

HEALTH CARE FOR CONNECTICUT'S UNDERSERVED POPULATION

October, 2011



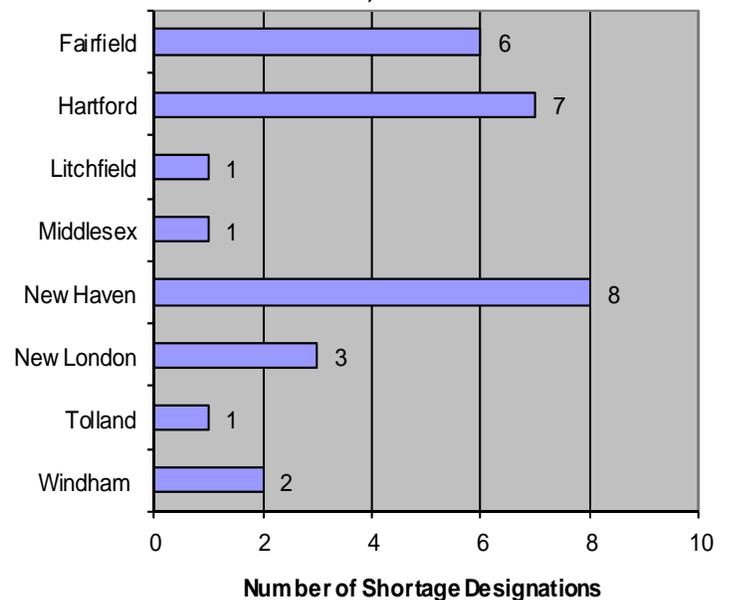
IDENTIFYING AND ASSISTING THE MEDICALLY UNDERSERVED IN CONNECTICUT

I. Identifying the Medically Underserved

The Connecticut Department of Public Health (DPH) offers many health programs and services to the entire population of the state, such as screening of newborn infants for hearing impairment and certain genetic diseases, epidemiology and laboratory services that diagnose and monitor diseases in the population, and health education and nutrition programs in local communities. DPH also has programs for certain groups in Connecticut, such as Children and Youth with Special Health Care Needs (CYSHCN), and people without access to regular health, dental and mental health care services.

The DPH, including its Primary Care Office, works with the United States Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions, Office of Shortage Designation to identify medically underserved areas in Connecticut that may qualify for a federal designation as: a) Medically Underserved Area or Population (MUA/P), or b) Health Professional Shortage Area (HPSA). HPSA's can be designated as underserved areas for primary care, dental or mental health care. Identifying needy areas in the state and then obtaining a federal designation are the first steps toward getting the necessary resources to improve health care services and access in local communities. These resources include funding for qualified medical staff, better facilities and laboratory services. More than 30 federal programs depend on the shortage designation to determine eligibility or as a funding preference. There are a number of requirements for communities wanting to qualify for a federal shortage designation such as counts of physicians and certain health providers available; the poverty level of the population; and other community health status information. See the federal website for more details at: <http://bhpr.hrsa.gov/shortage/> Federal designation as a shortage area is subject to change, based on periodic review as well as any changes in the qualifying criteria since the prior review and designation. See also Figures 1, 2 and 3.

Figure 1. Number of Medically Underserved (MUA/P) Shortage Designations by CT County, October, 2011



Medically Underserved Area or Population

The Federal Register of October 15, 1976 first introduced the foundations of the Medically Underserved Area and Population (MUA/P) designations with further details elaborated later culminating in the most recent version, Public Law 99-280. The United States Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care granted Connecticut's first four Medically Underserved Area designations in 1982 including neighborhoods served by the: a) Charter Oak and b) Community Health Centers of Hartford, as well as the c) Cornell Scott-Hill and d) Fair Haven Community Health Centers of New Haven. Twenty-nine additional Connecticut towns have applied for and received this MUA/P designation recognition since that time.

MUA/P (CONTINUED)

The MUA/P designation, as well as the HPSA designation, are part of the criteria to qualify the designated area for certain federal benefits such as National Health Service Corps placements, enhanced Medicare reimbursements, Community Health Center grants and other federal or state programs. HRSA is in the process of updating the federal regulations related to both MUA/P and HPSA designations. Any proposed change will be published in a Federal Register announcement providing time for public comments before changes are finalized.

HEALTH PROFESSIONAL SHORTAGE AREA

Health Professional Shortage Area (HPSA) designations increased by thirteen between 2007 and 2011. Connecticut currently has 104 designations representing all or part(s) of 94 towns and 8 of the 8 counties. The thirteen new HPSA designations approved include: 1 Primary Care, 1 Dental, and 11 Mental Health designations. (See Figures 2 and 3 showing CT HPSA designations.)

HPSA designations tend to be clustered in the poorer communities of the state. According to the 2000 U.S. Census, for example, Hartford had a per capita income (PCI) of \$13,428 compared with New Canaan's PCI of \$82,049. Hartford has 11 HPSA and 4 Medically Underserved Area (MUA) shortage designations while New Canaan has none.

All eight of Connecticut's counties have at least one federal shortage designation.

Figure 2. Number of Health Professional Shortage Area Designations by CT County, October, 2011

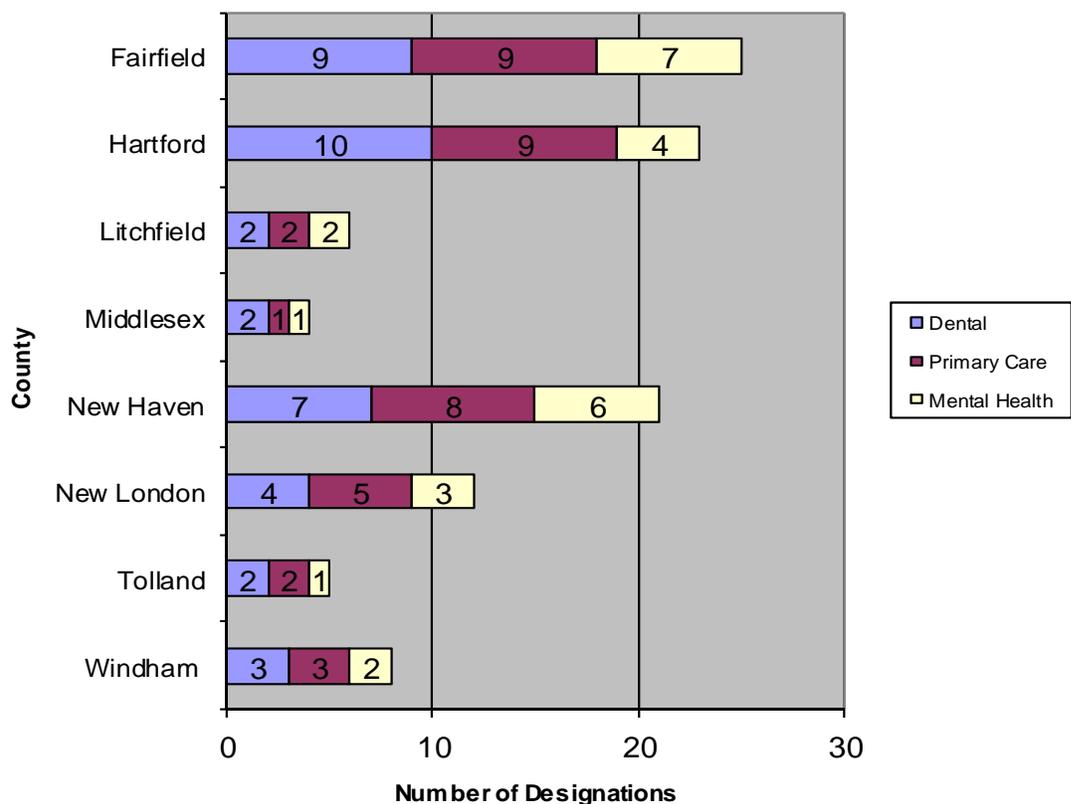
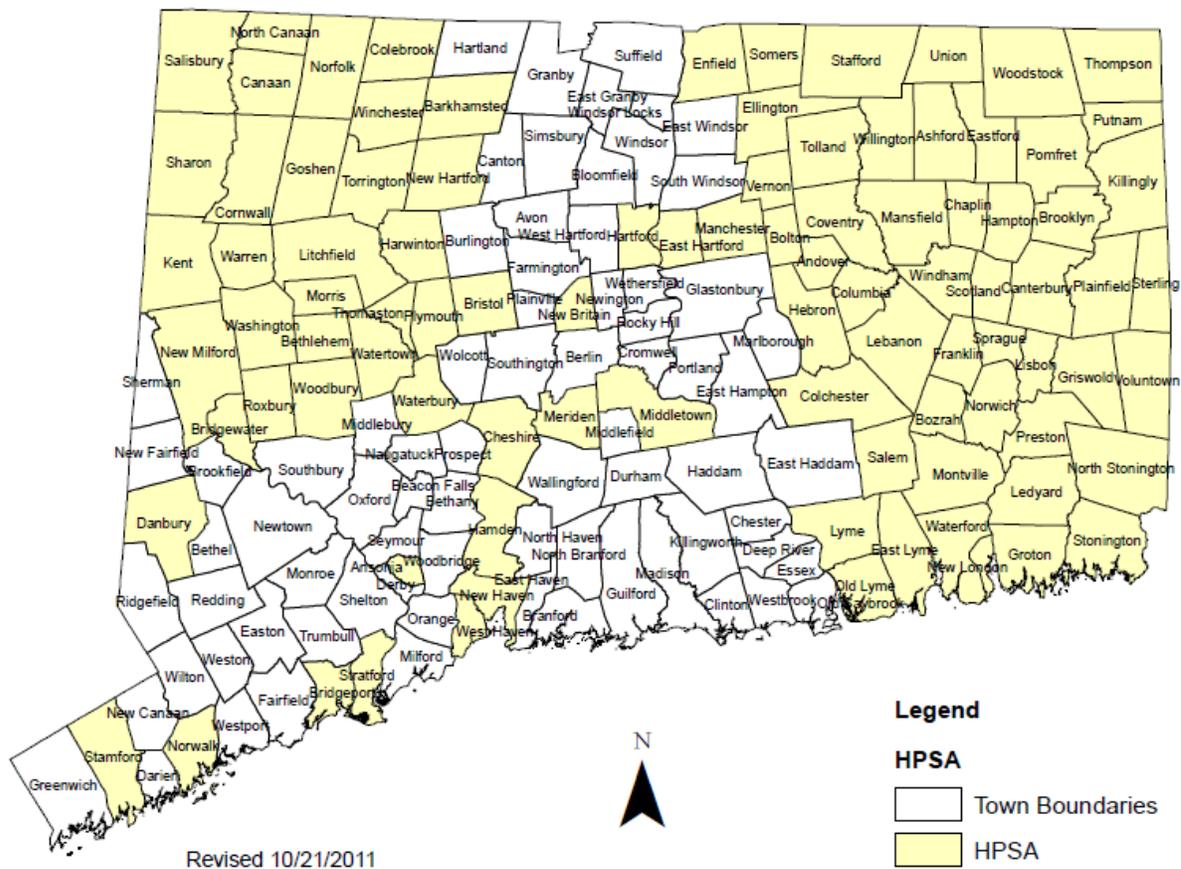


Figure 3. Health Professional Shortage Areas in CT Towns– October, 2011



Note: Shaded towns have one or more HPSA designations (Primary Care or Mental Health) covering all or part of the town.
 Source: <http://hpsafind.hrsa.gov/>

II. Programs Assisting the Medically Underserved

DPH helps place health professionals who are both U.S. citizens and non-citizens in areas of need in our state. U.S. professionals* work with the National Health Service Corps (NHSC) Programs. NHSC programs provide employment or financial incentives to U.S. physicians and other health care providers to work in underserved areas. For details on the National Health Service Corps refer to <http://nhsc.bhpr.hrsa.gov/about/>

Physicians who are not yet citizens may be considered for one of three federal programs to practice in designated shortage areas, namely, the National Interest Waiver (NIW) program or two different J-1 Visa programs: Conrad 30 or HHS J-1 program. To be considered for one of these programs, a physician must meet all state licensing requirements as well as federal requirements of the U.S. Citizenship and Immigration Services (USCIS). Refer to the USCIS web site at <http://uscis.gov/portal/site/uscis>

All eight Connecticut counties have received additional physician or other health care staff with DPH programs' assistance.

*Another program, not designation-related, which assists nurses practicing in certain non-profit facilities is the Nursing Education Loan Repayment Program. See <http://www.hrsa.gov/loanscholarships/repayment/nursing> for program details including the funding preferences for these limited funds.

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Keeping Connecticut Healthy

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M.P.H., M.P.A., Commissioner

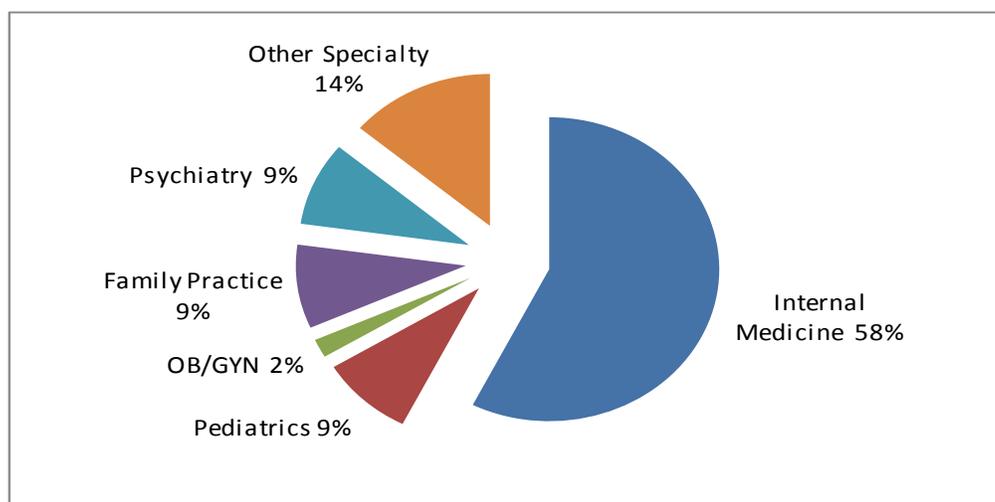
Programs Assisting the Medically Underserved (continued)

J-1 VISA PROGRAMS

There are two J-1 visa opportunities available for physicians who are not U.S. citizens to work in a Connecticut federally designated shortage area: Conrad 30 and the HHS J-1 program. Under the "Conrad 30" program, Section 220 of Public Law 103-416 allows a participating state each year to recommend that the United States Citizenship and Immigration Service (USCIS) grant work visas for up to thirty (30) physicians whose license and application meet Connecticut standards. See details at <http://www.ct.gov/dph/cwp/view.asp?a=3121&q=453806> Figure 4 shows that 77% of the physicians in Connecticut's J-1 program practice a primary care specialty, with Internal Medicine being the largest specialty group. Of the 310 visas approved since the J-1 program's inception in CT, 21 were approved in the most recent year ending 2011.

For more information on the HHS J-1 program see <http://www.globalhealth.gov/exchangevisitorprogram/>

Figure 4. Connecticut J-1 Physician Specialties 1998-2011 (N=310)



NATIONAL INTEREST WAIVER PROGRAM

The National Interest Waiver program was authorized by the UNITED STATES CODE, Title 8, Chapter 1101, *Immigration & Nationality Act*. The term "National Interest Waiver" (NIW) is taken from the federal law, PL106-95, which provides an opportunity for physicians, who meet certain requirements, to secure visas to practice in the U.S., eventually leading to possible permanent U.S. residency. The NIW application package the physician submits to USCIS must include a letter from a state health department or federal agency attesting: a) to licensure, b) to shortage area practice location, and c) that granting this visa is "in the public interest." Since 2000, DPH has recommended eighty-four physicians to USCIS for this program. Interested physicians or their employers may contact the Planning Branch of DPH at (860)509-7658 to request a form to secure such a letter from DPH. Federal NIW requirements may be found at: <http://www.uscis/portal/site/USCIS>