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PETITION OF MYRIAD sandsationalsparkle.comHOMECARE AGENCY, LLC. TO ADJUST THE NEED TO DETERMINATION TO ALLOCATE AN ADDITIONAL HOME HEALTH AGENCY IN WAKE COUNTY

Myriad Homecare Agency (MHA), files this Petition in support of its request that the need determination for home health agencies be adjusted for Wake County to allocate an additional home health agency in the 2015 State Medical Facilities Plan.

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Established in 2011, Myriad Homecare Agency has become an integral part of the community providing a full range of home care services from skilled nursing and personal care for pediatric, adult and geriatric clients. Throughout the years Myriad Homecare Agency has become a vital part of the community, establishing a safe and compassionate home for families. Additional information about Myriad Homecare Agency is available at www.mhahomecare.com.

STATEMENT OF REQUESTED CHANGE

The draft State Medical Facilities Plan 2014 indicates that after applying the standard methodology, there is not a need for an additional home health agency in Wake County for the year 2015. Myriad Homecare Agency (MHA), LLC request that this determination be adjusted to allocate the need for one additional Medicare-certified home health agency in Wake County. The Inclusion of an adjusted need determination for one home health agency in Wake County to address the special need of Hispanic-Latino population.

REASON FOR THE PROSPOSED ADJUSTMENT

Existence of an Underserved Special Needs Population

In the North Carolina State Health Coordinating Council encouraged home health applicants to "address special needs population". This statement to applicants pertains to all the service areas in North Carolina. It is clearly intended to support the SMFP's basic governing principle of expanding health care services to the medically underserved. However, what may not be apparent is just how urgent the situation is in the greater Wake County area.

Health is affected by where and how we live, work, play, and learn. To improve the health of our community, it is important that we understand how different factors can influence our health. Part of a larger health planning process is to identify the health status, disparities, gaps and unmet needs of the community in balance with community resources, strengths and perceptions. Understanding the factors that affect our health in a larger context helps us develop action plans to address those needs.

Wake County has a large and growing population of Hispanic-Latinos that are below the poverty level with limited healthcare access. According to the most recent U.S. Census Bureau estimates, 28 percent of the county's population is below the poverty level. The 2011 census reported the population of 91,004 as the makeup of Hispanic-Latino origin. Data from Minority Health Facts for Hispanics/Latinos (2005-2008 BRFSS Survey Data), access to health care shows that 65 percent of Hispanics had substantially higher percentages than whites and African Americans for all the measures, (no current health insurance, couldn't see a doctor due to cost, and no personal doctor). Compared to 14.2 percent White and 23.1 percent African American with no current health insurance.

2005-2008	**No Current Health Insurance**	**Could Not See a Doctor Due to Cost**	**No Personal Doctor**
Hispanics	65%	29%	64.5%
White	14.2%	13.5%	16.7%
African-American	23.1	20.6%	21.2%

Percentages of Wake County Adults with Problems Related to Access to Health Care, by Race/Ethnicity

Wake County Demographics

	Total population	Hispanic Poverty Status	White Poverty Rates %	Hispanic Poverty Rates %
2011	929,780	91,044	7.2%	28.0%
2010	900,993	88,030	6.7 %	24.4%

Source: U.S. Census Bureau, 2010, 2011, 2012 American Community Survey and U.S. Census Bureau

	Hispanic Families below federal poverty level	White Families below federal poverty level	Hispanic Median Household for Hispanic Families	Hispanic Median Household for White Families	High School Diploma for White Household	High School Diploma for Hispanic Household	Unemployment Rate for White Families	Unemployment Rate for Hispanic Families
2010	24.8	6.7	$34,426	$52,412	85%	51%	5.4%	7.7%

Source: Minority Health Facts ~ Hispanics/Latinos - July 2010 Office of Minority Health Disparities and State Center for Health Statistic.

From January -June 2013, over 60 agency and community partners in Wake County came together to conduct the collaborative Community Health Needs Assessment. Based on the assessment findings and community priority-setting process, the priority areas that will be addressed in the community health improvement planning over the next 3 years are:

- Poverty and Unemployment
- Health care access and utilization
- Mental health and substance use

Wake County Hispanics are substantially more likely to report not having health insurance, not being able to see a doctor due to cost, or not having a personal doctor; this means less opportunity to diagnose chronic conditions. These results suggest significant health care barriers faced by Hispanics. If the proposed adjustment are not made in the 2015 State Medical Facilities Plan, the adverse effects would consist of services that are fragmented and hard to access for the Hispanic-Latino population in Wake County service area.

Imagine what it means to have 91,044 people in the service area who struggle to get their daily needs met because of a health care access and living in poverty or unemployment.

Racial and ethnic minorities are more likely to live in poverty than Non-Hispanic whites. In 2012, there were 4,547 reported lay-offs in Wake County *(NC Employment Security Commission).*
Unemployment rated #1, as the community concern in Wake County and poverty rated #4 *(2013 Wake County Community Health Opinion Survey).*

The percent of African-American residents who live in poverty is 2.4 times higher than their white peers *(2013North Carolina (LINC) Database, Topic Group Employment and Income)*. Wake County resident Hispanics-Latinos, and African American's are affected by lack of employment, and health care access. If there was an additional Medicare-certified home health agency, then the Wake County residents will not operate in silos, however allowing coordinating efforts through a certified home health agency that could provide that service.

- 6% of residents in Wake County reported that they use the Emergency Room as a place they most often go to when sick *(2013 Wake County Community Health Opinion Survey).*
- 17% of residents are eligible for Medicaid

The table below compares the percentages of North Carolina children whose parents reported that they had certain chronic conditions or risk factors, using data from the 2008 North Carolina Child Health Assessment and Monitoring Program (CHAMP). The self-reports from parents, compared to White and African-American children, Hispanic children were more likely to have poor health, have no health insurance, have no personal doctor or dentist, and were less likely to engage in physically active play. If you were to examine the Hispanic growth in Wake County, 20 % of the county's growth in the last decade, the population grew by 53,937 from 2000 to 2010. In 2010 the areas of Wake County where the Hispanic population is more than 15% includes the eastern part of the county, North Raleigh, and southeast Raleigh near Garner. The parents of the children below are faced with similar challenges across most health measures presented in this report. The key is having adequate healthcare access to this underserved population and providing those coordinated services that an additional home health agency in Wake County would provide.

Percentages of North Carolina Children with Selected Risk Factors/Conditions, by Race/Ethnicity (Based on Weighted 2008 CHAMP Survey Data)			
	Hispanic	**White**	**African American**
Asthma, ever had	10.1	13.7	18.6
Fair or poor health	8.7	1.1	4.4
No health insurance some time in past 12 months	25.8	8.0	12.3
No personal doctor	29.8	13.5	15.0
No regular dentist	29.6	17.4	23.8
Fair or poor dental health	11.9	4.6	8.5
Cut size of child's meals in last year/not enough money for food	19.3	2.8	9.0
Spends no time in physically Active play	7.0	2.0	5.6

Minority Health Facts - Hispanics/Latinos- 2010. Office of Minority Health and Health Disparities and State Center for Health Statistics

Problems with the Proposed SMFP 2014 Methodology

The methodology used in the Proposed 2014 State Medical Facilities Plan for calculating need for home health agencies combines historic three-year averaged age-adjusted use rates by county for 2010-2012, population forecasts by age for 2015 and the actual number of patients served by existing agencies for 2012. It assumes that it will take 325 patients to support a new agency. It calculates need for each Council of Governments Regions by aggregating the need for counties in each Region. It anticipates that existing agencies will continue to grow at the county's three-year adjusted age rate. Need for a new agency thus occurs only when population outstrips average growth by 325 patients. The methodology has no provision for maximum annual growth in an agency. This means that as existing agencies expand and provide service to more patients, it is less likely that any additional agencies will be approved. Though it shields existing agencies, it also suppresses competition and favors the status quo.

The difference in ratio of home health agencies to population in Wake, Mecklenburg and Durham Counties emphasizes the access disparity in Wake County. In Wake County, the average agency serves 50 percent more patients than the average agency in Durham County. Moreover, the Wake County ratio is inflated by the non-functional placeholder.

County	Agencies	Patients per Agency
Wake	10	124,342
Mecklenburg	*13	154, 432
Durham	5	61,453

In nearly every age group, Wake use rates have been declining steadily since 2005. Comparing use rates with Durham and Mecklenburg Counties calls attention to the disparity in home health access; Wakes over-75 rates are anticipated to be 68 percent of .

2015 Anticipated Use Rates per 1000

	65-74	Over 75
Wake	49.18	191.23
Mecklenburg	53.48	154.84
Durham	47.33	146.04

As long as the use rates are suppressed by agencies that remain undeveloped for years, and forecasts of patients in existing agencies continue to grow unchecked, a need determination for Wake County is unlikely.

Need for Home Health Agencies

Myriad Homecare Agency serves many Wake County Medicaid residents today. Our license permits us to bill Medicaid for aide services. We also provide nursing services to patients who are covered by Medicare. We are not paid for that service, because we do not have a home health agency license. We coordinate that service for our patients with other agencies in the community; they have tried to use existing home health agency services, but at this very direct and personal level of care, the lack of resources is insurmountable. Providing free care is not sustainable in any economy; it is more difficult when reimbursement is under pressure. Some we cannot serve at all because they are eligible only for Medicare.

ADVERSE EFFECTS ON THE POPULATION

Based on the 2013 Wake County Community Health Needs Assessment, developed by Wake County Human Services in collaboration with WakeMed Health and Hospitals, Duke Raleigh Hospital, Rex Healthcare, Wake Health Services, and the United Way of the Greater Triangle are leading a comprehensive community health planning effort to improve health of Wake County, NC residents. Based on assessment findings and community priority-setting process, the areas that were addressed in the community were; Poverty and Unemployment, Health Care Access/ Utilization, and Metal health and substance abuse. According the assessment, Hispanics and African Americans in Wake County experience disproportionately higher mortality rates from cancer, heart disease, stroke and diabetes.

Racial and ethnic minorities are more likely to live in poverty than Non-Hispanic whites. In 2012, there were 4,547 reported lay-offs in Wake County (NC Employment Security Commission). Unemployment rated #1 community concern in Wake County and poverty rated #4 (2013 Wake County Community Health Opinion Survey). While the demographic profile for the Knightdale population consist of:

2010 Census	Counts	Percent
American Indian/Alaska native	**66**	**1%**
Asian	**193**	**2%**
Black or African American	**4, 368**	**38%**
Native Hawaiian/Other Pacific	**6**	**0%**
Some other race	**670**	**6%**
Two or more races	**400**	**4%**
White	**5,698**	**50%**

The percent of African-American residents who live in poverty is 2.4 times higher than their white peers (log Into North Carolina (LINC) Database, Topic Group Employment and Income).

- 6% of residents in Wake County reported that they use the Emergency Room as a place they most often go to when sick (2013 Wake County Community Health Opinion Survey).
- 17% of residents are eligible for Medicaid

Chronic conditions have large impacts on U.S. health and medical spending. According to the Centers for Disease Control and Prevention, 133 million U.S. residents have at least one chronic condition. Treating those diseases costs $1.5 trillion a year, which accounts for 75 percent of the nation's spending on direct medical costs. Given the aging of the U.S. population, the prevalence of chronic disease and the rising costs of treatment, medical expenditures are expected to continue to go up.

The size and rapid growth of the Hispanic population offers considerable reason to focus on its chronic disease management. Hispanics will account for most of the U.S. population growth through 2050. While in 2007, Hispanics- Latinos comprised 15 percent of the U.S. population, or about 45.5 million people, projections based on current demographic trends suggest that by 2050, they will comprise upwards of 29 percent of the population, or 128 million people.

Though they are now relatively youthful compared with the general population, Latinos will account for a growing proportion of middle-aged and elderly Americans in the future. By 2050, for example, the Hispanic share of the elderly population will almost triple to 17 percent from 6 percent in 2005. Furthermore, growth in the Hispanic population increasingly will be driven by births in the United States, rather than immigration from abroad. Since U.S.-born Hispanics tend to be less healthy than Hispanic immigrants, this compositional change may further predispose the population to chronic illness.

At present, Hispanics have a lower prevalence of many conditions than the population as a whole, but they have a higher prevalence of diabetes than non-Hispanic whites. Furthermore, their rates of overweight and obese adults are relatively higher than those of non-Hispanic whites, which puts Hispanics at greater risk for the development of diabetes and other health conditions.

When people don't get the information or treatment that would allow them to manage illnesses at an early stage or avoid a disease altogether, the costs of health care escalate and the burden of expensive late-stage medicine often falls to publicly funded health services. An important strategy to reduce chronic illness, and the costs associated with it, is through prevention via regular monitoring and educational initiatives.

According to the CDC, the proportion of Hispanics who report that they have no usual place to receive health care is more than double that of non-Hispanic whites and non-Hispanic blacks.* Though it is more difficult to measure general knowledge and education about health issues among the population, the sheer diversity of the Hispanic population creates a challenge to information dissemination within medical environments as well as through public health campaigns.

In addition to divisions by gender, income and education, a number of other key characteristics distinguish Hispanics from each other. The language divide between Hispanics who are English speakers and those who are primarily Spanish speakers creates obstacles to public health campaigns and medical care. Differences between U.S.-born Hispanics and Hispanic immigrants, between Hispanic immigrants from different countries of origin, as well as differing rates of assimilation by Latino immigrants add to the complexity of understanding this rapidly growing population and determining how best to convey health information to it.

ATERNATIVES TO THE REQUESTED CHANGE

Personal Home Care of NC, LLC considered several alternatives, including: 1) maintaining the status quo; 2) purchasing a home health agency; 3) subcontracting with an existing home health agency to specialize in provision of home health services to non-English-speakers; and 4) this petition. This petition is the result of four years of unsuccessfully trying the other three alternatives.

We can no longer maintain the status quo. Financial pressures will not allow us to continue to offer free nursing services to these patients much longer. We are already restricting them to what one nurse can do. For the two years, Myriad Homecare Agency has actively pursued purchase of an existing home care agency and attempted to establish partnerships with existing agencies. After three years, there are still no agencies available for purchase in Wake County at a rate we can afford, and we have not found an existing agency interested in a joint venture. We have participated in countless meetings with potential candidates, only to have agencies refuse to follow up.
The proposed special need is the only viable venture left.

NON-DUPLICATION OF SERVICES

Including in the 2015 State Medical Facilities Plan a need in Wake County for one home health agency specifically staffed and organized to serve underserved population that has an inadequate resources to care, language barriers and the coordinating of care needed for Wake County residents. This would not duplicate existing services:

- No such agency exists in Wake County or contiguous counties.
- Wake County is underserved, as measured by age-adjusted use rates and by the ratio of patients to population.
- Hispanics in Wake County experience worse outcomes across many health measure than do whites. Diabetes and other chronic diseases are to become much more prevalent in Wake County's Hispanic population in future years.
- As a provider of home health services, we could provide that bridge for families needing access and referral coordination to other agencies in the community.

CONCLUSION

The North Carolina State Health Coordinating Council and the Medical Facilities Planning Section perform an outstanding service in developing a State Medical Facilities Plan that strives to properly and fairly address the healthcare needs of the residents of North Carolina. The healthcare needs of a significant population of underserved Hispanic-Latinos North Carolinians are not being met. Myriad Homecare Agency, LLC, respectfully requests that the State Health Coordinating Council consider a policy that would permit development of a home health agency in HSA IV to serve groups for whom healthcare access is a significant barrier to receiving care.