

THE NEED FOR AN INDIGENT HEALTHCARE CLINIC IN IRVING, TEXAS

A Report to:

**The Community Development Advisory Committee,
City of Irving**

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EXECUTIVE SUMMARY

Independent consultants from the University of North Texas spent four months evaluating the need for an indigent health clinic in the City of Irving. Methodologies used included reviewing existing data on need, collecting data on demographic changes in the City since the 1990 Census, and conducting three community meetings. Consultants were charged with the responsibility to identify the need for a clinic, the potential partners to develop a clinic, potential uses of a clinic, and services that might be provided. The consultants report the following major findings:

Community and Healthcare Provider Partners

There is substantial citizen support for an indigent health clinic in the City of Irving. Citizens who participated in three open community meetings all spoke of a need for more accessible healthcare for the low-income populations in the City of Irving. Organizations represented by the participants included the League of Women Voters, Irving Health Board, Irving Cares, Faith and Wellness Partnership, Irving Independent School District, Parkland Health and Hospital System, Baylor Medical Center at Irving, Las Colinas Medical Center, Children's Medical Center, Dental Health Programs, Inc., and Dallas County Health and Human Services.

Previous Proposals for Indigent Healthcare Services

In the past year, two proposals have been developed and submitted for funding for a healthcare clinic that have included the citizens' advocacy groups and the healthcare provider groups, as well as the City of Irving.

Shortage of Indigent Healthcare Providers in Irving

While Irving does not meet the federal government's criteria to be designated as a medically underserved area (MUA) or a health professional shortage area (HPSA, low-income citizens have difficulty accessing these physicians because of lack of private insurance coverage. Only one Irving physician was identified in this study as accepting Medicaid payment.

Medicaid and medically indigent patients can receive care in the emergency department at Baylor-Irving. However, the volume of charity care that they are experiencing is straining their resources to treat private pay patients. Physicians are leaving Baylor-Irving to practice in other cities because the amount of indigent healthcare they are having to provide is hurting their private practices.

The closest Community Oriented Primary Care (COPC) clinic operated by Dallas County is De Haro Saldivar located at the intersection of Westmoreland and I-30 in Oak

Cliff. Same day appointments are not available at this clinic. It is difficult for the low-income residents of Irving to access this clinic in a timely and efficient way.

Demographic Projections of Low-Income Populations in Irving

Demographic estimates for the 1998 population were used to project the number of potential users of an indigent healthcare clinic. Demographic analysis of low income populations in Irving, revealed that the largest number of indigent residents is found in the southeastern part of the city, with smaller pockets of poverty in the northwest and southwest parts of the city. The largest proportions of Hispanics are found in the southeast while the largest proportions of African Americans are found in the northwest.

Use of Existing Medical Care Services in Dallas County by Irving Residents

Parkland Health and Hospital System reports that Irving residents are heavy users of Dallas County outpatient services, including COPC clinics, ambulatory clinics, outpatient clinics, and the emergency department.

Baylor-Irving also reports heavy and inappropriate use of their emergency department as well as their outpatient clinics. Most of these visits could be more appropriately handled in a healthcare clinic, especially one that offered same day appointments for people with urgent, but not emergency, healthcare needs.

Children's Medical Center of Dallas (CMC) reports that the highest numbers of children from Irving who are treated in CMC in hospital, emergency care, and urgent care clinics are from southeast Irving.

Estimates of Children's Needs for Medical Care

More than half of all children in the Irving Independent School District are in families that are economically disadvantaged. Children living in families with household incomes less than 200% of the federal poverty level are eligible for either Medicaid or Children's Health Insurance Program (CHIP) if they are not covered by private insurance through their parents. The demographic analysis reveals the greatest number of children eligible for these two programs are found in the southeast, followed by the northwest, and the southwest.

Estimates of Adult Needs for Medical Care

Estimates of the number of adults 18 to 64 years of age who could pay for health care on a sliding scale indicates that the largest proportion of such adults is found in the northwest, followed by the southeast, and the southwest. The estimates of the number of adults who are likely to be totally indigent and who could not afford to pay anything for

their healthcare indicates that the largest proportion are likely to be found in the southeast, followed by the northeast, and the southwest.

Estimates of Senior Needs for Medical Care

Only very low income older adults who may have difficulty with co-payments for Medicare or who may not have Medicare would be likely to use a public clinic. The estimates of the number of older adults who might use such a clinic are highest in the southeast, followed by the southwest, and the northeast.

Dental Care Needs for Children and Seniors

Dental Health Programs, Inc., (DHP) is a non-profit organization that provides low-cost dental services to Dallas County residents. DHP estimates that there is a need for dental care for 10,000 low-income children and senior citizens.

Mental Health Needs for Children and Families

There is a need for mental health services, especially for children and their families. Dallas MetroCares (formerly Dallas County Mental Health and Mental Retardation) has the state contract to offer mental health services to the Medicaid recipients in Dallas County as well as other populations with incomes below 150% of the federally defined poverty level. Currently outpatient counseling for 300 children in the IISD and their families is provided.

Recommended Site for the Indigent Healthcare Clinic

Although pockets of poverty are found in north and west Irving, the largest number of indigent residents is found in the southeastern part of the city. The other two low-income neighborhoods identified in north and west Irving might be served by satellite facilities such as a mobile van.

Recommended Services for the Indigent Healthcare Clinic

Four types of primary care physicians -- family practice, internal medicine, obstetrics/gynecology, and pediatrics -- with two of each are recommended. Six dental chairs are recommended.

SECTION I

BACKGROUND OF IRVING PROPOSAL FOR INDIGENT HEALTHCARE PLAN

Citizens' groups, social service agencies, and healthcare entities in the City of Irving have recognized the growing indigent healthcare problem in their community, and have been actively pursuing a solution to the problem for several years. Community Development Block Grant (CDBG) funds were granted to Irving in 1999. Some of this money is potentially available for the development of a Community Oriented Primary Care (COPC) clinic for low to moderate-income citizens in order to address the problem. Recently, three community meetings of healthcare and social service providers that have been involved in this effort for several years were held in order to gain quantitative data, opinions, and anecdotal evidence to determine the need in Irving.

Community Meetings

Three community meetings of invited health and social service providers of Irving were held in April, 2000. Kevin Kass from the Community Development Department of the City of Irving served as facilitator. Ron Ruthven from City Planning, City of Irving was also present at all the meetings. Representatives from the University of North Texas Department of Applied Economics consultant team were also present at every meeting. The first meeting was held on April 12, 2000, in the 3rd Floor Training Room, Irving City Hall 825 West Irving Blvd. Community members in attendance were: Miriam Vacquerro, Counselor, Houston Elementary; Eileen Kensinger, City of Irving Health Board/League of Women Voters; Paul Hoffman, Dental Health Programs, Inc.; and Matt Davis, Baylor Medical Center. UNT representatives were Dr. Susan Eve and Beth Fawcett.

At this meeting we learned about some of the history of the citizen involvement over the past two years to establish a COPC clinic for indigent care in Irving. Ms. Kensinger provided insight into the needs identified by the League of Women Voters, and the strides they have made to provide services to the City of Irving. Work done by citizens groups has brought about the building of a Human Services Building, the establishment of a battered women's shelter, and a city smoking ordinance in Irving.

We also learned about Dental Health Programs, Inc., its structure, and how this organization provides care to the medically needy people in North Texas.

Ms. Vacquerro provided some insight into the needs of children in the City of Irving. She mentioned that mental healthcare services are a great need for many children. Many of these children are immigrants, and even when services are available, language is often a barrier.

The second meeting was held on April 13, 2000, in the First Floor City Council Conference Room, Irving City Hall, 825 W. Irving Blvd. Community members in attendance were: Pam Coles, Human Resources, City of Irving and CDBG Program; Tino Soto, Irving Hispanic Forum; David Guterrez LULAC; Manuel Benavidez, LULAC; Willis Starnes, MD, City of Irving Health Board, Janet Owens, Community Health Council of Greater Dallas; Cindy Bean, Irving ISD, Austin Middle School; D.D. Hargrave, Communities in Schools; Stan Morton, Las Colinas Medical Center; Suzy Beeman, Irving Health Board/Irving Human Services Council/Domestic Violence Council; Bob Hohman, City of Irving Public Health and Environmental Services; Ed Dominguez, Elliot Elementary; Una Gordon Carolton/Farmers Branch ISD/Tom Landry Middle School; and Caryn Evanson, Bush Middle School. UNT representatives were Dr. Susan Eve and Beth Fawcett.

At this meeting we learned about how CDBG funding came about in Irving. The 3-year plan for development of the COPC clinic was outlined and discussed in detail.

Dr. Willis Starnes provided insight into the cost of running a COPC clinic for the Medicaid population and what kinds of services should be provided. We learned that Dr. Starnes, Pediatrician, is the only Medicaid provider in Irving.

Anecdotal evidence of the need for prenatal care was provided by Ms. Beeman. She described a compelling case that illustrated that prenatal care, including high-risk prenatal care, within the City of Irving for uninsured women is very difficult to find.

The third meeting was held on April 18, 2000, in the First Floor City Council Conference Room, Irving City Hall, 825 W. Irving Blvd. Community members in attendance were: Tom Clark, Edith Smith, Colin Ames, from Dallas Metro Care; Lyn Yous, Irving ISD; Thora Starke, Irving ISD; Eileen Kensigner, Irving Health Board/Human Services/ League of Women Voters; Beatriz Espinoza, North Lake College; Assefa Tulu, Dallas County Health Department; Robin Carter, Las Colinas Medical Center; Suzy Beeman, Irving Health Board; Molly Banks, Faith and Wellness Partnership of Irving; Matt Davis, Baylor Medical Center in Irving, and three representatives of LULAC (names unavailable). UNT representatives were Dr. Susan Eve and Dr. Bud Weinstein. A complete list of invitees and detailed transcripts are located in Appendix A.

At this meeting, Irving Independent School District was identified as being a critical partner in provision of healthcare to medically indigent children in Irving. Ms. Starke explained that the school nurse in many Irving schools is often the child's first contact for healthcare. Sometimes the level of care needed is more serious and more complex than what can be handled by the school nurse.

There was detailed discussion of the cost of establishing the proposed COPC clinic, what the city's role in the development of the clinic may be, where the clinic should be located, and which services providers should be involved.

The greatest needs identified by these meetings were: primary healthcare for children and adults of low to moderate income, including prenatal care; dental healthcare, particularly for children; and mental healthcare for children and adults of low to moderate income. Other needs discussed included vision care and the possibility of creating satellite clinics such as a school based clinic. From these meetings we also learned of the history of involvement of citizens groups, social service agencies, and healthcare providers in the endeavor to bring about the creation of a community clinic for indigent healthcare.

History of Citizen Involvement in Planning of Indigent Healthcare in Irving

Several organizations have been aware of the problem of indigent healthcare in Irving for several years. Documentation of needs assessments and records of healthcare provided since 1997 illustrate the commitment of these organizations to bring about a COPC for low to moderate income residents of Irving. These organizations and their involvement are described briefly below.

Irving Cares, Inc.

“Irving Cares, Inc. (ICI) is a United Way human service agency serving Irving residents with programs including temporary betterment, referral, and long term rehabilitation” (Mission Statement). ICI has a history of working collaboratively to help Irving residents access the county healthcare system through a transportation program funded by the City of Irving and is a lead agency in the effort to establish a COPC in Irving. ICI submitted a very well-supported HUD grant application for undesignated projects in order to fund a COPC clinic in 1999 that was not funded. Data collected from the League of Women Voters and the Irving Health Board provide supportive information for ICI to build its case.

ICI put together a strong coalition of partners in their proposal for a COPC. The original planning committee for the proposed COPC HUD grant application consisted of: Joyce Brown, Executive Director, Irving Cares, Inc.; Molly Banks, Irving Cares, Inc./Faith and Wellness Partnership; Dian Guthrie, Dental Health Programs, Inc.; Sharon Phillips, Parkland Health and Hospitals; Barbara Van Der Loop, City of Irving, Grants Development Coordinator; Kevin Kass, City of Irving, Community Development Department; Bob Hohman, City of Irving, Environmental and Public Health; Matt Davis, Baylor Medical Center, Planning Department; Pat Carnell, Irving Healthcare Foundation; Thora Starke, Irving ISD; and Cynthia Faust, Community Development Advisory Committee. They also received letters of support from: Samuel Ross, Sr. Vice President & Medical Director, Community Oriented Primary Care of Parkland; Randy Rudisell, Pastor, First Baptist Church, Irving; David Johnson, Reverend, First Presbyterian Church, Irving; Don Griffis, Chair, Irving Health Board; Michael

Walker, Irving First United Methodist Church; Jack Singley, Superintendent, Irving ISD; Christopher Allen, Pastor, Northgate United Methodist Church, Irving; Karen Spurgeon, Executive Director, Corssroads Interfaith Housing Program; James Spriggs, President, Greater Irving-Las Colinas Chamber of Commerce; Jan Killen, Executive Director, Irving Community Development Corporation, Judith Beechler, Shelter Director, New Tomorrows; Joannette Pete McGadney, Associate Dean/Associate Professor Texas Woman's University College of Nursing in Dallas; J. Jesse Gonzalez, Director of Agency Relations, United Way of Metropolitan Dallas; Robin Carter, Director of marketing & Business Development, Las Colinas Medical Center; and John P. Queener, Jr., Captain, Commanding Officer, The Salvation Army, Irving.

Their proposal contained a five-year plan that would result in the establishment of a 40,000 square foot COPC clinic containing a medical and dental clinic to be located in Irving neighborhoods of ZIP codes 75060 or 75061. The proposal outlined three plans of funding and requested \$1, 155, 435, \$1,249,435, and \$919,435 for Plans A, B and C, respectively, for the first year of funding. Medical and dental services would have been provided through a partnership of ICI, Parkland COPC, Baylor Medical Center, Irving, Dental Health Programs, Inc., Texas Department of Human Services, and WIC.

League of Women Voters

The League of Women Voters (LWV) is a “nonprofit, nonpartisan organization whose purpose is to promote political responsibility through informed and active participation of citizens in government.” The LWV in Texas supports “political action that promotes access to basic healthcare services by persons at risk of medical indigency with special attention to children of low income families and persons of low income who are elderly, pregnant or mentally ill.” (Texas League of Women Voters, www.main.org/leaguewv/home.html/).

The Irving chapter of the LWV recognized a need for low-cost medical care in their community in 1997. In their report, “Kids at Risk” -- 1997-99 Local Study of the Irving LWV, they documented the need for indigent healthcare in their community. They determined that the greatest deficiencies exist in the needs for: (1) childhood immunizations; (2) affordable prenatal care; (3) dental care for children; (4) primary care for children; and (5) mental healthcare for children.

City of Irving Health Board

The City of Irving Health Board has been in existence for seven years. Its broad mission is to protect the public health of the citizens of Irving. This broad mission encompasses a number of health issues including food safety, animal control, the hotel industry, and medical issues. Community representatives serve as advisors to the City Council on health issues. The City of Irving Health Board

consists of: Dr. Melvin Butler, physician; Skip Wilson, Baylor Health Center at Irving-Coppell; Michelle Jenkins, Irving Citizen; Amy Hart, Irving Citizen; Robin Beggs, Irving Citizen; Don King, Food Products Establishment Manager; Thora Starke, Chair, Irving ISD; Dennis Grady, Irving Citizen, Suzanne Beeman, Irving Citizen; Eileen Kensinger, Irving Citizen; and Richard Bischofhausen, Jr. Veterinarian. Dr. Willis Starnes, the Local Health Authority sits in an advisory position to the Board. Ms. Starke, Ms. Beeman, and Ms. Kensinger have been very active in their support the establishment of an Irving COPC.

City of Irving

The City of Irving applied for, and received, Community Development Block Grant (CDBG) funding for the first time in 1998. CDBG funding is part of the HUD grants program. The grant funds may be used for a wide variety of activities for the purpose of improving communities, including the development of health facilities. There has been support for the development of a health clinic for low to moderate income citizens of Irving, and this support has been voiced in formal public hearings in which citizens were invited to comment on the city's Consolidated Plan for use of HUD funds. Speakers on behalf of a COPC included: Mona Wyatt of the League of Women Voters, Jay McFarland of Baylor Medical Center of Irving, Tom Dickey of Baylor Medical Center of Irving, Molly Banks of Faith and Wellness Partnership of Irving, Eileen Kensinger of the Irving Health Board, Jennifer Brown, George Cooper, Barbara Cardwell, Sharon Barbarosa, and Genie Mitchell. A summary of citizen comments on the Consolidated Plan is located in Appendix A.

The proposed development of the clinic, described in the community meetings (Appendix A), is a 3-phase plan that is given a 3-year timeline. The first phase of the plan is the City's exploration of the need and economic feasibility of the formation of a COPC for indigent care. The City of Irving Community Development Department contracted with the University of North Texas Institute of Applied Economics to collect and combine data for establishing medical need and economic feasibility for the COPC. If need for a clinic and economic feasibility can be determined through Phase I, Phase II will follow. During Phase II (FY 2000-2001), partnerships for financial support and provision of services would be established and solidified. Data on demographic and economic characteristics would be utilized to determine where the clinic should be located. Land/property would be acquired and design and architecture of the clinic would begin to be developed. In Phase III, the clinic would be developed/built and services would begin to be provided. Through this process, the role of the City of Irving possibly, would be the acquisition of property for the building of the medical facility, and construction of the structure. Those partnerships that would be developed in Phase II would determine who provides the services and administration of the COPC.

Baylor-Parkland Indigent Care Task Force

This task force grew out of the Irving Cares grant proposal process. Members of the Task Force are: Micheal O'Keefe, Chair; Ronald Aebersold, MD, Irving Internal Medicine Physician; Molly Banks, Coordinator, Faith & Wellness Partnership; Sharon Barbosa, Irving resident; Joyce Brown, Executive Director, Irving Cares, Inc.; Pat Carnell, President, Irving Healthcare Foundation; Mark Haman, DO, Irving Family Practitioner (South Irving); Neda McLean, Associate Executive Director, Baylor Medical Center, Irving (Baylor-Irving); Joe McQuillan, Board Member, Baylor-Irving; Robert Power, Board Member, Irving Healthcare Foundation; Sam Ross, MD, SVP & Medical Director, COPC, Parkland; Peter Sakovich, MD, Irving OB/Gyn (South Irving); and Judy Winkel, Board Member, Baylor-Irving.

The Task Force has recognized the need for a COPC for the medically indigent in Irving. Recommendations from the Task Force were: (1) to remain actively involved in campaigning locally, within the City of Irving, with Dallas County Commissioners and Parkland Board members; (2) Assist in formation of an Irving Community Advisory Council for the Irving COPC; (3) Participate in the Dallas County advisory committee being formed; and (4) Obtain a resolution of support for a medical/dental primary care clinic from the Mayor and Council of the City of Irving.

Current Healthcare Providers in Irving and Dallas County: Potential Partners

Parkland Health and Hospital System

Parkland Health and Hospital System is the Dallas County hospital district, state mandated to provide basic and emergency medical care for the indigent of Dallas County. Parkland's primary mission is to make healthcare available to all Dallas County residents.

Parkland's network of seven community oriented primary care centers (COPC centers) provides primary care to reduce illness and death rates from preventable diseases in low-income areas. COPC centers provide a complete range of medical care. Routine checkups, minor emergency treatment, immunizations, hearing and eye tests, cancer screenings, and pregnancy-related care are all available at COPC centers. Some centers provide pharmacy, laboratory, X-ray, and dental services. The COPC centers provide nutrition and patient health education as well as counseling and social services.

COPC is considered an effective means for providing healthcare to the medically indigent. Providing primary care in a clinic setting, decreases the use of the emergency room for primary and preventive care, as well as its use for the

treatment of ambulatory sensitive conditions that could have been prevented in a primary care clinic. A complete history of Parkland's COPC program is located in Appendix A.

Sam Ross, MD, SVP, and Medical Director of Parkland COPC and Sharon Phillips, RN, Director of Operations, Parkland COPC are supporters of Irving's endeavor to bring COPC to their community. They were key partners in ICI's HUD grant application for undesignated projects.

Parkland Hospital

Parkland Hospital is the county healthcare system constitutionally mandated by the state of Texas to provide healthcare to the indigent of Dallas County. The hospital employs 6,155 people. It has 997 beds and admitted 39,253 people in 1999. Also, in 1999, Parkland COPC's treated 798,771 patients.

DeHaro-Saldivar Health Center

Located at 1400 Westmoreland in Dallas, this provides adolescent, adult, and pediatric medical care. Its services include Maternal Health/Family Planning, Laboratory, Radiology, Pharmacy, and Dental services. Other programs are Child life, mammography, nutrition, psychology/psychiatry, social work, TDHS, and WIC.

Irving residents currently use Parkland's COPC clinics. In 1997, Irving residents made 1,400 visits to the de Haro-Saldivar Health Center, and this number is growing.

Baylor Medical Center, Irving

Baylor Medical Center, Irving (Baylor-Irving) is a not-for-profit hospital that serves communities in Dallas, Tarrant, and Denton Counties, primarily the cities of Irving, Grand Prairie, and Coppell in Dallas County. As a not-for-profit hospital, it is required by the state to provide charity care to the indigent. The actual cost of this care must be greater than four percent of annual net revenue; and the cost of charity care and community benefit combined must be greater than five percent of net revenue. Since the laws requiring provision of charity care and community benefit were enacted, Baylor-Irving has achieved the requirements under the law each year.

Lack of access to primary care for low to moderate income patients forces Baylor-Irving emergency department to fill the gap by providing care in its emergency department that would more appropriately be provided in a primary care clinic. Baylor-Irving has supported community efforts to help alleviate this problem of inappropriate emergency room usage through funding and support of

the Faith and Wellness Partnership and the W.O.W.! Van; however, hospital administrators and healthcare providers recognize that supporting efforts to establish a COPC for the medically indigent residents of Irving would be a more efficient way of delivering healthcare. Parkland documents, located in Appendix A, establish COPC as the model for indigent health care in Dallas County. If the City of Irving were to have a COPC for its medically indigent population, Baylor-Irving Emergency Department could then be used more appropriately for true emergencies as patients gain a “medical home” in the COPC. See Appendix A.

W.O.W.! Van (Wellness on Wheels)

The W.O.W.! Van is a truck operated by Baylor-Irving, equipped with medical equipment and supplies to provide underserved populations in Irving with access to medical care and screenings, as well as provide job-site wellness programs and screenings for employers. The van has been in use for two years and has provided such services as: childhood immunizations in partnership with the U.S. Department of Health; sports physicals to school children; rectal exams to targeted populations; melanoma screenings; and TB screenings to at-risk populations.

Children’s Medical Center of Dallas

Children’s Medical Center of Dallas (CMC) is a not-for-profit healthcare facility that deals exclusively with a variety of diseases and disorders among children from birth to age 18. It contracts with Parkland Hospital to provide indigent hospital care for children. CMC is developing a children’s healthcare center in the Bachman Lake area. They have established the need for outpatient urgent care centers for children that are located in the neighborhoods near where children live. They have found that there is an especially strong need for urgent care centers where children can be seen for sick care the same day. Data from “Beyond ABC: Growing Up in Dallas County” a publication of Children’s Medical Center of Dallas and the Coalition for North Texas Children has been used by the League of Women Voters as supporting evidence for Irving’s need for a COPC.

Faith and Wellness Partnership of Irving (FWPI)

FWPI works to promote health and well being for Irving residents through collaboration among various community organizations. Major collaborators of FWPI include Baylor-Irving, Irving Cares, Inc., Irving Healthcare Foundation, First United Methodist Church, First Presbyterian Church, First Baptist Church, St. Luke’s Catholic Church, Northgate United Methodist Church, and Plymouth Park United Methodist Church. FWPI facilitates access and proper utilization of healthcare resources through community outreach (such as an annual health fair,

blood pressure screenings, health education workshops, and flu shots for homebound Irving residents); individual resource case management and facilitation of health ministries at partner churches.

Dental Health Programs, Inc.

Dental Health Programs, Inc. is the largest nonprofit dental care provider in Texas. They have nine dental clinics in the Dallas area. Last year they saw approximately 35,000 annual visits to slightly under 15,000 unduplicated patients. They have 20 different sources of funding, a \$3 million budget, approximately 1/3 is either City of Dallas funds or funds that flow through the City of Dallas. They have a board of directors of 30 people. Undergraduate students, residents, pediatric, and Advanced Education General Dentistry Residents from Baylor College of Dentistry, and ten full time dentists, seven part-time dentists, and staff of approximately 60 people provide services on behalf of Dental Health Programs, Inc. The population they serve depends on their sources of funding. They recently began seeing Irving patients. Dental Health Programs is receiving \$50,000 in CDBG funding to see seniors and children under the age of 20. The \$50,000 will cover 1,000 visits -- approximately 400 children (2.5 visits). Paul Hoffman, Executive Director of Dental Health Programs has been an active supporter of all efforts to establish a COPC in Irving.

Irving Independent School District (IISD)

Representatives of IISD provided testimony to the need for basic healthcare, dental care, and mental healthcare services for children and families of Irving. In some schools more than 50 percent of the children are receiving free or reduced rate lunches -- evidence of the level of poverty that exists and a possible estimate of the number of people who would qualify for services at a COPC for indigent care. See Appendix A.

For some children, school nurses are their first contact for healthcare. In the April 13th community meeting a school nurse recounted a Monday morning incident in which she had to find services for a child who sustained a broken arm over the weekend. Because the child's family either couldn't afford to go to the hospital or could not get transportation, the child had to wait until he saw the school nurse before he could get treatment.

Dallas County Health Department

Dallas County Health Department operates an immunization clinic for children and adults in Irving. Other services provided include: well-child physicals and low-birthweight infant exams.

Dallas Metro Services

Dallas Metro Services is the Dallas County Mental Health and Mental Retardation agency. Representatives from Dallas Metro Services attended community meetings and voiced support of the City of Irving's endeavor to establish a primary health clinic for indigent healthcare.

Las Colinas Medical Center

The mission of Las Colinas Medical Center is to provide quality compassionate, patient-focused, cost-effective care to improve the health of the community they serve. As a private hospital, part of the HCA chain of health care institutions, Las Colinas Medical Center is not required by law to report provision of indigent healthcare or community benefit. However, under the Emergency Medical Treatment and Active Labor Act (EMTALA), Las Colinas Medical Center's Emergency Department must provide stabilizing medical care to every person who accesses health care through the ED, regardless of his/her ability to pay. Robin Carter, Director of Marketing and Business Development, stated, "anyone who presents into Las Colinas Medical Center Emergency Room will be seen." She also recounted unreimbursed or charity care provided in 1999-2000. Las Colinas Medical Center provided 223 immunizations to children, 80 school physicals, and provided 50 free mammograms to the Irving Mammography Foundation.

Dr. Willis Starnes

Dr. Willis Starnes is a pediatrician who practices in Irving. He is the City Health Authority, as defined by the State of Texas. State statutes in the Public Health Reorganization Act strongly advise that cities of more than 100,000 designate a health authority in the case of an emergency. He sits in an advisory position to the City Health Board, but is not a member of the Board. He is the only physician in Irving who is a Medicaid provider. He has been very supportive of the City's endeavor to establish a COPC.

SECTION II

LEGISLATION RELATED TO INDIGENT HEALTHCARE

Federal law protects the rights of individuals who seek medical care in hospital emergency departments (ED). The Emergency Medical Treatment and Active Labor Act (EMTALA), Title 42, Chapter 7, Subchapter XVII, Section 1395dd of the United States Code, initially authorized in 1986, mandates stabilizing care for any individual who presents to an ED regardless of ability to pay for services. Often, the ED may be the only source or most convenient source of care for the medically indigent. Legal and ethical obligations of hospitals and physicians prohibit turning patients away until it has been determined through screening, examination or treatment, that the patient's medical condition is stable (i.e., life and limb are not threatened).

The State

The State of Texas is committed to supporting the healthcare needs of its impoverished and needy citizens. In 1985 the State of Texas passed the Indigent Healthcare and Treatment Act which was an amendment to the Texas Health and Safety Code that clarified vague language and established the basis of the state's current model for providing public health. In the 76th Legislative Session in 1998, Texas again revised the Indigent Healthcare and Treatment Act and included expansion of services to meet the needs of many uninsured children.

Medicaid

The State of Texas participates in the Medicaid program. The Medicaid program, established under Title XIX of the Social Security Act, U.S. Constitution, is a jointly funded Federal-state health insurance program for certain individuals and families with low incomes and resources. In Texas those who are eligible for the Medicaid program are (1) people who receive Temporary Assistance to Needy Families (TANF, or commonly called welfare), formerly called Assistance for Families with Dependent Children (AFDC); and (2) people who receive Supplemental Security Income (SSI). Those on SSI are usually elderly, blind or disabled.

In Texas, people who are eligible for Medicaid have incomes at or below 100 percent of the Federal Poverty Level (FPL). That would be \$13,650 for a family of three in 1998.

Children's Health Insurance Program

Recently, Texas expanded its benefits programs to include the Children's Health Insurance Program (CHIP). CHIP will help provide for the medical needs of children in families that earn too much to qualify for Medicaid. Texas CHIP covers children in families earning up to 200 percent of the FPL. For a family of three, 150 percent to 200 percent FPL is \$20,475 to \$27,300.

The County

State mandates require Texas Counties to provide support for its needy inhabitants. The medically indigent are those persons with little or no public (Medicaid) or private insurance and without resources to pay for essential medical services. Article IX, Section 9 of the Texas State Constitution gives county (or multiple-county) hospital districts principle responsibility for indigent healthcare.

Counties without public hospitals or contracted healthcare services are responsible for up to \$30,000 a year per patient (county resident), regardless of the location of provision of care.

County funds for medical care come from a tax levied at a rate not exceeding seventy-five cents (\$0.75) on the One Hundred Dollar Valuation of all taxable property. In Dallas County, the 1999 tax rate on taxable property that is allocated to the Parkland Health and Hospital System is 0.196. That is, almost twenty cents (\$0.20) on the One Hundred Dollar Valuation of all taxable property.

Dallas County Hospital District

Chapter 281 of the Texas Health and Safety Code provides that "a county with at least 190,000 inhabitants may create a countywide hospital or hospital system to furnish medical aid and hospital care of indigent and needy persons residing in the district." Parkland Health and Hospital System is the Dallas County Hospital District (DCHD).

A study done in 1986 to determine how to decrease use of Parkland's costly and overcrowded outpatient clinics and emergency room, found that providing high quality primary care services in a neighborhood setting convenient to the residents of the community would be an efficient and economical solution to the problem. In September 1987, the Commissioner's Court approved Parkland's request to establish Community Oriented Primary Care (COPC) as the new model for public health. The COPC is an accepted means for delivering primary care to the medically indigent. COPC clinics, as subsidiaries of DCHD, are required to provide (on-site, or within-system referral for) basic healthcare

services, as defined by the Indigent Healthcare and Treatment Act, to its needy patients.

Currently, the Parkland COPC program has not been established in the City of Irving. As residents of Dallas County, the people of Irving have the right to use Parkland Hospital and Clinics. Of Parkland's COPC's, the closest one is de Haro-Saldivar Health Center on 1400 N. Westmoreland in Dallas, and it sees the most Irving residents annually.

Basic Healthcare Services Required of the County

Section 61.028 of the Texas Health and Safety Code as it relates to indigent health care states, "[a] county shall, in accordance with department [Texas Department of Health] rules . . . provide the following basic health care services:

- Primary and preventive services designed to meet the needs of the community, including immunizations, medical screening services, and annual physical examinations
- Inpatient and outpatient hospital services
- Rural health clinics
- Laboratory and X-ray services
- Family planning services
- Physician services
- Payment for not more than three prescription drugs a month
- Skilled nursing facility services, regardless of the patient's age."

Section 61.0285 offers optional health care services, stating, "[i]n addition to basic healthcare services provided under Section 61.028, a county may, in accordance with department rules . . . provide other medically necessary services or supplies that the county determines to be cost-effective, including:

- Ambulatory surgical center services
- Diabetic and colostomy medical supplies and equipment
- Durable medical equipment
- Home and community healthcare services
- Services provided by licensed master medical social workers -- advanced clinical practitioners
- Psychological counseling services
- Services provided by physician assistants, nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists
- Dental care
- Vision care, including eyeglasses
- Services provided by federally qualified health centers

- Any other appropriate healthcare service identified by board rule that may be determined to be cost-effective.”

Public hospitals and hospital districts are required under state law to “endeavor to provide the basic healthcare services a county is required to provide.” Hospital districts are also responsible for any other services required under the Texas Constitution and the statute that created the districts. If the public hospital or county hospital can not provide basic health care services, as defined by the state, the hospital can contract out for those services, according to rules defined by Texas Department of Health.

SECTION III

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS OF IRVING'S LOW INCOME POPULATION

Irving is the third largest city in Dallas County, with a 2000 population estimated at 185,200. During the 1990s, the city's population grew by 19.5 percent, almost twice-as-fast as Dallas County overall. But along with rapid growth has come a dramatic change in the economic, social, and ethnic makeup of the city. This change is especially evident in neighborhoods located south of Airport Freeway (SH 183).

In order to assess the size of the likely client base, as well as possible locations for an indigent healthcare clinic, four "centroids" within the City of Irving have been identified that encompass most of the indigent population. These are

1400 East Irving Blvd.
731 South Irving Heights Drive
3101 West Walnut Hill Lane
3901 Jackson Street

(Appendix B includes maps of these neighborhoods, identifying the centroid of each).

With the assistance of the Greater Dallas Chamber and National Decision Sciences, we have constructed comprehensive economic and demographic profiles for residents living within one-half mile, one mile, and two miles of each centroid. These data can also be found in Appendix B, and they are summarized below.

1400 East Irving Boulevard

This area, located in southeast Irving, records the highest number and percentages of low-income individuals in the city. As the map indicates, a radius of two miles includes residents living as far north as SH 183 and as far east as the Trinity River.

4,045 residents live within one-half mile of the centroid while total population within two miles is estimated at 43,221 in 1998. By the year 2003, this neighborhood's population will exceed 45,000 people and about half the residents will be Hispanic compared with 43 percent today. As recently as 1990, the Hispanic population share was only 32 percent. In numerical terms, the Hispanic population is expected to reach 22,138 by 2003 compared to 12,461 in the 1990 Census. By contrast, the area's white population will drop to 25,434 by 2003, down from 27,683 in 1990 and 29,105 in 1980. The black population in this area of Irving, only 2,611 in 1998, will increase marginally in the years ahead. The dominant age group in this area of Irving is 5 to 17 years, with nearly half the population under 24 years of age in 1998.

Average household income in this section of Irving is relatively low—between \$32,000 and \$38,000 compared with a Dallas area average of about \$50,000. What's more, 46 percent of households within a half-mile radius of the centroid reported incomes below \$25,000 in 1998. Within two miles, 38 percent of households have incomes below \$25,000. The disparities in per capita income are even more dramatic. While Dallas County's per capita income came in at about \$32,000 in 1998, within the subject area per capita incomes ranged between \$10,000 and \$13,000. Household and per capita incomes are projected to rise only modestly over the next three to five years.

In short, residents of the area around the centroid of 1400 East Irving Boulevard, as evidenced by their low incomes and young, predominantly minority status, could surely benefit from having convenient access to a community outreach, primary care health facility.

731 South Irving Heights Drive

This address is located in the center of another low-income pocket of southeast Irving. About 4,000 residents live within a half-mile of the centroid, and nearly 27,000 persons reside within two miles. This neighborhood has also attracted a large number of Hispanic residents—between 43 and 46 percent of the total population in 1998. By 2003, more than half the residents will be Hispanic. Here again, the dominant age group is 5 to 17 years, with about 45 percent of the local population 24 years or younger.

Average household income ranges between \$32,000 and \$37,000, and 39 percent of households within the two-mile radius recorded incomes below \$25,000 in 1998. Per capita incomes are also low -- \$10,271 within a half-mile circle and \$12,480 within two miles. This is another area that would be well served by a primary care health facility targeted at indigent families and individuals.

3101 W. Walnut Hill Lane

This neighborhood, located just to the southeast of DFW Airport, is characterized by a large number of multi-family dwellings. Because the half-mile radius falls within the noise contours of the airport, and rents are somewhat lower than elsewhere in north Irving, these apartments have attracted a fair number of low-income residents. Unlike south Irving, blacks are the dominant minority group, constituting 27 percent of the 6,050 residents within a half-mile radius in 1998. In this area, the dominant age group is 25 to 34 years with 22 percent of the population under 17 years of age.

Within one-half mile of the centroid, household incomes are as low as those found in southeast Irving; but within two miles household income nearly doubles to more than \$58,000. However, because of smaller household size, per capita income is higher than in southeast Irving, ranging from \$15,526 within a half-mile to \$26,333 within two miles.

Again, because of the relatively small household size typically found in apartments, 49 percent of households located within a half-mile reported incomes below \$25,000 in 1998. At two miles, the percentage drops to 23.

3901 Jackson Street

This is another area of Irving where contrasts in economic well being are sharply drawn within a relatively small radius. Only 1,113 persons live within a half-mile of this centroid, but the number jumps to 44,000 at two miles. About 23 percent of the resident population is black within one-half mile, but that percentage drops to nine percent at two miles. The dominant age group within one-half mile is 5 to 17 years while in a two-mile radius the dominant age group is 25 to 34 years.

Average and median household income are low within the half-mile circle, jump sharply within one mile, and then fall back at two miles. The same is true of per capita incomes, which are estimated at \$17,087 within a half-mile, \$26,890 within one mile, and \$21,132 within two miles. In 1998, 37 percent of the close-in households recorded incomes below \$25,000 while at one mile the percentage drops to 19 percent and then increases slightly to 20 percent at two miles.

Conclusion

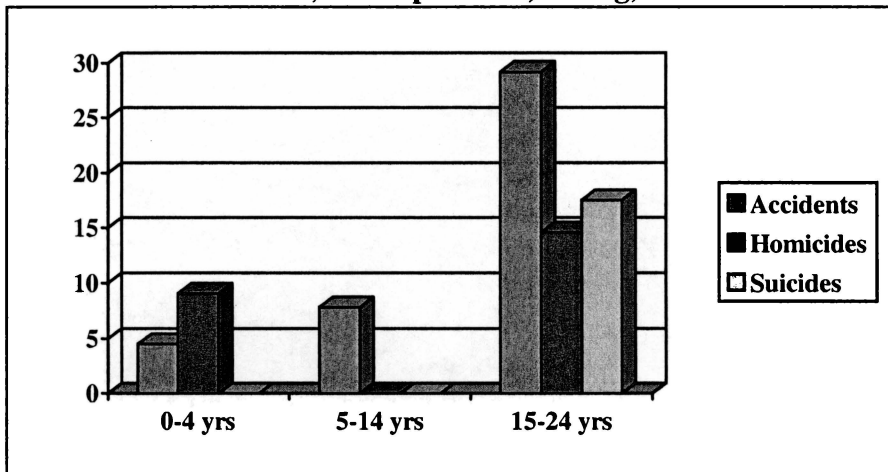
Though small “pockets of poverty” are found in north and west Irving, the largest number of indigent residents is found in the southeastern part of the city. Thus the optimal location for an indigent care clinic is probably at or near the intersection of Irving Boulevard and Nursery Road. However, if resources can be found, consideration should be given to setting up satellite facilities close to the other low-income neighborhoods identified in north and west Irving.

SECTION IV

NEED FOR HEALTH SERVICES

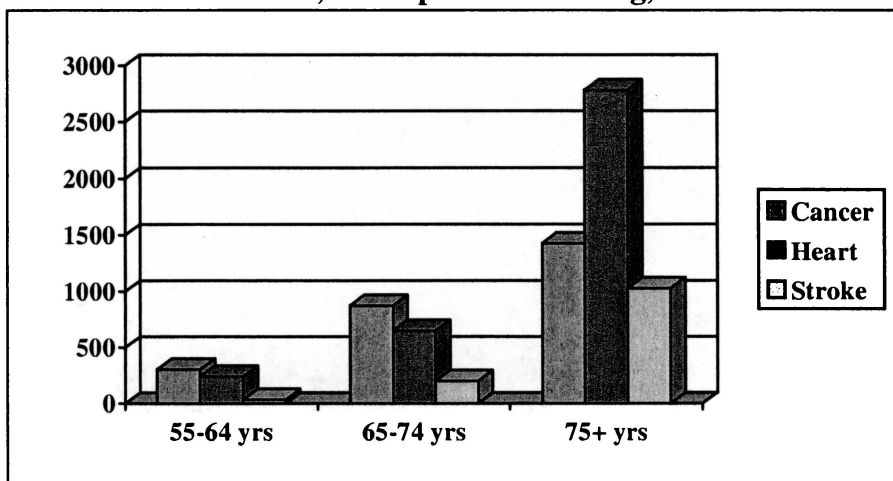
Need for services is demonstrated by the health and illnesses in the population. Data from *the Dallas County Health Check-Up 1999* indicates that the major causes of death in Irving varies with the age of the population. The major causes of death for children and teenagers in Irving are accidents, homicide, and suicide as shown in Figure 4-A. For older adults, the major causes of death are cancer, heart disease, and strokes, as shown in Figure 4-B.

Figure 4-A. Age Adjusted Death Rates for Children and Young People Per 100,000 Population, Irving, 1997



Source: 1999 Dallas County Health Check-Up, II, D11

Figure 4-B. Age Adjusted Death Rates for Older Adults Per 100,000 Population: Irving, 1997



Source: 1999 Dallas County Health Check-Up, II.D11

The staff at Parkland Health and Hospital System's Strategic Planning Department analyzed demographic variables, mortality and natality statistics, utilization statistics, and community surveys for all of Dallas County and for major subareas of the county, including the City of Irving. These findings were reported in *1999 Dallas County Health Check-Up*. Based on their analysis, they recommended that the following services needed to be provided in that city:

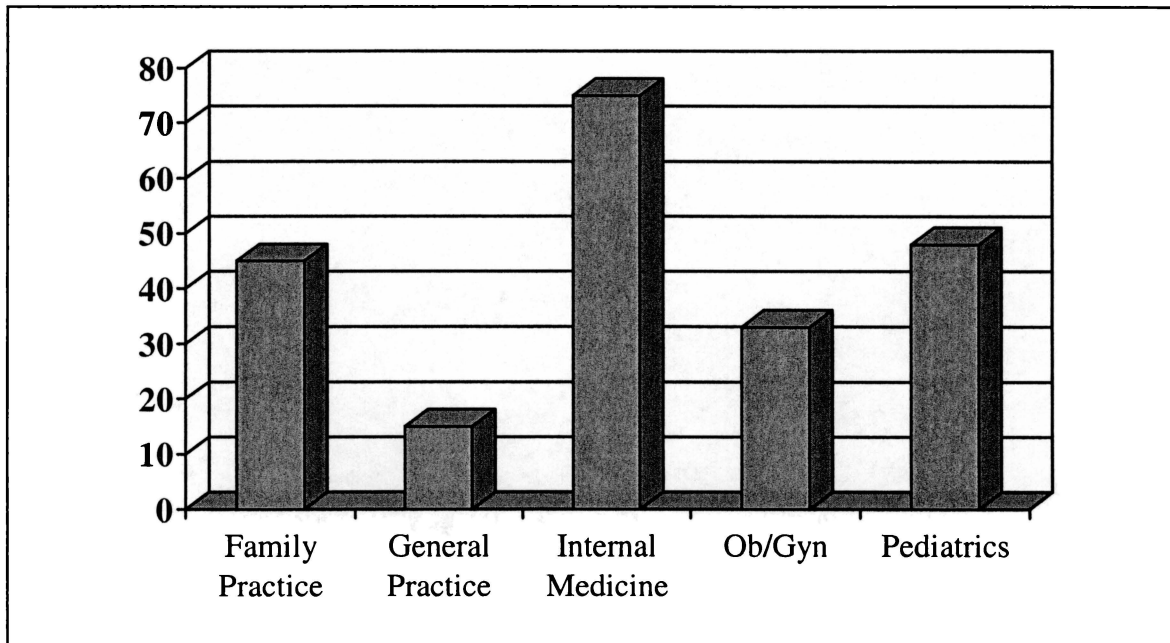
- Pediatric health services
- School-age programs
- Pre-school age programs
- Prenatal care services
- High risk pregnancy services
- Family planning services
- Parenting programs
- Alcohol and drug abuse education (adults)
- Alcohol and drug abuse education (teens)
- Injury prevention
- Heart disease prevention, treatment, and education programs
- Diabetes prevention treatment and education programs
- Suicide prevention
- Primary healthcare
- Dental care (adults)
- Dental care (child)
- HIV/AIDS and sexually transmitted disease prevention, education, and treatment programs
- Mental health
- Health education and wellness

SECTION V

AVAILABILITY OF PRIMARY CARE PROVIDERS

According to the data presented in the *Dallas County Health Check-Up, 1999*, Irving is neither a medically underserved area (MUA), nor a Health Professional Shortage Area (HPSA), using the federal MUA formula. This MUA formula includes the ratio of physicians to the population, the number of individuals over age 65, the number of individuals below poverty level, and the infant mortality rate. Irving has a total of 216 primary care physicians, including family practitioners, general practitioners, internal medicine physicians, obstetricians and gynecologists, and pediatricians. The availability of these physicians in Irving is shown in Figure 5-A. The HPSA formula includes a defined rational service area, a population-to-physician ratio, and measures of the accessibility of populations to primary care resources in surrounding areas. In general, the HPSA formula indicates that a population the size of Irving (pop.=285,835) “needs” 162 primary care physicians. With 216 physicians, Irving has an “over supply” of 54 physicians, and includes over supplies of physicians in all the major primary care areas (general practice, family practice, internal medicine, pediatrics and obstetrics, and gynecology).

Figure 5-A. Primary Care Physicians in Irving 1999



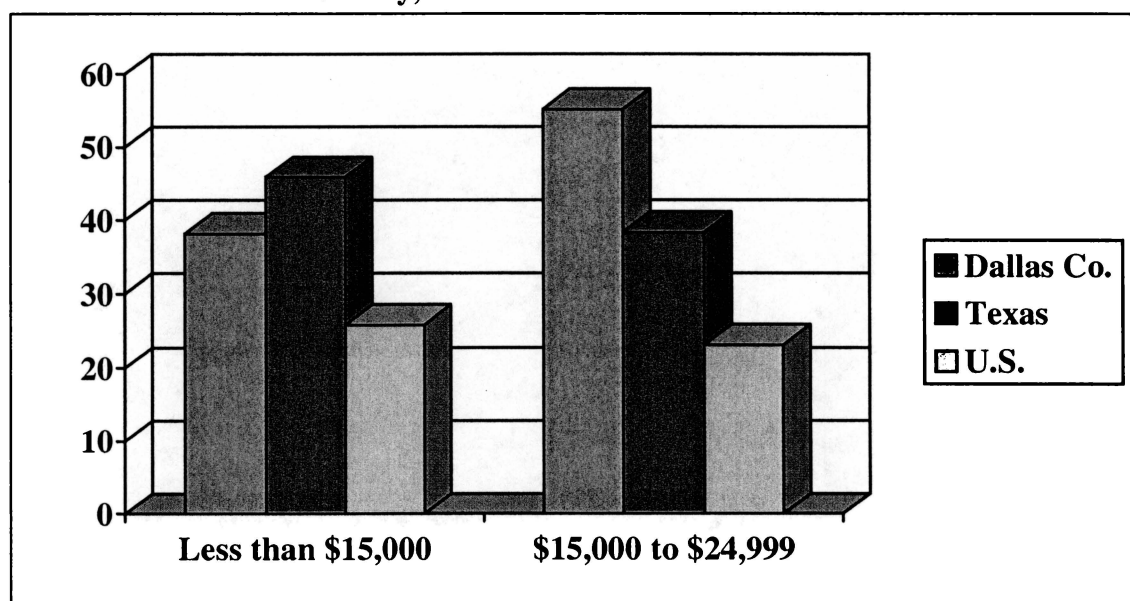
Source: Dallas County Health Check-Up, VIIC.1

However, having primary care providers located in a given geographical area or in neighboring areas does not guarantee that all residents have access to those providers. Lack of health insurance coverage, which is highly correlated to family income and

race/ethnicity, creates barriers to access. Texas is one of the most uninsured states in the nation. Using 1995-1997 data, the American Association of Retired Persons ranked Texas second in the nation on percent of the state population under 65 years of age that is uninsured (26.6 percent); third in the nation on the percent of children in families with incomes below 200 percent of poverty who are uninsured (35.6 percent); second on the percent of the population with incomes below the national median that is uninsured (38.2 percent); and third in the nation on the percent of the minority/ethnic population that is uninsured (34.6 percent) (AARP;1999).

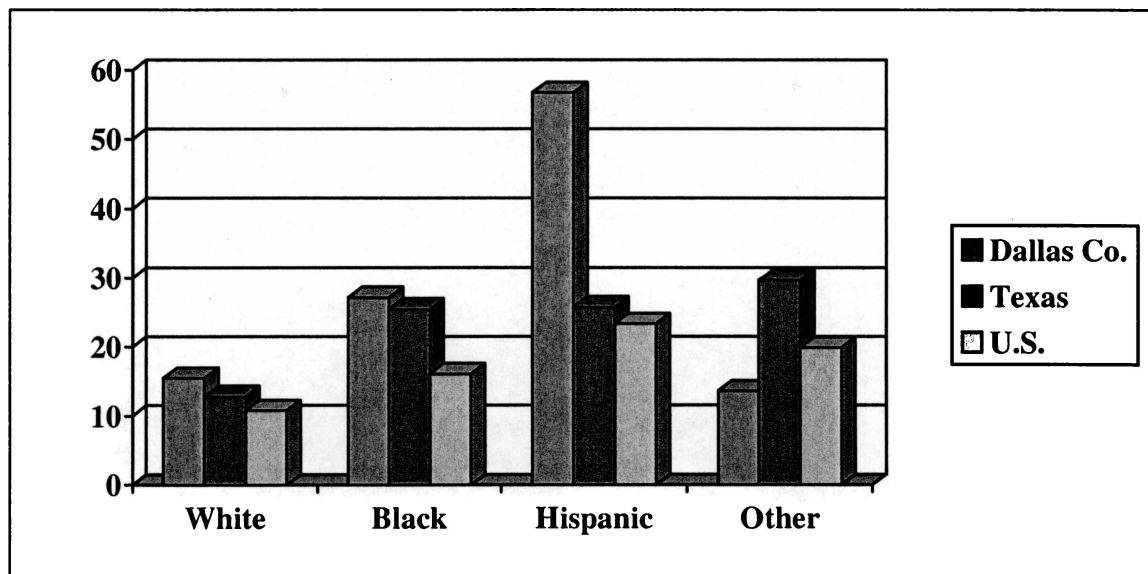
Using data from the Behavioral Risk Factors Study that is conducted using random samples from the nation, states, and local areas, the *1999 Dallas County Health Check-Up* reported that income and race/ethnicity is related to insurance coverage in Dallas County. On some of the measures, Dallas residents are worse off than people in the state in general. As shown in Figure 5-B, residents of Dallas County with incomes less than \$15,000 a year are more likely to have some healthcare coverage than in the state in general, which is probably due to the presence of a county hospital and a network of community clinics that serve the low-income population in Dallas. However, Dallas residents with incomes between \$15,000 and \$24,999 are nearly 50 percent more likely to be without healthcare coverage than the state population generally (55.2 percent in Dallas compared to 38.4 percent in the state). As shown in Figure 5-C, Dallas residents who are white or Black are slightly more likely to be insured than is true in the state in general, but the Hispanic population in Dallas is more than twice as likely to be without healthcare coverage in Dallas as in the state generally (56.8 percent in Dallas compared to 25.8 percent in Texas).

Figure 5-B. Income and Percent Adults Without Health Insurance Coverage: Dallas County, 1998



Source: Behavioral Risk of Dallas County Adults, 1998.

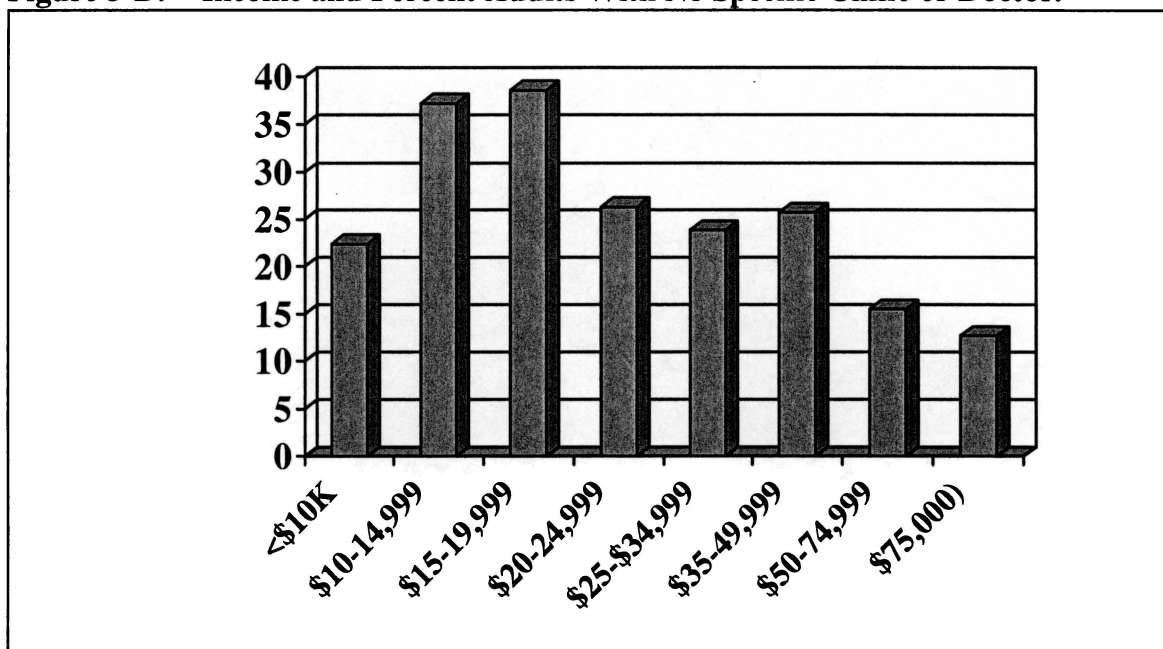
Figure 5-C. Income and Percent Adults Without Health Insurance Coverage: Dallas County, 1998



Source: Behavioral Risks of Dallas County Adults, 1998

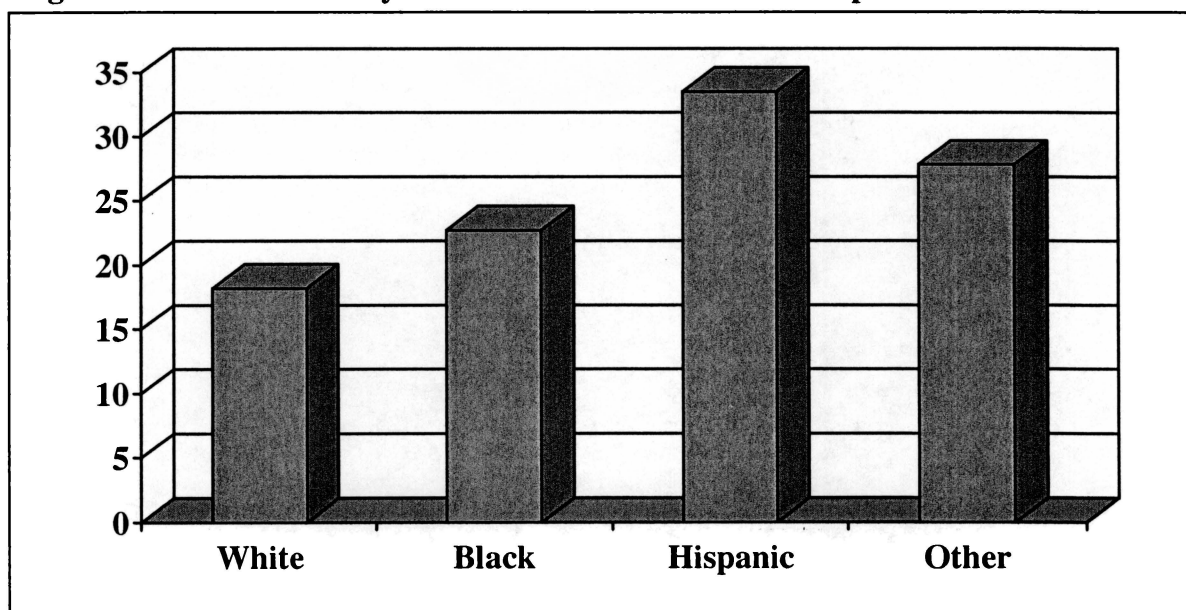
Income, race, and ethnic identity also affect whether or not people have a regular source of healthcare. Table 5-D shows that about 22 percent of very low income residents of Dallas reported no regular source of care in 1998. This rose to 37-38 percent among people incomes between \$10,000 and \$20,000, dropping off about 25 percent among people with incomes in the \$20,000 to \$50,000 range, and less than 15 percent among people with incomes of \$50,000 or more. Table 5-E shows that whites are least likely to have no regular source of care, while Hispanics are most likely to report no regular source of care.

Figure 5-D. Income and Percent Adults With No Specific Clinic or Doctor.



Source: Behavioral Risk of Dallas County Adults, 1998

Figure 5-E. Race/Ethnicity and Percent of Adults with No Specific Clinic or Doctor.



Source: Behavioral Risks of Dallas County Adults, 1998

SECTION VI

USE OF HEALTHCARE SERVICES

Data on use of outpatient and inpatient services by Irving residents have been gathered from the major providers of services to Irving residents in Dallas County -- Parkland Health and Hospital System, Baylor-Irving, and Children's Medical Center. In addition estimated need for dental services is provided by Dental Health Programs, Inc. The data presented in Table 6-A show that Irving residents are using the services available in Dallas.

Table 6-A. Use of Outpatient and Inpatient Services by Irving Residents

PROVIDER	Parkland 1999	Baylor-Irving FY 1999	Children's Medical Center: 1999	Dental Health Programs: Estimated Need
COPC Visits (1998)	6,570	--	--	--
Ambulatory Care Visits	2,316	--	--	--
First Care-Non- emergent ERC Visits	--	--	3,564	--
Emergency Room Visits	3,565	14,285	3,031	--
Outpatient Clinic (1998)	17,049	--	--	--
Outpatient Visits	--	2,449	--	--
Outpatient Specialty Clinics	--	--	7,797	--
Need for Dental Visits: Estimate	--	--	--	10,000
Day Surgery	--	--	549	--
Inpatient Discharges	3,080	--	--	--
Adult and Pediatric Admissions	--	1,005	--	--
Inpatient	--	--	788	--

In 1998/99, the Irving residents had 6,570 visits to Parkland COPC (Community Oriented Primary Care) clinics that provide well care by appointment; 2,316 Ambulatory Care Clinic visits; and 17,049 visits to Parkland's primary care and specialty outpatient clinics. In addition, there were 3,565 visits to Parkland's Emergency Room. Data on

Irving residents use of Parkland COPC Clinics, presented in Table 6-B indicates that 90 percent of Irving residents using these clinic are using the one closest to Irving, de-Haro Saldivar.

Table 6-B. Irving Residents Using Parkland COPC Health Centers, 1997

ZIP	Bluitt Flowers	DeHaro Saldivar	East Dallas	Garland	Oak West	School Based Health	Southeast	Vickery	Total
76038	14	253	10	--	26	--	8	5	316
75060	35	1,484	24	9	19	30	5	36	1,642
75061	17	1,902	48	3	58	13	12	14	2,067
75062	13	840	25	6	18	20	7	13	942
Total	79	4,479	107	18	121	63	32	68	4,967

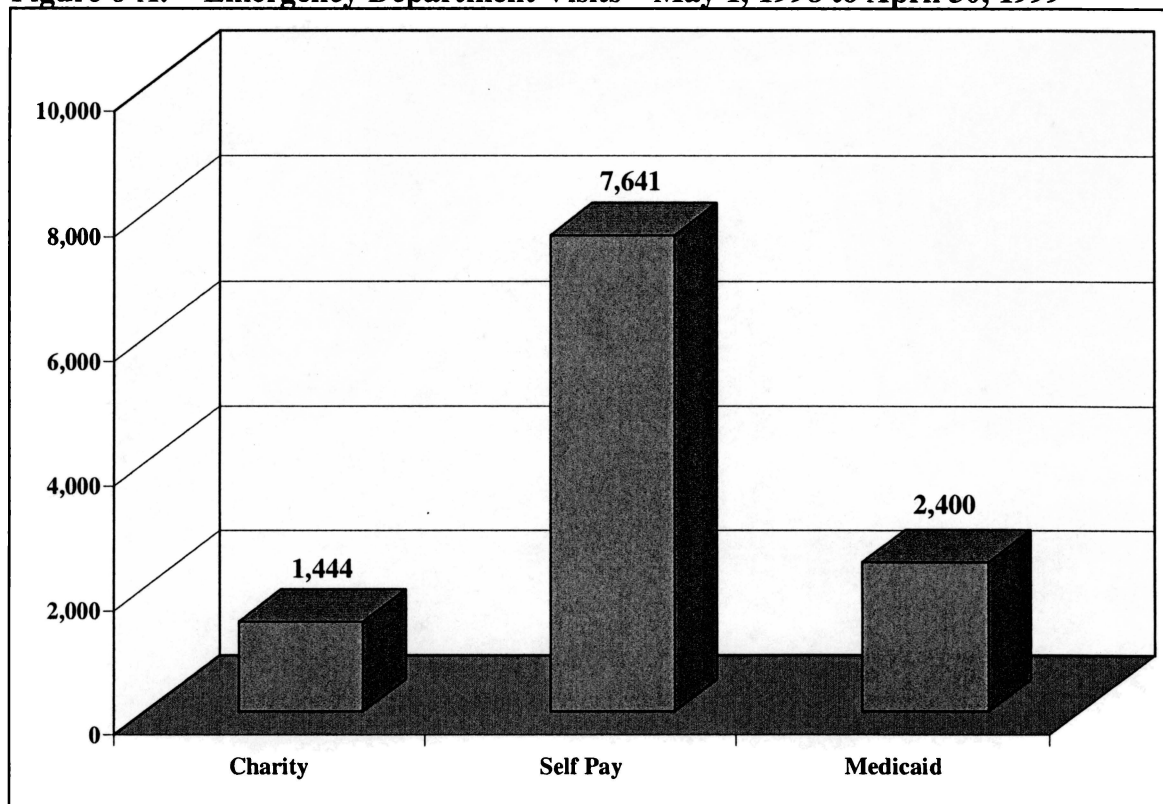
The Dallas County Health Checkup provides Discharge rates of patients from Irving from Parkland Hospital for ambulatory sensitive conditions. See Appendix C. Ambulatory Sensitive Conditions are those medical problems that could have been prevented or controlled in a primary care setting, but have reached a level of severity that required hospitalization. Of particular interest, in 1996, 1997 and 1998, the discharge rates for Diabetes were 94.9, 119.7 and 94.3 per 100,000 residents of Irving, respectively; For Dehydration, they were 389.9, 346.1 and 338.7 per 100,000 residents of Irving; And for Kidney and Urinary Tract Infections they were 91.9, 110.7 and 107.3 per 100,000 residents of Irving.

As a non-profit hospital, Baylor-Irving is required by the state to provide charity care greater than or equal to four percent of net patient revenue and community benefit that when combined with charity care equals five percent of net patient revenue. The federal government requires that all hospitals must provide care in emergencies through the Emergency Medical Treatment and Advanced Labor Act (EMTALA). Matt Davis, Vice President of Baylor-Irving, advises that Baylor-Irving actually exceeds its mandated charity obligations, but it only reports the five percent net patient revenue required by the state. As of June, 2000, Baylor-Irving reported 50,213 Emergency Department (ED) visits. Of these 50,213 visits, 41,346 (80.2%) patients were not admitted; these ambulatory patients were seen solely in the ED. Of the 41,346 ambulatory visits, 14,285 patients (34%) were uninsured. These uninsured patients were either classified as charity patients (if they met low income requirements) or were classified as self-pay patients. The loss to the hospital for these 14,285 patient visits (net revenue less direct and indirect costs) was nearly \$2 million (\$1, 930,325). In comparison, in FY 1999, Baylor-Irving had \$5,752,913 in unreimbursed costs for charity care. They had \$387,578 in unreimbursed costs of government-sponsored indigent healthcare. As of June, 2000, Baylor-Irving reported \$186,350 worth of community benefit in the form of: community health education and outreach, screening/health fairs, support groups/counseling, patient

education, education support, medical education, and cash and in-kind donations to local and non-profit organizations (Baylor Health Care System, 2000).

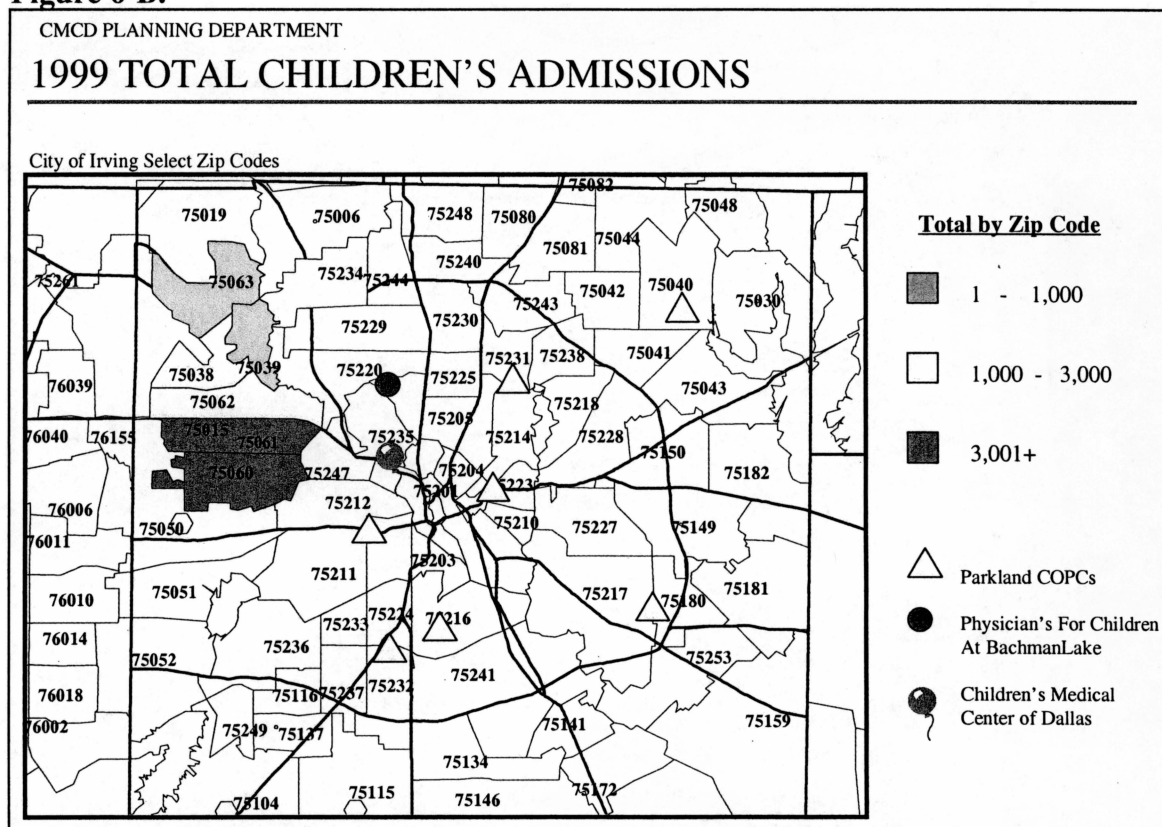
Baylor-Irving reports that lack of access to primary care among indigent patients in Irving is causing people to use the emergency room for healthcare. Use of the emergency room in this way is expensive compared to primary care and interferes with the ability of physicians at Baylor-Irving to deliver care to their private practice patients when they are required to cover the emergency room. Figure 6-A indicates that in the year 1998 to 1999, Baylor-Irving treated approximately 9,000 charity and self-pay patients in the emergency room, as well as 2,400 Medicaid patients.

Figure 6-A. Emergency Department Visits – May 1, 1998 to April 30, 1999



Source: Baylor Medical Center at Irving

Children's Medical Center reported 3,031 visits to their emergency room during 1999 by children from Irving. In addition to emergency services, Children's also offers a walk-in clinic for sick children called First Care. There were 3,564 visits from Irving children in that clinic in 1999. In addition, there were 7,797 visits to Children's specialty outpatient clinics in 1999. Figure 6-B shows the total number of admissions to all services by zip code in Irving for 1999. This map clearly shows that most of the children treated by Children's Medical Center are from the zip codes 75061, 75060, and 75062, all of which show 3,000 visits or more in 1999. Zip code 75234 in northeast Irving also shows a moderately high use of Children's with more than 2,000 visits. Detailed information on visits and admissions for children for CMC is shown in Table 6-C.

Figure 6-B.**Table 6-C. Irving Residents Use of Childrens Medical Center by Zip Codes, 1999**

City of Irving Select Zip Codes								
Admission Type	75038	75039	75060	75061	75062	75063	75234	Total
First Care	277	6	940	1,185	550	136	470	3,564
ERC	264	8	763	883	555	180	378	3,031
Inpatient	81	2	165	248	156	51	85	788
Outpatient	579	30	1,816	2,093	1,626	557	1,096	7,797
Day Surgery	<u>53</u>	<u>3</u>	<u>119</u>	<u>145</u>	<u>107</u>	<u>64</u>	<u>58</u>	<u>549</u>
Total	1,254	49	3,803	4,554	2,994	988	2,087	15,729

Children's First Care Clinic Data (Non-emergent ERC Visits)			
	98-99		
Zip	98 FC Visits	99 FC Visits	Percent Change
75038	186	277	48.92%
75039	9	6	-33.33%
75060	707	940	32.96%
75061	978	1,185	21.17%
75062	479	550	14.82%
75063	67	136	102.99%
75234	415	470	13.25%

Dental Health Programs, Inc. estimates that the need for dental services for low-income (below 200 percent of poverty) children, teens, and seniors in Irving is approximately 10,000 unduplicated patients. DHP currently estimates that they provide care for 600 unduplicated patients, or six percent of the patients in need at the de-Haro Saldivar Health Center in west Dallas.

SECTION VII

PROJECTIONS OF NUMBER OF POTENTIAL USERS OF PROPOSED INDIGENT HEALTH CLINIC

Using data on the 1998 population estimates for the City of Irving provided by the Greater Dallas Chamber of Commerce and National Decision Sciences, estimates were made of the number of people who might use the proposed health center. The data are provided separately for each of the four centroids for which population estimates were obtained using demographic data for the population within a two-mile radius of the centroid: 1400 E. Irving Blvd., 371 S. Irving Heights Dr., 3101 W. Walnut Hill Ln., and 3901 Jackson St. Estimates are provided within each of the major race and ethnic groups for the major age and income groups. Estimates for each centroid are presented in Tables 7-A, 7-B, 7-C, and 7-D.

**Table 7-A. Projection of Number of Potential Clinic Users for
1400 E. Irving Blvd. Centroid**

	White	Black	Asian	Other	Totals	Hispanic
Population	26,553	2,611	2,583	11,474		18,396
0-4 yrs = 10%						
5-17 yrs = 23%						
18-64 yrs = 60 %						
65+ yrs = 7%						
HHI LT \$15K = 18%	4,780	470	465	2,065	7,780	3,311
HHI \$15K-\$25K = 20%	5,311	522	517	2,295	8,654	3,679
0-4 yrs Medicaid eligible	453	44	44	196	737	314
5-17 yrs Medicaid eligible	736	72	72	318	1,198	512
18+ yrs Medicaid eligible	534	53	52	231	870	370
0-4 yrs. CHIP eligible	223	22	21	96	362	155
5-17 yrs. CHIP eligible	818	80	80	354	957	567
% Uninsured < 100% PL = 36%						
% Uninsured 100-200% PL = 53%						
18-64 totally indigent	1,032	102	100	446	1,600	715
18-64 sliding scale	1,159	434	164	730	2,487	1,170

**Table 7-B. Projection of Number of Potential Clinic Users for
371 S. Irving Heights Dr. Centroid**

	White	Black	Asian	Other	Totals	Hispanic
Population	24,228	2,353	2,451	11,002	40,034	17,258
0-4 yrs = 10%						
5-17 yrs = 23%						
18-64 yrs = 60 %						
65+ yrs = 7%						
HHI LT \$15K = 19%	4,603	447	466	2,090	7,606	3,279
HHI \$15K-\$25K = 20%	4,846	471	490	2,200	8,007	3,452
0-4 yrs Medicaid eligible	424	41	43	192	700	302
5-17 yrs Medicaid eligible	475	69	72	322	938	505
18+ yrs Medicaid eligible	487	47	49	205	788	347
0-4 yrs. CHIP eligible	209	21	21	96	347	149
5-17 yrs. CHIP eligible	746	72	76	339	1,233	532
% Uninsured < 100% PL = 36%						
% Uninsured 100-200% PL = 53%						
18-64 totally indigent	994	96	100	451	1,641	708
18-64 sliding scale	1,541	149	156	80	1,926	1,098

**Table 7-C. Projection of Number of Potential Clinic Users for
3101 Walnut Hill Lane Centroid**

	White	Black	Asian	Other	Totals	Hispanic
Population	40,821	7,290	3,943	3,557	55,625	7,170
0-4 yrs = 6%						
5-17 yrs = 15%						
18-64 yrs = 72 %						
65+ yrs = 6%						
HHI LT \$15K = 9%	3,674	656	355	320	5,005	645
HHI \$15K-\$25K = 14%	5,715	1,021	522	498	7,786	1,004
0-4 yrs Medicaid eligible	253	45	24	22	344	44
5-17 yrs Medicaid eligible	369	66	36	32	503	65
18+ yrs Medicaid eligible	574	103	56	50	783	101
0-4 yrs. CHIP eligible	125	23	12	11	171	33
5-17 yrs. CHIP eligible	574	103	56	50	783	101
% Uninsured < 100% PL = 36%						
% Uninsured 100-200% PL = 53%						
18-64 totally indigent	952	170	92	82	1,296	167
18-64 sliding scale	2,181	390	210	190	2,971	383

**Table 7-D. Projection of Number of Potential Clinic Users for
3901 Jackson St. Centroid**

	White	Black	Asian	Other	Totals	Hispanic
Population	33,238	3,922	2,091	4,870	44,121	8,430
0-4 yrs = 7%						
5-17 yrs = 18%						
18-64 yrs = 66 %						
65+ yrs = 8%						
HHI LT \$15K = 11%	3,656	431	230	536	4,853	927
HHI \$15K-\$25K = 9%	2,991	353	188	438	3,970	759
0-4 yrs Medicaid eligible	209	25	13	31	278	53
5-17 yrs Medicaid eligible	441	52	27	64	584	112
18+ yrs Medicaid eligible	738	87	46	108	979	187
0-4 yrs. CHIP eligible	103	12	6	15	136	26
5-17 yrs. CHIP eligible	360	43	23	53	479	92
% Uninsured < 100% PL = 36%						
% Uninsured 100-200% PL = 53%						
18-64 totally indigent	869	103	55	127	1,154	220
18-64 sliding scale	1,046	123	66	153	1,388	266

Calculating Formulas

In these calculations, it is assumed that household incomes less than \$15,000 a year are an approximate indicator of households with incomes less than 100 percent of the federally defined poverty level (referred to hereafter as “poverty level”), and household incomes between \$15,000 and \$25,000 are an approximate indicator of incomes that are between 100 percent and 200 percent of the federally defined poverty level (referred to as near-poverty level). The number of people who fall in each of the two categories of at-risk incomes were calculated as follows:

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ households} \leq \$15\text{K})]$$

and

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ households } \$15\text{K}-\$25\text{K})]$$

Two-thirds of all children in Texas do not have private insurance coverage or other equivalent coverage like CHAMPUS (AARP, 2000). The number of children 0 to 4 years of age who are at risk of being Medicaid or CHIP eligible was calculated as follows:

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ in age group in centroid}) \times (\% \text{ households} \leq \$xxK) \times (.67)]$$

Medicaid and CHIP eligibility are available to children in households with family incomes less than 200 percent of the federal poverty level. The specific age and income eligibility for each is as follows:

For Medicaid, all uninsured children are eligible who are

- Less than one year old and in families with incomes less than 200 percent poverty level.
- Ages 1 to 4 and in families with incomes less than 133 percent of poverty level.
- Ages 5 to 18 and in families with incomes less than 100 percent of poverty level.

For CHIP, all uninsured children are eligible who are

- Ages 1 to 4 and in families with incomes 133 percent to 200 percent of poverty level.
- Ages 5 to 18 and in families with incomes 100 percent to 200 percent of poverty level.

For children 0 to 4 years old, it is assumed that two-thirds of them are eligible for Medicaid and one-third are eligible for CHIP, since the age groups less than one year and 1 to 4 years cannot be separated out in the projection data for 1998.

For adults over the age of 18, the 1998 Behavioral Risk Factors Survey reported in the 1999 Dallas County Health Check-Up indicated that only approximately three percent were covered by Medicaid. These adults would be primarily low-income pregnant women and women with children 4 years of age or less; and other adults with mental or physical disabilities. The formula used to calculate the percent of adults 18 years of age or older who are eligible for Medicaid is as follows:

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ in age group in centroid}) \times (.03)]$$

For adults, aged 18 years of age and older, estimates of the proportion of the population that is uninsured is taken from the 1998 Behavioral Risk Factors Survey data reported in the 1999 Dallas County Health Check-Up. This survey indicated that 36

percent of adults with incomes at or below poverty level were uninsured and that 53 percent of adults with incomes between 100 percent and 200 percent of poverty level were uninsured.

The formula for adults 18 to 64 years of age who are totally indigent is as follows:

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ in age group in centroid}) \times (\% \text{ households} \leq \$15\text{K}) \times (.36)]$$

The formula for adults 18 to 64 years of age who are likely to be eligible for a sliding scale is as follows:

$$[(\text{Total population in race/ethnic group}) \times (\% \text{ in age group in centroid}) \times (\% \text{ households} \leq \$15\text{K}) \times (.53)]$$

Estimates of Risk for Population in Poverty and Near-Poverty

Estimates by Poverty and Near-Poverty.

The simplest estimate of the number of people in Irving who would be at risk to use the proposed health center is to use the percent of people who are living in families with incomes in the poverty and near-poverty range. These simple estimates would yield estimates of population at risk of using the health center of approximately 16,000 for the two centroids in southeast, 13,000 for southeast Irving, and 9,000 for northwest Irving. This rough estimate yields an estimate that as many as 38,000 people could have reason to use the proposed health center.

Estimates for Children.

The analysis can be refined by using estimates for specific age groups using known data for Texas and Dallas County for those age groups. Looking at children four years of age or less, it is estimated that approximately 1,000 children who are eligible for Medicaid or CHIP live in the two southeast centroids, approximately 500 live in the northeast centroid and 400 live in the southwest centroid.

For children aged five to seventeen years, there are more than 2,000 children estimated to be eligible for Medicaid or CHIP in the Southeast, 1,300 in the northeast, and 1000 in the southwest.

In all, it is estimated that approximately 6,200 children live in the four centroids that could be potential users of the proposed health center.

Estimates for Adults.

It is estimated that three percent of the adult population in each of the centroid locations might be eligible for Medicaid. In all four locations, the number of adults who might be eligible for Medicaid and, therefore, might be potential users of the proposed health center is approximately equal to a thousand adults.

The greatest estimate of totally indigent adults is found in the southeast centroids (approximately 1,600), followed by the northeast (1,300), and the southeast (1,150). The greatest estimates of the number of near-poor adults who could pay on a sliding scale for care are found in the northeast (approximately 3,000), followed by the southeast (2,000 – 2,400), and finally the southwest (1,400).

Estimates for Total Population Based on Age.

Adding together the total number of children estimated to be Medicaid and CHIP eligible, with poor and near-poor adults yields as estimate of approximately 17,000 from the three locations (southeast, northeast, and southwest) who are potential users of the proposed health center.

SECTION VIII

SUGGESTIONS TO CONSIDER IN PHASE II

In Phase II of the plan to establish a COPC clinic in Irving, the partners for provision of services will be determined and the clinic's location will be identified. There were several recommendations and suggestions made for consideration in this phase.

Interim

In their grant application for undesignated projects, Irving Cares, Inc. described interim plans for providing healthcare while the COPC clinic is being built. In response to Irving's immediate need for healthcare for its needy and uninsured population, ICI proposed leasing a suitable size building, to be the temporary site for providing adult medicine, obstetrics, lab, X-ray and pharmacy services, and dental services as soon as possible. A pediatric clinic would be provided in the Irving Human Services Building.

Parkland COPC - Garland Clinic

Because of the collaborative way in which the Garland COPC clinic was developed, the City of Irving inquired into their history and structure. The City of Garland gave the land as a gift for its use on which to build a COPC. Garland also spent \$1.5 million to build the roads to access the clinic. Parkland spent \$5.5 million to build the clinic. Currently, Parkland provides pediatric, adult health, maternal and child health, X-ray, pharmacy, and lab. Dental Health Program, Inc. provides dental care for children and elderly patients. Social Services, including housing, TANF, and WIC are also provided. The City of Garland Health Department runs an immunization and well-baby clinic in the COPC, as well. Garland funds a medical advisor and a part-time public health nurse in order to maintain the city's interest in customer service. A description of meetings with Pat Fowler, Managing Director, Health & Environmental Services, City of Garland, and Sharon Phillips, Parkland COPC can be found in Appendix A.

Satellite or Mobile Van

Provision of a satellite clinic or mobile van, such as the W.O.W.! Wagon was suggested at the Community meetings for interim healthcare and then as supplemental sites once the COPC is established. Many agreed that school-based clinics would be a desirable means for providing care and capturing true need among Irving's children. The W.O.W! Wagon, funded in part by Baylor, Irving, already makes appearances around town to provide some basic healthcare services and screenings. Many agreed that support of this mode of service should continue.

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