2010 PRIMARY CARE NEEDS ASSESSMENT

Primary Care Office Office of Health Policy and Planning Family Health Administration DEPARTMENT OF HEALTH AND MENTAL HYGIENE

October 28, 2011

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Executive Summary

Objective of the Needs Assessment

The objective of the Primary Care Office (PCO) Needs Assessment is to identify areas for priority attention by the PCO in its efforts to promote access to care, especially for the underserved, while executing the goals funded by the American Reinvestment and Recovery Act grant awarded to the PCO by the Health Resources and Services Administration (HRSA). The principal focus of the needs assessment is primary care services with a secondary focus on primary dental and mental health services, because inadequate primary care, dental, and mental health services negatively affect access to care and health outcomes, and exacerbate health disparities. The needs assessment has been developed as a tool to be used in determining the areas of the State that will receive priority attention by the PCO as it promotes access to care in medically underserved areas. In addition, the PCO plans to conduct a needs assessment every three years based on available resources in order to update its priorities especially in light of continued state and local planning efforts such as the State Health Improvement Process (SHIP).

The first part of the PCO Needs Assessment examines 29 primary care health indicators, subdivided into two groups: health status and health care access. The table below lists the health status indicators, which are used to measure morbidity and mortality, and the health care access indicators, which include preventative measures and health care affordability.

Health Status Indicators	Health Care Access Indicators			
Life Expectancy	Population Living in Poverty			
Self Reported Health Status	Affordability of Doctors Visits			
Obesity Prevalence	Mammogram Screenings			
Hypertension	Pap Smear Screenings			
High Cholesterol	Sigmoidoscopy and Colonoscopy Screening			
Smoking Prevalence	Flu Shot Prevalence			
Diabetes Prevalence	Prenatal Care in First Trimester			
Asthma Prevalence	Low Birth Weight Infants			
Anxiety Disorder Diagnosis	Dental Visit in the Past Year			
Depressive Disorders Diagnosis	Permanent Tooth Removal			
HIV/AIDS Rate	Insurance Status			
Total Mortality Rate	Medicaid Enrollment			
Infant Mortality Rate	Medicare Enrollment			
Heart Disease Mortality Rate				
Stroke Mortality				
Cancer Mortality				

The health status and health care access indicators, with racial disparities noted when data were available, provide information about the relative health of each jurisdiction and are used to determine where additional health resources may be needed to meet the needs of high risk populations.

The focus of the latter part of the needs assessment is on shortage designation development and health care resources within the purview of the PCO. These sections review PCO functions in assessing provider access, implementing workforce development programs, and other efforts to improve access to care.

Findings

In order to better assess the need for additional health care resources in each county, the health status and health care access indicators were used to compare jurisdictions, ranking them from best to worst, on all of the indicators. <u>Table 1</u> of the report provides a color-coded breakdown of the State-wide ranking of each county on each of the indicators. The rankings were then aggregated into two scores for each jurisdiction, one for health status and the other for access, and the jurisdictions were divided into quartiles, from best to worst, based on these scores. A positive correlation between health status and health care access should be noted.

The following jurisdictions demonstrated the greatest need for improvement in their health status indicators (listed alphabetically):

- Allegany County
- Caroline County
- Dorchester County
- Somerset County
- Washington County
- Baltimore City

The following jurisdictions demonstrated the greatest challenges with health care access (listed alphabetically):

- Allegany County
- Caroline County
- Garrett County
- Somerset County
- Wicomico County
- Baltimore City

While many of the high-need counties listed above have a health professional shortage area designation, medically underserved area or population, and/or federally qualified health center, most of the shortage designations either do not encompass the whole county or are established only for specific populations (e.g. Medicaid or low-income populations). The PCO will use the data in this report to target efforts to develop shortage designation areas and strengthen workforce recruitment and retention programs.

PCO Priorities

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

- For any competing requests for shortage analyses, workforce development, or technical assistance, the PCO will give the highest priority to those target areas of the state with greatest need as demonstrated by the results of the analyses of health status and health care access.
- 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, given available resources.

I. Introduction

The Primary Care Office

The Primary Care Office (PCO), located in the Family Health Administration, Maryland Department of Health and Mental Hygiene (DHMH), focuses on improving access to health care services in Maryland. The PCO develops community partnerships, supports recruitment and retention of health professionals, develops federal shortage designations, and promotes state and national policies that expand access to health care. With federal funding and guidance, the PCO supports 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 resources. 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 the federally funded grant. This assessment will help differentiate areas in the state that need greater health care resources to improve health outcomes. Because 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

A variety of metrics is used to assess the health status and health care access sections of the needs assessment found in Appendix A. Data were culled from the United States Census Bureau, Maryland Vital Statistics Administration, the Maryland Behavioral Risk Factor Surveillance System (BRFSS), Maryland Assessment Tool for Community Health (MATCH), and other sources.

This assessment is restricted to the jurisdictional level of analysis depending on the source of secondary data as well as the type of metric. Racial disparities data are included for most health indicators, when available. The health indicator data analyses include an aggregate five year time window from 2005-2009. Some sources could not provide the full five years; therefore the years available during this five year time frame were utilized. When possible, either ninety-five percent confidence intervals or ninety percent margin of error estimates were calculated and presented in the tables in Appendix A. In this assessment, "significantly" refers to statistical significance (either at an alpha-level of 0.1 for margin of error estimates or at an alpha-level of 0.05 for confidence intervals). When population estimates were needed, Nielson Claritas 2009 data were used.

Data for the shortage designation development and health care resources sections of this assessment can be found in Appendix B. Data for these tables were either provided by the PCO or were extracted from the Health Resources and Services Administration (HRSA) geospatial

warehouse. The tables in Appendix B represent 2010 data, when available, to reflect the PCO status (including active designations and complete analyses) on shortage designations, Federally Qualified Health Centers, and workforce programs.

II. Health Indicator Analyses

Indicators

The indicators chosen for the PCO Needs Assessment encompass two categories: health status and health care access. These indicators were chosen based on Healthy People 2020 initiatives, major health issues affecting the state, and relevancy to the Primary Care Office and its mission.

Health Status Indicators	Health Care Access Indicators			
Life Expectancy	Population Living in Poverty			
Self Reported Health Status	Affordability of Doctors Visits			
Obesity Prevalence	Mammogram Screenings			
Hypertension	Pap Smear Screenings			
High Cholesterol	Sigmoidoscopy and Colonoscopy Screening			
Smoking Prevalence	Flu Shot Prevalence			
Diabetes Prevalence	Prenatal Care in First Trimester			
Asthma Prevalence	Low Birth Weight Infants			
Anxiety Disorder Diagnosis	Dental Visit in the Past Year			
Depressive Disorders Diagnosis	Permanent Tooth Removal			
HIV/AIDS Rate	Insurance Status			
Total Mortality Rate	Medicaid Enrollment			
Infant Mortality Rate	Medicare Enrollment			
Heart Disease Mortality Rate				
Stroke Mortality				
Cancer Mortality				

The health status indicators were designed to embody factors that can hinder quality of life and place one at risk for disease or even death. The health status indicators were selected to examine life expectancy, health risk factor prevalence, chronic disease prevalence, mental health diagnoses, and HIV/AIDS. The health status indicators also examine mortality rates, including total mortality, infant mortality and the top three causes of death in Maryland (heart disease, cancer and stroke mortality).

Health care access is important to ensuring overall health; unfortunately not all citizens have accessible care, whether due to cost, insurance status, or availability of health care providers. The health care access indicators examine access to primary and preventive care, access to dental care, and insurance status. Examples of primary and preventive care indicators include the population living in poverty, the affordability of doctor's visits, and numbers of preventive services such as mammograms, Pap smears, colon cancer screenings, and flu shots. Maternal health care indicators, such as prenatal care in the first trimester and low birth weight infants are also investigated in this report. Dental access can be evaluated by examining those that have had a dental visit in the past year and by permanent tooth removal. Insurance status is also a major indicator when evaluating health care access.

By examining health status and health care access indicators, we can gauge where in the State there is the greatest need for attention by the PCO and its resources.

Quartile Ranking

A quartile ranking was used to order the health indicator results by Maryland jurisdiction. The Health Indicator Rankings by Jurisdiction matrix can be found in Appendix A, <u>Table 1</u>. The information in this matrix was compiled from data from the Maryland Vital Statistics Administration, the Maryland Assessment Tool for Community Health, the Behavioral Risk Factor Surveillance System (BRFSS), the United States Census Bureau, the Centers for Medicare and Medicaid Services, and the Hilltop Institute. The matrix focuses on 29 indicators from two areas: health status and health care access, and ranks those indicators at the jurisdictional level. These data represent a five year average from 2005-2009. It is important to note that for a few indicators, data were not available for the whole five years of interest, but the data points available, within this time period, were included.

The jurisdictions were ranked for each health 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 total rankings for health status and health care access are a summation of all the indicator rankings by jurisdictions. Based on these summations, the jurisdictions were given an overall ordinal ranking for both areas (health status and health care access). These rankings are shown in <u>Chart 1</u> on page 7.

Racial disparities were also noted in the matrix by using 95 percent confidence intervals. If the confidence intervals did not overlap, there was a significant difference/disparity noted by the (*) symbol. BRFSS data included White, non-Hispanic; Black (non-Hispanic and Hispanic combined); and All Races by jurisdiction. Due to small sample size, Hispanic, Asian and American Indian data were unavailable. The majority of the racial disparities data compiled from Vital Statistics included White (non-Hispanic and Hispanic combined), Black, and All Races by jurisdiction. Vital Statistics birth indicators included a breakdown of White, non-Hispanic; White, Hispanic; Black; and All Races. A similar racial breakdown was not possible for all indicators due to limited counts within the Vital Statistics data for Hispanic, Asian, and American Indian groups.

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 ranking. In the event of a tie, the jurisdictions were each given the higher rank.

Quartile	Health Status	Health Care Access			
	Carroll	Anne Arundel			
	Frederick	Calvert			
Tore Or metile	Howard	Carroll			
1 op Quaritie	Montgomery	Frederick			
	Queen Anne's	Howard			
	Talbot	Montgomery			
	Anne Arundel	Baltimore County			
	Charles	Charles			
	Garrett	Harford			
Second Quartile ¹	Harford	Queen Anne's			
	Prince George's	St. Mary's			
	St. Mary's	Talbot			
	Worcester				
	Baltimore County	Cecil			
	Calvert	Dorchester			
Third Quartila	Cecil	Kent			
Intra Quartite	Kent	Prince George's			
	Wicomico	Washington			
		Worcester			
	Allegany	Allegany			
	Caroline	Caroline			
Bottom Quartila	Dorchester	Garrett			
Douom Quartite	Somerset	Somerset			
	Washington	Wicomico			
	Baltimore City	Baltimore City			

Chart 1: Quartile Rankings by Jurisdiction Based on Health Status and Health Care Access Indicators, 2011*

*Note that the order within the quartiles is alphabetical and does not indicate further ranking.

¹ The second quartile of health status indicated a tie between two counties causing a shift in even quartiles Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 4/4/2011

Matrix Findings

Based on the selected indicators, the matrix established where the greatest areas of need are located within Maryland. Allegany, Caroline, Dorchester, Somerset, and Washington Counties and Baltimore City demonstrated the worst health status. Allegany, Caroline, Garrett, Somerset, and Wicomico Counties and Baltimore City displayed the greatest challenges with access to health care. A positive correlation was found between health status and health care access, suggesting a connection between health status and health care access.

III. Shortage Designation Development

Overview

The positive correlation between health status and health care access 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 Maryland Primary Care Office (PCO) works with the Health Resources and Services Administration (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 2010.

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 county, multiple counties, and sub-counties (such as census tracts based on established neighborhoods). The methodology also identifies certain populations with shortages, e.g., low income, Medicaid, 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 hospitals and Federally Qualified Health Centers (FQHCs).

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 designated it is given a HPSA score by HRSA which is utilized by the community to recruit providers for the National Health Service Corps program.

Primary Care HPSAs

In 2010, Maryland had 47 primary care HPSA designations encompassing more than 660,000 people (11.9 percent of the Maryland population). Garrett, Queen Anne's, and Worcester counties had 100 percent of their populations residing in a primary care HPSA. In addition, ten jurisdictions - Allegany, Caroline, Dorchester, Kent, Prince George's, St. Mary's, Somerset, Talbot, and Wicomico 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 18 of the state's 47 primary care designations, these designations encompassed only about 29 percent of the city's population.



Dental Care HPSAs

In 2010, Maryland had 41 dental HPSAs, covering nearly 625,000 people. Dental HPSA designations in Maryland cover more than 11 percent of the population statewide. Charles, Kent, and St. Mary's Counties each have 100 percent of their populations residing in a dental Health Professional Shortage Area. Allegany, Caroline, Dorchester, Garrett, Queen Anne's, Somerset, Talbot, 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 2010, Maryland had 44 mental health HPSAs covering more than one million residents. A total of 18.0 percent of the state's population resided in these mental health HPSAs. Jurisdictions with 100 percent of their populations residing in a mental health HPSA included Calvert, Caroline, Cecil, Charles, Dorchester, Garrett, Kent, Queen Anne's, Somerset, Wicomico, and Worcester Counties. When compared to the statewide percentage, Allegany, Harford, and St. Mary's 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 18.1 percent.



HPSA Summary

As of December 2010, there were a total of 132 HPSA designations in Maryland. Baltimore, Carroll, and Howard Counties were the only jurisdictions with no HPSA designations of any kind.

HPSA Applications

From 2007 to 2010, a total of 197 HPSA analyses were completed by the PCO. These included renewals (designations must be updated every four years or are withdrawn), new areas proposed for designation, 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 132 HPSA applications were submitted to HRSA. Among these 132 applications, 66 were approved as HPSAs, including 38 to establish new designations. HRSA's HPSA application review process is lengthy and can sometimes exceed 12 months; hence, not all submitted applications are completed in the same year as submitted. The outcome of some submissions was still pending at the time this report was prepared.

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. Designation as a MUA or MUP qualifies the designated area or population for establishment of a Federally Qualified Health Center.

Medically Underserved Areas

As of December 2010, there were 40 Medically Underserved Areas in Maryland, encompassing more than 752,000 Maryland residents. Some MUA designations in Allegany, Anne Arundel, Charles, Queen Anne's, St. 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. Two counties, Carroll and Howard, had no MUA or MUP designations.

While Baltimore City had the largest number of MUA designations at 12, it did not have the largest proportion of its population (68.1 percent) residing in a MUA designated area, compared to other Maryland jurisdictions. Calvert, Caroline, Garrett, Somerset, and Worcester Counties each have 100 percent of their populations residing in MUA designations. Among Maryland's 24 jurisdictions, 18 have at least one MUA designation.

Medically Underserved Populations

Thirteen MUPs in Maryland cover more than 97,000 residents. Ten of Maryland's 24 jurisdictions have a MUP designation. Among these 10 counties, only one has multiple MUP designations, Prince George's County with four. The jurisdictions with the largest percentages of population covered by MUP designations are Dorchester, Kent, and Wicomico Counties, which have 34.8 percent, 28.2 percent, and 11.1 percent of their populations covered, respectively.

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 Maryland Loan Assistance Repayment Program, and the J-1 Visa Waiver Program.

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 nonprescription medications at reduced cost through the 340B Drug Pricing Program.

In addition to FQHCs, there are Federally Qualified Health Center look-alikes (FQHC-LAs), 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 all other benefits offered to FQHCs. The only FQHC look-alike in Maryland is located in Anne Arundel County.

At the end of 2010, there were 16 headquarter FQHCs in Maryland. A FQHC may operate multiple service sites; the headquarter and primary care satellite service sites of FQHCs and FQHC look-alike centers total 94 in Maryland. Among these 94 service locations, 33 are located in Baltimore City. The next highest concentrations of FQHC locations are in Prince George's and Wicomico Counties (each with seven), followed by Caroline and Montgomery Counties (each with six). Only Calvert and Carroll Counties have no FQHC sites. A satellite site of an FQHC with headquarters in Washington D.C. is located in Montgomery County and is included in the total number of service sites for Maryland.



National Health Service Corps

The National Health Service Corps (NHSC) is a federal workforce program that deploys various types of health professionals - including physicians, nurses, physician assistants, dentists, dental hygienists, and mental health professionals - 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.

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 at least \$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 October 26, 2010, there were 10 full-time equivalent (FTE) NHSC scholars and 49 FTE loan repayors in Maryland. 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.

Among the 59 FTEs deployed in Maryland, 76.3 percent were primary care, 18.6 percent mental health care, and 5.1 percent dental health care providers. Baltimore City had the largest number of providers (55) and corresponding FTE's (47.9). Ten jurisdictions had between one and three providers each (Calvert, Caroline, Cecil, Howard, Montgomery, Somerset, Talbot, Washington, Wicomico, and Worcester Counties), while the remaining 13 jurisdictions had no providers. It is important to note that although Howard County does not have a shortage designation, NHSC providers can still be recruited through eligible FQHC satellite sites in non-designated areas.



NHSC Sites

As of October 26, 2010, there were 118 approved NHSC sites in Maryland. Nearly 42 percent of those sites were located in Baltimore City. After Baltimore City, Allegany and Prince George's Counties held the next highest concentrations of sites. Three jurisdictions, Carroll, Frederick, and Queen Anne's Counties, had no NHSC approved sites. Baltimore City had the largest number of NHSC providers (55). Ten jurisdictions had between one and three NHSC providers each (Calvert, Caroline, Cecil, Howard, Montgomery, Somerset, Talbot, Washington, Wicomico, and Worcester Counties), while the remaining 13 counties had no NHSC providers.

Maryland Loan Assistance Repayment Program

The Maryland Loan Assistance Repayment Program (LARP) is a collaborative effort between state and federal governments that offers educational loan repayment for physicians practicing in communities that lacks adequate primary and/or mental health care services (HPSAs). The amount of loan assistance provided varies in accordance with the number of years of service a physician agrees to serve. In Maryland, LARP is co-administered by the PCO and the Maryland Higher Education Commission.

In 2010, Maryland funded nine LARP physicians. From 2005-2010, LARP funded, on average, seven physicians per year. During 2010, five jurisdictions hosted LARP physicians (Baltimore, Montgomery, Wicomico, and Worcester Counties and Baltimore City) with Baltimore City having the highest number of LARP physicians. Although Baltimore County does not have any HPSA designations, LARP physicians can still be recruited through FQHC satellite sites.

J-1 Visa Waiver Program

The J-1 Visa Waiver Program, a federal program, 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.

In 2010, 18 physicians participated in the J-1 Visa Waiver Program in 13 jurisdictions in Maryland. Five of these physicians split their time working in more than one jurisdiction. There were 11 primary care J-1 physicians and seven sub-specialty physicians focusing on gastroenterology, infectious disease, neurology, and general surgery. Baltimore City had the most J-1 physicians (10) in 2010.

V. Priority Summary

The PCO is committed to improving access to health services for Marylanders in all parts of the state. However, the jurisdictions that demonstrated the greatest need for improvement with 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 and plans to update this Needs Assessment every three years, given available resources. Appendix A: Supplemental Tables- Health Status and Health Care Access

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Healt	th Sta	atus	s an	nd H	[ealt	th C	Care	Ac	cess	Ra	nkiı	ngs I	by J	uri	sdic	tion	l								
	Jurisdiction	Allegany	Anne Arundel	Baltimore County	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	St. Mary's	Somerset	Talbot	Washington	Wicomico	Worcester	Baltimore City
Indicators																									
Health Status																									
Life Expectancy ¹		18	9	14	10	22	6	20	12	19	3	11	8	2	16	1	16	3	14	23	3	12	21	7	24
Self Reported Health Status		24	6*	14	10	17	12	13	5	23*	4	20	9	1	15	2	8	3	7	21	11*	18	16	19	22*
Obesity Prevalence		17	9*	6*	11	18	5	15	20*	23*	6*	14	8	2	13*	1*	19*	4	16*	24*	3*	12	22*	10*	20*
Hypertension Prevelence		22	12	16	8	6	5	13	9	17	3	7	14	1	10	1	15	11	4	23	20	18	19	24	21*
High Cholesterol		22	9*	12	15	1	14	19	12	15	5	20	9	8	3	6	2	18	11	23	21	17	6*	24	4
Smoking Prevalence		22	5	8	18	19	9	20	7*	11	6*	12	15	2	9*	1	4	13	15	23	3	21*	15	14	24*
Diabetes Prevalence		24	9	12	5	22	3	8	7	19	6	15	10	1	20	2*	17	4	11*	23	13*	18	14	16	21*
Asthma Prevelance		14	12	20	16	18	14	21	11	24*	8	1	17	2	3	10	13	7	5	22	9	19	6	4	24
Anxiety Disorder Diagnosis		24	17	12*	16	18	13	19	9	20	7	5	21	8*	3	10*	1	13	3	22	2	23	5*	11	<mark>13*</mark>
Depressive Disorders Diagnosis		17	19	13*	18	22	7	16	1	19	9*	3	11	13	23	12*	2*	15	10	8	4	24	5	6	21
HIV/AIDS Rate ¹		5	16	20	6	13	2	7	18	21	8	1	10	9	15	22	23	3	4	14	11	17	19	12	24
Total Mortality Rate		19	12*	11*	15	23	7	20	17	18*	4	9	13	2	8*	1*	10*	6	16	21	3*	14	22	5*	24*
Infant Mortality Rate		12	13*	17*	10	15	2*	3	19*	23	7*		5*	7*	15	9*	21*	5*	14*	20	1	10*	18*	4	22*
Heart Disease Mortality		21	10*	8*	18	15	6	14	13	16	7	19	12	2	5*	1*	17*	4	20	24	3*	9	22	11*	23*
Stroke Mortality		23	14*	18*	9	9	24	4	8	12	16	19	14	7	17	2*	6*	11	22	1	20	13	5*	3	21*
Cancer Mortality		10	13	11	18	20	7	22	19	14	4	3	9	2	16	1*	5*	17	15	21	6	8	24	12	23*
Total Ranking (Health Status)		294	185	212	203	258	136	234	187	294	103	159	185	69	191	82	179	137	187	313	133	253	239	182	331
Health Care Access																									
Population Living in Poverty ¹		22	8	11	2	18	4	14	6	21	3	17	5	1	20	7	10	9	12	24	13	16	18	15	23
Affordability of Doctors Visits		15	3	14*	5	23	2	16	4	18	7	22	8	1	6	12*	20*	11	9	24*	12*	10	18*	17	21*
Mammogram Screenings		6	10	16*	2	15	9	19	17	6	8	23	21	3	20	11	22	3	13	1	5	18	13	12	24
Pap Smear Screenings		23	9	14	6	7	18	15	10	5	7	24	20	3	22	11	13*	16	11	4	1	21	1	16	19
Sigmoidoscopy and Colonoscopy Screening		10	5	14	11	21	20	24	18	1	6	23	18	3	13	7	11	8	9	17	4	21	15	2	16
Flu Shots		18	6	8*	12	21	14	20	16	5	8*	24	13	4*	7	2*	23*	11	22	17	1	8	15	3	18
Prenatal Care in First Trimester		23*	4*	8*	5*	16*	2*	13*	21*	17*	20*	9	6*	1*	7*	14*	24*	3*	15*	10*	17*	19*	12*	11*	22*
Low Birth Weight Infants		21	16*	17	2*	13*	3*	4*	20	23*	10*	7*	11*	12	15	13*	22*	5*	9*	18*	1	7*	19*	5*	24*
Dental Visit in the Past Year		23	3*	13*	7	20	10	16	11*	18	5	19	12	1	14	2*	17*	6	9	21	4	15	22	8	24*
Permanent Tooth Removal		24	3	13	10	21	7	16	3	15	8	18	12	2	14	1	3	8	3	23	10*	16	22	19	20
Insurance Status ¹		13	10	8	3	19	2	4	7	13	4	23	1	6	22	15	24	11	9	17	18	15	20	21	12
Medicaid Enrollment ¹		18	3	10	5	21	1	14	9	23	4	20	5	1	16	5	15	8	11	22	12	17	19	13	24
Medicare Enrollment ¹		21	9	16	5	15	12	8	2	19	6	18	10	1	24	7	3	11	4	20	21	17	14	23	13
Total Ranking (Healthcare Access)		237	89	162	75	230	104	183	144	184	96	247	142	39	200	107	207	110	136	218	119	200	208	165	260
		Тор	Quar	tile (B	lest)									Data	Not .	Availa	able/S	Sampl	e Siz	e too	Sma	11			
		Sec	ond C) uartil	e								*	Indic	ates	Dispa	arit∨	•							
		Thir	d Que	ntile									1	Disn	arity I	Data	Not A	vailat	ole						
		Bott	~	uartil		vret)								Liop	anty	Julu		. , and							

Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 4/14/2011

	Life Expectancy (in years) 2008-2009	Life Expectancy (in years) 2006-2008						
Jurisdictions	All Races	All Races	White	Black				
Allegany	77.4	77.0	76.8	**				
Anne Arundel	79.1	78.0	78.2	75.7				
Baltimore County	77.8	78.0	78.5	75.4				
Calvert	79.0	77.9	78.1	76.0				
Caroline	75.7	76.2	76.1	77.0				
Carroll	79.6	79.1	79.1	77.6				
Cecil	76.3	76.5	76.5	74.8				
Charles	78.1	76.9	77.3	76.8				
Dorchester	76.5	76.4	78.0	73.5				
Frederick	80.1	79.5	79.4	80.2				
Garrett	78.2	77.9	77.9	**				
Harford	79.2	78.0	78.2	75.8				
Howard	82.2	81.0	80.8	79.4				
Kent	77.5	77.5	77.9	75.7				
Montgomery	83.8	83.0	83.3	79.5				
Prince George's	77.5	77.4	79.9	75.4				
Queen Anne's	80.1	79.0	79.2	77.5				
St. Mary's	77.8	78.0	78.1	76.2				
Somerset	74.7	76.6	77.2	74.1				
Talbot	80.1	79.3	80.6	73.2				
Washington	78.1	77.9	77.7	78.8				
Wicomico	76.0	76.3	76.9	74.3				
Worcester	79.4	78.2	79.1	72.8				
Baltimore City	72.9	72.4	76.2	70.2				
Maryland Total	78.6	78.1	79.3	74.7				

Table 2: Life Expectancy at Birth by Race and Jurisdiction, Maryland, 2006-2008, 2008-2009

**Life expectancy rates are not shown if the average number of deaths per year was less than 20.

Sources: Maryland Vital Statistics Administration, Maryland Vital Statistics Annual Report 2008, Table 7, p. 80 Maryland Vital Statistics Administration, Maryland Vital Statistics Annual Report 2009, Table 7, p. 80

Jurisdictions	Percentage of Adults who Report their Health Status as ''Fair or Poor'' (with 95% confidence intervals)							
	White	Black	All Races					
Allegany	21.3 (18.4-24.2)	**	21.2 (18.3-24.0)					
Anne Arundel	10.3 (9.0-11.6)	17.4 (12.4-22.3)	11.1 (9.8-12.4)					
Baltimore County	13.3 (12.1-14.6)	16.4 (13.7-19.1)	14.8 (13.6-16.1)					
Calvert	12.1 (9.3-14.9)	17.5 (8.4-26.6)	12.8 (10.2-15.4)					
Caroline	15.3 (12.3-18.3)	15.3 (3.8-24.4)	16.3 (13.2-19.4)					
Carroll	12.9 (10.5-15.2)	**	14.0 (11.0-17.0)					
Cecil	13.7 (11.7-15.8)	**	14.4 (12.3-16.5)					
Charles	9.8 (8.0-11.7)	11.3 (6.8-15.7)	10.6 (8.7-12.5)					
Dorchester	13.9 (11.1-16.8)	33.0 (21.3-44.7)	19.1 (15.3-22.8)					
Frederick	10.5 (9.1-12.0)	8.1 (3.8-12.4)	10.2 (8.9-11.6)					
Garrett	15.8 (12.9-18.8)	**	17.2 (13.2-21.2)					
Harford	11.7 (9.6-13.7)	12.0 (4.5-19.5)	11.9 (9.9-14.0)					
Howard	7.1 (5.6-8.6)	8.8 (4.3-13.3)	7.1 (5.6-8.5)					
Kent	11.5 (8.7-14.4)	16.4 (7.4-25.3)	14.9 (10.5-19.2)					
Montgomery	8.6 (7.5-9.6)	11.2 (7.5-15.0)	9.9 (8.8-11.0)					
Prince George's	13.8 (11.3-16.4)	10.5 (8.8-12.2)	11.5 (10.1-12.8)					
Queen Anne's	9.8 (7.3-11.8)	**	10.1 (8.1-12.1)					
St. Mary's	10.3 (8.2-12.3)	19.6 (10.6-28.6)	11.3 (9.2-13.4)					
Somerset	19.2 (14.8-23.6)	15.7 (7.5-23.9)	18.1 (14.3-22.0)					
Talbot	10.8 (8.3-13.4)	27.1 (14.8-39.4)	13.5 (10.6-16.3)					
Washington	15.5 (13.6-17.5)	24.0 (7.8-40.2)	16.3 (14.3-18.4)					
Wicomico	14.5 (11.8-17.1)	20.2 (13.3-27.1)	15.5 (13.0-17.9)					
Worcester	13.7 (10.9-16.4)	23.5 (12.6-34.3)	16.6 (12.3-20.9)					
Baltimore City	12.5 (10.4-14.6)	21.8 (19.3-24.4)	18.6 (16.8-20.3)					
Maryland Total	11.6 (11.2-12.1)	15.0 (13.9-16.0)	12.7 (12.3-13.2)					

Table 3: Prevalence of Fair/Poor Health by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Fact Surveillance System, 2005-2009

Jurisdictions	Percentage of Ad (wi	ults who Report being th 95% confidence interv	Obese (BMI +30) als)
	White	Black	All Races
Allegany	30.4 (27.2-33.6)	**	30.4 (27.3-33.6)
Anne Arundel	24.3 (22.2-26.4)	41.1 (33.8-48.4)	26.0 (24.0-28.0)
Baltimore County	22.6 (20.9-24.3)	35.9 (32.0-39.8)	25.8 (24.2-27.3)
Calvert	25.3 (21.9-28.7)	41.2 (28.2-54.2)	27.7 (24.5-31.1)
Caroline	31.7 (27.4-36.1)	34.3 (19.9-48.7)	30.5 (26.5-34.5)
Carroll	25.6 (22.2-29.0)	**	24.6 (21.4-27.8)
Cecil	29.0 (25.9-32.2)	**	29.4 (26.3-32.4)
Charles	30.3 (26.9-33.8)	41.6 (35.0-48.2)	32.9 (30.0-35.9)
Dorchester	29.8 (25.4-34.2)	53.0 (43.5-62.5)	35.2 (31.2-39.2)
Frederick	25.3 (23.2-27.4)	41.7 (31.0-52.4)	25.8 (23.8-27.9)
Garrett	29.4 (25.8-33.0)	**	29.1 (25.6-32.6)
Harford	26.3 (23.3-29.3)	33.6 (22.3-44.9)	25.9 (23.1-28.8)
Howard	21.1 (18.3-23.9)	28.0 (19.9-36.1)	19.8 (17.4-22.1)
Kent	22.5 (18.4-26.6)	55.5 (39.4-71.6)	28.6 (24.4-32.8)
Montgomery	15.2 (13.9-16.6)	22.1 (17.8-26.4)	16.3 (15.1-17.6)
Prince George's	24.6 (21.5-27.7)	35.0 (32.3-37.7)	30.9 (28.9-32.8)
Queen Anne's	21.8 (18.8-24.8)	**	22.4 (19.5-25.3)
St. Mary's	28.0 (24.7-31.3)	45.6 (34.7-56.5)	29.8 (26.7-32.8)
Somerset	32.5 (26.7-38.3)	61.7 (49.1-74.3)	39.3 (34.0-44.7)
Talbot	18.7 (15.7-21.7)	42.7 (28.9-56.5)	21.2 (18.3-24.2)
Washington	26.7 (24.2-29.2)	30.3 (15.2-45.5)	27.9 (25.5-30.3)
Wicomico	30.4 (26.9-33.9)	47.2 (38.9-55.6)	33.3 (30.1-36.5)
Worcester	24.3 (20.5-28.1)	47.8 (33.4-62.2)	27.0 (23.3-30.7)
Baltimore City	20.9 (18.0-23.8)	40.3 (37.1-43.5)	32.9 (30.7-35.1)
Maryland Total	23.2 (22.6-23.8)	35.9 (34.5-37.3)	25.9 (25.3-26.4)

Table 4: Prevalence of Obesity (BMI=30+) by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage of Adults who Reported ever being told by a Health Professional that they have High Blood Pressure (with 95% confidence intervals)								
	White	Black	All Races						
Allegany	34.7 (30.3-39.1)	**	36.1 (31.8-40.4)						
Anne Arundel	29.0 (26.1-31.9)	33.1 (24.1-42.1)	28.5 (25.8-31.1)						
Baltimore County	31.5 (29.1-33.9)	38.3 (33.2-43.4)	31.6 (29.5-33.7)						
Calvert	27.4 (22.9-31.9)	32.5 (17.5-47.5)	27.6 (23.4-31.8)						
Caroline	27.1 (21.6-32.7)	**	26.4 (21.2-31.6)						
Carroll	26.0 (21.5-30.5)	**	26.1 (21.8-30.4)						
Cecil	27.6 (23.5-31.7)	**	28.8 (24.8-32.8)						
Charles	29.4 (25.1-33.8)	28.9 (21.1-36.7)	27.8 (24.2-31.4)						
Dorchester	32.8 (26.8-38.8)	35.0 (23.3-46.7)	32.0 (26.8-37.2)						
Frederick	25.1 (22.4-27.8)	23.4 (12.1-34.7)	24.9 (22.4-27.5)						
Garrett	28.1 (23.4-32.8)	**	27.0 (22.4-31.6)						
Harford	29.0 (25.0-33.0)	40.8 (26.1-55.6)	29.2 (25.4-32.9)						
Howard	23.7 (20.0-27.4)	36.7 (25.6-47.8)	24.3 (21.0-27.5)						
Kent	26.1 (20.2-32.0)	**	27.9 (22.3-33.4)						
Montgomery	25.7 (23.6-27.8)	29.5 (23.6-35.4)	24.3 (22.5-26.1)						
Prince George's	29.7 (25.3-34.1)	34.0 (30.6-37.4)	29.8 (27.3-32.3)						
Queen Anne's	27.1 (22.7-31.5)	**	28.4 (24.1-32.7)						
St. Mary's	23.3 (19.4-27.2)	36.0 (22.5-49.5)	25.0 (21.4-28.7)						
Somerset	37.4 (29.4-45.4)	33.7 (18.0-49.4)	37.2 (30.2-44.2)						
Talbot	33.2 (28.4-38.0)	**	33.7 (29.1-38.3)						
Washington	31.5 (28.1-34.9)	**	32.2 (28.9-35.5)						
Wicomico	31.8 (27.3-36.3)	44.1 (33.4-54.8)	33.4 (29.3-37.5)						
Worcester	39.8 (34.2-45.4)	**	37.9 (32.7-43.1)						
Baltimore City	24.6 (20.6-28.6)	41.0 (36.9-45.1)	33.9 (31.0-36.8)						
Maryland Total	28.2 (27.4-29.0)	36.1 (34.3-37.9)	28.8 (28.2-29.5)						

Table 5: Percentage of Adults who Reported ever being told by a Health Professional that they have High Blood Pressure (Hypertension) by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009 (this question was not asked in 2006 or 2008, therefore these data are not available)

Jurisdictions	Percentage of Adul Health Professio (w	ts who Report ever bein nal that they have High vith 95% confidence inter	ng told by a Doctor or n Blood Cholesterol vals)
	White	Black	All Races
Allegany	42.2 (37.4-47.0)	**	43.2 (38.5-47.9)
Anne Arundel	38.3 (35.1-41.5)	21.7 (13.3-30.1)	35.6 (32.6-38.5)
Baltimore County	36.8 (34.2-39.4)	40.3 (34.8-45.8)	36.9 (34.6-39.1)
Calvert	41.0 (35.8-46.2)	**	39.2 (34.3-44.0)
Caroline	34.3 (28.1-40.5)	**	32.0 (26.2-37.8)
Carroll	38.3 (33.1-43.5)	**	37.5 (32.5-42.6)
Cecil	37.5 (32.7-42.3)	**	40.1 (35.5-44.8)
Charles	41.8 (36.9-46.8)	30.3 (21.9-38.7)	36.9 (32.8-41.0)
Dorchester	43.3 (36.7-49.9)	30.9 (18.5-43.3)	39.2 (33.4-44.9)
Frederick	35.5 (32.4-38.6)	23.7 (11.8-35.6)	35.2 (32.2-38.1)
Garrett	42.1 (36.5-47.7)	**	42.0 (36.5-47.5)
Harford	34.1 (29.7-38.5)	38.3 (23.0-53.6)	35.6 (31.4-39.7)
Howard	36.8 (32.5-41.1)	30.9 (19.9-41.9)	35.5 (31.7-39.2)
Kent	31.8 (25.5-38.2)	**	33.2 (27.2-39.3)
Montgomery	38.1 (35.7-40.5)	29.9 (23.6-36.2)	35.4 (33.3-37.5)
Prince George's	42.3 (37.4-47.3)	31.7 (28.2-35.2)	32.7 (30.0-35.4)
Queen Anne's	40.1 (35.1-45.1)	**	39.8 (34.9-44.7)
St. Mary's	36.3 (31.6-41.0)	40.1 (25.7-54.5)	36.3 (31.9-40.6)
Somerset	50.0 (41.4-58.6)	**	46.0 (38.4-53.6)
Talbot	43.1 (37.9-48.3)	**	42.6 (37.7-47.6)
Washington	40.2 (36.4-44.0)	**	39.5 (35.8-43.1)
Wicomico	38.3 (33.4-43.2)	23.6 (13.9-33.3)	35.4 (31.1-39.8)
Worcester	47.5 (41.7-53.3)	**	46.4 (40.8-51.9)
Baltimore City	34.7 (30.1-39.3)	32.7 (28.5-36.9)	33.3 (30.3-36.3)
Maryland Total	38.0 (37.1-38.9)	32.7 (30.8-34.6)	35.8 (35.0-36.6)

Table 6: Percentage of Adults who Reported ever being told by a Doctor or Health Professional that they have High Blood Cholesterol by Race and Jurisdiction, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009 (this question was not asked in 2006 or 2008, therefore these data are not available)

Jurisdictions	Percentage of Ac (w	dults who Report being 7ith 95% confidence interv	Current Smokers vals)
	White	Black	All Races
Allegany	24.5 (21.5-27.5)	**	25.3 (22.4-28.3)
Anne Arundel	16.3 (14.5-18.1)	16.2 (10.9-21.6)	16.1 (14.5-17.8)
Baltimore County	18.8 (17.3-20.4)	16.9 (14.0-19.9)	18.0 (16.7-19.3)
Calvert	21.4 (18.2-24.6)	14.1 (5.2-23.0)	21.3 (18.3-24.3)
Caroline	22.4 (18.6-26.2)	23.8 (11.2-36.4)	21.5 (18.1-25.0)
Carroll	18.5 (15.6-21.5)	**	18.7 (15.9-21.6)
Cecil	24.2 (21.3-27.1)	**	23.5 (20.8-26.3)
Charles	19.1 (16.2-22.0)	11.5 (7.3-15.7)	16.7 (14.4-19.0)
Dorchester	21.2 (17.4-25.0)	13.6 (7.3-19.9)	18.8 (15.7-22.0)
Frederick	17.1 (15.3-18.9)	6.0 (1.0-11.0)	16.2 (14.5-17.8)
Garrett	18.0 (15.0-21.0)	**	19.1 (16.1-22.1)
Harford	20.6 (17.9-23.3)	22.5 (12.8-32.2)	20.5 (17.9-23.1)
Howard	9.1 (7.2-11.0)	9.6 (4.4-14.8)	9.2 (7.5-10.9)
Kent	15.4 (11.9-18.9)	33.7 (19.3-48.1)	18.7 (15.2-22.3)
Montgomery	8.8 (7.8-9.9)	12.8 (9.5-16.1)	9.0 (8.1-9.9)
Prince George's	17.8 (15.1-20.5)	14.9 (12.9-16.9)	15.1 (13.6-16.6)
Queen Anne's	19.2 (16.4-22.0)	**	19.4 (16.7-22.1)
St. Mary's	20.5 (17.6-23.4)	21.2 (12.4-30.0)	20.5 (17.8-23.1)
Somerset	23.2 (18.1-28.4)	32.9 (21.3-44.5)	25.6 (20.9-30.3)
Talbot	12.3 (9.8-14.8)	13.7 (4.6-22.8)	12.7 (10.3-15.0)
Washington	21.8 (19.5-24.1)	47.9 (31.9-63.9)	23.6 (21.4-25.9)
Wicomico	21.1 (18.1-24.1)	21.6 (14.8-28.4)	20.5 (17.9-23.2)
Worcester	20.6 (17.1-24.1)	9.9 (1.7-18.1)	19.6 (16.4-22.9)
Baltimore City	19.8 (17.0-22.6)	31.2 (28.2-34.2)	26.9 (24.9-28.9)
Maryland Total	16.8 (16.3-17.3)	19.0 (17.9-20.1)	16.8 (16.4-17.2)

Table 7: Prevalence of Adult Smoking by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage o (w	of Adults who Report ha with 95% confidence interv	aving Diabetes vals)
	White	Black	All Races
Allegany	13.5 (11.1-15.9)	**	13.4 (11.1-15.7)
Anne Arundel	7.9 (6.6-9.2)	9.4 (5.1-13.7)	8.0 (6.8-9.2)
Baltimore County	7.7 (6.6-8.8)	10.9 (8.5-13.4)	8.6 (7.6-9.5)
Calvert	6.6 (4.7-8.5)	13.0 (4.3-21.7)	6.9 (5.1-8.8)
Caroline	11.8 (8.9-14.8)	21.0 (9.0-33.0)	12.0 (9.3-14.8)
Carroll	6.6 (4.7-8.5)	**	6.3 (4.5-8.1)
Cecil	7.9 (6.1-9.7)	**	7.9 (6.2-9.7)
Charles	7.5 (5.6-9.5)	9.6 (5.7-13.5)	7.8 (6.2-9.5)
Dorchester	8.7 (6.1-11.3)	16.2 (9.4-23.0)	10.9 (8.4-13.4)
Frederick	7.4 (6.2-8.7)	6.5 (1.3-11.7)	7.5 (6.3-8.7)
Garrett	9.0 (6.8-11.2)	**	9.2 (7.0-11.4)
Harford	7.6 (5.8-9.4)	11.1 (3.8-18.4)	8.1 (6.4-9.9)
Howard	5.7 (4.2-7.2)	5.3 (1.4-9.2)	5.2 (3.9-6.6)
Kent	10.1 (7.2-13.0)	24.8 (11.7-37.9)	11.1 (8.3-14.0)
Montgomery	5.3 (4.5-6.1)	9.7 (6.7-12.7)	6.0 (5.3-6.8)
Prince George's	8.8 (6.8-10.8)	11.4 (9.6-13.2)	10.0 (8.8-11.3)
Queen Anne's	6.0 (4.3-7.7)	**	6.4 (4.7-8.1)
St. Mary's	7.3 (5.4-9.2)	17.9 (9.7-26.1)	8.5 (6.7-10.4)
Somerset	12.2 (8.2-16.2)	15.3 (6.4-24.2)	12.6 (9.1-16.2)
Talbot	7.4 (5.4-9.4)	21.3 (10.5-32.1)	8.7 (6.7-10.7)
Washington	10.0 (8.4-11.7)	15.8 (4.1-27.5)	10.5 (8.9-12.1)
Wicomico	9.2 (7.1-11.4)	10.2 (5.2-15.3)	9.0 (7.1-11.0)
Worcester	8.2 (5.8-10.6)	14.7 (4.8-24.7)	9.5 (7.1-11.9)
Baltimore City	8.1 (6.2-10.0)	14.0 (11.8-16.2)	11.4 (10.0-12.9)
Maryland Total	7.5 (7.2-7.9)	11.6 (10.7-12.5)	8.4 (8.0-8.7)

Table 8: Prevalence Rates for Diabetes by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage of Adults who Report having Asthma (with 95% confidence intervals)					
	White	Black	All Races			
Allegany	13.9 (11.5-16.3)	**	13.8 (11.5-16.2)			
Anne Arundel	12.4 (10.8-14.0)	15.8 (10.5-21.1)	13.4 (11.9-14.9)			
Baltimore County	14.1 (12.7-15.5)	15.7 (12.8-18.6)	14.6 (13.4-15.9)			
Calvert	13.5 (10.9-16.1)	16.6 (7.1-26.1)	14.0 (11.5-16.5)			
Caroline	15.6 (12.3-18.9)	12.1 (2.5-21.7)	14.3 (11.3-17.3)			
Carroll	13.6 (11.0-16.2)	**	13.8 (11.3-16.4)			
Cecil	13.3 (11.0-15.6)	**	14.7 (12.4-17.0)			
Charles	11.6 (9.2-14.0)	12.3 (8.0-16.6)	13.0 (10.9-15.1)			
Dorchester	15.4 (12.1-18.8)	32.1 (23.6-40.6)	20.0 (16.7-23.2)			
Frederick	12.1 (10.6-13.7)	10.4 (4.0-16.8)	11.9 (10.4-13.3)			
Garrett	9.9 (7.6-12.2)	**	9.4 (7.2-11.6)			
Harford	14.1 (11.8-16.5)	14.1 (6.0-22.2)	14.2 (12.0-16.5)			
Howard	10.4 (8.4-12.4)	11.6 (6.0-17.2)	10.4 (8.7-12.2)			
Kent	10.4 (7.5-13.4)	16.4 (5.3-27.5)	10.5 (7.8-13.3)			
Montgomery	12.9 (11.7-14.1)	11.5 (8.3-14.7)	12.4 (11.3-13.5)			
Prince George's	13.8 (11.3-16.3)	14.2 (12.3-16.1)	13.7 (12.3-15.2)			
Queen Anne's	12.4 (10.1-14.8)	**	11.8 (9.6-14.1)			
St. Mary's	12.0 (9.7-14.3)	9.0 (2.9-15.1)	11.4 (9.3-13.5)			
Somerset	16.1 (11.6-20.6)	13.2 (4.8-21.6)	15.0 (11.1-18.8)			
Talbot	12.0 (9.6-14.4)	15.0 (5.5-24.5)	12.0 (9.7-14.3)			
Washington	14.0 (12.1-15.9)	18.0 (5.7-30.3)	14.4 (12.6-16.3)			
Wicomico	10.3 (8.1-12.6)	18.4 (12.0-24.8)	11.7 (9.6-13.9)			
Worcester	9.3 (6.8-11.8)	22.7 (11.2-34.2)	10.7 (8.2-13.3)			
Baltimore City	15.4 (12.9-17.9)	16.3 (13.9-18.7)	16.1 (14.5-17.8)			
Maryland Total	13.0 (12.6-13.4)	14.7 (13.7-15.7)	13.5 (13.1-13.9)			

Table 9: Prevalence Rates for Adulthood Asthma by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage of Adults who Report being Diagnosed with an Anxiety Disorder (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	15.5 (11.6-19.5)	**	15.4 (11.6-19.2)		
Anne Arundel	14.5 (11.8-17.2)	7.8 (2.8-12.7)	13.2 (10.9-15.5)		
Baltimore County	14.6 (12.1-17.0)	6.9 (4.1-9.8)	12.5 (10.6-14.4)		
Calvert	14.2 (10.2-18.2)	**	13.0 (9.5-16.5)		
Caroline	14.4 (10.2-18.5)	**	13.3 (9.5-17.0)		
Carroll	14.3 (10.4-18.1)	**	12.8 (9.2-16.3)		
Cecil	13.7 (10.3-17.1)	**	13.5 (9.9-17.2)		
Charles	13.6 (9.6-17.7)	6.2 (1.4-11.0)	11.1 (7.9-14.2)		
Dorchester	14.5 (10.5-18.6)	9.3 (2.8-15.8)	14.1 (10.6-17.6)		
Frederick	11.1 (9.1-13.1)	17.6 (0.0-35.6)	10.9 (8.7-13.0)		
Garrett	11.1 (6.3-16.0)	**	10.8 (6.2-15.4)		
Harford	15.3 (11.3-19.2)	5.4 (0.0-11.7)	14.2 (10.6-17.7)		
Howard	15.0 (11.1-18.9)	3.5 (0.6-6.3)	11.0 (8.1-13.8)		
Kent	11.9 (7.7-16.0)	**	10.3 (6.8-13.8)		
Montgomery	14.7 (12.6-16.8)	7.2 (3.0-11.5)	11.5 (9.8-13.1)		
Prince George's	13.0 (9.1-17.0)	7.2 (4.9-9.6)	8.0 (6.2-9.8)		
Queen Anne's	13.1 (9.7-16.6)	**	12.8 (9.5-16.0)		
St. Mary's	11.6 (8.1-15.1)	7.9 (0.0-15.7)	10.3 (7.3-13.3)		
Somerset	16.0 (9.8-22.1)	6.2 (0.7-11.7)	14.3 (9.3-19.2)		
Talbot	8.5 (5.5-11.4)	**	8.1 (5.4-10.7)		
Washington	15.3 (12.1-18.4)	**	15.2 (12.1-18.3)		
Wicomico	14.3 (10.2-18.3)	4.9 (0.2-7.1)	10.8 (7.8-13.8)		
Worcester	13.6 (9.4-17.9)	**	11.7 (8.0-15.3)		
Baltimore City	19.6 (14.1-25.1)	9.6 (6.7-12.4)	12.8 (10.1-15.4)		
Maryland Total	14.4 (13.6-15.2)	7.6 (6.4-8.8)	11.8 (11.1-12.4)		

Table 10: Percentage of Residents Reporting being Diagnosed with an Anxiety Disorder by Race and Jurisdiction, Maryland, 2006-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2006-2009 (this question was not asked in 2005, therefore these data are not available)

Jurisdictions	Percentage of Adults who Report being Diagnosed with a Depressive Disorder (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	19.0 (14.6-23.4)	**	18.2 (14.0-22.4)		
Anne Arundel	20.1 (17.2-23.1)	10.9 (4.2-17.5)	18.5 (15.7-21.2)		
Baltimore County	20.4 (17.9-22.9)	9.5 (6.0-13.0)	16.8 (14.7-18.8)		
Calvert	18.4 (13.7-23.12)	**	18.4 (14.1-22.7)		
Caroline	21.0 (15.8-26.1)	**	19.9 (15.0-24.7)		
Carroll	16.9 (12.6-21.2)	**	15.3 (11.3-19.3)		
Cecil	17.7 (14.0-21.3)	**	17.5 (13.7-21.4)		
Charles	14.3 (10.2-18.4)	6.3 (1.6-10.9)	10.7 (7.8-13.5)		
Dorchester	19.7 (14.8-24.6)	12.5 (5.0-20.0)	18.5 (14.3-22.6)		
Frederick	16.7 (14.2-19.2)	3.7 (0.0-9.0)	15.6 (13.2-18.0)		
Garrett	12.4 (9.4-15.4)	**	12.4 (9.5-15.2)		
Harford	16.5 (12.5-20.5)	14.6 (0.0-29.2)	16.2 (12.3-20.0)		
Howard	21.1 (16.8-25.4)	11.2 (1.2-21.3)	16.8 (13.3-20.4)		
Kent	21.3 (11.2-31.3)	**	20.3 (11.8-28.9)		
Montgomery	21.1 (18.7-23.5)	10.4 (5.6-15.1)	16.4 (14.5-18.5)		
Prince George's	19.0 (14.5-23.6)	9.4 (6.9-11.8)	11.2 (9.2-13.1)		
Queen Anne's	18.4 (14.5-22.4)	**	17.3 (13.6-21.0)		
St. Mary's	18.1 (13.8-22.4)	10.2 (2.0-18.3)	15.7 (12.1-19.4)		
Somerset	15.2 (9.7-20.7)	14.5 (1.7-27.2)	15.4 (10.2-20.5)		
Talbot	13.9 (9.5-18.2)	**	13.6 (9.6-17.5)		
Washington	21.8 (18.2-25.4)	**	21.1 (17.7-24.5)		
Wicomico	17.2 (13.0-21.4)	9.2 (3.4-15.0)	15.1 (11.7-18.6)		
Worcester	17.0 (12.1-21.9)	**	15.2 (10.7-19.7)		
Baltimore City	22.5 (18.2-26.7)	17.3 (12.9-21.7)	18.7 (15.6-21.8)		
Maryland Total	19.4 (18.5-20.3)	11.4 (9.9-13.0)	16.2 (15.4-16.9)		

Table 11: Percentage of Residents Reporting being Diagnosed with a Depressive Disorder by Race and Jurisdiction, Maryland, 2006-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2006-2009 (this question was not asked in 2005, therefore these data are not available)

Jurisdiction	Population ^a	Living HIV	/ Cases with	out AIDS ^b	Living H	IIV Cases wi	ith AIDS		Total Living	g HIV Cases ^b	
Jurisalcuon	No.	No.	%	Rate ^c	No.	%	Rate ^c	No.	%	Rate ^c	Ratio ^d (1 in X)
Allegany	72,238	36	0.3	49.8	35	0.2	48.5	71	0.2	98.3	1,017.00
Anne Arundel	512,790	412	3.2	80.3	572	3.5	111.5	984	3.4	191.9	521
Baltimore	785,618	925	7.3	117.7	1,280.00	7.8	162.9	2,205.00	7.6	280.7	356
Calvert	88,698	34	0.3	38.3	59	0.4	66.5	93	0.3	104.9	953
Caroline	33,138	29	0.2	87.5	28	0.2	84.5	57	0.2	172	581
Carroll	169,353	56	0.4	33.1	60	0.4	35.4	116	0.4	68.5	1,459.00
Cecil	99,926	50	0.4	50	59	0.4	59	109	0.4	109.1	916
Charles	140,764	144	1.1	102.3	139	0.9	98.7	283	1.0	201	497
Dorchester	31,998	32	0.3	100	67	0.4	209.4	99	0.3	309.4	323
Frederick	225,721	134	1.1	59.4	151	0.9	66.9	285	1.0	126.3	792
Garrett	29,698	6	0.0	20.2	4	0.0	13.5	10	0.0	33.7	2,969.00
Harford	240,351	158	1.2	65.7	213	1.3	88.6	371	1.3	154.4	647
Howard	274,995	185	1.5	67.3	210	1.3	76.4	395	1.4	143.6	696
Kent	20,151	17	0.1	84.4	20	0.1	99.3	37	0.1	183.6	544
Montgomery	950,680	1,316.00	10.3	138.4	1,692.00	10.4	178	3,008.00	10.4	316.4	316
Prince George's	820,852	2,408.00	18.9	293.4	3,055.00	18.7	372.2	5,463.00	18.8	665.5	150
Queen Anne's	47,091	14	0.1	29.7	25	0.2	53.1	39	0.1	82.8	1,207.00
St. Mary's	101,578	47	0.4	46.3	50	0.3	49.2	97	0.3	95.5	1,047.00
Somerset	26,119	18	0.1	68.9	29	0.2	111	47	0.2	179.9	555
Talbot	36,215	27	0.2	74.6	31	0.2	85.6	58	0.2	160.2	624
Washington	145,384	171	1.3	117.6	121	0.7	83.2	292	1.0	200.8	497
Wicomico	94,046	114	0.9	121.2	115	0.7	122.3	229	0.8	243.5	410
Worcester	49,274	35	0.3	71	46	0.3	93.4	81	0.3	164.4	608
Baltimore City	636,919	5,893.00	46.3	925.2	7,262.00	44.5	1,140.20	13,155.00	45.3	2,065.40	48
Corrections		454	3.6		983	6.0		1,437.00	5.0		
Maryland Total	5,633,597	12,715.00	100.0	225.7	16,306.00	100.0	289.4	29,021.00	100.0	515.1	194

Table 12: HIV and AIDS Cases by Jurisdiction, Alive on 12/31/2008

^a Population is from the July 1, 2008 Census Population Estimates

^b During the transition to name-based HIV reporting, not all code-based HIV cases were located and re-reported, therefore the number of living HIV cases without AIDS and the

total living HIV cases are lower than previously reported

^c Rate is number of case per 100,000 population ^d Ratio is number of people per case (there was 1 case for every 194 people in Maryland

Source: Center for HIV Surveillance and Epidemiology, Infectious Disease and Environment Health Administration, Maryland Department of Health and Mental Hygiene, HIV/AIDS Epidemiological Profile- Fourth Quarter 2009

Jurisdictions	Age-Adjusted Mortality Rates per 100,000 Population (with 95% confidence intervals)					
		White		Black		All Races
Allegany	868.5	(842.08-895.54)	659.6	(500.89-852.64)	859.3	(833.56-885.63)
Anne Arundel	806.5	(793.9-819.25)	870.6	(834.59-907.77)	805.8	(794.1-817.63)
Baltimore County	791.2	(782.33-800.15)	935.2	(910.0-960.92)	804.9	(796.8-813.06)
Calvert	830.5	(798.01-863.97)	838.5	(762.69-919.8)	822.1	(792.53-852.49)
Caroline	904.2	(856.15-954.24)	867.3	(754.51-992.2)	894.5	(850.46-940.23)
Carroll	778.9	(759.6-798.57)	795.1	(682.99-920.36)	775.7	(756.79-794.96)
Cecil	870.7	(842.95-899.13)	905.0	(781.95-1041.92)	867.7	(840.77-895.27)
Charles	850.9	(819.52-883.17)	825.1	(776.24-876.23)	835.9	(809.97-862.45)
Dorchester	791.9	(749.12-836.49)	1035.1	(946.27-1130.02)	856.6	(817.37-897.23)
Frederick	749.6	(731.58-767.96)	669.8	(605.8-738.72)	737.8	(720.68-755.23)
Garrett	802.5	(762.21-844.36)		**	802.8	(762.67-844.5)
Harford	809.7	(791.75-827.95)	849.7	(790.13-912.57)	808.2	(791.2-825.47)
Howard	687.3	(668.75-706.24)	679.3	(637.05-723.62)	661.1	(645.14-677.36)
Kent	765.3	(717.47-815.48)	955.2	(824.74-1100.44)	795.9	(750.52-843.31)
Montgomery	546.0	(538.61-553.47)	698.2	(675.52-721.45)	549.9	(543.33-556.52)
Prince George's	708.2	(693.61-723.02)	920.2	(904.25-936.36)	803.0	(792.83-813.27)
Queen Anne's	751.9	(714.8-790.43)	846.1	(733.43-971.19)	749.1	(714.61-784.83)
St. Mary's	848.0	(816.42-880.48)	813.1	(744.45-886.37)	827.9	(799.71-856.83)
Somerset	880.3	(822.25-941.37)	933.8	(837.09-1038.62)	885.3	(836.22-936.51)
Talbot	678.3	(646.36-711.41)	938.5	(836.16-1049.91)	716.2	(685.22-748.22)
Washington	817.1	(797.1-837.47)	768.3	(660.48-888.7)	810.4	(790.99-830.16)
Wicomico	883.0	(853.78-912.97)	941.6	(882.94-1003.13)	893.8	(867.76-920.43)
Worcester	712.5	(683.01-742.93)	967.3	(879.19-1061.85)	742.6	(714.58-771.44)
Baltimore City	910.4	(893.54-927.5)	1148.2	(1133.03-1163.52)	1055.3	(1044.06-1066.63)
Maryland Total	743.8	(740.07-747.53)	927.2	(919.44-935.01)	779.3	(775.97-782.55)

Table 13: Age-Adjusted Death Rates by Race and Jurisdiction, Maryland, 2005-2009

Jurisdictions	Infant Mortality Rates (per 1,000 live births) (with 95% confidence intervals)					
	White, non-Hispanic	White, Hispanic	Black	All Races		
Allegany	6.0 (3.9-9.2)	**	**	6.3 (4.2-9.5)		
Anne Arundel	5.7 (4.8-6.7)	3.2 (1.8-5.7)	13.1 (10.5-16.3)	6.7 (5.9-7.6)		
Baltimore County	5.8 (5.0-6.8)	2.3 (1.1-4.7)	12.3 (10.7-14.2)	7.6 (6.9-8.4)		
Calvert	5.9 (3.9-8.8)	**	8.4 (3.9-18.2)	6.2 (4.4-8.8)		
Caroline	7.2 (4.1-12.5)	0.0	14.7 (6.3-34.0)	7.3 (4.6-11.7)		
Carroll	3.7 (2.6-5.3)	**	18.2 (7.8-41.9)	4.0 (2.9-5.5)		
Cecil	4.4 (3.0-6.5)	0.0	**	4.4 (3.0-6.4)		
Charles	6.2 (4.3-8.9)	**	12.0 (9.1-15.9)	8.6 (6.9-10.7)		
Dorchester	9.6 (5.2-17.6)	0.0	24.5 (15.7-38.0)	16.5 (11.8-23.1)		
Frederick	5.0 (3.8-6.5)	2.7 (1.2-6.3)	11.9 (7.6-18.5)	5.4 (4.3-6.7)		
Garrett	**	0.0	**	**		
Harford	4.1 (3.1-5.5)	**	10.4 (7.1-15.3)	5.3 (4.3-6.6)		
Howard	4.1 (3.0-5.7)	6.0 (3.3-11.0)	10.9 (7.9-15.0)	5.4 (4.4-6.6)		
Kent	**	0.0	**	7.3 (3.5-15.0)		
Montgomery	5.1 (4.3-6.0)	2.2 (1.6-3.0)	13.1 (11.3-15.1)	6.0 (5.4-6.6)		
Prince George's	10.1 (8.0-12.8)	4.0 (3.1-5.2)	12.2 (11.2-13.3)	9.8 (9.1-10.6)		
Queen Anne's	2.7 (1.2-5.9)	**	34.8 (17.0-70.1)	5.3 (3.2-8.9)		
St. Mary's	6.3 (4.5-8.7)	0.0	15.3 (9.6-24.4)	7.1 (5.4-9.3)		
Somerset	**	0.0	18.3 (9.7-34.4)	9.1 (5.2-15.8)		
Talbot	4.1 (1.8-9.5)	0.0	**	3.8 (1.8-7.8)		
Washington	5.7 (4.3-7.6)	**	14.0 (8.0-24.3)	6.2 (4.8-8.0)		
Wicomico	5.3 (3.4-8.2)	**	13.9 (9.6-20.0)	7.9 (6.0-10.3)		
Worcester	**	**	13.9 (6.7-28.4)	5.0 (2.9-8.7)		
Baltimore City	5.4 (4.2-6.9)	2.5 (1.2-5.2)	15.5 (14.2-16.9)	12.1 (11.2-13.1)		
Maryland Total	5.4 (5.1-5.7)	3.0 (2.5-3.5)	13.3 (12.7-13.9)	7.7 (7.4-8.0)		

Table 14: Infant Mortality Rates by Race and Jurisdiction, Maryla

Jurisdictions	Age-Adjusted Heart Disease Mortality Rates per 100,000 Population (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	249.9 (236.24-264.14)	230.6 (139.45-358.9)	248.1 (234.72-262.04)		
Anne Arundel	201.5 (195.17-207.98)	233.6 (214.6-253.83)	203.0 (197.08-209.05)		
Baltimore County	197.2 (192.91-201.56)	235.5 (222.61-248.94)	200.5 (196.53-204.53)		
Calvert	229.6 (212.42-247.8)	240.3 (199.91-286.46)	228.6 (212.89-245.16)		
Caroline	226.6 (202.99-252.21)	191.4 (140.2-255.2)	220.3 (198.81-243.48)		
Carroll	197.7 (188.06-207.71)	199.3 (144.95-267.34)	197.1 (187.64-206.91)		
Cecil	215.9 (202.1-230.39)	223.7 (164.2-297.72)	215.3 (201.9-229.36)		
Charles	216.6 (200.65-233.49)	220.7 (194.83-249.05)	214.7 (201.33-228.73)		
Dorchester	216.1 (194.67-239.24)	230.8 (190.44-277.18)	220.6 (201.49-241.04)		
Frederick	201.0 (191.69-210.64)	172.6 (140.42-209.95)	197.5 (188.64-206.67)		
Garrett	234.9 (213.55-257.81)	**	234.4 (213.15-257.2)		
Harford	214.0 (204.76-223.55)	229.8 (198.15-265.07)	213.4 (204.62-222.46)		
Howard	169.9 (160.66-179.53)	171.3 (149.91-194.88)	163.8 (155.79-172.11)		
Kent	175.8 (153.72-200.16)	271.5 (204.68-353.17)	190.2 (168.69-213.69)		
Montgomery	137.5 (133.87-141.2)	167.2 (155.93-179.07)	136.2 (132.97-139.49)		
Prince George's	192.7 (185.17-200.46)	270.9 (261.9-280.13)	227.7 (222.15-233.35)		
Queen Anne's	181.1 (163-200.66)	162.6 (117.0-220.08)	177.0 (160.38-194.88)		
St. Mary's	248.4 (231.17-266.57)	205.2 (171.27-243.88)	237.4 (222.19-253.38)		
Somerset	320.1 (285.89-357.27)	274.8 (223.27-334.66)	304.9 (276.53-335.4)		
Talbot	157.2 (142.94-172.5)	273.2 (219.76-335.71)	173.0 (158.62-188.34)		
Washington	205.1 (195.29-215.27)	155.8 (108.67-216.43)	202.7 (193.15-212.6)		
Wicomico	257.3 (241.81-273.53)	241.7 (212.3-274.04)	254.3 (240.59-268.59)		
Worcester	189.8 (175.13-205.37)	307.5 (259.96-361.21)	204.3 (190.13-219.24)		
Baltimore City	252.8 (244.08-261.75)	282.8 (275.25-290.51)	270.4 (264.74-276.15)		
Maryland Total	192.5 (190.63-194.39)	244.3 (240.22-248.44)	201.4 (199.73-203.08)		

Table 15: Age-Adjusted Mortality Rates for Heart Disease by Race and Jurisdiction, Maryland, 2005-2009

Jurisdictions	Age-Adjusted Stroke Mortality Rates per 100,000 Population (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	53.6 (47.54-60.21)	**	53.0 (47.05-59.5)		
Anne Arundel	42.1 (39.21-45.15)	65.4 (55.52-76.53)	44.8 (42.01-47.72)		
Baltimore County	43.4 (41.45-45.41)	61.7 (55.03-68.96)	45.8 (43.93-47.72)		
Calvert	40.0 (32.97-48.09)	50.6 (32.95-74.33)	41.4 (34.83-48.85)		
Caroline	41.5 (31.77-53.28)	**	41.4 (32.41-52.11)		
Carroll	56.1 (50.98-61.59)	**	56.3 (51.25-61.71)		
Cecil	33.5 (28.14-39.58)	**	33.1 (27.92-38.96)		
Charles	41.0 (34.16-48.81)	39.9 (29.32-53.05)	40.7 (34.93-47.16)		
Dorchester	36.0 (27.77-45.91)	63.4 (43.01-90.11)	42.6 (34.44-52.11)		
Frederick	45.7 (41.28-50.47)	44.8 (28.71-66.65)	45.1 (40.87-49.64)		
Garrett	46.3 (37.28-56.84)	**	46.6 (37.58-57.13)		
Harford	44.9 (40.66-49.47)	46.1 (32.37-63.68)	44.8 (40.76-49.13)		
Howard	38.7 (34.3-43.5)	44.3 (33.59-57.34)	38.8 (34.91-43.01)		
Kent	45.4 (34.93-58.03)	**	45.7 (35.86-57.4)		
Montgomery	29.6 (27.93-31.34)	38.0 (32.68-43.93)	30.3 (28.78-31.88)		
Prince George's	33.0 (29.93-36.3)	41.0 (37.64-44.58)	38.0 (35.75-40.35)		
Queen Anne's	42.9 (34.18-53.17)	**	42.5 (34.48-51.82)		
St. Mary's	48.0 (40.55-56.43)	62.5 (44.34-85.61)	50.1 (43.22-57.77)		
Somerset	27.3 (18.1-39.53)	**	30.1 (21.68-40.71)		
Talbot	46.4 (38.93-54.89)	61.1 (38.02-93.01)	48.3 (41.03-56.48)		
Washington	44.0 (39.57-48.79)	**	43.7 (39.37-48.38)		
Wicomico	30.4 (25.24-36.3)	51.9 (38.96-67.76)	35.0 (30.04-40.55)		
Worcester	30.3 (24.8-36.65)	52.5 (34.16-77.16)	33.0 (27.6-39.15)		
Baltimore City	39.0 (35.67-42.56)	56.1 (52.76-59.6)	49.5 (47.1-51.99)		
Maryland Total	39.5 (38.66-40.36)	49.2 (47.37-51.09)	41.8 (41.04-42.57)		

 Table 16:
 Age-Adjusted Mortality Rates for Cerebrovascular Accident (Stroke) by Race and Jurisdiction, Maryland, 2005-2009

** Rates are not calculated for less than 20 deaths due to instability

Source: Maryland Vital Statistics Administration, 2005-2009

Jurisdictions	Age-Adjusted Cancer Mortality Rates per 100,000 Population (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	192.0 (179.66-204.96)	**	190.2 (178.12-202.88)		
Anne Arundel	199.0 (192.9-205.24)	192.9 (176.29-210.65)	195.5 (189.88-201.24)		
Baltimore County	192.2 (187.8-196.68)	208.3 (196.65-220.46)	191.6 (187.62-195.64)		
Calvert	201.2 (185.66-217.7)	214.0 (176.98-256.48)	200.0 (185.8-215.0)		
Caroline	214.1 (191.05-239.16)	223.5 (167.7-291.91)	215.0 (193.66-238.05)		
Carroll	183.0 (173.78-192.58)	166.9 (118.15-229.02)	181.6 (172.58-190.97)		
Cecil	220.9 (207.2-235.27)	214.9 (157.33-286.65)	219.0 (205.72-232.91)		
Charles	203.8 (188.98-219.47)	202.6 (179.19-228.21)	201.3 (188.97-214.22)		
Dorchester	186.1 (165.82-208.18)	233.7 (193.02-280.42)	197.2 (178.87-216.9)		
Frederick	179.1 (170.38-188.15)	192.5 (158.77-231.28)	177.9 (169.58-186.52)		
Garrett	168.9 (150.77-188.61)	**	169.2 (151.12-188.84)		
Harford	187.2 (178.87-195.82)	203.4 (175.5-234.48)	187.1 (179.2-195.26)		
Howard	161.3 (152.61-170.35)	177.5 (156.7-200.3)	158.3 (150.75-166.13)		
Kent	191.9 (168.3-217.88)	236.3 (175.6-311.21)	198.5 (176.28-222.75)		
Montgomery	133.9 (130.2-137.68)	163.1 (152.33-174.43)	134.0 (130.75-137.31)		
Prince George's	164.4 (157.4-171.64)	197.4 (190.41-204.59)	178.6 (173.93-183.36)		
Queen Anne's	200.5 (182.21-220.13)	210.0 (156.13-276.45)	199.9 (182.72-218.26)		
St. Mary's	201.2 (186.34-216.93)	201.8 (168.05-240.34)	197.4 (184.02-211.49)		
Somerset	218.5 (190.45-249.52)	223.1 (176.76-277.87)	217.7 (193.76-243.78)		
Talbot	178.9 (162.66-196.32)	199.7 (155.68-252.3)	180.9 (165.68-197.15)		
Washington	183.5 (174.01-193.38)	246.0 (185.45-320.01)	183.7 (174.43-193.33)		
Wicomico	233.1 (218.11-248.85)	225.0 (196.67-256.27)	228.9 (215.78-242.61)		
Worcester	194.5 (179.6-210.3)	209.7 (170.84-254.75)	194.7 (180.87-209.31)		
Baltimore City	202.6 (194.56-210.89)	236.3 (229.45-243.3)	221.8 (216.64-227.06)		
Maryland Total	179.3 (177.47-181.14)	205.9 (202.28-209.57)	182.4 (180.82-183.99)		

Table 17: Age-Adjusted Mortality Rates for Malignant Neoplasm (Cancer) by Race and Jurisdiction, Maryland, 2005-2009

Jurisdictions	Percentage of Population in Poverty			
	Under 18 years	All Ages		
Allegany	22.4	16.6		
Anne Arundel	9.1	6.8		
Baltimore County	10.2	8.3		
Calvert	7.5	5.4		
Caroline	18.8	13.2		
Carroll	6.5	5.9		
Cecil	12.6	10.0		
Charles	8.6	6.4		
Dorchester	25.2	15.4		
Frederick	7.0	5.7		
Garrett	18.5	12.6		
Harford	7.8	6.2		
Howard	5.6	4.5		
Kent	19.4	14.4		
Montgomery	8.3	6.7		
Prince George's	10.5	7.8		
Queen Anne's	9.3	7.3		
St. Mary's	11.3	8.5		
Somerset	29.8	24.0		
Talbot	14.1	8.8		
Washington	16.0	12.4		
Wicomico	18.4	13.2		
Worcester	19.9	12.0		
Baltimore City	28.2	20.9		
Maryland Total	11.8	9.2		

Table 18: Poverty Estimates by Jurisdiction, Maryland, 2009

Source: United States Census Bureau, Small Area Income and Poverty Estimates, 2009

Jurisdictions	ions Percentage of Adults who Report a Time in the Past Twelve Months in which they Needed to See a Doctor, but Could Not Due to Cost (with 95% confidence intervals)				
	White	Black	All Races		
Allegany	11.6 (9.4-13.8)	**	12.4 (10.2-14.7)		
Anne Arundel	7.2 (6.0-8.4)	13.2 (8.3-18.1)	8.3 (7.1-9.5)		
Baltimore County	8.5 (7.4-9.6)	12.6 (10.0-15.2)	11.0 (9.9-12.1)		
Calvert	7.1 (5.1-9.1)	17.8 (8.0-27.6)	8.7 (6.7-10.8)		
Caroline	11.8 (8.9-14.7)	22.8 (10.4-35.2)	15.7 (12.6-18.7)		
Carroll	7.1 (5.2-9.1)	**	8.0 (6.0-10.0)		
Cecil	11.7 (9.5-13.9)	**	12.6 (10.4-14.7)		
Charles	7.1 (5.2-9.0)	9.2 (5.4-13.0)	8.6 (6.8-10.3)		
Dorchester	10.2 (7.4-13.0)	19.2 (12.0-26.4)	13.5 (10.7-16.2)		
Frederick	7.8 (6.5-9.1)	10.0 (3.7-16.3)	9.2 (7.9-10.5)		
Garrett	13.0 (10.4-15.6)) **	14.3 (11.7-17.0)		
Harford	7.4 (5.6-9.2)	15.2 (6.8-23.6)	9.3 (7.5-11.2)		
Howard	4.5 (3.1-5.9)	7.6 (3.0-12.2)	7.8 (6.2-9.4)		
Kent	5.9 (3.6-8.2)	18.7 (7.0-30.4)	9.0 (6.4-11.6)		
Montgomery	5.7 (4.8-6.6)	18.5 (14.6-22.4)	10.3 (9.3-11.2)		
Prince George's	7.9 (6.0-9.8)	13.0 (11.1-14.9)	13.6 (12.2-15.0)		
Queen Anne's	8.9 (6.9-10.9)	**	9.8 (7.7-11.8)		
St. Mary's	8.8 (6.8-10.8)	11.7 (4.8-18.6)	9.5 (7.6-11.4)		
Somerset	12.8 (8.7-16.9)	32.6 (21.1-44.1)	18.8 (14.6-23.0)		
Talbot	6.7 (4.8-8.6)	22.1 (11.1-33.1)	10.3 (8.1-12.4)		
Washington	8.7 (7.2-10.3)	17.4 (5.2-29.6)	9.6 (8.1-11.2)		
Wicomico	10.6 (8.3-12.9)	23.2 (16.2-30.2)	13.5 (11.2-15.7)		
Worcester	10.2 (7.6-12.8)	16.3 (6.1-26.5)	12.8 (10.1-15.5)		
Baltimore City	8.0 (6.1-9.9)	16.7 (14.3-19.1)	14.2 (12.6-15.8)		
Maryland Total	7.7 (7.4-8.1)	14.3 (13.3-15.3)	10.9 (10.5-11.3)		

Table 19: Healthcare Affordability by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage of Women (40 years and older) who Reported having a Mammogram and Breast Exam (with 95% confidence intervals)						
	White	Black	All Races				
Allegany	92.2 (88.3-96.1)	**	92.5 (88.7-96.3)				
Anne Arundel	90.2 (86.9-93.5)	86.0 (75.0-97.0)	89.1 (85.9-92.3)				
Baltimore	01.0 (88.5.02.5)	80.5 (72.0.88.0)	97 9 (95 2 00 <i>4</i>)				
Columny	91.0 (88.3-93.3)	**	02.8 (00.0.07.7)				
Caroline	94.1 (90.1-98.1)	**	93.8 (90.0-97.7)				
Caroline	90.0 (84.0-96.0)	**	87.9 (81.8-94.0)				
Carroll	90.3 (85.6-95.1)	** **	90.0 (85.4-94.7)				
Cecil	89.2 (84.3-94.1)		86.9 (81.8-92.1)				
Charles	87.7 (81.9-93.5)	88.0 (77.4-98.6)	87.5 (82.7-92.4)				
Dorchester	93.0 (88.3-97.8)	**	92.5 (88.1-96.9)				
Frederick	90.7 (87.5-93.9)	**	90.1 (87.0-93.3)				
Garrett	84.5 (78.6-90.4)	**	84.6 (78.8-90.3)				
Harford	85.8 (80.3-91.3)	**	86.2 (80.9-91.6)				
Howard	93.8 (90.0-97.6)	**	93.5 (90.1-97.0)				
Kent	86.1 (79.3-92.9)	**	86.3 (80.0-92.6)				
Montgomery	91.9 (89.6-94.2)	90.1 (83.0-97.2)	88.9 (86.6-91.3)				
Prince George's	83.6 (77.6-89.6)	85.5 (80.9-90.2)	85.2 (81.7-88.6)				
Queen Anne's	92.9 (89.0-96.8)	**	93.5 (89.9-97.1)				
St. Mary's	91.1 (86.2-96.1)	**	88.3 (83.2-93.4)				
Somerset	95.4 (90.0-100.0)	**	94.7 (89.7-99.7)				
Talbot	92.6 (88.7-96.5)	**	93.1 (89.5-96.7)				
Washington	89.0 (85.2-92.8)	**	87.4 (83.5-91.3)				
Wicomico	89.0 (84.1-93.9)	**	88.3 (83.7-92.9)				
Worcester	90.6 (85.0-96.2)	**	88.6 (82.9-94.3)				
Baltimore City	83.5 (77.3-89.7)	83.3 (77.9-88.7)	83.6 (79.6-87.5)				
Maryland Total	90.1 (89.2-91.0)	84.7 (82.3-87.1)	88.0 (87.2-88.9)				

Table 20: Percentage of Women (40 years and older) who Reported having a Mammogram andBreast Exam by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009 (this question was not asked in 2005, 2007, or 2009, therefore these data are not available)

Jurisdictions	Percentage of Adult Women (18 years and older) who Reported having a Pap Smear within the Past Three Years (with 95% confidence intervals)					
	White	Black	All Races			
Allegany	77.4 (70.3-84.5)	**	77.7 (70.8-84.7)			
Anne Arundel	88.1 (84.4-91.8)	87.1 (75.9-98.3)	87.9 (84.5-91.3)			
Baltimore County	84.6 (81.1-88.1)	86.2 (80.3-92.1)	85.4 (82.5-88.3)			
Calvert	87.6 (81.8-93.4)	**	89.6 (84.5-94.6)			
Caroline	89.3 (82.7-95.9)	**	88.2 (81.8-94.6)			
Carroll	82.7 (76.2-89.2)	**	83.4 (77.2-89.5)			
Cecil	87.2 (82.0-92.4)	**	84.5 (79.1-89.9)			
Charles	89.1 (83.4-94.8)	95.4 (89.0-100.0)	87.4 (82.5-92.4)			
Dorchester	93.0 (87.5-98.6)	**	89.7 (84.0-95.3)			
Frederick	87.7 (84.2-91.2)	**	88.2 (85.0-91.4)			
Garrett	76.1 (68.8-83.4)	**	77.2 (70.2-84.2)			
Harford	86.5 (81.1-91.9)	**	82.7 (77.0-88.4)			
Howard	93.0 (89.0-97.0)	**	90.9 (87.0-94.8)			
Kent	81.7 (73.1-90.3)	**	81.6 (73.6-89.5)			
Montgomery	87.0 (84.2-89.8)	86.6 (79.0-94.2)	86.3 (83.8-88.8)			
Prince George's	74.0 (66.5-81.5)	89.3 (85.3-93.3)	85.6 (82.3-89.0)			
Queen Anne's	84.2 (78.6-89.9)	**	84.3 (78.9-89.7)			
St. Mary's	86.6 (80.7-92.5)	**	86.3 (80.9-91.7)			
Somerset	89.1 (80.0-98.2)	**	90.3 (82.6-97.9)			
Talbot	91.9 (87.6-96.2)	**	92.7 (88.7-96.6)			
Washington	82.1 (77.2-87.0)	**	82.1 (77.4-86.9)			
Wicomico	92.5 (88.1-96.9)	**	92.7 (88.8-96.7)			
Worcester	83.3 (75.5-91.1)	**	84.3 (77.3-91.3)			
Baltimore City	78.6 (71.8-85.4)	84.7 (79.6-89.8)	82.8 (78.8-86.7)			
Maryland Total	85.5 (84.4-86.6)	86.8 (84.6-89.0)	85.8 (84.9-86.7)			

 Table 21: Percentage of Adult Women (18 years and older) who Reported having a Pap Smear within the Past Three Years by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009 (this question was not asked in 2005, 2007, or 2009, therefore these data are not available)

Jurisdictions	Percentage of Residents (50 years and older) who Reported ever having a Sigmoidoscopy or Colonoscopy (with 95% confidence intervals)					
	White	Black	All Races			
Allegany	68.2 (62.1-74.3)	**	69.0 (63.0-74.9)			
Anne Arundel	75.0 (70.7-79.3)	80.6 (67.3-93.9)	75.0 (71.0-79.1)			
Baltimore County	70.1 (66.5-73.8)	62.2 (53.4-71.0)	67.9 (64.6-71.3)			
Calvert	64.7 (56.5-72.9)	**	68.5 (61.1-76.0)			
Caroline	66.4 (57.7-75.1)	**	63.2 (54.9-71.6)			
Carroll	62.2 (54.8-69.7)	**	63.6 (56.5-70.8)			
Cecil	56.8 (49.7-63.9)	**	58.4 (51.4-65.3)			
Charles	67.7 (60.3-75.1)	**	64.1 (57.4-70.8)			
Dorchester	79.2 (72.6-85.8)	**	78.7 (72.6-84.8)			
Frederick	70.4 (65.7-75.1)	**	70.6 (66.1-75.1)			
Garrett	62.9 (55.7-70.1)	**	59.5 (52.3-66.7)			
Harford	64.2 (57.4-71.0)	**	64.1 (57.5-70.7)			
Howard	77.2 (71.3-83.1)	**	75.9 (70.3-81.5)			
Kent	73.8 (66.3-81.3)	**	68.0 (60.4-75.5)			
Montgomery	75.2 (72.0-78.4)	62.8 (51.3-74.3)	69.8 (66.8-72.9)			
Prince George's	69.7 (63.5-75.9)	70.7 (64.5-76.9)	68.5 (64.3-72.8)			
Queen Anne's	69.4 (63.2-75.6)	**	69.7 (63.7-75.7)			
St. Mary's	70.3 (63.0-77.7)	**	69.4 (62.4-76.3)			
Somerset	65.2 (54.8-75.6)	**	64.8 (55.7-74.0)			
Talbot	77.8 (72.5-83.2)	**	75.5 (70.2-80.8)			
Washington	63.5 (58.1-68.9)	**	63.2 (58.0-68.5)			
Wicomico	69.0 (62.3-75.7)	**	67.6 (61.4-73.8)			
Worcester	77.5 (70.5-84.5)	**	76.1 (69.3-82.9)			
Baltimore City	67.8 (61.0-74.6)	64.2 (57.4-71.0)	65.3 (60.6-70.1)			
Maryland Total	70.6 (69.4-71.8)	67.3 (64.2-70.4)	68.8 (67.6-69.9)			

Table 22: Percentage of Residents (50 years and older) who Reported ever having a Sigmoidoscopy or Colonoscopy Exam by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50.

Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009 (this question was not asked in 2005, 2007, or 2009, therefore these data are not available)

Jurisdictions	Percentage of Adults who Reported having a Flu Shot within the Past Year (with 95% confidence intervals)						
	White	Black	All Races				
Allegany	33.0 (29.7-36.3)	**	32.2 (29.0-35.4)				
Anne Arundel	38.7 (36.4-41.0)	36.9 (29.8-44.0)	37.5 (35.4-39.7)				
Baltimore							
County	40.4 (38.5-42.4)	30.1 (26.5-33.7)	36.1 (34.5-37.8)				
Calvert	36.6 (32.9-40.3)	30.0 (18.3-41.7)	35.3 (31.9-38.8)				
Caroline	32.6 (28.3-36.9)	26.4 (13.2-39.6)	30.9 (27.0-34.9)				
Carroll	36.9 (33.2-40.6)	**	34.1 (30.6-37.6)				
Cecil	32.1 (28.9-35.3)	**	32.1 (29.0-35.2)				
Charles	33.8 (30.3-37.3)	31.0 (24.9-37.1)	32.4 (29.5-35.2)				
Dorchester	39.1 (34.6-43.7)	35.6 (26.8-44.4)	38.4 (34.4-42.4)				
Frederick	36.9 (34.6-39.2)	25.1 (16.0-34.2)	36.1 (33.9-38.2)				
Garrett	30.1 (26.6-33.6)	**	28.9 (25.5-32.3)				
Harford	35.7 (32.5-39.0)	22.7 (12.9-32.5)	34.3 (31.3-37.3)				
Howard	43.4 (40.1-46.7)	31.5 (23.4-39.6)	39.5 (36.7-42.4)				
Kent	37.8 (33.1-42.5)	26.1 (12.6-39.6)	36.6 (32.2-40.9)				
Montgomery	49.1 (47.3-51.0)	30.0 (25.4-34.6)	43.1 (41.5-44.7)				
Prince George's	37.2 (33.7-40.7)	26.8 (24.3-29.3)	29.9 (28.0-31.8)				
Queen Anne's	37.5 (34.0-41.0)	**	35.9 (32.6-39.2)				
St. Mary's	32.1 (28.8-35.4)	21.4 (12.5-30.3)	30.1 (27.0-33.1)				
Somerset	38.0 (32.1-43.9)	18.2 (8.7-27.7)	32.3 (27.3-37.3)				
Talbot	45.8 (42.1-49.5)	31.6 (19.3-43.9)	43.6 (40.1-47.1)				
Washington	37.0 (34.3-39.7)	29.7 (14.9-44.5)	36.1 (33.5-38.6)				
Wicomico	36.8 (33.2-40.4)	27.6 (20.2-35.0)	33.7 (30.6-36.8)				
Worcester	45.1 (40.8-49.4)	35.4 (22.0-48.8)	42.4 (38.4-46.5)				
Baltimore City	38.5 (35.1-41.9)	29.2 (26.3-32.1)	32.2 (30.0-34.3)				
Maryland Total	39.9 (39.3-40.5)	28.9 (27.6-30.2)	35.9 (35.4-36.5)				

Table 23: Percentage of Residents who Reported having a Flu Shot during the Past Year by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percent of Women who Reported Receiving Prenatal Care in the First Trimester (with 95% confidence intervals)							
	White,							
	Non-Hispanic	White, Hispanic	Black	All Races				
Allegany	75.0 (73.5-76.5)	59.3 (40.7-75.5)	**	74.5 (73.0-75.9)				
Anne Arundel	92.5 (92.2-92.9)	74.3 (72.8-75.7)	82.2 (81.3-83.2)	88.8 (88.5-89.1)				
Baltimore County	88.0 (87.6-88.4)	71.3 (69.7-72.9)	78.9 (78.2-79.5)	83.8 (83.5-84.1)				
Calvert	88.2 (87.2-89.2)	76.6 (69.3-82.6)	79.8 (76.7-82.6)	86.4 (85.4-87.4)				
Caroline	87.3 (85.7-88.9)	47.9 (42.0-53.9)	**	80.5 (78.9-82.1)				
Carroll	92.1 (91.5-92.7)	73.2 (67.8-78.1)	**	91.2 (90.6-91.7)				
Cecil	82.5 (81.5-83.5)	73.8 (65.3-80.8)	**	81.9 (81.0-82.9)				
Charles	81.1 (80.0-82.3)	64.8 (60.7-68.7)	71.0 (69.6-72.4)	75.7 (74.9-76.6)				
Dorchester	87.6 (85.5-89.5)	72.6 (64.9-79.2)	**	80.4 (78.7-82.1)				
Frederick	84.6 (83.9-85.3)	48.2 (45.9-50.5)	67.0 (64.6-69.3)	77.8 (77.2-78.5)				
Garrett	83.6 (81.6-85.4)	81.8 (52.3-94.9)	**	83.7 (8.18-85.5)				
Harford	88.6 (88.0-89.2)	79.6 (75.9-82.9)	75.4 (73.7-77.1)	85.9 (85.4-86.5)				
Howard	96.2 (95.8-96.6)	92.1 (90.7-93.3)	90.8 (89.7-91.7)	94.3 (94.0-94.7)				
Kent	89.2 (86.6-91.3)	70.0 (59.2-78.9)	**	84.3 (81.9-86.5)				
Montgomery	91.1 (90.8-91.5)	67.7 (67.0-68.4)	75.6 (74.9-76.3)	81.4 (81.1-81.7)				
Prince George's	83.2 (82.3-84.1)	52.2 (51.4-53.1)	69.7 (69.2-70.3)	67.5 (67.1-67.9)				
Queen Anne's	92.8 (91.7-93.8)	55.9 (48.4-63.1)	**	89.3 (88.1-90.5)				
St. Mary's	83.0 (82.0-84.0)	71.9 (66.6-76.7)	73.9 (71.2-76.4)	81.1 (80.1-81.9)				
Somerset	90.2 (87.7-92.2)	64.4 (56.1-72.0)	78.9 (75.0-82.2)	83.4 (81.3-85.3)				
Talbot	89.3 (87.4-90.9)	43.5 (37.7-49.5)	**	80.4 (78.6-82.2)				
Washington	81.9 (81.0-82.7)	61.6 (56.3-66.6)	66.5 (63.3-69.6)	79.5 (78.7-80.3)				
Wicomico	89.4 (88.4-90.3)	71.1 (67.2-74.6)	73.1 (71.2-75.0)	82.5 (81.6-83.4)				
Worcester	87.2 (85.5-88.8)	70.4 (64.1-76.0)	**	83.3 (81.7-84.7)				
Baltimore City	85.3 (84.9-85.9)	63.6 (61.8-65.4)	72.6 (72.1-73.1)	75.2 (74.8-75.6)				
Maryland Total	88.2 (88.0-88.3)	63.9 (63.4-64.3)	73.8 (73.6-74.0)	80.1 (79.9-80.2)				

Table 24: Percentage of Women who Reported Receiving Prenatal Care in the First Trimester by Race and Jurisdiction, Maryland, 2005-2009

** Percentages cannot be calculated due to a small cell size (< 5) Source: Maryland Vital Statistics Administration, 2005-2009

Turiadiations	Percent of Low Birth Weight (<2500g) Births (with 95% confidence intervals)								
JULISAICTIONS	White, Non-Hispanic	White, Hispanic	Black	All Races					
Allegany	9.5 (8.6-10.6)	18.5 (8.2-36.7)	**	9.6 (8.7-10.6)					
Anne Arundel	7.7 (7.3-8.0)	5.6 (4.9-6.5)	13.8 (12.0-14.7)	8.6 (8.3-8.9)					
Baltimore County	7.3 (7.0-7.6)	6.1 (5.4-7.1)	**	9.0 (8.7-9.2)					
Calvert	6.5 (5.7-7.3)	4.5 (2.2-9.1)	10.8 (8.7-13.3)	7.0 (6.3-7.7)					
Caroline	7.6 (6.4-9.0)	6.3 (4.0-10.0)	13.0 (9.8-17.0)	8.2 (7.2-9.4)					
Carroll	6.9 (6.4-7.5)	6.0 (3.8-9.4)	11.7 (8.4-16.0)	7.1 (6.6-7.6)					
Cecil	6.9 (6.3-7.6)	4.1 (1.8-9.2)	12.2 (9.3-15.8)	7.2 (6.6-7.9)					
Charles	7.5 (6.7-8.2)	7.5 (5.5-10.1)	**	9.4 (8.8-10.0)					
Dorchester	7.7 (6.2-9.6)	9.6 (5.5-15.9)	15.6 (13.2-18.4)	10.9 (9.6-12.3)					
Frederick	7.0 (6.6-7.5)	7.7 (6.9-9.0)	12.5 (10.9-14.1)	7.7 (7.3-8.2)					
Garrett	7.3 (6.1-8.7)	27.3 (9.7-56.6)	**	7.4 (6.2-8.7)					
Harford	6.6 (6.1-7.0)	8.4 (6.2-11.3)	13.3 (12.0-14.8)	7.8 (7.4-8.3)					
Howard	6.6 (6.1-7.2)	6.9 (5.8-8.2)	**	8.0 (7.6-8.4)					
Kent	7.4 (5.5-9.7)	2.5 (0.7-8.7)	13.7 (9.7-19.1)	8.3 (6.6-10.3)					
Montgomery	7.3 (7.0-7.6)	7.0 (6.6-7.4)	11.2 (10.7-11.7)	8.2 (8.0-8.4)					
Prince George's	7.5 (7.0-8.2)	7.2 (6.8-7.7)	12.4 (12.1-12.7)	10.5 (10.3-10.8)					
Queen Anne's	6.6 (5.6-7.8)	7.1 (4.1-11.9)	15.9 (11.5-21.6)	7.3 (6.3-8.3)					
St. Mary's	6.4 (5.8-7.1)	8.0 (5.5-11.7)	13.0 (11.1-15.1)	7.5 (6.9-8.1)					
Somerset	6.2 (4.6-8.4)	4.5 (2.1-9.4)	14.7 (11.8-18.0)	9.2 (7.7-10.9)					
Talbot	6.0 (4.8-7.6)	4.5 (2.4-7.9)	**	6.6 (5.5-7.8)					
Washington	6.8 (6.2-7.4)	7.4 (5.0-10.6)	12.2 (10.2-14.6)	7.4 (6.7-8.0)					
Wicomico	6.8 (6.0-7.6)	6.4 (4.6-8.9)	14.8 (13.3-16.4)	9.3 (8.6-10.0)					
Worcester	6.1 (5.1-7.5)	5.4 (3.1-9.2)	11.7 (9.2-14.8)	7.3 (6.3-8.4)					
Baltimore City	8.2 (7.7-8.7)	6.4 (5.6-7.5)	15.3 (14.9-15.7)	13.0 (12.7-13.3)					
Maryland Total	7.2 (7.1-7.4)	6.8 (6.7-7.1)	13.2 (13.0-13.4)	9.3 (9.2-9.4)					

Table 25: Percentage of Low Birth Weight Infants by Race and Jurisdiction, Maryland, 2005-2009

** Percentages cannot be calculated due to a small cell size (< 5) Source: Maryland Vital Statistics Administration, 2005-2009

Jurisdictions	Percentage of Adults who Reported Visiting a Dentist in the Past Year (with 95% confidence intervals)						
	White	Black	All Races				
Allegany	64.2 (59.7-68.7)	**	64.0 (59.5-68.5)				
Anne Arundel	80.5 (77.8-83.1)	69.2 (61.2-77.2)	77.7 (75.0-80.5)				
Baltimore County	77.0 (74.8-79.1)	65.4 (60.6-70.3)	73.2 (71.0-75.3)				
Calvert	77.6 (73.4-81.9)	66.8 (51.7-81.9)	75.4 (71.2-79.5)				
Caroline	67.9 (61.7-74.0)	53.2 (31.0-75.5)	66.8 (61.0-72.6)				
Carroll	77.1 (73.1-81.1)	**	74.4 (68.2-80.7)				
Cecil	70.4 (66.3-74.4)	**	69.9 (66.0-73.8)				
Charles	78.2 (74.3-82.2)	64.9 (56.4-73.3)	73.6 (69.7-77.6)				
Dorchester	70.7 (64.8-76.6)	57.0 (41.6-72.4)	68.1 (62.4-73.8)				
Frederick	76.8 (74.1-79.5)	75.5 (74.1-79.5)	75.8 (73.2-78.4)				
Garrett	69.2 (64.0-74.5)	**	67.2 (60.3-74.1)				
Harford	78.0 (74.4-81.5)	67.8 (55.1-80.4)	73.3 (69.4-77.1)				
Howard	82.9 (79.5-86.5)	84.8 (78.2-91.4)	82.3 (79.3-85.2)				
Kent	77.1 (70.9-83.3)	**	71.7 (65.1-78.2)				
Montgomery	83.1 (81.2-85.0)	64.4 (57.8-71.0)	78.9 (77.0-80.8)				
Prince George's	74.6 (70.5-78.8)	66.8 (63.3-70.3)	68.4 (65.7-71.2)				
Queen Anne's	78.3 (73.6-83.1)	**	75.6 (70.7-80.5)				
St. Mary's	76.7 (72.4-81.0)	67.3 (53.9-80.8)	75.0 (71.0-79.0)				
Somerset	68.7 (61.8-76.3)	60.7 (44.9-77.2)	66.5 (59.7-73.2)				
Talbot	80.2 (75.4-84.9)	61.6 (37.0-86.2)	77.6 (72.8-82.5)				
Washington	72.7 (69.6-75.9)	**	71.6 (68.3-74.8)				
Wicomico	66.7 (61.9-71.4)	59.1 (47.4-70.9)	64.7 (60.1-69.3)				
Worcester	76.0 (71.1-80.8)	**	75.1 (70.2-80.0)				
Baltimore City	71.4 (67.4-75.3)	57.2 (52.9-61.5)	62.1 (59.1-65.1)				
Maryland Total	77.4 (76.6-78.2)	64.8 (62.9-66.7)	73.2 (72.4-74.0)				

Table 26: Percentage of Residents who Reported Visiting a Dentist within the Past Year by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Jurisdictions	Percentage of Adults who Report having All of their Permanent Teeth Removed (with 95% confidence intervals)						
	White	Black	All Races				
Allegany	9.9 (7.6-12.2)	**	10.8 (8.1-13.5)				
Anne Arundel	3.1 (2.3-3.9)	1.7 (0.3-3.0)	2.7 (2.0-3.4)				
Baltimore County	4.9 (4.0-5.8)	2.8 (1.6-4.0)	4.4 (3.6-5.2)				
Calvert	4.1 (2.5-5.7)	0.3 (0.0-5.2)	4.1 (2.6-5.6)				
Caroline	5.7 (2.8-8.5)	21.0 (0.0-43.4)	7.0 (3.5-10.6)				
Carroll	3.6 (2.0-5.2)	**	3.4 (1.9-4.8)				
Cecil	5.8 (4.2-7.4)	**	5.8 (4.2-7.3)				
Charles	3.0 (1.7-4.2)	3.2 (1.1-5.4)	3.3 (2.1-4.5)				
Dorchester	5.6 (3.5-7.6)	3.8 (0.9-6.7)	5.0 (3.7-6.7)				
Frederick	3.4 (2.5-4.3)	3.7 (0.2-7.2)	3.6 (2.7-4.5)				
Garrett	6.5 (4.7-8.3)	**	6.2 (4.5-7.9)				
Harford	4.6 (3.6-6.1)	5.6 (0.0-11.9)	4.3 (2.9-5.6)				
Howard	1.8 (0.8-2.7)	1.1 (0.0-2.3)	1.3 (0.7-1.9)				
Kent	3.7 (1.9-5.5)	**	4.7 (2.7-6.6)				
Montgomery	1.2 (0.8-1.6)	2.1 (0.7-3.5)	1.2 (0.9-1.6)				
Prince George's	3.3 (2.0-4.5)	2.8 (1.8-3.8)	2.7 (2.0-3.4)				
Queen Anne's	3.9 (2.2-5.7)	**	3.6 (2.1-5.2)				
St. Mary's	3.2 (1.9-4.4)	1.6 (0.0-3.9)	2.7 (1.7-3.7)				
Somerset	9.2 (3.7-14.7)	4.1 (0.0-8.8)	7.9 (3.6-12.3)				
Talbot	4.9 (2.5-7.2)	0.5 (0.0-1.5)	4.1 (2.2-6.1)				
Washington	6.1 (4.7-7.4)	**	5.8 (4.5-7.1)				
Wicomico	8.2 (6.0-10.3)	6.6 (1.8-11.3)	7.2 (5.4-9.0)				
Worcester	5.6 (3.2-8.1)	**	6.3 (3.6-8.9)				
Baltimore City	6.1 (4.3-7.8)	7.0 (5.0-8.9)	6.7 (5.4-8.1)				
Maryland Total	3.9 (3.6-4.2)	3.8 (3.2-4.4)	3.6 (3.4-3.9)				

Table 27: Percentage of Residents who Reported having All of their Permanent Teeth Removed by Race and Jurisdiction, Maryland, 2005-2009

** Indicates data are not available because the sample size was less than 50. Source: Maryland Behavioral Risk Factor Surveillance System, 2005-2009

Table 28: Health Coverage Estimates by Jurisdiction, Maryland, 2007

Jurisdictions	Percentage of Population without Health Coverage (Under 65 Years)
Allegany	14.3
Anne Arundel	13.2
Baltimore County	12.9
Calvert	11.5
Caroline	17.3
Carroll	11.2
Cecil	11.7
Charles	12.3
Dorchester	14.3
Frederick	11.7
Garrett	18.7
Harford	11.1
Howard	12.1
Kent	18.4
Montgomery	14.7
Prince George's	20.2
Queen Anne's	13.8
St. Mary's	13.1
Somerset	15.4
Talbot	16.6
Washington	14.7
Wicomico	17.8
Worcester	18.3
Baltimore City	14.2
Maryland Total	14.5

Source: United States Census Bureau, Small Area Health Insurance Estimates, 2007 http://www.census.gov/did/www/sahie/data/2007/tables.html Table 29: Percentage of Residents Enrolled in Medicaid, Medicare and Dual Eligibles by Jurisdiction, Maryland, 2007

Jurisdictions	Percentage of Population Enrolled in Medicaid and Medicare					
	Medicaid	Medicare	Dual Eligibles			
Allegany	12.6	23.3	4.0			
Anne Arundel	5.4	12.7	1.0			
Baltimore County	7.3	15.9	1.6			
Calvert	5.9	10.7	1.0			
Caroline	14.1	15.3	2.8			
Carroll	4.1	13.5	1.1			
Cecil	8.9	12.6	1.5			
Charles	6.6	9.5	1.1			
Dorchester	16.1	19	3.8			
Frederick	5.5	11.5	1.1			
Garrett	13.7	18.9	3.4			
Harford	5.9	12.9	1.1			
Howard	4.1	9.1	1.0			
Kent	9.8	25.9	2.6			
Montgomery	5.9	11.8	1.4			
Prince George's	9.4	9.8	1.1			
Queen Anne's	6.5	13.2	1.2			
St. Mary's	7.6	10.2	1.4			
Somerset	16.0	19.1	4.1			
Talbot	7.7	23.3	2.2			
Washington	10.1	16.3	2.3			
Wicomico	13.4	14.9	2.4			
Worcester	8.8	24.4	2.1			
Baltimore City	22.2	14.7	3.7			
Maryland Total	8.9	13.0*	1.7			

* Includes residents of unknown jurisdictions

Sources: Centers for Medicaid and Medicare Services, Medicare County Enrollment 2007 Maryland Medicaid, ehealth Statistics provided by The Hilltop Institute,

http://chpdm-ehealth.org/mco/index.cfm, Fiscal year 2007, Fiscal year 2007

Nielsen Claritas, 2009

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

- Table 30: Health Professional Shortage Areas and Designated Populations by Discipline and Jurisdiction, Maryland, 2010
- Table 31:Health Professional Shortage Area Applications and Designations by Year for Primary Care, Dental Care, and Mental Health Care, Maryland, 2007-
2010
- Table 32: Health Professional Shortage Area Designations by Jurisdiction, Name, ID, and Discipline, Maryland, 2010
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	HPSA Designations by Type and Percent of Population Designated									
Jurisdictions		Dental Care		M	ental Health Ca	re		Primary Care		
	Total Designations	Facility Designations	Population Designated* (%)	Total Designations	Facility Designations	Population Designated* (%)	Total Designations	Facility Designations	Population Designated* (%)	Total Designations
Allegany	2	1	37.8	4	3	22.1	4	3	38.5	10
Anne Arundel	1	1	0	2	2	0	1	1	0	4
Baltimore County	0	0	0	0	0	0	0	0	0	0
Calvert	0	0	0	1	0	100.0	0	0	0	1
Caroline	2	1	28.0	2	2	100.0	2	1	21.5	6
Carroll	0	0	0	0	0	0	0	0	0	0
Cecil	2	1	4.8	2	2	100.0	1	1	0	5
Charles	1	0	100.0	1	1	100.0	0	0	0	2
Dorchester	1	0	32.0	1	0	100.0	1	0	22.5	3
Frederick	1	0	1.1	0	0	0	1	0	2.4	2
Garrett	2	1	38.5	2	1	100.0	2	1	100.0	6
Harford	1	0	1.7	2	0	82.1	1	0	2.0	4
Howard	0	0	0	0	0	0	0	0	0	0
Kent	1	0	100.0	1	0	100.0	1	0	36.0	3
Montgomery	1	1	0	1	1	0	1	1	0	3
Prince George's	2	1	2.3	1	1	0	3	1	27.5	6
Queen Anne's	1	0	37.6	2	1	100.0	1	0	100.0	4
St. Mary's	1	0	100.0	1	0	29.5	1	0	29.5	3
Somerset	2	1	39.3	2	1	100.0	3	2	39.3	7
Talbot	2	0	50.6	0	0	0	1	0	42.1	3
Washington	3	2	10.3	2	2	0	3	2	4.0	8
Wicomico	1	0	28.2	1	0	100.0	1	0	18.6	3
Worcester	1	0	24.3	1	0	100.0	1	0	100.0	3
Baltimore City	13	9	29.7	15	12	18.1	18	8	29.4	46
Maryland Total	41	19	11.3	44	29	18.0	47	21	11.9	132

Table 30: Health Professional Shortage Areas and Designated Populations by Discipline and Jurisdiction, Maryland, 2010

* Population designated only includes Resident Civilian Population, not facility population. Sources: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 10/27/2010 Nielsen Claritas, 2009

Table 31:	Health Professional	Shortage Area	Applications	and Designations by	Year for Primary	Care, Dental	Care, and I	Mental Health	Care,
Maryland,	2007-2010								

СҮ	Total Analyzed ¹	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
2007	40	9	5	2	0	8	16	31	10
2008	44	11	0	1	1	7	24	33	24
2009	45	12	2	2	4	10	15	33	18
2010	68	33	2	0	5	13	16	35	14
Total	197	65	9	5	10	38	71	132	66

1. The total analyzed include renewals, new submissions, other submissions, and areas that failed eligibility.

2. Other includes resubmissions, updates, and facilities.

3. 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 of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 2010

Table 32:	Health Pr	ofessional	Shortage	Area D	esignations	by Ju	risdiction,	Name,	ID,
and Disci	pline, Mary	yland, 2010	0						

Jurisdictions		HPSA Names	Designation ID	Total Designations
Allegany	Dental Health	Low Income – Allegany County	6249992417	
		• Federal Correctional Institution - Cumberland	6249992419	
	Mental Health	Federal Correctional Institution – Cumberland	7249992431	
		Medicaid Eligible – Allegany	7249992433	
		North Branch Correctional Institution	7249992437	10
		Western Correctional Institution	7249992438	10
	Primary Care	• Federal Correctional Institution – Cumberland	1249992441	
		• Low Income – Allegany	1249992482	
		North Branch Correctional Institution	1249992485	
		Western Correctional Institution	1249992486	
Anne Arundel	Dental Health	Owensville Primary Care	6249992442	
	Mental Health	Owensville Primary Care	7249992425	4
		Anne Arundel County Detention Center	724999243A	4
	Primary Care	Owensville Primary Care	1249992471	
Baltimore County	Dental Health	No HPSA		
	Mental Health	No HPSA		0
	Primary Care	No HPSA		
Calvert	Dental Health	No HPSA		
	Mental Health	• Calvert	724009	1
	Primary Care	No HPSA		
Caroline	Dental Health	Low Income - Caroline	6249992418	
		Choptank Community Health	6249992436	
	Mental Health	Caroline	724011	-
		Choptank Community Health	7249992419	6
	Primary Care	Medicaid – Caroline County	1249992431	
		Choptank Community Health	1249992467	
Carroll	Dental Health	No HPSA		
	Mental Health	No HPSA		0
	Primary Care	No HPSA		
Cecil	Dental Health	• West Cecil Health Center, Inc.	6249992451	
		Low Income Downtown Cecil	6249992454	
	Mental Health	• Cecil	724015	5
		• West Cecil Health Center, Inc.	7249992430	
	Primary Care	• West Cecil Health Center, Inc.	1249992480	
Charles	Dental Health	• Charles	624017	
	Mental Health	Charles County	724017	2
	Primary Care	No HPSA		
Dorchester	Dental Health	Low Income – Dorchester	6249992427	
	Mental Health	• Dorchester	724019	3
	Primary Care	Medicaid – Dorchester County	1249992430	

Frederick	Dental Health	Low Income - Frederick	6249992449	
	Mental Health	No HPSA		2
	Primary Care	Downtown Frederick	1249992487	
Garrett	Dental Health	• Low Income – Garrett County	6249992423	
		Western Maryland Health Care Corporation	6249992446	
	Mental Health	• Garrett	724023	<i>(</i>
		Western Maryland Health Care Corporation	7249992427	0
	Primary Care	• Garrett	124023	
		Western Maryland Health Care Corporation	1249992477	
Harford	Dental Health	• Medicaid Eligible – Southern Harford	6249992455	
	Mental Health	• North Harford	7249992434	4
		• Medicaid Eligible – Southern Harford County	7249992435	4
	Primary Care	Low Income - Aberdeen	1249992483	
Howard	Dental Health	No HPSA		
	Mental Health	No HPSA		0
	Primary Care	No HPSA		
Kent	Dental Health	• Kent	624029	
	Mental Health	• Kent	724029	3
	Primary Care	Rock Hall	1249992488	
Montgomery	Dental Health	Community Clinic, Inc. (Cci)	6249992448	
	Mental Health	Community Clinic, Inc. (Cci)	7249992429	3
	Primary Care	Community Clinic, Inc. (Cci)	1249992484	
Prince George's	Dental Health	Greater Baden Medical Services	6249992440	
		Brandywine Service Area	6249992453	
	Mental Health	Greater Baden Medical Services	7249992423	
	Primary Care	Greater Baden Medical Services		6
		Medicaid Population – Greenbelt/Langley	1249992460	
		Park/College Park Landover/Suitland/Capitol Heights		
Oueen Anne's	Dental Health	Oueen Anne's	6240002447	
C	Mental Health	Oueen Anne's	724035	
		For All Seasons	724035	4
	Primary Care	Oueen Anne's	124035	
St. Mary's	Dental Health	St. Mary's County	624037	
	Mental Health	Southern St. Mary's Service Area	7249992432	3
	Primary Care	• South St. Mary's County	124999248A	C C
Somerset	Dental Health	Low Income – Tri-County Lower Eastern	(240002412	
		Shore	6249992413	
		Three Lower Counties Community Services	6249992437	
	Mental Health	Three Lower Counties Community Services	7249992412	-
		Lower Eastern Shore	7249992428	/
	Primary Care	• Low Income – Somerset	1249992428	
		Eastern Correctional Institution	1249992438	
	1	Three Lower Counties Community Services	1249992468	
Talbot	Dental Health	• Low Income – Easton	6249992428	

Talbot Continued	Dental Health	Tilghman Service Area	6249992452	3
	Mental Health	No HPSA		
	Primary Care	• Tilghman	1249992489	
Washington	Dental Health	• Tri-State Community Health Center, Inc.	6249992434	
		• Walnut Street Community Health Center	6249992443	
		Low Income - Hagerstown	6249992444	
	Mental Health	• Tri-State Community Health Center, Inc.	7249992417	0
		Walnut Street Community Health Center	7249992426	0
	Primary Care	• Medicaid Eligible – Hagerstown	1249992440	
		• Tri-State Community Health Center, Inc.	1249992466	
		• Walnut Street Community Health Center	1249992472	
Wicomico	Dental Health	 Low Income – Tri-County Lower Eastern Shore 	6249992413	
	Mental Health	Lower Eastern Shore	7249992428	3
	Primary Care	Medicaid – Wicomico	1249992429	
Worcester	Dental Health	 Low Income – Tri-County Lower Eastern Shore 	6249992413	
	Mental Health	Lower Eastern Shore	7249992428	3
	Primary Care	• Worcester	124047	
Baltimore City	Dental Health	• Medicaid Eligible – East Baltimore City	6249992416	
		• Health Care for the Homeless Facility	6249992420	
		• Low Income – North Central Baltimore	6249992421	46
		• Low Income – South Baltimore	6249992422	
		Medicaid Eligible - West Baltimore City	6249992425	
		• People's Community Health Center	6249992430	
		Park West Medical Center	6249992431	
		Total Health Care	6249992432	
		• Family Health Centers of Baltimore, Inc.	6249992433	
		Chase Brexton Health Services	6249992438	
		 Baltimore City Health Department/Northwest High School 	6249992439	
		Baltimore Medical Systems	6249992441	
		• Health Care for the Homeless, Inc.	6249992450	
		Baltimore City Detention Center	7349992407	
		Metro Transition Center	7249992408	
		Maryland Reception and Diagnostic Center	7249992409	
		Central Booking and Intake Facility	7249992410	
	Mental Health	 Medicaid Eligible – West Central Baltimore City 	7249992411	
		• People's Community Health Center	7249992413	
		Park West Medical Center	7249992414	
		• Total Health Care	7249992415	
		• Family Health Center of Baltimore	7249992416	
		• Health Care for the Homeless, Inc.	7249992418	
		Baltimore Medical Systems	7249992420	
		Chase Brexton Health Services	7249992421	
		Baltimore City Health Department/Northwest	7249992422	

	Mental Health	Medicaid Eligible – Arlington	7249992436
	Continued.	• Medicaid Eligible – East Baltimore City	7249992439
		•	•
Baltimore City	Primary Care	Medicaid Eligible – South Baltimore City	1249992436
(continued)		• Low Income – West Central Baltimore	1249992446
		• Low Income – North Central Baltimore	1249992448
		• Low Income – East Baltimore City	1249992449
		• Medicaid Eligible – West Baltimore	1249992450
		• Low Income – Morrill Park/Ten Hills/Irvington	1249992454
		Baltimore Medical Systems	1249992459
		• Health Care for the Homeless, Inc.	1249992461
		Peoples Community Health Center	1249992462
		Park West Medical Center	1249992463
		• Total Health Care	1249992462
		• Family Health Centers	1249992465
		Chase Brexton Health Services	1249992469
		Baltimore City Health Department/Northwest High School	1249992470
		Medicaid Eligible – Central Baltimore City	1249992479
		Medicaid Eligible – Clifton/Gardenville/Hamilton	1249992481
		Southern Park Heights	124999248B
		• Medicaid Eligible – Glen/Falstaff	124999248E

Source: Health Resources and Services Administration, 2010 http://hpsafind.hrsa.gov

Table 33: Medically Underserved Areas and Medically Underserved Populations (MUA/Ps) and Populations Included by Jurisdiction, Maryland, 2010

Jurisdictions	MUA Designations	MUA Designated Population	% Population Designated	MUP Designations	MUP Designated Population	% Population Designated	Resident Civilian Population	Total Designations in Jurisdiction
Allegany	3	**	**	0	0	0	65,689	3
Anne Arundel	3	**	**	1	4,198	0.8	500,770	4
Baltimore County	1	2,792	0.4	1	8,298	1.1	777,935	2
Calvert	1	89,503	100	0	0	0	89,503	1
Caroline	1	33,382	100	0	0	0	33,382	1
Carroll	0	0	0	0	0	0	168,107	0
Cecil	2	9,295	9.2	0	0	0	101,121	2
Charles	2	**	**	1	943	0.7	142,347	3
Dorchester	0	0	0	1	11,036	34.8	31,721	1
Frederick	1	5,575	2.5	0	0	0	224,661	1
Garrett	1	29,011	100	0	0	0	29,011	1
Harford	0	0	0	1	5,006	2.1	241,579	1
Howard	0	0	0	0	0	0	275,933	0
Kent	0	0	0	1	5,332	28.2	18,889	1
Montgomery	0	0	0	1	11,482	1.2	932,271	1
Prince George's	2	81,202	10	4	27,328	3.4	810,095	6
Queen Anne's	2	**	**	0	0	0	47,199	2
St. Mary's	1	**	**	0	0	0	100,408	1
Somerset	1	20,776	100	0	0	0	20,776	1
Talbot	1	14,776	40.9	0	0	0	36,114	1
Washington	4	**	**	1	13,127	9.4	139.283	5
Wicomico	1	**	**	1	10,325	11.1	92,732	2
Worcester	1	49,040	100	0	0	0	49,040	1
Baltimore City	12	417,234	68.1	0	0	0	612,255	12
Maryland Total	40	752,586	13.6	13	97,075	1.8	5,540,821	53

** 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.

Sources: Health Resources and Services Administration, Geospatial Data Warehouse, retrieved 10/07/2010 from <u>http://datawarehouse.hrsa.gov/customizereports.aspx</u>, Nielsen Claritas, 2009

Jurisdictions			Names	ID	Designation Dates	Total Designations
Allegany		•	Allegany Service Area	1482	1982	
	MUA	•	Oldtown Service Area	1497	1994	2
		•	Cumberland Service Area	1498	1994	3
	MUP	•	No MUP			
Anne Arundel		•	Anne Arundel Service Area	1499	1994	
	MUA	•	North Anne Arundel Service Area	6204	2001	
		•	Meade Heights Service Area	7359	2003	4
	MUP	•	Low Inc - Owensville	7565	2003	
Baltimore County	MUA	•	Landsown/Highlands	6222	2001	2
	MUP	•	Low Inc – Baltimore Service Area	1473	1997	2
Calvert	MUA	•	Calvert Service Area	6191	2001	1
	MUP	•	No MUP			1
Caroline	MUA	•	Caroline Service Area	1474	1978	1
	MUP	•	No MUP			1
Carroll	MUA	•	No MUA			0
	MUP	•	No MUP			0
Cecil	MILA	•	Perryville	7283	2003	
	MUA	•	Conowingo Service Area	7502	2002	2
	MUP	•	No MUP			
Charles	MILA	•	Charles Service Area	1492	1994	
	MUA	•	Charles Service Area	1493	1994	3
	MUP	•	Low Inc – Brandywine Service Area	1481	1992	
Dorchester	MUA	•	No MUA			1
	MUP	•	Dorchester Service Area	1475	1994	1
Frederick	MUA	•	Frederick Downtown	7695	2009	1
	MUP	•	No MUP			I
Garrett	MUA	•	Garrett Service Area	1476	1978	1
	MUP	•	No MUP			1
Harford	MUA	•	No MUA			1
	MUP	•	Aberdeen	7684	2008	1
Howard	MUA	•	No MUA			0
	MUP	•	No MUP			0
Kent	MUA	•	No MUA			1
	MUP	•	Low Inc – Kent County	7290	2003	I
Montgomery	MUA	•	No MUA			1
	MUP	•	Low Inc – Takoma/Langley	7369	1992	I
Prince George's	MUA	•	District Heights/Capitol Heights Service Area	1480	1992	6
		•	Prince George's Service Area	1501	1994	
		•	Low Inc – Brandywine Service Area	1481	1992	
	MUP	•	Low Inc – Glenarden Service Area	7267	2002	

Table 34: MUA/P Designations by Jurisdiction, Name, ID, and Discipline, Maryland, 2010

	MUP	•	Low Inc – Berwyn Heights	7268	2002	
Prince George's continued		•	Low Inc – Takoma/Langley	7369	2003	
Queen Anne's		•	Dixon/Ruthsburg Service Area	1496	1994	
	MUA	•	Queenstown Service Area		1994	2
	MUP	•	No MUP			
St. Mary's	MUA	•	Chaptico/Milestown Service Area	1494	1994	1
	MUP	•	No MUP			1
Somerset	MUA	•	Somerset Service Area		1978	1
	MUP	•	No MUP			1
Talbot	MUA	•	Western Talbot County	1702	2001	1
	MUP	•	No MUP			1
Washington		•	Allegany Service Area	1482	1982	
	MITA	•	Rohrersville Service Area	1502	1994	
	MUA	•	Sandy Hook Service Area	1503	1994	5
		•	Keedysville Service Area	1504	1994	
	MUP	•	Downtown Hagerstown	7103	2001	
Wicomico	MUA	•	Tyaskin/Nanticoke Service Area	1495	1994	2
	MUP	•	Low Inc – Salisbury Service Area	1478	1997	2
Worcester	MUA	٠	Worcester Service Area	1479	1978	1
	MUP	•	No MUP			1
Baltimore City		•	Baltimore City Service Area	1483	1982	
		•	Baltimore City Service Area	1484	1982	
		•	Baltimore City Service Area	1485	1982	
		•	Baltimore City Service Area	1486	1982	
		•	Baltimore City Service Area	1487	1982	
	MITA	•	Baltimore City Service Area	1488	1982	
	MUA	•	Baltimore City Service Area	1489	1982	12
		•	Baltimore City Service Area	1490	1982	
		•	Baltimore City Service Area	1491	1982	
		•	Baltimore City Service Area	1505	1994	
		•	Glenwood Service Area	6119	1999	
		•	Irvington Service Area	7352	2003	
	MUP	•	No MUP			

Source: Health Resources and Services Administration, 2010 http://muafind.hrsa.gov

Table 35: Number of Federally Qualified Health Centers (FQHCs) and Look-alike Sites by Jurisdiction, Maryland, 2010

Jurisdictions	Number of FQHC or Look- Alike Sites by Jurisdiction
Allegany	2
Anne Arundel	4*
Baltimore County	4
Calvert	0
Caroline	6
Carroll	0
Cecil	1
Charles	1
Dorchester	4
Frederick	1
Garrett	1
Harford	2
Howard	2***
Kent	1
Montgomery	6**
Prince George's	7
Queen Anne's	1
St. Mary's	1
Somerset	4
Talbot	2
Washington	2
Wicomico	7
Worcester	1
Baltimore City	33
Undetermined	1
Maryland Total	94

* Includes one Look-Alike Clinic

** Includes site that is a satellite location FQHC with its parent headquarters in Washington, DC

*** Howard County service sites are from an FQHC satellite site and are not based on an MUA/P designation. Source: Health Resources and Services Administration, Geospatial Warehouse, accessed 10/19/2010

Note: There are 16 FQHC systems in Maryland each with satellite locations in areas of the state totaling 94 FQHC sites overall in the state of Maryland.

Table 36: Federally Qualified Health Center (FQHC) Sites Approved by Year, Maryland, 1969-2010

	Number of FOHC Sites
Year	Approved*
1969	1
1970	1
1971	0
1972	1
1973	0
1974	0
1975	1
1976	0
1977	0
1978	2
1979	0
1980	2
1980	0
1082	1
1982	1
1985	0
1984	0
1985	2
1986	0
1987	3
1988	0
1989	3
1990	0
1991	2
1992	1
1993	0
1994	5
1995	2
1996	2
1997	5
1998	4
1999	2
2000	8
2001	5
2002	3
2003	6
2004	6
2005	7
2006	11
2007	4
2008	8
2009	9
2010	5
Other (no dates available)	10
Maryland Total	122

* FQHC sites may close; not all of the sites referenced in this table are still actively operating Source: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 10/19/2010

Discipline	NHSC Provider FTE's by Discipline, Maryland and U.S., 2010							
	Maryland	% of Total	U.S.	% of Total				
Primary Health Care	45	76.3	3585.5	55.9				
Dental Health Care	3	5.1	885.3	13.8				
Mental Health Care	11	18.6	1949.1	30.4				
Total	59	100.0	6419.9	100.0				

Table 37: NHSC Provider FTE's by Discipline, Maryland and U.S., 2010

Source: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 10/26/2010

Type	NHSC Provider FTE's by Type of Enrollment, Maryland and U.S., 2010			
Type	Maryland	% of Total	U.S.	% of Total
Scholar	10	16.9	467	7.3
Loan Repayor	49	83.1	5,972	92.7
Total	59	100.0	6439	100.0

 Table 38:
 NHSC Provider FTE's by Type of Enrollment, Maryland and U.S., 2010

Source: Health Resource and Services Administration, Geospatial Data Warehouse, accessed 10/26/2010

Jurisdictions	NHSC Providers, FTE's, and Approved Sites by Jurisdiction, Maryland, 2010			
	Providers	FTE's	NHSC Approved Sites	
Allegany	0	0	8	
Anne Arundel	0	0	2	
Baltimore County*	0	0	4	
Calvert	1	1	3	
Caroline	1	0.6	4	
Carroll	0	0	0	
Cecil	1	1	1	
Charles	0	0	1	
Dorchester	0	0	6	
Frederick	0	0	0	
Garrett	0	0	4	
Harford	0	0	1	
Howard*	1	0.1	1	
Kent	0	0	1	
Montgomery	2	2	4	
Prince George's	0	0	7	
Queen Anne's	0	0	0	
St. Mary's	0	0	3	
Somerset	2	1.8	5	
Talbot	1	0.4	1	
Washington	1	1	2	
Wicomico	3	2.2	6	
Worcester	1	1	5	
Baltimore City	55	47.9	49	
Maryland Total	69	59	118	

Table 39: NHSC Providers, FTE's, and Approved Sites by Jurisdiction, Maryland, 2010

* Baltimore County and Howard County NHSC physicians are from an FQHC satellite site and are not based on an area HPSA designation.

Source: Health Resources and Services Administration, Geospatial Data Warehouse, accessed 10/26/2010

Table 40:	LARP Physician	s by Specialt	y, Maryland,	2010

Specialty	# of Physicians
Family Medicine	4
Internal Medicine	4
Pediatrics	1
Total	9

Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 4/13/2011

Jurisdictions	LARP Physicians by Jurisdiction
	2010
Allegany	0
Anne Arundel	0
Baltimore County*	1
Calvert	0
Caroline	0
Carroll	0
Cecil	0
Charles	0
Dorchester	0
Frederick	0
Garrett	0
Harford	0
Howard	0
Kent	0
Montgomery	1
Prince George's	0
Queen Anne's	0
Somerset	0
St. Mary's	0
Talbot	0
Washington	0
Wicomico	1
Worcester	1
Baltimore City	5
Maryland Total	9

Table 41: LARP Physicians by Jurisdiction, Maryland, 2010

** Baltimore County LARP physician is from an FQHC satellite site and is not based on an area HPSA designation. Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 4/3/2011

Jurisdictions	J-1 Physician Placement by Jurisdiction
Allegany	1
Anne Arundel	2
Baltimore County	2
Calvert	1
Caroline	0
Carroll	1
Cecil	1
Charles	0
Dorchester	0
Frederick	0
Garrett	0
Harford	0
Howard	1
Kent	0
Montgomery	0
Prince George's	3
Queen Anne's	0
St. Mary's	0
Somerset	2
Talbot	2
Washington	0
Wicomico	1
Worcester	1
Baltimore City	10
Maryland Total	28 (18*)

Table 42: J-1 Physicians by Jurisdiction, Maryland, 2010

* The total number of J-1 Physicians is 18; however some physicians work in more than one jurisdiction. Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, 4/13/2011

Specialty	# of Physicians
Primary Care	
Family Practice	1
Internal Medicine	6
OB/GYN	1
Pediatrics	3
Specialty Total	11
Sub-Specialty	
Gastroenterology	1
Gastroenterology-Pediatric	1
IM/Infectious Disease	1
Neurology	2
General Surgery	2
Sub-Specialty Total	7
All J-1 Physicians Total	18

Table 43: J-1 Physicians by Specialty and Sub-Specialty, Maryland, 2010

Source: Primary Care Office, Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene, April 13, 2011

GLOSSARY OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BRFSS	Behavioral Risk Factor Surveillance System
CMS	Centers for Medicare and Medicaid Services
DHMH	Department of Health and Mental Hygiene
FHA	Family Health Administration
FQHC	Federally Qualified Health Center
FQHC- LAs	Federally Qualified Health Center- Look- Alikes
FTE	Full Time Equivalent
HIV	Human Immunodeficiency Virus
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
LARP	Loan Assistance Repayment Program
MATCH	Maryland Assessment Tool for Community Health
MUA	Medically Underserved Area
MUP	Medically Underserved Population
NHSC	National Health Service Corps
OHPP	Office of Health Policy and Planning
PCO	Primary Care Office
SHIP	State Health Improvement Process

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