



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

Volume 9, Number 4 • April 2011

Service Area Overlap & Growth Planning

The unprecedented community health center (CHC) growth opportunities of the past decade created expansion turf battles in some states among not only grantees but also communities pursuing 330 funding. A few years ago it seemed unlikely that Oklahoma would ever have to deal with multiple community health centers (CHCs) proposed for the same area. However, with Oklahoma's phenomenal CHC growth over the past decade – increasing from four to seventeen grantees, six sites to over forty – service area overlap has become an issue in some parts of the state. Oklahoma grantees acknowledge the damage that could be done to the 330 program statewide if turf issues turned into public battles. To effectively address service area overlap and protect the CHC investments already in place, a member-driven task force developed the *Oklahoma Strategic Growth Plan (OSGP) Expansion Principles* that were presented to and approved by the OKPCA board in March 2011.

What is Service Area and How Are Overlaps Resolved?

- **Service Area Defined** - In March 2007, HRSA released Policy Information Notice (PIN) 2007-09 outlining policy and process for resolving service area overlap-related issues. In general, service area is the geographical area in which the majority of the health center's patients reside. Service areas (also referred to as catchment areas) have been used since program inception to 1) ensure the size is appropriate for services to be available and accessible to the residents; 2) to ensure that boundaries conform to "relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs"; and 3) to the extent possible, ensure that boundaries eliminate barriers to services, including those resulting from the area's physical characteristics, residential patterns, economic and social grouping and available transportation. Service area is a key element of scope of project and CHCs must consider what geographical area is reasonable in terms of making services available to all residents. Historically, service areas were identified by county or census tracts. A new statistical entity, the Zip Code Tabulation Area (ZCTA), was created with the 2000 census. Zip codes are now factored more into service area determination, perhaps due to use of GIS mapping tools. In 2005, the Uniform Data System (UDS) required CHCs to begin reporting information on the aggregate geographic area in which its patients reside. Released in 2010, the UDS Mapper is designed to evaluate geographic reach, penetration and CHC growth - assisting HRSA project officers, PCAs/Primary Care Offices, grantees, prospective applicants and policy makers/planners. Each CHC should use the many tools available to routinely assess its service area making sure it correctly reflects current activities. According to www.udsmapper.org, this tool is "meant to be only one of many important resources available for exploring the extent of health centers."
- **Overlap Resolution** - While HRSA's foremost concern is using "federal grant dollars to provide access to high quality primary care services to as many underserved people as possible, as efficiently as possible," it also has the responsibility to consider the financial impact when there is potential for patients to be drawn from existing health centers to a new organization or proposed site. PIN 2007-09 outlines HRSA policy and also provides its resolution process that includes the following steps: 1) Map the service area in question and its census tracts and/or zip codes; 2) Gather data and give consideration to community/financial support garnered, current capacity, utilization rate, existing and proposed partnerships, and unmet need; and/or 3) Conduct a site visit if deemed necessary. HRSA may request additional data pertaining to service area and target population (census data, other state or federal reports, other marketplace providers), patient population (most recent UDS and possibly more detailed information), and relationship of patients to service area (to see if there is sufficient remaining unmet need that justifies an additional grant application or change in scope request).

The *OSGP Expansion Principles* outline OKPCA's policy for issuing support letters when potential service area overlap exists. While no organization owns a service area, it is important to consider PIN 2007-09 to avoid overlap and target proposals where sites are most needed. When exploring CHC growth opportunities and service areas, keep in mind HRSA's priority - increasing access to high quality primary care services for underserved populations with unmet need. To review the entire series, visit www.okpca.org and click on the home page *Board Bulletin* link.

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