

Health Care for the Homeless

Planning Grant
Assessment Final Report
November 2008



Kentucky Housing Corporation
on behalf of the Kentucky Interagency
Council on Homelessness

Prepared by:
Kentucky Housing Corporation
Bernadette E. Hillman

Western Kentucky University
M. Christine Nagy, Ph.D.



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Introduction

Kentucky Housing Corporation (KHC), in its capacity as the lead agency for the Kentucky Interagency Council on Homelessness (KICH), was awarded funding from the U.S. Department of Health and Human Services, Health Resources Services Administration, for the purpose of planning for at least one new access point for a new Health Care for the Homeless Program to serve counties in western Kentucky. The one-year grant provided funding for a needs assessment performed by Western Kentucky University, that also included an analysis of existing access points for health care services to serve homeless persons, recruitment of potential applicants for new access points and staffing plans for a new access point.

Among the many housing programs and projects that KHC administers are several that focus on persons with special needs, including homeless persons. KHC is the coordinating agency for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) for 118 of Kentucky's 120 counties. The Continuum of Care was developed by HUD to ensure that communities have a coordinated system of identifying the needs of homeless persons and designing a system to fulfill those needs.

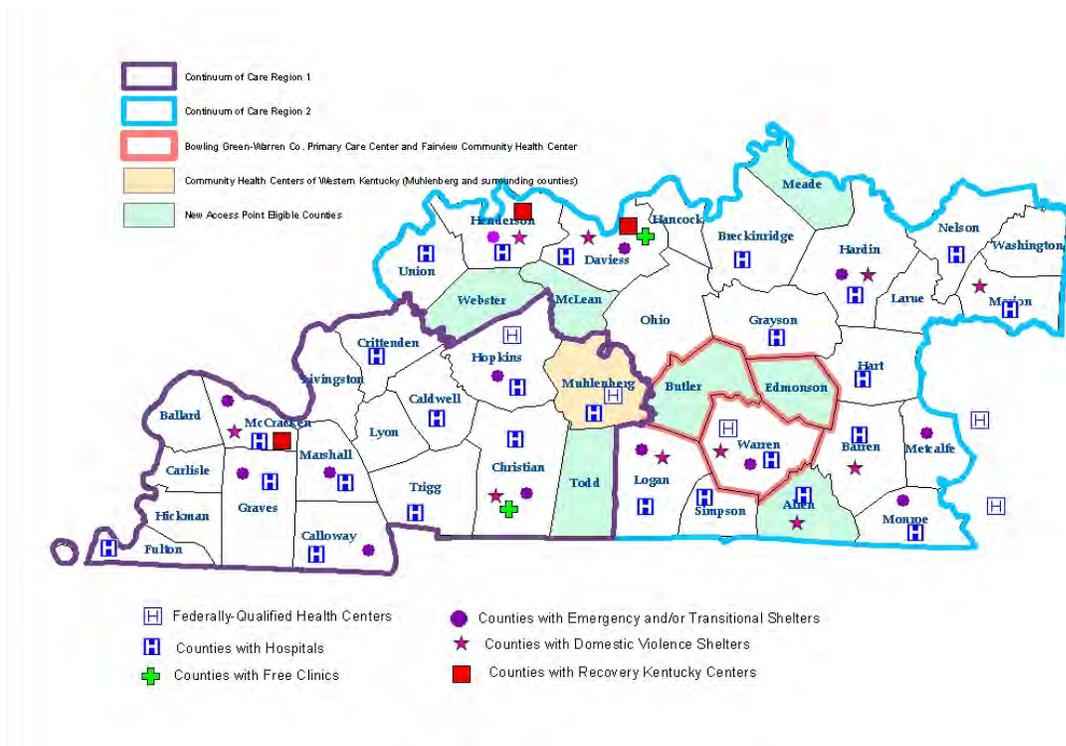
The U.S. Department of Health and Human Services identifies access to quality health care as one of the ten Leading Health Indicators in the United States. The Leading Health Indicators are a set of ten high-priority public health issues in the U.S. that reflect the major health concerns at the beginning of the 21st century.

Well-recognized relationships exist between primary care, wellness and the cost of medical services and medical indigence. People who receive adequate primary care tend to be healthier and require less use of expensive medical treatments. Conversely, those who cannot obtain adequate primary care or who otherwise decline to follow healthful lifestyle practices generally exhibit comparatively higher rates of preventable illnesses and disorders. This in turn leads to higher eventual utilization of costly hospital and specialist services – one of the factors contributing to escalation of medical prices – forcing more low-income people into medical indigence.

The homeless population in Kentucky presents a particularly unique challenge to the delivery of medical services. All are indigent and cannot pay for medical care. Many suffer from addictions and mental illness and do not seek medical care. Because many in this population rely on emergency room services, the cost to the taxpaying public for support of these medical needs is quite high. In addition, lack of stable housing exacerbates existing chronic health conditions because homeless persons and families concentrate on obtaining basic food and shelter rather than health concerns. Routine dental and medical exams are out of reach for most – both financially and geographically. Because a large percentage of homeless persons suffer from mental illness and/or addictions, they require extensive case management in order for them to successfully access health care. The specialized needs of the homeless population require additional support activities from agencies to ensure that appointments are attended and medications are managed properly.

At the time that KHC was awarded funding to plan for new access points in western Kentucky, there were only two Federally-Qualified Health Centers (FQHC) in the region. These existing programs serve a limited geographic area. Currently, there are no Health Care for the Homeless programs in this area.

The primary purpose of activities undertaken over the past year is to provide future applicants for funding a new or expanded access point for a Health Care for the Homeless Program information needed to determine the feasibility of establishing a new or expanded program and data anticipated to be required in an application for funding. This assessment report includes data required to be submitted with an application for a new access point to serve persons who are homeless along with a discussion of the need in underserved areas. The assessment is limited to the 41-county area that comprises Continuum of Care regions 1 and 2 as depicted on the map below:



All counties are designated as rural. Affected school districts, census tracts and minor civil divisions in these areas encompass the entire county. These eligible counties were selected for the planning project because of their geographic location. They are in close proximity to one another and it is hoped that more than one new access point can be established. It is also thought that a mobile medical unit and/or expansion of services in existing clinics may address the needs in these counties as a whole. Also, persons who need services are expected to be drawn from the populations of surrounding counties. All of these factors have been taken into consideration during the planning process.

Only one county in the study area is not a medically underserved area, contains a medically underserved population or is a high impact area due to a shortage of health professionals.

The service area for the planning project includes counties that coincide with the following Kentucky Area Development Districts (ADDs):

- Purchase ADD
- Pennyrile ADD
- Green River ADD
- Barren River ADD
- Lincoln Trail ADD

The medically underserved counties that are the primary focus to be served by a new Health Care for the Homeless access point are:

- Webster
- McLean
- Todd
- Butler
- Edmonson
- Allen
- Meade

As shown on the map above, only one of the counties that is the primary focus of the planning activities, Allen County, is served by a hospital and also is the site of a domestic violence shelter. None of the other counties contain a hospital, federally-qualified health center or an emergency shelter or transitional housing program to serve the homeless.

The Health Care for the Homeless Program provides primary health care, substance abuse treatment, mental health treatment, emergency care with referrals to hospitals for in-patient care services, and outreach services to assist difficult-to-reach homeless persons in establishing eligibility for entitlement programs and housing through Health Resource Services Administration-supported health centers. The program serves persons who are living on the streets, in shelters and in transitional housing. Grant-supported federally-qualified health centers (Section 330 health care centers) must be a public or private nonprofit health care organization. They must also meet criteria under the Medicare and Medicaid Programs. Funding applications for new access points and expanded programs are generally accepted once per year. Additional information about the program can be accessed at <http://bphc.hrsa.gov/about/>.

Scope of the Project

This report describes the findings of the needs assessment performed by Western Kentucky University in addition to a description and analysis of service models and delivery systems for a new access point or expanded access point for new Health Care for the Homeless Programs in Western Kentucky. Included in this report are:

- Identification of Major Health Issues and Social Service Needs affecting the Homeless
- Community Characteristics
- Demographics of Homeless Population
- Analysis of Existing Housing and Service Delivery System
- Analysis of Existing Health Care Assets and Gaps
- Discussion of Service Model Types, Locations, Staffing Plans
- Plans for Maintaining Long-Term Viability
- Discussion of Community Support and Board Governance

In gathering data for this project, Western Kentucky University (WKU) contacted CoC partner agencies to determine the needs and preferences of each and to identify any that might be a candidate to own and manage a new access point to serve the health care needs of the homeless. WKU was also provided access to data stored in the state's Homeless Management Information System (HMIS). HMIS data is gathered and entered directly by CoC partner agencies and includes demographics, health care needs and service information on a client level.

WKU also contacted existing health care organizations to gather data and to identify any that might be a candidate to own and manage a program to serve the health care needs of the homeless. As a result, two or three candidates have been identified who may expand existing programs or establish new programs. KHC and KICH strongly encourages any party who wishes to utilize the data included in this report to assist in an application for funding for a new or expanded access point for the Health Care for the Homeless program to do so.

Health Care Needs and Barriers

HUD defines "homeless" or "homeless individual or homeless person" as "(1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." HUD defines "chronically homeless" as "an unaccompanied homeless individual with a disabling condition who has

either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.” Because HUD’s definition is somewhat narrow, persons who are doubled up with family or friends or living in substandard conditions are not included in these numbers.

Under the Health Care for the Homeless Program, funds are used to serve homeless persons who are defined by the program as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.” Therefore, the actual number of persons who might qualify to be served by a new Health Care for the Homeless Program is higher than the numbers reported in the state’s annual Point-In-Time Count of the homeless and will include persons served by emergency shelters and transitional housing projects in the two CoC regions. The expanded definition of “homeless” was taken into consideration during the 2008 Point-In-Time Count conducted as part of the CoC process.

In the Commonwealth of Kentucky, accessibility, availability and affordability of health care services are barriers faced by those living in rural regions. Many rural Kentuckians have no health insurance, access to care and/or transportation. The homeless population in Kentucky experiences these same barriers at a much higher rate than the population as a whole. Factors that exacerbate the problem for persons who are homeless include lower incomes, a high incidence of mental illness and addictions and fleeing domestic violence situations, among others. According to a survey of homeless service providers in 17 states, other barriers include: limited access to secondary and tertiary care because indigent patients have difficulty finding a doctor who will accept them for care, lack of respite/recuperative care, lack of childcare, community resistance to homeless service centers and criminalization of homelessness (Post, 2002).

Many rural areas of Kentucky are designated as Medically Underserved Areas (MUAs) and/or Health Professional Shortage Areas (HPSAs) by the U.S. Department of Health and Human Services (HHS). MUAs are defined by four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. HPSAs are defined by the federal government and are based on the numbers of primary medical care, dental or mental health providers in a given area/county.

As discussed above, pursuant to the HHS needs data published in 2007, almost every county in the study area was medically underserved in some way – either by population or as a health professional shortage area as depicted in the table below. (Counties in **bold type** are those eligible for a new health care access point.)

HHS NEED FACTORS FOR COUNTIES IN PROPOSED SERVICE AREA

County	CoC Region/ ADD Dist	Medically Underserved Area (A) or Population (P)	Health Professional Shortage Area Score	
Allen	2 4	N/A	721003 121003	16 6
Ballard	1 1	N/A	121007 7219992110	6 15
Barren	2 4	N/A	721009	16
Breckinridge (ID05036)	2 5	57.2 (P-Low Income)	1219992137 7219992106	10 11
Butler (ID01228)	2 4	50.7 (A)	721031 1219992176	8 12
Caldwell (ID01229)	1 2	58.3 (A)	7219992111	16
Calloway	1 1	N/A	7219992110	15
Carlisle (ID01230)	1 1	44.7 (A)	121039 7219992110	8 15
Christian (ID01234)	1 2	60.3 (A)	7219992111	16
Crittenden (ID01237)	1 2	40.1 (A)	1219992178 7219992111	10 16
Daviess	2 3	N/A	N/A	N/A
Edmonson (ID01239)	2 4	54.9 (A)	721061 12199921A1 6219992141	7 5 7
Fulton	1 1	N/A	7219992110	15
Graves (ID01246)	1 1	60.4 (A)	7219992110	15
Grayson (ID06118)	2 5	58.4 (P – Low Income)	7219992106	11
Hancock	2 3	N/A	12199921B5	12
Hardin (ID0136) (MCD 93264 Sonora CCD)	2 5	53.3 (A)	7219992106	11
Hart (ID01251)	2 4	57.6 (A)	121099 721099	8 17
Henderson (ID01318) (CT0204.00)	2 3	55.3 (A)	N/A	N/A

County	CoC Region/ ADD Dist	Medically Underserved Area (A) or Population (P)	Health Professional Shortage Area Score	
Hickman (ID01252)	1 1	32.6 (A)	12199921B9 12199921C1 7219992110	0 0 15
Hopkins	1 2	N/A	7219992111	16
Larue (ID06105)	2 5	59.9 (P – Low Income)	121123 6219992142 7219992106	9 8 11
Livingston (ID01263)	1 2	60.6 (A)	121139 7219992111	5 16
Logan (ID01264)	2 4	48.0 (A)	7219992123	15
Lyon (ID01265)	1 2	55.6 (A)	1219992123 7219992111	9 16
McCracken	1 1	N/A	7219992110	15
McLean (ID01267)	2 3	58.5 (A)	121149	11
Marion (ID01270)	2 5	42.7 (A)	7219992106	11
Marshall	1 1	N/A	7219992110	15
Meade (ID01272)	2 5	60.9 (A)	1219992181 7219992106	11 11
Metcalfe (ID01275)	2 4	42.2 (A)	121169 721169	15 16
Monroe (ID01276)	2 4	47.3 (A)	721171 1219992177	12 6
Muhlenberg (ID01279)	1 2	61.9 (A)	2129992188 1219992196 6219992129 7219992129	7 3 4 16
Nelson (ID01280)	2 5	54.4 (A)	7219992129	11
Ohio (ID01282)	2 3	57.6 (A)	1219992189	6
Simpson	2 4	N/A	12199921A2 7219992123	6 15
Todd (ID01296)	1 2	56.5 (A)	121219 621219 7219992111	9 13 16

Trigg (ID01297)	1 2	54.4 (A)	121221 7219992111	8 16
Union (ID01299)	2 3	57.4 (A)	1219992161	7
Washington (ID01300)	2 5	51.3 (A)	121229 7219992106	9 11
Webster (ID01302)	2 3	48.6 (A)	N/A	NA

The shortage of available, affordable medical care, lifestyle choices and other factors, have resulted in a high prevalence among Kentuckians of serious and chronic medical conditions.

According to the most recently released Behavioral Risk Factor Surveillance System (BRFSS), 2005, the general population in Kentucky:

- is 1st for the highest prevalence of adults aged 18 and over who smoke.
- is 1st for the highest prevalence of edentulism (tooth loss) among adults aged 18-64.
- is 2nd (after WV) for the highest prevalence of edentulism among adults 65 and older.
- is 2nd (after WV) for the highest prevalence of heart disease.
- is 2nd (after WV) for the highest percentage of adults who are either heart attack survivors or have angina/coronary heart disease.
- is 2nd (after WV) for adults aged 18 and over who reported limited activities because of physical, mental, or emotional problems.
- is 2nd (after WV) for adults aged 18 and over who reported fair or poor health.
- is 2nd (after LA) for adults aged 18 and over who reported no leisure-time physical activity in the past month.
- is 3rd (after WV & NM) for adults aged 18 and over who require the use of a cane, wheelchair, or special bed because of health problems.
- is 3rd (after MS & WV) for adults aged 18 and over who are overweight.
- is 5th for adults aged 18 and over who are obese.
- is 6th for adults aged 18 and over who are diagnosed with diabetes.
- is 7th for adults aged 18 and over who are diagnosed with high blood pressure.
- is 8th for adults aged 18 and over who are diagnosed with elevated blood cholesterol.
- is 8th for adults aged 18 and over who have lost at least one permanent tooth due to tooth decay or gum disease.
- is 11th for adults aged 65 and over who had received a pneumonia vaccination.
- is 14th for adults aged 18 and over who have lost six or more teeth.
- is 16th for adults aged 65 and over who had received an influenza vaccination during the preceding 12 months.
- is 50th for adults aged 18 and over who engaged in vigorous physical activity for at least 20 minutes, three or more days per week.

In November 2007, the ALIVE WKU Center for Community Partnerships Regional Stewardship Advisory Council published a Regional Stewardship Initiative: Regional Forum Summary. This Council consists of social service organizational, educational, governmental and private community members from a 27-county area that is Western Kentucky University's regional area of responsibility. The Council conducted a needs assessment of this 27-county area. This summary identified health care as a need in 25 of the 27 counties participating in the Regional Stewardship Initiative needs assessment. Each of the five regional forums identified health care as a strategic area and ranked it in the top four needs. Of the 50 need categories identified, nine categories were specifically tied to health care. Four broad categories were identified as strategic area priorities: nurturing communities, education, health care and economic development. Health care issues exist in all four categories. The key health care issues that were mentioned numerous times were:

- Access to care
- Affordable medical care
- Free/reduced prescriptions programs
- Assistance with health concerns

In May 2005, the Kentucky Dental Health Coalition (KDHC) reported on oral health in Kentucky. Among the findings were that a shortage of dentists exists in rural areas in Kentucky. Many dentists in Kentucky will not accept patients funded by Medicaid or the Kentucky Child Health Insurance Program (KCHIP), a program designed for children who are poor, but not eligible for Medicaid. Rural children are the least likely youngsters in America to see a dentist. Many Kentuckians lack dental insurance, cannot afford dental care or do not see dental care as a high priority, and, as a result, Kentucky has the highest rate of edentulism (42 percent) and extremely high rates of cavities, periodontal disease and oral cancer. Almost 60 percent of Kentucky children have untreated tooth decay.

In September 2007, the Kentucky Long-Term Policy Research Center released a report that found the following:

- 55 percent of Kentucky adults 18 and older have at least one tooth removed due to decay or disease compared with the national average of 46 percent.
- 26 percent of Kentucky adults 18 and older are missing six or more teeth compared with the national average of 16 percent.
- 63 percent of Kentucky adults 18 and older visited a dentist, hygienist or dental clinic in the past year compared with the national average of 70 percent.

The Institute for Rural Health Development and Research's (IRHDR) response to Alignment with State Health Index and Healthy People 2010 identified four areas of focus:

1. Morbidity and Mortality
2. Lifestyle Issues

3. Preventative Care
4. Maternity & Prenatal Care

Healthy People 2010 identified two overarching goals:

1. Increased quality and years of healthy life
2. Eliminate health disparities

Healthy People 2010 revealed that the target area is vulnerable to poor health status. Kentuckians in the target area have many risk factors leading to premature death. In all the health disparities listed on the Need for Assistance worksheet, the target areas exceed the national rates and/or the state rates for many chronic conditions, such as diabetes and coronary heart disease. In addition, cancer, dental disease, obesity, unintentional injuries, rates of low birth weight, infant mortality and percent of elderly are also higher than state and national rates.

In addition to high incidences of health problems of Kentucky's population at large, persons who are homeless suffer from specific health problems that contribute to homelessness, are exacerbated by poverty and homelessness and are caused by homelessness.

According to 2004-2006 data from the Substance Abuse and Mental Health Services Administration (SAMHSA) survey of drug use and mental health, the rates of illicit drug use and serious psychological distress in the western Kentucky regions that are the subject of this study reveal that:

- 6.25 to 7.89 percent of persons aged 12 years or older used an illicit drug within the month prior to the survey.
- 13.74 to 14.85 percent of persons aged 18 or older reported serious psychological distress in the year prior to the survey.

Data from Kentucky's 2008 Point-In-Time Homeless Count and Homeless Management Information System indicate that the rate of mental illness and addiction among the homeless population is much higher than the average:

- 40 percent of homeless heads-of-household reported that they were severely mentally ill.
- 37 percent of homeless heads-of-household suffer from chronic substance abuse.

According to the findings of the 2007 National Symposium on Homelessness Research in its Rural Homelessness paper, death from chronic medical conditions, such as hypertension and diabetes, is higher among the rural homeless as compared to urban homeless. This is due in part to the failure of the rural homeless to treat these conditions on an ongoing basis. Also, diagnosis of infectious diseases, such as hepatitis C, tuberculosis and HIV, are increasing among the rural homeless. Increases in the incidence of intravenous drug use among this population and larger numbers of

immigrants from Latin America and Southeast Asia in rural areas are contributing factors. Also, traumatic injuries and musculoskeletal disabilities associated with trauma and injuries associated with manual labor are increasing.

Numerous studies over time indicate that from one-third to one-half of homeless adults and one-half of homeless children have physical illnesses (Balancing Act: Clinical Practices that Respond to the Needs of Homeless People, 2008). Homeless adults also report that health conditions keep them from working and contribute to chronic or ongoing homelessness. According to these same studies over time, mortality rates of the homeless are also three to four times higher than for the population in general.

Overall, data indicate that the most serious health conditions affecting the homeless and contributing to ongoing chronic homelessness are mental illness and substance abuse (including the co-existence of these two conditions). Untreated chronic conditions, such as hypertension and diabetes are also present at a much higher rate.

Past experience dating since the inception of Health Care for the Homeless Programs has indicated that the range of health care services that should be provided to the homeless is wide (Homelessness, Health and Human Needs, 1988). Given the statistics shown above and the demographics discussed later in this report, it is important that a new access point offer the following primary health care opportunities, either directly or by way of referral:

- Outreach to people in shelters, transitional housing projects, on the street and through social service agencies;
- General medical assessments and treatment for chronic and acute illnesses;
- Specific screening, treatment and follow-up for chronic health conditions, such as diabetes, high blood pressure, mental illness, etc.
- Comprehensive pediatric services;
- Dentistry, podiatry, optometry, nutrition counseling and other ancillary services;
- Access to mental health care and substance abuse services, including referral to transitional and permanent supportive housing programs;
- Referral and access to convalescent care, long-term medical and nursing care and hospice care for catastrophic illnesses;
- Gynecological services and prenatal care; and
- Educational services including nutrition, chronic medical condition care, family planning, prevention of sexually transmitted diseases, etc.

Because of the numerous barriers that homeless persons face in accessing health care, discharge planning and case management are both vital to the success of any program addressing health care needs of the homeless.

Studies have also shown that health care issues contribute to homelessness. Chronic or catastrophic health conditions resulting in high medical bills can cause a domino effect that leads to homelessness. Additionally, persons who are homeless concentrate energy and time on shelter and food and often neglect medical care, resulting in untreated chronic conditions. In addition, exposure to the elements and poor diet lead to health

problems. The health care system in general is not designed to meet the specialized needs of the homeless.

Lack of transportation, especially in rural areas, is difficult to obtain to allow the homeless to access health care facilities, which are sparsely located. Negotiating the system is difficult for persons who do not have telephones to call for an appointment. In addition, most homeless persons do not have health insurance nor the financial capacity to pay for health care.

Homeless persons are often not aware of the availability of health care. Homeless persons who are mentally ill and/or suffer from addictions often lack the capacity to make health care decisions, do not trust health care institutions, deny having a problem or are not aware that they are ill. Many homeless persons have had negative prior experiences with medical or health care providers and are distrustful. Some are embarrassed by medical conditions and hesitate to see medical professionals due to poor hygiene.

The barriers homeless persons face with regard to obtaining health care can be categorized as follows:

- Geographic – lack of a service delivery system located where the homeless can be found and lack of transportation from the homeless person’s location to the location where services are offered. Also, scarce resources of the type needed, i.e., mental health, addiction, chronic care.
- Institutional – medical services are scheduled by appointment in many cases, and homeless persons often do not have a telephone to call for an appointment and/or mental health or addiction problems or other disabilities preclude an individual from navigating the system. In rural areas, primary care access points may not offer services to address complicated co-existing health care issues of the homeless.
- Financial – many homeless persons do not have money to pay for health care and do not have health insurance coverage.
- Cultural/behavioral – language barriers, attitudes of health care providers, mental illness and substance abuse problems of the homeless and cultural backgrounds all pose barriers between available health care and access to health care. Some homeless persons have been barred from accessing health care due to behavioral problems resulting in safety issues for health care providers. In rural areas, close ties to family and community may create barriers to requesting assistance with domestic violence, mental health and addiction problems.

Demographics of the Homeless Population

According to the Kentucky 2008 Homeless Point-In-Time Count conducted on January 24, the total number of homeless persons counted on that date in the state was at least 8,137. Excluding the Louisville Metro area and the Lexington/Fayette area, the number of homeless persons in the Balance of State was 4,027. Precariously housed persons – those who do not meet HUD’s strict definition of “homeless,” but who may qualify for

medical care under HHS's Health Care for the Homeless Program – counted on that same day in Kentucky numbered 5,265 in the balance of state CoC region. Therefore, the number of persons in Kentucky who would qualify for assistance under a Health Care for the Homeless Program in Kentucky statewide based on the figure derived from the homeless Point-In-Time Count is AT LEAST 13,401 with 1,571 of those persons located in the 41-county study area.

It is important to note that the homeless Point-In-Time Count is not a definitive indicator of the actual number of persons who are homeless in Kentucky. It is merely a one-day headcount that does not take into consideration the persons who were homeless the day before or became homeless the day after the count is conducted. In addition, only homeless shelter and service providers who receive funding from HUD programs are mandated to participate. Rather than being an authoritative source of data, it is a snapshot which allows for longitudinal trend analysis and is required data for the annual Continuum of Care grant application to HUD for certain McKinney programs.

Better sources of data which are discussed below are the Homeless Management Information System (HMIS) and annual performance reports submitted by program grantees. There are limitations on this data as well which is discussed later in this report.

The Point-In-Time Count data indicates that approximately 57 percent of homeless persons are in households with children. Of those, 35 percent are unsheltered. Of the 43 percent of homeless households that do not have children, nearly half (47 percent) are unsheltered.

About 14 percent of homeless persons are chronically homeless. Housing alone will not solve the problems of this group; they require supportive services in order to obtain and remain in stable housing (Kentucky Council on Homelessness Policy, 2005). Results of the 2008 Homeless Point-In-Time Count identified the special needs of the homeless and the need for supportive services to allow them to be housed in order to maintain independent living. The survey showed that 40 percent of the homeless heads-of-household suffer from severe mental illness. According to the Kentucky Department of Mental Health and Mental Retardation, this number may be as high as 22 percent for Kentucky's population at large. The survey further identified that 37 percent of adult homeless heads-of-household report that alcohol/chemical dependence is a problem while 28 percent reported having a major physical disability that would require long-term services. Another 34 percent reported being a victim of domestic violence and 17 percent were veterans. All of these subpopulations will need extensive services for at least a period of time in order to remain housed.

Homeless Management Information System (HMIS) Summary

The Homeless Management Information System (HMIS) is an electronic data collection system mandated for use by HUD that captures individual level information on persons who access homeless services. The system allows Continuum of Care network providers to capture information on homeless persons who use their services. Data limitations include:

- Accuracy and completeness of data entered at the point-of-service.
- Lack of data on persons who are homeless but who were not served due to lack of capacity at shelters and service providers.
- Lack of data on persons who are served by agencies, nonprofits, churches and others that are not funded by HUD and not required to enter data into the system.
- Lack of data on some persons served by domestic violence programs that may not enter data due to concerns for the safety of their clients.

HMIS data for agencies in CoC Regions 1 and 2 (the study area for this planning project) was provided to Western Kentucky University in an Excel® spreadsheet format and included a sheet for each participating agency in the Continuum of Care network for Regions 1 and 2 of Kentucky. The Excel® database contained a total of 2,855 lines (cases) of data. To facilitate analyses of the client information, the Excel database was downloaded into an SPSS® analytical software data file.

Although the HMIS data did not contain information on all clients and agencies in CoC Regions 1 and 2, the data that was available provided sufficient information to ascertain housing type, disability type and demographics on a portion of the clients served by CoC member agencies.

The following section provides an overview of the 2,638 individuals whose information was available and who received services from the CoC between July 1, 2007 and June 30, 2008, as analyzed utilizing SPSS®. In some cases, not all data fields contained information, therefore, totals may vary; valid percentages will be reported. In addition, not all homeless providers report data into HMIS, including domestic violence shelters which do not report due to safety issues.

Those who received services ranged in age from birth to 80 with a mean age of 27 years and a median age of 27. More than half of service recipients were 27 years of age or older. Considering only those who were adults and above the age of 17, the median age of recipients was 36 years.

Regardless of age, slightly more women (53 percent) than men (46 percent) received services. Service recipients were predominantly white (69 percent) and Black/African Americans (24 percent). Only 3.6 percent of participants were considered Hispanic/Latino. A total of 1,547 (82 percent) were considered to be homeless.

Subpopulations were also identified. This included individuals who were chronically homeless (n=146; 8 percent), veterans (n=136; 7.2 percent), had domestic violence issues (n=173; 9 percent) and had one or more disabilities (n=505; 19 percent). A variety of disabilities were identified. Among individuals who had disabilities, the number of disabilities a participant had ranged from one (n=505) to as many as 6 (n=2). The following table lists the number and percent of people with a specific disability.

Type of disability	N	%
Alcohol abuse (HUD 40118)	130	26
Mental illness (HUD 40118)	163	32
Drug abuse	157	31
Physical/medical (HUD 4011)	110	22
Physical/mobility limits (HUD)	10	2
HIV/AIDS (HUD 40118)	52	12
Dual diagnosis	10	2
Hearing impaired	9	2
Developmental (HUD 40118)	8	2
Vision impaired	4	<1
Other: learning	17	3
Other: cognitive	5	<1
Other: speech	4	<1
Other: mental handicap/injury	2	<1
Other	11	2

When asked about their current living situation, most were living in rental housing/apartment, living with family, or friends, or in an emergency shelter. A more complete picture of their living situation is presented in the table below.

Living situation	N	%
Rental housing/apartment	425	23
Living with family	400	22
Living with friends	215	12
Emergency shelter	195	11
Jail, prison or juvenile facility	137	7
Place not meant for habitation	118	6
Own house/apartment	94	5
Hotel/motel without emergency shelter	80	4
Substance abuse treatment center	31	2
Other	30	2
Domestic violence situation	20	1
Psychiatric hospital or facility	17	<1
Transitional housing for homeless	15	<1
Subsidized housing	11	<1
Foster care/group home	4	<1
Permanent housing for formerly homeless	3	<1

Hospital	3	<1
Don't Know	46	3

When asked about the length of time they had been living in their current living situation, responses ranged from more than one week, but less than a month to one year or longer. A more complete picture of the length of time they had been living in their current situation is presented in the table below.

Length of time	N	%
One week or less	160	9
More than one week, but less than a month	263	15
One to three months	589	34
More than three months, but less than one year	394	23
One year or longer	337	19

Analysis of Existing Housing and Service Delivery System

Services Provided by Continuum of Care Members

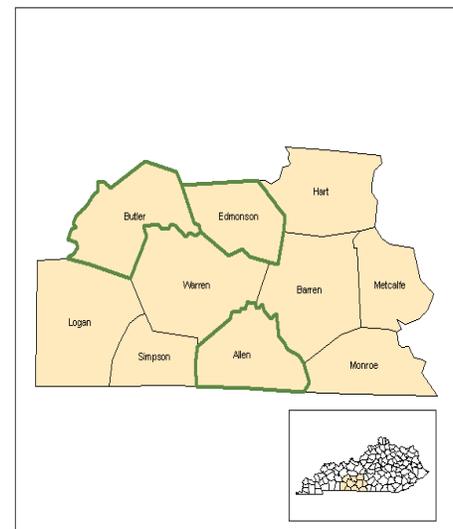
The following section provides an overview of services provided by CoC members between July 1, 2007 and June 30, 2008 and is based on information provided by member agencies and information contained in HMIS for the state of Kentucky and provided by Kentucky Housing. Several of these agencies also provided information through a survey that was conducted as part of the needs analysis to gather information about the services their organization provides to the homeless. More information about the survey is available in the needs assessment later in this section. All clients served by CoC member agencies utilizing HUD funds are eligible for Health Care for the Homeless assistance.

Barren River Area Safe Space (Warren County)

Barren River Area Safe Space (BRASS), is a domestic violence shelter in Bowling Green that serves women and children in need of shelter and protection within the ten-county Barren River Area Development District. The counties that are included in BRASS's service area include Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren. Allen, Butler and Edmonson are new access point-eligible counties.

Major Services

BRASS provides a 26-bed emergency shelter for victims of domestic violence and their children; outreach advocacy and support services; a 12-bed transitional housing program; a 64-bed permanent housing program;



and a 24-hour crisis line. The emergency shelter program, transitional and permanent housing programs all receive HUD funds.

BRASS provided services to 395 homeless victims of domestic violence during fiscal year 2008. A total of 21 persons were turned away for services due to a lack of funding or lack of space in the shelter.

BRASS provides no health care services for their clients. All clients are referred to area health care providers. If the client does not have Medicaid or medical assistance or the funds to pay for services, they are referred to facilities such as Fairview Community Health Center, Barren River Health Department and the Warren County Free Clinic in Bowling Green for health care services. Those needing more extensive health care are referred to one of the two local hospitals, the Medical Center of Bowling Green or Greenview Regional Hospital.

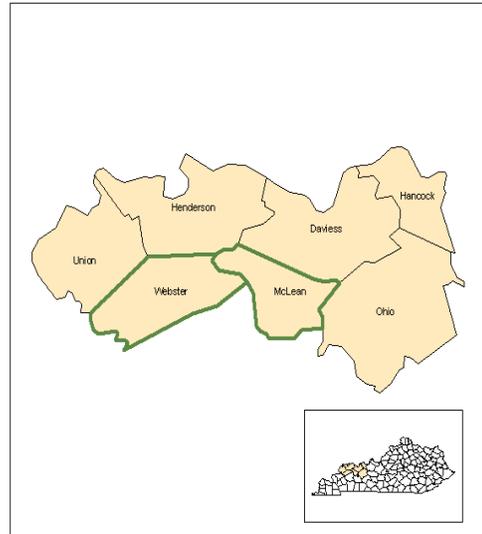
Additional Information from Provider Survey

Between July 1, 2007 and June 30, 2008, Barren River Area Safe Space, Inc., provided services to 395 homeless people from the ten-county BRADD area. Although 21 persons were turned away for services, none were homeless. People were turned away because of lack of space, they were not from the BRADD district or they did not meet eligibility criteria. The agency refers people off-site for most primary medical care services, Obstetric/Gynecologic care, HIV/AIDS care, dental services as well as most mental health and some enabling services.

BRASS reported that they provide direct services for 24-hour coverage of primary medical care, 24-hour mental health crisis, substance abuse treatment and for all enabling services with the exception of discharge planning, health education, homemaker assistance and nursing home or other placement. Most of the clients they referred out for services were homeless, 202 for urgent care, 75 for HIV testing, 171 for immunizations, six for HIV/AIDS treatment, two for hearing screening, 12 for occupational/vocational therapy and one for physical therapy. They also reported that they provided direct services to a number of homeless individuals including: 102 for substance abuse, 395 for case management, 302 for child care, 395 for food supplies, 136 for housing assistance, 50 for translation services and 395 for transportation assistance.

Boulware Mission, Inc. (Daviness County)

Boulware Mission, Inc. (BMI), is a homeless shelter and substance abuse treatment facility for men, women and families in Owensboro that serves the Green River Area Development District including the counties of Daviness, Hancock, Henderson, McLean, Ohio, Union and Webster. Union and Webster are new access point-eligible counties.



Major Services

BMI is a licensed substance abuse treatment facility augmented by extensive recovery programming. The agency is also a sanctioned arm of Kentucky Community and Technical College System for Adult Education and provides two hours weekly of one-on-one counseling and case management with each client developing short- and long-term goals.

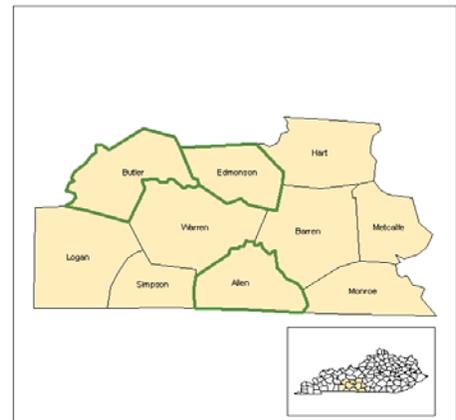
BMI offers two facilities, Mission on the Hill and the original Boulware Mission Shelter. BMI receives funds from HUD’s Emergency Shelter Grant program to operate the 38-bed Boulware Mission shelter facility. Mission on the Hill is a newly-opened residential substance abuse treatment/counseling facility that will serve homeless individuals and families. The facility, while currently in phase one, offers 14 beds for men only at this time but will offer 90 beds to a mixed population when completely renovated.

During fiscal year 2008 with only the shelter facilities offered, BMI served a total of 667 clients and turned away 1,612 others in need.

Clients in need of health care services while staying at Boulware Mission or Boulware on the Hill are referred to the McAuley Clinic or the REACH Clinic, both in Owensboro and both within five miles. Clients that are in substance abuse treatment but need medical detox are referred to Owensboro Mercy Hospital for those services.

Community Action of Southern Kentucky (Warren County)

Community Action of Southern Kentucky (CASK), is the community action agency for the Barren River Area Development District and serves ten counties including Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren. CASK offers a Services-Only Supportive Housing Program. Allen, Butler and Edmonson are new access point-eligible counties.



Major Services

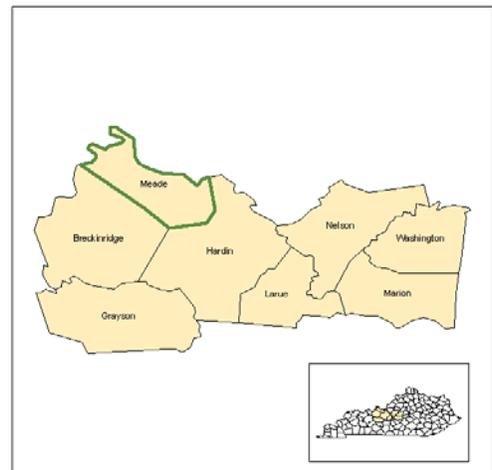
The Supportive Housing Services Program serves homeless persons eligible for HUD assistance. This program provides case management, education and job training services, rental and utility assistance. During fiscal year 2008, the Supportive Housing Services program served 655 clients. No clients were turned away during fiscal year 2008.

Funds from the Supportive Housing Services Program also are sub-granted to four other local agencies that serve the homeless including Barren River Area Safe Space (domestic violence shelter) in Bowling Green (Warren County), Jesus Community Shelter for the Homeless in Russellville (Logan County), Community Outreach Inc. Shelter in Tompkinsville (Monroe County) and The Salvation Army Shelter of Bowling Green (Warren County). The funds assist in staffing these facilities with case management.

CASK does not provide any health care services for their clients. All clients are referred to area health care providers. Nine of the ten counties within the BRADD area have health centers affiliated with the Barren River Health Department but only offer limited services. Clients in Allen County also have access to the Allen County Health Department for limited health care services. Clients in need of more detailed services in the outer counties are referred to local emergency rooms within the county, if one is available, or must travel up to 60 miles to reach Fairview Community Health Center or the Warren County Free Clinic in Bowling Green for health care services. Those within the immediate Bowling Green area travel ten miles or less for health care services.

Central Kentucky Community Action Council (Marion County)

Central Kentucky Community Action Agency (CKCAC), serves eight counties in the Lincoln Trail Area Development District including Breckinridge, Grayson, Hardin, Marion, Meade, Larue, Nelson and Washington. Meade is a new access point-eligible county. CKCAC has two HUD-funded programs that serve the homeless; the first is an Emergency Shelter Grant program and the second is Supportive Housing Program for Services Only.



Major Services

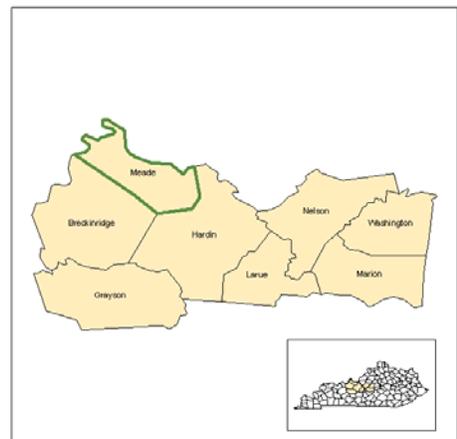
The Emergency Shelter Grant program specifically offers homelessness prevention services and case management. The Supportive Housing Services program provides case management, as well as rental and utility deposits. In fiscal year 2008, the Supportive Housing program provided services to 486 clients with the Emergency Shelter Grant program serving 274 clients. As CKCAC has a vast number of services, being the Community Action Agency in the area, no clients were turned away for services.

CKCAC does not provide any medical services to homeless clients. All clients who are in need of health care services are referred to local health departments but still must travel, on average, 15 miles to receive this limited health care. Each county within the eight-county service area have county health departments that provide limited medical services. The counties of Larue, Meade and Washington do not have hospitals. Clients within those particular counties that require medical services that are provided by a hospital must travel to a neighboring county to receive those services.

Clients in Larue County who need more extensive health care must travel ten miles to Elizabethtown in Hardin County. Clients in Washington County must travel ten miles to Lebanon in Marion County or 18 miles to Bardstown in Nelson County for hospital services.

Communicare, Inc. (Hardin County)

Communicare, Inc., serves as the comprehensive community mental health care provider for the eight-county region within the Lincoln Trail Area Development District (LTADD) including Breckinridge, Grayson, Hardin, Marion, Meade, Larue, Nelson and Washington. Meade is a new access point-eligible county. This agency offers Passages Transitional Housing Program for women with mental health and substance abuse issues.



Major Services

The Communicare/Passages program offers an on-site 11-unit (one bedroom) apartment setting for women to receive a variety of services that enables them to become self-sufficient as well as treating their substance abuse and mental health issues. All clients served by the Communicare Transitional Housing program receive case management, transportation, life skills training, substance abuse counseling, adult education, basic needs assistance, domestic violence counseling (when needed), educational assistance, employment/job readiness training, limited health care and rental assistance. The program, funded by HUD, served 19 clients for fiscal year 2008. Communicare turned away 50 clients during the past year for services due to a lack of space.

Communicare provides all clients with mental health services. The Passages program provides limited health care services with a doctor on retainer that provides a basic health evaluation at entry and other basic family medical needs. Clients needing more extensive health care are referred to Hardin Memorial Hospital which is approximately two miles away. Clients with great health care needs are referred to the University of Louisville Hospital which is 45 miles away. Clients in need of dental care also travel approximately 45 miles to the University of Louisville Dental School.

Additional Information from Provider Survey

Between July 1, 2007 and June 30, 2008, Communicare, Inc./Passages provided services to 29 people in Hardin County. All 29 were homeless. No one was turned away for services. They refer people off-site for all primary medical care services, obstetric/gynecologic care, dental services, as well as mental health services including: treatment/counseling and 24-hour crisis care. One homeless person was referred for obstetric/gynecologic care, while 29 (homeless persons) were referred for mental health counseling. The agency indicated that they provided mental health services (29 homeless) as well as services for substance abuse. They provide direct services for mental health and substance abuse. They also reported that they provided a number of other services including occupational and vocational therapy, physical therapy, pharmacy, vision screening and WIC. They also provide a variety of enabling services including: case management, discharge planning, eligibility assistance, employee education counseling, food bank/meals, health education, homemaker/aide, housing assistance, outreach, financial counseling/ budgeting assistance and transportation. With the exception of physical therapy (provided to one person), referral to the state Women, Infants and Children program (provided to one person), and vision screening (provided to 17 people) they provided each of their services to 29 people.

Community Outreach Inc. (Monroe County)

Community Outreach, Inc., is an Emergency Shelter program in Tompkinsville.

Major Services

Community Outreach, Inc., offers a 15-bed emergency shelter that provides assistance with basic needs such as emergency shelter, case management, food and residential housing options. During the past year, the program provided 23 clients with shelter. A total of 34 clients seeking homeless assistance were turned away who either did not fit HUD's definition of homelessness or were seeking services not offered by Community Outreach.

Community Outreach does not offer any health care services. All clients in need of medical services are referred to the Monroe County Medical Center (hospital) which is located two miles from the Community Outreach Shelter.

Daniel Pitino Shelter (Daviess County)

The Daniel Pitino Shelter in Owensboro offers two HUD-funded programs for the homeless, a Transitional Supportive Housing program and an Emergency Shelter Program.

Major Services

The 15-bed emergency shelter program provides emergency shelter, case management, food and basic personal needs items for the homeless. During the past year, it provided shelter and services to 152 clients through the emergency shelter program.

Daniel Pitino Shelter's 50-bed transitional supportive housing program provides a variety of services including case management, life skills, education and employment services, child care, transportation, transitional living services and rental and utilities deposits. Clients may remain in these transitional beds for up to 24 months. During the past year, the Daniel Pitino Transitional Housing program served 132 clients.

The combined programs turned away 1,143 clients during fiscal year 2008.

Daniel Pitino Shelter program provides no direct health care services, but several local agencies do come into the agency to provide limited services, such as testing for AIDS and tuberculosis. In addition, the Daniel Pitino Shelter shares a building with the McAuley Health Clinic which provides all health care services for the clients of the Daniel Pitino Shelter. Those clients in need of more extensive health services are referred to Owensboro Mercy Hospital.

Gentry House (Calloway County)

Gentry House in Murray offers an emergency shelter for families with children.

Major Services

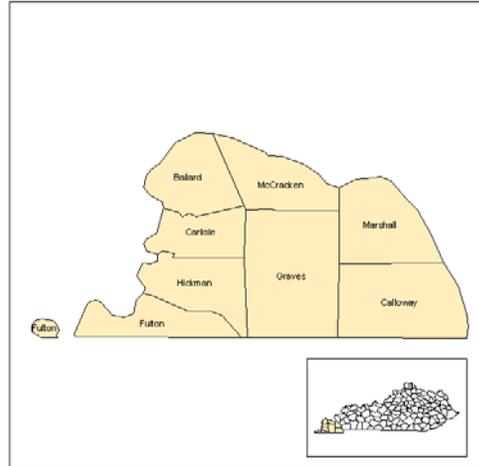
In addition to the 16-bed emergency shelter, Gentry House provides assistance with basic needs, case management, care management referrals and other referrals, as needed. The Gentry House Emergency Shelter Program is funded by HUD and recorded serving 98 individuals during fiscal year 2008.

During fiscal year 2008, Gentry House turned away 18 families with children that either did not fit HUD's definition of homeless or the complex was full during the family's time of need.

Gentry House does not provide any health care services for homeless clients. All clients in need of medical services are referred to the Purchase Area Health Department's Calloway County Health Center. The center is located less than a mile from the Gentry House apartments and offers limited health services. Those clients needing more extensive health care are referred to the Murray-Calloway County Hospital.

Heartland CARES Inc. (McCracken County)

Heartland CARES, Inc., is the AIDS services provider for the eight-county Purchase Area Development District including the counties of Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall and McCracken.



Major services

While Heartland CARES, Inc.'s primary focus is providing AIDS services to those persons in need of assistance, the agency does offer two programs specifically for the homeless, including Supportive Transitional Housing and Permanent Supportive Housing. These programs are offered in partnership with Merryman House Domestic Violence Agency and Paducah Cooperative Ministry. Vouchers for both programs are divided among the three agencies and used to provide a continuum of care for those experiencing homeless. During fiscal year 2008, Heartland CARES served 31 clients with these two HUD-funded programs.

Heartland CARES, Inc. also offers other housing programs that are not specifically for the HUD-defined homeless, but do include those at risk of becoming homeless or that may be in a doubled-up situation. The Tenant-Based Rental Assistance (TBRA) program is a tenant-based rental and utilities assistance program. It provides vouchers for those persons in need of transitional housing, some of whom may qualify as homeless under the definition used by the Health Care for the Homeless program. The TBRA program, during fiscal year 2008, provided 51 persons with assistance.

Heartland CARES, Inc. also participates in several Housing Opportunities for Persons with AIDS (HOPWA) programs that are not specifically for persons who are currently homeless. The program focuses on providing short-term rental and utility assistance for persons with HIV/AIDS that may prevent this person or family from becoming homeless. During the past year, HOPWA provided housing and utilities assistance for 262 persons. No person with HIV/AIDS was turned away for services.

Heartland CARES, Inc., provides all primary health care needs for all HIV positive clients enrolled in their programs.

Additional Information from Provider Survey

Heartland Cares, Inc., refers clients off-site for many primary medical diagnostic services, obstetric/gynecologic care, dental services, developmental screening, as well as most services under the "Other Services" section. They also refer clients off site for child care, employment/education counseling, homemaker/aide, translation services and nursing home/other placement.

Heartland CARES, Inc., reported that they provide direct services for urgent medical care, 24-hour coverage of primary medical care, HIV testing, and immunizations. They also provide tuberculosis therapy, HIV/AIDS treatment, mental health treatment/counseling, 24-hour mental health crisis, substance abuse treatment as well as for other substances. They also provide nutrition (not WIC) services and all enabling services with the exception of child care, employee/education counseling, homemaker assistance, translation services, and nursing home/other placement. Most of the clients with whom they interact are not homeless; about 13 clients are homeless and receive direct services or are referred to others for services. Heartland CARES, Inc., performs a great deal of outreach to the general community (586 persons) as well as to the homeless (80 persons).

Jesus Community Center Shelter for the Homeless (Logan County)

Jesus Community Shelter in Russellville offers two HUD-funded programs for the homeless, an emergency shelter program and Jesus Arms Transitional Housing Program.

Major Services

The 33-bed emergency shelter program, as well as the eight-bed transitional housing program, provides a variety of services, including assistance for basic needs with clothing, food, personal items, case management, employment/job readiness, day care, shelter, rent payment assistance, transportation and substance abuse services. During the past year, the combined programs served 108 clients. No clients were turned away for services.

Jesus Community Center Shelter and Jesus Arms do not offer any direct health care services. All clients needing health care are referred to other health care service providers. Some clients are referred to Barren River Health Department's Logan County Center for limited services. Other clients in need of more extensive health care services must travel some 30 miles to Bowling Green to Fairview Community Health Center, the Warren County Free Clinic or to the Medical Center Hospital of Bowling Green. The agency also serves a high volume of veterans, all of which must travel to the nearest VA health center. Health Services for veterans are offered by the VA in Bowling Green, (30 miles), Ft. Campbell (40 miles) or Nashville (55 miles). Transportation is provided for veterans to these facilities.

Lifeskills, Inc. (Warren County)

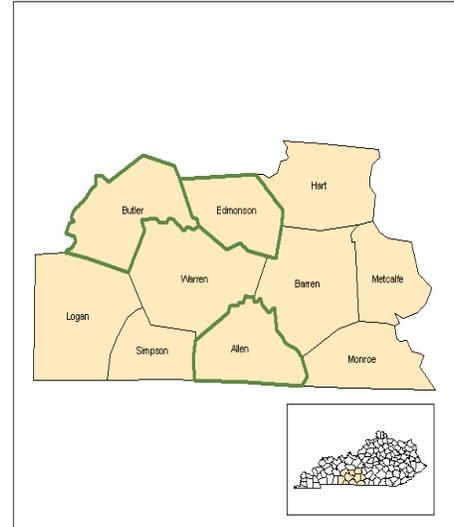
Lifeskills, Inc., serves as the comprehensive community mental health care provider for the ten-county region within the Barren River Area Development District (BRADD) including Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren. Allen, Butler and Edmonson are new access point-eligible counties.

Major Services

While LifeSkills' primary focus is on providing mental health services, the agency offers a Shelter Plus Care Permanent Housing Voucher Program and a four-bed emergency shelter program for the homeless, both funded by HUD. During fiscal year 2008, LifeSkills, Inc.'s homeless programs served 42 individuals.

As all clients referred to LifeSkills for homeless services assistance must already be clients of the LifeSkills mental health programs, the agency did not turn anyone away for homeless assistance during fiscal year 2008.

While Lifeskills does provide mental health services, no other health care is provided by the agency. All homeless clients within the ten-county service area are referred to the Fairview Community Health Center, Barren River Health Department and the Warren County Free Clinic in Bowling Green for health care services. Nine of the ten counties within the BRADD area have health centers affiliated with the Barren River Health Department but only offer limited services. Clients in Allen County also have access to the Allen County Health Department for limited health care services. Clients in need of more extensive services in the outer counties are referred to local emergency rooms within the county, if available, or they must travel up to 60 miles to reach Fairview Community Health Center or the Warren County Free Clinic in Bowling Green for health care services. Those within the immediate Bowling Green area travel ten miles or less for health care services.



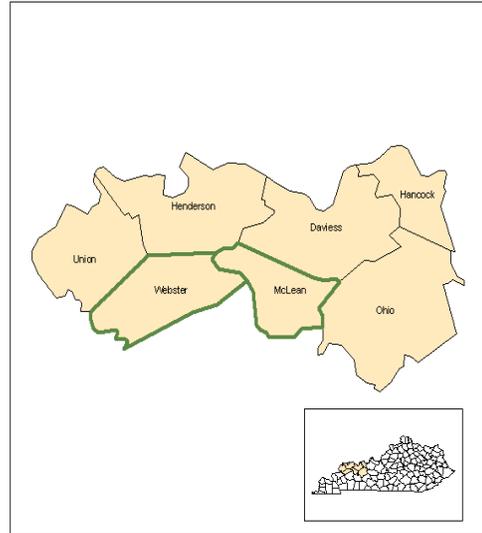
Matthew 25 AIDS Services (Henderson County)

Matthew 25 AIDS Services provides comprehensive care for persons with HIV/AIDS for the seven-county Green River Area Development District including the counties of Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster. McClean and Webster are new access point-eligible counties.

Major Services

Matthew 25 provides medical care, case management, support services, HIV prevention programs, rapid testing and housing programs. The agency offers Tenant-Based Rental

Assistance, as well as HOPWA programs that may be used to help those persons with AIDS who are homeless. During fiscal year 2008, Matthew 25 served a total of 69 clients with HUD-funded housing programs. No person with HIV/AIDS was turned away for services.



Merryman House (McCracken County)

Merryman House is a domestic violence shelter in Paducah that serves women and children in need of shelter within the eight-county Purchase Area Development District. The counties that are included in the Merryman House service area include Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall and McCracken.

Major Services

Merryman House provides a 35-bed emergency shelter for victims of domestic violence and their children, including: outreach advocacy, support services, housing programs and a 24-hour crisis line. The agency partners with Heartland CARES, Inc., and Paducah Cooperative Ministry to offer transitional and permanent housing programs for clients. Merryman House has three vouchers for transitional housing and nine vouchers for the permanent housing program. The emergency shelter program, transitional program and permanent housing program all receive HUD funds.



Merryman House also offers the Tenant-based Rental Assistance (TBRA) program, which is a tenant-based rental assistance and utilities assistance program. It provides

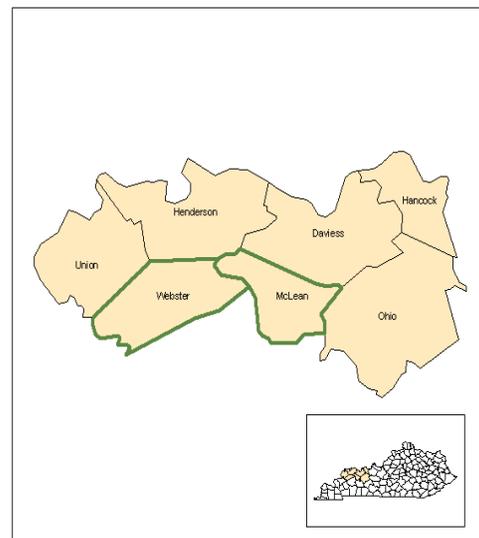
vouchers for those persons in need of transitional housing, some of who may qualify as homeless under the definition used by the Health Care for the Homeless program. The TBRA program, during fiscal year 2008, provided rental assistance for 16 clients.

Some of support services offered by Merryman include case management, life skills training, domestic violence counseling, education assistance, child care and transportation. Merryman House provided services to 224 homeless victims of domestic violence during fiscal year 2008 and turned away no victims of domestic violence.

Merryman House does not provide any health care services for their clients. All clients in need of health care are referred to McCracken County Health Department in Paducah, four miles from Merryman House. If more extensive services are required, clients are referred to Lourdes Hospital in Paducah which is located two miles from Merryman House.

Owensboro Area Shelter, Information & Services, Inc. (Daviss County)

Owensboro Area Shelter, Information & Services, Inc. (OASIS), is a domestic violence shelter and substance abuse treatment facility in Owensboro that serves women and children in need of shelter and substance abuse treatment within the seven-county Green River Area Development District. The counties that are included in the OASIS service area include Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster. McLean and Webster are new access point-eligible counties.



Major Services

OASIS provides a 35-bed emergency shelter for victims of domestic violence and their children including: outreach advocacy, support services, a 35-bed transitional housing program and a 24-hour crisis line. The emergency shelter program and transitional housing programs receive HUD funding.

Some of the support services offered by OASIS include alcohol and substance abuse counseling, case management, life skills training, domestic violence counseling, education assistance, child care and transportation. OASIS provided services to 434 homeless victims of domestic violence during fiscal year 2008 through the emergency shelter and transitional housing programs. No victims of domestic violence were turned away for services.

In addition to offering alcohol, substance abuse and mental health counseling, OASIS offers limited health care services for their clients on Tuesdays, Wednesdays and Thursdays by Green River District Health Department. These limited services include basic tests and screenings, immunizations and other services provided through the health department. All clients in need of more extensive health care are referred to the McAuley Clinic or the REACH Clinic, both in Owensboro and both within five miles of OASIS.

Those clients that are in substance abuse treatment but need medical detox are referred to Owensboro Mercy Hospital for those services. OASIS clients in the Ohio County area have access to the Ohio County Hospital for some services. Those clients in McLean, Hancock and some from Ohio Counties with more extensive needs must travel 30 to 40 miles to reach Owensboro Mercy Hospital for services. Those needing medical services in Union and Henderson Counties utilize the Henderson Methodist Hospital.

Clients of OASIS who are pregnant or in need of extensive gynecological services must travel 35 miles to Henderson to a provider that will take homeless domestic violence clients. The agency reports that no dental services are available to their clients and they also have difficulty filling prescriptions.

Paducah Cooperative Ministries (McCracken County)

Paducah Cooperative Ministries (PCM), located in Paducah offers three programs for the homeless including a shelter, a transitional housing program and a permanent housing program.

Major Services

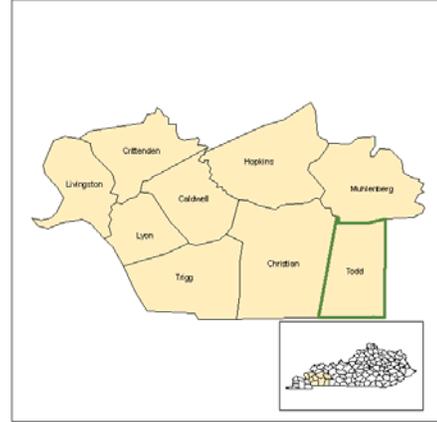
PCM offers a 40-bed emergency shelter program that provides a variety of services ranging from assistance with basic needs, emergency shelter, food pantries, employment assistance, transportation, case/care management and referrals for mental health. PCM also partners with Heartland CARES, Inc., and Merryman House to offer transitional and permanent housing program vouchers. The permanent housing program, during the past year, assisted 30 persons with case management and rent assistance.

During the past year, a total of 295 clients were served by the three homeless programs offered by PCM. The agency turned away 360 persons for shelter and services due to a lack of space or funding.

The agency does not offer any direct health care services. All clients in need of medical assistance are referred to McCracken County Health Department in Paducah, approximately four miles from the agency. If more extensive services are required, clients are referred to Western Baptist or Lourdes Hospital, both in Paducah and located within five miles.

Pennyroyal Center (Christian County)

Pennyroyal Center, Inc., serves as the comprehensive community mental health care provider for the nine-county region within the Pennyryle Area Development District which includes Caldwell, Christian, Crittenden, Hopkins, Muhlenberg, Livingston, Lyon, Todd and Trigg. Todd is a new access-eligible county.



Major Services

Pennyroyal Center provides a variety of mental health services including treatment, counseling, developmental screening, 24-hour crisis and other mental health services. The agency also offers extensive substance abuse services. Other services provided include case management, discharge planning and housing assistance.

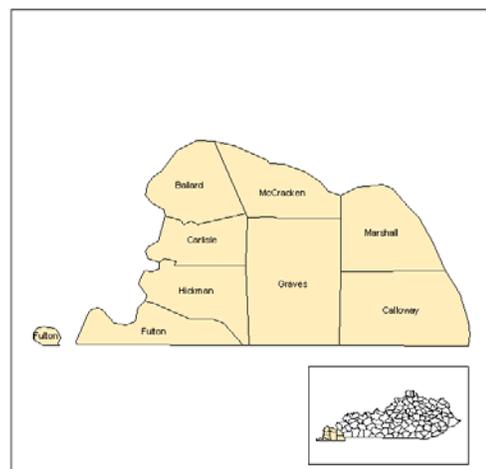
While Pennyroyal’s focus is providing mental health care and substance abuse treatment, the agency also offers a new HUD-funded Samaritan Permanent Housing Voucher Program for 20 chronically homeless individuals with a documented disability. In addition, Pennyroyal Center just opened two other new housing programs including the 100-bed Trilogy Recovery Center for Women (substance abuse treatment) and a 24-unit HUD-funded Permanent Supportive Housing Program for women.

While these housing programs did not serve any clients during fiscal year 2008, the Pennyroyal Center did serve 60 homeless individuals during that time with mental health care or substance abuse treatment. The agency did not turn anyone away for services.

Pennyroyal provides no health care services other than those for mental health and substance abuse treatment. Clients needing other health care are referred to the St. Luke’s Clinic, the Christian County Health Department or Jennie Stuart Medical Center, all within five miles of the Pennyroyal Center.

Purchase Area Housing Corporation (Graves County)

Purchase Area Housing Corporation (PAHC) is a nonprofit agency based in the Purchase Area Development District offices and serves eight counties including Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall and McCracken.



Major Services

PAHC operates one HUD-funded program for the homeless, a Supportive Housing Services Only Program. The PAHC Supportive Housing Program offers homeless participants their first month's rent and security deposits for a permanent housing unit. Most clients that are served by this program are from Graves and McCracken Counties but all other counties in the Purchase area are offered these services as well. In fiscal year 2008, the PAHC Supportive Housing Program served 26 clients.

PAHC, during fiscal year 2008, also offered an Emergency Shelter Program but no longer operates this program. While in operation, the Emergency Shelter Grant program offered preventive services and case management for clients. During the last year of operation, the Emergency Shelter Grant program served 22 clients.

A total of 34 clients were turned away for not meeting HUD's definition of homeless during fiscal year 2008.

PAHC offers no health care services but instead refers all clients to local health care providers such as the Purchase Area Health Department which has health centers in each of the eight counties or Grace Medical Free Clinic in Mayfield. For most clients, a health care provider is available within five miles.

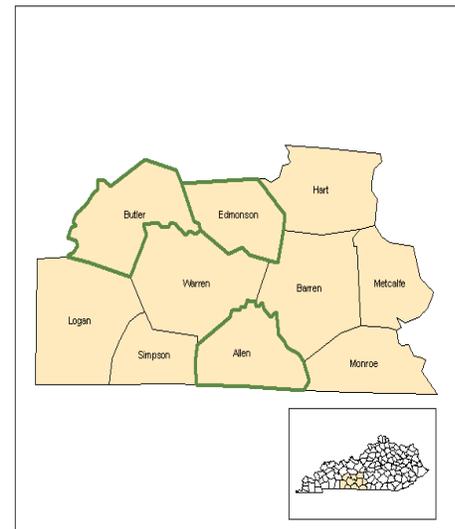
Salvation Army of Bowling Green (Warren County)

The Salvation Army of Bowling Green provides emergency shelter for persons in the Barren River Area Development District. While the shelter is located in Bowling Green, clients are referred from counties within the BRADD area including Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren.

Major Services

The Salvation Army of Bowling Green Emergency Shelter provides a number of services in addition to a 60-bed shelter. The agency also offers a soup kitchen, utility assistance, food boxes and a thrift store. The emergency shelter program services range from case management referral services and counseling to emergency food, clothing and employment assistance. During the past year, the shelter assisted 343 clients with the above-mentioned services with 32 homeless individuals turned away for shelter.

The Salvation Army of Bowling Green provides no health care services. All clients are referred to Fairview Community Health Center, Barren River Health Department and the Warren County Free Clinic in Bowling Green for health care services. Those needing



more extensive health care are referred to one of the two local hospitals, the Medical Center of Bowling Green or Greenview Regional Hospital. All health care facilities are located within five miles of the shelter.

Salvation Army of Hopkinsville (Christian County)

The Salvation Army of Hopkinsville provides emergency shelter services through HUD's Emergency Shelter Grant program.

Major Services

The Salvation Army of Hopkinsville's 20-bed emergency shelter provides a number of services in addition to emergency shelter ranging from case/care management, mental health referrals, counseling, housing/shelter, emergency food, clothing and substance abuse referrals. During the past year, the shelter assisted 156 clients with the above mentioned services. A total of 38 clients were turned away for services.

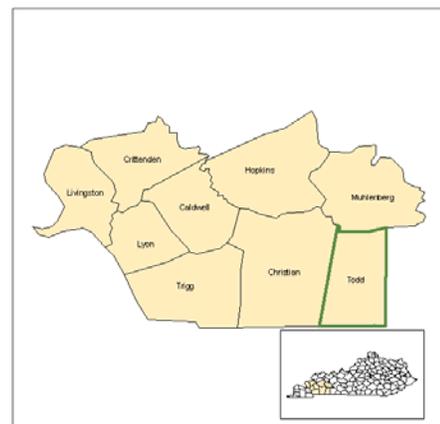
The Salvation Army of Hopkinsville provides no health care services for the clients they serve. All clients in need of health care are referred to the St. Luke's Clinic, the Christian County Health Department or Jennie Stuart Medical Center, all within two miles of the shelter.

Additional Information from Provider Survey

With regards to information about medical or support services, the agency refers people off-site for mental health services including: treatment/counseling, 24-hour crisis and substance abuse as well as vision screening. They also reported that they provided a number of enabling services including: case management, food bank/meals, housing assistance and transportation.

Sanctuary, Inc. (Christian County)

Sanctuary, Inc., is a domestic violence shelter in Hopkinsville that serves women and children in need of shelter within the nine-county Pennyriple Area Development District. The counties included in the Sanctuary service area are Caldwell, Christian, Crittenden, Hopkins, Muhlenberg, Livingston, Lyon, Todd and Trigg. Todd is a new access point-eligible county.



Major Services

Sanctuary provides a 23-bed emergency shelter for victims of domestic violence and their children; outreach advocacy, support services, a 16-bed transitional housing program and a 17-bed permanent housing program as well as

a 24-hour crisis line. The emergency shelter program, transitional program and permanent housing program all receive HUD funds.

Sanctuary provided services to 360 homeless victims of domestic violence during fiscal year 2008. No victims of domestic violence were turned away for services.

Sanctuary does not provide any health care services for their clients. All clients in need of health care are referred to the St. Luke's Clinic, the Christian County Health Department or Jennie Stuart Medical Center, all within two miles of Sanctuary.

Shelter for Women and Children, Inc. (Henderson County)

The Shelter for Women, Inc., in Henderson offers emergency shelter through HUD and the Community Development Block Grants program. While the shelter is only for women and children, it is not a domestic violence shelter.

Major Services

The 32-bed shelter program offers a variety of services for the women and children who need emergency shelter including case management, basic needs such as clothing, personal items, counseling, employment preparation, life skills, mainstream resources assistance, transportation and domestic violence support groups to some clients. During fiscal year 2008, the Shelter for Women served 132 clients. The agency had to turn away 26 clients during that time.

The agency offers no health care services but instead refers all clients to the Henderson Health Department, Henderson Methodist Hospital and the Catch Program (for children). Most travel five miles or less for these services.

The Caring Place (Marion County)

The Caring Place is an 18-bed domestic violence shelter in Lebanon that serves women and children in need of shelter and protection within four counties including Marion, Nelson, Taylor and Washington.

Major Services

The Caring Place provides emergency shelter for victims of domestic violence and their children, outreach, advocacy and support services. The agency also offers a 24-hour crisis line. The emergency shelter program has received HUD funds.



Other services provided by The Caring Place to victims of domestic violence and their children include case management, domestic violence counseling, budget and credit

counseling, basic needs (clothing, food, personal items, etc.), outreach assistance (in-home), transportation, education assistance, job readiness, domestic violence prevention, emergency assistance and child care assistance.

The Caring Place provided various services, including outreach, to 765 victims of domestic violence during fiscal year 2008, turning away 128 persons for services due to a lack of funds.

The Caring Place provides no health care services for their clients. All clients are referred to area health care providers. If the client does not have Medicaid or medical assistance or the funds to pay for services, they are referred to the local health department or for more extensive services, Springview Medical Center (hospital), in Lebanon which is within a mile of the shelter. Clients in Washington County must travel ten miles to Lebanon or 18 miles to Bardstown in Nelson County for hospital services. Clients within Taylor and Nelson Counties who do not have Medicaid or other medical assistance rely on the hospitals in those counties for services and, on average, travel less than five miles for services.

Estimated Needs Data

Federally funded recipients under the Emergency Shelter Grant (ESG) Program are required to submit annual performance reports to KHC detailing the number of persons served, the number of persons denied services due to lack of funding or bed capacity and demographics of those served. In addition, KHC surveyed existing CoC members to determine the number of persons served annually and unmet need. The figures below reflect the data in the preceding narrative.

Recipient/County	Total Served FY2008	Denied Services FY2008	Total Need FY2008
Barren River Area Safe Space (Warren)	395	21	416
Boulware Mission, Inc. (Daviness)	667	1,612	2,279
Central Kentucky Community Action Council, Inc. (Marion)	760	0	760
Communicare, Inc. (Hardin)	19	50	69
Community Action of Southern Kentucky (Monroe)	655	0	655
Community Outreach, Inc. (Monroe)	23	34	57
Daniel Pitino Shelter, Inc. (Daviness)	239	1,143	1,382
Gentry House (Calloway)	98	59	157
Heartland Cares, Inc. (McCracken)	293	0	293
Jesus Community Center (Logan)	108	0	108
LifeSkills, Inc. (Warren)	42	0	42
Matthew 25 AIDS Services (Henderson)	69	0	69

Recipient/County	Total Served FY2008	Denied Services FY2008	Total Need FY2008
Merryman House (McCracken)	240	0	240
Owensboro Area Shelter, Information and Services, Inc. (Davies)	434	0	434
Paducah Cooperative Ministry (McCracken)	295	360	655
Pennyroyal Center (Christian)	60	0	60
Purchase Area Housing Corporation (Graves)	48	34	82
Salvation Army Bowling Green (Warren)	343	32	375
Salvation Army Hopkinsville (Christian)	156	38	194
Sanctuary, Inc. (Christian)	360	0	360
Shelter for Women and Children, Inc. (Henderson)	156	26	182
The Caring Place (Marion)	765	128	893
TOTALS	6,225	3,537	
TOTAL MINIMUM ANNUAL NEED			9,762

The total minimum annual need merely identifies known persons who would qualify for a new access point for a health care for the homeless program in western Kentucky. It does not include persons who may be identified by social service agencies and emergency or transitional shelter programs who are not members of the Kentucky Continuum of Care. It also does not include individuals in this area served by one of the state's new Recovery Kentucky programs, a peer-centered recovery program that provides housing assistance and recovery services. Recovery Kentucky programs in the target area were not active during fiscal year 2008; therefore, data was not available for this population who will also qualify for assistance. Recovery centers in Henderson, Owensboro and Paducah will serve 100 persons at any one time, raising the total number of persons who would qualify for assistance in western Kentucky to over 10,000 annually.

KHC makes a resource guide available on the Kentucky Homeless Web site (www.kyhomeless.org) that provides information on housing and services available to the homeless population by county. In many counties in western Kentucky, particular agencies may be serving populations in counties other than the county in which the agency has a physical location.

In addition, each CoC member is required to provide an annual inventory of bed capacity and usage as part of the annual application to HUD for funding under the Supportive Housing Program. Non-HUD funded shelters are also represented in this inventory chart while the persons they serve are not included in estimated need data above. The following chart reflects the data as it was submitted to HUD in the 2008 funding

application. Overall, Kentucky's balance of state CoC application data indicates a 78 percent utilization rate for emergency shelter beds and 85 percent utilization rate for transitional housing beds over a one-year period of time.

Recipient/County	Program Type	Bed Inventory
Barren River Area Safe Space (Warren)	Emergency Shelter	26
	Transitional Housing	12
Boulware Mission, Inc. (Davies)	Emergency Shelter	37
Bowling Community Park	Emergency Shelter	11
Central Kentucky Community Action Council, Inc. (Marion)	Services Only	0
Communicare, Inc. (Hardin)	Services Only	0
Community Action of Southern Kentucky (Monroe)	Emergency Shelter	15
Community Outreach, Inc. (Monroe)	Emergency Shelter	15
Daniel Pitino Shelter, Inc. (Davies)	Emergency Shelter	15
	Transitional Housing	50
Gentry House (Calloway)	Emergency Shelter	16
Harbor House	Emergency Shelter	22
Heartland Cares, Inc. (McCracken)	Transitional Housing	27
Jesus Community Center (Logan)	Emergency Shelter	33
	Transitional Housing	8
KHC Safe Start/Safe Place*	Transitional Housing	485
LifeSkills, Inc. (Warren)	Emergency Shelter	5
	Transitional Housing	20
Lighthouse Shelter	Emergency Shelter	14
Matthew 25 AIDS Services (Henderson)	Services Only	0
Merryman House (McCracken)	Emergency Shelter	35
Mission Shelter	Emergency Shelter	12
Owensboro Area Shelter, Information and Services, Inc. (Davies)	Emergency Shelter	35
	Transitional Housing	35
Paducah Cooperative Ministry (McCracken)	Emergency Shelter	40
Pennyroyal Center (Christian)	Services Only	0
Purchase Area Housing Corporation (Graves)	Services Only	0
River City Mission (McCracken)	Emergency Shelter	57
Salvation Army Bowling Green (Warren)	Emergency Shelter	64
Salvation Army Hopkinsville (Christian)	Emergency Shelter	20
Sanctuary, Inc. (Christian)	Emergency Shelter	23
Shelter for Women and Children, Inc. (Henderson)	Emergency Shelter	22

Recipient/County	Program Type	Bed Inventory
Springhaven	Emergency Shelter	20
The Caring Place (Marion)	Emergency Shelter	18

* The KHC Safe Start and Safe Place programs are transitional housing funded with housing vouchers that are client-based and not tied to a specific housing unit or bed. Currently, at least 485 households in the 41-county study area are assisted under this program.

Continuum of Care Survey Results

Member agencies of the Continuum of Care for Region 1 and Region 2 were invited to take part in a survey designed to gather information about the services their organization provides to the homeless. This information was gathered as part of a collaborative effort between Western Kentucky University and Kentucky Housing Corporation. The information provided was part of a needs assessment that will be used to prepare a future grant application to plan for at least one new access point for a Health Care for the Homeless Program in the western part of the state. They were informed that their responses would help to provide information that is needed to fill out forms within the application. Participation in the survey was voluntary and there were no risks involved with completing the survey. It was made clear that non-completion of the survey would not affect any current or future services they received from Western Kentucky University or Kentucky Housing Corporation.

The survey was distributed via e-mail and individuals were asked to return it by e-mail, or it could be faxed or mailed directly to Dr. Chris Nagy at 1906 College Heights Blvd., Department of Public Health, Academic Complex 128D, Western Kentucky University, Bowling Green, KY 42101.

Of the 30 agencies invited to take part in the survey, seven provided usable data; however, there was a lot of missing data in the survey responses. The following section will summarize the findings of the survey

Seven agencies responded to the survey: Jesus Community Center Shelter; Pennyroyal Center; Barren River Area Safe Space; Communicare, Inc.; Heartland Cares; Merryman House and the Salvation Army. These seven agencies are detailed in the previous description, which included an overall summary of the services they provided to the homeless.

All agencies that responded to the survey provide services to the homeless. When asked about the criteria used to determine if an individual is eligible for “homeless” services, three agencies used the HUD definition of homelessness and one agency used the HUD definition, as well as the Health Care for the Homeless definition. One agency indicated that they served all individuals regardless of the definition used, due to the nature of their charter and the mandates of the Community Health Act. The other agency noted that they serve victims of domestic violence and their children who fled violence.

When agency members were asked how the health care needs of the homeless in their area could best be addressed, responses were varied. However, all agreed that a stand alone mobile health unit or a local stand alone primary care access point would best meet the needs.

One agency selected a stand alone mobile health unit that provides primary care services to only the homeless where the unit travels to designated sites in target locations. They did not specify a county location.

One agency selected a local stand alone primary care access point that serves only the homeless. Patients would have the option of traveling to this location to receive services and/or the physician/nurse practitioner would travel to shelters or designated locations to see homeless patients. The agency suggested the access point be located in Warren or Allen County. They also noted that if a mobile unit was used that it too should be located in Warren County.

One agency preferred a local stand alone primary care access point that serves the total population and provides services to the homeless. They also indicated that, ideally, a new stand alone primary care access point that serves the total population as well as the homeless should be located in Hopkinsville and Madisonville with Greenville a possibility. In rural regions such as this, there will need to be a multiplicity of centers/offices located so as to be easily located and attended. The agency indicated that if a mobile unit was considered it should be based in Hopkinsville.

One agency recommended expansion of an existing primary care center that would use a mobile health unit that travels to designated shelters and other locations to provide primary care services to homeless patients. The agency noted that a new access point that serves only the homeless should be located in Edmonson County. If there was a new access point that would serve the homeless via a mobile unit, they felt that it should be located in Meade County. This survey also indicated that Meade County would be a good location for a new stand alone primary care access point.

Another agency recommended both a local stand alone primary care access point that serves only the homeless where patients travel to the location to receive services, as well as expansion of an existing primary care center that would use a mobile health unit. The unit would travel to designated shelters and other locations to provide primary care services to homeless patients. The respondent noted that Paducah was the best location.

Analysis of Existing Health Care System and Gaps

Homeless persons often face many barriers to needed access health care. According to the Institute for Rural Health Development and Research, the major reason for not seeking health care services is due to a lack of health care providers and/or the inability to pay for services. One of the access issues prevalent in many of these communities is lack of transportation. A mobile health unit and/or providing transportation from and to shelter locations would eliminate or reduce this problem.

As depicted on the map shown in the Introduction to this report, there are only three Federally Qualified Health Centers (FQHC) serving the western portion of Kentucky.

Fairview Community Health Center is located in Bowling Green (Warren County) and is a newly-funded FQHC providing medical and dental services. While Fairview does not receive funding specifically for providing health care to homeless persons under the U.S. Department of Health and Human Services (HHS) Health Care for the Homeless Program, they do provide services to persons regardless of their ability to pay. Fairview's service area includes Butler and Edmonson counties. A satellite center is open in Butler County.

Community Health Centers of Western Kentucky is located in Greenville (Muhlenberg County) and has been established to serve surrounding counties as well as Muhlenberg County. The center offers family medicine and pediatric and adolescent medicine in addition to obstetrics and gynecology. The center does not receive funding specifically for providing health care to homeless persons under HHS's Health Care for the Homeless Program.

Cumberland Family Medical Center is located in Burkesville (Cumberland County), which is outside of the proposed service area under this planning project. However, the center's service area does include Monroe and Hart counties, which are included in the planning project area. The Adair County Family Medical Center in Columbia is an affiliate clinic which serves Monroe and Hart Counties as does the Clinton Family Medical Center in Albany. They provide primary health care on a sliding fee scale and do not receive funding under HHS's Health Care for the Homeless Program.

The Trover Clinic Foundation, Inc., is located in Madisonville (Hopkins County) and provides health care services to 14 counties in western Kentucky. The clinic does not receive funding under HHS's Health Care for the Homeless program.

The nearest HHS Health Care for the Homeless grantee is located in Louisville (Jefferson County) which is several hundred miles from most of the proposed service areas under this planning project.

Health Departments

Counties in the service area are either served by a county or district health department. Services provided include:

- Family Planning (birth control, blood pressure screening, STD screening, HIV screening, lipid profile, blood sugar screening, hepatitis B vaccine, pregnancy test, referrals, pap smear, clinical breast exam, hemoglobin check, male sterilization)
- PKU/Newborn Screening
- Nutrition Counseling
- Birth/Death Certificates

- TB Skin tests
- Immunizations
- Well Child Checkups
- Breastfeeding Support and Information
- WIC Assistance
- Child Development/New Parent Home program
- Flu Clinic
- Cancer Screening/Mammograms
- Cardiovascular Education and screening
- Smoking Cessation

Health Care Referrals

District health departments were contacted and asked for a list of providers that they may refer individuals for services not provided by their clinic. Two district health departments provided information: the Barren River District Health Department and the Lincoln Trail District Health Department. The Barren River District Health Department provides services to Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren Counties. The Lincoln Trail District Health Department provides services to Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington Counties. Although referrals are made, the patient is still responsible for paying for services. The following table provides an overview of indigent/patient referral.

Indigent/Patient Referral by County

County	Referral/Contractor
Allen	Allen County Health Department – Scottsville Fairview Community Health Center Barren River Health Department Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Ballard	Purchase District Health Department – LaCenter Heartland Cares (HIV/AIDS clients only)
Barren	Barren River District Health Department – Glasgow T. J. Sampson Hospital – Glasgow T. J. Sampson Family Practice – Glasgow Fairview Community Health Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital There is no agency that accepts indigent patients in Barren County. Persons are referred to T.J. Sampson Family Practice (University of Louisville residency program) or Urgent Clinic or ICC (Immediate Care Clinic) where they have to pay for services.

County	Referral/Contractor
	Community Medical Care is a program for working people with no insurance. They are financially screened and they can get free or reduced services with T.J. Sampson Hospital and T.J. Sampson Family Practice.
Breckinridge	Breckinridge County Health Department – Hardinsburg Lincoln Trail District Health Department (Home Health Care) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *University OB/GYN Foundation (Ob/Gyn)
Butler	Barren River District Health Department – Morgantown Fairview Community Health Center Satellite Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Caldwell	Pennyrile District Health Department – Princeton
Calloway	Purchase District Health Department – Murray Murray-Calloway County Hospital Heartland Cares (HIV/AIDS clients only)
Carlisle	Purchase District Health Department – Bardwell Heartland Cares (HIV/AIDS clients only)
Christian	Christian County Health Department – Hopkinsville Jennie Stuart Medical Center St. Luke’s Clinic
Crittenden	Pennyrile District Health Department – Marion
Daviss	Green River District Health Department – Owensboro McAuley Clinic - Owensboro REACH Clinic Owensboro Mercy Hospital Matthew 25 AIDS Services (HIV/AIDS clients only)
Edmonson	Barren River District Health Department – Brownsville Fairview Community Health Center Dr. Avula in Smiths Grove will see individuals without insurance on a sliding fee scale. Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Fulton	Purchase District Health Department – Fulton, Hickman Heartland Cares (HIV/AIDS clients only)
Graves	Purchase District Health Department – Mayfield Grace Medical Free Clinic – Mayfield Heartland Cares (HIV/AIDS clients only)

County	Referral/Contractor
Grayson	Lincoln Trail District Health Department – Leitchfield *Leitchfield Pediatrics (Pediatrics) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *Central Kentucky Imaging (Radiology) *Twin Lakes Regional Hospital *Twin Lakes Surgical Associates (Surgery) *University OB/GYN Foundation (Ob/Gyn) *Dr. Wendy Lee (Ob/Gyn) *Dr. Michael K. Marshall (Anesthesia) *Clarkson Drug Store (Pharmacy)
Hancock	Green River District Health Department – Hawesville McAuley Clinic – Owensboro REACH Clinic Matthew 25 AIDS Services (HIV/AIDS clients only)
Hardin	Lincoln Trail District Health Department – Elizabethtown, Radcliff *Dr. Teresa Dao (Pediatrics) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *Hardin Professional Services (Radiology) *Elizabethtown Diagnostic Imaging (Radiology) *Dr. Muhammed Iqbal (Urology) *Surgical Specialists (Surgery) *University OB/GYN Foundation (Ob/Gyn) *Dr. C. Jeff Vo (Ob/Gyn) *Hardin Memorial Hospital *HealthSouth Surgical Center (Surgery) *Heartland Anesthesia Consultants (Anesthesia) *HealthSouth Anesthesia Group (Anesthesia) *Jeff's Prescription Shop (Pharmacy) *Lincoln Trail Pharmacy (Pharmacy) *Radcliff Drugs (Pharmacy) *Deom Enterprises (Pharmacy)

County	Referral/Contractor
Hart	Barren River District Health Department – Munfordville Fairview Community Health Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Henderson	Green River District Health Department – Henderson Henderson Methodist Hospital Catch Program (children) Matthew 25 AIDS Services (HIV/AIDS clients only)
Hickman	Purchase District Health Department – Clinton Heartland Cares (HIV/AIDS clients only)
Hopkins	Hopkins County Health Department – Madisonville
Larue	Lincoln Trail District Health Department – Hodgenville *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *University OB/GYN Foundation (Ob/Gyn)
Livingston	Pennyrile District Health Department – Smithland
Logan	Barren River District Health Department – Russellville Fairview Community Health Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Lyon	Pennyrile District Health Department – Eddyville
Marion	Lincoln Trail District Health Department – Lebanon *Lebanon Pediatrics (Pediatrics) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *University OB/GYN Foundation (Ob/Gyn) *Lebanon Physicians to Women (Ob/Gyn) *Marion County Anesthesiology (Anesthesia) *Pat’s Pharmacy (Pharmacy) *Southall Pharmacy (Pharmacy)
Marshall	Marshall County Health Department – Benton Heartland Cares (HIV/AIDS clients only)

County	Referral/Contractor
McCracken	Purchase District Health Department – Paducah Lourdes Hospital – Paducah Western Baptist Hospital – Paducah Heartland Cares (HIV/AIDS clients only)
McLean	Green River District Health Department – Calhoun Matthew 25 AIDS Services (HIV/AIDS clients only)
Meade	Lincoln Trail District Health Department – Brandenburg *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *University OB/GYN Foundation (Ob/Gyn) *Brandenburg Pharmacy Care (Pharmacy) *Breckinridge Memorial Hospital
Metcalfe	Edmonton Primary Care & Metcalfe County Family Physicians Barren River District Health Department – Edmonton Fairview Community Health Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Monroe	Monroe County Health Department – Tompkinsville Fairview Community Health Center Barren River Health Department Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital Monroe County Medical Center
Muhlenburg	Muhlenberg County Health Department – Central City Community Health Centers of Western Kentucky
Nelson	Lincoln Trail District Health Department – Bardstown *Bardstown Primary Care (Pediatrics) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *Central Kentucky Radiology (Radiology) *Dr. Mickey Anderson (Surgery) *Flaget Memorial Hospital *University OB/GYN Foundation (Ob/Gyn) *Bardstown Women’s Health Care (Ob/Gyn) *Center for Women’s Health (Ob/Gyn)

County	Referral/Contractor
	*Dr. Franklin De La Cruz (Ob/Gyn) *Flaget Professional Services (Anesthesia)
Ohio	Green River District Health Department – Hartford Matthew 25 AIDS Services (HIV/AIDS clients only)
Simpson	Barren River District Health Department – Franklin Fairview Community Health Center Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Todd	Todd County Health Department - Elkton
Trigg	Pennyrite District Health Department - Cadiz
Union	Green River District Health Department – Morganfield Matthew 25 AIDS Services (HIV/AIDS clients only)
Warren	Barren River District Health Department – Bowling Green Fairview Community Health Center or CHC Free Clinic Warren County Free Clinic – Bowling Green Medical Center of Bowling Green Greenview Regional Hospital
Washington	Lincoln Trail District Health Department - Springfield *Springview Pediatrics (Pediatrics) *Medical Laboratory Consultants (Labs) *Lab Corp Louisville (Labs) *Clinical Associates (Labs) *Heartland Pathology (Labs) *Quest Diagnostic (Labs) *Pathology & Cytology Laboratories (Labs) *Dr. Basaveswara Rao Yalamanchili (Radiology) *University OB/GYN Foundation (Ob/Gyn) *Rite Aid Drugs (Pharmacy) *Spring View Hospital, LLC
Webster	Green River District Health Department – Dixon Matthew 25 AIDS Services (HIV/AIDS clients only)

* Lincoln Trail District Health Department refers to these providers; however, they do not pay for the services. When they contract with a provider and send a patient to the provider for services, Lincoln Trail District Health Department reimburses the provider based on the contracted rate. The patient then pays Lincoln Trail District Health Department a percent of the contracted rate based on their income level according to the sliding fee schedule.

Sliding Fee Schedule for Health Care

District health departments and Community Health Centers were contacted and asked to provide a sliding fee schedule for health care services provided by their clinics. Fairview Community Health Center, Cumberland Family Medical Center and two district health departments (Barren River District Health Department and the Lincoln Trail District

Health Department) provided this information. The Barren River District Health Department provides services to Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson, and Warren Counties. The Lincoln Trail District Health Department provides services to Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington Counties. Since all of these agencies are federally funded sites, they all have essentially the same sliding fee schedule. A copy of the Sliding Fee Schedule is included in Appendix 5.

Area Health Care Organizations

The Kentucky Primary Care Association was contacted and they provided a list of Community Health Centers and hospitals in the target area. Information on each health center and hospital is found in Appendix 4.

An introductory e-mail was sent to administrators of four Community Health Centers located in Region 1 and Region 2 of the Kentucky Continuum of Care to inquire about their current services and potential interest in partnering to develop an application for a new access point to serve the homeless. Additional contacts were made with two groups at Western Kentucky University (WKU): WKU Student Health Services and the Institute for Rural Health Development and Research. A contact was also made with The Medical Center in Bowling Green, Kentucky. The following section provides a summary of the interaction with each center contacted.

Fairview Community Health Center

Area Served: Warren, Butler and Edmonson Counties

[Chris Keyser](#): Executive Director

Dr. Chris Nagy met with Ms. Keyser at the Bowling Green facility where they discussed the Fairview Community Health Center and its satellite facility in Butler County. At the current time, she was not interested in partnering to develop a proposal for a new access point for the homeless. The center has just opened the new satellite facility in Butler County and would like to have a full year of delivering services before they expand their service reach. She mentioned that they currently provide services to about a dozen patients who are classified as homeless.

Community Health Centers of Western Kentucky

Area Served: Muhlenberg County and Surrounding Counties

[Roger Arbuckle](#): Chief Executive Officer

Dr. Chris Nagy talked with Mr. Arbuckle on the telephone. At the present time, he did not feel that his center would be interested in submitting an expansion of services proposal or a new access proposal to serve the homeless. They are working very hard to meet their goals set for their current operations.

Cumberland Family Medical Center

Area Served: Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell, and Wayne Counties in south central Kentucky

Dr. Eric Loy: CEO and Medical Director

Dr. Chris Nagy spoke with Dr. Loy several times on the telephone. He was quite

interested in partnering with Kentucky Housing Corporation to develop an application for a health care for the homeless proposal. The difficulty was that none of the counties he serves are eligible for the new access points and he is also at least 70 miles away from the potential homeless population in Region 2.

Trover Clinic Foundation, Inc.

Area Served: 14 counties in western Kentucky

Robert W. Brooks: VP-Education and Research

Dr. Chris Nagy spoke with Mr. Brooks on the telephone. He indicated that his organization had just collaborated with a group of 12 physicians in his 14-county area to develop a proposal for a new community health center in their area. He indicated that at this time they were not interested in submitting another application. However, if they were awarded funding for a new community health center in their region, they might consider partnering on an application to serve the homeless.

Western Kentucky University (WKU) Student Health Services

Area Served: Western Kentucky University Campus, Bowling Green Kentucky

Elizabeth Greany: Health Services Director

Dr. Chris Nagy spoke with Ms. Greany about WKU's Health Services possibly partnering to submit an application. Since the mission of WKU's Health Services is to provide health care to students, she did not feel that working with the homeless would fall in line with their prime directive. She thought that it was more in line with the mission of WKU's Institute for Rural Health Development and Research since they already had a mobile health unit that worked with indigent populations in surrounding counties.

Western Kentucky University (WKU) Institute for Rural Health, Development and Research (IRHDR)

Lisa Durham, Ph.D.: Director

Dr. Chris Nagy contacted Dr. Durham and they talked about the purpose of the new access points and how it might coincide with the IRHDR's mission and current activities. After several meetings, Dr. Durham indicated that she would like the IRHDR to partner with the Kentucky Interagency Council on Homelessness (KICH) and Kentucky Housing Corporation (KHC), as the lead applicant for a new access point to serve the homeless under the Health Resources and Services Administration (HRSA), Health Care for the Homeless Program. She will need to get confirmation from university administrators, but at this time feels that the IRHDR is well poised to partner on an application.

The Institute for Rural Health Development & Research (IRHDR) housed within the College of Health and Human Services at WKU would like to partner with KICH and the KHC to facilitate implementation of some of the primary care and dental health needs associated with the project. The mission of the IRHDR is to engage students and faculty in activities designed to provide expertise and improve the health status of the rural community while enhancing the learning experience of WKU students. They seek to meet their mission by collaborating with programs within WKU (nursing, allied health, communication disorders, consumer and family sciences, nursing, physical education and recreation, public health and social work), the University of Kentucky (dentistry), the

University of Louisville (dentistry) as well as with health care organizations and agencies in the community.

Currently, Dr. Douglas Thomson with Graves Gilbert Clinic in Bowling Green will be providing oversight of primary care services offered through the IRHDR's Mobile Health Units; they currently have two mobile units. The IRHDR is willing to assist with the provision of services to the homeless and feels that they would be able to serve as the lead applicant and to partner with other providers.

The Medical Center

The Medical center provides hospital and ancillary care to counties in the surrounding area. Dr. Chris Nagy contacted Doris Thomas in the Marketing /Public Relations Department about partnering with KICH, KHC and WKU to develop an application to provide services to the homeless. Initially, they were asked to consider being the lead agency. An additional contact was made with an individual in the Marketing Department at the Medical Center about the project. Dr. Nagy spoke with him and forwarded to him the grant application materials as well as an overview of the application. He thought that it might be possible for the Medical Center to be a partner in this endeavor. He said that he would get back with Dr. Nagy in fall 2008 to confirm.

Service Model Types, Locations, Staffing Plans

Much has been written over the past two decades about delivery of services, including health care to the homeless. In some ways, rural and urban delivery models are similar – bringing health care opportunities to the places where homeless persons are located; providing case management to maximize effectiveness of delivering health care; and educating medical professionals on the specialized cultural differences when relating to the homeless, many who distrust those they do not know.

The aforementioned barriers faced by homeless persons are exacerbated in a rural setting. Transportation to and from sites offering emergency housing or medical care is often not available because most rural communities do not offer public transportation. Medical care coupled with case management is also rare in most rural communities – and even rarer are medical professionals with the specialized knowledge, skills and abilities to relate to persons who are homeless.

Rural Service Models

Although a number of programs have been implemented to assist the plight of the homeless, homelessness remains a major concern in poor rural areas. As would be expected, homeless assistance models in rural communities vary according to their size and distance from urbanized areas. In rural areas large enough to support health and social services, strategies include community partnerships linking formal support systems, multi-service centers and a hub-and-spoke model of outreach to, and referral from, outlying rural and urban communities in one or two or more counties. In remote

rural communities with only minimal capacity to provide services, two strategies are most frequently used: mobile outreach units and as a last resort, “Greyhound referrals” – providing the price of a bus ticket to cities with established homeless services (Post, 2002). Post goes on to describe the various components. Many of these would be appropriate for consideration for the western counties of Kentucky.

Regardless of the physical or geographic model used, it is important to develop a provider network within a community so the homeless can be referred for care regardless of a client’s ability to pay.

The following strategies are recommended to alleviate barriers to health care for homeless persons and to prevent homelessness (Post, 2002):

- Integrate behavioral health care with primary care services.
- Provide transportation assistance.
- Expand health care entitlement programs and assist homeless persons with accessing existing benefits to which they may be entitled.
- Develop a service delivery infrastructure responsive to the needs of the homeless that includes shelter, medical services and social services.
- Coordinate the service delivery systems to maintain a continuity of care, such as through the existing Continuum of Care system.
- Increase outreach to the hidden homeless in rural areas, including those whom HUD may define as “precariously housed.”
- Use existing community networks to facilitate mobile outreach.
- Educate service providers about the specialized cultural differences and challenges associated with providing health care to homeless persons.
- Conduct early intervention and prevention activities for those who are newly homeless or at risk of becoming homeless.

Service Delivery Models

Community Partnerships – This model involves forming a network of housing, social service and medical service providers in a community allowing for coordinated delivery of case management. An example of a program that utilizes this model is the SKYCAP program in Hazard Kentucky, which provides case management for sheltered and unsheltered homeless people in Perry and Harlan Counties. Three organizations coordinate a voluntary network of more than 80 agencies and service providers through a management information system that tracks social services, housing status and clinical and environmental factors affecting the health of people who are homeless and at risk of homelessness. There is evidence that their work is actually helping to decrease the number of homeless in Perry County. The existing Continuum of Care network in western Kentucky should be utilized as the basis for a Health Care for the Homeless Program. The SKYCAP program’s success using this model may be due in part to the relatively small geographic area being served. In western Kentucky, most medically underserved counties do not have homeless shelters or a large network of CoC members

physically located within their geographic boundaries. Homeless persons who may be located in these counties may still need to travel to other counties to receive medical care.

Multi-Service Centers – This model features a single point of access or “no wrong door” approach to assisting homeless individuals. This is useful to integrate services for individuals with co-occurring mental health and substance abuse disorders. For example, in Vermont, all mental health, substance abuse, case management and primary care services are coordinated through a single point of access. This approach is better suited to an urban setting as opposed to rural settings where the CoC network is a better fit.

Hub & Spoke Model – This model features health care services provided at a static site. Services are accessed at the site by persons who are transported to the site. Outreach activities are an important focus of this model.

Referrals Elsewhere – This model features transporting homeless persons from rural areas to areas where services are available.

Mobile Outreach – This model is based on a program in Blue Lake California. A large mobile unit with two exam rooms, an office lab, a dispensary for medications and medical records is used to provide medical outreach, with services similar to a stationary clinic, but smaller. Clients see a doctor when they come in to exchange needles. Patients are screened for infectious diseases and mental illness. The physician uses a laptop computer, a phone and a fax from the mobile unit. One advantage of mobile units is that they do not raise many NIMBY (not in my backyard) sentiments which often impede establishment of more permanent service facilities for homeless people. Because these clinics are on wheels, they do not appear as threatening to a neighborhood.

Regardless of which model is utilized in western Kentucky, the following recommendations should be taken into account (Rural Service Providers -- Post (2002)):

1. Provide transportation assistance.
2. Expand health coverage and facilitate access to covered services. Some rural homeless people who are eligible for health coverage may not know it, or know how to obtain covered services. Rural service providers strongly recommend:
 - a. Expanding eligibility for health care entitlement programs to include all low-income persons who are homeless or at risk of homelessness.
 - b. Restoring eligibility for SSI-related Medicaid to persons with disabling substance abuse problems.
 - c. Allowing presumptive Medicaid eligibility for homeless pregnant women and children, to promote early access to prenatal, primary and preventive care.
 - d. Providing application and enrollment assistance to all persons likely to be eligible for public health coverage and educate them about the services to which they are entitled.
 - e. Exempting homeless people from mandatory managed care.

3. Stimulate the development of a comprehensive service delivery infrastructure in rural communities that is responsive to the needs of homeless people.
4. Coordinate rural service delivery systems.
5. Increase outreach to hidden homeless people in remote rural areas.
6. Promote cultural competence.
7. Focus on homeless prevention.

Homeless persons often face a high number of barriers to access needed health care. According to the Institute for Rural Health Development and Research, the major reason for not seeking health care services is due to a lack of health care providers and/or the inability to pay for services. One of the access issues prevalent in many of our communities is the lack of transportation. A mobile health unit would eliminate or reduce this issue.

Existing Health Care for the Homeless Models in Kentucky:

Family Health Centers, Inc. – Louisville

The health care for the homeless program in Louisville (www.fhclouisville.org/homeless.htm) provided services to over 4,400 persons in 2005, has been in existence for 17 years and consists of five components:

- Phoenix Health Center – provides primary health care and referrals for most specialty services. Services and medications are provided free of charge.
- Phoenix Dental Clinic – features both paid and volunteer staff. They employ a part-time dentist, full-time dental assistant and part time dental hygienist.
- Health Outreach Team – consists of two family nurse practitioners and a medical assistant/team coordinator. They provide health services on site at five homeless shelters that serve families and single women.
- Homeless Outreach Team – consists of seven social service workers who provide outreach and case management to homeless adults who suffer from severe substance abuse, mental illness and/or physical illnesses.
- Mental Health Services – a full-time mental health coordinator works in partnership with Seven Counties Services. The coordinator arranges for services to be provided by a psychiatric nurse practitioner. A four-person outreach team provides mental health outreach and case management to homeless persons.

This program is located in Kentucky's largest metropolitan area.

Kentucky Mountain Health Alliance, Inc. – Perry and Harlan Counties

This program, formerly known as Harlan-Perry County Health Care for the Homeless, coordinates and provides primary health care and support services to the homeless. It is supported by Hazard-Perry County Community Ministries and Harlan Countians for a Healthy Community. Services are provided at Little Flower Clinic in Perry County and at Clover Fork Clinic in Harlan County.

Referrals are made for specialty and inpatient care. Lab and ancillary services are available on-site. Pharmacy is provided on-site at the primary care clinics. Mental health and substance abuse treatment are provided through Kentucky River Community Care and Cumberland River Comprehensive Care. This program serves approximately 2,500 patients annually.

Kentucky River Foothills Development Council, Inc. – Richmond

This program serves Powell and Estill Counties. Primary care is provided through a mobile health clinic and at a rural health clinic. The program provides primary, preventive, enabling and supplemental health services, including dental, mental health and substance abuse services either directly or through referrals. Primary care is available through the mobile medical clinic with referrals to rural health clinics for higher levels of medical care, specialized medical care and inpatient care. Laboratory and ancillary services are available in the mobile clinic and at the rural health clinic. Mental health and substance abuse treatment care is provided by community mental health providers. This program serves approximately 137 persons annually.

Lexington-Fayette County Health Department Primary Care Center – Lexington

This program offers health care on site at the Hope Center, an emergency shelter that provides shelter, food and clothing to people who are homeless. The clinic at the shelter is staffed on weekdays by a nurse practitioner, staff assistant and social worker. The program provides diagnosis and treatment of medical conditions, x-rays, basic medications and referrals for substance abuse treatment, mental health care, social services and case management. A mobile van provides outreach services including health education and wellness education. Clients are referred for specialist care including dental, vision, substance abuse treatment, mental health counseling, personal needs, inpatient care and other social services to a network of providers. This program serves approximately 2,874 patients annually.

This program is located in one of Kentucky's largest metropolitan areas, where the Hope Center has multiple service locations, although health care is provided only at the main location.

Staffing:

HRSA regulations require that a health care center maintain a core staff sufficient to provide required primary, preventive, enabling health services and additional health services as appropriate and necessary either directly or through established arrangements and referrals. Many of the models described above are staffed with a nurse practitioner or physician's assistant whose activities are overseen by a physician who may or may not be employed full time by the health care center. Medical assistants and administrators are also utilized to fulfill duties that do not require the level of expertise and training provided by a nurse practitioner or physician's assistant. In the case of mobile medical

clinics, many are staffed by a nurse practitioner or physician's assistant and a medical assistant/administrator who also serves as the driver of the mobile unit.

A new health care for the homeless access point that is established as an expansion of an existing health care center or program may be able to assimilate new patients with existing staff or with minimal additional staffing. Regardless of the staffing design, it is strongly recommended that all staff receive adequate training in the cultural and behavioral issues inherent in relating to persons who are homeless as discussed in the health care barriers section of this report.

Recommendations

Western Kentucky's Continuum of Care Regions 1 and 2 have a homeless population that is in need of health care.

After interacting with administrators of several community health centers from the surrounding counties, it became apparent that no institution was prepared to take on the task of preparing an application for a new access point to serve the homeless. This prompted Dr. Chris Nagy to look to Western Kentucky University and The Medical Center as other possible partners.

After two interactions with Medical Center representatives, they have asked for additional information and should have a response regarding partnering and the role they may play prior to the deadline for submitting an application for funding.

Initial discussions with the director of the Institute for Rural Health Development and Research (IRHDR) indicated they had concerns related to insurance liability issues. However, once it was determined that this would be funded through the award, the Director agreed to continue discussions of an application. The IRHDR already has two mobile health units and has multiple linkages with community partners in the ten Barren River Area Development District (BRADD) counties where it currently conducts a variety of health screenings, health education programs, dental sealant programs, restorative dental services and other oral health programs. In fall 2008, the IRHDR will begin providing health care through a grant from Anthem. It would seem appropriate that the IRHDR is well poised to partner with KICH and KHC to determine how they can work together to provide health care to the homeless. Although the IRHDR currently works in all ten counties of the BRADD, it is recommended that only one or two counties be targeted for services the first year, and then to expand to other areas as needed. Together, the partners would need to determine which counties should be targeted. It is recommended that one or two of the counties eligible for a new access point (Allen, Edmonson, Butler, Todd) plus Warren County be targeted.

Many CoC members indicated that their clients come to Warren County for services. The Mobile Health Unit would be a good way to reduce barriers to health care that are due to transportation barriers. The IRHDR has already developed a good relationship with a network of providers in the target counties, so it would be feasible for KHC and

the IRHDR to identify where the health care for the homeless program should be located. Members of the IRHDR, WKU's Department of Public Health and KHC could collaborate on writing the proposal.

In late fall 2008, KICH members held a meeting at which a new access point for a health care for the homeless program was discussed. Existing homeless providers who have successfully applied for, and currently manage a program in eastern Kentucky, presented information about their experiences as providers of medical care. The consensus among homeless housing providers is that the best applicant for a new access point is an existing medical provider or an entity with experience providing medical care due to the specialized nature of the program activities rather than a homeless housing and case management entity.

Plans for Maintaining Long-Term Viability of a Health Care for the Homeless Program

Data from the federal Health Resources Services Administration (HRSA) indicate that community health centers nationally provide primary care to nearly 12 million patients annually, of which nearly one-third are uninsured. Based on the experience of existing Health Care for the Homeless Programs, the number of persons served under these programs that are uninsured are generally higher than the national rate. One of the primary financial challenges for a health care program serving the homeless in western Kentucky is long-term financial viability due to limited resources available from HRSA to fund medical care. Additional sources of funding are vital to ensure long-term success of any program.

A new Health Care for the Homeless Program (or expansion of an existing Section 330 program) will be eligible to apply for grant funds (up to \$650,000) from HRSA in addition to applying for other federal assistance including:

- Enhanced Medicare and Medicaid reimbursement.
- Medical malpractice coverage through the Federal Tort Claims Act.
- Eligibility to purchase prescription and non-prescription medications for reduced cost through the 340(b) Federal Drug Pricing Program.
- Access to National Health Service Corps.
- Access to the Vaccine for Children program (Mid-Atlantic Association of Community Health Centers guide to establishing a FQHC).

Additional grant sources available include:

- Ryan White Comprehensive AIDS Resources Emergency Act
- Title X Family Planning Services
- WIC Program
- Maternal and Child Health Program
- Community Access Program (CAP)

- Private grants (The Foundation Center and Grant-Makers in Health, etc.)

In October 2008, Governor Steve Beshear announced two additional programs that might also serve as resources to serve clients of a new or expanded medical access point:

- The Kentucky Prescription Assistance Program (KPAP) is a centralized program coordinated by the Cabinet for Health and Family Services that will coordinate existing assistance programs offered by pharmaceutical companies. It will expand community-based efforts that make it easier for individuals to obtain free or reduced cost prescription medications. It will be fashioned after a model program in existence in Paducah, Kentucky.
- An initiative to enroll more children in the Kentucky Children's Health Insurance Program (KCHIP) hopes to enroll 35,000 children in KCHIP or Medicaid by 2011. (www.kidshealth.ky.gov)

In Kentucky, being poor alone does not automatically qualify an individual for Medicaid health coverage – the person must also be disabled. Existing Health Care for the Homeless Programs in Kentucky have generally utilized Section 330 funds for initial health care costs for homeless clients while working to qualify the client for Medicaid benefits for ongoing medical care costs. The SOAR (SSI/SSDI Outreach, Access and Recovery) Program is an important component in the effort to establish eligibility for benefits from the social security administration for persons who are disabled. Once eligibility for disability benefits has been established, the individual's Medicaid eligibility is established and accessed.

Kentucky is one of 34 states participating in the SOAR initiative, which trains social service providers and others to assist persons who are homeless or at risk of becoming homeless in applying for SSI/SSDI benefits. By proactively assisting persons who have difficulty navigating the system, individuals are experiencing a much higher rate of acceptance of their applications for benefits and faster determination of eligibility. Those assisted through the SOAR initiative are experiencing a 70 percent rate of acceptance of applications for SSI/SSDI benefits as compared to a 10 to 15 percent acceptance rate for those not assisted through the initiative.

The monetary benefit to providers of medical care to the homeless is substantial. According to May 2008 data from Policy Research Associates, Inc., in Covington, Kentucky, alone, the hospital was able to recoup \$182,000 in uncompensated care of persons who were homeless and had no medical insurance benefits. The SOAR initiative in Kentucky will play a major role in assisting the clients of a new or expanded access point to access Medicaid benefits, thereby increasing the long-term viability of the program.

The U.S. Department of Health and Human Services (HHS) offers a primer on using Medicaid to assist the homeless in obtaining health care available online. (<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/HomelessPrimer2007.pdf>) .

Community Support and Board Governance for a Health Care for the Homeless Program

Not only are community members an integral resource in the development and management of a Health Care for the Homeless Program, HRSA regulations (Section 330) stipulate the level of involvement required. Networking with existing health care providers also increases access to a variety of medical services and makes the best use of scarce resources. In addition, an affiliated network of health care providers, social service providers and housing providers would be especially effective in serving the specialized needs of the homeless.

Existing health centers were contacted and a few expressed interest in expanding services to include a health care for the homeless program. Additionally, Western Kentucky University expressed interest in applying as a new access point. Continuum of Care members partnering with these entities would provide a network that includes all three components described above. A formalized affiliation between these partners would create the best scenario and as most of these organizations are non-profit entities, would meet the requirements necessary to be eligible for federal funding.

The guidelines for composition of the governing board of a Section 330-funded health care center were developed in accordance with the philosophy that the board functions as a body to promote the well-being of those being served by the health care center in addition to being legally accountable for operation of the health care center. The regulations state that the board must be comprised as follows:

- A minimum of nine members and up to 25 members dependent upon the size and complexity of the program.
- At least 51 percent of the board members must be individuals who use the health care center as their primary source of health care. However, in the case of a Health Care for the Homeless Program, the entity may apply for a waiver of this requirement.
- One-half or less of the “non-consumer” members may be individuals who derive more than 10 percent of their income from the health care industry.
- Non-consumer members should be those with expertise in areas beneficial to the entity including community affairs, financial, legal, social services and other duties relating to the operating functions of the entity as described below. In the case of a Health Care for the Homeless Program, we encourage the board to include Continuum of Care members as well as social service agencies, medical care providers, mental health providers, substance abuse treatment providers, housing providers and others with expertise in serving the specialized needs of the homeless.
- Employees and relatives of employees of the health care center are ineligible for membership on the board of directors.

The board of directors is responsible for the health care center’s operations including functions in the following categories:

- Human Resources – establishing policies, salary and fringe benefits, selection of the executive director, etc.
- Finance – establishes policies and practices that assure accountability for assets and resources, approves the budget, selects an independent auditor, establishes policies for eligibility for health care services and sets fee discounts for those consumers below 200 percent of the poverty level.
- Planning – establishes and approves the health care centers mission and goals, engages in strategic planning, etc.
- Operations – establishes and adopts policies, scope of services, quality-of-care audit assessments, etc.
- Evaluation – evaluating operations and services provided such as the quality of patient care, productivity, achieving objectives, development of a patient hearing and grievance policy and solving grievances.
- Legal – ensures that the health care center operates in keeping with applicable state, local and federal rules, laws, ordinances and regulations, and assures compliance of the health care center with HRSA guidelines and protects the entity from unnecessary liabilities.

Board committees may be established for these areas depending upon the size and complexity of the board and health care center operations. Board committees may include persons who are not board members, allowing for the entity to access expertise in areas not existing with current board composition.

Continuum of Care Regions 1 and 2 have both completed regional implementation strategies for ending homelessness in western Kentucky. CoC agencies in each region are listed below. In the event these agencies do not have the capacity to act as the primary applicant for a health care for the homeless program, they should be represented in some way as board members and board committee members:

Region 1
Heartland CARES
Sanctuary, Inc.
Gentry House
Paducah Area Housing Corporation
Lighthouse Shelter
Paducah Cooperative Ministry
Merryman House
Aaron McNeil House
Pennyroyal Mental Health/Mental Retardation Board
Veterans Service Center
Salvation Army of Hopkinsville

Region 2
Boulware Mission
Daniel Pitino Shelter
OASIS, Inc.
Green River Area Development District
Shelter for Women and Children, Inc.
Matthew 25 AIDS Services, Inc.
Audubon Area Community Services
Community Outreach, Inc.
Housing Assistance and Development Services, Inc.
Jesus Community Center
LifeSkills, Inc.
Community Action of Southern Kentucky
Salvation Army of Bowling Green
Barren River Area Safe Space, Inc.
Central Kentucky Community Action Agency
The Caring Place
Communicare, Inc.
SpringHaven, Inc.

Literature Review—

Literature Review on Health and Social Service Needs of the Homeless

Burt (2000) states that between 700,000 and 800,000 people are homeless on any given night in the United States. In fact, the National Alliance to End Homelessness (1987) estimates that between 2,500,000 and 3,500,000 people will experience homelessness in this country. According to Homelessness: Programs and the People They Serve (1999), about half of the people who become homeless in a year are members of a family of which 38 percent are children. In Kentucky, the 2008 Point-In-Time Homeless Count showed that on any given day in the state over 7,000 people are homeless.

Bassuk et al. (1996) found that many people in homeless families must overcome personal problems and that these problems are not much different from poor, housed families. According to Rog et al. (1997), homeless families report that their major needs focus on finding a job, help finding affordable housing and financial assistance to pay for housing. However, typical services they receive include clothing, assistance with transportation and help acquiring public benefits. Only 20 percent of families report that they received help finding housing (Homelessness: Programs and the People They Serve, 1999). Many of the needs of homeless families are similar to those of single homeless adults. This group is also likely to find assistance with clothing, transportation and help with benefits. However, only 7 percent of single homeless are able to find assistance locating housing (Homelessness: Programs and the People They Serve, 1999).

While homeless persons are less numerous in rural than in urban areas, the incidence of homelessness in some rural areas is similar to or greater than that found in major metropolitan areas. According to a recent national survey, 9 percent of surveyed homeless live in rural areas (Burt, 2000). However, this may under represent rural homeless people because this survey did not include persons who were not housed in stable households in rural areas who could not access homeless assistance services.

Ormond et al (2000) stated that there is strong evidence to suggest that the health status of rural U.S. residents is worse than that of urban residents, regardless of housing status. She notes that in most rural counties, adults are 20 percent more likely to die from heart disease; death rates among men with chronic obstructive pulmonary disease are 30 percent higher, which coincides with the high prevalence of smoking in rural areas; and suicide rates are nearly 80 percent greater for males age 15 and older.

The most inclusive national study comparing the health status of rural and urban homeless populations was the 1996 National Survey of Homeless Assistance Programs (NSHAP) study (Burt, 1999) and indicates that self-reported health risks may be higher for rural homeless in some respects and lower in others. Acute non-infectious conditions are more likely to be reported by homeless service users in rural (11 percent) and suburban (10 percent) areas than those in cities (7 percent). Acute infectious conditions were just as likely to be reported by homeless care users in rural (25 percent) and urban (24 percent) areas, but significantly more likely to be reported by those in suburban areas.

The study findings go on to suggest that homeless clients in rural areas are one-half to one-third as likely as their more urban counterparts to report being physically or sexually abused before age 18 (12 percent rural, 24 percent central city, 33 percent urban). Although conditions most commonly reported by all homeless service users are joint problems, respiratory infections, physical disabilities and high blood pressure, these conditions tend to be reported less frequently by rural homeless. Burt goes on to state that health care providers in the NSHAPC felt that rural homeless clients tend to be sicker because their treatment has been delayed longer.

Behavioral health problems: Adolescents and adults nationwide in the most rural counties are most likely to smoke regardless of housing status (CDC, 2001). Approximately two-thirds of surveyed homeless clients in both rural and urban areas report an alcohol, drug or mental health problem occurring within the past month. The proportion of rural clients reporting only an alcohol problem in the past year (36 percent) is six times that of all other homeless clients. The percentage of homeless clients reporting other drug problems during the past year was higher in larger centers: 20 percent rural, 35 percent suburban, 41 percent urban. Slightly more than one-third of rural homeless reported ever having a mental health problem compared to more than one half of other homeless (Burt, 1999).

Health insurance issues: According to Burt (1999), a higher percentage of surveyed homeless people in rural areas (63 percent) lacked health insurance compared to other groups; and are less likely to have Medicaid coverage (25 percent versus 31 percent) or private insurance (1 percent versus 4-5 percent). Lack of health insurance is linked to unmet health needs and higher rates of morbidity and mortality (Ayanian, et al, 2000).

Incarceration: Rural homeless clients have a higher rate of incarceration; 67 percent have spent time in juvenile detention, jail or prison, compared to 55 percent of clients in central cities and 44 percent of suburban clients (Burt, 1999). Burt (1999) contends that high rates of behavioral problems experienced by homeless people and more limited access to mental health care and substance abuse treatment in rural areas may partially explain this excessive incarceration rate.

Post (2002), interviewed homeless service providers and asked them to describe the clinical conditions that seem to distinguish their rural patients from other homeless clients and to identify obstacles that prevented these individuals from obtaining the health care and social supports they need. The most frequently cited health conditions seen among rural homeless clients included mental health and substance abuse problems; post traumatic disorder secondary to childhood abuse, domestic violence or war experience, substance abuse problems (alcohol, methamphetamine or prescription drugs most mentioned); chronic medical conditions, such as hypertension, heart disease, diabetes, obesity; chronic lung diseases such as emphysema and asthma; infectious diseases (hepatitis C, respiratory and intestinal infections, some tuberculosis and HIV/AIDS); severe disabilities including severe mental illness, orthopedic impairments secondary to

occupational impairments to occupational injuries and trauma; skin problems (foot problems, head lice and scabies, frostbite and poison oak).

Health care access for the rural homeless population presents its own special challenges. There are many factors that negatively affect access to primary health care, health care utilization and health status. The primary obstacles, according to rural health providers, include: lack of specialty care, mental health services and substance abuse treatment. The access barriers are not unique to rural people, but are often more severe. Post noted that access barriers for rural clients were numerous and included:

- Lack of transportation.
- Lack of health insurance.
- Inaccessible/inadequate mental health and substance abuse services, dental care, TB/HCV screening and treatment.
- Limited access to secondary and tertiary care.
- Primary care access barriers including managed care, co-payments, language and cultural barriers.
- Other barriers impacting health care access included: lack of temporary shelter beds, lack of respite/recuperative care, lack of childcare, community resistance to homeless service centers and criminalization of homelessness.

Fact Sheets

Fact sheets developed for this project focused on identifying information that would be used for the purposes of planning for at least one new access point for a Health Care for the Homeless Program to serve one or more of the 41 counties in the target region of western Kentucky. Specific information gathered focused on data needed to complete Form 4: Community Characteristics found on page 95 and Form 9 – Part A: Need for Assistance Worksheet Criteria found on page 105 within the New Access Points Application guidelines issued in September 2007. Information was abstracted from national and state Web sites, transferred onto a data retrieval form and then entered into an Access data base that was used to develop a Fact Sheet (Form A: Community Characteristics) for each county. The set of Fact Sheets is attached as Appendix 2.

Form 9 – Part A: Need for Assistance Worksheet Criteria was used as a guide for other needed data for the Fact Sheet. This form directs applicants to identify barriers to care. Applicants will be evaluated based on specific criteria for a total of 100 points; to be eligible to submit an application, a minimum score of 70 must be achieved on these criteria. One section of the criteria focuses on barriers and access to care worth 70 points and the second section focuses on health disparity factors worth 30 points. The Needs for Assistance Worksheets for each county are attached as Appendix 3.

EXHIBIT 1

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APPENDIX 2

FORM 4 – COMMUNITY CHARACTERISTICS

The following table provides a template of information gathered to complete Form 4: Community Characteristics.

Form 4: Community Characteristics

The following table provides the data sources for the information for the Service Area.

	Characteristics	Service Area Data		Target Population Data	
		#	%	#	%
Total	Total population	US Census Bureau, Census 2006 abstracted from http://datawarehouse.hrsa.gov/ retrieved 6/24/2008			
Race/Ethnicity	White (non-Hispanic)	http://chfs.ky.gov/NR/ronlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_Counties_State.pdf--health and social indicators for 2003, KY- retrieved 6/24/08			
	Black or African-American (non-Hispanic)	http://chfs.ky.gov/NR/ronlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_Counties_State.pdf--health and social indicators for 2003, KY- retrieved 6/24/08			
	Hispanic	US Census Bureau, Census 2000			
	American Indian or Alaska Native	US Census Bureau, Census 2000			
	Asian	US Census Bureau, Census 2000			
	Native American or Other Pacific Islander	US Census Bureau, Census 2000			
	Other (please specify)	US Census Bureau, Census 2000			
Income as a percent of poverty level	Below 100%	US Census Bureau, Census 2000, % is relative to known poverty status http://datawarehouse.hrsa.gov/HGDWReports/Community_Fact_Sheet.aspx Retrieved 8/17/08			
	100-199%	US Census Bureau, Census 2000, % is relative to known poverty status http://datawarehouse.hrsa.gov/HGDWReports/Community_Fact_Sheet.aspx Retrieved 8/17/08			
	200 percent and above	US Census Bureau, Census 2000, % is relative to known poverty status http://datawarehouse.hrsa.gov/HGDWReports/Community_Fact_Sheet.aspx Retrieved 8/17/08			
	Unknown				
Primary Third Party Payment Source	Medicaid/Capitated				
	Medicaid/Not Capitated	http://chfs.ky.gov/NR/ronlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_Counties_State.pdf--health and social indicators for 2003, KY- retrieved 6/24/08			
	Medicare	Medicare data as of July 1, 2007, retrieved from http://www.cms.hhs.gov/MedicareEnrpts/			
	Other Public Insurance				
	None/Uninsured	Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf			
Special Populations	Migrant/Seasonal Farmworkers and Families				
	Homeless People	Kentucky CoC 2008 Homeless Point-In-Time			

		http://www.kyhousing.org/homeless/
Persons with Mental Health/Substance Abuse Needs		<i>SAMHSA 2004-2006 Substates estimates – National Surveys on Drug Use and Health</i> http://www.oas.samhsa.gov/substate2k8/substate.pdf
Residents of Public Housing		<i>Number of public housing units multiplied by 2.3 persons per household average or information derived by personal contact</i>
School Age Children		US Census Bureau, Census 2000
Infants Birth to 2 years of Age		http://ksdc.louisville.edu/1census.htm Retrieved 7/20/08
Women Age 25-44		http://ksdc.louisville.edu/1census.htm Retrieved 7/20/08
Persons Age 65 and Older		http://chfs.ky.gov/NR/rdonlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_Counties_State.pdf -- health and social indicators for 2003, KY- retrieved 6/24/08
Other (please specify)		

Information for target population comes from the Kentucky Continuum of Care (CoC) 2008 Homeless Point-In-Time count available at <http://www.kyhousing.org/homeless/> and includes homeless individuals as defined by HUD as well as some persons who may be at risk of homelessness but not yet homeless.

FORM 4: COMMUNITY CHARACTERISTICS

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Allen

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	18788	100%	32	100%
RACE/ETHNICITY	White (non-Hispanic)	17872	98	11	35
	Black or African-American (non-Hispanic)	195	1	1	3
	Hispanic	147	<1	1	3
	American Indian or Alaskan Native	88	<1	1	3
	Asian	42	<1		
	Native Hawaiian or Other Pacific Islander	2	<1	1	3
	Other (Please specify) Unknown	81	<1	17	53
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	3045	17	32	100
	100-199 percent	3864	22		
	200 percent and above	10648	61		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	3647	20		
	Medicare	3418	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2442	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	32	<1	32	100
	HIVAIDS-Infected Persons	7	<1	0	0
	Persons with Mental Health (M) /Substance Abuse Needs (S)	2818 1128	15 (M) 6 (S)	11 7	32 (M) 21 (S)
	Residents of Public Housing	131	<1	0	0
	School Age Children	2619	15		
	Infants Birth to 2 years of Age	716	4		
	Women Age 25 - 44	2543	28		
	Persons Age 65 and Older	2540	14		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Ballard

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	8245	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	7882	96		
	Black or African-American (non-Hispanic)	223	3		
	Hispanic	52	<1		
	American Indian or Alaskan Native	91	1		
	Asian	23	<1		
	Native Hawaiian or Other Pacific Islander	3	<1		
	Other (Please specify)	17	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1102	14		
	100-199 percent	1598	20		
	200 percent and above	5425	67		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1546	19		
	Medicare	1681	20		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	989	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	28	<1		
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health (M) /Substance Abuse Needs (S)	1154 660	14 (M) 8 (S)		
	Residents of Public Housing	0	0		
	School Age Children	1075	13		
	Infants Birth to 2 years of Age	299	4		
	Women Age 25 - 44	1135	27		
	Persons Age 65 and Older	1293	16		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Barren

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	40737	100%	42	100%
RACE/ETHNICITY	White (non-Hispanic)	36903	94	9	21
	Black or African-American (non-Hispanic)	1557	4	1	2
	Hispanic	355	<1		
	American Indian or Alaskan Native	154	<1		
	Asian	189	<1		
	Native Hawaiian or Other Pacific Islander	18	<1		
	Other (Please specify) Unknown	168	<1	32	76
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	5826	16	42	100
	100-199 percent	8483	23		
	200 percent and above	23027	62		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	8212	21		
	Medicare	7839	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	5703	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	42	<1	42	100
	HIVAIDS-Infected Persons	8	<1		
	Persons with Mental Health (M) /Substance Abuse Needs (S)	6111 2444	15 (M) 6 (S)	6 2	14 (M) 7 (S)
	Residents of Public Housing	650	2	0	0
	School Age Children	5180	14		
	Infants Birth to 2 years of Age	1451	4		
	Women Age 25 - 44	5648	29		
	Persons Age 65 and Older	5715	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Breckinridge

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	19225	100%	7	100%
RACE/ETHNICITY	White (non-Hispanic)	18290	96		
	Black or African-American (non-Hispanic)	530	3		
	Hispanic	134	<1		
	American Indian or Alaskan Native	127	<1		
	Asian	25	<1		
	Native Hawaiian or Other Pacific Islander	4	<1		
	Other (Please specify) Unknown	36	<1	7	100
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2899	16	7	100
	100-199 percent	4592	25		
	200 percent and above	10831	59		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	4422	23		
	Medicare	3544	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2692	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	7	<1	7	100
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health (M) /Substance Abuse Needs (S)	2884 1534	15(M) 8(S)		
	Residents of Public Housing	90	<1		
	School Age Children	2606	14		
	Infants Birth to 2 years of Age	662	3		
	Women Age 25 - 44	2541	27		
	Persons Age 65 and Older	2775	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Butler

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	13397	100%	50	100%
RACE/ETHNICITY	White (non-Hispanic)	12936	98	12	24
	Black or African-American (non-Hispanic)	47	<1	1	2
	Hispanic	135	1		
	American Indian or Alaskan Native	79	<1	1	2
	Asian	36	<1		
	Native Hawaiian or Other Pacific Islander				
	Other (Please specify)	83	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2042	16	50	100
	100-199 percent	3198	25		
	200 percent and above	7486	59		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	3212	24		
	Medicare	2470	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1876	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	14	<1	50	100
	HIVAIDS-Infected Persons	1	<1		
	Persons with Mental Health (M)	2010	15(M)	11	21
	Substance Abuse Needs (S)	804	6(S)	11	21
	Residents of Public Housing	414	3	0	0
	School Age Children	1851	14		
	Infants Birth to 2 years of Age	499	4		
	Women Age 25 - 44	1885	29		
	Persons Age 65 and Older	1718	13		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Caldwell

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	12916	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	12107	94		
	Black or African-American (non-Hispanic)	621	5		
	Hispanic	80	<1		
	American Indian or Alaskan Native	48	<1		
	Asian	34	<1		
	Native Hawaiian or Other Pacific Islander	7	<1		
	Other (Please specify)	62	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2031	16		
	100-199 percent	2903	23		
	200 percent and above	7858	61		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2661	21		
	Medicare	2928	23		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1679	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	8	<1		
	Persons with Mental Health (M) /Substance Abuse Needs (S)	1808 1033	14(M) 8(S)		
	Residents of Public Housing	244	2		
	School Age Children	1542	12		
	Infants Birth to 2 years of Age	423	3		
	Women Age 25 - 44	1755	26		
	Persons Age 65 and Older	2375	18		
	Other: (Please specify)				

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Calloway

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	35421	100%	29	100%
RACE/ETHNICITY	White (non-Hispanic)	32211	93	10	30
	Black or African-American (non-Hispanic)	1250	4		
	Hispanic	473	1		
	American Indian or Alaskan Native	169	<1		
	Asian	542	2		
	Native Hawaiian or Other Pacific Islander	18	<1		
	Other (Please specify)	239	1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	5166	17	295	100
	100-199 percent	6246	20		
	200 percent and above	19647	63		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	4662	14		
	Medicare	6380	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	4605	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	29	<1	29	100
	HIVAIDS-Infected Persons	12	<1		
	Persons with Mental Health (M) /Substance Abuse Needs (S)	4959 2834	14(M) 8(S)		
	Residents of Public Housing	301	1		
	School Age Children	3586	11		
	Infants Birth to 2 years of Age	1056	3		
	Women Age 25 - 44	4185	24		
	Persons Age 65 and Older	5086	15		
	Other: (Please specify)				

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Carlisle

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	5317	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	5234	98		
	Black or African-American (non-Hispanic)	52	1		
	Hispanic	44	<1		
	American Indian or Alaskan Native	42	<1		
	Asian	6	<1		
	Native Hawaiian or Other Pacific Islander				
	Other (Please specify)	15	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	691	13		
	100-199 percent	1551	30		
	200 percent and above	3027	57		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	966	19		
	Medicare	1187	22		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	798	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	0	0		
	Persons with Mental Health (M)	744	14(M)		
	Substance Abuse Needs (S)	425	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	691	13		
	Infants Birth to 2 years of Age	205	4		
	Women Age 25 - 44	693	25		
	Persons Age 65 and Older	969	18		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Christian

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	66989	100%	25	100%
RACE/ETHNICITY	White (non-Hispanic)	49896	70		
	Black or African-American (non-Hispanic)	16685	24		
	Hispanic	3494	5		
	American Indian or Alaskan Native	826	1		
	Asian	1001	1		
	Native Hawaiian or Other Pacific Islander	383	<1		
	Other (Please specify)	2151	3		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	9935	15	25	100
	100-199 percent	18631	28		
	200 percent and above	37702	57		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	11494	16		
	Medicare	8957	13		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	12728	19		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	25	<1		
	HIVAIDS-Infected Persons	44	<1		
	Persons with Mental Health (M)	9378	14(M)	10	40(M)
	/Substance Abuse Needs (S)	5359	8(S)	4	16(S)
	Residents of Public Housing	954	1	0	0
	School Age Children				
	Infants Birth to 2 years of Age	4641	7		
	Women Age 25 - 44	10531	30		
	Persons Age 65 and Older	7077	10		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Crittenden

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	9070	100%	17	100%
RACE/ETHNICITY	White (non-Hispanic)	8945	98		
	Black or African-American (non-Hispanic)	54	<1		
	Hispanic	48	<1		
	American Indian or Alaskan Native	55	<1		
	Asian	20	<1		
	Native Hawaiian or Other Pacific Islander	3	<1		
	Other (Please specify)	17	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1766	19	17	100
	100-199 percent	2012	22		
	200 percent and above	5476	59		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1827	20		
	Medicare	1970	22		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1361	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	17	<1	17	100
	HIVAIDS-Infected Persons	3	<1		
	Persons with Mental Health (M)	1270	14(M)		
	Substance Abuse Needs (S)	726	8(S)		
	Residents of Public Housing	232	3		
	School Age Children	1275	14		
	Infants Birth to 2 years of Age	298	3		
	Women Age 25 - 44	1238	26		
	Persons Age 65 and Older	1522	17		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Daviness

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	93613	100%	513	100%
RACE/ETHNICITY	White (non-Hispanic)	86678	94	175	34
	Black or African-American (non-Hispanic)	3974	4	57	11
	Hispanic	845	<1	37	7
	American Indian or Alaskan Native	403	<1	4	<1
	Asian	510	<1	5	<1
	Native Hawaiian or Other Pacific Islander	64	<1	1	<1
	Other (Please specify)	514	<1	30	6
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	11024	12	513	100
	100-199 percent	15617	18		
	200 percent and above	62737	70		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	16313	18		
	Medicare	16986	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	10297	11		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	513	1	513	100
	HIVAIDS-Infected Persons	51	<1	12	2
	Persons with Mental Health(M)	13106	14(M)	121	24(M)
	Substance Abuse Needs(S)	7489	8(S)	169	33(S)
	Residents of Public Housing	1334	1	0	0
	School Age Children	13173	14		
	Infants Birth to 2 years of Age	3767	4		
	Women Age 25 - 44	13351	28		
	Persons Age 65 and Older	12918	14		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Edmonson

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	12054	100%	3	100%
RACE/ETHNICITY	White (non-Hispanic)	11740	99	3	100
	Black or African-American (non-Hispanic)	53	<1		
	Hispanic	65	<1		
	American Indian or Alaskan Native	86	<1		
	Asian	16	<1		
	Native Hawaiian or Other Pacific Islander	1	<1		
	Other (Please specify)	11	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2117	18	3	100
	100-199 percent	3286	29		
	200 percent and above	6123	53		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2829	24		
	Medicare	2311	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1688	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	3	<1	3	100
	HIVAIDS-Infected Persons	3	<1		
	Persons with Mental Health(M)	1808	15(M)	3	100(M)
	Substance Abuse Needs(S)	723	6(S)	1	33(S)
	Residents of Public Housing	0	0	0	0
	School Age Children	1526	13		
	Infants Birth to 2 years of Age	382	3		
	Women Age 25 - 44	1639	28		
	Persons Age 65 and Older	1773	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Fulton

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	6949	100%	15	100%
RACE/ETHNICITY	White (non-Hispanic)	5550	74	5	33
	Black or African-American (non-Hispanic)	1795	24	2	13
	Hispanic	56	<1		
	American Indian or Alaskan Native	31	<1		
	Asian	31	<1		
	Native Hawaiian or Other Pacific Islander	1	<1		
	Other (Please specify)	43	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1731	23	15	100
	100-199 percent	1959	26		
	200 percent and above	3799	51		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2371	32		
	Medicare	1682	24		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1181	17		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	15	<1	15	100
	HIVAIDS-Infected Persons	4	<1		
	Persons with Mental Health(M)	973	14(M)	5	33(M)
	Substance Abuse Needs(S)	556	8(S)	4	25(S)
	Residents of Public Housing	767	11	0	0
	School Age Children	1050	14		
	Infants Birth to 2 years of Age	242	3		
	Women Age 25 - 44	1044	25		
	Persons Age 65 and Older	1303	17		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Graves

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	37872	100%	33	100%
RACE/ETHNICITY	White (non-Hispanic)	34674	93	15	46
	Black or African-American (non-Hispanic)	1624	4	2	6
	Hispanic	888	2		
	American Indian or Alaskan Native	245	<1		
	Asian	108	<1		
	Native Hawaiian or Other Pacific Islander	16	<1		
	Other (Please specify)	585	2	1	3
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	5921	16	33	100
	100-199 percent	7773	22		
	200 percent and above	22467	62		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	7503	20		
	Medicare	7538	20		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	5681	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	33	<1	33	100
	HIVAIDS-Infected Persons	10	<1		
	Persons with Mental Health(M)	5302	14(M)	4	12(M)
	Substance Abuse Needs(S)	3030	8(S)	2	6(S)
	Residents of Public Housing	513	1	0	0
	School Age Children	5040	14		
	Infants Birth to 2 years of Age	1445	4		
	Women Age 25 - 44	5127	27		
	Persons Age 65 and Older	5794	16		
	Other: (Please specify)				

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Grayson

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	25425	100%	12	100%
RACE/ETHNICITY	White (non-Hispanic)	24243	98	6	50
	Black or African-American (non-Hispanic)	132	<1		
	Hispanic	186	<1		
	American Indian or Alaskan Native	136	<1		
	Asian	57	<1		
	Native Hawaiian or Other Pacific Islander	3	<1		
	Other (Please specify)	72	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	4267	18	12	100
	100-199 percent	5885	25		
	200 percent and above	13434	57		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	6174	25		
	Medicare	4889	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3814	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	12	<1	12	100
	HIVAIDS-Infected Persons	6	<1	3	25
	Persons with Mental Health(M) Substance Abuse Needs(S)	3560 2034	14(M) 8(S)		
	Residents of Public Housing	0	0	0	0
	School Age Children	2343	14		
	Infants Birth to 2 years of Age	969	4		
	Women Age 25 - 44	3281	27		
	Persons Age 65 and Older	3441	14		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Hancock

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	8636	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	8281	98		
	Black or African-American (non-Hispanic)	65	<1		
	Hispanic	64	<1		
	American Indian or Alaskan Native	45	<1		
	Asian	23	<1		
	Native Hawaiian or Other Pacific Islander				
	Other (Please specify)	17	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1127	14		
	100-199 percent	1457	18		
	200 percent and above	5721	69		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1368	16		
	Medicare	1434	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	691	8		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	3	<1		
	Persons with Mental Health(M)	1127	14(M)		
	Substance Abuse Needs(S)	691	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	1295	15		
	Infants Birth to 2 years of Age	374	4		
	Women Age 25 - 44	1236	29		
	Persons Age 65 and Older	939	11		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Hardin

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	97087	100%	46	100%
RACE/ETHNICITY	White (non-Hispanic)	78329	82	28	61
	Black or African-American (non-Hispanic)	11542	12	3	7
	Hispanic	3159	3	1	2
	American Indian or Alaskan Native	949	1	2	4
	Asian	2324	3		
	Native Hawaiian or Other Pacific Islander	338	<1		
	Other (Please specify)	1780	2		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	9051	10	46	100
	100-199 percent	19331	22		
	200 percent and above	61793	69		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	15070	16		
	Medicare	13314	14		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	12621	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	46	<1	46	100
	HIVAIDS-Infected Persons	50	<1	3	7
	Persons with Mental Health(M)	13592	14(M)	13	28(M)
	Substance Abuse Needs(S)	7767	8(S)	14	30(S)
	Residents of Public Housing	198	<1	0	0
	School Age Children	14516	15		
	Infants Birth to 2 years of Age	3973	4		
	Women Age 25 - 44	14699	32		
	Persons Age 65 and Older	9747	10		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Hart

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	18547	100%	4	100%
RACE/ETHNICITY	White (non-Hispanic)	16656	93	1	25
	Black or African-American (non-Hispanic)	1060	6		
	Hispanic	150	<1		
	American Indian or Alaskan Native	113	<1		
	Asian	27	<1		
	Native Hawaiian or Other Pacific Islander	10	<1		
	Other (Please specify)	38	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	3852	22	4	100
	100-199 percent	4584	27		
	200 percent and above	8746	51		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	4647	26		
	Medicare	3314	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3524	19		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	4	<1	4	100
	HIVAIDS-Infected Persons	4	<1		
	Persons with Mental Health(M) Substance Abuse Needs (S)	2782 1113	15(M) 6(S)	1	25(M)
	Residents of Public Housing	175	1	0	0
	School Age Children	2542	15		
	Infants Birth to 2 years of Age	717	4		
	Women Age 25 - 44	2424	27		
	Persons Age 65 and Older	2536	14		
	Other: (Please specify)				

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Henderson

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	45666	100%	99	100%
RACE/ETHNICITY	White (non-Hispanic)	41236	91	41	41
	Black or African-American (non-Hispanic)	3187	7	10	10
	Hispanic	433	1	4	4
	American Indian or Alaskan Native	135	<1		
	Asian	202	<1	1	1
	Native Hawaiian or Other Pacific Islander	12	<1		
	Other (Please specify)	249	<1	3	3
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	5393	12	99	100
	100-199 percent	7943	18		
	200 percent and above	30663	70		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	7919	18		
	Medicare	7857	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	5480	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	99	<1	99	100
	HIVAIDS-Infected Persons	28	<1	5	5
	Persons with Mental Health(M)	6393	14(M)	12	12(M)
	Substance Abuse Needs(S)	3653	8(S)	14	14(S)
	Residents of Public Housing	1000	2	0	0
	School Age Children	6155	14		
	Infants Birth to 2 years of Age	1637	4		
	Women Age 25 - 44	6880	30		
	Persons Age 65 and Older	5922	13		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Hickman

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	4974	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	4584	88		
	Black or African-American (non-Hispanic)	525	10		
	Hispanic	54	1		
	American Indian or Alaskan Native	46	<1		
	Asian	6	<1		
	Native Hawaiian or Other Pacific Islander				
	Other (Please specify)	18	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	887	17		
	100-199 percent	981	19		
	200 percent and above	3227	63		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1002	19		
	Medicare	1116	22		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	746	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	2	<1		
	Persons with Mental Health(M)	696	14(M)		
	Substance Abuse Needs(S)	3979	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	668	13		
	Infants Birth to 2 years of Age	183	4		
	Women Age 25 - 44	753	27		
	Persons Age 65 and Older	989	19		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Hopkins

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	46830	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	43160	92		
	Black or African-American (non-Hispanic)	2826	6		
	Hispanic	423	<1		
	American Indian or Alaskan Native	255	<1		
	Asian	209	<1		
	Native Hawaiian or Other Pacific Islander	17	<1		
	Other (Please specify)				
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	7543	17		
	100-199 percent	9832	22		
	200 percent and above	28246	62		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	9534	20		
	Medicare	8992	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	6556	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	10	<1		
	Persons with Mental Health(M)	6556	14(M)		
	Substance Abuse Needs(S)	3746	8(S)		
	Residents of Public Housing	749	2		
	School Age Children	6467	14		
	Infants Birth to 2 years of Age	1594	4		
	Women Age 25 - 44	6815	28		
	Persons Age 65 and Older	6988	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Larue

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	13791	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	12694	95		
	Black or African-American (non-Hispanic)	459	3		
	Hispanic	140	1		
	American Indian or Alaskan Native	102	<1		
	Asian	31	<1		
	Native Hawaiian or Other Pacific Islander	9	<1		
	Other (Please specify)	62	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2030	15		
	100-199 percent	2943	22		
	200 percent and above	8181	62		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2794	21		
	Medicare	2552	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1793	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons				
	Persons with Mental Health/Substance Abuse Needs	1931 1103	14(M) 8(S)		
	Residents of Public Housing	230	2		
	School Age Children	1867	14		
	Infants Birth to 2 years of Age	426	3		
	Women Age 25 - 44	1908	28		
	Persons Age 65 and Older	1964	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Livingston

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	9797	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	9600	99		
	Black or African-American (non-Hispanic)	18	<1		
	Hispanic	74	<1		
	American Indian or Alaskan Native	87	<1		
	Asian	6	<1		
	Native Hawaiian or Other Pacific Islander	1	<1		
	Other (Please specify)	39	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	994	10		
	100-199 percent	2074	22		
	200 percent and above	6562	68		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1803	19		
	Medicare	2188	22		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1274	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health(M)	1372	14(M)		
	Substance Abuse Needs(S)	784	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	1288	13		
	Infants Birth to 2 years of Age	307	3		
	Women Age 25 - 44	1403	28		
	Persons Age 65 and Older	1510	16		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Logan

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	27363	100%	116	100%
RACE/ETHNICITY	White (non-Hispanic)	24376	91	27	23
	Black or African-American (non-Hispanic)	2012	8	8	7
	Hispanic	288	1	1	<1
	American Indian or Alaskan Native	151	<1		
	Asian	81	<1		
	Native Hawaiian or Other Pacific Islander	10	<1		
	Other (Please specify)	108	<1	1	<1
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	4061	16	116	100
	100-199 percent	5636	22		
	200 percent and above	16438	63		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	5399	20		
	Medicare	4909	18		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3557	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	116	<1	116	100
	HIVAIDS-Infected Persons	10	<1	1	<1
	Persons with Mental Health(M)	3654	15(M)	15	13(M)
	Substance Abuse Needs(S)	1642	6(S)	13	11(S)
	Residents of Public Housing	390	2	0	0
	School Age Children	3785	14		
	Infants Birth to 2 years of Age	1073	4		
	Women Age 25 - 44	3812	28		
	Persons Age 65 and Older	3383	13		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Lyon

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	8273	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	7445	92		
	Black or African-American (non-Hispanic)	563	7		
	Hispanic	59	<1		
	American Indian or Alaskan Native	46	<1		
	Asian	22	<1		
	Native Hawaiian or Other Pacific Islander	2	<1		
	Other (Please specify)	43	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	831	13		
	100-199 percent	1484	23		
	200 percent and above	4207	65		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1068	13		
	Medicare	1931	23		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	993	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health(M)	1158	14(M)		
	Substance Abuse Needs(S)	662	8(S)		
	Residents of Public Housing	216	3		
	School Age Children	745	9		
	Infants Birth to 2 years of Age	191	2		
	Women Age 25 - 44	911	26		
	Persons Age 65 and Older	1411	17		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Marion

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	18979	100%	12	100%
RACE/ETHNICITY	White (non-Hispanic)	16516	89	4	33
	Black or African-American (non-Hispanic)	1697	9	1	8
	Hispanic	144	<1		
	American Indian or Alaskan Native	76	<1		
	Asian	94	<1		
	Native Hawaiian or Other Pacific Islander	19	<1		
	Other (Please specify)	87	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	3177	19	12	100
	100-199 percent	3721	22		
	200 percent and above	10148	60		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	4092	22		
	Medicare	3161	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2467	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	12	<1	12	100
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health(M) Substance Abuse Needs(S)	2657 1518	14(M) 8(S)	1	8(M)
	Residents of Public Housing	488	3		
	School Age Children	2600	14		
	Infants Birth to 2 years of Age	755	4		
	Women Age 25 - 44	2592	29		
	Persons Age 65 and Older	2099	11		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Marshall

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	31278	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	30162	99		
	Black or African-American (non-Hispanic)	42	<1		
	Hispanic	229	<1		
	American Indian or Alaskan Native	235	<1		
	Asian	63	<1		
	Native Hawaiian or Other Pacific Islander	5	<1		
	Other (Please specify)	85	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2792	10		
	100-199 percent	5742	20		
	200 percent and above	20936	71		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	4439	15		
	Medicare	6967			
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3441	11		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	8	<1		
	Persons with Mental Health(M)	4379	14(M)		
	Substance Abuse Needs(S)	2502	8(S)		
	Residents of Public Housing	161	<1		
	School Age Children	3841	13		
	Infants Birth to 2 years of Age	865	3		
	Women Age 25 - 44	4049	26		
	Persons Age 65 and Older	5521	18		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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McCracken

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	64950	100%	202	100%
RACE/ETHNICITY	White (non-Hispanic)	56116	87	20	10
	Black or African-American (non-Hispanic)	7103	11	17	8
	Hispanic	694	1	3	2
	American Indian or Alaskan Native	444	<1		
	Asian	455	<1		
	Native Hawaiian or Other Pacific Islander	49	<1		
	Other (Please specify)	358	<1	1	<1
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	9682	15	202	100
	100-199 percent	11345	18		
	200 percent and above	43027	67		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	11856	18		
	Medicare	13173	20		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	7794	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	202	<1	202	100
	HIVAIDS-Infected Persons	65	<1	6	3
	Persons with Mental Health(M)	9093	14(M)	18	18(M)
	Substance Abuse Needs(S)	5196	8(S)	42	21
	Residents of Public Housing	2082	3		
	School Age Children	8687	13		
	Infants Birth to 2 years of Age	2391	4		
	Women Age 25 - 44	9514	28		
	Persons Age 65 and Older	10240	16		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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McLean

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	9844	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	9781	99		
	Black or African-American (non-Hispanic)	32	<1		
	Hispanic	83	<1		
	American Indian or Alaskan Native	56	<1		
	Asian	6	<1		
	Native Hawaiian or Other Pacific Islander	2	<1		
	Other (Please specify)	39	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1562	16		
	100-199 percent	2251	23		
	200 percent and above	5980	61		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1969	20		
	Medicare	1898	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1280	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	1	<1		
	Persons with Mental Health(M)	1378	14(M)		
	Substance Abuse Needs(S)	788	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	1332	13		
	Infants Birth to 2 years of Age	458	5		
	Women Age 25 - 44	1400	28		
	Persons Age 65 and Older	1426	14		
Other: (Please specify)					

FORM 4: COMMUNITY CHARACTERISTICS

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Meade

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	27994	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	25454	92		
	Black or African-American (non-Hispanic)	1171	4		
	Hispanic	567	2		
	American Indian or Alaskan Native	280	1		
	Asian	238	<1		
	Native Hawaiian or Other Pacific Islander	67	<1		
	Other (Please specify)	291	1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2965	11		
	100-199 percent	6314	24		
	200 percent and above	16873	65		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	3913	14		
	Medicare	3563	13		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3919	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	13	<1		
	Persons with Mental Health(M)	3919	14(M)		
	Substance Abuse Needs(S)	2240	8(S)		
	Residents of Public Housing	0	0		
	School Age Children	4301	16		
	Infants Birth to 2 years of Age	1485	5		
	Women Age 25 - 44	4408	34		
	Persons Age 65 and Older	2141	8		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Metcalf

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	10334	100%	71	100%
RACE/ETHNICITY	White (non-Hispanic)	9785	98	15	21
	Black or African-American (non-Hispanic)	149	2	1	1
	Hispanic	53	<1	1	1
	American Indian or Alaskan Native	65	<1		
	Asian	10	<1		
	Native Hawaiian or Other Pacific Islander	1	<1		
	Other (Please specify)	23	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2335	24	71	100
	100-199 percent	2693	27		
	200 percent and above	4853	49		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2707	27		
	Medicare	2136	21		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1963	19		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	71	<1	71	100
	HIVAIDS-Infected Persons	2	<1		
	Persons with Mental Health(M)	1550	15(M)	12	17(M)
	Substance Abuse Needs(S)	620	6(S)	5	7(S)
	Residents of Public Housing	0	0	0	0
	School Age Children	1433	14		
	Infants Birth to 2 years of Age	420	4		
	Women Age 25 - 44	1446	28		
	Persons Age 65 and Older	1491	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Monroe

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	11771	100%	8	100%
RACE/ETHNICITY	White (non-Hispanic)	11221	96	2	25
	Black or African-American (non-Hispanic)	319	3	1	13
	Hispanic	170	1		
	American Indian or Alaskan Native	46	<1		
	Asian	4	<1		
	Native Hawaiian or Other Pacific Islander	5	<1		
	Other (Please specify)	120	1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2707	23	8	100
	100-199 percent	3376	29		
	200 percent and above	5504	48		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	3395	29		
	Medicare	2579	22		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2119	18		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	8	<1	8	100
	HIVAIDS-Infected Persons	5	<1		
	Persons with Mental Health(M)	1766	15(M)	2	25(M)
	Substance Abuse Needs(S)	706	6(S)	1	13(S)
	Residents of Public Housing	74	<1	0	0
	School Age Children	1553	13		
	Infants Birth to 2 years of Age	423	4		
	Women Age 25 - 44	1645	27		
	Persons Age 65 and Older	1910	16		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Muhlenburg

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	31561	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	29939	94		
	Black or African-American (non-Hispanic)	1443	5		
	Hispanic	232	<1		
	American Indian or Alaskan Native	148	<1		
	Asian	70	<1		
	Native Hawaiian or Other Pacific Islander	6	<1		
	Other (Please specify)	89	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	6002	20		
	100-199 percent	7405	24		
	200 percent and above	17087	56		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	6790	21		
	Medicare	6598	21		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	4734	15		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	9	<1		
	Persons with Mental Health(M)	4419	14(M)		
	Substance Abuse Needs(S)	2525	8(S)		
	Residents of Public Housing	276	1		
	School Age Children	4073	12		
	Infants Birth to 2 years of Age	1154	4		
	Women Age 25 - 44	4345	27		
	Persons Age 65 and Older	4742	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Nelson

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	42102	100%	6	100%
RACE/ETHNICITY	White (non-Hispanic)	36815	93	2	33
	Black or African-American (non-Hispanic)	2149	5	1	17
	Hispanic	395	1		
	American Indian or Alaskan Native	147	<1		
	Asian	215	<1		
	Native Hawaiian or Other Pacific Islander	9	<1		
	Other (Please specify)	181	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	4497	12	6	100
	100-199 percent	6653	18		
	200 percent and above	25720	70		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	6755	17		
	Medicare	6400	15		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	4210	10		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People			6	100
	HIVAIDS-Infected Persons	6	<1		
	Persons with Mental Health(M) Substance Abuse Needs(S)	5894 3368	14(M) 8(S)	1	17(M)
	Residents of Public Housing	458	1	0	0
	School Age Children	5877	16		
	Infants Birth to 2 years of Age	1624	4		
	Women Age 25 - 44	5762	30		
	Persons Age 65 and Older	4087	10		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Ohio

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	23844	100%	3	100%
RACE/ETHNICITY	White (non-Hispanic)	22743	98	2	67
	Black or African-American (non-Hispanic)	175	<1		
	Hispanic	231	1		
	American Indian or Alaskan Native	127	<1		
	Asian	66	<1		
	Native Hawaiian or Other Pacific Islander	11	<1		
	Other (Please specify)	135	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	3896	17	3	100
	100-199 percent	5436	24		
	200 percent and above	13219	59		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	5669	24		
	Medicare	4474	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	3338	14	3663	15
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	3	<1	3	100
	HIVAIDS-Infected Persons	6	<1	1	33
	Persons with Mental Health(M) Substance Abuse Needs(S)	3338 1908	14(M) 8(S)		
	Residents of Public Housing	147	<1		
	School Age Children	3206	14		
	Infants Birth to 2 years of Age	848	4		
	Women Age 25 - 44	3159	27		
	Persons Age 65 and Older	3295	14		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Simpson

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	17180	100%	8	100%
RACE/ETHNICITY	White (non-Hispanic)	14677	88	5	63
	Black or African-American (non-Hispanic)	1717	10		
	Hispanic	150	<1		
	American Indian or Alaskan Native	70	<1		
	Asian	104	<1		
	Native Hawaiian or Other Pacific Islander	17	<1		
	Other (Please specify)	68	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1854	12	8	100
	100-199 percent	3104	19		
	200 percent and above	11088	69		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2964	18		
	Medicare	2886	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2062	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	8	<1	8	100
	HIVAIDS-Infected Persons	4	<1		
	Persons with Mental Health(M)	2577	15(M)	3	38(M)
	Substance Abuse Needs(S)	1031	6(S)	1	13(S)
	Residents of Public Housing	227	1	0	0
	School Age Children	2394	15		
	Infants Birth to 2 years of Age	780	5		
	Women Age 25 - 44	2402	29		
	Persons Age 65 and Older	2136	13		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

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Todd

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	12101	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	10659	90		
	Black or African-American (non-Hispanic)	1020	9		
	Hispanic	199	2		
	American Indian or Alaskan Native	50	<1		
	Asian	42	<1		
	Native Hawaiian or Other Pacific Islander	12	<1		
	Other (Please specify)	135	1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2028	17		
	100-199 percent	2825	24		
	200 percent and above	6968	59		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2538	21		
	Medicare	2038	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	2038	17		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	12	<1		
	Persons with Mental Health(M)	1694	14(M)		
	Substance Abuse Needs(S)	968	8(S)		
	Residents of Public Housing	233	2		
	School Age Children	1782	15		
	Infants Birth to 2 years of Age	520	4		
	Women Age 25 - 44	1700	28		
	Persons Age 65 and Older	1686	14		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Trigg

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	13399	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	11408	89		
	Black or African-American (non-Hispanic)	1223	10		
	Hispanic	113	<1		
	American Indian or Alaskan Native	107	<1		
	Asian	44	<1		
	Native Hawaiian or Other Pacific Islander	2	<1		
	Other (Please specify)	59	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1537	12		
	100-199 percent	2740	22		
	200 percent and above	8188	66		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	1815	14		
	Medicare	3033	23		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1608	12		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	6	<1		
	Persons with Mental Health(M)	1876	14(M)		
	Substance Abuse Needs(S)	1072	8(S)		
	Residents of Public Housing	155	1		
	School Age Children	1693	13		
	Infants Birth to 2 years of Age	426	3		
	Women Age 25 - 44	1728	27		
	Persons Age 65 and Older	2147	17		
Other: (Please specify)					

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Union

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	15371	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	13339	85		
	Black or African-American (non-Hispanic)	2013	13		
	Hispanic	244	2		
	American Indian or Alaskan Native	108	<1		
	Asian	45	<1		
	Native Hawaiian or Other Pacific Islander	19	<1		
	Other (Please specify)	127	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2728	18		
	100-199 percent	3314	22		
	200 percent and above	9352	61		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2550	16		
	Medicare	2628	17		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1998	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	7	<1		
	Persons with Mental Health(M)	2152	14(M)		
	Substance Abuse Needs(S)	1230	8(S)		
	Residents of Public Housing	167	1		
	School Age Children	2022	13		
	Infants Birth to 2 years of Age	640	4		
	Women Age 25 - 44	2006	26		
	Persons Age 65 and Older	2065	13		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Warren

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	101266	100%	205	100%
RACE/ETHNICITY	White (non-Hispanic)	83020	87	90	44
	Black or African-American (non-Hispanic)	8257	9	19	9
	Hispanic	2466	3	1	<1
	American Indian or Alaskan Native	581	<1		
	Asian	1464	2		
	Native Hawaiian or Other Pacific Islander	187	<1		
	Other (Please specify)	1678	2	3	2
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	13433	15	205	100
	100-199 percent	15663	18		
	200 percent and above	57942	67		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	17603	18		
	Medicare	14166	14		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	13165	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People	205	<1	205	100
	HIVAIDS-Infected Persons	38	<1	2	1
	Persons with Mental Health(M)	15190	15(M)	37	18(M)
	Substance Abuse Needs(S)	6076	6(S)	38	18(S)
	Residents of Public Housing	1375	1		
	School Age Children	11731	13		
	Infants Birth to 2 years of Age	3493	3		
	Women Age 25 - 44	13507	29		
	Persons Age 65 and Older	9866	10		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Washington

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	11444	100%	N/A	100%
RACE/ETHNICITY	White (non-Hispanic)	10178	90		
	Black or African-American (non-Hispanic)	870	8		
	Hispanic	175	2		
	American Indian or Alaskan Native	51	<1		
	Asian	51	<1		
	Native Hawaiian or Other Pacific Islander	8	<1		
	Other (Please specify)	74	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	1434	14		
	100-199 percent	2204	21		
	200 percent and above	6968	66		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2188	19		
	Medicare	2239	20		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1488	13		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	2	<1		
	Persons with Mental Health(M)	1602	14(M)		
	Substance Abuse Needs(S)	916	8(S)		
	Residents of Public Housing	221	2		
	School Age Children	1585	15		
	Infants Birth to 2 years of Age	388	3		
	Women Age 25 - 44	1499	27		
	Persons Age 65 and Older	1658	15		
	Other: (Please specify)				

FORM 4: COMMUNITY CHARACTERISTICS

Instructions to Applicants: Service area and target population data should reflect all counties, cities, etc., in the applicant's proposed scope of the project. Service area data should include the total number of persons and the percent of the total population in the service area for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the health center targets for each characteristic. Estimates are acceptable. *Please do not utilize patient/patient data reported in the Uniform Data System to report target population data.*

Webster

	CHARACTERISTIC	SERVICE AREA DATA		TARGET POPULATION DATA	
		#	%	#	%
TOTAL	Total Population	14083	100%	4	100%
RACE/ETHNICITY	White (non-Hispanic)	13188	94		
	Black or African-American (non-Hispanic)	658	5		
	Hispanic	268	2		
	American Indian or Alaskan Native	59	<1		
	Asian	18	<1		
	Native Hawaiian or Other Pacific Islander	16	<1		
	Other (Please specify)	124	<1		
INCOME AS A PERCENT OF POVERTY LEVEL	Below 100%	2130	15	4	100
	100-199 percent	2958	21		
	200 percent and above	8731	63		
	Unknown				
PRIMARY THIRD PARTY PAYMENT SOURCE	Medicaid/Capitated				
	Medicaid/Not Capitated	2768	20		
	Medicare	2678	19		
	Other Public Insurance				
	Private Insurance, including capitation				
	None/Uninsured	1972	14		
SPECIAL POPULATIONS	Migrant/ Seasonal Farmworkers and Families				
	Homeless People				
	HIVAIDS-Infected Persons	2	<1		
	Persons with Mental Health(M)	1972	14(M)		
	Substance Abuse Needs(S)	1127	8(S)		
	Residents of Public Housing	138	1		
	School Age Children	1920	14		
	Infants Birth to 2 years of Age	538	4		
	Women Age 25 - 44	1944	27		
	Persons Age 65 and Older	2037	15		
	Other: (Please specify)				

APPENDIX 3

FORM 9 – NEED FOR ASSISTANCE WORKSHEET

Eight areas are identified under the barriers and access to care portion. Each applicant must respond to five of the barriers. Scores on this section have a maximum of 70 points. Within this section, data were compiled for criteria c, d, e, g, and h using service area data. Data were not available at the county level for criterion f, life expectancy.

For criterion a, geographical barriers are based travel to the nearest health provider that will accept the **target population**. Travel is based on either distance traveled or time. In order to calculate this barrier, a point of reference was needed. A CoC member's physical address was used as a point of reference and MapQuest was used to determine distance and time traveled to the nearest community health center. Where more than one reference point existed for a county, an average was calculated for the county. Some counties did not have a reference point, so information for those counties is not available. Since only one measure can be used, data on distance traveled was included in the Access data base.

Similarly, for criterion b, length of waiting time for public housing, and Section 8 certificates, each local housing authority was contacted. If no local housing authority exists, the waiting list time for vouchers administered by Kentucky Housing Corporation was used.

For criterion e, we used the service area since it is not available on the target population. When an application for an access point is submitted, further research will need to be done to complete this section.

For criterion g, since the information was not available, the alternate formula was used, by taking the number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries and then the proportion of the service area population was calculated.

For criterion h, service area data was used since unemployment rate in the target population was not available.

The second section of the Need for Assistance Worksheet Criteria addresses Health Disparity Factors in the in the Target Population. Each applicant must respond to 10 of the 28 factors listed. Each factor is worth 3 points. Data gathered are for the service area, since data on the target population was not available. All health disparity information was not located.

Since the intent is to provide services to a special population group, namely the homeless, the application for the new access point should demonstrate the unique health disparities of the special population as well.

The following table provides a template of information gathered to complete Form 9 – Part A: Need for Assistance Worksheet Criteria.

Form 9 – Part A: Need for Assistance Worksheet Criteria

BARRIERS AND ACCESS TO CARE: each applicant must respond to **FIVE** of the following:
(maximum 70 points)

Criterion					
a	Geographical barriers to primary care Source: MapQuest from reference point				
	0-20 minutes	0 points			
	21-29 minutes	6 points			
	30-44 minutes	8 points			
	45-59 minutes	10 points			
	60-74 minutes	12 points			
	75+ minutes	14 points			
OR	Geographical barriers to primary care Source: MapQuest from reference point				
	0-10 miles	0 points			
	11-19miles	6 points			
	20-29 miles	8 points			
	30-49 miles	10 points			
	50-59 miles	12 points			
	60+ miles	14 points			
b	Waiting Time for public housing Source: Personal contact				
	Less than 90 days	0 points			
	3-5 months	6 points			
	6-12 months	8 points			
	13-18months	10 points			
	19-24 months	12 points			
	Greater than 25 months	14 points			

c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000				
	< 1%	0 points			
	1-2%	6 points			
	3-4%	8 points			
	5-7%	10 points			
	8-12%	12 points			
	13+%	14 points			
d	Shortage of Primary Care Physicians				
	No	0 points			
	Yes	14 points			
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population				
	0-9%	0 points			
	10-19%	6 points			
	20-29%	8 points			
	30-39%	10 points			
	40-49%	12 points			
	50+ %	14 points			
f	Life Expectancy				
	82+ years	0 points			
	77-81 years	8 points			
	73-76 years	10 points			
	68-72 years	12 points			
	0-67 years	14 points			
g	Percentage of Uninsured Individuals --- this is for the service area				
	0-9%	0 points			
	10-14%	8 points			

	15-24%	10 points			
	25-34%	12 points			
	35+ %	14 points			
g	Information was not available, so we used the number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)				
h	Unemployment Rate in the service area				
	0-1%	0 points			
	2-3.5%	6 points			
	3.6-5%	8 points			
	5.1-6.5%	10 points			
	6.6-8.0 %	12 points			
	8.1+ %	14 points			
h	Unemployment Rate in the target population – this was not available; used service area				
	Health Disparity Factors (Rates in %) Each is worth 3 points				
2a	Cancer rate				
2b	Low Birthweight				
2c	Infant Mortality rate				
2d	Rate of exposure				
2e	Asthma rate				
2f	Diabetes rate				
2g	Nutrition rate				
2h	Coronary heart disease rate				
2i	Rate of occupational & environmental hazard exposures				
2j	Skin disorder rate				
2k	Dental disease rate				
2l	Teen pregnancy rate				
2m	Late entry into prenatal care				
2n	Obesity rate				
2o	Depression rate				
2p	Suicide rate				
2q	Hypertension rate				

The following table provides the source of information to determine the Barriers and Access to Care for the New Access to Health Care for the Homeless program for criteria a – h found on Form 9 - Part A – Need for Assistance Worksheet Criteria

Quest . #	Barriers	point s	Source & Date
1. (a)	Geographic barrier - time		MapQuest from CC reference point
1. (a)	Geographic barrier - minutes		MapQuest from CC reference point
1. (b)	Waiting time		Personal contact
1. (c)	Language other than English		US Census 2000
1. (d)	Shortage of primary care		HRSA website http://hpsafind.hrsa.gov/HPSASearch.aspx US Census, 2005
1. (e)	Percentage below 200 % poverty		US Census Bureau, Census 2000, % is relative to known poverty status http://datawarehouse.hrsa.gov/HGDWReports/Community_Fact_Sheet.aspx Retrieved 8/17/08 *** see note if not available for target population *** will need to reassess for the target population
1. (f)	Life Expectancy Rate		
1. (g)	Percent uninsured		http://datawarehouse.hrsa.gov/HGDWReports/Community_Fact_Sheet.aspx and Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf to calculate the rate for the target population
1. (h)	Unemployment rate		http://chfs.ky.gov/NR/rdonlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_County_Health_Profiles_State.pdf -- health and social indicators for 2003, KY- retrieved 6/24/08; did not have it for the target population

	Health Disparity Factors (Rates in %) Source of data = S ; Comparison data = C	
2a	Cancer rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2b	Low Birthweight	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2c	Infant Mortality rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf

2d	Rate of exposure	
2e	Asthma rate	S= Asthma rates- www.lungil.org/tobacco/EstPrev05.pdf Retrieved – 7/16 /08
2f	Diabetes rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2g	Nutrition rate	
2h	Coronary heart disease rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2i	Rate of occupational & environmental hazard exposures	
2j	Skin disorder rate	
2k	Dental disease rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2l	Teen pregnancy rate	S= http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm Retrieved – 7/16 /08
2m	Late entry into prenatal care	
2n	Obesity rate	S & C= Kentucky Institute of Medicine, 2007 http://www.kyiom.org/healthy2007a.pdf
2o	Depression rate	
2p	Suicide rate	S= http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm Retrieved – 7/16 /08
2q	Hypertension rate	
2r	HIV/AIDS/STDs rate	
2s	Unintentional Injury rate	S= http://chfs.ky.gov/dph/vital/2005+Vital+Statistics+Reports.htm Retrieved – 7/16 /08
2t	Percent of elderly	http://chfs.ky.gov/NR/ronlyres/80BEC883-A729-4A1D-A8D2-AAFE16F1D2E1/0/2003_CountyHealthProfiles_Counties_State.pdf -- health and social indicators for 2003, KY- retrieved 6/24/08
2u	Substance Abuse rate	
2v	ADD/ADHD rate	
2y	Rate of school absenteeism	school absenteeism, (FOR KY, NOT FOR COUNTIES) http://www.thenationalcampaign.org/state-data/state-profile.aspx?
2z	Percent of minority population	
2aa	Rate of serious mental illness	
2bb	Other	

ALLEN COUNTY, KENTUCKY				
a	Geographical barriers to primary care Source: MapQuest from reference point Scottsville to Bowling Green – Fairview Community Health Center			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Scottsville Housing Authority 270-237-4062			
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- SERVICE AREA			
	17	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area 2008 data			
	6.6-8.0%	12		
h	Unemployment Rate in the target population			

Health Disparities ALLEN COUNTY, KENTUCKY				
		County	Nation	State
2a	Cancer rate	223	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	1,577		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	409	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	34	33	37
2l	Teen pregnancy rate	25		
2m	Late entry into prenatal care			
2n	Obesity rate	30	24	29
2o	Depression rate			
2p	Suicide rate	11		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	37	13	5
2s	Unintentional Injury rate	86		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate	6		
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness	15		
2bb	Other			

BALLARD COUNTY, KENTUCKY				
a	Geographical barriers to primary care Source: MapQuest from reference point La Center to Paducah – Lourdes or Western Baptist Hospitals			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact There is no public housing in Ballard County, waiting time is for Section 8			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities BALLARD COUNTY, KENTUCKY				
		County	Nation	State
2a	Cancer rate	220	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	702		306,889
2f	Diabetes rate	10	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	589	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	30	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	26	24	29
2o	Depression rate			
2p	Suicide rate	36		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	61	13	5
2s	Unintentional Injury rate	61		54
2t	Percent of elderly	16	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

BARREN COUNTY, KENTUCKY

a	Geographical barriers to primary care Source: MapQuest from reference point (T.J. Sampson Family Practice)			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact GLASGOW HOUSING AUTHORITY 270-651-3859			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities BARREN COUNTY, KENTUCKY				
		County	Nation	State
2a	Cancer rate	214	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	4	7	7
2d	Rate of exposure			
2e	Asthma rate	2437		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	353	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	41	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	19	24	29
2o	Depression rate			
2p	Suicide rate	18		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	20	13	5
2s	Unintentional Injury rate	52		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Breckinridge County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Hardinsburg to Owensboro – McAulty Clinic			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Irvington Housing Authority 270-547-7648			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Breckinridge County, Kentucky				
		County	Nation	State
2a	Cancer rate	245	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	9	7	7
2d	Rate of exposure			
2e	Asthma rate	1628		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	423	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	36	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	22	24	29
2o	Depression rate			
2p	Suicide rate	5		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs (HIV/AIDS)	26	13	5
2s	Unintentional Injury rate	47		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Butler County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point (Fairview Community Health Center Satellite Office)			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Morgantown Housing Authority 270-526-3873			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Butler County, Kentucky				
		County	Nation	State
2a	Cancer rate	243	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	1126		306,889
2f	Diabetes rate	9	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	413	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	42	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	45	24	29
2o	Depression rate			
2p	Suicide rate	8		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	7	13	5
2s	Unintentional Injury rate	67		54
2t	Percent of elderly	13	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Caldwell County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point (Princeton to Hopkinsville – St. Luke’s Clinic)			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Princeton Housing Authority 270-365-5769			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Caldwell County, Kentucky				
		County	Nation	State
2a	Cancer rate	224	202	237
2b	Low Birthweight	5	8	8
2c	Infant Mortality rate	10	7	7
2d	Rate of exposure			
2e	Asthma rate	1099		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	394	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	28	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	30	24	29
2o	Depression rate			
2p	Suicide rate	23		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	62	13	5
2s	Unintentional Injury rate	47		54
2t	Percent of elderly	18	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Calloway County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point (Murray to Hopkinsville – St. Luke’s Clinic)			
	75+ minutes	14		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Murray Housing Authority 270-753-5000			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Calloway County, Kentucky				
		County	Nation	State
2a	Cancer rate	193	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	2909		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	350	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	23	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	14	24	29
2o	Depression rate			
2p	Suicide rate	6		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	34	13	5
2s	Unintentional Injury rate	34		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Carlisle County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Bardwell to Paducah – Western Baptist or Lourdes Hospital			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units. Waiting time below is for Section 8 Vouchers			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	<1%	0		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Carlisle County, Kentucky				
		County	Nation	State
2a	Cancer rate	187	202	237
2b	Low Birthweight	5	8	8
2c	Infant Mortality rate	2	7	7
2d	Rate of exposure			
2e	Asthma rate	450		306,889
2f	Diabetes rate	10	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	499	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	31	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	33	24	29
2o	Depression rate			
2p	Suicide rate	19		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	0	13	5
2s	Unintentional Injury rate	38		54
2t	Percent of elderly	18	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Christian County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point (St. Luke's Clinic)			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Hopkinsville Housing Authority 270-889-4275			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Christian County, Kentucky				
		County	Nation	State
2a	Cancer rate	215	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	5626		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	426	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	23	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	34	24	29
2o	Depression rate			
2p	Suicide rate	12		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	66	13	5
2s	Unintentional Injury rate	27		54
2t	Percent of elderly	10	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Crittenden County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point (Marion to Paducah – Lourdes or Western Baptist Hospital)			
	60 to 74 minutes	12		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Housing Authority of Burkesville 270-864-5111			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Crittenden County, Kentucky				
		County	Nation	State
2a	Cancer rate	219	202	237
2b	Low Birthweight	4	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	772		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	559	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	36	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	24	24	29
2o	Depression rate			
2p	Suicide rate	22		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	33	13	5
2s	Unintentional Injury rate	111		54
2t	Percent of elderly	17	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Daviess County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point McAuley Clinic			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Housing Authority of Owensboro 270-683-5365			
	Less than 90 days	0		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	20-29%	8		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Daviess County, Kentucky				
		County	Nation	State
2a	Cancer rate	227	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	7943		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	339	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	29	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	23	24	29
2o	Depression rate			
2p	Suicide rate	17		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	54	13	5
2s	Unintentional Injury rate	52		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Edmonson County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point (Brownsville to Bowling Green – Fairview Community Health Center)			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – wait time is for Section 8 vouchers			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Edmonson County, Kentucky				
		County	Nation	State
2a	Cancer rate	225	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	7	7	7
2d	Rate of exposure			
2e	Asthma rate	1017		306,889
2f	Diabetes rate	9	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	263	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	38	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	15	24	29
2o	Depression rate			
2p	Suicide rate	17		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	25	13	5
2s	Unintentional Injury rate	25		55
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Fulton County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point (Fulton to Paducah – Lourdes or Western Baptist Hospital)			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Fulton Housing Authority 270-472-1115 Source: Personal contact Hickman Housing Authority 270-236-2888			
	Less than 90 days (Hickman)	0		
	3 to 5 months (Fulton)	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Fulton County, Kentucky				
		County	Nation	State
2a	Cancer rate	219	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	593		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	433	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	42	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	30	24	29
2o	Depression rate			
2p	Suicide rate	28		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	14	13	5
2s	Unintentional Injury rate	98		54
2t	Percent of elderly	17	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Graves County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point - Grace Medical Free Clinic, Mayfield			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Mayfield Housing Authority 270-247-6391			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Graves County, Kentucky				
		County	Nation	State
2a	Cancer rate	212	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	3207		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	382	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	30	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	20	24	29
2o	Depression rate			
2p	Suicide rate	16		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	26	13	5
2s	Unintentional Injury rate	53		54
2t	Percent of elderly	16	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Grayson County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Twin Lakes Regional Hospital			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Vouchers			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Grayson County, Kentucky				
		County	Nation	State
2a	Cancer rate	215	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	2146		306,889
2f	Diabetes rate	11	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	439	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	37	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	24	24	29
2o	Depression rate			
2p	Suicide rate	36		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	24	13	5
2s	Unintentional Injury rate	52		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Hancock County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point (Hawesville to Owensboro – McAuley Clinic)			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Vouchers			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Hancock County, Kentucky				
		County	Nation	State
2a	Cancer rate	235	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	4	7	7
2d	Rate of exposure			
2e	Asthma rate	735		306,889
2f	Diabetes rate	11	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	425	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	30	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	18	24	29
2o	Depression rate			
2p	Suicide rate	35		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	35	13	5
2s	Unintentional Injury rate	104		55
2t	Percent of elderly	11	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Hardin County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Hardin Memorial Hospital			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Radcliff Housing Authority 270-351-6772 Source: Personal contact Elizabethtown Housing Authority 270-765-2092			
	6 to 12 months (Elizabethtown)	8		
	6 to 12 months (Radcliffe)	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Hardin County, Kentucky				
		County	Nation	State
2a	Cancer rate	216	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	8203		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	356	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	35	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	29	24	29
2o	Depression rate			
2p	Suicide rate	12		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	52	13	5
2s	Unintentional Injury rate	41		54
2t	Percent of elderly	10	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Hart County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Munfordville to Bowling Green – Fairview Community Health Center			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Horse Cave Housing Authority 270-786-2481			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Hart County, Kentucky				
		County	Nation	State
2a	Cancer rate	205	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	7	7	7
2d	Rate of exposure			
2e	Asthma rate	1566		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	447	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	49	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	16	24	29
2o	Depression rate			
2p	Suicide rate	16		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	22	13	5
2s	Unintentional Injury rate	49		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Henderson County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Henderson to Owensboro – McAuley Clinic			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Henderson Housing Authority 270-827-1294			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Henderson County, Kentucky				
		County	Nation	State
2a	Cancer rate	222	202	237
2b	Low Birthweight	11	8	8
2c	Infant Mortality rate	7	7	7
2d	Rate of exposure			
2e	Asthma rate	3876		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	436	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	35	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	28	24	29
2o	Depression rate			
2p	Suicide rate	13		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	61	13	5
2s	Unintentional Injury rate	37		54
2t	Percent of elderly	13	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Hickman County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Clinton to Paducah – Lourdes or Western Baptist Hospital			
	60 to 74 minutes	12		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Vouchers			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Hickman County, Kentucky				
		County	Nation	State
2a	Cancer rate	195	202	237
2b	Low Birthweight	11	8	8
2c	Infant Mortality rate	4	7	7
2d	Rate of exposure			
2e	Asthma rate	423		306,889
2f	Diabetes rate	10	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	360	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	43	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	31	24	29
2o	Depression rate			
2p	Suicide rate	40		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	40	13	5
2s	Unintentional Injury rate	119		54
2t	Percent of elderly	19	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Hopkins County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Madisonville to Owensboro – McAuley Clinic			
	60 to 74 minutes	12		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Madisonville Housing Authority 270-821-5517 Source: Personal contact Dawson Springs Housing Authority 270-797-2512			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Hopkins County, Kentucky				
		County	Nation	State
2a	Cancer rate	225	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	3975		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	394	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	37	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	39	24	29
2o	Depression rate			
2p	Suicide rate	19		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	21	13	5
2s	Unintentional Injury rate	69		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Larue County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Hodgenville to Bardstown – Flaget Memorial Hospital			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Hodgenville Housing Authority 270-358-4705			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Larue County, Kentucky				
		County	Nation	State
2a	Cancer rate	203	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	11	7	7
2d	Rate of exposure			
2e	Asthma rate	1166		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	345	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	32	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	17	24	29
2o	Depression rate			
2p	Suicide rate	7		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate (HIV/AIDS)	0	13	5
2s	Unintentional Injury rate	110		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Livingston County, Kentucky					
a	Geographical barriers to primary care Source: MapQuest from reference point Smithland to Paducah – Lourdes or Western Baptist Hospital				
	21 to 29 minutes	6			
OR	Geographical barriers to primary care Source: MapQuest from reference point				
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Voucher				
	Greater than 25 months	14			
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000				
	1-2%	6			
d	Shortage of Primary Care Physicians				
	No	0			
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population				
	30-39%	10			
f	Life Expectancy				
g	Percentage of Uninsured Individuals --- this is for the service area				
	25-34%	12			
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)				
h	Unemployment Rate in the service area				
	6.6-8.0%	12			
h	Unemployment Rate in the target population – this is not available; used service area				

Health Disparities Livingston County, Kentucky				
		County	Nation	State
2a	Cancer rate	215	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	3	7	7
2d	Rate of exposure			
2e	Asthma rate	832		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	473	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	38	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	31	24	29
2o	Depression rate			
2p	Suicide rate	31		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	92		54
2t	Percent of elderly	16	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Logan County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Russellville to Bowling Green – Fairview Community Health Center			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Russellville Housing Authority 270-726-7579			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Logan County, Kentucky				
		County	Nation	State
2a	Cancer rate	226	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	1318		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	442	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	32	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	33	24	29
2o	Depression rate			
2p	Suicide rate	11		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	63		54
2t	Percent of elderly	13	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Lyon County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Eddyville to Hopkinsville - St. Luke's Clinic			
	45 to 59 minutes	10		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Lyon County Housing Authority			
	6-12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Lyon County, Kentucky				
		County	Nation	State
2a	Cancer rate	214	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	688		306,889
2f	Diabetes rate	11	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	379	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	45	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	33	24	29
2o	Depression rate			
2p	Suicide rate			13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	49		54
2t	Percent of elderly	17	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Marion County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Lebanon to Louisville			
	75+ minutes	14		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Lebanon Housing Authority 270-692-3481			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Marion County, Kentucky				
		County	Nation	State
2a	Cancer rate	236	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	1594		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	480	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	36	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	29	24	29
2o	Depression rate			
2p	Suicide rate	21		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	80		54
2t	Percent of elderly	11	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Marshall County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Benton to Paducah – Lourdes or Western Baptist Hospital			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Benton Housing Authority 270-527-3626			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	20-29%	8		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Marshall County, Kentucky				
		County	Nation	State
2a	Cancer rate	204	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	2648		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	391	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	28	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	28	24	29
2o	Depression rate			
2p	Suicide rate	23		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	74		54
2t	Percent of elderly	18	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

McCracken County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Lourdes or Western Baptist Hospital			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Paducah Housing Authority 270-450-4210			
	Less than 90 days	0		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities McCracken County, Kentucky				
		County	Nation	State
2a	Cancer rate	199	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	7	7	7
2d	Rate of exposure			
2e	Asthma rate	5545		306,889
2f	Diabetes rate	11	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	403	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	27	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	17	24	29
2o	Depression rate			
2p	Suicide rate	9		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	36		54
2t	Percent of elderly	16	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

McLean County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Calhoun to Central City – Community Health Centers			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Voucher			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities McLean County, Kentucky				
		County	Nation	State
2a	Cancer rate	253	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	7	7	7
2d	Rate of exposure			
2e	Asthma rate	835		306,889
2f	Diabetes rate	12	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	462	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	38	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	21	24	29
2o	Depression rate			
2p	Suicide rate	10		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	101		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Meade County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Brandenburg to Owensboro – McAuley Clinic			
	75+ minutes	14		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Voucher			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Meade County, Kentucky				
		County	Nation	State
2a	Cancer rate	242	202	237
2b	Low Birthweight	7	8	8
2c	Infant Mortality rate	11	7	7
2d	Rate of exposure			
2e	Asthma rate	2346		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	393	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	34	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	26	24	29
2o	Depression rate			
2p	Suicide rate	11		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	57		54
2t	Percent of elderly	8	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Metcalfe County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Edmonton Primary Care/Metcalfe County Family Physicians			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact No Public Housing Units – waiting time is for Section 8 Voucher			
	Greater than 25 months	14		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	50+%	14		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Metcalfe County, Kentucky				
		County	Nation	State
2a	Cancer rate	224	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	973		306,889
2f	Diabetes rate	11	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	418	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	38	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	19	24	29
2o	Depression rate			
2p	Suicide rate	20		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	69		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Monroe County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Tompkinsville to Bowling Green – Fairview Community Health Center			
	75+ minutes	14		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Tompkinsville Housing Authority 270-487-6050			
	Less than 90 days	0		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	50+%	14		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Monroe County, Kentucky				
		County	Nation	State
2a	Cancer rate	213	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	996		306,889
2f	Diabetes rate	9	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	431	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	29	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	39	24	29
2o	Depression rate			
2p	Suicide rate	26		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	51		54
2t	Percent of elderly	16	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Muhlenburg County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Community Health Centers of Western Kentucky			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Central City Housing Authority 270-754-2521 Source: Personal contact Greenville Housing Authority 270-338-5900			
	6 to 12 months (Central City)	8		
	N/A (Greenville)			
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	35+%	14		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	8.1+%	14		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Muhlenburg County, Kentucky				
		County	Nation	State
2a	Cancer rate	225	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	2668		306,889
2f	Diabetes rate	9	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	442	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	39	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	30	24	29
2o	Depression rate			
2p	Suicide rate	10		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	63		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Nelson County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Flaget Memorial Hospital			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Bardstown Housing Authority 502-348-3525			
	Less than 90 days	0		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Nelson County, Kentucky				
		County	Nation	State
2a	Cancer rate	235	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	3548		306,889
2f	Diabetes rate	5	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	358	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	24	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	25	24	29
2o	Depression rate			
2p	Suicide rate	17		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	63		54
2t	Percent of elderly	10	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Ohio County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Hartford to Owensboro – McAuley Clinic			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
	6 to 12 months	8		
b	Waiting Time for public housing Source: Personal contact Beaver Dam Housing Authority 270-274-7504			
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Ohio County, Kentucky				
		County	Nation	State
2a	Cancer rate	250	202	237
2b	Low Birthweight	10	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	2015		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	388	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	31	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	32	24	29
2o	Depression rate			
2p	Suicide rate	17		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	55		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Simpson County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Franklin to Bowling Green – Fairview Community Health Center			
	21 to 29 minutes	6		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Housing Authority of Franklin 270-586-8500			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Simpson County, Kentucky				
		County	Nation	State
2a	Cancer rate	206	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	13	7	7
2d	Rate of exposure			
2e	Asthma rate	1450		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	470	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	32	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	20	24	29
2o	Depression rate			
2p	Suicide rate	24		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	47		54
2t	Percent of elderly	13	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Todd County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Elkton to Central City – Community Health Centers			
	60 to 74 minutes	12		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Todd County Housing Authority 270-483-9750			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	40-49%	12		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	19%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	2-3.5%	6		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Todd County, Kentucky				
		County	Nation	State
2a	Cancer rate	229	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	1026		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	473	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	35	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	14	24	29
2o	Depression rate			
2p	Suicide rate	17		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	59		54
2t	Percent of elderly	14	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Trigg County, Kentucky				
a	Geographical barriers to primary care Source: MapQuest from reference point Cadiz to Hopkinsville – St. Luke’s Clinic			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Cadiz Housing Authority 270-522-3916			
	19 to 24 months	12		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Trigg County, Kentucky				
		County	Nation	State
2a	Cancer rate	242	202	237
2b	Low Birthweight	9	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	1136		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	426	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	41	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	17	24	29
2o	Depression rate			
2p	Suicide rate	8		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	45		54
2t	Percent of elderly	17	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Union County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Morganfield to Henderson – Henderson Methodist Hospital			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Morganfield Housing Authority 270-389-3066 Source: Personal contact Sturgis Housing Authority 270-333-4231			
	13 to 18 months (Morganfield)	10		
	6 to 12 months (Sturgis)	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Union County, Kentucky				
		County	Nation	State
2a	Cancer rate	245	202	237
2b	Low Birthweight	11	8	8
2c	Infant Mortality rate	10	7	7
2d	Rate of exposure			
2e	Asthma rate	1294		306,889
2f	Diabetes rate	12	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	467	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	25	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	28	24	29
2o	Depression rate			
2p	Suicide rate	6		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	84		54
2t	Percent of elderly	13	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Warren County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Bowling Green Housing Authority 270-843-6071			
	3 to 5 months	6		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	5-7%	10		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Warren County, Kentucky				
		County	Nation	State
2a	Cancer rate	227	202	237
2b	Low Birthweight	8	8	8
2c	Infant Mortality rate	8	7	7
2d	Rate of exposure			
2e	Asthma rate	8410		306,889
2f	Diabetes rate	8	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	397	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	23	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	24	24	29
2o	Depression rate			
2p	Suicide rate	11		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	43		54
2t	Percent of elderly	10	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Washington County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Springfield to Lebanon - Spring View Hospital			
	0 to 20 minutes	0		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Springfield Housing Authority 859-336-7645			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	1-2%	6		
d	Shortage of Primary Care Physicians			
	Yes	14		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population **** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	15-24%	10		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	5.1-6.5%	10		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Washington County, Kentucky				
		County	Nation	State
2a	Cancer rate	203	202	237
2b	Low Birthweight	6	8	8
2c	Infant Mortality rate	5	7	7
2d	Rate of exposure			
2e	Asthma rate	967		306,889
2f	Diabetes rate	10	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	335	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	52	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	33	24	29
2o	Depression rate			
2p	Suicide rate	9		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	88		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Webster County, Kentucky

a	Geographical barriers to primary care Source: MapQuest from reference point Dixon to Henderson – Henderson Methodist Hospital			
	30 to 44 minutes	8		
OR	Geographical barriers to primary care Source: MapQuest from reference point			
b	Waiting Time for public housing Source: Personal contact Providence Housing Authority 270-667-5786			
	6 to 12 months	8		
c	Percent of population 5 years or older who speak a language other than English at home Source: US Census 2000			
	3-4%	8		
d	Shortage of Primary Care Physicians			
	No	0		
e	Percentage of Individuals Below 200% of the Federal Poverty Index in the Service area as opposed to the Target Population ***** need to check to see what to do since this is not available for the target population			
	30-39%	10		
f	Life Expectancy			
g	Percentage of Uninsured Individuals --- this is for the service area			
	25-34%	12		
g	If information is unavailable, use number of individuals below 200 percent of poverty minus the number of Medicaid beneficiaries (use same point system as above)			
h	Unemployment Rate in the service area			
	6.6-8.0%	12		
h	Unemployment Rate in the target population – this is not available; used service area			

Health Disparities Webster County, Kentucky				
		County	Nation	State
2a	Cancer rate	221	202	237
2b	Low Birthweight	11	8	8
2c	Infant Mortality rate	6	7	7
2d	Rate of exposure			
2e	Asthma rate	1194		306,889
2f	Diabetes rate	7	7	9
2g	Nutrition rate			
2h	Coronary heart disease rate	317	326	409
2i	Rate of occupational & environmental hazard exposures			
2j	Skin disorder rate			
2k	Dental disease rate	37	33	37
2l	Teen pregnancy rate			
2m	Late entry into prenatal care			
2n	Obesity rate	43	24	29
2o	Depression rate			
2p	Suicide rate	14		13
2q	Hypertension rate			
2r	HIV/AIDS/STDs rate			
2s	Unintentional Injury rate	35		54
2t	Percent of elderly	15	13	11
2u	Substance Abuse rate			
2v	ADD/ADHD rate			
2y	Rate of school absenteeism			
2z	Percent of minority population			
2aa	Rate of serious mental illness			
2bb	Other			

Appendix 4 Community Health Centers and Hospitals

<p>KPCA Member Fairview Community Health Center</p> <p>Area Served Warren, Butler and Edmonson Counties</p>				
Contact - Staff	Address	Phone - Fax	Area Served	Hours
<p>Chris Keyser, Executive Director</p> <p>Jennifer Gray, M.D., Medical Director</p> <p>Website, http://fairviewcommunityhealth.tripod.com</p>	<p>615-7th Avenue PO Box 1177 Bowling Green, KY 42102-1177</p> <p>OFFICE HOURS: MON-FRI 8AM-5PM</p> <p>Prenatal Annex: 806-4th Avenue Bowling Green, KY 42102-1177</p> <p>Butler County Clinic: TO BE OPEN MID JANUARY 2008 PRIMARY CARE SERVICES LOCATION: 755 G. L. SMITH STREET MORGANTOWN, KY 42261</p>	<p>Chris Keyser: 270-783-4251 270-467-0225, fax</p> <p>Dr. Gray: 270-783-3573 ext. 1021 270-783-4081, fax</p>	<p>see above</p>	<p>8 a.m. to 5 p.m. Monday to Friday. Appointments taken by phone.</p> <p>Late night clinics: Mon, Wed, Fri 8 PM - 7 AM</p> <p>Appts: 270-783-3573, ext. 1033</p>
<p>Description - Services The Fairview Community Health Center provides medical and dental services to all those in the community who seek their services. Fairview Community Health Center is a Federally Qualified Health Center. Bosnian Translators are available. Services: Acute and Chronic Medical Treatment; Laboratory; Preventive Health Care; Physical Exams; Cancer Screening; Well-Child Care; Health and Nutrition Education; Diabetes Control; HIV /STD Testing and Counseling; Indigent Drug Program; Drug Purchase Program; Social Services and Counseling; General Dentistry. Our Mission: To Provide Equal Access to Primary Care</p>		<p>Hospital Affiliation(s) none</p>		

Appendix 4 Community Health Centers and Hospitals

KPCA Member Community Health Centers of Western Kentucky				
Area Served Muhlenberg County and the surrounding counties				
Contact - Staff	Address	Phone - Fax	Area Served	Hours
Roger Arbuckle , Chief Executive Officer David Conatser, M.D., Medical Director	480 Hopkinsville St. PO Box 257 Greenville, KY 42345	270-338-5777 270-338-5765, fax	Muhlenberg	Mon-Fri 8 AM-4:30 PM
Description - Services Services: The Center offers Family Medicine and Pediatric and Adolescent Medicine, plus Obstetrics and Gynecology. Locations: Community Health Centers of Western Kentucky is located at 480 Hopkinsville Street, Greenville, KY 42345. Our Obstetrics and Gynecology services are located at 226 Hopkinsville Street, Greenville, KY 42345.		Hospital Affiliation(s) Muhlenberg Community Hospital		
Affiliate - Clinic	Address	Phone / Fax	Area Served	Hours
Women's Health Clinic	226 Hopkinsville Street Greenville, KY 42345	270-377-3077 270-377-3065, fax	Muhlenberg	8:00 AM-4:30 PM

Appendix 4 Community Health Centers and Hospitals

<p>KPCA Member Cumberland Family Medical Center</p> <p>Area Served Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell, and Wayne Counties in south central Kentucky</p> <p>cfmc@windstream.net</p>	
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Contact - Staff	Address	Phone - Fax	Area Served	Hours
<p>Dr. Eric Loy, CEO and Medical Director</p> <p>Fran Hay, Chief Financial Officer</p> <p>Tracey R. Antle, Chief Operating Officer</p> <p>Wendy Bullock, Cumberland Office Manager</p> <p>Cheryl Green, Adair Office Manager</p>	<p>P.O. Box 1080 360 Keen Street Burkesville, KY 42717</p>	<p>270-864-2889</p> <p>270-864-2229, fax</p>	<p>see above</p>	<p>Mon, Tues, Thurs, Fri: 7 AM – 5 PM</p> <p>Wed: 9 AM – 1 PM</p>

<p>Description - Services Cumberland Family Medical Center, Inc. is a community health center dedicated to providing quality health care to the residents of ten medically underserved counties in south central Kentucky including Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell, and Wayne. Established in 2007, CFMC is a non-profit organization with established, state-of-the-art offices in both Cumberland and Adair Counties providing centralized access to the population of its entire service area.</p> <p>Each day the goal of our well-trained and caring staff at Cumberland Family Medical Center is to enhance the quality of life of the individuals and families we serve by providing the highest quality health care regardless of the patient's ability to pay. CFMC is indeed the area's choice for primary health care, support for a healthy life style, and affordable family medical services.</p>	<p>Hospital Affiliation(s) Clinton County Hospital 723 Burkesville Highway Albany, KY 42602</p> <p>Cumberland County Hospital 299 Glasgow Road Burkesville, KY 42717-9696</p> <p>Westlake Regional Hospital 901 Westlake Drive Columbia, KY 42728</p> <p>Payment A sliding fee scale is offered for uninsured patients. All payors are accepted. To apply for the sliding fee option, patients should bring income documentation including:</p> <ul style="list-style-type: none"> • Previous year's W-2 form or tax return • Current paycheck stubs • Letter from the employer (must be written on company letterhead) • Form 1040 tax return from previous calendar year (if self employed) • Verification of state income (letter from social worker, copy of award letter from the Social Security Administration, check stub or letter with details of pension benefits)
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Affiliate - Clinic	Address	Phone / Fax	Area Served	Hours
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Appendix 4 Community Health Centers and Hospitals

Adair County Family Medical Center	937 Campbellsville Rd. Suite 901 Columbia, KY 42728	270-384-2777 270-384-2770, fax	Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell, and Wayne Counties	Mon– Fri: 8 AM–6 PM
Clinton Family Medical Center Terri Svajgl, Office Manager Dr. Tammy Brown and Carol Denney, ARNP, Providers	606 Burkesville Road Albany, KY 42602	606-387-4251 606-387-5785, fax	Adair, Casey, Clinton, Cumberland, Hart, McCreary, Metcalfe, Monroe, Russell, and Wayne Counties	M,W,Th,F: 8 AM - 5 PM Tuesdays: 8 AM - 8 PM Saturdays: 8:30 AM-noon

KPCA Member Trover Clinic Foundation, Inc. Area Served 14 counties in western Kentucky				
Contact - Staff	Address	Phone - Fax	Area Served	Hours
Robert W. Brooks , VP-Education and Research Monica Bidwell , Special Projects Coordinator	435 N. Kentucky Ave., Ste. A Madisonville, KY 42431	270-824-3443 270-824-3446, fax	see above	8:00 AM - 5:00 PM, Mon- Fri (CST)
Description - Services Trover Clinic Foundation serves 14 counties in western Kentucky, offering health care, education and research.		Hospital Affiliation(s) none		

Appendix 4
Community Health Centers and Hospitals
 KENTUCKY HOSPITALS IN COC REGIONS 1 AND 2

Breckinridge Memorial Hospital		www.breckhealth.org	
1011 Old Highway 60 Hardinsburg, KY 40143-2597 (270) 756-7000 View Map	County:	Breckinridge	
	Number of Beds:	25	
	Ownership:	Breckinridge County Buildings Commission	
	CEO:	John E. Monnahan	
Caldwell County Hospital		www.caldwellhosp.org	
Post Office Box 410 101 Hospital Drive Princeton, KY 42445 (270) 365-0300 View Map	County:	Caldwell	
	Number of Beds:	25	
	Ownership:	Caldwell County Hospital, Inc.	
	CEO:	Charles D. Lovell Jr., FACHE	
Caverna Memorial Hospital Inc.		http://www.cavernahospital.com/	
1501 S. Dixie Street Horse Cave, KY 42749-1480 (270) 786-2191 View Map	County:	Hart	
	Number of Beds:	25	
	Ownership:	Caverna Memorial Hospital, Inc.	
	CEO:	Alan Boyd Alexander FACHE	
Crittenden Health System		www.crittenden-health.org	
Post Office Box 386 Highway 60 West Marion, KY 42064 (270) 965-5281 View Map	County:	Crittenden	
	Number of Beds:	48	
	Ownership:	Crittenden Health Systems	
	CEO:	Jim Christensen	

Appendix 4 Community Health Centers and Hospitals

Commonwealth Regional Specialty Hospital	www.commonwealthregionalspecialtyhospital.org	
250 Park Street Bowling Green, KY 42102 (270) 796-6200 View Map	County:	Warren
	Number of Beds:	28
	Ownership:	Commonwealth Health Corporation
	CEO:	Shirley Kendall
Cumberland Hall Behavioral Health Services	www.psolutions.com/facilities/cumberlandhall/	
210 West 17th Street Hopkinsville, KY 42240 (270) 886-1919 View Map	County:	Christian
	Number of Beds:	52
	Ownership:	Psychiatric Solutions, Inc.
	CEO:	James Spruyt
Flaget Memorial Hospital	www.flaget.com	
4305 New Shepherdsville Road Bardstown, KY 40004 (502) 350-5000 View Map	County:	Nelson
	Number of Beds:	40
	Ownership:	Catholic Health Initiatives
	CEO:	Bruce A. Klockars FACHE
Hardin Memorial Hospital	www.hmh.net	
913 N. Dixie Avenue Elizabethtown, KY 42701 (270) 737-1212 View Map	County:	Hardin
	Number of Beds:	285
	Ownership:	Hardin County, Kentucky
	CEO:	David L. Gray FACHE
HEALTHSOUTH Rehabilitation Hospital of Central Kentucky	www.healthsouth.com	
134 Heartland Drive Elizabethtown, KY 42701 (270) 769-3100 View Map	County:	Hardin
	Number of Beds:	40
	Ownership:	HealthSouth Corporation
	CEO:	Eileen Nelson

Appendix 4 Community Health Centers and Hospitals

Jackson Purchase Medical Center	www.jacksonpurchase.com	
1099 Medical Center Circle Mayfield, KY 42066 (270) 251-4100 View Map	County:	Graves
	Number of Beds:	107
	Ownership:	LifePoint Hospitals, Inc.
	CEO:	Mary Jo Lewis
Jennie Stuart Medical Center	www.jsmc.org	
320 West 18th Street Hopkinsville, KY 42240 (270) 887-0100 View Map	County:	Christian
	Number of Beds:	194
	Ownership:	Jennie Stuart Medical Center, Inc.
	CEO:	Terry Peeples FACHE
Lincoln Trail Behavioral Health System	www.lincolnbehavioral.com	
Post Office Box 369 3909 S. Wilson Road Radcliff, KY 40160 (270) 351-9444 View Map	County:	Hardin
	Number of Beds:	116
	Ownership:	Universal Health Services
	CEO:	Chuck Webb
Lincoln Trail Behavioral Health System	www.lincolnbehavioral.com	
Post Office Box 369 3909 S. Wilson Road Radcliff, KY 40160 (270) 351-9444 View Map	County:	Hardin
	Number of Beds:	116
	Ownership:	Universal Health Services
	CEO:	Chuck Webb
Logan Memorial Hospital	www.loganmemorial.com	
Post Office Box 10 1625 Nashville Street Russellville, KY 42276-0010 (270) 726-4011 View Map	County:	Logan
	Number of Beds:	92
	Ownership:	LifePoint Hospitals, Inc.
	CEO:	Greg Moore

Appendix 4 Community Health Centers and Hospitals

Lourdes		www.lourdes-pad.org	
Post Office Box 7100 1530 Lone Oak Road Paducah, KY 42003 (270) 444-2444 View Map	County:	McCracken	
	Number of Beds:	359	
	Ownership:	Catholic Healthcare Partners, Cincinnati	
	CEO:	Steven Grinnell	
Marshall County Hospital		www.marshallcountyhospital.org	
Post Office Box 630 503 George C. McClain Drive Benton, KY 42025 (270) 527-4800 View Map	County:	Marshall	
	Number of Beds:	25	
	Ownership:	Marshall County Fiscal Court	
	CEO:	Kathy C. Long	
Methodist Hospital		www.methodisthospital.net	
Post Office Box 48 1305 North Elm Street Henderson, KY 42420 (270) 827-7700 View Map	County:	Henderson	
	Number of Beds:	216	
	Ownership:	Community United Methodist Hospital, Inc.	
	CEO:	Bruce D. Begley	
Methodist Hospital Union County		www.methodisthospitaluc.net	
4604 U.S. Highway 60W Morganfield, KY 42437 (270) 389-5000 View Map	County:	Union	
	Number of Beds:	25	
	Ownership:	Community United Methodist Hospital, Inc.	
	CEO:	Patrick Donahue	
Monroe County Medical Center			
529 Capp Harlan Road Tompkinsville, KY 42167 (270) 487-9231 View Map	County:	Monroe	
	Number of Beds:	49	
	Ownership:	Monroe Medical Foundation, Inc.	
	CEO:	Vicky McFall	

Appendix 4 Community Health Centers and Hospitals

Muhlenberg Community Hospital	www.mchky.org	
440 Hopkinsville Street Greenville, KY 42345 (270) 338-8000 View Map	County:	Muhlenberg
	Number of Beds:	90
	Ownership:	Muhlenberg Community Hospital, Inc.
	CEO:	Tracy P. Byers
Murray-Calloway County Hospital	www.murrayhospital.org	
803 Poplar Street Murray, KY 42071-2432 (270) 762-1100 View Map	County:	Calloway
	Number of Beds:	140
	Ownership:	Murray Calloway Co. Public Hospital Corp.
	CEO:	Keith Bailey FACHE
Owensboro Medical Health System, Inc.	www.omhs.org	
Post Office Box 20007 811 East Parrish Avenue Owensboro, KY 42304-0007 (270) 688-2000 View Map	County:	Daviess
	Number of Beds:	447
	Ownership:	Owensboro Medical Health System, Inc.
	CEO:	Jeffrey B. Barber Dr.PH, FACHE
Parkway Regional Hospital		
Post Office Box 866 2000 Holiday Lane Fulton, KY 42041 (270) 472-2522 View Map	County:	Fulton
	Number of Beds:	70
	Ownership:	Community Health Systems, Inc.
	CEO:	Stephen Lunn
Regional Medical Center	troverfoundation.org	
900 Hospital Drive Madisonville, KY 42431-1694 (270) 825-5100 View Map	County:	Hopkins
	Number of Beds:	390
	Ownership:	Trover Foundation
	CEO:	E. Berton Whitaker FACHE

Appendix 4 Community Health Centers and Hospitals

Rivendell Behavioral Health Services	www.rivendellbehavioral.com/	
1035 Porter Pike Road Bowling Green, KY 42103-9581 (270) 843-1199 View Map	County:	Warren
	Number of Beds:	84
	Ownership:	Universal Health Services
	CEO:	Janice Richardson LCSW
Spring View Hospital	www.springviewhospital.com	
320 Loretto Road Lebanon, KY 40033 (270) 692-3161 View Map	County:	Marion
	Number of Beds:	75
	Ownership:	Spring View Hospital, LLC
	CEO:	Michael Sherrod
T. J. Samson Community Hospital	www.tjsamson.org	
1301 North Race Street Glasgow, KY 42141-3483 (270) 651-4444 View Map	County:	Barren
	Number of Beds:	180
	Ownership:	T. J. Samson Community Hospital, Inc.
	CEO:	Bill Kindred
Medical Center at Franklin	www.themedicalcenterfranklin.org	
1100 Brookhaven Road Franklin, KY 42134 (270) 598-4800 View Map	County:	Simpson
	Number of Beds:	25
	Ownership:	Commonwealth Health Corporation
	CEO:	Clara Sumner FACHE
The Medical Center/Bowling Green	www.themedicalcenter.org	
Post Office Box 90010 250 Park Street Bowling Green, KY 42102 (270) 745-1000 View Map	County:	Warren
	Number of Beds:	330
	Ownership:	Commonwealth Health Corporation
	CEO:	Connie Smith FACHE

Appendix 4 Community Health Centers and Hospitals

The Medical Center/Scottsville	www.themedicalcenterscottsville.org	
456 Burnley Road Scottsville, KY 42164-6355 (270) 622-2800 View Map	County:	Allen
	Number of Beds:	25
	Ownership:	Commonwealth Health Corporation
	CEO:	Eric Hagan FACHE
Twin Lakes Regional Medical Center	www.tlrmc.com/index.html	
910 Wallace Avenue Leitchfield, KY 42754 (270) 259-9400 View Map	County:	Grayson
	Number of Beds:	75
	Ownership:	Grayson County Hospital Foundation
	CEO:	Stephen L. Meredith MHA
Trigg County Hospital Inc.	www.trigghospital.org	
Box 312 254 Main Street Cadiz, KY 42211 (270) 522-3215 View Map	County:	Trigg
	Number of Beds:	25
	Ownership:	Trigg County Hospital, Inc.
	CEO:	Alisa D. Coleman
Western Baptist Hospital	www.westernbaptist.com	
2501 Kentucky Avenue Paducah, KY 42003 (270) 575-2100 View Map	County:	McCracken
	Number of Beds:	349
	Ownership:	Baptist Healthcare System
	CEO:	Larry O. Barton FACHE
Western State Hospital		
Post Office Box 2200 2400 Russellville Road Hopkinsville, KY 422412200 (270) 889-6025 View Map	County:	Christian
	Number of Beds:	495
	Ownership:	Commonwealth of Kentucky
	CEO:	Stephen Paul Wiggins
Greenview Regional Hospital	www.greenviewhospital.com	
1801 Ashley Circle Bowling Green, KY 42104 (270) 793-1000 View Map	County:	Warren
	Number of Beds:	211
	Ownership:	HCA - The Healthcare Company
	CEO:	Mark Marsh

Appendix 4 Community Health Centers and Hospitals

Southern Kentucky Rehabilitation Hospital (SKY)	www.skyrehab.com	
1300 Campbell Lane Bowling Green, KY 42104 (270) 782-6900 View Map	County:	Warren
	Number of Beds:	60
	Ownership:	Vibra Healthcare
	CEO:	Stuart Locke

UNIFORM PERCENTAGE PAYMENT SCHEDULE
 (By Number In Household and Household Annual Income Range)
 Effective 04/01/08

SLIDING FEE (501)

DTD January 23, 2008
 Fed. Register Vol.73 No.15

% Poverty Level Range	% Pay	1	2	3	4	5	6	7	8	9	10	11	12
<100%		0-	0-	0-	0-	0-	0-	0-	0-	0-	0-	0-	0-
100%	0%	\$10,400	\$14,000	\$17,600	\$21,200	\$24,800	\$28,400	\$32,000	\$35,600	\$39,200	\$42,800	\$46,400	\$50,000
>100%		\$10,401	\$14,001	\$17,601	\$21,201	\$24,801	\$28,401	\$32,001	\$35,601	\$39,201	\$42,801	\$46,401	\$50,001
117%	5%	\$12,168	\$16,380	\$20,592	\$24,804	\$29,016	\$33,228	\$37,440	\$41,652	\$45,864	\$50,076	\$54,288	\$58,500
>117%		\$12,169	\$16,381	\$20,593	\$24,805	\$29,017	\$33,229	\$37,441	\$41,653	\$45,865	\$50,077	\$54,289	\$58,501
133%	10%	\$13,832	\$18,620	\$23,408	\$28,196	\$32,984	\$37,772	\$42,560	\$47,348	\$52,136	\$56,924	\$61,712	\$66,500
>133%		\$13,833	\$18,621	\$23,409	\$28,197	\$32,985	\$37,773	\$42,561	\$47,349	\$52,137	\$56,925	\$61,713	\$66,501
150%	20%	\$15,600	\$21,000	\$26,400	\$31,800	\$37,200	\$42,600	\$48,000	\$53,400	\$58,800	\$64,200	\$69,600	\$75,000
>150%		\$15,601	\$21,001	\$26,401	\$31,801	\$37,201	\$42,601	\$48,001	\$53,401	\$58,801	\$64,201	\$69,601	\$75,001
167%	30%	\$17,368	\$23,380	\$29,392	\$35,404	\$41,416	\$47,428	\$53,440	\$59,452	\$65,464	\$71,476	\$77,488	\$83,500
>167%		\$17,369	\$23,381	\$29,393	\$35,405	\$41,417	\$47,429	\$53,441	\$59,453	\$65,465	\$71,477	\$77,489	\$83,501
183%	45%	\$19,032	\$25,620	\$32,208	\$38,796	\$45,384	\$51,972	\$58,560	\$65,148	\$71,736	\$78,324	\$84,912	\$91,500
>183%		\$19,033	\$25,621	\$32,209	\$38,797	\$45,385	\$51,973	\$58,561	\$65,149	\$71,737	\$78,325	\$84,913	\$91,501
200%	60%	\$20,800	\$28,000	\$35,200	\$42,400	\$49,600	\$56,800	\$64,000	\$71,200	\$78,400	\$85,600	\$92,800	\$100,000
185%		\$19,240	\$25,900	\$32,560	\$39,220	\$45,880	\$52,540	\$59,200	\$65,860	\$72,520	\$79,180	\$85,840	\$92,500
>200%		\$20,801	\$28,001	\$35,201	\$42,401	\$49,601	\$56,801	\$64,001	\$71,201	\$78,401	\$85,601	\$92,801	\$100,001
217%	75%	\$22,568	\$30,380	\$38,192	\$46,004	\$53,816	\$61,628	\$69,440	\$77,252	\$85,064	\$92,876	\$100,688	\$108,500
>217%		\$22,569	\$30,381	\$38,193	\$46,005	\$53,817	\$61,629	\$69,441	\$77,253	\$85,065	\$92,877	\$100,689	\$108,501
233%	90%	\$24,232	\$32,620	\$41,008	\$49,396	\$57,784	\$66,172	\$74,560	\$82,948	\$91,336	\$99,724	\$108,112	\$116,500
>233%		\$24,233	\$32,621	\$41,009	\$49,397	\$57,785	\$66,173	\$74,561	\$82,949	\$91,337	\$99,725	\$108,113	\$116,501
250%	95%	\$26,000	\$35,000	\$44,000	\$53,000	\$62,000	\$71,000	\$80,000	\$89,000	\$98,000	\$107,000	\$116,000	\$125,000
>250% & Above	100%	\$26,001 & Above	\$35,001 & Above	\$44,001 & Above	\$53,001 & Above	\$62,001 & Above	\$71,001 & Above	\$80,001 & Above	\$89,001 & Above	\$98,001 & Above	\$107,001 & Above	\$116,001 & Above	\$125,001 & Above

Payment Scale: 100%-250% Poverty Level as per DHHS Poverty Income Guidelines 01/23/2008

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