Criterion 1: NEED
(Note: Changes were made to the reported FPL population numbers in the Environment/Need section of the Abstract to reflect current ACS 2009 data.)

Characteristics of the Target Population
The in conjunction with its co-applicant public entity,), proposes to establish new access points that will provide culturally competent, high quality health care to the medically vulnerable population in the City of and a portion of Township, County, will target zip codes which contain 37 census tracts that are HPSA medical designations, 19 MUA census tracts, and 6 MUP census tracts. This includes census tracts ; and that fall within s proposed service area.

Poverty and the Uninsured: In 2009 nearly 42,000 County residents lacked health insurance and approximately 107,000 residents were enrolled in the Medicaid program. Although County and the state have seen a decline in income and employment, the City of is particularly burdened. Over 36.2 percent of s target service area population was below federal poverty level (FPL) per the ACS 2009 data. Further, the Employee Benefits Survey that was released for 2009 showed that almost 23 percent of the City of s non-elderly residents were uninsured. The burden of poverty in these reference areas is as follows:

2009 Poverty Level by Geographic Area (percent of poverty)

Service Area	Total Population In Catchment Area	Population Below 100% Federal Poverty Level (FPL)	Percent of Population Below 100% Federal Poverty Level (FPL)
City of zip codes	150,121	54,350	36.2
County	418,779	80,869	19.3
	9,735,741	1,576,704	16.2

ACS data, 2009

Income: The median household income for County in 2009 was almost $4,000 less than the state, and almost $9,000 less than the nation. The City of s median household income was almost $15,000 less than the median income for County as a whole and $23,000 less than the United States. In 2007, 9.3% of County residents 18 years and older and 19.9% of City of residents 18 years and older had incomes that were below the poverty level, compared to 9% of residents 18 years and over. Additionally, the level of poverty is so profound in the City of that over 19.4 percent of the individuals living in the target service area have incomes that are 50 percent or less than the current Federal Poverty Level (FPL) (American Fact Finder, 2009).

Region	Annual Income
City of	$27,049
County	$41,382
	$45,255
United States	$50,221

Economic Trend: According to the 2009 American Community Survey, 36.2 percent of the City of had incomes below federal poverty level (FPL) compared to only 26.4 percent in 2000. Additionally, per capita income was $14,996 for the City of and $22,258 for County. County and both have dramatically lower per capita incomes than the state average per person which is $23,728. Census data released in 2009 showed that the number of residents living at or below the FPL has steadily grown for the last decade (American Community Survey). The median income in County has dropped more than $500 since 2000, while the City of has dropped over $900 in that same timeframe. Additionally, County has the highest concentration of poverty in The median income from 1997 to 2007 rose by 1.1 percent nationally, and the rate of people living in poverty dropped to 12.6 percent. The rate of poverty during that same timeframe more than doubled in the City of

Race/Ethnicity: In the City of African Americans comprise over one-half (50.1%) of the population, while 44.1 percent of its residents are White. The proportion of City of residents who are Hispanic/ Latino of any race is higher than County (3.0%) as a whole, but lower than the State of (3.9%). The proportion of County residents who are American Indian/Alaskan Native is similar to the State of and the proportion of residents who are Asian is less in the County than in the State. In the City of the proportion of residents who are American Indian/Alaska Native or Asian is lower than the proportion in A greater proportion of and County residents identify with two or more races as compared to the rest of (ACS 2009).

Population by Race/Ethnicity, 2009					
Population Subgroup	City of		County		
	Number	Percentage	Number	Percentage	Percentage
Total Population	111,485	100%	424,043	100%	100%
Hispanic/Latino of any race	4,178	3.7%	10,821	2.6%	4.0%
Total One Race	108,195	97.0%	412,930	97.4%	98.1%
African American/Black	55,875	50.1%	80,366	19.0%	14.0%
White	49,142	44.1%	323,059	76.2%	79.7%
American Indian/Alaska Native	814	0.7%	2,209	0.5%	0.5%
Asian	1,126	1.0%	4906	1.2%	2.3%
Pacific Islander/Native Hawaiian	270	0.2%	304	0.1%	<0.1%
Some Other Race	968	0.9%	2,086	0.5%	1.5%
Total Two or More Races	3,290	3.0%	11,113	2.6%	1.9%

Source: US Census Bureau, 2009

Over 50 percent of the individuals living in the target zip codes to be served by are comprised of

minorities, compared to 23.8 percent of the overall ███ County population. The racial makeup for ███ s primary service area is 50.1 percent African-American, 1.0 percent Asian, and more than 3.0 percent multiracial. Nearly 4.0 percent of the service area population indicated Hispanic/Latino origin (Census Bureau, 2009).

Socioeconomic measures such as income and employment impact health status. These factors influence health in a variety of ways and are important indicators of ███ County's overall health. There are distinct differences in indicators of socioeconomic status between the urban and suburban areas of ███ County. In particular, ███ has seen a dramatic shift in declining socioeconomic status over the last three decades and has much higher unemployment and poverty rates than ███ County, ███ and the nation.

Many diseases and disorders disproportionately affect the health of minority populations. Examples include diabetes, obesity, nutrition-related disorders, hepatitis C, gallbladder disease, sickle cell disease, kidney diseases, and complications from infection with the human immunodeficiency virus (National Institute of Health, 2008). The large minority population in ███ is expected to exhibit all of the health disparities documented at the national level. The following table summarizes the burden of poverty for ███ residents versus ███ County. Many of the health disparities that will be discussed regarding the City of ███ are significantly impacted due to extreme poverty, limited public transportation, and shortages in the health and social services safety net to address the high need.

Race and Geographic Area - Federal Poverty Level

Racial/Ethnic Group	City of ███	███ County
Percent of African American Population Below Poverty	22,336/55,306: 40.4%	29,517/79,983: 36.9%
Percent of Hispanic/Latino Population Below Poverty	1,624/4,115: 39.5%	3291/10614: 31.0%
Percent of White Non-Hispanic Population Below Poverty	12,959/45,553: 28.4%	43,588/312,741: 13.9%
Percent of Other/Bi/Multiracial Population Below Poverty	1,321/3002: 44.0%	3,653/11,050: 33.1%

(ACS 2009)

Characteristics That Impact Access to Primary Care, Uilization, and/or Health

███ County ranks last in overall health of the 82 ███ counties that reported data in 2010. The subsequent table summarizes a sample list of indicators reported by the ███ Department of Community Health. According to the Robert Woods Johnson Foundation's 2010 report on ███ s health, lifestyle behaviors account for half of an individual's overall health status.

HEALTH OUTCOMES	RANKING (82 Counties)
Morbidity	79 of 82
Mortality	73 of 82
Overall health factors	81 of 82
Health Behaviors	82 of 82
Social & Economic Factors	78 of 82
Physical Environment	75 of 82

Source: ███ Report, 2010; RFJ Foundation Study

is committed to working with both the environmental factors and the health conditions themselves to address root cause and symptom amelioration whenever possible.

The following table identifies health indicators for leading causes of death by lifestyle. Both County and show a much higher incidence of poor health status as compared to state or national averages. The data that are in bolded print below are the target areas that will specifically address during its first two years of operations. This will be further discussed in the Clinical Indicators portion of the grant response.

Department of Community Health 2010 Health Indicators

Health Indicator	**County**	**Target Rate**	
Adult smoking	**26%**	18%	23%
Adult obesity	**34%**	28%	28%
Binge drinking	16%	12%	18%
Motor vehicle crash death rate*	16	12	13
Chlamydia rate*	**709**	50	370
Teen birth rate*	**50**	21	36

*Per 100,000 residents

The target service area also evidences significantly higher unfavorable health outcomes. The community well exceeds the national severe benchmark in all key indicators. intends to develop protocols to improve early detection and ongoing management in all of the below-referenced conditions. Thus, will place particular emphasis on addressing areas of highest incidence of diagnosis and mortality rates. Additional information regarding the following indicators will be discussed in the remaining **Needs** section of this grant response.

Target Service Area Key Indicators

In 2007, **Heart Disease** was the leading cause of death for County residents of all races/ ethnicities. Cancer was the second leading cause of death followed by Stroke, Chronic Lower Respiratory Disease, and Diabetes. In County, with the exception of Stroke, men generally die from the ten leading causes at a higher rate than women. There are also marked differences in death rates between African Americans and Whites for these causes of death.

Diabetes: In 2007, there were an estimated 28,300 adults over the age of 18 years who were diagnosed with diabetes in County, including 910 Hispanics/Latinos. The overall rate of diabetes in adults in County is estimated to be 6.5 per 100 people. In e County, African Americans, both male and female, have higher rates of diabetes than Whites, both male and female. In 2007, the U.S.

Department of Health and Human Services estimated that there are an additional 18,900 [redacted] County adults with undiagnosed diabetes.

Inasmuch as the overall health condition of [redacted] County residents is poor in comparison to [redacted] this is even more dramatically apparent with minorities that are disproportionately impoverished. The impact of race/ethnicity on poverty within the City of [redacted] is disproportionately higher on minority residents as will be evidenced throughout this section.

Alcohol Use: Alcohol, tobacco, and other substance use and abuse, obesity, and physical activity are important indicators of the health status in a community. Overall, 33.6 percent of adults in [redacted] County say they have engaged in at least one episode of binge drinking in the past 30 days. [redacted] has a higher percentage of binge drinkers (36.8 percent) than the rest of the County (32.9 percent) or the state (18.4 percent).

Behavioral Risk Factors: Substance Use, 2007			
	[redacted]	[redacted] County	[redacted]
Heavy Drinking	3.7%	6%	6.1%
Binge Drinking	36.8%	33.6%	18.4%
Current Smoker	36.1%	25.6%	21.1%

Source: 2007 [redacted] Behavioral Risk Factor Survey, [redacted] Prevention Research Center of [redacted]

Binge drinking in [redacted] County is more prevalent in males (48.9 percent) than females (22.1 percent). A higher proportion of Whites (40.8 percent) report binge drinking as compared to Black/African Americans residents (32.1 percent). Respondents who said that they consumed five or more drinks on an occasion at least once in the past 30 days were mostly likely to be between the ages of 15-24 years.

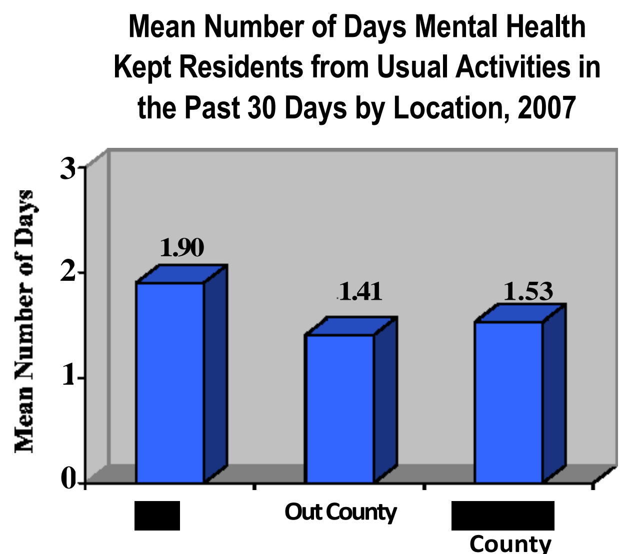
Tobacco Use: About 50.6 percent of [redacted] County residents say that they currently smoke every/ some days. [redacted] has an even higher proportion of residents (64.5 percent) who say they currently smoke "every/some days" than Out County residents (45.9 percent). Current smoking status varies by age. Those 65 years and older were less likely to report they currently smoke compared to younger respondents. A higher percentage of people who have less than a high school education are smokers (45.1 percent) than high school graduates (30.3 percent), or those with more education (18.6 percent).

Alcohol Dependence/Abuse in Past Year, Illicit Drug Dependence/Abuse in Past Year, and Dependence/Abuse of Illicit Drugs or Alcohol in Past Year among Persons Aged 12 or Older						
Alcohol Dependence or Abuse in Past Year			**Illicit Drug Dependence or Abuse in Past Year**		**Dependence or Abuse of Illicit Drugs or Alcohol in Past Year**	
Region	**Estimate**	**95% Prediction Interval**	**Estimate**	**95% Prediction Interval**	**Estimate**	**95% Prediction Interval**
United States	7.69	(7.51-7.87)	2.91	(2.80-3.02)	9.24	(9.02-9.46)
[redacted]	8.01	(7.41-8.64)	3.08	(2.76-3.43)	9.70	(9.05-10.40)
[redacted] **County,** [redacted]	8.06	(6.52-9.92)	**3.79** 6	(2.83-5.05)*	**10.75**	(8.87-12.97)**

Drug Use: Inasmuch as [redacted] County and the target service area specifically reflect significantly higher alcohol and tobacco use, the incidence of drug abuse or dependence is even more disproportionately prevalent compared to state and national averages. Per the NSDUH 2008 data, [redacted] County residents over the age of 12 report an illicit drug use/dependence rate that is at least 20 percent higher, and a combined alcohol/illicit drug use/dependence rate that is over 10 percent higher than the general population in [redacted] or the country.

Mental Health: Research has shown that mental health status is a critical reflection of a community's overall health. This includes mental health conditions, substance abuse, and safety issues (Prevention Researcher, 2008). The following is a snapshot of functional mental health impact in [redacted]

- [redacted] residents had a higher mean number of days where their mental health status was "not good" than Out County residents.
- In [redacted] County, females were more likely to report more days where mental health status was not good than males.
- Mental health status varied by age with the age group 45-64 having the highest average of poor mental health days.



The impact of an "adverse" environment on mental health status has also been shown to have a direct impact (Adverse Childhood Experience Study, 2008); in communities with high socioeconomic distress, violence, and reported family conflict, this has been shown to have a direct and detrimental effect on a wide variety of functional areas including higher incidence of smoking, obesity, depression, SUD, and chronic disease.

Suicide: Between 2000 and 2007, the number of suicides in [redacted] County ranged from 37 to 58 with an average number of 49 per year. The number of suicides of persons under 25 years of age ranged from 4 to 8 between 2000 and 2007, peaking in 2005 with 8 suicides among that age group. The rank is out of [redacted]s 83 counties. A rank of 1 means a county has the best rate compared to other counties in the state. Not all 83 counties can be ranked on all indicators ([redacted] Report, 2008).

Obesity: [redacted] has a higher proportion of residents that are obese (38.5%) than [redacted] County as a whole (32.5%) or [redacted] (28.4%). Nearly 57% of [redacted] County residents say they engage in physical activity for at least 20 minutes 3 times per week or more. The percentage of residents who drink fruit juice, eat fruits, and eat vegetables at least 5 times per day was equal for both [redacted] and [redacted] County. Women and African Americans in [redacted] County were more likely to drink fruit juice, eat fruits, and eat vegetables at least 5 times per day.

[redacted] residents had a higher average Body Mass Index (BMI) than Out County residents. The age groups 45-64 years and over 65 years have a higher percentage of residents who meet criteria as overweight

(BMI 25-29.9) and obese (BMI ≥ 30) than younger age groups. In [redacted] County, Black/African Americans have a higher average BMI than Whites. Weight status also varies by gender, with males having a higher average BMI than females.

Behavioral Risk Factors: Lifestyle Choices			
	[redacted] 2007	[redacted] County 2007	[redacted] 2007
Overweight (BMI 25-29.9)	31.7%	35.4%	36.2%
Obese (BMI ≥30)	38.5%	32.5%	28.4%
Physical Activity Frequency			
<1 time per week	31.1%	22.2%	Not available
1-2 times per week	20.8%	21.6%	Not available
3 times per week	12.6%	18.4%	Not available
4+ times per week	35.5%	37.9%	Not available
Percent of respondents who drink fruit juice, eat fruits, and eat vegetables five times per day	24.6%	24.6%	21.3%
Condom Use (with a new partner)			
Always	58.8%	49.3%	Not available
Most of the time	6.7%	8.2%	Not available
Sometimes	6.0%	4.3%	Not available
Rarely or never	28.5%	3 8.3%	Not available

Source: 2007 [redacted] Behavioral Risk Factor Survey, [redacted] Community Survey, 2007, Prevention Research Center of [redacted]

Maternal and Child Health: [redacted] County has a higher percentage of births compared to the State of [redacted] and national averages, to:

- Women younger than 20 years
- Mothers with less than 12 years of education
- Women who smoked while pregnant
- Mothers who were unmarried ([redacted] 2008).

There is also a higher percentage of Caesarean Section deliveries in the County than the State. In 2007, there were 6,033 live births in [redacted] County, and 2,378 (39 %) of those were to [redacted] residents. The health status of mothers and children is a critical indicator in ascertaining community health. Measures of access to and utilization of prenatal care are also presented. In the area of maternal and child health, [redacted] County, and [redacted] in particular, face many challenges. Racial disparities in birth outcomes exist, particularly in low birthweight births and infant mortality. The rate of teen pregnancy in [redacted] and in [redacted] County continues to be higher than [redacted] and national rates. Although there has been improvement in several maternal and child health indicators, the level of health disparity in this area is profound as will be further discussed below.

Selected Birth Characteristics, 2007

Maternal Characteristics	County	
Under 20 years	12.5%	10.1%
Fourth and higher order births	12.7%	11.8%
First Births	38.2%	39.3%
Less than 12 years of education	18.5%	16.6%
Caesarean delivery rate	37.9%	30.6%
Weight gained while pregnant less than 16 pounds	12.7%	12.6%
Smoked while pregnant	21.5%	14.8%
Unmarried	51.2%	39.6%
Received prenatal care during first trimester	81.2%	81.5%

Source: 2008 Vital Records & Health Data Development Section,

Teen Pregnancy: This trend has continued to be significantly higher in but is also disproportionately higher in County compared to and the nation. Births attributed to residents less than 20 years of age made up 19.8 percent of the total births in , 12.5 percent in County, and 10.1 percent in

Number of Live Births for Teens <19 years old, and County Residents, 2007*						
	White		African American		Other	
	<15 years	15-19 years	<15 years	15-19 years	<15 years	15-19 years
City of	0	136	11	311	2	10
County	1	341	13	375	2	21

*City of live births are part of the County numbers. Source: 2007 Resident Birth files, Vital Records & Health Data Development Section,

Prenatal Care: In 2008, a higher percentage of White women (64.2 %) in entered prenatal care in the first trimester of pregnancy than Black/African American women (58.9 %) or women of Hispanic ancestry (61.0 %). Overall, 's rates of prenatal care beginning in the first trimester are very similar to State of rates (Vital Statistics, 2008).

Low Birth Weight: recognizes that this is another important indicator of overall child health. Infants that are below a certain ideal weight range are more likely to have serious health problems as newborns, are at risk for long-term disabilities, and are at higher risk for infant death. There are several categories of low birth weight:

- Low-weight births are less than 2,500 grams

- Very low-weight births are less than 1,500 grams
- Extremely low-weight births are less than 750 grams

In 2008, [redacted] had a higher proportion (10.8 %) of live births that were low birthweight (below 2,500 grams) than [redacted] (8.5 %). In [redacted] in 2008, 13.4 percent of live births to Black/African American mothers were low birthweight (any birth less than 2,500 grams) compared to 6.7 percent of live births to White mothers. This difference by race is disproportionate throughout [redacted] and the United States ([redacted] 2008).

Infant and Child Mortality: The infant mortality rate in [redacted] which is defined as the number of infant deaths before the first year of life, has been declining, but it was the highest in the state during most of the past decade. In 2007, the infant mortality rates of [redacted] and [redacted] County were the lowest in the last ten years. The infant mortality rates in both [redacted] and [redacted] County have fluctuated over this period while [redacted] s rate has stayed at a fairly consistent level. In 2007, the infant mortality rate in [redacted] was 9.3 per 1,000 live births; in [redacted] County 9.4 per 1,000 live births; and in [redacted] 8.0 per 1,000 live births. In calendar years 2002 and 2003, the [redacted] infant mortality rates were 18 per 1,000 live births and 15 per 1,000 live births, respectively. Reducing infant deaths and racial disparity has been a priority for [redacted] County health and human service organizations in the last ten years.

Infant deaths during the neonatal period (the first 27 days of life) are also disparate by race and location. Black/African American neonatal mortality rates are higher than White neonatal mortality rates in [redacted] and [redacted] County. In 2007, the overall neonatal infant mortality rate for [redacted] County was 6.8 per 1,000 live births and 6.7 per 1,000 live births in [redacted]

Infant deaths during the post- neonatal period (28 days - 364 days of life) are also disparate by race and location. Black/African American post-neonatal rates are higher than White post-neonatal rates in both [redacted] and [redacted] County. In 2007, the overall post-neonatal infant mortality rate for [redacted] County was 2.7 per 1,000 live births and 2.5 per 1,000 live births for the City of [redacted] In 2007, the child mortality rate (ages 1-14 years) was 75.2 per 100,000 population for all races. Child deaths are disparate by race in the County and in [redacted] with Black/African Americans having a higher death rate than Whites in the last two decades.

Sexually Transmitted Diseases: In 2008, [redacted] County had the 2nd highest rate of Chlamydia in the State of [redacted] after the City of [redacted] Hereto, there are significant gender and racial disparities in rates of Chlamydia and Gonorrhea in the County, with black/African American residents evidencing prevalence rates that are at least twice as high as for White residents. A higher proportion of City of [redacted] residents (58.8%) report always using a condom when having sex with a new partner, when compared with residents of [redacted] County as a whole (49.3%).

Overall Rates of Gonorrhea and Chlamydia [redacted] County and [redacted] 2008*

	[redacted] County	[redacted]
Gonorrhea	317.7	138.5
Chlamydia	705.1	323.3

*Per 100,000 residents; Source: MDCH

Females 15-24 years and males 20-24 years old had the highest incidence of Gonorrhea. Males and females 15-24 years old had the highest incidence of Chlamydia in 2008. The number of cases of Primary

and Secondary Syphilis fell in the range of 0-6 cases between 1998 and 2006 in [redacted] County. In 2007 there were 14, and in 2008 there were 82 cases in [redacted] County. In 2009, the Health Department reported an outbreak of infectious syphilis occurring in [redacted] County.

HIV/AIDS: In 2008, there were 12 HIV/AIDS deaths in [redacted] County. The trend in the number of persons newly diagnosed with HIV and AIDS in [redacted] County is greater than the number of deaths each year. In 2010, the reported prevalence of HIV/AIDS in [redacted] County was 120 per 100,000 residents. The prevalence of HIV/AIDS in [redacted] County and [redacted] has steadily increased and has been higher than state and national averages.

Existing Primary Care Health Services (MH/SUD and Dental) in Service Area

Safety Net Primary Care: The target service area, as discussed previously, has 37 census tracts that are identified as either HPSA (medical) or MUA/MUP. This is further compounded by the reality that fewer physicians are willing to accept Medicaid and uninsured patients into their practices. This is a trend that has been identified by the [redacted] State Medical Society over the last decade. The next section highlights the key health care organizations that serve medically disenfranchised residents of [redacted] and [redacted] County:

- [redacted] **)**: Total patient visits at [redacted] grew about 5 percent from 2006 to 2008, led by a 10 percent increase in Medicaid primary care visits. Patient service revenue increased in the last four years, led by growth in Medicaid volume and enhanced payment rates (for Medicaid and Medicare patients seen at [redacted] . In 2007, the total number of unique patients served by [redacted] was 18,674 and the total number of visits provided (all services) was 67,663 (UDS Report, 2008). [redacted] s growth of 3-6 percent per year has been consistent; however, there still remain over 110,000 medically disenfranchised residents (200 percent FPL or lower) in [redacted] County who do not have access to primary care services ([redacted] PCA report, 2009).
- [redacted] **Children's Health Center** [redacted] : Located in [redacted] [redacted] serves area youth and families. In a two-year timeframe (2005-2007), [redacted] provided the following services:
    - **Mental health counseling**: 1,781 [redacted] clients received services for a total of 10,277 visits.
    - **Comprehensive health services**: 1,400 students received services through clinical school-based health centers located at [redacted] Academy and [redacted] Middle/High School, and at two non-clinical school-based health centers located at [redacted] and [redacted] Academy.
    - **Preventive and restorative pediatric dental services**: 7,614 children received services.
- [redacted] **County Free Medical Clinic (** [redacted] is located in downtown [redacted] Individuals at 250 percent of the federal poverty level that do not qualify for the [redacted] Health Plan (see below) and do not have any other insurance coverage are seen free of charge. The [redacted] is open 6.5 hours/week and is by appointment only. Limited primary care, specialty care (by referral), and prescription coverage are available.
- [redacted] **Health Plan (** [redacted] **)**: Over 27,000 low-income uninsured residents of [redacted] County are covered under the [redacted] The health care coverage options for [redacted] are as follows:
    - **Plan A**: Residents eligible for the Adult Benefits Waiver (ABW) program through the State of [redacted] are enrolled in the [redacted] Health Plan, Plan A. This program provides basic medical care to low income childless adults who do not qualify for Medicaid. Enrollment [redacted] Plan A, is done by the local Department of Human Services (DHS).

- **Plan B**: Residents who do not meet the requirements for Medicaid, Medicare, or any other program may be eligible for Plan B. This program provides basic medical care at little or no cost to the subscriber.
- **Prescription Discount Program**: Residents who do not have prescription (medication) coverage may be eligible for the Capital Area Prescription Program (CAPP). This program is a way for people without prescription coverage to obtain prescription drugs at lower prices at their pharmacy.

- **Local Public Health:** The [REDACTED] County Health Department operates WIC offices throughout [REDACTED] including at the One Stop. Additional services include immunizations, screening and treatment for STDS, and lead testing. Since [REDACTED] has been identified as one of the top 10 communities in [REDACTED] at risk for high lead levels the Environmental Health Division of [REDACTED] has several lead screening and lead abatements programs that are funded through a grant from the Housing and Urban Development (HUD) ([REDACTED], 2010).
- **Health System Medical Professionals:** As identified earlier, much of the [REDACTED] target service area is designated as an HPSA and/or MUA/MUP. The following table outlines a current summary of medical care capacity from the community health systems; however, this data is problematic for several reasons: 1) health care providers may be linked to more than one health system and/or private practice and provide care in multiple counties; 2) portions of these provider have administrative responsibilities that further restrict their actual medical practice time; and 3) less than 10 percent of the primary care providers in [REDACTED] are accepting Medicaid or uninsured patients. ([REDACTED] survey, 2010) The actual level of primary care is not known, and many community leaders in [REDACTED] believe that the level is well under what is represented in the following table:

Licensed Health System Personnel Inventory [REDACTED] County, 2007	
Physicians	179 licensed physicians per 100,000 population**
Dentists	228.4 licensed dentists per 100,000 population**
Nurse Practitioners	90
Nurses	5,130 R.N.
	1,142 L.P.N.
Physician's Assistants	102

Source: Bureau of Health Professions, [REDACTED] Department of Community Health

Additional data provided through the [REDACTED] Health Study and the [REDACTED] State Medical Society show the following picture for [REDACTED] County and [REDACTED]

- Likely continued population shrinkage due to out-migration.
- In 2008, Medicaid reimbursements averaged only 72 percent of the rates paid by Medicare, which are themselves typically well below those of commercial insurers. (Urban Institute, 2009) At 63 percent, [REDACTED] had the sixth-lowest Medicaid reimbursement rate in the country, even before the additional 8 percent cut in 2010.
- Service demand among other community-based safety-net providers, such as [REDACTED] and [REDACTED] far outstrips the capacity or projected growth for these organizations.

- County has “adequate” physician capacity, but third-party payor composition is changing, so health provider incomes are falling due to declining commercial plan enrollment and increased Medicaid and uninsured residents.
- s physician shortage is 50% above the national average. The State Medical Society projects a shortage of 800 physicians in mid-, and northern by 2020 (2009).
- Ripple effects on local service sector and government to take on more responsibility with decreasing funds. (e.g., declining jobs, income, revenue, school enrollment, etc.).
- Increasing demand for safety-net services, continued growth in health provider uncompensated care costs, and ongoing physician recruitment and retention challenges.

Behavioral Health: A private, free-standing hospital serving community mental health patients in southeast recently closed. (Most of the major state psychiatric hospitals in have closed due to a state policy on deinstitutionalization.) The state significantly cut funding from the general fund for community mental health (CMH), substance abuse coordinating agencies (SACAs), and local public health departments. Most of the services to the uninsured (without Medicaid) have been significantly reduced because of these cuts, and many jails have become the default mental health service provider for deinstitutionalized CMH consumers.

The largest safety net provider for MH/SUD (mental health/substance use disorder) services is , which has responsibility to provide and/or manage contracts for services to persons with developmental disabilities (DD), serious mental illness (SMI), serious emotional disturbance (SED), and substance use disorder (SUD). Services include outpatient and home-based counseling, day treatment, adult foster care programs, Assertive Community Treatment (ACT), case management, and Integrated Dual Diagnosis Treatment (IDDT). is statutorily limited to serve only those individuals that meet or exceed SMI, SED, DD, and SUD conditions as outlined in the Diagnostic and Statistical Manual (DSM IV-TR) with priority emphasis on persons enrolled with Medicaid. This means that the uninsured with “mild to moderate” MH/SUD needs in the community have gaps in available services.

is also the Substance Abuse Coordinating Agency (SACA) for the county and includes responsibility for substance abuse prevention, treatment, and recovery services. These services are already located onsite at the One Stop HCH location and will be offered in the PHPC location. and are doing extensive planning to ensure that early referral, joint case management, and care planning can occur seamlessly between the organizations for mutually served consumers. The Department of Human Services operates an office in the One Stop which provides access to food assistance, cash assistance, heating assistance and Medicaid eligibility determinations.

Dental Services: Dental care for Medicaid beneficiaries and the uninsured is limited in The County Health Plan for the uninsured does not include any dental assistance, nor does the Free Clinic offer ongoing dental services for the uninsured. There are no provisions in place in the community for serving the homeless either since many are also uninsured. Blue Cross Blue Shield does provide a $22,000 grant yearly to support some limited dental care for the neediest residents. The Free Clinic also has some dentists willing to take “one or two” of the neediest patients for dental services. Several of the HPSA designations that cover (s target service area) are shortage locations for both medical and

dental services since they have insufficient provider ratios to meet the population's needs.

Most Medicaid recipients can access dental care through the dental hygiene school or Community Health Network. has collaborative relationships and referral agreements with the Community College dental school, the Children's Health Center, and with a community dentist. Given that reinstated a limited dental benefit for adult Medicaid beneficiaries in October 2010 this has made development of a network of dental providers much easier. The challenge continues to be creating dental services for the uninsured, particularly adults. Additionally, as will be discussed in the following section, the Medicaid dental benefit is likely to be removed again in 2011/2012 due to extreme state budget shortfalls and the lack of continued federal surplus funding.

Health Care Environment

According to the Group Study that was released in February 2010 and combined with other current data, the greater community can be summarized as follows:

- Poverty and unemployment rates in County, and are well beyond the national average. Severe unemployment is projected for through the end of 2011. Unemployment will average 15.8 percent in 2010, the worst annual rate in "at least 40 years" (University of Report, 2009).
- According to the U.S. Census Bureau, the State of experienced the most detrimental financial impact of all 50 states in 2000-2010 (CNN Report, 2010).
- Newly uninsured and underinsured populations are growing largely due to loss of auto-related jobs and shrinkage of UAW retiree benefits.
- Most of the jobs that have been created in the County and market are either temporary (due to federal stimulus funding) or are in the service industry representing lower wages and (often) no health insurance coverage.
- Both private and public school enrollments continue to decline.
- is the most economically disadvantaged region in the state per capita, and is one of the top five most impoverished cities in the nation (The Journal, 2010).
- The market has experienced a dramatic and sustained decline in local home values.
- continues to be one of the top five most violent cities in the United States (e County Health Department, 2009; Health Impact Study, 2010; FBI Uniform Crime Statistics).

The State of and County in particular, used to be one of the best regions in the country for private health insurance due to the automotive industry. is the birthplace of the United Auto Workers (UAW) and led the way nationally with strong unionization, higher than average wages for skilled and unskilled labor, and generous employee benefit packages including health insurance. In the last two decades in County, and , there has been a consistent decline in automotive-related jobs and reduction in benefits. The current estimate is that 142,733 long-term unemployed workers were expected to lose their benefits before November 30, 2010, and another 324,264 are projected to lose their benefits by April 2011 League for Human Services, 2010). As stated previously, almost 23 percent of the target service area residents (non-elderly) are uninsured and current unemployment is just over 23 percent (Employee Benefits Survey, 2009; USBLS, 2009).

Uninsured and Publicly Insured: The number of uninsured and publicly insured in has more

rapidly increased in ███ per capita, than anywhere else in the state. Almost four million ███ citizens were either uninsured or covered by a public program in 2009; this is close to 40 percent of the state's population. Many working poor residents do not have coverage at all. Over 37 percent of ███ citizens with incomes below 100 percent FPL did not have coverage in 2008. While ███ still has a higher percentage of persons with private health insurance due to the coverage through employers, this number is rapidly declining due to extended and extensive unemployment. Commercial insurance continued to decline at an average rate of 4-5 percent per year in the last decade. Employers have increased deductibles and co-pays as well as employee contributions for their insurance premiums. Uncompensated care in hospitals increased by $2 billion in 2008 which is a 94 percent increase in just four years. ███ is below average (ranked 31st nationally) for having safety net providers as compared to the rest of the country. According to a 2010 ███PCA report, the average FQHC in the state saw 48-85 percent uninsured patients in 2009.

Medicaid and Other Public Assistance: As the need has escalated, so has the time that it takes to enroll in Medicaid and other assistance programs. This is due to a reduction in the state's labor force, ongoing budget deficits, and a 45 percent increase in total residents in the state that are now on one or more state/federal assistance programs (███, 2010). Medicaid enrollment has increased from 1.12 million individuals in the last decade (base year 2000) to over 1.8 million today. Medicaid beneficiaries now comprise nearly 20 percent of the state's population, and almost 39 percent of all children. Some of the optional Medicaid benefits were reduced or eliminated in July 2009, including dental and vision care for adults on Medicaid, and reductions in payments of 8 percent to Medicaid providers throughout ███ According to the ███ State Medical Society Report, there are now less than 15 percent of the primary care physicians in the state that are willing to accept Medicaid due to the low reimbursement rate (███ Report, 2009). Medicaid is also the main payor for persons with disabilities. As of November 2010, there were a total of 74,894 Medicaid beneficiaries enrolled in managed care Medicaid plans in ███ County.

Beneficiaries Enrolled in Managed Care Plans in Nov. 2010	
Health Plan	**Number of Enrollees**
███	1,921
Health Plan of ███	7,678
HealthPlus Partners Inc.	41,991
███ Health Plan	16,524
███ Healthcare of ███	2,908
Total Health Care	3,872
County Total	74,894

Source: ███ Department of Community Health

███ used a portion of the one-time federal funding through the American Recovery and Reinvestment Act to reinstate critical benefits to Medicaid beneficiaries including adult dental and vision services. These federal funds will terminate at the end of fiscal 2011 so these benefit gaps will return in October 2011. Given that the projected deficit for ███ for FY 2011-2012 is $1.6 billion (and growing), cuts to these and other social service and health care benefits are certain (███ Senate Fiscal Agency, 2010).

Medicare is the national health insurance program for people age 65 or older, and it also includes some beneficiaries under age 65 with disabilities and end-stage Renal Disease. In 2008, according to the Centers for Medicare and Medicaid Services, 54,209 senior citizens and 15,204 individuals with disabilities residing in [redacted] County were covered under the Medicare program.

[redacted] is the State of [redacted] s Children's Health Insurance Program. For eligible children, [redacted] covers regular checkups, shots, emergency care, pharmacy, hospital care, prenatal care and delivery, vision, hearing, mental health, and substance abuse services. The monthly premium for the program is $5.00 per family. To qualify for [redacted], a child must be a citizen of the U.S., live in [redacted] be under 19 years old, have no health insurance, or live in a family where the monthly income is under $1,800/family of two or $2,800/family of four.

Commercial Insurance Coverage in [redacted] County: As commercial job opportunities have declined in Genesee County, so has the number of residents covered by the large commercial health plans. From 2007 to 2009, total membership in three largest commercial health plans in [redacted] County (responsible for covering over 85 percent of all residents with commercial insurance) decreased by:

- -8 percent for Blue Cross Blue Shield of [redacted]
- -6 percent for HealthPlus
- -1 percent for BlueCare Network

Poverty as a Barrier to Health Care: [redacted] has the largest percentage of people who reported cost as a barrier to a doctor's visit. They were also more likely than Out County residents to report that cost was a barrier to visiting a doctor in the past year. Women and younger residents in [redacted] County were more likely to report cost as a barrier to a doctor's visit. A higher percentage of [redacted] than Out County residents reported having someone in their household who needed a prescription but could not afford it. [redacted] residents were also more likely to report cost as a barrier to a child's doctor visit in the past year than Out County residents.

Cost as a Barrier to Health Care Access By Location, 2007			
	[redacted]	Out County	[redacted] County
Percent who reported a time in the past year when they needed to see a doctor, but did not because of the cost	19.6%	10.7%	12.9%

Source: Speak Community Survey, 2007, Prevention Research Center of [redacted]

Disability: According to the Census 2008, County has 20 percent of its residents over the age of five that are disabled. Per Census 2000, 29,172 residents in the City of were disabled which was over 25 percent of the population at the time. Medicaid is the central payor for persons with disabilities in and nationally. More than a third of Medicaid beneficiaries are identified as having one or more disabilities (MDHS, 2010).

Socioeconomic Status of Children			
	County		
	2002-2003	2007-2008	2007-2008
Percent of students receiving free/reduced-priced school lunches	38.6%	40.4%	37.4%
	County		
	2002	2007	2007
Percent of children receiving food assistance	21.1%	29.3%	20.6%
Percent of children, ages 0-12 years, in subsidized child care	11,064	8,719	101,346

Health Insurance and Socioeconomic Status of Children: Children at or below 200 percent poverty are still relatively well covered by public insurance in and within County. Children under 19 years of age and pregnant women and infant children are covered by the Medicaid Healthy Kids program.

Children in families between 150-200% of FPL who do not qualify for Healthy Kids are eligible for the program. Services include primary and specialty outpatient care, inpatient services, emergency services, pharmacy, dental care, prenatal care, vision, hearing services. Mental health services are provided through the existing public community mental health boards and substance abuse coordinating agencies.

Violence and Crime: The profound level of crime and violence in the City of s a significant barrier to individuals receiving health and social service support (e.g., not wanting to leave their homes, significant reduction in available services due to budget cuts, etc.). Further, the level of support needed is at the highest level in the last two decades at a time when state and local budgets have been drastically cut to their lowest points. Access to emergency vehicles, law enforcement, after school programs and services, etc., has all been drastically cut in the City of in the last three years.

According to FBI Uniform Crime Statistics, the violent crime rate in has been in the top five among U.S. cities with a population of at least 50,000 people for the years 2007, 2008, 2009, and 2010. In 2007, the FBI ranked as the second most violent city in the U.S, while in both 2008 and 2009 had the fifth highest violent crime rate. FBI data shows that in 2009 had 2,244 violent crimes, including 36 homicides, 91 rapes and 1,527 felonious assaults. While homicides and assaults increased in 2009, rapes and robberies decreased, contributing to an overall 3 percent drop in crime. However, as of November 2010, the homicide rate was over 4 times greater than the national average, totaling 59 homicides. As of December 14, has broken its all-time high of 61 homicides set in 1986. The number is now 62.

Homeless Population Needs in Service Area
There has been a significant increase in the number of families that have become homeless as a result of unemployment, high medical costs, and other untenable home mortgage circumstances (e.g. balloon payments, mortgages that far exceed the current value of the home, etc.). Since May 2009, [redacted] has had a 46 percent increase in housing foreclosures. This makes [redacted] the 5th worst state in the country in total housing foreclosures (Housing Solutions Now Report, 2010).

The [redacted] Campaign to End Homelessness released its 2009 Annual Summary related to the state's Homeless Trends. The estimate is that 100,000 residents were homeless in 2009 which is an 11 percent increase from the previous year of 90,300 homeless. The face of homelessness in [redacted] has also changed with 65 percent being families with single women as head of household with children under the age of seven. At any given point, at least 4 percent of the population of the City of [redacted] s homeless and being served by the One Stop Housing Resource Center (HMIS report, 2010). This number is actually higher if temporary housing, halfway housing, and other gap programs are added into the statistic. The partners in the One Stop, including [redacted], have long recognized that the level of health care need and social service assistance required for this population continues to rise. The anticipation is that the One Stop may ultimately require a team of 4-5 primary care providers along with more case management, outreach, and behavioral health support.

Most homeless people do not have permanent identification numbers (because they are transient), so connecting them to Medicaid and public assistance has been difficult. [redacted] and [redacted] will continue to work closely with the key community organizations to ensure that earlier identification, treatment, and linkage to other services will occur. This also includes working with area nonprofits and faith-based organizations to educate them about resources available in the community and how to access emergency services and supports, and other funding opportunities (e.g., tax credits, food banks, and schedule for area missions, etc.).

Public Housing Health Care Needs and Access Issues
The residents at [redacted] are 90 percent Black/African American, and almost all are single female heads of household with two or more children ([redacted] Housing Commission, 2010). The issues surrounding the lifecycle of the mother and child are the two highest priority targets although diabetes, heart disease, and obesity will also be addressed by [redacted] since those are health conditions that are disproportionately represented in Black/African American residents in the City of [redacted] With the incidence of infant and child mortality rates still so high in [redacted] the priority will be to establish strong outreach programs, early assessment and linkage services, and to develop additional cooperative strategies with the housing commission (e.g., health fairs, home visits, etc.) that will increase rapid connection to primary care services. [redacted] is already developing a relationship with the residents of [redacted] the [redacted] Housing Commission, HUD, and [redacted]. Additional community targets will be the area schools, day care centers, and other social service supports. [redacted] has been successful in getting preliminary commitments from area residents to be on the governing board.

Criterion 2: RESPONSE

[redacted]