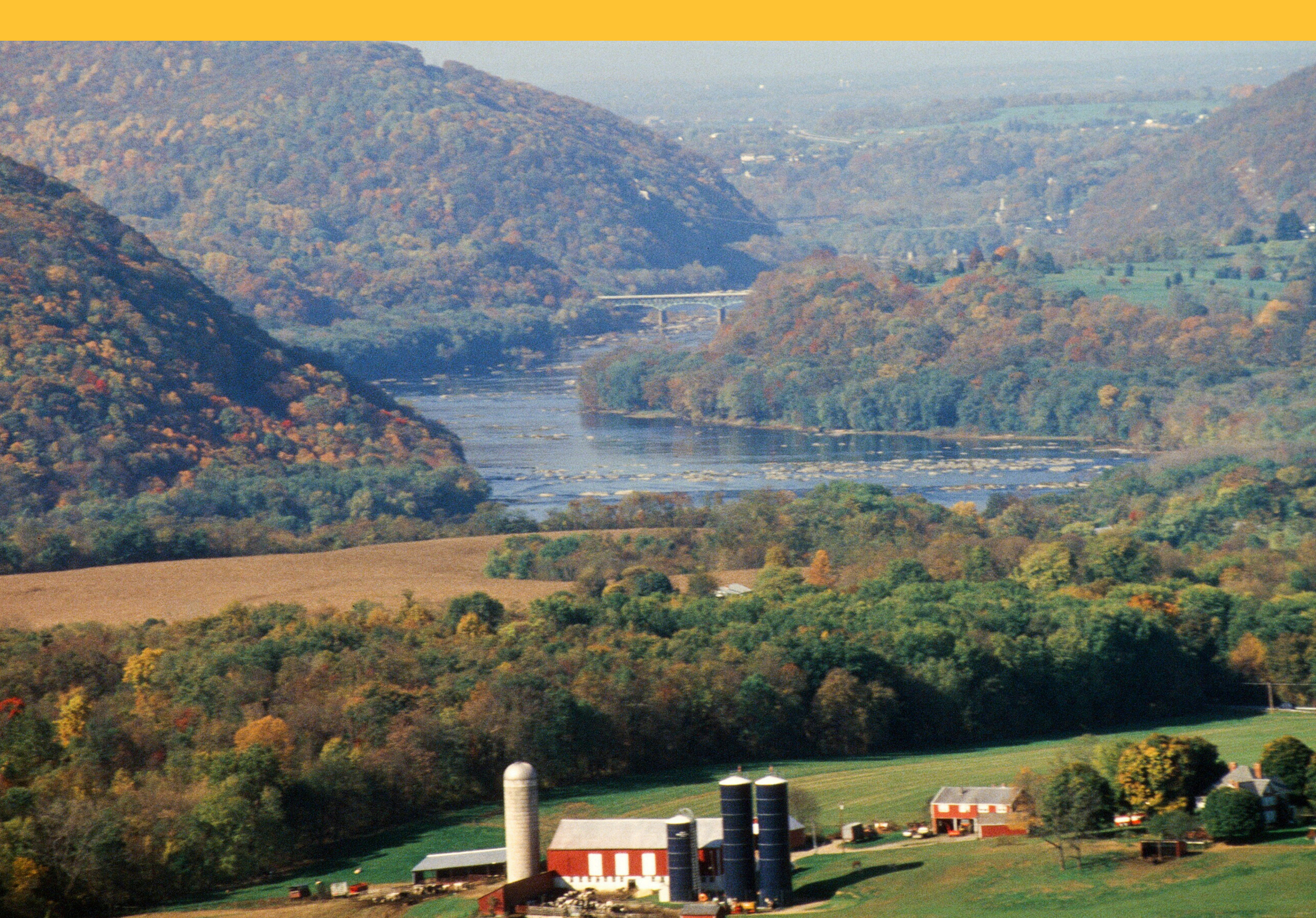




2025-2030

MARYLAND RURAL HEALTH STRATEGIC PLAN

ACKNOWLEDGEMENTS

The Maryland Department of Health would like to extend its sincerest appreciation to the many partners, stakeholders, and community members who contributed their time, expertise, and insights to support the development of the 2025-2030 Maryland Rural Health Strategic Plan.

This project would not have been possible without support and feedback from the following groups in particular:

- Maryland Rural Health Association;
- Rural Maryland Council;
- Maryland's Local Health Departments and Health Officers; and
- Individuals and organizations that serve rural Maryland and continue to engage with the Maryland State Office of Rural Health.

The Maryland Department of Health would also like to acknowledge the efforts of the team at the Office of Population Health Improvement (OPHI) and the State Office of Rural Health (SORH). This document was prepared by Sara Seitz (Director, SORH), Kimberly Hiner (Director, OPHI), Jamie Cardillo (Workforce Development Coordinator, SORH), and SORH interns, Ayushka Tiwary, Shayna Davis, and Makayla Lee.

All images credited to Edwin Remsberg.

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TABLE OF CONTENTS

1. Letter of Intent and Executive Summary	3
2. Rural Maryland: Background	5
A. “Rural Maryland” Defined	5
B. Health Status	9
C. Health System Infrastructure	12
3. Strategic Plan Framework	14
A. Strategic Plan Development	14
B. Key Priorities, Objectives, & Outcomes	20
4. Conclusion	25
5. Appendices	26
A. Appendix A: Glossary	27
B. Appendix B: Select Demographic and Population Health Data, by Maryland County	28
C. Appendix C: Strategic Health Plan Development: Methods	30
D. Appendix D: Resource Guide	34
E. Appendix E: Maryland State Office of Rural Health	36
F. Appendix F: Rural Maryland: Regional and County Profiles	37





Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Dear Marylanders,

The Maryland Department of Health is pleased to present the Maryland Rural Health Strategic Plan, 2025-2030, a resource for rural Maryland-serving entities in creating their respective frameworks to continue tackling health challenges and enhancing health outcomes across the state.

The Maryland State Office of Rural Health (MD SORH) has collaborated with partners across the state to develop this document in accordance with identified state priorities, representing its dedication to strengthening the health and wellness of Maryland's rural communities through collaboration, innovation, and community-driven solutions.

This Strategic Plan is the result of community engagement, data analysis, and close collaboration with key partners. In alignment with the Department's mission and vision, it will lay a path for all of us to continue to address state, regional, and local issues to best meet the needs of the stakeholders and Maryland's rural residents.

Sincerely,

A handwritten signature in blue ink, appearing to read "Meena Seshamani".

Secretary
Maryland Department of Health

EXECUTIVE SUMMARY

In 2023, the Maryland State Office of Rural Health (MD SORH) and partners set out to update the Maryland Rural Health Plan (2018), undertaking a review of available rural health data, state and national strategic plans and community needs assessments (including local stakeholder feedback) to identify the key strengths and obstacles to reaching ideal levels of health across not only Maryland, but also the United States.¹

Throughout the information-gathering stage of plan development, the Maryland Department of Health focused heavily on identifying the goals and purpose of the past Rural Health Plan and the current Rural Health Strategic Plan. Ultimately, the Department aims to provide Maryland’s Rural Health Strategic Plan (“Strategic Plan”) to equip state and local entities with a tailorable path toward a future in which Maryland communities have access to high-quality healthcare, strong supportive resources, and sustainable systems that meet the needs of residents to reach their full health potential, across their lifespan and regardless of their rural status.

As a result, the Strategic Plan puts forth three key priorities for organizations and programs to take into account as they work to provide health services across rural Maryland:



Meaningfully Engage With Partners and Communities to Measurably Address Rural Public Health Challenges

By building and strengthening new and existing partnerships, expanding outreach and engagement with rural communities and organizations, and developing and disseminating information on rural health care issues.



Leverage a Health in All Policies Approach to Illuminate Health as a Component of Every Aspect of Rural Life

By addressing social determinants of health, establishing multi-sectoral partnerships beyond the bounds of public health, collaborating with state and local policymakers, and providing a rural perspective to entities serving rural Maryland.



Build a Strong, Well-Coordinated Health System that Encompasses Public Health, Clinical, and Social Service Delivery to Best Serve Rural MD

By supporting patient-centric healthcare, expanding primary care access to rural communities through innovative delivery, integrating preventive public health programs, and building a sustainable health workforce.

This Strategic Plan discusses the definition of “rural Maryland,” the current status of rural Marylanders’ health, and provides an overview of the public health and healthcare delivery system in rural Maryland. The Strategic Plan also outlines the three key priorities noted above, detailing associated objectives and intended outcomes. The appendices further provide a roadmap for the development of the Plan, including the results of stakeholder engagement and the resources utilized (and available to Strategic Plan users).

¹Maryland Department of Health. State Office of Rural Health. 2018 Maryland Rural Health Plan. <https://health.maryland.gov/pophealth/Documents/Rural%20Health/Maryland-Rural-Health-Plan-2018-PRESS-compressed%20%282%29.pdf>

RURAL MARYLAND

“Rural Maryland” Defined

The State of Maryland boasts a diverse and scenic geography, with a demonstrated history of strength and resiliency among its population. Rural Maryland is notably unique among rural areas in other states. As the Maryland Department of Commerce describes, “One great thing about Maryland is there’s so much so close together and so connected, choosing a small town doesn’t mean giving up big-time opportunities.... Enjoy walkable streets, friendly neighborhoods, and all the joys of small-town living just a stone’s throw from beaches, mountains, big cities, and more.”² Rural Maryland Council’s We are Rural Maryland video captures the breadth of rural Maryland’s role within the state and nation.

A variety of definitions of “rural” exist throughout government entities, which necessitates this Plan taking some time to describe the areas of Maryland that are considered as such. When addressing “federally-designated rural” areas, this Strategic Plan is referring to the Federal Office of Rural Health Policy (FORHP, U.S. Health Resources and Services Administration) definition (“federally-designated”) as it uses more specific criteria to identify rural areas than other federal definitions. The FORHP definition is based on data from the United States Census Bureau (Census), the United States Office of Management and Budget (OMB), and the United States Department of Agriculture Economic Research Service (ERS); however, it notably adds key components. The following are federally-designated as “rural” by FORHP:

- Non-metropolitan counties (as defined by the Census).
- Outlying metropolitan counties with no population from an urban area of 50,000 or more people
- Census tracts with RUCA codes 4-10 in metropolitan counties.
- Census tracts of at least 400 square miles in area with a population density of 35 or fewer people per square mile, with RUCA codes 2-3 in metropolitan counties.
- Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties.³

For Maryland, this translates to the inclusion of nine Maryland counties in their entirety (Allegany, Caroline, Dorchester, Garrett, Kent, Queen Anne’s, Somerset, Talbot, Worcester) and Census tracts in an additional eight counties (Anne Arundel, Calvert, Carroll, Charles, Frederick, Howard, St. Mary’s, and Washington) as federally-designated rural areas (Table 1).

²Explore Maryland: Rural Neighborhoods. <https://liveworkmaryland.com/explore/rural-communities/>

³U.S. Health Resources and Services Administration. How We Define Rural. <https://www.hrsa.gov/rural-health/about-us/what-is-rural>

Table 1. Federal Designations of Rural Areas in Maryland, by County

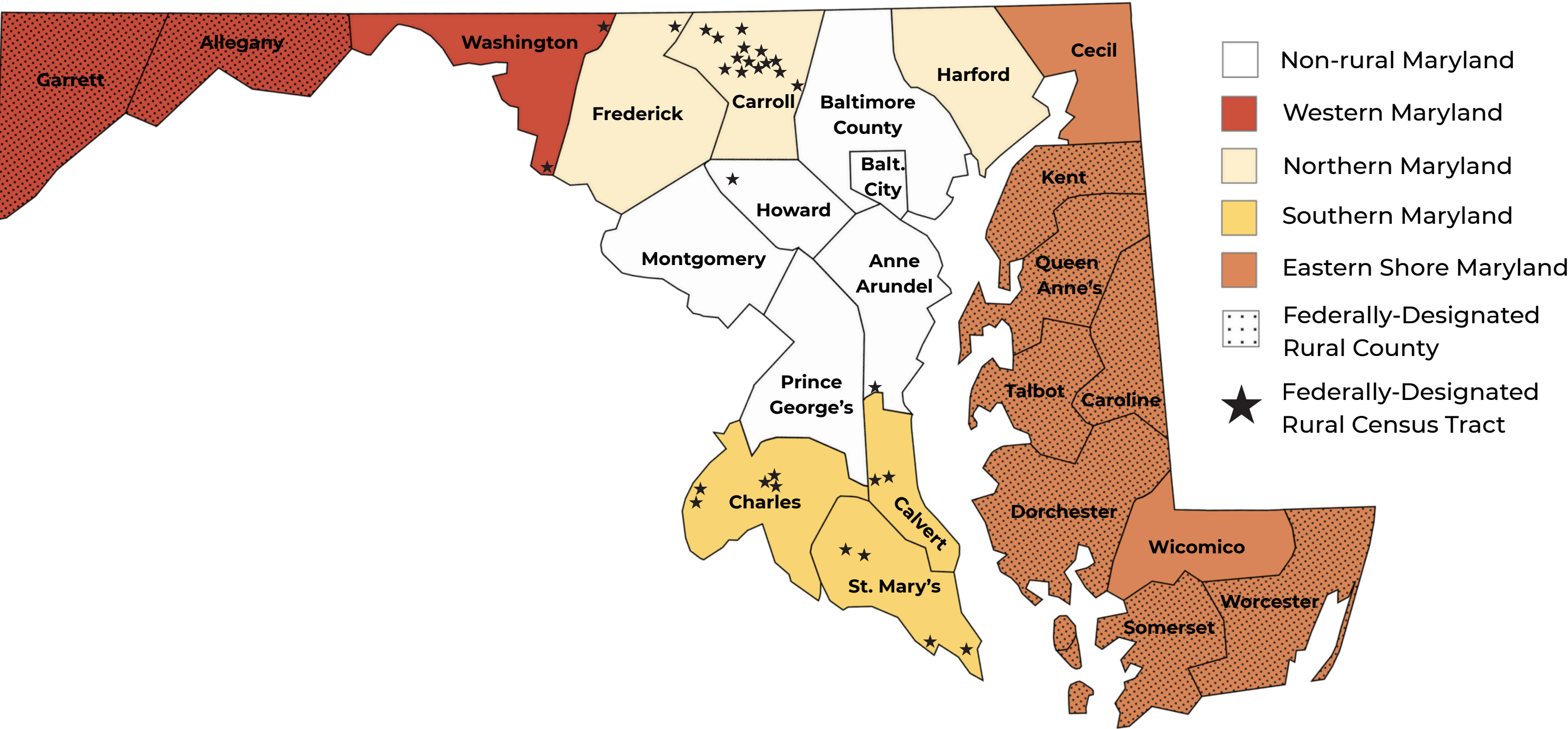
Full County Designations				
Allegany Caroline Dorchester Garrett Kent Queen Anne’s Somerset Talbot Worcester				
Census Tract Designations				
County	Census Tract			
Anne Arundel	24003708004			
Calvert	24009860701	24009860702		
Carroll	24013504201	24013507500	24013507601	24013507602
	24013507702	24013507703	24013507704	24013507801
	24013507802	24013503000	24013502000	24013501001
	24013501002	24013511000		
Charles	24017851001	24017851003	24017851004	24017850201
	24017850202			
Frederick	24021766800			
Howard	24027604001			
St. Mary's	24037875502	24037875201	24037876102	24037876200
Washington	24043010100	24043011502		

According to U.S. Census data, this includes approximately 483,953 Marylanders or 7.8% of the Maryland population, as compared to the national percentage of 19.3% of the U.S. population residing in a federally-designated rural tract.⁴

The state definition of “rural” expands upon the federal designation. Maryland State law recognizes 18 Maryland counties in their entirety as “rural” as they share common characteristics that set them apart from their suburban and urban counterparts, such as local economies heavily linked to agricultural and resource-based industries and notable challenges related to “persistent unemployment and poverty, changing technological and economic conditions, an aging population and an out-migration of youth, inadequate access to quality housing, healthcare and other services, and deteriorating or inadequate transportation, communications, sanitation, and economic development infrastructure.”⁵ As noted, the designation includes 18 out of Maryland’s 24 jurisdictions (23 Maryland counties and Baltimore City), as seen in Map 1. When this document refers to “rural Maryland,” this is the area of the state to be discussed.

⁴U.S. Census Bureau. Maryland Quick Facts. <https://www.census.gov/quickfacts/fact/table/MD/PST045224>
⁵Maryland General Assembly. 2014 Regular Session Senate Bill 137, Chapter 469.
https://mgaleg.maryland.gov/2014RS/Chapters_noln/CH_469_sb0137t.pdf

Map 1: Geographic Distribution of Rural Regions in Maryland: A Regional Classification Map



As one would expect, rural Maryland is characterized by lower population densities than its suburban and urban counterparts, with 80.0% of Maryland’s land area serving as home to 1,787,141 Maryland residents, or 28.9% of Marylanders, as of the 2020 Census.⁶ Updated Census estimates (2024) show potential growth in Maryland's rural population to 1,851,604.⁷ The percentage of rural Marylanders in the total state population notes a small increase from 28.9% to 30.0% between the actual 2020 Census counts and 2024 estimates.

For the purpose of this Strategic Plan, Maryland’s state-designated rural areas have been divided into four regions:

- Western Maryland**
The Western region of Maryland has three counties, which are state-defined as rural. Rural counties include Allegany, Garrett, and Washington.
- Northern Maryland**
The Northern region of Maryland has three state-defined rural counties. Rural counties and areas include Harford, Carroll, and Frederick.

⁶Refer to Footnote 4.
⁷Refer to Footnote 4.

Southern Maryland

The southern region of Maryland has three state-defined rural counties. The rural counties include Charles, Calvert, and St. Mary’s.

Eastern Shore Maryland

The Eastern region of Maryland has nine counties, which are all state-defined as rural. Counties include: Cecil, Caroline, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, and Worcester.

The remaining jurisdictions are referred to as non-rural: Baltimore City and Baltimore, Anne Arundel, Montgomery, Prince George’s, and Howard counties.

Driving beyond population, Maryland’s state-level demographic data is relatively similar to the rest of the nation in some respects (percent of older population, those in poverty, households with internet access) and faring better than the national average in others (median household income and attainment of higher education). Maryland residents tend to be more ethnically diverse than the nation, but the state is home to a smaller percentage of individuals of Hispanic ethnicity. When comparing state-designated rural Maryland to the state as a whole, there are significant differences, as demonstrated by Table 2.

Table 2. Demographics of Maryland’s Rural Population, by Region and Rural Designation⁸⁻¹⁰

FEATURES	POPULATION	% 65+ YEARS AND OLDER	% NON-WHITE RACIAL MINORITY	% HISPANIC ETHNICITY	% <150% POVERTY	MEDIAN HOUSEHOLD INCOME	% BACHELORS DEGREE OR HIGHER	% MEDICAID ELIGIBLE	% MEDICAID COVERAGE
DATA OBTAINED	2023	2023	2023	2023	2019-2023	2019-2023	2019-2023	2023	2023
United States of America	333,287,557	16.8%	24.2%	18.9%	11.6%	\$78,538	33.7%	N/A	18.9%
State of Maryland	6,180,253	17.3%	52.7%	12.6%	14.7%	\$101,652	42.8%	30.5%	19.4%
State-Designated Rural	1,833,824	18.1%	30.4%	6.0%	13.6%	\$89,577	34.2%	28.3%	18.3%
Western Maryland	251,509	20.0%	20.9%	6.0%	21.0%	\$66,860	23.0%	39.2%	20.5%
Northern Maryland	734,674	17.1%	27.3%	8.7%	9.7%	\$115,884	41.7%	21.2%	15.8%
Southern Maryland	381,982	15.0%	45.8%	7.0%	9.9%	\$122,410	33.6%	24.9%	20.2%
Eastern Shore Maryland	465,659	21.3%	27.7%	6.4%	18.8%	\$77,435	29.1%	36.3%	19.5%

⁸Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf
⁹National Institutes of Health, National Institute on Minority Health and Health Disparities. HDPulse. <https://hdpulse.nimhd.nih.gov/data-portal/quick-profile/24/social>
¹⁰The Hilltop Institute at UMBC. Maryland Medicaid DataPort. <https://www.hilltopinstitute.org/public-dataport/>

These data begin to reveal notable disparities in social determinants of health between regions (see Appendix B for additional data points). For example, the state’s jurisdictions closest to the national capital (which makes up much of the non-rural designation region of Maryland) tends to increase the projection of Maryland as a younger, higher-income, and higher-education-level population. However, with respect to rural demographics, the rural Maryland population tends to be older, of lower education levels, and of lower income than the state population as a whole. In addition, the rural areas are generally less racially and ethnically diverse than at the state level.

Within each region, diversity prevails at the jurisdictional level and must be considered in program planning. For example, while both the federally and state-designated rural areas of Maryland have a higher percentage of the population 65 years and older (24.0% and 18.1%, respectively) as compared to the state average of 17.3%, the majority of the older population is clearly represented in Western Maryland and the Eastern Shore (see Appendix F). Generally, it is accurate to utilize the federal and state-designations as a proxy for rurality, meaning that the more “rural” a population is, the stronger the connection to negative social determinants of health or poorer health outcomes experienced.

Health Status

The United Health Foundation’s America’s Health Rankings Report places Maryland as the 11th highest state in the nation based on health outcomes data.¹¹ The state rates generally high in additional aspects of the report, including physical environment, clinical care, and health behaviors. Though laudable accomplishments, gaps exist within this diverse state, between social determinants of health, specific disease burdens, and geography, just as seen in demographic data.

Rural Impact

Health outcomes related to living in rural versus non-rural areas are mixed in Maryland. In a few areas, rurality appears to provide protective factors or at least promotes similar outcomes for federally and state-designated rural areas versus non-rural regions. Two examples are produced via Healthy Beginnings data. Early prenatal care is higher among Maryland’s rural population (state-designated, 72.9% of babies experience early prenatal care) than the state as a whole (65.7%).¹² Also, the percentage of babies with low birthweight is consistent throughout the state’s geography, with rural areas (state-designated, 7.7%) slightly lower than the state statistic (8.6%).¹³

¹¹United Health Foundation. America’s Health Rankings, 2024 Annual Report.
<https://www.americashealthrankings.org/explore/measures/Outcomes>

¹²Refer to Footnote 8.

¹³Refer to Footnote 8.

Where disparities exist, they can be stark. For example, health behaviors such as adult smoking rates tend to be significantly higher in the rural parts of Maryland, with as high as 25.6% of adults currently smoking in one rural jurisdiction (Caroline County) versus the non-rural designated jurisdiction average of 8.6%.¹⁴ The impact of living in a rural area of Maryland is most evident in data related to preventive services and preventable diseases. Specifically, Emergency Department (ED) visits related to potentially avoidable causes demonstrate significant differences between rural data and state averages. Table 3 provides a snapshot of ED visit data concerning acute needs related to asthma, hypertension, diabetes, dental, and behavioral health; conditions generally controllable with regular primary care visits and associated treatment regimens.

Table 3. Maryland Emergency Department Visit Rates Due to Generally Preventable Acute Needs (per 100,000 population)^{15,16}

ACUTE NEED	ASTHMA	HYPERTENSION	DIABETES	DENTAL	MENTAL HEALTH	ADDICTION
DATA OBTAINED	2023*	2017	2017	2017	2023	2023
State of Maryland	6.9	351.2	243.7	362.7	4,277.0	1,008.0
No Rural Designation	8.2	352.4	245.6	325.1	4,093.0	1,072.9
State-Designated Rural	4.9	413.5	300.2	670.3	6,240.7	1,201.1
Western Maryland	3.2	358.4	321.5	538.3	9,366.2	1,623.9
North Central Maryland	4.7	272.3	177.6	234.9	3,350.5	792.8
Southern Maryland	5.1	449.4	272.7	391.6	5,166.6	1,053.7
Eastern Shore	5.5	466.9	343.1	952.3	9,509.7	1,745.7

*The Maryland emergency department visit rate due to acute asthma is displayed per 10,000 persons

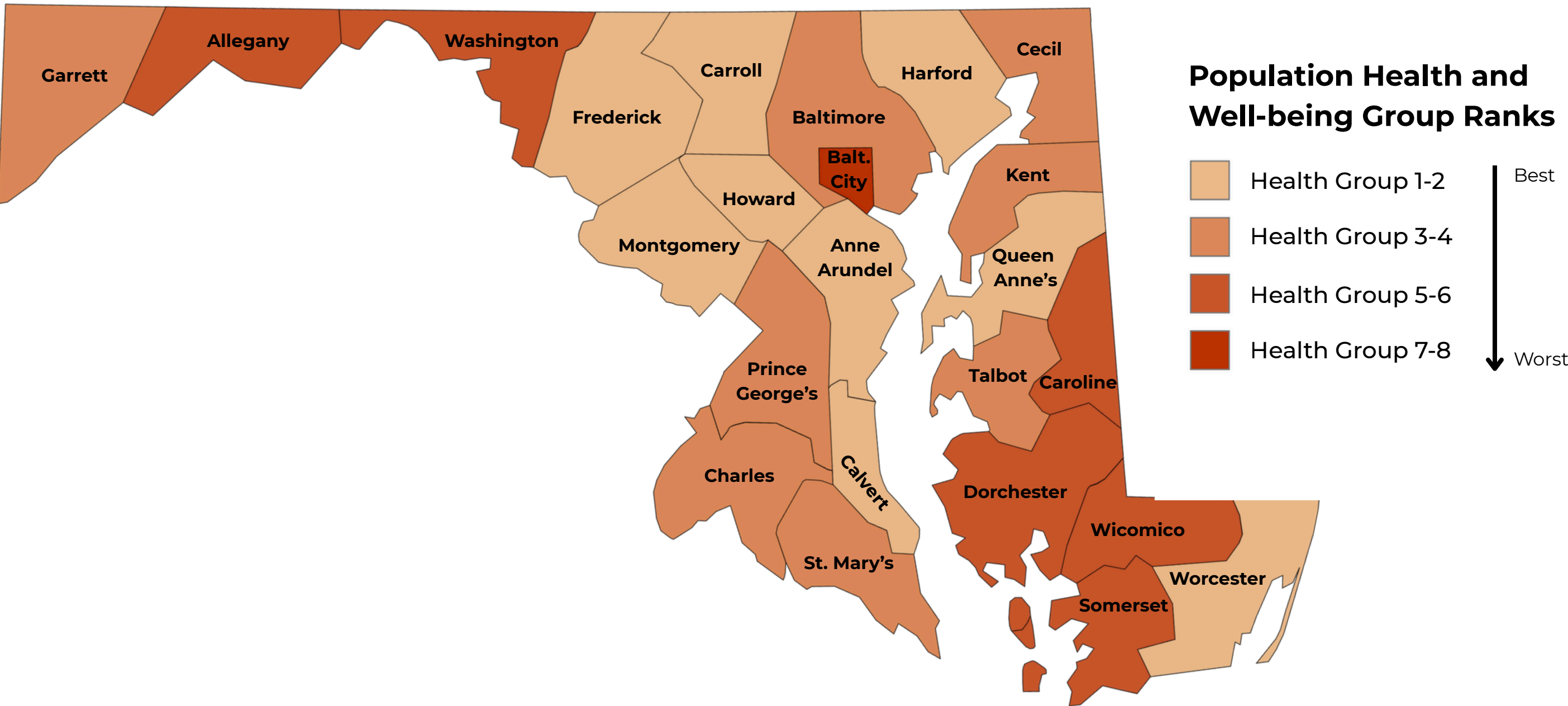
Rates for many potentially avoidable ED visit reasons are significantly higher for rural areas versus the state average and non-rural designated areas.

As with rural demographics, it is also necessary to review data at a regional level to uncover pockets of differences in health outcomes. For example, Maryland’s Eastern Shore displays the highest rates of ED visits due to chronic disease in Table 3. A full listing of these measures by jurisdiction in Appendix C further represents the significant differences that can be experienced even within regions.

¹⁴Maryland Department of Health. State Health Improvement Process Open Data Portal. <https://opendata.maryland.gov/d/ut4s-cvgy>.
¹⁵Maryland Department of Health. 2025 State Health Improvement Plans, County-Level.
¹⁶Refer to Footnote 14.

Further, Map 2 displays generally darker shading in Maryland’s rural areas, denoting poorer health outcomes. The map, developed using the Robert Wood Johnson Foundation’s County Health Rankings, alongside Figure 1, demonstrates the need to look at health outcomes data on the county level, as there are disparities within regions.¹⁷ Federally designated rural areas are not uniformly poorly ranked relative to their state peers, despite the challenges faced due to their rural geography.

Map 2. County Health Outcome Ranking: Maryland, 2025¹⁸



For example, Calvert County’s health outcomes rank 5th out of 24 jurisdictions, pointing to jurisdiction-level strengths and assets being utilized effectively within the area (Figure 1).

Figure 1. County Health Rankings: Maryland, 2025¹⁹

County	Population Health & Well-being		County	Population Health & Well-being		County	Population Health & Well-being	
	Community Conditions			Community Conditions			Community Conditions	
Allegany	22	22	Charles	15	9	Prince George's	14	15
Anne Arundel	7	4	Dorchester	23	20	Queen Anne's	6	8
Baltimore	16	11	Frederick	3	5	St. Mary's	10	12
Baltimore City	24	23	Garrett	13	16	Somerset	21	24
Calvert	5	3	Harford	9	7	Talbot	11	10
Caroline	20	21	Howard	2	1	Washington	19	19
Carroll	4	6	Kent	12	14	Wicomico	18	18
Cecil	17	17	Montgomery	1	2	Worcester	8	13

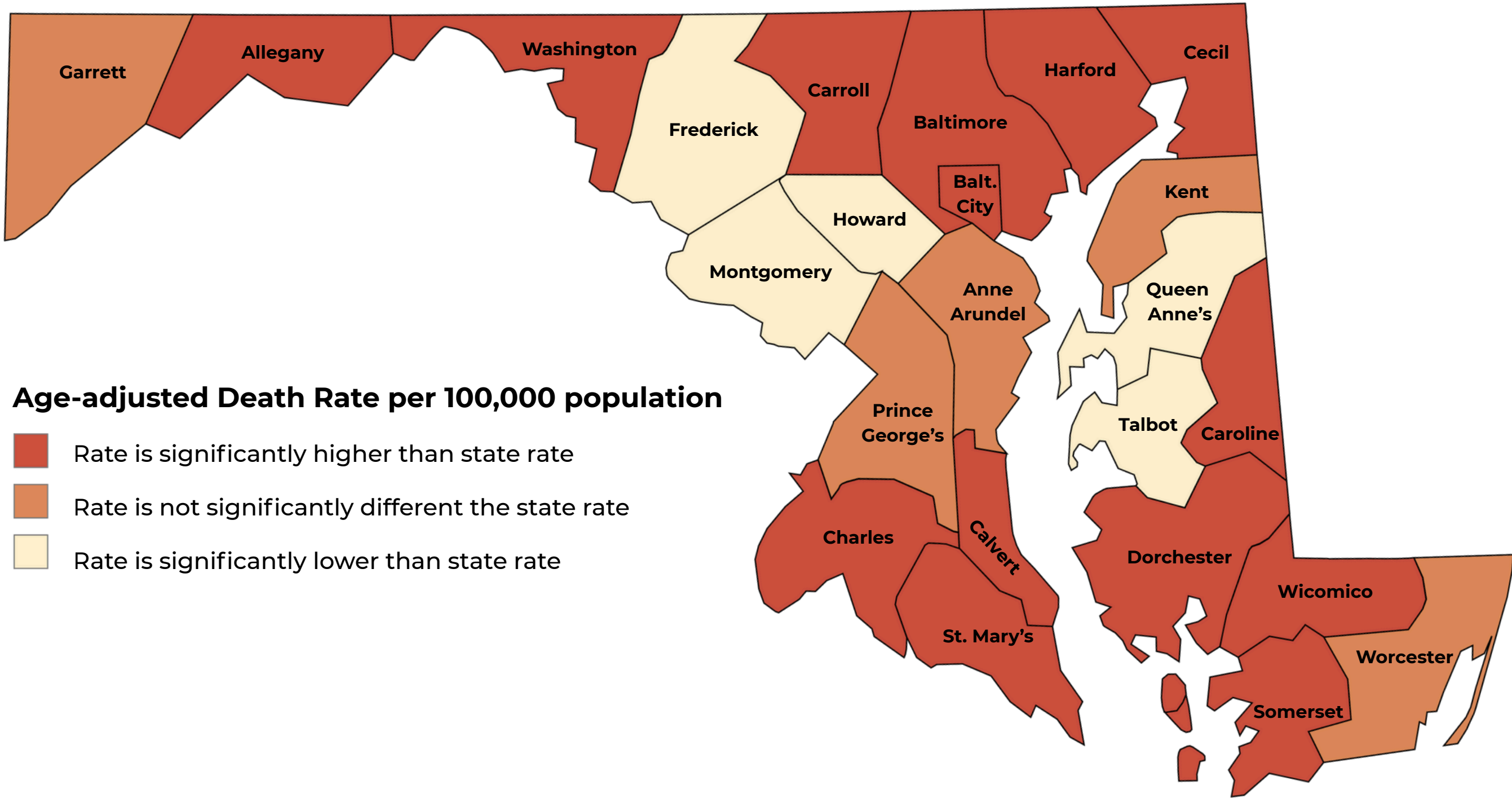
¹⁷Robert Wood Johnson Foundation. 2025 Maryland Data <https://www.countyhealthrankings.org/health-data/maryland/data-and-resources>

¹⁸Refer to Footnote 17.

¹⁹Refer to Footnote 17.

Health behaviors and outcomes often lead to differences in morbidity and mortality rates across the state, as represented in Map 3.

Map 3. Age-Adjusted Death Rates for All Causes, Compared to Maryland State Rate, 2023²⁰



The individuality of Maryland’s regions and jurisdictions is evident in data related to social determinants of health, health behaviors, and health outcomes. Further, health disparities within county populations are present by race, ethnicity, and income, making the decentralized yet orchestrated model of Maryland’s rural health delivery system necessary.

Health System Infrastructure

The Maryland healthcare system, inclusive of public health, clinical care (healthcare), and social services is an intricate infrastructure, inclusive of, for example, the Maryland Department of Health, local health departments (LHDs), federally qualified health centers (FQHCs), emergency medical services (EMS), School-Based Health Centers (SBHCs), community-based organizations (CBOs), and healthcare systems and hospitals working together to provide essential preventive, acute, and chronic care health services.

²⁰Refer to Footnote 8.

This network interacts as needed to handle the diverse needs of the state’s population, guiding residents through primary, behavioral, dental, specialty, and acute care continuums while simultaneously helping Marylanders tackle their health-related social needs (e.g., transportation, food, and housing). Additional overarching entities focus on population health, healthcare quality, and funding infrastructures.

Important in any discussion about Maryland’s care infrastructure is the state’s commitment to value-based care as demonstrated through its unique healthcare payment models. Since the 1970s, the state has featured a unique all-payer global budgeting system for its hospitals. That Model has evolved over the years to include the Total Cost of Care (TCOC) Model utilized by the state to promote patient-centered care and care coordination across hospital and non-hospital settings. The Total Cost of Care Model structure aimed to transition the Medicare payment system from volume to value-based.²¹ In 2026, the Maryland Department of Health (MDH) plans to transition from the TCOC Model to the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model.²² The AHEAD model is built upon the TCOC model, expanding accountability to encompass all healthcare expenditures across Medicare, Medicaid, and private insurers.²³ The shift aims to continue enhancement of healthcare quality, manage costs, and promote health equity by focusing on comprehensive care coordination, strengthening primary and preventive care, and addressing social determinants of health.²⁴

²¹Maryland Health Services Cost Review Commission. Maryland’s Total Cost of Care Model. <https://hscrc.maryland.gov/Pages/tcocmodel.aspx>

²²The Maryland Total Cost of Care Model: Initial and Potentially Replicable Impacts on Rural Maryland. Submitted to: Maryland State Office of Rural Health, Maryland Department of Health.

²³Centers for Medicare & Medicaid Services. States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. <https://www.cms.gov/priorities/innovation/innovation-models/ahead>

²⁴Maryland Health Services Cost Review Commission. AHEAD Model. <https://hscrc.maryland.gov/Pages/ahead-model.aspx>

STRATEGIC PLAN FRAMEWORK

Plan Development

Types of Data and Analysis: Qualitative and quantitative data have been compiled to develop this Rural Health Strategic Plan. The data includes the culmination of regional focus groups, the MDH 2024 State Health Improvement Plan, an inventory of national state strategic plans, the Centers for Disease Control and Prevention (CDC) Rural Health Plan, Community Health Needs Assessments from across the state, as well as state-level plans concerning cancer, women’s health, diabetes, and other public health issues. The goal of using multiple data sources was to obtain specific data on the healthcare infrastructure, provide shared data findings from multiple stakeholders, and evaluate the desired key goals and outcomes to create a full assessment of the needs of rural health in Maryland. A compilation of key findings from the data is provided below, with the full resource guide available in Appendix D.

1. Community Health Needs Assessments

CHNAs were used to compile the Maryland Rural Health Strategic Plan. A Community Health Needs Assessment (CHNA) is a systematic process involving the community to identify and analyze community health needs. Maryland's CHNAs are convened by hospitals and local health improvement coalitions (LHICs), among other stakeholder groups, to evaluate and assess healthcare successes and challenges. Data incorporated into the Plan includes thirteen Community Health Needs Assessments (CHNAs) obtained throughout the 2023 fiscal year. The thirteen reviewed CHNAs represent all 18 rural Maryland counties. Some rural counties have consolidated plans.

Key themes found in the CHNA analysis include:

1. Social Determinants of Health (SDOH)

- Major concerns include affordable housing, food insecurity, transportation, education, and employment.

2. Chronic Conditions

- Diabetes, obesity, cancer, and heart disease were identified as top health concerns, with a need for prevention and management programs.

3. Health Challenges

- Rural communities face unique barriers due to geographic isolation, socioeconomic factors, and limited health literacy.

2. Stakeholders

MD SORH partnered with the Maryland Rural Health Association and LUMA Health Consulting to conduct a series of stakeholder meetings aimed at assessing the needs and status of the state's four rural regions. These meetings were held in Spring 2023 at various locations. A total of 91 stakeholders participated, representing diverse sectors such as local health departments, hospitals, universities, community-based organizations, and government agencies. Participants provided feedback in verbal, written, and digital formats, which was analyzed and organized into key themes.

Key themes in stakeholder feedback include:

1. Access to Care

- Major concerns include access to general practitioners, specialists, behavioral health and oral health providers, as well as urgent care and emergency facilities.

2. Workforce Shortages

- Healthcare organizations and agencies are experiencing significant staffing challenges.

3. Health Literacy

- Poor health outcomes are associated mainly with a lack of understanding of health information.

In addition, in late 2025, local health departments hosted 17 listening sessions in rural Maryland to aid in the development of Maryland’s proposal to the Centers for Medicare and Medicaid Services for the Rural Health Transformation Program (RHT Program).²⁵ The listening sessions and MDH’s request for information (RFI) process resulted in feedback from approximately 250 listening session participants and 265 RFI responses. Collected data demonstrated a continuation of 2023 focus group themes and validated the priorities noted in this Strategic Plan.

3. State Health Improvement Process/ Plans

The State Health Improvement Process (SHIP) provides a framework for accountability, local action, and public engagement aimed at improving the health of Maryland residents.²⁶ SHIP tracks data across health-related measures, focusing on five key areas: (1) Chronic Disease, (2) Access to Care, (3) Women’s Health, (4) Violence, and (5) Behavioral Health.²⁷ This Strategic Plan has incorporated and analyzed data from the 2024 MD SHIP within the domains of access to healthcare and quality of preventive care.

²⁵Centers for Medicare and Medicaid Services. Rural Health Transformation Program.
<https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

²⁶Maryland Department of Health. Maryland 2024 State Health Improvement Plan.
<https://health.maryland.gov/pha/Documents/PHAB%20documents/MD%202024%20State%20Health%20Improvement%20Plan%20%28SHIP%29%2010Sep2024.pdf>

²⁷Maryland Department of Health. Maryland State Health Improvement Process. Retrieved October 14, 2025.
<https://health.maryland.gov/pha/Pages/Building-a-Healthier-Maryland.aspx>

Maryland’s 24 local jurisdictions, including rural communities, develop County Health Improvement Plans (CHIPs) and County Strategic Health Plans to address local health challenges. The SHIP framework fosters a bi-directional relationship between state agencies, Local Health Departments (LHDs), and healthcare systems, ensuring continuous data exchange and collaborative program development.

State-level agencies analyze local data from CHIPs to identify common trends, inform policy decisions, and allocate resources, while LHDs and healthcare systems provide frontline insights that guide program implementation and refine statewide strategies. Through the most recent 2024 Maryland SHIP, key priorities were identified, including:

1. Chronic Disease

- There is a need for improved primary prevention and care through screening and treatment of chronic diseases, as chronic disease remains a leading cause of death within the state.

2. Access to Care

- Access to quality, appropriate, and affordable healthcare remains an issue in Maryland, urging action to address barriers, employ diverse care models to meet population needs, and strengthen the healthcare workforce through improved recruitment and retention.

3. Women’s Health

- The state is prioritizing improving maternal health outcomes and women’s health through breast and cervical cancer prevention and treatment to reduce existing disparities between Black and White women.

4. Violence

- Rates of firearm-related violence and intimate partner and sexual violence (IPV/SV) remain high in Maryland and need to be addressed to ensure improved safety and well-being of residents.

5. Behavioral Health

- High demand exists for mental health and substance abuse services, with wide disparities in mental health outcomes, urging the expansion of access to, and utilization of, behavioral health services.

4. National and State Public and Rural Health Strategic Plans Inventory

MD SORH compiled and consulted an inventory of the most up-to-date state and national rural health strategic plans, including all 50 states and the CDC. The consultation involved an initial exploration phase of identifying and evaluating key components of each plan, including the purpose and objectives, SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, and strategies to move forward with rural health. Compilation of this information and observations was followed by an assessment of the key components to understand successful strategies that could be adapted for this Strategic Plan.

Key findings from the assessment of the rural health plans inventory included:

1. The 2024 – 2029 CDC Rural Public Health Strategic Plan²⁸

- Guided by collaboration, innovation, leadership, scientific curiosity, and empowered decision-making
- Four priority areas outlined, including partner and community engagement, workforce and infrastructure, public health science, and emergency preparedness
- Positive outcomes focused on meeting community needs and building trust, stronger workforce capacity and infrastructure, more rural health data and evidence generated and disseminated, and better emergency response systems in rural settings

2. State Rural Health Plans²⁹

- Varied and inconsistent strategic planning across states, with many states relying on broader state health improvement plans that lack rural specificity or outdated rural strategic plans
- Common focus areas outlined among states, including healthcare access and workforce development, addressing SDOH and health disparities, and community engagement
- Plan priorities primarily developed using a combination of needs assessments, environmental scans, and SWOT analyses
- Broader strategic frameworks emphasized in plans over measurable goals (i.e., guided by priorities, visions vs benchmarks or targets)

3. Maryland Public Health Services Strategic Plan 2025-26³⁰

- Updated vision for “A high-quality health care system that produces the best possible health for all Marylanders.”
- Updated mission to “Protect and advance the health and well-being of all Marylanders through systems that work for people.”
- A commitment to reducing health disparities

Maryland strives to close health gaps across populations by ensuring that every resident has a fair and just opportunity to achieve optimal physical and mental health. Maryland’s health care delivery system consists of public and private hospitals, nursing homes, outpatient clinics, home health care services, hospices, providers, and health educators, among others. As a public health department, our goal is to improve the health status of every Maryland resident and to ensure access to quality health care. We are responsible for helping each person live a life free from the threat of communicable diseases, tainted foods, and dangerous products. To assist in our mission, we regulate health care providers, facilities, and organizations, and manage direct services to patients, where appropriate

By integrating CHNA findings, conducting stakeholder meetings, and utilizing State Health Improvement Plans, the Strategic Plan development process has successfully identified local challenges and collected valuable data to enhance the current Maryland Rural Health Strategic Plan.

²⁸Centers for Disease Control and Prevention. CDC Rural Public Health Strategic Plan.

<https://www.cdc.gov/rural-health/media/pdfs/2024/08/cdc-rural-public-health-strategic-plan-8-29-24-508-final.pdf>

²⁹State Inventory available by request.

³⁰Maryland Department of Health Public Health Services Administration. Maryland Public Health Services Strategic Plan 2025-26.

<https://health.maryland.gov/pha/Documents/PHAB%20documents/PHA%20Strategic%20Plan%202024-2025.pdf>

SWOT Analysis: Current Infrastructure and Healthcare Delivery

Maryland’s rural health infrastructure reflects both enduring strengths and evolving challenges that shape how care is accessed, delivered, and sustained across communities. A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was performed using compiled data to detail the state’s rural health landscape and inform the Strategic Plan. Overall, the analysis emphasizes the importance of collaborative and coordinated efforts, along with innovative policies and programs, to deliver timely access to quality and equitable care for rural Marylanders.

Strengths

Multi-sector collaboration between public health agencies, healthcare organizations, and community organizations working to gather comprehensive data and implement initiatives to address rural health challenges significantly benefits rural Maryland. Collaborative successes in the state’s rural health are reinforced by a commitment to health equity and meaningful community engagement to reflect local voices in programs and policies.

Weaknesses

Persistent health workforce shortages remain a critical deficiency in Maryland’s rural health system. The shortages are most pronounced in specialty care and behavioral health services, limiting access to and continuity of care. Population health outcomes in rural Maryland are also influenced by poorer social determinants of health, including inconsistent access to affordable, nutritious food, transportation, and safe housing.

Figure 2. Maryland Rural Health Infrastructure and Healthcare SWOT Summary



Opportunities

Several opportunities exist for the state to improve rural health outcomes. Leveraging the state’s successes in collaboration to strengthen partnerships with local and state agencies offers an opportunity to integrate programs and holistically address social determinants of health. Continuing to build out workforce incentive programs offers another promising avenue to retain and attract rural health providers. As well, expanding telehealth and mobile health programs is an important future direction for the state to limit geographic barriers to accessing care.

Threats

The geographic isolation of rural communities in Maryland continues to hinder timely access to urgent and specialty care. However, the largest threat to Maryland’s existing rural health system is the state’s economic constraints, including potential funding cuts to rural health programming, which could deter the reach and sustainability of initiatives.

Key Priorities, Objectives, and Outcomes

Utilizing all analyses described, the following key priorities, objectives, and intended outcomes have been developed to guide state and jurisdiction entities in their work to improve health in rural Maryland.

Priority 1: Meaningfully Engage With Partners and Communities to Measurably Address Rural Public Health Challenges

Objectives

1

Build and strengthen new and existing partnerships to improve the coordination and alignment of rural public health functions, services, and delivery across agencies, funding sources, and jurisdictions.

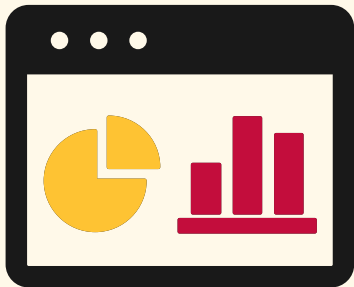


Expand outreach and engagement with rural populations and rural-facing community-based organizations to facilitate inclusive, community-informed public health efforts.

2

3

Develop and disseminate timely, clear, and consistent evidence-based information regarding rural health care issues, research findings, and innovative approaches to the delivery of health care in rural Maryland.



Health Outcomes

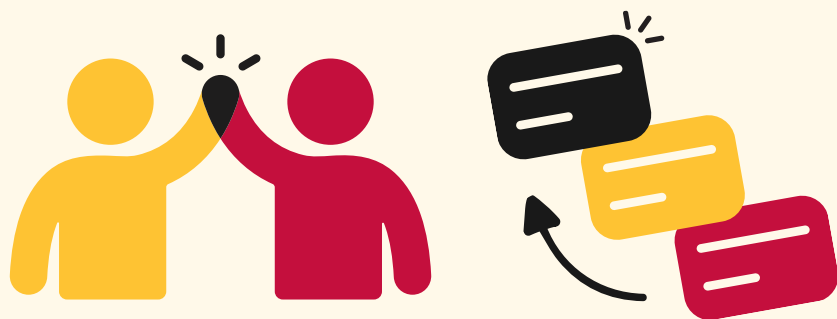
- Robust public health and health delivery activities that address rural community needs.
- Streamlined public health, healthcare, and resource delivery systems.
- Enhanced community empowerment and capacity.
- Enhanced trust in public health and health delivery systems in rural communities.
- Increased access and utilization of health services.
- Improved health and well-being of rural communities.
- More highly leveraged and equitable distribution of resources to support community health, such as transportation, housing, community services, and healthcare workforce support.

Priority 2: Leverage a Health in All Policies Approach to Illuminate Health as a Component of Every Aspect of Rural Life

Objectives

1

Address social determinants of health by supporting policies that improve identified challenges across sectors, such as nutritious food, safe housing, and reliable transportation.



Establish partnerships to align rural policy development with public health priorities.

2

3

Collaborate with state and local policymakers to ensure public health is a core factor in decision-making and resource allocation.



Provide a rural perspective to state and national entities that serve rural Maryland (e.g. public health, healthcare delivery systems, commerce, labor, etc.)

4

Health Outcomes

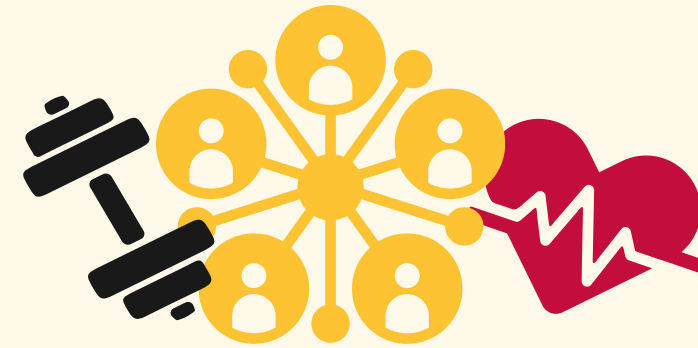
- Increased adoption of health-centered policies across rural planning and decision-making.
- Improved access and utilization of essential services that address social determinants of health.
- Long-term improvements in rural community health and well-being through integrated policy approaches.
- Increased access and utilization of successfully leveraged resources from non-traditional sources to improve health outcomes.

Priority 3: Build a Strong, Well-Coordinated Health System that Encompasses Public Health, Clinical, and Social Service Delivery to Best Serve Rural Maryland

Objectives

1

Support a patient-centric health care system that encourages rural Marylanders' participation in preventive and chronic care disease management.



Expand primary care services and improve access to healthcare through innovative delivery mechanisms, such as telehealth, mobile integrated health services, and reformed payment system.

2

3

Integrate public health programs, such as disease prevention, vaccination, and chronic disease management, into nontraditional healthcare settings (& vice versa) to offer a holistic care approach (e.g. integrated behavioral health, dental health hygienists, etc.)



Build a sustainable public and healthcare workforce through targeted education, recruitment, and retention programs that draw from local communities and reflect community needs and experiences.

4

Health Outcomes

- A more resilient and capable healthcare workforce in rural communities, better equipped to meet the healthcare needs of the population.
- Enhanced preventive care and improved management of chronic conditions for better health outcomes in rural communities.
- Increased availability of healthcare services in rural areas, improving access to essential care.
- Increased use of technology to improve population health.

These priorities aim to strengthen multi-sector collaboration, advance health equity, and foster a more resilient rural health system. By integrating various dimensions of health, the current Maryland Rural Health Strategic Plan encompasses objectives for improving access to care, resources, and opportunities for rural Marylanders to improve population health outcomes. More importantly, these priorities are grounded in a comprehensive, contextually relevant evidence base, including an expansive collection of the most up-to-date state rural health data, inventories of previous and current strategic plans, and input from stakeholders. Overall, this Strategic Plan seeks to support future implementation efforts, providing a strategic and adaptable framework for rural health initiatives to meet emerging population health needs.

Table 4. Summary of the Maryland Rural Health Strategic Plan

PRIORITY	OBJECTIVES	OUTCOMES
Meaningfully Engage With Partners and Communities to Measurably Address Rural Public Health Challenges	1. Build and strengthen new and existing partnerships to improve the coordination and alignment of rural public health functions, services, and delivery across agencies, funding sources, and jurisdictions. 2. Expand outreach and engagement with rural populations and rural-facing community-based organizations to facilitate inclusive, community-informed public health efforts. 3. Develop and disseminate timely, clear, and consistent evidence-based information regarding rural health care issues, research findings, and innovative approaches to the delivery of health care in rural Maryland.	• Build and strengthen new and existing partnerships to improve the coordination and alignment of rural public health functions, services, and delivery across agencies, funding sources, and jurisdictions. • Expand outreach and engagement with rural populations and rural-facing community-based organizations to facilitate inclusive, community-informed public health efforts. • Develop and disseminate timely, clear, and consistent evidence-based information regarding rural health care issues, research findings, and innovative approaches to the delivery of health care in rural Maryland.
Leverage a Health in All Policies Approach to Illuminate Health as a Component of Every Aspect of Rural Life	1. Address social determinants of health by supporting policies that improve identified challenges across sectors, such as nutritious food, safe housing, and reliable transportation. 2. Establish partnerships to align rural policy development with public health priorities. 3. Collaborate with state and local policymakers to ensure public health is a core factor in decision-making and resource allocation. 4. Provide a rural perspective to state and national entities that serve rural Maryland (e.g. public health, healthcare delivery systems, commerce, labor, etc.)	• Increased adoption of health-centered policies across rural planning and decision-making. • Improved access and utilization of essential services that address social determinants of health. • Long-term improvements in rural community health and well-being through integrated policy approaches. • Increased access and utilization of successfully leveraged resources from non-traditional sources to improve health outcomes.
Build a Strong, Well-Coordinated Health System that Encompasses Public Health, Clinical, and Social Service Delivery to Best Serve Rural Maryland	1. Support a patient-centric health care system that encourages rural Marylanders' participation in preventive and chronic care disease management. 2. Expand primary care services and improve access to healthcare through innovative delivery mechanisms, such as telehealth, mobile integrated health services, and reformed payment system. 3. Integrate public health programs, such as disease prevention, vaccination, and chronic disease management, into nontraditional healthcare settings (and vice versa) to offer a holistic care approach (e.g. integrated behavioral health, dental health hygienists, etc.) 4. Build a sustainable public and healthcare workforce through targeted education, recruitment, and retention programs that draw from local communities and reflect community needs and experiences.	• A more resilient and capable healthcare workforce in rural communities, better equipped to meet the healthcare needs of the population. • Enhanced preventive care and improved management of chronic conditions for better health outcomes in rural communities. • Increased availability of healthcare services in rural areas, improving access to essential care. • Increased use of technology to improve population health.

Conclusion

The Maryland Department of Health is committed to a high-quality health care system that produces the best possible health for all Marylanders. The Maryland Rural Health Strategic Plan serves as a guiding framework for addressing persistent health challenges in rural Maryland. As we move forward with the implementation of this Plan, MD SORH intends to utilize a comprehensive monitoring process to measure progress, ensure accountability, and refine strategies will be utilized as needed.

Key components of the monitoring plan include:

- **Performance Metrics & Data Monitoring:** Regularly assess health indicators, including healthcare availability, workforce capacity, and social determinants of health. Data from the Maryland Department of Health, local health departments, and community health needs assessments will be gathered.
- **Stakeholder Feedback & Engagement:** Continuous engagement with healthcare providers, policymakers, and community organizations to assess the impact of initiatives and identify areas for improvement.
- **Progress Reports:** Publication of regular updates outlining achievements, challenges, and modifications to strategic priorities based on emerging data and community needs.
- **Policy & Program Adjustments:** Ongoing refinement of policies and programs to align with state and federal health initiatives, ensuring rural communities receive sustainable healthcare services.

By implementing this monitoring plan, MD SORH aims to ensure that strategic initiatives remain dynamic and responsive to the evolving needs of rural Marylanders. Through collaboration, innovation, and targeted interventions, the Maryland Rural Health Strategic Plan intends to drive meaningful improvements in rural health outcomes across the state.

APPENDICES

Maryland Rural Health Strategic Plan 2025-2030



Appendix A

GLOSSARY

AHEC: Area Health Education Center

AHEAD: Achieving Health Care Efficiency through Accountable Design

CBO: Community-based Organization

CDC: Centers for Disease Control and Prevention

CHIP: County Health Improvement Plan

CHNA: Community Health Needs Assessment

ED: Emergency Department

EMS: Emergency Management Services

FORHP: Federal Office of Rural Health Policy

FQHC: Federally Qualified Health Center

HRSA: Health Resources and Services Administration

LBHA: Local Behavioral Health Authority

LHD: Local Health Department

LHIC: Local Health Improvement Coalition

MCO: Managed Care Organization (Medicaid)

MD: Maryland

MDH: Maryland Department of Health

MRHA: Maryland Rural Health Association

OMB: Office of Management and Budget

RMC: Rural Maryland Council

RUCA: Rural-Urban Commuting Area

SBHC: School-Based Health Centers

SDOH: Social Determinants of Health

SORH: State Office of Rural Health (OPHI/ MDH)

SWOT: Strengths, Weaknesses, Opportunities, and Threats

TCOC: Total Cost of Care Model

USDA: United States Department of Agriculture

SHIP: State Health Improvement Process/Plan

Appendix B

COUNTY STATISTICS

Table 1. Demographics of Maryland’s Rural Population by County and Rural Designation³¹⁻³³

FEATURES	POPULATION	% 65+ YEARS AND OLDER	% NON-WHITE RACIAL MINORITY	% HISPANIC ETHNICITY	% POVERTY	MEDIAN HOUSEHOLD INCOME	% BACHELORS DEGREE OR HIGHER	% MEDICAID ELIGIBLE	% MEDICAID COVERED
DATA OBTAINED	2023	2023	2023	2023	2019-2023	2019-2023	2019-2023	2023	2023
State-Designated Rural	1,833,824	18.1%	30.4%	7.4%	13.6%	\$89,577	34.2%	28.3%	18.3%
Western Maryland	251,509	20.0%	20.9%	5.9%	21.0%	\$66,860	23.0%	39.2%	20.5%
Allegany County	67,273	21.4%	13.7%	2.1%	28.3%	\$57,393	21.1%	41.3%	21.5%
Garrett County	28,423	25.2%	4.4%	1.5%	19.3%	\$69,031	24.6%	37.7%	17.9%
Washington County	155,813	18.4%	27.1%	8.4%	20.4%	\$74,157	23.5%	38.5%	20.6%
Northern Maryland	734,674	17.1%	27.3%	8.7%	9.7%	\$115,884	41.7%	21.2%	15.8%
Carroll County	176,639	18.3%	14.7%	5.3%	8.8%	\$115,876	39.7%	18.3%	14.5%
Frederick County	293,391	15.6%	27.8%	5.9%	9.5%	\$111,317	44.9%	20.6%	16.2%
Harford County	264,644	18.0%	34.6%	13.2%	11.5%	\$120,458	39.5%	23.8%	16.2%
Southern Maryland	381,982	15.0%	45.8%	7.0%	9.9%	\$122,410	33.6%	24.9%	20.2%
Calvert County	94,728	16.9%	25.4%	5.5%	7.5%	\$132,059	35.3%	20.5%	15.6%
Charles County	171,973	14.2%	68.5%	8.2%	10.5%	\$120,592	31.6%	27.0%	19.0%
St. Mary's County	115,281	14.7%	28.6%	6.3%	29.4%	\$114,580	35.1%	25.3%	25.7%
Eastern Shore Maryland	465,659	21.3%	27.7%	6.4%	18.8%	\$77,435	29.1%	36.3%	19.5%
Caroline County	33,593	17.8%	26.6%	9.4%	25.6%	\$66,368	17.6%	45.7%	22.7%
Cecil County	105,672	17.6%	18.3%	5.7%	17.8%	\$91,146	26.9%	32.6%	18.5%
Dorchester County	32,879	23.6%	38.7%	6.4%	26.1%	\$60,495	18.8%	49.3%	23.2%
Kent County	19,303	28.6%	23.0%	5.9%	19.3%	\$74,402	37.9%	31.7%	18.5%
Queen Anne's County	52,508	21.3%	15.3%	5.7%	11.7%	\$113,347	37.2%	20.8%	15.1%
Somerset County	24,910	18.3%	48.7%	4.7%	11.8%	\$52,462	17.1%	45.0%	17.4%
Talbot County	37,823	30.5%	25.5%	9.6%	16.8%	\$84,378	41.3%	28.4%	16.8%
Wicomico County	104,800	17.2%	40.8%	7.2%	23.0%	\$72,861	29.1%	44.7%	23.2%
Worcester County	54,171	29.3%	20.1%	4.0%	15.1%	\$81,455	32.7%	31.8%	17.3%

³¹Refer to Footnote 8.
³²Refer to Footnote 9.
³³Refer to Footnote 10.

Table 2. Population Health of Maryland’s Rural Population by County

FEATURES	LIFE EXPECTANCY (IN YEARS)	PREMATURE AGE- ADJUSTED MORTALITY (PER 100,000)	AGE-ADJUSTED CHILD MORTALITY 0-19 YEARS (PER 100,000)	% LOW BIRTH WEIGHT (<2500G)	% DIABETES	% ADULT SMOKING	% ADULT OBESITY
DATA OBTAINED	2021-2023	2020-2022	2019-2023	2023	2023	2023	2021
State Of Maryland	78.3	383	52.2	8.6%	11.4%	10.1%	34.1%
Allegany County	74.1	555	66.6	11.2%	11.5%	18.6%	37.2%
Garrett County	76.8	394	68.2	4.8%	11.0%	18.2%	36.3%
Washington County	75.2	504	62.9	9.8%	11.6%	15.6%	38.0%
Carroll County	78.7	334	32.8	6.0%	8.3%	10.9%	29.3%
Frederick County	80.6	288	36.9	6.6%	8.8%	8.2%	32.1%
Harford County	78.3	357	43.2	7.6%	10.4%	12.2%	31.9%
Calvert County	78.3	336	40.2	6.1%	10.0%	12.0%	32.7%
Charles County	77.3	410	60.7	9.2%	12.0%	12.6%	41.2%
St. Mary's County	77.3	409	50.3	5.7%	11.6%	13.0%	35.3%
Caroline County	74.7	488	48.0	11.1%	12.7%	16.9%	40.6%
Cecil County	74.5	532	61.6	6.8%	10.8%	19.6%	35.0%
Dorchester County	74.1	530	69.2	10.6%	13.9%	16.1%	38.0%
Kent County	78.1	436	--	4.6%	9.3%	13.1%	28.7%
Queen Anne's County	79.6	320	32.0	6.1%	7.9%	13.8%	30.7%
Somerset County	73.8	519	83.7	9.2%	12.3%	17.7%	38.8%
Talbot County	79.6	350	56.4	10.1%	7.5%	10.9%	30.0%
Wicomico County	75.2	486	57.0	9.7%	11.8%	15.2%	36.4%
Worcester County	78.3	376	35.5	7.2%	10.2%	14.5%	35.4%

³⁴Refer to Footnote 8.
³⁵Refer to Footnote 9.
³⁶CDC, Division of Diabetes Translation. US Diabetes Surveillance System. www.cdc.gov/diabetes/data
³⁷Maryland Behavioral Risk Factor Surveillance System. Chronic Disease Indicators: Rates by Year for Maryland.
<https://health.maryland.gov/phpa/ccdpc/Reports/Documents/2023%20Chronic%20Disease%20Burden%20Tables%20%281%29.pdf>

STRATEGIC PLAN DEVELOPMENT: METHODS

Quantitative and qualitative methods were used to collect data to better understand the rural population's needs. The methods of data collection are cataloged below.

Qualitative data

1. Stakeholder Meetings

The Maryland Rural Health Association, in partnership with LUMA Health Consulting, conducted four stakeholder meetings commensurate with the intent of reflecting Maryland's four rural regions :

Southern Maryland: A stakeholder meeting was held at the Calvert County Health Department. This stakeholder meeting was convened on April 28, 2023.

Northern Maryland: A stakeholder meeting was held at the West Cecil Health Center, a federally qualified health center (FQHC). This stakeholder meeting was convened on May 4, 2023.

Eastern Shore: A stakeholder meeting was held at the Eastern Shore Area Health Education Center (AHEC). This stakeholder meeting was convened on May 2, 2023.

Western Maryland: A stakeholder meeting was held at the University of Pittsburgh Medical Center (UPMC) of Western Maryland. This stakeholder meeting was convened on May 12, 2023.

The stakeholder meetings were open to the public. Participants were recruited from each county using advertisements, word of mouth, letters, emails, flyers, and other appropriate communication methods. The two-hour meetings were filled with robust discussions facilitated by LUMA Health Consulting.

The meetings were primarily in-person, with additional virtual attendance to maximize participation. In addition to examining gaps and solutions, the stakeholder meetings fostered key partner connections around common objectives.

The diversity of the stakeholder participants, representing rural providers and community interests as well as relevant state-level partners whose activities impact rural communities, included local health departments (LHDs), hospitals, universities, AHECs, community-based organizations (CBOs), non-profit, government agencies, including economic development, emergency services, wellness/health engagement companies, FQHCs, food bank, Medicaid managed care organizations (MCOs), state government, physician practices, local clinics, dentists, dieticians, among others. The multi-sector collaboration brought together 91 participants of existing projects and programs to align and strengthen individual efforts and address rural issues.

The atmosphere of the stakeholder convenings was warm and friendly, reducing the potential for discomfort and inviting open and honest dialogue through a safe space. Participants had the opportunity to speak to key theme areas or raise concerns specific to their counties, and with the option to digitally and verbally provide feedback on key thematic areas. An electronic platform was leveraged to collect data from all stakeholders comprehensively. This methodology yielded hundreds of gaps and solutions throughout the regions.

LUMA Health Consulting analyzed the responses, categorizing them into appropriate themes. Stakeholders were enabled with multiple modalities to provide feedback, including digital platforms, handwritten notes, and verbal feedback. Feedback was collectively transcribed in partnership with MRHA. Additionally, MRHA maintained attendee logs.

The result is a working health plan reflecting the diverse voices of rural Maryland that will bring hope and positive change to facilitate implementation over the next three to five years.

STAKEHOLDER ORGANIZATION	TYPE OF ORGANIZATION
Aetna Better Health of Maryland	Insurance/ Payor
Allegany College of Maryland	College or University
Allegany County Department of Social Services	Local Agency
Allegany County Health Department	Local Health Department
Brook Lane Behavioral Health	Behavioral Health Practice
Calvert County Economic Development	Local Economic Development
Calvert County Government	Local Government
Calvert County Health Department	Local Health Department
Calvert County Local Behavioral Health Authority	Local Agency
CalvertHealth Medical Center	Hospital
CareFirst BlueCross BlueShield	Insurance/ Payor

STAKEHOLDER ORGANIZATION	TYPE OF ORGANIZATION
Caroline County Health Department	Local Health Department
Cecil County Health Department	Local Health Department
Charles County Department of Health	Local Health Department
Choptank Community Health System, Inc	FQHC
Calvert Internal Medicine Group	Healthcare Practice
Dorchester County Health Department	Local Health Department
Garrett County Health Department	Local Health Department
Garrett Regional Medical Center	Hospital
Harford County Health Department	Local Health Department
Ivy and Pearls of Southern MD Community Charities, Inc.	Community-Based Organization
Kent County Health Department	Local Health Department
Lifetime Dental Care of Frostburg	Dental Practice
Local Behavioral Health Authorities	Local Agencies
Maryland Department of Health	State Health Department
Maryland Physician's Care	Insurance/ Payor
Maryland Rural Health Association	Non-profit
Maryland State Office of Rural Health	State Health Department
MD Food Bank	MD Food Bank
MDH Office of Oral Health	State Health Department
MDH Primary Care Office	State Health Department
MedStar St. Mary's Hospital	Hospital
Meritus Medical Center	Hospital
Mid Shore Health Improvement Coalition	Coalition
Maryland Office of Minority Health and Health Disparities	State Health Department
Planned Parenthood/True You	Healthcare Clinic
Rural Maryland Council/ Department of Agriculture	State Agency/ Office
Seedco	Community-Based Organization

STAKEHOLDER ORGANIZATION	TYPE OF ORGANIZATION
Somerset County Health Department	Local Health Department
Southern Maryland Dietitian	Private Practice
St. Mary’s County Economic Development	Local Economic Development
St. Mary's County Health Department	Local Health Department
Three Oaks Center	Emergency Services
TidalHealth Peninsula Regional	Hospital
Uneo Health	Private Business
University of Maryland Extension, Maryland SNAP-Ed	College or University
University of Maryland Medical System	Hospital
University of Maryland Shore Regional Health	Hospital
Washington County Health Department	Local Health Department
WellSky	Private Business
West Cecil Health Center	FQHC
Western MD Area Health Education Center (AHEC West)	Community-Based Organization

Appendix D

RURAL HEALTH RESOURCE GUIDE

State Health Improvement Plans (SHIPs)

- [2024 Maryland SHIP](#)
- [2014 Maryland SHIP](#)

Maryland State Plans

- [Public Health Services Strategic Plan 2024-2025](#)
- [Diabetes Action Plan 2020](#)
- [Maryland Women's Health Action Plan 2024](#)
- [Maryland Oral Health Plan 2018-2023](#)
- [Maryland Health Care Commission Report 2023-2026](#)
- [Maryland Commission on Public Health Report 2025](#)
- [Maryland Behavioral Health Workforce Needs Assessment Report 2024](#)
- [Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families 2025](#)
- [Maryland Rural Health Plan 2018](#)

Federal Office of Rural Health Policy (FORHP)

- [FORHP Website](#)
- [FORHP: How We Define Rural](#)
- [FORHP: Rural Health Grants & Funding Opportunities](#)
- [FORHP Policy Briefs & Reports](#)

Centers for Disease Control and Prevention (CDC) Rural Health Resources

- [CDC Rural Health](#)
- [CDC Rural Health Data & Statistics](#)
- [CDC Social Determinants of Health in Rural Communities](#)

Additional State Resources

- [Maryland Rural Health Association \(MRHA\)](#)
- [Rural Maryland Council \(RMC\)](#)
- [State Health Improvement Planning Metrics](#)
- [Maryland Open Data Portal](#)

Additional National Resources

- [National Rural Health Association \(NRHA\)](#)
- [Rural Health Information Hub \(RHIfhub\)](#)
- [U.S. Census Bureau Data](#)

Please visit the SORH webpage to access a digital copy of the 2025-2030 Maryland Rural Health Strategic Plan with clickable links. Visit <https://health.maryland.gov/pophealth/pages/rural-health.aspx>.

MARYLAND STATE OFFICE OF RURAL HEALTH

The Maryland State Office of Rural Health (MD SORH), funded by the Federal Office of Rural Health Policy (FORHP) under the U.S. The Health Resources and Services Administration (HRSA) supports rural communities by improving the quality of healthcare and health outcomes. The Maryland State Office of Rural Health (MD SORH) operates as a state-level coordinating body, working toward positive health outcomes in rural areas via three main objectives:

1. Serve as a focal point and state clearinghouse for the collection and dissemination of information regarding rural healthcare issues, research findings, and innovative approaches to the delivery of healthcare in rural areas.
2. Provide coordination of rural health programming across the state and in identified priority health areas to avoid redundancy of efforts among public health and healthcare entities.
3. Deliver technical assistance to rural-serving public and non-profit private entities to build capacity to access state and federal resources.

MD SORH collaborates with national, state, and local partners to develop programs and policies that enhance health outcomes in rural areas. At the state level, for example, MD SORH regularly collaborates with other Maryland Department of Health programs, the Maryland Rural Council (RMC), and the Maryland Rural Health Association (MRHA). RMC brings together citizens, community-based organizations, and federal, state, county, and municipal government officials, as well as representatives of the for-profit and nonprofit sectors, to address the needs of rural Maryland communities. MRHA advocates for the health and well-being of rural Maryland residents through education, policy advocacy, and community engagement. Together, these partners strategically work to address health challenges and promote the availability of healthcare across rural Maryland.

Vision: A healthier future in which rural Maryland communities have access to high-quality healthcare, strong supportive resources, and sustainable systems that meet the needs of all residents.

Mission: The mission of the Maryland State Office of Rural Health is to help improve the quality of health among rural Marylanders by developing strong partnerships, building local resources and capacity, promoting relevant state and national rural health policies, and supporting efforts to expand healthcare access.

RURAL COUNTY & REGIONAL HEALTH PROFILES

Welcome to the county and regional profiles! These profiles are intended to serve as a resource for stakeholders across Maryland's rural communities, offering data to support program planning, grant applications, community assessments, and policy development.

- **County information**, including rural designations and eligibility for various healthcare programming
- **Social drivers of health**, such as poverty status, healthcare access, and educational attainment
- **Population composition data**, including aging population proportions, and race and gender breakdowns

Note: Some data sources are collected periodically and may not reflect the most recent year. All sources are cited, and profiles will be updated on an annual basis to reflect changes in the data.

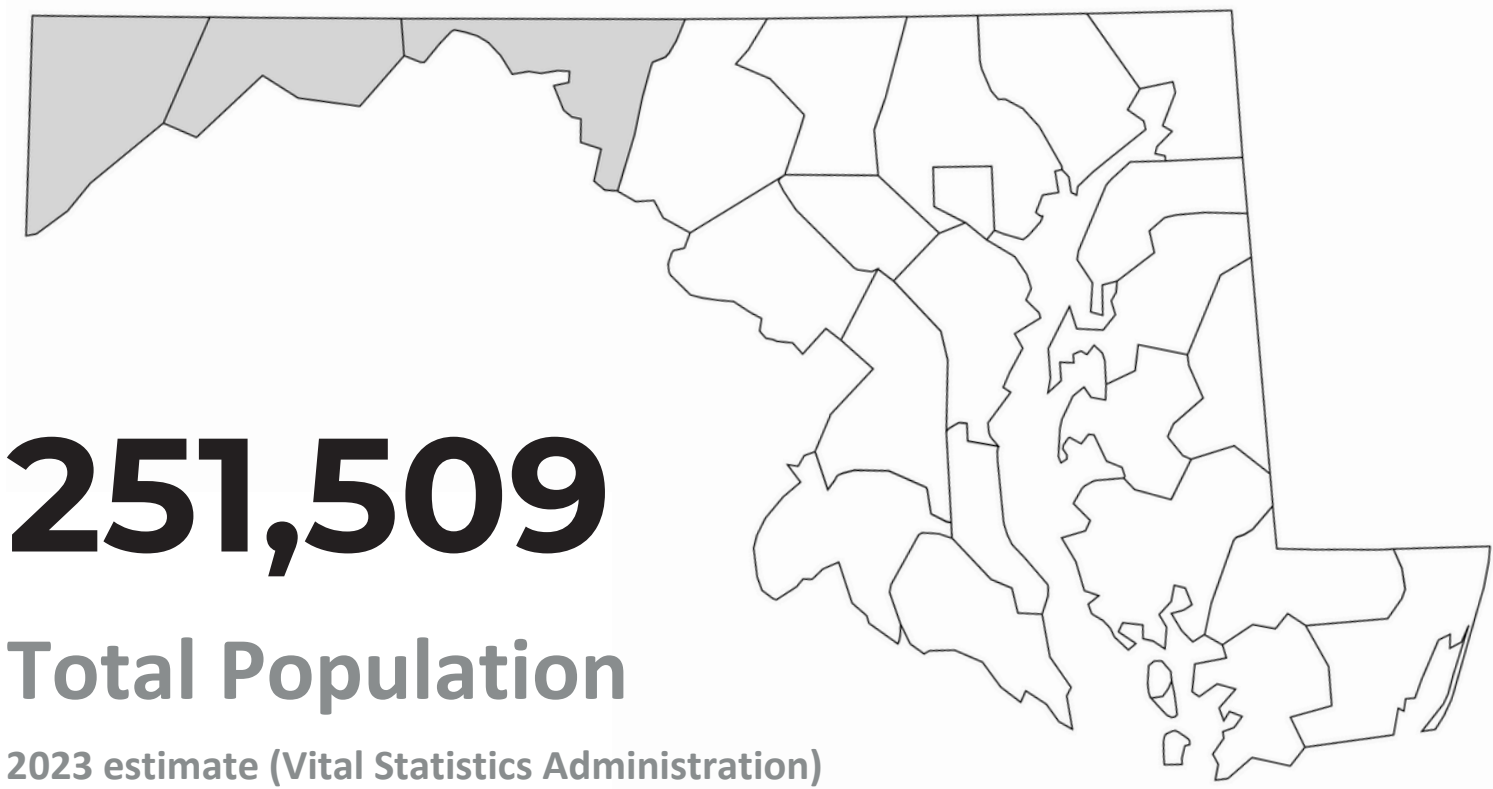
The profiles are organized by region. Each regional profile is accompanied by its county profiles. The regional profiles provide a higher-level snapshot of cross-county comparisons, while the county profiles explore the indicators in greater detail. Take note of the comparator labels provided next to indicators in the regional and county profiles. Indicators marked with red may suggest areas of improvement for counties.

Follow each section of the county profiles to learn about the county, risk factors, federal and regional program eligibility, and demographic information. Reference links are provided at the end of each profile.



REGIONAL PROFILE

WESTERN MARYLAND

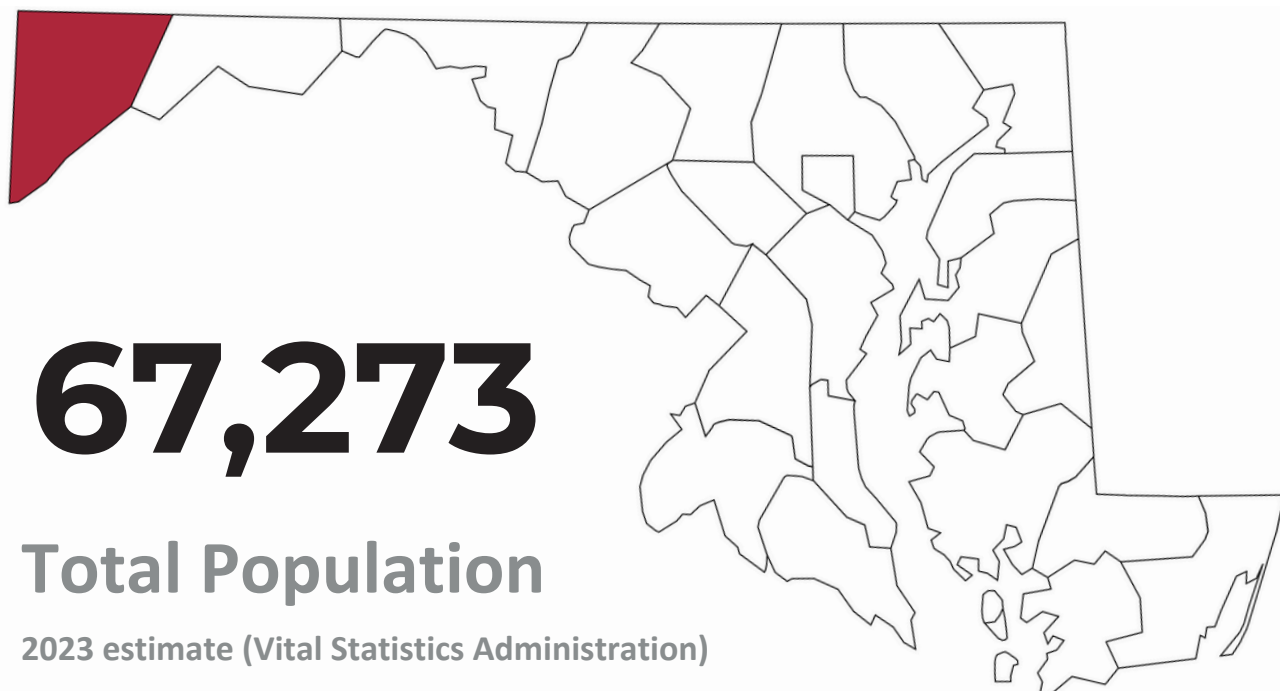


Region	Population
State of Maryland	6,180,253
Western Maryland	251,509
Allegany County	67,273
Garrett County	28,423
Washington County	155,813

SUMMARY OF REGIONAL INDICATORS

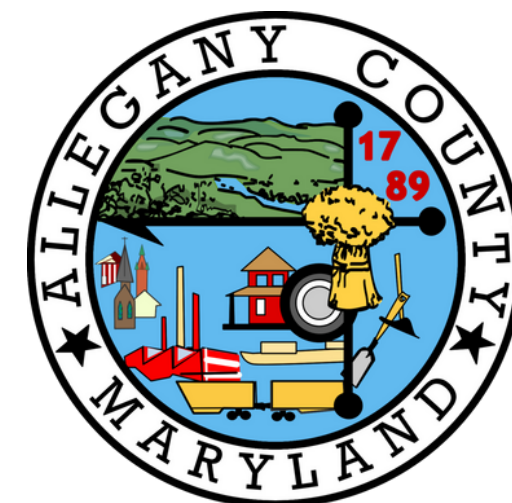
REGION	PCP RATIO	UNINSURED POPULATION	NO HS DIPLOMA	POVERTY	AFFORDABLE HOUSING	INTERNET ACCESS
State of Maryland	1179:1	6.2%	8.9%	9.5%	34.3%	91.5%
Western Maryland	● 1918:1	● 5.4%	● 10.6%	● 14.0%	● 56.5%	● 84.7%
Allegany County	● 1881:1	● 4.1%	● 10.3%	● 19.8%	● 93.5%	● 83.8%
Garrett County	● 2050:1	● 6.0%	● 10.1%	● 11.0%	● 34.2%	● 83.2%
Washington County	● 1823:1	● 6.1%	● 11.3%	● 11.1%	● 41.7%	● 87.1

ALLEGANY COUNTY



COUNTY INFORMATION

- Allegany County has been designated by FORHP as rural
- Located in the Western Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 34.99 %
- RUCA Code: 1.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1881:1



Uninsurance Rate
● 4.1%



No HS Diploma
● 10.3%



Poverty Status
● 19.8%



Affordable Housing
● 93.5%



Internet Access
● 83.8%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• Located in a 2010 and a 2020 Urbanized Area (Cumberland, MD-WV-PA Urban Area) and does not meet RHC requirements
Primary Care HPSA	YES	• Population: Low Income • Score:17
Dental Care HPSA	YES	• Population: Low Income • Score: 18
Mental Health HPSA	YES	• Population: Low Income • Score: 17
Medically Underserved Area (MUA/P)	YES	• Population: MUP Medicaid Eligible • Score: 56.1

DEMOGRAPHIC INFORMATION

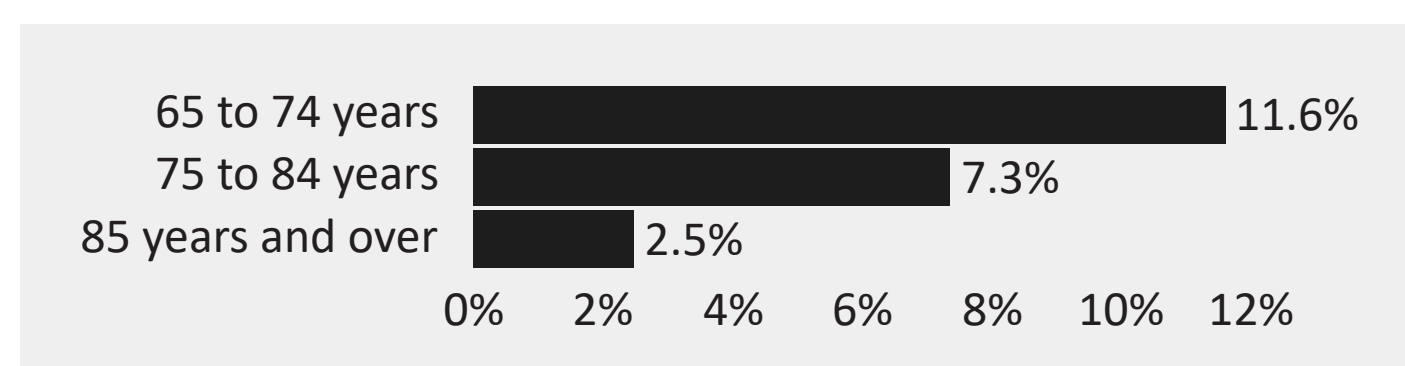


7.8% of people in this county are veterans

23.6% of the population lives with a disability



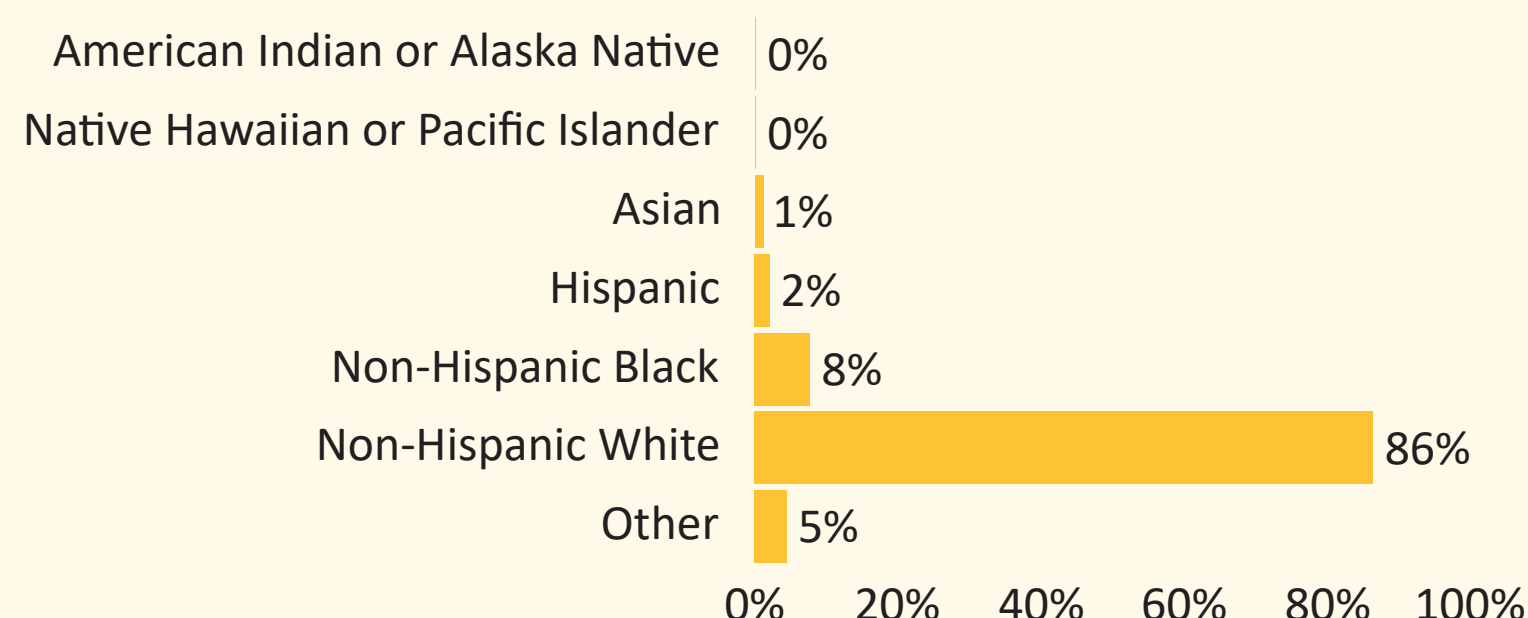
21.4% of the population is 65 years and older



Women
48.1%



Men
51.9%



2025 MD Rural County Profiles Data Sources

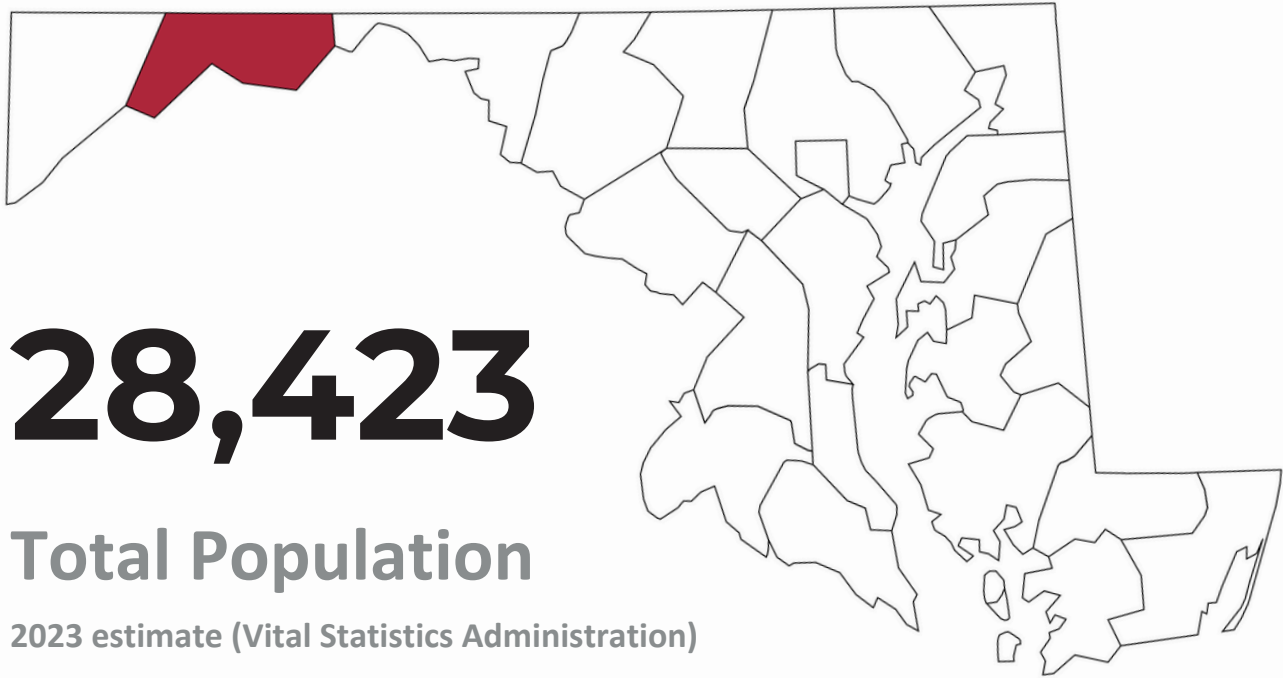
Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural#/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

GARRETT COUNTY



COUNTY INFORMATION

- Garrett County has been designated by FORHP as rural
- Located in the Western Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 84.21%
- RUCA Code: 10.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2050:1



Uninsurance Rate
● 6.0%



No HS Diploma
● 10.1%



Poverty Status
● 11.0%



Affordable Housing
● 34.2%



Internet Access
● 83.2%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance
Primary Care HPSA	YES	- Population: Low Income Population HPSA - Score: 14
Dental Care HPSA	YES	- Population: Low Income Population HPSA - Score: 16
Mental Health HPSA	YES	- Population: Low Income Population HPSA - Score: 14
Medically Underserved Area (MUA/P)	YES	- Population: MUP Medicaid Eligible - Score: 42.4

DEMOGRAPHIC INFORMATION

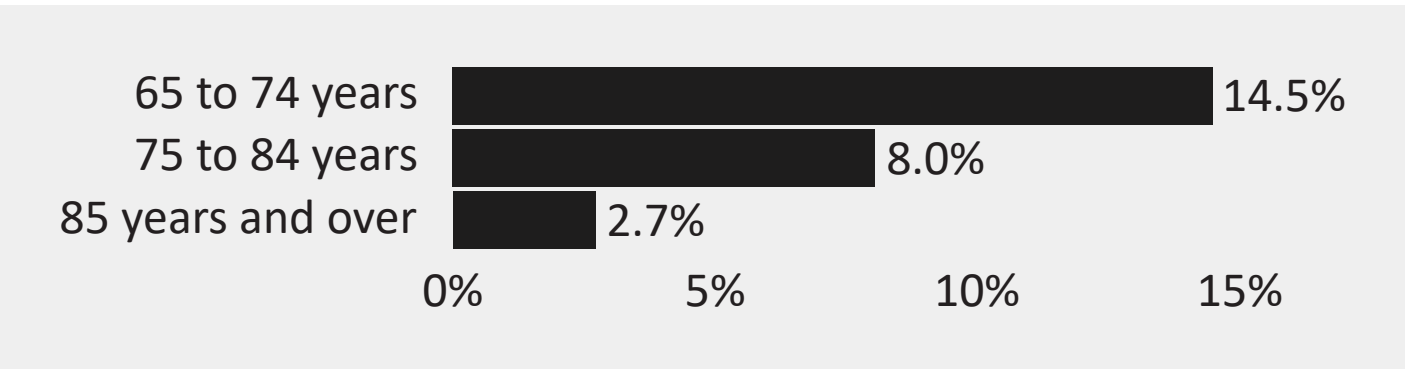


8.7% of people in this county are veterans

18.7% of the population lives with a disability



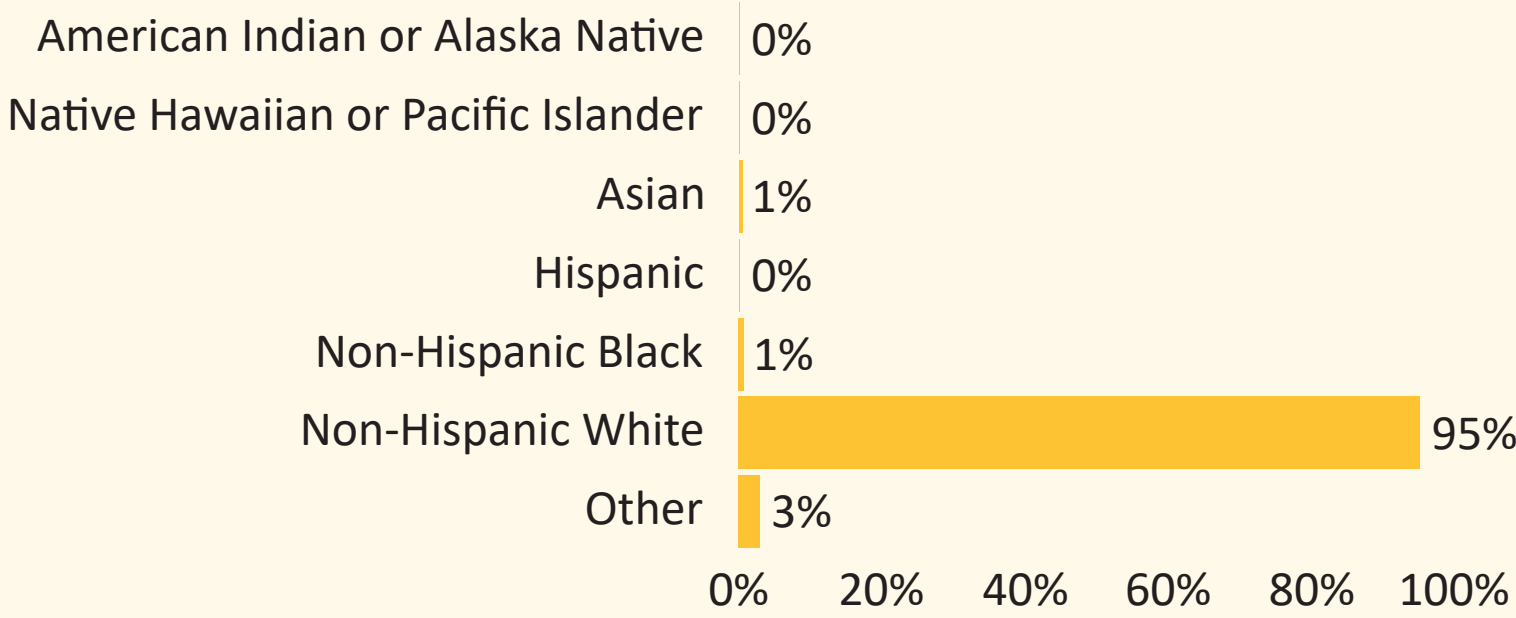
25.2% of the population is 65 years and older



Women
49.6%



Men
50.4%

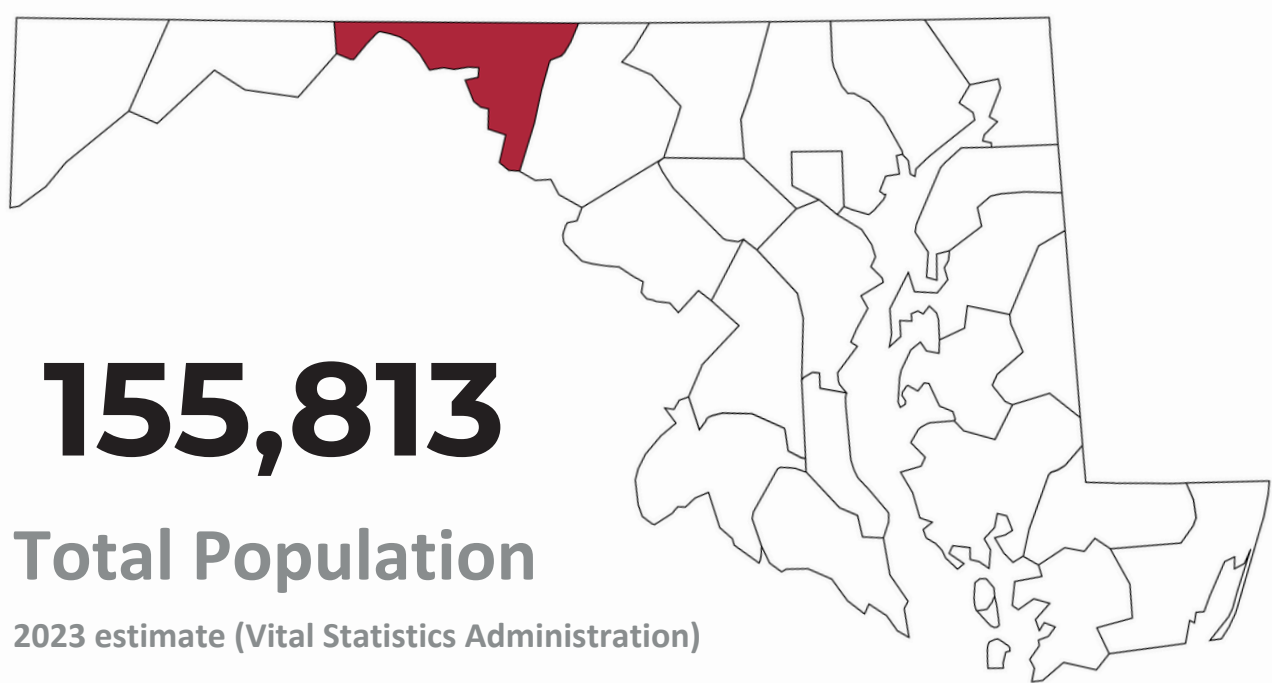


2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>
Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

WASHINGTON COUNTY



COUNTY INFORMATION

- Washington County has **NOT** been fully designated as rural by FORHP, but has **2 rural census tracts**.
- Located in the Western Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 32.23%
- **RUCA Code: 1.0**



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1823:1



Uninsurance Rate
● 6.1%



No HS Diploma
● 11.3%



Poverty Status
● 11.1%



Affordable Housing
● 41.7%



Internet Access
● 87.1%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This county is in a 2010 and a 2020 Urbanized Area (Cumberland, MD-WV-PA) and does not meet RHC requirements
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 17
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 15
Mental Health HPSA	YES	• Type: High Needs Geographic HPSA • Score: 10
Medically Underserved Area (MUA/P)	YES	• Population: MUP Low Income • Score: 57.5

DEMOGRAPHIC INFORMATION

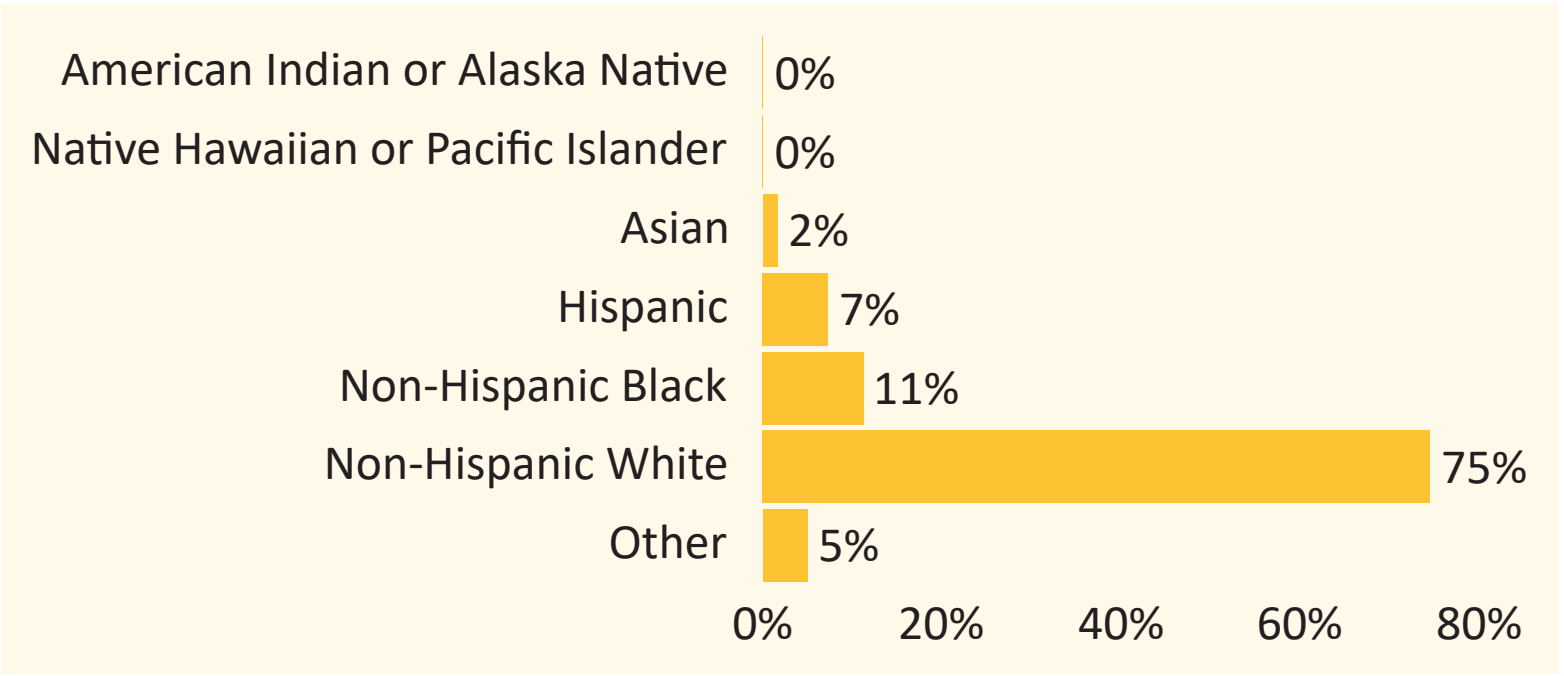
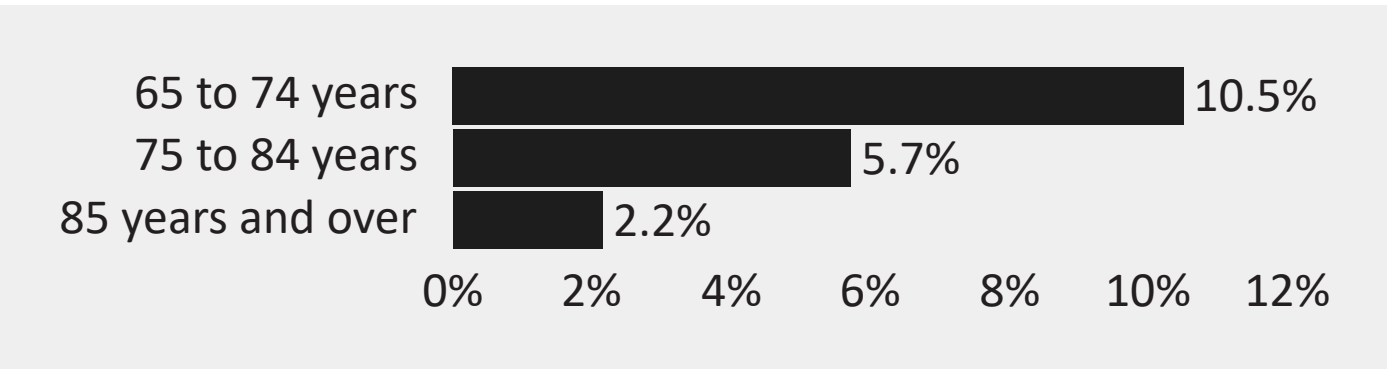


7.9% of people in this county are veterans

15.9% of the population lives with a disability

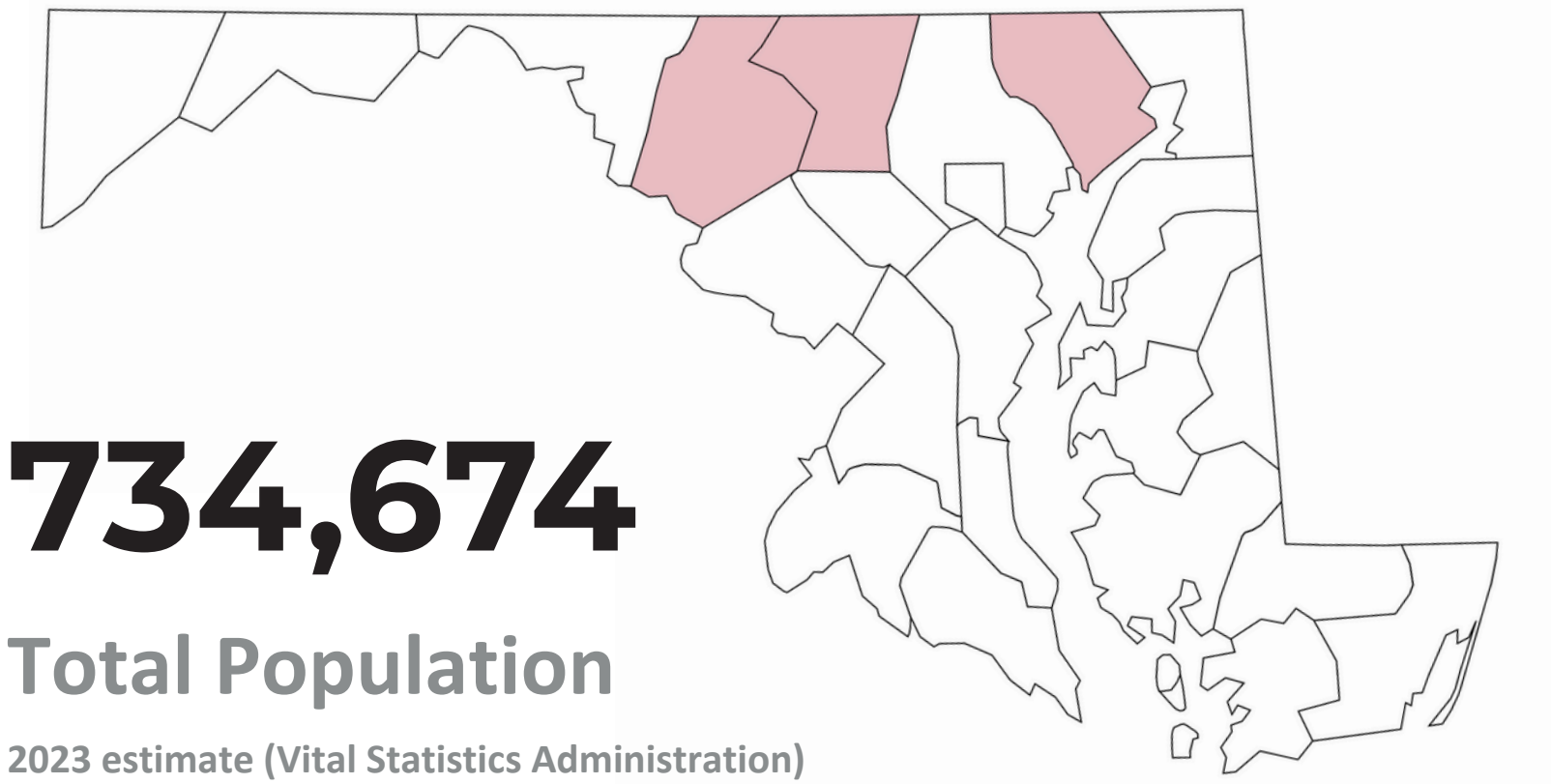


18.4% of the population is 65 years and older



REGIONAL PROFILE

NORTHERN MARYLAND

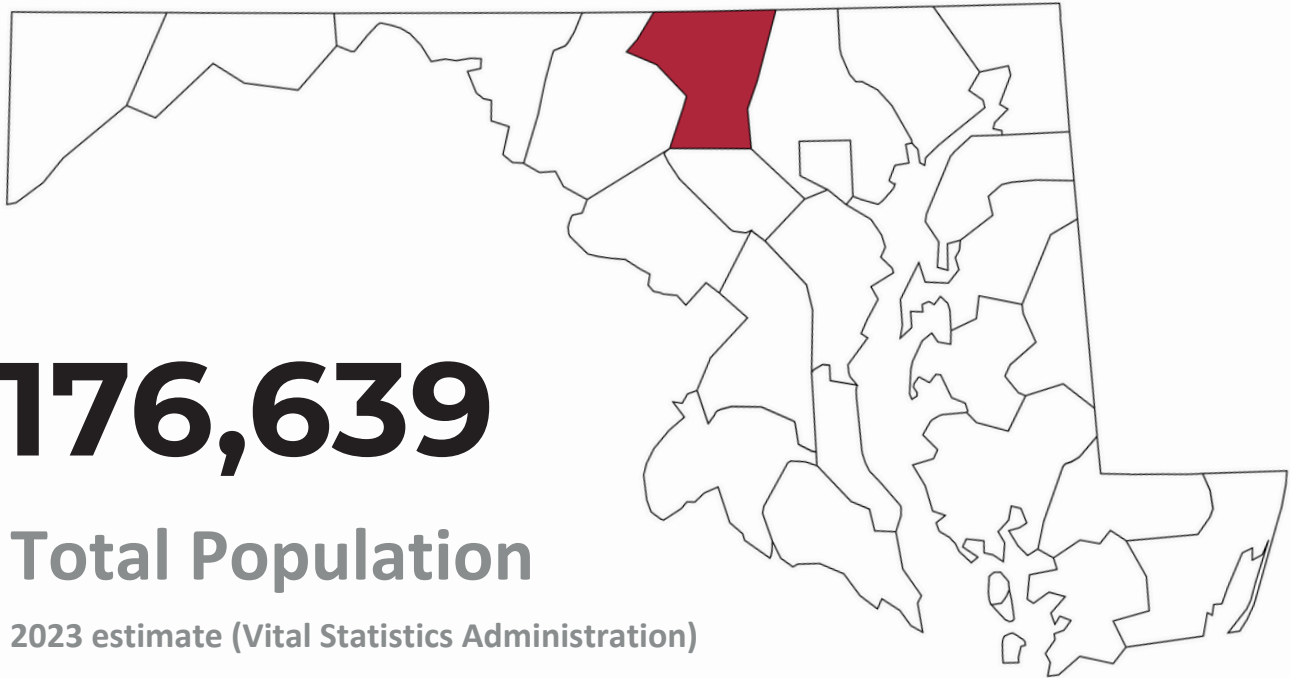


Region	Population
State of Maryland	6,180,253
Northern Maryland	734,674
Carroll County	176,639
Frederick County	264,644
Harford County	293,391

SUMMARY OF REGIONAL INDICATORS

REGION	PCP RATIO	UNINSURED POPULATION	NO HS DIPLOMA	POVERTY	AFFORDABLE HOUSING	INTERNET ACCESS
State of Maryland	1179:1	6.2%	8.9%	9.5%	34.3%	91.5%
Northern Maryland	● 1964:1	● 3.8%	● 6.3%	● 6.8%	● 53.2%	● 92.1%
Carroll County	● 2258:1	● 2.6%	● 5.1%	● 6.8%	● 41.3%	● 91.5%
Frederick County	● 1782:1	● 4.7%	● 6.4%	● 6.4%	● 53.4%	● 92.6%
Harford County	● 1852:1	● 4.2%	● 7.3%	● 7.2%	● 64.8%	● 92.3%

CARROLL COUNTY



COUNTY INFORMATION

- Carroll County has NOT been fully designated as rural by FORHP, but has 14 rural census tracts.
- Located in the Northern Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 42.24%
- RUCA Code: 4.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2258:1



Uninsurance Rate
● 2.6%



No HS Diploma
● 5.1%



Poverty Status
● 6.8%



Affordable Housing
● 41.3%



Internet Access
● 91.5%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This location is in a 2010 Urbanized Area (Westminster--Eldersburg, MD Urbanized Area) & in a 2020 Urban Area (Westminster, MD Urban Area)
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 15
Dental Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Mental Health HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Medically Underserved Area (MUA/P)	YES	• Population: MUP Low Income • Score: 67.7

DEMOGRAPHIC INFORMATION

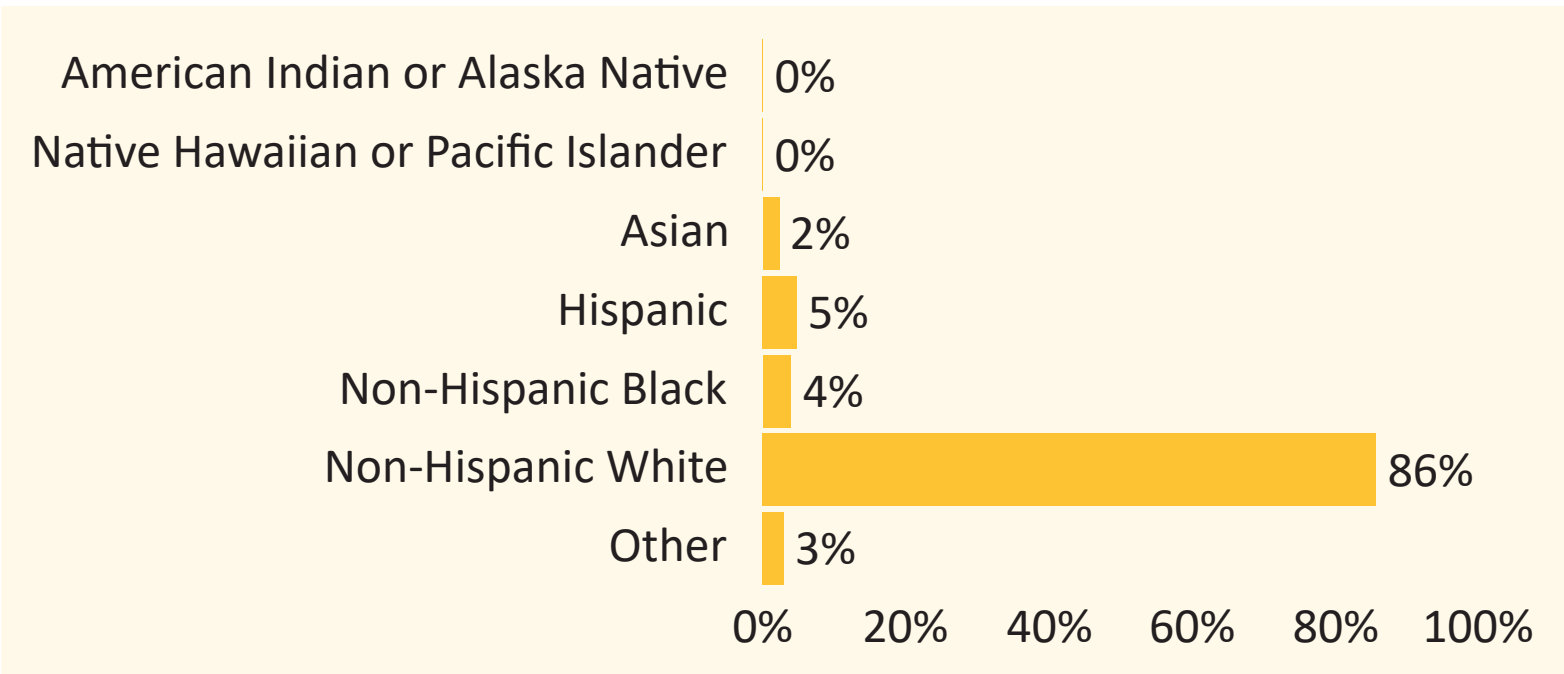
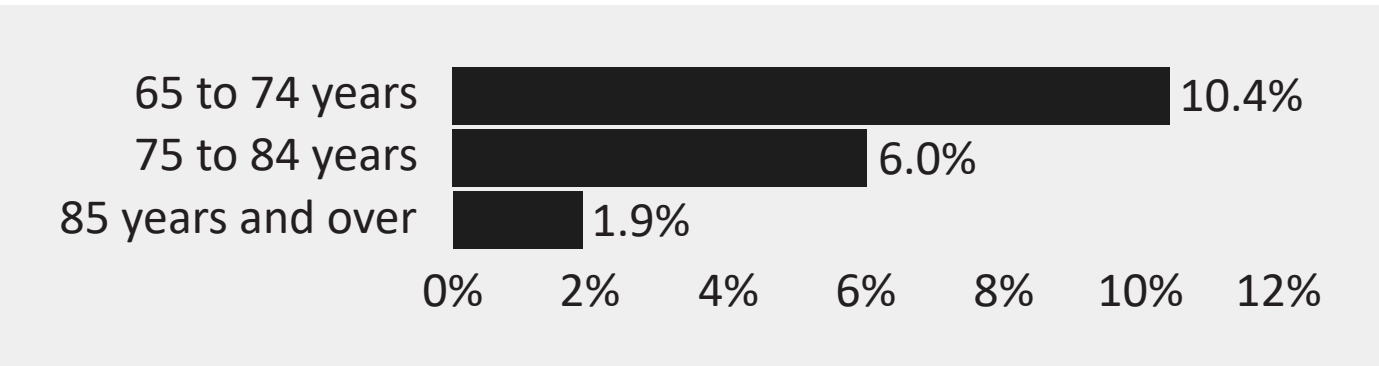


7.9% of people in this county are veterans

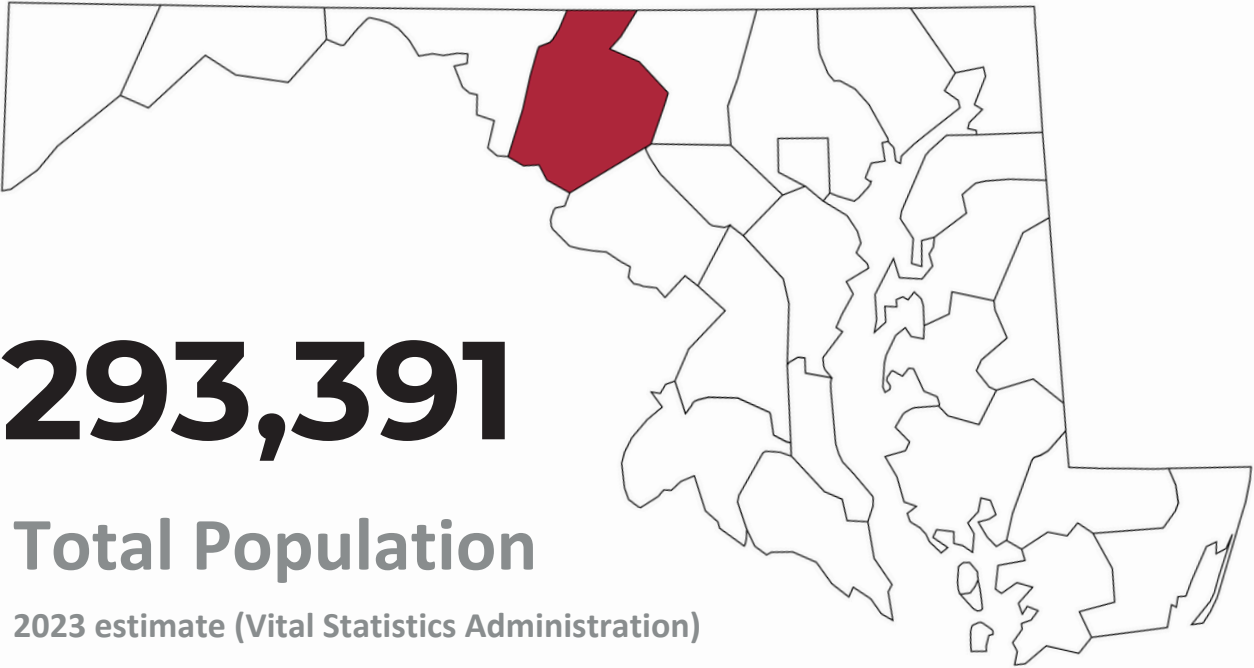
11.3% of the population lives with a disability



18.3% of the population is 65 years and older

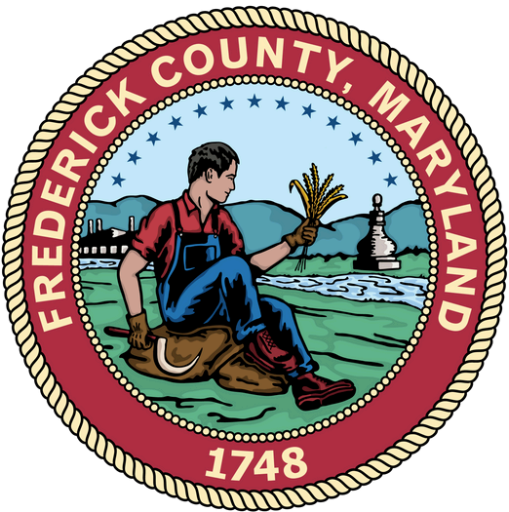


FREDERICK COUNTY



COUNTY INFORMATION

- Frederick County has NOT been fully designated as rural by FORHP, but has 1 rural census tract.
- Located in the Northern Region of Maryland’s Rural Jurisdictions
- Percent of County Population that is Rural: 27.54%
- RUCA Code: 1.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1782:1



Uninsurance Rate
● 4.7%



No HS Diploma
● 6.4%



Poverty Status
● 6.4%



Affordable Housing
● 53.4%



Internet Access
● 92.6%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	This location is in a 2010 Urbanized Area (Frederick, MD Urbanized Area) & is in a 2020 Urban Area (Frederick, MD Urban Area)
Primary Care HPSA	YES	- Population: Medicaid Eligible Population HPSA - Score: 13
Dental Care HPSA	YES	- Type: High Needs Geographic HPSA - Score: 12
Mental Health HPSA	YES	- Population: Medicaid Eligible Population HPSA - Score: 16
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

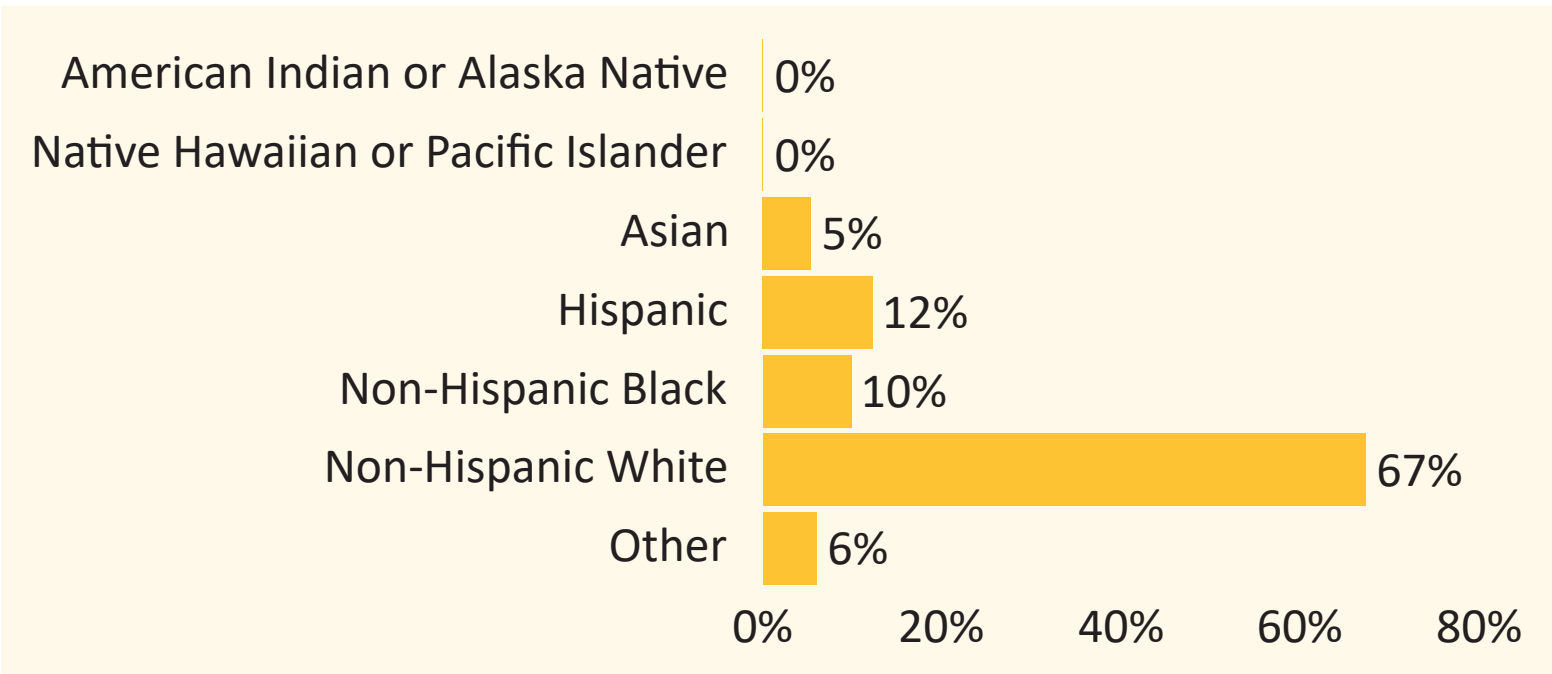
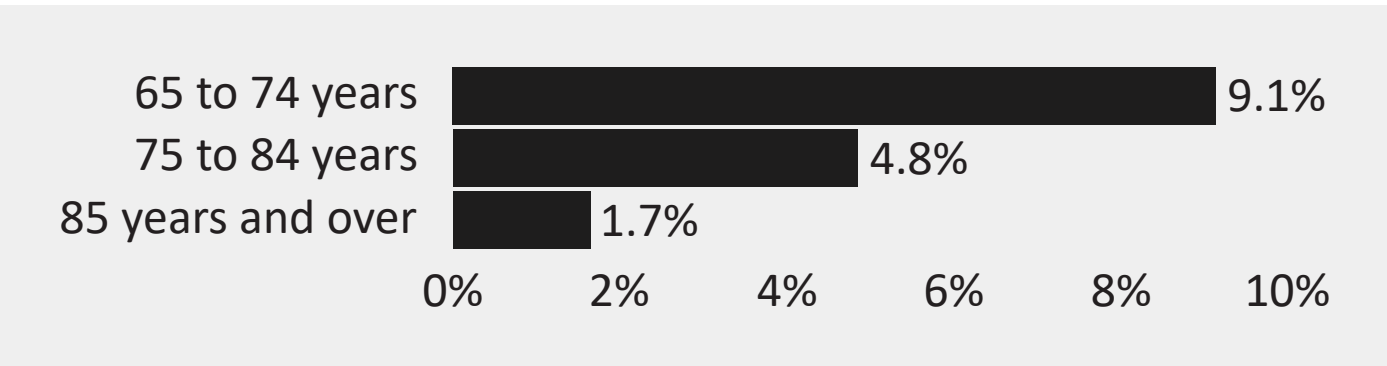


7.1% of people in this county are veterans

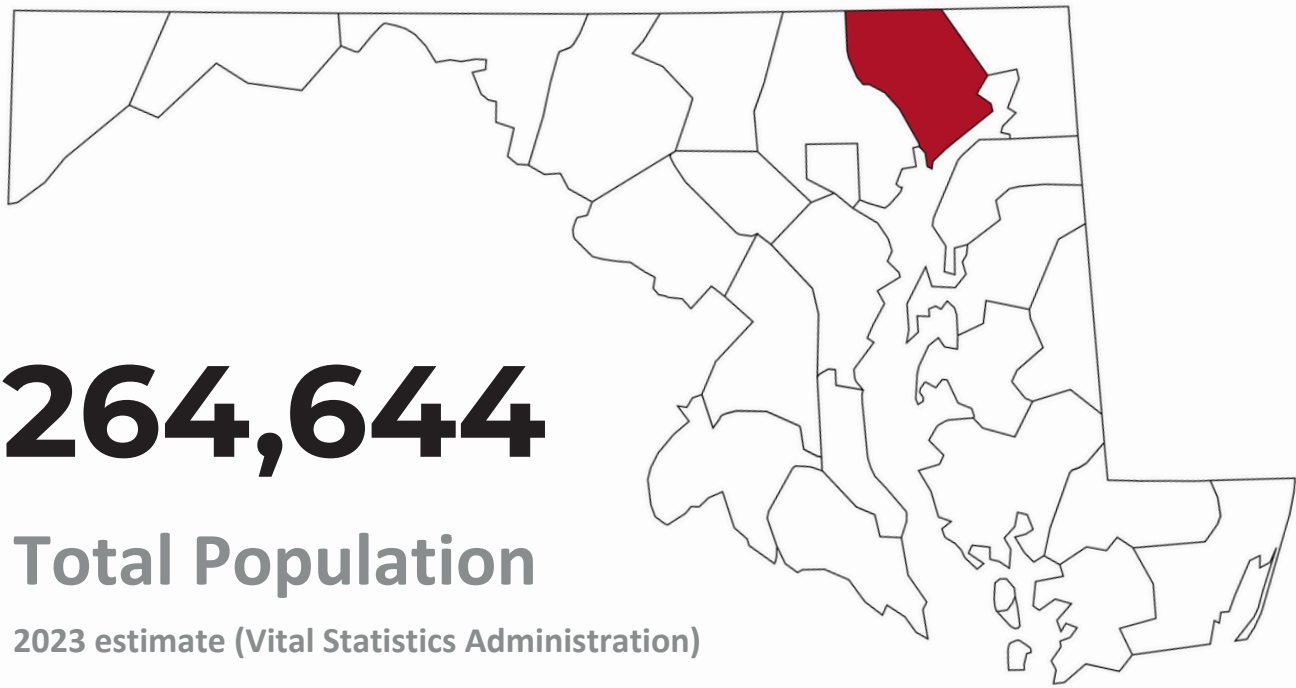
9.8% of the population lives with a disability



15.6% of the population is 65 years and older



HARFORD COUNTY



COUNTY INFORMATION

- Harford County has NOT been designated as rural by FORHP.
- Located in the Northern Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 20.93%
- RUCA Code: 1.1



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1852:1



Uninsurance Rate
● 4.2%



No HS Diploma
● 7.3%



Poverty Status
● 7.2%



Affordable Housing
● 64.8%



Internet Access
● 92.3%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This location is in a 2010 Urbanized Area (Aberdeen--Bel Air South--Bel Air North) & is in a 2020 Urban Area (Bel Air--Aberdeen)
Primary Care HPSA	NO	
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 13
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 7
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

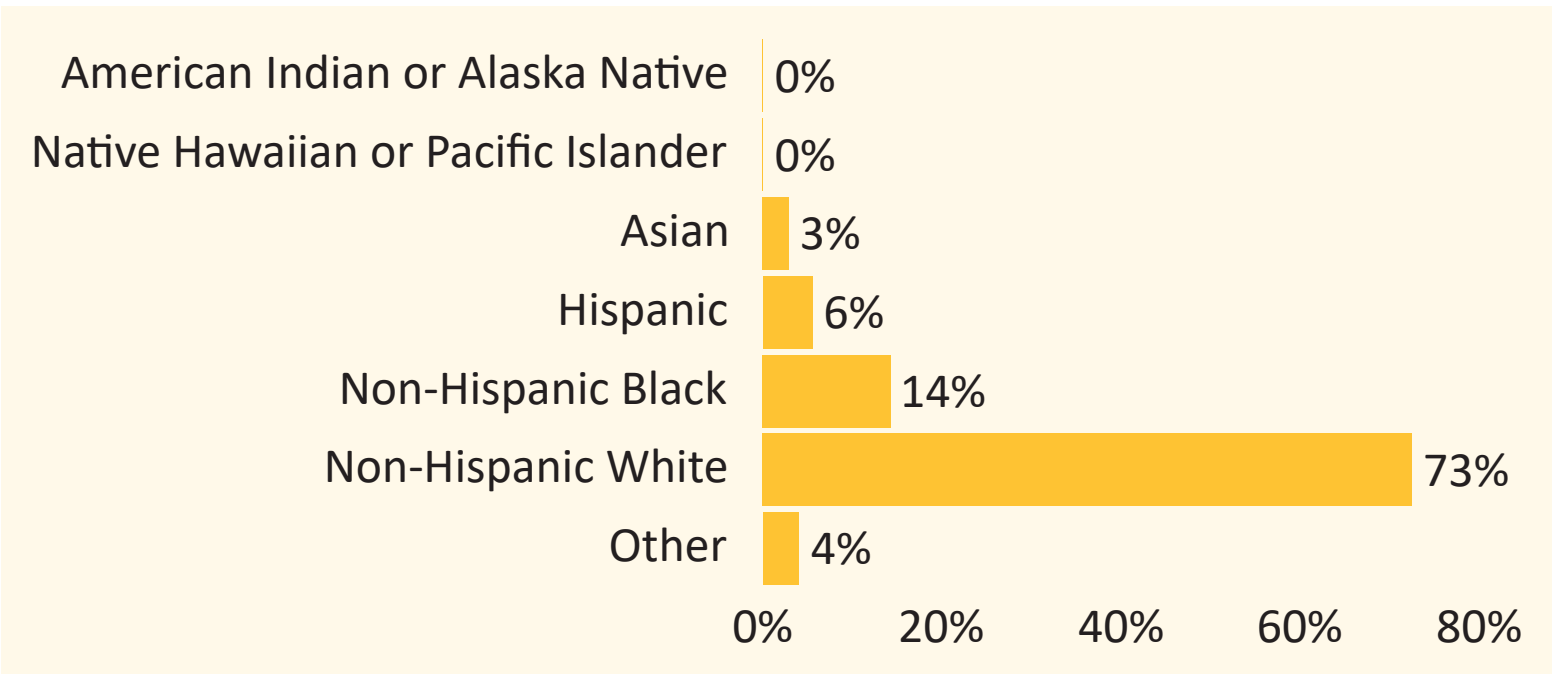
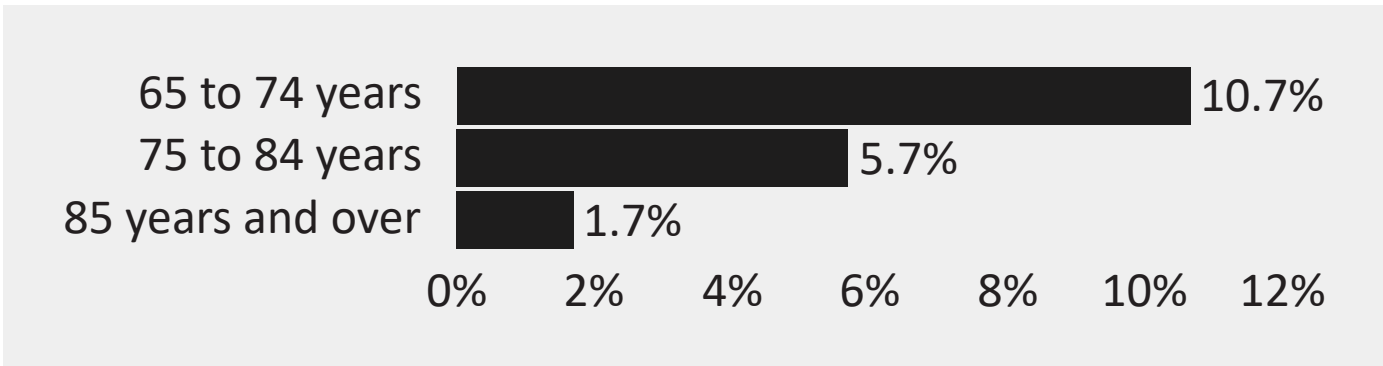


7.8% of people in this county are veterans

11.2% of the population lives with a disability

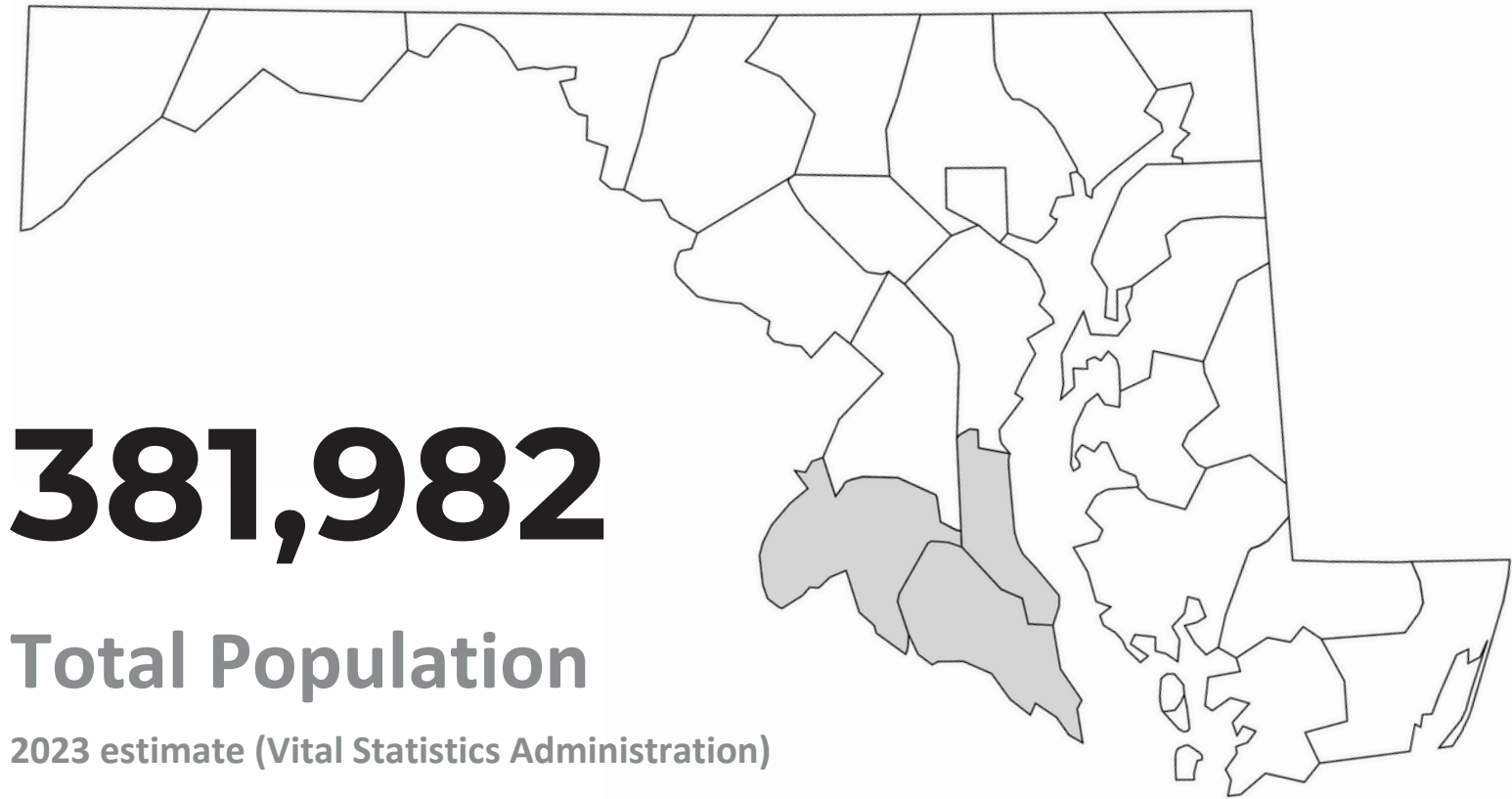


18.0% of the population is 65 years and older



REGIONAL PROFILE

SOUTHERN MARYLAND

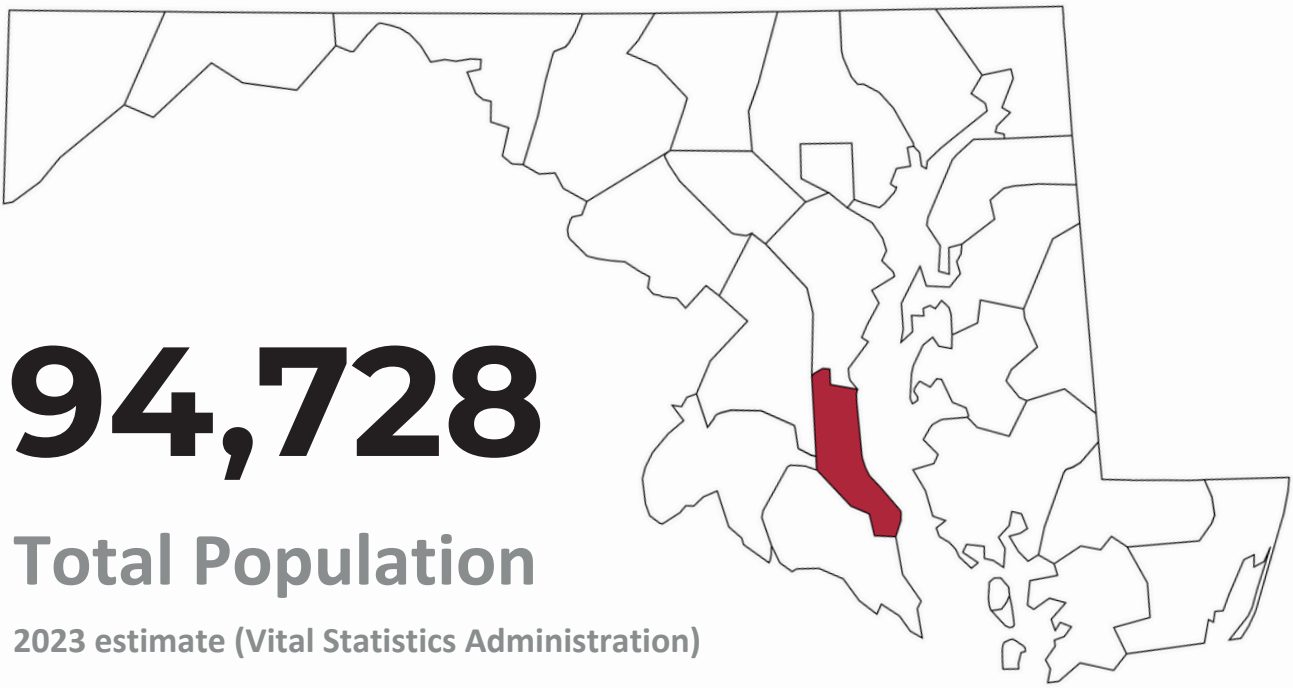


Region	Population
State of Maryland	6,180,253
Southern Maryland	381,982
Calvert County	94,728
Charles County	171,973
St. Mary's County	115,281

SUMMARY OF REGIONAL INDICATORS

Region	PCP Ratio	Uninsured Population	No HS Diploma	Poverty	Affordable Housing	Internet Access
State of Maryland	1179:1	6.2%	8.9%	9.5%	34.3%	91.5%
Southern Maryland	● 2483:1	● 4.3%	● 7.7%	● 6.2%	● 55.4%	● 92.2%
Calvert County	● 2087:1	● 3.0%	● 4.9%	● 2.6%	● 63.0%	● 92.9%
Charles County	● 2636:1	● 6.6%	● 9.8%	● 7.8%	● 41.7%	● 92.9%
St. Mary's County	● 2725:1	● 3.4%	● 8.4%	● 8.3%	● 61.5%	● 90.9%

CALVERT COUNTY



COUNTY INFORMATION

- Calvert County has **NOT** been fully designated as rural by FORHP, but has **2** rural census tracts.
- Located in the Southern Region of Maryland’s Rural Jurisdictions
- Percent of County Population that is Rural: 61.89%
- **RUCA Code: 10.0**



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2087:1



Uninsurance Rate
● 3.0%



No HS Diploma
● 4.9%



Poverty Status
● 2.6%



Affordable Housing
● 63.0%



Internet Access
● 92.9%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 and 2020 Urbanized Areas and meets the rural location requirement as per CMS interim guidance
Primary Care HPSA	NO	
Dental Care HPSA	NO	
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 12
Medically Underserved Area (MUA/P)	YES	• Type: Medically Underserved Area • Score: 60.9

DEMOGRAPHIC INFORMATION

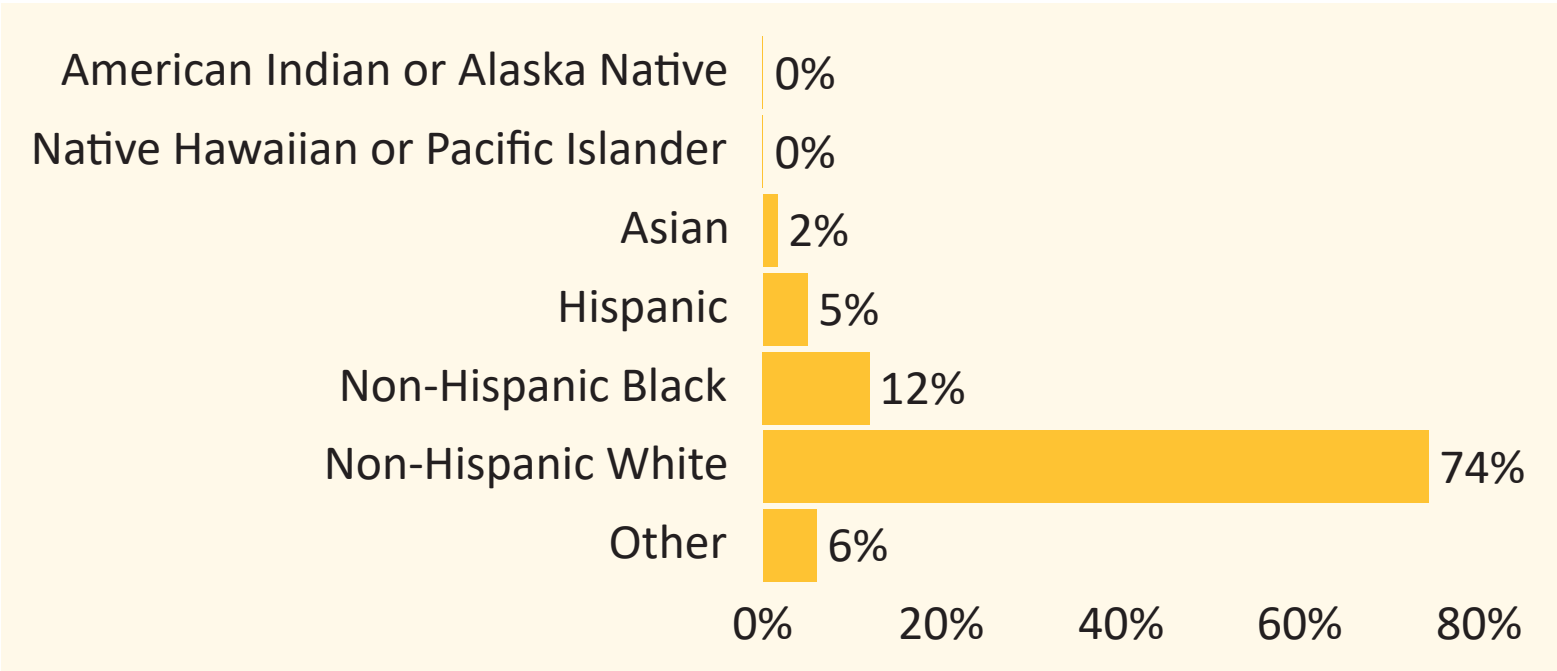
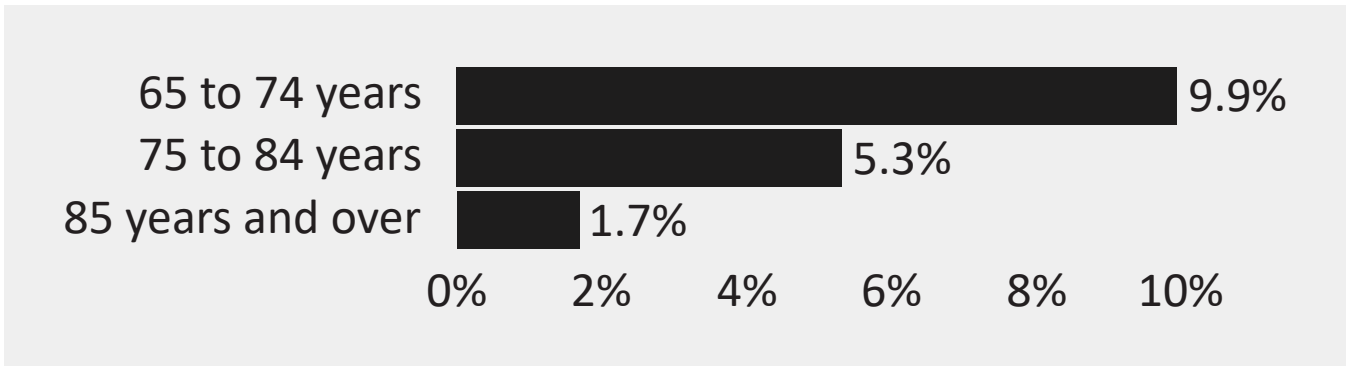


9.4% of people in this county are veterans

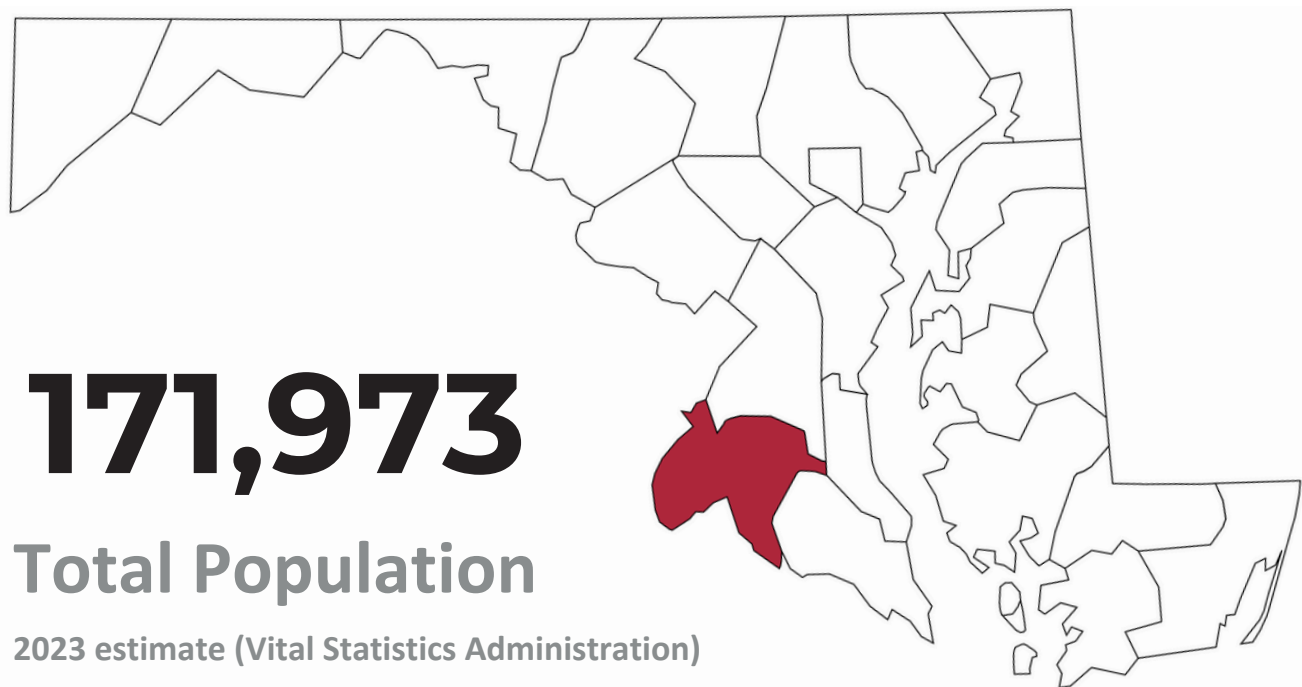
9.4% of the population lives with a disability



16.9% of the population is 65 years and older



CHARLES COUNTY



COUNTY INFORMATION

- Charles County has NOT been fully designated as rural by FORHP, but has 5 rural census tracts.
- Located in the Southern Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 28.41%
- RUCA Code: 4.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2636:1



Uninsurance Rate
● 6.6%



No HS Diploma
● 9.8%



Poverty Status
● 7.8%



Affordable Housing
● 41.7%



Internet Access
● 92.9%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This location is in a 2010 Urbanized Area (Waldorf, MD Urbanized Area) AND is in a 2020 Urban Area (La Plata, MD Urban Area)
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Dental Care HPSA	YES	• Type: High Needs Geographic HPSA • Score: 6
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 11
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

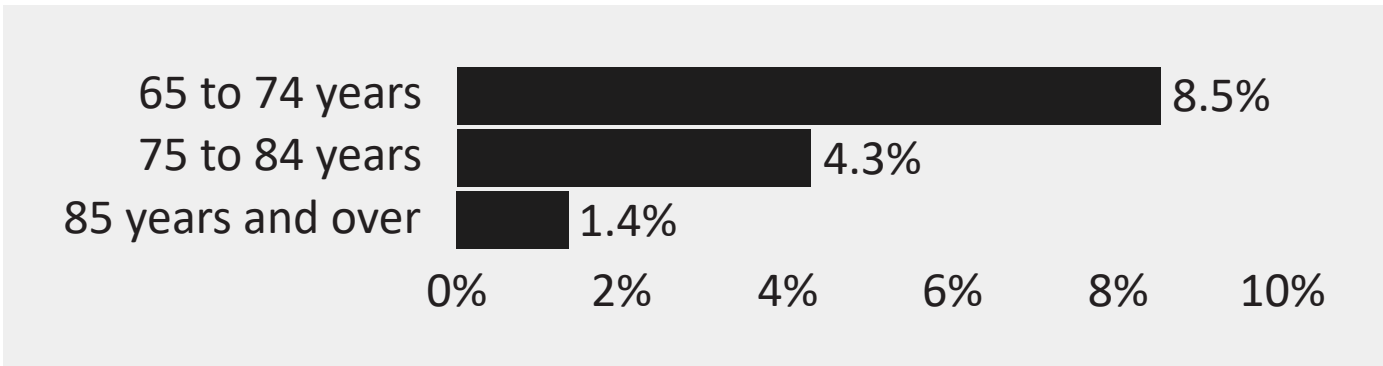


11.7% of people in this county are veterans

12.1% of the population lives with a disability



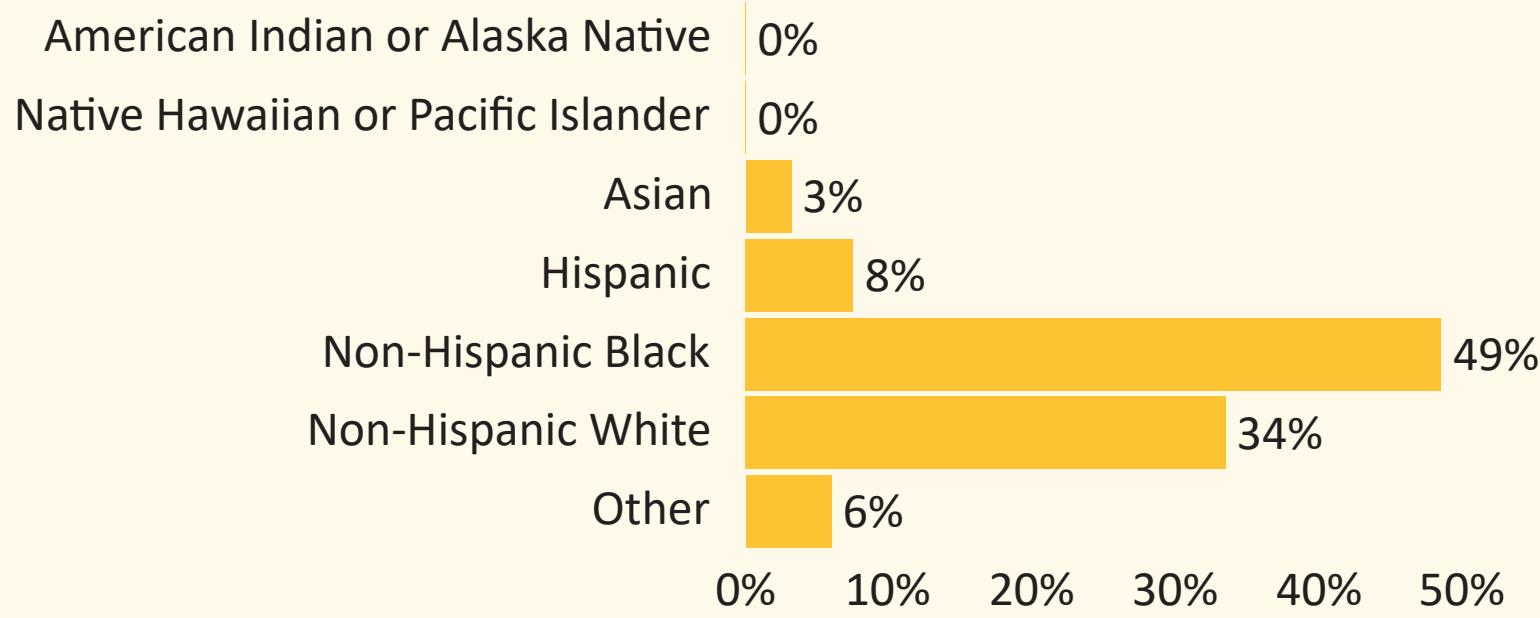
14.2% of the population is 65 years and older



Women
51.9%



Men
48.1%

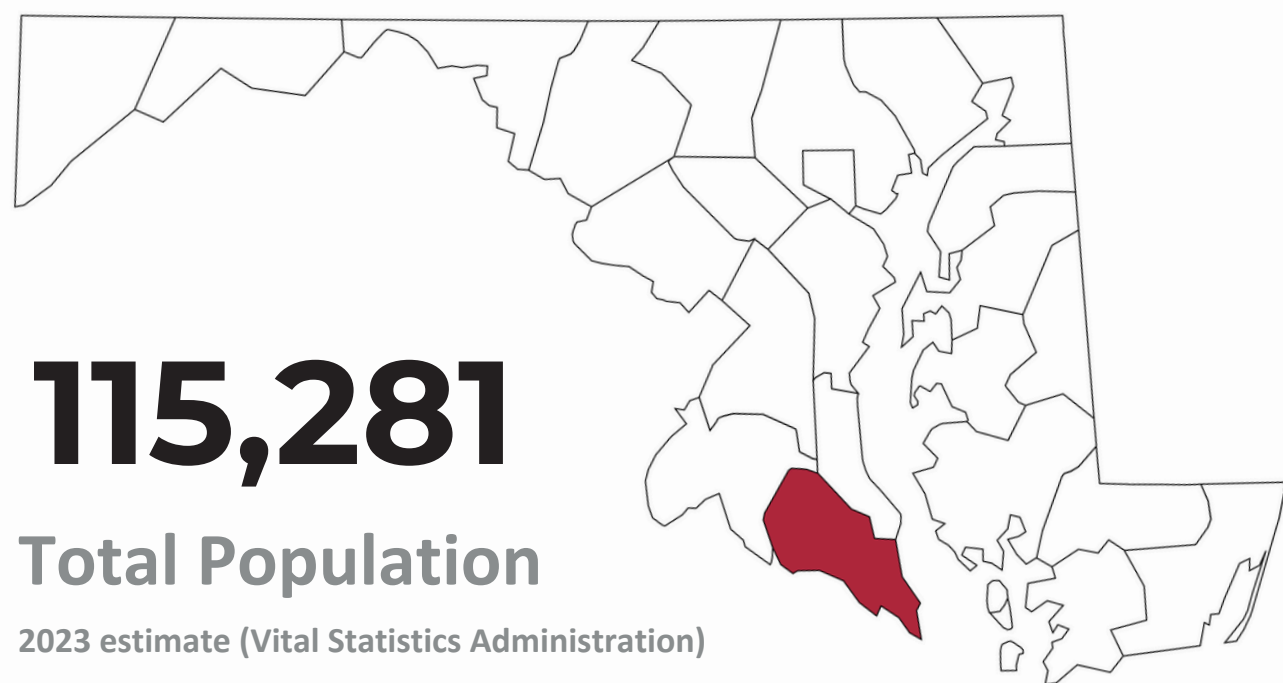


2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>
Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

ST. MARY'S COUNTY



COUNTY INFORMATION

- St. Mary's County has NOT been fully designated as rural by FORHP, but has 4 rural census tracts.
- Located in the Southern Region of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 56.74%
- RUCA Code: 2.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2725:1



Uninsurance Rate
● 3.4%



No HS Diploma
● 8.4%



Poverty Status
● 8.3%



Affordable Housing
● 61.5%



Internet Access
● 90.9%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	NO	
Dental Care HPSA	NO	
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 13
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

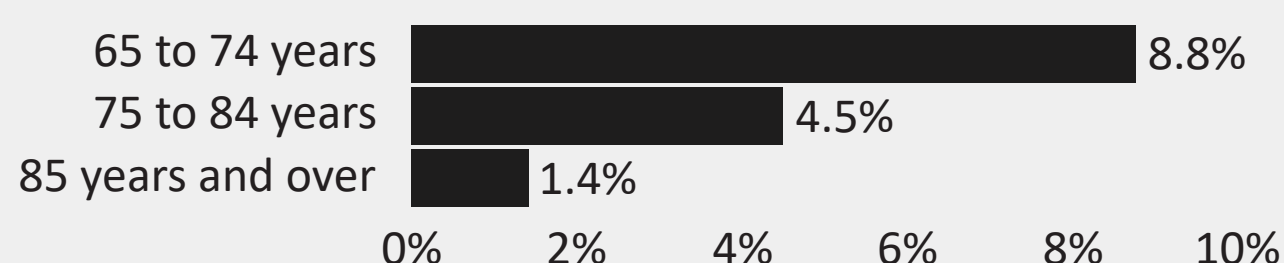


13.2% of people in this county are veterans

11.4% of the population lives with a disability



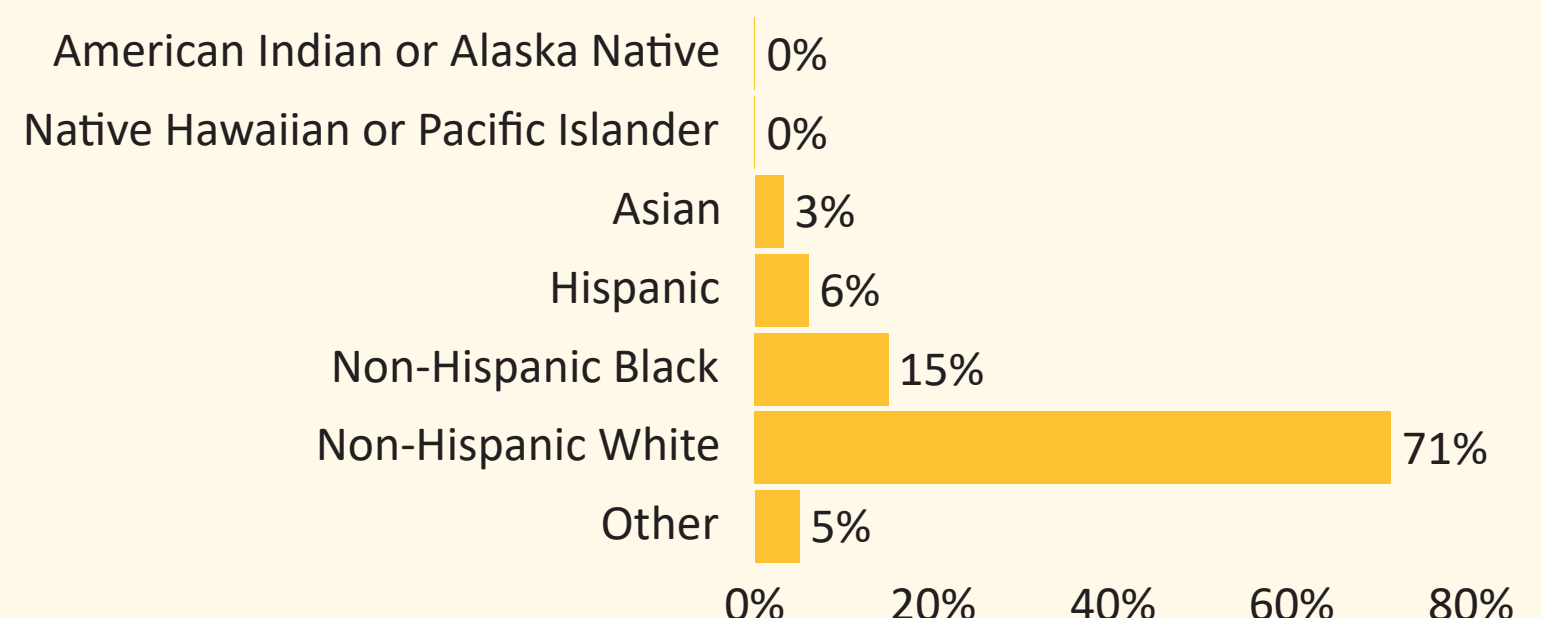
14.7% of the population is 65 years and older



Women
49.5%



Men
50.5%



2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>

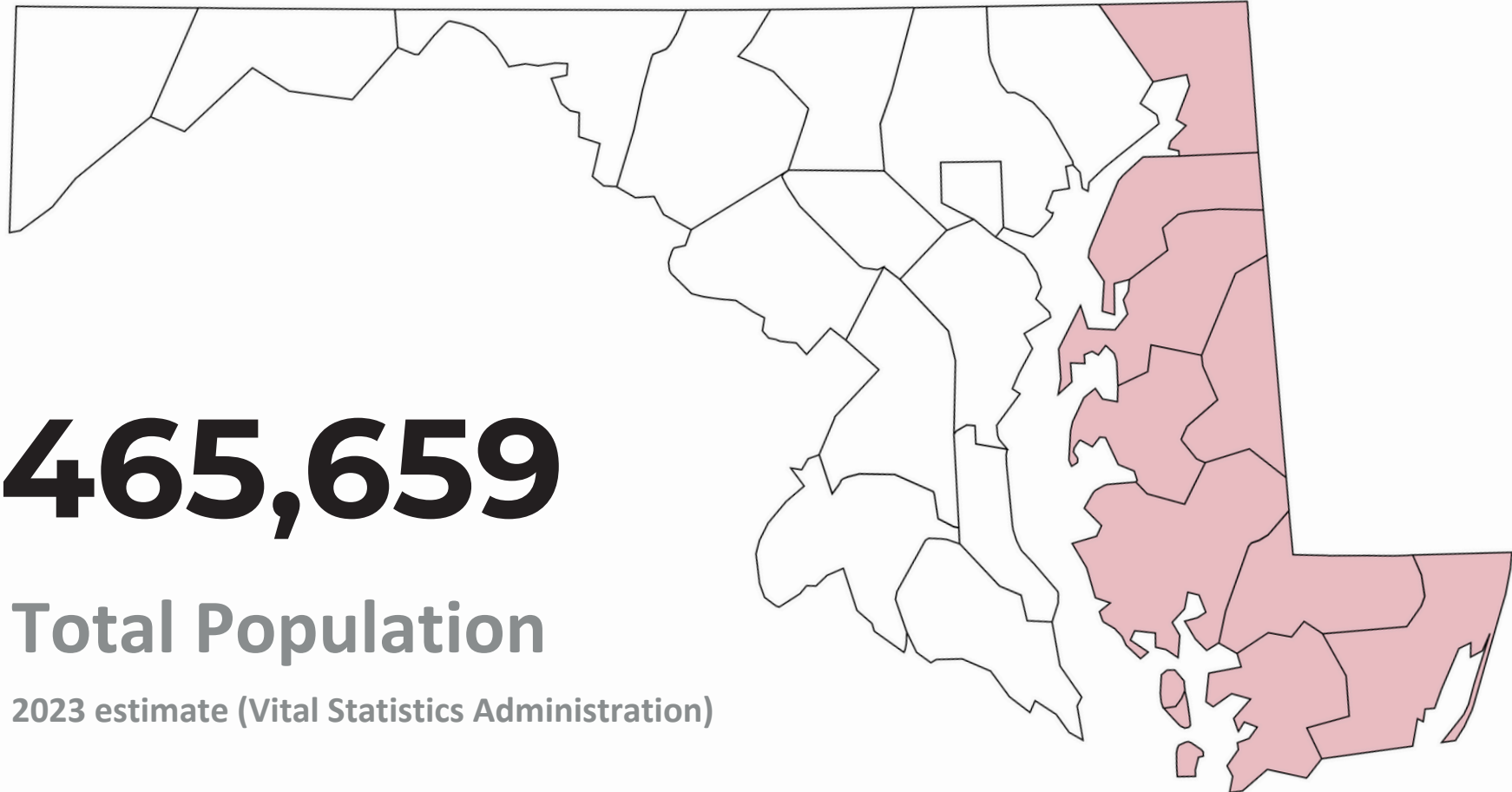
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

REGIONAL PROFILE

EASTERN SHORE MARYLAND

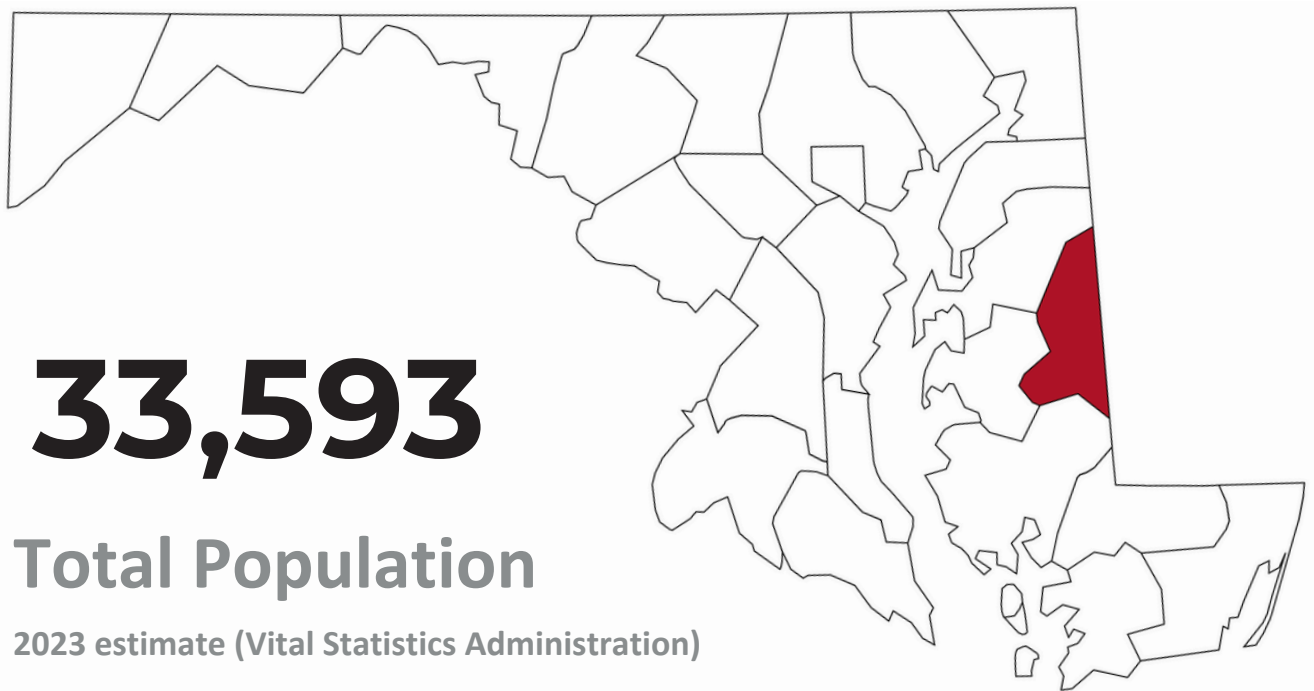


Region	Population
State of Maryland	6,180,253
Eastern Shore Maryland	465,659
Caroline County	33,593
Cecil County	105,672
Dorchester County	32,879
Kent County	19,303
Queen Anne's County	52,508
Somerset County	24,910
Talbot County	37,823
Wicomico County	104,800
Worcester County	54,171

SUMMARY OF REGIONAL INDICATORS

REGION	PCP RATIO	UNINSURED POPULATION	NO HS DIPLOMA	POVERTY	AFFORDABLE HOUSING	INTERNET ACCESS
State of Maryland	1179:1	6.2%	8.9%	9.5%	34.3%	91.5%
Eastern Shore Maryland	● 2189:1	● 5.0%	● 13.0%	● 12.3%	● 70.4%	● 86.9%
Caroline County	● 3339:1	● 7.1%	● 13.3%	● 12.4%	● 82.0%	● 86.3%
Cecil County	● 2534:1	● 1.9%	● 10.0%	● 10.3%	● 84.7%	● 90.7%
Dorchester County	● 2954:1	● 5.4%	● 15.7%	● 16.3%	● 70.6%	● 85.6%
Kent County	● 1376:1	● 5.3%	● 13.0%	● 9.5%	● 59.9%	● 81.2%
Queen Anne's County	● 3175:1	● 5.7%	● 6.5%	● 7.0%	● 41.9%	● 87.0%
Somerset County	● 2732:1	● 3.4%	● 22.9%	● 20.1%	● 90.1%	● 83.5%
Talbot County	● 855:1	● 4.5%	● 10.1%	● 10.2%	● 38.7%	● 89.2%
Wicomico County	● 1552:1	● 6.4%	● 15.4%	● 17.1%	● 91.8%	● 88.6%
Worcester County	● 1181:1	● 5.5%	● 10.1%	● 8.1%	● 74.2%	● 90.0%

CAROLINE COUNTY



COUNTY INFORMATION

- Caroline County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 84.95%
- RUCA Code: 3.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 3339:1



Uninsurance Rate
● 7.1%



No HS Diploma
● 13.3%



Poverty Status
● 12.4%



Affordable Housing
● 82.0%



Internet Access
● 86.3%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	YES	• Population: Low Income Population HPSA • Score: 16
Dental Care HPSA	YES	• Population: Low Income Population HPSA • Score: 16
Mental Health HPSA	YES	• Population: Low Income Population HPSA • Score: 17
Medically Underserved Area (MUA/P)	YES	• Type: Medically Underserved Area • Score: 60.5

DEMOGRAPHIC INFORMATION

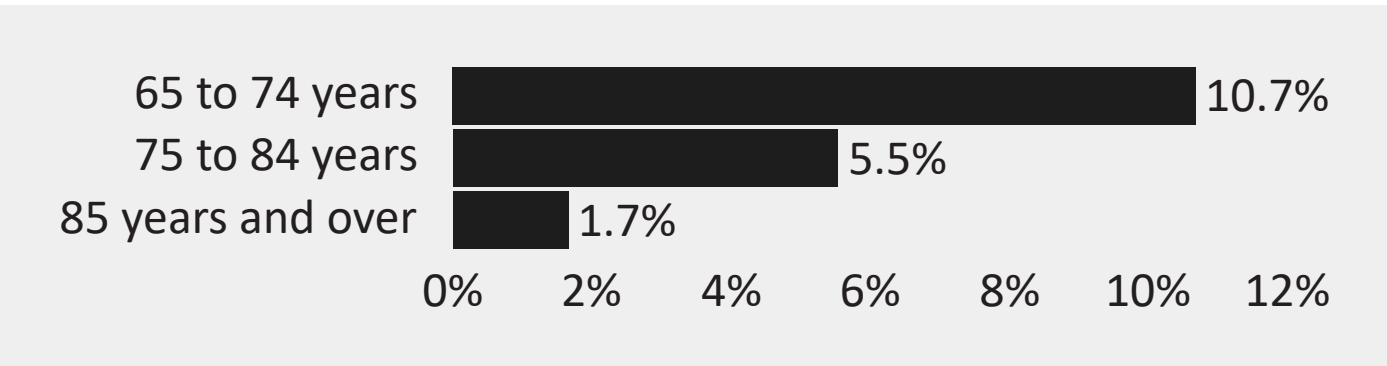


6.4% of people in this county are veterans

15.2% of the population lives with a disability



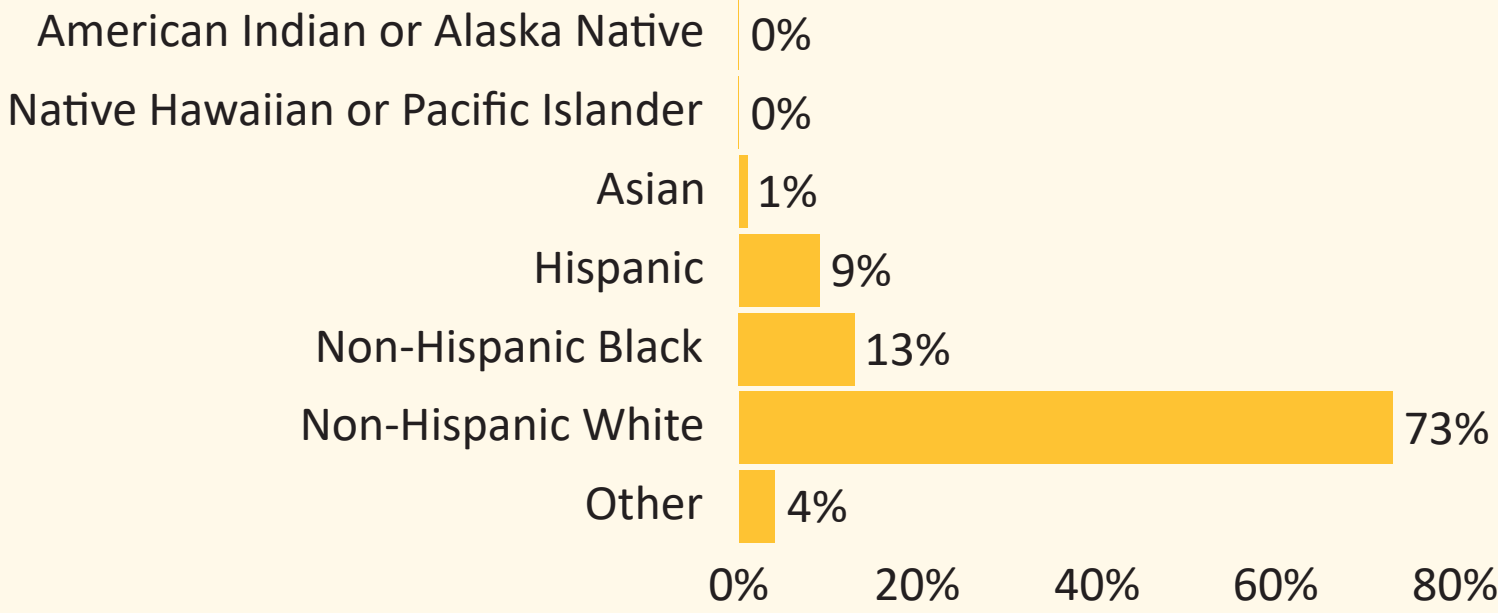
17.8% of the population is 65 years and older



Women
50.8%



Men
49.2%

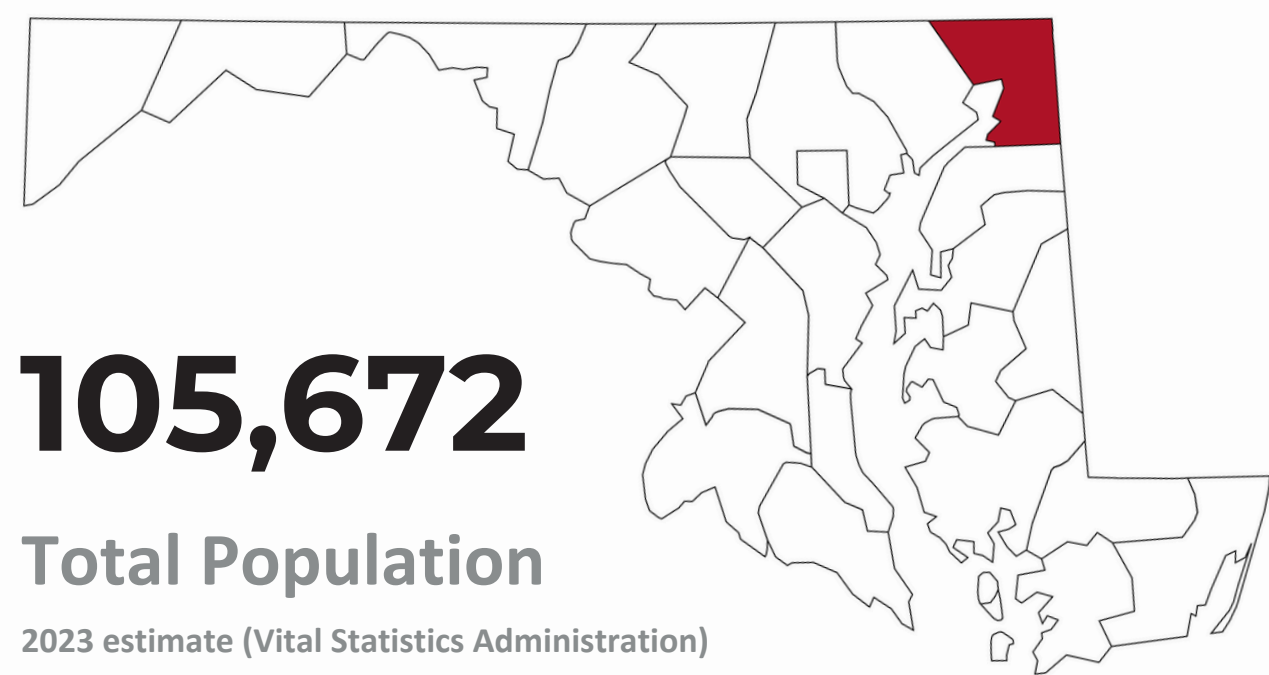


2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>
Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

CECIL COUNTY



COUNTY INFORMATION

- Cecil County has **NOT** been designated as rural by FORHP.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 48.35%
- **RUCA Code: 1.0**



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2534:1



Uninsurance Rate
● 1.9%



No HS Diploma
● 10.0%



Poverty Status
● 10.3%



Affordable Housing
● 84.7%



Internet Access
● 90.7%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This location is in a 2010 Urbanized Area & is in a 2020 Urban Area (Philadelphia, PA--NJ--DE--MD Urban Area)
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Dental Care HPSA	NO	
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 13
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

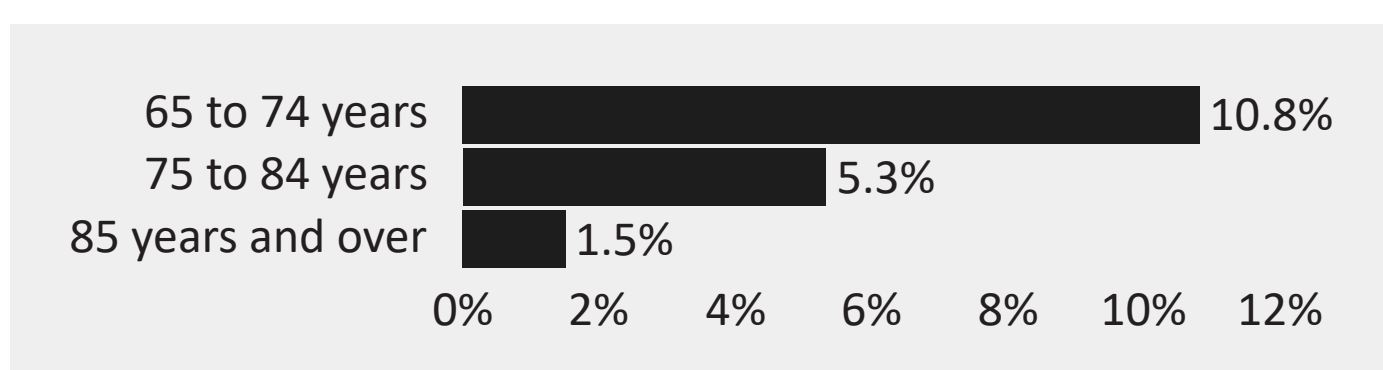


6.2% of people in this county are veterans

14.5% of the population lives with a disability



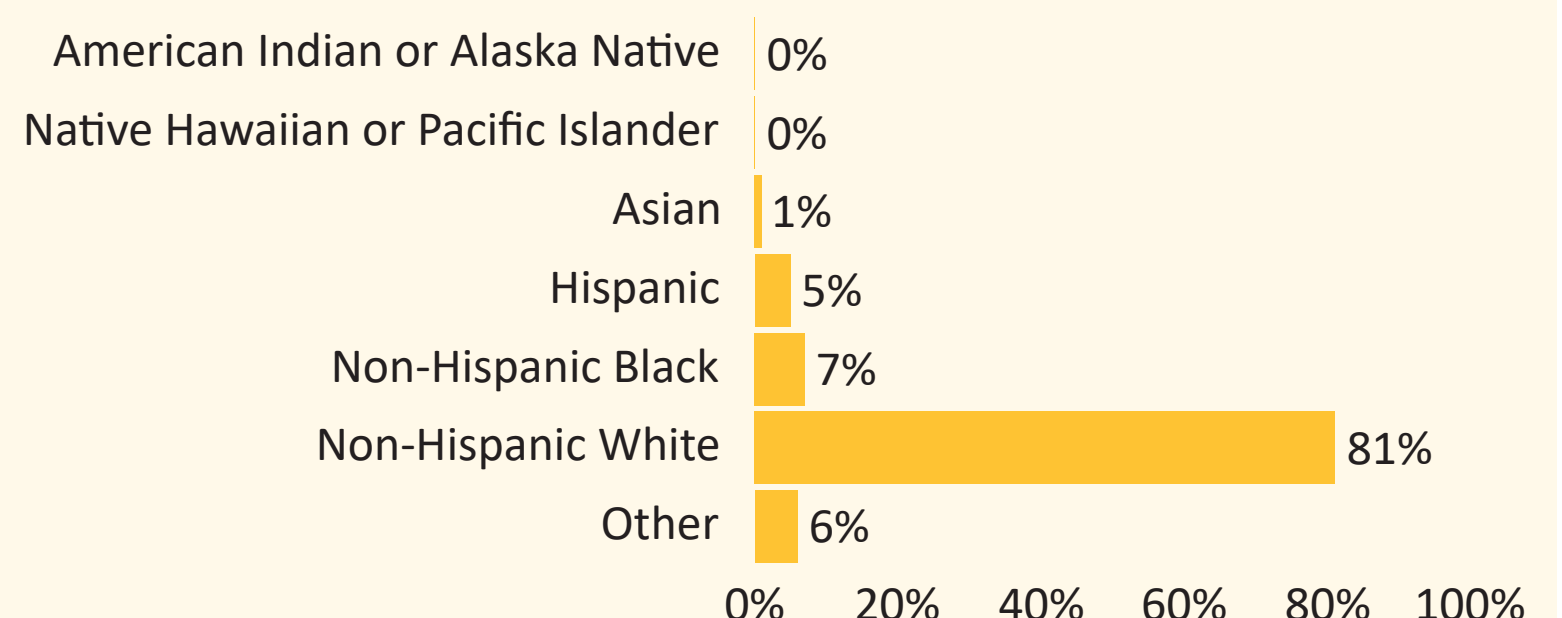
17.6% of the population is 65 years and older



Women
50.8%



Men
49.2%



2025 MD Rural County Profiles Data Sources

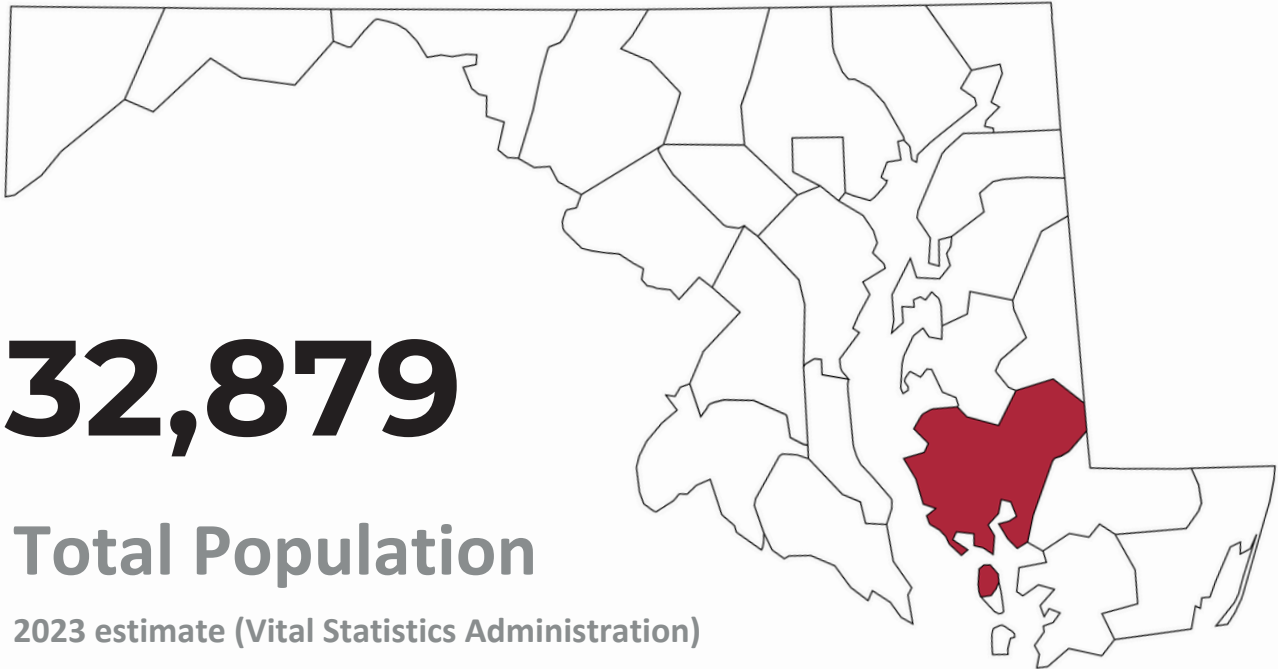
Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/#/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

DORCHESTER COUNTY



COUNTY INFORMATION

- Dorchester County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 53.96%
- RUCA Code: 4.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2954:1



Uninsurance Rate
● 5.4%



No HS Diploma
● 15.7%



Poverty Status
● 16.3%



Affordable Housing
● 70.6%



Internet Access
● 85.6%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance
Primary Care HPSA	YES	• Population: Low Income Population HPSA • Score: 19
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 17
Mental Health HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 14
Medically Underserved Area (MUA/P)	YES	• Population: MUP Medicaid Eligible • Score: 53.4

DEMOGRAPHIC INFORMATION

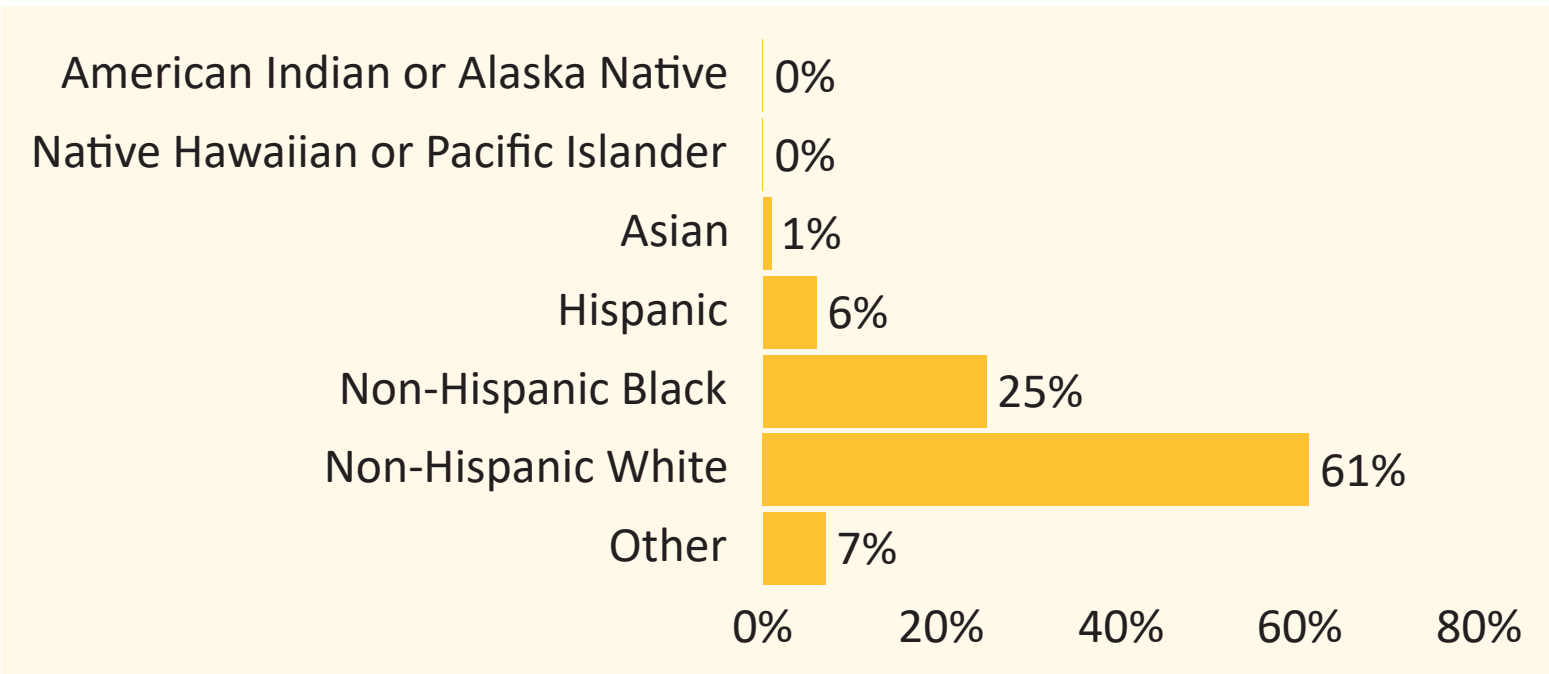
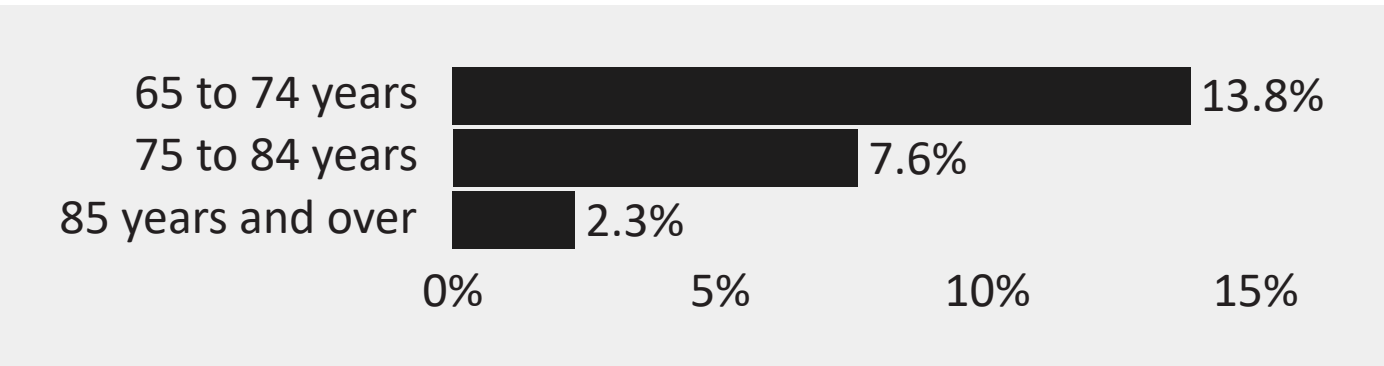


7.9% of people in this county are veterans

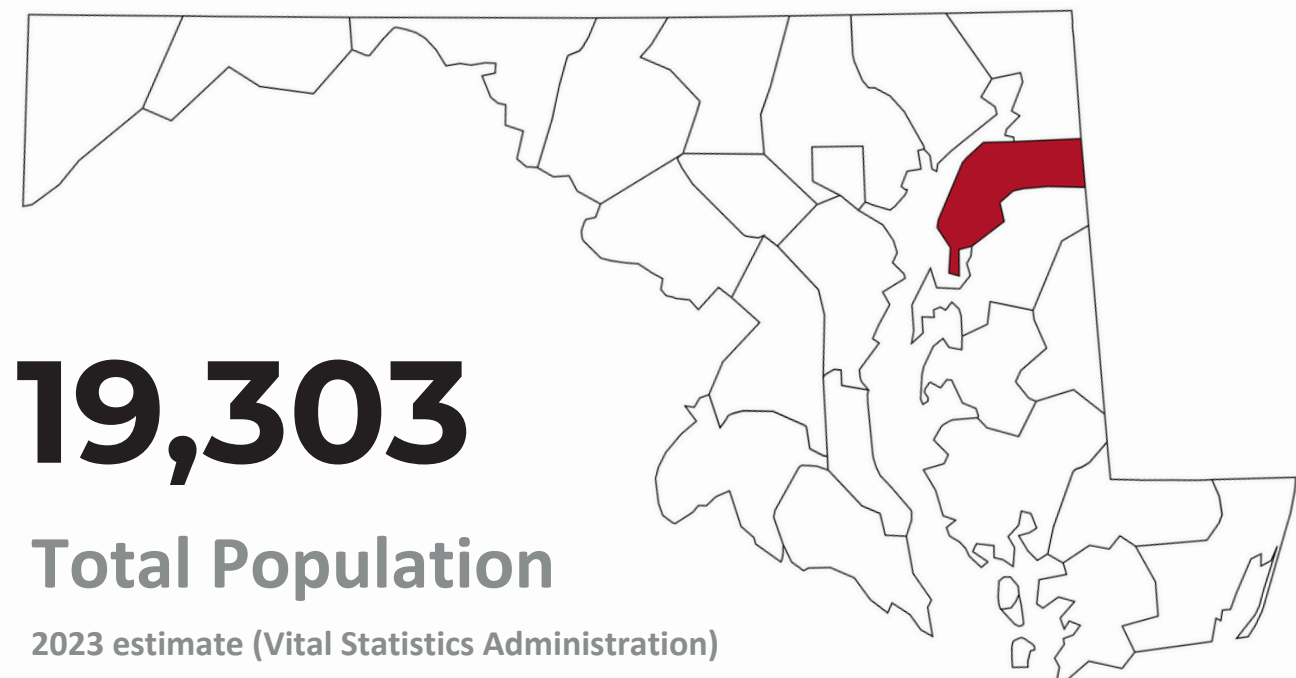
16.5% of the population lives with a disability



23.6% of the population is 65 years and older



KENT COUNTY



COUNTY INFORMATION

- Kent County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 69.63%
- RUCA Code: 7.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1376:1



Uninsurance Rate
● 5.3%



No HS Diploma
● 13.0%



Poverty Status
● 9.5%



Affordable Housing
● 59.9%



Internet Access
● 81.2%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 17
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 16
Mental Health HPSA	YES	• Type: Geographic HPSA • Score: 11
Medically Underserved Area (MUA/P)	YES	• Type: Medically Underserved Area • Score: 61.9

DEMOGRAPHIC INFORMATION

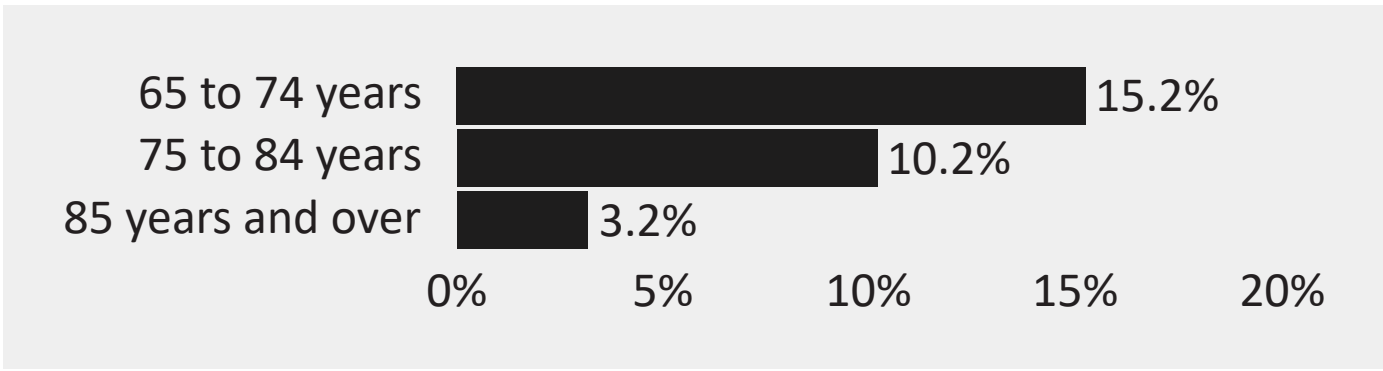


8.1% of people in this county are veterans

14.7% of the population lives with a disability



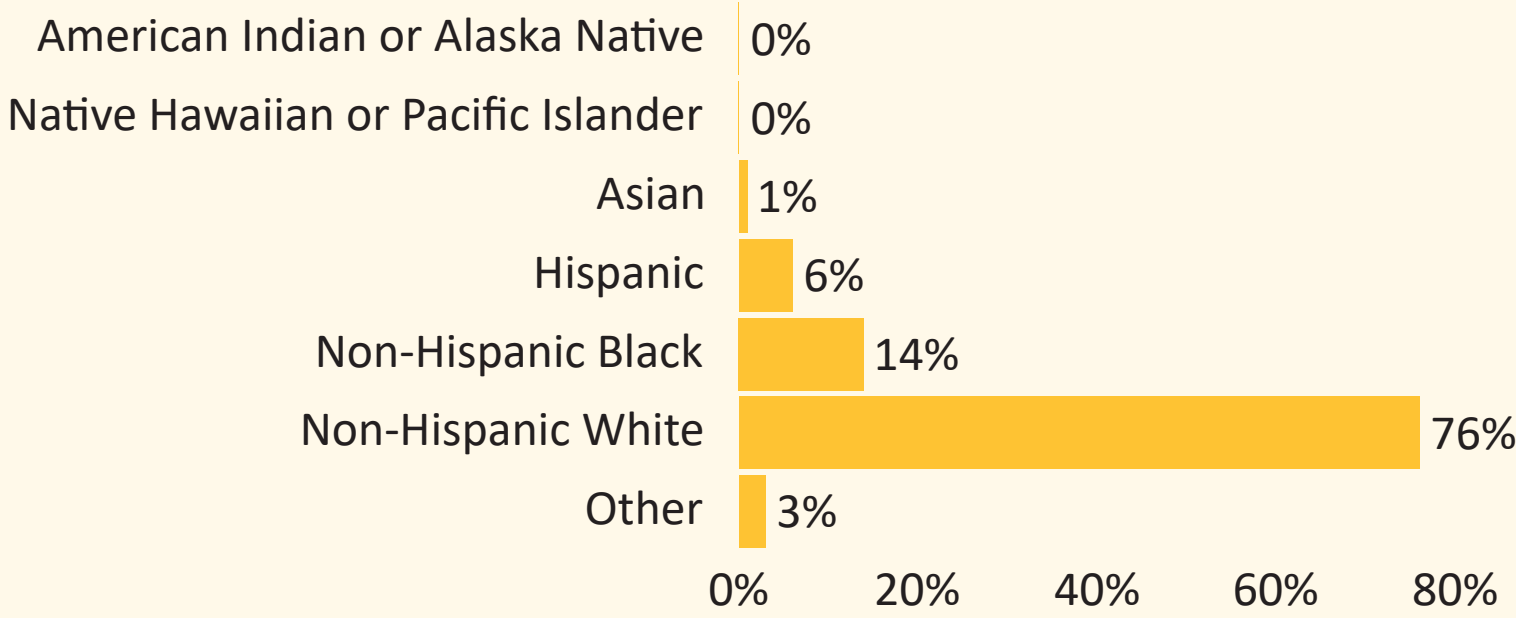
28.6% of the population is 65 years and older



Women
51.8%



Men
48.2%

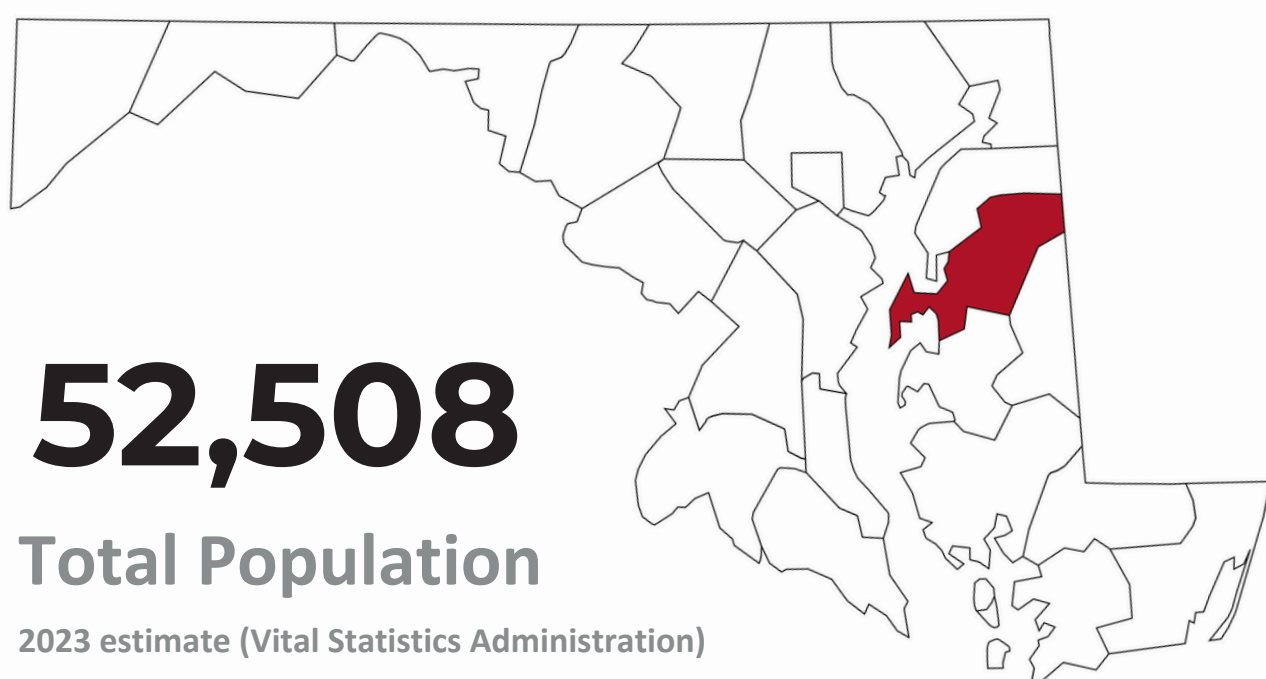


2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>
Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

QUEEN ANNE'S COUNTY



COUNTY INFORMATION

- Queen Anne's County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 59.03%
- RUCA Code: 10.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 3175:1



Uninsurance Rate
● 5.7%



No HS Diploma
● 6.5%



Poverty Status
● 7.0%



Affordable Housing
● 41.9%



Internet Access
● 87.0%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 and 2020 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 16
Mental Health HPSA	YES	• Type: High Needs Geographic HPSA • Score: 17
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

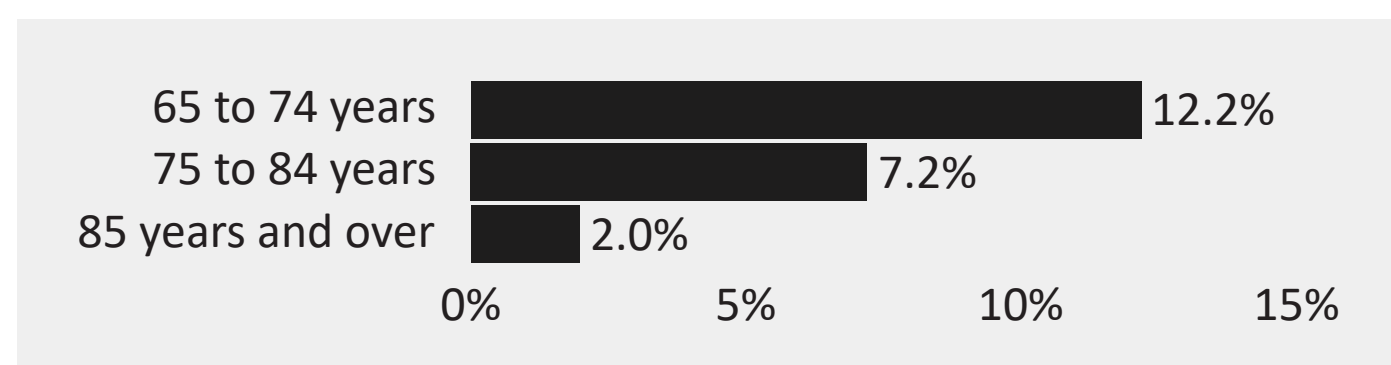


8.0% of people in this county are veterans

10.5% of the population lives with a disability



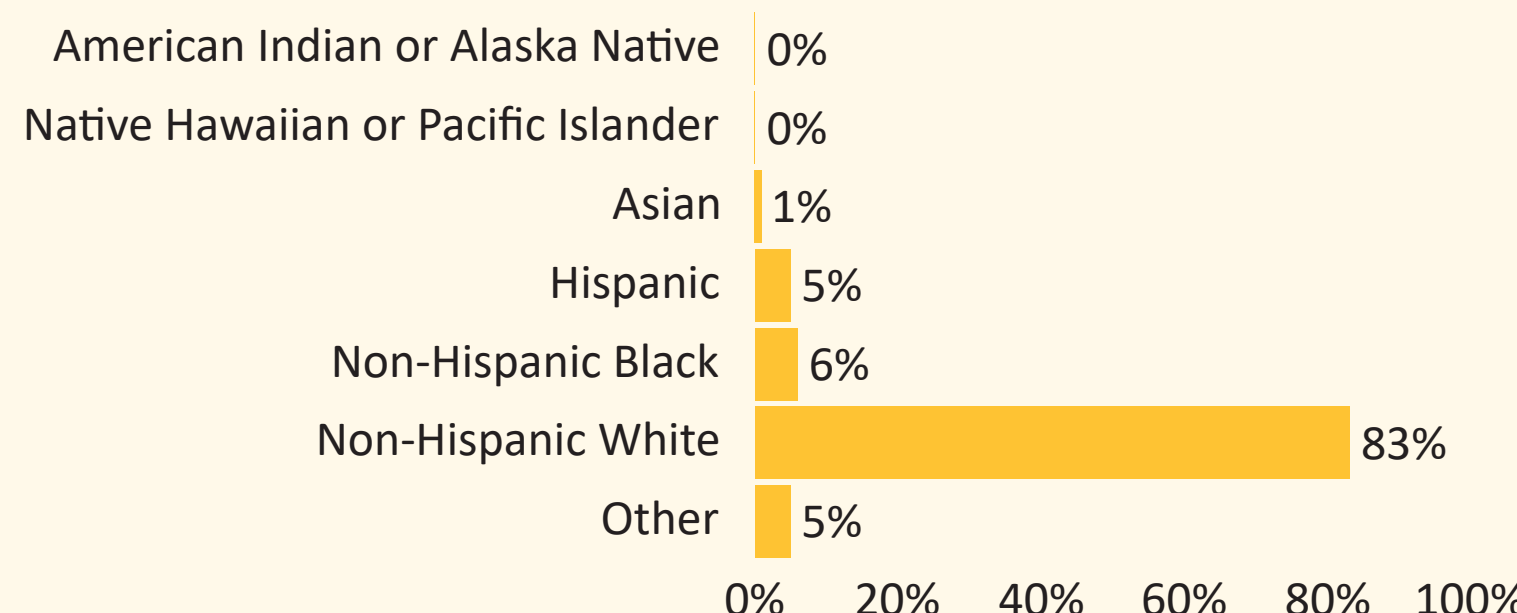
21.3% of the population is 65 years and older



Women
50.3%



Men
49.7%



2025 MD Rural County Profiles Data Sources

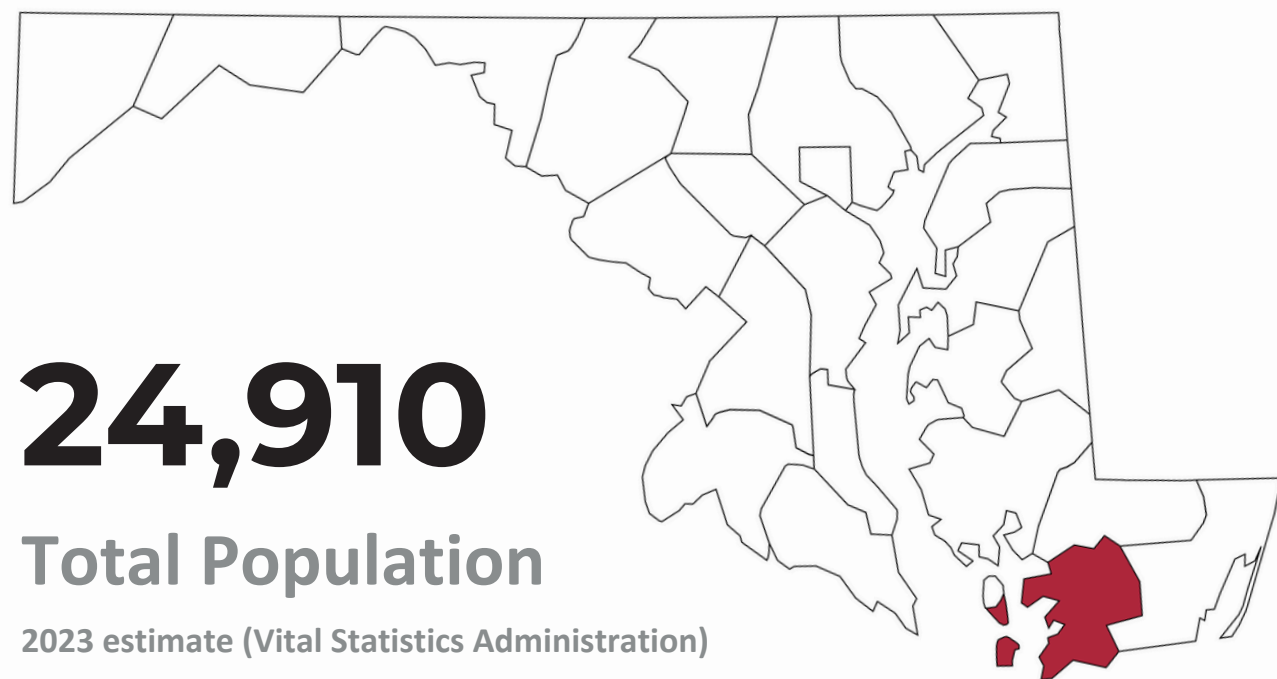
Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

SOMERSET COUNTY



COUNTY INFORMATION

- Somerset County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 59.73%
- RUCA Code: 2.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 2732:1



Uninsurance Rate
● 3.4%



No HS Diploma
● 22.9%



Poverty Status
● 20.1%



Affordable Housing
● 90.1%



Internet Access
● 83.5%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	YES	• Type: High Needs Geographic HPSA • Score: 18
Dental Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 16
Mental Health HPSA	YES	• Population: Low Income Population HPSA • Score: 17
Medically Underserved Area (MUA/P)	YES	• Type: Medically Underserved Area • Score: 58.5

DEMOGRAPHIC INFORMATION

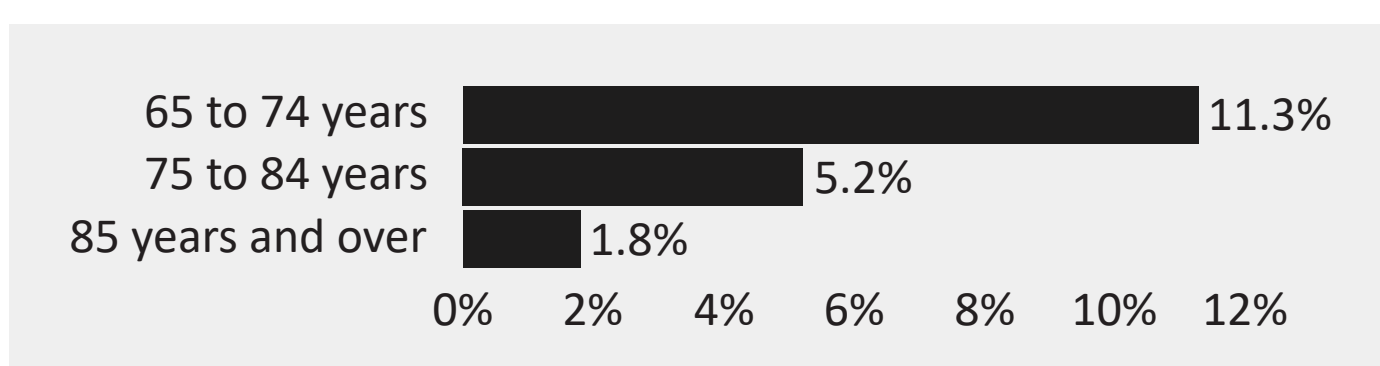


6.6% of people in this county are veterans

16.3% of the population lives with a disability



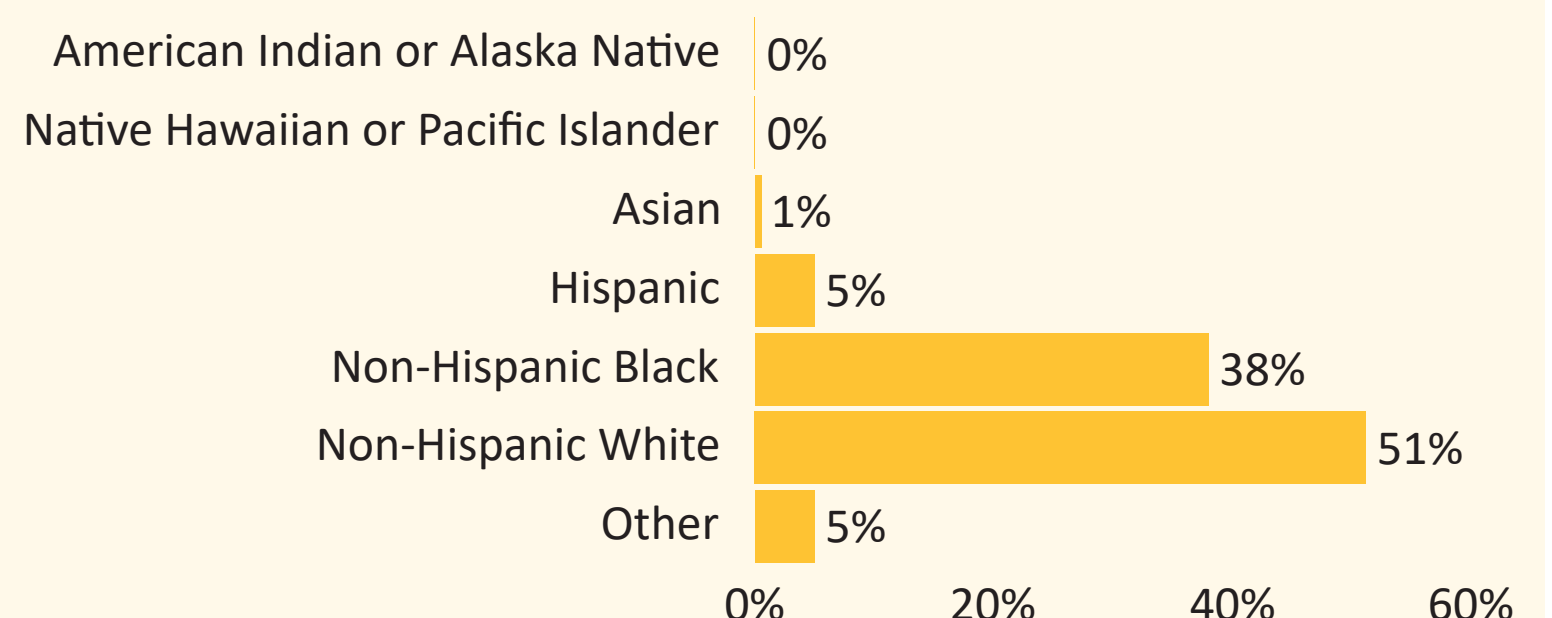
18.3% of the population is 65 years and older



Women
45.3%



Men
54.7%



2025 MD Rural County Profiles Data Sources

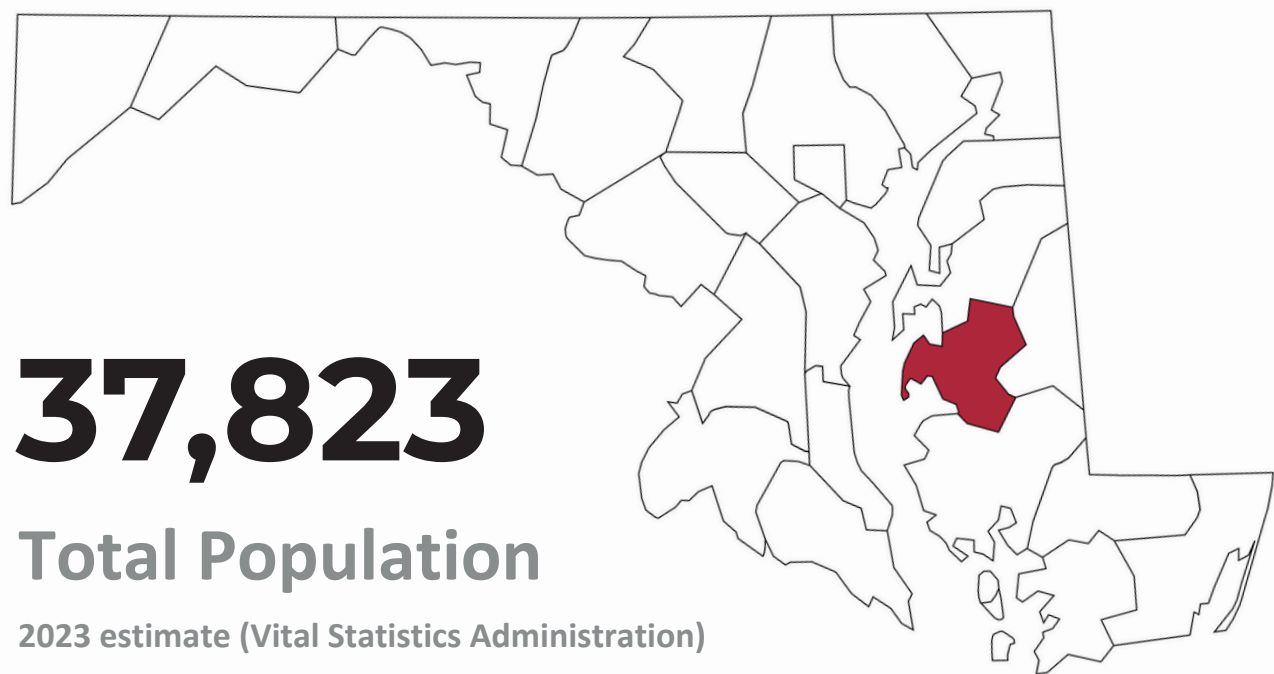
Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

TALBOT COUNTY



COUNTY INFORMATION

- Talbot County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 51.95%
- RUCA Code: 4.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 855:1



Uninsurance Rate
● 4.5%



No HS Diploma
● 10.1%



Poverty Status
● 10.2%



Affordable Housing
● 38.7%



Internet Access
● 89.2%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	NO	
Dental Care HPSA	YES	• Type: Geographic HPSA • Score: 15
Mental Health HPSA	YES	• Type: High Needs Geographic HPSA • Score: 13
Medically Underserved Area (MUA/P)	NO	

DEMOGRAPHIC INFORMATION

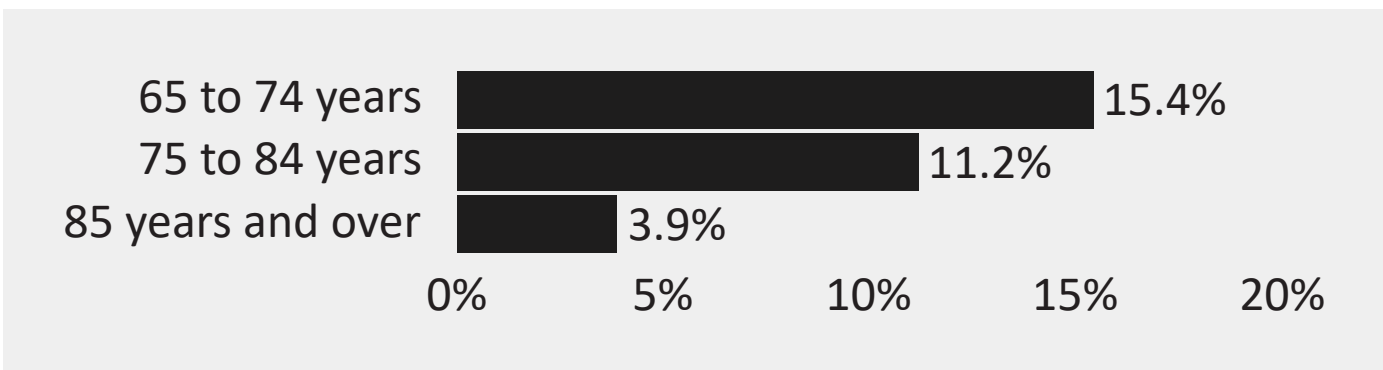


8.0% of people in this county are veterans

10.5% of the population lives with a disability



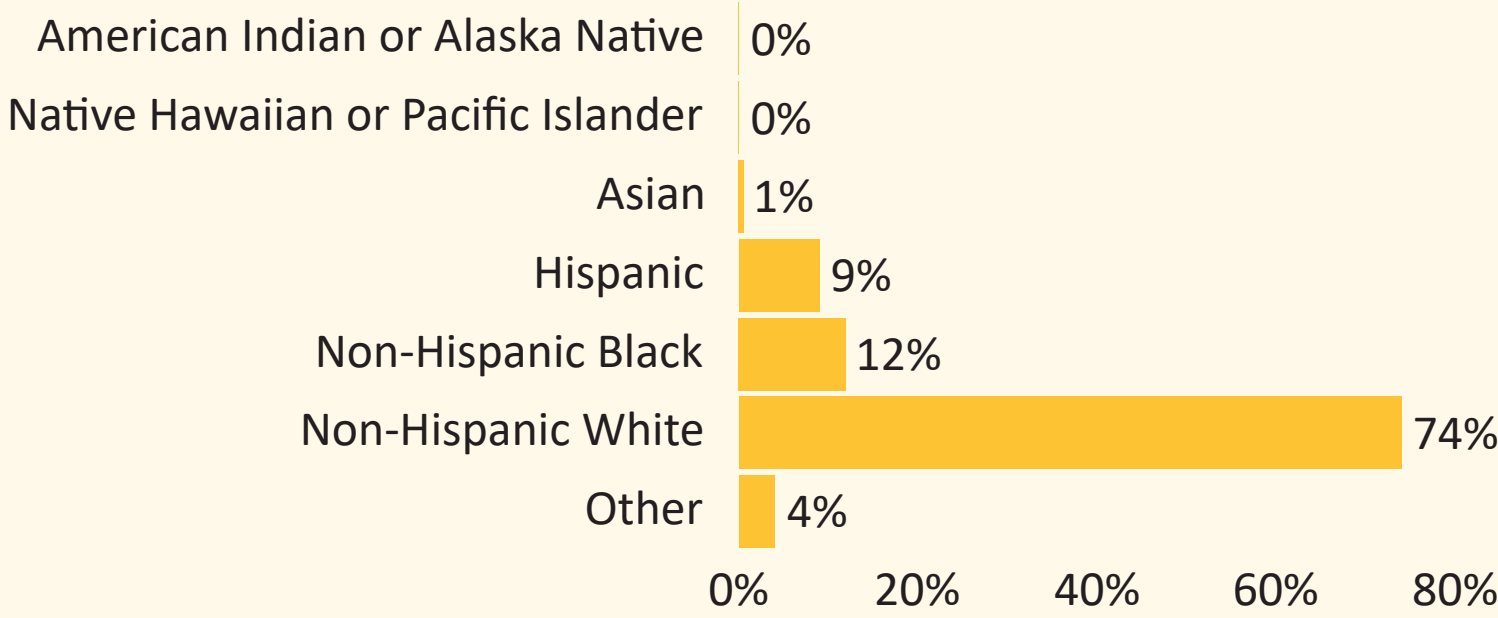
30.5% of the population is 65 years and older



Women
52.1%



Men
47.9%

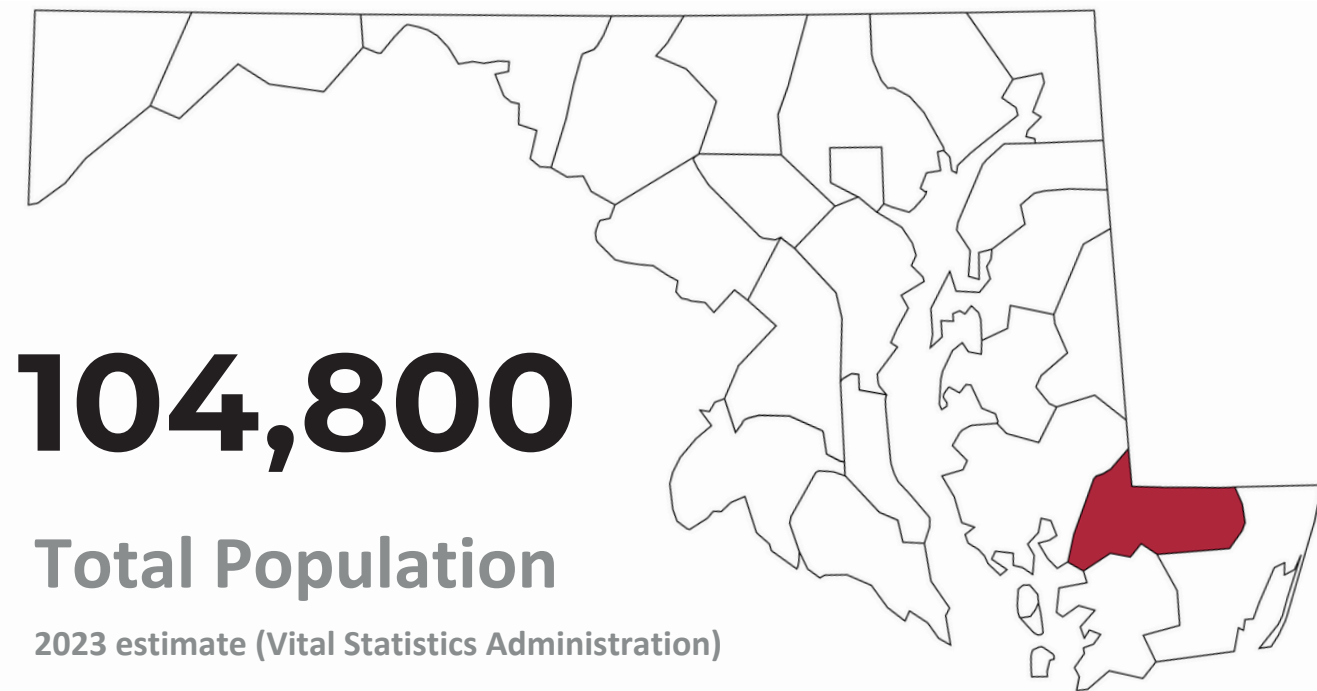


2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>
U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

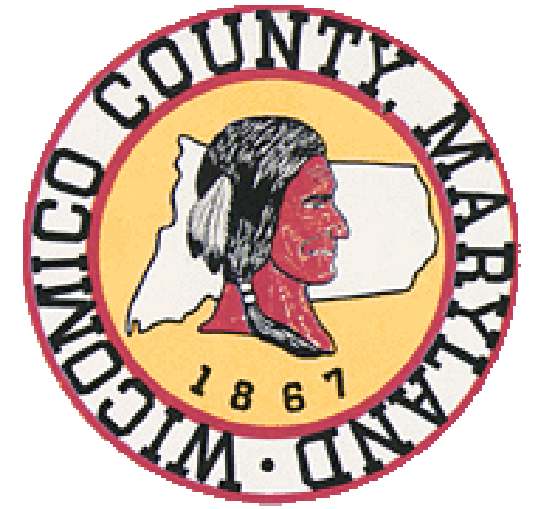
Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>
Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

WICOMICO COUNTY



COUNTY INFORMATION

- Wicomico County has NOT been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 26.87%
- RUCA Code: 1.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1552:1



Uninsurance Rate
● 6.4%



No HS Diploma
● 15.4%



Poverty Status
● 17.1%



Affordable Housing
● 91.8%



Internet Access
● 88.6%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	NO	• This location is in a 2010 Urbanized Area (Salisbury, MD--DE Urbanized Area) AND is in a 2020 Urban Area (Salisbury, MD--DE Urban Area).
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 15
Dental Care HPSA	YES	• Population: Low Income Population HPSA • Score: 18
Mental Health HPSA	YES	• Population: Low Income Population HPSA • Score: 17
Medically Underserved Area (MUA/P)	YES	• Population: MUP Medicaid Eligible • Score: 62

DEMOGRAPHIC INFORMATION

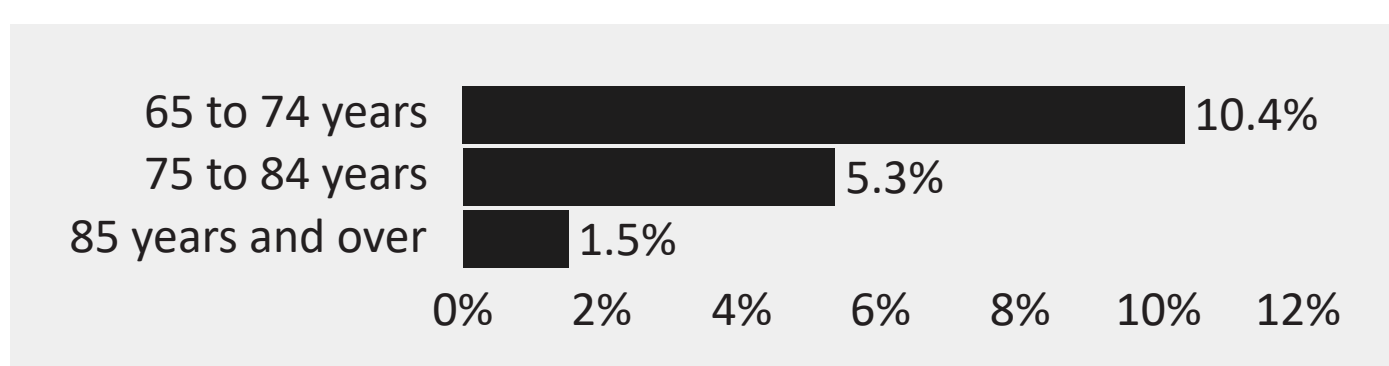


6.8% of people in this county are veterans

12.8% of the population lives with a disability



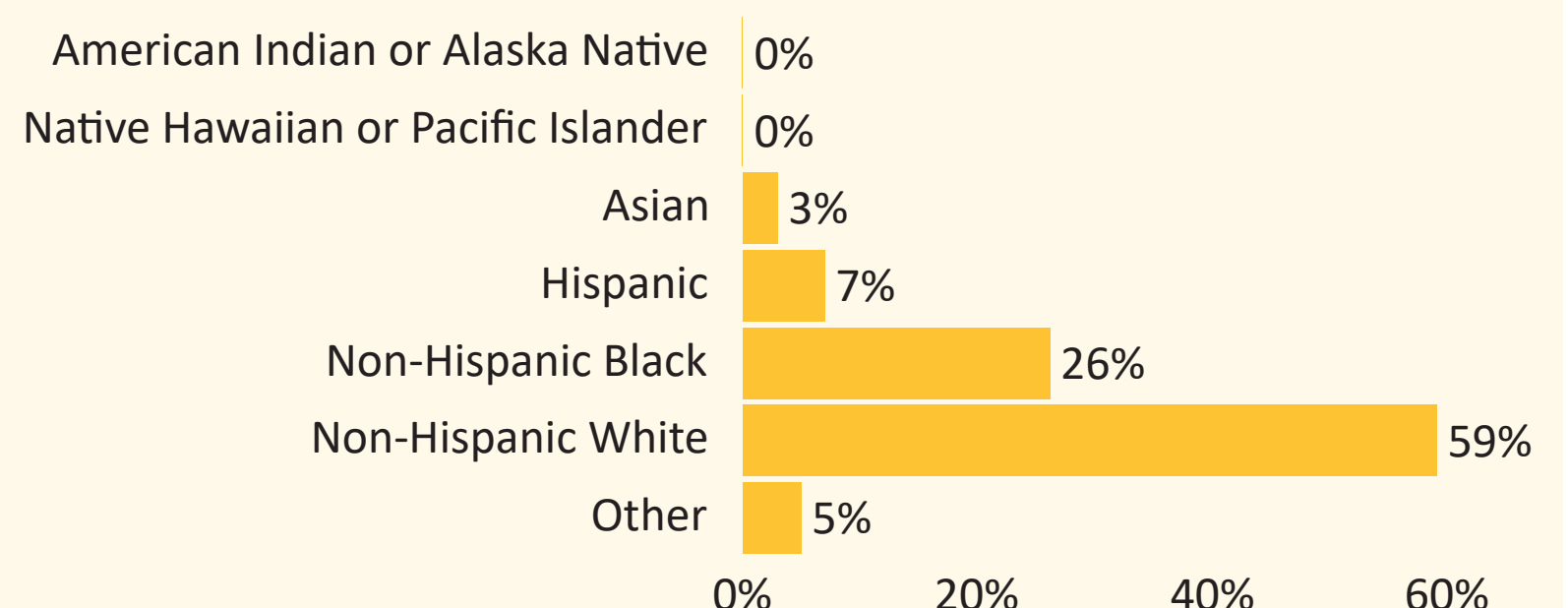
17.2% of the population is 65 years and older



Women
52.1%



Men
47.9%



2025 MD Rural County Profiles Data Sources

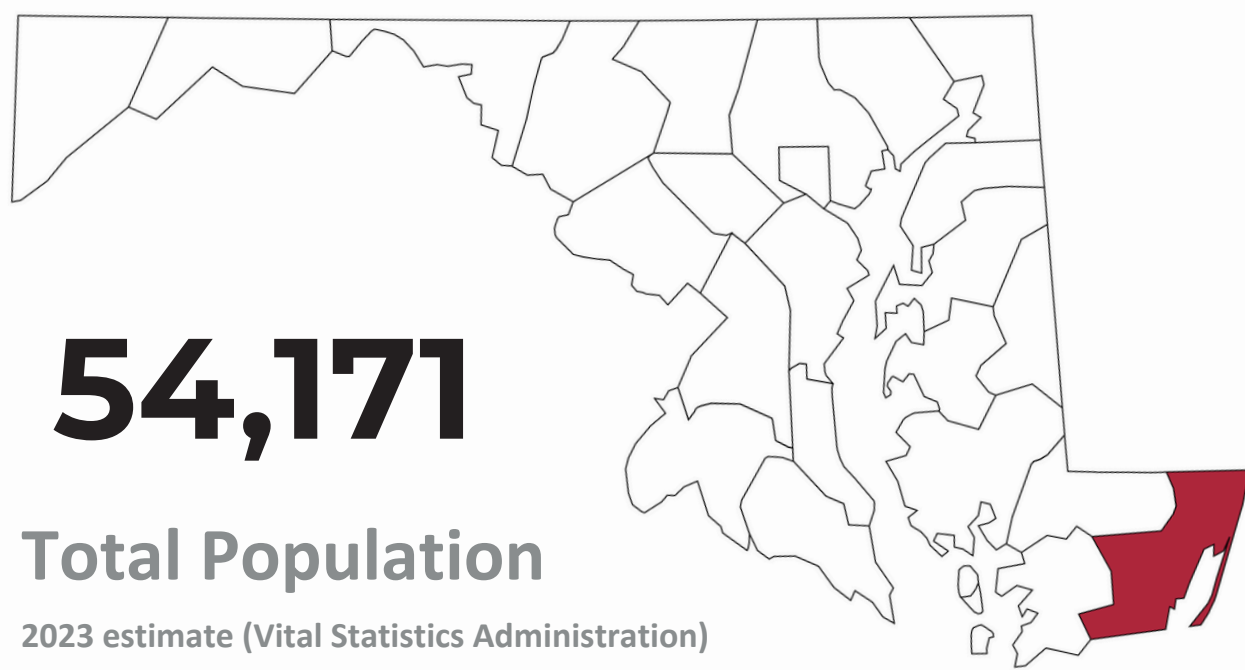
Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

WORCESTER COUNTY



COUNTY INFORMATION

- Worcester County has been designated by FORHP as rural.
- Located in the Eastern Shore of Maryland's Rural Jurisdictions
- Percent of County Population that is Rural: 40.9%
- RUCA Code: 10.0



SOCIAL DRIVERS OF HEALTH



Ratio of PCPs
● 1181:1



Uninsurance Rate
● 5.5%



No HS Diploma
● 10.1%



Poverty Status
● 8.1%



Affordable Housing
● 74.2%



Internet Access
● 90.0%

PROGRAM ELIGIBILITY

Program	Eligible	Description
CMS - Rural Health Clinics	YES	• This location is outside of 2010 and 2020 Urbanized Areas and meets the rural location requirement as per CMS interim guidance.
Primary Care HPSA	YES	• Population: Medicaid Eligible Population HPSA • Score: 15
Dental Care HPSA	YES	• Type: High Needs Geographic HPSA • Score: 15
Mental Health HPSA	YES	• Population: Low Income Population HPSA • Score: 12
Medically Underserved Area (MUA/P)	YES	• Type: Medically Underserved Area • Score: 58.3

DEMOGRAPHIC INFORMATION

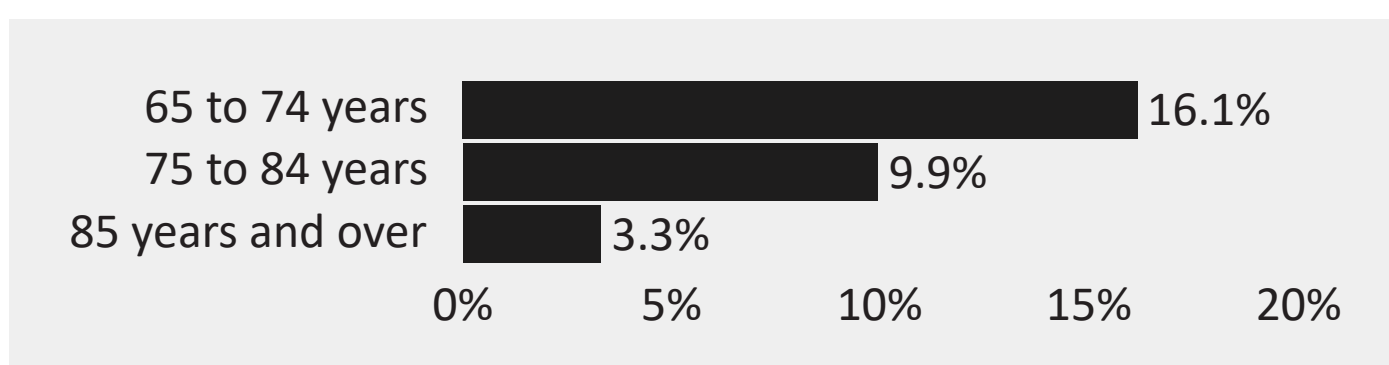


9.8% of people in this county are veterans

14.9% of the population lives with a disability



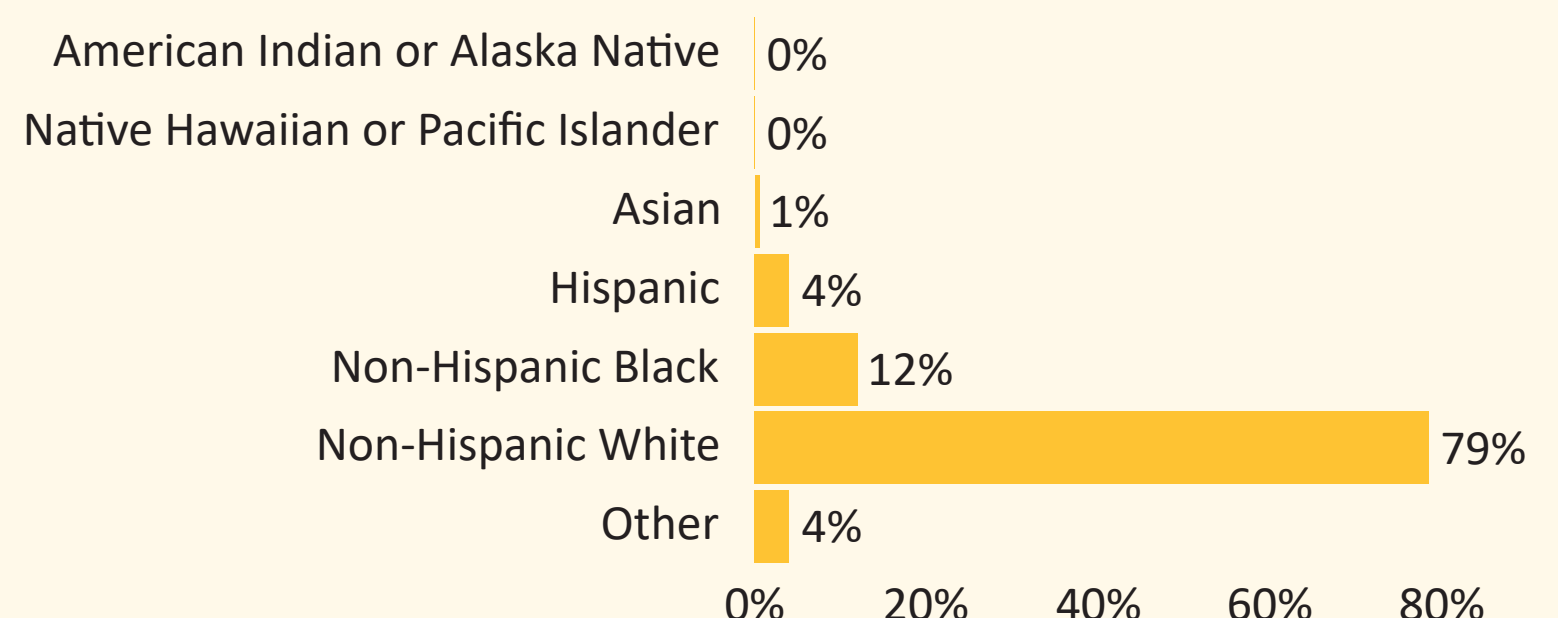
29.3% of the population is 65 years and older



Women
51.3%



Men
48.7%



2025 MD Rural County Profiles Data Sources

Rural Health Information Hub. Am I Rural? Report. <https://www.ruralhealthinfo.org/am-i-rural/>

U.S. Census Bureau. Maryland Profiles. <https://data.census.gov/profile?q=maryland>

Maryland Open Data Portal. State Health Improvement Program Datasets. Updated 2021. <https://opendata.maryland.gov/browse?q=SHIP&sortBy=relevance&pageSize=20&page=1>

Maryland Vital Statistics Administrative. Maryland Vital Statistics Annual Report 2023. https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2023_Annual%20Report_Final.pdf

