

NEWTOWN HEALTHCARE ACCESS STUDY

Summary and Recommendations To Eliminate Newtown's Healthcare Disparities

Prepared for
Newtown Front Porch Community
Newtown Health Advisory Council
Newtown Community Health Action Team

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Objective:

In The Newtown Healthcare Access Study (Study), the authors present a case for evidence of varied health inequities impacting the minority communities of Sarasota and Manatee Counties, Florida. Through analysis of formal and informal community assessments and subsequent application of findings via collaboration of, and integration with the local health care system and the Sarasota Newtown community, these health disparities will be reduced or eliminated.

Methods:

Formal

Standard research methodology included preliminary research of demographic data. Key informant interviews led to development of focus group assessments and subsequent development and refinement of survey instruments. A survey of the community was conducted over a 6-month period of time with regular updates and interaction with local community and local governmental officials via community functions and meetings.

Informal

Additional methods were used to develop, modify and adjust the project as we went along. We rode through the communities doing “windshield surveys”, recording observations, walking about the area, speaking with proprietors and residents and recording feedback from various community events.

Results:

The results of the aforementioned surveys and focus groups were tabulated and statistically analyzed. The findings were first presented to participants at the inaugural *Medical Education Interactive: Crisis in Minority Health*, held at Booker High School Performing Arts Center in the Newtown community of Sarasota on 6/7/08. A variety of topics, including; cardiovascular disease, diabetes, HIV/AIDS, cancer, infant mortality and overall disparities amongst Latino and African American populations as compared to the general population were reviewed and discussed by a faculty of health care providers. Afterwards, interactive break-out sessions made up of Conference participants, gave additional feedback with proposed solutions on how best to address these disparities.

Focus Groups and Survey Findings (For further details, please review the entire Newtown Healthcare Access Study)

- The major response to what Newtown needed to improve the health care of its residents was a healthcare facility providing affordable healthcare, and more health education programs.
- Recurrent themes expressed throughout the focus groups and qualitative responses centered around access in terms of transportation, culturally sensitive providers, schedules that

accommodate working parents, childcare issues. A need for more health education and greater awareness of available resources were also observed.

- 89% of respondents felt a group of people chosen by the community to organize and plan health and wellness issues would be useful.
- Newtown's health and wellness strengths include faith-based activities within the community, volunteers working to improve conditions, ongoing HIV/AIDS outreach efforts and other health related activities, as well as the wisdom of the elderly.
- Low incomes, limited resources, substance abuse and lack of health care knowledge were common themes reported as weaknesses.
- 96% of respondents felt that a centralized facility with health providers, nutrition, fitness, diagnostic testing, dental and mental health (one-stop) services would be useful.
- The top three factors that define a healthy community were described as safety-low crime, community involvement and access to health care.
- The top three health problems the community felt Newtown faced were, lack of access to healthcare, sexually transmitted diseases, and teen pregnancies.
- 38% of respondents paid cash for health care costs, 35% had private insurance, 11% used Medicare
- Within the past year, 65% of respondents reported not being able to get needed health care.
- 63% of respondents who did access healthcare in the past year reported they had to go outside of Newtown to access the services.
- The common themes of the vision of a healthy community included the ability to have adequate healthcare at a reasonable cost in the community that would lead to prevention of illnesses and people joining together to solve the challenges.

Medical Education Interactive Breakout Session Findings

List of most often-cited contributing factors to minority health disparities in Sarasota/Manatee communities identified in the *Medical Education Interactive* break-out sessions:

- Stigma of certain diseases, i.e., HIV/AIDS, mental health disorders
- Inadequate community, group, and individual health education initiatives
- Poor access to treatment and diagnostic services
- Inadequate transportation
- Lack of providers accepting medicaid reimbursements

List of most often-cited solutions to reduce/eliminate minority health disparities suggested in the *Medical Education Interactive* break out sessions:

- Increase health education and awareness
- Create a community stakeholders coalition
- Bring healthcare resources back into the community through establishment of community-based providers
- Maintain a Resource Inventory for the community
- Establish universal healthcare
- Political activism
- Provide transportation

***Study Recommendations To
Eliminate/Reduce Newtown Health Disparities:***

1. Organize and maintain a health planning body that includes relevant stakeholders in support of the Newtown community to develop and facilitate implementation strategies for these Study recommendations.
2. Partnership Workgroups by Study disease category of hospital, community, physician experts, patient rep/advocates, ex. Cardiovascular Disease/Diabetes Mellitus-Sarasota Memorial Heart Institute, American Heart Association, Diabetes Association, Newtown Wellness, Newtown Health Advisory Council, Newtown Community Health Action Team.
3. Create a healthcare cooperative in the form of a one-stop health facility in the historic environ of Newtown for insured, under-insured and uninsured residents that include, but is not limited to services such as; 24-hour urgent care and emergency room diversion, pharmacy, laboratory, radiology, medical appliances, optical, physical therapy, case management, and transportation.
4. Develop a seamless interface between Newtown-based providers (serving the insured, under-insured, and uninsured), Sarasota Memorial Healthcare System and the Newtown one-stop facility.
5. Create an entity to procure, manage, and disseminate funds to be held as a Newtown Healthcare Endowment.
6. Develop infrastructure/capacity of existing programs in Newtown to address Study disease categories.
7. Requirement be established by funding entities that all health providers and relevant social service agencies to be potentially funded include strategies to address disparities in Sarasota/Newtown based upon Study findings.
8. Build collaborations with Sarasota County Schools to foster health career development of Newtown students interested in the healthcare professions.
9. Develop a list of Policy Makers/Planners/Funders to be presented with the specific question of what they would be willing to do in response to the Study analysis and recommendations, with a time-line for responses.
10. Ongoing dissemination of Study and Medical Education Interactive information via video excerpts/discussion groups/Q&A and through cultural competence training.
11. Beginning at grade school age and continuing to the elderly, significantly increase individual, small group, large group, and community-wide health education interventions and health screenings for Newtown residents.
12. Provide detoxification and residential alcohol and other drug treatment services “upon demand” to any Newtown resident.

Fiscal Impact:

The projected cost (excluding alcohol and other drug treatment services) of the treatment and prevention/education Recommendations listed above is \$6.8 million at start-up, with an annualized operating cost of \$1.2 million. Effective emergency room diversion, preventive medicine, comprehensive dental services, behavioral health services, and community outreach prevention/education strategies will save area hospitals, county government, and 3rd party payers approximately \$4.2 million per year. In addition to providing meaningful access to healthcare to the immediate Newtown community, a facility as recommended above would complement the Newtown Redevelopment Plan by increasing employment, providing economic activity, and making Newtown a “destination location” serving all of Sarasota County because of the depth and convenience of its one-stop services.

If we consider that nearly 25% of Sarasota Emergency Room admissions lack adequate insurance (about 21,000 patient visits) and slightly more than half (53%) of neonatal intensive care cases were uninsured or on medicaid, there is a compelling need to improve access to care and preventive services. Most people wait too long to seek health attention, especially when more than a third have to pay out of pocket, and many feel there is no where to go or don't know where to turn for care.

Uncompensated emergency room and other hospital service costs at Sarasota Memorial Healthcare System delivered to the uninsured and under-insured can be significantly mitigated through implementation of the Study Recommendations. There were 3574 births at Sarasota Memorial in 2007. Almost 50% were medicaid. 257 of 481 intensive neonatal cases (53%) were medicaid patients or uninsured. The following are the uncompensated cost of care at Sarasota Memorial for the “average” uncomplicated patient:

Heart Attack	\$18,000
Cancer	\$10,000
AIDS	\$19,000
Low Birth Weight	\$28,000

Approximately 1/3 of diabetics are undiagnosed. The average healthcare cost/year/patient is \$13,000 vs. \$2,560 non-diabetic. There is an additional indirect cost/year/patient of \$5747 (work loss, disability, premature death).

The potential positive economic impact of effective prevention is great. Case management is documented to be an effective intervention. Health screenings and culturally relevant education models are also to be employed according to research. Routine access to healthcare often prevent the onset or worsening of many adverse health conditions. For example, studies among people with heart disease have shown that lowering high blood cholesterol and high blood pressure can reduce the risk of dying of heart disease, having a nonfatal heart attack, or needing heart by-pass surgery or angioplasty. Studies among people without heart disease have shown that lowering high blood cholesterol and high blood pressure can reduce the risk of developing heart disease.

With the alarming rates of disparities in deaths and diseases present in Sarasota County's ethnic minority populations when compared to the Caucasian population, with the millions of dollars per year lost to uncompensated hospital care, with the millions of dollars in profits lost to reduced productivity

from accidents and absenteeism, with the almost exponential increase of those qualifying for sliding fee scale or reduced cost healthcare services, and with the now entrenched increased costs of energy and food without a comparable increase in wages or entitlements, our community can not afford to fail to implement the Study Recommendations.

The authors wish to remind the reader of W. H. Foege's cogent admonition contained in the International Journal of Epidemiology 1976, found at the Introduction to this Study, "The reason for collecting, analyzing, and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow".

SARASOTA-MANATEE-STATE OF FLORIDA AGE ADJUSTED DEATH RATES
SINGLE-YEAR RATES FOR AFRICAN AMERICAN & WHITE ALL SEXES

	Deaths			Population			AADR 1/100,000		
	2004	2005	2006	2004	2005	2006	2004	2005	2006
AA Diabetes-FL	906	898	922	2774630	2949668	3023821	50.3	46.7	45.7
Wh. Diabetes – FL	3844	4197	4141	14390040	14581665	14909913	18.1	19.5	18.6
AA Diabetes-Sar	6	12	8	15,843	16,702	14,406	40.1	85.7	57.2
Wh. Diabetes-Sar	76	94	96	340,087	348,855	359,626	10.5	12.7	11.4
AA Diabetes-Brad.	4	3	5	25,714	28,111	28,662	20.2	21.9	25.2
Wh. Diabetes-Brad	72	55	58	266,932	273,528	276,214	14.4	10.6	10.9
AA Stroke-FL	1191	1217	1231	2774630	2949668	3023821	68.7	67.5	63.6
Wh Stroke-FL	8397	7959	7489	14,390,040	14,581,665	14,909,913	36.6	34.6	31.5
AA Stroke-Sar	4	14	9	15,843	16,702	14,406	32.3	101.3	56.3
White Stroke-Sar.	280	230	248	340,087	348,855	359,626	30.3	24.8	25.9
AA Stroke-Brad.	15	11	11	25,714	28,111	28,662	98.6	65.1	64.2
White Stroke-Brad	160	143	155	266932	273528	276214	30.1	26	27.6
AA Cancer – Florida	3763	3743	3741	2,774,630	2,949,668	3,023,821	200.1	185.9	176.6
Wh. Cancer – Florida	35462	36018	35861	14,390,040	14,581,665	14,909,913	169.7	170.5	164.2
AA Cancer-Sarasota	34	30	31	15,843	16,702	17,406	243.9	204.6	201.4
Wh. Cancer-Sarasota	1123	1151	1145	340,087	348,855	359,626	147.6	149.1	138.8
AA Cancer-Bradenton	32	28	37	25,714	28,111	28,662	195.7	140.2	199.1
Wh. Cancer-Bradenton	762	808	760	266932	273528	276214	162.3	168.4	157.1
AA Heart Disease-FL	4312	4183	4052	2,774,630	2,949,668	3,023,821	245.8	224.6	206.6
Wh. Heart Disease-FL	42289	41353	39471	14,390,040	14,581,665	14,909,913	186.3	181.8	167.3
AA Heart Disease-Sar	25	29	32	15,843	16,702	17,406	187.4	211.8	215.8
White Heart Dis.-Sar	1153	1243	1244	340,087	348,855	359,626	133.3	136.9	131.5
AA Heart Disease-Brad	55	65	52	25714	28111	28662	379.5	393.4	303.6
Wh Heart Disease-Brad	1004	972	953	266932	273528	276214	189.5	175.5	174.1
AA AIDS FL	1054	997	1077	2,774,630	2,949,668	3,023,821	41.6	36.6	38.9
White AIDS- FL	650	669	644	14,390,040	14,581,665	14,909,913	4.5	4.6	4.3
AA AIDS- Sara	4	6	2	15,843	16,702	17,406	25.7	38.2	12.7
White AIDS- Sar	9	5	9	340,087	348,855	359,626	3.4	1.4	2.3
AA AIDS- Manatee	10	8	9	25714	28111	28662	46.3	33.7	35.3
Wh AIDS Manatee	8	15	5	266932	273528	276214	3.3	5.4	2