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

Sarasota, Florida
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Authors

Lisa Merritt, M.D.                                                                                      James E. McCloud
501 North Beneva Road, Suite 600                                           2223 N. Washington Blvd.
Sarasota, FL 34232                                                      Sarasota, FL 34234
941.356.0980                                                                                                  941.321.3081
merrittmeso@yahoo.com                                                      mccloudjames@gmail.com
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 timeline 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 5574 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. Foeges’ 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”.

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