

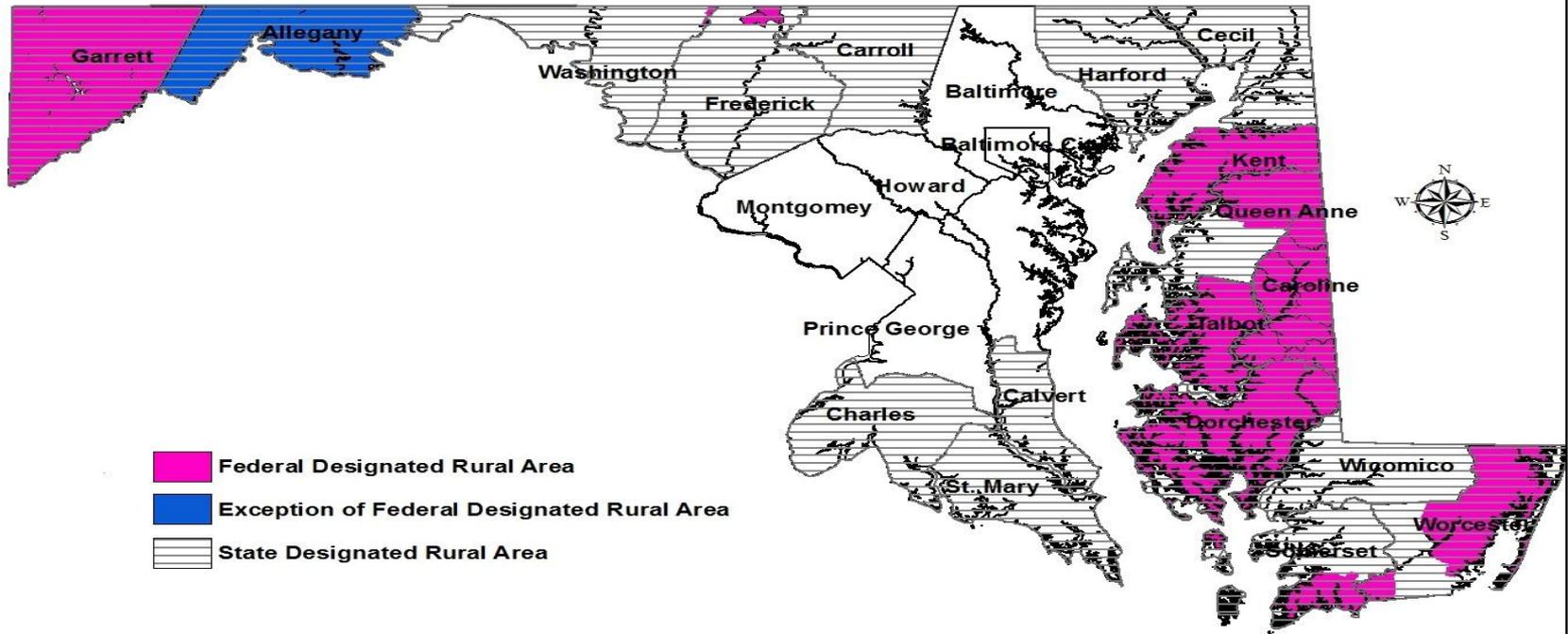
**MARYLAND STATE HEALTH
IMPROVEMENT MEASURES(SHIP) AS
RELATED TO ACTIVITIES IN RURAL
COMMUNITIES AND WORKFORCE
DEVELOPMENT**

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MAP OF RURAL MARYLAND

Federal and State Designated Rural Areas in Maryland



Created by PCO, OPCA, PHPA, DHMH, 10/29/15

Source: List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties, Office of Rural Health Policy, HRSA.

Source: The Maryland General Assembly, in statute Article 41 Section 15-41, of the annotated Code of Maryland (COMAR) effective July 2003, designated 18 counties as rural.

*Allegany County is deemed metropolitan by HRSA, however area can apply for rural grants due to a large prison population stipulation.

MARYLAND RURAL HEALTHCARE FACILITIES

There are 50 hospitals in Maryland

The state has zero hospitals identified as Critical Access Hospitals

-A Critical Access Hospital (CAH) is a hospital certified under a set of Medicare Conditions of Participation (CoP), requirements for CAH certification include having no more than 25 inpatient beds; maintaining an annual average length of stay of no more than 96 hours for acute inpatient care; offering 24-hour, 7-day-a-week emergency care; and being located in a rural area, at least 35 miles drive away from any other hospital

There are zero Rural Health Clinics in Maryland

-A Rural Health Clinic is a federally qualified health clinic certified to receive special Medicare and Medicaid reimbursement

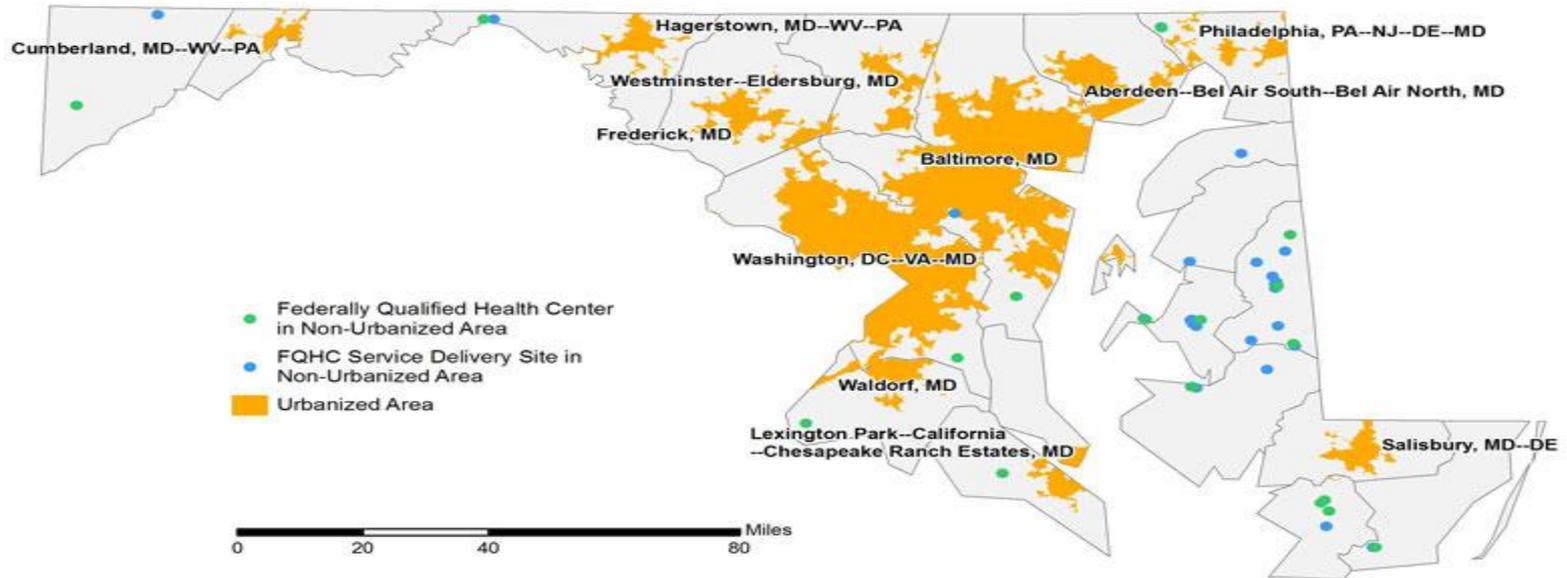
There 16 Federally Qualified Health Centers provide services at 141 sites in the state

-FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors



RURAL HEALTHCARE FACILITIES

Selected Rural Health Care Facilities in Maryland



Sources: U.S. Census Bureau, 2012 TIGER/Line,
Centers for Medicare and Medicaid Services;
U.S. Department of Health and Human Services;
October 2015.



SELECTED SOCIAL DETERMINANTS OF HEALTH FOR RURAL MARYLAND

- 10.0% of Maryland residents lack health insurance
- According to the Economic Research Service, the average per-capita income for Maryland rural residents was \$46,013 per capita; and \$53,826 for all of Maryland
- Poverty rate of 15.1% exists in rural Maryland, compared to 10.1% in urban areas of the state
- Based on 2009-2013 data, 14.2% of the rural population has not completed high school; compared to 11.2% of urban populations
- Unemployment rate in rural Maryland is 6.7%, and in urban Maryland, it is 5.8%



MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

Goal

To provide a framework for *accountability, local action, and public engagement* in order to *advance* the health of Maryland residents.

Measurements

Aligned with Healthy People 2020 objectives established by the Department of Health and Human Services. State and county level data on critical health measures is also provided through the SHIP.



MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

Result

SHIP has encouraged the development of Local Health Improvement Coalitions.

These are each led by local health officers and provide a forum for county health departments, nonprofit hospitals, and community based organizations to analyze and prioritize community health needs.

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

Availability

Concerns of local jurisdictions are addressed by the extensive list of tools and resources available to:

The general public

Health planners

Clinicians

Measures

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. The SHIP includes 39 measures in five focus areas that represent what it means for Maryland to be healthy.



Healthy Beginnings



Healthy Living



Healthy
Communities



Access to Health
Care



Quality Preventive
Care

SHIP - HEALTHY BEGINNINGS

- Infant Death Rate
- Babies with Low Birth Weight
- Sudden Unexpected Infant Death Rate (SUIDS)
- Teen Birth Rate
- Early Prenatal Care
- Students Entering Kindergarten Ready To Learn
- High School Graduation Rate
- Children Receiving Blood Lead Screening



SHIP - HEALTHY LIVING

- Adults Who Have a Healthy Weight
- Children and Adolescents That Are Obese
- Adults Who Currently Smoke
- Adolescents Who Use Tobacco Products
- HIV Incidence Rate
- Life Expectancy
- Increase Physical Activity

SHIP - HEALTHY COMMUNITIES

- Child Maltreatment Rate
- Suicide Rate
- Domestic Violence
- Children With Elevated Blood Lead Levels
- Fall-Related Death Rate
- Pedestrian Injury Rate On Public Roads
- Affordable Housing

SHIP - ACCESS TO HEALTHCARE

- Adolescents Who Received A Wellness Checkup In The Last Year
- Children Receiving Dental Care In The Last Year
- Persons With A Usual Primary Care Provider
- Uninsured ED Visits



SHIP - QUALITY PREVENTATIVE CARE

- Age-Adjusted Mortality Rate From Cancer
- Emergency Department Visit Rate Due To Diabetes
- Emergency Department Visit Rate Due To Hypertension
- Drug-induced Death Rate
- Emergency Department Visits Related To Mental Health Conditions
- Hospitalization Rate Related To Alzheimer's Or Other Dementias
- Children (19-35 months old) Who Receive Recommended Vaccines
- Annual Season Influenza Vaccinations
- Emergency Department Visit Rate Due To Asthma
- Emergency Department Visits From Health Disease
- Emergency Department Visits For Addictions-Related Conditions
- Emergency Department Visit Rate For Dental Care



MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)

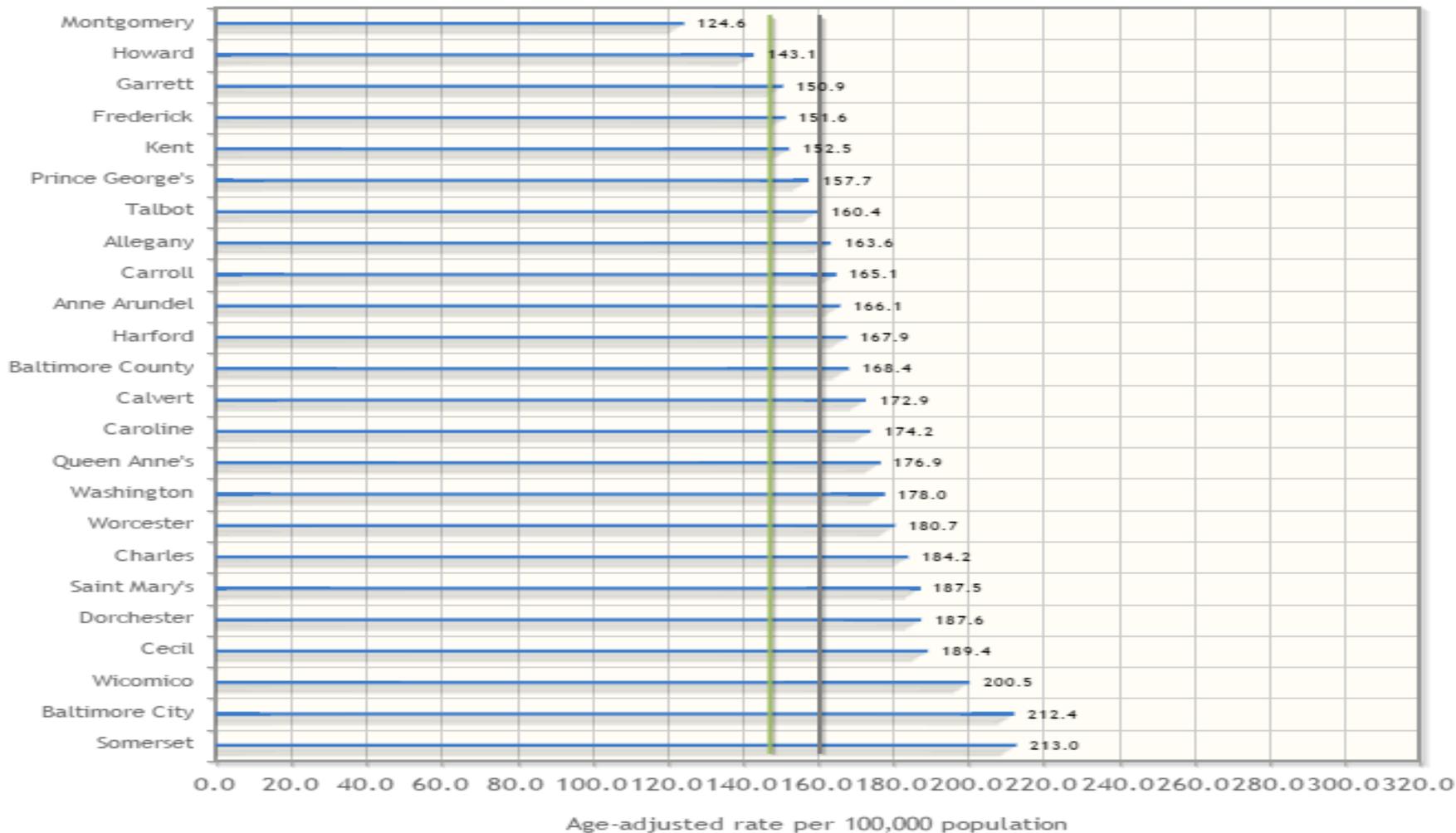
The health concerns of local jurisdictions are addressed by the extensive list of tools and resources available to the general public, health planners, and clinicians.

In order to disseminate the most important and devastating characteristics of the health of Marylanders overall, the SHIP publishes a weekly newsletter and posts public health news on social media platforms, including twitter and facebook.



Comparison: Age-adjusted mortality rate from cancer

HP 2020: 160.6 MD 2017 Goal 147.4



CENTER FOR CANCER CONTROL AND PREVENTION

DHMH CCCP administers:

Breast, cervical, and/or colorectal cancer screening programs statewide

Including each county in rural Western/Southern Maryland and the Eastern Shore via sub-contracts (programs)

Each program is also to participate in a cancer coalition aimed to reduce the burden of cancer in that jurisdiction



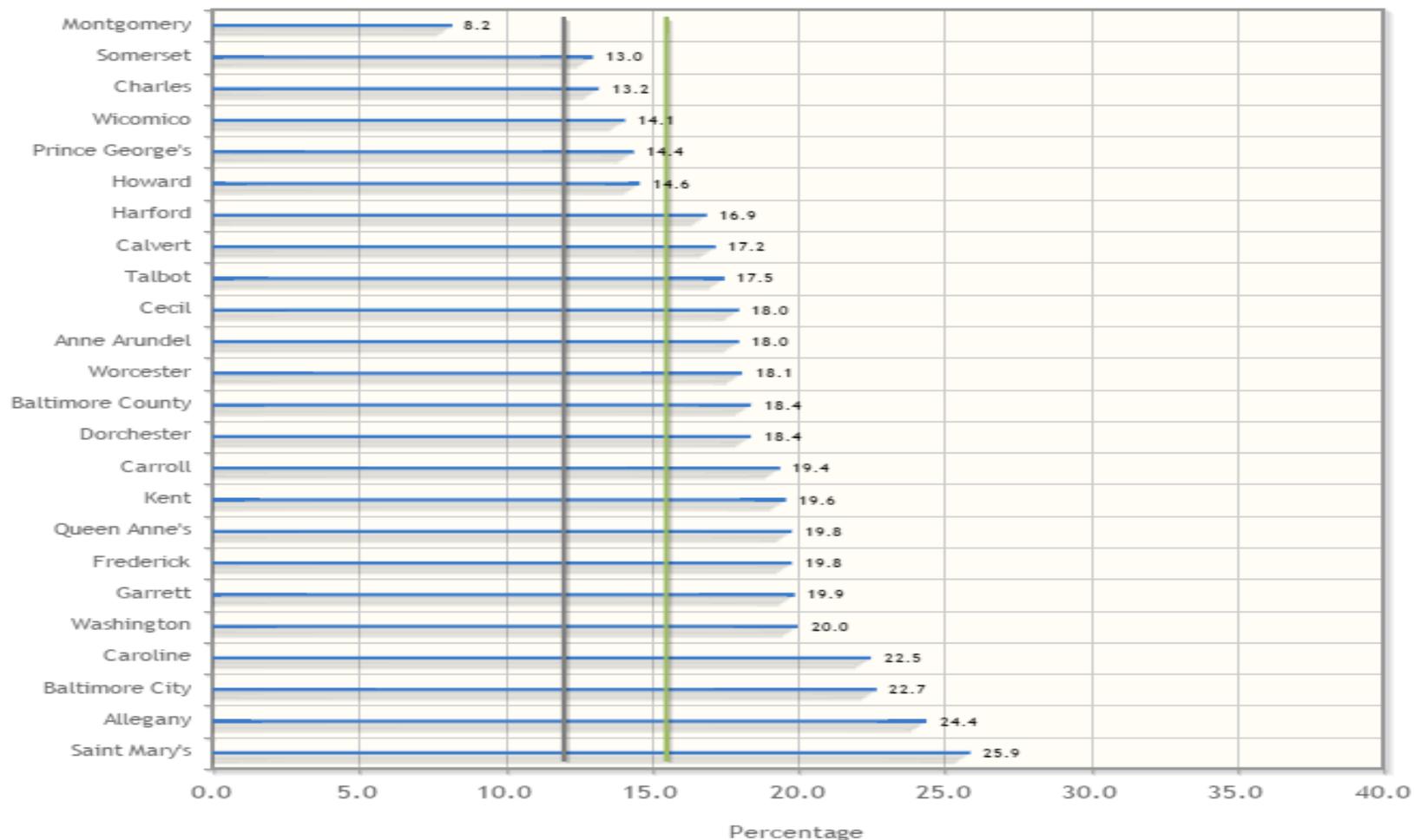
COMPARISON: ADULTS WHO SMOKE

HP 2020:

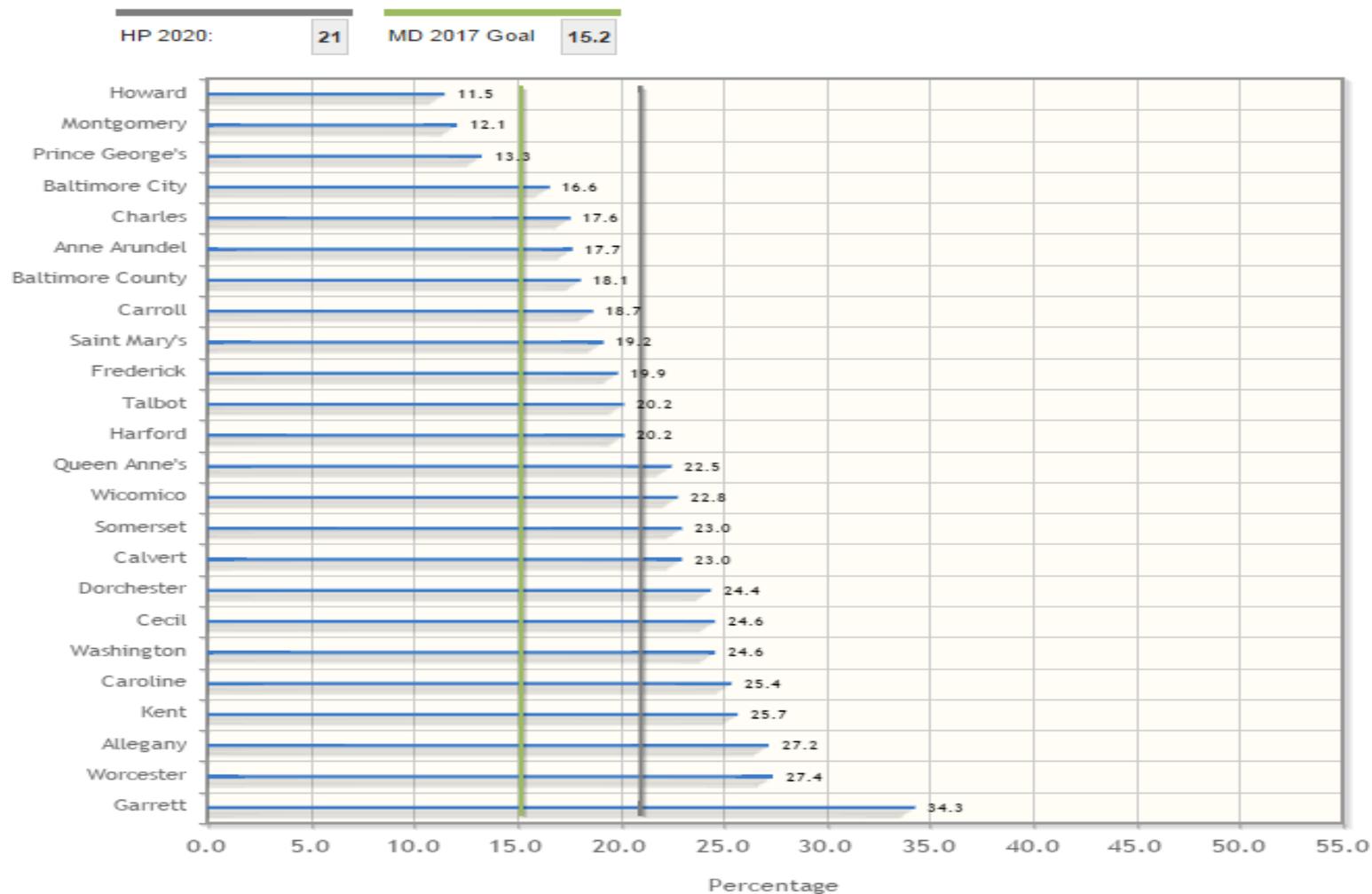
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MD 2017 Goal

15.5



Comparison: Adolescents Who Use Tobacco Products



CENTER FOR TOBACCO PREVENTION AND CONTROL

Maryland has seen an increase in smokeless tobacco use among underage youth in Maryland

- To address this dangerous trend:
 - Ads have been placed to increase awareness about the dangers of smokeless tobacco
 - Radio stations on the Eastern Shore and Western Maryland Counties were targeted
 - Information was placed on transit mediums in Queen Anne's, Somerset, Wicomico, and Worcester Counties
 - Ads placed in USA Today Sports section, an Orioles addition, and the Maryland Hunting and Fishing Publication



CENTER FOR TOBACCO PREVENTION AND CONTROL

Pregnancy and Tobacco Cessation Help (PATCH) helps to:

- Mobilize existing resources at the local level to address smoking cessation, tobacco use screening, education, prevention, and treatment offered and made available to pregnant women and women in child bearing age
- In FY 15, PATCH funded 12 rural jurisdictions – Allegany, Calvert, Caroline, Carroll, Cecil, Dorchester, Garrett, Kent, Somerset, St. Mary's, Washington, and Wicomico Counties
- Federally Qualified Health Centers (FQHCs) in Allegany, Caroline, Dorchester, Garrett, Somerset, Washington, and Worcester are PATCH partners



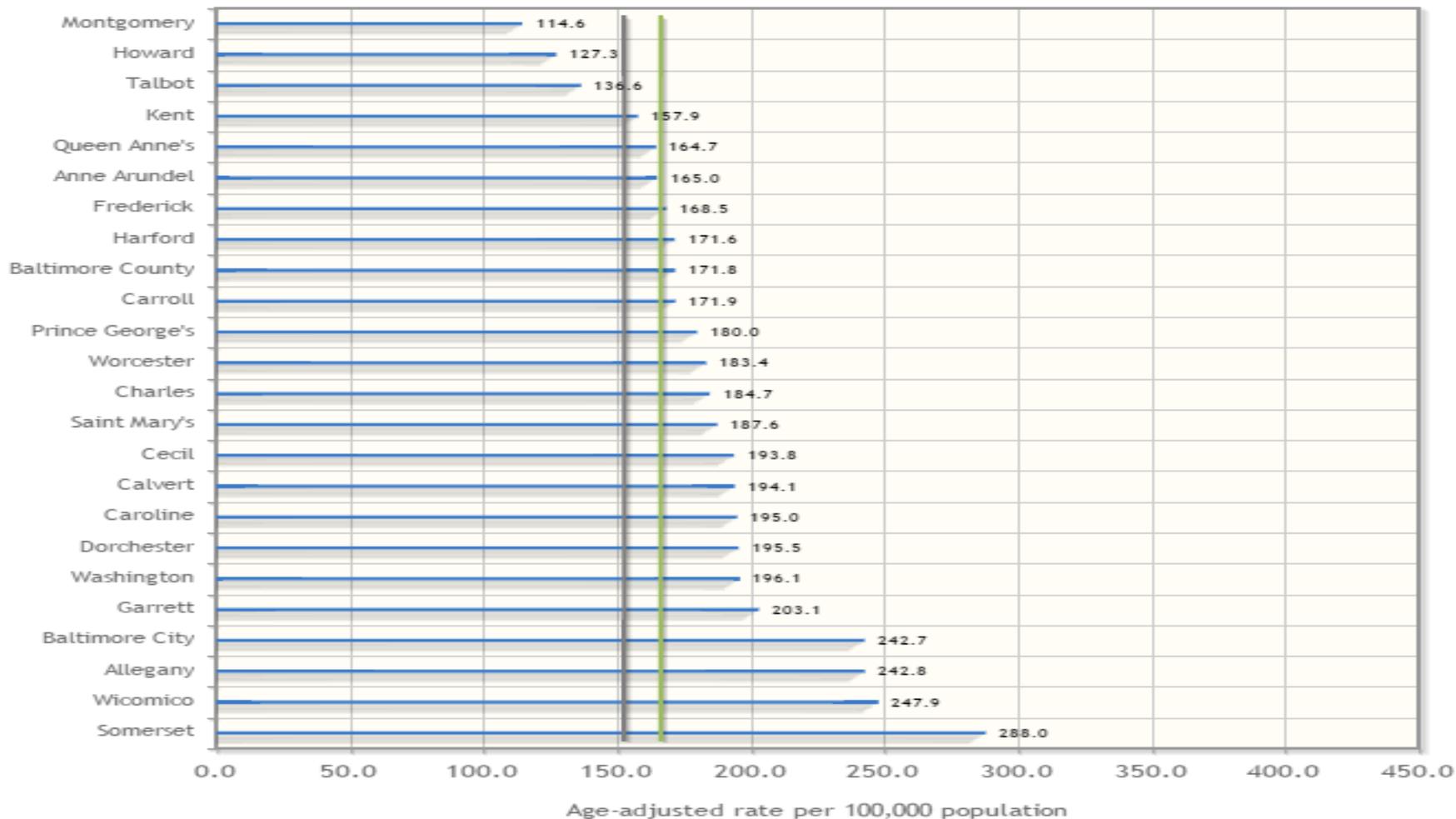
CENTER FOR TOBACCO PREVENTION AND CONTROL

CTPC works closely with local health departments:

- Cecil County collaborated with Triangle Health Alliance and West Cecil Health Center to integrate electronic referrals into the electronic medical record system to assure appropriate care and follow up (referral forms generated to Cecil LHD for tobacco cessation services)
- Carroll County Catholic Charities/Head Start program added tobacco assessment to enrollment process to identify, educate, and refer families to tobacco cessation
- Caroline County Board of Education Family Support Center incorporated PATCH education in the “Parents As Teachers” and home visiting program

Comparison: Age-Adjusted Mortality Rate From Heart Disease

HP 2020: 152.7 MD 2017 Goal 166.3



CENTER FOR CHRONIC DISEASE PREVENTION AND CONTROL

School and Child Care Wellness Policies

- LHDs in Calvert, Carroll, Cecil, and Dorchester are collaborating with partner school systems and county-level child care organizations to provide training and technical assistance to establish and implement wellness policies in schools and child care centers

Comprehensive School Physical Activity Programs (CSPAP)

- Trained 257 teachers across 211 schools in Caroline, Cecil, Charles, Frederick, Garrett, Harford, Kent, Somerset, Wicomico, and Worcester counties
- 3 trained schools systems (Harford, Kent, and Wicomico) are receiving additional funding to implement CSPAP activities

CENTER FOR CHRONIC DISEASE PREVENTION AND CONTROL

Worksites

Healthiest Maryland Businesses (HMB)

- HMB recruits employers to make a commitment to worksite wellness by completing the Worksite Health Score Card
- Employers receive guidance and resources to implement policy and systems changes to improve the health of their workforce
- HMB Regional Coordinators in LHDs in Charles, Frederick, Howard, Kent, Washington, and Wicomico counties provide outreach and technical assistance to employers statewide
- Of the 403 businesses currently participating in HMB, there are 226 businesses - with a total of 68,326 employees - in rural areas
- Engaging businesses to improve nutrition and physical activity in 1422 communities (Allegany/Garrett, Washington, Dorchester/Caroline and Wicomico/Somerset/Worcester)

CENTER FOR CHRONIC DISEASE PREVENTION AND CONTROL

Health Systems - Addressing Chronic Diseases in Health Systems

- LHDs in Calvert, Cecil, Charles, Frederick, and St. Mary's County implementing quality improvement strategies in health systems to prevent and control diabetes and hypertension
- Strategies include increasing EHR adoption and the use of HIT to improve performance, increasing the monitoring of quality measures for hypertension and diabetes control, implementing team-based care approaches, and increasing referrals to evidence-based community programs
- Establishing system changes to address undiagnosed hypertension and prediabetes and increase referrals in 1422 communities (Allegany/Garrett, Washington, Dorchester/Caroline and Wicomico/Somerset/Worcester)

CENTER FOR CHRONIC DISEASE PREVENTION AND CONTROL

Communities

Diabetes Prevention Program (DPP)

- 3 master trainers, located in Kent, Washington, and Worcester counties, increase capacity to implement the National DPP in Maryland by providing lifestyle coach trainings
- 5 YMCAs, including 4 in rural areas, will begin offering the DPP
- National DPP scaling in 1422 communities (Allegany/Garrett, Washington, Dorchester/Caroline and Wicomico/Somerset/Worcester)

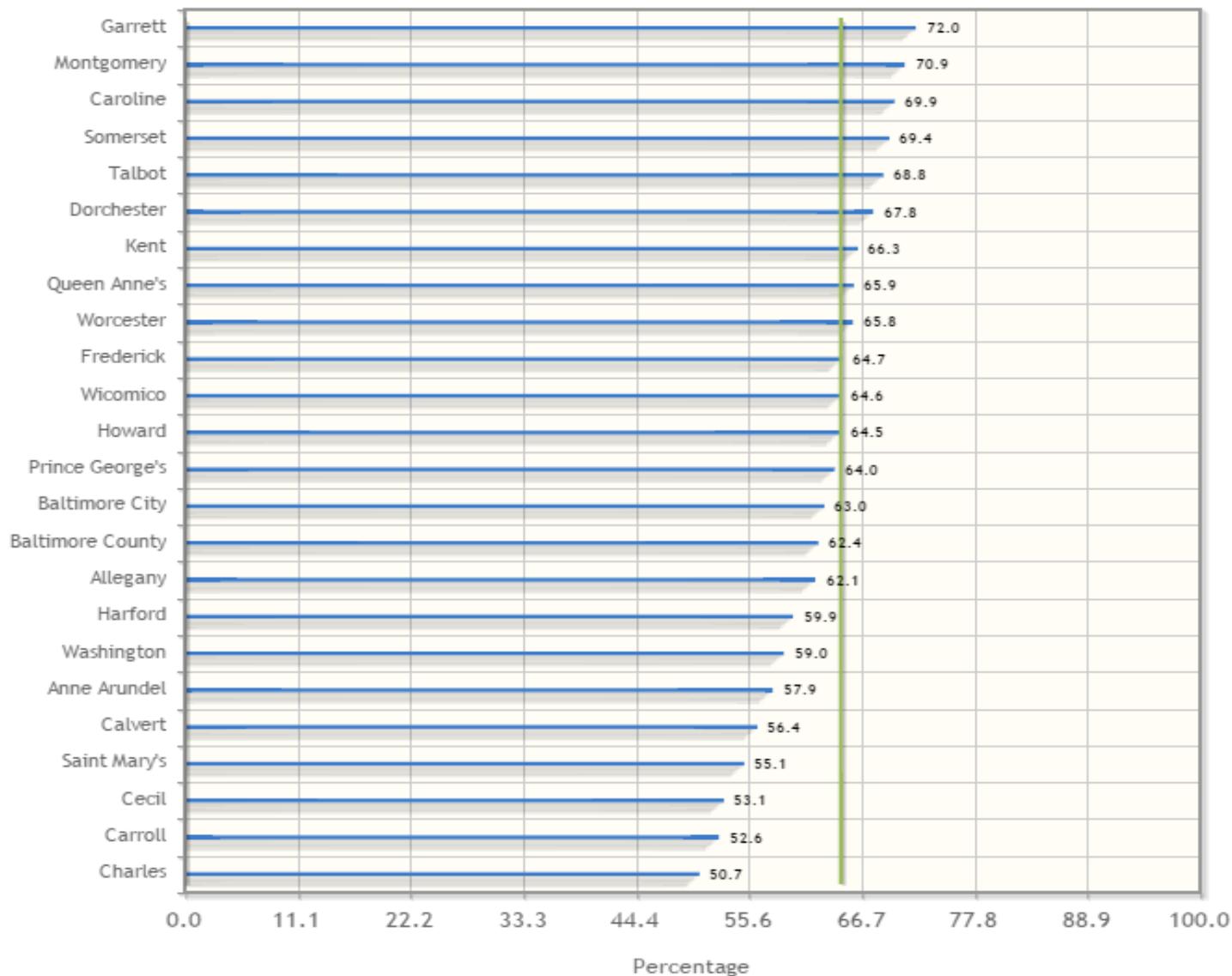
Healthy Parks, Healthy People

- Project involves educating health care providers to prescribe outdoor activities for patients to encourage them to utilize Maryland state parks
- Target parks include Rocky Gap in Allegany County as well as parks in Central and Southern Maryland and the Eastern Shore



Comparison: Children receiving dental care in the last year

MD 2017 Goal 64.6



WORKFORCE DEVELOPMENT PROGRAMS

Maryland Health Workforce Programs

J1 Visa Waiver
Program

National Health
Services Corp

State Loan
Repayment Program
(SLRP)

Maryland Loan
Assistance
Repayment
Program (MLARP)

NATIONAL HEALTH SERVICE CORPS (NHSC)

NHSC is a federal loan repayment program for the following practitioner types:

- Primary Care Physician (MD or DO)
- Dentist (DDS or DMD)
- Primary Care Certified Nurse Practitioner (NP)
- Certified Nurse-Midwife (CNM)
- Primary Care Physician Assistant (PA)
- Registered Dental Hygienist (RDH)
- Health Service Psychologist (HSP)
- Licensed Clinical Social Worker (LCSW)
- Psychiatric Nurse Specialist (PNS)
- Marriage and Family Therapist (MFT)
- Licensed Professional Counselor (LPC)



- Practitioners must be working in a Health Professional Shortage Area at an NHSC approved site
- DHMH only processes site applications and not individual applications

J-1 VISA WAIVER PROGRAM

- **The Office of Primary Care Access reviews applications and makes recommendations to the United State Citizens and Immigration Services (USCIS) for foreign-born physicians requesting waivers for their J-1 Visa, which requires them to return to their home country for two years at the end of their medical training; the waiver is granted in exchange for the physician's agreement to work in an underserved area for three years**
- **Maryland is granted 30 waiver slots per federal fiscal year for primary care and specialty physicians**
- **20 slots are for physicians in federally designated shortage areas, the other 10 slots are FLEX spots and can be in non-designated areas as long as a specific need is being filled**

STATE LOAN REPAYMENT PROGRAM (SLRP)

The State Loan Repayment Program is a federal program that offers educational loan repayment to primary care providers who agree to work in a Health Professional Shortage Area. This program requires a 1:1 federal to state match

OPCA administers state loan repayment program for;

- *Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)*
- *Physician assistants (primary care or specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)*

Practitioner must be working for a non-profit organization

Site must be in a Health Professional Shortage Area (HPSA)

Two year obligation period with up to **\$50,000 loan repayment award**

MARYLAND LOAN ASSISTANCE REPAYMENT PROGRAM (MLARP)

The Maryland Loan Assistance Repayment Program is a state program that offers educational loan repayment to physicians, physician assistants and medical residents and provides the 1:1 state match to the SLRP program

OPCA administers state loan repayment program for:

- *Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family medicine, internal medicine, obstetrics and gynecology, emergency medicine and women's health)*
- *Physician assistants (primary care or specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)*
- *Medical Residents (in final year) specializing in Primary Care*

Many of the guidelines are identical to the SLRP with the exception of for profit eligibility along with DHMH designated shortage area rather than a HPSA requirement

Two year obligation period with up to **\$50,000 loan repayment award per year**

MARYLAND HIGHER EDUCATION COMMISSION – JANET L. HOFFMAN

Lawyers

Nurses (degree- or diploma-holding registered nurses)

Licensed Clinical Counselors

Physical and Occupational Therapists

Social Workers (either a bachelor's or master's degree in social work)

Speech Pathologists

Teachers at any level or subject field who teach in schools designated as Federal Title I or Schools Identified for Improvement by the Maryland State Department of Education (MSDE)

The Nancy Grasmick Teacher Award – Science, Technology, Engineering and Math



CONCLUSION

- Work closely with rural stakeholders such as LHDs, hospitals, FQHCs, LHICs, RMC, MRHA to gain a working knowledge of programs, measurements, outcomes, etc. – Be Proactive
- Log onto the SHIP measures and navigate to better understand where your targeting efforts will be most advantageous
- Work closely with your local Area Health Education Councils – ESAHEC, AHEC-W, MAHEC, BCAHEC
 - They provide educational outreach either through literature or via continuing education (CEUs), delivery of care and can be an instrument to help address and resolve issues
- Understand that there are workforce development programs in state and point students toward them J1/SLRP/MLARP retention rates by conducting site visits of both the employer and the physician
- OPCA is conducting a needs assessment to determine which areas need which types of physicians can be paired to shortage areas
- SORH (Temi Oshiyoye, MPH) is available for face-to-face engagements with LHDs, participate in LHICs, and other local meetings to tie information gathered back to the needs assessment