cecil	193.8
Charles	184.7
Dorchester	195.5
Frederick	168.5
Garrett	203.1
Harford	171.6
Howard	127.3
Kent	157.9
Montgomery	114.6
Prince George's	180
Queen Anne's	164.7
Saint Mary's	187.6
Somerset	288
Talbot	136.6
Washington	196.1
Wicomico	247.9
Worcester	183.4

*This indicator shows the age-adjusted mortality rate from heart disease (per 100,000 population). Heart disease is the leading cause of death in Maryland accounting for 25% of all deaths. In 2009, over 11,000 people died of heart disease in Maryland.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: VSA 2011-2013 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 53: Emergency Department Visits for Addictions-Related Conditions 2014 (SHIP)

Area	2014
Allegany	1493.6
Anne Arundel	1541.3
Baltimore City	5249.6
Baltimore County	1390.1
Calvert	1559.8
Caroline	1311.1
Carroll	1064
Cecil	2165.7
Charles	991.9
Dorchester	3120.7
Frederick	1152.8
Garrett	995.4
Harford	1673.6
Howard	615.1
Kent	1538.3
Montgomery	618.9
Prince George's	855.6
Queen Anne's	1048.9
Saint Mary's	2185.6
Somerset	1896.4
Talbot	1587.6
Washington	1833
Wicomico	2870.5
Worcester	2296.8

This indicator shows the rate of emergency department visits related to substance abuse disorders (per 100,000 population). Substance abuse problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. In Maryland, there were 66,383 emergency department visits for substance related disorders in 2010.*Diagnoses include alcohol-related disorders and drug related disorders.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Table 54: Emergency Department Visit Rate for Dental Care, 2014 (SHIP)

Area	2014
Allegany	1046.2
Anne Arundel	617
Baltimore City	2315.1
Baltimore County	752.6
Calvert	897.9
Caroline	1225.2
Carroll	533
Cecil	1525.3
Charles	769.4
Dorchester	2659.4
Frederick	437.4
Garrett	811.3
Harford	757.8
Howard	193.7
Kent	1359.6
Montgomery	239.2
Prince George's	390.1
Queen Anne's	624.9
Saint Mary's	874
Somerset	1227.2
Talbot	1246.3
Washington	888.1
Wicomico	1886.7
Worcester	1441.5

*This indicator shows the emergency department visit rate related to dental problems (per 100,000 population). The utilization of dental services in Emergency departments has steadily risen over the last decade. Dental Emergency department visits are growing as a percentage of all Emergency department visits throughout the United States. In 2014, there were 52,631 outpatient dental visits in Emergency department in Maryland.

Created by PCO, OPCA, PHPA, DHMH, 12/30/15

Source: HSCRC and VSA 2014 data retrieved from SHIP's website,
<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Appendix B: Shortage Designation Development and Health Care Resource Supplementary Tables

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Table 55: Health Professional Shortage Areas (HPSAs) and Designated Populations by Discipline and Jurisdiction, Maryland 2016

Jurisdictions	HPSA Designations by Type and Percent of Population Designated								
	Dental Care			Mental Health Care			Primary Care		
	Total Designations	Facility Designations ¹	Population Designated ² (%)	Total Designations	Facility Designations ¹	Population Designated ² (%)	Total Designations	Facility Designations ¹	Population Designated ² (%)
Allegany ³	2	1	14%	4	3	30%	4	3	30%
Anne Arundel	0	0	0	1	1	0%	0	0	0%
Baltimore County	0	0	0	1	1	0%	1	0	4%
Calvert	0	0	0	1	0	100%	0	0	0%
Caroline ³	2	0	89%	1	0	100%	2	0	78%
Carroll	0	0	0	0	0	0%	0	0	0%
Cecil	0	0	0	1	0	100%	0	0	0%
Charles	0	0	0	1	0	100%	1	0	11%
Dorchester ³	1	0	37%	1	0	37%	1	0	37%
Frederick ³	1	0	1%	1	0	3%	1	0	1%
Garrett ³	1	0	28%	1	0	100%	1	0	100%
Harford ³	1	0	3%	1	0	100%	1	0	9%
Howard	0	0	0	0	0	0%	0	0	0%
Kent	1	0	100%	1	0	100%	0	0	0%
Montgomery ³	1	0	1%	1	0	1%	1	0	1%
Prince George's	1	0	3%	0	0	0%	3	0	28%
Queen Anne's	1	0	22%	1	0	100%	0	0	0%
Saint Mary's	0	0	0	1	0	100%	1	0	35%
Somerset	1	0	38%	1	0	100%	1	1	38%
Talbot	3	0	57%	1	0	0%	0	0	0%
Washington	1	0	28%	2	1	100%	1	0	4%
Wicomico	1	0	31%	1	0	100%	1	0	10%
Worcester	1	0	24%	1	0	100%	1	0	100%
Baltimore City	7	0	44%	11	6	25%	11	2	42%
Maryland Total	26	1	9%	35	12	23%	32	6	14%

Sources:

Health Resources and Services Administration (HRSA), Data Warehouse (<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>), 12/28/15

American Community Survey, 2010-2014 Estimate Civilian noninstitutional population: Persons 16 years of age and older residing in Maryland, who are not inmates of institutions (e.g., penal and mental facilities, homes for the aged), and who are not on active duty in the Armed Forces.

1 Facility designations do not include Comprehensive Health Centers or Tribal Health Centers.

2 Population designated only includes Resident Civilian Population, not facility population.

3 Average Number of Medicaid Eligible for Calendar Year 2015 Used for Medicaid Designations.

Created by PCO, OPCA, PHPA, DHMH, 2/10/16

Table 56: Health Professional Shortage Area Applications and Designations by Calendar Year for Primary Care, Dental Care, and Mental Health Care, Maryland 2014-2015

CY	Total Areas Analyzed	Total Failed Eligibility Testing	Dental Care Renewals	Mental Care Renewals	Primary Care Renewals	New (non-designated)	Other ²	Total Submitted to HRSA	Total Approved by HRSA ³
2014	882	837	7	4	11	27	9	58	48
2015 ¹	0	0	0	0	0	0	0	0	1
Total	882	837	7	4	11	27	9	58	49

1. In CY 2013, HRSA implemented a new database, Shortage Designation Management System (SDMS) for submission of states' applications for shortage designations. Due to updates needed in SDMS, Maryland was not able to submit valid applications to HRSA beginning in November 2014. HRSA has been working with PCOs to improve SDMS and they anticipate that regular processing of applications should begin again in March 2016.
2. The total analyzed include renewals, new submissions, other submissions, and areas that failed eligibility.
3. Other includes resubmissions, updates, and facilities.
4. The total applications approved by HRSA in a CY does not correlate with the total number of applications submitted in that CY due to a time lag in the application processing by HRSA:
 - a. Review of a single application can exceed 12 months before approval by HRSA; or
 - b. Not all applications are approved.

Source:

Primary Care Office, Office Primary Care Access, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene, 2014-2015
Created by PCO, OPCA, PHPA, DHMH, 2/19/16

Table 57: Health Professional Shortage Area (HPSA) Designations by Jurisdiction, Name, ID, and Discipline, Maryland 2016

Jurisdictions	Discipline	HPSA Names	ID	Total HPSAs
Allegany	Dental Health	Federal Correctional Institution - Cumberland	6247575772	9
		Medicaid Eligible - Western Allegany County	6249992402	
	Mental Health	Medicaid Eligible - Allegany County	7249992433	
		North Branch Correctional Institution	7249992437	
		Western Correctional Institution	7249992438	
		Federal Correctional Institution - Cumberland	7244400765	
Primary Care	North Branch Correctional Institution	1249992485		
	Low Income - Allegany County	1249992482		
	Federal Correctional Institution - Cumberland	1243913784		
Anne Arundel	Dental Health	Owensville Primary Care	6249992442	4
	Mental Health	Owensville Primary Care	7249992425	
		Maryland Correctional Institution - Jessup	724999243B	
	Primary Care	Owensville Primary Care	1249992471	
Jessup Correctional Institute		124999248L		
Baltimore County	Dental Health	No HPSA		2
	Mental Health	Charles H. Hickey Junior School	7249992403	
	Primary Care	Medicaid Eligible - Middle River	124999248F	
Calvert	Dental Health	No HPSA		1
	Mental Health	Calvert County	724009	
	Primary Care	No HPSA		
Caroline	Dental Health	Choptank Community Health	6249992436	8
		Caroline Service Area	6249992458	
		Medicaid Eligible - Federalsburg	6249992459	
	Mental Health	Choptank Community Health	7249992419	
		Caroline County	724011	
	Primary Care	Choptank Community Health	1249992467	
North Caroline Service Area		124999240D		
Medicaid Eligible - South Caroline County		1249992431		
Carroll	Dental Health	No HPSA		0
	Mental Health	No HPSA		
	Primary Care	No HPSA		
Cecil	Dental Health	West Cecil Health Center, Inc.	6249992451	4
	Mental Health	West Cecil Health Center, Inc.	7249992430	
		Cecil County	724015	
	Primary Care	West Cecil Health Center, Inc.	1249992480	
Charles	Dental Health	No HPSA		2
	Mental Health	Charles County	724017	
	Primary Care	South Charles County	124999240E	
Dorchester	Dental Health	Medicaid Eligible - Dorchester County	6249992427	3
	Mental Health	Medicaid Eligible - Dorchester County	724999243H	
	Primary Care	Medicaid Eligible - Dorchester County	1249992430	
Frederick	Dental Health	Medicaid Eligible - Downtown Frederick	6249992449	3
	Mental Health	Medicaid Eligible - Downtown Frederick	724999240B	
	Primary Care	Medicaid Eligible - Downtown Frederick	1249992487	

Source: Health Resources and Services Administration, January 2016

(http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)

Table 57: Health Professional Shortage Area (HPSA) Designations by Jurisdiction, Name, ID, and Discipline, Maryland 2016

Jurisdictions	Discipline	HPSA Names	ID	Total HPSAs
Garrett	Dental Health	Western Maryland Health Care Corporation Medicaid Eligible - Garrett County	6249992446 6249992423	6
	Mental Health	Western Maryland Health Care Corporation Garrett County	7249992427 724023	
	Primary Care	Western Maryland Health Care Corporation Garrett County	1249992477 124023	
Harford	Dental Health	Medicaid Eligible - Southern Harford	6249992455	3
	Mental Health	Harford County	724025	
	Primary Care	Edgewood Service Area	124999240A	
Howard	Dental Health	No HPSA		0
	Mental Health	No HPSA		
	Primary Care	No HPSA		
Kent	Dental Health	Kent County	624029	2
	Mental Health	Kent County	724029	
	Primary Care	No HPSA		
Montgomery	Dental Health	Community Clinic, Inc. (CCI) Medicaid Eligible - Central Kensington/Wheaton	6249992448 6249992404	6
	Mental Health	Community Clinic, Inc. (CCI) Medicaid Eligible - Central Kensington/Wheaton	7249992429 724999240A	
	Primary Care	Community Clinic, Inc. (CCI) Medicaid Eligible - Central Kensington Wheaton	1249992484	
			124999240C	
Prince George's	Dental Health	Greater Baden Medical Services Brandywine Service Area	6249992440 6249992453	7
	Mental Health	Greater Baden Medical Services	7249992423	
	Primary Care	Greater Baden Medical Services Medicaid Eligible - Greenbelt/Langley Park/College Landover/Suitland/Capitol Heights Brandywine	1249992460	
			124999248C 124999248D 124999248J	
Queen Anne's	Dental Health	East Queen Annes	6249992447	2
	Mental Health	Queen Anne County	724035	
	Primary Care	No HPSA		
Somerset	Dental Health	Three Lower Counties Community Services Medicaid Eligible - Tri-County Lower Eastern Shore	6249992437 6249992413	7
	Mental Health	Three Lower Counties Community Services Lower Eastern Shore	7249992412 7249992428	
	Primary Care	Three Lower Counties Community Services Eastern Correctional Institution Medicaid Eligible - Somerset County	1249992468	
			1249992438 1249992428	
St. Mary's	Dental Health	No HPSA		2
	Mental Health	St. Mary's County	724037	
	Primary Care	South St. Mary's County	124999248A	
Talbot	Dental Health	Medicaid Eligible - Easton	6249992428	
		Tilghman Service Area	6249992452	

Source: Health Resources and Services Administration, January 2016

(http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)

Table 57: Health Professional Shortage Area (HPSA) Designations by Jurisdiction, Name, ID, and Discipline, Maryland 2016

Jurisdictions	Discipline	HPSA Names	ID	Total HPSAs
		Cordova Service Area	624999245C	3
	Mental Health	No HPSA		
	Primary Care	No HPSA		
Washington	Dental Health	Walnut Street Community Health Center	6249992443	10
		Tri-State Community Health Center, Inc.	6249992434	
		Medicaid Eligible - Washington County	6249992444	
	Mental Health	Walnut Street Community Health Center	7249992426	
		Tri-State Community Health Center, Inc.	7249992417	
		Washington County	724043	
		Roxbury Correctional Institution	724999243F	
	Primary Care	Walnut Street Community Health Center	1249992472	
		Tri-State Community Health Center, Inc.	1249992466	
		Medicaid Eligible - Hagerstown	1249992440	
Wicomico	Dental Health	Medicaid Eligible - Tri-County Lower Eastern Shore	6249992413	3
	Mental Health	Lower Eastern Shore	7249992428	
	Primary Care	Medicaid Eligible - Downtown Salisbury	1249992406	
Worcester	Dental Health	Medicaid Eligible - Tri-County Lower Eastern Shore	6249992413	3
	Mental Health	Lower Eastern Shore	7249992428	
	Primary Care	Worcester County	124047	
Baltimore City	Dental Health	Lifeline Foundation, Inc.	624999245B	
		Health Care for the Homeless, Inc.	6249992457	
		Baltimore Medical Systems	6249992441	
		Chase Brexton Health Services	6249992438	
		Family Health Centers of Baltimore, Inc.	6249992433	
		Total Health Care	6249992432	
		Park West Medical Center	6249992431	
		People's Community Health Center	6249992430	
		East Baltimore City	6249992401	
		Medicaid Eligible - South East Baltimore City	6249992403	
		Medicaid Eligible - Claremont	6249992405	
		Medicaid Eligible - North Central Baltimore	6249992421	
		Medicaid Eligible - West Central Baltimore City	6249992456	
		Medicaid Eligible - East Central Baltimore	624999245A	
		South Baltimore-High Needs	624999245D	
	Mental Health	Lifeline Foundation, Inc.	724999243E	
		Baltimore City Health Department/Northwest High School	7249992422	
		Chase Brexton Health Services	7249992421	
		Baltimore Medical Systems	7249992420	
		Health Care for the Homeless, Inc.	7249992418	
		Family Health Center of Baltimore	7249992416	
		Total Health Care	7249992415	
		Park West Medical Center	7249992414	
		People's Community Health Center	7249992413	

Source: Health Resources and Services Administration, January 2016

(http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx)

Table 57: Health Professional Shortage Area (HPSA) Designations by Jurisdiction, Name, ID, and Discipline, Maryland 2016

Jurisdictions	Discipline	HPSA Names	ID	Total HPSAs
		Medicaid Eligible - West Central Baltimore City	7249992411	54
		Medicaid Eligible - Arlington	7249992436	
		Medicaid Eligible - East Baltimore City	7249992439	
		Medicaid Eligible - North Central Baltimore City	724999243D	
		Medicaid Eligible - South Baltimore	724999243G	
		Baltimore City Juvenile Detention Center	7249992406	
		Baltimore City Detention Center	7249992407	
		Metro Transition Center	7249992408	
		Maryland Reception and Diagnostic Center	7249992409	
		Central Booking and Intake Facility	7249992410	
		Chesapeake Detention Facility	724999243I	
	Primary Care	Lifeline Foundation, Inc.	124999248G	
		Chase Brexton Health Services	1249992469	
		Family Health Centers of Baltimore, Inc.	1249992465	
		Total Health Care	1249992464	
		Park West Medical Center	1249992463	
		Peoples Community Health Center	1249992462	
		Health Care for the Homeless, Inc.	1249992461	
		Baltimore Medical Systems	1249992459	
		Baltimore Central Booking Intake Facility	124999248N	
		Baltimore City Detention Center	124999248O	
		Medicaid Eligible - Southern Park Heights	124999240B	
		Medicaid Eligible - Southern Baltimore City	1249992436	
		Medicaid Eligible - North Central Baltimore	1249992448	
		Medicaid Eligible - West Baltimore	1249992450	
		Medicaid Eligible - Glen-Falstaff	124999248E	
		West Central Baltimore	124999248H	
		Medicaid Eligible - North Baltimore	124999248I	
		Medicaid Eligible - East Baltimore City	124999248K	
		Medicaid Eligible - Cedonia/Frankford	124999248M	

Source: Health Resources and Services Administration, 2016

<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Created by PCO, OPCA, PHPA, DHMH, 2/1/16

Table 58: Medically Underserved Areas and Medically Underserved Populations (MUA/Ps) by Jurisdiction and Population Percentage, Maryland 2016

Jurisdictions	MUA			MUP			Resident Civilian Population ¹	Total MUA & MUP Designations in Jurisdiction
	MUA Designations	MUA Designated Population ¹	% Population Designated	MUP Designations	MUP Designated Population ²	% Population Designated		
Allegany	3	**	**	0	0	0	68,442	3
Anne Arundel	2	17,454	3.29	2	5,019	0.95	530,758	4
Baltimore County	2	30,663	3.79	0	0	0	809,331	2
Calvert	1	88,471	100	0	0	0	88,471	1
Caroline	1	32,321	100	0	0	0	32,321	1
Carroll	0	0	0	1	23,083	13.96	165,355	1
Cecil	2	9,401	9.35	0	0	0	100,556	2
Charles	2	**	**	1	973	0.66	148,386	3
Dorchester	0	0	0	1	11,978	37.26	32,149	1
Frederick	1	4,815	2.03	0	0	0	236,845	1
Garrett	1	29,423	100	0	0	0	29,423	1
Harford	0	0	0	1	5,100	2.08	245,561	1
Howard	0	0	0	0	0	0	296,956	0
Kent	1	19,642	100	0	0	0	19,642	1
Montgomery	1	62,759	6.30	1	18,585	1.87	996,324	2
Prince George's	3	128,400	14.63	3	44,711	5.10	877,363	6
Queen Anne's	2	**	**	0	0	0	47,889	2
Somerset	1	21,486	100	0	0	0	21,486	1
St. Mary's	1	**	**	1	2,232	2.12	105,513	2
Talbot	1	5,386	14.37	0	0	0	37,481	1
Washington	4	**	**	1	13,753	9.75	141,107	5
Wicomico	1	**	**	1	18,351	18.51	99,152	2
Worcester	1	50,920	100	0	0	0	50,920	1
Baltimore City	15	473,363	77.34	0	0	0	612,040	15
Maryland Total	46	974,504	16.82	13	143,785	2.48	5,793,471	59

** Designations based on Minor Civil Divisions, not census tracts. Population figures are not available at the MCD level, therefore percent of population covered cannot be calculated.

Source: American Community Survey and Health Resources and Services Administration, 2016

<http://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx>

¹American Community Survey, 2010-2014 Estimate Civilian noninstitutional population: Persons 16 years of age and older residing in Maryland, who are not inmates of institutions (e.g., penal and mental facilities, homes for the aged), and who are not on active duty in the Armed Forces.

²Data retrieved from 2009-2013 American Community Survey 5-Year Estimates of Maryland's 200% poverty status.

Created by PCO, OPCA, PHPA, DHMH, 2/12/16

Table 59: MUA/MUP Designations by Jurisdiction, Name, ID, and Discipline, Maryland, 2016

Jurisdictions	Type	Names	ID	Designation / Update Dates	Total Designations
Allegany	MUA	Allegany Service Area Oldtown Service Area Cumberland Service Area	1482 1497 1498	5/4/1994 5/11/1994 5/11/1994	3
	MUP	No MUP			
Anne Arundel	MUA	North Anne Arundel Service Area Meade Heights Service Area	6204 7359	3/12/2001 8/8/2003	4
	MUP	Medicaid Central Annapolis Service Area Low Inc - Owensville	1499 7565	3/6/2014 6/3/2003	
Baltimore County	MUA	Middle River Lansdown/Highlands	1473 6222	11/18/2010 5/24/2001	2
	MUP	No MUP			
Calvert	MUA	Calvert Service Area	6191	2/20/2001	1
	MUP	No MUP			
Caroline	MUA	Caroline Service Area	1474	11/1/1978	1
	MUP	No MUP			
Carroll	MUA	No MUA			1
	MUP	Carroll County - Low Income Population Governor's MUP	1246265283	4/8/2015	
Cecil	MUA	Perryville Conowingo Service Area	7283 7502	2/12/2003 11/8/2002	2
	MUP	No MUP			
Charles	MUA	Charles Service Area Charles Service Area	1492 1493	5/11/1994 5/11/1994	3
	MUP	Low Inc - Brandywine Service Area	1481	2/1/1994	
Dorchester	MUA	No MUA			1
	MUP	Medicaid Eligible - Dorchester County	7945	12/12/2013	
Frederick	MUA	Frederick Downtown	7695	3/12/2009	1
	MUP	No MUP			
Garrett	MUA	Garrett Service Area	1476	11/1/1978	1
	MUP	No MUP			
Harford	MUA	No MUA			1
	MUP	Aberdeen	7684	10/6/2008	
Howard	MUA	No MUA			0
	MUP	No MUP			
Kent	MUA	Low Inc - Kent County	7290	1/21/2003	1
	MUP	No MUP			
Montgomery	MUA	Aspen Hill	7906	2/20/2013	2
	MUP	Low Inc - Takoma/ Langley	7369	9/11/2003	
Prince George's	MUA	Collington Neighborhood	7848	1/5/2012	
		Accokeek Neighborhood	7849	1/13/2012	

Source: Health Resources and Services Administration, 2016

<http://datawarehouse.hrsa.gov/tools/analyzers/mafnd.aspx>

Table 59: MUA/MUP Designations by Jurisdiction, Name, ID, and Discipline, Maryland, 2016

Jurisdictions	Type	Names	ID	Designation / Update Dates	Total Designations
Prince George's Continued	MUA	District Heights/Capitol Heights Service Area	7968	7/25/2014	6
	MUP	Low Inc - Brandywine Service Area	1481	2/1/1994	
		Low Inc - Takoma/ Langley	7369	9/11/2003	
		Medicaid Eligible - College Park	7969	7/30/2014	
Queen Anne's	MUA	Dixon/ Ruthsburg Service Area	1496	7/5/1994	2
	MUP	Queenstown Service Area No MUP			
Somerset	MUA	Somerset Service Area	1477	12/12/2008	1
	MUP	No MUP			
St. Mary's	MUA	Chaptico/ Milestown Service Area	1494	5/11/1994	2
	MUP	Medicaid Eligible - Lexington Park	7908	3/14/2013	
Talbot	MUA	Western Talbot County	7102	4/16/2010	1
	MUP	No MUP			
Washington	MUA	Allegany Service Area	1482	5/4/1994	5
		Rohrersville Service Area	1502	5/11/1994	
		Sandy Hook Service Area	1503	5/11/1994	
		Keedysville Service Area	1504	5/11/1994	
MUP	Downtown Hagerstown	7103	11/9/2001		
Wicomico	MUA	Tyaskin/ Nanticoke Service Area	1495	12/12/2008	2
	MUP	Medicaid Eligible - Salisbury Service Area	1478	8/1/2014	
Worcester	MUA	Worcester Service Area	1479	11/1/1978	1
	MUP	No MUP			
Baltimore City	MUA	Baltimore City Service Area	1483	5/4/1994	15
		Baltimore City Service Area	1484	5/4/1994	
		Baltimore City Service Area	1485	5/4/1994	
		Baltimore City Service Area	1486	5/4/1994	
		Baltimore City Service Area	1487	5/4/1994	
		Baltimore City Service Area	1488	5/4/1994	
		Northwest Baltimore City	1489	2/24/2011	
		Baltimore City Service Area	1490	5/4/1994	
		Baltimore Service Area	1491	5/4/1994	
		Glenwood Service Area	6119	6/23/1999	
		Irvington Service Area	7352	8/5/2003	
		Cross Country/Cheswolde	7794	2/1/2011	
		Brooklyn-Curtis Bay	7966	7/2/2014	
		Frankford Service Area	7972	7/31/2014	
		West Baltimore City Service Area	7974	8/4/2014	
		MUP	No MUP		

Source: Health Resources and Services Administration, 2016

<http://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>

Table 60: Number of Federally Qualified Health Centers (FQHCs) by Jurisdiction, Maryland 2016

Jurisdictions	Number of FQHCs by Jurisdiction
Allegany	2
Anne Arundel	6
Baltimore City	36
Baltimore County	3
Calvert	0
Caroline	15
Carroll	0
Cecil	1
Charles	1
Dorchester	4
Frederick	2
Garrett	2
Harford	2
Howard	3
Kent	1
Montgomery	17
Prince George's	10
Queen Anne's	1
Somerset	5
St. Mary's	1
Talbot	8
Washington	6
Wicomico	8
Worcester	1
Maryland Total	135

Source:

Health Resources and Services Administration, Geospatial Warehouse, accessed 2/11/2016

<http://datawarehouse.hrsa.gov/tools/hdwreports/reports.aspx>

Created by PCO, OPCA, PHPA, DHMH, 2/11/16

Table 61: Federally Qualified Health Center (FQHC) Sites Approved by Year, Maryland, 1971-2015

Year	Number of FQHC Sites Approved*
1971	0
1972	1
1973	0
1974	0
1975	1
1976	0
1977	0
1978	1
1979	0
1980	3
1981	1
1982	1
1983	0
1984	0
1985	1
1986	0
1987	2
1988	0
1989	2
1990	0
1991	1
1992	1
1993	1
1994	3
1995	1
1996	2
1997	1
1998	2
1999	1
2000	7
2001	3
2002	1
2003	1
2004	1
2005	4
2006	7
2007	4
2008	3

*Includes other FQHCs' states or territories with sites located in Maryland. Does not include administrative sites.

Source: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 2/22/16
<http://datawarehouse.hrsa.gov/data/datadownload/hccdownload.aspx>

Table 61: Federally Qualified Health Center (FQHC) Sites Approved by Year, Maryland, 1971-2015

Year	Number of FQHC Sites Approved*
2009	12
2010	11
2011	4
2012	11
2013	15
2014	10
2015	15
Maryland Total	135

*Includes other FQHCs' states or territories with sites located in Maryland. Does not include administrative sites.

Source: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 2/22/16
<http://datawarehouse.hrsa.gov/data/datadownload/hccddownload.aspx>

Table 62: NHSC Provider FTEs by Discipline, Maryland and U.S., 2016

Discipline	NHSC Provider FTE's by Discipline, Maryland and U.S., 2016			
	Maryland	% of Total	U.S.	% of Total
Primary Health Care	59.6	38.7	3,816	49.1
Dental Health Care	11	7.1	1,096.3	14.1
Mental Health Care	83.5	54.2	2,858.7	36.8
Total	154.1	100	7,771.1	100

FTE: Full Time Equivalency

Source: Health Resources and Services Administration (HRSA), Data Warehouse
(<http://datawarehouse.hrsa.gov/topics/nhsc.aspx>), 2/25/16

Created by PCO, OPCA, PHPA, DHMH, 2/25/16

Table 63: NHSC Provider FTEs by Enrollment, Maryland and U.S., 2016

Enrollment	NHSC Provider FTE's by Type of Enrollment, Maryland and U.S., 2016			
	Maryland	% of Total	U.S.	% of Total
Scholar	12	8	443.7	6
Loan Repayor	142.1	92	7,327.4	94
Total	154.1	100	7,771.1	100

FTE: Full Time Equivalency

NHSC: National Health Service Corps

Source: Health Resources and Services Administration (HRSA), Data Warehouse
(<http://datawarehouse.hrsa.gov/topics/nhsc.aspx>), 2/25/16

Created by PCO, OPCA, PHPA, DHMH, 2/25/16

Table 64: NHSC Providers' FTEs by Jurisdiction, Maryland 2015

Jurisdictions	NHSC Providers' FTEs*
Allegany	10
Anne Arundel	3
Baltimore City	89.6
Baltimore County	3.5
Calvert	1
Caroline	4.2
Carroll	0
Cecil	0
Charles	1
Dorchester	2.8
Frederick	1
Garrett	3
Harford	0
Howard	0
Kent	1
Montgomery	5
Prince George's	2.5
Queen Anne's	0
Somerset	9.7
St. Mary's	0
Talbot	0
Washington	2
Wicomico	9.6
Worcester	5.2
Total	154.1

*FTE active service commitment includes multiple years for providers providing care.

Source: Health Resources and Services Administration (HRSA), Data Warehouse
(<http://datawarehouse.hrsa.gov/topics/nhsc/discipline.aspx#>), 2/26/16

Created by PCO, OPCA, PHPA, DHMH, 2/26/16

Table 65: NHSC Providers and Approved Sites by Jurisdiction, Maryland, 2014-2015

Jurisdictions	NHSC Providers' FTEs and Approved Sites 2014		NHSC Providers' FTEs and Approved Sites 2015	
	Providers	NHSC Approved Sites	Providers	NHSC Approved Sites
Allegany	6	4	0	2
Anne Arundel	1	1	1	1
Baltimore City	22	47	17	30
Baltimore County	0	0	0	0
Calvert	0	1	0	1
Caroline	0	0	0	1
Carroll	0	0	0	0
Cecil	0	1	0	2
Charles	0	2	0	0
Dorchester	0	2	0	1
Frederick	0	0	0	0
Garrett	0	0	1	2
Harford	0	1	0	4
Howard	0	0	0	0
Kent	1	1	0	0
Montgomery	1	2	0	0
Prince George's	0	0	0	1
Queen Anne's	0	1	0	0
Somerset	0	1	0	0
St. Mary's	0	1	0	0
Talbot	0	0	0	0
Washington	0	1	1	2
Wicomico	2	2	1	2
Worcester	3	4	0	1
Maryland Total	36	72	21	50

Source: Health Resources and Services Administration (HRSA), Data Warehouse
(<http://datawarehouse.hrsa.gov/topics/nhsc/discipline.aspx#>), 2/26/16

Created by PCO, OPCA, PHPA, DHMH, 2/26/16

Table 66: Loan Assistance Awardees by Specialty, Maryland, 2014-2015

Specialty	Fiscal Year 2015			Fiscal Year 2016		
	Providers	MLARP	SLRP	Providers	MLARP	SLRP
Family Medicine	5	0	5	10	2	8
Infectious Disease	0	0	0	0	0	0
Internal Medicine	1	0	1	3	0	3
Emergency Medicine	0	0	0	2	2	0
OB/GYN	3	0	3	2	0	2
Pediatrician	3	1	2	9	0	9
Psychiatrist	5	0	5	10	1	9
Total	17	1	16	36	5	31

MLARP: Maryland Loan Assistance Repayment Program offers primary care physicians, psychiatrists, physician assistants, and medical residents loan assistance to those who practice in designated shortage areas within the state. It is 100% state funded.

SLRP: Maryland State Loan Repayment Program, offers eligible primary care physicians, psychiatrists, and physician assistants loan assistance to those who practice in designated shortage areas. Program requires a state dollar match to every federal dollar.

Source: Primary Care Office, Office of Rural Health, Maryland Department of Health and Mental Hygiene, 1/15/2016

Created by PCO, OPCA, PHPA, DHMH, 1/15/16

Table 67: Loan Assistance Awardees by Jurisdiction, Maryland, 2014-2015

Jurisdictions	Loan Repayment Programs Awarded to Providers by Jurisdiction					
	FY 2015			FY 2016		
	Awardee	MLARP	SLRP	Awardee	MLARP	SLRP
Allegany	2	1	1	1	0	1
Anne Arundel	0	0	0	1	0	1
Baltimore City	9	0	9	24	2	22
Baltimore County	1	0	1	0	0	0
Calvert	0	0	0	1	1	0
Caroline	0	0	0	0	0	0
Carroll	0	0	0	1	0	1
Cecil	0	0	0	1	0	1
Charles	0	0	0	0	0	0
Dorchester	1	0	1	2	1	1
Frederick	0	0	0	0	0	0
Garrett	0	0	0	1	0	1
Harford	0	0	0	0	0	0
Howard	2	0	2	0	0	0
Kent	0	0	0	0	0	0
Montgomery	0	0	0	1	1	0
Prince George's	2	0	2	1	0	1
Queen Anne's	0	0	0	0	0	0
Somerset	0	0	0	0	0	0
St. Mary's	0	0	0	0	0	0
Talbot	0	0	0	0	0	0
Washington	0	0	0	0	0	0
Wicomico	0	0	0	2	0	2
Worcester	0	0	0	0	0	0
Maryland Total	17	1	16	36	5	31

MLARP: Maryland Loan Assistance Repayment Program offers primary care physicians, psychiatrists, physician assistants, and medical residents loan assistance to those who practice in designated shortage areas within the state. It is 100% state funded.

SLRP: Maryland State Loan Repayment Program, offers eligible primary care physicians, psychiatrists, and physician assistants loan assistance to those who practice in designated shortage areas. Program requires a state dollar match to every federal dollar.

Source: Primary Care Office, Office of Rural Health, Maryland Department of Health and Mental Hygiene, 1/15/2016

Table 68: J-1 Visa Waiver Physicians by Jurisdiction, Maryland, 2014-2015

Jurisdiction	2014 J-1 Visa Waiver Physician Placements	2015 J-1 Visa Waiver Physician Placements
Allegany	6	4
Anne Arundel	0	0
Baltimore County	4	2
Calvert	3	2
Caroline	0	0
Carroll	0	0
Cecil	2	0
Charles	2	1
Dorchester	2	2
Frederick	0	0
Garrett	0	0
Harford	0	0
Howard	0	0
Kent	1	2
Montgomery	1	1
Prince George's	2	1
Queen Anne's	0	1
St. Mary's	1	3
Somerset	0	1
Talbot	0	0
Washington	2	0
Wicomico	3	8
Worcester	1	0
Baltimore City	10	9
Maryland Total	40 sites (30 physicians)*	37 sites (30 physicians)*

* The total number of J-1 Physicians is 30 for each federal fiscal year; however, some physicians work in more than one jurisdiction and/or site.

Source: Primary Care Office, Office of Rural Health, Maryland Department of Health and Mental Hygiene, 1/29/2016

Created by PCO, OPCA, PHPA, DHMH, 1/29/16

Table 69: J-1 Visa Waiver Physicians by Specialty and Sub-Specialty, Maryland, 2015

Specialty	# of Physicians	Specialty Total
Internal Medicine	22	25
Pediatrics	2	
Psychiatry	1	

Sub-Specialty		Sub-Specialty Total
Endocrinology	1	5
Pediatric Gastroenterology	1	
Pulmonology	1	
General Surgery	2	

Total J-1 Visa Waiver Physicians	30
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Source: Primary Care Office, Office of Rural Health, Maryland Department of Health and Mental Hygiene, 1/29/2016

Created by PCO, OPCA, PHPA, DHMH, 1/29/16

Table 70: Primary Care and Mental Health FTEs and Population Ratios per Jurisdiction, Maryland, 2016

County	Resident Civilian Population	Primary Care FTE	Primary Care Provider to Population Ratio	Mental Health FTE	Mental Health Provider to Population Ratio
Allegany	68,442	45.4	1:1,508	7.6	1:8,976
Anne Arundel	530,758	346.8	1:1,531	25.9	1:20,512
Baltimore City	612,040	425.0	1:1,440	94.7	1:6,465
Baltimore County	809,331	686.3	1:1,179	114.9	1:7,045
Calvert	88,471	46.7	1:1,893	5.7	1:15,659
Caroline	32,321	11.2	1:2,886	1.2	1:26,934
Carroll	165,355	85.3	1:1,939	7.6	1:21,757
Cecil	100,556	48.5	1:2,073	2.7	1:36,901
Charles	148,386	88.1	1:1,685	5.1	1:29,383
Dorchester	32,149	9.6	1:3,358	2.8	1:11,380
Frederick	236,845	130.5	1:1,816	18.1	1:13,085
Garrett	29,423	12.7	1:2,312	1.8	1:16,122
Harford	245,561	123.6	1:1,988	10.0	1:24,495
Howard	296,956	207.7	1:1,430	37.2	1:7,993
Kent	19,642	13.7	1:1,439	1.0	1:20,676
Montgomery	996,324	763.5	1:1,305	172.7	1:5,769
Prince George's	877,363	410.2	1:2,139	31.1	1:28,256
Queen Anne's	47,889	25.8	1:1,856	1.9	1:24,877
St. Mary's	21,486	49.3	1:436	2.3	1:9,549
Somerset	105,513	5.4	1:19,449	0.3	1:422,052
Talbot	37,481	32.6	1:1,151	5.5	1:6,846
Washington	141,107	118.1	1:1,198	13.4	1:10,550
Wicomico	99,152	59.5	1:1,666	8.2	1:12,092
Worcester	50,920	30.6	1:1,667	3.0	1:16,833
Total	5,793,471	3,775.7	1:1,534	574.4	1:10,086

Primary Care FTE: Includes family practice, general practice, internal medicine, obstetric and gynecology and pediatric

Mental Health FTE: Includes psychiatrists

Excluded FTE: Physicians solely working at hospitals, non-acute care facilities, or providing academia or research services.

Source:

2012-2013 Maryland Board of Physicians License Renewal Survey

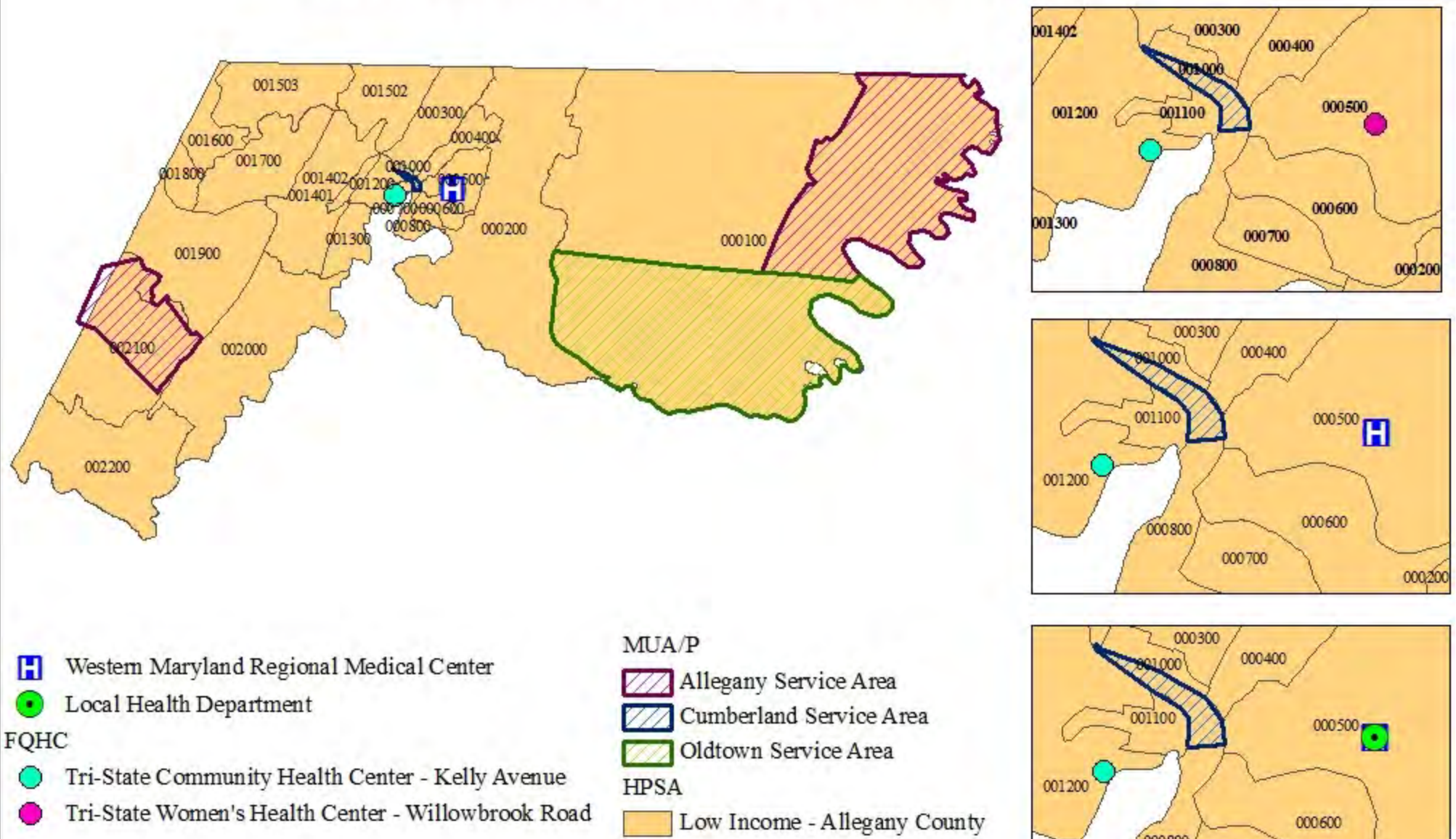
American Community Survey, 2010-2014 Estimate Civilian noninstitutional population: Persons 16 years of age and older residing in Maryland, who are not inmates of institutions (e.g., penal and mental facilities, homes for the aged), and who are not on active duty in the Armed Forces.

Created by PCO, OPCA, PHPA, DHMH, 2/26/16

Appendix C: Maps of Safety-net Sites (local health departments, FQHCs and hospitals) per Jurisdiction. Also includes primary care area designations for HPSAs, MUAs, and MUPs.

Allegany
Anne Arundel
Baltimore County
Calvert
Caroline
Carroll
Cecil
Charles
Dorchester
Frederick
Garrett
Harford
Howard
Kent
Montgomery
Prince George's
Queen Anne's
Saint Mary's
Somerset
Talbot
Washington
Wicomico
Worcester
Baltimore City

Allegany County Medically Underserved Areas/Populations (MAU/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), Hospitals and Local Health Departments

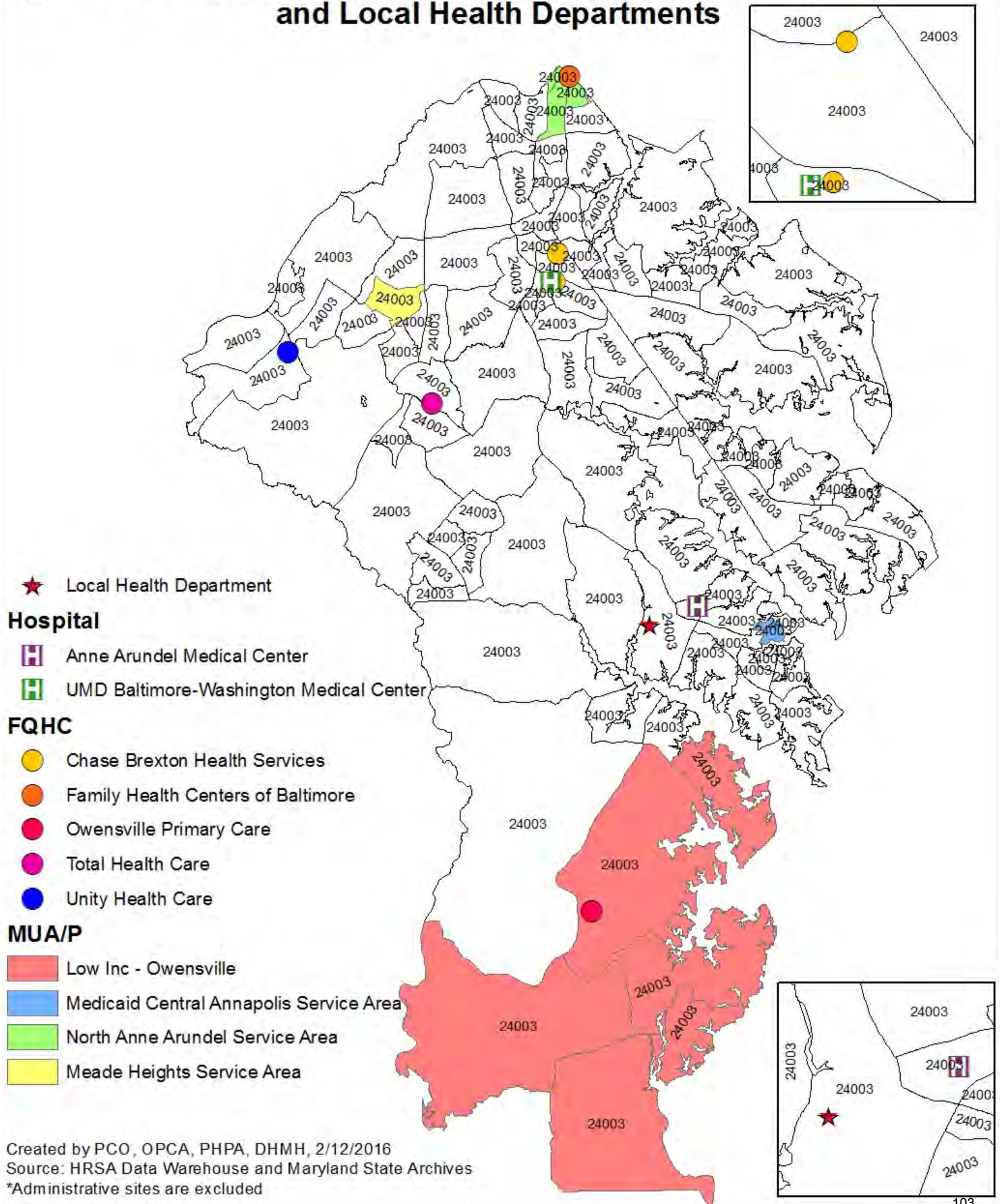


Created by PCO, OPCA, PHPA, DHMH, 2/12/2016

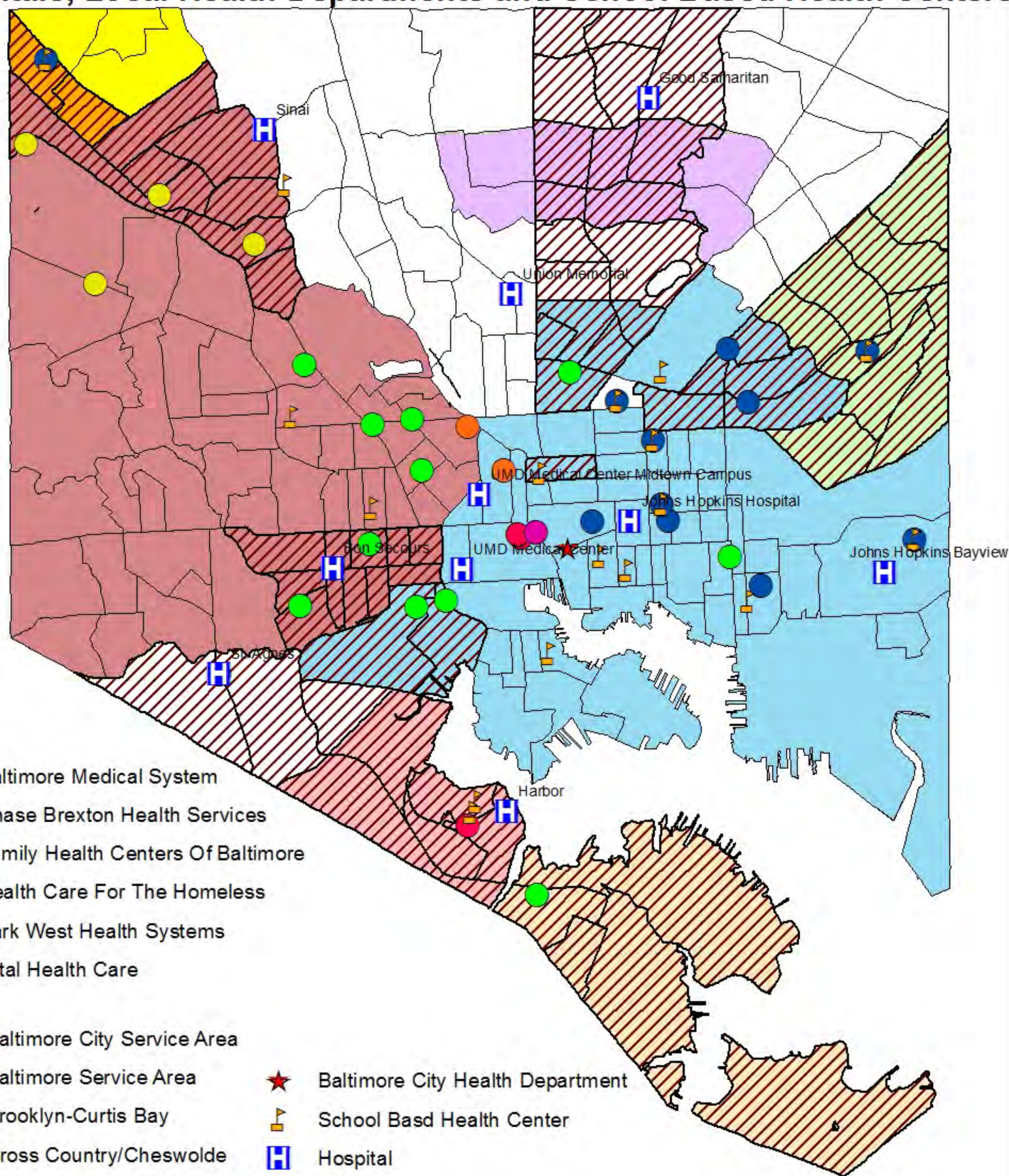
Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives

*Administrative sites are excluded

Anne Arundel County Medically Underserved Areas/Populations (MUA/Ps), Federally Qualified Health Centers (FQHCs), Hospitals, and Local Health Departments



Baltimore City Medically Underserved Areas (MUAs), Federally Qualified Health Centers, Hospitals, Local Health Departments and School Based Health Centers



FQHC

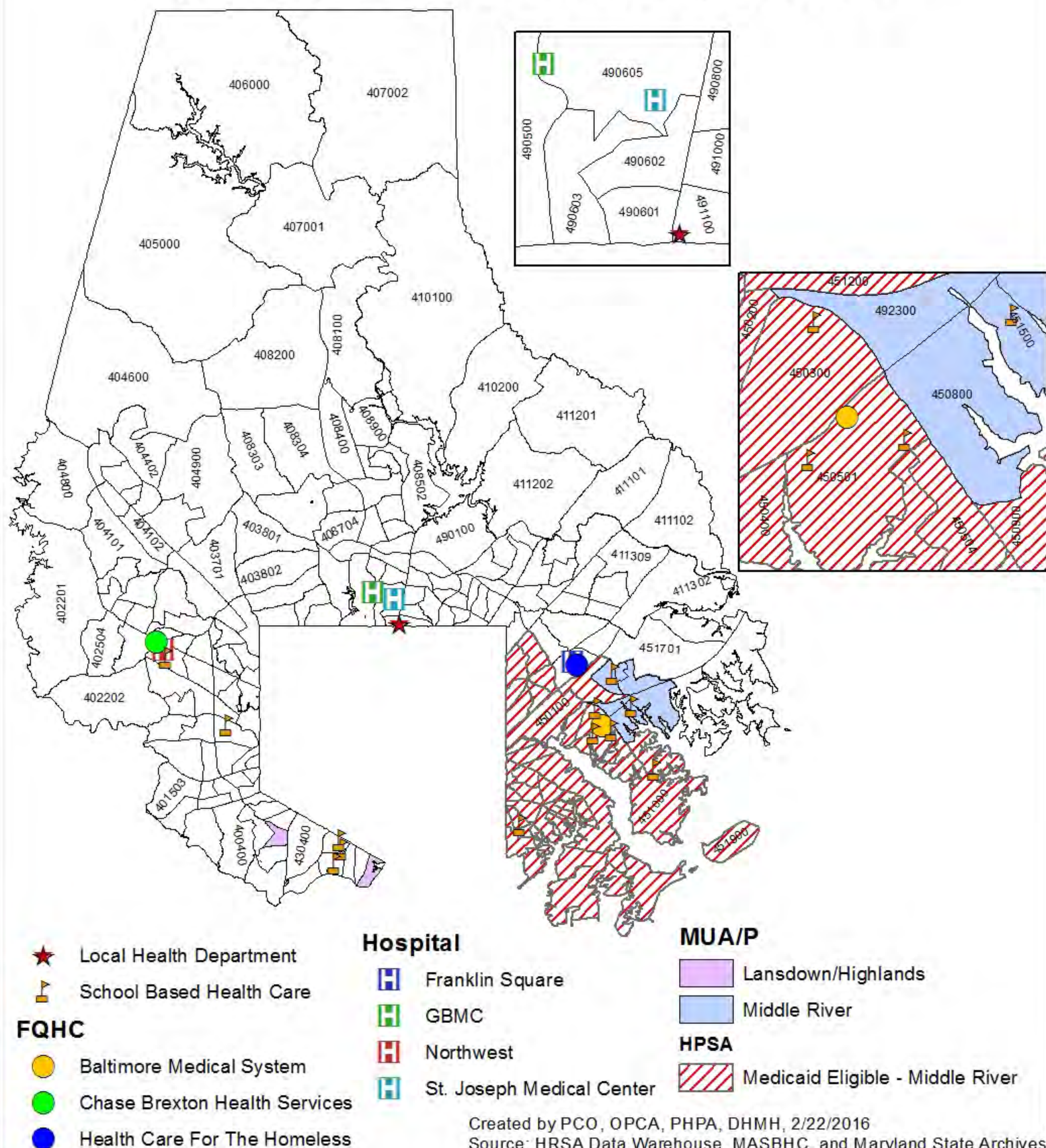
- Baltimore Medical System
- Chase Brexton Health Services
- Family Health Centers Of Baltimore
- Health Care For The Homeless
- Park West Health Systems
- Total Health Care

MUA

- Baltimore City Service Area
- Baltimore Service Area
- Brooklyn-Curtis Bay
- Cross Country/Cheswolde
- Frankford Service Area
- Glenwood Service Area
- West Baltimore City Service Area
- West Baltimore City Service Area
- ★ Baltimore City Health Department
- 🚩 School Based Health Center
- 🏥 Hospital
- ▨ HPSA

Created by PCO, OPCA, PHPA, DHMH, 2/12/2016
Source: HRSA Data Warehouse
*Administrative sites are excluded

Baltimore County Health Professional Shortage Areas (HPSAs), Medically Underserved Areas/Populations (MUA/Ps), Hospitals, Federally Qualified Health Centers (FQHCs) and Local Health Departments



Calvert County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Hospitals and Local Health Departments



Caroline County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments

- ★

Local Health Department
- FQHC
- Denton Medical Center
- Federalsburg Medical And Dental Center
- Goldsboro Medical And Dental Center
- School Based Health Center
- 🚩

Colonel Richardson HS
- 🚩

Colonel Richardson MS
- 🚩

Denton ES
- 🚩

Federalsburg ES
- 🚩

Greensboro ES
- 🚩

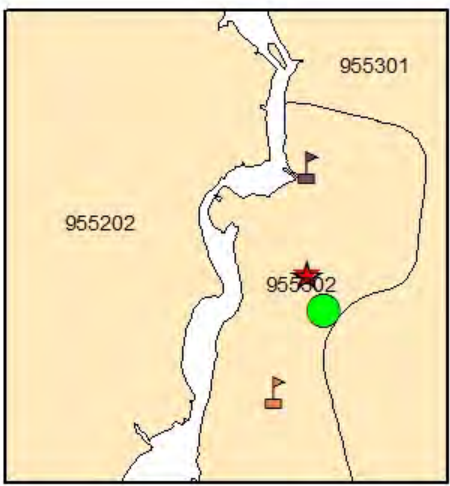
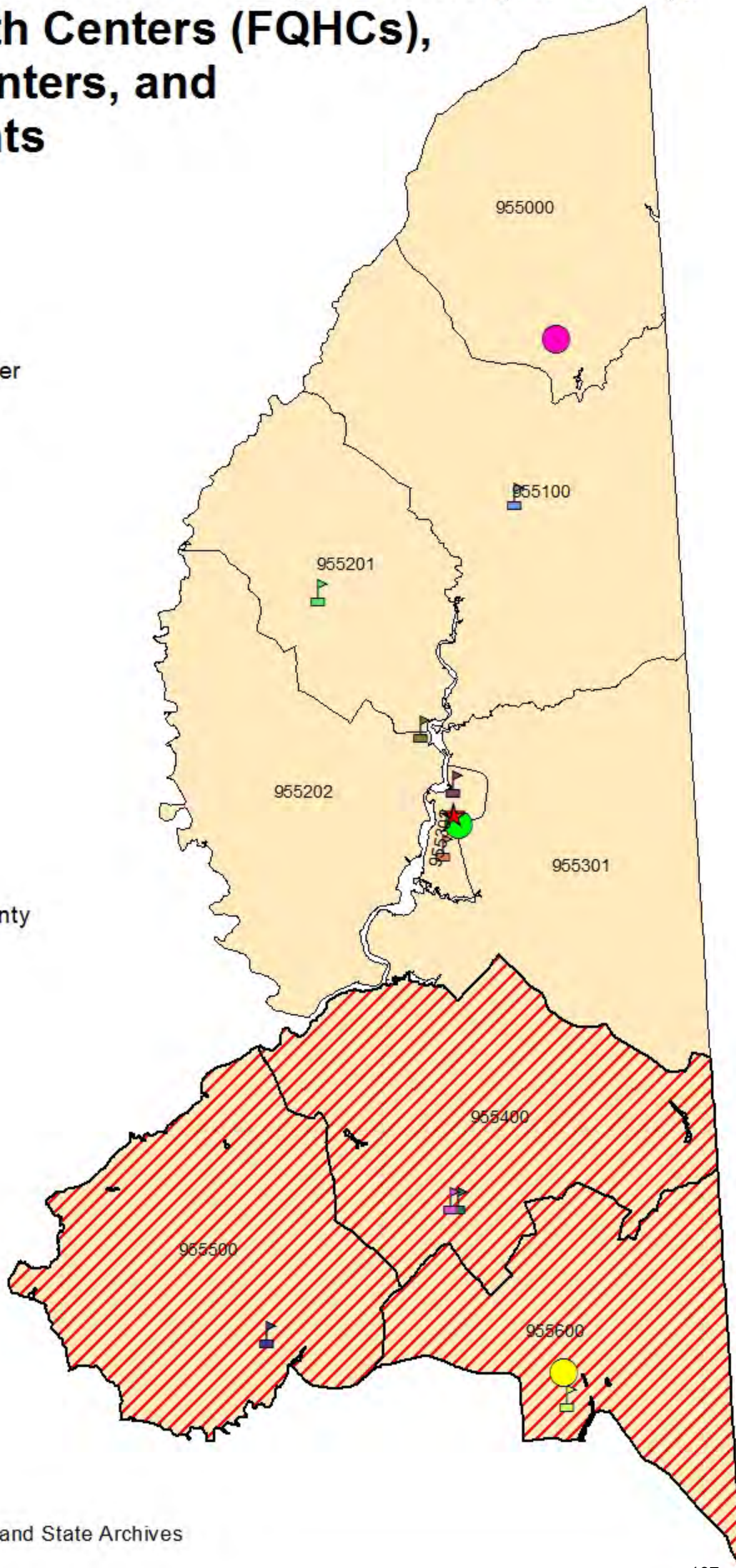
Lockerman MS
- 🚩

North Caroline HS
- 🚩

Preston ES
- 🚩

Ridgely ES
- ▨

Medicaid Eligible - South Caroline County
- MUA



Carroll County

Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), and Local Health Departments



Carroll Hospital Center



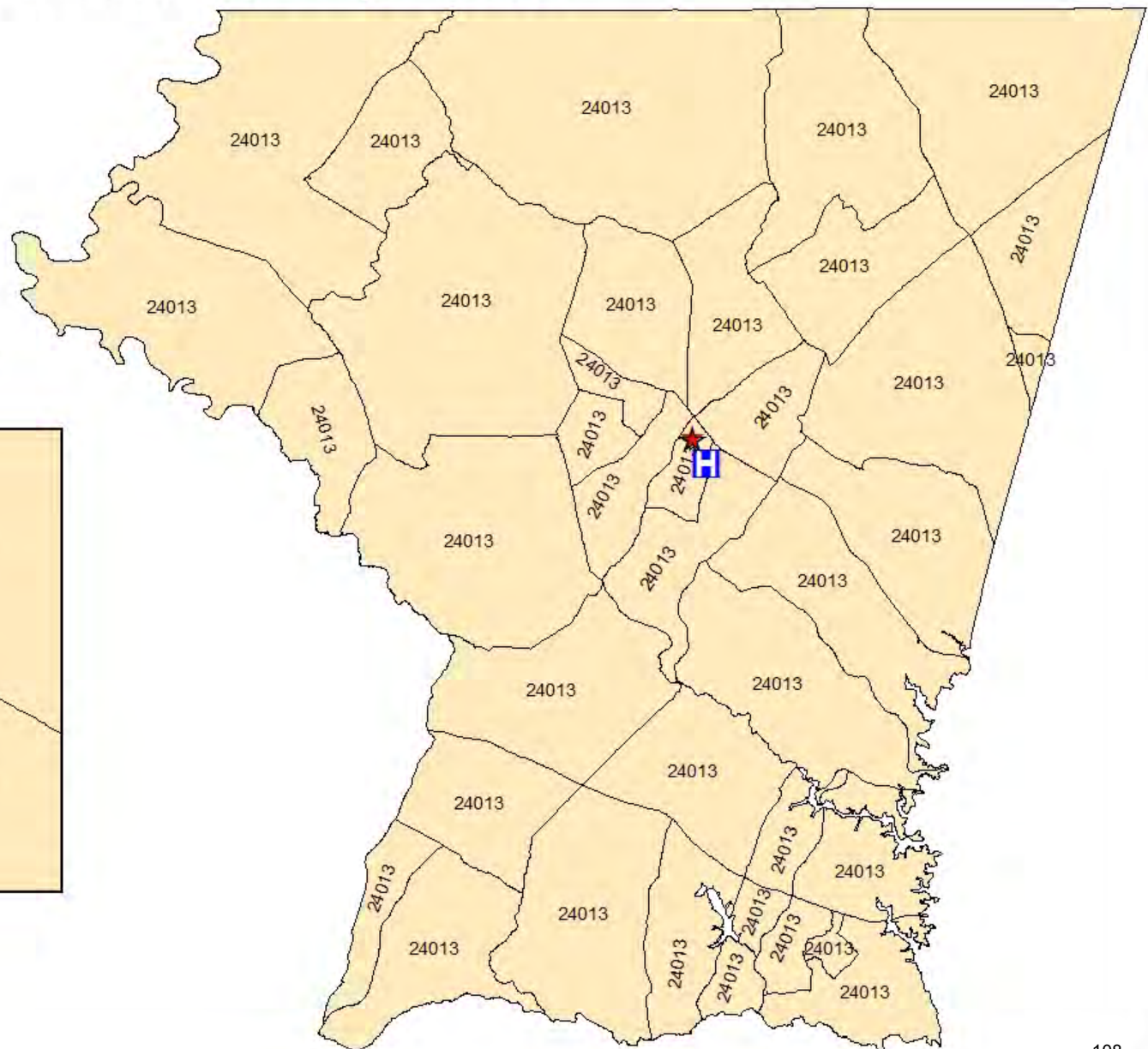
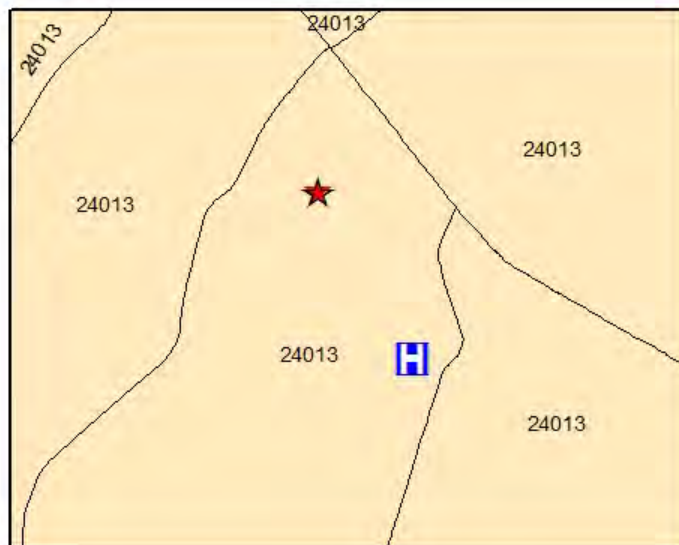
Local Health Department

MUP



Low Income Population Governor's MUP

*Carroll County currently have no HPSA designations

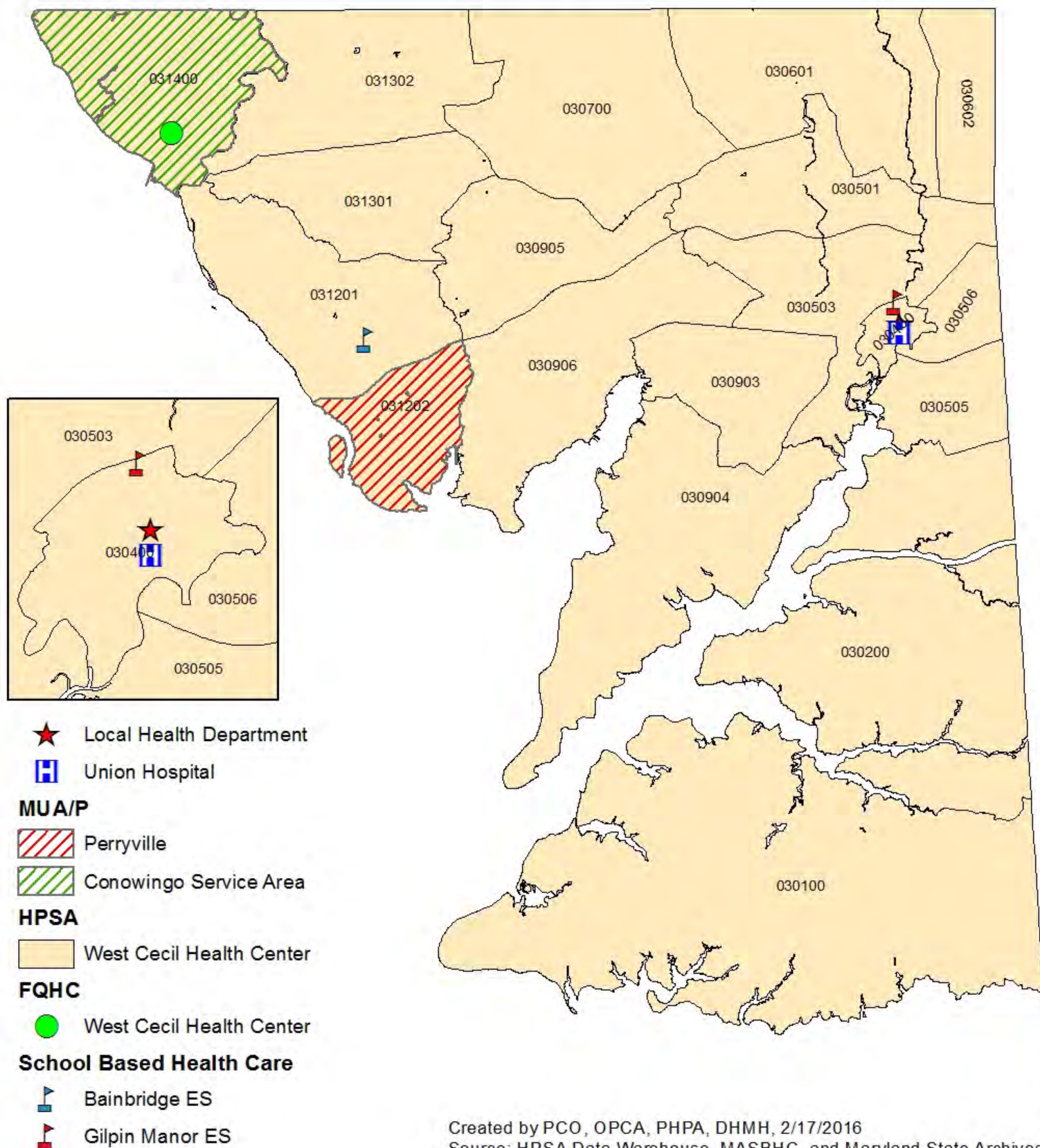


Created by PCO, OPCA, PHPA, DHMH, 2/8/16

Source: HRSA Data Warehouse

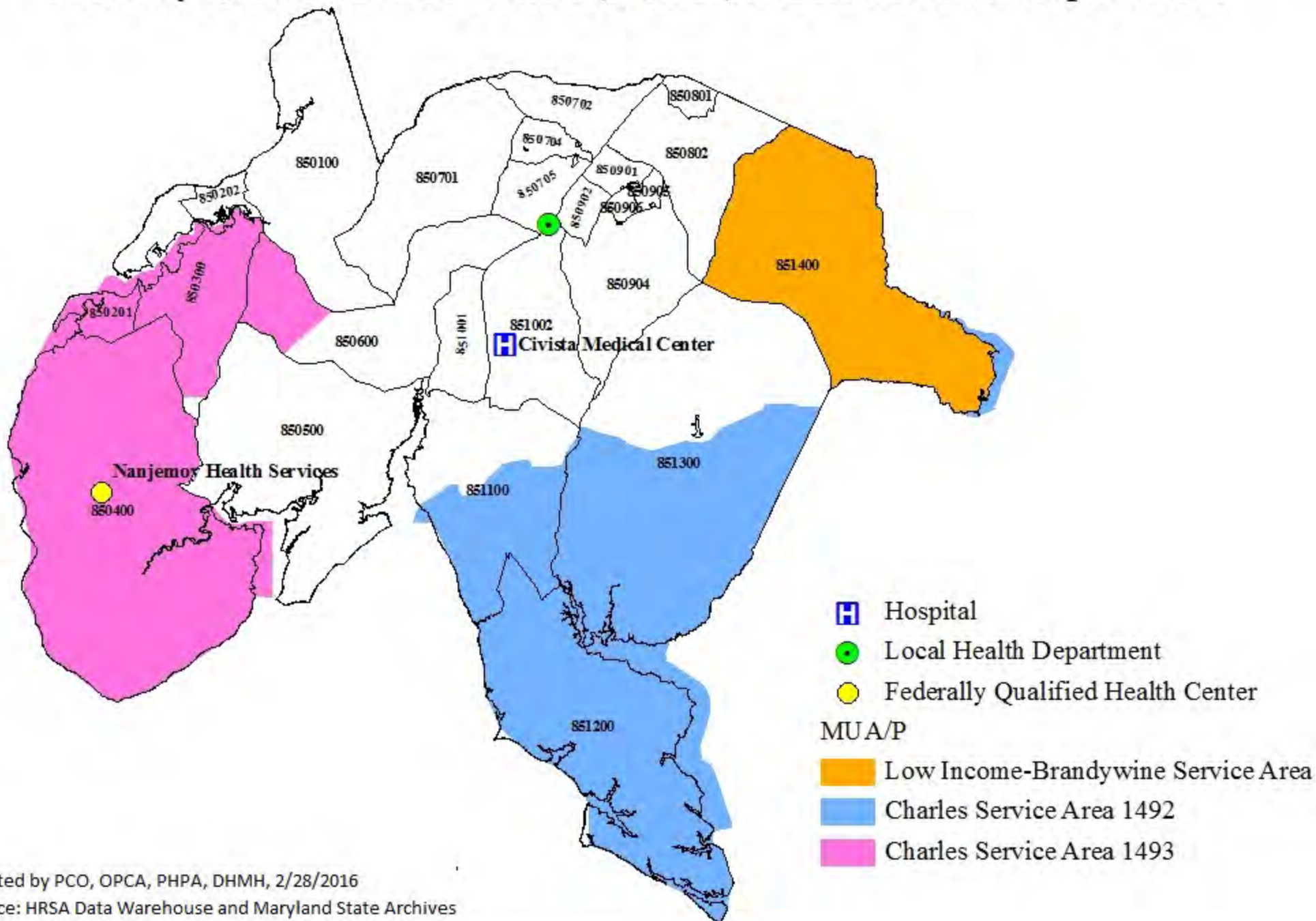
*Administrative sites are excluded

Cecil County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments



Created by PCO, OPCA, PHPA, DHMH, 2/17/2016
 Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives
 *Administrative sites are excluded

Charles County Medically Underserved Areas/Populations (MUA/Ps), Hospitals, Federally Qualified Health Centers (FQHCs) and Local Health Departments



Created by PCO, OPCA, PHPA, DHMH, 2/28/2016

Source: HRSA Data Warehouse and Maryland State Archives

*Administrative sites are excluded

Dorchester County Health Professional Shortage Areas (HPSAs), Medically Underserved Areas/Populations (MUA/Ps), Hospitals, Federally Qualified Health Centers (FQHCs) and Local Health Departments

★ Local County Health Department

☒ UMD Medical Center

School Based Health Care

☒ Cambridge South Dorchester HS

☒ Maces Lane MS

☒ North Dorchester HS

☒ North Dorchester MS

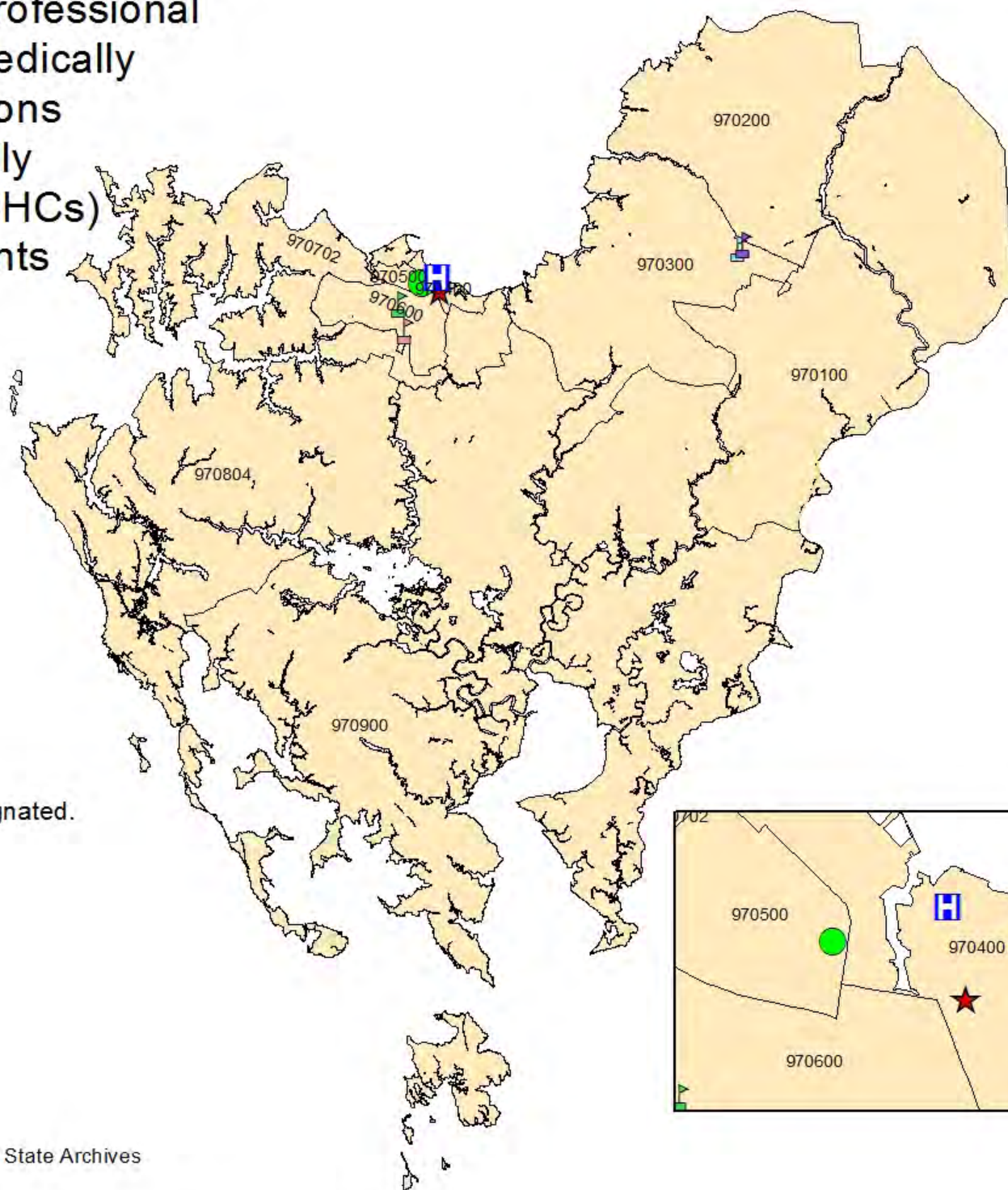
FQHC

● Fassett-Magee Health Center

MUA/P and HPSA

☐ Medicaid Eligible - Dorchester County

* The entire county is both HPSA and MUA designated.

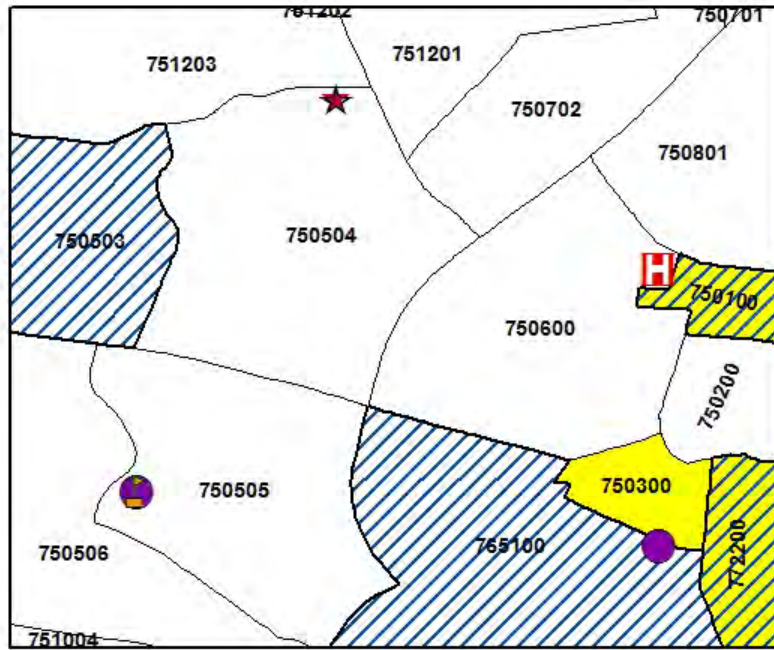


Created by PCO, OPCA, PHPA, DHMH, 2/12/2016

Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives

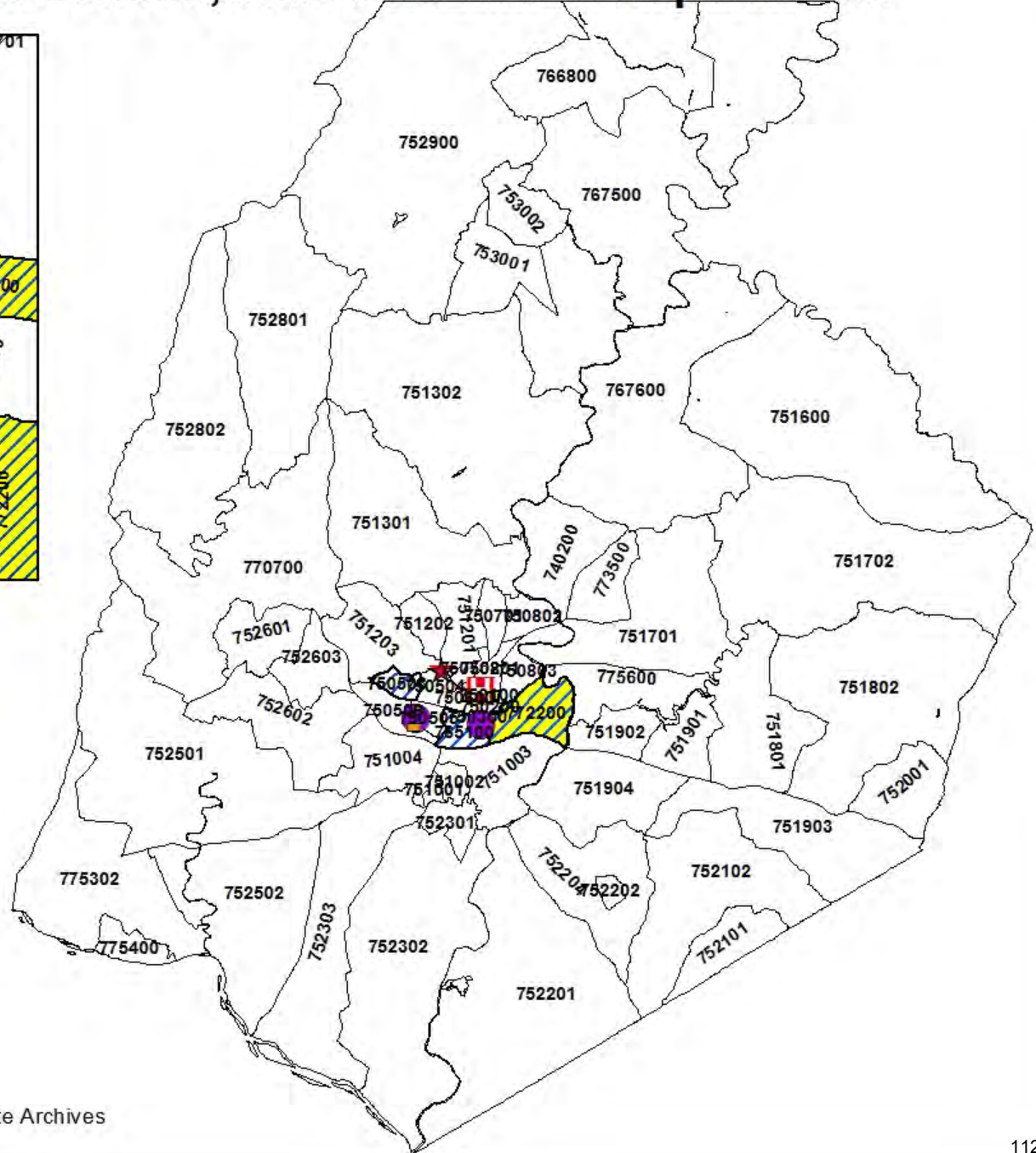
*Administrative sites are excluded

Frederick County Medically Underserved Areas/Populations(MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments

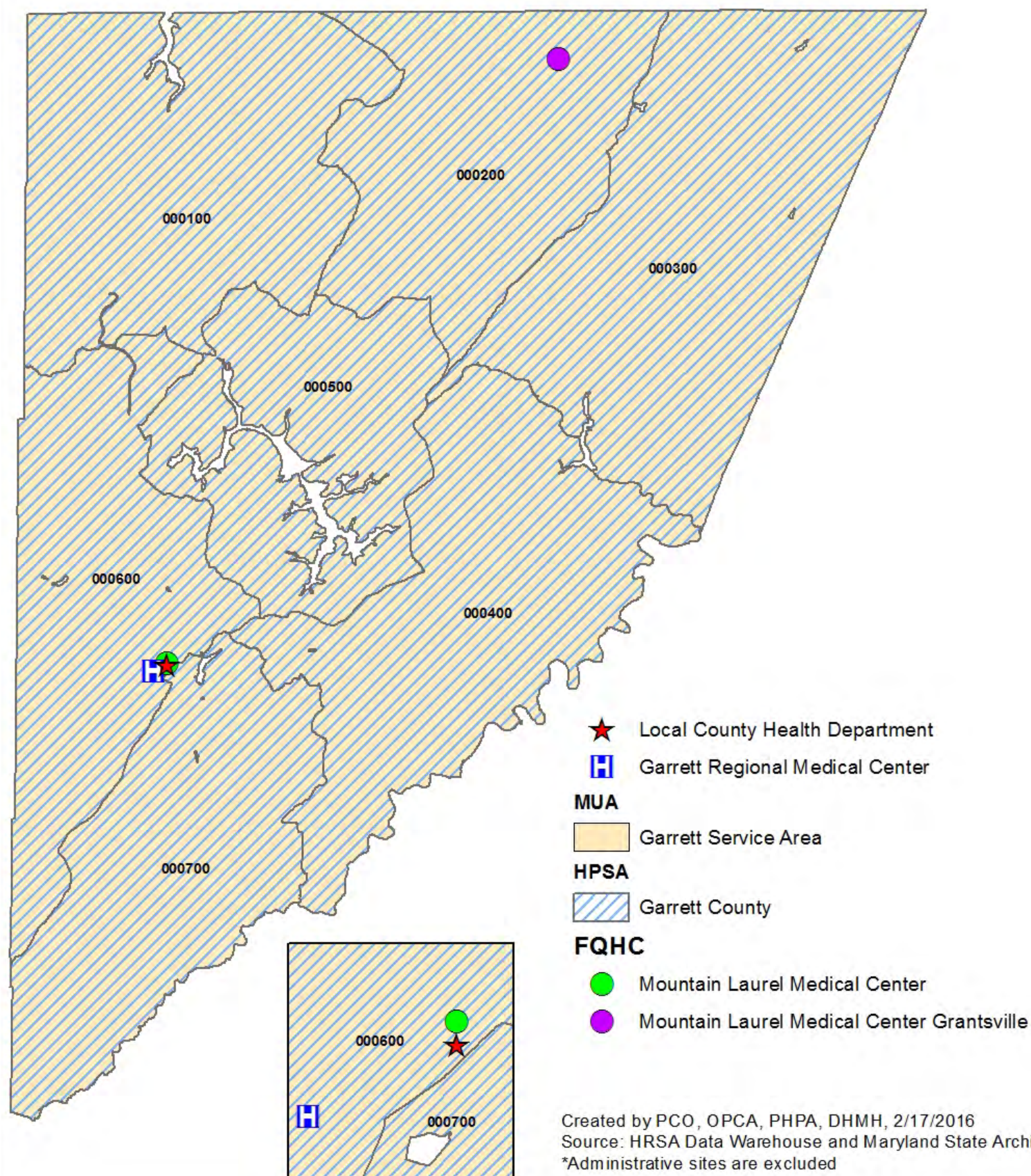


-  Local Health Department
 Frederick Memorial Hospital
School Based Health Center
 Hillcrest Elementary School
Federally Qualified Health Center
 Health Care for the Homeless
HPSA
 Medicaid Eligible - Downtown Frederick
MUA
 Frederick Downtown

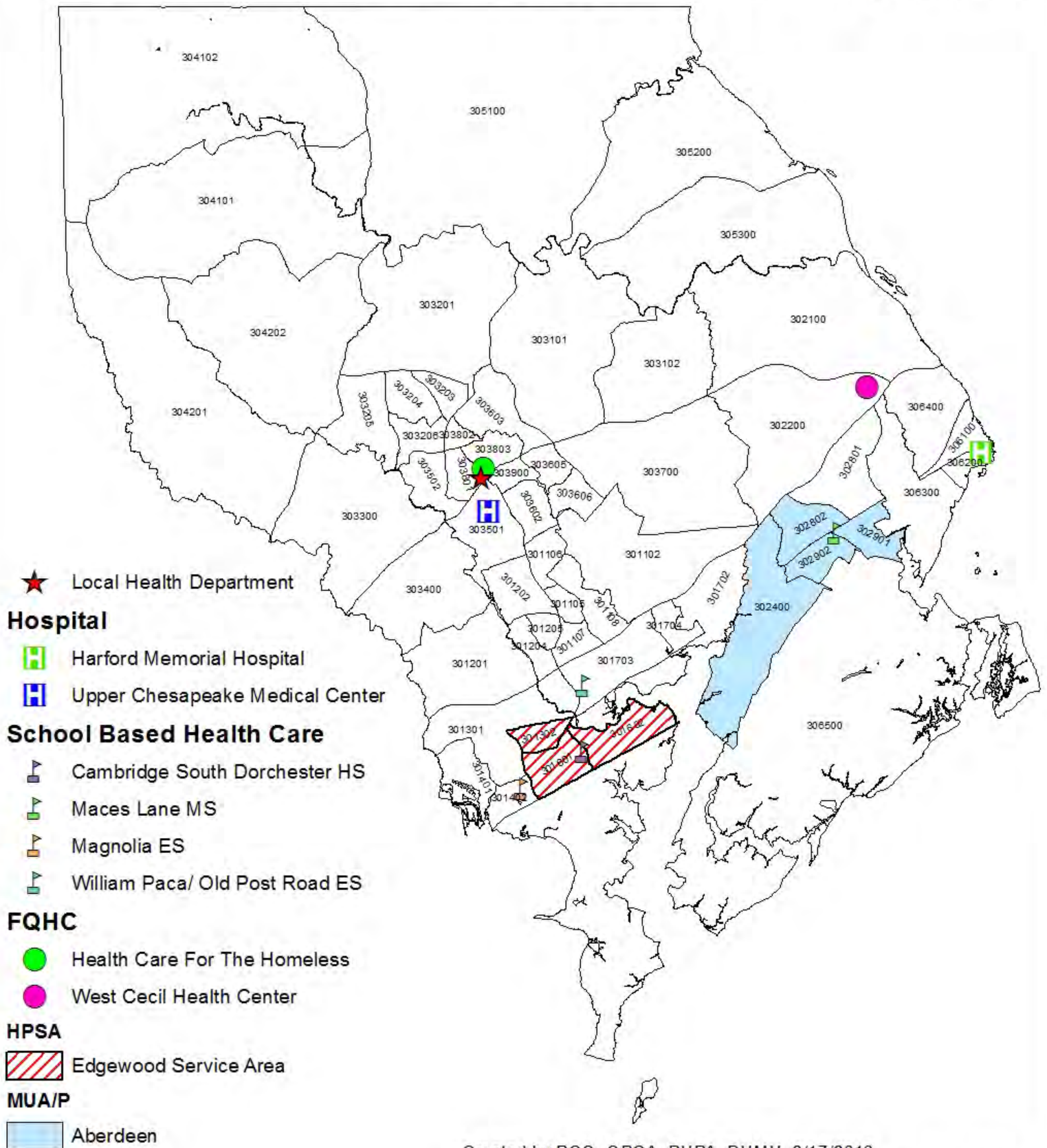
Created by PCO, OPCA, PHPA, DHMH, 2/28/2016
Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives
*Administrative sites are excluded



Garrett County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), Hospitals, and Local Health Departments

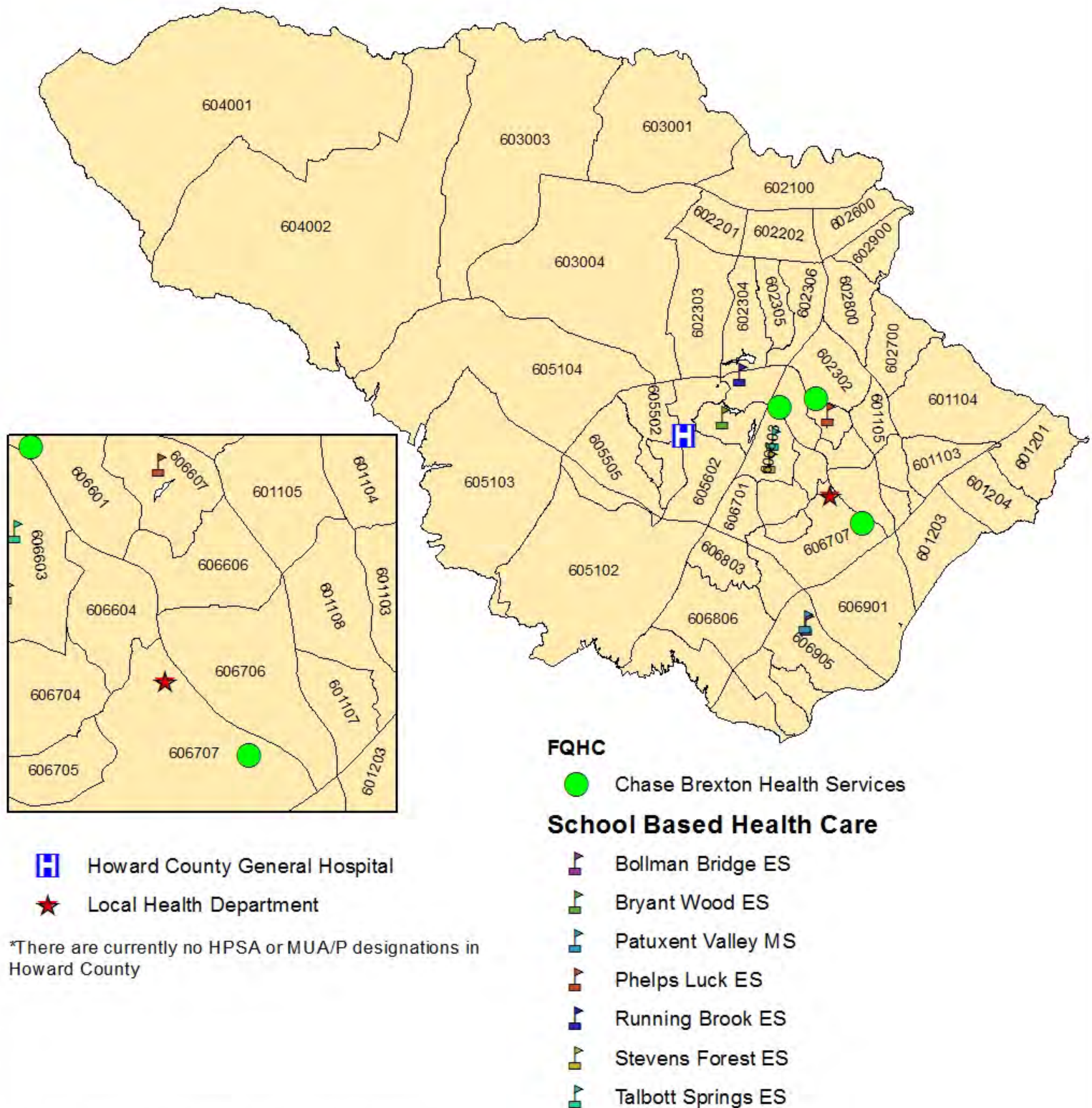


Harford County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments

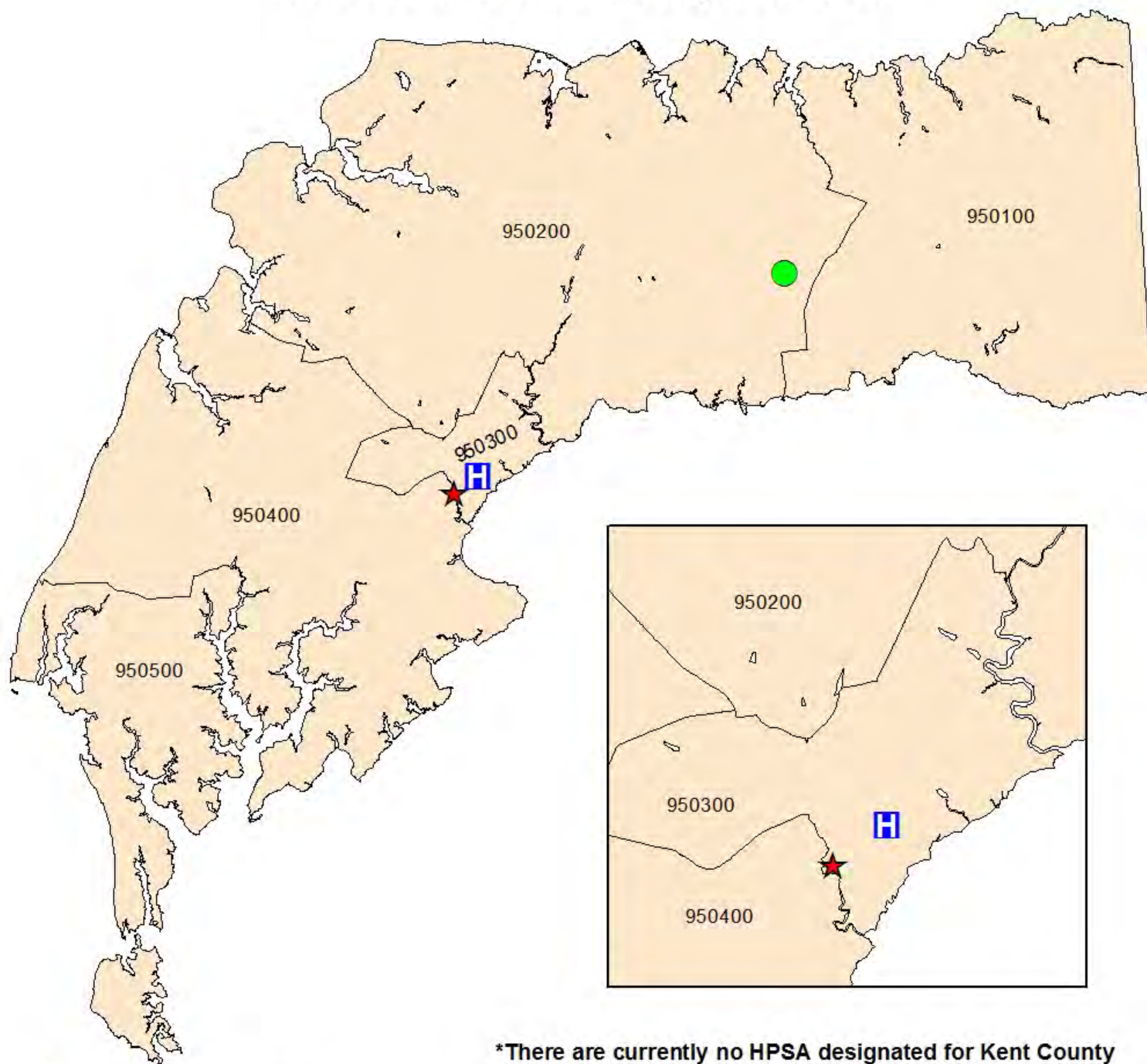


Created by PCO, OPCA, PHPA, DHMH, 2/17/2016
Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives
*Administrative sites are excluded

Howard County Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments



Kent County Medically Underserved Areas/Populations (MUA/Ps), Federally Qualified Health Centers (FQHCs), and Local Health Departments



*There are currently no HPSA designated for Kent County

- ★ Local Health Department
- H UMD
Shore Medical Center at Chestertown
- FQHC
- Choptank Community Health System
- MUA
- Low Inc - Kent County

Created by PCO, OPCA, PHPA, DHMH, 2/18/2016
Source: HRSA Data Warehouse and Maryland State Archives
*Administrative sites are excluded

Montgomery County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments

- ★ Local Health Department
- 🏫 School Based Health Care

Hospital

- 🏥 Holy Cross Hospital
- 🏥 Montgomery General
- 🏥 Shady Grove Adventist
- 🏥 Suburban
- 🏥 Washington Adventist

FQHC

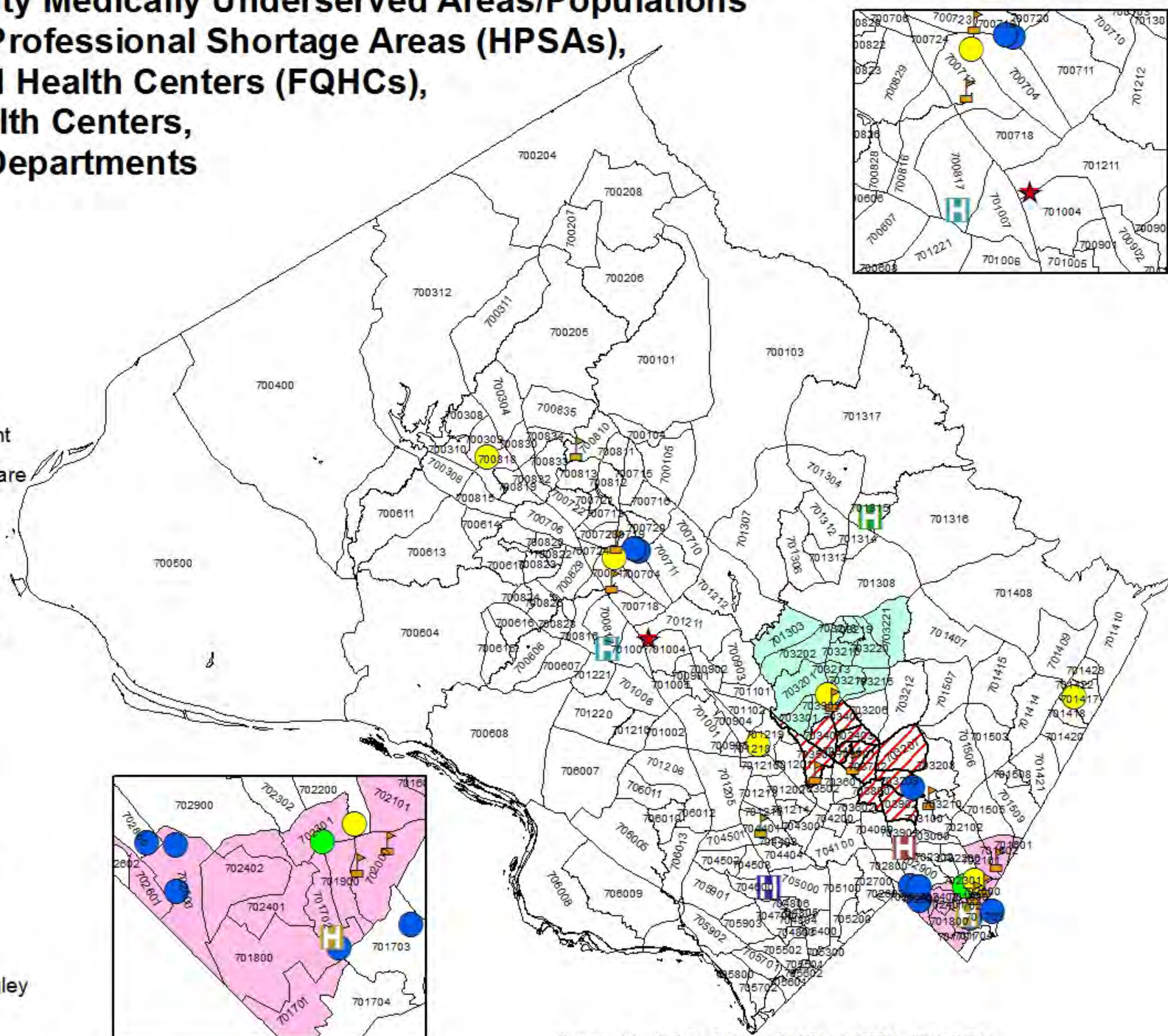
- 🟢 Mary's Center
- 🟡 Mobile Medical Care
- 🟠 The Community Clinic

MUA/P

- 🟡 Aspen Hill
- 🟡 Low Inc - Takoma/ Langley

HPSA

- 🔴 Medicaid Eligible - Central Kensington Wheaton



Created by PCO, OPCA, PHPA, DHMH, 2/17/2016
 Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives
 *Administrative sites are excluded


Prince George's County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments

★ Local health Department


HPSA


 Brandywine

 Landover/Suitland/Capitol Heights

 Medicaid Eligible - Greenbelt/Langley Park/College


MUA/P


 Collington Neighborhood

 Low Inc - Brandywine Service Area


 Accokeek Neighborhood

 District Heights/Capitol Heights Service Area


 Low Inc - Takoma/ Langley


 Medicaid Eligible - College Park

Hospital


 Bowie Health Center

 Doctors Community Hospital

 Fort Washington Medical Center

 Laurel Regional Hospital


 Prince George's Hospital Center


 Southern Maryland Hospital Center

FQHC


 Greater Baden Medical Service


 La Clinica Del Pueblo

 Mary's Center


 The Community Clinic

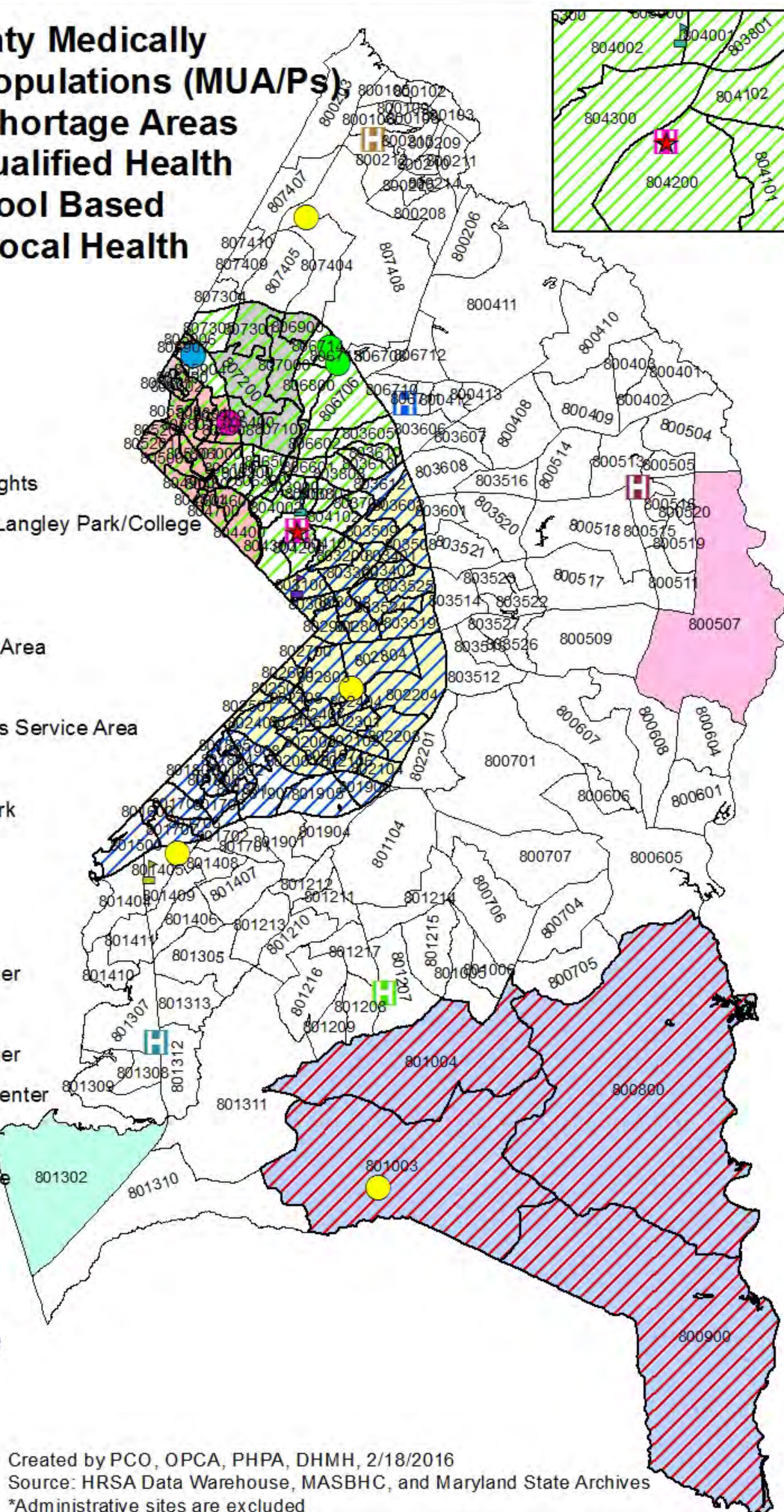
School Based Health Care

 Bladensburg HS

 Fairmont Heights HS

 Northwestern HS

 Oxon Hill HS

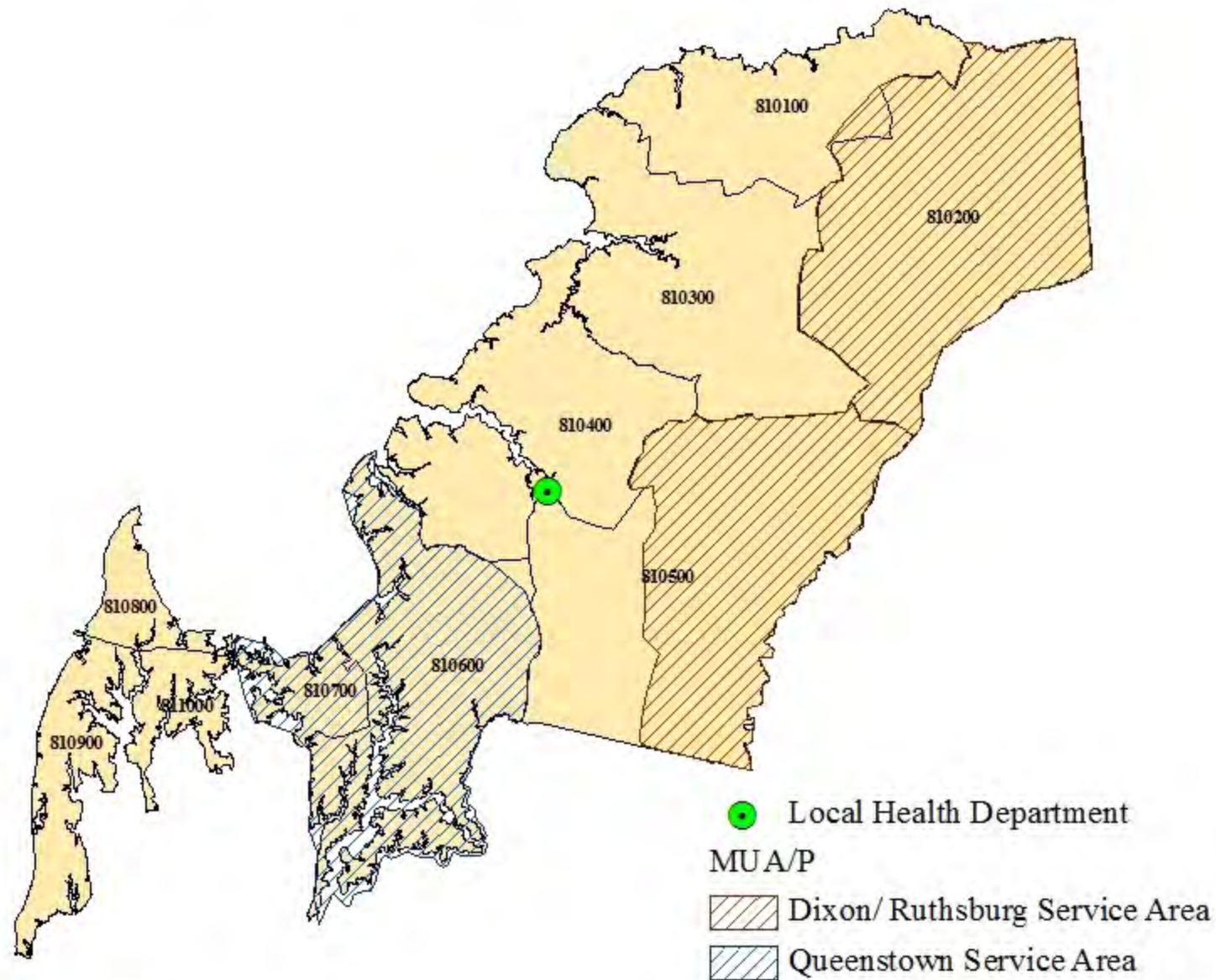


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Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives

*Administrative sites are excluded

Queen Anne's County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), and Local Health Departments



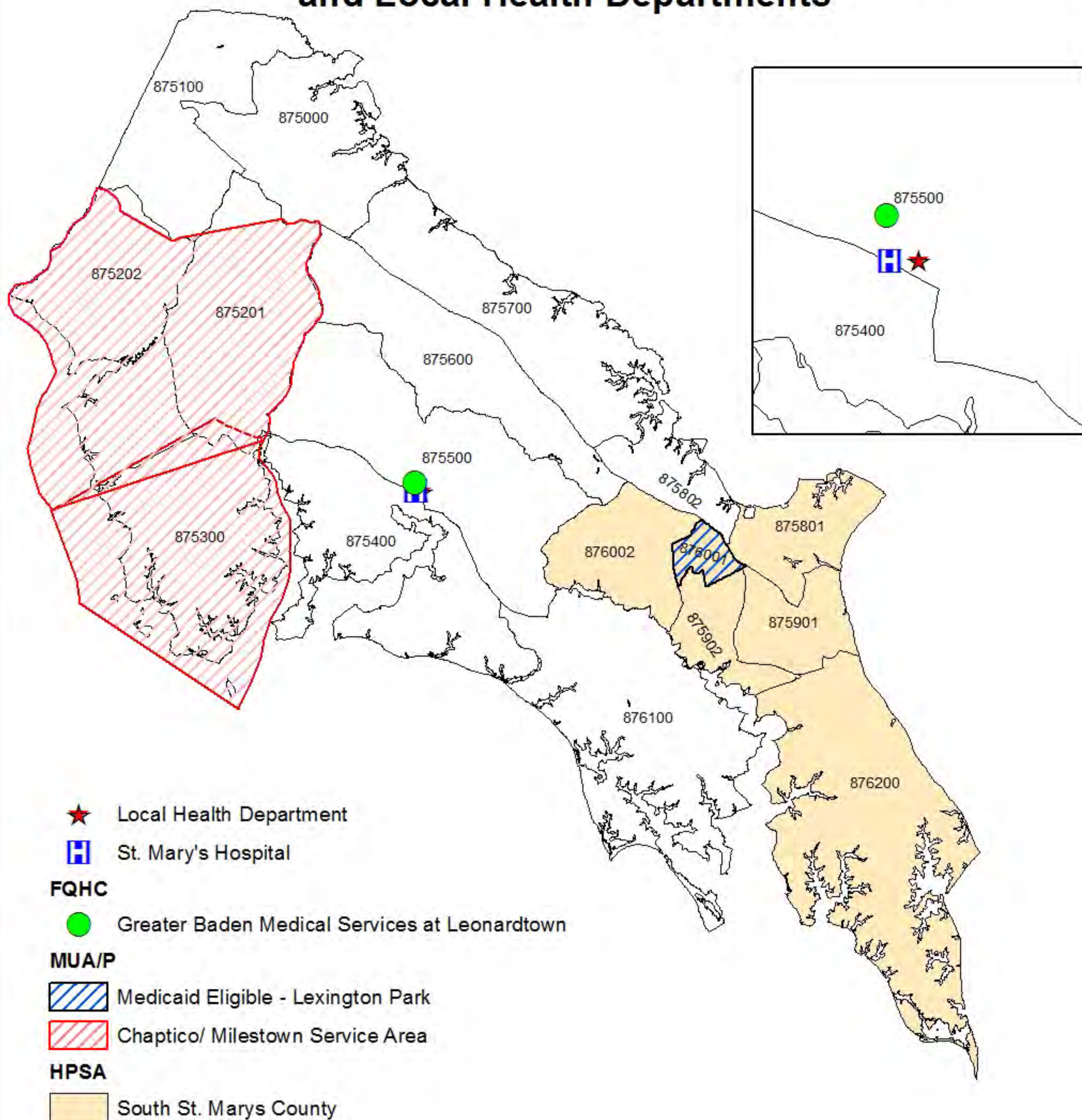
Created by PCO, OPCA, PHPA, DHMH, 2/18/2016

Source: HRSA Data Warehouse and Maryland State Archives

*Administrative sites are excluded

*Queen Anne's County currently do not have HPSA designations

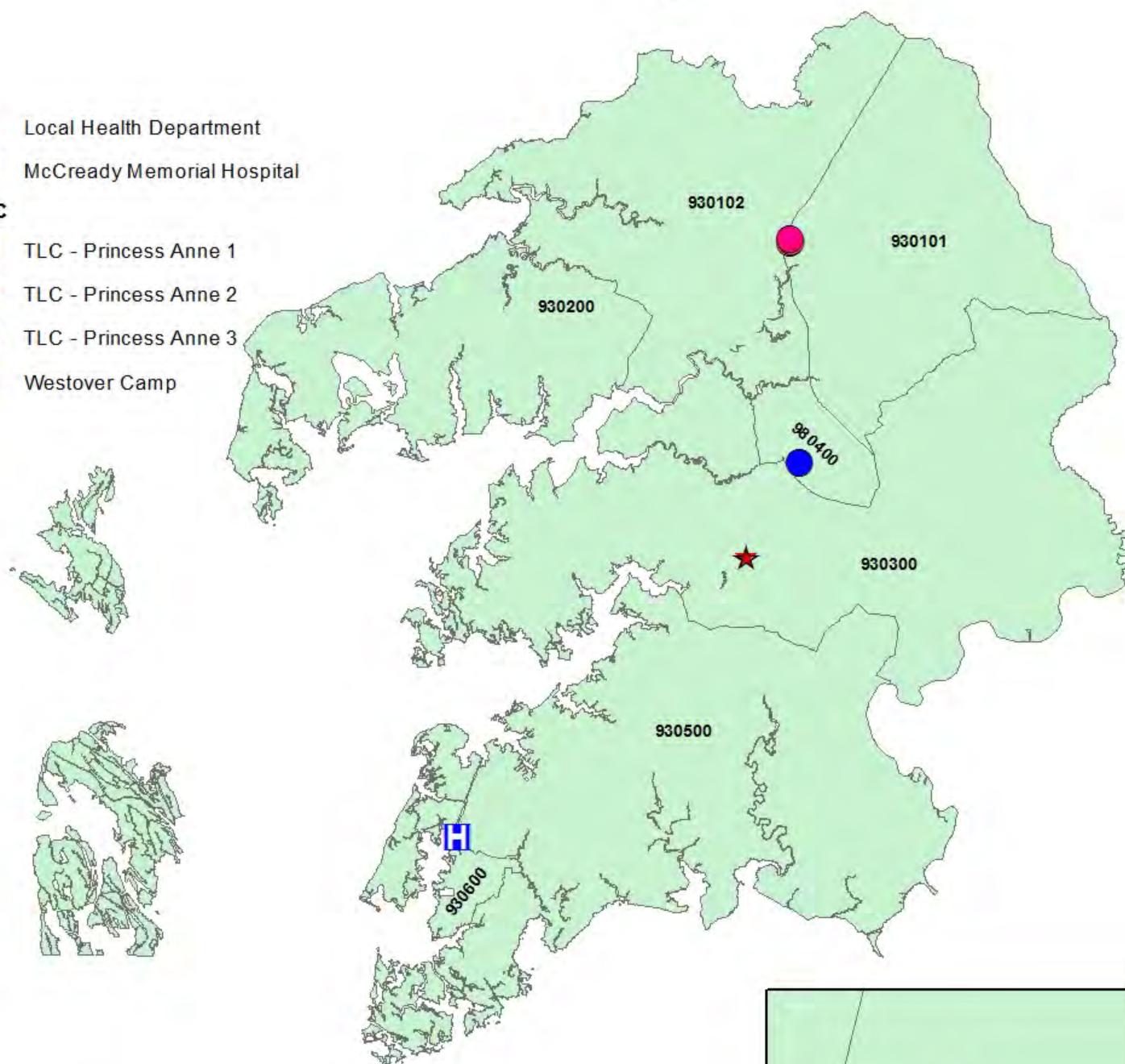
Saint Mary's County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), and Local Health Departments



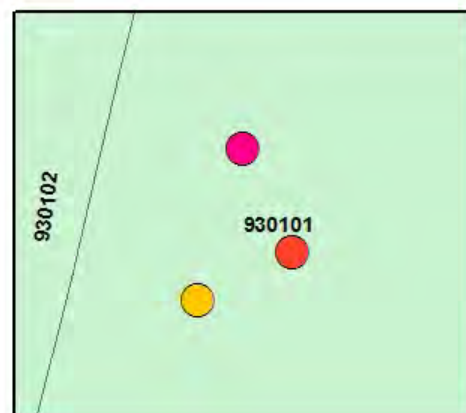
Somerset County

Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), and Local Health Departments

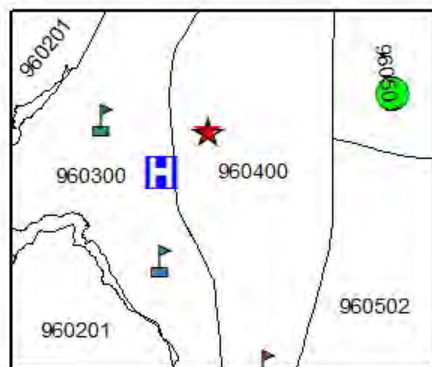
- ★ Local Health Department
- 🏥 McCready Memorial Hospital
- FQHC**
- TLC - Princess Anne 1
- TLC - Princess Anne 2
- TLC - Princess Anne 3
- Westover Camp



*Somerset County is both HPSA and MUA designated



Talbot County Medically Underserved Areas/Populations (MUA/Ps), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments



- ★ Local Health Department
- H UMD Medical Center At Easton

School Based Health Care

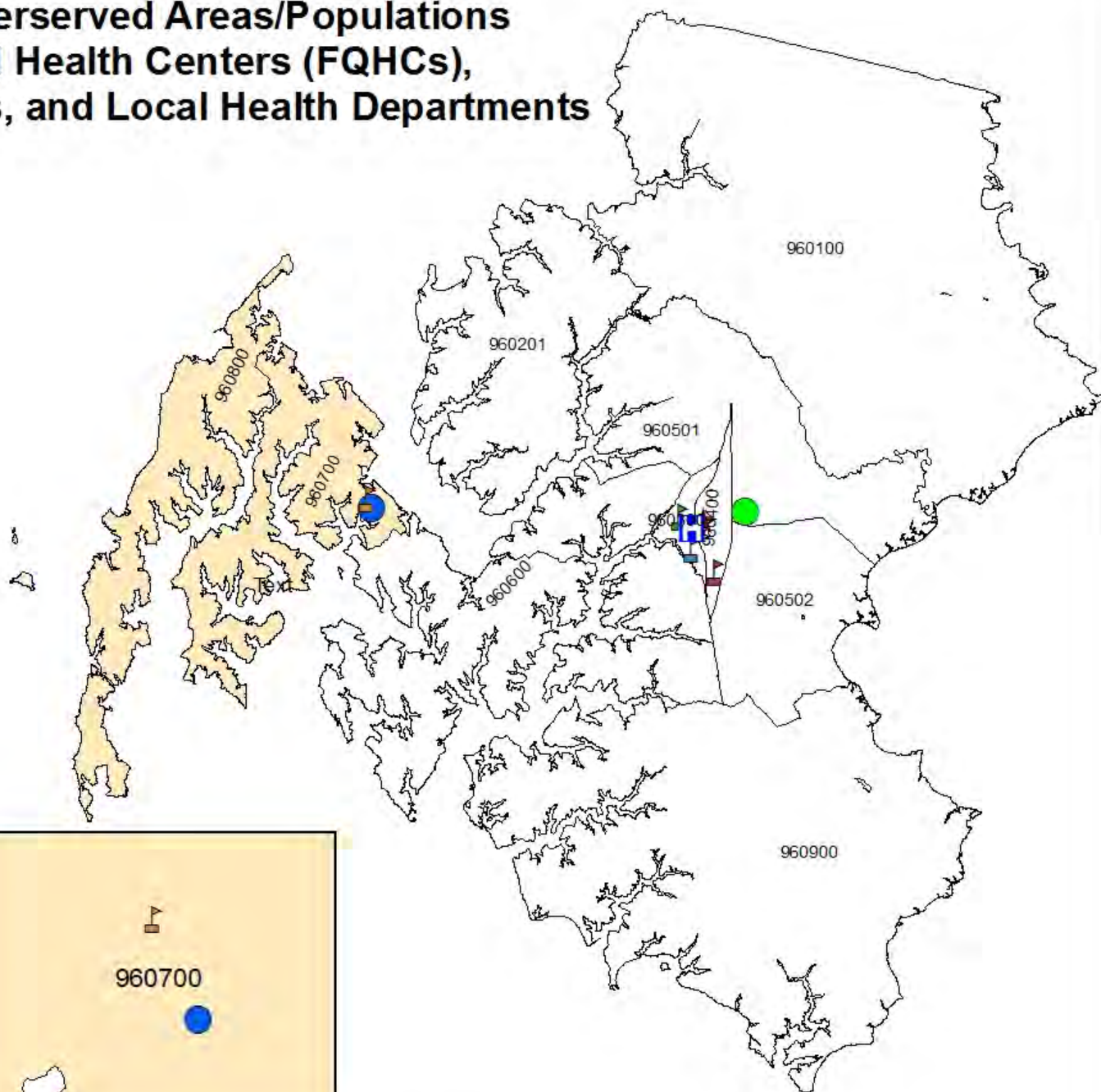
- Easton ES
- Easton HS
- Easton MS
- St. Michaels ES, MS, and HS

FQHC

- Chase Brexton Health
- Choptank Community Health

MUA

- Western Talbot County



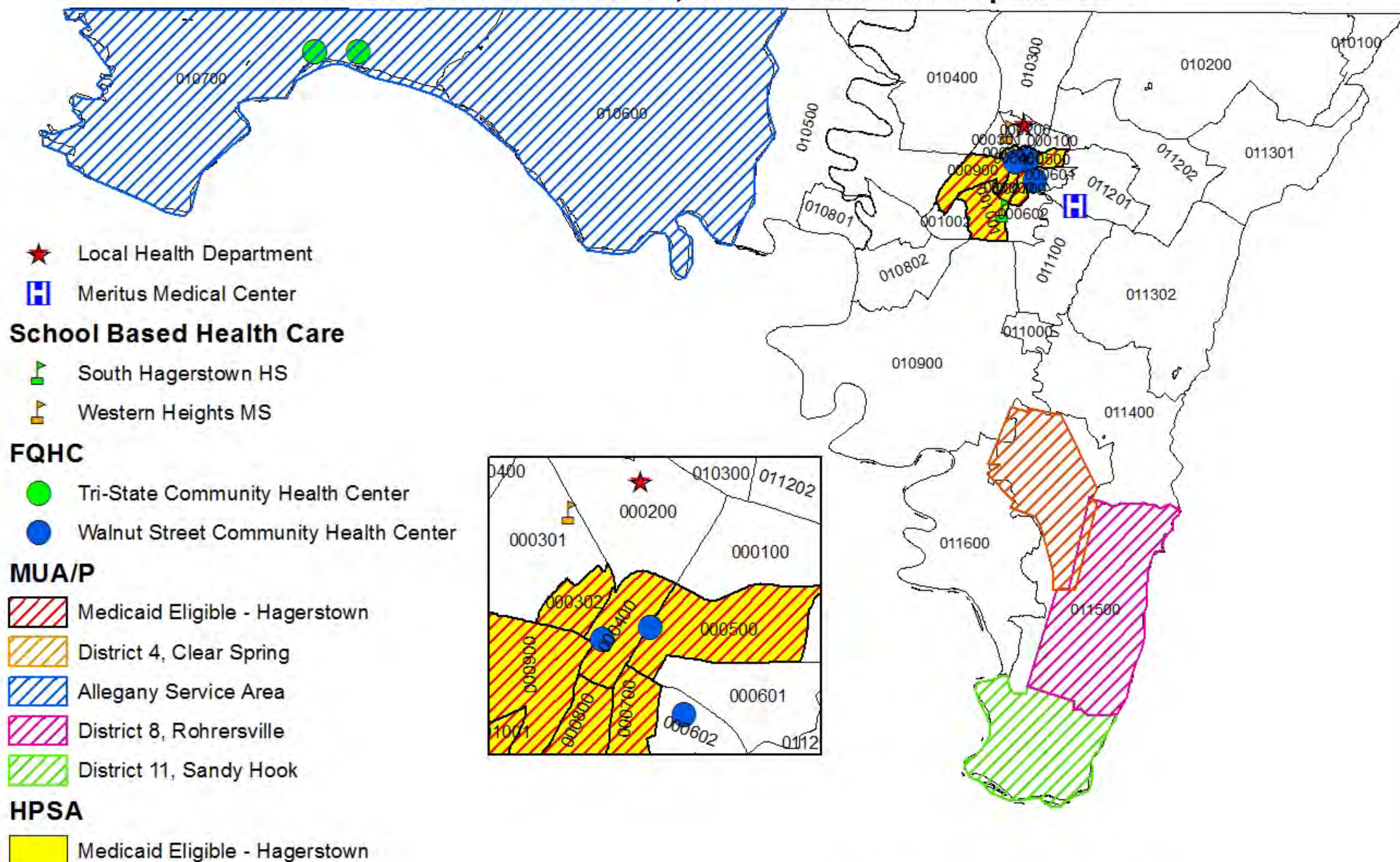
Created by PCO, OPCA, PHPA, DHMH, 2/19/2016

Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives

*Administrative sites are excluded



*Talbot County currently do not have HPSA designations.

Washington County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments





Wicomico County Medically Underserved Areas/Populations(MUA/Ps), Health Professional Shortage Areas (HPSAs), Federally Qualified Health Centers (FQHCs), School Based Health Centers, and Local Health Departments


MUA

-  Medicaid Eligible - Salisbury Service Area
-  Tyaskin/ Nanticoke Service Area

HPSA

-  Medicaid Eligible - Downtown Salisbury

 Local Health Department

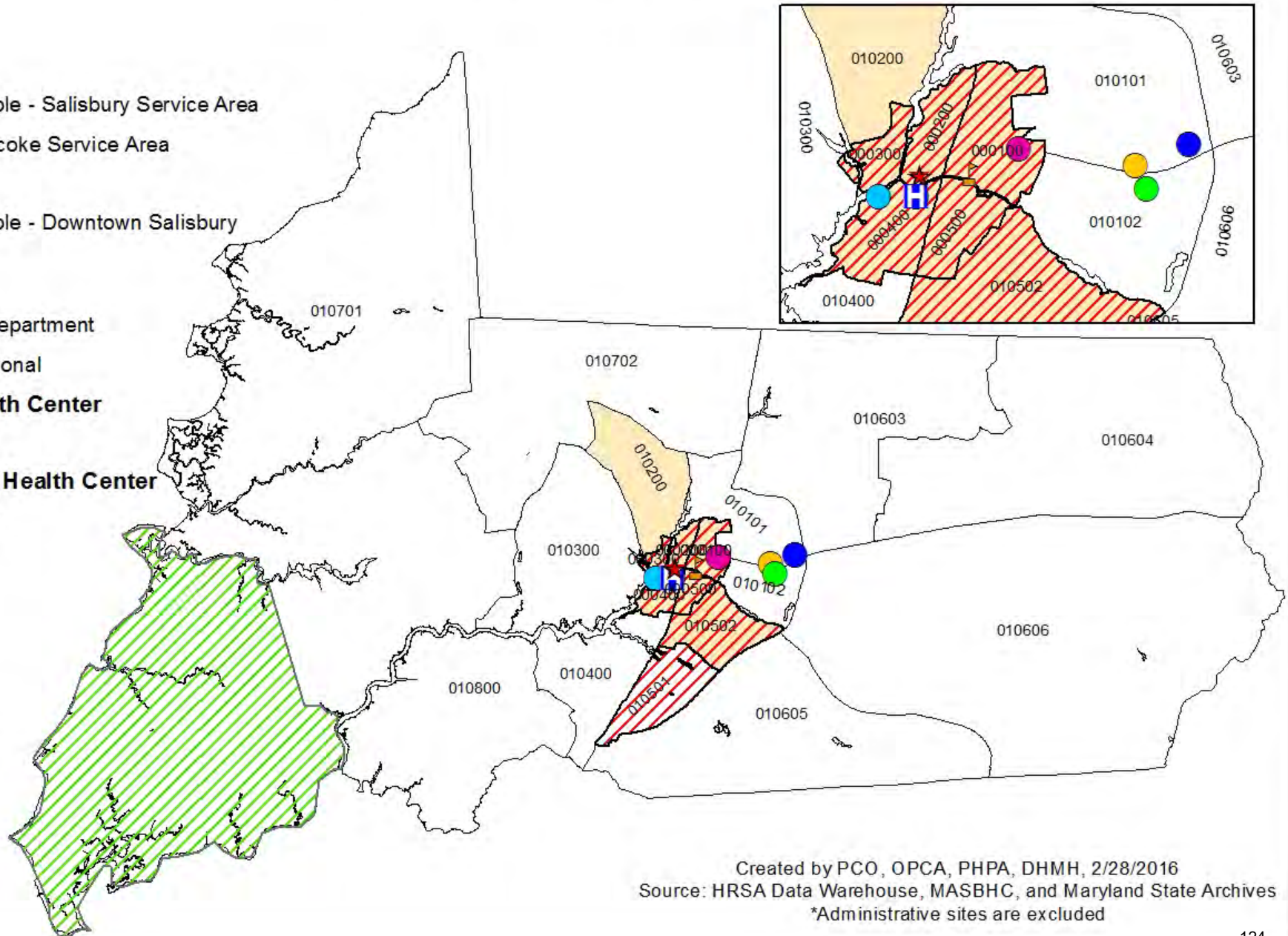
 Peninsula Regional

School Based Health Center

 Wicomico MS

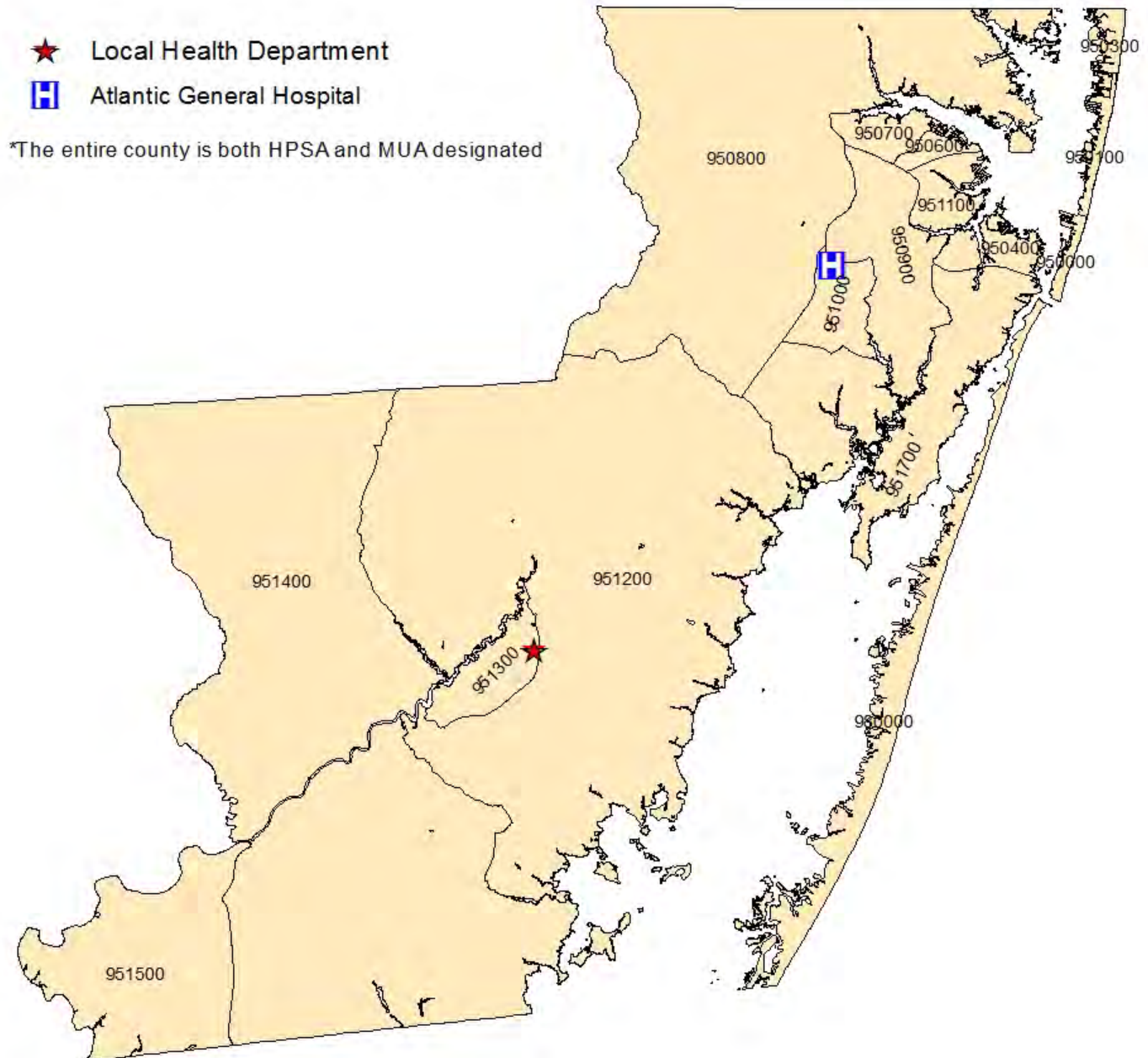
Federally Qualified Health Center

-  Eastern Shore
-  Peninsula
-  Riverside
-  Salisbury
-  Sweet Bay
-  Woodbrooke



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 Source: HRSA Data Warehouse, MASBHC, and Maryland State Archives
 *Administrative sites are excluded

Worcester County Medically Underserved Areas/Populations (MUA/Ps), Health Professional Shortage Areas (HPSAs), and Local Health Departments



GLOSSARY OF ACRONYMS

ARC	Appalachian Regional Commission
AHRQ	Agency for Healthcare Research and Quality
BRFSS	Maryland DHMH Behavioral Risk Factor Surveillance System
CHF	Congestive Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
CSF	Critical Shortage Facilities
DHMH	Department of Health and Mental Hygiene
DHR	Department of Human Resources
FQHC	Federally Qualified Health Center
FQHC- LAs	Federally Qualified Health Center - Look Alikes
FTE	Full Time Equivalent
HHS	U.S. Department of Health and Human Services
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
HSCRC	Health Services Cost Review Commission
IDEHA	Infectious Disease and Environmental Health Administration
IMU	Index of Medical Underservice Score
LHIC	Local Health Improvement Coalition
MA	Metropolitan Area
MASBHC	Maryland Assembly on School-Based Health Care
MDE	Maryland Department of the Environment
MDP	Maryland Department of Planning
MLARP	Maryland Loan Assistance Repayment Program
MSDE	Maryland State Department of Education
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NHSC	National Health Service Corps
Nurse Corps LRP	Nurse Corps Loan Repayment Program
OMB	Office of Management and Budget - Federal
OPCA	Office of Primary Care Access
ORHP	Office of Rural Health Policy - Federal
PCO	Primary Care Office
PHPA	Prevention and Health Promotion Administration
PQI	Prevention Quality Indicator
RHC	Rural Health Center
RSA	Rational Service Area
SHA	State Highway Administration
SHIP	State Health Improvement Process
SLRP	State Loan Repayment Program
VSA	Vital Statistics Administration
UCR	Uniform Crime Reporting
YRBS	Youth Risk Behavior Survey

REFERENCES *(In Alphabetical Order)*

American Community Survey

<https://www.census.gov/programs-surveys/acs/>

Appalachian Regional Commission

<http://www.arc.gov/j1visawaiver>

Global Programs and Initiatives' Exchange Visitor Program

<http://www.globalhealth.gov/global-programs-and-initiatives/exchange-visitor-program/>

Health Resources and Services Administration

www.hrsa.gov

HRSA, Data Warehouse

<http://datawarehouse.hrsa.gov>

Maryland State Archives for Health Care

<http://msa.maryland.gov/msa/mdmanual/01glance/html/hospital.html>

Maryland Assembly on School-Based Health Care

<http://masbhc.org/>

Maryland Board of Physicians

<http://www.mbp.state.md.us/>

Maryland Vital Statistics Administration

<http://dhmh.maryland.gov/vsa/Pages/reports.aspx>

National Health Service Corps

<https://nhsc.hrsa.gov/>

Nurse Corps Loan Repayment Program

<http://www.hrsa.gov/loanscholarships/repayment/nursing/>

Primary Care Office, Office of Primary Care Access, Prevention and Health Promotion Administration, Maryland Department of Health and Mental Hygiene

<http://phpa.dhmh.maryland.gov/OPCA/Pages/Home.aspx>

State Health Improvement Process (SHIP),

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

United States Census Bureau

www.census.gov