

# POCONO MEDICAL CENTER

The New Face of Healthcare



**Monroe County Health Assessment 2010-2011**

# Introduction

## Summary

This assessment was directed by the *Pocono Health System* as part of its continued mandate to address the health concerns of the residents of Monroe County . This report represents the System's first comprehensive community assessment. The report will be used by PHS to guide its new strategic plan and to map its future responses to the needs of the county. Except where it stated the assessment report data and trends for Monroe County and its municipalities.

Monroe County is located in North East Pennsylvania, in the fastest growing region of the State of Pennsylvania. It is 80 miles west of New York City and 90 miles north of Philadelphia. Today, Monroe County is comprised of 16-second class townships and 4 incorporated boroughs within a total land area of 617 sq mi. As of the census<sup>1</sup> of 2010, there are 176,567 people, 49,454 households, and 36,447 families residing in the county .

Information was collected on the current strengths, concerns, and conditions of children, adults, families, and the community. The assessment is based on information from many sources, elicited by many techniques, and includes over 50 surveys of key informants, 2 focus groups, and analysis of secondary demographic and epidemiological data.

This community assessment was designed as a rapid assessment, and it identifies key health trends in Monroe County along three areas –

1. Demographic Trends, Highlighting the most critical demographic trends affecting Monroe County including overall population growth, sources of population growth, the County's changing demographic profile, socioeconomic profile of the population, and the County's ethnic and racial makeup. In this analysis the assessment compares the county with the state as well as peer counties in Pennsylvania.
2. Epidemiological Profile, Providing an epidemiological assessment of Monroe County, using the focus areas identified in Healthy people 2010. In this analysis the assessment compares the county with the state as well as peer counties in Pennsylvania.
3. Key Informants, Identifies and analyzes the perceived needs of key informants in the county with regard to issues that affect the health and well-being of the county residents.
4. Focus Groups, A qualitative analysis of the perceived needs of key informants in the county with regard to issues that affect the health and well-being of the county residents.
5. Summary of Findings, Provides a list of the findings of the various data sources.

.Epidemiological and demographic data were collected and analyzed for the county are extracted from the following sources (these sources are identified in the narrative using their respective numbers).

1. United States Census Bureau
2. PA Department of Health: Healthy People 2010 Objectives
3. PA Department of Health: Behavioral Risk Factor Surveillance System
4. PA Department of Health: Analysis of Cancer Incidence in Pennsylvania Counties
5. PA Dept. of Public Welfare
6. PA Center for Rural Pennsylvania

# Introduction

## Summary

### Key Informant Surveys

Web-based surveys were sent to key informants in 180 institutions in the county . These key informants represented the: a) business sector, b) the government sector, c) the nonprofit sector, d) the educational sector and e) faith-based organizations.

### Focus groups

Two focus groups with 10 community representatives were convened in the fall of 2010. The focus groups asked participants to discuss the strengths and weaknesses in Monroe County through the community health framework model . The results of the focus groups are presented in the report but they were also used to prepare the key informant survey.

### Data Analysis

The assessment organized its data collection to conform with the Robert Wood Johnson Foundation's County Health Rankings framework shown below, and the demographic and epidemiologic used the geographic areas depicted in the map below to organize and compare data.

The analysis also compared Monroe county with two comparative values or groups—peer group counties and the state. This allowed the assessment to compare Monroe County to the state average as well as three peer counties within Pennsylvania with regard to key epidemiologic and demographic data. Peer counties were selected by identifying counties sharing similar community health-related factors. The following four factors were used to define the counties: a) population size; b) poverty, c) median age and d) population density. For the purposes of this study Monroe was compared to: a) Butler County, b) Cumberland County, c) Dauphin County, d) Pennsylvania and e) The U.S.

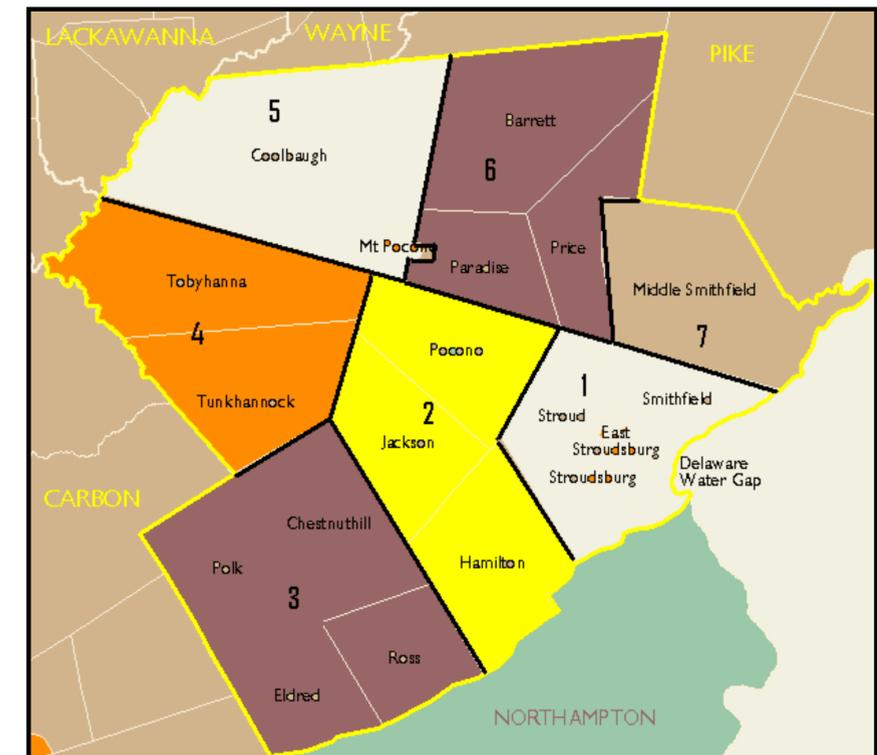
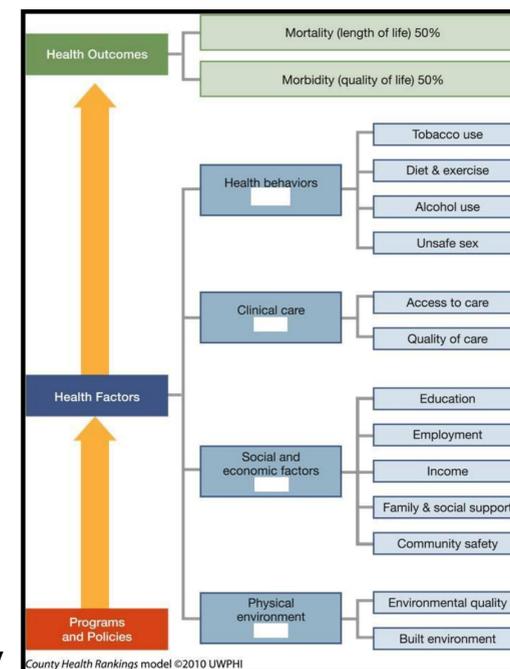
The data was analyzed using basic descriptive statistics to identify trends and to compare Monroe with the comparison group.

### Summary of Findings

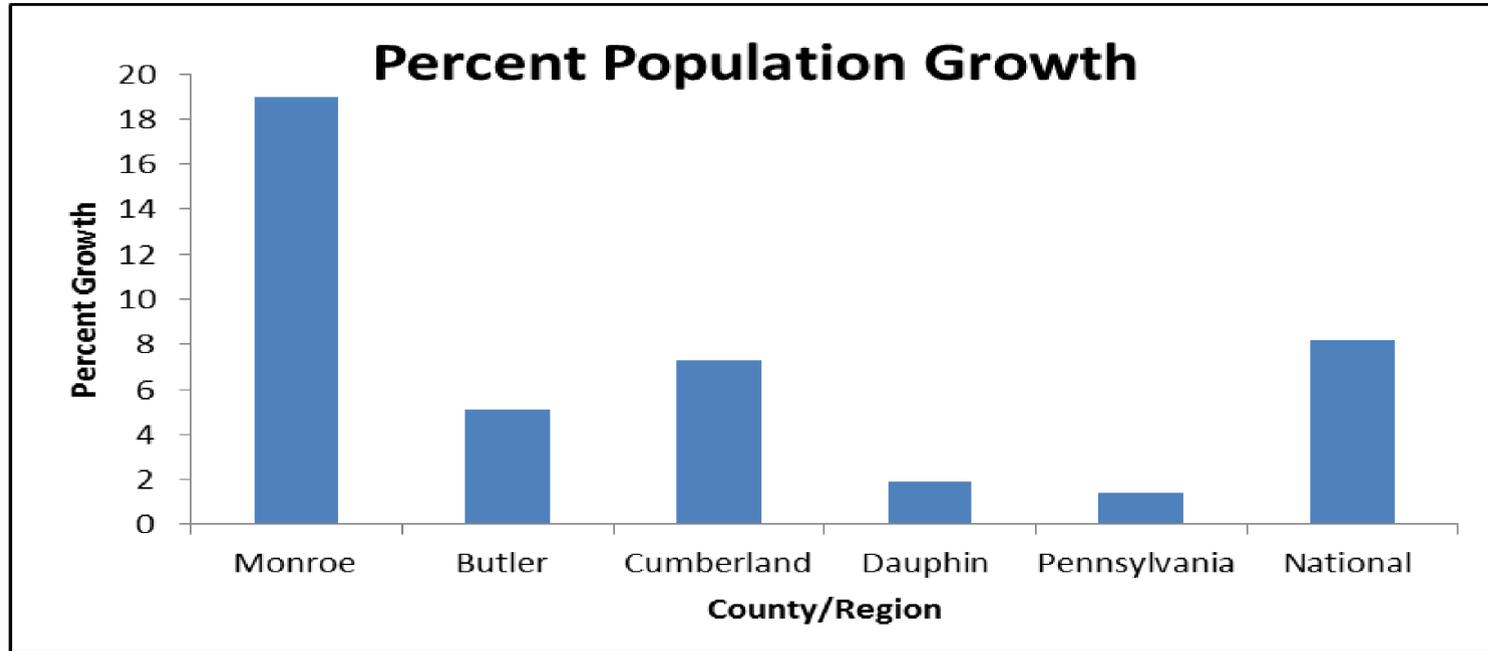
The findings of the assessment shows that Monroe County's population has experienced among the greatest population growth y in the state, and this growth has quickly increased the county's racial and ethnic diversity. The county has high levels of poverty that tend to be concentrated in certain areas of the county, plus it has not seen rapid increase in household incomes.

The county has lower than expected number of physicians. It also has lower rates of most cancers with the exception of lung cancer plus higher than expected rates of smoking and heavy drinking.

Monroe county has high levels of women receiving no pre-natal care . The county also has slightly higher rate of suicide. The primary data collected through the surveys and focus groups confirms many of these findings, but also highlight the a gap in behavioral health services and prevention services.



# Demographic Trends: Population Growth

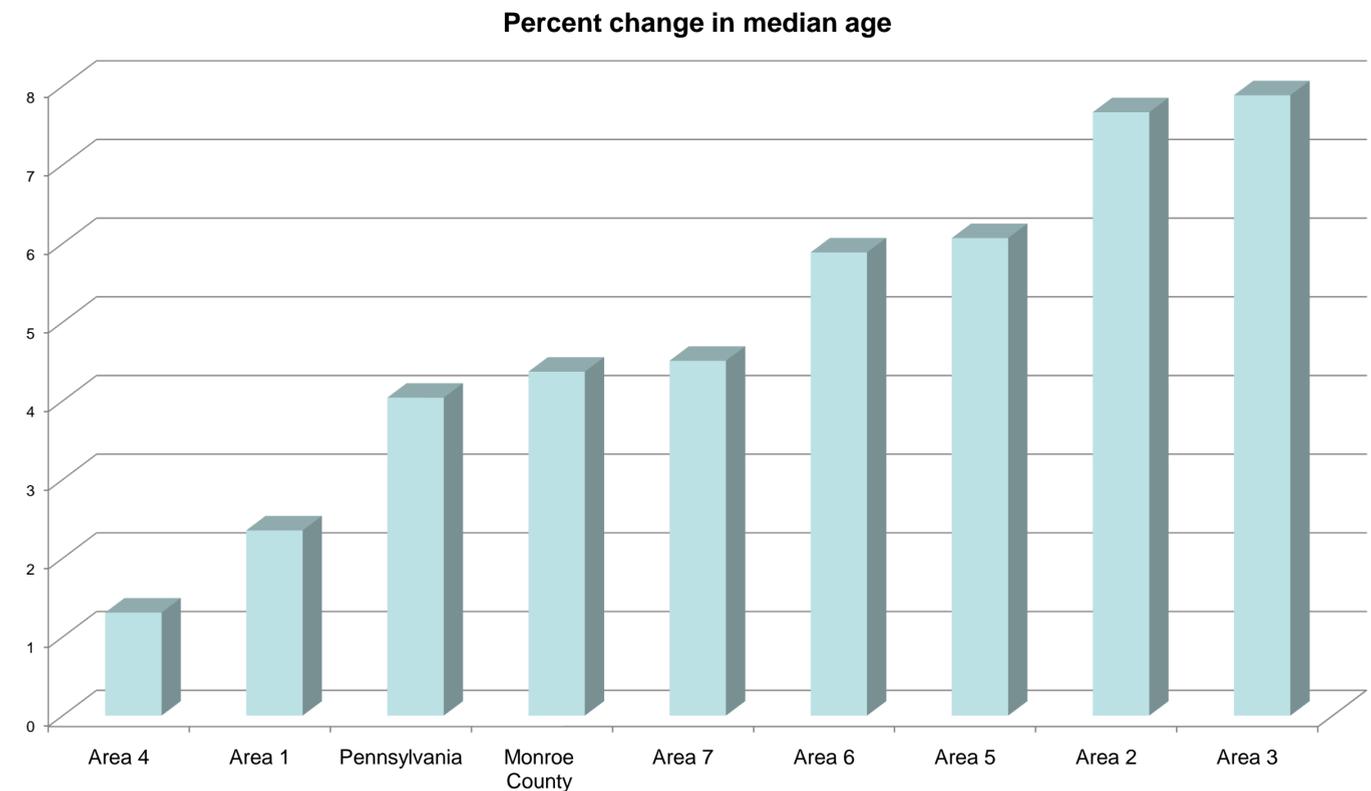
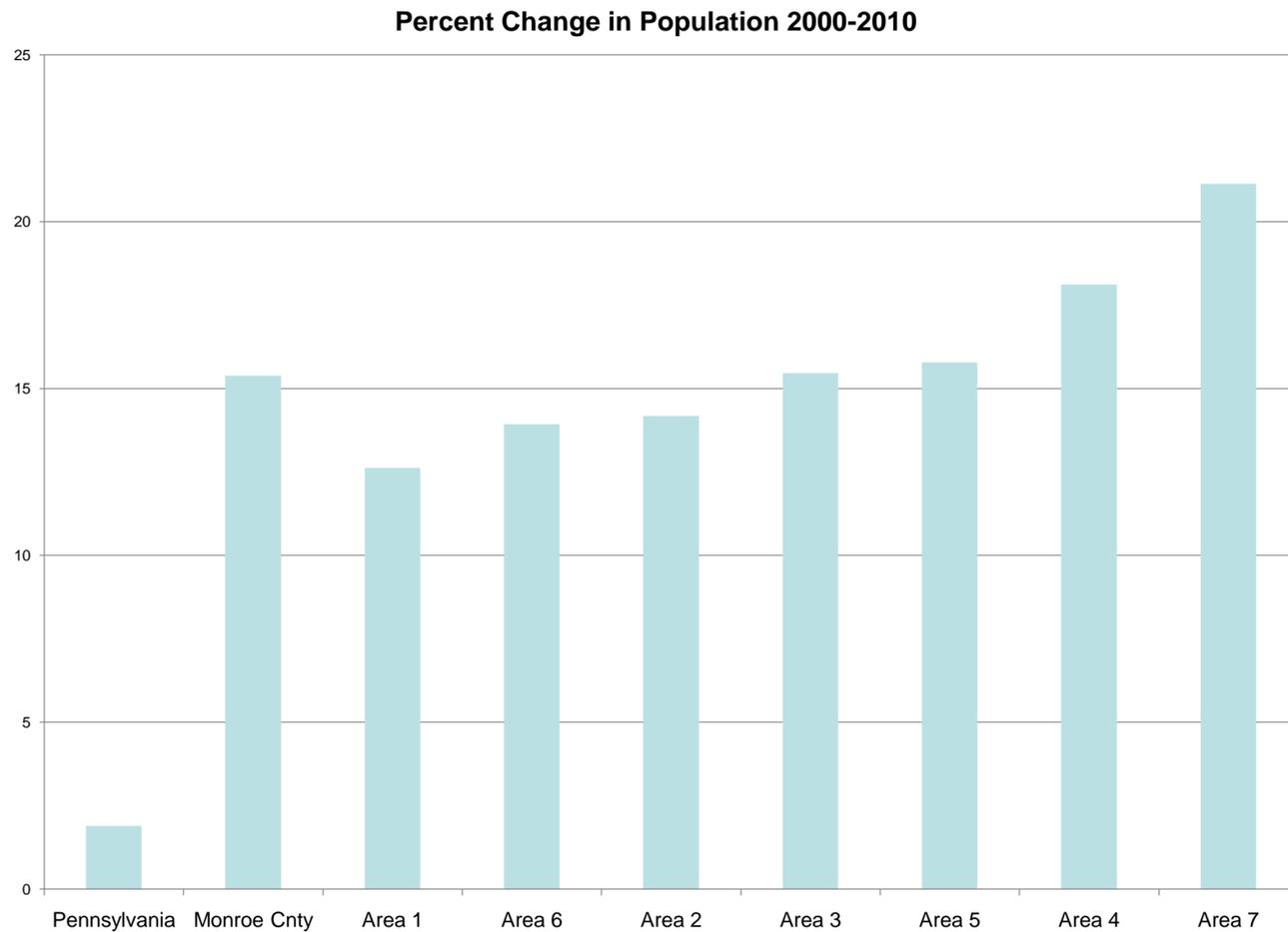


	Percent Population Growth
Monroe	19.0
Butler	5.1
Cumberland	7.3
Dauphin	1.9
Pennsylvania	1.4
National <sup>1</sup>	8.2

## 2000-2010 Trends

Growth in Monroe County (19.0%) is more than twice as much as the second-fastest growing peer county, Cumberland County (7.3%). Monroe County population growth is also higher than both the state average (1.4%), and the national average (8.2%). Source - 1

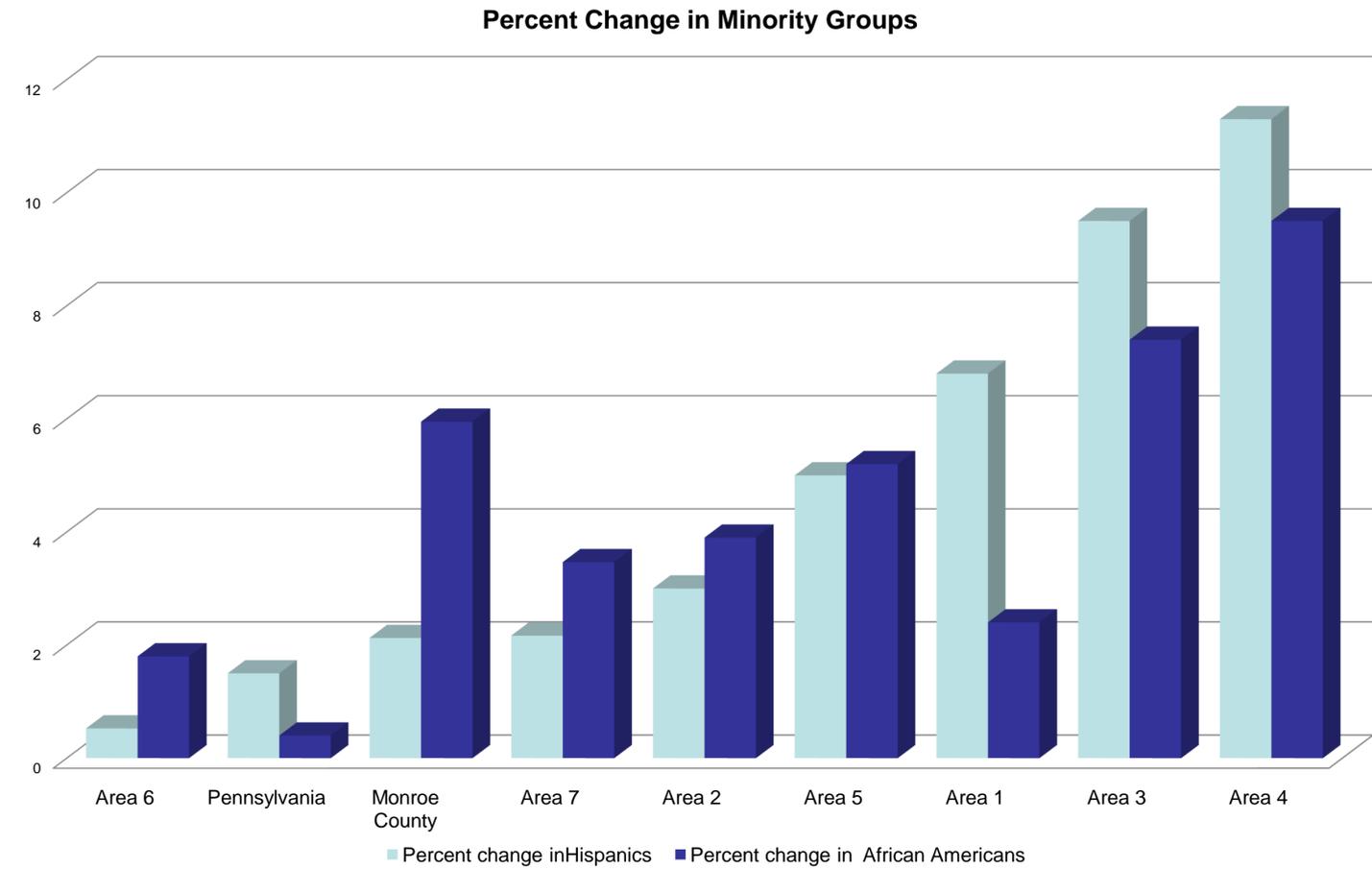
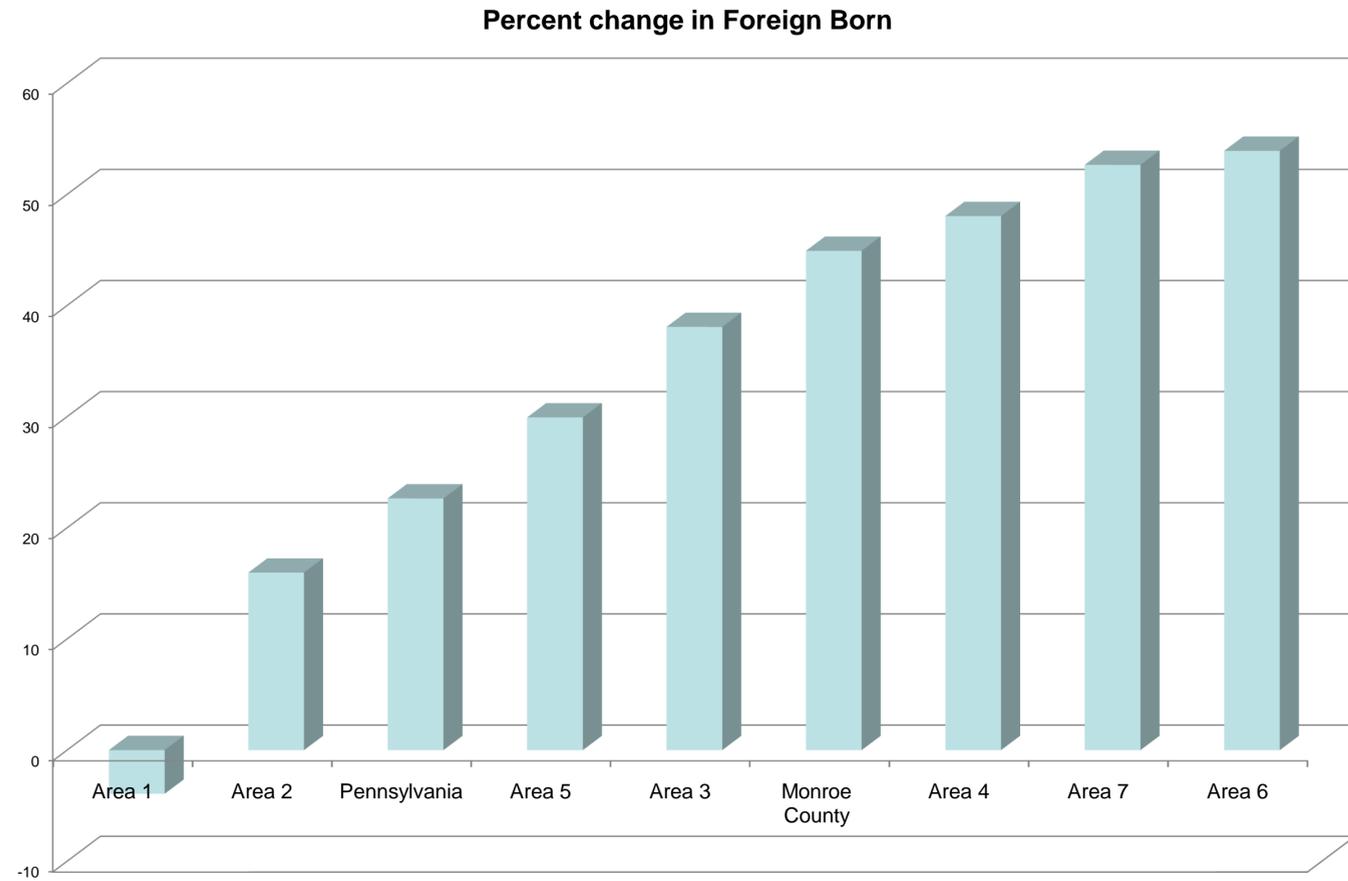
# Demographic Trends: Population Growth



## 2000-2010 Trends

The demographic trends for Monroe County remain largely unchanged. The county continues to experience growth that is 15 times greater than the state average. Between 2000 and 2009 Monroe County's population grew by 15% as compared to 1.5% at the state level. The greatest growth occurred in the Middle Smithfield as well as the northern tier of the county. Despite the growth the County's median age continued to rise and is now also remains high at a median age of 40 just slightly higher than the state. With the highest median age found in the southern tier of the county. Source - 1

# Demographic Trends: Race and Ethnicity



## 2000-2010 Trends

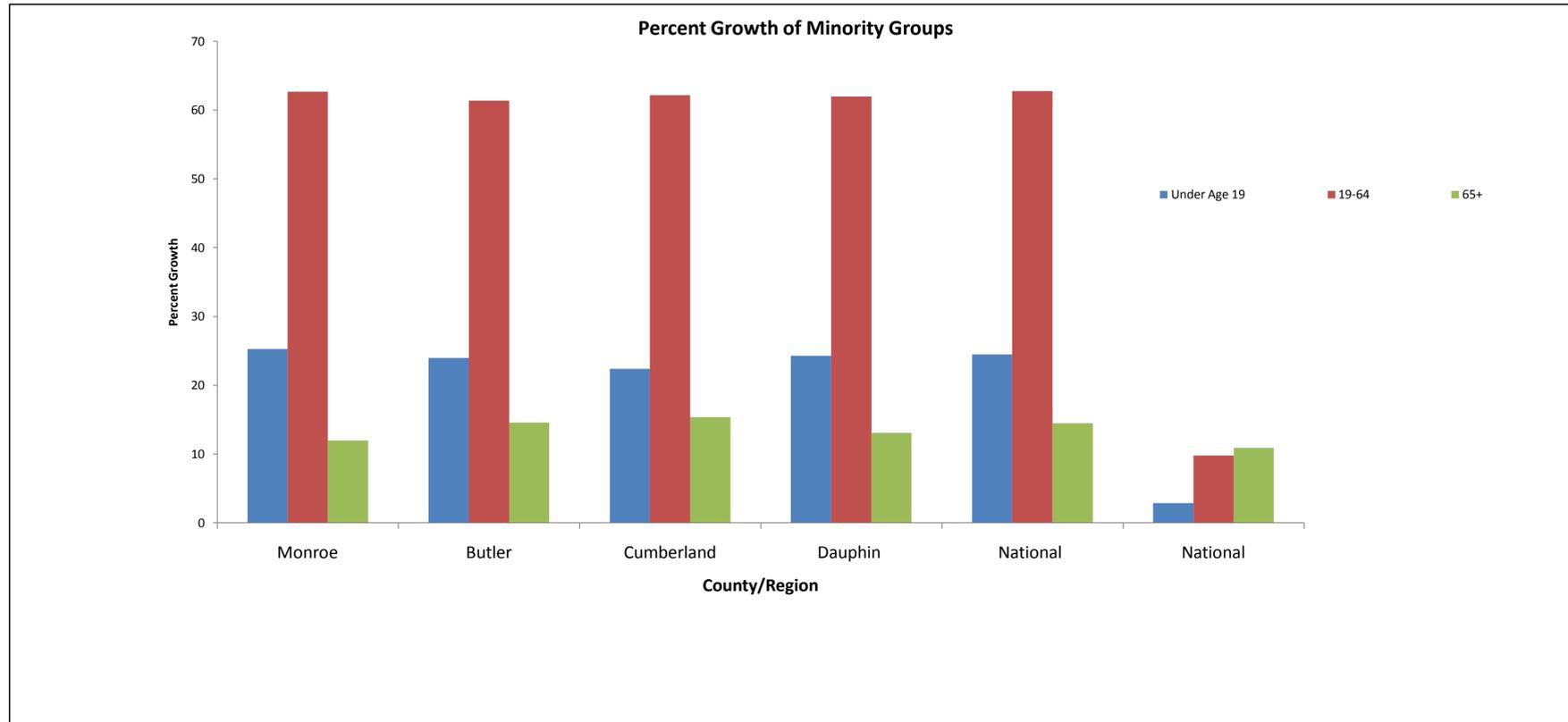
Monroe County's ethnic and racial population continued to grow between 2000 and 2009. The percent of foreign born individuals was close to twice the state average. During this period the major source of the population growth was migration from other states (over 40%) and from Puerto Rico and the U.S. Virgin Islands (22%).

The Latino/Hispanic population as well as the African American population grew by more than 40% and represents a combined 24% of the county's population. This is more than twice the state average. Source - 1

# Demographic Trends: Race and Ethnicity

## Demographic Trends: Race and Ethnicity

## 2000-2010 Trends



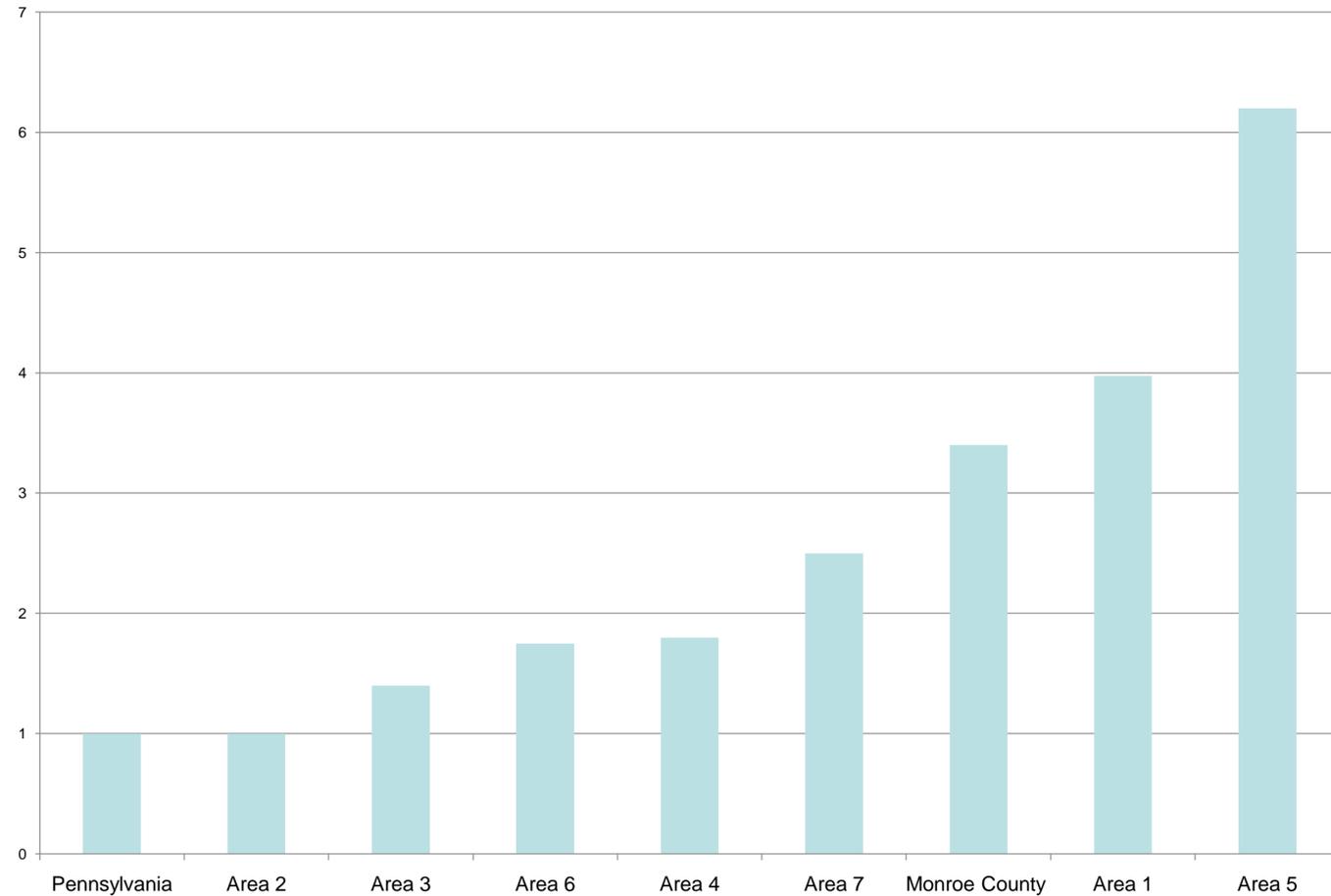
Minority population growth in Monroe County is higher than in peer counties or the state and national average across all groups. African-American population growth (111.2%) is greater than the state (6.6%) and national average (8.8%). Hispanic population growth (120.6%) is greater than the state (50.7%) and national average (33.1%), while other/multiracial growth (85.2%) is greater than the state (35.9%) and national average (32.4%). Source - 1

	Black/African American	Hispanic/Latino	Other/Two or More Races
Monroe	111.2	120.6	85.2
Butler	39.9	63.1	53.1
Cumberland	45.0	67.5	48.8
Dauphin	3.3	45.3	34.8
Pennsylvania	6.6	50.7	35.9
National <sup>1</sup>	8.8	33.1	32.4

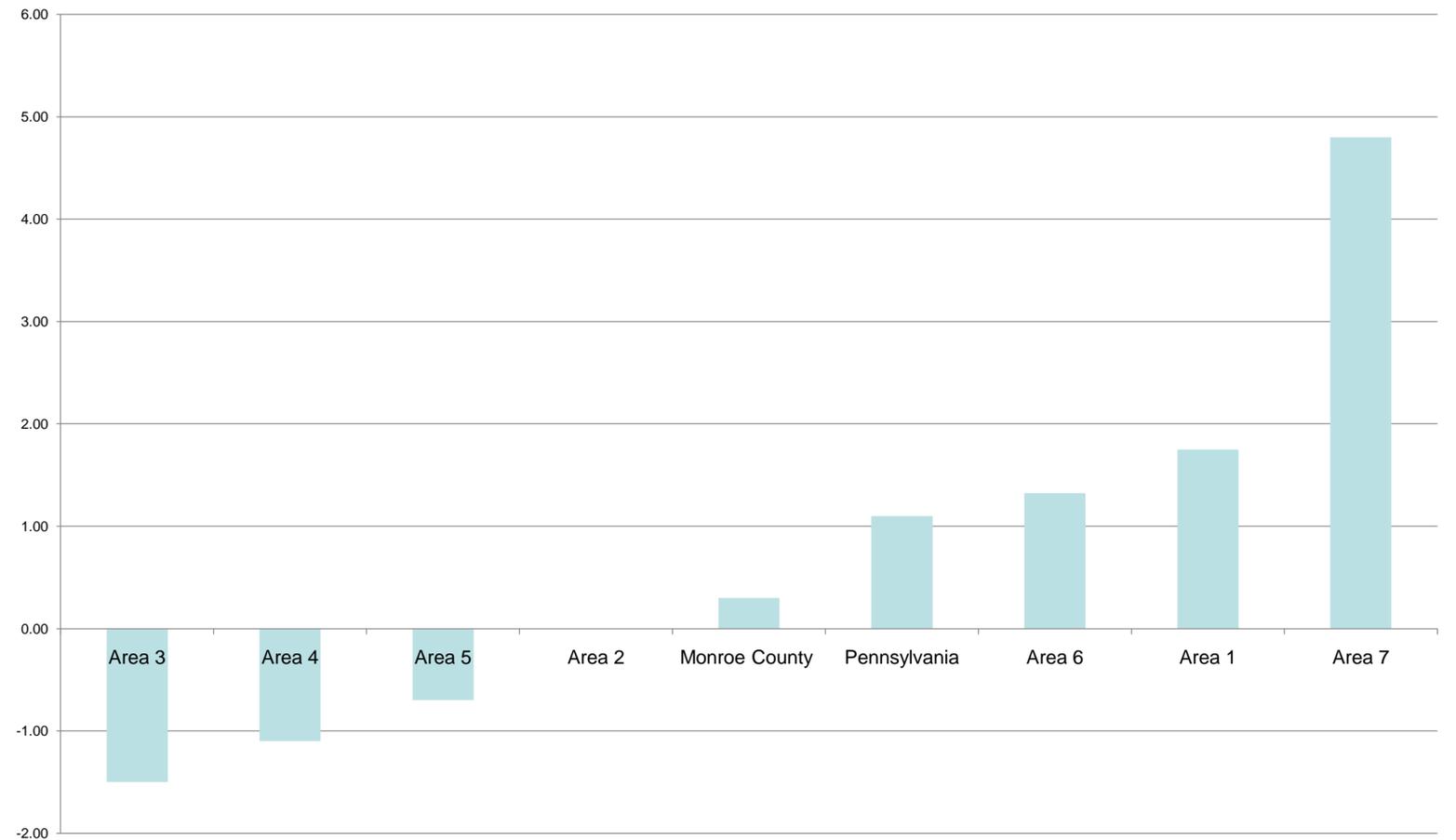
# Epidemiologic Profile: Access (part 1)



Percent Change of Persons Living Under Poverty



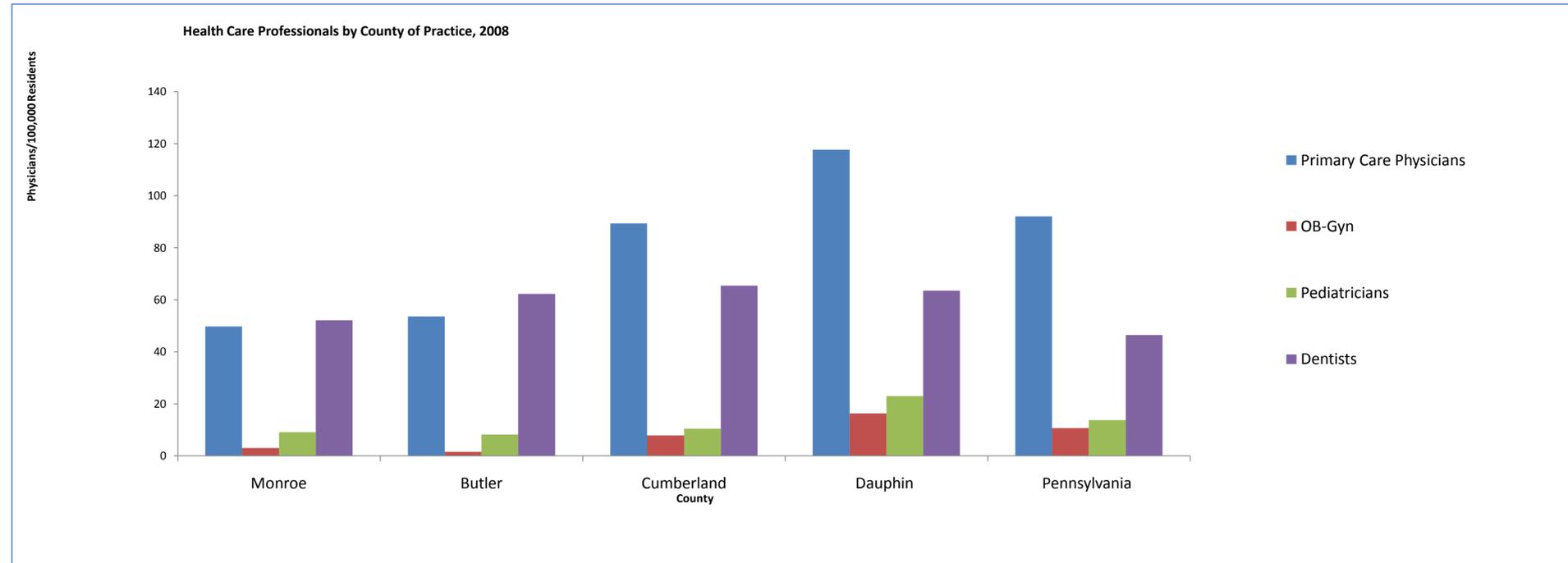
Percent change in Median Household Income



## 2000-2010 Trends

Monroe County also has higher levels of persons living under poverty and lower percent change in median household income as compared to the state. The pockets of persons under poverty are located in the central part of the county (Area 1) as well as the northern ties (Area 5). Source - 1

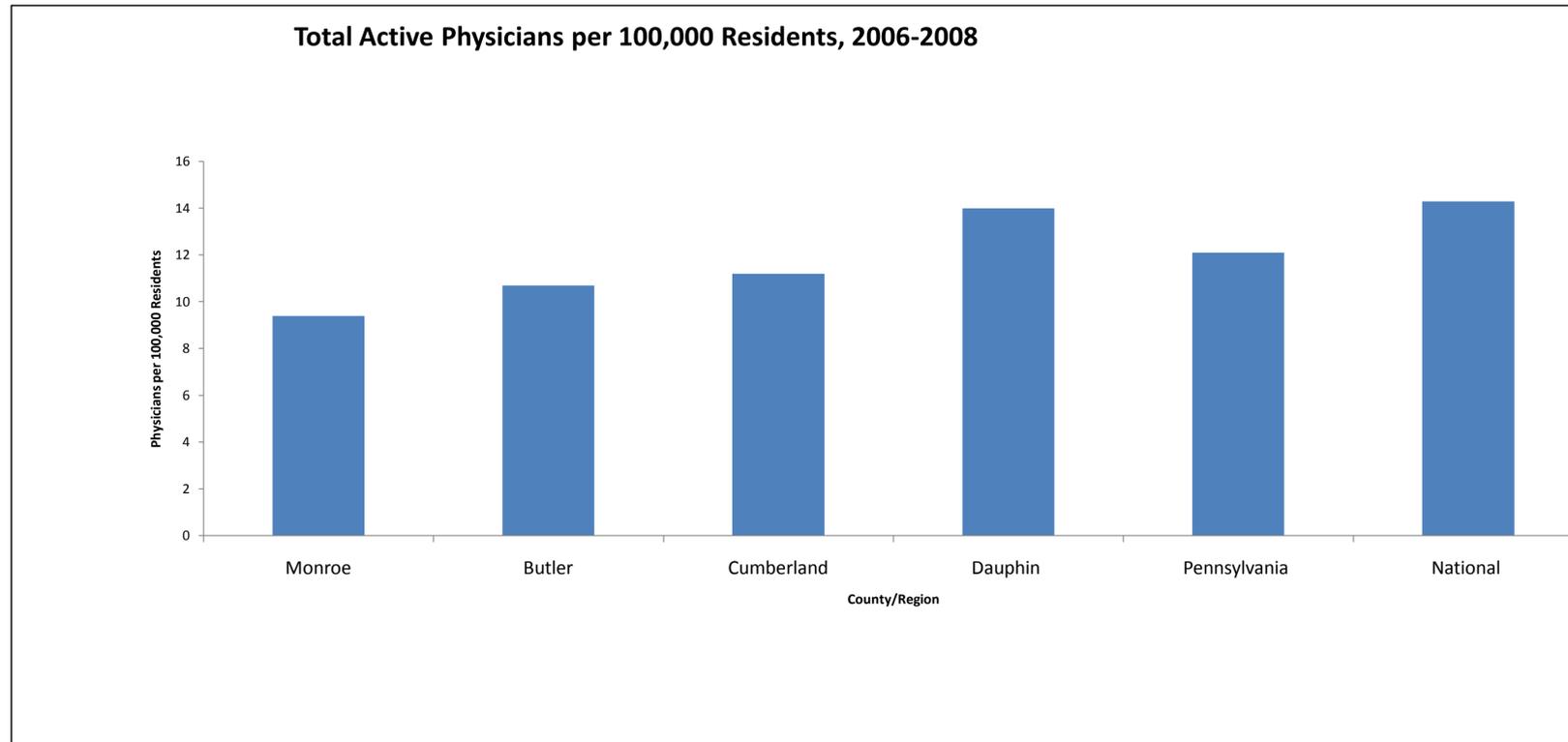
# Epidemiologic Profile: Access (part 2)



Monroe County has lower numbers of PCPs (49.7), OB-Gyns (3), and Pediatricians (9.1) per 100,000 residents than the state averages (92.1, 10.7, 13.8, and 46.5, respectively). Dentists (52.1) are also lower than peer county averages. Monroe County has 53.9% of the primary care physicians of the state average, a particular concern for preventative and general health care measures. Source – 5 & 6

	Primary Care Physicians	OB-Gyn	Pediatricians	Dentists
Monroe	49.7	3.0	9.1	52.1 <sup>1</sup>
Butler	53.6	1.6	8.2	62.3 <sup>1</sup>
Cumberland	89.4	7.9	10.5	65.4 <sup>1</sup>
Dauphin	117.7	16.4	23.0	63.5 <sup>1</sup>
Pennsylvania	92.1	10.7	13.8	46.5 <sup>2</sup>
National*				60.0 <sup>3</sup>

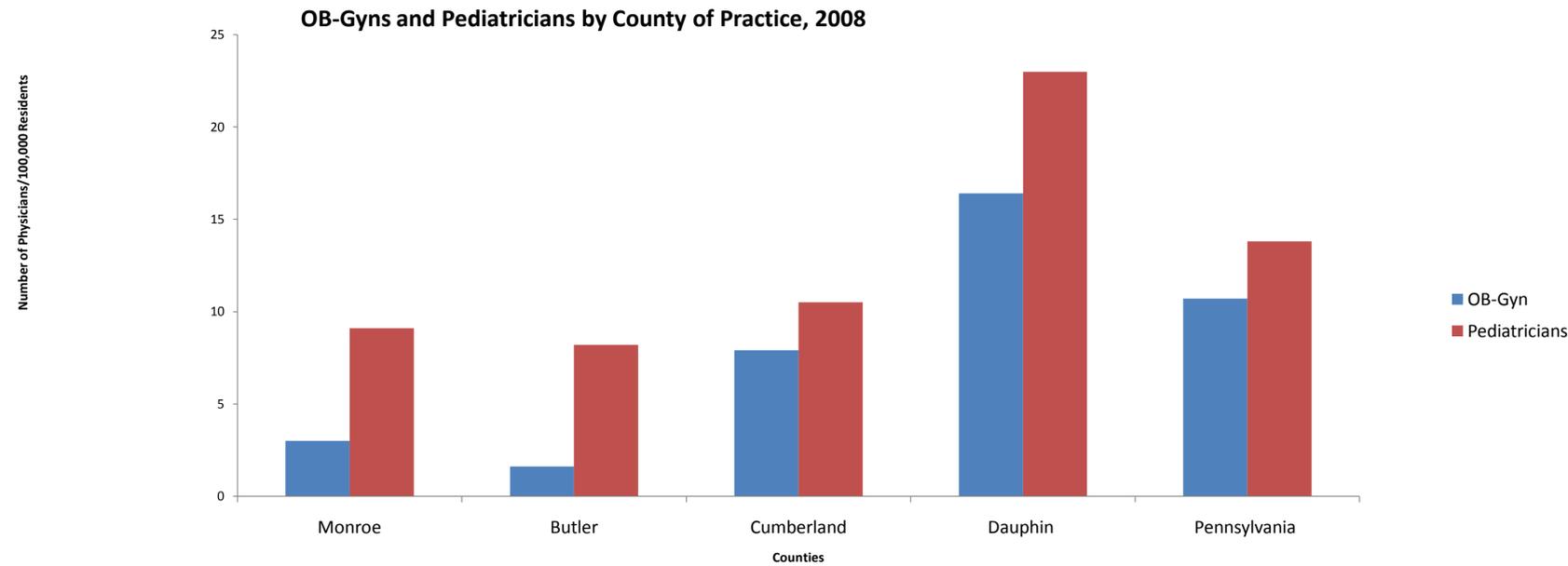
# Epidemiologic Profile: Access (part 3)



The total number of physicians in Monroe County (120 per 100,000 residents) is less than half of the state (247.8) and the national (270.0) averages. Although Monroe County has more physicians than Butler County (111.5), it has less than Cumberland (212.8) and Dauphin Counties (408.9). Source – 5 & 6

	Total Physicians
Monroe	120.0
Butler	111.5
Cumberland	212.8
Dauphin	408.9
Pennsylvania	247.8
National <sup>1</sup>	270.0

# Epidemiologic Profile: Access (part 4)

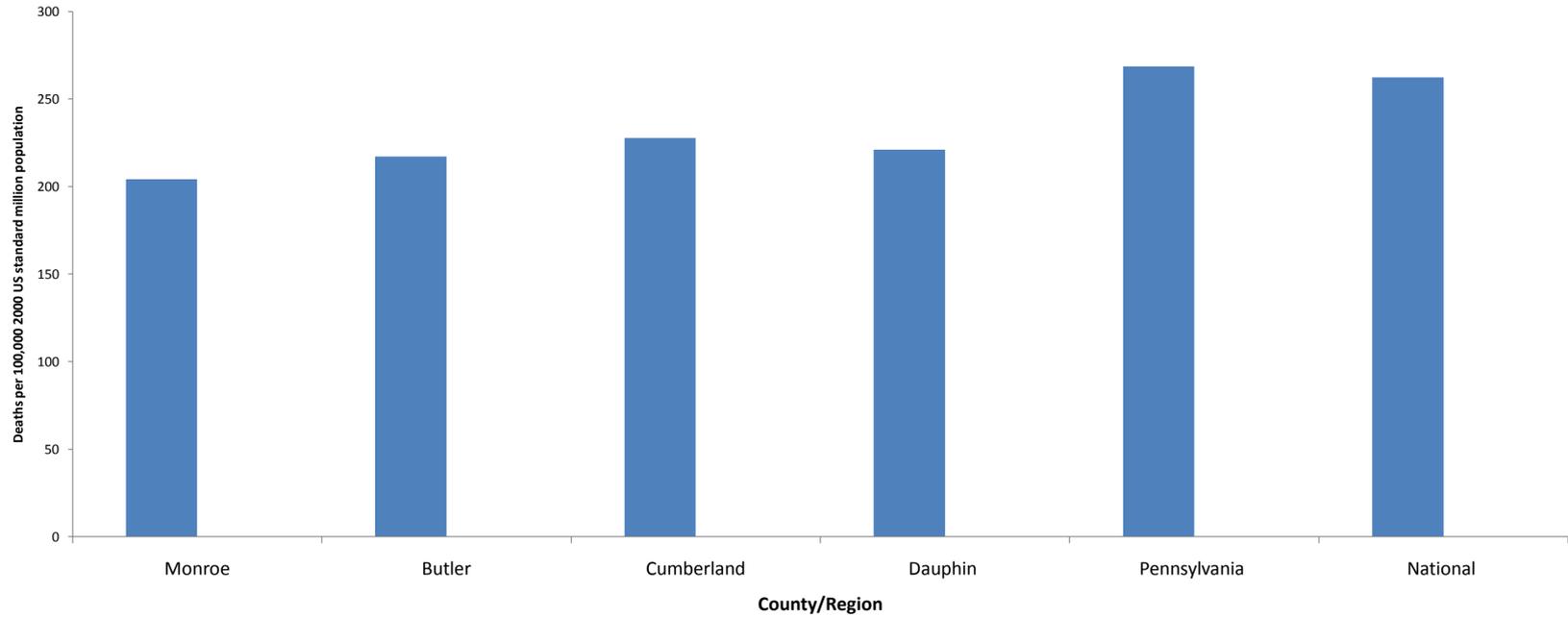


The number of OB-Gyns and Pediatricians in Monroe County (3.0 and 9.1 per 100,000 residents, respectively) is lower than the state average (10.7 and 13.8, respectively), and its three peer counties: Butler (1.6 and 8.2, respectively), Cumberland (7.9 and 10.5, respectively), and Dauphin (16.4 and 23.0, respectively) Counties. Source – 5 & 6

	OB-Gyn	Pediatricians
Monroe	3.0	9.1
Butler	1.6	8.2
Cumberland	7.9	10.5
Dauphin	16.4	23.0
Pennsylvania	10.7	13.8
National*		

# Epidemiologic Profile: Cancer

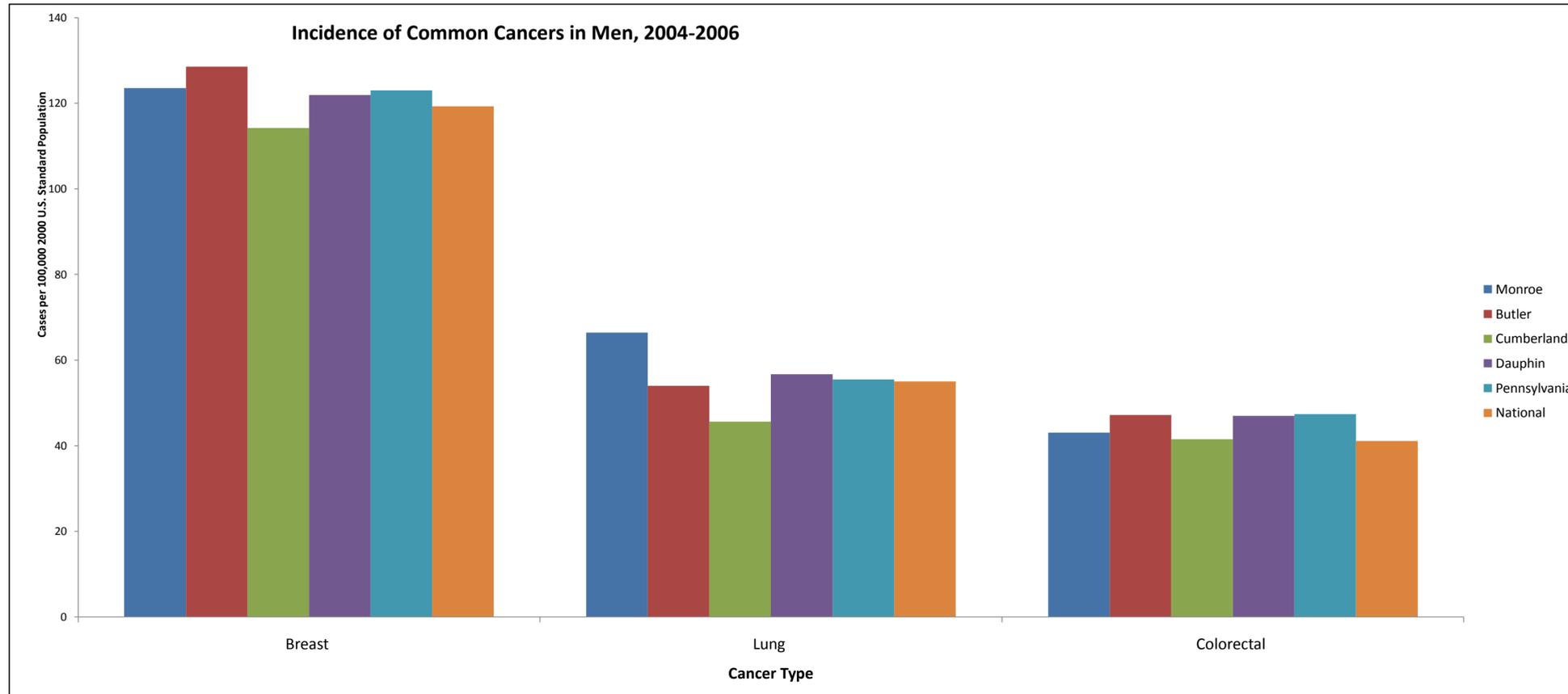
Average Annual Age-Adjusted Death Rate by Cancer, 2005-2007



Monroe County average death rate due to cancer (194.9 per 100,000 U.S. standard million population) is similar to the state average (194.0). However, the death rate is higher than both its peers counties and the national average (181.0).  
Source – 3 & 4

	Age-Adjusted Death Rate by Cancer
Monroe	194.9
Butler	187.3
Cumberland	170.4
Dauphin	188.0
Pennsylvania	194.0
National <sup>1</sup>	181.0

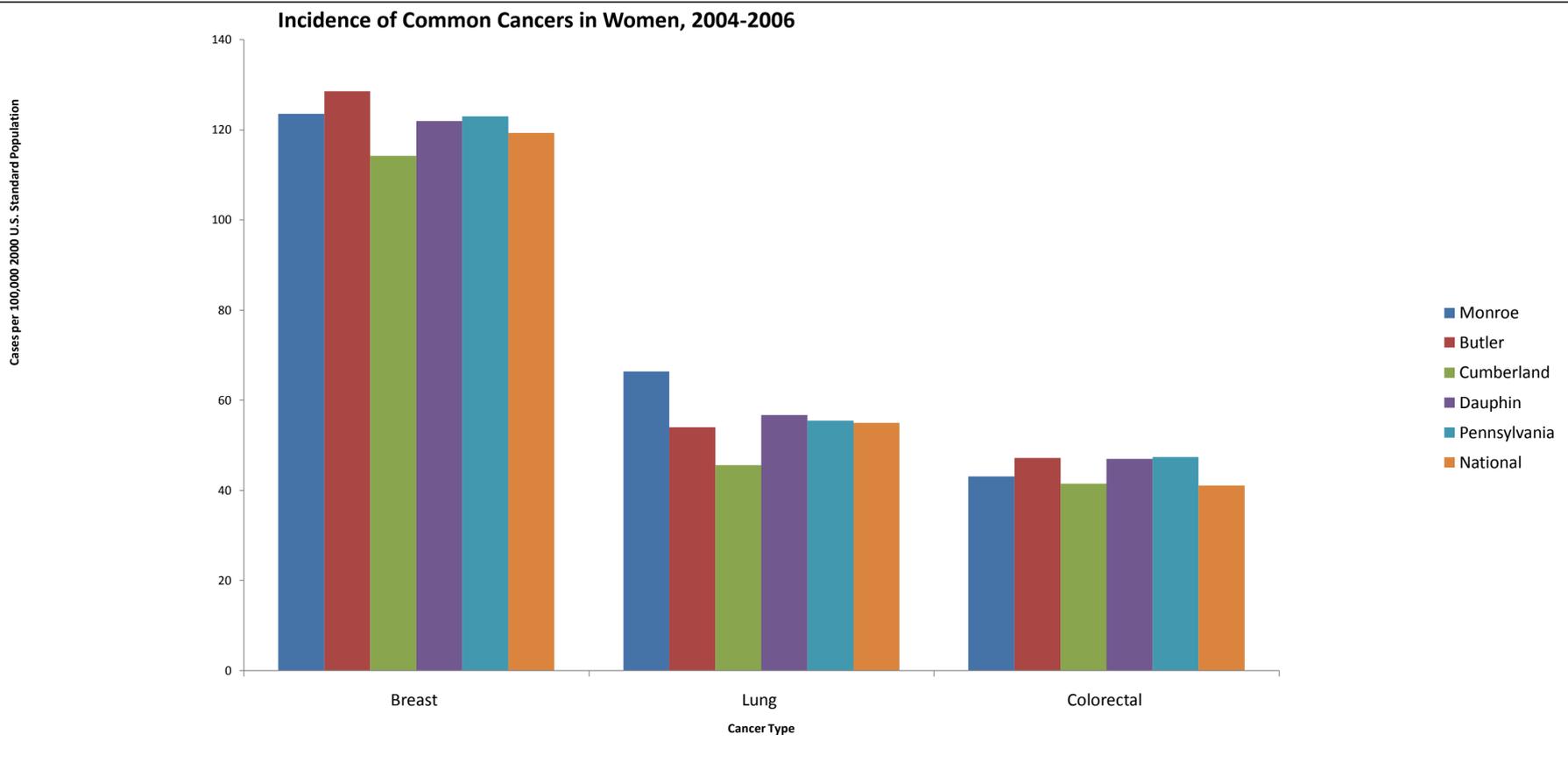
# Epidemiologic Profile: Cancer



Prostate and colorectal cancer in Monroe County (132.3 and 53.6 per 100,000 U.S. standard million population, respectively) are lower than the state (151.2 and 64.3, respectively) and national average (152.6 and 54.1, respectively). However, lung cancer rates in Monroe County (97.8) are higher than peer county, state (89.7), and National (82.7) averages. Source – 3 & 4

	Monroe	Butler	Cumberland	Dauphin	Pennsylvania	National <sup>1</sup>
<b>Prostate</b>	132.3	164.3	121.3	115.0	151.2	152.6
<b>Lung</b>	97.8	82.4	86.2	95.1	89.7	82.7
<b>Colorectal</b>	53.6	61.8	56.7	50.7	64.3	54.1

# Epidemiologic Profile: Cancer

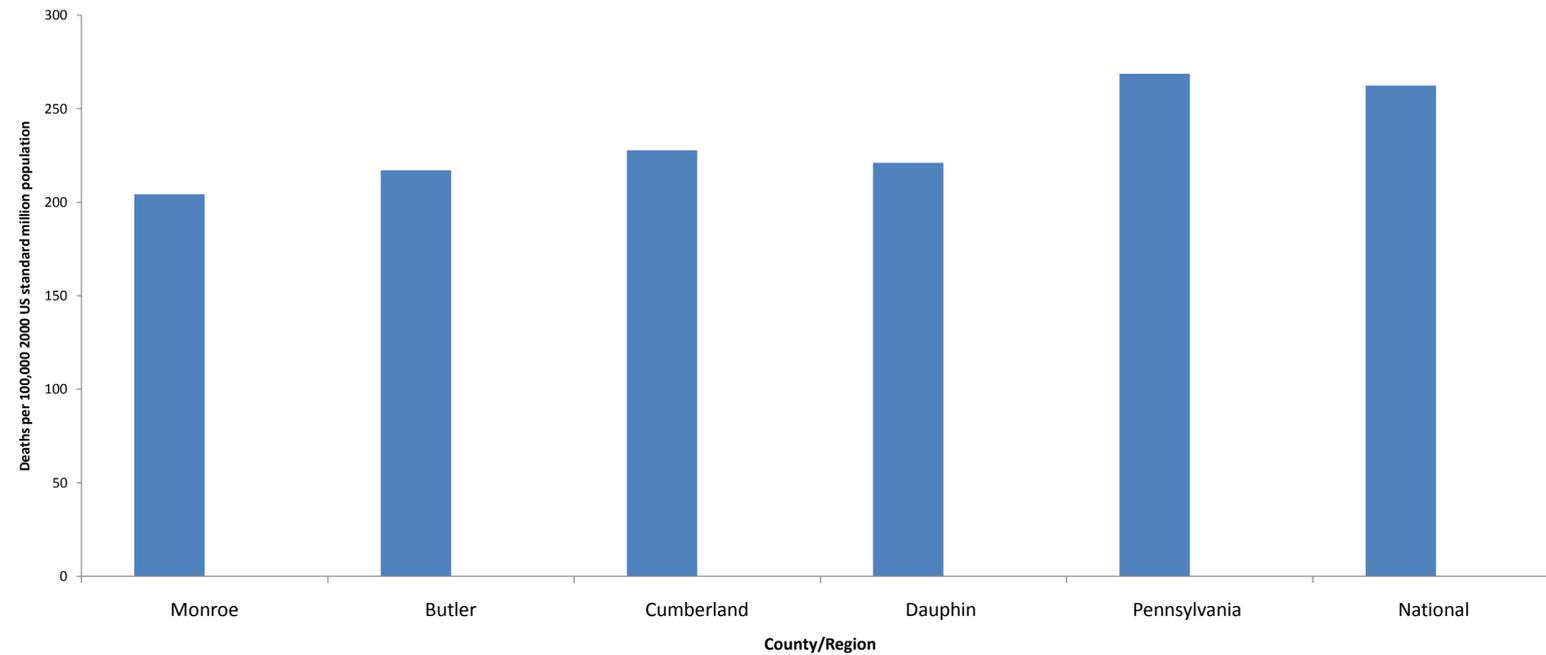


Breast Cancer and Colorectal cancer rates in women in Monroe County (123.5 and 43.1 per 100,000 U.S. standard million population, respectively) are on par with state averages (123.0 and 47.4, respectively) and slightly higher than national averages (119.3 and 41.1, respectively). However, lung cancer rates in Monroe County (66.4) are much higher than peer county, state (55.5), and national (55.0) averages. Source – 3 & 4

	Monroe	Butler	Cumberland	Dauphin	Pennsylvania	National
<b>Breast</b>	123.5	128.5	114.2	121.9	123.0	119.3
<b>Lung</b>	66.4	54.0	45.6	56.7	55.5	55.0
<b>Colorectal</b>	43.1	47.2	41.5	47.0	47.4	41.1

# Epidemiologic Profile: Heart Disease

Average Annual Age-Adjusted Death Rate by Heart Disease, 2005-2007

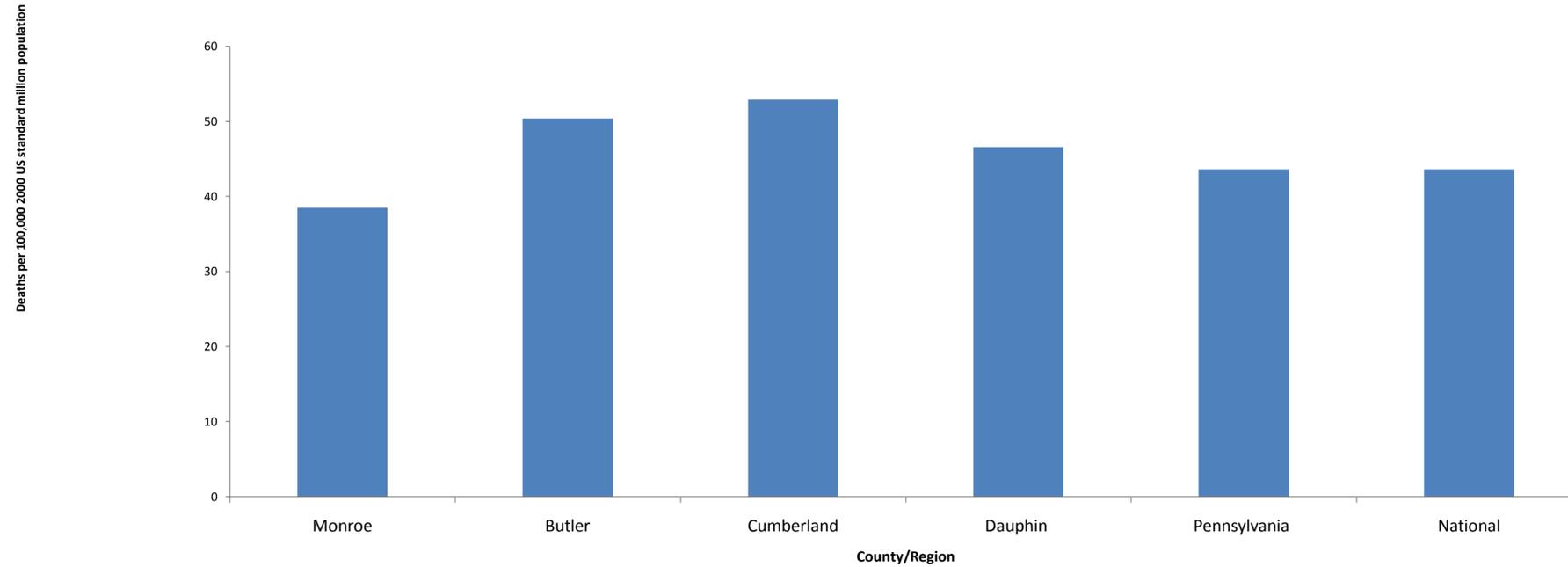


Monroe County has a lower rate of death by heart disease (204.4 per 100,000 2000 U.S. standard million population) than its peer counties, Butler (217.2), Cumberland (227.9), and Dauphin (221.2) Counties, as well as the state (268.8) and national (262.5) averages. Source – 3 & 4

	Age-Adjusted Death Rate by Heart Disease
Monroe	204.4
Butler	217.2
Cumberland	227.9
Dauphin	221.2
Pennsylvania <sup>1</sup>	268.8
National <sup>1</sup>	262.5

# Epidemiologic Profile: Stroke

Age-Adjusted Death Rate by Stroke, 2005-2007

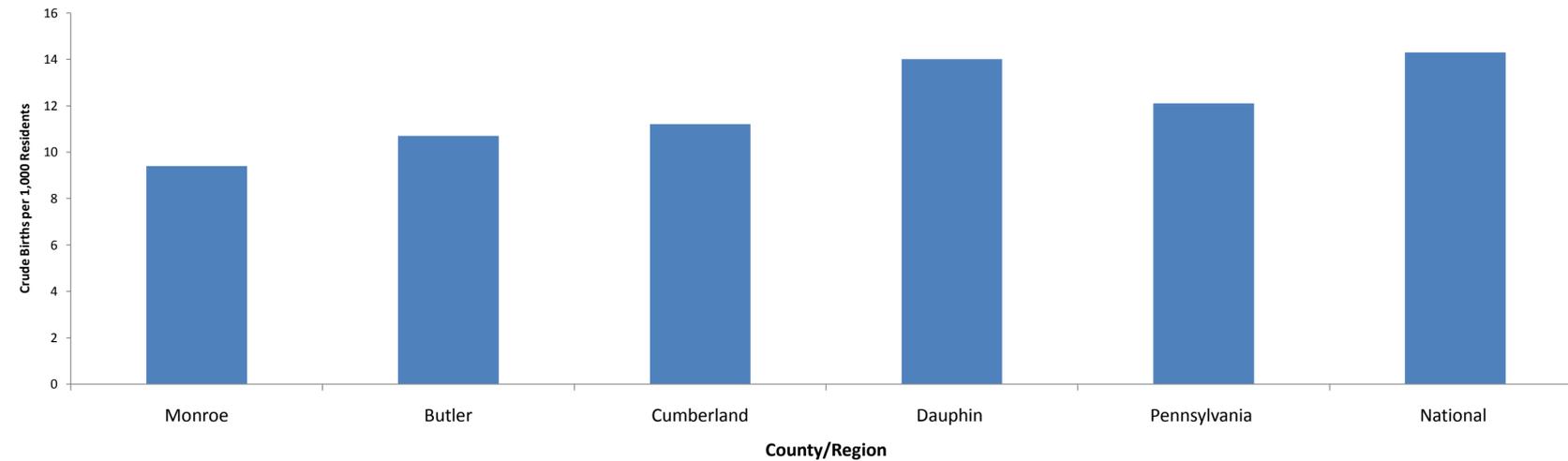


Monroe County has a lower death rate by stroke (38.5 per 100,000 US standard million population) than its peer counties: Butler (50.4), Cumberland (52.9), and Dauphin (46.6) Counties, as well as the state (43.6) and national (43.6) averages. Source – 3 & 4

	Age-Adjusted Death Rate by Stroke
Monroe	38.5
Butler	50.4
Cumberland	52.9
Dauphin	46.6
Pennsylvania <sup>1</sup>	43.6
National <sup>1</sup>	43.6

# Epidemiologic Profile: Maternal and Child Health

Crude Birth Rate per 1,000 Residents, 2007

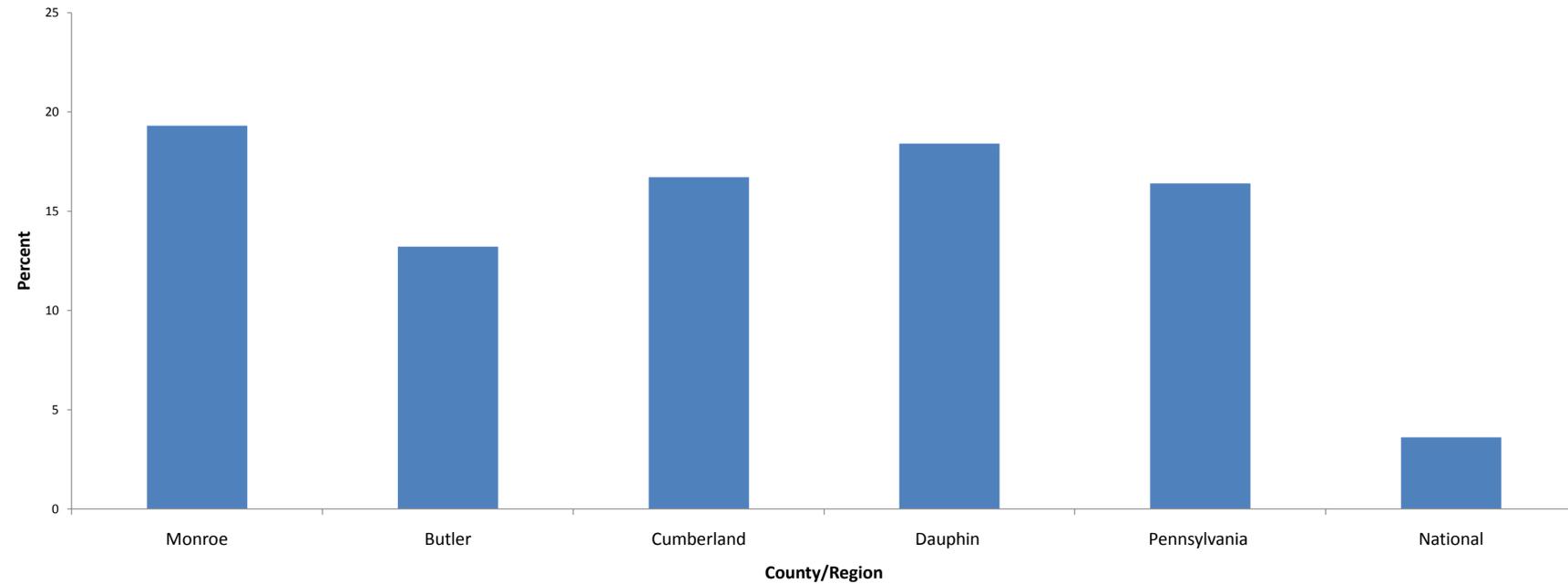


The crude birth rate in Monroe County (9.4 births per 1,000 residents) is lower than both the state (12.1) and national (14.3) average, and its peer counties: Butler (10.7), Cumberland (11.2), and Dauphin (14.0) Counties. Source – 3, 4 & 5

	Crude Birth Rate
Monroe	9.4
Butler	10.7
Cumberland	11.2
Dauphin	14.0
Pennsylvania	12.1
National <sup>1</sup>	14.3

# Epidemiologic Profile: Maternal and Child Health

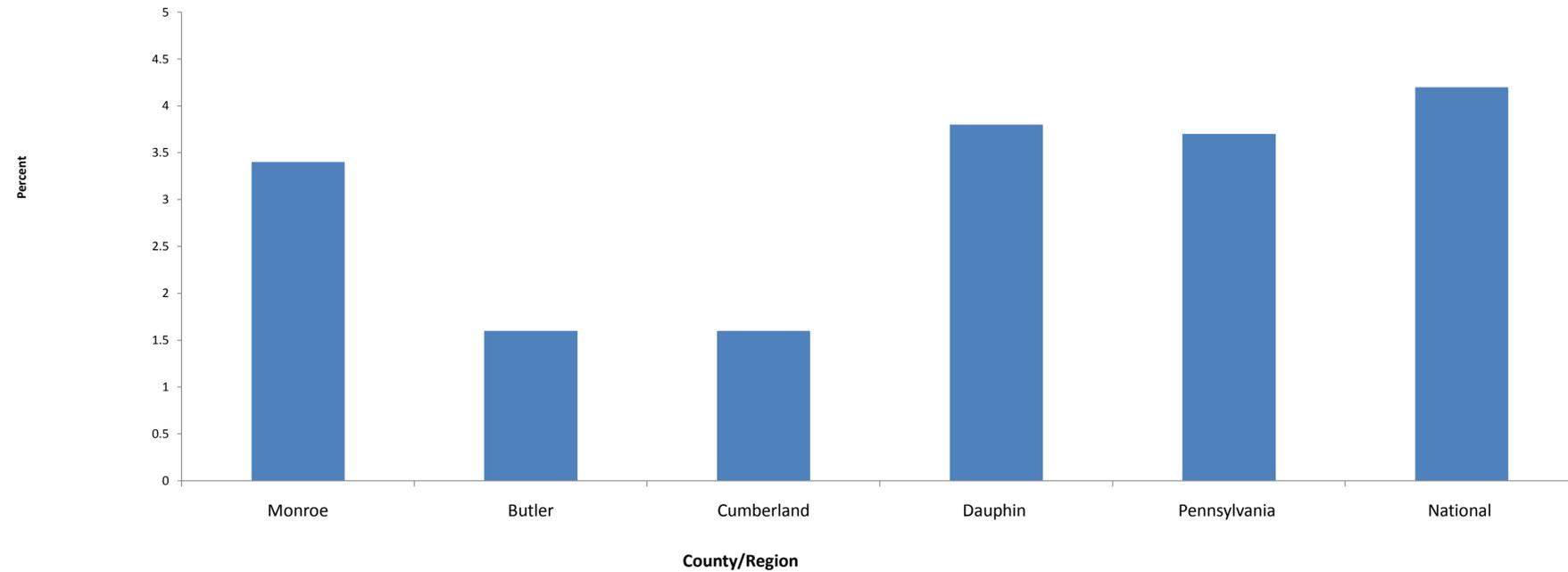
Percent of Babies Born to Women Receiving Little or No Prenatal Care, 2007-2008



The percentage of live births to women receiving little or no prenatal care in Monroe County (19.3) is higher than both the state (16.4) and national average (3.6), as well as its peer counties. Source – 3 & 4

	Percent with No Prenatal Care
Monroe	19.3
Butler	13.2
Cumberland	16.7
Dauphin	18.4
Pennsylvania	16.4
National <sup>1</sup>	3.6

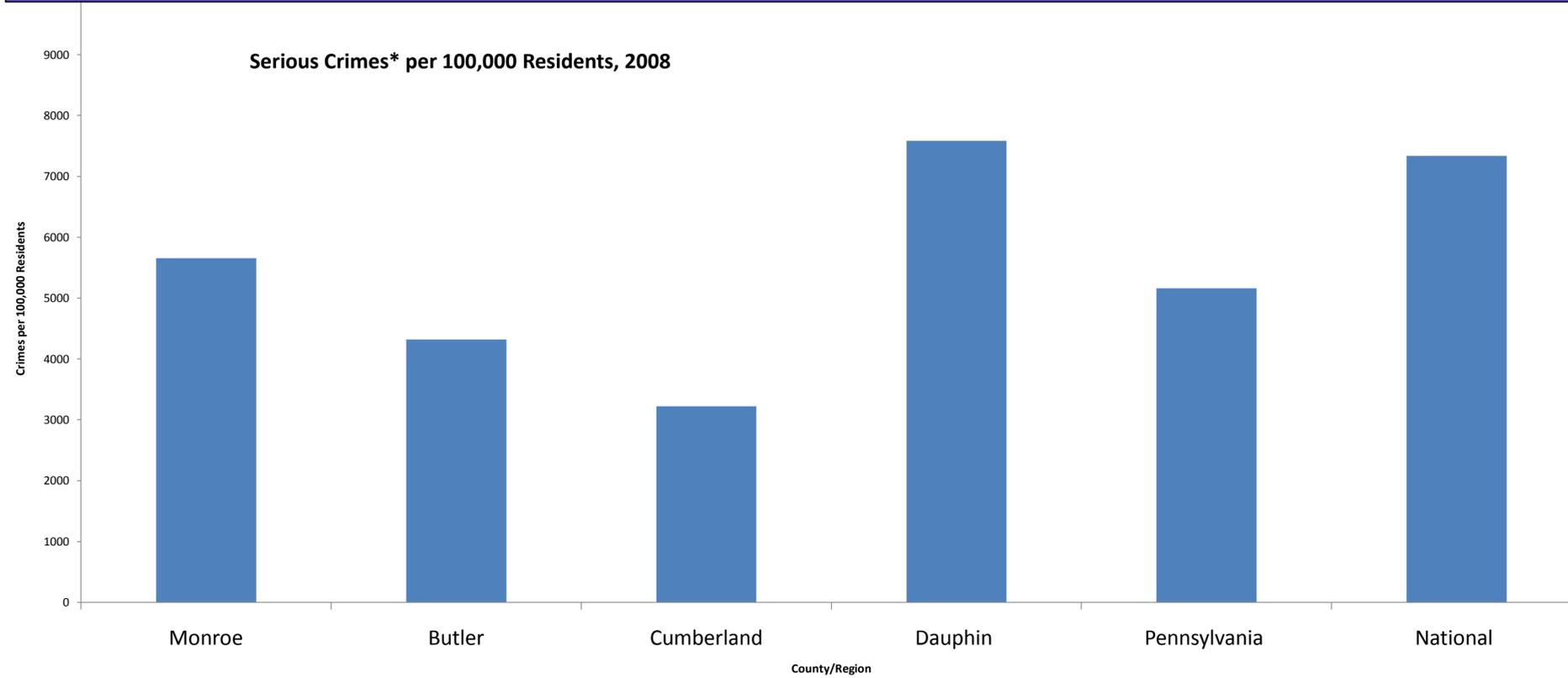
# Epidemiologic Profile: Maternal and Child Health



The percentage of reported pregnancies to women under the age of 18 in Monroe County (3.4) is lower than the state (3.7) and national (4.2) average, as well as one of its peer counties, Dauphin County (3.8). However, it is more than twice as high as two peer counties: Butler (1.6) and Cumberland (1.6) Counties. Source – 3 & 4

	Percent of Pregnancies to Women Under 18
Monroe	3.4
Butler	1.6
Cumberland	1.6
Dauphin	3.8
Pennsylvania	3.7
National <sup>1</sup>	4.2

# Epidemiologic Profile: Injuries

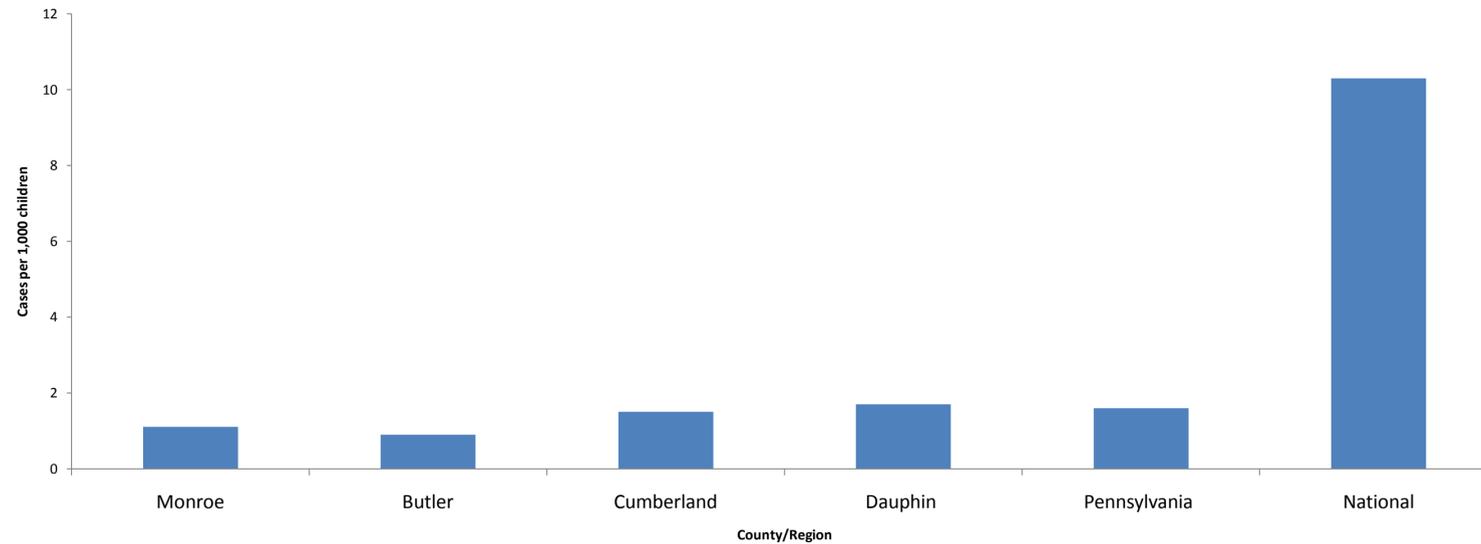


The rate of serious crimes in Monroe County (5659 per 100,000 residents) is higher than the state average (5303) and two peer counties, but lower than Dauphin County (7587) and the national average (7338 per 100,000 2000 US standard million population. Source – 6

	Crimes per 100,000 Residents
Monroe	5659
Butler	4320
Cumberland	3226
Dauphin	7587
Pennsylvania <sup>2</sup>	5164
National <sup>2</sup>	7338

# Epidemiologic Profile: Injuries

Substantiated Cases of Child Abuse per 1,000 Children, 2008

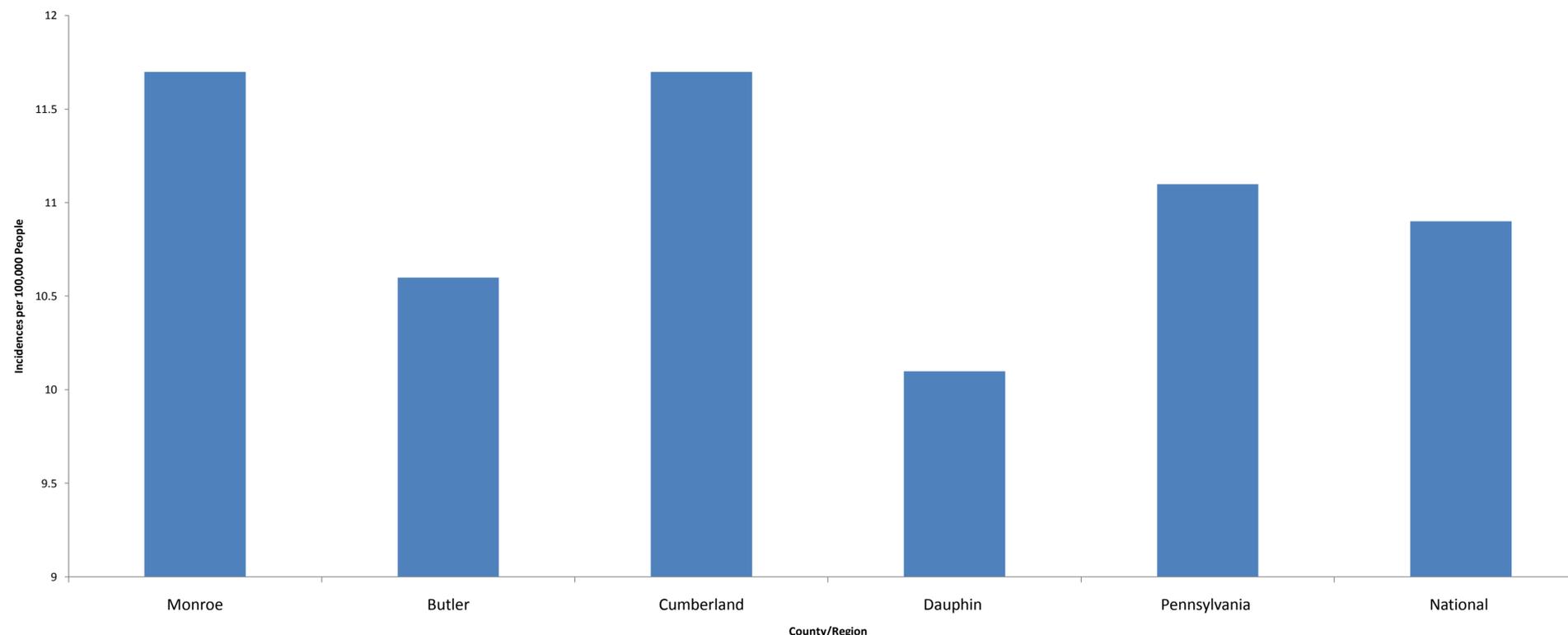


The rate of substantiated child abuse cases in Monroe County (1.1 per 1,000 children) is lower than the state (1.6) and well below the national average (10.3), It is also on par with its peer counties.  
Source – 6

	Substantiated Cases of Child Abuse
Monroe	1.1
Butler	0.9
Cumberland	1.5
Dauphin	1.7
Pennsylvania <sup>1</sup>	1.6
National <sup>1</sup>	10.3

# Epidemiologic Profile: Injuries

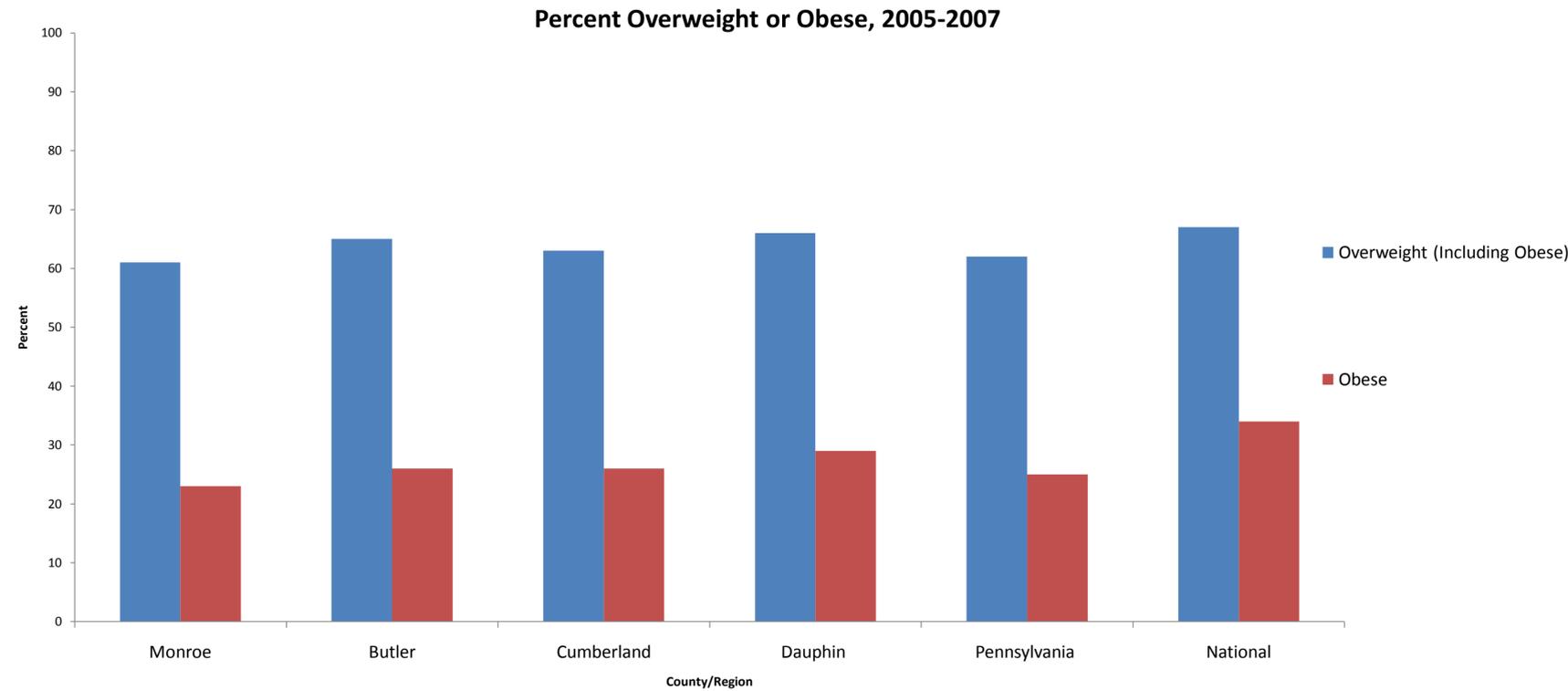
Suicide Rate per 100,000 People, 2004-2008



The Monroe County suicide rate (11.7 per 100,000 US standard million population) is higher than the state (11.1) and national average (10.9), while equal to or higher than its peer counties. Source – 6

	Suicide Rate per 100,000 people
Monroe	11.7
Butler	10.6
Cumberland	11.7
Dauphin	10.1
Pennsylvania	11.1
National <sup>1</sup>	10.9

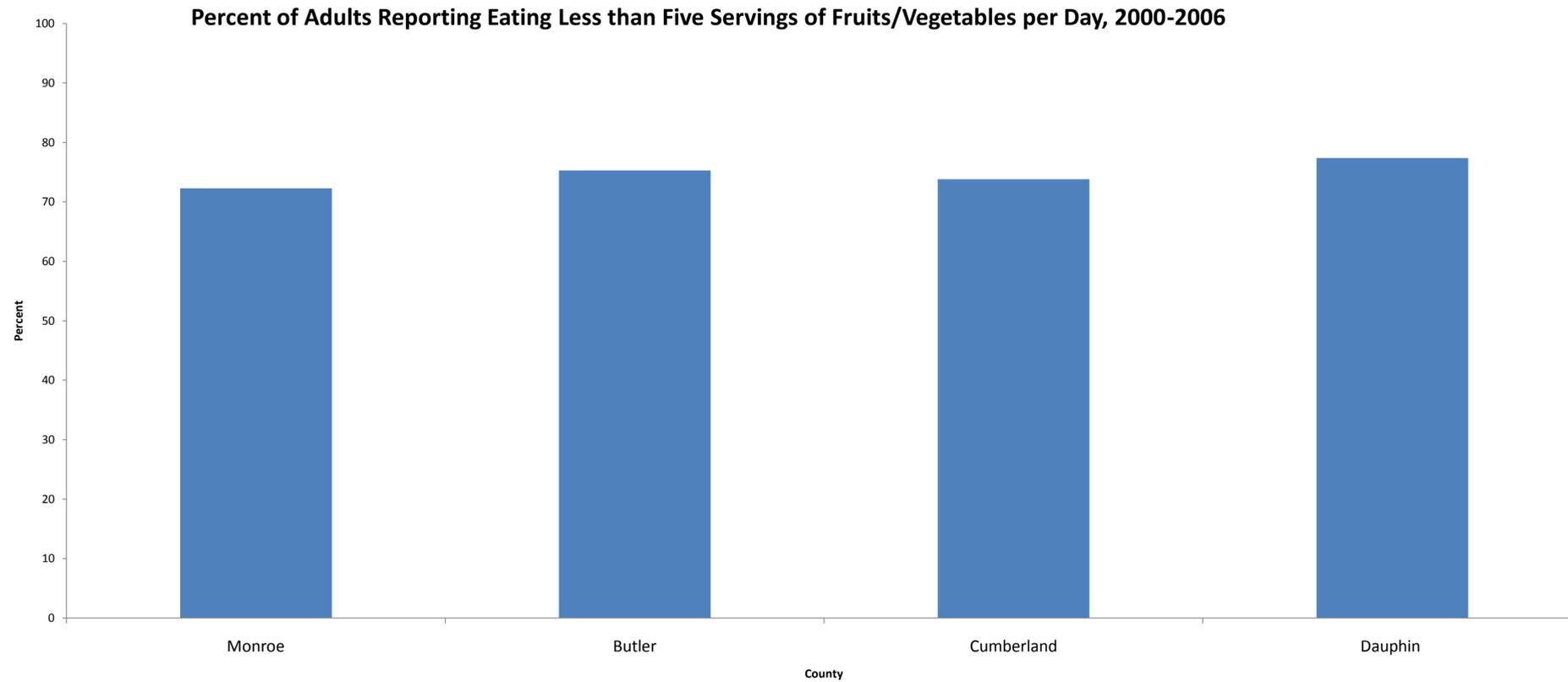
# Epidemiologic Profile: Obesity & Nutrition



The percent of overweight (BMI >25) and obese (BMI >30) is lower in Monroe County (61 and 23, respectively) than the state (62 and 25, respectively) and national (67 and 34, respectively) average, as well as its peer counties.  
Source – 2, 3 & 4

	Overweight (Including Obese)	Obese
Monroe	61	23
Butler	65	26
Cumberland	63	26
Dauphin	66	29
Pennsylvania	62	25
National <sup>1</sup>	67	34

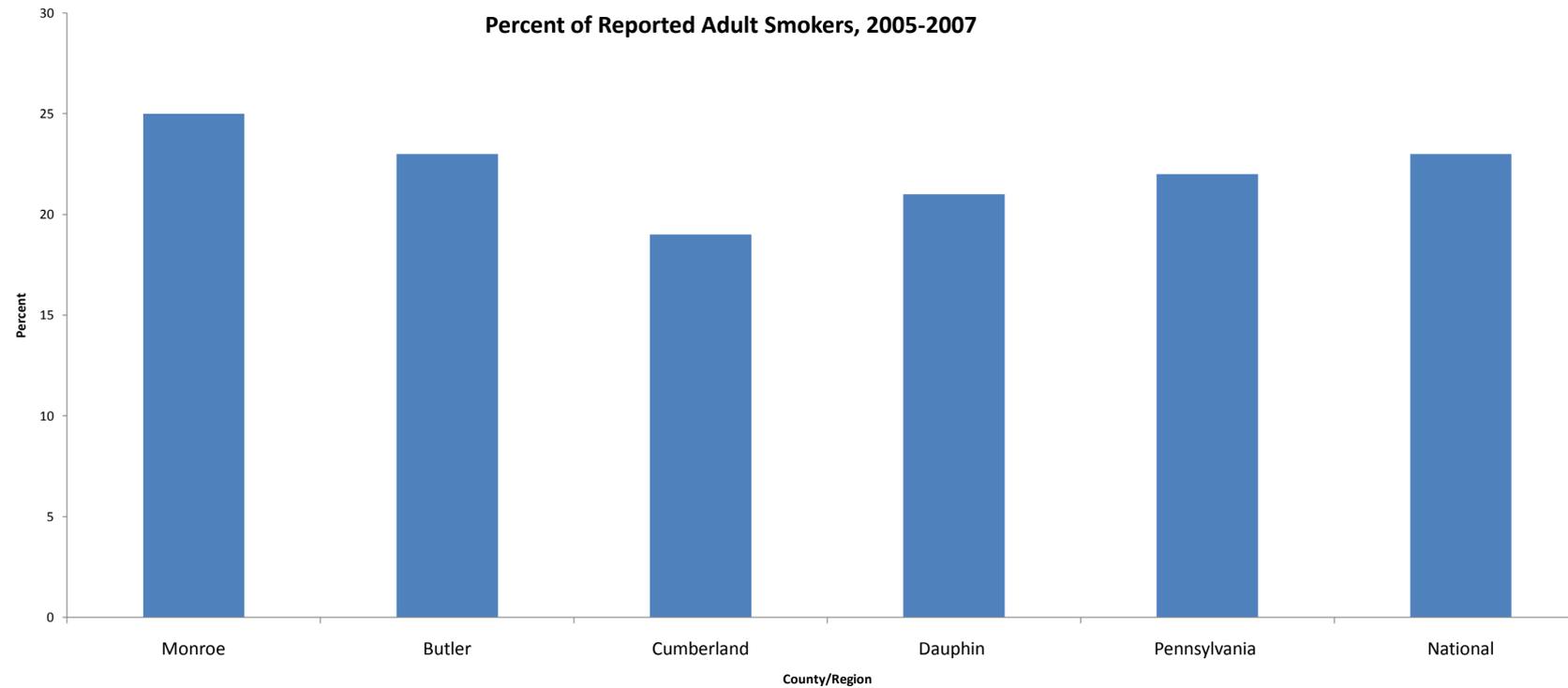
# Epidemiologic Profile: Obesity & Nutrition



The percent of adults eating less than five servings of fruits and vegetables per day is lower in Monroe County (72.3) than its peer counties: Butler (75.3), Cumberland (73.8), and Dauphin (77.4) Counties. Source – 2, 3 & 4

	Percent Eating Less than 5 Servings of Fruits/Vegetables
Monroe	72.3
Butler	75.3
Cumberland	73.8
Dauphin	77.4

# Epidemiologic Profile: Smoking

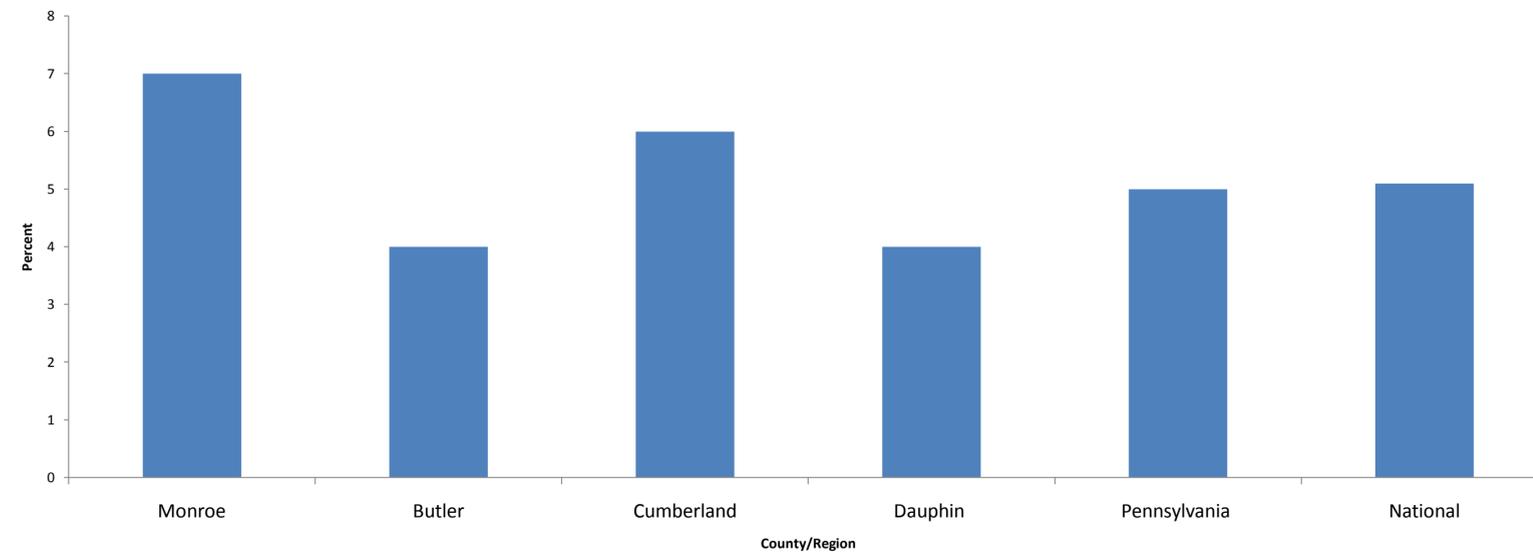


The percent of reported adult smokers in Monroe County (25) is higher than the state (22) and national (23) average, and its peer counties: Butler (23), Cumberland (19), and Dauphin (21) Counties. Source – 2, 3 & 4

	Percent of Reported Adult Smokers
Monroe	25
Butler	23
Cumberland	19
Dauphin	21
Pennsylvania	22
National <sup>1</sup>	23

# Epidemiologic Profile: Drinking

Percent of Adults Reporting Heavy Drinking, 2005-2007

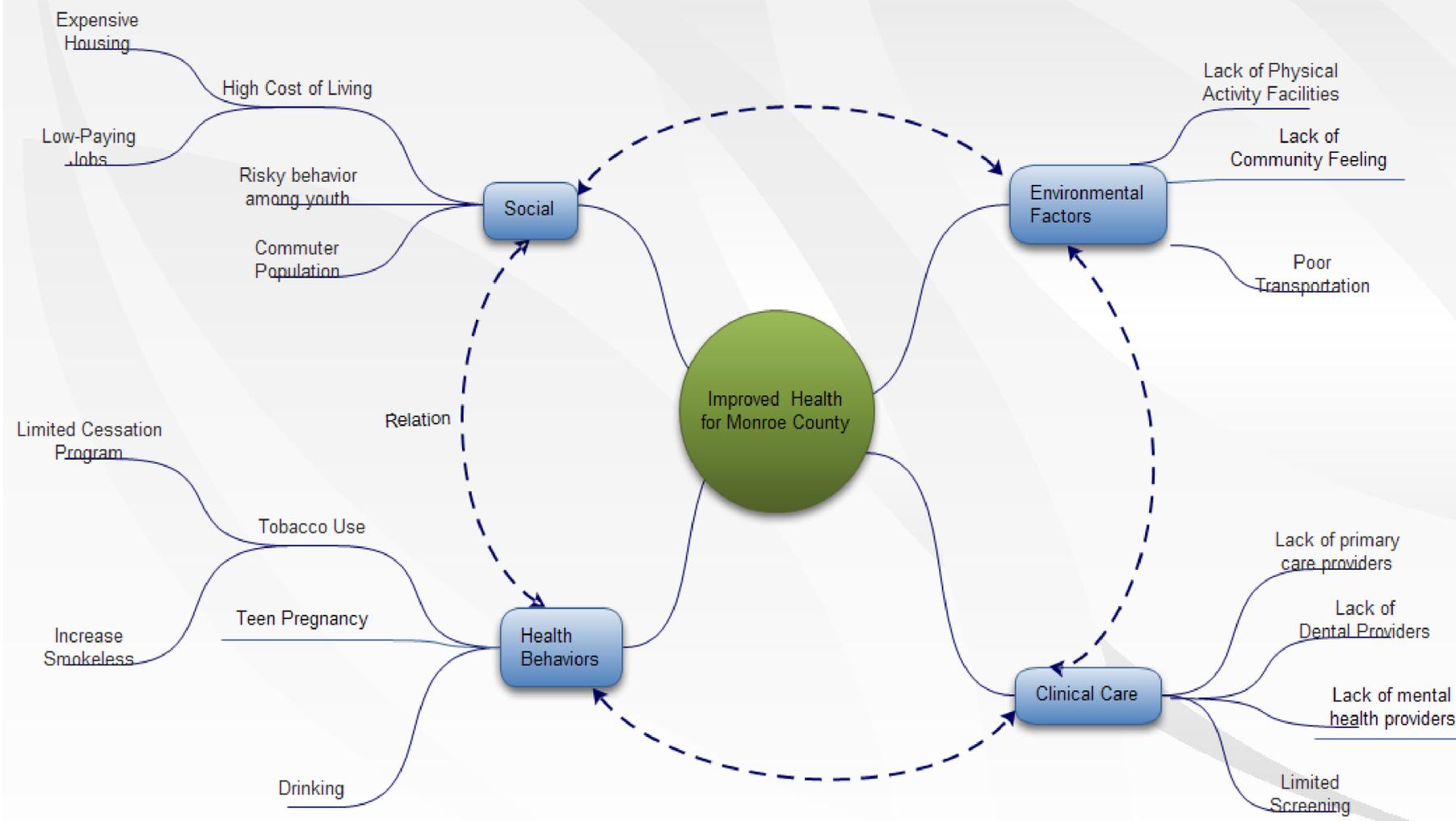


The percent of adults reporting heavy drinking in Monroe County (7.0) is higher than the state (5.0) and national (5.1) average and its peer counties: Butler (4.0), Cumberland (6.0), and Dauphin (4.0) Counties. Source – 2, 3 & 4

	Percent of Adults Reporting Heavy Drinking
Monroe	7.0
Butler	4.0
Cumberland	6.0
Dauphin	4.0
Pennsylvania	5.0
National <sup>1</sup>	5.1

# Focus Groups: Identified themes

## Focus Group Themes



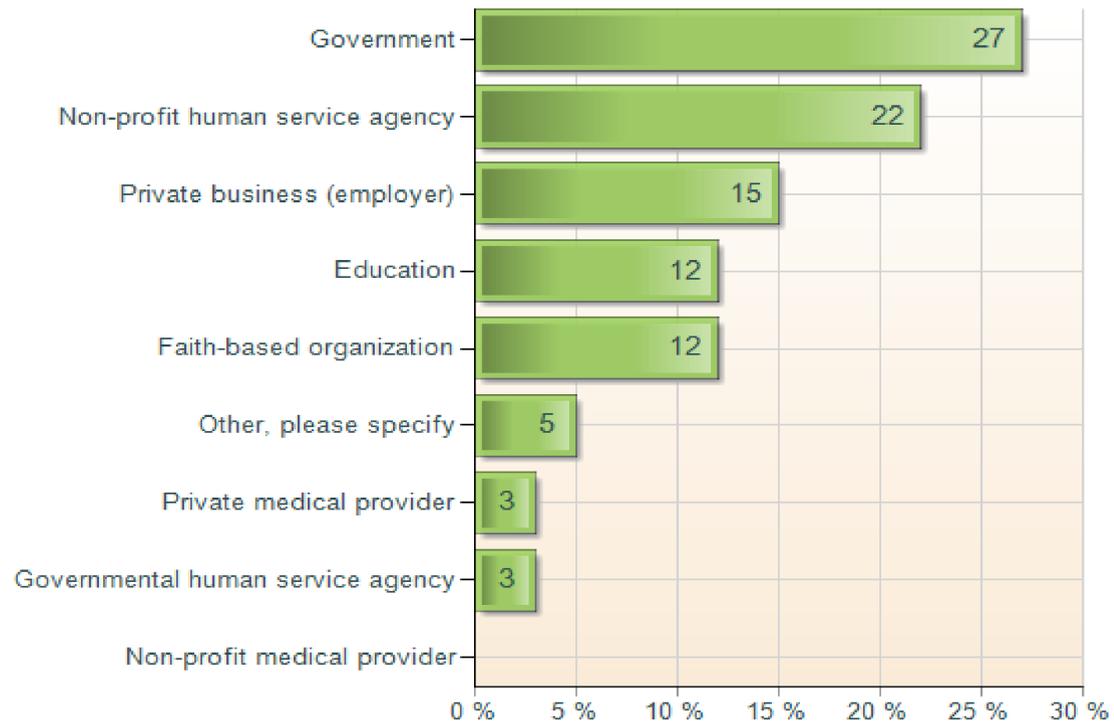
The focus groups identified many different factors that impact the health and welfare of the residents of Monroe County. However, not all were actionable items for a health care institution to address. The themes identified in the figure show the areas of greatest relevance to the strategic plan of a health care organization.

Some of these themes were also identified in the epidemiologic data and in the key informant surveys. These include:

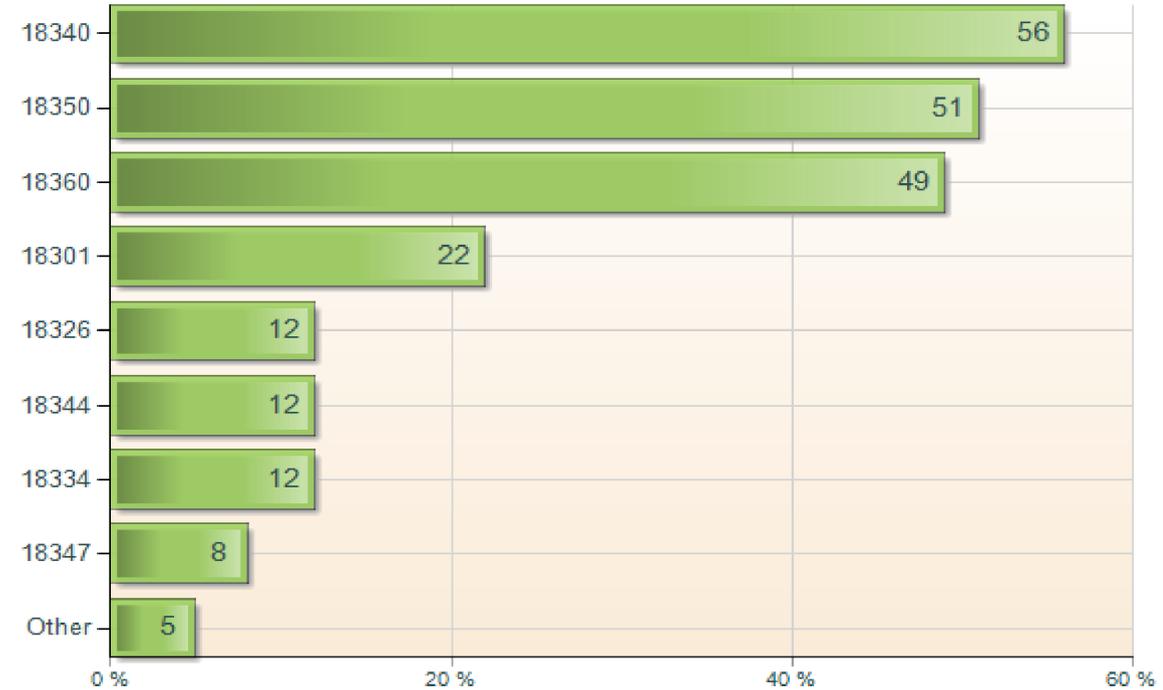
1. Factors that impact physical activity,
2. Risky behavior among youth,
3. Tobacco use,
4. Drinking,
5. Lack of comprehensive primary care services,

# Key Informants: Overview

Please indicate the description that best describes your organization.



Tagged results for: What is the zip code of where your organization is located?



Areas Where the Clients of Respondents Reside

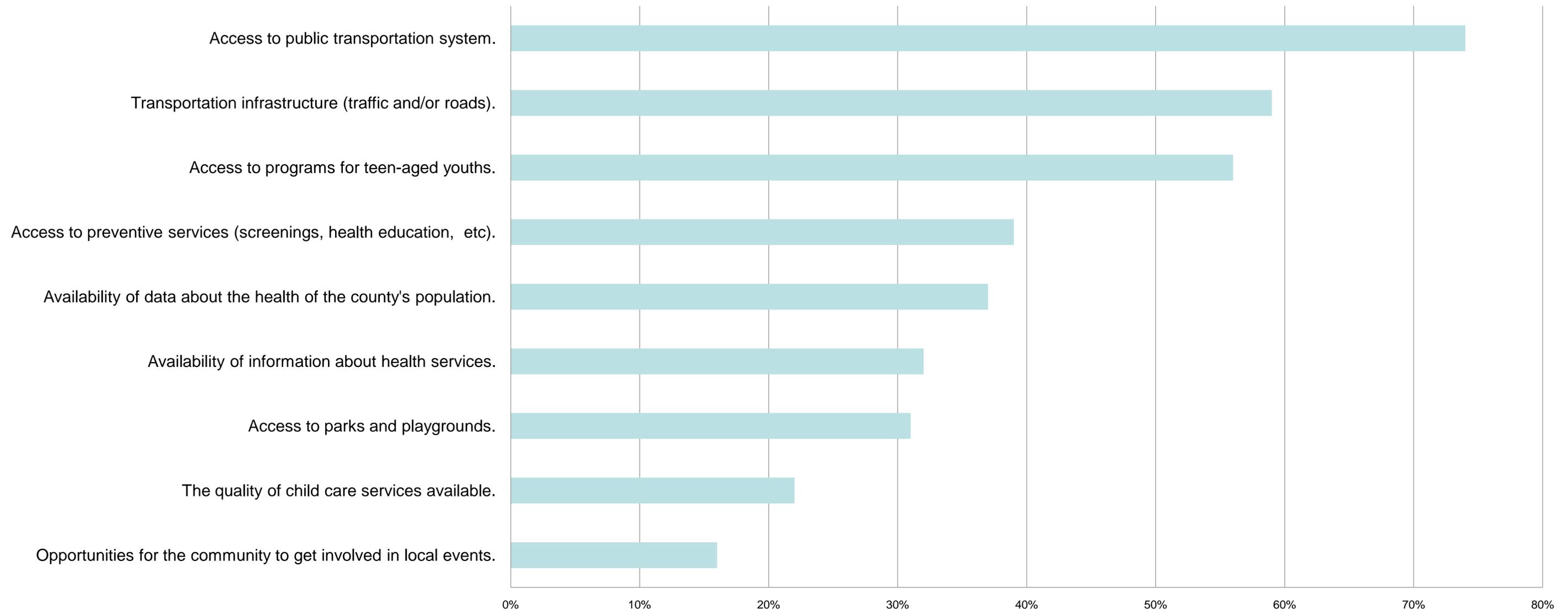
Area 1 (East Stroudsburg, Stroudsburg, Stroud, Smithfield, Delaware Water Gap)	76%
Area 2 (Hamilton, Jackson, Pocono)	42%
Area 5 (Coolbaugh, Mt. Pocono)	33%
Area 7 (Middle Smithfield)	28%
Area 4(Tobyhanna Tunkannock)	27%
Area 3 (Chestnuthill, Ross, Polk, Eldred)	16%
Area 6 (Barrett, Paradise, Price)	9%

The key informant survey was sent to 186 different organizations, of these 59 responded for a response rate of 32%. More than half of the key respondents (n=60) represent either government or human services agencies (52%). Another quarter (24%) represent schools and religious organizations. Finally about 15% represent the private business sector.

# Key Informants: Significant factor impact health

The next three graphs present the data from the key informant survey. Specifically the areas that they report as significant factors impacting the county's health. The key informants report perceptions that resonate with the data identified in the epidemiologic profile. The growing population of persons over 65 highlights the need for long-term facilities, the growing economic hardship in the county increases the financial hardship of both insurance and medical services, and the growth of the county in the outlying areas increases the demand on public transportation. Other key results include the perception on the need for behavioral health services, as well as programs for teen-aged youth, and access to preventive services.

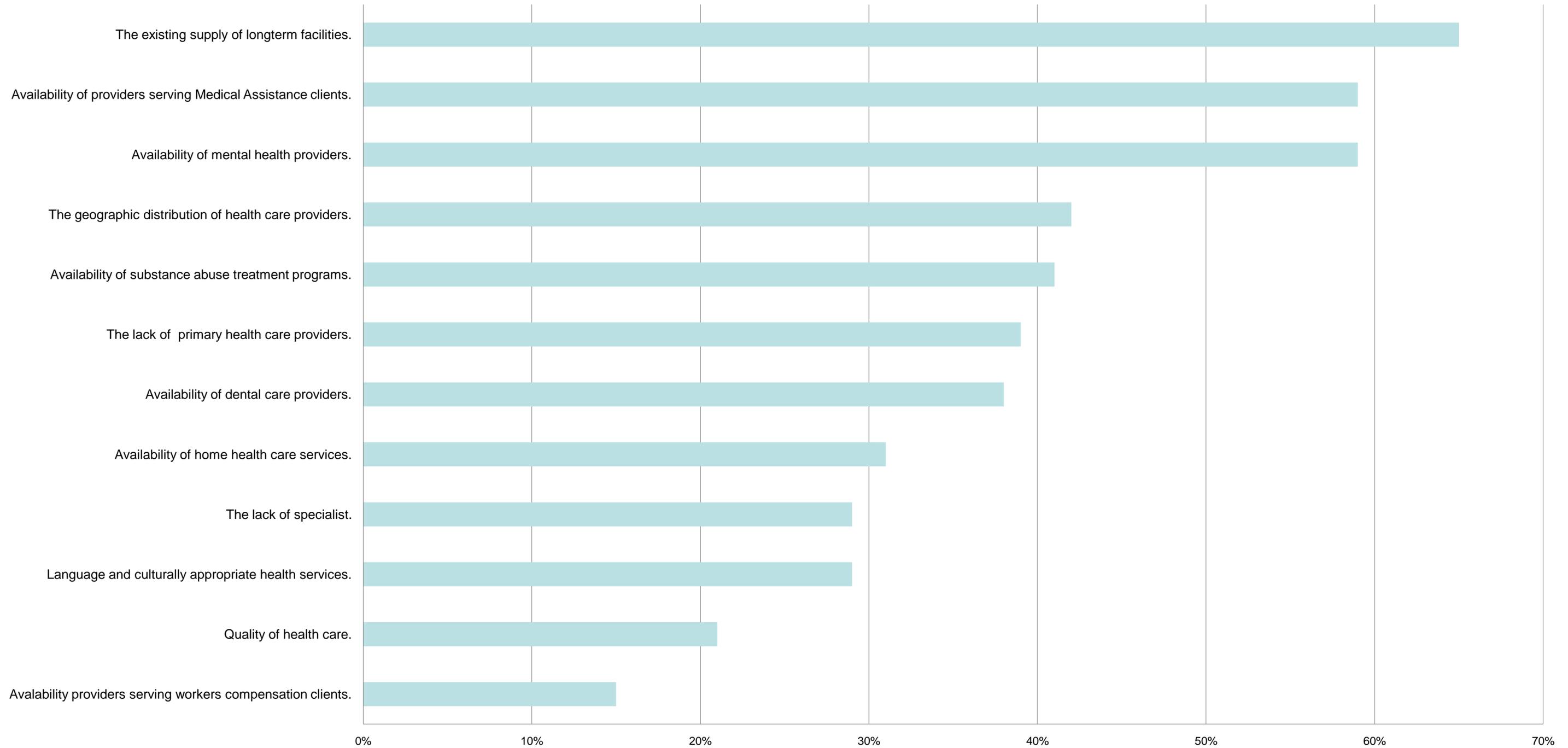
Significance of Environmental Issues for the Health of Residents of Monroe County



# Key Informants: Significant factor impact health



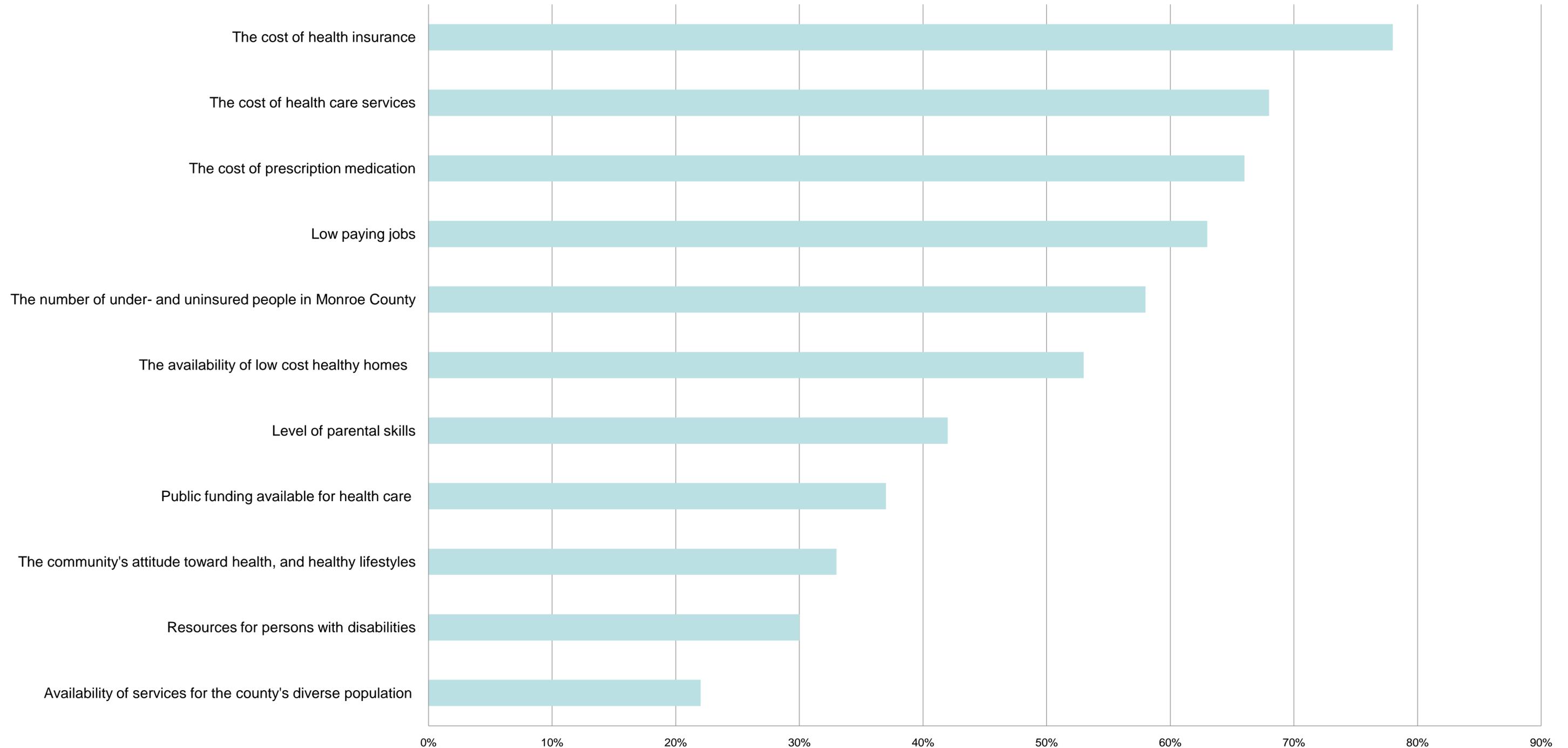
Significance of Clinical Care Issues for the Health of Residents of Monroe County



# Key Informants: Significant factor impact health



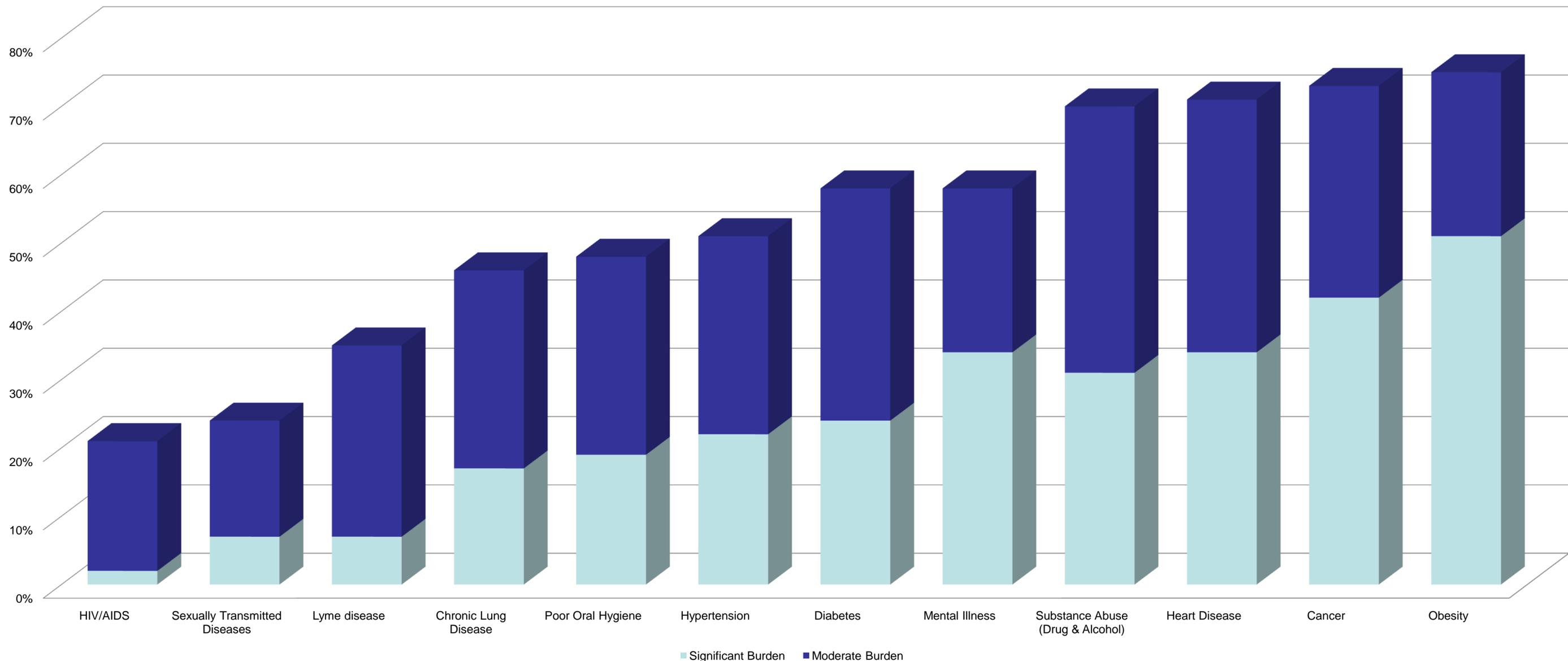
Significance of Social & Economic Issues for the Health of Residents of Monroe County



# Key Informants: Health Outcomes

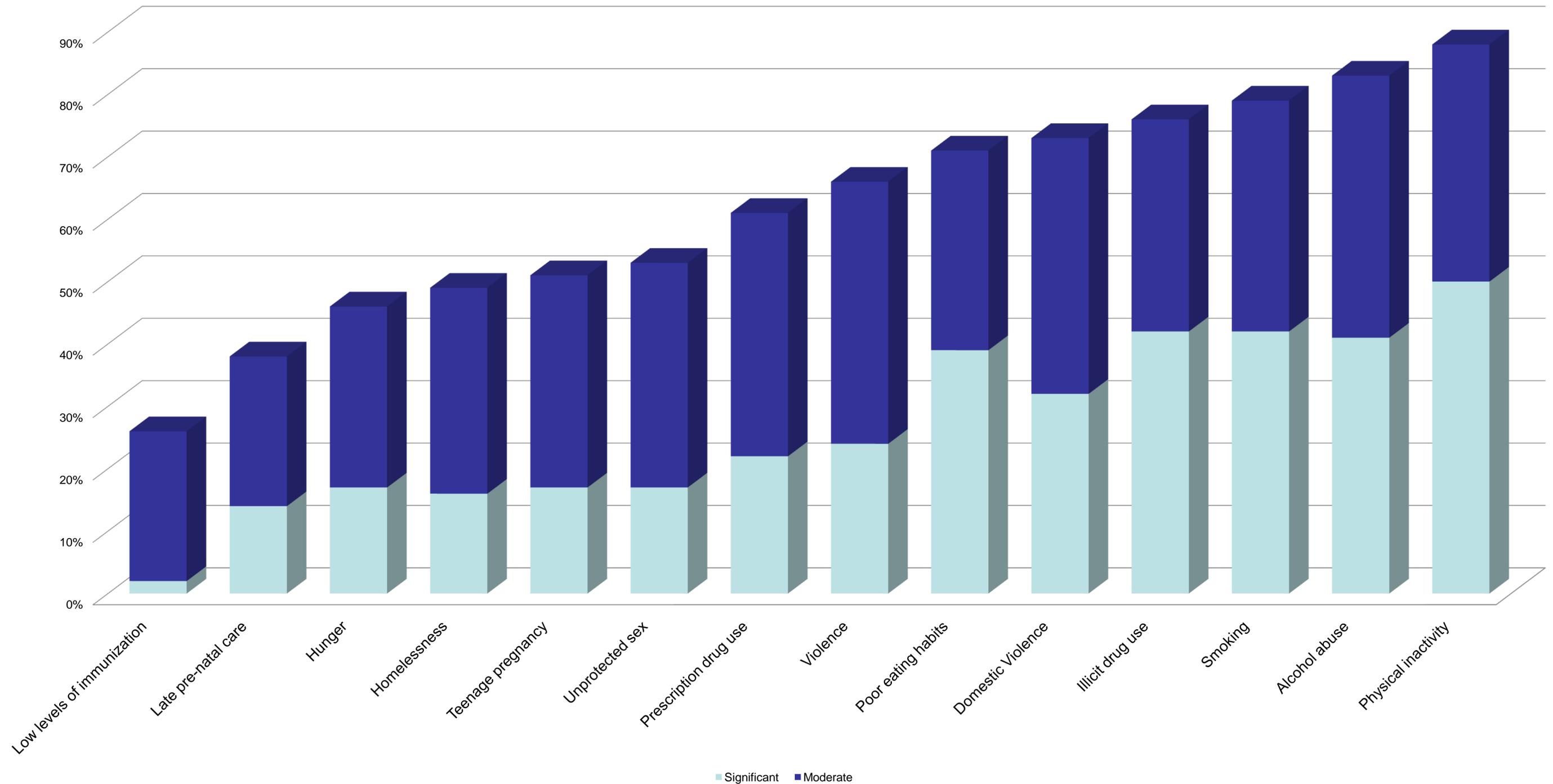
The next two slides present data on key informants perceptions about key health outcomes. Although the data identified in the epidemiologic profile indicate that Monroe county compares favorably with both the state and its peer counties with regard to obesity, the perception of the key informants is that obesity and the risk factor of physical inactivity. On the other hand issues that the secondary data indicates is an issue such as teenage pregnancy rank lower. However the key informant perceptions and the secondary data do coincide on the importance of substance abuse as both a disease with high burden and a risk factor. Smoking is an issue in which Monroe did not rate favorably and is an issue highlighted by the key informants.

Perceived Disease Burden for Residents of Monroe



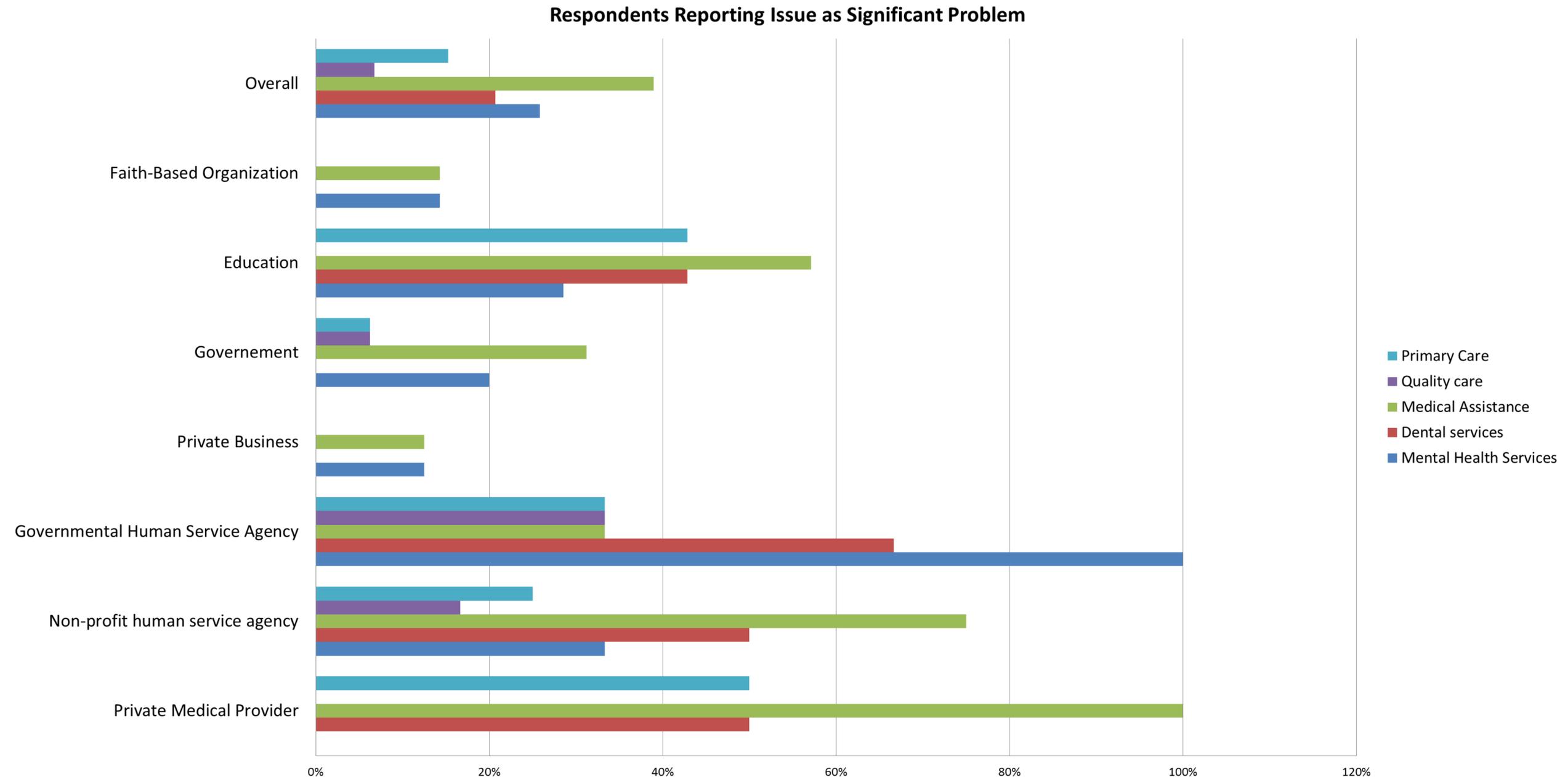
# Key Informants: Health Outcomes

Impact of Risk factors



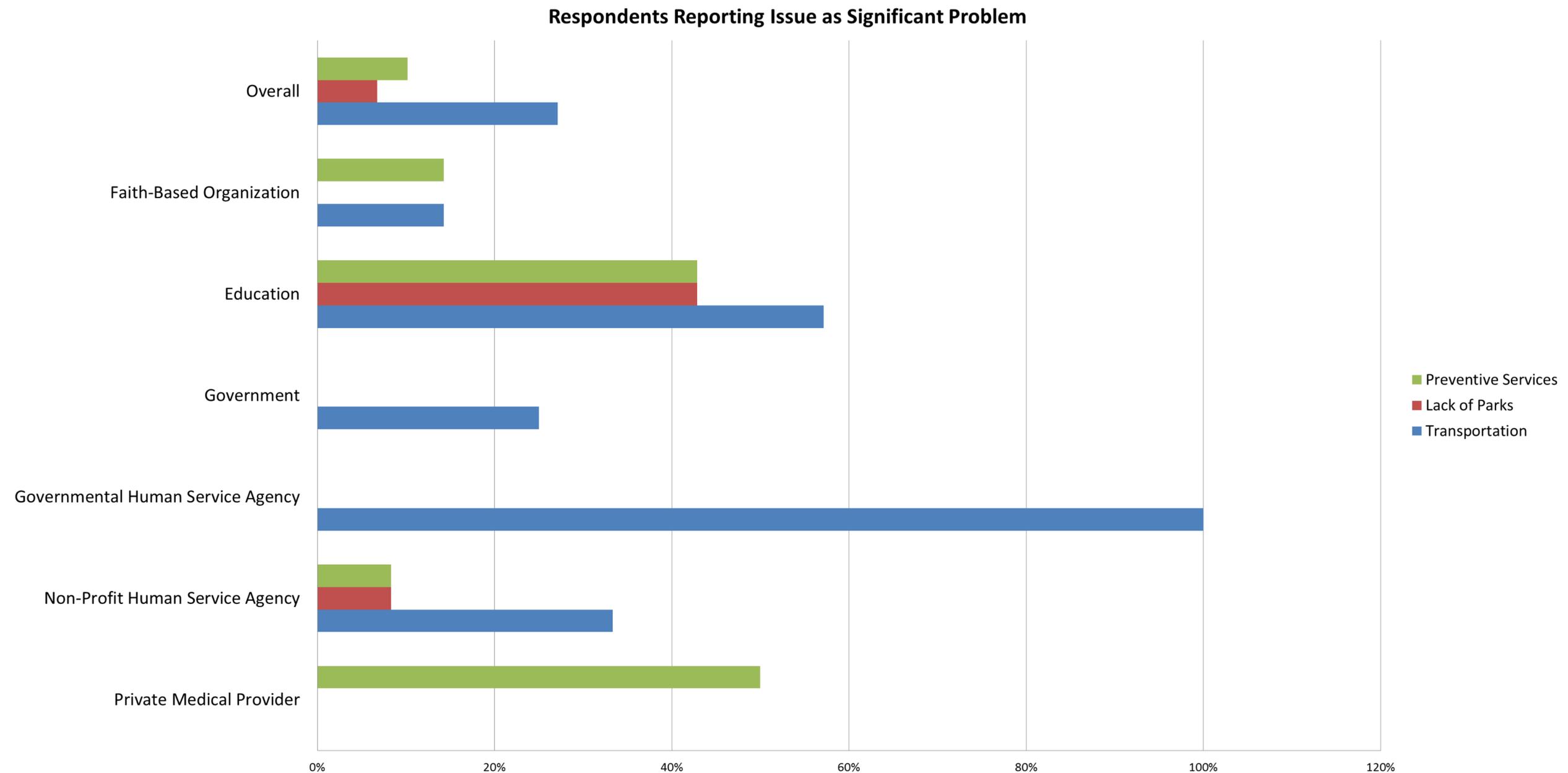
# Key Informants: Health Outcomes

The next two slides present data on key informants perceptions by the sector they represent. In general as would be expected representatives from service providers highlight issues of access to services— primary care, medical assistance, dental care and mental health services. In addition the key informants from education also report these as critical, most likely because of the amount of time and resources these institution take to identify services for underserved children. In general the quality of care in the county was not seen as a problem.

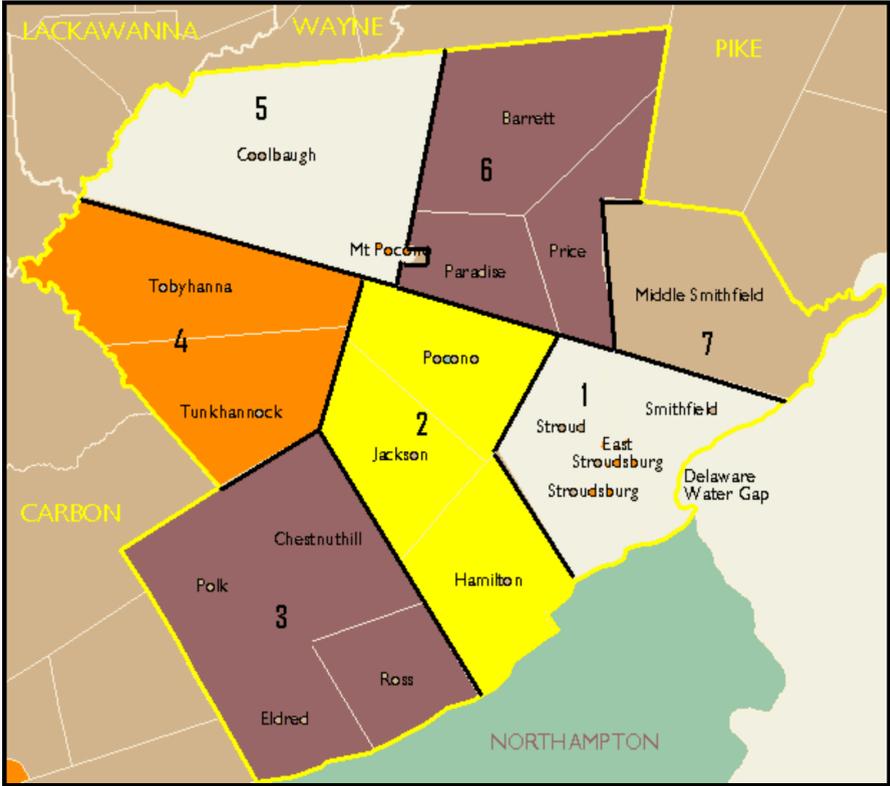
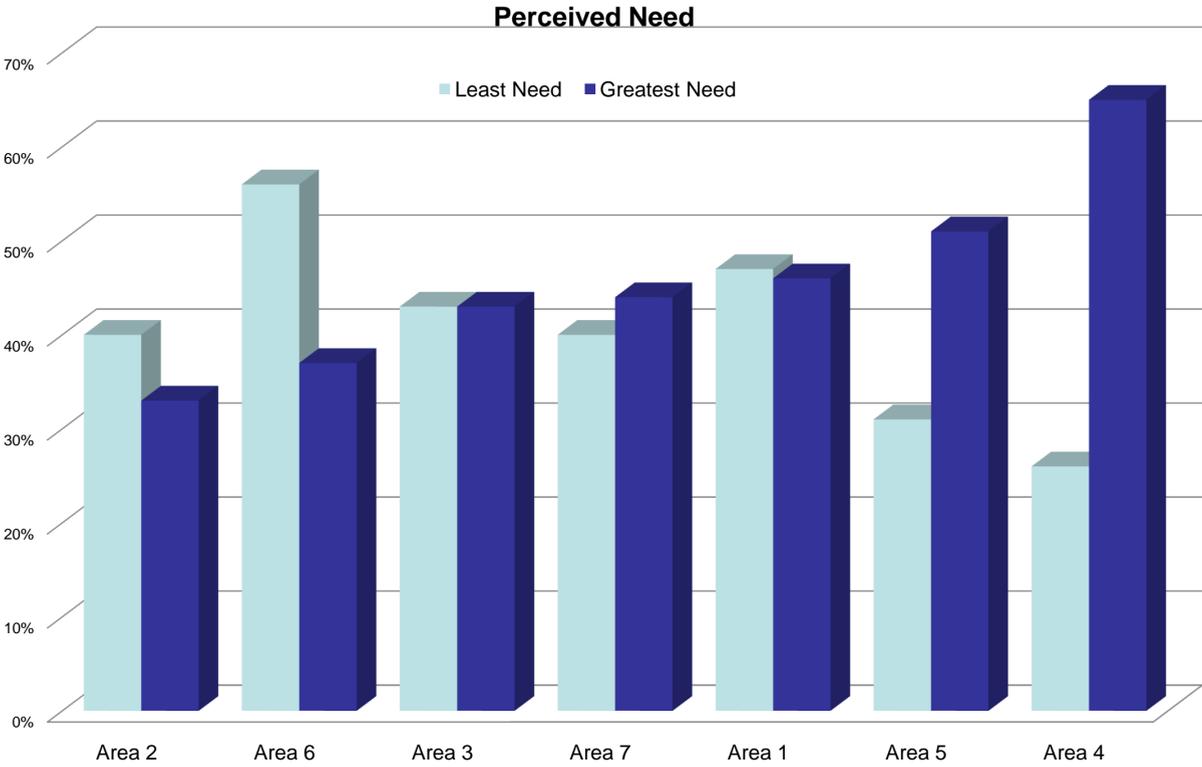


# Key Informants: Health Outcomes

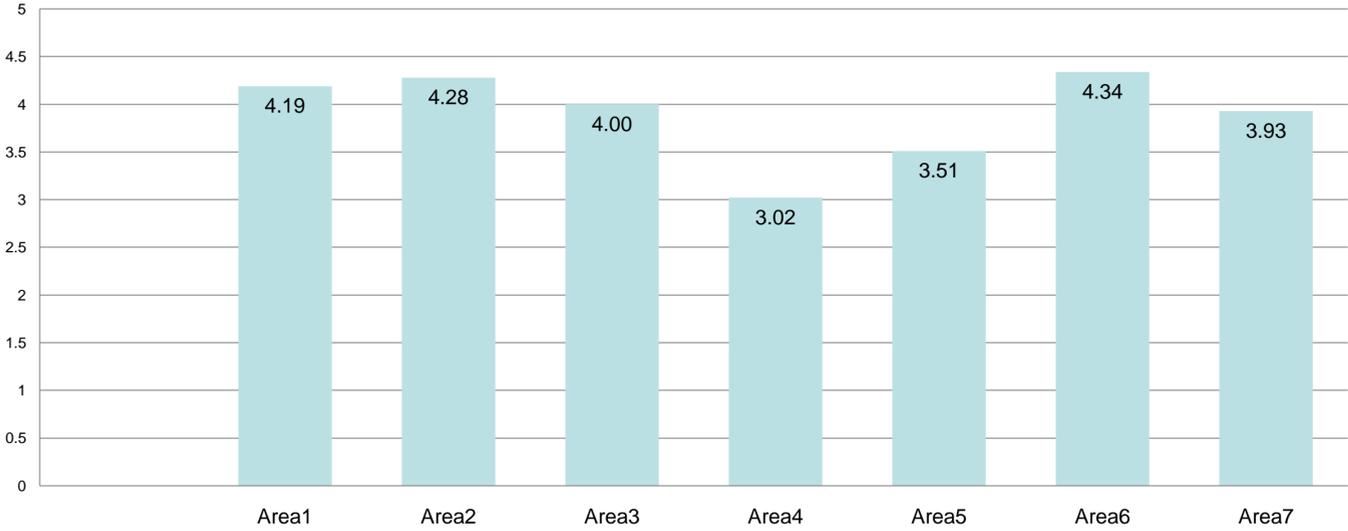
This analysis shows a preoccupation of the problems of transportation on the part of governmental entities. Plus an increased concern with the built environment on the part of key informants from educational institutions. Again this may reflect the everyday concerns of these institutions. Governmental entities perceiving high demand for improved transportation infrastructure and schools perceiving growing needs for at risk students.



# Key Informants: Health Outcomes by region



**Mean Score of Perceived Need**  
1= Greatest need 7= Least Need



The responses from the key informants indicate a clear perception on the areas of the county with the greatest need. According to the informants the areas of the county in greatest need of services are the county's northern tier that includes Tunkhannock, Tobyhanna and Coolbaugh. Interestingly these are not the areas that show the greatest economic distress in the epidemiologic data.

# Findings

The findings of the individual sections are highly interrelated. Many of the outcomes and social/ behavioral factors have their foundations in systemic factors. The qualitative and quantitative data shows that certain themes and factors were identified with greatest frequency, and can be organized in three general categories.

Outcomes	Social and Behavioral Factors	Systemic Factors
Poor outcomes in: <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Oral Health</li> <li>• Maternal Health</li> <li>• Violence</li> </ul>	Risky behavior with regard to: <ul style="list-style-type: none"> <li>• Substance Abuse</li> <li>• Alcoholism</li> <li>• Smoking</li> <li>• Poor Nutrition</li> </ul>	Lack of Primary Care (including dental care) Lack of Behavioral Health Lack of Preventive Services Poor Transportation Limited Built Environment

By cross-tabulating these three sets of indicators and using the established correlations found in the literature between the systemic factors and the identified outcomes and observed behaviors, it becomes apparent that the five systemic factors identified are highly interrelated with the outcome indicators that were identified. According to this logic, interventions in the community that address the known systemic factors may effectively address the more specific critical health outcomes. For example, the lack of preventive health services is a root cause of all the specific health and behavioral outcomes identified—no pre-natal care, mental illness, cancer, poor nutrition, etc.

Monroe County possesses the qualities and the assets required to enhance the health and well-being of its residents, and to improve its already good quality of life. The health and wellness assets of the County are a critical component of an overall community development process. The barriers to health and well-being that the residents of Monroe County face are varied and affect every segment of the community. The County’s residents report good quality care and don’t highlight an acute shortage of medical care. However the data shows a need of programs that focus on primary care, prevention and behavioral health. Any broad initiative looking to enhance the County’s quality of life must be predicated on the availability of primary care, access to disease prevention and health promotion programs, and systems conducive to social wellness.

*The health and wellness of Monroe County residents is being affected detrimentally by an systemic lack of:*

- Overall primary care.
- Projects and programs that strengthen maternal health care.
- Initiatives improving access to behavioral health programs.
- Programs promoting healthy attitudes and practices (specially targeting smoking, drinking and nutrition)
- Programs ensuring access to the basic dental care.

*The health and wellness of Monroe County residents would improve significantly through initiatives that:*

- Provide residents with information and knowledge required to attain the highest level of health and wellness.
- Encourage the creation and support the maintenance of information and referral systems for consumers.
- Promote policy changes and strengthen programs that will improve access to information and primary, secondary, and tertiary prevention programs.
- Assist safety-net providers who offer services to high-risk, underserved people and to the disadvantaged in the community.
- Promote programs that encourage prevention among high-risk, underserved and/or disadvantaged communities.