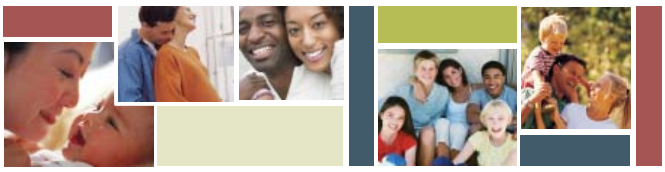
THE UPdate



February 27, 2012

The Update is a bi-weekly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Health Care's BLIND SIDE

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Health Care's BLIND SIDE reviews key findings from an online survey of 1,000 American physicians in the American Medical Association Masterfile who agreed to be invited to participate in the survey, of which 690 were primary care physicians and 310 were pediatricians. The survey was conducted by Harris Interactive between September 16 and October 13, 2011 on behalf of the Robert Wood Johnson Foundation.

To read the summary key findings, go to pages 6-17 of The UPdate.

ISU Extension & Outreach Offer Free Family Nutritional Program Facilitator Training

Iowa State University Extension has an exciting new facilitator training available for those that facilitate parenting programs called - *Loving Your Family (LYF-Iowa)*.

This is a nutritional education program, but you do not need a nutrition background to facilitate this program with the parents served. ISUE is looking for program facilitators to train for FREE in areas where Extension currently does not offer a family nutrition program.

Eligibility requirements for families to participate in the *LYF-Iowa* program include:

1. Participant has at least one child 10 or under or is pregnant, and meet income guidelines.
2. A group is eligible for *LYF-Iowa* if at least half of the group plus one more individual meets the income guidelines.

For more information, contact Loving Your Family Program Coordinator Bev Peters at beverly@iastate.edu, or go to page 18 of **The UPdate**.

Kids Count Data Snapshot on High-Poverty Communities

Written by Saras Chung, Nonprofit Quarterly

A new report released by the Annie E. Casey Foundation indicates that the chance that a child in the United States will live in an area of concentrated poverty has significantly increased over the last decade. Annie E. Casey Foundation's KIDS COUNT data profiles the well-being of children and youth across the nation. Reports are designed to provide user-friendly state and county data, helping decision-makers, nonprofits and other advocates understand the challenges and opportunities facing children and youth.

According to the foundation's KIDS COUNT February Data Snapshot, close to 8 million children are growing up in communities where at least 30 percent of residents live below the federal poverty level. In 2000, the number of children living in high poverty communities was 6.3 million, meaning 1.6 million more children are now living in these high-poverty areas, a 25 percent increase since 2000.

The report emphasizes the serious impact that living in a high-poverty environment can have on the well-being of children. In comparison to children with the same family income who live in more affluent neighborhoods, children from communities that are economically disadvantaged are disproportionately more likely to drop out of school, have difficulties with coursework, suffer from food hardships, and to experience poor health and behavioral issues.

According to Laura Speer, associate director for policy reform and data at the Casey Foundation, "Transforming disadvantaged communities into better places to raise children is vital to ensuring the next generation and their families realize their potential." – Saras Chung.

To view the Kids Count Data Snapshot report, go to pages 19-22 of The UPdate.

Administration/Program Management

FFY 2011 CMS 416 Participation Rates

The CMS 416 Participation Rate data for 2011 has been released by the Iowa Medicaid Enterprise. Two data sets can be found on pages 23-29 of **The UPdate**. The first data set displays the percentages by county, and the second shows the county percentages grouped by agency. These data are also found on the IDPH EPSDT website (Providers page) at www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp.

Iowa's overall state rate is 81 percent, the same as that for FFY 2010. Nine of our child health agencies reached an 80 percent participation rate or higher for their service area. Five counties (Marion, Story, Montgomery, Hamilton and Webster) exceeded 80 percent ***for each age range***.

Within the data, you will find variation in the rates for individual counties and age ranges within those counties. Any data element under the 80 percent requirement is boxed and in red. The IDPH contract requirement is an 80 percent rate for each *county* served, so there is still plenty of work to be done!

CMS tracks EPSDT Participation Rates based upon a federal requirement of 80 percent*. Participation rates indicate the extent to which the number of Medicaid eligible children (*continuously enrolled for a minimum of 90 days*) who should be screened (well child exam) during the year receive at least one initial or periodic screening (well child exam).

**The unit of measure is the number of eligibles receiving at least one initial or periodic screening service divided by the unduplicated count of eligibles who should receive at least one initial or periodic screening service in the year. The initial and periodic screening services are based on the periodicity schedule recommended in the AAP Guidelines for Health Supervision and the average period of eligibility in each state.*

Calendar

March 29-30
Maternal and Breastfeeding Nutrition Core Workshops

April 17-18, 2012
2012 Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames

April 19, 2012
***Bureau of Family Health Grantee Committee Meeting**
9-11:30 a.m., GoToWebinar

* Required meeting

MARCH Contract Required Due Dates

12 - FP Client Visit Records

15 - Electronic Expenditure Workbooks

29 Export WHIS Records to IDPH

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HEALTH CARE'S BLIND SIDE

The Overlooked Connection between Social Needs and Good Health

SUMMARY OF FINDINGS FROM A SURVEY OF AMERICA'S PHYSICIANS

DECEMBER 2011

Robert Wood Johnson Foundation

Summary of FINDINGS

A national survey reveals that physicians believe unmet social needs are directly leading to worse health for Americans — and that patients' social needs are as important to address as their medical conditions.

Medical care alone cannot help people achieve and maintain good health if they do not have enough to eat, live in a dilapidated apartment without heat or are unemployed. Physicians report that their patients frequently express health concerns caused by unmet social needs beyond their control.

This is health care's blind side: Within the current health care system, physicians do not have the time or sufficient staff support to address patients' social needs — such as access to nutritious food, transportation assistance and adequate housing — even though these needs are as important to address as medical conditions.

Physicians feel so strongly about the connection between social needs and good health that 3 in 4 physicians surveyed (76%) wish the health care system would pay for costs associated with connecting patients to services that address their social needs.

This summary reviews key findings from an online survey of 1,000 American physicians in the American Medical Association Masterfile who agreed to be invited to participate in the survey, of which 690 were primary care physicians and 310 were pediatricians. The survey was conducted by Harris Interactive between September 16 and October 13, 2011 on behalf of the Robert Wood Johnson Foundation. Results from the physician survey were weighted as needed for region, age and gender. Valuable input was provided by Health Leads, an organization that enables physicians and other health care providers to prescribe basic resources, such as food and heat, for their low-income patients.

blind side n. the part of one's field of vision where one is unable to see approaching risk and is particularly vulnerable; the opposite side of where one is looking

BACKGROUND

A growing body of research shows that today's health care system and its focus on treating medical conditions neglects the significant role that social needs — such as nutritious food, transportation, adequate housing and employment assistance — play in the health of Americans, and especially the most vulnerable among us.

There is strong evidence linking social needs to health and life expectancy. Health care itself plays a surprisingly small role (10 percent of contributing factors) in life expectancy. Social circumstances, environmental exposure and behavior are estimated to account for 60 percent of the risk of premature death.[1]

At a time when policymakers and the medical and health community are working to improve health outcomes and efficiency while reducing costs in the health care system, it is critical to understand how unmet social needs strain the system. Such needs translate into poorer health, particularly for children living below the federal poverty line,[2] and create a greater reliance on high-cost emergency care. Families who have difficulty paying rent and housing-related bills experience higher rates of emergency hospitalizations than families who do not struggle economically.[3] Children in families experiencing hunger are much more likely to be categorized as being in "poor" health and more likely to have been hospitalized since birth.[4]

Additionally, there is a growing shortage of primary care physicians, with a projected shortfall of up to 124,000 physicians by 2025.[5] As more Americans are slated to have access to health care under the Affordable Care Act, we can expect even greater demands on this workforce and the health care system as a whole.

4 IN 5

physicians

surveyed (85%) say unmet social needs are directly leading to worse health

In addition, 4 in 5 physicians (87%) say the problems created by unmet social needs are problems for *everyone*, not only for those in low-income* communities.

4 IN 5 physicians

surveyed (85%) say patients' social needs are as important to address as their medical conditions. This is especially true for physicians (more than 9 in 10, or 95%) serving patients in low-income, urban communities.

Specifically, 3 in 4 physicians surveyed (76%) wish the health care system would cover the costs associated with connecting patients to services that meet their social needs if a physician deems it important for their overall health.

4 IN 5 physicians

surveyed (80%) are not confident in their capacity to address their patients' social needs

Even though physicians say social needs are just as important to address as medical conditions, only 1 in 5 physicians surveyed (20%) feel confident or very confident in their ability to address their patients' unmet social needs.

Physicians wish they could write prescriptions to help patients with social needs

Physicians in this survey reported that if they had the power to write prescriptions to address social needs, such prescriptions would represent approximately 1 out of every 7 prescriptions they write** — or an average of 26 additional prescriptions per week.

Some of the top social needs they would write prescriptions for include:

Fitness program 75%

Nutritional food 64%

Transportation assistance 47%

Additionally, physicians whose patients are mostly urban and low-income wish they could write prescriptions for:

Employment assistance 52%

Adult education 49%

Housing assistance 43%

RECOMMENDATIONS

Recognize that social needs are connected to Americans' health.

Ultimately, as it relates to our health, our zip code is proving to be as important as our genetic code. Health begins — and is maintained — where we live, learn, work and play. We cannot continue to overlook unmet social needs when it comes to helping people lead healthy lives and get the care they need. Evidence shows that factors such as access to nutritious food, transportation assistance and adequate housing play as important a role in a person's health as medical treatment or prescription drugs. Physicians are seeking help to address those needs.

Equip physicians and other health care practitioners with the resources they need to make patients healthy.

Physicians overwhelmingly want the health care system to cover the costs associated with connecting patients to services that address their social needs. A majority of physicians surveyed say that the health of up to half their patients would improve if the health care system did a better job of addressing social needs. Promising models exist that address social needs, and we must continue to invest in and evaluate those models.

Rethink the health care system to address unmet social needs.

America's physicians have delivered their diagnosis, but it is up to our health care providers, insurers and government leaders to rethink how health care is delivered in this country and what it means for Americans to be healthy. Models that address social needs are a step in the right direction, but leadership and commitment from health care decision-makers is required to create system-wide, lasting change.

NOTES

[1] McGinnis, Russo and Knickman. "The case for more active policy attention to health promotion." *Health Affairs*, 2002.

[2] Braveman and Egerter. *Overcoming Obstacles to Health.* Robert Wood Johnson Foundation, 2008.

[3] Kushel, Gupta, Gee and Haas. "Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans." *Journal of General Internal Medicine,* 2006.

[4] Cook et al. "Food Insecurity Is Associated with Adverse Health Outcomes among Human Infants and Toddlers." *The Journal of Nutrition,* 2004.

[5] Center for Workforce Studies. *The Complexities of Physician Supply and Demand: Projections Through 2025.* American Association of Medical Colleges, 2008.

* For purposes of this survey, low-income communities are defined as those in which at least 50 percent of patients belong to a household with an annual income of less than $50,000.

** This number was calculated by dividing the average number of prescriptions physicians would write for social services if able (26) by the sum of the average number of prescriptions physicians currently write (or medications they dispense) in a week (150) and the average number physicians would write if able (26).

METHODOLOGY

Harris Interactive®, on behalf of the Robert Wood Johnson Foundation, conducted the survey online within the United States between September 16 and October 13, 2011 among 1,000 physicians (690 primary care physicians and 310 pediatricians).

The sample source was the American Medical Association Masterfile. The sample was pulled randomly to meet specific criteria, such as specialty, region, age and gender. Invitation letters were mailed with a password-protected link, so that each link could only be used once. A reminder was also sent about a week into interviewing. Because the sample is based on those who agreed to be invited to participate, no estimates of theoretical sampling error can be calculated. The participation rate for this survey was 5 percent.

In order to be representative of primary care physicians and pediatricians, results were weighted as needed for region, age and gender. The targets were based off of demographic information in the American Medical Association Masterfile.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error that are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with non-response, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, Harris Interactive avoids the words "margin of error" as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100 percent response rates. These are only theoretical because no published polls come close to this ideal.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable and timely change. For nearly 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

Robert Wood Johnson Foundation

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LOVING YOUR FAMILY FEEDING THEIR FUTURE

LYF-IOWA

Loving Your Family, LYF-Iowa, is designed to deliver nutrition education to low-income families in Iowa counties where Extension does not have a nutrition education program.

Using a "Train the Trainer" format, Extension staff train and support staff from other agencies who already have an established relationship with young families (HOPES, PAT, etc.). LFY-Iowa is funded by Food Assistance Nutrition Education.

WHY IS NUTRITION SO IMPORTANT?

Adequate physical activity and nutrition are essential for optimal physical, social, and cognitive development.

- *Young children establish life-long eating and exercise habits that influence the prevalence of chronic diseases and obesity.*
- *Overweight children have more school absences, may have limitations in physical activity, and may experience negative reactions from peers.*

OBJECTIVES

After completing the *Loving Your Family* lessons, participants will:

1. Eat fruits and vegetables, whole grains, and fat-free or low-fat milk and milk products every day.
2. Be physically active every day as part of a healthy lifestyle.
3. Balance calorie intake with calories expended.

TRAINING

- *12 hours initial training spread over several weeks.*
- *Followed by monthly follow-up support calls to address questions and concerns.*
- *Periodic email newsletters to provide nutrition tips, management issues, etc.*

LESSONS

Three sessions - 45 minutes each

1. Family Meals
2. How Much Food and Physical Activity
3. Vegetables and Fruits

Seven mini-sessions - 15 minutes each

1. Reading Labels
2. Grains
3. Calcium-Rich Foods
4. Snacks
5. Fast Food
6. Food Safety
7. Healthy Pregnancy (optional)

INTERESTED AGENCIES, PLEASE CONTACT

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IOWA STATE UNIVERSITY
Extension and Outreach

. . . and justice for all

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Cathann A. Kress, director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

This material is funded by USDA's Supplemental Nutrition Assistance Program and Iowa State University Extension. The Supplemental Nutrition Assistance Program, known in Iowa as Food Assistance, helps people with low income buy nutritious food for a better diet. To find out more, contact your local Department of Human Services office or go to www.dhs.state.ia.us.

DATA SNAPSHOT ON HIGH-POVERTY COMMUNITIES

CHILDREN LIVING IN AMERICA'S HIGH-POVERTY COMMUNITIES

FEBRUARY 2012

All children need strong families and supportive communities to realize their full potential. For the nearly 8 million children under age 18 living in areas of concentrated poverty (see box below for a complete description) in the United States, critical resources for their healthy growth and development – including high-performing schools, quality medical care and safe outdoor spaces – are often out of reach. The chance that a child will live in an area of concentrated poverty has grown significantly over the last decade. In fact, the latest data available show that the number of children living in these communities has risen by 1.6 million, a 25 percent increase since 2000.

HOW LIVING IN CONCENTRATED POVERTY IS HARMFUL FOR CHILDREN

Every child needs a supportive environment to ensure his or her healthy growth and development. However, research has shown that even when family income is held constant, families living in areas of concentrated poverty are more likely to struggle to meet their children's basic material needs. They are more likely to face food hardship, have trouble paying their housing costs, and lack health insurance than those living in more affluent areas. Children living in areas of concentrated poverty are also more likely to experience harmful levels of stress and severe behavioral and emotional problems than children overall.[1]

These problems can affect a child's ability to succeed in school. In fact, students in predominately low-income schools have lower test scores than those who attend predominately higher-income schools, regardless of their family's income. They are also more likely to drop out.[2] In addition, growing up in a high-poverty neighborhood undermines a child's chances of adult economic success. Studies have shown that for children in middle- and upper-income families, living in a high-poverty neighborhood raises the chances of falling down the income ladder as an adult by 52 percent, on average.[3]

CONCENTRATED POVERTY ON THE RISE

The most recent data available from the U.S. Census Bureau's American Community Survey show that after declining between 1990 and 2000, both the percent and the number of children living in high-poverty areas increased over the last decade. The 2006-10 five-year estimates produced by the American Community Survey replaced the decennial census for many data points and are the most recent data available to estimate concentrated poverty at the census-tract level. Estimates from 2006 through 2010 suggest that 7,879,000 children lived in areas of concentrated poverty. The percent of children living in these areas increased from 9 to 11 percent over the past decade.

Nearly one out of three children (29 percent) in families with incomes below the poverty line live in areas of concentrated poverty but not all children in these communities are poor. In fact, of the nearly 8 million children living in these areas, almost half (3,625,700) are in families with incomes above the poverty line. In addition, most parents living in these communities work. Nearly three out of four (74 percent) children living in areas of concentrated poverty have at least one parent in the labor force.

Not all children are equally likely to live in areas of concentrated poverty. African-American, American Indian, and Latino children are between six and nine times more likely than white children to live in these communities. Children with parents who are born outside the United States (14 percent) are also more likely than

DEFINING CONCENTRATED POVERTY AREAS

Research indicates that as neighborhood poverty rates increase, undesirable outcomes rise and opportunities for success are less likely. The effects of concentrated poverty begin to appear once neighborhood poverty rates rise above 20 percent and continue to grow as the concentration of poverty increases up to the 40 percent threshold.[4] This report defines areas of concentrated poverty as those census tracts with poverty rates of 30 percent or more because it is a commonly used threshold that lies between the starting point and leveling off point for negative neighborhood effects. The 2010 federal poverty threshold is $22,314 per year for a family of four.

Photographer: Carol Highsmith

those with U.S.-born parents (9 percent) to live in areas of concentrated poverty. These figures highlight the double jeopardy faced by economically disadvantaged children of color in the United States. African-American, American Indian, and Latino children who live in households with incomes below the poverty threshold are significantly more likely than white children to have the adverse consequences of living in a high-poverty neighborhood compound the negative effects of household poverty.

VARIATION BY LOCATION

While two-thirds of children living in areas of concentrated poverty are in large cities, millions live outside urban areas in suburbs and rural communities. Overall, children living in rural areas (10 percent) and large cities (22 percent) are considerably more likely than those in suburbs (4 percent) to live in a community of concentrated poverty. Among the country's 50 largest cities, Detroit (67 percent), Cleveland (57 percent), Miami (49 percent), Milwaukee (48 percent), Fresno (43 percent), and Atlanta (43 percent) have the highest rates of children living in areas of concentrated poverty.

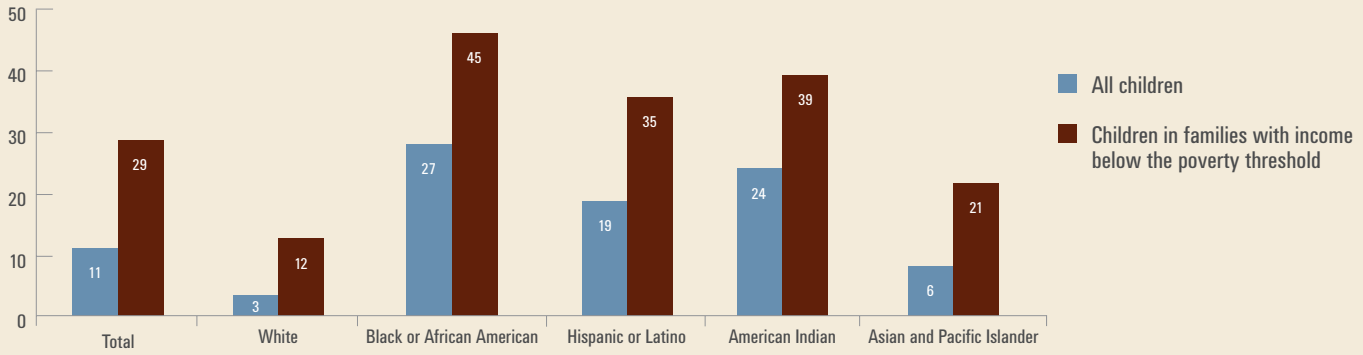
Although there are pockets of concentrated poverty across the country, children in southern and southwestern states are most likely to live in these disadvantaged areas. The states with the highest rates are Mississippi (23 percent), New Mexico (20 percent), Louisiana (18 percent), Texas (17 percent) and Arizona (16 percent). Most states saw an increase in the percentage of children living in concentrated poverty over the last decade. Only eight states, Puerto Rico and the District of Columbia experienced declines over this period.

MOVING FORWARD

The prosperity of communities across America depends on their ability to foster the health and well-being of the next generation. A number of approaches can improve the chances of success for families in high-poverty communities – approaches that help make these areas better places to raise children, help families secure jobs and access services beyond their neighborhoods and enable them to move to neighborhoods with better opportunities if they desire. Some promising practices include:

- *Promoting community change efforts that integrate physical revitalization with human capital development.* Ongoing public/private partnerships to develop mixed-income communities in Atlanta, Baltimore, New Orleans, and San Francisco are supported by federal programs such as the Choice Neighborhoods Initiative, as well as state and city partners, developers, business leaders, philanthropy, and residents themselves. These efforts combine investments in early childhood and education programs for children with workforce development and asset-building activities for parents to benefit both new and long-time residents.
- *Leveraging "anchor institutions" to build strong, supportive communities for children and families.* Universities, hospitals, and other "anchor institutions" can implement hiring and procurement policies that target parents and other adult residents of distressed communities, as exemplified by the Living Cities Integration Initiative partnerships in Baltimore, Cleveland, and Detroit. Universities can advance positive child outcomes by supporting high-performing neighborhood schools, as the University of Pennsylvania does for the Penn Alexander School in West Philadelphia. Higher education is also a key player in many of the U.S. Department of Education's Promise Neighborhoods Initiative sites which are seeking to create cradle-to-career pipelines that improve opportunities for disadvantaged children.
- *Promoting proven and promising practices in the areas of work supports, asset building and employment.* Jobs Plus provides intensive, employment-focused programs targeting working-age public housing residents in seven cities. Through the Centers for Working Families in partnership with United Way, LISC, and community colleges, integrated delivery of education, employment training, work supports, financial coaching and asset building services have been shown to contribute to higher rates of economic

Percent of children living in areas where at least 30% of residents have incomes below the poverty threshold, by race, Hispanic origin, and family poverty level, 2006 – 2010.



Source: Population Reference Bureau's analysis of data from the 2006 – 2010 American Community Survey. **Note:** Data for African American, American Indian and Asian Pacific Islander categories include those who are also Hispanic or Latino.

Children living in areas with 30% of residents or more living below the poverty threshold, 2000 and 2006 - 2010

LOCATION	2000		2006-2010		CHANGE FROM 2000 TO 2006-2010	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
United States	**6,301,000**	**9%**	**7,879,000**	**11%**	**1,578,000**	**25%**
Alabama	136,000	12%	151,000	13%	15,000	11%
Alaska	1,000	1%	5,000	3%	4,000	400%
Arizona	195,000	14%	253,000	16%	58,000	30%
Arkansas	61,000	9%	98,000	14%	37,000	61%
California	1,156,000	13%	1,049,000	11%	-107,000	-9%
Colorado	20,000	2%	92,000	8%	72,000	360%
Connecticut	46,000	6%	62,000	7%	16,000	35%
Delaware	7,000	4%	9,000	4%	2,000	29%
District of Columbia	37,000	33%	33,000	32%	-4,000	-11%
Florida	267,000	7%	341,000	9%	74,000	28%
Georgia	146,000	7%	264,000	11%	118,000	81%
Hawaii	6,000	2%	12,000	4%	6,000	100%
Idaho	4,000	1%	13,000	3%	9,000	225%
Illinois	262,000	8%	304,000	10%	42,000	16%
Indiana	48,000	3%	135,000	8%	87,000	181%
Iowa	11,000	2%	27,000	4%	16,000	145%
Kansas	14,000	2%	46,000	7%	32,000	229%
Kentucky	110,000	11%	132,000	13%	22,000	20%
Louisiana	264,000	22%	193,000	18%	-71,000	-27%
Maine	3,000	1%	8,000	3%	5,000	167%
Maryland	56,000	4%	43,000	3%	-13,000	-23%
Massachusetts	78,000	5%	100,000	7%	22,000	28%
Michigan	217,000	8%	341,000	14%	124,000	57%
Minnesota	35,000	3%	68,000	5%	33,000	94%
Mississippi	165,000	21%	177,000	23%	12,000	7%
Missouri	74,000	5%	123,000	9%	49,000	66%
Montana	17,000	8%	14,000	6%	-3,000	-18%
Nebraska	12,000	3%	27,000	6%	15,000	125%
Nevada	26,000	5%	41,000	6%	15,000	58%
New Hampshire	2,000	1%	5,000	2%	3,000	150%
New Jersey	103,000	5%	128,000	6%	25,000	24%
New Mexico	102,000	20%	100,000	20%	-2,000	-2%
New York	799,000	17%	674,000	15%	-125,000	-16%
North Carolina	76,000	4%	212,000	10%	136,000	179%
North Dakota	7,000	5%	11,000	7%	4,000	57%
Ohio	202,000	7%	324,000	12%	122,000	60%
Oklahoma	48,000	5%	98,000	11%	50,000	104%
Oregon	14,000	2%	42,000	5%	28,000	200%
Pennsylvania	235,000	8%	299,000	11%	64,000	27%
Rhode Island	35,000	14%	22,000	10%	-13,000	-37%
South Carolina	62,000	6%	133,000	12%	71,000	115%
South Dakota	21,000	11%	22,000	11%	1,000	5%
Tennessee	103,000	7%	197,000	13%	94,000	91%
Texas	785,000	13%	1,120,000	17%	335,000	43%
Utah	15,000	2%	27,000	3%	12,000	80%
Vermont *	200	<.5%	1,000	1%	800	400%
Virginia	60,000	3%	76,000	4%	16,000	27%
Washington	58,000	4%	87,000	6%	29,000	50%
West Virginia	28,000	7%	33,000	8%	5,000	18%
Wisconsin	70,000	5%	107,000	8%	37,000	53%
Wyoming	3,000	2%	1,000	1%	-2,000	-67%
Puerto Rico	978,000	90%	786,000	83%	-192,000	-20%

Source: Population Reference Bureau's analysis of data from the 2000 Decennial Census and the 2006-10 American Community Survey which replaced the 2010 decennial census for this indicator. **Note:** Estimates are subject to both sampling and nonsampling error. * Due to low number of events, 2000 data for Vermont was rounded to the nearest hundred.

success and stability. The US Department of Housing and Urban Development's Family Self-Sufficiency Program enables families to save for a down-payment on their own home.

- *Connecting neighborhood improvements to citywide and regional efforts.* Increasingly, families must look to the surrounding metropolitan region to access opportunities. In recent years, groups such as the Brookings Institution's Metropolitan Policy Program, have been working to advance greater regional coordination that links employment, affordable housing and transportation. Since 2010, the Partnership for Sustainable Communities, a joint effort of the U.S. Department of Housing and Urban Development, the Department of Transportation and the Environmental Protection Agency, has supported such efforts in 103 metropolitan regions across the country.
- *Increasing access to affordable housing in safe, opportunity-rich communities for low-income families, particularly families of color.* Strategies for achieving this goal include inclusionary zoning, tenant eligibility guidelines that prohibit discriminatory admission practices, marketing to attract a diverse applicant pool, and housing mobility programs for families with Section 8 vouchers. Evaluation of the federal Moving to Opportunity demonstration project has shown that assisting poor families in moving out of areas of concentrated poverty can deliver positive results for both children and adults.

RESOURCES

The KIDS COUNT Data Center includes new data on children living in areas of concentrated poverty. Data cover all 50 states, the District of Columbia, Puerto Rico, and the 50 largest cities. These data can be used to create rankings, maps and graphs for use in publications and on websites. Find data where you live on the KIDS COUNT Data Center – ow.ly/8ZKS8.

Learn more about the latest research and policy developments related to families living in high poverty communities through the following resources:

- The Annie E. Casey Foundation's Knowledge Center information on concentrated poverty: ow.ly/8Ygcc
- The Brookings Institution Metropolitan Policy Program: www.brookings.edu/metro
- The Carsey Institute: www.carseyinstitute.unh.edu
- The East Baltimore Revitalization Initiative: www.eastbaltimorerevitalization.org
- Living Cities Integration Initiative: www.livingcities.org/integration
- The Partnership for Sustainable Communities: www.sustainablecommunities.gov
- The Poverty and Race Research Action Council: www.prrac.org
- United Neighborhood Centers of America: unca-acf.org
- The Urban Institute Metropolitan Housing and Communities Policy Center: www.urban.org/center/met

ENDNOTES

[1] Turner, M.A. & Kaye, D.R. (2006). How Does Family Well-Being Vary Across Different Types of Neighborhoods? Washington, D.C.: The Urban Institute.

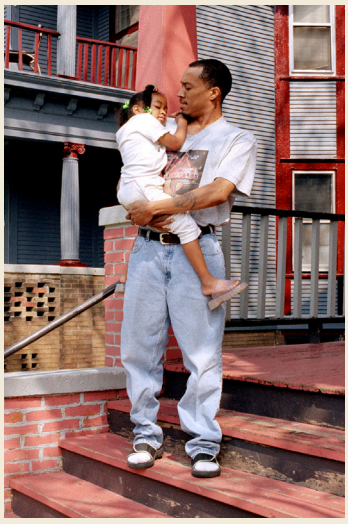
[2] The Annie E. Casey Foundation. (2010). Early Warning! Why Reading by the End of Third Grade Matters: A KIDS COUNT Special Report. Baltimore: The Annie E. Casey Foundation

[3] Sharkley, P. (2009). Neighborhoods and the Black-White Mobility Gap. Washington, D.C.: The Pew Charitable Trusts.

[4] Galster, G.C. (2012). The mechanism(s) of neighbourhood effects: Theory, evidence, and policy implications. In M. van Ham, D. Manley, N. Bailey, L. Simpson & D. Maclennan (Eds.), Neighbourhood Effects Research: New Perspectives. Dordrecht, The Netherlands: Springer. 23-56.

The KIDS COUNT Data Snapshot series highlights specific indicators of child well-being contained in the KIDS COUNT Data Center (datacenter.kidscount.org.) KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States.

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. www.aecf.org



Photographer: Carol Highsmith

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	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
American Home Finding								
Keokuk	81%	94%	**76%**	81%	**52%**	**61%**	118%	162%
Wapello	**74%**	88%	**77%**	**68%**	**62%**	**61%**	88%	122%
Agency Average	**75%**	89%	**77%**	**70%**	**60%**	**61%**	93%	128%
Black Hawk County Health Department								
Black Hawk	89%	93%	87%	**78%**	96%	88%	107%	104%
Bremer	**71%**	80%	**70%**	**71%**	**52%**	**61%**	99%	104%
Chickasaw	**70%**	88%	**76%**	**68%**	**56%**	**63%**	**72%**	100%
Delaware	**70%**	92%	**79%**	**77%**	**54%**	**53%**	**61%**	**75%**
Buchanan	**78%**	92%	80%	**74%**	**63%**	**69%**	88%	117%
Grundy	**71%**	93%	80%	**68%**	**62%**	**54%**	**68%**	100%
Agency Average	84%	92%	84%	**77%**	85%	80%	99%	103%
Crawford County Home Health & Hospice								
Cass	**62%**	96%	**77%**	**72%**	**45%**	**29%**	**48%**	97%
Crawford	**70%**	90%	**69%**	**69%**	**56%**	**67%**	83%	**69%**
Harrison	**75%**	95%	**78%**	**71%**	**49%**	**70%**	94%	84%
Monona	**68%**	84%	**72%**	**69%**	**53%**	**58%**	80%	84%
Shelby	**65%**	84%	**78%**	**72%**	**39%**	**42%**	**68%**	118%
Agency Average	**68%**	90%	**74%**	**70%**	**50%**	**55%**	**76%**	85%
Family, Inc.								
Mills	80%	92%	**77%**	**78%**	82%	**71%**	99%	**75%**
Pottawattamie	84%	93%	83%	80%	80%	**76%**	100%	113%
Agency Average	84%	93%	83%	80%	80%	**75%**	100%	110%
Hawkeye Area Community Action Program								
Benton	**71%**	88%	84%	80%	**50%**	**60%**	**71%**	**48%**
Jones	**72%**	97%	83%	81%	**58%**	**50%**	**73%**	**61%**
Linn	85%	92%	84%	**78%**	87%	**79%**	104%	100%
Agency Average	83%	92%	84%	**78%**	82%	**76%**	98%	94%
Johnson County Department of Public Health								
Iowa	**79%**	87%	**72%**	**79%**	**79%**	**65%**	97%	108%
Johnson	86%	93%	83%	83%	89%	**79%**	99%	102%
Agency Average	85%	92%	81%	82%	88%	**77%**	98%	103%

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	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Lee County Health Department								
Davis	73%	95%	78%	67%	61%	52%	93%	130%
Des Moines	70%	94%	76%	66%	47%	56%	87%	99%
Jefferson	74%	89%	71%	75%	53%	61%	97%	117%
Lee	85%	96%	85%	77%	80%	78%	104%	104%
Van Buren	67%	88%	75%	82%	58%	37%	73%	87%
Agency Average	76%	94%	79%	72%	60%	63%	94%	103%
Marion County Public Health								
Appanoose	87%	94%	87%	77%	84%	82%	104%	125%
Lucas	82%	95%	86%	85%	80%	69%	82%	76%
Marion	90%	92%	85%	84%	91%	84%	106%	128%
Monroe	80%	95%	85%	87%	69%	57%	78%	114%
Wayne	72%	91%	77%	75%	65%	55%	73%	79%
Agency Average	85%	93%	85%	82%	82%	75%	94%	113%
MATURA Action Corporation								
Adair	73%	94%	78%	82%	48%	52%	86%	100%
Adams	71%	100%	90%	84%	48%	43%	63%	82%
Buena Vista	81%	94%	82%	81%	64%	70%	97%	121%
Clay	75%	95%	86%	92%	46%	42%	71%	110%
Decatur	63%	95%	76%	67%	62%	29%	60%	72%
Dickinson	62%	91%	74%	61%	40%	29%	72%	109%
O'Brien	76%	96%	84%	82%	59%	62%	56%	110%
Osceola	63%	93%	79%	66%	39%	41%	65%	88%
Ringgold	75%	86%	67%	82%	63%	69%	92%	90%
Union	81%	94%	83%	85%	70%	56%	92%	135%
Agency Average	74%	94%	81%	79%	57%	52%	79%	108%
Mid-Iowa Community Action								
Boone	84%	94%	85%	90%	75%	79%	78%	105%
Hardin	87%	90%	90%	89%	56%	85%	110%	106%
Marshall	88%	95%	92%	95%	84%	65%	91%	112%
Story	92%	95%	87%	92%	98%	83%	108%	90%
Tama	75%	98%	83%	78%	41%	61%	92%	97%
Agency Average	87%	95%	89%	91%	79%	74%	95%	101%
Mid Sioux Opportunity, Inc.								
Cherokee	74%	84%	88%	84%	58%	47%	80%	119%
Ida	64%	89%	76%	66%	42%	40%	73%	100%
Lyon	67%	85%	85%	75%	44%	41%	71%	50%
Plymouth	78%	93%	81%	88%	58%	55%	108%	100%
Sioux	81%	85%	83%	91%	69%	58%	82%	113%
Agency Average	76%	87%	83%	85%	59%	52%	85%	101%

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	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
New Opportunities								
Audubon	**67%**	86%	84%	**68%**	**19%**	**50%**	100%	**67%**
Carroll	**74%**	94%	**74%**	**70%**	**63%**	**57%**	99%	114%
Dallas	80%	96%	**77%**	**75%**	83%	**70%**	98%	100%
Guthrie	**69%**	91%	**78%**	**71%**	**43%**	**50%**	94%	120%
Sac	**67%**	97%	**73%**	**67%**	**43%**	**61%**	**77%**	82%
Agency Average	**76%**	94%	**76%**	**72%**	**66%**	**63%**	96%	102%
North Iowa Community Action Organization								
Butler	**75%**	91%	80%	**78%**	**59%**	**63%**	82%	**79%**
Cerro Gordo	**74%**	89%	**77%**	**76%**	**70%**	**59%**	**79%**	86%
Floyd	**69%**	93%	**72%**	**67%**	**44%**	**52%**	85%	121%
Franklin	**76%**	93%	83%	82%	**63%**	**56%**	86%	**69%**
Hancock	**72%**	88%	**71%**	**71%**	**68%**	**55%**	114%	**54%**
Kossuth	**64%**	97%	83%	**66%**	**46%**	**44%**	**51%**	**50%**
Mitchell	**51%**	89%	**71%**	**57%**	**40%**	**19%**	**34%**	**64%**
Winnebago	**72%**	84%	**77%**	**70%**	**65%**	**54%**	89%	100%
Worth	**65%**	85%	**76%**	**69%**	**42%**	**60%**	**59%**	**70%**
Agency Average	**71%**	91%	**77%**	**73%**	**59%**	**54%**	**78%**	83%
Scott County Health Department								
Scott	**73%**	91%	**76%**	**73%**	**64%**	**63%**	**79%**	87%
Agency Average	**73%**	91%	**76%**	**73%**	**64%**	**63%**	**79%**	87%
Siouxland Community Health Center								
Woodbury	**76%**	95%	**77%**	**71%**	**70%**	**63%**	91%	96%
Agency Average	**76%**	95%	**77%**	**71%**	**70%**	**63%**	91%	96%
Taylor County Public Health								
Fremont	88%	91%	**72%**	93%	88%	80%	122%	100%
Montgomery	89%	86%	81%	81%	84%	91%	118%	109%
Page	**77%**	97%	**75%**	**73%**	**69%**	**76%**	**78%**	102%
Taylor	**73%**	93%	**74%**	92%	**65%**	**49%**	**60%**	109%
Agency Average	82%	93%	**76%**	81%	**76%**	**77%**	92%	105%
Trinity Muscatine Public Health								
Cedar	**74%**	88%	**76%**	**71%**	**59%**	**66%**	102%	**73%**
Louisa	**69%**	91%	85%	**69%**	**53%**	**52%**	**73%**	80%
Muscatine	**76%**	94%	80%	**76%**	**63%**	**61%**	85%	102%
Agency Average	**74%**	93%	81%	**74%**	**61%**	**60%**	85%	95%

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	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Visiting Nurse Services of Iowa								
Clinton	75%	93%	78%	74%	58%	57%	89%	121%
Jackson	78%	92%	74%	78%	63%	72%	97%	105%
Jasper	76%	96%	75%	71%	71%	69%	87%	103%
Mahaska	79%	95%	79%	77%	77%	63%	92%	102%
Polk	85%	94%	84%	78%	88%	77%	97%	103%
Poweshiek	74%	94%	73%	69%	62%	67%	90%	103%
Agency Average	83%	94%	82%	77%	83%	74%	95%	105%
VNA of Dubuque								
Allamakee	72%	90%	86%	83%	51%	43%	62%	111%
Clayton	71%	87%	85%	83%	54%	42%	65%	75%
Dubuque	84%	93%	83%	79%	92%	77%	92%	94%
Fayette	73%	93%	91%	82%	55%	46%	65%	71%
Howard	73%	91%	87%	82%	75%	40%	57%	91%
Winneshiek	73%	91%	82%	82%	51%	53%	75%	83%
Agency Average	79%	92%	85%	80%	75%	62%	79%	89%
Warren County Health Services								
Clarke	77%	87%	71%	77%	57%	76%	113%	97%
Madison	78%	86%	83%	73%	70%	77%	88%	72%
Warren	80%	91%	82%	73%	68%	68%	104%	125%
Agency Average	79%	89%	79%	74%	66%	72%	102%	108%
Washington County PHN								
Henry	75%	94%	81%	70%	61%	60%	91%	104%
Washington	77%	89%	83%	81%	66%	60%	85%	95%
Agency Average	75%	91%	82%	75%	63%	60%	88%	100%
Webster County Public Health								
Calhoun	76%	97%	86%	85%	77%	59%	50%	68%
Emmet	76%	94%	76%	81%	62%	53%	94%	113%
Greene	80%	93%	84%	74%	73%	70%	100%	91%
Hamilton	93%	94%	88%	96%	87%	85%	111%	156%
Humboldt	78%	93%	92%	79%	78%	60%	69%	74%
Palo Alto	71%	84%	77%	74%	48%	61%	81%	92%
Pocahontas	75%	86%	79%	74%	71%	61%	90%	90%
Webster	93%	95%	91%	96%	89%	86%	104%	87%
Wright	81%	93%	91%	82%	69%	63%	92%	92%
Agency Average	85%	93%	87%	87%	78%	73%	95%	92%

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Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Adair	73%	94%	78%	82%	48%	52%	86%	100%
Adams	71%	100%	90%	84%	48%	43%	63%	82%
Allamakee	72%	90%	86%	83%	51%	43%	62%	111%
Appanoose	87%	94%	87%	77%	84%	82%	104%	125%
Audubon	67%	86%	84%	68%	19%	50%	100%	67%
Benton	71%	88%	84%	80%	50%	60%	71%	48%
Black Hawk	89%	93%	87%	78%	96%	88%	107%	104%
Boone	84%	94%	85%	90%	75%	79%	78%	105%
Bremer	71%	80%	70%	71%	52%	61%	99%	104%
Buchanan	78%	92%	80%	74%	63%	69%	88%	117%
Buena Vista	81%	94%	82%	81%	64%	70%	97%	121%
Butler	75%	91%	80%	78%	59%	63%	82%	79%
Calhoun	76%	97%	86%	85%	77%	59%	50%	68%
Carroll	74%	94%	74%	70%	63%	57%	99%	114%
Cass	62%	96%	77%	72%	45%	29%	48%	97%
Cedar	74%	88%	76%	71%	59%	66%	102%	73%
Cerro Gordo	74%	89%	77%	76%	70%	59%	79%	86%
Cherokee	74%	84%	88%	84%	58%	47%	80%	119%
Chickasaw	70%	88%	76%	68%	56%	63%	72%	100%
Clarke	77%	87%	71%	77%	57%	76%	113%	97%
Clay	75%	95%	86%	92%	46%	42%	71%	110%
Clayton	71%	87%	85%	83%	54%	42%	65%	75%
Clinton	75%	93%	78%	74%	58%	57%	89%	121%
Crawford	70%	90%	69%	69%	56%	67%	83%	69%
Dallas	80%	96%	77%	75%	83%	70%	98%	100%
Davis	73%	95%	78%	67%	61%	52%	93%	130%
Decatur	63%	95%	76%	67%	62%	29%	60%	72%
Delaware	70%	92%	79%	77%	54%	53%	61%	75%
Des Moines	70%	94%	76%	66%	47%	56%	87%	99%
Dickinson	62%	91%	74%	61%	40%	29%	72%	109%
Dubuque	84%	93%	83%	79%	92%	77%	92%	94%
Emmet	76%	94%	76%	81%	62%	53%	94%	113%
Fayette	73%	93%	91%	82%	55%	46%	65%	71%
Floyd	69%	93%	72%	67%	44%	52%	85%	121%
Franklin	76%	93%	83%	82%	63%	56%	86%	69%
Fremont	88%	91%	72%	93%	88%	80%	122%	100%
Greene	80%	93%	84%	74%	73%	70%	100%	91%
Grundy	71%	93%	80%	68%	62%	54%	68%	100%
Guthrie	69%	91%	78%	71%	43%	50%	94%	120%
Hamilton	93%	94%	88%	96%	87%	85%	111%	156%
Hancock	72%	88%	71%	71%	68%	55%	114%	54%

Annual EPSDT Participation Report CMS 416
FFY 2011 By County

Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Hardin	87%	90%	90%	89%	56%	85%	110%	106%
Harrison	75%	95%	78%	71%	49%	70%	94%	84%
Henry	75%	94%	81%	70%	61%	60%	91%	104%
Howard	73%	91%	87%	82%	75%	40%	57%	91%
Humboldt	78%	93%	92%	79%	78%	60%	69%	74%
Ida	64%	89%	76%	66%	42%	40%	73%	100%
Iowa	79%	87%	72%	79%	79%	65%	97%	108%
Jackson	78%	92%	74%	78%	63%	72%	97%	105%
Jasper	76%	96%	75%	71%	71%	69%	87%	103%
Jefferson	74%	89%	71%	75%	53%	61%	97%	117%
Johnson	86%	93%	83%	83%	89%	79%	99%	102%
Jones	72%	97%	83%	81%	58%	50%	73%	61%
Keokuk	81%	94%	76%	81%	52%	61%	118%	162%
Kossuth	64%	97%	83%	66%	46%	44%	51%	50%
Lee	85%	96%	85%	77%	80%	78%	104%	104%
Linn	85%	92%	84%	78%	87%	79%	104%	100%
Louisa	69%	91%	85%	69%	53%	52%	73%	80%
Lucas	82%	95%	86%	85%	80%	69%	82%	76%
Lyon	67%	85%	85%	75%	44%	41%	71%	50%
Madison	78%	86%	83%	73%	70%	77%	88%	72%
Mahaska	79%	95%	79%	77%	77%	63%	92%	102%
Marion	90%	92%	85%	84%	91%	84%	106%	128%
Marshall	88%	95%	92%	95%	84%	65%	91%	112%
Mills	80%	92%	77%	78%	82%	71%	99%	75%
Mitchell	51%	89%	71%	57%	40%	19%	34%	64%
Monona	68%	84%	72%	69%	53%	58%	80%	84%
Monroe	80%	95%	85%	87%	69%	57%	78%	114%
Montgomery	89%	86%	81%	81%	84%	91%	118%	109%
Muscatine	76%	94%	80%	76%	63%	61%	85%	102%
O'Brien	76%	96%	84%	82%	59%	62%	56%	110%
Osceola	63%	93%	79%	66%	39%	41%	65%	88%
Page	77%	97%	75%	73%	69%	76%	78%	102%
Palo Alto	71%	84%	77%	74%	48%	61%	81%	92%
Plymouth	78%	93%	81%	88%	58%	55%	108%	100%
Pocahontas	75%	86%	79%	74%	71%	61%	90%	90%
Polk	85%	94%	84%	78%	88%	77%	97%	103%
Pottawattamie	84%	93%	83%	80%	80%	76%	100%	113%
Poweshiek	74%	94%	73%	69%	62%	67%	90%	103%
Ringgold	75%	86%	67%	82%	63%	69%	92%	90%
Sac	67%	97%	73%	67%	43%	61%	77%	82%
Scott	73%	91%	76%	73%	64%	63%	79%	87%

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Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Shelby	65%	84%	78%	72%	39%	42%	68%	118%
Sioux	81%	85%	83%	91%	69%	58%	82%	113%
Story	92%	95%	87%	92%	98%	83%	108%	90%
Tama	75%	98%	83%	78%	41%	61%	92%	97%
Taylor	73%	93%	74%	92%	65%	49%	60%	109%
Union	81%	94%	83%	85%	70%	56%	92%	135%
Van Buren	67%	88%	75%	82%	58%	37%	73%	87%
Wapello	74%	88%	77%	68%	62%	61%	88%	122%
Warren	80%	91%	82%	73%	68%	68%	104%	125%
Washington	77%	89%	83%	81%	66%	60%	85%	95%
Wayne	72%	91%	77%	75%	65%	55%	73%	79%
Webster	93%	95%	91%	96%	89%	86%	104%	87%
Winnebago	72%	84%	77%	70%	65%	54%	89%	100%
Winneshiek	73%	91%	82%	82%	51%	53%	75%	83%
Woodbury	76%	95%	77%	71%	70%	63%	91%	96%
Worth	65%	85%	76%	69%	42%	60%	59%	70%
Wright	81%	93%	91%	82%	69%	63%	92%	92%
State	81%	94%	83%	80%	72%	69%	93%	104%