

Ohio Statewide Primary Care Needs Assessment

2015 – 2016

Office of Health Policy and
Performance Improvement

Primary Care Office



Ohio
Department of Health

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I. Introduction

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services has funded Primary Care Offices in 54 states and territories through cooperative agreements for more than 25 years. Primary Care Offices work to improve primary care service delivery and workforce availability to meet the needs of underserved populations. In Ohio, this cooperative agreement is currently managed by the Ohio Department of Health, Office of Health Policy and Performance Improvement. The Primary Care Office is responsible for identifying underserved areas according to federal Health Professional Shortage Area and Medically Underserved Area/Population criteria and for coordinating various federal and state workforce programs to recruit and retain providers for these areas. Additionally, the Primary Care Office has been charged with conducting a statewide assessment of primary care needs to inform its work and to identify Ohio communities with the greatest unmet healthcare needs, disparities, health workforce shortages and barriers to accessing health care.

II. Relationship to Other Health Planning Efforts

Adequate access to comprehensive primary care services for all Ohioans is a priority that has been and will continue to be considered in numerous health planning efforts and initiatives in the state. As this planning progresses, efforts will be made to connect the primary care needs assessment with these other priority setting and planning efforts.

The ODH's 2015 Strategic Plan currently identifies six pillars of public health: infectious diseases; preparedness; health improvement and wellness; health equity and access; environmental health; and regulatory compliance. The work of the Primary Care Office supports the health equity and access pillar, which is defined as, "Value everyone equally, address health inequalities and disparities and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes."¹

ODH was instrumental in the formation and support of the Ohio Patient-Centered Primary Care Collaborative (OPCPCC). This coalition of 900 members includes primary care providers, insurers, employers, consumer advocates, government officials, health information technology experts and public health professionals. They have joined together to create a more effective and efficient model of primary health care delivery in Ohio: the Patient-Centered Medical Home (PCMH). The collaborative is committed to education and initiatives to improve primary care in Ohio. Initiatives include those aimed at strengthening patient engagement, educating consumers and addressing the healthcare workforce through the promotion of interprofessional curriculum efforts and primary care scholarships.

In February 2013, Ohio was one of 16 states to receive a State Innovation Model (SIM) Design grant award from the Centers for Medicare and Medicaid Services (CMS) to design healthcare payment and service delivery innovation models to improve health system performance, improve quality of care and decrease costs. Led by the Governor's Office of Health Transformation, Ohio used the federal grant to develop a plan to expand the use of PCMHs and episode-based payments for acute medical events for most Ohioans who receive coverage under Medicare, Medicaid and commercial health plans. In December 2014, Ohio received a round-two SIM Testing grant to support projects which test new payment and service delivery models for PCMHs and episode-based payments and related investments in

¹ Ohio Department of Health, 2015 Strategic Plan

health information technology, workforce development and performance measurement.² The SIM focus on expanding the PCMH model throughout Ohio is expected to improve existing primary care in Ohio.

The 2011 State Health Assessment includes a section about health status and access to care. This section highlights the importance of primary care and includes a review of Health Professional Shortage Area (HPSA) designations and the importance of improving healthcare workforce data.³ ODH, along with partners across the state, will begin development of a new State Health Improvement Plan (SHIP) in 2016 which will include aligning the SHIP with the SIM efforts. The current 2015-16 SHIP Addendum includes a section on access to care (priority 6). The current access to care priority touches on the importance of strengthening primary care with the inclusion of strategies to expand adoption of patient-centered care and educate consumers about the value of the PCMH model and their responsibilities in their own health care.⁴

In November 2015, it was announced that ODH became accredited through the Public Health Accreditation Board (PHAB). ODH used several primary care examples to demonstrate fulfillment of PHAB domain 7: Promote strategies to improve access to healthcare services. These examples include determination of HPSAs and Ohio's PCMH Education Pilot Project. These efforts demonstrate an interest and commitment towards providing high quality primary care for all Ohioans. It is anticipated that ODH, as well as other partners and stakeholders, will continue to work on numerous initiatives to improve access to and comprehensiveness of primary care services in Ohio. The ODH Primary Care Office will work to ensure alignment of these efforts and update the Statewide Primary Care Needs Assessment as needed to reflect the evolving initiatives, resources and activities impacting primary care in Ohio.

² Governor's Office of Health Transformation, Provide Access to Patient-Centered Medical Homes

³ Ohio Department of Health, 2011 Ohio State Health Assessment

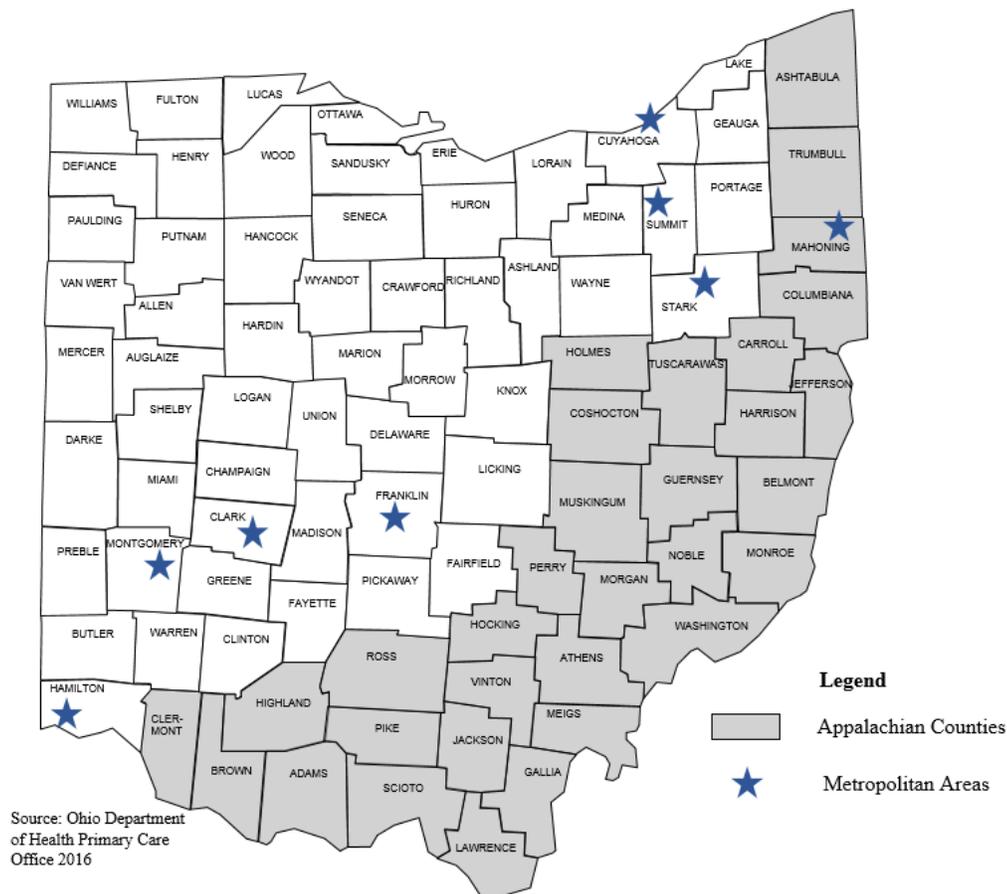
⁴ Ohio Department of Health, 2015-2016 State Health Improvement Plan

III. Demographic Overview

Ohio is the seventh most populous state in the country, with a population of 11.6 million. The state is diverse, with both large urban centers and rural expanses. Nearly 80 percent of Ohioans live in metropolitan areas including four northeast metropolitan areas (Cleveland, Akron, Youngstown and Canton), three southwest metropolitan areas (Cincinnati, Dayton and Springfield) and the Central Ohio metropolitan area of Columbus. The least populous counties are concentrated largely within the northwestern and southeastern portions of the state. The Appalachian region of Ohio spans 32 of Ohio’s 88 counties and comprises one-third of the state’s land mass in the southeastern and eastern parts of the state (see Demographic Map).

Demographic Map

Ohio Metropolitan and Appalachian Areas



The racial/ethnic composition of Ohio is 83.0 percent white alone, 12.6 percent black alone and 2.0 percent Asian alone. Those identifying as Hispanic or Latino(a) comprise 3.5 percent. Ohioans reporting two or more races are 2.1 percent and Native Americans make up less than 1 percent of the total population. Since 2000 the Ohio minority population has increased 28 percent. The percentage of Ohio residents age 65 and older is 14.1 percent of the population. Seventy-seven percent of the population is age 18 or older. In Ohio, the majority (88.8 percent) of persons age 25 years or older are high school graduates.

The median household income in Ohio in 2010-2014 was \$48,849. The income of African-American Ohioans tends to be lower than that of Ohioans as a whole. The median household income for African-Americans is approximately \$28,000. For Hispanics, the median household income is just more than \$38,100. Within Ohio, socioeconomic disparities exist particularly among inner-city urban residents (especially African-Americans and other minorities) and Appalachians.⁵

Health Insurance Coverage

The U.S. Census Bureau report, *Health Insurance Coverage in the United States: 2014*, indicates that the percent of uninsured Ohioans has decreased from 11.0 percent (1,258,000 Ohioans) in 2013 to 8.4 percent in 2014 (995,000 Ohioans), a difference of 263,000 Ohioans. This compares to a decrease from 14.5 percent in 2013 to 11.7 percent in 2014 for the U.S. population.⁶

Ohio is a Medicaid expansion state and has seen an increase in the number of Medicaid-enrolled Ohioans. CMS releases state-reported data on State Medicaid and Children’s Health Insurance Program (CHIP) program enrollment. The enrollment data for each month is a point-in-time count of total Medicaid and CHIP enrollment on the last day of the month and is not solely a count of those newly enrolled during the reporting period. The table below provides a state and national comparison of the December 2015 data to average enrollment from July-September 2013, the quarter before the initial open enrollment period of Health Insurance Marketplaces.⁷

State	State Medicaid & CHIP Enrollment			National		
	Total Medicaid & CHIP Enrollment December 2015 (Preliminary)	Comparison of December 2015 data to July-September 2013 Average Enrollment		Total Medicaid & CHIP Enrollment, all states December 2015 (Preliminary)	Comparison of December 2015 data to July-September 2013 Average Enrollment	
		Net Change	% Change		Net Change	% Change
Ohio	2,932,001	590,520	25.22%	71,777,758	14,478,342	25.73%

It is vital to note that coverage does not equate with access to care. Many areas experience workforce shortages as documented by HPSA designations and shortages of primary care physicians and certain other health professionals are projected nationwide. In addition, healthcare providers may either not accept or limit the number of low-income and Medicaid-eligible patients, due to lower payments. The issue of inadequate provider participation seems to be amplified for dental services, as nearly three-fourths of Ohio dentists are not active Medicaid providers and only a small number of Ohio dentists (12 percent) serve at least 250 Medicaid consumers per year. Some counties lack even a single dentist providing care to Medicaid-eligible patients. Dental access is further compromised by the fact that more than 3.9 million Ohio adults older than 18 years of age (45 percent) and almost 486,000 of Ohio’s children (19 percent) have no insurance coverage for dental care.⁸ It should be noted that recent Medicaid expansion may result in a decrease in the number of uninsured for dental services in Ohio.

⁵ Ohio Development Services Agency, Ohio Population Overview: March 2016

⁶ U.S. Census Bureau report, Health Insurance Coverage in the United States: 2014

⁷ Centers for Medicare and Medicaid Services

⁸ Ohio Department of Health, Oral Health Isn’t Optional! A Report on the Oral Health of Ohioans and Their Access to Dental Care, 2011

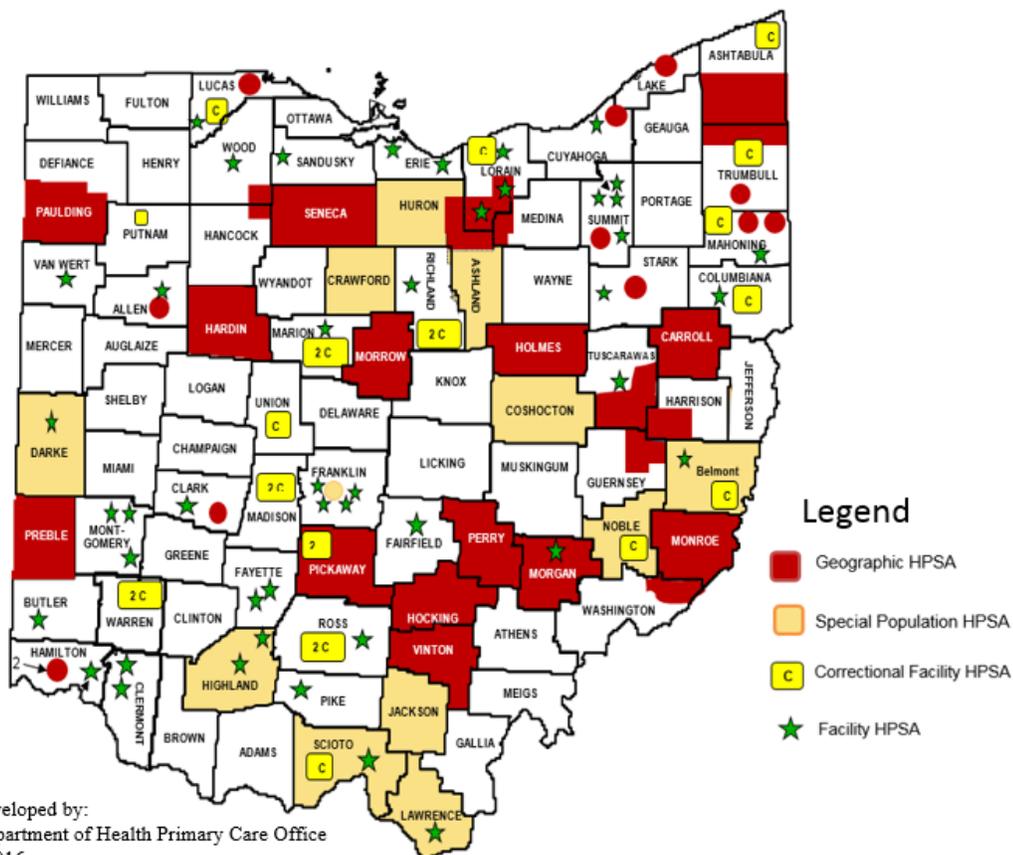
IV. Health Professional Shortage Areas

HPSAs are geographic areas, population groups or facilities that have been determined to have a shortage of healthcare providers according to federal criteria.⁹ The Primary Care Office works with the HRSA Bureau of Health Workforce to designate HPSAs in Ohio. According to current HPSA data, 1.3 million Ohioans have limited or no access to primary care. These individuals reside in both rural and urban areas and are disproportionately from poor and/or minority populations. All HPSA data presented below were extracted from the HRSA Data Warehouse during January 2016.

There are 137 HPSAs currently designated for primary care in Ohio (see HPSA Map I). Based on these designations, 60 out of the 88 counties in Ohio have some level of underservice. Thirty-nine (28 percent) of the HPSAs are designated on a geographic basis. There are also 12 special population designations, including low-income and Medicaid-eligible populations. Based upon the geographic and special population designations, 24 full counties and parts of an additional 36 counties do not have a sufficient number of primary care physicians. Eighty-six facilities (including community health centers, correctional facilities and Rural Health Clinics (RHC)) are also designated as underserved according to HPSA criteria. These designations indicate that a total of 142 additional primary care physicians are needed to alleviate the shortage.

HPSA Map I

Ohio Primary Care Health Professional Shortage Areas

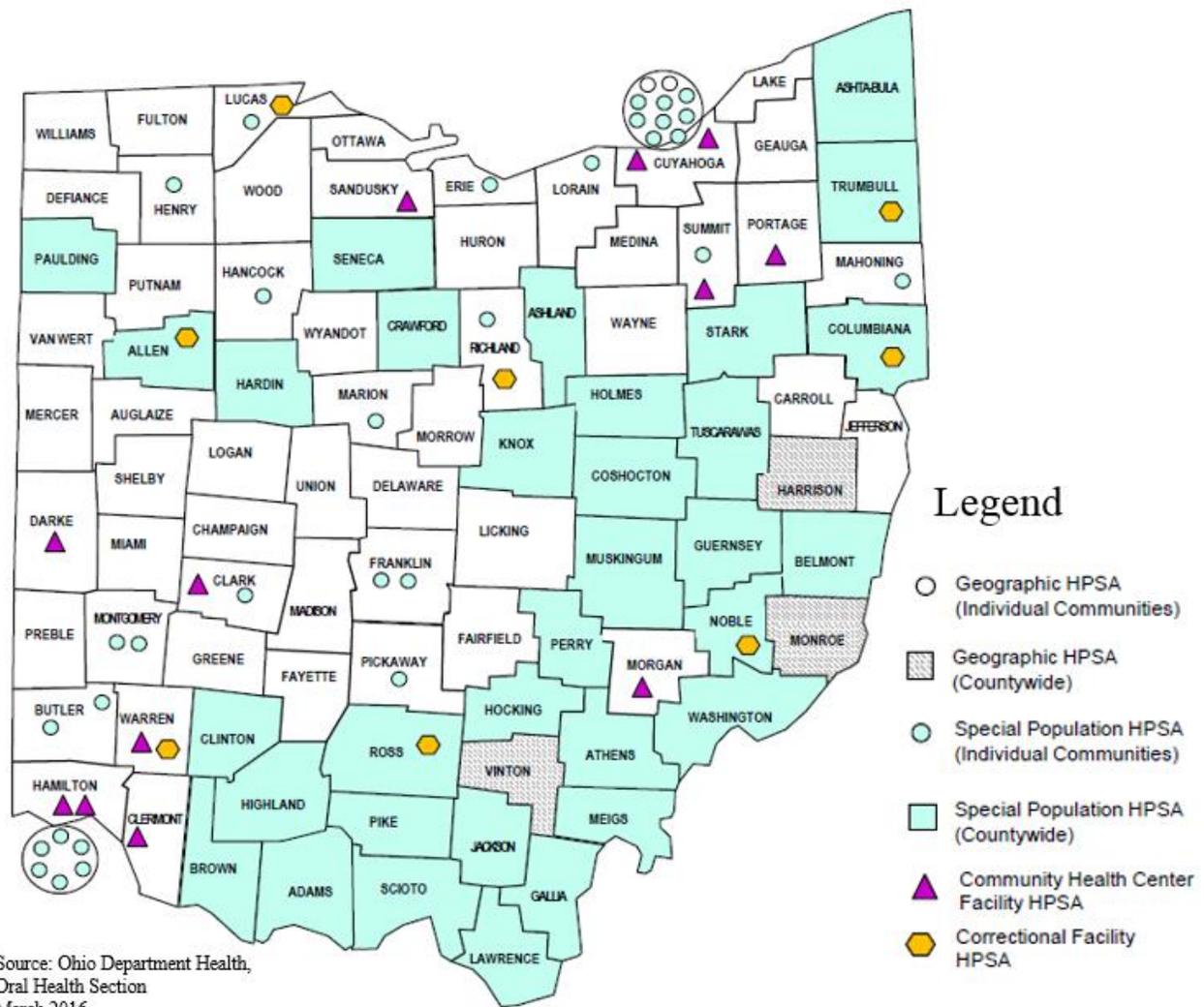


⁹ <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>

The need for access to dental care has been identified in 58 of Ohio's 88 counties through the designation of 130 HPSAs. These include 38 geographic and special population (mostly low-income) dental HPSAs (see HPSA Map II). In addition, there are 68 facility designations, including community health center and correctional facility designations. More than 1.6 million Ohioans are affected by the shortage of approximately 252 dentists. The most common type of dental HPSA is for the low-income population and designations are found in both rural and urban areas. Thirty of Ohio's 32 Appalachian counties (94 percent) have some type of dental HPSA designation, including 28 full-county geographic or special population designations.

HPSA Map II

Ohio Dental Health Professional Shortage Areas



Population Group Health Professional Shortage Areas

Federal HPSA criteria provide for designation of population groups, such as the low-income and Medicaid-eligible populations. The low-income population is defined as the population below 200 percent of the Federal Poverty Level (FPL).¹⁰ Current federal policy requires at least 30 percent of the total population of an area fall below 200 percent of the FPL in order to pursue a low-income HPSA designation. A review of 2010-2014 county-level data shows that all but 17 of Ohio's 88 counties meet this policy (see HPSA Map IV).

HPSA Map IV

Counties with High Percentage of Population Below 200% Poverty



Of the counties noted on the next page which have HPSA designations, there are 49 counties that have low-income population primary care HPSAs and six that have low-income population mental health HPSAs (see HPSA Table I).

¹⁰ The FPL is updated annually. The 2016 FPL description is available at <http://aspe.hhs.gov/poverty>

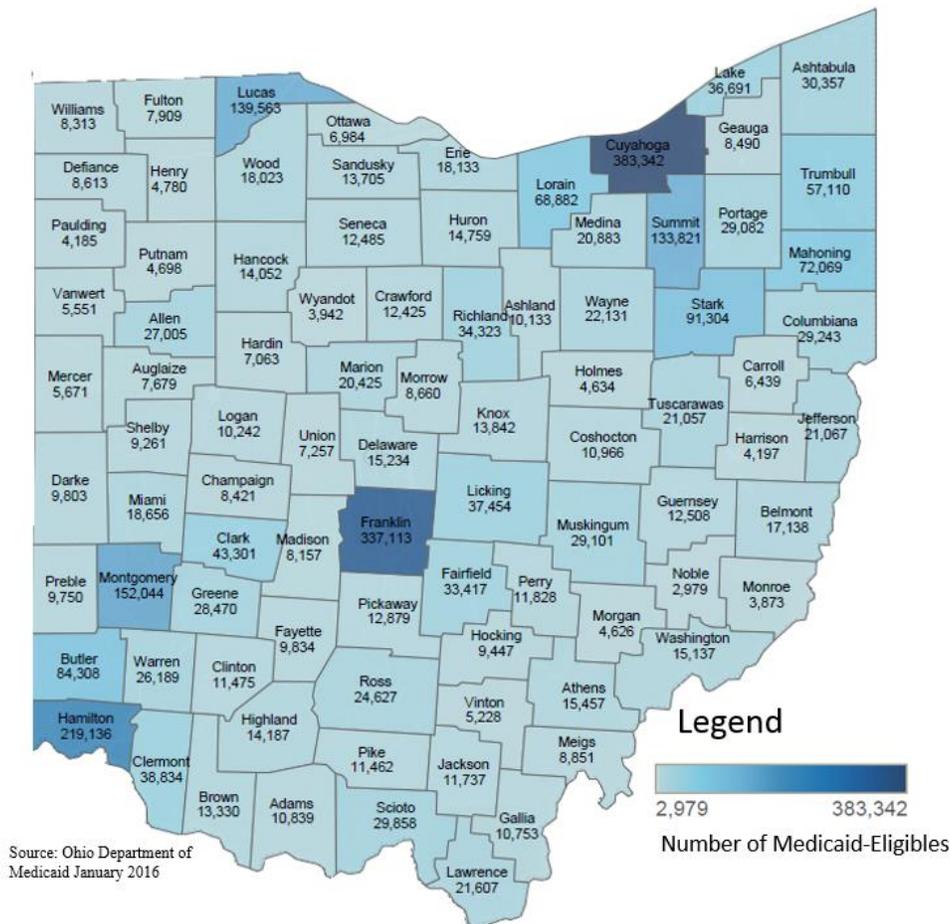
HPSA Table I

Counties with High Percentage of Population Below 200% Poverty and HPSA Designations							
County	Primary Care HPSA	Dental HPSA	Mental Health HPSA	County	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Adams		✓	✓	Lorain	✓	✓	
Allen	✓	✓	✓	Lucas	✓	✓	
Ashland	✓	✓		Mahoning	✓	✓	
Ashtabula	✓	✓	✓	Marion		✓	
Athens		✓	✓	Meigs		✓	✓
Belmont	✓	✓	✓	Miami			✓
Brown		✓	✓	Monroe	✓	✓	✓
Carroll	✓		✓	Montgomery		✓	
Champaign			✓	Morgan	✓		✓
Clark	✓	✓		Morrow	✓		✓
Clinton		✓		Muskingum		✓	✓
Columbiana		✓	✓	Noble	✓	✓	✓
Coshocton	✓	✓	✓	Paulding	✓	✓	✓
Crawford	✓	✓	✓	Perry	✓	✓	✓
Cuyahoga	✓	✓		Pickaway	✓	✓	✓
Darke	✓		✓	Pike		✓	✓
Defiance				Portage			
Erie		✓	✓	Preble	✓		✓
Fayette			✓	Richland		✓	
Franklin	✓	✓		Ross		✓	✓
Gallia		✓	✓	Sandusky			✓
Guernsey	✓	✓	✓	Scioto	✓	✓	✓
Hamilton	✓	✓		Seneca	✓	✓	✓
Hancock	✓	✓		Shelby			✓
Hardin	✓	✓	✓	Stark	✓	✓	
Harrison	✓	✓	✓	Summit	✓	✓	
Highland	✓	✓	✓	Trumbull	✓	✓	
Hocking	✓	✓	✓	Tuscarawas	✓	✓	✓
Holmes	✓	✓	✓	Van Wert			✓
Huron	✓		✓	Vinton	✓	✓	✓
Jackson	✓	✓	✓	Washington	✓	✓	✓
Jefferson				Wayne			✓
Knox		✓		Williams			
Lawrence	✓	✓	✓	Wood	✓		
Licking				Wyandot			✓
Logan			✓				

Population group designations are also possible for the Medicaid-eligible population. Although no specific minimum percentages are required to pursue Medicaid-eligible population HPSAs, the 30 percent minimum required for low-income population HPSAs is presented as a measure of potential need in Ohio counties. The largest number of Medicaid-eligible people in Ohio reside in Cuyahoga County, where Cleveland is located, followed by Franklin County, where Columbus is located (see HPSA Map V). Both of these counties have more than 300,000 people eligible for Medicaid. There are 25 counties with at least 30 percent of their population eligible for Medicaid (see HPSA Table II). Twenty of these counties are located in the Appalachian region, where percentages range from 30.0 percent in Coshocton County to 40.6 percent in Pike County. Two metropolitan areas, Cuyahoga County and Lucas County (where Toledo is located), also have more than 30 percent of their population determined as Medicaid-eligible. There are currently three counties with Medicaid-eligible population HPSAs for primary care. These are Belmont, Highland and Jackson counties, all of which are located in the Appalachian region. There are currently 13 counties with Medicaid-eligible population HPSAs for mental health. These include Athens, Belmont, Columbiana, Fayette, Harrison, Highland, Hocking, Monroe, Pickaway, Pike, Ross, Vinton and Washington counties. All but two of these counties are located in Appalachian Ohio. There are currently no counties with dental Medicaid-eligible population HPSAs.

HPSA Map V

Ohio Medicaid-Eligible Population



HPSA Table II

Counties with 30% or More of Population determined to be Medicaid-Eligible				
County	Percentage of Medicaid Population to Total Population	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Adams	38.5%		✓	✓
Ashtabula	30.6%	✓	✓	✓
Brown	30.2%		✓	✓
Clark	31.7%	✓	✓	
Coshocton	30.0%	✓	✓	✓
Cuyahoga	30.4%	✓	✓	
Fayette	34.1%			✓
Gallia	35.4%		✓	✓
Guernsey	31.6%	✓	✓	✓
Highland	33.0%	✓	✓	✓
Hocking	32.9%	✓	✓	✓
Jackson	35.8%	✓	✓	✓
Jefferson	31.1%			
Lawrence	35.1%	✓	✓	✓
Lucas	32.1%	✓	✓	
Mahoning	30.9%	✓	✓	
Marion	31.1%		✓	
Meigs	37.9%		✓	✓
Morgan	31.2%	✓		✓
Muskingum	33.9%		✓	✓
Perry	33.0%	✓	✓	✓
Pike	40.6%		✓	✓
Ross	31.9%		✓	✓
Scioto	38.6%	✓	✓	✓
Vinton	39.5%	✓	✓	✓

Health Professional Shortage Area High Need Indicators

Federal HPSA designation criteria allow service areas that meet defined high need indicators to be designated based on lower population-to-provider ratios than other areas. With high needs, the required ratio for designation decreases from 3500:1 to 3000:1 for primary care; from 5000:1 to 4000:1 for dental; and from 30,000:1 to 20,000:1 for mental health.¹¹ The high need indicators for each HPSA discipline are listed in HPSA Table III.

HPSA Table III

HPSA High Need Indicators		
Primary Care	Dental	Mental Health
<p>Poverty Rate – More than 20 percent of the population (or of all households) have incomes below the poverty level.</p> <p>Fertility Rate – The area has more than 100 births per year per 1,000 women aged 15-44.</p> <p>Infant Mortality Rate – The area has more than 20 infant deaths per 1,000 live births.</p>	<p>Poverty Rate – More than 20 percent of the population (or of all households) have incomes below the poverty level.</p> <p>Fluoridation – The majority of the area’s population does not have a fluoridated water supply.</p>	<p>Poverty Rate – 20 percent of the population (or of all households) have incomes below the poverty level.</p> <p>Youth Ratio – The ratio of the number of children under 18 to the number of adults ages 18-64 exceeds 0.6.</p> <p>Elderly Ratio – The ratio of the number of persons aged 65 and over to the number of adults ages 18-64 exceeds 0.25.</p> <p>Alcoholism Prevalence – Data showing the area’s alcoholism rate to be in the worst quartile of the nation, region or state.</p> <p>Substance Abuse Prevalence – Data showing the area’s substance abuse to be in the worst quartile of the nation, region or state.</p>

The common high need indicator across all three HPSA disciplines is the poverty rate, a social determinant of health. Nine Ohio counties had poverty rates greater than 20 percent according to the

¹¹ Mental health HPSA criteria allow designations based on three different population-to-provider ratios. When using population-to-psychiatrist ratios, the required ratio may be lowered from 30,000:1 to 20,000:1 for high-need areas. Mental health HPSAs in Ohio are currently designated only on the basis of population-to-psychiatrist ratios. Other options to designate mental health HPSAs using core mental health providers (psychiatrists plus clinical psychologists, clinical social workers, psychiatric nurse specialists and marriage and family therapists) will be evaluated in the future when data on these additional disciplines are available.

HPSA Table IV

Counties with High Percentage of Population Below 100% Poverty and HPSA Designations			
County	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Adams		✓	✓
Athens		✓	✓
Highland	✓	✓	✓
Jackson	✓	✓	✓
Lucas	✓	✓	
Meigs		✓	✓
Pike		✓	✓
Scioto	✓	✓	✓
Vinton	✓	✓	✓

Each of the nine high poverty counties contains HPSAs for at least two disciplines and four of the counties (Highland, Jackson, Scioto and Vinton) have designations for all three disciplines (see HPSA Table IV). All nine counties have dental HPSAs, eight have mental health HPSAs and five have primary care HPSAs. The four counties not currently designated for primary care have all been designated in the past and were found to no longer meet HPSA criteria during their last review. The sole county not currently designated for mental health is located in an urban area. Urban areas have proven difficult to qualify as mental health HPSAs under the federal designation criteria. Each of these counties has at one least one Federally Qualified Health Center (FQHC), which are automatically designated as HPSAs. Additionally, two of the counties (Highland and Scioto) also have RHCs designated as HPSAs. Additional assessment of these high poverty counties is necessary to determine their potential for designation.

At a sub-county level, a review of Ohio urban areas with at least 20,000 people revealed that 35 of these 86 cities had poverty rates of 20 percent or higher (see HPSA Map VII). These high poverty cities are distributed over 28 counties throughout the state and include four of Ohio’s major metropolitan areas in Akron (Summit County), Cincinnati (Hamilton County), Cleveland (Cuyahoga County) and Columbus (Franklin County). Poverty rates in these four cities ranged from 22.3 percent in Columbus to 35.9 percent in Cleveland. The range of high poverty rates across all 35 cities is a low of 20.0 percent in Lancaster (Fairfield County) to a high of 56.7 percent in Athens (Athens County).

Cities with High Percentage of Population Below 100% Poverty



Source: U.S. Census Bureau
2010-2014 American Community Survey

County	City	Poverty Rate
Allen	Lima	33.6%
Athens	Athens	56.7%
Butler	Hamilton	22.5%
Butler	Oxford	48.3%
Butler/Warren	Middletown	23.9%
Clark	Springfield	30.2%
Cuyahoga	Euclid	20.2%
Cuyahoga	Maple Heights	21.2%
Cuyahoga	Cleveland	35.9%
Erie	Sandusky	22.0%
Fairfield	Lancaster	20.0%
Franklin	Columbus	22.3%
Greene	Fairborn	25.0%
Greene	Xenia	26.0%
Hamilton	Cincinnati	30.9%
Hancock	Findlay	21.4%
Licking	Newark	22.1%
Lorain	Elyria	20.3%
Lorain	Lorain	28.2%
Lucas	Toledo	27.7%
Mahoning	Youngstown	37.4%
Mahoning/Stark	Alliance	26.2%
Marion	Marion	26.7%
Miami	Piqua	22.2%
Montgomery	Trotwood	24.0%
Montgomery	Dayton	35.3%
Muskingum	Zanesville	31.0%
Portage	Kent	35.0%
Richland	Mansfield	25.5%
Ross	Chillicothe	22.1%
Scioto	Portsmouth	32.3%
Stark	Canton	32.4%
Summit	Akron	26.7%
Trumbull	Warren	33.9%
Wood	Bowling Green	34.2%

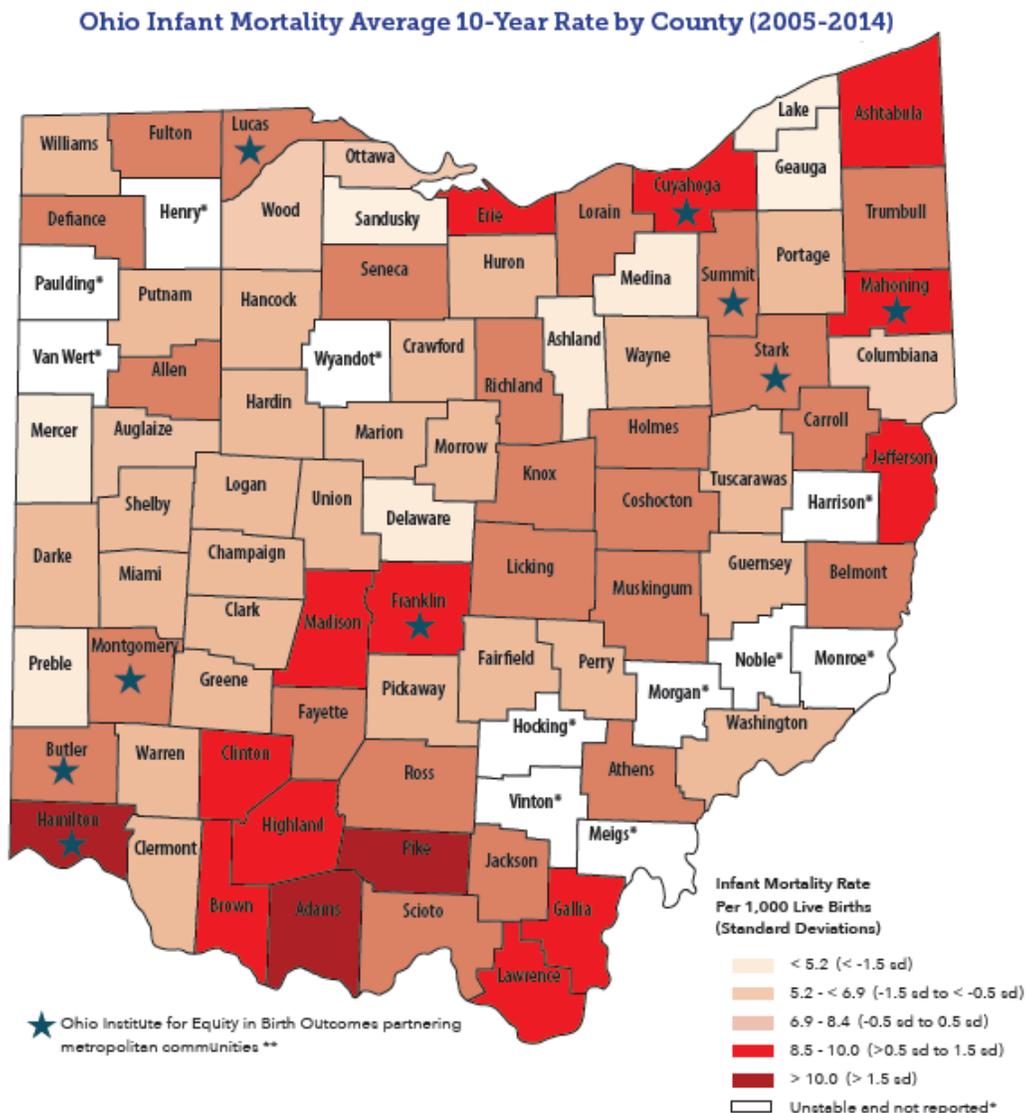
An analysis of the 35 high poverty cities shows that ten have no HPSA designations; ten have designations in one discipline; 13 have designations in two disciplines; and two (Lima in Allen County and Portsmouth in Scioto County) have designations in all three disciplines (see HPSA Table V). For the 24 cities with at least one designation, 23 contain dental HPSAs, 11 contain primary care HPSAs and eight contain mental health HPSAs. Of the ten cities that have no designations, most have not been designated in the past. Four of the cities (Bowling Green in Wood County, Elyria in Lorain County, Kent in Portage County and Oxford in Butler County) have FQHCs, which are automatically designated as HPSAs. Additional assessment of these high poverty cities is necessary to determine their potential for designation.

HPSA Table V

Cities with High Percentage of Population Below 100% Poverty and HPSA Designations				
County	City	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Allen	Lima	✓	✓	✓
Athens	Athens		✓	✓
Butler	Hamilton		✓	
Butler	Oxford		✓	
Butler/Warren	Middletown		✓	
Clark	Springfield	✓	✓	
Cuyahoga	Cleveland	✓	✓	
Cuyahoga	Euclid			
Cuyahoga	Maple Heights			
Erie	Sandusky		✓	✓
Fairfield	Lancaster			✓
Franklin	Columbus	✓	✓	
Greene	Fairborn			
Greene	Xenia			
Hamilton	Cincinnati	✓	✓	
Hancock	Findlay		✓	
Licking	Newark			
Lorain	Elyria			
Lorain	Lorain		✓	
Lucas	Toledo	✓	✓	
Mahoning	Youngstown	✓	✓	
Mahoning/Stark	Alliance		✓	
Marion	Marion		✓	
Miami	Piqua			✓
Montgomery	Dayton		✓	
Montgomery	Trotwood			
Muskingum	Zanesville		✓	✓
Portage	Kent			
Richland	Mansfield		✓	
Ross	Chillicothe		✓	✓
Scioto	Portsmouth	✓	✓	✓
Stark	Canton	✓	✓	
Summit	Akron	✓	✓	
Trumbull	Warren	✓	✓	
Wood	Bowling Green			

For primary care HPSAs, additional high need indicators are high infant mortality and fertility rates. While no counties in Ohio meet the criteria for high infant mortality (>20 infant deaths per 1000 live births), three counties had rates above 10.0 based on average ten-year rates for 2005-2014 (see HPSA Map VIII). These are Hamilton County in southwest Ohio (where Cincinnati is located) and two Appalachian counties (Adams and Pike). A review of sub-county data is necessary to pinpoint the hot spots for infant mortality in Ohio. These have been identified in nine metropolitan areas including Butler County in southwest Ohio and the cities of Akron (Summit County), Canton (Stark County), Cincinnati (Hamilton County), Cleveland (Cuyahoga County), Columbus (Franklin County), Dayton (Montgomery County), Toledo (Lucas County) and Youngstown (Mahoning County) (see HPSA Map VIII). To improve birth outcomes and reduce racial disparities in infant deaths, these Ohio Institute for Equity in Birth Outcomes (OEI) partnering communities are actively engaged in work with ODH and CityMatCH, a national membership organization that supports urban maternal and child health efforts at the local level.

HPSA Map VIII



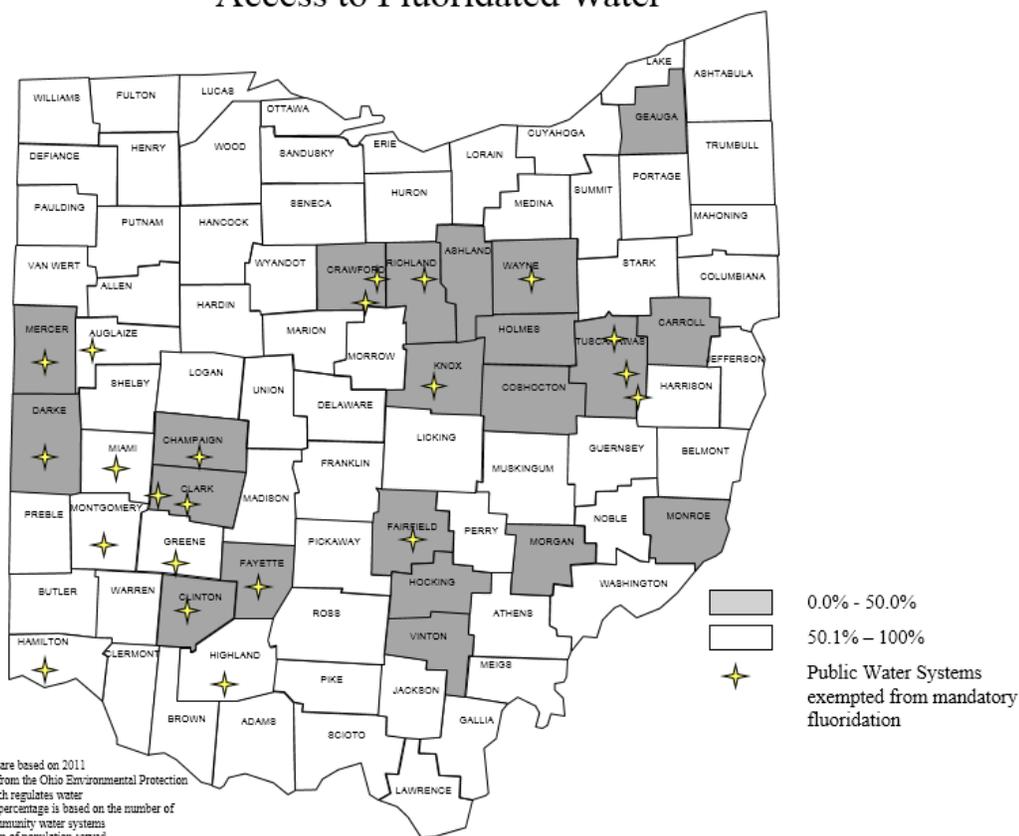
Of the three counties with the highest infant mortality rates, only Hamilton County contains primary care HPSAs. As noted earlier, both Adams and Pike counties were designated in the past but were found to no longer meet federal criteria at their last review. As to the nine metropolitan communities with high infant mortality listed above, all contain primary care HPSAs. Further analysis is necessary to compare the specific census tracts that are included in designated HPSAs with those included in OEI partnering metropolitan communities.

In addition to infant mortality, high fertility rates (>100 births per year per 1000 women aged 15 - 44) are also used as a high need indicator for primary care HPSAs. Only one Ohio county met the criteria for a high fertility rate in the 2010-2015 period and this rate is not consistently high from year to year. The high fertility rate occurs in Holmes County, located in the Appalachian region and home to the nation's largest Amish settlement. High fertility rates are also found for at least five of the six years in the reporting period for the Hispanic population in Clark, Hamilton and Tuscarawas counties. All of these counties contain primary care HPSAs.

For dental HPSAs, the level of access to a fluoridated water supply is used as another high needs indicator. There are 21 Ohio counties in which a majority of the population is unlikely to have access to fluoridated water (see HPSA Map IX). Apart from a cluster of nine counties in north central Ohio, the counties are generally spread around the state. Twelve of the 21 counties contain areas where the public water systems are exempted from the Ohio statute that requires fluoridation.

HPSA Map IX

Percent of Entire County Population Likely to Have Access to Fluoridated Water



Dental HPSAs have been designated in a total of 12 counties where the majority of the population is unlikely to have access to fluoridated water; seven of these are located in the north central Ohio cluster (see HPSA Table VI). Additional assessment is needed to determine whether the non-designated areas may meet HPSA criteria.

HPSA Table VI

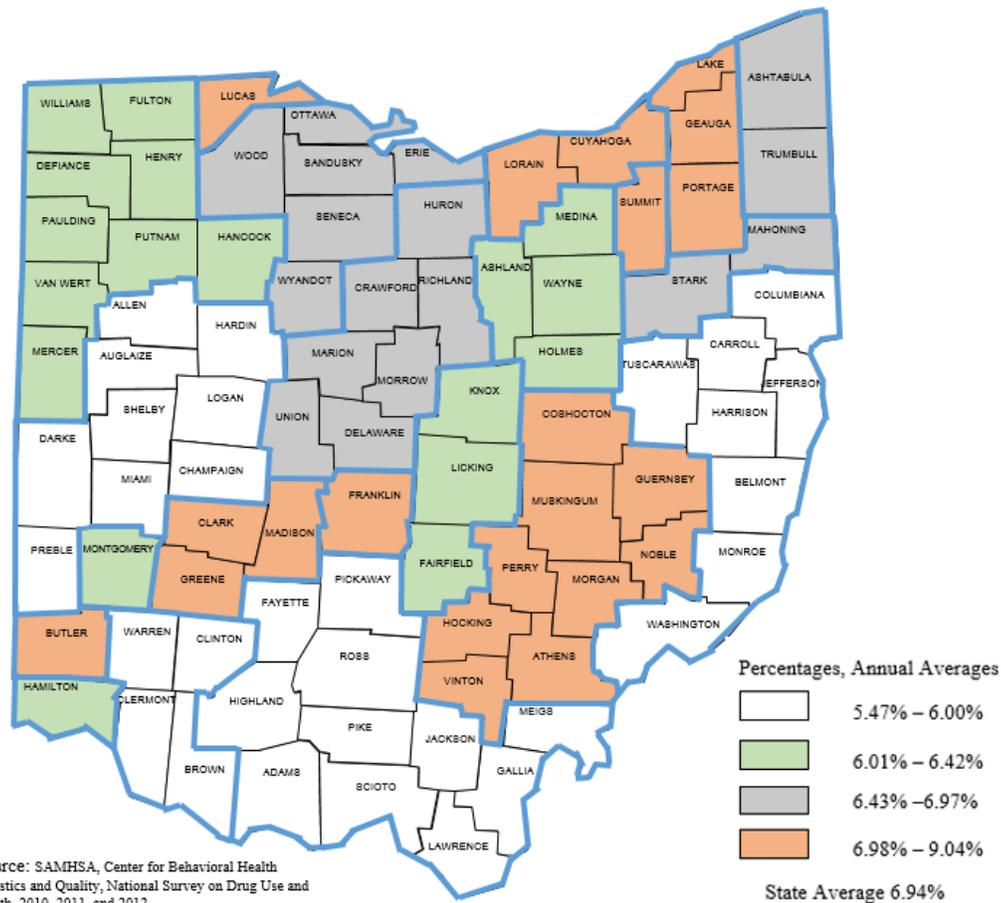
Counties with Inadequate Access to Fluoride and Dental HPSAs	
County	Dental HPSA
Ashland	✓
Carroll	
Champaign	
Clark	✓
Clinton	✓
Coshocton	✓
Crawford	✓
Darke	
Fairfield	
Fayette	
Geauga	
Hocking	✓
Holmes	✓
Knox	✓
Mercer	
Monroe	✓
Morgan	
Richland	✓
Tuscarawas	✓
Vinton	✓
Wayne	

For mental health HPSAs, high need indicators are based on youth and elderly ratios as well as prevalence of alcoholism and substance abuse. Only one county was found to have a high youth ratio (in excess of 0.6). The only county with a high youth ratio, Holmes County, is located in Appalachia and home to a large Amish population. There are 54 counties with a high elderly ratio (in excess of 0.25). Almost half of these counties are located in the Appalachian region. The urban counties with high elderly ratios include Cuyahoga County, where Cleveland is located, and Montgomery County, where Dayton is located.

Prevalence data on alcoholism and substance abuse is not available at a county level for Ohio. Data presented are a substate breakdown from the National Survey on Drug Use and Health. These data are based on 21 substate regions, each comprised of one or more mental health and addiction service boards with as few as one and as many as 11 counties. A review of annual averages of alcohol dependence or abuse in the past year among Ohioans aged 12 and older by sub-state region revealed percentages from 5.47 percent to 9.04 percent compared to a statewide percentage of 6.94 percent. Twenty-one counties fell in the worst quartile of the state. These include a nine-county area in Appalachian Ohio; Butler County in southwest Ohio; and the metropolitan areas in Cuyahoga, Franklin, Lucas and Summit counties (see HPSA Map X). Mental health HPSAs are designated in the Appalachian counties, but have proven difficult to designate in the urban areas as previously noted.

HPSA Map X

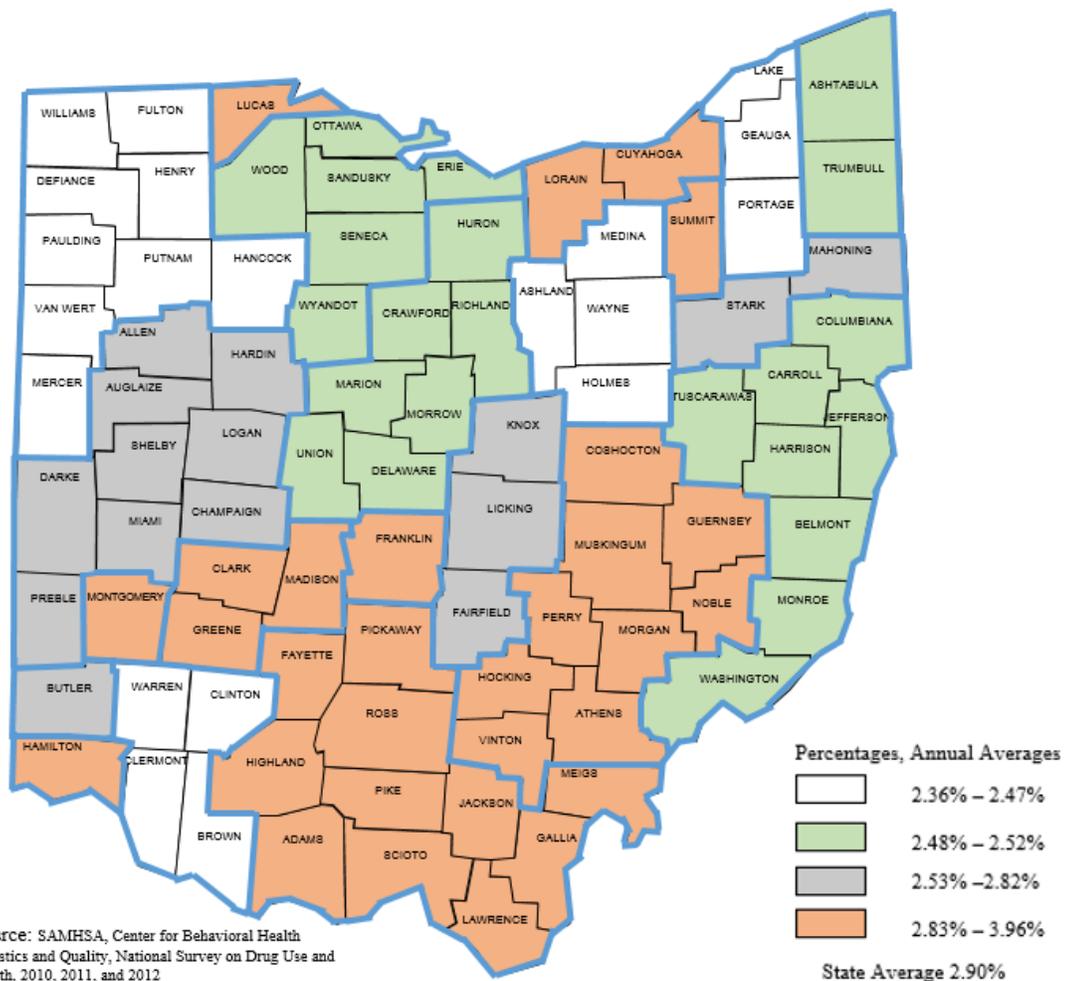
Alcohol Dependence or Abuse in the Past Year Among Ohioans (Aged 12 or Older) by Substate Region



The National Survey on Drug Use and Health also includes data on illicit drug dependence or abuse in the past year for Ohioans aged 12 and older by substate region. Through a review of annual averages, percentages in the worst quartile of the state were found to occur in 30 counties, including 18 counties in Appalachian Ohio and the metropolitan areas of Cuyahoga, Franklin, Hamilton, Lucas, Montgomery and Summit counties. (see HPSA Map XI) Percentages range from a low of 2.36 percent to a high of 3.96 percent compared to a statewide average of 2.9 percent. Mental health HPSAs are designated in most of the identified rural counties.

HPSA Map XI

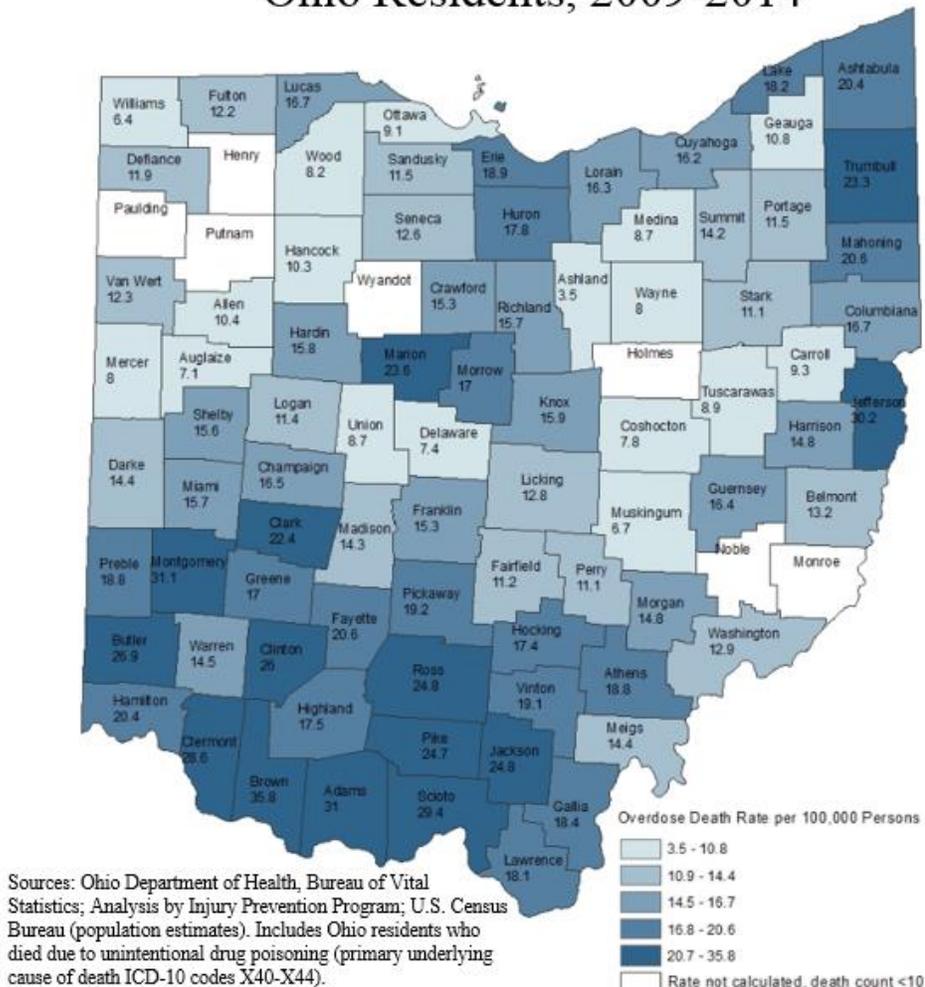
Illicit Drug Dependence or Abuse in the Past Year Among Ohioans (Aged 12 or Older) by Substate Region



Given the current widespread problem with illicit drugs, including opioids, a review of the drug overdose death rate is also presented as an indicator of high needs. Unintentional drug overdoses caused the deaths of 2,531 Ohio residents in 2014. This is the highest number of deaths from drug overdose on record. Fourteen of Ohio's 88 counties had an average age-adjusted unintentional drug overdose death rate at or above 20.7 per 100,000 population for 2009-2014, while the state rate was 16.7. Nine of the 14 counties with high rates are located in the Appalachian region, with rates reaching as high as 35.8 in Brown County. The highest drug overdose death rate (31.1) in an urban county is in Montgomery County, where Dayton is located (see HPSA Map XII).

HPSA Map XII

Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, Ohio Residents, 2009-2014



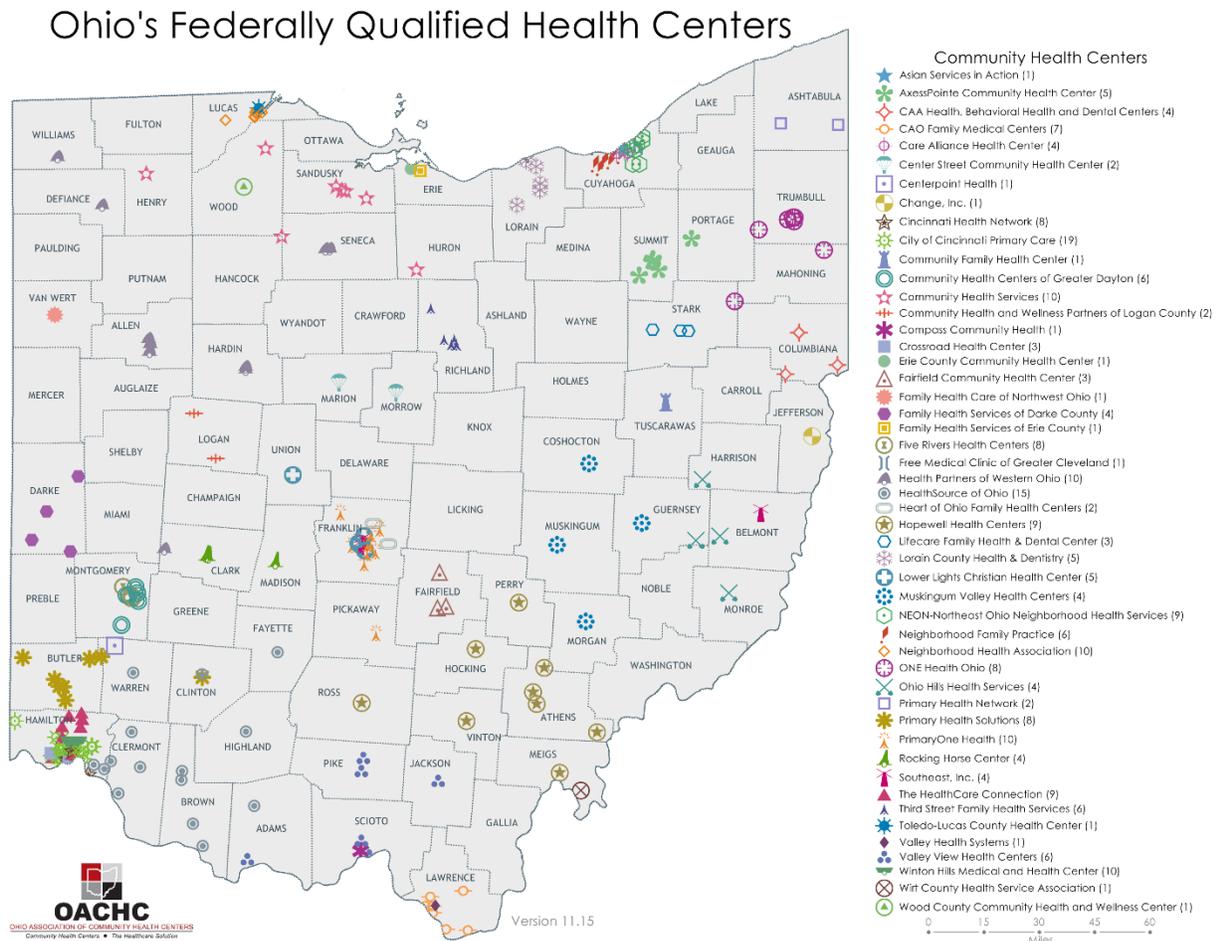
V. Safety Net Sites

Ohio has a variety of safety net sites to address the healthcare needs of underserved populations and communities. Some of these are described and illustrated here to show both the resources available within the state as well as potential gaps in services.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are non-profit private or public entities funded by HRSA to serve designated Medically Underserved Areas/Populations (MUA/P) or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. In Ohio, there are 45 FQHC organizations with a total of 250 care delivery sites (see Safety Net Map I). Sixty-four of Ohio's 88 counties have at least one FQHC site. This includes seven sites which serve the homeless population, two which serve residents of public housing and two serving the migrant and seasonal farmworker population. There are also 28 school-based sites operated by FQHCs, with more under development. More than 575,000 Ohioans were served by FQHCs in 2015. Additional federal funding was also received this year to serve a total of more than 100,000 new patients through 20 new access points and expanded service awards.

Safety Net Map I

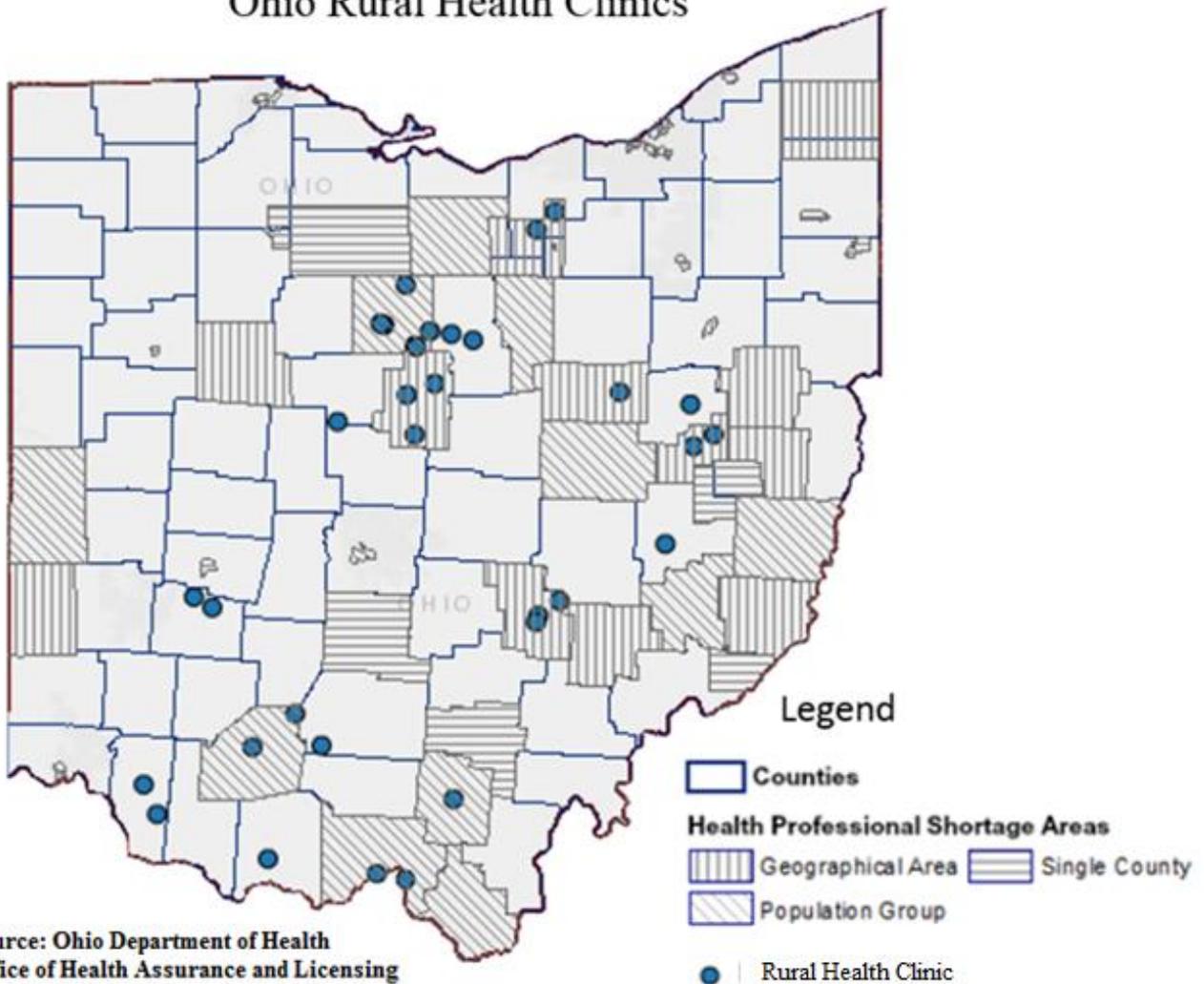


Rural Health Clinics

Ohio has 38 Rural Health Clinics (RHC) certified by CMS (Safety Net Map II). These clinics are located in 17 counties throughout the state, including several within Ohio's Appalachian region. Both independent and provider-based clinic models operate in the state. During recent years, Ohio has experienced growth in the number of RHCs statewide, with approximately 13 clinics gaining certification since 2013. Since the approval of designation criteria developed by Ohio in 2009, Ohio has pursued designation of Governor's Certified Shortage Areas for purposes of the RHC program and has designated 42 counties based on these criteria. Communities that express interest in developing RHCs, but which do not qualify for designation as HPSAs or MUA/Ps, are routinely evaluated for designation as Governor's Certified Shortage Areas. CMS requires that RHCs be located in a current HPSA, MUA/P or Governor's Certified Shortage Area in order to receive RHC certification. Additionally, 11 Ohio RHCs are currently designated as facility HPSAs, indicating that they provide services on a sliding fee scale basis.

Safety Net Map II

Ohio Rural Health Clinics



Source: Ohio Department of Health
Office of Health Assurance and Licensing
Data as of January 2016

Free Clinics

There are 54 free clinics in Ohio that are members of the Ohio Association of Free Clinics. The clinics are located in 27 counties and have a service area covering 53 out of the state's 88 counties (see Safety Net Map III). Hours of operation and levels of care available vary from clinic to clinic. ODH provides funding to these free clinics to assist in meeting the healthcare needs of uninsured patients. Additionally, through recent legislative changes to Ohio's state loan repayment programs, free clinics located outside of shortage areas became eligible sites for these incentive programs to recruit and retain providers.

Safety Net Map III

Ohio Free Clinics Location and Service Areas

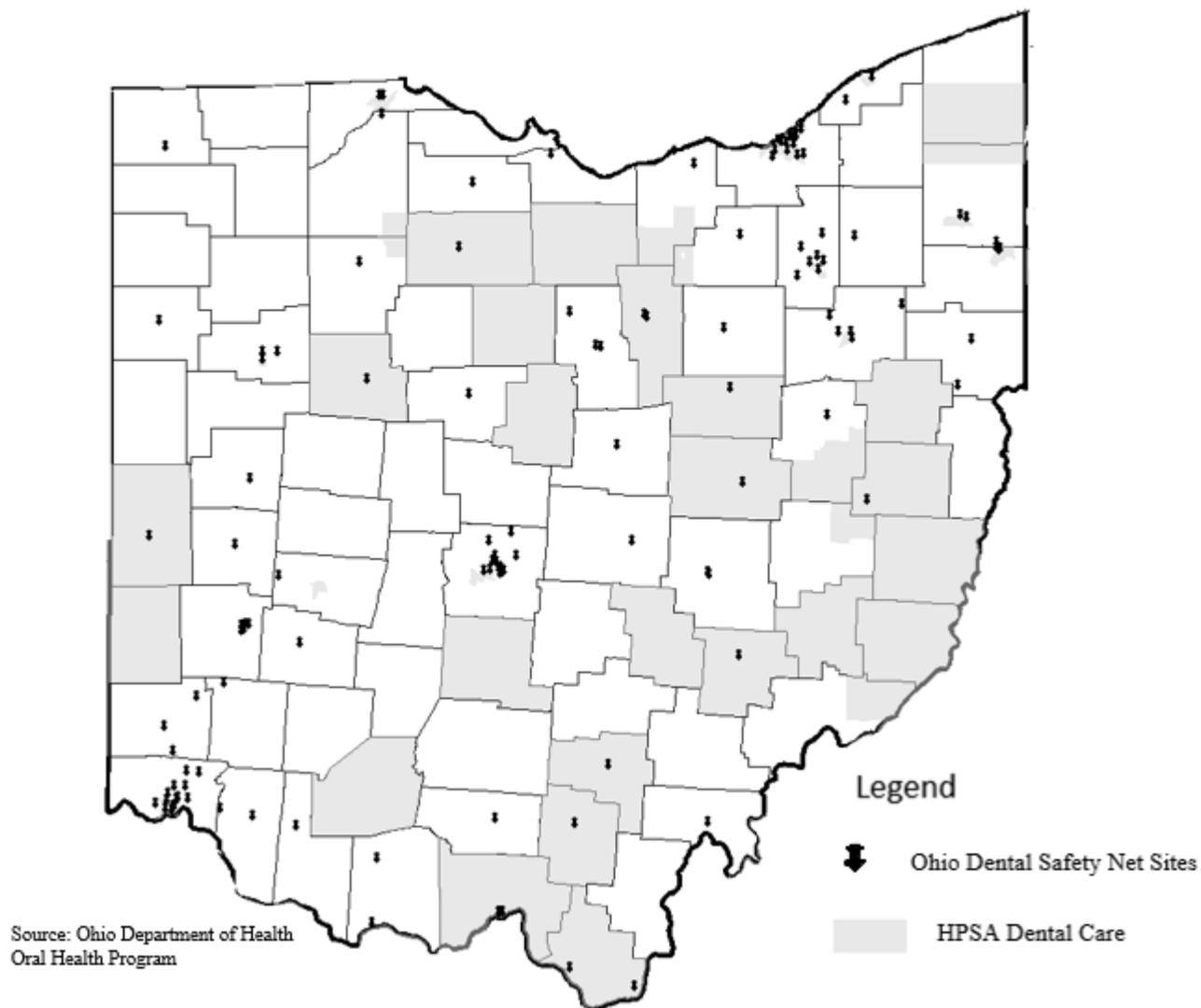


Safety Net Dental Care Programs

Ohio has 147 dental safety net sites located in 53 of its 88 counties (see Safety Net Map IV). The programs provide clinical dental services and generally are operated by local health departments, FQHCs, hospitals and other organizations that serve the community. The programs offer sliding fee schedules, reduced fees or free care to clients who cannot afford to pay a private dentist.

Safety Net Map IV

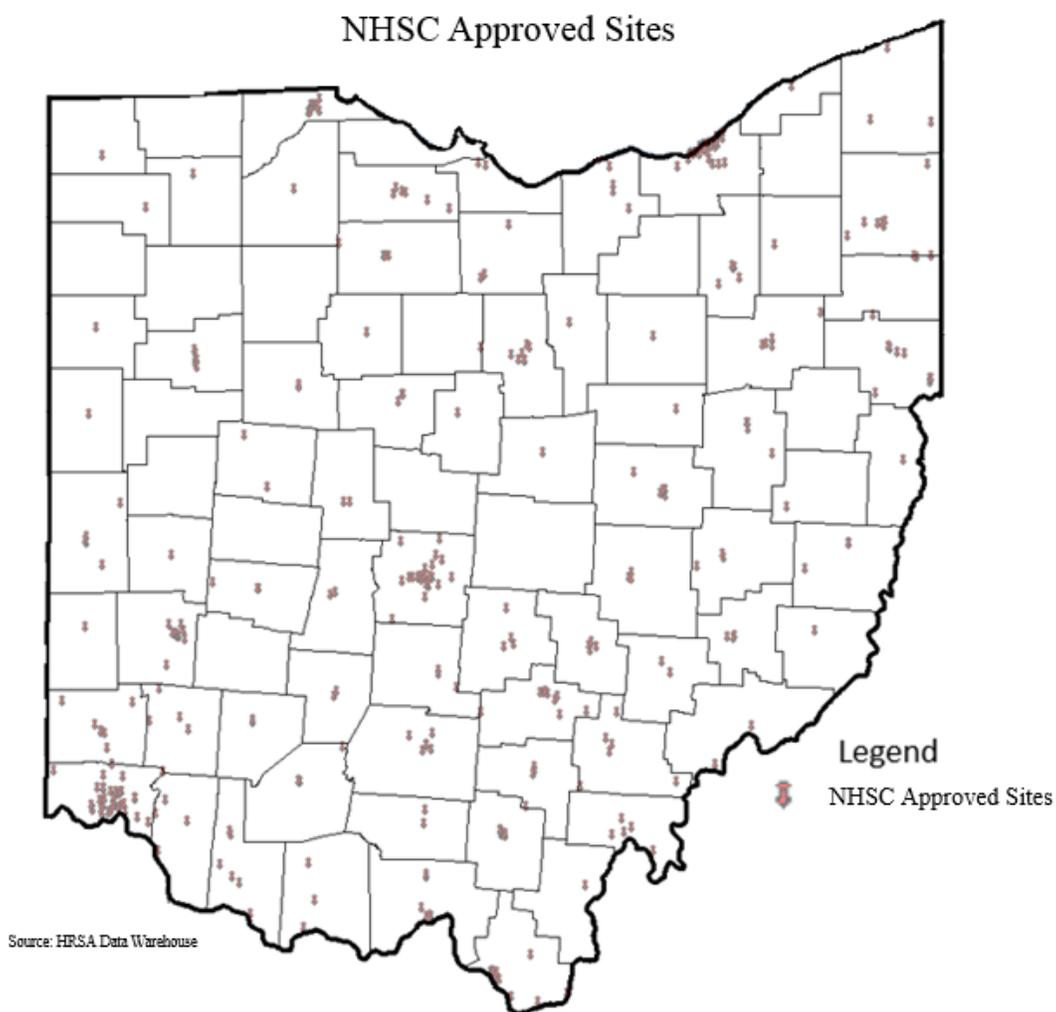
Dental HPSA and Dental Safety Net Sites



National Health Service Corps Approved Sites

There are 382 sites in Ohio that are approved by the National Health Service Corps (NHSC) to recruit and retain providers through the NHSC scholarship and loan repayment programs (see Safety Net Map V). More than half of these sites are FQHCs, which are automatically approved as NHSC sites. Other sites, such as community mental health centers, hospital-affiliated clinics, school-based clinics and state correctional facilities, must apply and be approved as NHSC sites. All sites must be located in HPSAs and utilize a sliding fee scale for patients at or below 200 percent of the FPL. Approximately 60 percent of current NHSC sites are located in urban areas of the state with the remainder situated in rural and Appalachian communities.

Safety Net Map V



VI. Health Care Workforce Programs

Ohio has various state and federal programs to develop, recruit and retain healthcare providers. All of the programs described here are aimed at improving access to care for the state's underserved areas and populations. Many program participants practice at safety net sites such as those described in Section V, Safety Net Sites.

National Health Service Corps Scholarship Program

The NHSC Scholarship Program is a federal HRSA program that provides tuition, fees, other educational costs and a living stipend to selected health professions students. In return, scholars must practice in an approved site located in a HPSA for a minimum of two years. Eligible students train in programs that lead to practice as physicians, dentists, nurse practitioners, certified nurse midwives and physician assistants.

In 2015, there were 19 students in training in Ohio through NHSC Scholarship Program support. These included nine students in allopathic medical school, six in osteopathic medical school, three in dental school and one in a physician assistant training program. Ohio scholars were in training in five of the state's seven medical schools, both of its dental schools and one of its 11 physician assistant training programs. There were no advanced practice nursing students training through the NHSC Scholarship Program in any of Ohio's 15 schools that offer primary care programs. In addition to these scholars in training, there were also three scholars in practice in Ohio in 2015; these included two dentists and one physician.

Choose Ohio First Scholarship Program

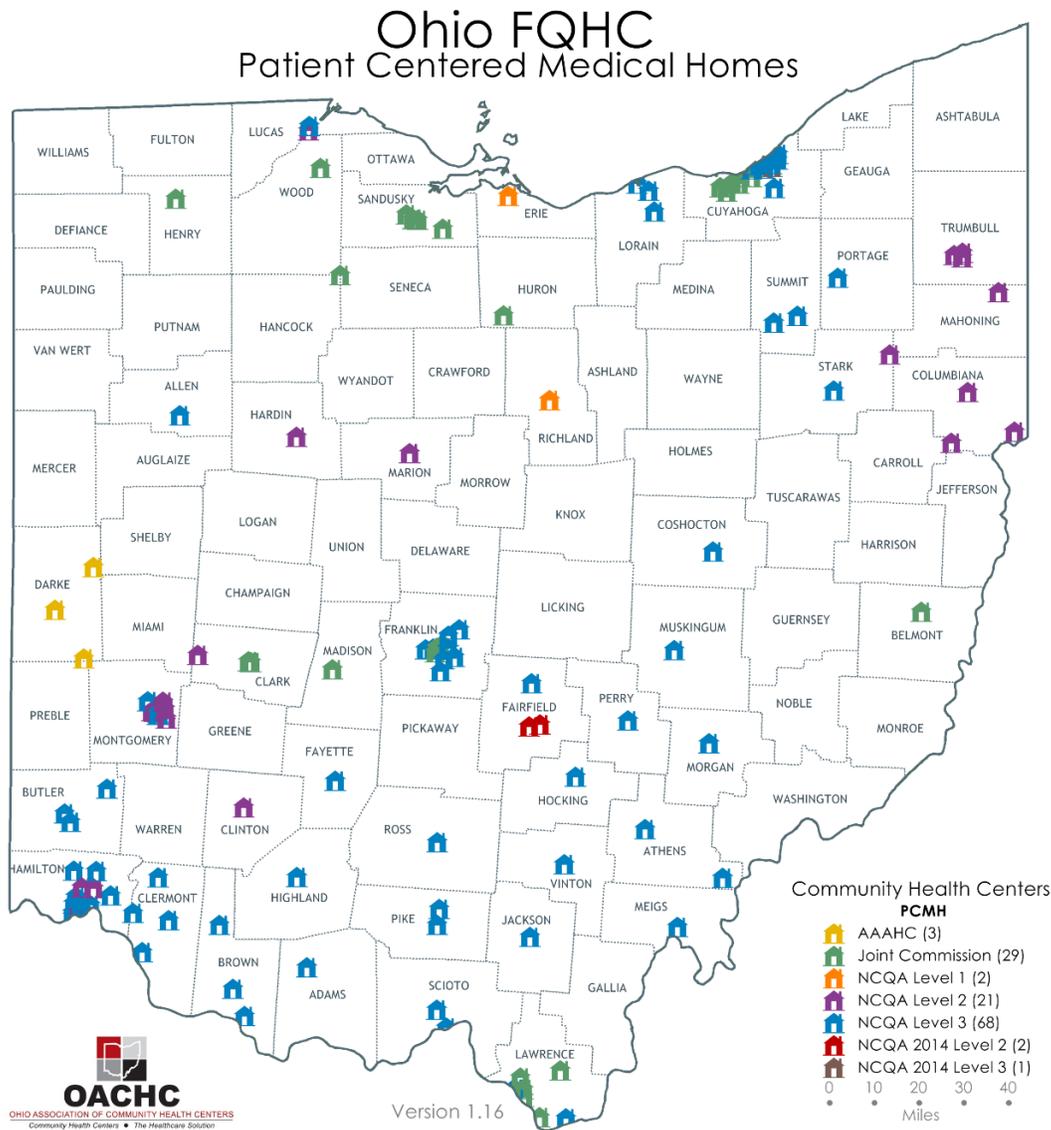
In 2012, the PCMH Education Pilot Project added scholarships in medicine and nursing to the Choose Ohio First Scholarship Program in an effort to meet a growing need for primary care practitioners in high-need areas throughout the state. More recently, dentistry has been included as an eligible discipline and will be an option for future scholarships. The scholarships highlight Ohio's model for improving healthcare access while enhancing health professions education and reducing healthcare costs. The scholarships are generally made available each year to 50 medical and 30 graduate nursing students who are Ohio residents. Medical students may receive \$30,000 per year for up to four years of medical school and nursing students are eligible to receive \$10,000 per year for up to three years of graduate nursing education. Special consideration is given to first-generation, low-income students and those from disadvantaged backgrounds or groups culturally underrepresented in healthcare professions. Scholarship recipients must commit to accept Medicaid patients and practice primary care in Ohio for no less than three years.

Ohio Primary Care Workforce Initiative

The Ohio Association of Community Health Centers (OACHC) operates the Ohio Primary Care Workforce Initiative to expose health professions students to practice in FQHCs that have received or are pursuing national recognition as PCMH. As of January 2016, more than 117 FQHC sites have received PCMH recognition (see Workforce Map I). The Initiative, funded by the state of Ohio beginning in July 2015 at \$2.7 million per year, supports standardized, high-quality educational experiences for students

while accounting for the loss of productivity associated with precepting. Eligible FQHCs may earn up to an annual cap of \$50,000 for precepting students. Eligible students must be from the following primary care disciplines: medicine, advanced practice nursing, physician assistant, dentistry or behavioral health. In addition, medical students interested in family medicine have an opportunity to participate in summer FQHC rotations through an OACHC partnership with the Ohio Academy of Family Physicians Foundation. The partnership allows the Foundation to double the number of first and second-year medical students in its Leroy A. Rodgers Preceptorship Program, a long-standing program that offers rotations with family medicine physicians throughout the state.

Workforce Map I

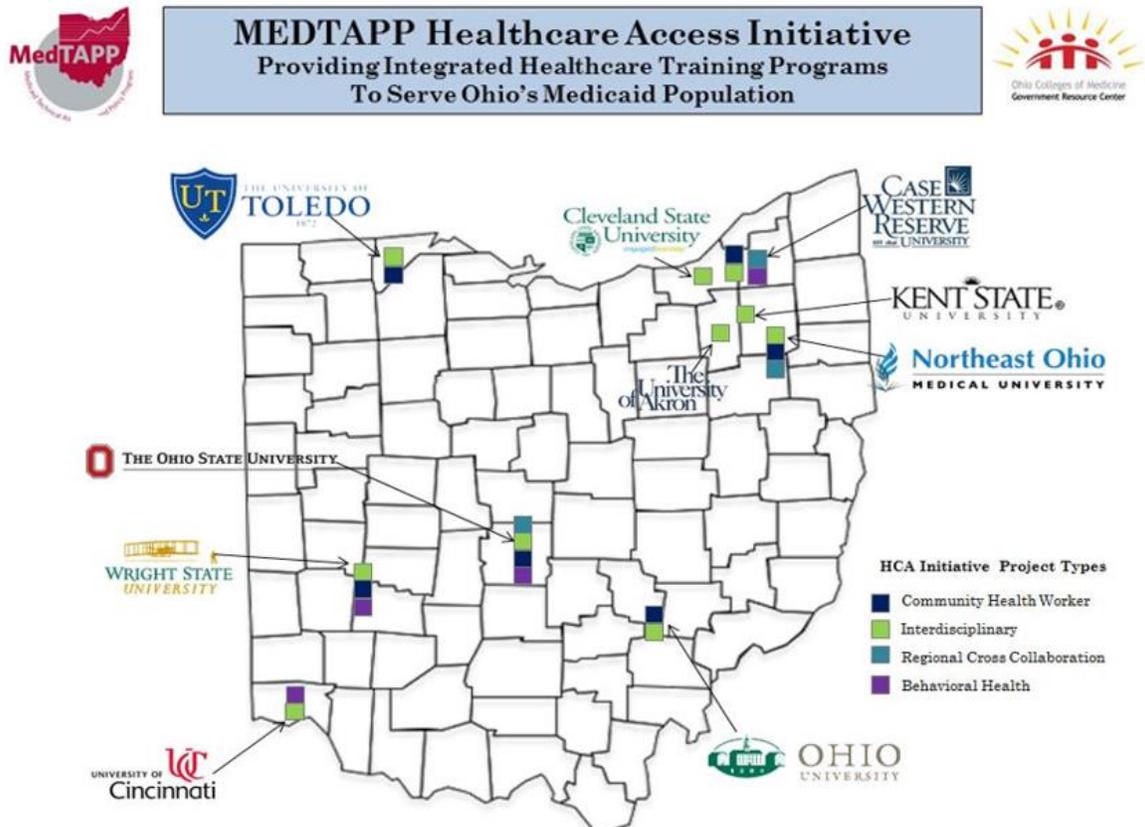


Medicaid Technical Assistance and Policy Program Healthcare Access Initiative

The Medicaid Technical Assistance and Policy Program (MEDTAPP) Healthcare Access Initiative (HCA) supports healthcare professional recruitment and retention through innovative teaching and training programs that focus on behavioral health, community health workers, interprofessional education and community-based experiences to increase access to care for Medicaid and underserved populations. The MEDTAPP HCA fosters innovative partnerships between academic medical centers and health professions training programs in collaboration with ODH, the Ohio Department of Higher Education, the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services. Recognizing the growing need for creating a diverse workforce and enhancing interprofessional education, Ohio's MEDTAPP HCA prepares current and future health professionals to serve Medicaid beneficiaries and to work in underserved communities.

Since its inception in state fiscal year 2012, the MEDTAPP HCA has trained and placed providers in specialties such as behavioral health, primary care, geriatrics and advanced practice nursing. Nearly \$57.1 million dollars in federal funding has been secured for this purpose. Under the MEDTAPP HCA, the ten university partners depicted on the following map have been selected as participants, with projects totaling \$13.9 million dollars in federal funds and \$14.4 million as university matching funds in state fiscal year 2016. (see Workforce Map II)

Workforce Map II



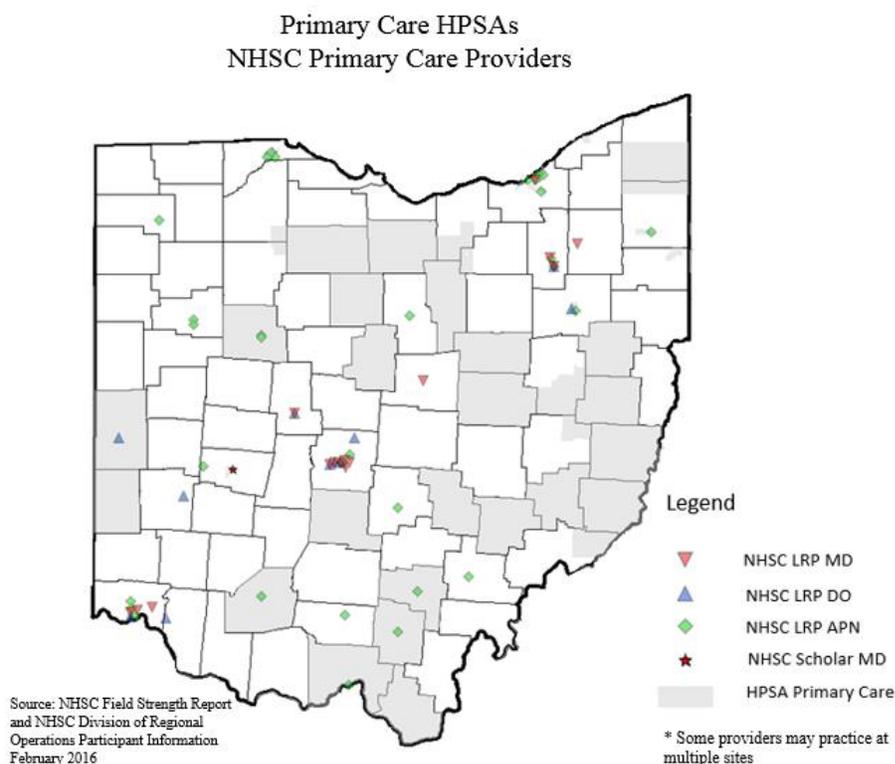
Note: Examples of healthcare professionals engaged in interprofessional training include nursing, medicine, pharmacy, behavioral health, dentistry and rehabilitation sciences.

National Health Service Corps Loan Repayment Program

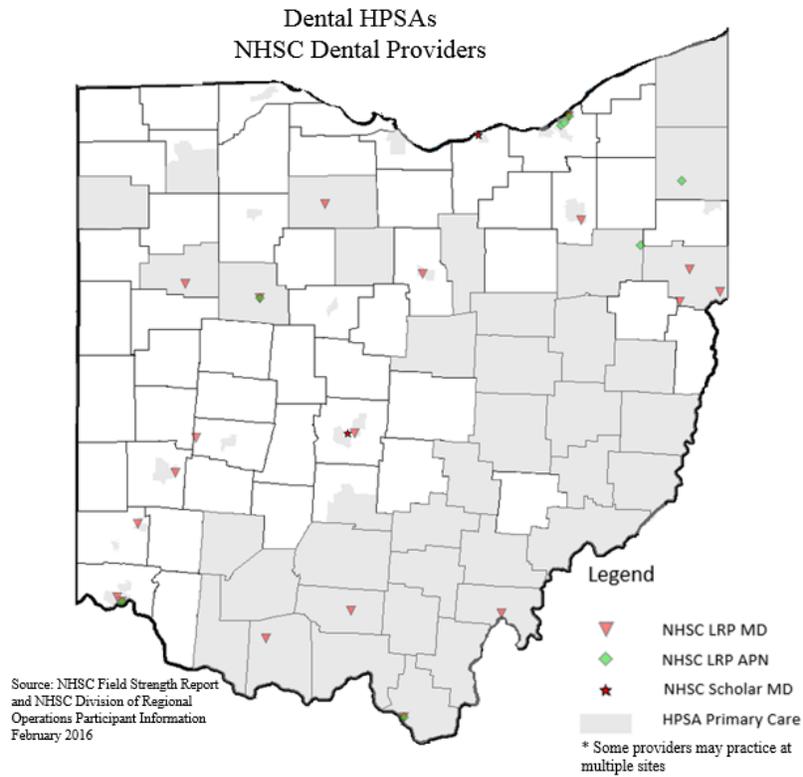
The NHSC Loan Repayment Program is a federal HRSA program to recruit and retain medical, dental and mental/behavioral health clinicians to practice in HPSAs. Selected clinicians who practice full-time at an approved site may receive up to \$50,000 to repay their health profession student loans in exchange for a two-year commitment. The program also has a part-time option which enables clinicians to work 20 - 39 hours per week and obtain up to half the amount of loan repayment. Eligible disciplines include primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists and behavioral and mental health providers (psychiatrists, health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists and licensed professional counselors). To encourage continuity of care, the NHSC Loan Repayment Program offers additional years of loan repayment for those participants who complete the initial commitment, remain at the eligible practice site and still have health professions student loans.

In 2015, there were 176 providers practicing in Ohio through the NHSC Loan Repayment Program. These included 47 advanced practice nurses and 42 physicians (30 allopathic and 12 osteopathic) in primary care HPSAs; 27 dentists and eight registered dental hygienists in dental HPSAs; and 52 mental/behavioral health professionals (22 licensed professional clinical counselors, 21 licensed clinical social workers, five advanced practice nurses, three psychologists and one physician) in mental health HPSAs (see Workforce Maps III, IV and V).

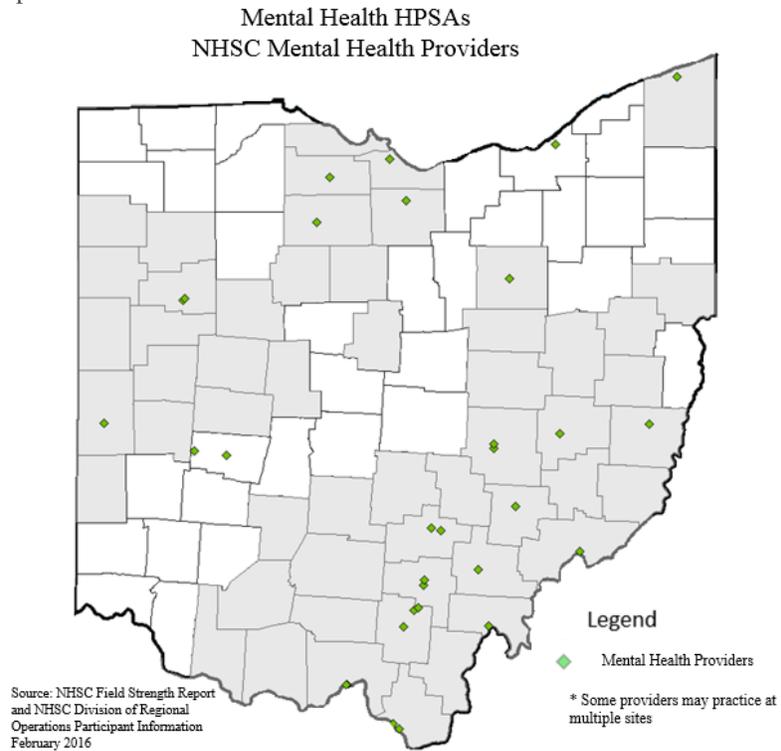
Workforce Map III



Workforce Map IV



Workforce Map V



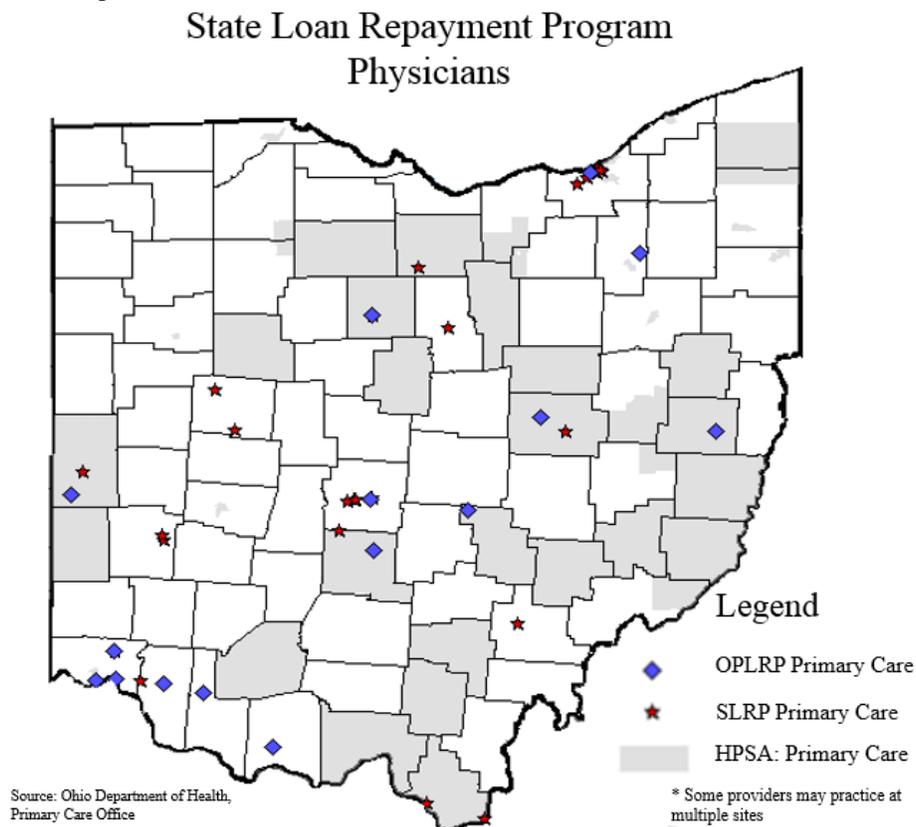
State Loan Repayment Programs

Ohio operates state loan repayment programs for primary care physicians, dentists and dental hygienists. Each program is funded by licensure fees from its respective profession. The programs may fund participants using only state funds or provide match to the HRSA State Loan Repayment Program (SLRP) grant received by the Ohio Primary Care Office. The Ohio Department of Rehabilitation and Correction also provides matching funds for the SLRP in an effort to bolster their recruitment and retention of providers for correctional facilities designated as HPSAs.

Ohio Physician Loan Repayment Program

The goal of the Ohio Physician Loan Repayment Program (OPLRP) is to increase access to primary care for underserved communities and populations. In exchange for loan repayment assistance, physicians commit to practice for a minimum of two years at an eligible site in a HPSA or Health Resource Shortage Area, accept Medicare and Medicaid and accommodate all patients regardless of their ability to pay. Participating physicians who practice full-time may receive up to \$50,000 for an initial commitment and up to \$35,000 each year for a third and fourth year of service. In 2015, part-time participants practicing between 20 and 39 hours per week became eligible for OPLRP. Part-time participants may receive up to half the amount of full-time participants. Additional changes made in 2015 allowed teaching activities at approved practice sites and practice at free clinics located outside of shortage areas as eligible service. The following primary care specialties are eligible for OPLRP: Family Practice, General Internal Medicine, Internal Medicine/Pediatrics, Obstetrics and Gynecology, General Pediatrics, Adolescent Medicine, Geriatrics and Psychiatry (General, Child and Adolescent and Geriatric).

Workforce Map VI



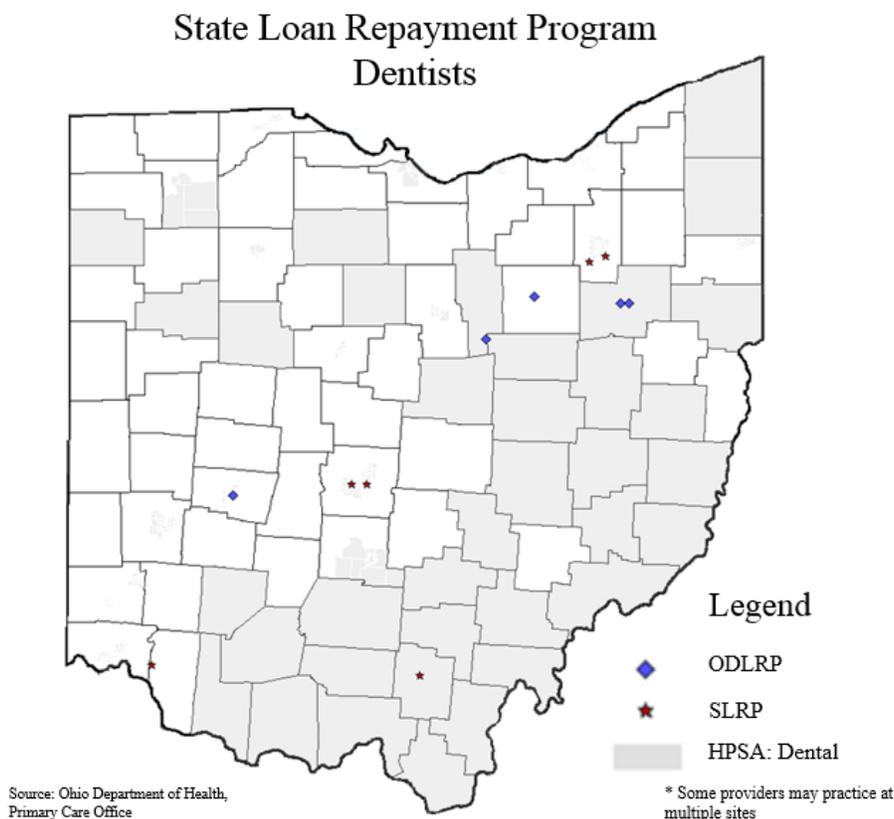
In 2015, 40 physicians participated in OPLRP. The majority of the participants were funded through a combination of state dollars and the SLRP grant. Most practiced in primary care HPSAs, while three were psychiatrists located in mental health shortage areas. Half of the physicians in the program were family practitioners (see Workforce Map VI on the previous page).

Ohio Dentist Loan Repayment Program and Ohio Dental Hygienist Loan Repayment Program

The intent of the Ohio Dentist and Dental Hygienist Loan Repayment Programs is to encourage dentists and dental hygienists to practice in underserved areas of the state by providing an incentive for them to practice there. General and pediatric dentists and dental hygienists working in underserved areas are eligible to apply for repayment of school loans related to their professional training. To qualify for loan repayment, clinicians must provide dental services in dental practice sites located in underserved areas, practicing either full-time (40 hours per week) or part-time (20-39 hours per week). Limited teaching activities may be permitted. Services must be provided for Medicaid-eligible persons and others without regard to a patient's inability to pay.

In 2015, eight dentists practiced in dental shortage areas through the Ohio Dentist Loan Repayment Program. Five of the eight were funded through a combination of state dollars and the State Loan Repayment Program grant. Initial placements through the new Ohio Dental Hygienist Loan Repayment Program will be made in 2016 (see Workforce Map VII).

Workforce Map VII



J-1 Visa Waiver Program

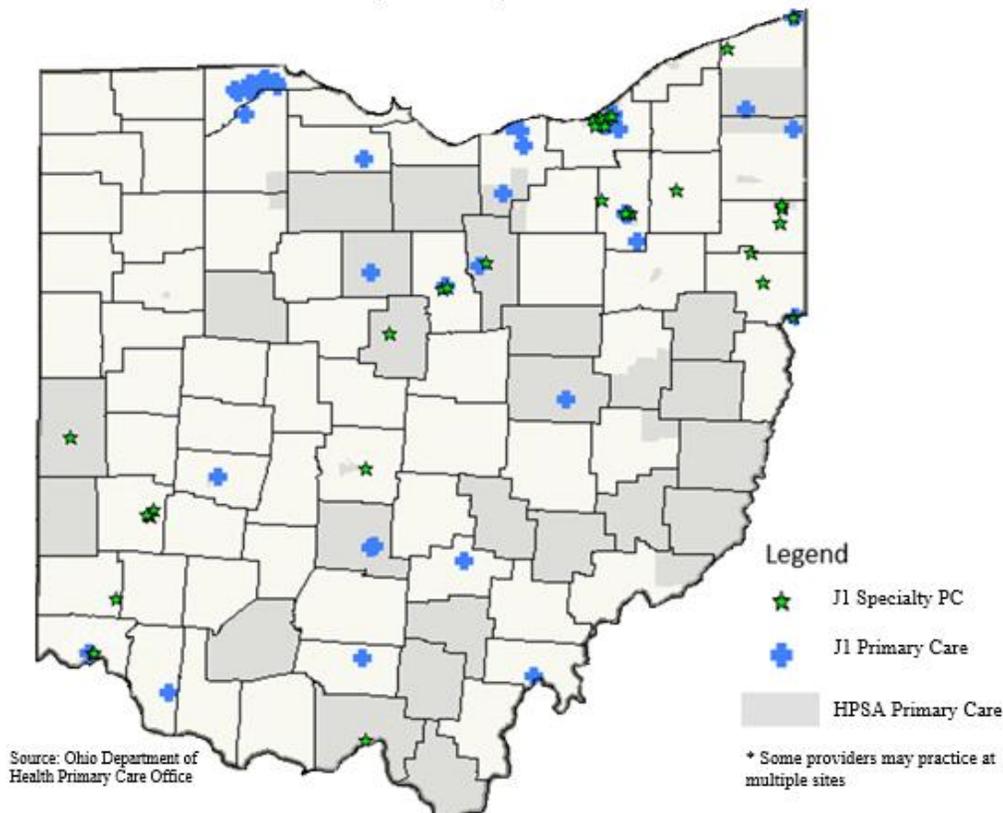
ODH participates in federal visa waiver programs for foreign medical graduates who wish to remain in the United States after completing their residency/fellowship training in the U.S. while on a J-1 visa. Waivers allow physicians to remain in the country in exchange for a three-year commitment to provide healthcare services in underserved areas.

The State 30 J-1 Visa Waiver Program gives state health directors the ability to recommend visa waivers to the U.S. Department of State on behalf of physicians who meet Ohio program requirements. Additionally, since Ohio is part of the Appalachian region, the Governor may also recommend waivers to the Appalachian Regional Commission (ARC). Lastly, the State may support applications from certain FQHCs and RHCs that qualify for the Department of Health and Human Services (HHS) J-1 Visa Waiver Program. The goal of each of these programs is to increase access to healthcare services for Ohio's underserved populations. While the ARC and HHS programs are focused on primary care physician placement in HPSAs, the State 30 program allows placements of sub-specialty physicians and placements outside of shortage areas.

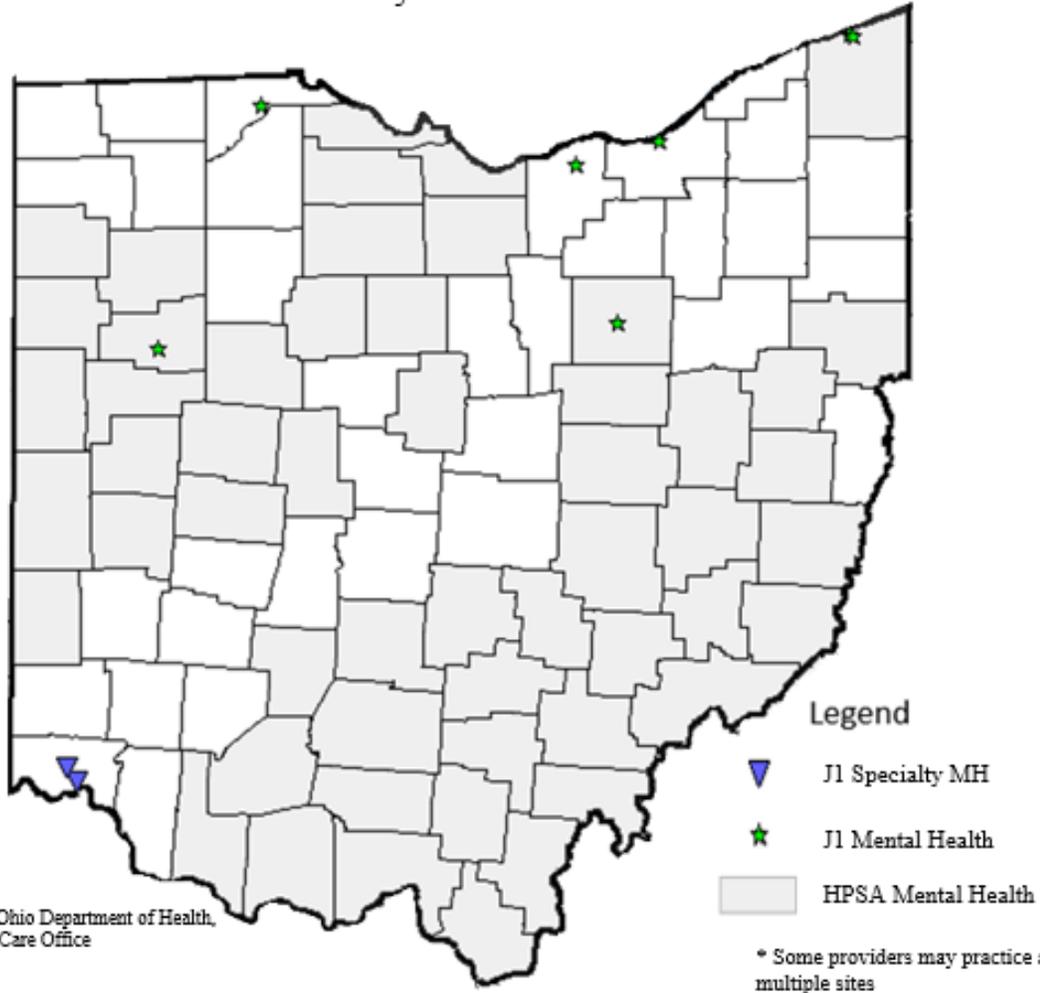
In 2015, there were 88 physicians in service in Ohio through the State 30 J-1 Visa Waiver Program. This included 48 sub-specialists and 32 primary care physicians practicing in primary care HPSAs. An additional eight psychiatrists were practicing in mental health HPSAs (see Workforce Maps VIII and IX).

Workforce Map VIII

J-1 Visa Waiver Primary Care Physicians



J-1 Visa Waiver Program Psychiatrists



Source: Ohio Department of Health,
Primary Care Office

VII. Summary and Future Considerations

For the initial statewide primary care needs assessment in 2015 - 2016, the Ohio Primary Care Office focused on the presentation of information related to its work in the designation of HPSAs and coordination of workforce programs that aim to address the identified need for healthcare providers. The assessment included a review of areas that are currently designated as underserved for primary care, dental and mental health and a comparison of those areas with population group HPSA criteria and high need indicators. The analysis resulted in the identification of priority counties for review by the Primary Care Office to determine whether the areas may meet federal criteria for HPSA designation. In addition, those HPSAs with high-need scores, i.e. 14 or above as defined by the NHSC, were assessed for the absence of, or limited access to, practice sites approved by the NHSC.

To determine which additional areas of the state are most likely to meet HPSA criteria, and also may benefit the most from HPSA designation, the Primary Care Office analyzed the following three additional indicators for potential HPSA designation: 1) counties where 30 percent or more of the population is low-income, defined as less than 200 percent of the Federal Poverty Level; 2) counties where 30 percent or more of the population is Medicaid-eligible; and 3) counties where 20 percent or more of the population is poor, defined as below the poverty level (see HPSA Tables I, II and IV). Seventy-one counties were identified as meeting at least one additional indicator (see Summary Table III). Counties which met at least two indicators were selected for further review. Those counties which met at least two indicators and had all three disciplines of HPSA designation (primary care, dental and mental health) were excluded from further analysis. Of the remaining 12 counties, it was determined which HPSA disciplines were lacking. The following table (Summary Table I) shows the 12 identified counties and their respective disciplines for priority HPSA analysis in the upcoming year. Nine of the 12 priority counties are located in the Appalachian region, and three are located in metropolitan areas. The priority counties include Jefferson County for all three HPSA disciplines; Marion County for two disciplines; and the remaining counties for one discipline.

Summary Table I

Priority Counties for HPSA Analysis			
County	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Adams		✓	✓
Athens		✓	✓
Cuyahoga	✓	✓	
Jefferson			
Lucas	✓	✓	
Mahoning	✓	✓	
Marion		✓	
Meigs		✓	✓
Morgan	✓		✓
Muskingum		✓	✓
Pike		✓	✓
Ross		✓	✓

In addition to identifying possible areas for HPSA designation, the Primary Care Office reviewed high-need HPSAs to determine the potential for additional NHSC site development. As the NHSC gives priority to loan repayment placements in high-need HPSAs with scores of 14 or above, these areas were assessed for the number of NHSC-approved sites. Thirteen high-need HPSAs were found to have either no NHSC-approved sites or sites which serve only a subset of the population, e.g. pediatrics. Of those HPSAs, three are primary care, seven are dental and three are mental health, the latter covering six counties (see Summary Table II). The Primary Care Office has identified 17 specific sites as potentially eligible for NHSC approval in these counties and is conducting outreach and providing technical assistance to those that are interested in and qualified for NHSC recruitment and retention programs.

Summary Table II

High-Need HPSAs for NHSC Outreach and Site Development		
Counties	HPSA Name	HPSA Score
Primary Care HPSAs		
Lake	Painesville Service Area	14
Mahoning	Southside Youngstown	20
Stark	East Canton	19
Dental HPSAs		
Ashland	Ashland County	15
Cuyahoga	Mt Pleasant / Buckeye/Shaker	16
Franklin	Northeast Columbus	19
Hamilton	Avondale	15
Jackson	Jackson County	19
Scioto	Scioto County	17
Summit	Central Akron	15
Mental Health HPSAs		
Belmont	Catchment Area 8	14
Harrison	Catchment Area 8	14
Holmes	Catchment Area 27	14
Monroe	Catchment Area 8	14
Putnam	Putnam County	14
Wayne	Catchment Area 27	14

The Ohio Primary Care Office will evaluate the Ohio Statewide Primary Care Needs Assessment in the 2016-2017 grant year and revise it as new data become available that significantly change the 2015-2016 initial assessment. Data that allow for sub-county analysis as well as analysis of needs by race and ethnicity will be especially useful in future reports. In addition to the ODH State Health Assessment and State Health Improvement Plan targeted for completion by December 2016, examples of other information sources that will be tracked for potential use going forward include the Ohio Medicaid Assessment Survey (OMAS) and the Medicaid Access Monitoring Review Plan. The OMAS is sponsored by the Ohio Department of Medicaid (ODM) and ODH to examine access to the health system, health

status and health determinant characteristics of Ohio's Medicaid, Medicaid-eligible and non-Medicaid populations. The survey is an important tool to help identify gaps in needed health services, develop strategies to increase service capacity and monitor Ohioans' health status and health risk. Last conducted in 2015, this critical research data set for assessing Ohioans' access to and use of clinical health care, insurance status, chronic and acute conditions, mental health and health status stressors such as poverty, joblessness and low socioeconomic status is currently undergoing analysis with results expected to be published in June 2016. The topics that will be summarized include maternal and infant/child health; the influence of determinants of health upon health status, access to care and health care utilization; and access to and use of PCMHs.

The Medicaid Access Monitoring Review Plan is a new CMS requirement for states to document whether Medicaid payments are sufficient to enlist providers to assure beneficiary access to covered care and services. Specifically, the plan will include information on access to primary care services (including those provided by a physician, FQHC, clinic or dental care); physician specialist services (e.g. cardiology, urology, radiology); behavioral health services (including mental health care and substance use disorder); prenatal and postnatal obstetric services (including labor and delivery) and home health services. The plan will specify data sources that address the extent to which beneficiary needs are met; the availability of care and providers; changes in beneficiary service utilization; and comparisons between Medicaid rates and rates paid by other public and private payers. For its first Medicaid Access Monitoring Review Plan, due to CMS by October 1, 2016, the Primary Care Office has provided information on HPSAs to ODM as one measure of access. Additional opportunities for Primary Care Office collaboration with ODM in measuring access to care for Ohio's Medicaid population are also being explored.

The Ohio Primary Care Office will continue to work with existing partners and seek additional partnerships to further its work in identifying areas of need through HPSA designation and increasing access to primary care services through workforce development programs. The alignment of HPSA analysis and statewide workforce program planning will allow Ohio to address the unmet healthcare needs, disparities and health workforce shortages as well as barriers to accessing health care for underserved populations throughout the state.

Summary Table III

County	HPSA Discipline			High Need Indicators			High % Below 200% Poverty			High % Below 100% Poverty			High % Medicaid Eligible Population			Primary Care Indicators			Dental Indicator			Mental Health Indicators			
	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Elevated Infant Mortality Rate	Elevated Fertility Rate	Inadequate Access to Fluoride	High Youth Ratio	High Elderly Ratio	Alcohol Dependence or Abuse	Illicit Drug Dependence or Abuse	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Primary Care Indicators	Dental Indicator	Mental Health Indicators						
Adams		✓	✓																				✓		✓
Allen	✓	✓	✓																						
Ashland	✓	✓	✓															✓						✓	
Ashtabula	✓	✓	✓													✓	✓	✓						✓	
Athens		✓	✓					✓		✓														✓	✓
Auglaize																								✓	
Belmont	✓	✓	✓																					✓	
Brown		✓	✓														✓	✓						✓	✓
Butler																								✓	
Carroll	✓		✓															✓						✓	
Champaign			✓															✓						✓	
Clark	✓	✓														✓	✓						✓	✓	
Clermont																									
Clinton		✓																✓						✓	
Columbiana		✓	✓																					✓	
Coshocton	✓	✓	✓													✓	✓	✓						✓	✓
Crawford	✓	✓	✓															✓						✓	
Cuyahoga	✓	✓														✓	✓							✓	✓
Darke	✓		✓															✓						✓	
Defiance																								✓	
Delaware																									
Erie		✓	✓																					✓	
Fairfield																		✓							
Fayette			✓															✓						✓	✓
Franklin	✓	✓																						✓	✓
Fulton																									
Gallia		✓	✓																					✓	✓
Geauga																		✓						✓	
Greene																								✓	✓
Guernsey	✓	✓	✓																					✓	✓
Hamilton	✓	✓																						✓	✓
Hancock	✓	✓																							
Hardin	✓	✓	✓																						
Harrison	✓	✓	✓																						
Henry																								✓	
Highland	✓	✓	✓					✓		✓						✓	✓	✓						✓	✓
Hocking	✓	✓	✓													✓	✓	✓						✓	✓
Holmes	✓	✓	✓															✓							✓
Huron	✓		✓																						
Jackson	✓	✓	✓																						✓
Jefferson																									
Knox		✓																✓						✓	
Lake																								✓	✓

¹² These 17 counties in bold do not have high poverty, high low-income or high Medicaid-eligible populations as defined by HPSA criteria.

Summary Table III Continued

County	HPSA Discipline			High % Below 200% Poverty			High % Below 100% Poverty			High % Medicaid Eligible Population			High Need Indicators						
	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Elevated Infant Mortality Rate	Elevated Fertility Rate	Inadequate Access to Fluoride	High Youth Rat: p	High Elderly Ratio	Alcohol Dependence or Abuse	Illicit Drug Dependence or Abuse
Lawrence	✓	✓	✓				✓	✓	✓								✓		✓
Licking																	✓		
Logan			✓																
Lorain	✓	✓																✓	✓
Lucas	✓	✓		✓	✓		✓	✓										✓	✓
Madison																			
Mahoning	✓	✓								✓	✓						✓		
Marion		✓									✓								
Medina																			
Meigs		✓	✓		✓	✓		✓	✓		✓	✓							✓
Mercer																			
Miami			✓														✓		
Monroe	✓	✓	✓														✓		
Montgomery		✓																	✓
Morgan	✓		✓							✓		✓					✓	✓	✓
Morrow	✓		✓																
Muskingum		✓	✓								✓	✓							✓
Noble	✓	✓	✓														✓	✓	✓
Ottawa																			
Paulding	✓	✓	✓																
Perry	✓	✓	✓							✓	✓	✓						✓	✓
Pickaway	✓	✓	✓																✓
Pike		✓	✓		✓	✓		✓	✓		✓	✓							✓
Portage																			
Preble	✓		✓																
Putnam																			
Richland		✓																	
Ross		✓	✓								✓	✓							✓
Sandusky			✓																
Scioto	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓							✓
Seneca	✓	✓	✓																
Shelby			✓																
Stark	✓	✓															✓		
Summit	✓	✓																✓	✓
Trumbull	✓	✓															✓		
Tuscarawas	✓	✓	✓														✓		
Union																			
Van Wert			✓																
Vinton	✓	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓
Warren																			
Washington	✓	✓	✓																
Wayne			✓																
Williams																			
Wood	✓																		
Wyandot			✓																