



Special Topics Issue Brief #9

A NATION'S HEALTH AT RISK III:

***Growing Uninsured, Budget Cutbacks
Challenge President's Initiative to Put a Health
Center in Every Poor County***

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Executive Summary

Forty years ago, health centers sprang into existence as part of President Johnson's War on Poverty. Today, that war continues, and the challenge is no less daunting now than it was back then. The nation is gripped with rising uninsured, increasing health care costs, downsized worker health benefits, and 36 million people who still lack access to basic health care services. But what has changed over the course of 40 years is the widespread consensus among national leaders, bipartisan Members of Congress, and policymakers that the preventive medicine health centers provide wields an effective blow against poverty and disease in communities, thereby narrowing health disparities and reducing the use of hospital care, including emergency rooms.

In its third installment of reports on the state of the nation's health, the National Association of Community Health Centers (NACHC), in a joint effort with George Washington University, takes a closer look at the unmet need in America's poorest counties. *Nation's Health at Risk Part III* brings into the focus the latest initiative announced by President Bush to put "a health center in every poor county in America." The report not only provides a roadmap of the nation's deep pockets of poverty and unmet need for basic health care services, it also reveals the multiple and complex barriers to health care that poor communities face and the cascade of consequences that result from going without health care.

Where is one likely to live if they are both poor and do not have access to a health center? The highest proportion of residents in poor, unserved counties (in that they lack a health center) are located in a swath of land that runs from Mississippi to Montana. This geographic sweep of states is where the greatest challenges exist for the President's second initiative. It is where the cycle of poverty and unmet health needs are strongest, and yet, where the safety net may be at its weakest. **Nearly one thousand (929) poor counties lack a health center, accounting for almost a third of all US counties, and over half of all poor counties.** But what is more startling is not how many poor, unserved counties there are, but who resides in their boundaries: **20 million people, more than two in five of them (42%) low income and more than 3 million of them completely uninsured.** They represent approximately 10% of the nation's poor and 8% of the uninsured, yet they live in communities that are the most likely to need a health center and do not have one.

Other findings of the *Nation's Health at Risk Part III* include:

- While 30% of US counties are poor and lack a health center, 70% of counties in **Oklahoma** and more than 50% of all counties in **Kentucky, Louisiana, Montana, and Texas** are poor and unserved.
- **Arkansas, Kentucky and Oklahoma** have the highest proportion of residents living in poor counties without access to a health center (42%, 33% and 40%, respectively). More than one of every five residents of **Louisiana, Mississippi, Missouri, Montana, and South Dakota** live in poor, unserved counties.
- More than a third of uninsured residents of **Arkansas, Kentucky, and Oklahoma** live in poor, unserved counties, and at least 20% of uninsured residents of **Georgia, Idaho, Louisiana, Mississippi, Missouri, Montana, and South Dakota** live in unserved counties.

Nation's Health at Risk Part III also finds that the number of counties needing a health center far exceeds available resources. Moreover, while many poor counties do already have a health center, these health centers are seeing increased demand in their communities, especially from the ranks of the growing uninsured. Augmented federal funding is an important first step in expanding the health centers program, but in order to be sustainable, state support – especially through Medicaid – and programs that ensure health centers have adequate staffing levels will also play a critically important role.

*“...here are some practical ways for us to deal with the rising costs in health care. One is to make sure that people who can't afford health care have got health care available to them in a common-sense way. And that's why I'm such a big backer of **expanding community health centers to every poor county in America**. We really want people who cannot afford health care – the poor and the indigent – to be able to get good primary care at one of these community health centers, and not in the emergency rooms of the hospitals across the United States of America.”*

President George W. Bush
January 27, 2005, Cleveland, OH

For 40 years, the nation-wide network of Community, Migrant, and Homeless Health Centers has been delivering primary and preventive health care to medically underserved communities. The program sprang into existence as part of President Johnson's War on Poverty during the mid-1960s. Today, it has become a model for keeping medically underserved communities – whether they are rural, urban or suburban – healthy and disease free. As America comes to grips with a changing health care landscape in the 21st century, with growing ranks of uninsured, reduced health benefits for workers, and rising health care costs, health centers are in the midst of an historic expansion initiative under a mandate set by President Bush, with strong bipartisan Congressional support. Health centers represent a unique consensus in the often contentious, broad public debate about solutions for the health care crisis. The program was ranked one of the top ten most effective federal programs by the Office of Management and Budget because of health centers' proven record of success in cost effectively providing quality health care for 15 million patients regardless of insurance coverage or ability to pay.

In recognition of health centers' contributions, President Bush in 2001, with overwhelming bipartisan Congressional support, made a substantial commitment to expand the health centers program, proposing a five-year initiative to increase federal funding to support 1,200 new and expanded health center sites to serve an additional 6.1 million patients. During this time, Congress has approved some of the largest funding increases over the program's history. Since the beginning of Fiscal Year (FY) 2002, the expansion initiative has enabled more than 600 new and expanded health centers to reach out and serve over 3 million new patients. The President's recently released FY 2006 Budget requests a \$304 million increase for the health centers program to bring total federal funding for health centers to \$2 billion. This funding request will complete his five-year initiative to expand health center capacity.

Even with the remarkable financial commitment being made at the federal level, there are still a growing number of communities that need safety net services. In fact, those living in impoverished communities are more at risk for poor health and lack access to regular health care. For these reasons, the President has launched a second initiative to expand health centers, setting the goal officially in his State of the Union address to put a health center in “every poor county in America.” As part of his FY 2006 budget for the health centers program, the President's request includes \$26 million to fund 40 new health centers in high poverty counties.

Poverty is one approach to target areas most in need of a health center. Given the Bush Administration's new goal of expanding health centers into every poor county in the country, the National Association of Community Health Centers (NACHC) and the George Washington University identified poor counties that are “unserved” in that they lack at least one health center. A total of 929 counties around the country fit these criteria. These poor, unserved counties

represent almost a third of all US counties and more than half of all poor counties. States with the highest proportion of residents living in these counties generally span from Mississippi to Montana. Unfortunately, the number of counties needing a health center far exceeds available resources, even as existing health centers require continued and even expanded financial support in order to address the rapidly rising unmet need in their communities. These issues speak to the importance of state support, especially Medicaid, in helping to achieve President Bush's goals. This report analyzes the scope of unmet need for primary health care in America's poor counties, and it documents how health centers overcome complex barriers to quality health care faced by poor and diverse communities, how they are cost-effective providers of care, and threats that jeopardize health centers' ability to meet rising demand.

Need for Safety Net Services Among the Poor

Low income populations are particularly at risk for adverse health outcomes and yet have little or no access to a regular source of health care. People living below 200% of the federal poverty level are much more likely to report having fair or poor health and more likely to have had an emergency room (ER) visit than people who do not live in poverty. Poor adults are about half as likely to have a usual source of care, and children living in poverty are around three times less likely to have a usual source of care.¹ Residents in communities with lower income are significantly more likely to be hospitalized for a condition that could have been prevented.² Moreover, the poor are more likely to forgo or delay medical care due to cost, and much more likely to be uninsured, citing cost as the principal barrier to accessing insurance.³ The lack of insurance creates a cascade of health consequences for the poor. The uninsured receive fewer preventive services, are less likely to receive regular care for chronic diseases, are less likely to fill a prescription, and are more likely to be hospitalized for a health problem that could have been prevented.⁴

Low income individuals disproportionately rely on safety net providers such as health centers,⁵ and the need for the safety net is growing. Poverty and uninsurance are on the rise. Between 2002 and 2003, the number of Americans below poverty rose by 1.3 million, and the number without insurance rose by 1.4 million.⁶ Barriers to health care are interrelated and complex, and thus the need for safety net services would not disappear even under broadly expanded or universal insurance, as cost is just one barrier to care. Other barriers include lack of enabling services such as transportation, case management, and translation that facilitate health care use and are especially important for certain populations, including non-English speakers, the homeless, farmworkers, and rural residents. Another substantial barrier to care is the current physician shortage. NACHC has documented that some 36 million people – one in eight

¹ National Center for Health Statistics, Centers for Disease Control and Prevention, US Department of Health and Human Services. *Health, United States, 2004*. 2004. www.cdc.gov/nchs/data/hus/hus04.pdf

² Kruzikas, D.T., et al. (2004) *Preventable Hospitalizations: A Window into Primary and Preventive Care, 2000*. Agency for Healthcare Research and Quality, DHHS. HCUP Fact Book No. 5; AHRQ Publication No. 04-0056.

³ National Center for Health Statistics, Centers for Disease Control and Prevention, US Department of Health and Human Services. *Summary Health Statistics for the US Population: National Health Interview Survey, 2002*. Vital and Health Statistics Series 10, Number 220. May 2004. www.cdc.gov/nchs/data/series/sr_10/sr10_220.pdf

⁴ Institute of Medicine (IOM). *Coverage Matters: Insurance and Health Care*. National Academy of Sciences Press, 2001.

⁵ IOM. *America's Health Care Safety Net: Intact but Endangered*. National Academy of Sciences Press, 2000.

⁶ US Census Bureau. *Income, Poverty and Health Insurance Coverage in the United States: 2003*. Current Population Reports, P60-226. August 2004. www.census.gov.

Americans – do not have a regular health care provider due directly to the lack of available primary care doctors in communities. The proportion of residents without a usual source of care is much higher than the national average in some states. In two states (**Louisiana** and **Mississippi**), the unserved account for one of every three state residents, and in ten others (**Alabama, Arkansas, Georgia, Idaho, Kentucky, Nebraska, Nevada, North Carolina, Tennessee, and Wyoming**) at least one in five residents have no regular provider of care.⁷

Lack of available community physicians aggregated at the state level may actually reflect a maldistribution of primary care providers. Private, office-based physicians do not tend to locate in low income areas where health care services are scarce. Physician shortage also occurs when private, office-based physicians do not open their doors to low income patients. In fact, only half of physicians are willing to accept all new Medicaid patients, and one-fifth are not accepting any.⁸ Other research has found that many private providers that do accept Medicaid patients do so on a limited basis, thereby further narrowing affordable access for beneficiaries.⁹ Compounding the current lack of available physicians for low income communities is the fact that the number of primary care physicians per capita has been steadily shrinking.¹⁰ Regardless of the cause, physician shortage is a very real crisis that is linked to mortality.¹¹

The Role of Health Centers in Caring for Low Income Communities

Health centers are the largest national network of safety net primary care services. They were established to eliminate these interrelated and complex barriers to care to ensure that the medically vulnerable have a usual source of care, as well as access to dental, mental health, substance abuse, vision, hearing, and pharmacy services – many of which may not be covered, even for insured patients. Their mission and characteristics make them unique among all health care providers, as they:

- are located in medically underserved areas where health care options are few;
- are open to all patients regardless of ability to pay or whether they possess an insurance card;
- offer comprehensive medical as well as health care facilitation services such as translation, transportation, and case management;
- tailor their services to meet individual community needs; and

⁷ NACHC. *A Nation's Health at Risk: A National and State Report on America's 36 Million People Without A Regular Healthcare Provider*. March 2004. www.nachc.com/research.

⁸ Cunningham PJ. "Mounting Pressures: Physicians Serving Medicaid Patients and the Uninsured, 1997-2001." Center for Studying Health System Change, Tracking Report No. 6, December 2002. www.hschange.org.

⁹ Zuckerman S et al. "Changes in Medicaid Physician Fees, 1998-2003: Implications for Physician Participation." 23 June 2004 *Health Affairs* Web Exclusive W4: 374-84. Cunningham, 2002. Berman, et al. "Factors that Influence the Willingness of Private Primary Care Pediatricians to Accept More Medicaid Patients." August 2002 *Pediatrics* 110(2):239-248. Perloff JD et al. "Medicaid Participation Among Urban Primary Care Physicians." Feb 1997 *Med Care* 35(2):142-57.

¹⁰ The Robert Graham Center. "The US Primary Care Physician Workforce: Minimal Growth, 1980-1999." One-Pager Number 22, October 2003. www.graham-center.org/x467.xml

¹¹ Shi L, et al. "The Relationship Between Primary Care, Income Inequality, and Mortality in the US States, 1980-1995." September/October 2003. *Journal of the American Board of Family Practice* 16(5):412-22. Shi L and Starfield B. "Primary Care, Income Inequality, and Self-Rated Health in the United States: A Mixed-Level Analysis." 2000 *International Journal of Health Services* 30(3):541-55. Shi L, et al. "Income Inequality, Primary Care, and Health Indicators." April 1999 *Journal of Family Practice* 48(4):275-84.

- are governed by a patient-majority board to ensure that each health center is responsive to the community it serves.

Who Health Centers Serve

Located where care is needed but scarce, over 1,000 health centers currently serve more than 3,600 urban and rural communities in every state and territory. These communities are typically low income inner-city neighborhoods or resource-poor rural communities. Health centers currently serve one-quarter of all individuals below poverty, and roughly one in seven under 200% of poverty. They also serve one of every eight uninsured Americans, including one of every five low income uninsured, a rate that is much higher in many states. In 2003, health centers in three states (**Alaska, South Dakota, and West Virginia**) and the **District of Columbia** provided care for at least half of their states' low income uninsured populations, while in another 10 states (**Colorado, Connecticut, Hawaii, Massachusetts, Mississippi, Montana, New Mexico, North Dakota, Rhode Island, and Washington**) they served more than one in three low income uninsured residents.

Health center patients are disproportionately low income, uninsured or publicly insured, and racial and ethnic minorities. While 12.5% of all Americans are at or below the federal poverty level¹² (\$15,260 annual income for a family of three in 2003), 69% of health center patients are. The vast majority (90%) of health center patients are low income (under 200% of poverty). Nationally, nearly 16% of the population are currently uninsured and 12% have Medicaid.¹³ In the health center population, the proportions are higher: nearly 40% of patients are uninsured and another 36% have Medicaid. Compared to around 30% of the national population, two-thirds of health center patients are members of racial and ethnic minorities, with Hispanic/Latinos making up the largest minority group at 35% of all patients and African Americans making up nearly a quarter of all patients.¹⁴

Health Center Accomplishments

Numerous studies commissioned by the federal government, academia and health policy organizations document the success of health centers in the 40 years that they have been caring for medically underserved populations. These independent studies have examined the unique approach of the health center model, its ability to remove barriers to care, and its effective delivery of culturally appropriate, cost-effective and quality health care. A recent review of literature finds that health centers:¹⁵

- **Improve access to primary and preventive care** for vulnerable populations that would otherwise go without needed care;
- **Serve as a usual source of care** for the uninsured, who nationally are less likely to have a regular source of care;

¹² US Census Bureau, 2004.

¹³ Ibid.

¹⁴ Kaiser Family Foundation. *Key Facts: Race, Ethnicity & Medical Care*. June, 2003. www.kff.org.

¹⁵ National Association of Community Health Centers (NACHC). *A Nation's Health at Risk II: A Front Row Seat in a Changing Health Care System*. August, 2004. www.nachc.com/research. See also Dievler A and Giovannini T. "Community Health Centers: Promise and Performance." 1998 *Medical Care Research and Review* 55(4):405-431.

- **Reduce racial and ethnic health disparities** so that patients do not experience the same disparities in health status that exist nationally;
- Are associated with **fewer low birth weight babies** and **less infant mortality**;
- **Effectively manage chronic illness**, thereby improving patient outcomes while lowering the cost of treating patients with diabetes;
- **Provide care whose quality is equal to or greater** than that provided by other provider types; and
- Have **99% of their patients reporting being satisfied** with the care they received.

The literature also demonstrates that the costs of care at health centers rank among the lowest of all providers. Total medical cost (excluding dental and enabling services) per health center patient is around \$250 less than the average annual expenditure for an office-based primary care provider. Health centers save the Medicaid program around 30% in annual spending for health center Medicaid beneficiaries due to reduced inpatient, ER, and specialty care utilization. Furthermore, redirecting non-urgent and primary care treatable ER visits to health centers could save up to \$8 billion annually. Health centers also improve local economies by contributing to the development of rural areas as well as the redevelopment of urban areas.¹⁶

Impact of Expanding Health Centers

Expanding health center capacity to reach more populations will have far-reaching implications for the US health care infrastructure. For instance, by reducing more avoidable and costly health care services and improving outcomes for more patients, health centers would further reduce health care disparities that continue to plague minority populations. More health centers would significantly diminish the Hispanic/white and black/white primary care visit disparity.¹⁷ One study recently found that a 10% increase in the number of health centers per 10,000 population would lead to a 6% increase in the probability of visiting a physician.¹⁸ In general, expanding health center capacity reduces unmet need and increases the percent of uninsured with a usual source of care. A recent study found that President Bush's first initiative to expand the number of health centers could ensure that up to 7.5 million additional uninsured persons would have access to health care. This number represents more than half of the uninsured population currently without access to a safety net provider. At the same time, expanding health centers could improve the efficiency of the entire health care delivery system because health centers provide timely care and reduce costs by lowering hospital and ER use, thereby offsetting the costs of expanding health center capacity.¹⁹

Of course, in order to improve health on the greatest scale, the preservation of insurance is equally important. Expanding both insurance coverage and the health center program are needed to improve access to care, and both approaches are in fact complementary. Health

¹⁶ NACHC, August 2004.

¹⁷ Forrest, C.B. and Whelan E.M. (2000) Primary Care Safety-Net Delivery Sites in the United States: A Comparison of Community Health Centers, Hospital Outpatient Departments, and Physicians' Offices. *JAMA*, 284(16), 2077-2083.

¹⁸ Brown, E.R., et al. (2004) Effects of Community Factors on Access to Ambulatory Care for Lower-Income Adults in Large Urban Communities. *Inquiry* 41, 39-56.

¹⁹ Hadley, J. and Cunningham, P. (2004) Availability of Safety Net Providers and Access to Care of Uninsured Persons. *Health Services Research*, 39(5), 1527-1546.

centers provide services that many other providers do not, such as enabling services, making them preferred providers for many patients.²⁰

Counties in Need

The President's announcement of a second initiative to put a health center in every poor county in America presented NACHC and the George Washington University with an unprecedented opportunity to study up close America's map of poverty and health care. This joint effort sought to identify the number of poor counties within each state that do not currently have at least one health center, or counties that are “unserved” in health center capacity. This report also identifies some counties with health centers that may need additional funding to expand their reach because of a dramatic rise in the number of uninsured patients.

For the purpose of this analysis, “poor counties” are defined as those counties having a poverty rate higher than the national median (35.3% of the population living in poverty). Poverty is defined as below 200% of poverty. This level of poverty was chosen because it coincides with current health center requirements to discount their charges for care provided to uninsured individuals with incomes below 200% of poverty, and because research shows that those below 200% of poverty are more likely than the non-poor to experience poor health, visit the ER, forgo or delay medical care due to cost, and be uninsured. They are also less likely than the non-poor to have a usual source of care. As noted earlier, the vast majority of health center patients are under 200% of poverty.

A total of 929 counties – nearly a third of all US counties and more than half of all poor counties – have poverty rates higher than the national median and did not have a health center site by the end of 2003. Ten percent of all low income residents and almost 8% of the nation’s uninsured live in these counties. A list of these counties is provided in Appendix C.

Methodology

County estimates are drawn from NACHC’s unique REACH data set, which was developed by The Lewin Group using the 2000 Census and March Supplements of the 2000-2002 Current Population Survey (CPS). The REACH data provides race/ethnicity, age, gender, insurance coverage, and federal poverty level (FPL) demographic information at the county level and includes all 3140 US counties and the District of Columbia. The CPS data from 2000, 2001 and 2002 were pooled to provide estimates for narrowly-defined groups too small to enumerate for any given year. The REACH data includes county-level tabulated data for three poverty level groups (below FPL, 100-200% of FPL, and above 200% of FPL), four age groups (under 19, 20-44, 45-64, and above 64), two gender groups (male and female), four racial/ethnic groups (black, Hispanic, white, and other), and four insurance groups (uninsured, Medicare, other public, and private). REACH does not include the Commonwealth of Puerto Rico, the Virgin Islands, and other US territories, and therefore they were not included in this analysis.

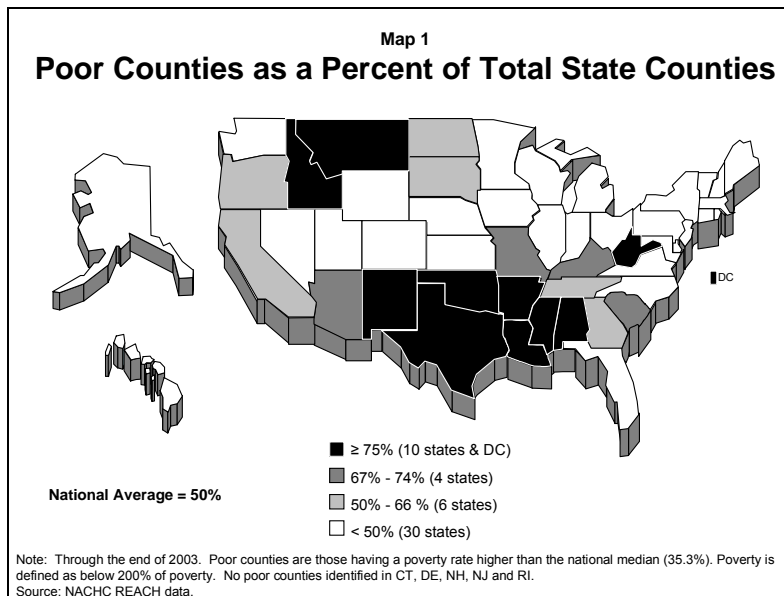
To identify counties with and without a health center, the REACH database was then linked to a list of all health centers during 2003. This list included all federally-funded health

²⁰ Cunningham P and Hadley J. “Expanding Care Versus Expanding Coverage: How to Improve Access to Care.” July/August 2004 *Health Affairs* 23(4):234-244.

center delivery sites and non-federally funded health center (the so called “look alike”) sites, their addresses, and their county names. Counties were determined based on health center street address and zip code. The list of health centers was pulled from the 2003 Uniform Data System, to which all federally-funded health centers must report data on their operations, and a list of Federally-Qualified Health Center “look-alikes” as of February 2004. Researchers were unable to find a list of look-alikes for 2003, but it is likely that looks-alikes operating in 2003 did not significantly change through February 2004. Once these two data sets were linked, non-matching counties were considered to be without a health center, and thus determined to be potentially underserved or unserved as of the end of 2003.

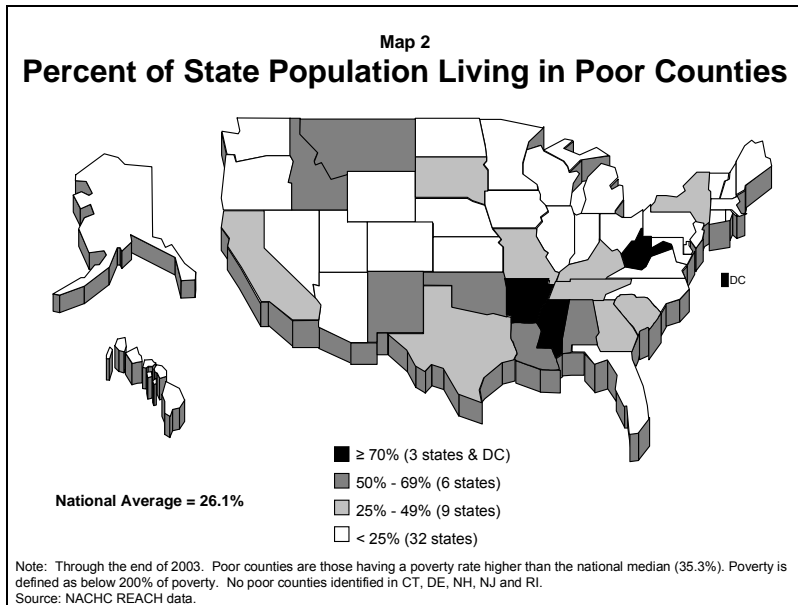
All Counties

Appendix A shows the number of poor counties (i.e., those with more than 35.3% of residents living below 200% of poverty) in each state and the number of counties with and without a health center. In total, 1,570 counties and the District of Columbia are poor. More than one of every four Americans, or over 73.4 million, live in these counties. These counties are spread across 45 states and the District of Columbia. However, they tend to be concentrated within a limited number of states, as Map 1 demonstrates. Excluding the District of Columbia, more than 75% of all counties in 10 states (**Alabama, Arkansas, Idaho, Louisiana, Mississippi, Montana, New Mexico, Oklahoma, Texas, and West Virginia**) are among America’s poor counties. In another 10 states (**Arizona, California, Georgia, Kentucky, Missouri, North Dakota, Oregon, South Carolina, South Dakota, and Tennessee**), more than half of all counties are among America’s poor counties.



Map 2 illustrates the percent of state population residing in poor counties. Excluding the District of Columbia, **Arkansas, Mississippi, and West Virginia** have the highest proportion of residents living in the state’s poor counties. Approximately 72% of Arkansans, 79% of Mississippians, and 71% of West Virginians live in poor counties. Six additional states

(Alabama, Idaho, Louisiana, Montana, New Mexico, and Oklahoma) have more than 50% of residents living in poor counties. Nine states (California, Georgia, Kentucky, Missouri, New York, South Carolina, South Dakota, Tennessee, and Texas) have between 25 and 50% of residents living in poor counties.

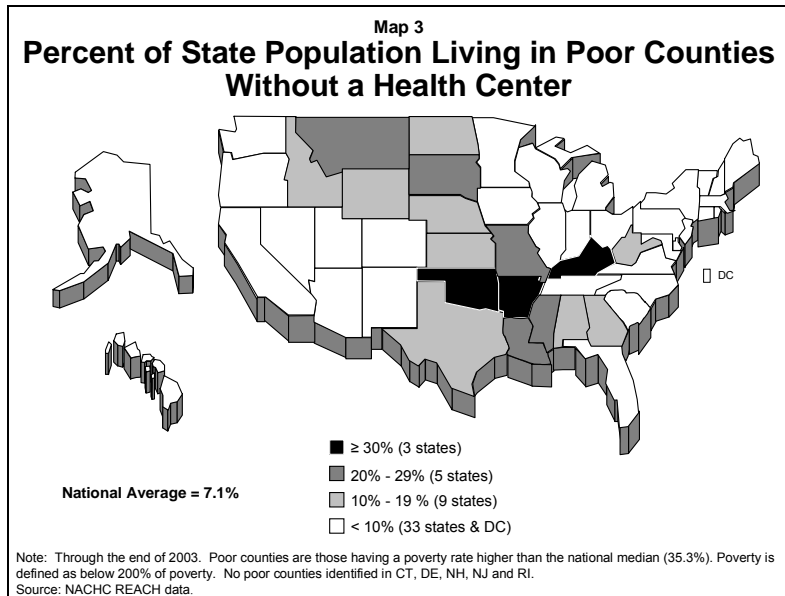


Over the last 40 years, health centers have grown dramatically around the country. In many counties, health centers are the primary care provider for the majority of residents. Appendix A indicates that 642 poor counties across the US have at least one health center site. Moreover, among the top 1% of all counties by poverty, over half (55%) have at least one health center (not shown in Appendix). However, the mere presence of a health center may not be enough to meet increased demand for care, particularly in low income communities. Health centers in most of these counties report increased demand and many may require federal Expanded Medical Capacity grants to reach more of the underserved.

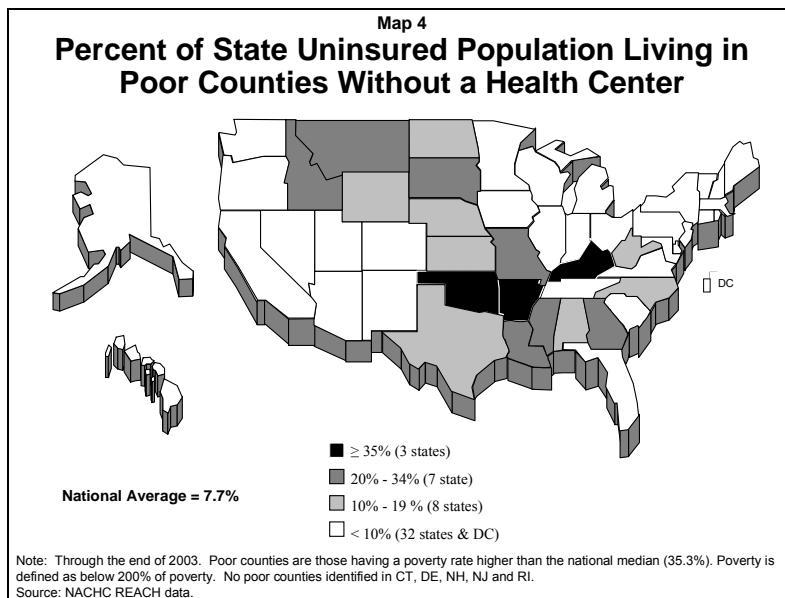
Poor Counties Without Health Centers

The states with the highest proportion of residents living in poor, unserved counties live in a swath of land that runs from Mississippi to Montana. Appendix B provides the number of poor counties without at least one health center for each state, as well as the proportion of total state population and uninsured state population residing in these poor unserved counties. Of the 1,570 poor counties and the District of Columbia identified in Appendix A, 929 counties do not have a health center. These 929 counties are listed in Appendix C. While these counties represent approximately 30% of all US counties, more than 70% of counties in **Oklahoma** are among the poor unserved counties, as are more than 50% of all counties in **Kentucky, Louisiana, Montana, and Texas**. Map 3 below depicts the percent of state population living in poor counties without at least one health center. Approximately 7% of all Americans – 20 million people – live in these poor counties without access to a health center. In terms of population, **Arkansas, Kentucky and Oklahoma** have the highest proportions of residents living in poor counties without access to a health center (42%, 33% and 40%, respectively). In

five other states (**Louisiana, Mississippi, Missouri, Montana, and South Dakota**), more than one of every five state residents live in these poor, unserved counties, and **Georgia and Idaho** each have just under 20% of state residents living in these counties.



Almost 8% of uninsured Americans – or more than 3 million individuals – live in poor unserved counties, but more than a third of state uninsured residents live in these counties in **Arkansas, Kentucky, and Oklahoma**. In another seven states, at least 20% of state uninsured residents live there (**Georgia, Idaho, Louisiana, Mississippi, Missouri, Montana, and South Dakota**), as Map 4 demonstrates. This is not surprising given that most of these states are among the states with the highest proportion of residents living in poor counties without access to a health center.



A sizable proportion of the residents of these counties are medically underserved. In many cases, the residents are worse off than the national population. Specifically, among the residents of these counties:

- 42% of residents in these counties have incomes less than 200% of FPL, similar to the percent of residents in poor counties with a health center;
- 16% are uninsured and 14% rely on public health insurance (other than Medicare), slightly above national averages for the time period;
- 50% of the elderly in these counties have incomes under 200% of FPL compared to the national average of 37%;
- Approximately 23% are nonwhite and 26% of minorities are uninsured compared to the national average of 31% nonwhite of whom 25% minorities are uninsured; and
- Approximately 14% of children under age 19 are uninsured which is slightly above the national average of 13%.

The populations of these 929 poor, unserved counties also account for a significant portion of the nation's vulnerable populations, making up:

- 10% of all low income residents;
- Almost 8% of the nation's uninsured;
- 8% of uninsured kids; and
- 8% of Medicaid and other publicly-insurance residents other than those with Medicare.

Among the top 10% of poor counties without at least one health center are 93 counties in 16 states (**Alabama, Arkansas, Georgia, Idaho, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, West Virginia, and Wisconsin**). Between 52% and 80% of the residents in these poorest unserved counties are at or below 200% of FPL. While the residents of these counties with the highest poverty rates make up 6% of the residents in all poor unserved counties, their average uninsurance rate is 20% – higher than the average for all unserved poor counties and well above the national average.

While some states appear to contain nominal proportions of residents living in poor counties without a health center, these states continue to have rising unmet need. In all counties with health centers, health centers often need resources to expand their capacity to reach more of the underserved. Many states experienced increases in uninsurance and poverty between 2002 and 2003. For instance, **Illinois** and **Nevada** experienced statistically significant increases in the percent of residents below 100% poverty, and **Alaska, Nevada, and Wisconsin** saw statistically significant increases in the percent of residents without insurance.²¹ The Great Basin Primary Care Association recently determined that this trend in uninsurance continued for Nevada between 2003 and 2004.²² These states serve as examples of where augmented federal and state support are needed in order to expand health center capacity into communities with continued and rising unmet need.

²¹ US Census Bureau, 2004.

²² Decision Analytics, Inc. *Uninsured Persons in Nevada 2003 and 2004: Estimates and Trends*. Presented to the Great Basin Primary Care Association. 2005. www.gbpc.org/uninsured.

Remaining Unmet Need in the Northeast

Six states (**Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, and Rhode Island**) do not have counties with poverty rates above the national median and also without a health center. However, available data and anecdotal evidence strongly suggest that not all underserved residents in these counties are being reached. For example, a recent NACHC report found that these states have large numbers of state residents who do not have access to a primary care provider due to having too few physicians, ranging from around 24,000 residents in **Rhode Island** to nearly 231,000 in **Massachusetts**.²³ Health centers in these states are reporting a rise in the number of uninsured patients.

Given that counties in these states will still have some level of unmet need, Table 1 examines counties that fall above the state poverty (under 200% FPL) median to identify counties that may be at risk for poor access to care. **Connecticut, New Jersey, and Rhode Island** have more than 50% of their residents living in counties with rates above the state poverty median. Residents in these counties also represent more than half of each state's uninsured population. Approximately one-third of uninsured and poor residents in **Massachusetts** and **Delaware** live in these counties. The large presence of vulnerable populations in these counties may indicate some need for expanded access to primary care, particularly as uninsurance and poverty have risen since 2000. Health centers in these counties may need Expanded Medical Capacity grants to meet current and rising demand. Four states (**Delaware, New Hampshire, New Jersey, and Rhode Island**) each appear to have at least one county with a poverty rate above the state median without a health center.

Table 1
Counties in Select States Above State Poverty Median, 2003

State	# of Poor Counties	% State Residents Residing in Poor Counties	% Uninsured State Residents Residing in Poor Counties	# of Poor Counties Without a Health Center
Connecticut	4	60.2%	62.5%	0
Delaware	2	36.2%	36.3%	1
Massachusetts	7	32.4%	37.5%	0
New Hampshire	5	22.1%	22.8%	3
New Jersey	11	51.7%	59.7%	2
Rhode Island	3	83.4%	87.8%	1

Note: Poverty is defined as below 200% of poverty. Counties included fall above the median poverty rate for each state.

Limitations

Although other indicators will need to be considered when determining which areas of the country are most in need of a health center, this descriptive analysis provides some indication as to which counties may require additional resources to expand or create access points for primary care. Several limitations must be pointed out. First, some counties that need a health

²³ NACHC, March 2004.

center identified by this analysis may already be served in whole or in part by health centers located in neighboring counties. This may especially be the case for counties with small populations. Indeed, the health center model serves rural areas well. Roughly half of all health centers are located in rural areas. But beyond rural areas generally, health centers also serve sparsely populated frontier areas well. Nearly one-quarter (215) of the counties identified here as being poor and unserved are completely rural and are not adjacent to a metro area. These 215 unserved sparsely populated counties – often referred to as ‘frontier’ counties – make up half of all such counties across the US.²⁴ It is conceivable that one health center site could adequately serve more than one frontier county. Of course, transportation services would be crucial in such cases to promote access to the health center.

Second, because the data relies on 2000-2002 Census information, the need may be underestimated particularly due to recent growth in both uninsured and low income populations. Third, some counties which appear to lack a health center may be misidentified due to a delay in reported health center locations. However, this would only apply to a handful of counties. Fourth, county level data for many counties is too broad. Large counties often have pockets of unmet need or high poverty, which may not be evident when population demographics are aggregated at a higher level. Cases in point are Los Angeles County and Cook County (Chicago), Illinois where there remains great need and also elevated poverty. Health centers are located in poor neighborhoods in some of these counties, and serve significant low-income and uninsured populations living there. Finally, given that NACHC’s REACH database does not include Puerto Rico and the other US territories, we were not able to determine which areas in these jurisdictions are heavily poor and need a health center.

Threats to Health Center Expansion

The number of communities needing a health center far exceeds available resources. For instance, available funding for FY 2002 and 2003 allowed only one out of three *qualified* applications for new health center sites to be approved for funding. In FY 2004, less than one in ten of qualified applications were approved. Moreover, while inflation-adjusted federal funding between 2002 and 2003 increased by 7%, the number of uninsured patients at federally-funded health centers rose by 11%.²⁵ Many health centers around the country are reporting significantly higher growth in the proportion of uninsured patients. For every one uninsured, low income patient that a health center treats, there are four others needing their services,²⁶ not to mention countless others lacking access to regular primary care regardless of insurance status. Compounding the need is rising poverty. Given these multiple factors, there are not enough health centers for the people and communities who need them.

Increasing federal funding for the health centers program is a good start toward improving health center capacity in areas that continue to need safety net services. However, to be sustainable, such funding must be supplemented by other sources of support. One such critical source of funding is state financial support, which makes up a significant portion of

²⁴ Based on counties identified as “completely rural or less than 2,500 urban population, not adjacent to a metro area” by the Economic Research Services of the US Department of Agriculture. In 2003, there were 435 counties fitting this definition. For more information, see <http://www.ers.usda.gov/briefing/rurality/RuralUrbCon/>.

²⁵ Rosenbaum S, Shin P and Darnell J. *Economic Stress and the Safety Net: A Health Center Update*. Kaiser Commission on Medicaid and the Uninsured. June 2004. www.kff.org/uninsured/7122.cfm.

²⁶ Ibid.

revenue for many health centers. According to a NACHC survey of states in 2004, of the 31 states that provide direct funding to health centers, 7 reduced their support, causing a loss of \$14.5 million, and 12 others froze their health center funding despite rising need for health center services. At least as important as direct funding by states or the federal government is Medicaid, which makes up 36% of health center revenues nationally. Cuts in state Medicaid programs hamper health center expansion efforts, as substantial Medicaid eligibility reductions result in considerable revenue losses for health centers, compounded by rising numbers of new uninsured patients. Equally important, Medicaid patients rely on health centers for their ambulatory health needs *beyond* basic medical care, including vision, dental, mental health, and substance abuse services. Cutting back on Medicaid benefits, such as adult eye and dental services, could threaten a health center's ability to continue offering these services, especially if Medicaid serves as the primary payer source for them.

Cuts in payments to health centers are also severely damaging. Congress in 2000 enacted a Medicaid Prospective Payment System (PPS) for health centers, updating a special payment system it had created for them in 1990. This action was taken to ensure that Medicaid paid its fair share for care provided to Medicaid recipients at health centers, thus allowing federal grant funds to be used for their intended purpose of supporting the cost of care for uninsured patients. If states eliminated the PPS payment system, Medicaid payments to health centers would fall by 33% on average, triggering significant revenue losses and severely crippling health centers' ability to continue caring for both their Medicaid *and* uninsured patients.

Also important is the need for continued support for federal programs that factor into health centers' ability to serve their patients. For instance, programs training doctors, nurses, dentists and other health professionals, as well as the National Health Service Corps which places clinicians in medically underserved areas, help to ensure that health centers have adequate numbers of clinicians. Such programs are currently targeted for cuts under the President's FY 2006 budget, and yet the capacity of health centers to serve new communities depends on whether health centers will be able to fulfill their staffing needs.

Conclusion

Wealth and health are inextricably intertwined, and this is especially true for the delivery of health care today. The poor, quite simply, have fewer options in the health care marketplace. Moreover, the private health care marketplace does not tend to exist in poor communities. That is why health centers began 40 years ago, and why expanding health centers into poor unserved communities and counties is still an important mandate today. This report not only found that 929 counties in nearly every state are poor and do not have a health center, it also provides a roadmap of where America needs to start in order to address the current health care crisis. In total, 42% of residents in these counties are low income, and more than 3 million are completely uninsured. More health care options, especially more health centers, can deal a sizeable blow to the cycle of poverty and poor health in these communities. Health centers are cost-effective providers of high-quality care, improving health outcomes in their communities and creating a more efficient health care system. Given their success, they serve as an ideal model of care for patients of all income levels.

Targeting poor areas is one approach to focus on areas that are most underserved. However, while poverty is clearly one indicator of need given its association with underservice,

it is not the only criteria for determining unmet need. Health status and measures of access to care also indicate which communities are in need of a health center. More importantly, placing a health center in a given county may not be enough to reach all the underserved in that county, especially if the county is large, and using counties as the jurisdiction of focus may overlook counties that appear to be adequately served generally but which have significant populations that are severely underserved. Moreover, rising demand related to rising poverty and uninsurance – not to mention underinsurance – means that many existing health centers require additional funding to expand capacity in order to reach more of the underserved in their communities. As important as these federal resources may be, state support – through direct funding, but especially through Medicaid – plays an equal, if not more, important role.

With these challenges in mind, health centers commend the President for his commitment and stand ready to help achieve his goal of improving and expanding access to affordable quality health care for more low income communities. Augmented federal funding is the first step in assuring that these communities have a dependable and high-quality health care provider.

Appendix A

Total Counties, Poor Counties and Residents, and Counties With and Without Health Centers by State, 2003

State Name	Total Number of Counties	Number of Poor Counties (Above US Median)	% of State Residents Living in Poor Counties	Number of Poor Counties <i>With</i> a Health Center	Number of Poor Counties <i>Without</i> a Health Center
Alabama	67	54	55.8%	37	17
Alaska	27	9	9.8%	8	1
Arizona	15	11	20.2%	9	2
Arkansas	75	69	71.8%	32	37
California	58	29	47.9%	24	5
Colorado	63	27	9.1%	14	13
Connecticut	8	0	0.0%	0	0
Delaware	3	0	0.0%	0	0
District of Columbia	1	1	100.0%	1	0
Florida	67	32	22.5%	15	17
Georgia	159	105	31.8%	38	67
Hawaii	5	1	<0.1%	0	1
Idaho	44	34	50.0%	13	21
Illinois	102	19	2.8%	12	7
Indiana	92	6	4.0%	0	6
Iowa	99	7	2.0%	0	7
Kansas	105	41	24.5%	9	32
Kentucky	120	82	42.6%	13	69
Louisiana	64	54	63.1%	15	39
Maine	16	6	19.0%	4	2
Maryland	24	4	14.7%	3	1
Massachusetts	14	1	10.9%	1	0
Michigan	83	17	3.8%	6	11
Minnesota	87	9	2.9%	1	8
Mississippi	82	74	78.5%	48	26
Missouri	115	81	33.7%	24	57
Montana	56	48	67.3%	14	34
Nebraska	93	45	13.6%	3	42
Nevada	17	2	0.5%	0	2
New Hampshire	10	0	0.0%	0	0
New Jersey	21	0	0.0%	0	0
New Mexico	33	29	56.3%	27	2
New York	62	17	33.0%	7	10
North Carolina	100	47	23.3%	20	27
North Dakota	53	27	19.4%	3	24
Ohio	88	16	5.0%	10	6
Oklahoma	77	64	66.6%	10	54
Oregon	36	18	17.2%	8	10
Pennsylvania	67	17	20.9%	9	8

State Name	Total Number of Counties	Number of Poor Counties (Above US Median)	% of State Residents Living in Poor Counties	Number of Poor Counties <i>With</i> a Health Center	Number of Poor Counties <i>Without</i> a Health Center
Rhode Island	5	0	0.0%	0	0
South Carolina	46	31	31.7%	26	5
South Dakota	66	40	28.6%	13	27
Tennessee	95	59	26.2%	39	20
Texas	254	196	39.7%	42	154
Utah	29	14	11.6%	4	10
Vermont	14	2	5.4%	1	1
Virginia	135	48	23.1%	29	19
Washington	39	17	13.4%	11	6
West Virginia	55	47	70.6%	35	12
Wisconsin	72	8	2.1%	2	6
Wyoming	23	6	20.1%	2	4
Total	3141	1571	26.1%	642	929

Note: Poor counties are those having a poverty rate higher than the national median (35.3%). Poverty is defined as below 200% of poverty.

Appendix B

Poor Counties Without Health Centers, Percent of Poor County Residents, and Percent of State Uninsured Residing in Poor Counties, 2003

State Name	Total Number of Counties	Number of Poor Counties Without a Health Center	% of State Residents Living in Poor Counties Without a Health Center	% of State Uninsured Residents Living in Poor Counties Without a Health Center
Alabama	67	17	13.1%	13.2%
Alaska	27	1	1.0%	1.2%
Arizona	15	2	1.4%	1.3%
Arkansas	75	37	41.6%	42.2%
California	58	5	0.3%	0.2%
Colorado	63	13	2.4%	2.6%
Connecticut	8	0	0.0%	0.0%
Delaware	3	0	0.0%	0.0%
District of Columbia	1	0	0.0%	0.0%
Florida	67	17	4.1%	4.2%
Georgia	159	67	19.8%	21.7%
Hawaii	5	1	< 0.1%	0.0%
Idaho	44	21	19.5%	20.8%
Illinois	102	7	1.0%	0.9%
Indiana	92	6	4.0%	4.8%
Iowa	99	7	2.0%	2.2%
Kansas	105	32	10.2%	10.7%
Kentucky	120	69	32.6%	36.0%
Louisiana	64	39	26.9%	27.7%
Maine	16	2	4.2%	4.6%
Maryland	24	1	0.6%	0.5%
Massachusetts	14	0	0.0%	0.0%
Michigan	83	11	2.7%	3.1%
Minnesota	87	8	2.1%	2.2%
Mississippi	82	26	21.5%	21.4%
Missouri	115	57	27.0%	29.5%
Montana	56	34	29.5%	29.7%
Nebraska	93	42	11.7%	11.5%
Nevada	17	2	0.5%	0.4%
New Hampshire	10	0	0.0%	0.0%
New Jersey	21	0	0.0%	0.0%
New Mexico	33	2	3.3%	3.2%
New York	62	10	3.4%	2.8%
North Carolina	100	27	9.8%	10.4%
North Dakota	53	24	16.5%	17.4%
Ohio	88	6	1.4%	1.6%
Oklahoma	77	54	39.6%	40.7%

State Name	Total Number of Counties	Number of Poor Counties Without a Health Center	% of State Residents Living in Poor Counties Without a Health Center	% of State Uninsured Residents Living in Poor Counties Without a Health Center
Oregon	36	10	5.5%	5.2%
Pennsylvania	67	8	4.7%	5.1%
Rhode Island	5	0	0.0%	0.0%
South Carolina	46	5	5.0%	5.0%
South Dakota	66	27	22.2%	24.4%
Tennessee	95	20	9.3%	8.9%
Texas	254	154	15.6%	14.6%
Utah	29	10	9.2%	9.7%
Vermont	14	1	4.3%	4.5%
Virginia	135	19	6.1%	7.2%
Washington	39	6	3.1%	3.4%
West Virginia	55	12	11.4%	11.5%
Wisconsin	72	6	1.5%	1.7%
Wyoming	23	4	10.5%	12.6%
Total	3,141	929	7.1%	7.7%

Note: Poor counties are those having a poverty rate higher than the national median (35.3%). Poverty is defined as below 200% of poverty.

Appendix C

Poor Counties Without Health Centers, 2003

Alabama	Cherokee County	Arkansas	Pike County
Alabama	Clarke County	Arkansas	Pope County
Alabama	Clay County	Arkansas	Scott County
Alabama	Cleburne County	Arkansas	Sebastian County
Alabama	Colbert County	Arkansas	Sevier County
Alabama	Dallas County	Arkansas	Sharp County
Alabama	Dekalb County	Arkansas	St. Francis County
Alabama	Fayette County	Arkansas	Stone County
Alabama	Geneva County	Arkansas	Washington County
Alabama	Henry County	Arkansas	Yell County
Alabama	Lamar County	California	Alpine County
Alabama	Marion County	California	Mariposa County
Alabama	Marshall County	California	Modoc County
Alabama	Pickens County	California	Tehama County
Alabama	Randolph County	California	Trinity County
Alabama	Talladega County	Colorado	Baca County
Alabama	Winston County	Colorado	Crowley County
Alaska	Southeast Fairbanks Census Area	Colorado	Custer County
Arizona	Gila County	Colorado	Delta County
Arizona	La Paz County	Colorado	Gunnison County
Arkansas	Baxter County	Colorado	Huerfano County
Arkansas	Boone County	Colorado	Jackson County
Arkansas	Bradley County	Colorado	Las Animas County
Arkansas	Carroll County	Colorado	Phillips County
Arkansas	Columbia County	Colorado	San Juan County
Arkansas	Conway County	Colorado	Sedgwick County
Arkansas	Crawford County	Colorado	Washington County
Arkansas	Dallas County	Colorado	Yuma County
Arkansas	Desha County	Florida	Bradford County
Arkansas	Drew County	Florida	Calhoun County
Arkansas	Franklin County	Florida	Desoto County
Arkansas	Fulton County	Florida	Escambia County
Arkansas	Garland County	Florida	Franklin County
Arkansas	Greene County	Florida	Glades County
Arkansas	Hot Spring County	Florida	Hamilton County
Arkansas	Howard County	Florida	Holmes County
Arkansas	Independence County	Florida	Jackson County
Arkansas	Izard County	Florida	Jefferson County
Arkansas	Johnson County	Florida	Levy County
Arkansas	Lawrence County	Florida	Liberty County
Arkansas	Lincoln County	Florida	Suwannee County
Arkansas	Little River County	Florida	Taylor County
Arkansas	Logan County	Florida	Union County
Arkansas	Marion County	Florida	Walton County
Arkansas	Miller County	Florida	Washington County
Arkansas	Montgomery County	Georgia	Appling County
Arkansas	Perry County	Georgia	Bacon County
		Georgia	Baldwin County

Georgia Ben Hill County
 Georgia Berrien County
 Georgia Bibb County
 Georgia Bleckley County
 Georgia Brooks County
 Georgia Bulloch County
 Georgia Burke County
 Georgia Candler County
 Georgia Chattahoochee County
 Georgia Chattooga County
 Georgia Clarke County
 Georgia Clay County
 Georgia Clinch County
 Georgia Cook County
 Georgia Crisp County
 Georgia Dodge County
 Georgia Dooly County
 Georgia Early County
 Georgia Echols County
 Georgia Evans County
 Georgia Grady County
 Georgia Jeff Davis County
 Georgia Jefferson County
 Georgia Jenkins County
 Georgia Lanier County
 Georgia Laurens County
 Georgia Liberty County
 Georgia Lincoln County
 Georgia Long County
 Georgia Lumpkin County
 Georgia Macon County
 Georgia Marion County
 Georgia McDuffie County
 Georgia McIntosh County
 Georgia Meriwether County
 Georgia Miller County
 Georgia Mitchell County
 Georgia Montgomery County
 Georgia Peach County
 Georgia Polk County
 Georgia Pulaski County
 Georgia Quitman County
 Georgia Randolph County
 Georgia Richmond County
 Georgia Screven County
 Georgia Seminole County
 Georgia Spalding County
 Georgia Stephens County
 Georgia Talbot County
 Georgia Taylor County
 Georgia Telfair County
 Georgia Tift County
 Georgia Toombs County
 Georgia Treutlen County
 Georgia Troup County
 Georgia Turner County

Georgia Twiggs County
 Georgia Upson County
 Georgia Wayne County
 Georgia Webster County
 Georgia Wheeler County
 Georgia Wilcox County
 Georgia Wilkinson County
 Georgia Worth County
 Hawaii Kalawao County
 Idaho Adams County
 Idaho Bear Lake County
 Idaho Bonner County
 Idaho Butte County
 Idaho Clark County
 Idaho Clearwater County
 Idaho Custer County
 Idaho Franklin County
 Idaho Fremont County
 Idaho Gooding County
 Idaho Jefferson County
 Idaho Latah County
 Idaho Lemhi County
 Idaho Lewis County
 Idaho Lincoln County
 Idaho Madison County
 Idaho Minidoka County
 Idaho Oneida County
 Idaho Shoshone County
 Idaho Teton County
 Idaho Washington County
 Illinois Greene County
 Illinois Lawrence County
 Illinois Massac County
 Illinois McDonough County
 Illinois Pike County
 Illinois Richland County
 Illinois White County
 Indiana Crawford County
 Indiana Daviess County
 Indiana Knox County
 Indiana Monroe County
 Indiana Orange County
 Indiana Scott County
 Iowa Appanoose County
 Iowa Davis County
 Iowa Decatur County
 Iowa Ringgold County
 Iowa Taylor County
 Iowa Van Buren County
 Iowa Wayne County
 Kansas Allen County
 Kansas Brown County
 Kansas Chautauqua County
 Kansas Cherokee County
 Kansas Cheyenne County
 Kansas Decatur County

Kansas	Edwards County	Kentucky	Hart County
Kansas	Elk County	Kentucky	Hickman County
Kansas	Graham County	Kentucky	Hopkins County
Kansas	Greenwood County	Kentucky	Johnson County
Kansas	Hamilton County	Kentucky	Knott County
Kansas	Haskell County	Kentucky	Knox County
Kansas	Jewell County	Kentucky	Larue County
Kansas	Kearny County	Kentucky	Laurel County
Kansas	Labette County	Kentucky	Lawrence County
Kansas	Lincoln County	Kentucky	Lee County
Kansas	Logan County	Kentucky	Leslie County
Kansas	Neosho County	Kentucky	Lincoln County
Kansas	Norton County	Kentucky	Logan County
Kansas	Osborne County	Kentucky	Lyon County
Kansas	Riley County	Kentucky	Marion County
Kansas	Rush County	Kentucky	Martin County
Kansas	Russell County	Kentucky	Mason County
Kansas	Sheridan County	Kentucky	Mccreary County
Kansas	Sherman County	Kentucky	Mclean County
Kansas	Smith County	Kentucky	Meade County
Kansas	Stafford County	Kentucky	Menifee County
Kansas	Wallace County	Kentucky	Metcalfe County
Kansas	Washington County	Kentucky	Monroe County
Kansas	Wichita County	Kentucky	Montgomery County
Kansas	Wilson County	Kentucky	Morgan County
Kansas	Woodson County	Kentucky	Nicholas County
Kentucky	Adair County	Kentucky	Owen County
Kentucky	Allen County	Kentucky	Powell County
Kentucky	Barren County	Kentucky	Pulaski County
Kentucky	Bath County	Kentucky	Robertson County
Kentucky	Bell County	Kentucky	Rockcastle County
Kentucky	Boyd County	Kentucky	Rowan County
Kentucky	Breathitt County	Kentucky	Russell County
Kentucky	Breckinridge County	Kentucky	Taylor County
Kentucky	Butler County	Kentucky	Todd County
Kentucky	Caldwell County	Kentucky	Union County
Kentucky	Calloway County	Kentucky	Wayne County
Kentucky	Carlisle County	Kentucky	Webster County
Kentucky	Carroll County	Kentucky	Wolfe County
Kentucky	Carter County	Louisiana	Acadia Parish
Kentucky	Casey County	Louisiana	Allen Parish
Kentucky	Christian County	Louisiana	Assumption Parish
Kentucky	Clay County	Louisiana	Avoyelles Parish
Kentucky	Clinton County	Louisiana	Beauregard Parish
Kentucky	Crittenden County	Louisiana	Bienville Parish
Kentucky	Cumberland County	Louisiana	Caldwell Parish
Kentucky	Edmonson County	Louisiana	Cameron Parish
Kentucky	Elliott County	Louisiana	Claiborne Parish
Kentucky	Estill County	Louisiana	Concordia Parish
Kentucky	Fleming County	Louisiana	De Soto Parish
Kentucky	Fulton County	Louisiana	East Carroll Parish
Kentucky	Gallatin County	Louisiana	East Feliciana Parish
Kentucky	Graves County	Louisiana	Evangeline Parish
Kentucky	Grayson County	Louisiana	Grant Parish
Kentucky	Green County	Louisiana	Jackson Parish
Kentucky	Greenup County	Louisiana	Jefferson Davis Parish

Louisiana	La Salle Parish	Mississippi	Leflore County
Louisiana	Lafourche Parish	Mississippi	Lincoln County
Louisiana	Lincoln Parish	Mississippi	Lowndes County
Louisiana	Morehouse Parish	Mississippi	Montgomery County
Louisiana	Plaquemines Parish	Mississippi	Newton County
Louisiana	Red River Parish	Mississippi	Pearl River County
Louisiana	Richland Parish	Mississippi	Pike County
Louisiana	Sabine Parish	Mississippi	Pontotoc County
Louisiana	St. Helena Parish	Mississippi	Sharkey County
Louisiana	St. James Parish	Mississippi	Smith County
Louisiana	St. John The Baptist Parish	Mississippi	Stone County
Louisiana	St. Landry Parish	Mississippi	Tishomingo County
Louisiana	St. Martin Parish	Mississippi	Walthall County
Louisiana	St. Mary Parish	Mississippi	Webster County
Louisiana	Tangipahoa Parish	Mississippi	Wilkinson County
Louisiana	Tensas Parish	Mississippi	Yalobusha County
Louisiana	Union Parish	Missouri	Atchison County
Louisiana	Washington Parish	Missouri	Barton County
Louisiana	Webster Parish	Missouri	Bates County
Louisiana	West Baton Rouge Parish	Missouri	Benton County
Louisiana	West Carroll Parish	Missouri	Butler County
Louisiana	Winn Parish	Missouri	Carroll County
Maine	Piscataquis County	Missouri	Cedar County
Maine	Waldo County	Missouri	Chariton County
Maryland	Garrett County	Missouri	Clark County
Michigan	Clare County	Missouri	Crawford County
Michigan	Gladwin County	Missouri	Dade County
Michigan	Gogebic County	Missouri	Dallas County
Michigan	Houghton County	Missouri	Daviess County
Michigan	Isabella County	Missouri	Dekalb County
Michigan	Keweenaw County	Missouri	Dent County
Michigan	Luce County	Missouri	Grundy County
Michigan	Mecosta County	Missouri	Henry County
Michigan	Osceola County	Missouri	Hickory County
Michigan	Oscoda County	Missouri	Howard County
Michigan	Schoolcraft County	Missouri	Jasper County
Minnesota	Aitkin County	Missouri	Johnson County
Minnesota	Big Stone County	Missouri	Laclede County
Minnesota	Cass County	Missouri	Lawrence County
Minnesota	Clearwater County	Missouri	Lewis County
Minnesota	Mahnomen County	Missouri	Linn County
Minnesota	Todd County	Missouri	Livingston County
Minnesota	Traverse County	Missouri	Macon County
Minnesota	Wadena County	Missouri	Madison County
Mississippi	Adams County	Missouri	Maries County
Mississippi	Alcorn County	Missouri	Miller County
Mississippi	Attala County	Missouri	Monroe County
Mississippi	Calhoun County	Missouri	Morgan County
Mississippi	Choctaw County	Missouri	Nodaway County
Mississippi	Clay County	Missouri	Pemiscot County
Mississippi	Franklin County	Missouri	Pettis County
Mississippi	George County	Missouri	Phelps County
Mississippi	Grenada County	Missouri	Pike County
Mississippi	Lafayette County	Missouri	Polk County
		Missouri	Putnam County
			Randolph County

Missouri	Ripley County	Nebraska	Boyd County
Missouri	Saline County	Nebraska	Brown County
Missouri	Schuyler County	Nebraska	Cherry County
Missouri	Scott County	Nebraska	Custer County
Missouri	Shelby County	Nebraska	Dawes County
Missouri	St. Clair County	Nebraska	Dawson County
Missouri	St. Francois County	Nebraska	Dundy County
Missouri	St. Louis City	Nebraska	Franklin County
Missouri	Stone County	Nebraska	Frontier County
Missouri	Taney County	Nebraska	Furnas County
Missouri	Texas County	Nebraska	Garfield County
Missouri	Vernon County	Nebraska	Grant County
Missouri	Washington County	Nebraska	Greeley County
Missouri	Wayne County	Nebraska	Harlan County
Missouri	Webster County	Nebraska	Hayes County
Missouri	Worth County	Nebraska	Hitchcock County
Missouri	Wright County	Nebraska	Holt County
Montana	Carter County	Nebraska	Keya Paha County
Montana	Chouteau County	Nebraska	Kimball County
Montana	Daniels County	Nebraska	Knox County
Montana	Deer Lodge County	Nebraska	Logan County
Montana	Fallon County	Nebraska	Loup County
Montana	Fergus County	Nebraska	Mcpherson County
Montana	Flathead County	Nebraska	Nance County
Montana	Garfield County	Nebraska	Nuckolls County
Montana	Glacier County	Nebraska	Pawnee County
Montana	Golden Valley County	Nebraska	Pierce County
Montana	Granite County	Nebraska	Richardson County
Montana	Hill County	Nebraska	Rock County
Montana	Judith Basin County	Nebraska	Sheridan County
Montana	Liberty County	Nebraska	Sherman County
Montana	McCone County	Nebraska	Sioux County
Montana	Meagher County	Nebraska	Thomas County
Montana	Mineral County	Nebraska	Thurston County
Montana	Musselshell County	Nebraska	Valley County
Montana	Petroleum County	Nebraska	Webster County
Montana	Phillips County	Nebraska	Wheeler County
Montana	Pondera County	Nevada	Lincoln County
Montana	Powder River County	Nevada	Mineral County
Montana	Powell County	New Mexico	Lea County
Montana	Prairie County	New Mexico	Union County
Montana	Ravalli County	New York	Allegany County
Montana	Roosevelt County	New York	Cattaraugus County
Montana	Sanders County	New York	Chenango County
Montana	Sheridan County	New York	Delaware County
Montana	Teton County	New York	Franklin County
Montana	Toole County	New York	Jefferson County
Montana	Treasure County	New York	Lewis County
Montana	Valley County	New York	Montgomery County
Montana	Wheatland County	New York	Otsego County
Montana	Wibaux County	New York	St. Lawrence County
Nebraska	Antelope County	North Carolina	Ashe County
Nebraska	Arthur County	North Carolina	Avery County
Nebraska	Banner County	North Carolina	Cherokee County
Nebraska	Blaine County	North Carolina	Chowan County
Nebraska	Boone County	North Carolina	Clay County

North Carolina	Edgecombe County	Oklahoma	Blaine County
North Carolina	Graham County	Oklahoma	Bryan County
North Carolina	Hertford County	Oklahoma	Carter County
North Carolina	Hyde County	Oklahoma	Choctaw County
North Carolina	Jones County	Oklahoma	Cimarron County
North Carolina	Macon County	Oklahoma	Coal County
North Carolina	Madison County	Oklahoma	Comanche County
North Carolina	Martin County	Oklahoma	Cotton County
North Carolina	Mcdowell County	Oklahoma	Craig County
North Carolina	Mitchell County	Oklahoma	Creek County
North Carolina	Montgomery County	Oklahoma	Custer County
North Carolina	Onslow County	Oklahoma	Delaware County
North Carolina	Perquimans County	Oklahoma	Dewey County
North Carolina	Richmond County	Oklahoma	Ellis County
North Carolina	Rutherford County	Oklahoma	Garfield County
North Carolina	Scotland County	Oklahoma	Garvin County
North Carolina	Swain County	Oklahoma	Grady County
North Carolina	Tyrrell County	Oklahoma	Grant County
North Carolina	Vance County	Oklahoma	Greer County
North Carolina	Washington County	Oklahoma	Harmon County
North Carolina	Watauga County	Oklahoma	Haskell County
North Carolina	Yancey County	Oklahoma	Hughes County
North Dakota	Adams County	Oklahoma	Jackson County
North Dakota	Benson County	Oklahoma	Jefferson County
North Dakota	Billings County	Oklahoma	Johnston County
North Dakota	Bottineau County	Oklahoma	Kay County
North Dakota	Burke County	Oklahoma	Latimer County
North Dakota	Dickey County	Oklahoma	Le Flore County
North Dakota	Divide County	Oklahoma	Lincoln County
North Dakota	Emmons County	Oklahoma	Love County
North Dakota	Golden Valley County	Oklahoma	Major County
North Dakota	Grant County	Oklahoma	Marshall County
North Dakota	Griggs County	Oklahoma	Mayes County
North Dakota	Hettinger County	Oklahoma	Mcintosh County
North Dakota	Kidder County	Oklahoma	Murray County
North Dakota	Lamoure County	Oklahoma	Muskogee County
North Dakota	Logan County	Oklahoma	Okfuskee County
North Dakota	Mchenry County	Oklahoma	Okmulgee County
North Dakota	Mcintosh County	Oklahoma	Ottawa County
North Dakota	Mckenzie County	Oklahoma	Pawnee County
North Dakota	Mountrail County	Oklahoma	Payne County
North Dakota	Pierce County	Oklahoma	Pittsburg County
North Dakota	Renville County	Oklahoma	Pontotoc County
North Dakota	Sioux County	Oklahoma	Pushmataha County
North Dakota	Slope County	Oklahoma	Roger Mills County
North Dakota	Williams County	Oklahoma	Sequoyah County
Ohio	Gallia County	Oklahoma	Stephens County
Ohio	Guernsey County	Oklahoma	Texas County
Ohio	Holmes County	Oklahoma	Washita County
Ohio	Meigs County	Oklahoma	Woods County
Ohio	Morgan County	Oregon	Baker County
Ohio	Noble County	Oregon	Coos County
Oklahoma	Adair County	Oregon	Curry County
Oklahoma	Alfalfa County	Oregon	Grant County
Oklahoma	Atoka County	Oregon	Harney County
Oklahoma	Beckham County	Oregon	Lake County

Oregon	Lincoln County	Tennessee	Lewis County
Oregon	Morrow County	Tennessee	Marion County
Oregon	Wallowa County	Tennessee	Mcminn County
Oregon	Wheeler County	Tennessee	Mcnairy County
Pennsylvania	Armstrong County	Tennessee	Monroe County
Pennsylvania	Cambria County	Tennessee	Sequatchie County
Pennsylvania	Centre County	Tennessee	Wayne County
Pennsylvania	Clinton County	Tennessee	Weakley County
Pennsylvania	Jefferson County	Texas	Anderson County
Pennsylvania	Mifflin County	Texas	Andrews County
Pennsylvania	Somerset County	Texas	Angelina County
Pennsylvania	Sullivan County	Texas	Aransas County
South Carolina	Cherokee County	Texas	Baylor County
South Carolina	Chester County	Texas	Bee County
South Carolina	Edgefield County	Texas	Bosque County
South Carolina	Lancaster County	Texas	Bowie County
South Carolina	Union County	Texas	Brewster County
South Dakota	Bon Homme County	Texas	Brooks County
South Dakota	Brule County	Texas	Brown County
South Dakota	Buffalo County	Texas	Burleson County
South Dakota	Butte County	Texas	Calhoun County
South Dakota	Campbell County	Texas	Callahan County
South Dakota	Charles Mix County	Texas	Camp County
South Dakota	Clark County	Texas	Cass County
South Dakota	Clay County	Texas	Castro County
South Dakota	Day County	Texas	Cherokee County
South Dakota	Douglas County	Texas	Childress County
South Dakota	Edmunds County	Texas	Cochran County
South Dakota	Fall River County	Texas	Coke County
South Dakota	Faulk County	Texas	Coleman County
South Dakota	Gregory County	Texas	Collingsworth County
South Dakota	Hanson County	Texas	Concho County
South Dakota	Harding County	Texas	Coryell County
South Dakota	Hutchinson County	Texas	Cottle County
South Dakota	Jackson County	Texas	Crane County
South Dakota	Lawrence County	Texas	Crockett County
South Dakota	Lyman County	Texas	Crosby County
South Dakota	Marshall County	Texas	Culberson County
South Dakota	Mcpheerson County	Texas	Dallam County
South Dakota	Roberts County	Texas	Delta County
South Dakota	Shannon County	Texas	Dewitt County
South Dakota	Tripp County	Texas	Dickens County
South Dakota	Walworth County	Texas	Donley County
South Dakota	Ziebach County	Texas	Ector County
Tennessee	Benton County	Texas	Edwards County
Tennessee	Carroll County	Texas	Erath County
Tennessee	Crockett County	Texas	Falls County
Tennessee	Decatur County	Texas	Fisher County
Tennessee	Dyer County	Texas	Floyd County
Tennessee	Gibson County	Texas	Foard County
Tennessee	Henderson County	Texas	Franklin County
Tennessee	Henry County	Texas	Freestone County
Tennessee	Hickman County	Texas	Gaines County
Tennessee	Houston County	Texas	Garza County
Tennessee	Lauderdale County	Texas	Glasscock County
Tennessee	Lawrence County	Texas	Goliad County

Utah	Piute County	Washington	Kittitas County
Utah	Sanpete County	Washington	Klickitat County
Utah	Sevier County	Washington	Lewis County
Utah	Uintah County	Washington	Whitman County
Vermont	Orleans County	West Virginia	Barbour County
Virginia	Bedford City	West Virginia	Braxton County
Virginia	Bristol City	West Virginia	Doddridge County
Virginia	Clifton Forge City	West Virginia	Grant County
Virginia	Covington City	West Virginia	Hampshire County
Virginia	Cumberland County	West Virginia	Lewis County
Virginia	Franklin City	West Virginia	Marshall County
Virginia	Galax City	West Virginia	Mason County
Virginia	Greensville County	West Virginia	Mineral County
Virginia	Halifax County	West Virginia	Pocahontas County
Virginia	Harrisonburg City	West Virginia	Summers County
Virginia	Lexington City	West Virginia	Tyler County
Virginia	Lynchburg City	Wisconsin	Ashland County
Virginia	Montgomery County	Wisconsin	Bayfield County
Virginia	Norton City	Wisconsin	Forest County
Virginia	Nottoway County	Wisconsin	Iron County
Virginia	Patrick County	Wisconsin	Menominee County
Virginia	Radford City	Wisconsin	Vernon County
Virginia	Russell County	Wyoming	Albany County
Virginia	Tazewell County	Wyoming	Goshen County
Washington	Asotin County	Wyoming	Hot Springs County
Washington	Garfield County	Wyoming	Niobrara County

Note: Poor counties are those having a poverty rate higher than the national median (35.3%). Poverty is defined as below 200% of poverty. Does not include the Commonwealth of Puerto Rico, the Virgin Islands, and other US territories. New health center funding may have been recently awarded to a few of these counties.