Health System Assessment Report for Sarasota and Charlotte Counties

A summary of the health care delivery systems and health care services

CHIP
Community Health Improvement Project

2004

Community Health Improvement Project

Health System Assessment Report for Sarasota and Charlotte Counties

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United Way of Sarasota County

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INTRODUCTION

The ability of a community to provide its residents with an environment in which they can be healthy is dependent on many factors. Beyond the social and economic characteristics of a community, the presence of a comprehensive health care system is a major determinant of community health and well-being. The purpose of this report is to identify and describe the key components of the health care system in Sarasota and Charlotte Counties and summarize areas where improvements could be made to better serve the needs of the community.

The CHIP Health System Assessment Committee was created to oversee the assessment of the health care systems in Sarasota and North Charlotte Counties. This committee, led by Bill Little, Executive Director of the Sarasota County Health Department, was given the charge to develop and complete this assessment. The goal of this effort was to provide information on both public health and private aspects of health care delivery needed by the CHIP Community Health Action Teams (CHATs) as they developed local solutions to health care problems in their communities. This report complements two other reports created by CHIP: the **CHIP Health Profile for Sarasota and Charlotte Counties** and the **CHIP Household Survey** (www.scopexcel.org/CHIP/index.htm)**,** and will be used to help guide other CHIP Committess, including the Community Health Action Teams (CHATs) in their local efforts to improve community health.

Analysis of the Health Care System

Medical and health-related services in the United States are delivered through a complex system of private and government-funded providers. The complex of providers and services does not represent an integrated system of care, but operates more nearly as a complex market place of providers competing for consumers and market share, with significant government involvement as payer and regulator. The health care market place is not a true market place, and resists simple definition and structural improvements. As a non-system, analysis of the health care "system" is fraught with challenges. Developing an approach to assessing and improving the health care "system" raises critical questions, such as: What are the essential components of a health care system? Who should set fees and determine measures of quality? Who is responsible for filling the gaps in health care services? What are the relevant health outcomes in a population and who is responsible for achieving them?

The public health community has addressed some of these questions by identifying health care services that are considered "essential" public health services. These are services that are believed to be the responsibility of state and local public health care agencies. These services include preventative (i.e., immunizations) and educational services, as well as primary care services for the poor and uninsured. The Institute of Medicine has determined elements of quality that health care providers should strive toward. And the government continues to struggle with who should pay for drug benefits and other benefits to Medicare and Medicaid beneficiaries.

In addition to identifying and measuring key elements of health care services and who should deliver them, government agencies also use various standards of care to measure the adequate distribution of certain health care services relative to population needs. These include measures such as the physician to population ratio and medically underserved areas. These indicators provide an important attempt to measure the distribution of health care services, but are limited to a small set of measures that indicate service availability but do not adequately control for population need. Moreover, no measures are available to assess the coordination of services within and across agencies, or assess funding streams within communities.

National Approaches to Health Systems Assessment

A review of the research and community health literature was completed to identify useful models of health system assessment. Few were found. The following highlights the more notable approaches to health system assessment.

The **Turning Point Initiative** (TP) is a national program begun by the W.K. Kellogg Foundation in 1996 in an attempt to bring community involvement to the forefront in facing today's public health challenges. A basic premise of the Initiative was to increase community awareness of public health priorities and responsibilities and to mobilize community groups to assume shared ownership for some public health activities.[1] This program has now become a shared effort funded by the W.K. Kellogg and Robert Wood Johnson Foundations, which support 41 local community TP partnerships in 14 states. Literature from this program has been used by the CHIP project and the local Community Health Assessment Teams.

The Lewin Group, Inc. evaluated the strategies and methods used by various Turning Point communities and concluded the following: the partnerships that were able to implement and sustain system changes utilized on-going, comprehensive information gathering methods in addition to statistical data to conduct health and health systems assessments.[1,2] The common theme which emerged from this process was that community health assessments became just one facet of health systems assessments. Below is a list from the Lewin Group report that describes the components of a good health systems assessment.[2]

Critical Health System Assessment Components

- Presence and scope of a community vision and plan for a healthy community
- Human resources
- Fiscal resources and patterns
- Assumptions, attitudes, and perceptions about the system
- Array of public health/health care services
- Data and information systems
- Access to quality health services
- Communication and education processes
- Roles, responsibilities, and relationships
- Accountability mechanisms

- Collaboration and inclusiveness
- Performance standards/measures
- Organizational capacities

Another tool commonly used to conduct health system assessments has been developed by the National Association of County and City Health Officials (NACCHO). The MAPP model - Mobilizing for Action through Planning and Partnership – is used by community groups to assess local health care strengths and needs. MAPP provides guidelines for organizational assessments (community perceptions, local public health system, community health status, forces of change), identification of strategic issues, formulate goals and strategies, and implementation and evaluation.

The Community Tool Box is a similar effort developed by the Work Group on Health Promotion and Community Development and the University of Kansas. This project and website provides worksheets, charts, outlines and other tools to assist community planners in organizing, implementing, and evaluating community improvement projects.[4]

This literature suggests various approaches to health system assessment and improvement, with a common denominator of community involvement. The CHIP Health System Assessment Committee has reviewed and borrowed from the best of these approaches. It has placed a stronger emphasis on private components of the health care system, rather than look narrowly at the services required of our public health system.

This report is a first step in understanding the many aspects and challenges to the delivery and funding of local health care services. It is more an inventory of key health services than a final, summative analysis. This report is a critical step in understanding the elements of the health care system that are operating, where they are operating, who funds them and where the gaps may be.

The CHIP Health System Assessment Committee sees its work as beginning with this report. With this inventory done, the group has begun to focus in greater depth on selected elements of the health care system, particularly those that can be modified at the local level. The committee is concerned with issues such as the lack of communications and collaboration across health care providers; it is interested in improving health care quality measurement and reporting; and it sees opportunities for the expansion of health promotion and disease management strategies that may reduce health care expenditures. The committee will complete additional analysis of these and other issues facing the health care system, which will be summarized in white papers and presentations.

The end goal of this work is to develop health care solutions to local health care problems that can be implemented by local committee members, CHATs, agencies and volunteers. It is clear that more funding is not the answer to our national or local health care problems. Clear and creative thinking and collaboration among community members is needed to solve a problem this large and complex.

Health System Components

There are many important components of systems of health care delivery and multiple views of how the system operates. Key components of the system tnclude the availability of providers and services, demand for services, funding streams and outcomes. Analysis of the current health care system typically considers the market place as central, with providers competing for health care dollars, insurance companies and the government working to constrain expenditures, and consumers demanding services with little information and little regard to costs if insured. Variations to the model exist in the U.S., most notably, Kaiser Permanente and the Dartmouth-Hitchcock Alliance, but in most communities a fragmented, quasi-market-driven approach to health care delivery and financing has evolved.

In an effort to understand the current healthcare system, yet move discussions toward a more ideal model of care, the CHIP Health System Assessment committee developed a conceptual model of the health care system that places the consumer or patient at the center of a network of services, funders, information and access. This model, presented below, is somewhat of an "ideal" model of the healthcare system. It was developed to guide the collection of health system data and to initiate discussions of how these components are related and how they should or could be related.

The following are the key components of the health care system identified:

- **Health Care Workforce and Facilities -** includes the number, distribution and cultural diversity of all types of health care providers from physicians and nurses, to nursing home beds and mental health counselors.

- **Funding/Health Insurance -** private insurance as well as federal, state, and local funds allocated to the delivery of health care services.

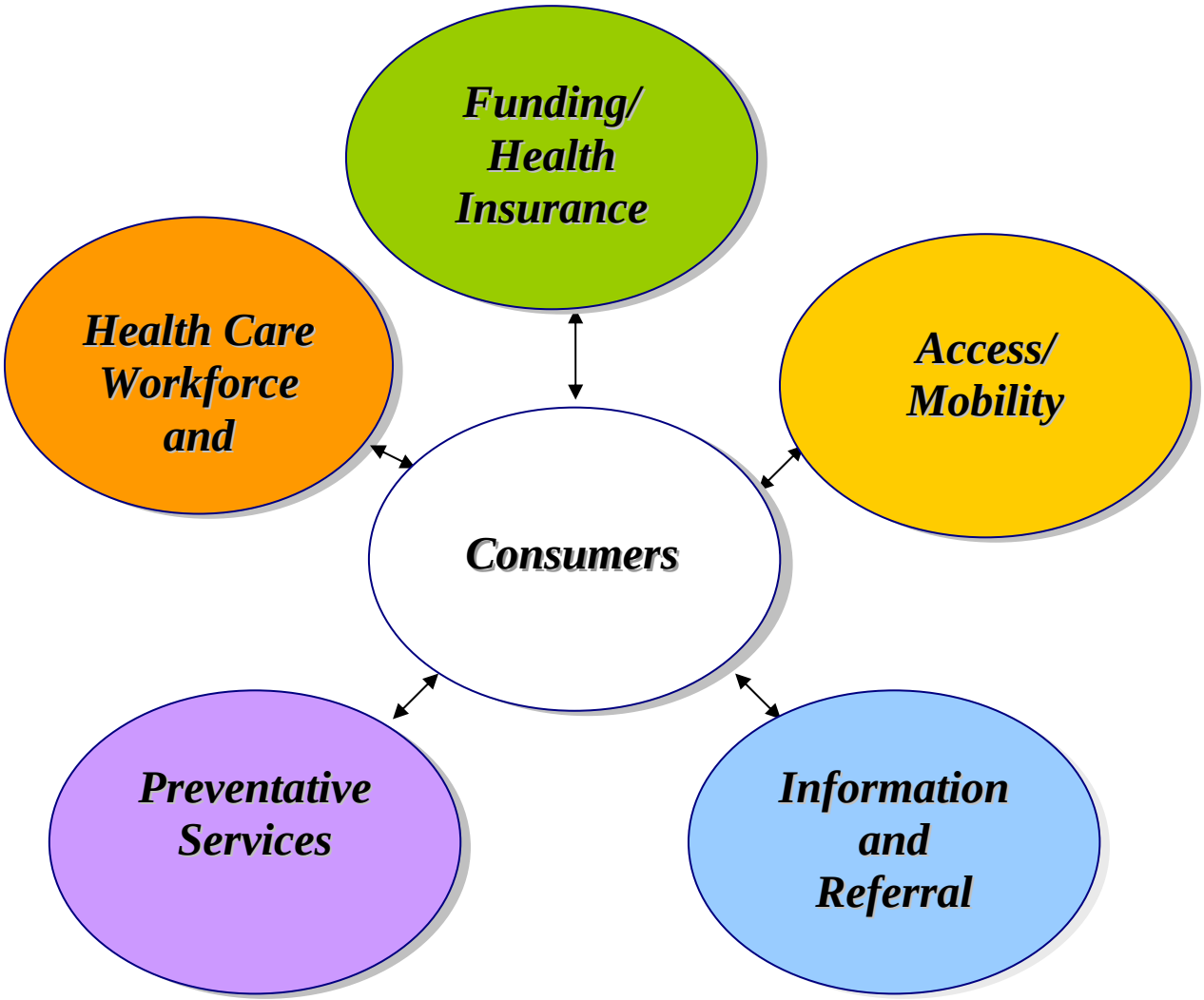
- **Access/Mobility –** includes all aspects of access to needed health services, including insurance coverage, public and private transportation services, communications and translation services for non-English speakers, etc.

- **Information and Referral Services -** agencies and providers that provide information about health care services and providers, and that link patients to providers.

- **Preventative Services/Health Education -** public and private services that educate or provide opportunities for individuals and groups to prevent disease or improve their health status.

The figure depicts consumers as central to the health care system, with the system components influencing their actions. Although consumers are central to this model, the system is actually organized to respond more rapidly to other demands, such as reimbursement rates or service provision that is mandated by state or local

CHIP Conceptual Model of Health System Components



to community health, assessing quality of care in our local health care systems was beyond the scope of this assessment.

The following summarizes the available data on these health system components in Sarasota and Charlotte Counties.

FINDINGS

Healthcare Workforce and facilities

The health care resources in a community include the health care providers and facilities, including the hospitals, walk-in clinics, nursing homes, rehabilitation centers and a host of other facilities that offer in-patient or outpatient health-related services.

Health Care Workforce

The following table summarizes the types and numbers of health care providers including physicians, physician assistants, dentists, registered nurses, licensed practical nurses, and pharmacists in Charlotte and Sarasota County and the state. Sarasota has more than 939 active licensed physicians and 78 osteopathic physicians, while Charlotte County has 281 physicians and 36 osteopathic physicians. These figures translate in to rates of 275.2 and 189.2 physicians per 100,000 people in Sarasota and Charlotte Counties, respectively. The Sarasota rate is higher than the state average of 206.9 physicians per 100,000 people, but the Charlotte County rate is below the state average.

The rates of physician assistants and dentists in Sarasota County are also higher than the state averages, while the rates in Charlotte County are lower than the state averages. Charlotte County has a larger number of osteopathic physicians per population than Sarasota County and the state. The number of RNs and LPNs per population in Sarasota and Charlotte Counties both markedly exceed State rates. The rate of pharmacists in Sarasota County exceeds the state rate while the Charlotte rate is lower than the state rate.

Table 1: Active Licensed Health Care Professionals, Rate per 100,000 Population by County, District and State.

Area	Physicians		Osteopathic Physicians		Physicians Assistants		Dentists		Registered Nurses		Licensed Practical Nurses		Pharmacists	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Charlotte	281	189.3	36	24.3	13	8.8	56	37.7	1,648	1,110.3	701	472.3	93	62.7
Sarasota	939	275.2	78	22.9	62	18.2	243	71.2	4,450	1,304.1	1,658	485.9	362	106.1
District 8	2,589	196.4	276	20.9	210	15.9	678	51.4	13,261	1,006.1	4,741	359.7	1,048	79.5
Florida	34,546	206.8	2,874	17.2	2,668	16.0	8,315	49.8	153,934	921.4	49,514	296.4	14,136	84.6

Note: The numbers and rates are based on active licensed professionals who indicated a Florida county as their county of residence on their license application. An active license does not imply that the provider is currently practicing.

Source: Florida Department of Health, Licensee Data Center, July 2002; Florida Department of Health, Office of Vital Statistics, July 2002.

Nursing professionals vary in the types of services they can deliver based on the extent of their training and degrees. For this reason, data were also collected on the number of ARNPs, and Registered Nursing Technicians to supplement the nursing data displayed above. These data show a total of 239 ARNPs and 13 RNTs in Sarasota County. The figures for Charlotte County are 82 ARNPs and 4 RNTs.

To determine whether an area has an adequate number of facilities or providers, the U.S. Health Resources and Services Administration has established several criteria for determining the appropriate number – either threshold or goal - of health care providers and facilities in a community. One such measure is the Medically Underserved Areas/Medically Underserved Populations designation. Designation as an MUA is based on an index of medical providers and demographic risk, using the following indicators: the physician to population ratio, infant mortality rate, percentage of population in poverty, and percentage of population over age 65.

According to this measure, there are seven census tracts in Sarasota County that are designated as medically underserved, with a score of 56.7. These include tracts: 4.01, 1.0, 11.0, 4.02, 5.0, 2.0 and 3.0. The number of physicians needed is 5. The second set of areas with a score of 48.4 includes: 27.01, 27.02, 27.03, and 27.09. In theses areas, the number of FTEs needed is 1.4. These census tracts are concentrated in the New Town area of Sarasota County and in North Port.

Medicaid Providers

The total number of providers and the rate of providers per 100,000 people offer two measures of the adequacy of health care providers in a community; however, these numbers should be supplemented by information on how many providers accept key health care insurances such as Medicaid. The trends in providers who receive Medicaid are influence by the absolute number of providers, as well as the distribution of Medicaid-eligible persons in the community, and the types of services that are reimbursed by Medicaid.

The figures below show the distribution of Medicaid funded providers by type of provider and year, 1998-2002, in Charlotte and Sarasota counties. These figures show that approximately 140 physicians in Charlotte and 320 physicians in Sarasota received Medicaid reimbursement for at least one patient.

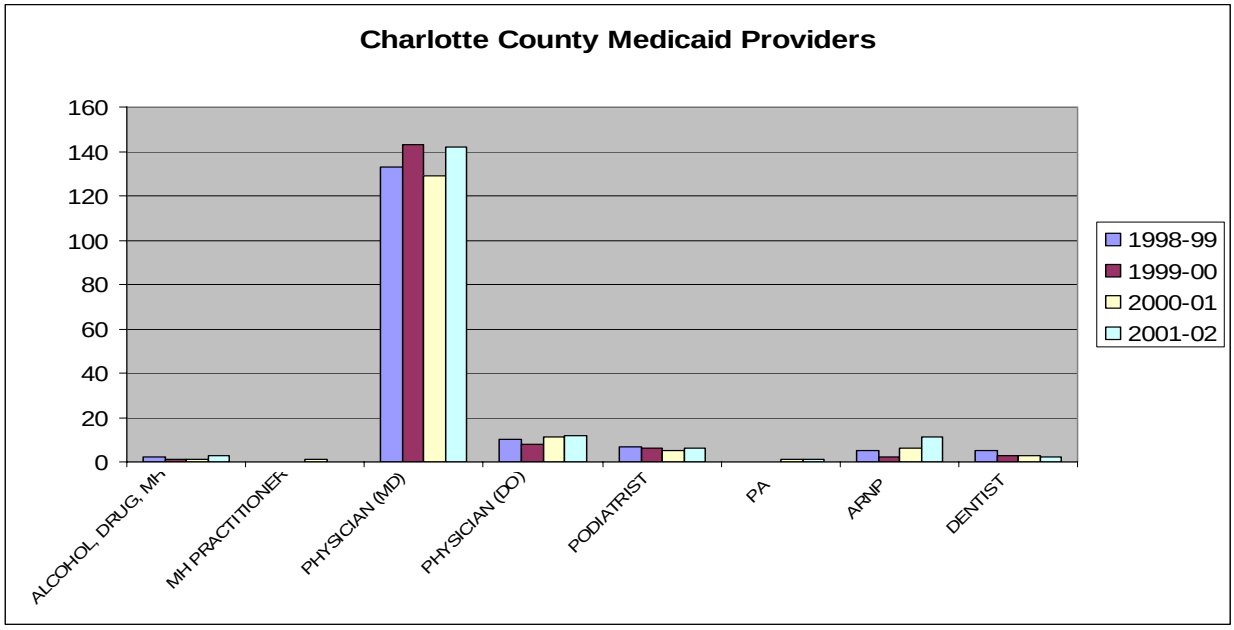


Figure 2

Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

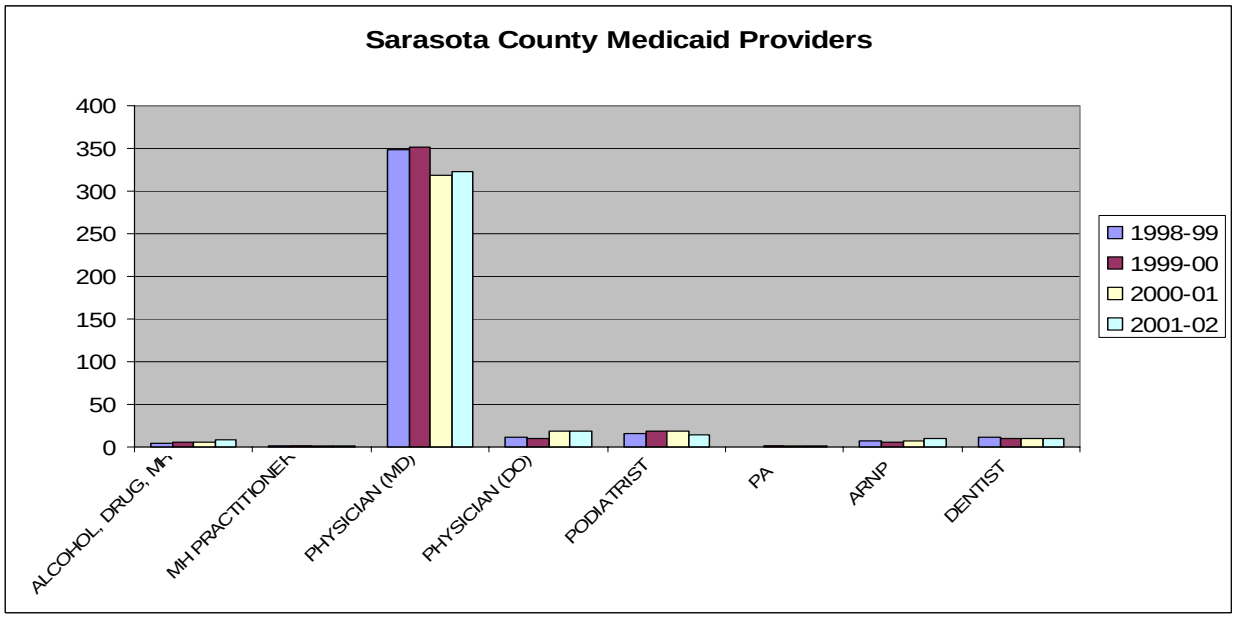
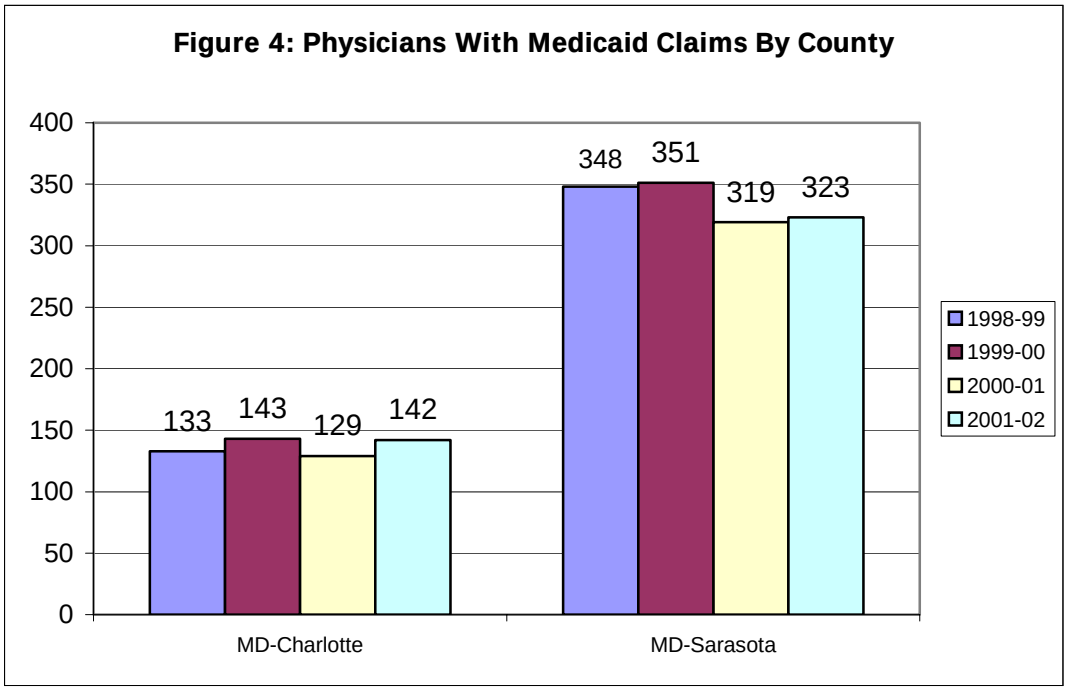


Figure 3

Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

Figure 4 below displays the number of physicians that had at least one Medicaid claim for the years 1998-2002. This chart clearly shows the relatively flat trend in the numbers of physicians who are Medicaid providers in Charlotte County and the somewhat declining numbers of Medicaid providers in Sarasota County in recent years.



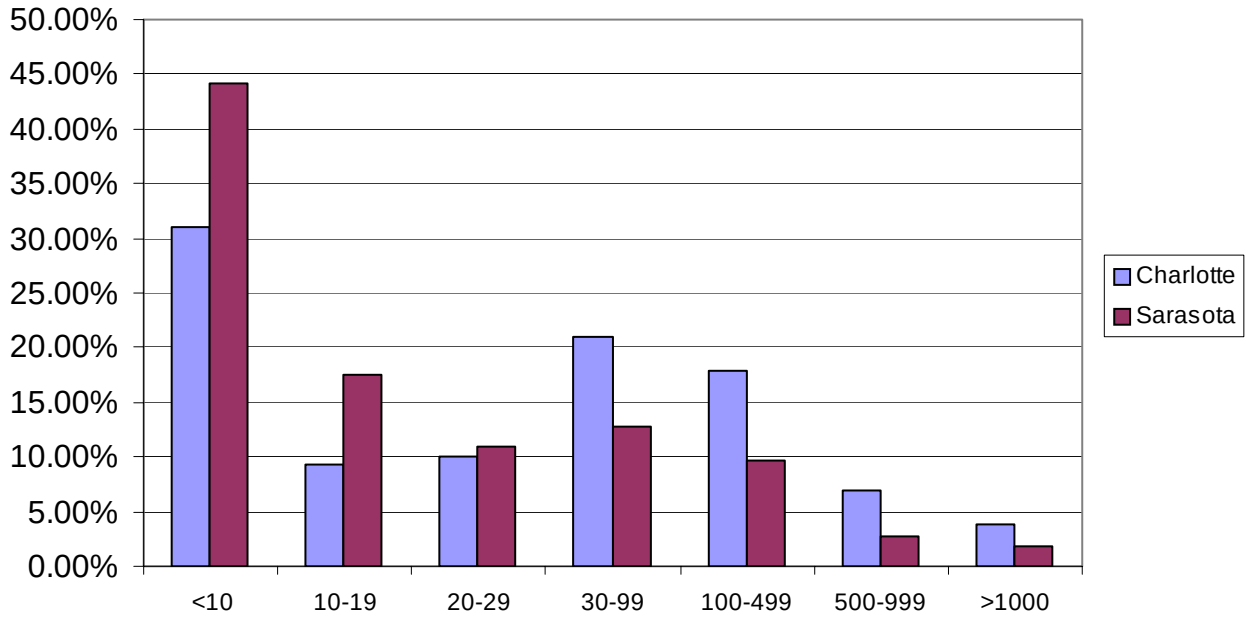
Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

Medicaid Provider Caseloads

Because the number of participants cared for by each physician with a Medicaid claim can vary dramatically, data on the number of cases per physician was gathered and summarized. The following figure (Figure 5) displays the distribution of Medicaid-funded care by physicians according to the number of participants. The figure shows that the largest proportion of physicians in both counties care for fewer than 10 Medicaid participants: approximately 31% in Charlotte County and 45% in Sarasota County. The next largest proportion in Charlotte County (20%) cares for between 30 and 99 Medicaid participants. In Sarasota, the next largest group of physicians (17%) cares for between 10 and 19 participants.

Overall, these data suggest that while the largest proportion of physicians care for fewer participants (50% in Charlotte and 72% in Sarasota County), smaller proportions care for larger numbers of participants. In Charlotte County, more than 29% of physicians who receive Medicaid reimbursement care for 100 or more Medicaid recipients, and in Sarasota County, approximately 14% care for 100 or more Medicaid recipients per year. The average number of Medicaid patients per provider for both Sarasota and Charlotte Counties is 101.

Figure 5: Medicaid Caseloads in Charlotte and Sarasota Counties

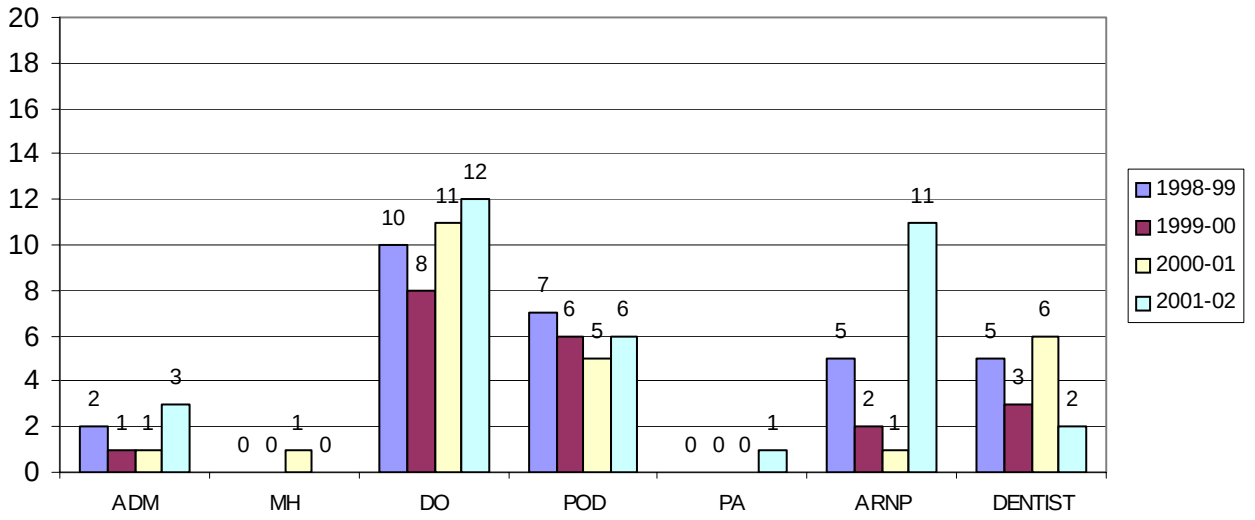


Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

Non-Physician Medicaid Providers

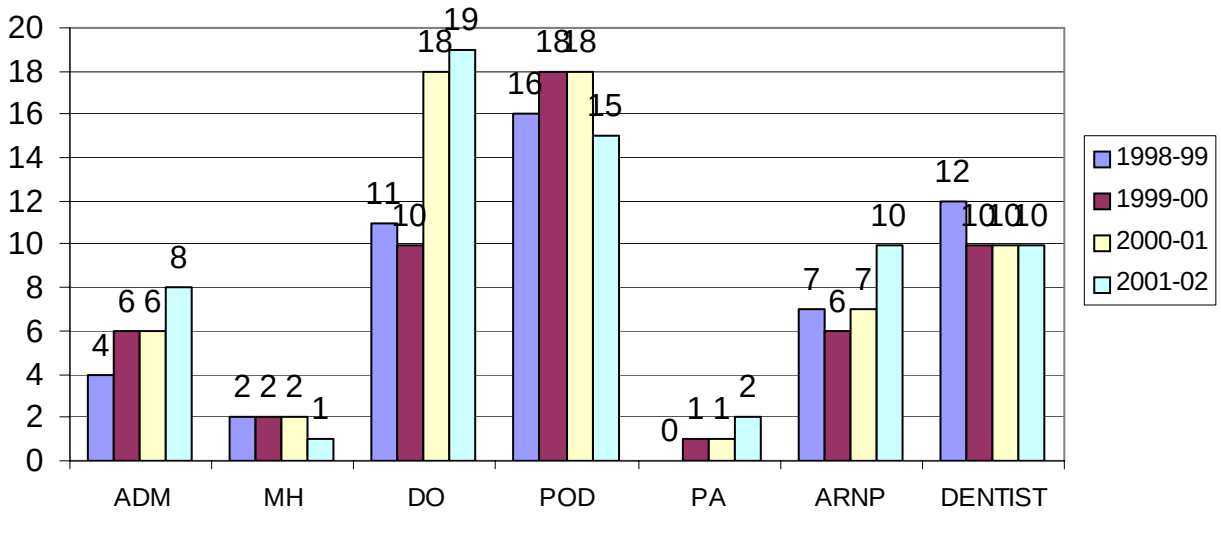
The following figures display the numbers of non-physician providers who care for Medicaid recipients. Doctors of osteopathy, podiatry, and dentistry are other key providers of Medicaid-reimbursed services; however, the number of Medicaid participants they care for is relatively low. The largest provider type, osteopaths (DO) care for fewer than 12 participants in Charlotte County and fewer than 19 participants in Sarasota County.

Figure 6: Trends in the Number of Charlotte County Medicaid Non-MD Providers between 1998 and 2002



Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

Figure 7: Trends in the Number of Sarasota County Medicaid Non-MD Providers between 1998 and 2002



Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis.

This provider data suggest that while most of the two counties are well-served by physicians, residents who must rely on Medicaid may be less able to access physicians than those who are the privately insured.

Hospital Resources

Sarasota and Charlotte Counties have eight hospitals that serve their residents. Both counties are well above the State average for licensed beds per 100,000 people as indicated in Table 2 below.

Table 2: Number of Hospitals and Licensed Hospital Beds per 100,000 People in Sarasota and Charlotte Counties

2002	Number of Licensed Beds	Beds per 100,000 population
Charlotte County		
Bon Secours - St. Joseph's Hospital	212	
Charlotte Regional Medical Center	208	
Fawcett Memorial Hospital	238	
Total Charlotte County	**658**	**443.3**
Sarasota County		
Bon Secours - Venice Hospital	342	
Doctors Hospital	168	
Englewood Community Hospital	100	
HealthSouth Rehab. Hospital of Sarasota	75	
Sarasota Memorial Hospital	828	
Total Sarasota County	**1,513**	**443.4**
Florida Total		**297.2**

Florida Charts, Florida Department of Health

Hospital utilization patterns are affected by a number of factors, including location. The following table summarizes the distances from the CHAT communities to local hospitals. This table shows that most communities are relatively close to all five hospitals listed: all are under 31 miles from the center of each community.

Table 3: Miles to Local Hospitals from CHIP Communities*

Hospitals	Englewood	North Port	Venice
Bon Secours St. Josephs	21.3	10.7	25.9
Bon Secours Venice	**12.0**	14.7	**1.0**
Doctors	31.0	27.2	15.9
Englewood Community	2.4	12.0	18.9
Fawcett	20.1	**10.1**	25.3
Sarasota Memorial	37.2	32.9	17.0

Note: * Community centers selected for distance calculations include: Englewood Chamber of Commerce

(610 Indiana Avenue); North Port City Hall (5650 North Port Blvd); and Venice City Hall (410 West Venice Avenue).

Licensed Beds vs. Staffed beds

It is important to note that the number of licensed beds does not necessarily reflect the number of beds that are available for use. To use a bed, it must be staffed by an adequate number of physicians, nurses and ancillary personnel. Data on the number of staffed hospital beds were not available for this report.

Type of Hospital Beds

The numbers of hospital beds in community does not adequately describe the distribution of types of hospital beds. These details are provided in the table below. This table shows the number of hospital beds by hospital and bed type for those hospitals serving Sarasota County residents.

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Table 4: Number of Hospital Beds by Type of Bed and Hospital in Sarasota County - 2002

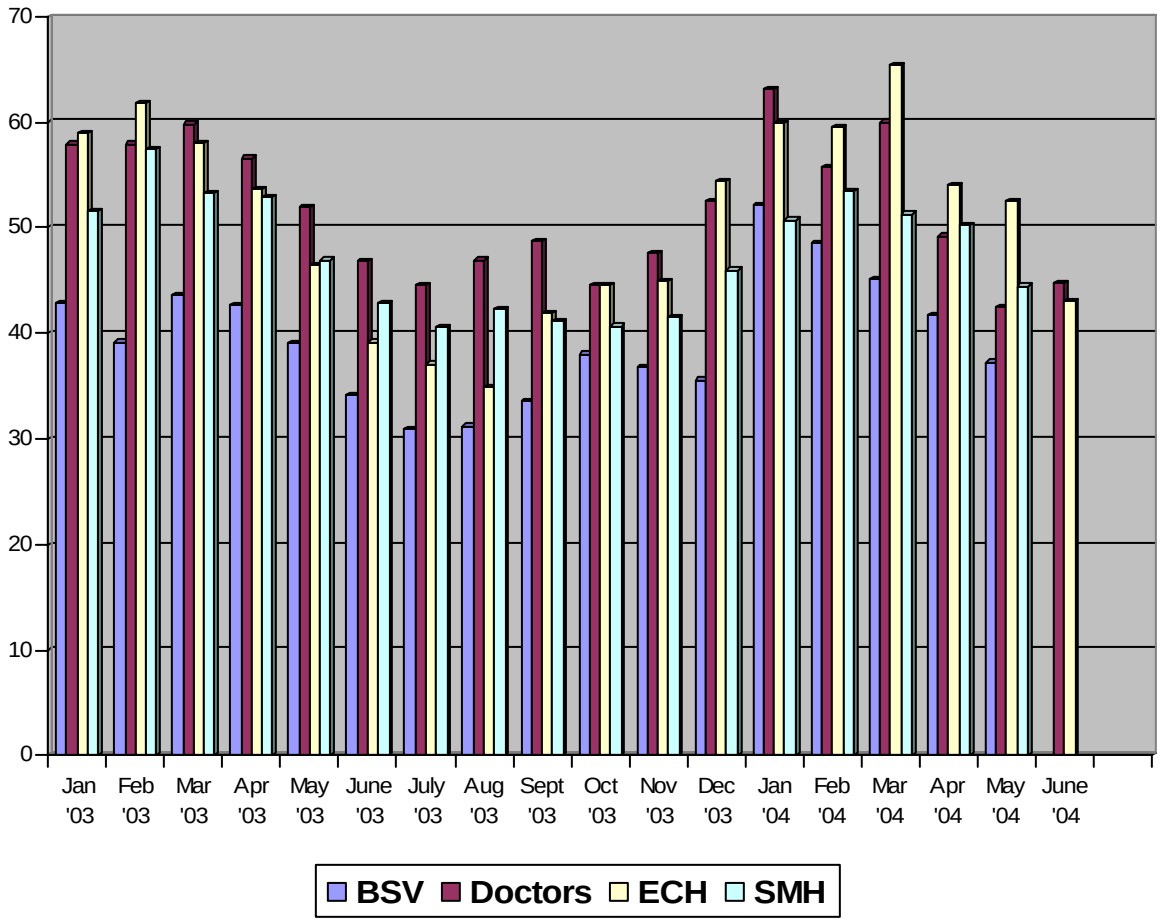
	Type of Hospital Beds					
Hospital	**Medical Surgical**	**Pediatric**	**Obstetric**	**Bassinets**	**Adult Psychiatric**	**Rehab**
Sarasota Memorial Hospital	575	26	65	34	43	24
HeathSouth Rehab Hospital	0	0	0	0	0	75
Englewood Community Hospital	100	0	0	0	0	0
Doctor's Hospital	168	0	0	17	0	0
Bon Secours Venice Hospital	276	0	0	0	30	0

Source: South West Florida Health Planning Council.

Hospital Occupancy Rates

The occupancy rates of a hospital indicate the demand for hospital services. The data in Figure 8 below shows hospital occupancy rates for Sarasota county by hospital and month for 2003 and January through June of 2004. While all hospitals have a similar seasonal trend, with occupancy rates peaking in the winter months, variations in occupancy rates across hospital are also obvious. Doctors Hospital and Englewood Community Hospital had similar patterns and the highest occupancy rates over the period, ranging between 45 and 62%. Bon Secours Venice Hospital had the lowest hospitalization rate, between 30% and 52%, with Sarasota Memorial Hospital in the middle with occupancy rates between 40% and 58%.

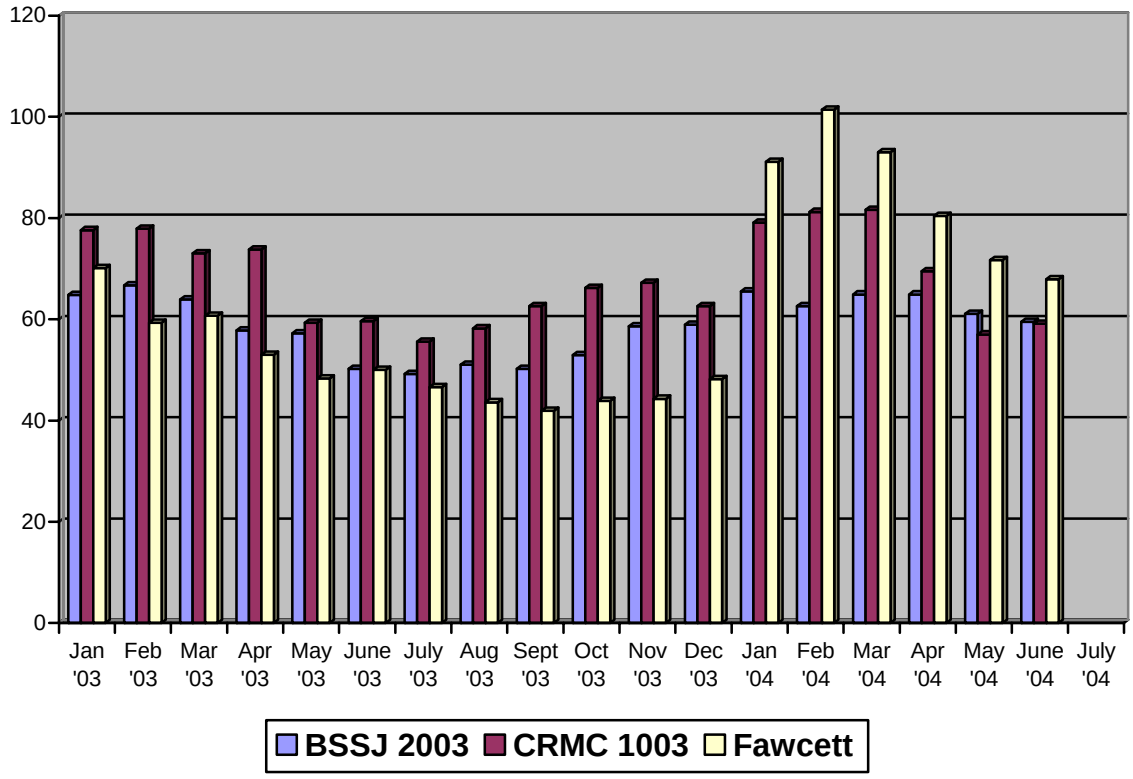
Figure 8: Hospital Occupancy Rates in Sarasota County, 2003-June 2004



Notes: BSV=Bon Secours Venice Hospita; Doctors = Doctor's Hospital; ECH = Englewood Community Hospital; SMH=Sarasota Memorial Hospital.
Source: South West Florida Health Planning Council.

Figure 9 shows hospital occupancy rates for Charlotte County for the same time period. The occupancy trends for Charlotte County hospitals are similar to the Sarasota County data in terms of seasonal trends, but Charlotte County hospitals have had higher average occupancy rates – between 50 and 70% - annually than did Sarasota County hospitals. During 2003, Charlotte Regional Medical Center enjoyed the higher occupancy rates of the hospitals, ranging between 57% and 78%, but in 2004, Fawcett Hospital surpassed these rates, increasing to between 65% and 101%. Bon Secours St. Joseph's hospital occupancy rate varied the least over the entire period, at between 57% and 63%.

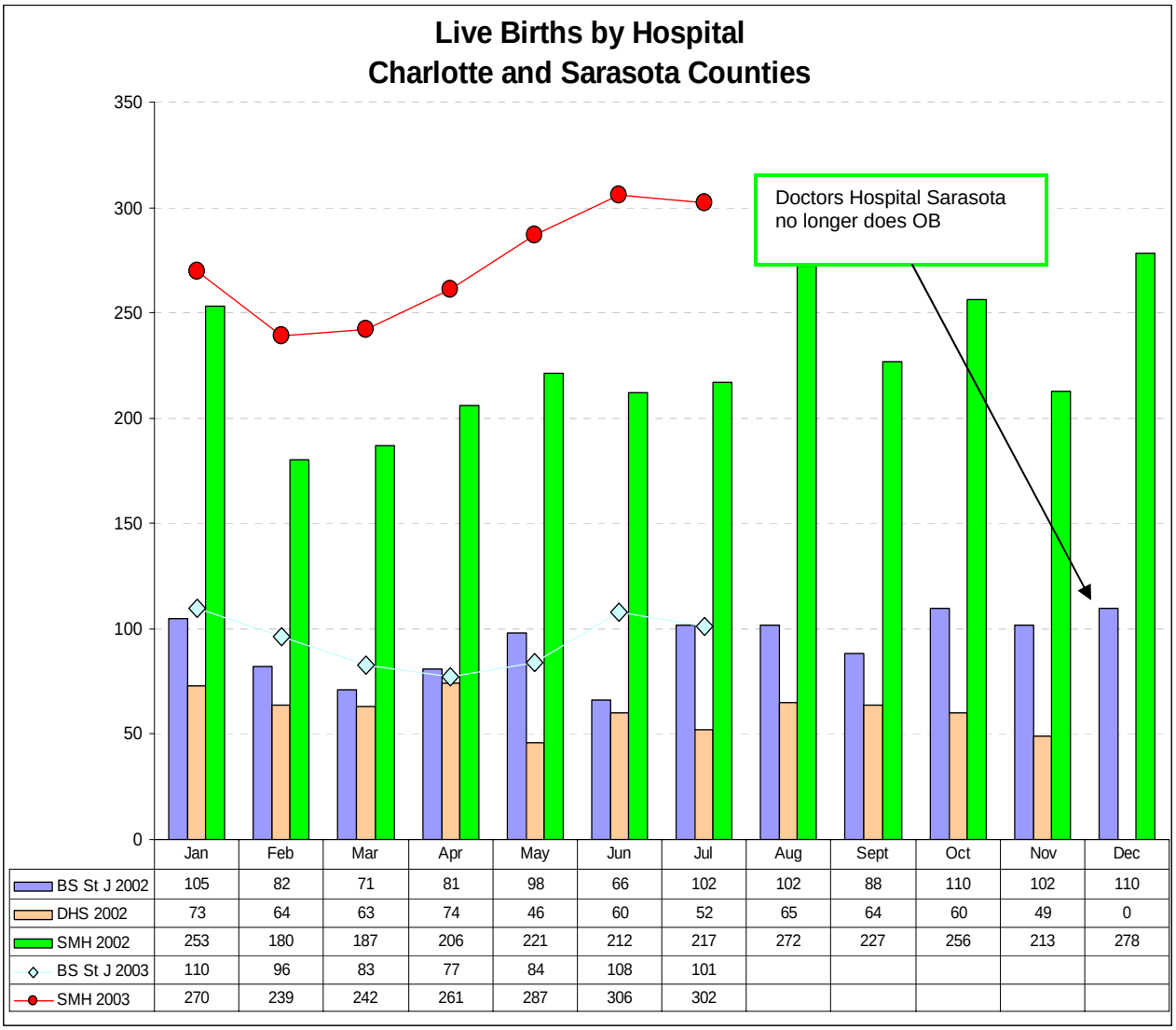
Figure 5: Hospital Occupancy Rates in Charlotte County, 2003-June 2004



Obstetrical and Other Specialty Care Admissions

Prenatal care and delivery services are critical medical care services for communities. The recent crisis in malpractice insurance costs has led many providers and hospitals to reduce or cut their obstetrical services. In Sarasota County, this change has resulted in several local hospitals ending their obstetrical services and one hospital - Sarasota Memorial - having to provide all delivery and NICU services. There are approximately 300 deliveries in Sarasota County each month.

The data in Figure 10 below shows the number of deliveries by hospital over the past two years. What this data does not show is the number of births to Sarasota residents (primarily North Port and Englewood residents) that occur in Charlotte County.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
BS St J 2002	105	82	71	81	98	66	102	102	88	110	102	110
DHS 2002	73	64	63	74	46	60	52	65	64	60	49	0
SMH 2002	253	180	187	206	221	212	217	272	227	256	213	278
BS St J 2003	110	96	83	77	84	108	101					
SMH 2003	270	239	242	261	287	306	302					

Figure 10

Source: South West Florida Health Planning Council

Hospital Discharge Data

Analysis of hospital discharge data was completed to examine the top 5 discharges by Diagnostic Related Group, or DRG, and number of hospital days per discharge. The data in Talbe 5 summarizes these data for Florida and for Sarasota and Charlotte Counties. The data include the number of hospital discharges per top DRG, the number of hospital days per DRG, and total gross charges. The following tables show that for both Charlotte and Sarasota Counies, as well as the State of Florida, the top five hospital discharges are nearly the same: psychoses, normal newborns, vaginal delivery without complications, heart failure and shock and either major joint and limb reattachment, or Chest pain. In Charlotte County, the most frequenty discharge DRG is psychoses and in Sarasota it is normal newborn. However, in both counties, the DRG that results of the greatest charges is: Major Joint and Limb Reattachment Procedures

of Lower Extremity, with charges of nearly $37,000,000 in Charlotte County and more than $74,000,000 in Sarasota County. The discharge DRG responsible for the greatest number of hospital days in both counties is psychoses, with more than 10,000 hospital days in Charlotte and nearly 12,000 hospital days in Sarasota.

Table 5: Top Five Hospital Discharges by DRG, Hospital Days and Gross Charges for Florida, Charlotte, and Sarasota Counties - 2002

		Florida		
DRG	Description	Discharges	Days	Gross Charges
391	Normal Newborn	137,291	294,367	$ 209,426,855.00
373	Vaginal Delivery w/out complications	113,750	250,409	$ 701,227,670.00
430	Psychoses	88,605	715,133	$ 955,007,107.00
127	Heart Failure and Shock	69,051	348,350	$ 1,217,545,003.00
143	Chest Pain	67,355	126,203	$ 652,495,927.00

		Charlotte		
DRG	Description	Discharges	Days	Dollars
430	Psychoses	1,042	9,961	$ 17,406,891.00
127	Heart Failure and Shock	883	4,632	$ 15,092,266.00
209	Major Joint and Limb Reattachment Procedures of Lower Extremity	863	3,654	$ 36,961,149.00
391	Normal Newborn	829	1,310	$ 1,343,729.00
88	Chronic Obstructive Pulmonary Disease	770	4,834	$ 14,271,398.00

		Sarasota		
DRG	Description	Discharges	Days	Dollars
391	Normal Newborn	2,663	5,131	$ 2,904,739.00
209	Major Joint and Limb Reattachment Procedures of Lower Extremity	2,057	8,312	$ 74,429,443.00
373	Vaginal Delivery w/out complications	1,937	3,917	$ 9,831,428.00
430	Psychoses	1,686	11,691	$ 14,113,423.00
127	Heart Failure and Shock	1,615	7,213	$ 20,815,152.00

Source: AHCA Discharge Data Summary Report - 2002

Providers Who Serve the Uninsured

A number of agencies in Sarasota County provide primary care services for low-income, uninsured residents who may or may not qualify for Medicaid. These include:

- **Sarasota County Health Department** (Sarasota, South Venice) – Provides primary care, comprehensive child and adult health, family planning and obstetrical services. Clinics are in Sarasota, North Sarasota and South Venice. Services are provided to people with less than 250% of the poverty on a sliding scale and to people with Medicaid. People with no income pay nothing; those with income of 100 to 200% of poverty pay 17 to 100% of the costs.

- **The Community Clinic at Sarasota Memorial Hospital** (Sarasota) – The clinic serves indigent patients under 150% of income. It delivers primary care to approximately 50 people per week, with specialty care delivered one day per week. Services are free and are delivered by appointment only.

- **South County Community Clinic** – This clinic provides specialty care to indigent residents under age 56 at no cost by a group of volunteer physicians. Referrals are made from the Health Department, hospitals, and physicians. Funding for two staff persons and expenses are covered by grants and the four partners: Bon Secours Venice Hospital, Sarasota County Health Department, Sarasota Memorial Hospital, and Senior Friendship Center. The payer mix is 47% Medicaid, 41% self-pay and 6% Medicare.

- **North County Health Clinic** (Sarasota) – This clinic accepts Medicare, Medicaid and private insurance and charges indigent patients on a sliding scale.

- **Senior Friendship Centers** (Sarasota and Venice) – Senior Friendship Centers support two volunteer medical clinics for residents over age 55. These clinics offer primary care and dental care. They also provide assistance with prescription medications for a minimal fee. The Senior Friendship Center also serves the homeless by providing services and/or medications at Resurrection House.

- **Genesis Health Services** (North Sarasota) – This volunteer-based clinic serves medically indigent patients on a sliding scale basis. They offer dental care as well as mental health care. They have partnered with Sarasota Memorial Hospital for lab and other ancillary services, and they also support a dental clinic in Nokomis.

The Sarasota County Health Department and the Senior Friendship Centers have secured funding and space to open a community health center in North Port. This center will provided primary care, as well as mental health, nutrition, pharmacy and other services to low-income residents in North Port. Anticipated opening for this clinic is Fall, 2004.

The degree to which these providers meet the need for indigent health care services is unknown. The results of the CHIP Health Survey indicate that a large proportion of the uninsured are unaware of these services, and many go without needed care.

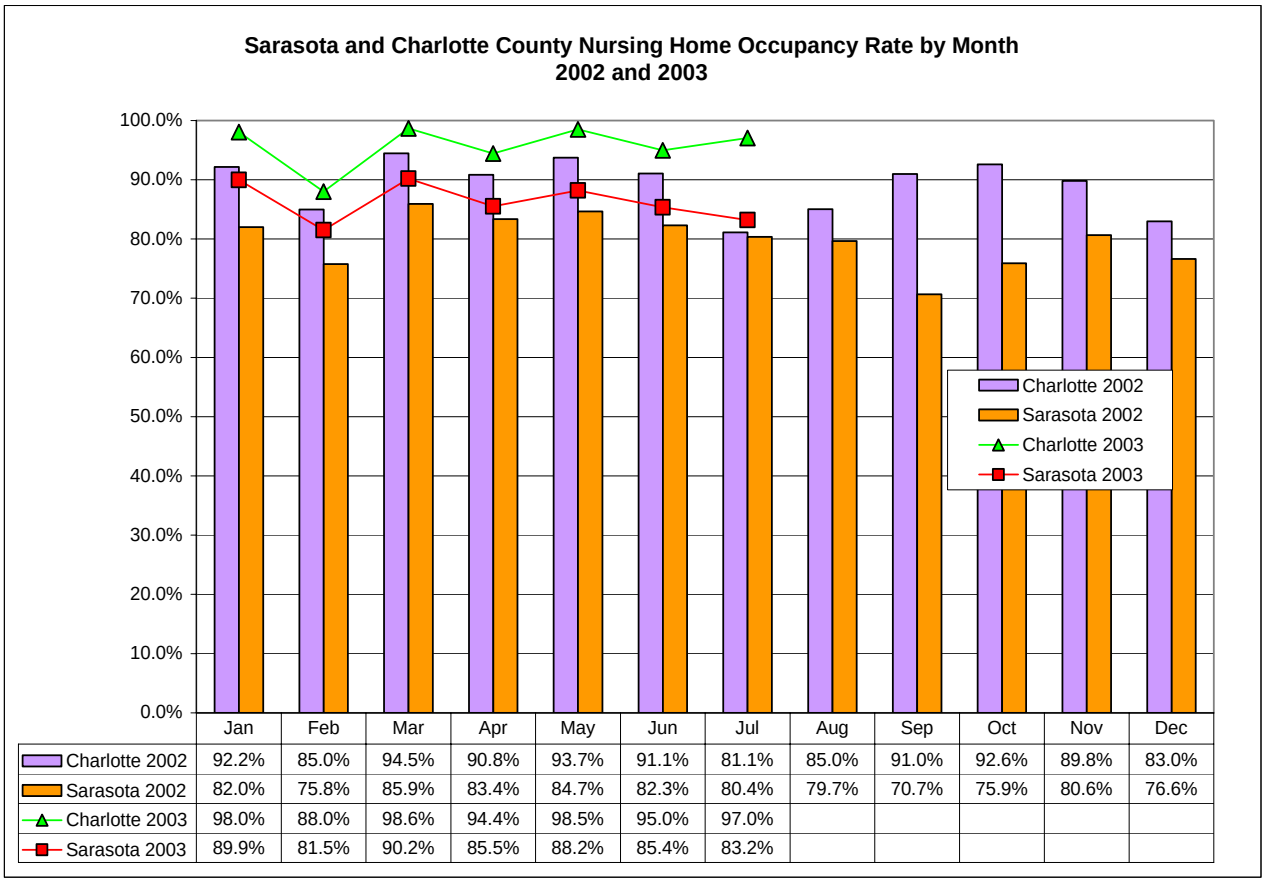
Nursing Homes/Assisted Living Facilities

Charlotte and Sarasota Counties are fortunate to have more than twice the nursing home beds per 100,000 people than does the state as whole. Charlotte has 1,128 beds or 760 beds per 100,000, and Sarasota has 2,986 beds or 875.1 per 100,000 people. In contrast, the state has only 495.4 beds per 100,000 population. These data do not indicate whether this number of beds is adequate to meet population needs.

Table 6: Nursing Home Beds per 100,000

	Beds	Population	Beds per 100,000
Charlotte	1,128	148,427	760.0
Sarasota	2,986	341,225	875.1
Florida	82,755	16,706,027	495.4

The following figure (Figure 11) summarizes the occupancy rates for nursing homes in Charlotte and Sarasota Counties. Contrary to hospital occupancy rates in these counties, nursing home occupancy rates average 89% annually in Charlotte County and 79.8% annually in Sarasota County in 2002. In the first half of 2003, occupancy rates were even higher in both counties hovering just below 100% in Charlotte and just below 90% in Sarasota. The very high occupancy rates in this figure suggest that nursing home facilities in these counties may not be adequate.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Charlotte 2002	92.2%	85.0%	94.5%	90.8%	93.7%	91.1%	81.1%	85.0%	91.0%	92.6%	89.8%	83.0%
Sarasota 2002	82.0%	75.8%	85.9%	83.4%	84.7%	82.3%	80.4%	79.7%	70.7%	75.9%	80.6%	76.6%
Charlotte 2003	98.0%	88.0%	98.6%	94.4%	98.5%	95.0%	97.0%					
Sarasota 2003	89.9%	81.5%	90.2%	85.5%	88.2%	85.4%	83.2%					

Figure 11

Source: South West Florida Health Planning Council

Nursing home facilities and bed availability are constrained by the availability of public funds for nursing home care. The table below shows that the primary payer of nursing home care is Medicaid in both Sarasota and Charlotte Counties. In Charlotte, the second most common payer (19%) is Medicare, while in Sarasota private payment is the second most frequent payer (28%). Hospice, shelters, and HMOs/Insurance are also payers of nursing home care but very infrequently (1-2% of bed days).

Table 7: Nursing Home Facilities in Charlotte and Sarasota Counties

	# of beds	Private	Medicaid	Medicare	Hospice	Shelter	HMO/ Ins	VA	Indigent/ Charity	Total
CHARLOTTE										
TOTAL	1,128	3,448	14,500	4,340	161	0	149	388	0	22,990
Payer %		15.0%	63.1%	18.9%	0.7%	0.0%	0.6%	1.7%	0.0%	
SARASOTA										
TOTAL	2,986	15,544	30,027	7,076	85	1,446	133	232	0	54,574
Payer %		28.5%	55.0%	13.0%	0.2%	2.6%	0.2%	0.4%	0.0%	

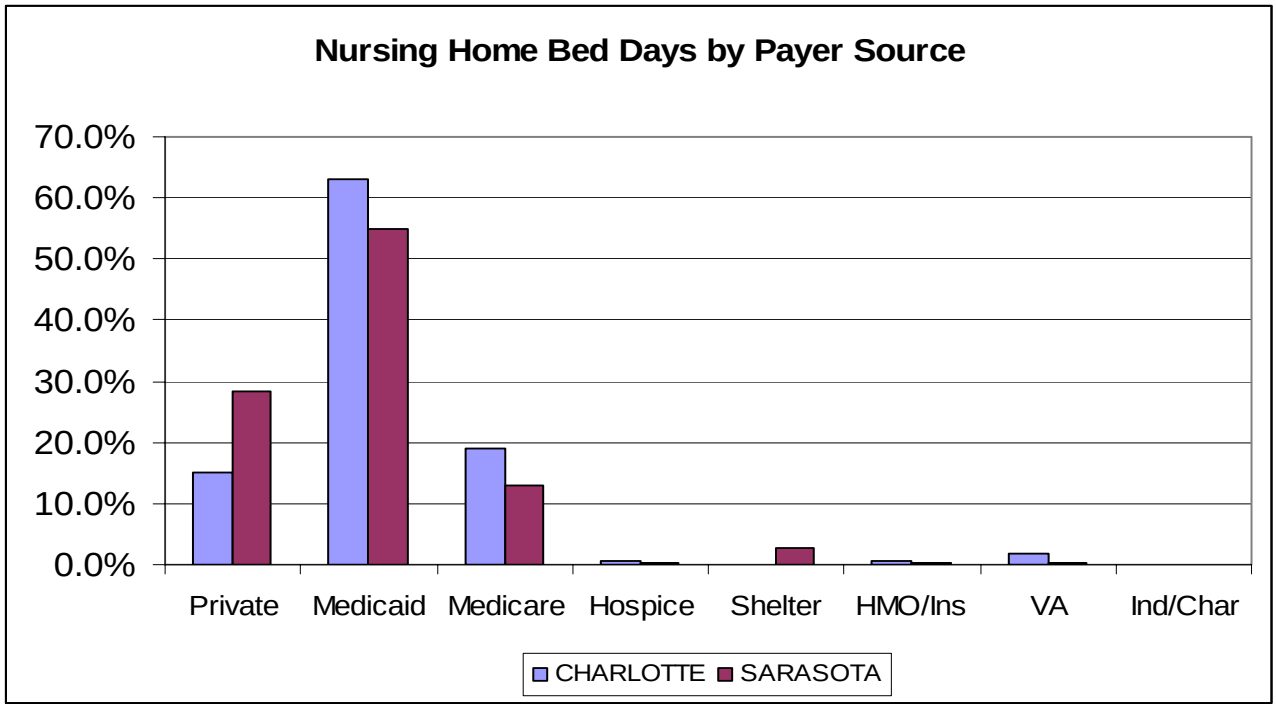


Figure 12

Assisted Living Facilities

The following table summarizes the number and types of assisted living facilities and beds in Charlotte and Sarasota counties. Charlotte County has 20 facilities, and Sarasota County has 70 "standard" assisted living facilities. Added to these facilities are extended congregate care facilities in Charlotte and Sarasota, and limited nursing service facilities. Only Sarasota County has a facility that provides mental health services to the elderly. These facilities represent a total of 1,217 assisted living beds in Charlotte County and 3,632 assisted living beds in Sarasota County. The extent to which these facilities meet the population needs is not known. Anecdotally, beds that are funded by Medicaid are reported to be extremely limited in availability, and there is reportedly a moratorium on new Medicaid beds.

Table 8: Assisted Living Facilities by License Type and Beds - 2002

County/ District	Standard	Extended Congregate Care	Limited Nursing Services	Limited Mental Health	State Income Supplement (OSS) Beds	Non-OSS Beds	Total Beds
Charlotte	20	6	3	0	92	1125	1217
Sarasota[1]	70	11	13	1	98	3536	3632
District 8	165	40	42	5	251	8689	8938

ECC=Extended Congregate Care; LNS=Limited Nursing Services; LMH=Limited Mental Health OSS=State Income Supplement [1] Two ALFs have "provisional" licensing. Source: South West Florida Health Planning Council.

Crisis Stabilization Beds

Under the Florida Baker Act, persons deemed to be a danger to themselves or others may be immediately placed in a secure inpatient psychiatric facility for a period of 72 hours. Initially, these patients are often taken to an emergency room. Sarasota and Charlotte County have few crisis stabilization beds relative to their population sizes. In Sarasota County only two facilities are available with a total of 80 beds. Only 35 beds are publicly-funded, the rest are private. In Charlotte County, two facilities maintain 74 beds, of which 22 are publicly-funded and 52 are private.

According to a report by the Community Alliance (January 2003), there is a lack of adequate bed capacity. Crisis Stabilization Units operate at 93% percent of capacity and are often full. According to a SCOPE study report (http://scopexcel.org/studies/reports/mh report.pdf) when the CSUs are full, indigent clients may be transported to facilities in other counties, or they may be sent to the emergency room for help. These alternatives do not provide adequate opportunities for clients in the community to receive stabilization and treatment.

Table 9: Crisis Stabilization Units - Receiving Unit Beds – Baker Act Beds 2003

County	Facility	Adult Beds	Adolescent Beds	Status
Sarasota	Bayside Center for Behavioral Health (Sarasota)	37	8	Private
Sarasota	Coastal Behavioral Healthcare (Sarasota)	20	15	Public
Charlotte	Charlotte Community Mental Health Services (Punta Gorda)	14	8	Public
Charlotte	Riverside Behavioral Health (Punta Gorda)	52	0	Private

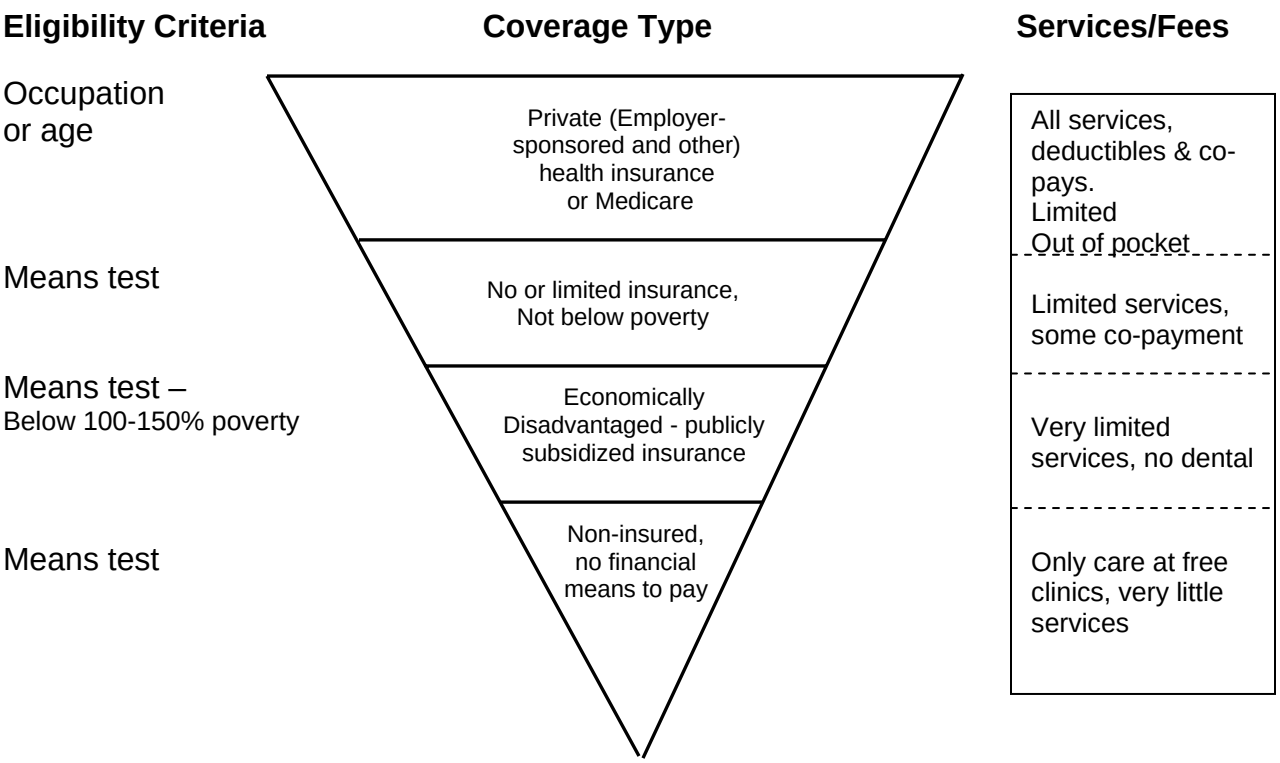
FUNDING FOR HEALTHCARE SERVICES

The medical care system is funded by a combination of private health insurance, public dollars (i.e., Medicare, Medicaid, Kid Care and other federally and state-funded programs), local and national foundation/philanthropic grants. In most communities, private health insurance is the major source of medical care funding.

According to the Agency for Health Care Administration (ACHA), in 2000, 51% of Florida residents were insured by their employer, 5% had individual policies, 16% were covered by Medicare, 10% by Medicaid, and 18% were uninsured. Florida's children were covered in similar ways with 58% covered by employer-sponsored insurance, 6% by private plans, 19% by Medicaid, and 17% uninsured. The proportions of uninsured reflect 2,667,470 uninsured adults and 622,970 uninsured children.

The following diagram depicts the major categories of health care insurance access and coverage. In summary, the largest proportion of residents in Sarasota County has private health insurance and/or Medicare. This coverage is determine by employer or age characteristics and is usually fairly comprehensive in services. The second group includes people with limited or no insurance but have too much income to qualify for public programs. The third category includes people who can access Medicaid coverage because their income is below 150% of the poverty line. The last group of residents is those who do not quality for Medicaid and do not have the financial means to access health care. The category of care coverage determines the provider and amount of services available. This system rations care, based on income and age.

Figure 13: Insurance Coverage Type, Eligibility and Services/Fees



Health Insurance

As the primary payer for medical care among the non-elderly, the distribution of health insurance in the community is a key aspect of funding for the health care system. While nearly two-thirds of non-elderly Americans receive health insurance coverage through their employers and almost all the elderly over age 65 are covered through Medicare, 43.3 million Americans lacked even minimal health insurance in 2002. Medicaid and the State Children's Health Insurance Program (SCHIP) play an important role by covering millions of low income people, especially children. However, limits to these public programs and gaps in employer coverage leave millions of Americans uninsured – creating substantial barriers to obtaining timely and appropriate health care.

Low-income workers are less likely to be offered coverage through their own or a spouse's employer, or are able to afford health insurance on their own. Individually purchased insurance is often not a viable option as these plans typically charge very high premiums or offer limited benefits. Medicaid helps to cover low-income Americans, but coverage for adults is very limited. Non-elderly adults must meet stringent income eligibility standards and unless severely disabled even the poorest are generally ineligible if they do not have children.[2]

The Uninsured

Information on the uninsured in the community tells us how many people are likely to go without medical care, utilize hospital emergency departments for primary care needs, and who need publicly-funded clinics or other means of care. The uninsured population in Florida has grown 20.2%, from almost 2.4 million in 1990 to 2.9 million in 2001 (ACHA 2003). Among the non-elderly, 82% of the population has employer-sponsored health insurance and 11% were enrolled in Medicaid.

The Florida Health Insurance Study shows that Florida's uninsured are best described by the following characteristics:

- Half of the uninsured earn less than 150% of poverty
- 50% work full or part-time
- 89% say they do not have insurance because their employer does not offer it, they are not eligible, or they cannot afford it
- 25% of the uninsured are Hispanic (28.6% of Hispanics compared to 13.2% of non-Hispanics are uninsured

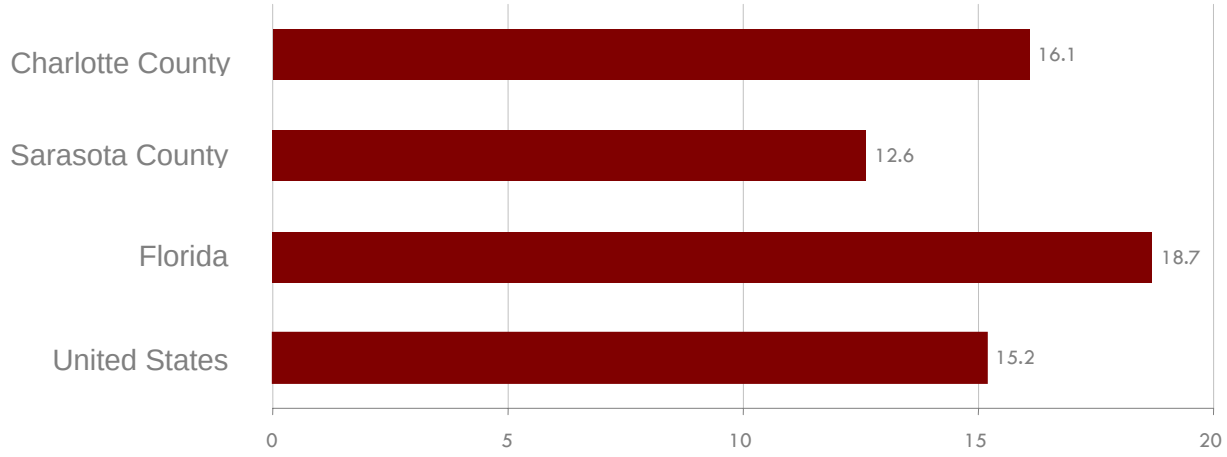
[2] Source: The Kaiser Commission Key Facts on Medicaid and the Uninsured. The Kaiser Family Foundation. January, 2003

- 26.9% of residents with incomes between $20,000 and $25,000 are uninsured while approximately 10% of residents with incomes over $45,000 are uninsured.

These figures do not reflect how well insurance coverage meets the needs of residents who do have it. Coverage, deductibles, and co-pays vary widely across insurance policies and often prohibit access to services if people are unable to meet deductibles and co-payments.

The following Figure shows that while Sarasota County has a significantly smaller proportion of uninsured than the state or the nation, Charlotte County has a larger proportion of uninsured than the U.S. More than 16% of Charlotte County residents are uninsured compared to 15.2% nationally. In Sarasota County, over 12% of the population is uninsured. Translating these figures to numbers of residents, using the figure of 339,684 residents of Sarasota County in 2002, approximately 170,838 residents, under 65, are insured, 104,042 have Medicare, and 26,696 have Medicaid. More than 38,000 residents (under age 65) are uninsured.

Figure 14: Percentage of Adults without Health Coverage, 2002



Source: Sarasota County Health Profile Report, Florida Department of Health Office of Planning, Evaluation & Data

Information on the extent to which health insurance pays for the primary care needs of residents is not available, but information on coverage for hospitalizations is presented in the following section on hospital funding.

Hospital Funding

Principal Payer for Inpatient Services

The data in the table below show the payer source for inpatient services in Florida, Sarasota, and Charlotte counties. There are several differences between the two counties and between the counties and the state average for hospital inpatient principal payers.

Medicare is the largest principal payer across the board; however, both Charlotte and Sarasota counties are substantially above the state average for Medicare funded in-patient care. The second largest payer is commercial insurance at 33% in the state, 23% in Charlotte County, and 26% in Sarasota County.

Medicaid as a payer source in Florida is almost twice the Charlotte County rate (15% vs. 7.7%). The proportion of care covered by Medicaid in Sarasota is only 5.6%. "Charity" care is highest statewide and lowest in Sarasota. Currently, AHCA is not collecting emergency room visits by payer source but will be requiring hospitals to report this information in the near future.

Table 10: Hospital Payer Source for In-Patient Hospital Care in Florida, Charlotte, and Sarasota Counties - 2001

Payer	Florida		Charlotte		Sarasota	
	Number	%	Number	%	Number	%
Medicare/Medicare HMO	990,274	42.26	16,664	62.61	31,002	58.32
Medicaid/Medicaid HMO	352,531	15.04	2,042	7.68	3,006	5.65
Commercial Insurance/ CI HMO	774,839	33.06	6,238	23.44	14,108	26.54
Workers Comp	14,937	0.64	112	0.42	385	0.72
Champus	17,302	0.74	255	0.96	175	0.33
V.A.	3,399	0.15	23	0.09	88	0.17
Other State/Local	20,771	0.89	102	0.38	260	0.49
Self-Pay	121,692	5.19	786	2.95	3,676	6.91
Other	8,087	0.35	7	0.03	2	0.00
Charity	39,304	1.68	383	1.44	458	0.86
Total	**2,343,136**	**100%**	**26,612**	**100%**	**53,160**	**100%**

Medicaid-Funded Services

Medicaid is the third largest source of health care funding in Sarasota and Charlotte Counties. The following Figures show that a growing number of residents in Charlotte and Sarasota counties are Medicaid recipients. In 1998-1999 in Charlotte County, just over 15,000 residents participated in Medicaid - by 2001-2002 this figure was nearly 25,000. In Sarasota County, these numbers grew from 24,000 to nearly 29,000 during the same time period.

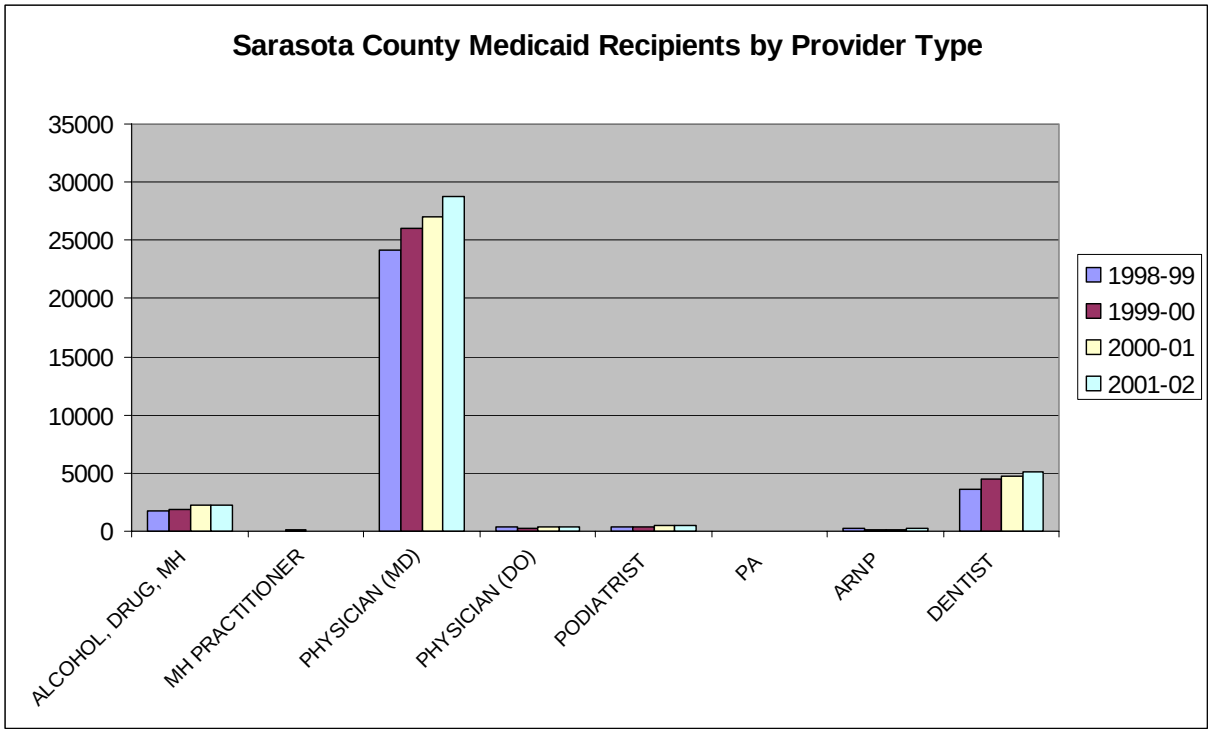


Figure 15

Source: Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis

The following chart summarizes the amount of Medicaid claims filed by physicians in the counties. This chart shows the steep increase in total Medicaid claims filed by local physicians between 1998 and 2002. Physician claims in Charlotte have grown from $2.2 million to nearly $3.5 million, and physician claims in Sarasota have grown from $3.9 million to $4.8 million.

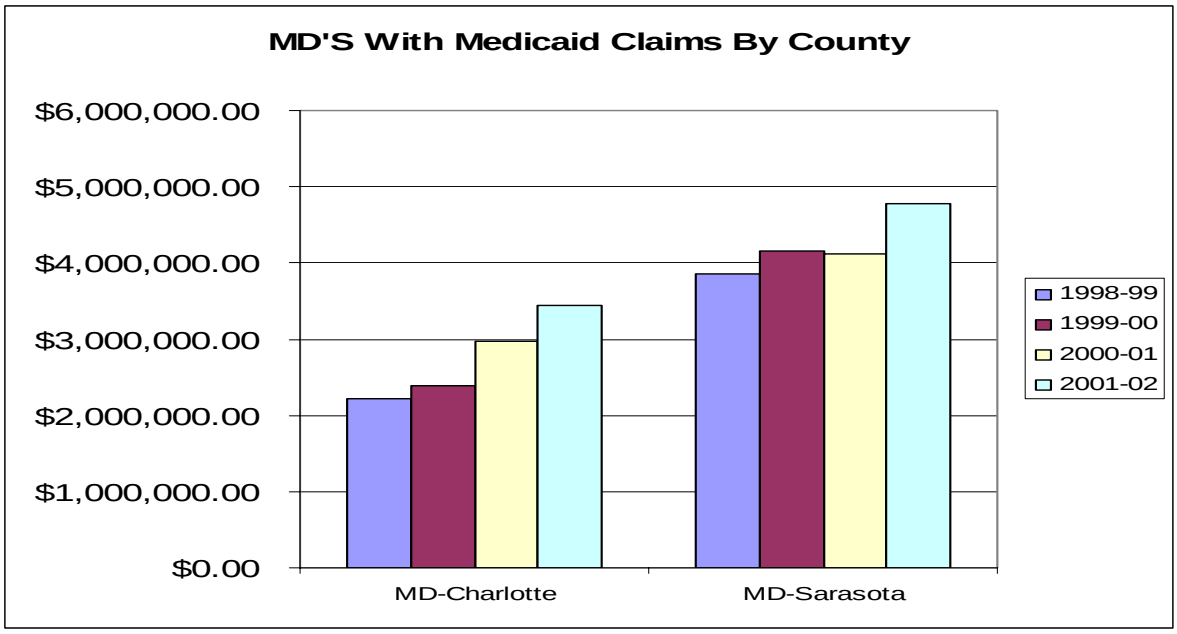


Figure 16

Florida Agency for Healthcare Administration, AHCA, Medicaid Program Analysis

Funding for Senior Services

Sarasota

According to information provided by the Department of Elder Affairs (DOEA) (http://elderaffairs.state.fl.us) the population of Sarasota in 2003 was approximately 347,714, and 133,511 of this population were people who were 60 years or older. Within the population over sixty, 6,141 people were at poverty level. The DOEA also reported there were 27,156 seniors 60+ who lived alone in the county of Sarasota. Approximately 104,000 residents were covered under one or both parts of Medicare.

Charlotte

In 2003, the population of Charlotte County was approximately 152,032 and 63,795 of this population were people 60 years or older. Within the population over sixty, 3,391 people were at poverty level. The DOEA reports there were 11,250 seniors 60+ who lived alone in Charlotte County.

The table below summarizes the programs funded by DOEA and number of people served in each county by these programs.

Table 11: Department of Elder Affairs Program Enrollment – FY 2003

Program	Sarasota	Charlotte
Older American's Act	1,875	1,107
Assisted Living for the Elderly Waiver	76	10
Community Care for the Elderly	803	328

Home Care for the Elderly	95	65
Medicaid Waiver	208	126
Alzheimer's Disease Initiative	44	20

The Assisted Living for the Elderly (ALE) Waiver is a home and community-based services program for recipients who reside in qualified assisted living facilities. The waiver covers three services: case management, assisted living, and (if needed) incontinence supplies. To be functionally eligible for the ALE waiver, the individual must be: 65 or older, or be 60-64 and determined disabled according to Social Security standards; and they must meet functionality criteria. To be financially eligible for the ALE waiver, the individual must meet the Supplemental Security Income (SSI), MEDS-AD or Medicaid Waiver Assistance (MWA) income and asset requirements. The income limit for 2003 was $1656 and the asset limit was $2000. The income limits are modified annually based on the federal cost of living adjustment granted by Social Security beneficiaries.

The Aged/Disabled Adult Medicaid Waiver provides in-home services to consumers age 18+ who meet certain eligibility criteria and who would otherwise need nursing home care. Services may include, but are not limited to, personal care, homemaking, respite and home delivered meals. The income and assets requirement is the same as the ALE waiver; however to be eligible for this waiver, the individual must also meet the additional requirements.

Community Care for the Elderly (CCE) is a state-funded program for frail elders, age 60 and older that make it possible for individuals to live independently in their own homes. Eligibility is based, in part, on a client's inability to perform certain daily tasks essential for independent living such as meal preparation, bathing, and grooming. The CCE program provides case management along with services similar to those provided under the Older Americans Act.

Additional community based services included adult day health care, home health aide, counseling home repair, medical therapeutic care, home nursing and emergency alert response. Community Care for the Elderly clients are assessed a co-payment, based on their ability to pay for services received.

Nursing Home Long-Term Care Diversion Program

The Nursing Home Long-term Care Diversion Program is a Medicaid program designed for seniors who need help to remain at home or live in an assisted living facility. The program provides a wide range of services to make it easier for seniors to get the care needed to live safely and independently in a community setting. An assessment is completed to determine eligibility for this program.

Health Insurance for Children: KidCare

The Florida Healthy Kids Program, a component of the Florida KidCare program, offers comprehensive health insurance coverage to school-aged children ages 5-18 utilizing federal, state, and local funds. The majority of children enrolled in the Healthy Kids program qualify for federal Title XXI funds under the State Children's Health Insurance Program (SCHIP). Funding for this population is 71% federal (SCHIP) funds and 29% state funds. To qualify, these children must be uninsured, not eligible for Medicaid, United States citizens or qualified aliens, and not be dependents of state employees. As of January 2004, Sarasota County had 5,348 Title XXI children enrolled in the Health Kids program.

A second population of children in the Healthy Kids program is known as "Non-Title XXI" enrollees. These children meet all of the other qualifications for the Healthy Kids program except for their citizenship status. As federal SCHIP funding is not available for these children, they are funded by a combination of state funds, county match dollars, and monthly premium payments paid by the child's family. As of January 2004, Sarasota County had 284 non-Title XXI children enrolled.

Beginning in FY 1999, the Board of County Commissioners elected to provide funds to expand the Healthy Kids Program in Sarasota County. The current county match for FY 2003 for non-Title XXI enrollees is $74,901. In addition, beginning in FY 2001 the Board unanimously voted to provide additional dollars to fund non-Title XXI children living in Sarasota County who were on the waiting list. The funds allocated to this effort for FY 2003 total $200,000 and provide Healthy Kids insurance coverage to an additional 148 non-Title XXI children. However, even these additional funds did not cover all the children on the waiting list. The waiting list of non-Title XXI children is 143 as of January, 2004 and continues to grow.

Effective July 1, 2003, the Florida Legislature reduced funding for the Florida KidCare program, including Healthy Kids, resulting in enrollment being capped in all programs except the Medicaid program. As a result on July 1, 2003, the Department of Health, the Agency for Health Care Administration and the Florida Healthy Kids Corporation closed enrollment in their respective Florida KidCare programs and established a statewide waiting list of Title XXI eligible children. As of January 2004, 1003 Sarasota children had been placed on the Healthy Kids waiting list.

On March 11, 2004, with the passage of Senate Bill 2000, 90,000 children were removed from the waiting list and if eligible were moved into the Florida KidCare Program. On 4/30/04, with the passage of the final budget for 2004-05 fiscal year for the State of Florida, an additional $131 million dollars was appropriated to the Florida KidCare Health Insurance Program. This permitted an additional 24,000 children to be moved from the waiting list into the KidCare Program if eligible. We will probably see an increase in Sarasota County enrollment initially, but are expecting long term to see a decrease as children come up for renewal and cannot satisfy the new eligibility criteria. Also, in July 2004, the program will be capped and the next open enrollment will not be until January 2005.

In Charlotte County, a total 2,376 children are covered by Healthy Kids (Title XXI) and another 120 are full-pay non-subsidized; 48 are in CMS and 340 are in Medikids (Charlotte County Health Department). The number of kid on the waiting list (as of January 2004) were 527 Healthy Kids, and 119 for Medikids.

Cost: The cost to insure a Title XXI child is $36.36 per month, or $436.35 per year, drawing down federal matching funds to cover 71% of the cost. The cost to insure a non-Title XXI child would be approximately $126.17 a month, or $1,514 per year which is 100% of the total cost since federal matching funds are not available.

The following charts summarize trends in KidCare enrollment and Medicaid enrollment in Charlotte and Sarasota counties. Figure 16 shows the dramatic increase in KidCare enrollment over a four year period from less than 900 enrollees to over 5500. Enrollment in the MediKids and CMS programs has also increased but not as rapidly as in KidCare.

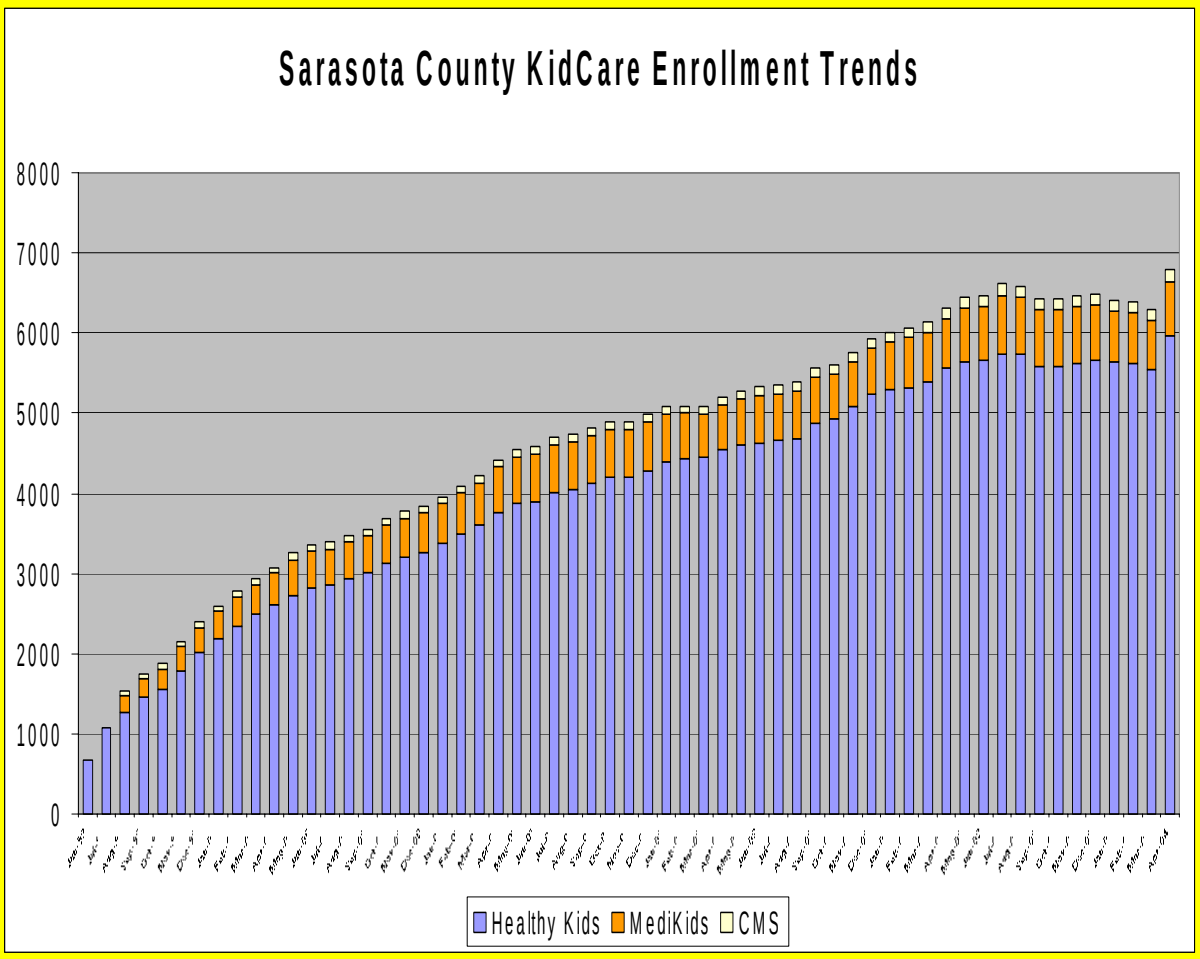


Figure 17

INFORMATION AND REFERRAL

Information and referral services such as directories and phone services that link residents with key human services information are critical to the advancement of public health. Residents must know what is available and how to access services to make service be effective. The 211 telephone information and referral service is a new effort to improve information and referral services to Sarasota County residents. The 311 line will provide residents with information on government services.

To assess the current status of information and referral services in the county, CHIP held a forum on information and referral in Sarasota and Charlotte Counties on June 6, 2003 at the SunCoast Auditorium at Englewood Community Hospital.

211 Service

In Sarasota County, the United Way is the agency responsible for developing the 211 line. The 211 service is expected to provide better and more efficient information on health and human services to callers. Information will be available on food banks, clothing, utility assistance, physicians and mental health providers, crisis intervention, job training, education, support for the elderly, and more. The 211 line will replace *First Call for Help* (the current information and referral service in the county). The current system responds to between 90 and 120 callers a day. The new 211 service will use more paid, professional information and referral staff in order to improve the quality of services. Rather than be dependent upon volunteer staff, information and referral specialists will be hired to answer calls with support from volunteers.

Locally, the United Way introduced the 211 concept to 65 leaders in Sarasota and Manatee counties more than a year ago. The Community Information Network is a local coalition created to develop the 211 service. The Network is chaired by Patti Reynolds and staffed by Alberto Suarez and the United Way. The Network is a partnership of Sarasota Memorial Hospital, United Way and Sarasota County. Sarasota County staff are responsible for the technical aspects of the 211 service, while the United Way is responsible for the information and staffing aspects of the service. The Development Committee for the Community Information Network has decided to form its own 501(c)(3) corporation in order to raise funds to support the service. The United Way will continue to operate the 211 service for the first year.

As of April 2004, the 211 service is expected to be launched in June 2004. When fully operational, the 211 service is expected to have information on programs operated by more than 328 agencies. There will be 7 full-time staff, including bi-lingual staff. The estimated annual cost for the 211 service is between $425,000 and $475,000. The United Way is estimating start-up costs of $250,000.

Currently Charlotte County Human Services provides two help lines in the county. This agency oversees the Help Line of Charlotte County and the Elder Helpline of Southwest

Florida. While the Helpline of Charlotte County serves only Charlotte County (all aged callers), the Elder Helpline serves seven (7) counties in southwest Florida, including Sarasota County (callers 60 yrs. and older.) The Elder Helpline has a full-time database manager. Information is constantly updated.

Charlotte County will be partnering with other communities on 2-1-1 services in the future. The County plans to partner with the United Way in Sarasota County through written agreements such as diverting cross-county callers to the right destination for their needs.

Healthcare Provider Referral Lines

Referral lines sponsored by hospitals and other health care institutions are another source of health care information in the community. The following is a summary of the calls and referrals handled by referrals lines in Sarasota and Charlotte Counties.

Sarasota Memorial Hospital
Average calls per month: 1400
Primary Requests:
1.) this is a physician referral line so the primary request are referrals to Internal Meds, OB/GYN, Primary Care, and Pediatric physicians.
2.) this line is also used to register patients for health promotion classes or events sponsored by SMH.

Bon Secours Venice
Average calls per year: 3000
Primary Requests:
1.) referral for Primary Care Physicians
2.) Medicaid patients searching for physicians who accept Medicaid

Fawcett Memorial Hospital
Average calls per month: approximately 450
Primary Requests:
1.) physician referrals
2.) class registration

Doctor's Hospital
Average calls: approximately 600
Primary Requests:
1.) physician referrals
2.) class registration for Senior Friends programs and other health promotion programs sponsored by the hospital

ACCESS AND MOBILITY

Access to Health care is determined by a variety of factors ranging from the number and location of providers, to the extent of health insurance, language and cultural barriers, and transportation. Previous sections addressed issues of the number and, to some extent, the location of providers, as well as funding. In this section we will focus on issues of access for immigrants and non-English speaking residents and those without personal transportation.

Immigrant Health Issues

Seventy percent of immigrants in the U.S. reside in six states: California, New York, Florida, Texas, Illinois and New Jersey. Immigrants play an important role in the U.S. economy as 49% of immigrants work in agriculture and the service industry which rely on healthy labor to keep up productivity, yet according to this report published by the Kaiser Foundation on Medicaid and the uninsured, "Of the 11 million low-income non-citizens, 60 percent had no health insurance in 2001 and only 13 percent received Medicaid." Since the mid-90's, Medicaid enrollment has decreased and the uninsured rates have increased as policy changes implemented a five-year ban for Medicaid enrollment to new immigrants after August 1996.[3]

Insurance

The Hispanic community is more likely to be uninsured or underinsured than other minority groups. According to a recent Kaiser Family Foundation Report, changes in the Medicaid policy restrict new immigrants from enrolling in Medicaid, and many immigrants work for small companies that do not offer insurance coverage. The report showed that non-citizens whose primary language was Spanish had the highest rates of uninsurance compared to citizens whose primary language was English (72% vs. 33%, respectively). Even among citizens, those who spoke English had lower uninsured rates compared to Spanish speaking citizens (33% vs. 41%, respectively). This affects not only access to healthcare services but quality of care, as non-English speaking citizens and non-citizens report frustration in communicating with health care providers and understanding health insurance information.

Language/Translation

Citizenship status and language create the most significant barriers to health care coverage and services for immigrants in the U.S. There are few translators in Sarasota associated with the local health facilities despite the requirements for this service.

[3] Source: The Kaiser Commission on Medicaid and the Uninsured: Immigrant's Health Care Coverage and Access, August2003. Available at http://www.kff.org

Transportation

Public transportation is critical to health care access for citizens who do not have their own cars. In Sarasota County, door-to-door transportation services are provided for eligible residents through SCAT-Plus managed by the Sarasota County Area Transit (SCAT) service.

Residents may also ride regular SCAT services or use a local volunteer service such as FISH (currently operational primarily in North Port). In Charlotte County, residents can use Dial-A-Ride, which is an on-demand service which requires a 24-hour advance reservation. This service is door-to-door.

Sarasota County Area Transit (SCAT) PLUS Services

- Runs about 900 trips per day.
- Follows the fixed SCAT route
- Residents must complete written application for this service
- Operates Monday through Saturday 7 a.m. to 7 p.m.; however, schedule is based on reservations. Riders have to reserve SCAT PLUS 24 hrs in advance.
- The cost for the rider is $1.00 one-way
- Not age restricted
- There are 54 vehicles in operation daily.
- 47% of requests are for medical appointments. Other requests are for work, school, bank, and grocery shopping. The service can be used for social requests; however, these are low priority requests.
- Total Number of riders in South Sarasota County 841 (33% of all riders)
- Total budget for SCAT+Plus $4,200,000

Source: Information provided by Beverly Kent of SCAT

PREVENTION

Prevention is defined as the act of taking advance measures against something possible or probable. With respect to health, prevention activities may include education, health monitoring, health promotion through marketing campaigns, healthy behaviors and accessing the health care system early to prevent acute or chronic health problems. Specific categories of prevention include the following:

- **Primary Prevention:** a broad based approach blanketing the general population, usually with the intent of trying to prevent a problem before it shows any signs of appearing,

- **Secondary Prevention:** targeting a specific subgroup of the population shown to display risk factors known to contribute to a certain disease or disability,

- **Tertiary Prevention:** pinpointing already affected persons to avoid reoccurrence or to minimize the adverse effects of an already occurred or occurring outcome.

Other than the information lines available in the two counties, there are no agencies that coordinate the prevention information or activities in Sarasota or Charlotte County. Rather, many agencies provide information and services to the public.

The organizations outlined below are among the many in Sarasota County that address issues related to prevention.[4]

[4] Information provided by the Sarasota County Health Department, Department of Health Promotion.

Prevention Resources in Sarasota County

Office of Health Promotion, Sarasota County Health Department
2200 Ringling Blvd., Sarasota
861-2965
www.scgov.net (Health)
Focus: Community Health Promotion
Summary: Works to promote healthy living through health communications, prevention programs, health education, and nutrition services.

Sarasota Coalition on Substance Abuse (SCOSA)
205 Orange Ave. Suite 2N, Sarasota
954-1573
www.scosa.org
Focus: Substance Abuse Prevention
Summary: The Coalition is a non-profit collaborative organization created to mobilize community efforts to prevent substance abuse and to reduce its terrible impact. Services include public awareness education, building community support for public policies that will reduce substance abuse and its many associated social problems, as well as program development assistance and collaborative planning and coordination to bring parties together to assess problems, services, and needs.

Healthy Start Coalition of Sarasota County
1750 17th St., Sarasota
373-7070
Focus: Children age birth to 3 years of age.
Summary: To promote and protect prenatal and infant health, through identifying service needs, subcontracting with qualified providers, and monitoring quality to ensure that pregnant women and new parents in Sarasota County receive the help they need to ensure positive birth outcomes and to support the optimal growth and development of their children.

Children First
1723 N. Orange Ave., Sarasota
953-3877
www.childrenfirst.net
Focus: Childcare
Summary: Their mission is to strengthen children and families by improving the quality of their lives through a comprehensive approach to development, education, health and well-being. Children First serves over 400 of Sarasota County's most vulnerable children and their families. Most of our kids come from very low-income families yet still receive the highest quality day care available. Programs include Early Head Start, Head Start, Early Childhood Education, and the Nurturing Dads Initiative.

Child Development Center
1750 17th St. Bldg M, Sarasota
952-9494
Focus: Child development
Summary: Provides a variety of family education and support services to promote healthy child development and positive parent-child relationships.

The Community-Based Prevention Marketing Community Advisory Committee (CAC)
2200 Ringling Blvd., Sarasota
861-2992
Focus: Community-derived solutions to identified local challenges.
Summary: This project is a partnership of a coalition of Sarasota County community leaders who make up the Community-Based Prevention Marketing Community Advisory Committee, the Sarasota County Health Department and the Florida Prevention Research Center (FPRC) at the University of South Florida to prevent the initiation of smoking and alcohol consumption among middle school students.

Obesity Prevention in Youth Coalition
2200 Ringling Blvd., Sarasota
861-2907
Focus: Childhood/ Adult Obesity
Summary: The purpose of this coalition is to create a healthier community by joining forces to decrease obesity in Sarasota County.

American Cancer Society
1750 17th St., Suite A, Sarasota
365-2858
2100 Tamiami Tr. S., Venice
497-4309
www.cancer.org
Focus: Cancer issues.
Summary: Serves as a resource for information about cancer, cancer treatment, and cancer prevention.

American Heart Association
2975 Bee Ridge Rd., Ste. B, Sarasota
927-4997
www.americanheart.org
Focus: Fighting Heart Disease and Stroke
Summary: The American Heart Association is a national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke. The American Heart Association spends its funds on research and educational programs that best benefit the general public.

American Lung Association
3333 Clark Rd., Sarasota
377-5864
www.lungusa.org
Focus: Lung health
Summary: Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health. The ALA informs and educates the public about the impact and prevention of lung disease.

Gulfcoast South Area Health Education Center (AHEC)
2201 Cantu Court, Suite 117, Sarasota
361-6602
www.gsahec.org
Focus: Work to increase healthcare services to underserved areas.
Summary: AHEC's main goal is to improve the distribution, supply, quality, utilization, and efficiency of the health care workforce. AHECs accomplish this by linking communities with academic health centers thus promoting cooperative solutions to local health problems.

The Wellness Community
3900 Clark Road, Bldg P-3, Sarasota
921-5539
www.wellness-swfl.org
Focus: Cancer
Summary: Free programs of hope and support for cancer patients, their families, and caregivers.

Safe Children Coalition
4630 17th St., Sarasota
371-4799
Focus: Foster Care for children
Summary: a community effort that blends available resources to assist abused, neglected and abandoned children and their families in reaching permanency in a safe and stable environment

Sarasota HIV AIDS Coalition (SHAC)
366-0461
Focus: HIV-prevention in the Sarasota County community
Summary: A coalition of community-based organizations and the Sarasota County Health Department to provide HIV prevention, education, and treatment services for the community through community-level interventions, street outreach, prevention case management, and HIV testing.

Senior Friendship Center
1900 Brother Geenen Way, Sarasota
955-2122
2350 Scenic Dr., Venice
493-3065
www.seniorfriendship.com
Focus: Elderly needs
Summary: Dedicated to helping older adults live with dignity and respect by providing services which address their needs, including: remaining independent, preventing premature institutionalization, relieving isolation and loneliness, and improving quality of life and health for seniors. Services include medical and dental care, programs to support healthy lifestyles and preventive education for the community at large; and a variety of educational programs for professionals in the health and human services.

Community Youth Development Project (CYD)
4409 Sawyer Rd., Sarasota
922-5126
www.sarasota-ymca.org/YCYFS/family/develop.htm
Focus: Teen issues.
Summary: CYD works to ensure that youth make positive choices by empowering youth and adults as community partners to develop and provide positive drug-free and alcohol-free activities for middle and high school youth.

Newtown Wellness Program
1700 S. Tamiami Tr. Sarasota
917-1754
Focus: Health improvement geared toward minority population (African-Americans)
Summary: The Program provides education and opportunities to eat better, exercise more and encourage healthier lifestyle choices.

Senior Advisory Council
2200 Ringling Blvd. Sarasota
861-2564
Focus: Elder issues
Summary: Appointed board of community members who convene to develop recommendations to the Board of County Commissioners on issues related to policies and services benefiting the elderly in Sarasota County.

Hispanic Latino Coalition
1540 Main St., Sarasota
955-1339
Focus: Issues related to Hispanic population

Sarasota County Schools
1960 Landings Blvd. Sarasota
927-9000
Focus: School aged youth
Summary: Improving health and well-being of public school students. (DARE, GREAT, FAST, WEB)

HIPPY (Home Instruction for Parents of Preschool Youngsters)
2300 Janie Poe Dr., Sarasota
365-0056
www.floridahippy.fmhi.usf.edu
Focus: Parenting assistance
Summary: Empowers parents to view themselves as primary educators of their children. Facilitates an educational environment in the home that encourages literacy. Improves interaction between parents and their children

Success by Six
1445 Second St, Sarasota
366-2686
www.uwsrq.com
Focus: Early childhood development
Summary: Raise awareness about early childhood development; improve access to critical health and human services; and advocate for public policy that supports children.

School Readiness Coalition of Sarasota County
4727 Elder Berry Dr., Sarasota
379-1479
www.sarasotaschoolreadiness.org
Focus: Pre-school aged children preparing for kindergarten
Summary: Funds childcare services to low-income families, along with administering developmental screenings to all children served. Developed a "Guide to Childcare in Sarasota" to assist families in selecting a facility that best meets their unique needs.

Immunization Coalition and Flu/Pneumonia Coalition
2200 Ringling Ave. Sarasota
861-2914
Focus: Infant, Child, and Adult Immunizations
Summary: Efforts to increase immunizations/vaccinations across the entire lifespan of residents of Sarasota County.

American Red Cross (CPR, First Aid classes, babysitter training)
2001 Cantu Ct. Sarasota
379-9300
www.southwestflorida.redcross.org
Focus: Health and Safety Services
Summary: Offers first aid and CPR classes in the community, as well as babysitter training classes.

Girls, Inc.
201 S. Tuttle Ave, Sarasota
366-6646
www.girlsincsrq.org
Focus: Girls age 6 to 18
Summary: Offers summer camps, day care, and after school activities for girls from 6 to 18.

Boys and Girls Clubs of Sarasota County
PO Box 4068, Sarasota
366-3911
www.boysandgirlsclubs.com
Focus: After-school and summer daycare program for youth
Summary: Centered around one of three clubs in Sarasota County, youth attend the clubs to participate in activities such as recreational opportunities, homework assistance, job training, and the opportunity to participate in a variety of other activities, hobbies and interests.

Sarasota YMCA
1 S. School Ave. Sarasota
951-2916
YMCA Children's Services 952-9524
www.sarasota-ymca.org

South County YMCA
701 Center Rd, Venice
492-9622
Focus: Community Wellness
Summary: In addition to providing several community fitness facilities, YMCA also assists families and children by providing programs to promote education, help with transitions, and give interventions for families with delinquent youth. Services include second-chance schools, youth shelters, truancy intervention, childcare referral, and foster care services.

First Step of Sarasota
1726 18th St., Sarasota
366-5333
www.firststepofsarasota.org
Focus: Alcohol and drug addictions
Summary: To prevent and treat alcohol/drug addictions and associated disorders.

Coastal Behavioral Healthcare
3830 Bee Ridge Rd., Sarasota
927-8900
Focus: Alcohol and drug addictions
Summary: To prevent and treat alcohol/drug addictions and associated disorders.

Prevention Resources in Charlotte County, Florida (Fall 2003)

ADA Advisory Group
c/o The Center for Independent Living
22107 Elmira Blvd., Port Charlotte, FL 33952
(941) 766-8333
Focus: Protecting the rights of disabled people as outlined by the ADA; advocacy
Summary: Meets monthly to review ADA compliance within the community, both new construction and existing facilities; also advocates in situations where disabled people need a larger voice for change

Alzheimer's Association, Gulf Coast Chapter
22107 Elmira Blvd., Port Charlotte, FL 33952
(941) 235-7470
http://www.alz-tbc.org
Focus: To offer education, support and services to caregivers of persons with Alzheimer's disease or related dementia

American Cancer Society
22107 Elmira Blvd., Port Charlotte, FL 33952
(941) 627-3000
www.cancer.org
Focus: To combat cancer through research, education, advocacy and patient services.
Summary: Services provided to cancer patients and/or their families in Charlotte, Glades and Hendry Counties include pain relieving medication, home medical equipment accommodations and transportation.

Bon Secours- St. Joseph's Hospital
2500 Harbor Blvd., Port Charlotte, FL 33952
(941) 766-4122
http://bonsecours.org/portcharlotte
Focus with regard to health education: Offers a variety of presentations and opportunities for community members to participate in health screening, educational programs and wellness prevention programs including breast cancer, heart disease, breastfeeding, and other health issues. Additionally, the Parish Nurse Program of SW Florida (a community-wide prevention education program) is sponsored by this hospital.

Center for Independent Living
22107 Elmira Blvd., Port Charlotte, FL 33952
(941) 766-8333
www.cilfl.org
Focus: To assist people with disabilities to achieve and maintain independent lifestyles
Summary: Through specific activities and support, people with disabilities are encouraged to maintain dignity and independence: living skills education, information & referral, peer counseling, group support, personal and system advocacy.

Charlotte Alliance for a Safe and Drug Free Community (CASC)
1445 Education Way, Port Charlotte, FL 33948
(941) 815-7743
www.drugfreecharlottecounty.org
Focus: This alliance exists to prevent and reduce substance abuse in Charlotte County through increased education, services, and support. The mission is to strengthen our community's resolve to eliminate substance abuse in persons of all ages in Charlotte County.

Charlotte Community Mental Health Services, Inc.
1700 Education Avenue, Punta Gorda, FL 33950
(941) 639-8300
charlotte-florida.com/community/health/char1.htm
Focus: Community mental health services and issues, including preventative programs for drug and alcohol abuse, stress management, domestic violence and other mental health issues. CCMHS also

operates our community's Crisis Hotline for suicide prevention.

Charlotte County Human Services Department, Senior Services Division
512 East Grace Street, Punta Gorda, FL 33950
(941) 833-6500
Focus with regard to preventative health education: Case management for seniors promotes independent living choices; health prevention opportunities include nutrition counseling, home safety and emergency alert programs.

Charlotte HIV/AIDS Network (CHAN)
17506 Brighton Avenue, Port Charlotte, FL 33954
(941) 625-2437 (AIDS)
Focus: Non profit group offering preventative education, counseling, testing, information & referral, and assistance to individuals with HIV/AIDS

Children & Families First
c/o Charlotte County Public Schools
3131 Lakeview Blvd., Port Charlotte, FL 33948
(941) 255-7480
Summary: A full service school program offering parent education, medical services, and social services to children and families. On-site and mobile services (Care-a-Van) include assessment for public assistance, early intervention developmental screenings, mental health counseling services, parent education, immunizations, school physicals and treatment for childhood illnesses.

Healthy Start
c/o Charlotte County Health Department
P.O. Box 380088, Murdock, FL 33938
(941) 764-9700
http://doh.state.fl.us/chdCharlotte/CCHD_Home.htm
Focus: To enable positive pregnancy outcome, stable home environment and optimal child growth and development for at- risk prenatal women and/or at-risk newborn to 5 yrs. old children
Summary: Goods and referral services are offered including assessment, case management, education, smoking cessation, breast feeding.

HIV/AIDS Pastoral Care Committee
c/o Sister Judy Simonis, CSJ, St. Maximillian Kolbe Catholic Church
1441 Spear Street, Port Charlotte, FL 33948
(941) 743-6877
Focus: To support pastoral care of people with HIV/AIDS, and to support HIV/AIDS prevention education activities and events in Charlotte County

Indigent Health Care Advisory Board
c/o Chairperson Pat Garriton, Charlotte County Medical Society
P.O. Box 380817, Murdock, FL 33938
(941) 625-6229
Focus: Physicians and allied health services within the community work to provide access to quality health care for Charlotte County's indigent population

Regional HIV/AIDS Coalition
c/o Health Planning Council of SW Florida
9250 College Parkway, Suite 3, Fort Myers, FL 33919
(239) 433-6700
www.hpcswf.com
Focus: District 8 planning body concerned with HIV/AIDS prevention, early intervention and treatment

State of Florida, Charlotte County Health Department
514 East Grace Street, Punta Gorda, FL 33950
(941) 639-1181
http://health@doh.state.fl.us/chdCharlotte
Focus with regard to preventative education/ activities: HIV/AIDS, smoking cessation, Healthy Start (pregnancy), diabetes and other diseases, nutrition,

STDs and other topics are offered to the community through printed materials, presentations and class-style educational programs; also immunization, testing and screening for various diseases.

Students Working Against Tobacco (SWAT)
Coordinated by the Charlotte County Health Department and Charlotte County Public Schools; contact person is Wayne Ambrose, 639-1181

Focus: to prevent and reduce tobacco use among youth, and to protect youth from second-hand smoke.
Summary: Health Dept. and Schools work together to give students opportunities to educate peers about the dangers of smoking and chewing tobacco; middle and high school students and families participate in community events and also teach elementary school students about tobacco addiction.

CONCLUSIONS AND RECOMMENDATIONS

The health care system in the United States is complex and difficult to analyze in a comprehensive way. Although the United States spends more than any other nation in the world on health care, it does not enjoy the best health outcomes or the highest rates of quality. The relationship between health care inputs and outcomes remains elusive, in part, because of the significant role played by lifestyle and genetics in producing health. It also remains illusive because our data on the health input side of the equation is piecemeal and poorly monitored. Our data systems are unable to track a patient across providers, pharmacies or funding sources, leaving us unable to assess needs or determine if services, funding or outcomes were appropriate.

This health system assessment of Charlotte and Sarasota Counties highlights these limitations of our health care data. The findings in this report show how fragmented and poorly connected our health care data systems are, and how important it is to determine avenues for connecting providers and data systems in order to assess and meet health care needs. The following summarizes the key points and avenues for exploration in the data presented in this report.

Health Care Workforce and Facilities

- Sarasota County enjoys a larger average proportion of physicians, nurses, osteopaths, and dentists than does Charlotte County and the State of Florida. In some cases the number of providers in the County is more than one third higher than the state average. The location of these providers relative to population centers, and the distribution of specialty types were not assessed but are central to an understanding of how well the providers are meeting population needs. Further research is needed to determine how well local health care providers meet population needs, particularly by specialty type. The number of physicians who are board-certified in geriatrics is an issue raised repeatedly in the community.
- The number of physicians caring for the growing number of residents on Medicaid is insufficient to meet the demands. Just over 300 physicians are caring for the more than 28,000 Medicaid recipients using services in Sarasota County; the comparable numbers are 140 providers and 25,000 recipients using services. Fewer than 10 physicians are providing services to more than 45% of the Medicaid recipients in Sarasota county. This uneven distribution of indigent care may lead to an over-utilization of the health department and/or county-funded services, and to the over-utilization of emergency room services (i.e, due to the lack of primary care services).
- How can providers be encouraged to care for Medicaid-funded patients, or how can opportunities for employer-based health insurance be expanded for the many workers who do not receive this benefit and cannot afford private insurance?

- The number of facilities that provides obstetrical services has been cut in half in recent years, with further reductions in services in the horizon. An assessment of the implications of this concentration of services in one facility, distance to services and access to perinatal care services is needed.
- Sarasota County has nearly twice the rate per population of nursing home beds and assisted facility beds than the state but the occupancy rates are 95% and higher in recent years. Are more nursing home beds needed and, if so, how can these be funded and maintained? How is the county or region planning for the care of the growing proportion of seniors as the babyboomers begin to enter retirement and older age?
- The health care issues driving the largest proportion of hospitalizations and hospital charges include psychoses and obstetrical services (deliveries), heart failure and shock and joint and limb reattachment/procedures of the lower extremity. How can the system of care be improved to reduce the hospitalizations related to psychoses or increase the number of psychiatric beds available to patients? How can preventable illnesses be kept out of the hospital and managed at home safely?
- Are the number of indigent care clinics and providers adequate to meet the needs of residents without health insurance or income to pay for care? How can this be estimated?

Health Care Funding

- Medicare is the largest source of payment for hospital services in both Sarasota and Charlotte County, at a rate that is nearly twice the state average.
- Medicaid comprises a relatively small proportion of hospital reimbursements, at less than 8% in Charlotte and less than 7% in Sarasota compared to more than 15% statewide. Medicare and Medicaid reimbursement rates are reportedly insufficient to cover the costs of some hospital care. How can hospitals continue to deliver services that are not paid for?
- Commercial insurance comprises a relatively small proportion of hospital reimbursements when compared to the state. How can the number of residents on private or employer-based health insurance be expanded and the number of residents on government-funded insurance reduced?
- There is limited funding coming to the county for the care of frail elderly. Funding from the Department of Elder Affairs covers fewer than 1,000 of the more than 6,000 of low-income elderly in the County who may need care. How can this need be assessed and what funding sources are available to help meet the needs of the frail elderly with limited income.
- KidCare health insurance for low-income children is a relatively cost-effective way to provide health insurance to children, with a large federal match for local and state dollars. How can Kidcare enrollment caps be removed and funding expanded to cover more low-income children?

Information and Referral

- The counties are working on or are providing enhanced health care information and referral with the introduction of the 211 information line. Is this resource being adequately advertised and used? Are all providers represented in the database?
- Hospital referral lines are a primary source of health care information and referral, with thousands of residents using these resources.

Access and Mobility

- Health insurance and health care insurance are constrained by law for illegal immigrants working or living in this country. What are cost-effective ways to provide preventative health care services or access to low-cost health insurance for this population of residents.
- Are translation services adequate in location health care facilities? How can these services be expanded to meet the growing need for Spanish speaking providers? Are English language classes adequately providers for immigrating residents?
- Transportation services for health care are limited and under-funded given the reported need in the Counties. Plans for improvements in the local transportation systems and funding are not forthcoming.

Prevention

- While both Sarasota and Charlotte Counties have a large number of agencies and groups that provide some form of prevention/ wellness services, we do not know the extent to which the community is aware of their existence or are affected by their services. More information is needed on how many residents these agencies service and the extent to which their services impact health.
- Other questions concerning prevention services include: are these adequate? Do they provide needed service? And do they serve all who need services or only those who have funding or who quality through targeted programs.
- Though data are not provided in this report, historically in the United States and via the health care system, funding for preventative services is inadequate. More research is needed to understand funding for and utilization of prevention services.

Structural Issues

- There is no “system” of care; there are multiple systems of care, including hospital, private provider and public systems of care that operate independently.
- There is little to no communications or coordination of services across providers and systems of care. How can avenues for communications and coordination be created?

- There is little to no coordination of funding across providers or systems of care, even among locally-funded agencies. Are there opportunities for shared funding across providers that are being overlooked?
- Is more coordination and communications feasible in the competitive marketplace?

Future Analyses and Implementation

In light of the billions of dollars spent on health care, the United States has the opportunity, indeed the obligation, to develop a health care system that produces the best possible outcomes. Until the nation chooses to undertake this obligation, States and local communities must endeavor to make changes that will help to improve health outcomes yet still constrain health care costs.

Many communities have taken on this challenge and are working to implement alternatives to the traditional health care system. Analysis of local needs and resources are the first step in the process. This assessment is part of the effort needed in the community to understand and change the health care system. Many questions were answered and many were raised. Critical questions remain concerning opportunities for cooperative funding and services, ways to expand health insurance coverage or other access to care for low-income residents, planning for health care and nursing care for the elderly, and many other issues. The CHIP Health System Assessment Committee and the CHATs will continue to work to understand and find solutions to these issues.

Historical Note
In 1997, the Sarasota Board of County Commissioners and the Sarasota County Public Hospital Board completed an assessment of the local health care system and released a report in 1997 called the *Sarasota County Health Systems Plan*. This plan emphasized the need to deliver preventative and primary care services for the estimated 40,000 residents without health insurance.

The group envisioned the development of a health care corporation that would provide services for the uninsured through a network of physicians, with a focus on impacting lifestyle and behavioral choices that affect health. Key service elements of the plan included: availability and access to health care services; prevention and early intervention; integrated services through networks of primary care providers, specialists, clinics and hospitals; and reductions in patient expenditures by reducing inappropriate use of emergency room care. These solutions are just as relevant and timely as they were seven years ago. The County is still confronting this challenge of the uninsured and rising health care costs, and it will for many years to come if alternative approached to health care funding and delivery are not developed.

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[4] New Hampshire Institute of Health Policy and Practice. Community Health Improvement Resources NHIHPP

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