

Rural Maryland Council  
Facing the Future in Uncertain Times  
FY 2009 Annual Report



## FY 2009 Rural Maryland Council Executive Board

**Chairman: Michael Pennington**, Executive Director, Tri-County Council of the Lower Eastern Shore

**First Vice Chair: Bonnie Braun**, Ph.D., CFCS, University of Maryland College Park School of Public Health

**Second Vice Chair: Tom McLoughlin**, retired hospital administrator

### Executive Board Members, FY 2009:

**Robert Agee**, Annapolis City Administrator

**Kathy Beisner**, Acting State Director, DE/MD,  
USDA Rural Development

**Sam Boston**, Commissioner, Somerset County

**Don William Bradley**, Mayor, Town of Hurlock

**R. Kevin Brooks**, Executive Director, Maryland Rural  
Development Corporation

**Michelle Clark**, Project Director, State Office of Rural Health,  
DHMH

**Wayne Clark**, Executive Director, Tri-County Council for  
Southern Maryland

**Richard Colburn**, Senator, representing the Eastern Shore,  
District 37

**Greg Cole**, Director Financial Programs, Maryland Department  
of Business and Economic Development

**John Dillman**, Executive Director, Upper Shore Regional Council

**Carol Gilbert**, Assistant Secretary, Maryland Department of  
Housing and Community Development

**Rodney Glotfelty**, Health Officer, Garrett County

**Paul Gunther**, Commissioner, Queen Anne's County

**Jeannie Haddaway-Riccio**, Delegate, representing the Eastern  
Shore, District 37B.

**Earl H. Hance**, Secretary, Maryland Department of Agriculture

**Tim Hann**, Coordinator, Western Maryland RC&D Council

**Robert Hutcheson**, Commissioner, Allegany County

**Carroll Jones**, Mayor, City of Brunswick

**Dave Jordan**, Executive Director, Washington County  
Community Action Council

**Annie Kronk**, consultant

**Cheryl Lewis**, Council Member, Town of Trappe

**Sharan Marshall**, Administrator, Southern Maryland  
Regional Library Association

**Erroll Mattox**, Maryland Organic Food & Farming Association

**Denise Matricciani**, Vice President, Government Relations,  
Maryland Hospital Association

**Leanne Mazer**, Executive Director, Tri-County Council  
for Western Maryland

**Patrick McMillan**, Assistant Secretary, Maryland Department  
of Agriculture

**Thomas "Mac" Middleton**, Senator, representing Southern  
Maryland, District 28

**Alexander Mooney**, Senator, representing Western Maryland,  
District 3

**Mike Phipps**, President, Maryland Farm Bureau

**Charlie Ross**, President/CEO, Garrett County Chamber of  
Commerce

**Stanley Ruchlewicz**, Economic Development Administrator,  
City of Westminster

**Jack Russell**, Commissioner, St. Mary's County

**Eric Wargotz, M.D.**, Commissioner, Queen Anne's County

**Scott Warner**, Executive Director, Mid-Shore Regional Council

**Richard Weldon**, Delegate, representing Western Maryland

**Jeremy West**, Coordinator, Southern Maryland RC&D Council

**Dave Wilson**, Coordinator, the Eastern Shore RC&D Council

**Emily Wilson**, Director, Legislative Affairs, Maryland  
Department of Natural Resources

**John Wood**, Delegate, Representing Southern Maryland  
District 29A

**Executive Director:** Vanessa Orlando

### Rural Maryland Council

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### \*Coming in FY 2010: RuralStat

In FY 2010, the Rural Maryland Council will present RuralStat, a set of indicators compiled from federal and state sources that illustrate the economic and social health of Maryland's rural counties and regions. It will be available on the RMC website during FY 2010 at: [www.rural.state.md.us](http://www.rural.state.md.us)

All six rural regions, and 17 of 18 rural counties, have a per capita income below the state average. That has been true every year since at least 2002.

Four of the six rural regions, and 12 of the 18 rural counties, have median household incomes below the state average and have every year since at least 2002.

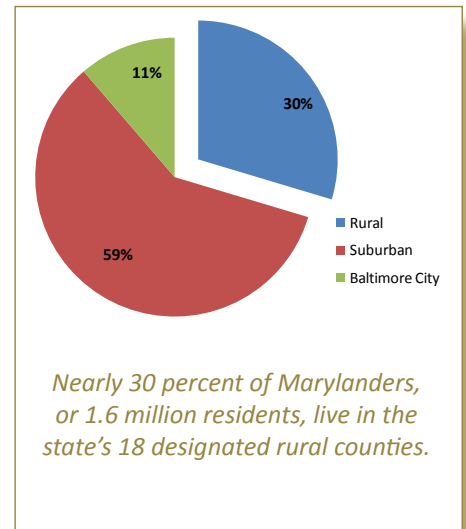
Four of the six rural regions have a poverty rate higher than the state average. Three of those regions have been higher than the state average since at least 2000.

Nearly 63 percent of all Marylanders are obese. In three of the six rural regions, and in nine of the state's 18 rural counties, an even higher percentage of adults are obese.

-- Excerpts from RuralStat, coming in FY 2010

## A Message from the Rural Maryland Council : Facing the Future with Partners, Old & New

**F**Y 2009 was, by any measure, a difficult and challenging year for the Rural Maryland Council and other state agencies, but it was also a successful year in which we focused our energies and limited resources on building networks, establishing new partnerships, and collaborating with old friends on a variety of rural-serving projects. We will continue that networking and resource pooling into FY 2010 and beyond so that together we will all be stronger than we are individually.



The Rural Maryland Council's top strategic mission, set by its Executive Board in 2007, is to use our resources to improve access to quality and affordable health care in rural communities. Toward that end, we continued our long and productive partnership with the State Office of Rural Health (SORH) and the Maryland Rural Health Association (MRHA), while entering into new partnerships with the Maryland Department of Aging and the Hershel S. Horowitz Center for Health Literacy at the University of Maryland School of Public Health. The Council was represented on Senator Thomas Middleton's Task Force to Review Physician Shortages in Rural Areas, and it has been participating in Delegate Adelaide Eckardt's workgroup to establish a rural physician residency track at the University of Maryland School of Medicine.

We continued our very important and productive partnership with the Annie E. Casey Foundation for a fourth year while entering into a new partnership with the Maryland CASH Campaign to offer an improved Rural Maryland Families Direct Service Grant Program. Under the program, funded by the Casey Foundation, the Council selected seven rural-serving nonprofit organizations to work with low-income rural families to develop individualized savings and financial plans. The goal of the program is to help families become economically self-sufficient over time. The Maryland CASH Campaign provided technical assistance to those nonprofits who, together, achieved extraordinary results for the families they reached. The program will be offered again in FY 2010 with the support and involvement of both the Casey Foundation and the Maryland CASH Campaign.

The Council's operating budget has remained generally stable throughout the years, with only modest increases due to inflation. During FY 2009, the Council's budget experienced deep reductions, due to both state budget cuts and declining revenues. We expect these lean economic times to continue throughout FY 2010 as well as our efforts to improve the quality of life in Maryland's 18 rural counties.

As FY 2009 drew to a close, we were preparing to host the Council's first ever Statewide Rural Roundtable in Annapolis. This one-day event is being designed to help rural stakeholders, including the Council, find ways to work together during difficult economic times to meet their respective missions.

For the latest updates on all Council activities now and throughout the year, visit our website at [www.rural.state.md.us](http://www.rural.state.md.us).

**Michael Pennington**  
Chairman  
Rural Maryland Council

**Vanessa Orlando**  
Executive Director  
Rural Maryland Council

## This is Rural Maryland

### 2008 Population

#### Western Region:

Allegany	72,238
Garrett	29,698
Washington	145,384

#### Upper Shore Region:

Cecil	99,926
Kent	20,151
Queen Anne's	47,091

#### MidShore Region:

Caroline	33,138
Dorchester	31,998
Talbot	36,215

#### Lower Shore Region:

Somerset	26,119
Wicomico	94,046
Worcester	49,274

#### Southern Region:

Calvert	88,698
Charles	140,764
St. Mary's	101,578

#### North Central:

Carroll	169,353
Frederick	225,721
Harford	240,351

<b>Total Rural:</b>	<b>1,651,743</b>
All Maryland:	5,633,597

Source: 2008 Maryland Department of Planning Statistical Handbook

## FY 2009 - Rural Maryland Council's Year In Review

The Rural Maryland Council is an independent state agency and one of 33 federally recognized State Rural Development Councils under the USDA National Rural Development Partnership. The RMC's federal recognition was re-certified in FY 2009 until 2012.

**Our primary mission is to recognize the unique needs of rural areas and ensure they are represented, considered and taken seriously in all facets and stages of public policy development. No other agency in state government does this. No non-profit organization has such a mission.**

As a collaborative body designed to convene stakeholders to identify challenges and find way to address them, the Council conducts rural roundtables – events that focus on a narrow issue and develop specific action plans. During FY 2009, the Council sponsored three Rural Roundtables – two of them in partnership with the **State Office of Rural Health** and one with the **Maryland CASH Campaign**. All three resulted in substantive action plans for addressing a rural concern (see pages 5-7).

The Council also manages several rural initiatives. During FY 2009, the Council managed the Rural Families Program, which is funded by the **Annie E. Casey Foundation** and helped 301 low income rural families begin savings plans that address a specific economic barrier (See page 8). The Council also administered the state's **Maryland Agricultural Education and Rural Development Assistance Fund**, which distributed \$264,150 in grants to 16 rural-serving nonprofits that are involved in regional economic and community development projects (See page 8-9). The Council also staffed the **Rural Maryland Broadband Coordination Board**, which oversaw the completion of the

Eastern Shore portion of the statewide network that now links the University of Maryland Eastern Shore, Salisbury University and Chesapeake College along with several state police barracks on to the high speed network (See page 9-10).

Also during FY 2009, the Council entered into a formal partnership with the newly created and endowed **Hershel S. Horowitz Center for Health Literacy** at the University of Maryland School of Public Health as well as the **Maryland Rural Health Association**, a long-time nonprofit partner. The Council has also undertaken a comprehensive two-year effort with the **Maryland Department of Aging** to expand the Senior Medicare Patrol program into six rural counties that do not currently have it (See page 11).

As the only organization in state government responsible by statute for providing a rural perspective, the Council represented rural interests on the Task Force to Review Physician Shortages in Rural Areas, the Task Force on the Future for Growth and Development in Maryland, the Governor's Intergovernmental Commission on Agriculture; the Department of Business and Economic Development's Arts and Entertainment District Review Board; the Governor's Census Outreach Initiative; and the Board of the Maryland Agricultural and Resource-Based Industry Development Corporation.

The work of the Council is governed by a 43-member Executive Board and is overseen by an Executive Director and Program Manager. It is funded through a combination of state appropriations, private grants and contractual agreements. **The latest information about the council's work is available at: [www.rural.state.md.us](http://www.rural.state.md.us).**



**The Council's Health Care Working Committee** met in May 2009 to discuss the health care workforce shortage. At left: Sandi Nettina, President of the Nurse Practitioners Association of Maryland, Michael Franklin, CEO/President, Atlantic General Hospital in Berlin, and Michelle McMoon with the Maryland Association of Physician Assistants. At right: C. Irving Pinder, Executive Director of the Maryland Board of Physicians and John Papavasiliou, Deputy Director, address the committee.

## The Rural Maryland Council's FY 2009 Rural Roundtables

### *Speaking with One Voice on Behalf of Rural Maryland*

The Rural Maryland Council strives to speak with one unified voice on the issues most important to rural Maryland's standards of living and quality of life. Toward that end, the Council hosts Rural Roundtables designed to help identify and engage rural leaders and advocates across the state who are most committed to an issue. The Roundtables also provide a forum for sharing an idea about a statewide project and gauging the need and level of interest among stakeholders.

The Roundtables are designed to provide networking opportunities for rural professionals who may not have many chances to focus on the unique needs of rural areas. Most importantly, the Roundtables are structured to focus on a relatively narrow topic, to examine problems and solutions, and to develop a clear plan of action for moving an issue forward. During FY 2009, the RMC co-sponsored three Roundtables and planned a Statewide Rural Roundtable for October 2009 (FY 2010).

#### **The Rural Health Roundtable: Improving the Recruitment and Retention of Health Care Providers in Rural Areas**

October 2-3, 2008 in Annapolis

**Partners:** State Office of Rural Health, Maryland Hospital Association, Maryland Rural Health Association, and the Garrett County Chamber of Commerce.

In 2007, the State Office of Rural Health published a comprehensive *Maryland Rural Health Plan* that determined that the top priority for improving access to care in rural areas was to improve the recruitment and retention of health care professionals. The purpose of the Rural Health Roundtable was to develop an action plan to help implement that priority. Roundtable participants were asked to reach consensus on a top priority for action in each of three tactical approaches



**Rural Health Roundtable:** (from left) Garrett County Health Officer Rodney Glotfelty, Maryland Delegate Peter Murphy and Senator E.J. Pipkin



**Rural Health Roundtable:** Keynote speakers Dr. John R. Wheat, University of Alabama School of Medicine, (left) and Senator Thomas "Mac" Middleton (right) join roundtable facilitator Annie Kronk (middle).

outlined in the Rural Health Plan: (1) Grow Your Own Health Care Workforce Programs; (2) Recruitment and Retention Programs; and (3) Telehealth as A Solution. Participants were also asked to reach consensus on a single priority among the three.

The top action priority identified by Roundtable participants was: To develop financial incentives to recruit and retain healthcare providers. Incentives were broadly defined to include loan assistance, loan forgiveness, higher salaries, signing bonuses, and spousal support.

The RMC Health Care Working Committee looked at all of the priorities and recommendations arising from the Roundtable to determine which ones could be achieved over the short-term while providing a pathway for reaching the top priority over the long-term. The RMC staff, with guidance from the Committee and the State Office of Rural Health, developed an Action Plan that included the following:

**Action 1:** Monitor the recommendations and legislation arising from the Task Force to Review Physician Shortages in Rural Areas, especially as they relate to recruitment and retention, paying special attention to any recommendations/legislation pertaining to financial incentives.

**Status:** The Task Force, chaired by Senator Thomas "Mac" Middleton (who also provided the keynote address at the Roundtable), found that the average medical student graduates with \$200,000 in student loan debt. To manage that debt, new doctors – even if they wanted to practice in a rural area

– were all but forced to practice in more populated, more lucrative areas. Financial incentives were necessary to improve recruitment and retention. As a result, Senator Middleton introduced Senate Bill 627 – *Loan Assistance Repayment and Practice Assistance for Physicians* during the Legislative Session. The bill created a state program with criteria and funding, to help doctors pay off their loans if they agree to practice in an underserved area. The RMC provided testimony in support of the bill and its crossfile in the House, recommending that every effort be made to implement the expansion of LARP to the neediest rural shortage areas for primary care specialists. The bill passed.



**Roundtable Discussion:** St. Mary's Hospital CEO Christine Wray (center) makes a comment.

**Action 2:** Investigate the feasibility of developing a statewide telehealth consortium to coordinate state-level telehealth initiatives.

**Status:** Without a fully formed vision or even a clear indication that there is a need or desire for such an entity, the Council and the State Office of Rural Health planned a small invitation-only meeting with members of the rural regional councils, the Maryland Broadband Cooperative, and selected RMC members. Within a week of sending out the email invitation, both the RMC and SORH began getting requests to forward the email and invite others. Rather than have an informal meeting among partners, the Council and SORH sponsored a facilitated discussion during a Telehealth Roundtable in February 2009 (See Page 7). More than 30 people attended.

**Action 3:** Support efforts to establish “Grow Your Own” health care models and programs to increase the number of providers serving rural Maryland.

**Status:** During the Roundtable, participants heard presentations from officials in West Virginia and Alabama who had created successful grow your own programs. Such programs identify and mentor students in middle and high school who are interested in health professions. As a result of attending the Roundtable, Delegate Adelaide Eckardt introduced legislation in 2009 to create a Family Medicine Rural Health Commission that would evaluate the current state of medical education in Maryland and help determine what needed to be done to begin comprehensive

grow your own efforts in Maryland; however, the bill failed, likely due to a lack of state resources to staff and fund its work. Delegate Eckardt formed a work group to develop a plan for a Family Medicine Rural Residency on the Eastern Shore. More than 19 stakeholders, including the Rural Maryland Council, met in late June to begin the effort. The Council will participate in the work group during FY 2010 as well.

Sponsors who helped support the Rural Health Roundtable were: College of Southern Maryland, Maryland Agricultural & Resource-Based Industry Development Corporation (MARBIDCO), Maryland Department of Aging, Maryland Community Health System /Community Health Integrated Partnership, Maryland Department of Housing and Community Development, Maryland Department of Labor, Licensing and Registration, the Mid-Shore Regional Council, the Tri-County Council for the Lower Eastern Shore, and the Tri-County Council for Southern Maryland.

*A complete report on the Roundtable's activities and recommendations, as well as the Council's action plan, are available online at: [www.rural.state.md.us](http://www.rural.state.md.us)*

**The Rural Roundtable:**  
**Overcoming Barriers to Family Economic Success**  
December 11-12, 2008 in Frederick, Maryland

**Partner:** The Maryland CASH Campaign

The ultimate goal of the Council's Rural Families Program (page 8) is to strengthen the economic development potential of rural communities by strengthening the economic stability of rural families (and vice versa). The purpose of this Roundtable was to discover the specific challenges facing rural families and individuals who are trying to achieve economic stability and identify the programs, policies and products rural service providers need to address these challenges. The second day of the Roundtable provided information and training related to programs that improve the savings habits and understanding of low and moderate income families.



**Rural Roundtable on Overcoming Economic Barriers:** Robin McKinney, Director of the Maryland CASH Campaign, discusses training options for rural service providers.

During the Roundtable, rural service providers discussed the effects the current economy was having on their clients, with almost all of them reporting more demand for food and energy resources, rental assistance and job readiness programs, as well as a lack of affordable housing. Audience members reported seeing more people trying to refinance their homes and more people sharing housing.

By the end of the Roundtable, participants indicated they wanted more information and training on three financial products that could help their clients promote saving: Auto-build certificates of deposit, child savings accounts, and savings bonds. Participants also indicated they wanted more specific training opportunities to help their clients develop an emergency savings account, basic budgeting and banking knowledge, and have access to car ownership.

The Council and the CASH Campaign will offer this information and training during the FY 2010 Statewide Rural Roundtable.

*A complete report on the activities and recommendations of this Roundtable are available at: [www.rural.state.md.us](http://www.rural.state.md.us)*

**The Rural Roundtable:  
To Create (or Not to Create) a Statewide Telehealth Consortium**  
February 20, 2009 in Annapolis

**Partners:** State Office of Rural Health, University of Maryland School of Public Health

Maryland's rural areas have critical primary care and specialty care shortages. Using technology to link urban providers with rural populations can be an invaluable way to improve access to quality care in rural areas. Using such technology can also help reduce overall costs to health systems due to better management of chronic diseases, fewer hospital visits, and health system transportation savings. In addition, many rural Maryland providers are using innovative practices to deliver



**Rural Roundtable on Overcoming Economic Barriers:** Some 35 service providers attended a two-day roundtable to discuss what they need to help families become economically sustainable and to learn how to set up IDA programs.



**Rural Roundtable on Overcoming Economic Barriers:** Todd Johnson, Assistant Director, Frederick Community Action Agency, and Courtney Thomas, Executive Director, Allegany County Human Resources Development Commission, discuss the impact the economy is having on nonprofits

healthcare via remote technology now; but these innovations are not coordinated or integrated. The purpose of this Roundtable was to determine if there is a statewide need for a consortium-like entity to coordinate and monitor telehealth/telemedicine projects across the state, identifying where both excess capacity and service gaps exist.

One of the most telling findings of the Roundtable came after everyone introduced themselves and the telehealth/telemedicine projects they were involved with -- and it became clear that no one in the room was aware of all the programs represented among the 30 attendees.

After a wide-ranging discussion facilitated by Dr. Bonnie Braun of the University of Maryland School of Public Health, all agreed that creating a statewide coordinating body was an idea worth pursuing. Seven attendees volunteered to form a leadership committee to determine how to continue the conversation and fine tune goals. They are: **Jon P. Burns**, Senior VP and CIO, University of Maryland Medical System; **John Dillman**, Executive Director, Upper Shore Regional Council; **C. Bernadette Johnson**, Director of Program Services, Mid-Atlantic Association of Community Health Centers; **Virginia Keane**, President, Maryland Academy of Pediatrics; **Michael T. McCarty**, Director & Chief Network Officer, Johns Hopkins Health System; **Shiraz I. Mishra**, Associate Professor, University of Maryland School of Medicine; **Tom Tudor**, Maryland Broadband Cooperative.

The committee met by conference call several times this year and determined that the first order of business is to complete an inventory of current telemedicine projects in the state to determine what currently exists. At the close of the fiscal year, the committee was applying for funding to conduct that inventory.

*A complete report on the Telehealth Roundtable is available online at: [www.rural.state.md.us](http://www.rural.state.md.us)*

## The Rural Maryland Council's FY 2009 Rural Programs & Initiatives

### Improving the Quality of Life in Rural Maryland

#### Strengthening the Well Being of Rural Maryland Families: Helping Families Help Themselves

The Rural Maryland Council administered the Rural Families direct services grant program for the fourth year in a row during FY 2009.

Funded by the **Annie E. Casey Foundation** — one of the Council's most important partners — the program's goal is to help disadvantaged rural families develop the financial management skills they need to become economically self sufficient over time.



During the first three years, the program provided grants to a wide variety of nonprofits involved in helping families become economically stable. During a Rural Roundtable, held late in FY 2008, however, community

development professionals expressed intense frustration over the lack of financial knowledge among rural residents who were being overwhelmed by rising prices and mortgage defaults. Too many people who were struggling to make ends meet were letting problems degenerate into unavoidable bankruptcy because they simply did not know what to do.

As a result, the Council staff re-focused the Rural Families program to provide grants only to those nonprofits that helped families (1) to claim the Earned Income Tax Credit for the first time **or** to develop a systematic savings program that resulted in a family saving at least \$1,000; *and* (2) to develop a financial plan to reduce or eliminate a specific financial burden facing that family. In FY 2009, the following rural organizations received Rural Families grants:

1. Frederick County Community Action:	\$6,000
2. Garrett County Community Action:	\$10,000
3. Maryland Capital Enterprises, Inc.:	\$15,000
4. Maryland Cooperative Extension:	\$6,000
5. SHORE UP! Inc.:	\$20,000
6. Tri-County Council for Southern Maryland:	\$20,000
7. Washington County Community Action:	\$10,000
<b>Total:</b>	<b>\$87,000</b>

#### Rural Families Grantees (FY 2006 to FY 2009)

*During the past four years, with funding from the Annie E. Casey Foundation, the Rural Maryland Council's Rural Families Program has provided \$387,000 in grants to 20 rural organizations.*

Angel's Watch Regional Women's Shelter:	\$19,980
Carver Community Center:	\$20,000
Center for Children (Charles County):	\$20,000
UMD Extension (Caroline):	\$6,000
UMD Extension (Worcester):	\$40,000
Dorchester County Health Department:	\$20,000
Frederick County Community Action:	\$6,000
Garrett County Community Action:	\$26,000
Harford Community Action Agency:	\$7,000
Human Services Program of Carroll County:	\$20,000
Local Management Board of St. Mary's County:	\$12,000
Lower Shore Child Care Resource Center	\$20,000
Maryland Rural Development Corporation:	\$24,780
Maryland Capital Enterprises, Inc.:	\$15,000
Shared Opportunity Services, Inc.:	\$38,500
Shore Up! Inc.:	\$20,000
Tri-County Council for Southern MD:	\$20,000
Wicomico Partnership for Families & Children:	\$13,000
Washington County Community Action:	\$10,000
YMCA of Cumberland:	\$20,000

**During FY 2009, 301 low-income rural families either claimed the Earned Income Tax Credit or saved \$1,000. Of those families, 89 completed a customized financial plan. To date, 65 families have met the goals of that plan. In addition, 158 families claimed the Earned Income Tax Credit for a total return of \$213,757 -- or an average return of \$1,353 per family.**

With the invaluable support and assistance of the Casey Foundation, the Council will offer the Rural Families Program again in FY 2010 with similar goals. In addition to trying to help more families save more money, the program will also attempt to create at least one new free tax preparation site in a rural county that does not currently have one.

#### The Maryland Agricultural Education and Rural Development Assistance Fund: Building Rural Capacity

Rural-serving nonprofit organizations and community colleges often lack access to philanthropic opportunities, and local rural governments simply can not afford to fill the gap. Consequently, a serious resource deficit exists where the need is often the greatest.

The General Assembly established the Maryland Agricultural Education and Rural Development Assistance Fund (MAERDAF) in 2000 to provide financial support to rural-serving nonprofit



**Maryland Agricultural Education and Rural Development Assistance Fund -- FY 2009 Grantees**

FY 2009 Grantees	Requested	Funded
Arc Northern Chesapeake Region	\$18,730	\$5,700
Chesapeake College	\$5,000	\$5,000
College of Southern Maryland	\$43,503	\$5,875
Community Foundation of E.S.	\$21,000	\$14,500
Delmarva Education Foundation	\$35,045	\$22,252
Habitat for Humanity Talbot /Dorchester	\$49,975	\$30,000
LEAD Maryland Foundation	\$50,000	\$30,000
MAC - Area Agency on Aging	\$25,000	\$25,000
MD Forests Association	\$7,000	\$5,000
MD Rural Development Corp.	\$25,000	\$22,550
MD Rural Health Assn.	\$4,173	\$4,173
MD Assn. Soil Conservation Dist.	\$19,000	\$19,000
Microenterprise Council of MD	\$25,000	\$12,500
MidShore Regional Council	\$24,000	\$24,000
Tri-County Council Western MD	\$50,000	\$25,000
Upper Shore Regional Council	\$16,400	\$13,600
<b>Grand Total</b>	<b>\$418,826</b>	<b>\$264,150</b>

organizations that promote statewide and regional planning, economic and community development, and agricultural and forestry education. In addition, MAERDAF offers financial assistance to community colleges that support small and agricultural businesses with enhanced training and technical assistance. Grantees are selected by a six-member interagency Grant Review Board whose members are appointed by the Maryland Department of Agriculture, Maryland Department of Business and Economic Development, Maryland Department of Health and Mental Hygiene, Maryland Department of Housing



**MAERDAF grantee** Habitat for Humanity of Talbot and Dorchester Counties was awarded a grant to pay for a full-time construction supervisor, who is credited for helping the organization build five homes that would not otherwise have been built for low income rural families in the area.

and Community Development, Maryland Department of Natural Resources, and the Rural Maryland Council. The law that created the program also requires the Council to administer it.

The MAERDAF Program helps many rural-serving organizations establish or continue programs and projects that have a significant and positive impact on rural Maryland. In addition, the modest state investment in the program helps the nonprofit sector leverage a substantial amount of private and federal financial support. (The MAERDAF Board is required to give preference to organizations that leverage non-state matching funds.) Moreover, MAERDAF helps these nonprofit service providers develop institutional capacity, improve grant-writing skills, and enhance the internal development of volunteer boards and staff.

**Between FY 2001 and FY 2009, the MAERDAF program has awarded more than \$2.2 million in grants to 46 rural-serving nonprofit organizations. The average MAERDAF grant over the life of the program has been \$17,681.**

**During FY 2009, the program received 26 grant applications requesting \$666,129 in funding. The Board selected 16 rural-serving nonprofit organizations to receive the \$264,150 in available funding. The average grant was \$16,509.**

*The Rural Maryland Council is responsible for producing a complete annual report on the MAERDAF program. Read it on: [www.rural.state.md.us/publications](http://www.rural.state.md.us/publications).*

**Rural Maryland Broadband Coordination Board: Lighting Up Rural Maryland**

The Maryland General Assembly established the Rural Maryland Broadband Coordination Board, a nine-member interagency board, and the Rural Broadband Assistance Fund in 2006. The Board is responsible for coordinating efforts to deploy broadband infrastructure in rural and underserved areas and to review and approve all disbursements from the Broadband Assistance Fund, which is administered by the Department of Business and Economic Development. The law establishing the Board also requires the Rural Maryland Council to provide staff support to the Coordination Board.

Board members are appointed by the Maryland Department of Business and Economic Development; Maryland Department of Budget and Management; Maryland Department of Transportation; the Upper Shore Regional Council; Tri-County Council for the Lower Eastern Shore; Tri-County Council for Southern Maryland; Mid-Shore Regional Council; Tri-County Council for Western Maryland and the Rural Maryland Council. During FY 2009, the Board was chaired by Charlie Ross, President/CEO of the Garrett County Chamber of Commerce and immediate past chair of the Council.

**During FY 2009, the Coordination Board approved more than \$3.4 million in federal funds and \$604,000 in state funds for rural broadband buildout.**

Since its inception three years ago, the Coordination Board has overseen remarkable progress on a statewide broadband network build out. Three implementation phases have been completed — the third one during FY 2009.

**Phase One** included laying fiber from Wallops Island to Salisbury, along both spans of the Bay Bridge, for the Cecil County resource sharing project and over the Harry Nice Bridge in Southern Maryland. **Phase Two** included laying fiber from Salisbury to the Bay Bridge; and from Wallops Island to the Main Gate. **Phase Three** included laying fiber from Pocomoke City to Salisbury, from Ridgley to Chestertown, and from Bridgetown to Centerville on the Eastern Shore.

Subsequent phases include extending the network into Western Maryland, funds permitting. At the end of FY 2009, the Maryland Broadband Cooperative, a private nonprofit organization which is completing much of the construction, was in the process of applying for federal funding from the American Reinvestment and Recovery Act to complete a statewide build out.

**In FY 2009, a Federal Economic Development Assistance Grant was awarded to the Maryland Broadband Cooperative (via the Broadband Assistance Fund) to complete laying fiber in Worcester, Dorchester and Caroline counties, bringing the network from Denton to Chestertown. The \$3,215,427 in federal EDA money required a state match of \$3,856,563. Of that required match, the state matched \$3.8 million. The Maryland Broadband Cooperative — a member-driven nonprofit — is providing the additional \$56,563 for the match. The project was underway at the close of FY 2009.**

Also during FY 2009, the University of Maryland Eastern Shore, Salisbury University and Chesapeake College along with several state police barracks on the Eastern Shore were hooked onto the network.

In FY 2007, federal funds from NASA were provided to the Broadband Assistance Fund to build a broadband network from Wallops Island to points north. This project was nearing completion at the end of FY 2009.

The Cooperative also laid fiber across the spans of the Bay Bridge from the Eastern Shore into Anne Arundel County; however, in August 2008, a tractor-trailer accident tore through a concrete Jersey wall, killing the driver and ripping off a quarter-mile section of recently laid fiber. The Cooperative replaced all the fiber from the accident site back to land, using just one splice to reduce the likelihood of problems arising in the future from multiple splices.

*The Council's annual report of the Coordination Board's activities is available at: [www.rural.state.md.us/publications](http://www.rural.state.md.us/publications)*

## The Rural Maryland Prosperity Investment Fund to Improve the Quality of Life in Rural Maryland

In 2006, the General Assembly created the Rural Maryland Prosperity Investment Fund (RMPiF) to provide grants to regional, nonprofit and educational entities that undertake projects to help bring rural Maryland's standards of living up to statewide benchmark averages by 2020. The Governor is authorized, but not required, to include an appropriation in the budget bill through 2020 but has yet to do so. The RMC would administer the funds.

When funds are appropriated, grants will be distributed equally among four categories. (1) Rural Regional Planning and Development; (2) Regional Infrastructure Projects; (3) Rural Entrepreneurship Development; and (4) Rural Community Development and Programmatic Assistance and Education. Obtaining an appropriation for the Rural Prosperity Fund remains a top priority of the Rural Maryland Council.

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## Providing a Rural Perspective on State Boards

The Rural Maryland Council is often directed by legislation to appoint members to boards and task forces to represent rural interests and perspectives.

The RMC Executive Director is required by statute to sit on the Board of the **Maryland Agricultural and Resource-Based Industry Development Corporation**, which helps Maryland's farm, forestry,

seafood and recreation-based businesses become profitable and sustainable. During FY 2009, MARBIDCO made 17 loans totaling more than \$2.6 million, which leveraged nearly \$6 million more in private commercial lender capital. These funds helped young farmers buy their first farms, helped start up two creameries, and helped a grape-growing cooperative start a winery. MARBIDCO also awarded \$65,000 in 10 grants for value-added processing activities and farm energy efficiency projects



During FY 2009, the Council appointed **John Dillman**, Executive Director of the Upper Shore Regional Council, to represent rural interests on the **Task Force on the Future for Growth and Development in Maryland**. The 21-member task force, created during the 2007 legislative session, began meeting in January 2008 with 13 specific charges. The Task Force, staffed by the Maryland Department of Planning, continues until December 2010. For more: [www.mdp.state.md.us/future\\_growth.html](http://www.mdp.state.md.us/future_growth.html)

**The Task Force to Review Physician Shortages in Rural Areas**, chaired by Senator Thomas "Mac" Middleton, completed its work during FY 2009. The RMC Health Care Working Committee Chairman Tom McLoughlin, a retired hospital administrator, represented the Rural Maryland Council on the task force.

## Special Projects & Partnerships

### Maryland Department of Aging: Expanding the Senior Medicare Patrol into Six Rural Counties

During FY 2009, the Maryland Department of Aging received a federal grant to develop creative and innovative strategies to expand the Senior Medicare Patrol (SMP) program (an anti-fraud program) into seven state-designated rural counties that do not currently have an SMP. The Department contracted with the Rural Maryland Council to join this two-year project to develop and implement a rural outreach plan, identify and test best practices to reach isolated populations, and help formulate strategies to recruit and train volunteers in rural areas.

The counties targeted for SMPs are Allegany, Garrett and Washington in Western Maryland, Charles and Calvert in Southern Maryland, Cecil County on the Upper Eastern Shore, and Worcester County on the Lower Eastern Shore.

There are more than 71,500 residents over age 65 in these six counties. **Although these senior citizens represent only about 1 percent of Maryland's population; they comprise 15 percent of Garrett County's population; 18 percent of Allegany's; 14 percent of Washington's; 11 percent of Cecil's; and more than 20 percent of Worcester County's.** In Charles County, only 8 percent of the population is over 65, but that represents more than 11,600 people spread out over 461 square miles. The program is also trying to reach 4,500 Piscataway tribal members spread throughout Southern Maryland.

Maryland Senior Medicare Patrol is an anti-fraud project administered by the Department of Aging through the U.S. Department of Health and Human Services and the Administration on Aging. The mission of Maryland SMP is to enlist senior volunteers to teach Medicare and Medicaid clients how to recognize and report health care fraud, waste, abuse, or error.



**Rural Outreach for SMP:** During FY 2009, the Rural Maryland Council developed a password-protected website and blog to help service providers across these six counties communicate quickly about fraud scams and schemes.

### Hershel S. Horowitz Center for Health Literacy at the University of Maryland School of Public Health

*Health literacy is the ability to obtain, process, and understand basic information and services needed to make appropriate health decisions.*

Nearly 50 percent of all American adults have difficulty understanding basic health information – including health instructions, insurance and consent forms, even hospital signs. People with limited health literacy use emergency services and are hospitalized more often and tend not to practice preventive health. The economic and social cost of a system that is not user-friendly is the basis for an emphasis on health literacy and system improvement.

The Herschel S. Horowitz Center for Health Literacy was created in 2007 to ensure that all people – especially parents and child caregivers -- understand how the health care system works, how to navigate it, and what they can do in their daily lives to be as healthy as possible.

To reach that vision, the Center is educating public health practitioners (i.e., county health officers, public hospital health care providers, policy makers, etc.) about how to incorporate health literacy principles into their daily routines and policies. That is, they are learning how to help regular people understand the critically important health information that affects their well being and that of their families.

RMC Vice Chair Bonnie Braun is the Center's first director and the first endowed chair in the UM School of Public Health. Soon after her appointment to this position, Dr. Braun — a long-time researcher and advocate on behalf of rural families and issues — asked the Rural Maryland Council to join in as a partner and assist in the Center's start-up and outreach activities. The Council is not only providing outreach and communication services, it is also working with Dr. Braun to ensure that the unique needs of rural areas are considered in the Center's long-term strategic planning.



Dr. Bonnie Braun

The Goals of the Horowitz Center are to:

1. Educate the current and emerging public health workforce about health literacy;
2. Expand and disseminate the results of health literacy research to practitioners, policy makers and others; and
3. Engage like-minded professionals and communities in joint research, education and public policy that incorporate health literacy.



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*Only a few of these annual reports are being printed.  
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