

*The Need for Christian Health  
Service of Syracuse*

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**MARKET DEMOGRAPHICS  
& ANALYSIS**

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*"Whatever you did for one of the least of these  
brothers of mine, you did for me"*

*Matthew 25:40*

**Usual Source of Care** - a USC is a particular health care professional or place a person usually visits when sick or in need of advice about their health.

An estimated **76,900** residents of Onondaga County do not claim to have a Usual Source of Care

A Usual Source of Care is a particular health care professional or place a person usually visits when sick or in need of advice about their health. Possessing a USC promotes a better health outcome.<sup>1</sup> In 2005, one of every eight Americans—an estimated 38.5 million people—lacked a usual source of health care. The rate varied widely by sex and age group.<sup>2</sup>

▶ An estimated 42,369 residents of Onondaga County are without any health insurance.

▶ An estimated 49,100 residents of Onondaga County are enrolled in Medicaid.

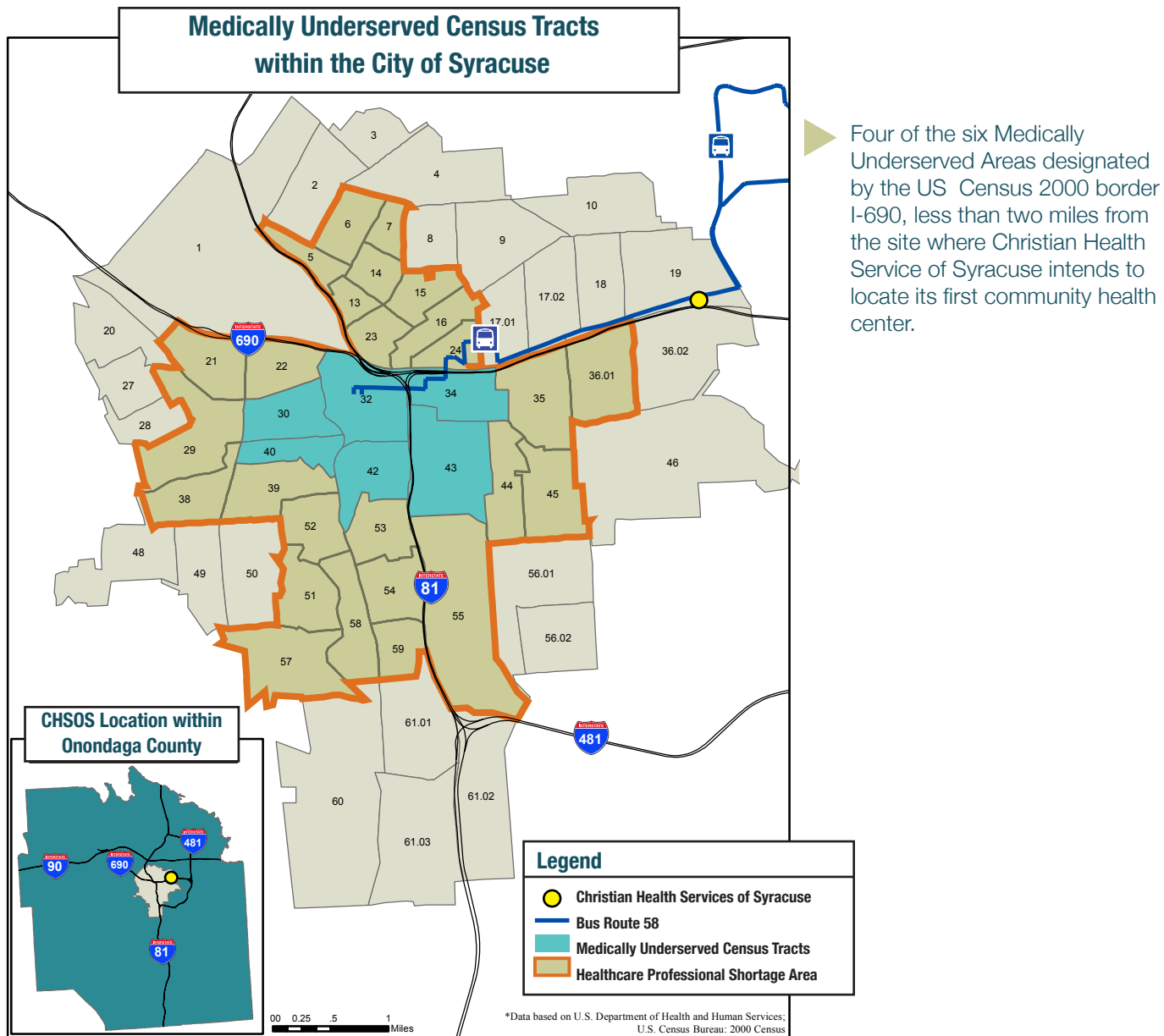
▶ No doubt these people are among the needy residents of Onondaga County who create the most compelling motive for founding a new USC option in Syracuse, NY:

▶ An estimated 76,900 residents of Onondaga County do not claim to have a USC.

Research documents that poverty, income and wealth inequality, poor quality of life, racism, sex discrimination, and low socioeconomic conditions are the major risk factors for ill health. These factors exist to a troubling degree in Syracuse.

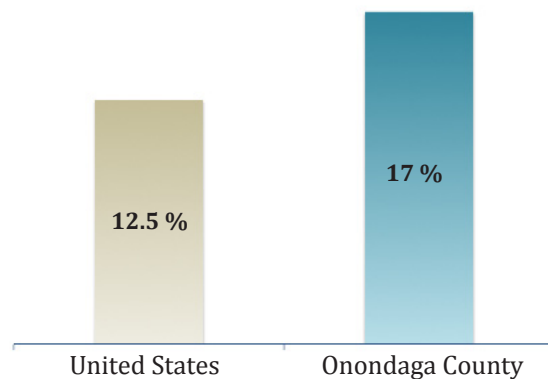
## A Double Threat to Good Health Outcomes

Social and institutional inequities are putting a large percentage of Central New Yorkers in an unhealthy situation, a kind of double-edged sword. Not only do disadvantaged groups in Syracuse experience more health problems, they are also less likely able to gain access to their own primary care doctor. On the first issue of health, the National Association of County and City Health Officials reports, “Research documents that poverty, income and wealth inequality, poor quality of life, racism, sex discrimination, and low socioeconomic conditions are the major risk factors for ill health.”<sup>3</sup> These factors exist to a troubling degree in Syracuse (total population 139,386) even more so than in Onondaga County (total population 453,846) within which the city lies. On the second issue of access, the same factors restrict large demographics from obtaining primary health care. The US Census 2000 designates six census tracts (30, 32, 34, 40, 42, 43) in the city center as Medically Underserved Areas (MUAs), four of which border



I-690, less than two miles from the site where Christian Health Service of Syracuse intends to locate its first community health center. To put these MUAs in perspective, these six census tracts represent only the most underserved areas in Onondaga County. However, there are medically underserved people in many other parts of the city and county, as Syracuse's 34 Health Professional Shortage Areas illustrate (see map). Wherever people are on public health insurance or lack insurance, where there are minorities or the less-educated, our neighbors are more likely to be sick and less likely to see the doctor. Perhaps the most telling number in all of this market analysis is that in 2008, the most recent statistics available, an estimated 76,900 people in Onondaga County do not report to having a USC.<sup>4</sup>

**Figure 1.**  
**Percentage of the Population that Does Not Claim to Have a Usual Source of Care<sup>5</sup>**



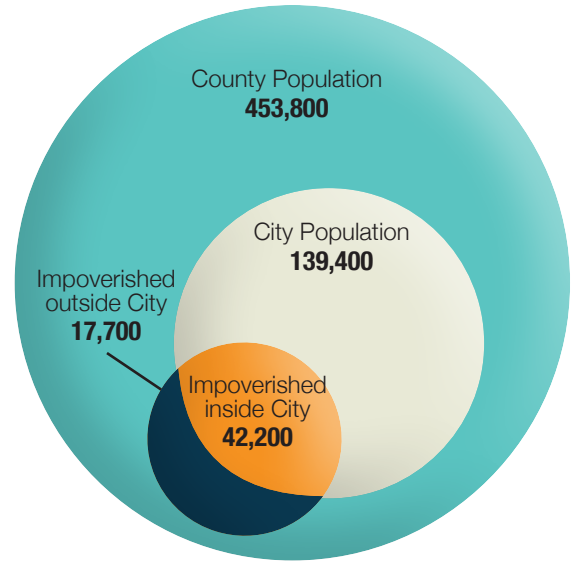
Source: 2007-2008 ACS Estimates



# Factors of Disadvantage

According to the Community Health Assessment Onondaga County, 2009, poverty is a leading factor in creating health risk. Over 15% of county adults (68,200) reported that cost prevented them from going to the doctor in 2008. Overall the city has more than double the poverty than the county (30.3% of the population below the federal poverty line vs. 13.2% (see figure 2 and appendix “A”). More than 42% of the city’s families with children under five years old (more than 13,000 children) are in poverty. Of those families with a single woman as the head of the household, 45.1% live in poverty, but for those women heads of household whose children are under 5, the poverty rate is a heartbreaking 67.2%<sup>6</sup> The NYS Community Action Association Poverty Report 2010 says that 41.9% of all Hispanics/Latinos, 34.2% of all African-Americans, and 24% of all Whites in Syracuse are in poverty (see appendix “B”).<sup>7</sup> A 2010 report by the Children’s Defense Fund gives perspective to the health-risk many of Syracuse’s children face: Syracuse has the highest rate of poverty for African American children of any municipality in New York State, and the second highest rate of poverty for Hispanic children in the nation.<sup>8</sup>

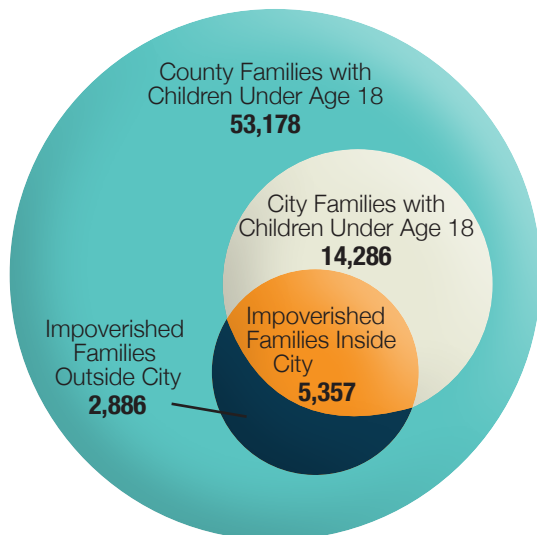
**Figure 2.**  
Distribution of the Impoverished in Onondaga County



Source: 2005-2009 ACS Estimates

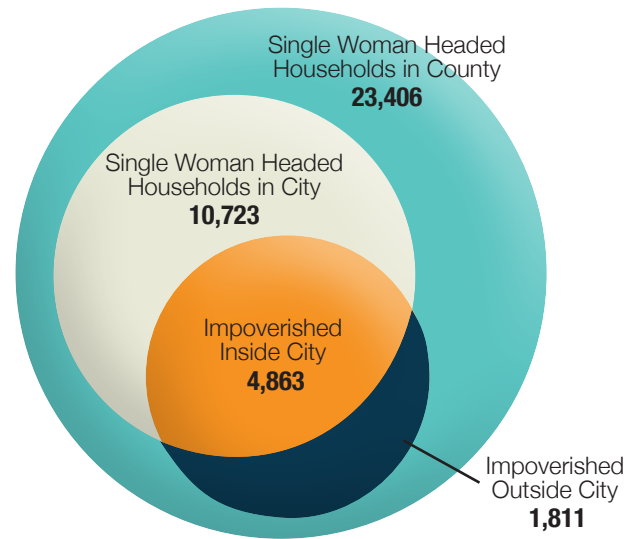
## Distribution of Impoverished Families in Onondaga County

**Figure 3.**



Source: 2005-2009 ACS Estimates

**Figure 4.**



Source: 2005-2009 ACS Estimates

Disadvantaged employment opportunity also places many city residents in health risk. Among city households, 42.7% earn less than \$25,000 annually. The median household income is \$30,031 in Syracuse, more than \$20,000 less than the county as a whole at \$50,129.<sup>9</sup> Recent data from the NYS Department of Labor show the unemployment rate county-wide has increased to 7.6% in 2009, nearly double the rate of 4.1% in 2007.<sup>10</sup> Naturally many people who have recently become unemployed have forfeited their health insurance plans and are now either enrolled in public insurance or live entirely without insurance. Furthermore, the Syracuse City School District drop-out rate for high school students is more than twice that of suburban students. City-wide, about 79.7% of residents age 25 and older are high school graduates or higher, well below the county at 88.8%.<sup>11</sup> A population that is less-educated tends to be less healthy and possess less access to care because they have less earning power.<sup>12</sup> They are also less likely to practice a healthy lifestyle, to be knowledgeable of health resources, to fill out forms correctly, and to communicate their health needs clearly.

The Community Health Assessment Onondaga County, 2009 lists other factors that create a disproportionate public health burden within the city of Syracuse as compared with the rest of the county: “Since 2000, the population of Syracuse has become smaller, younger, more racially diverse, and less educated, leading to increased likelihood of poor health outcomes.”<sup>13</sup> While the city represents just over 30% of the total population of Onondaga County, 42% of the county’s 15-19 year-olds are Syracuse residents. Because the young have particular health problems such as communicable diseases (Chlamydia is named as a particular concern<sup>14</sup>), depression, substance abuse, pregnancy, obesity, and malnutrition, etc., the heavier concentration of this age group in the city spells a heavier health burden for the city.

In addition, about 34,700 women of childbearing age reside in Syracuse, 25% of the city’s population.<sup>15</sup> In other words, one in four Syracuse residents has the heightened health needs of these women, not to mention the children they bear. Finally the ethnic make-up of Syracuse does not favor access to primary health care of the city residents. Taking, for example, the two largest ethnic minorities in Syracuse, more than 84% of the county’s African-American and nearly two-thirds of the county’s Hispanic populations live in Syracuse.<sup>16</sup> The Community Health Foundation of Western and Central New York adds, “An increasing number of refugees from Africa, Asia, Latin America, and Eastern Europe are settling in the City of Syracuse. With community-based refugee settlement organizations referring these refugees by the hundreds to Syracuse’s hospitals and health centers, local health care providers, emergency rooms, and clinics are often overwhelmed.”<sup>17</sup>

▶ Since 2000, the population of Syracuse has become smaller, younger, more racially diverse, and less educated, leading to increased likelihood of poor health outcomes.

**Figure 5.**  
**Race and Poverty in Syracuse (2010)**

Race	Syracuse Total	Percent of Syracuse Population	In Poverty	Percent In Poverty
White	85,343	61.2%	20,482	24.0%
African American	38,797	27.8%	13,269	34.2%
Hispanic	8,595	6.2%	3,601	41.9%
Total	132,735	95.2%	37,352	28.1%

Source: 2005-2009 ACS Estimates

# Existing Programs

**27,400 - 36,500**  
people enrolled in  
Medicaid or without  
insurance in Onondaga  
County likely need a  
Usual Source of Care

Some help already exists in Syracuse for the medically underserved. CHSOS applauds the effort of Syracuse Community Health Center, which claims on its web site to serve 60-70% of the population at health-risk, “including the elderly, single family households, below poverty level households, Medicaid recipients and those without a high school diploma.”<sup>18</sup> We may calculate 60-70% of only one of these at-risk categories, the 49,100 people in Onondaga County who are enrolled in Medicaid.<sup>19</sup> The remainder leaves a pool of 14,700-19,600 publicly insured patients in Onondaga County that are likely to need a USC. In addition, in 2008 an estimated 9.47% (42,369) of the residents of Onondaga County were without any health insurance.<sup>20</sup> The remainder leaves an additional pool of 12,700-16,900. The result is that 27,400-36,500 people in the county who are either enrolled in Medicaid or are uninsured likely need a USC.

CHSOS is working closely with one of the major hospitals in Syracuse, which tells us that there are two ways CHSOS will immediately fill a need for primary health care. First, according to this hospital’s records, in the year 2010 more than 3000 Medicaid and Medicare patients came to its emergency room for care and did not name a primary care physician for themselves. Although these patients had public insurance, they lacked the patient/doctor connection required for a good health outcome. CHSOS wants to fill that gap. Secondly, when Medicaid and Medicare patients are admitted to the same hospital, protocol allows that patients will be discharged from a hospital much sooner if they may be placed under the supervision of their own primary care physician. During 2010, in only this one hospital, records show more than 4000 such patients did not have their own primary care physician. Many of these patients were then forced to remain in the hospital days longer than their treatment required or their public insurance would cover if they had it. The patients were not only inconvenienced while the hospital retained them, the already poor patients and/or the hospital had to pay the additional expense. Again CHSOS wants to help these patients avoid the expense and return to their homes sooner, so they can be more comfortable, heal faster, and free up valuable hospital resources.

People who are under-insured or enrolled in public health insurances often do not have access to a USC in Syracuse because many primary care practices simply cannot afford to accept them in the increasingly competitive and profit-driven marketplace.<sup>21</sup> Ironically and sadly, our neighbors may have health insurance of some kind yet cannot find a medical home.<sup>22</sup> Cunningham, et al assert, “the percentage of physicians providing any charity care declined more than ten percent over the past decade, which is consistent with respondents’ reports in most communities that private physicians are becoming less available to uninsured and Medicaid patients.”<sup>23</sup> On the contrary, Christian Health Service of Syracuse exists to offer care to exactly this group of people. The administrators at the hospital we spoke to said that they would gladly direct patients to CHSOS and that the services of CHSOS would definitely ease a bottleneck at their emergency rooms and elsewhere. Given the government mandate for hospitals to open their doors to all patients, we believe that three other general hospitals in Syracuse (we are excluding the V.A. Hospital) are in similar circumstances and will likewise appreciate Christian Health’s support.

“ People who are under-insured or enrolled in public health insurances often do not have access to a USC in Syracuse because many primary care practices simply cannot afford to accept them in the increasingly competitive and profit-driven marketplace. ”

## Care in a Christian Perspective

Before concluding, it is important to consider a marketing factor that reaches beyond the present goal of offering primary medical care to the underserved. In addition to this goal, CHSOS proposes to operate with a uniquely Christian world view and methodology. A specifically Christian approach to health care has been very successful in other American cities, such as Memphis, TE at Christ Community Health Services<sup>24</sup> and in Atlanta, GA at The Good Samaritan Health Center.<sup>25</sup> However, we are not aware of any such health center in Central New York. We can compare CHSOS most closely and favorably to the Jericho Road Family Practice in Buffalo, NY, which is now in its tenth year.<sup>26</sup> Presently, Jericho Road operates at two sites, employs about 35 health care workers, and in 2010 treated over 30,000 patients, more than 70% of which were on Medicaid and 12% self-paying. We pray that Christian Health Service of Syracuse will employ and serve just as many in Central New York in our tenth year of Christian service.

▶ "Jericho Road Family Practice in Buffalo, NY treated over 30,000 patients in 2010, 70% on Medicaid and 12% self-paying."

## Summary

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To conclude, the National Association of Community Health Center's article, "Access Denied: A Look at America's Medically Disenfranchised," claims a much higher percentage of Americans lack a USC, nearly one in five,<sup>27</sup> than we assert in Figure 1 of this report. In its most recent Community Health Assessment, Onondaga County compares favorably at 17%. However, 17% is still alarming and identifies a critical need among the county's poor, its youth, its unemployed, and its racial and ethnic minorities. Although some health service exists in Onondaga County for these at-risk demographics, such as the Syracuse Community Health Center, tens of thousands of the at-risk still resort to the local emergency rooms for primary care and many of the ill do not have the benefit of a long-standing connection with a usual source of care. The mission of Christian Health Service of Syracuse is to fill this need by accommodating annual patient visits in its first, third, and fifth operating years of 13,094, 17,107, and 29,145 respectively, 70% of which will either be on public insurance or uninsured.

## Notes:

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# Appendices

## Appendix A.

### Poverty in Syracuse and Onondaga County (2005-2009)

	Syracuse	Percent Below Poverty Line	Onondaga County	Percent Below Poverty Line	Onondaga County Outside of Syracuse	Percent
Population	139,386	(x)	453,846	(x)	314,460	(x)
Population Below Poverty Line	42,234	30.3%	59,908	13.2%	17,674	5.6%

Source: 2005-2009 ACS Estimates

## Appendix B.

### Poverty and Family Type in Syracuse (2005-2009)

	Syracuse	Percentage	Onondaga County	Percentage	Onondaga County Less Syracuse	Percentage
<b>Families</b>	<b>27,813</b>	<b>(X)</b>	<b>112,968</b>	<b>(X)</b>	<b>85,155</b>	<b>(X)</b>
Families in Poverty	6,981	25.1%	10,619	9.4%	3,638	4.3%
<b>Families with Children Under 18</b>	<b>14,286</b>	<b>51.4%</b>	<b>53,178</b>	<b>47.1%</b>	<b>38,892</b>	<b>45.7%</b>
Families with Children Under 18 in Poverty	5,357	37.5%	8,243	15.5%	2,886	7.4%
Families with Children Under 5 in Poverty	(X)	42.6%	(X)	20.1%	(X)	(X)
<b>Single Woman Headed Families</b>	<b>10,723</b>	<b>38.6%</b>	<b>23,406</b>	<b>20.7%</b>	<b>12,683</b>	<b>14.9%</b>
Single Woman Headed Families in Poverty	4,836	45.1%	6,647	28.4%	1,811	2.1%
Single Woman Headed Families with Children Under 5, in Poverty	(X)	67.2%	(X)	52.0%	(X)	(X)

\*Bold percentages are percent of total families. Non-bold are percent of family type in poverty

Source: 2005-2009 ACS Estimates

## Appendix C.

### Poverty and Family Type in Syracuse (2005-2009)

	Syracuse	Percentage	Onondaga County	Percentage
<b>Population</b>	131,499	(X)	447,373	(X)
<b>Covered</b>	<b>113,145</b>	<b>86.0%</b>	<b>405,004</b>	<b>90.5%</b>
Private	61,769	47.0%	280,983	62.8%
Mixed	14,399	10.9%	62,806	14.0%
Public	36,977	28.1%	61,215	13.7%
<b>Not Covered</b>	<b>18,354</b>	<b>14.0%</b>	<b>42,369</b>	<b>9.5%</b>

Source: 2005-2009 ACS Estimates

# Endnotes

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- <sup>1</sup> Starfield B, Shi L “The Medical Home, Access to Care, and Insurance: A Review of the Evidence.” *Pediatrics*, 2004, available at ([www.ncbi.nlm.nih.gov/pubmed/15121917](http://www.ncbi.nlm.nih.gov/pubmed/15121917))
- <sup>2</sup> (NCHS 2006a)
- <sup>3</sup> “Creating Health Equity Through Social Justice.” (<http://archive.naccho.org/documents/healthsocialjusticepaper5.pdf>)
- <sup>4</sup> Community Health Assessment Onondaga County, 9/2009, p. 5.
- <sup>5</sup> The US percentage was figured using the average of population estimates from the American Census, 2006-2007 and percentages for American residents without a USC from National Center for Health Statistics, 2006-2007, available at [http://www.cdc.gov/nchs/health\\_policy/adults\\_no\\_source\\_health\\_care.htm](http://www.cdc.gov/nchs/health_policy/adults_no_source_health_care.htm) and [http://www.cdc.gov/nchs/health\\_policy/children\\_no\\_source\\_health\\_care.htm](http://www.cdc.gov/nchs/health_policy/children_no_source_health_care.htm). The percentage is consistent with that reported by The Commonwealth Fund, available at <http://www.commonwealthfund.org/Content/Performance-Snapshots/Financial-and-Structural-Access-to-Care/Usual-Source-of-Care-and-Receipt-of-Preventive-Care.aspx>. The Onondaga County percentage is from “Community Health Assessment Onondaga County, 9/2009,” p. 5.
- <sup>6</sup> U.S. Census Bureau, 2005-2009 American Community Survey, available at (<http://factfinder.census.gov>)
- <sup>7</sup> (<http://www.nyscaaonline.org/PovReport/2010/Supplements/ethpage.pdf>)
- <sup>8</sup> (<http://www.cdfny.org/RR/reports/StateofSyracuseChildren.pdf>)
- <sup>9</sup> ACS, 2005-2009.
- <sup>10</sup> (<http://www.ongov.net/about/unemploymentRates.html>)
- <sup>11</sup> ACS, 2005-2009.
- <sup>12</sup> David M. Cutler and Adriana Lleras-Muney, “Education and Health.” National Policy Center, Brief #9, 2007, available at [http://www.npc.umich.edu/publications/policy\\_briefs/brief9/](http://www.npc.umich.edu/publications/policy_briefs/brief9/)
- <sup>13</sup> Community Health, 9/2009, p. 22.
- <sup>14</sup> *Ibid.* p. 14.
- <sup>15</sup> ACS, 2005-2009. Calculated using 52% of the total population from age 15-45.
- <sup>16</sup> *Ibid.*
- <sup>17</sup> (2008, <http://www.chffellows.org/Tools/Broadcaster/frontend/itemcontent.asp?type=10&size=1&phase=1&lngDisplay=8&jPageNumber=6&strMetaTag=>)
- <sup>18</sup> (<http://www.schcnyc.com/>)
- <sup>19</sup> ACS, 2008. These are the most recent figures published by the ACS.
- <sup>20</sup> *Ibid.*
- <sup>21</sup> Joel S. Weissman, et al. “Limits To The Safety Net: Teaching Hospital Faculty Report On Their Patients’ Access To Care.” *Health Affairs*, 2003, available at (<http://content.healthaffairs.org/content/22/6/156.abstract>)
- <sup>22</sup> According to the National Association of Community Health Centers, “Access Denied: A Look at America’s Medically Disenfranchised,” 2007, available at ([http://www.nachc.com/client/documents/issues-advocacy/policy-library/research-data/research-reports/Access\\_Denied42407.pdf](http://www.nachc.com/client/documents/issues-advocacy/policy-library/research-data/research-reports/Access_Denied42407.pdf)) nation-wide 52% of all uninsured people under 65 years of age have no USC; 24% of all poor or near-poor are without a USC; and 32% of all Hispanic or Latino Americans have no USC, and 23% of all Black, non-Hispanic people have no USC. In addition, 9.1% of all Medicare beneficiaries without other sources of insurance lack a USC.
- <sup>23</sup> Cunningham PJ, et al. “Caught in the Competitive Crossfire: Safety-net Providers Balance Margin and Mission in a Profit-driven Health Care Market.” *Health Affairs*, 2008, available at (<http://www.ncbi.nlm.nih.gov/pubmed/18697764>)
- <sup>24</sup> (<http://www.christcommunityhealth.org/>)
- <sup>25</sup> (<http://www.goodsamatlanta.org/>)
- <sup>26</sup> (<http://www.jrfrp.org/home>)
- <sup>27</sup> “Access Denied.”

## Acknowledgements

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