

UNCOVERED: HEALTH AND THE UNINSURED IN SARASOTA COUNTY



Prepared by the Community Health Improvement Partnership

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CHIP
Community Health
Improvement Partnership 

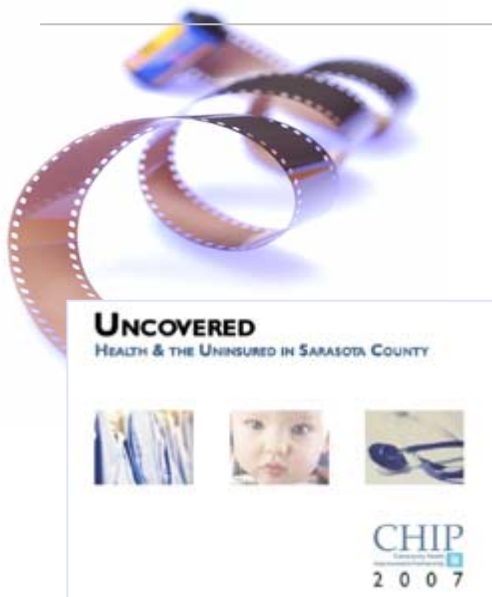
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UNCOVERED: HEALTH AND THE UNINSURED IN SARASOTA COUNTY

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and

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A Note to the Reader

A short film was created to summarize and complement this report.

The film can be viewed online at [www.getsarotainsured.com/uncovered.htm](http://www.getsarasotainsured.com/uncovered.htm). For a DVD copy of the film, please contact the offices of the Community Health Improvement Partnership at 941.861.2929.

If you have questions or comments about the content of this report, please contact Kari Ellingstad, CHIP Research Coordinator, at 941.861.2867, or by email at kari_ellingstad@doh.state.fl.us.

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Preface

Our nation spends more than any other country on healthcare, about 16% of our gross domestic product. We demand the finest medicine using the latest technology. Yet, we often don't consider the impact of our choices on our economy, our communities and our neighbors. The way we consume healthcare as a nation has driven insurance premiums to unprecedented levels – on average \$10,000 or more per year – leading many employers to discontinue offering this benefit and many self-employed workers to forgo insurance due to the high cost.

The proportion of people who are uninsured in the U.S. has been growing steadily in the last 20 years. Nearly one in five Americans is without health insurance. In Sarasota County, these figures are similarly high (18.1% among those under 65), and higher than many other communities in our state and nation. And most of the uninsured are employed. The likelihood of being uncovered is highest among the most poor, those with the least education and those who work in small businesses or who are self-employed. But the risks of declining coverage affects all Americans, through higher medical care costs, insurance premiums and taxes.

So what can we, as a community, do about the growing problem of the uninsured? There is much we can accomplish when we come together to develop local solutions. We can learn about the many new health coverage options, for individuals and employers. We can encourage group purchasing and employee wellness programs to keep costs down and improve health status. We can influence local policies that impact health, such as how we build our communities and produce our food to encourage healthy lifestyles. We can work together to develop solutions we have not yet thought of yet, and we can believe that a solution exists for this problem that we created.

Please join us in this first step in solution-building, which is to understand the many facets of the health insurance crisis from a local perspective. It is not just the absence of coverage that puts us at risk, but also the absence of health and well-being.

This report summarizes the most up-to-date data on local and state health insurance coverage, perceived need for care or coverage, and the solution-building that is underway. Sarasota is a rich and creative community that has begun building bridges to solutions. To increase insurance coverage for families in any significant way, we must work together. We must create options for those who can't afford it, we must urge those who can to purchase insurance, and we must offer alternatives for health maintenance and risk reduction for those who may remain without.

As a community, we are only as strong as our weakest member. Finding ways to expand coverage and provide access to affordable care for those without insurance is something we cannot afford to not do.

About CHIP and the Health Provocateur Project

The **Community Health Improvement Partnership**, or CHIP, brings together a dynamic collaboration of individuals, not-for-profit organizations, hospitals, and community leaders. CHIP is dedicated to building better health, insurance coverage and well-being for Sarasota, Charlotte and DeSoto County residents. The goal of CHIP is to improve the physical, mental, social, and environmental health of all citizens. Community Health Action Teams and a regional team of healthcare leaders, social profit agencies and volunteers work together to make this happen through community engagement and solution-building, research and benchmarking and regional planning and implementation.

The Health Provocateur Project is an example of one of CHIP's regional initiatives. The Health Provocateur Project provides systems-level planning to complement CHIP's grass-roots, community-based activities. Organized and facilitated by CHIP and SCOPE staff, the Health Provocateur Project convenes major institutional stakeholders of the local healthcare system, including hospital CEOs and Health Department leadership.



These members have been working on a number of significant issues which impact community health. A drive to improve healthcare access for those without insurance identified the need for more local data to better understand the issue.

This document responds to that need. The following pages explore the characteristics of the County's 47,000 uninsured residents. A variety of data resources have been compiled in an effort to provide a profile of the local uninsured population and begin to describe the impact that this has on our community. This document concludes with a summary of local action being taken to improve healthcare access and coordinate services for those without health insurance.

KEY FINDINGS: THE UNINSURED IN SARASOTA COUNTY

- In Sarasota County, based on 2006 population estimates, 47,388 residents under 65 are uninsured.
- Among children in Sarasota County (age 18 and under), 13.4 percent are uninsured. In Florida, 11.8 percent of children are uninsured.
- Though employers serve as a primary link to coverage, employment alone doesn't ensure access to health insurance. Among Sarasota County's uninsured, 95 percent have a family member with some form of employment. Thirty-two percent of the uninsured are employed full-time, and 18 percent are employed part-time. Twenty-two percent are self-employed. An additional 11 percent are unemployed and 7 percent are retired.
- Cost is most commonly cited as the reason people do not have insurance. Seventy-seven percent of Sarasota County residents report that coverage is too expensive.
- Thirty-eight percent of uninsured Sarasota County residents report that they delayed or did not get needed medical care in the past year. Among those with insurance, 7.2 reported the same.
- More than 12 percent of Sarasota County residents report that their health status is fair or poor. When compared to those with insurance, the uninsured are about twice as likely to report fair or poor health.

INTRODUCTION

That so many Americans are without health insurance coverage weighs heavy on a country which spends twice as much on healthcare as the median industrialized nation. And yet despite the large expenditures, health insurance coverage is not universal as it is in every other major industrialized country; the current employer-based system leaves many Americans without access to affordable health insurance.¹

The word “crisis” has been used, quite justifiably, to describe the health insurance problem in the United States. Forty-four million Americans are without health insurance and by 2013 this number is expected to grow to 56 million, or approximately 1 in 5 U.S. residents.²⁻⁴



Lack of Coverage: The Consequences

The impacts of lack of insurance are significant. Working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker; and receive poorer care when they are in the hospital. Research has shown that uninsured individuals have a 25% higher mortality than those who are insured; the Institute of Medicine estimates that 18,000 lives are lost annually as a consequence of gaps in coverage.³

Data from a survey of Sarasota County residents also reveal the impact of uninsurance on quality of life. When compared to those with coverage, uninsured Sarasota County residents are twice as likely to report their health status as fair or poor.⁵ They are also less likely to have a regular medical care provider and five times more likely to report that they did not get needed medical care in the past 12 months.

It is clear that health insurance also permeates areas of individuals' lives in ways far removed from healthcare. It impacts decisions to choose or leave a job; marriages have been hastened—and divorces delayed—to ensure that individuals have health insurance coverage. And while those with insurance maneuver to keep coverage and prepare for skyrocketing premiums, those without health insurance look for affordable options ... and hope that they do not become sick or injured in the meantime.

Working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker; and receive poorer care when they are in the hospital.

The Uninsured in Sarasota County

In Sarasota County, based on 2006 population estimates, 47,388 are uninsured.⁴ Compared to other counties in Florida, the uninsurance problem in Sarasota County may not seem particularly striking. The County ranks 51st (of 67 counties) in the proportion of individuals without health insurance, and 17 other Florida counties have a larger total number of uninsured.^{4,6}

But the problem *is* very real for local residents. CHIP's 2007 Community Healthy Survey found that a high proportion of residents (41 percent) cite access to healthcare as an important characteristic of a healthy community, and nearly one-fourth of respondents noted lack of access to healthcare as a priority health concern.

Residents of Sarasota County understand the necessity to act now to create much needed change. As highlighted in the final pages of this report, individuals in Sarasota County are stepping up to the challenge and working together to identify ways to provide *equitable* healthcare access for all residents.

What three items do you believe are the most important **health concerns** in your community?

	<i>Percent</i>
Aging problems (arthritis, Alzheimers, etc.)	60
Chronic disease	43
Alcohol & other drug abuse	38
Poor diet / lack of exercise	25
Lack of access to healthcare	24
Child abuse / neglect	18
Motor vehicle crashes	16
Homelessness	15
Tobacco use	15
Mental health issues	12
Domestic violence	11
Sexually Transmitted Diseases	4
Teenage pregnancy	4
Infectious diseases	3
Rape / sexual assault	2
Firearm-related injuries	1
Homicide	1
Suicide	<1

What three items do you believe are **most important** for a healthy community?

	<i>Percent</i>
Low crime / safe neighborhoods	48
Access to healthcare & other services	41
Good schools	33
Good jobs and healthy economy	31
Affordable housing	30
Strong family life	29
Healthy behaviors and lifestyles	25
Religious or spiritual values	22
Community involvement	21
Clean environment	21
Parks and recreation	8
Low level of child abuse	7
Tolerance for diversity	7
Arts and cultural events	4
Low death and disease rates	2

1. Data from the 2007 CHIP Community Health Survey
2. Percentages add up to greater than 100 because individuals had the option of selecting more than one response.

DATA SOURCES for this Report

Data included in this report come from four sources: the Florida Health Insurance Study, the 2006 CHIP Community Health Survey, financial reports submitted by hospitals and survey results from patients of local emergency departments. The analysis of survey data took place at the Sarasota County Health Department.

Where data are presented, the source is noted. The icons below help emphasize the important distinction between the different data sources.



Data from the Florida Health Insurance Study



Data from the 2006 CHIP Community Health Survey



Data received from hospital records



Survey data emergency department patients

Florida Health Insurance Study

In 1998 the Florida legislature created the Florida Health Insurance Study to provide reliable estimates of the percentage and number of Floridians without health insurance. Telephone surveys were used to gather data from a sample of Florida households. Telephone fieldwork was conducted between April and August of 2004 by the Survey Research Center of the University of Florida's Bureau of Economic and Business Research.

CHIP Household Survey 2006

The Community Health Improvement Partnership relies on survey data to provide an assessment of community health, to guide solution-building, and as a tool for evaluating community-level interventions. The latest CHIP survey was mailed to 5,000 randomly selected households in Sarasota County in the fall of 2006.

The 2006 CHIP Community Health Survey provides data on a variety of health-related topics, including issues relating to healthcare access.

Reports Submitted by Hospitals

Sarasota County hospitals were asked to submit data relating to the uninsured population receiving care at their emergency departments, patterns of usage, and reimbursements for care. These data come from hospital financial records and provide an indicator of the economic burden of the uninsured on local healthcare resources and the community at large.

Emergency Department Survey

Survey results from individuals using the emergency departments (ED) capture dimensions that the hospital records do not, including reasons for using the ED, past medical care history, and access to other healthcare providers. Along with the reports submitted by local hospitals, these sources of data complement each other and provide a broader picture of the population accessing local emergency departments.

The survey of individuals seeking care at Sarasota County Hospital emergency departments took place in August and September of 2006. All hospitals in Sarasota County – Doctor’s Hospital, Englewood Community Hospital, Sarasota Memorial Hospital and Venice Regional Health Center – participated in the surveying and each designated a staff person to oversee the administration of the survey.

Surveys were administered by hospital staff as patients were discharged from the emergency department. A total of 462 individuals provided information during the time period in which surveys were being administered in emergency departments. The following table provides a breakdown of the number of respondents by hospital.

<i>Hospital</i>	<i>Number of Respondents</i>
Sarasota Memorial Hospital	208
Doctor’s Hospital	94
Englewood Community Hospital	92
Venice Regional Medical Center	67
Total	461

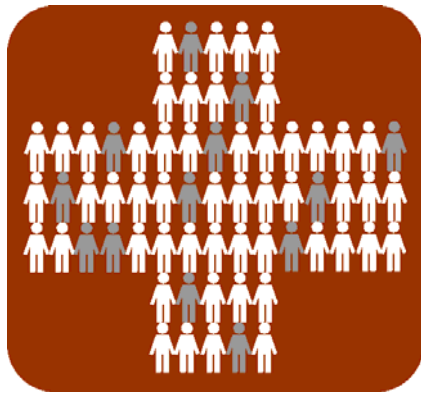
Limitations of Surveying in an Urgent Care Setting

The emergency room setting is not an ideal environment for collecting survey data. Individuals with particularly serious conditions, and those admitted to the hospital from the emergency room (and not discharged directly from the emergency department) would have been less likely to participate in the survey. This is likely to have an impact on the overall survey results, particularly concerning issues relating to the level of need (urgent versus routine care).

PART I: CHARACTERISTICS OF THE UNINSURED IN SARASOTA COUNTY

Estimates

In 2004, the Florida Health Insurance Study (FHIS), completed telephone interviews with representatives from 17,435 Florida households, collecting data for 46,876 individuals. Like other statewide surveys to measure health insurance, the focus of the FHIS is Floridians under age 65, since virtually all Americans age 65 or older have some health coverage through Medicare.



More than
1 in 6
Sarasota
County
residents
under 65
lack health
insurance.

According to the FHIS, in 2004, an estimated 18.1 percent of Sarasota County residents were uninsured. Based on 2006 population figures, this represents 47,388 individuals, or more than one in six Sarasota County residents under the age of 65.



	Population Under 65 ¹	Uninsured Under 65	
	<i>Number</i>	<i>Number</i>	<i>Percent</i>
Sarasota County ¹	261,810	47,388	18.1
Florida ¹	15,313,084	2,940,112	19.2
United States ²	184,026,417	37,808,000	20.5

¹ Population estimates for Florida and Sarasota County are from 2006 and come from the Florida Legislature's Office of Economic and Demographic Research (EDR).

² Estimates from the U.S. Census Bureau. Income, Poverty, and Health Insurance in the United States: 2005 Estimates of population under 65 are based on data from this report. <http://www.census.gov/hhes/www/hlthins/hlthin05/hi05t8.pdf>

Types of Coverage

Local data on the characteristics of uninsured residents are also available from other sources. In the fall of 2006, the Community Health Improvement Partnership (CHIP) mailed surveys to a random sample of Sarasota households. The survey asked respondents to provide answers on a number of health topics, including healthcare access. Of the 2,320 individuals completing the survey, 1,494 were between the ages of 18 through 64. Among this population, 16 percent reported that they lacked health insurance. Unlike the FHIS, the CHIP Community Health Survey does not capture the number of uninsured children. It's no surprise, then, that county-level uninsurance estimates from the FHIS are higher than those reflected in the CHIP survey.



“What kind of health insurance do you have?”

Sarasota County Residents 18-64, 2006

N = 75

	Number	Percent
Employer pays all or part of Insurance Cost	672	56.4
Private, self-pay	237	20.7
No Health Insurance	181	16.0
Medicare	97	8.5
Medicaid	11	1.0
Don't Know	1	0.1

In Sarasota County, health insurance is provided by employers for more than half (56.4 percent) of those with insurance coverage. An additional 20.7 percent of individual pay for their own health insurance coverage.



2006
Sarasota
County



COMMUNITY HEALTH SURVEY

2006 Sarasota County Community Health Survey

- Mailed to a random sample of Sarasota County households
- 2,320 individuals completed the survey
- 1,494 were between the ages of 18-64
- 16 percent of respondents 18-65 reported that they lacked health insurance

Reasons for Not Having Coverage

Cost is most often cited as the reason why people do not have health insurance coverage. More than three quarters of Sarasota County residents report that cost prohibits them from securing coverage.



Main Reason for Not Having Insurance Coverage

Uninsured Sarasota County Residents 18-64, 2006
N = 75

	<i>Percent</i>
Too expensive/premium too high/can't afford	77.1
Don't need insurance/usually healthy	4.7
Not employed	4.2
Medical problems / pre-existing conditions	4.1
Employer doesn't offer insurance	2.9
Don't know	2.3
Other	2.0
Waiting for coverage (e.g. less than 90 days on job)	1.4
Don't believe in insurance	1.3
New to area or moving from area soon	0.1
Free or inexpensive care is readily available	0.0

On average, employee-only insurance premiums in 2004 were about \$111 and costs for family coverage were about \$305. It should be noted, however, that across the nation insurance premiums have been rising steadily over the years. The 2004 figures from the Florida Health Insurance Study give us a ballpark figure of what residents are paying for coverage, but are certainly an underestimation of the cost in 2007.



Average Monthly Premiums for Insured Individuals with Employer-Sponsored Coverage

Sarasota County Residents, 2004

<i>Type of Coverage</i>	<i>Average</i>	<i>Range</i>
Employee Only	\$111	\$10 - \$606
Family	\$305	\$15 - \$1299



LOCAL PROFILE

Angela Ruggiero, North Port

**“What about
the people
that have a
pre-existing
condition?
What do
we do?”**

After moving from Buffalo, NY where my family always had health insurance provided by our employers, it was quite a shock *not* to have it readily available from our employers in Florida.

My employer offered to pay for half of my individual insurance and we considered one of the group plans offered. However, the out-of-pocket expense to insure me, my husband and my 9 year old son would have been about \$600 a month.

We then decided to take another route and try individual insurance for about \$450 a month. But because of a preexisting condition we were denied. I was told that because of this denial we would have a hard time getting health insurance from any insurer.

My husband was self-employed as a realtor. During the month of August, realtors are offered an open enrollment from several providers. My husband called all the providers on the list and the lowest price was \$1,500 per month and the deductible was astronomical. During this search I learned I needed a breast biopsy. We did some calculations and found that it was more economical to go without insurance because even after paying for the \$1500 group plan, we wouldn't come near the deductible and it would actually cost us more.

I was told to look into a Health Savings Account by my state representative, who said they are a great way to get health insurance. With an HSA you still need to qualify (which we didn't) and you still pay a monthly premium. What about the people that have a pre-existing conditions? What do we do?

Characteristics of the Uninsured



Distribution of Uninsured Sarasota County and Florida Residents Under Age 65, 2004

For each characteristic, the percentages total to approximately 100%.
(n=8,232 for Florida, n=165 for Sarasota County)

	Sarasota County	Florida
	<i>Percent</i>	<i>Percent</i>
Race/Ethnicity		
White Non-Hispanics	66.4	44.3
Hispanics	19.4	31.6
Blacks/African Americans	11.2	19.5
Others	3.0	4.6
Gender		
	Sarasota County	Florida
Male	56.5	52.8
Female	43.5	47.2
Age Group		
	Sarasota County	Florida
0 – 4 years	3.5	3.1
5 – 9 years	6.5	4.6
10 – 17 years	11.9	10.9
18 – 24 years	14.3	15.8
25 – 34 years	20.9	23.2
35 – 44 years	20.4	19.8
45 – 54 years	12.8	14.3
55 – 64 years	9.7	8.3
Age Category		
	Sarasota County	Florida
Children (under 18 years)	20.9	18.5
Adults (18 – 64 years)	79.2	81.5

Characteristics of the Uninsured (cont.)

Length of Time Without Health Insurance	Sarasota County	Florida
Less than one month	1.3	3.1
One to six months	19.3	15.0
Seven to 12 months	9.4	8.9
1 – 2 years	16.8	18.5
More than 2 years	39.9	35.6
Never had health insurance	13.2	18.9

Annual Family Income	Sarasota County	Florida
Less than \$5,000	3.5	5.3
\$5,000 – \$9,999	7.0	6.8
\$10,000 – \$14,999	5.6	9.7
\$15,000 – \$19,999	8.4	11.7
\$20,000 – \$24,999	12.3	11.9
\$25,000 – \$34,999	20.0	21.3
\$35,000 – \$44,999	15.2	11.5
\$45,000 – \$54,999	10.8	6.4
\$55,000 – \$64,999	7.4	4.9
\$65,000 – \$74,999	7.8	2.9
\$75,000 – \$84,999	0.8	2.2
\$85,000 – \$94,999	1.3	1.0
\$95,000 or more	3.5	4.3

Income as a Percent of Federal Poverty Level	Sarasota County	Florida
100% or less	18.7	26.9
101%-150%	24.1	22.7
151%-200%	25.8	16.1
201%-250%	10.0	8.7
Greater than 250%	20.4	25.7

Coverage for Individuals within Households

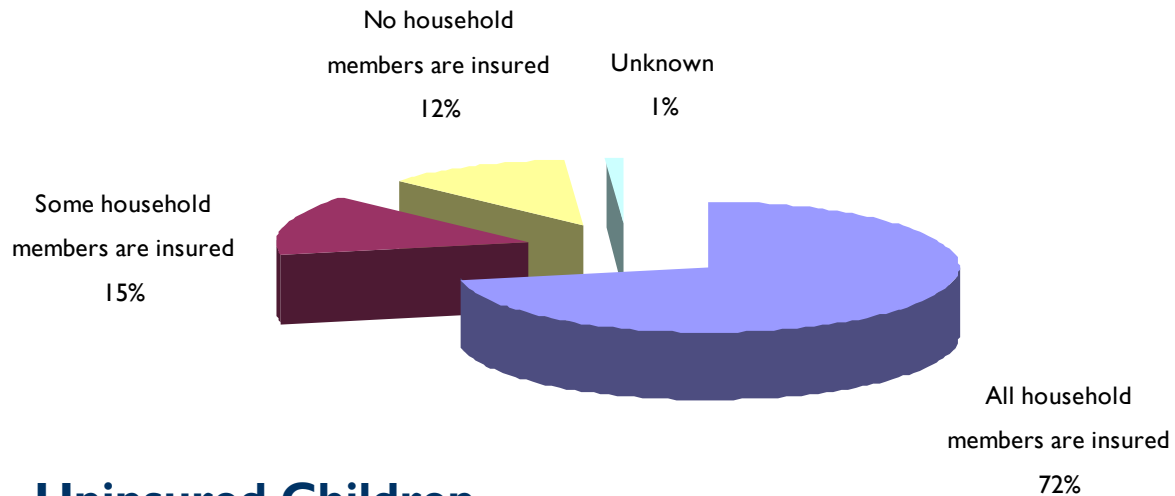


For those who have insurance, coverage does not necessarily extend to all members of the household. Though 72 percent of respondents reported all members were covered, in 17 percent of households some members were not. In 12 percent of households no individuals have health insurance, while 15 percent of households report that only some household members are insured.

“Are all, some, or no members of your household covered by health insurance?”



Sarasota County Residents, 2006
N=1185



Uninsured Children

Whereas adults often rely on their employer for health insurance coverage, many children receive coverage through government programs. In Florida, more than 30% are covered by programs like KidCare and Medicaid.

Yet despite the availability of government programs which insurance options, a large number of Florida's children remain uninsured. Based on 2004 estimates from the Florida Health Insurance Study, 13.4 percent of children in Sarasota County were uninsured. (Here children are defined as those individuals under age 18.) This figure is higher than the State average of 11.8 percent.



In 2004, 13.4 percent of children in Sarasota County were uninsured. This figure is higher than the State average of 11.8 percent.

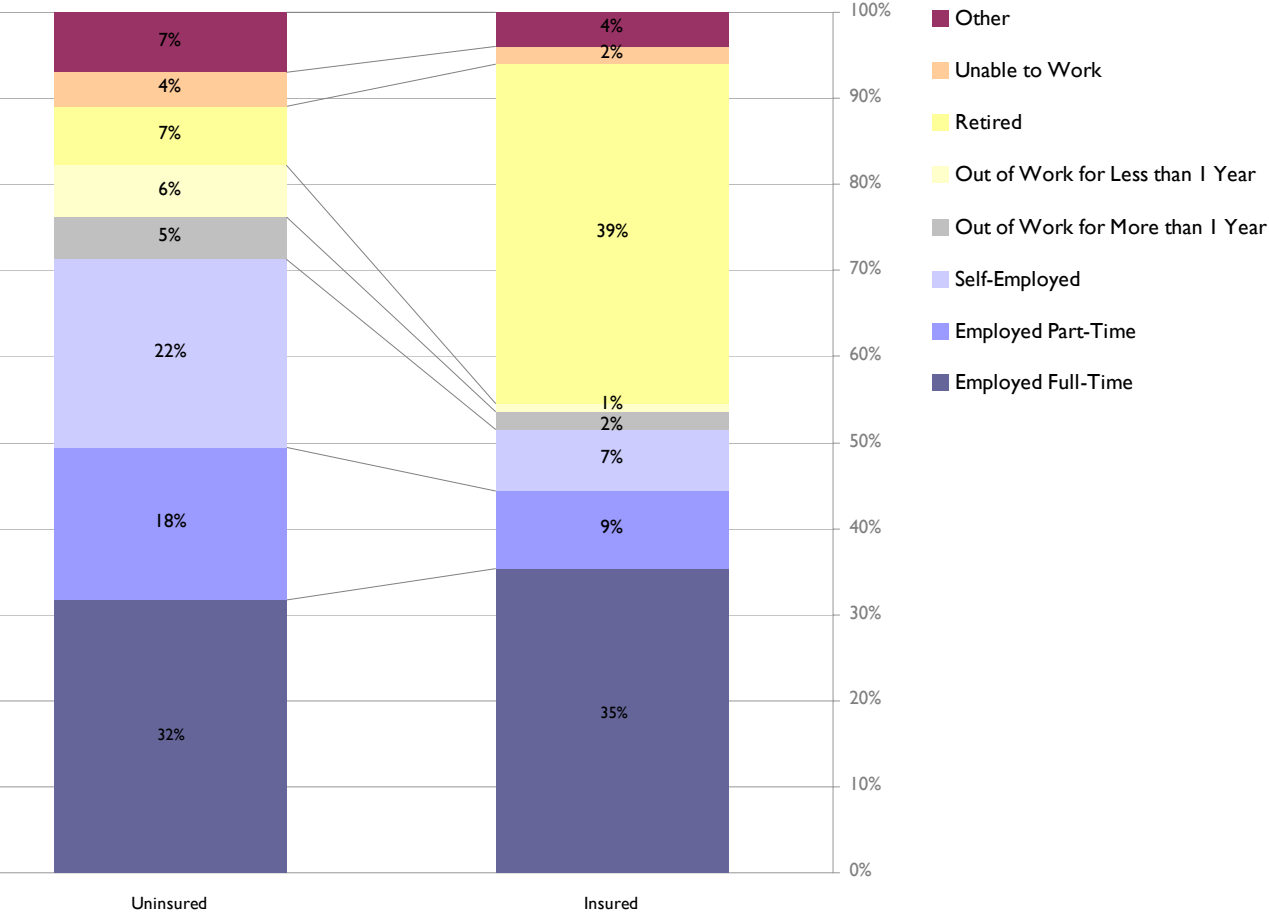
Insurance and Employment

Employment status is a major predictor of insurance status. Among individuals employed full-time, slightly more are more likely to be insured (35 percent insured versus 32 percent uninsured). When compared to those with health insurance coverage, the uninsured are twice as likely to be employed part-time and more than three times as likely to be self-employed.

While 39 percent of insured individuals are retired, among those without insurance, only 7 percent report their employment status as retired.



Employment, by insurance status
 Sarasota County Residents, 2006
 N=1122

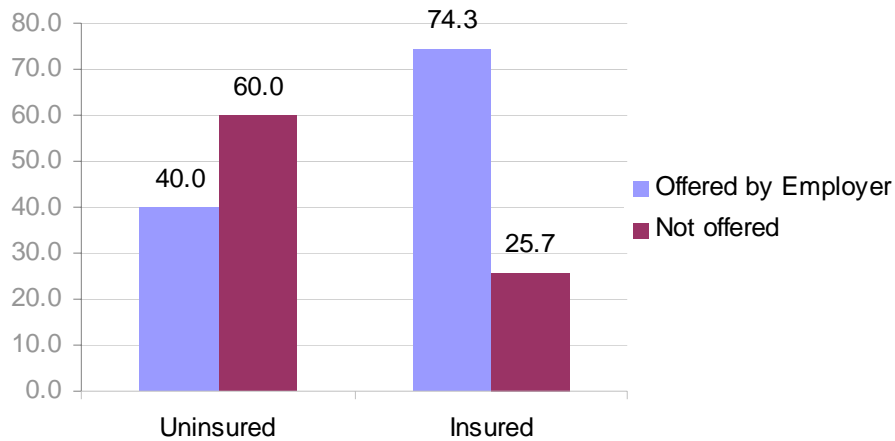


Among employed Sarasota County residents, 68.5 percent report that their employer offers a health insurance option, while employer-based coverage is not available for 31.6 percent of residents. Among the insured, 74 percent can access a health insurance package from their employer; among the uninsured, this option exists for only 40 percent of employees.



Availability of Employer-Sponsored Health Insurance, by Insurance Status

Sarasota County Residents 18-64, 2004
N = 486

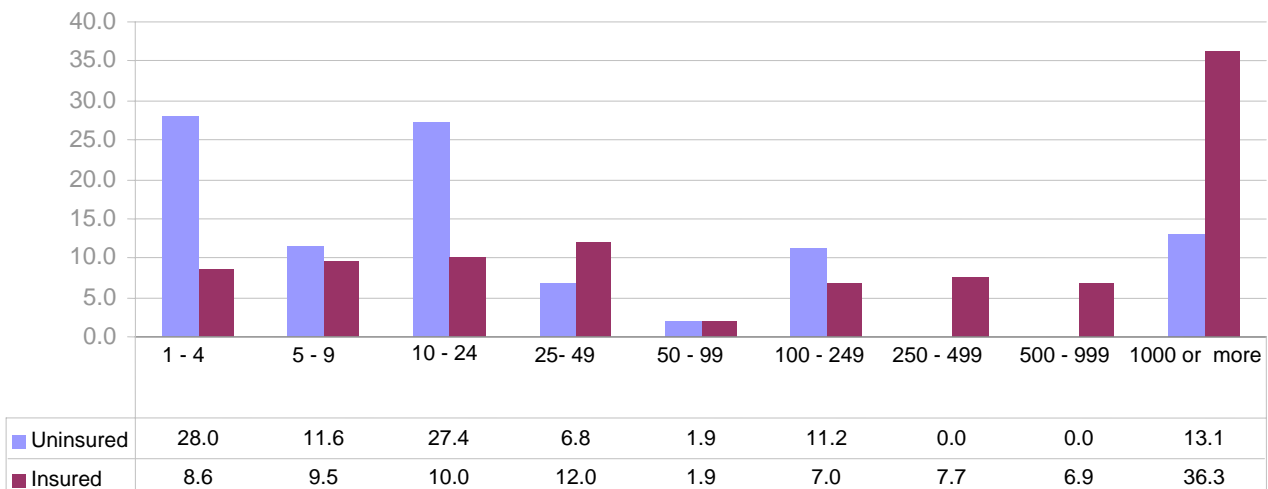


As the graph below indicates, individuals employed by smaller firms are less likely to have insurance coverage. Sixty-seven percent of those without insurance coverage are employed by firms that employ less than 50 people.



Likelihood of Having Health Insurance, by Size of Employer

Sarasota County Residents 18-64, 2004
N = 176



Regular Healthcare Provider

Attachment to a primary care provider is significantly correlated with healthcare utilization behavior as well as health outcomes. These survey data show that 82 percent of the respondents in this sample have one or more providers they consider to be their primary provider, while 18 percent of those surveyed have no primary care provider.

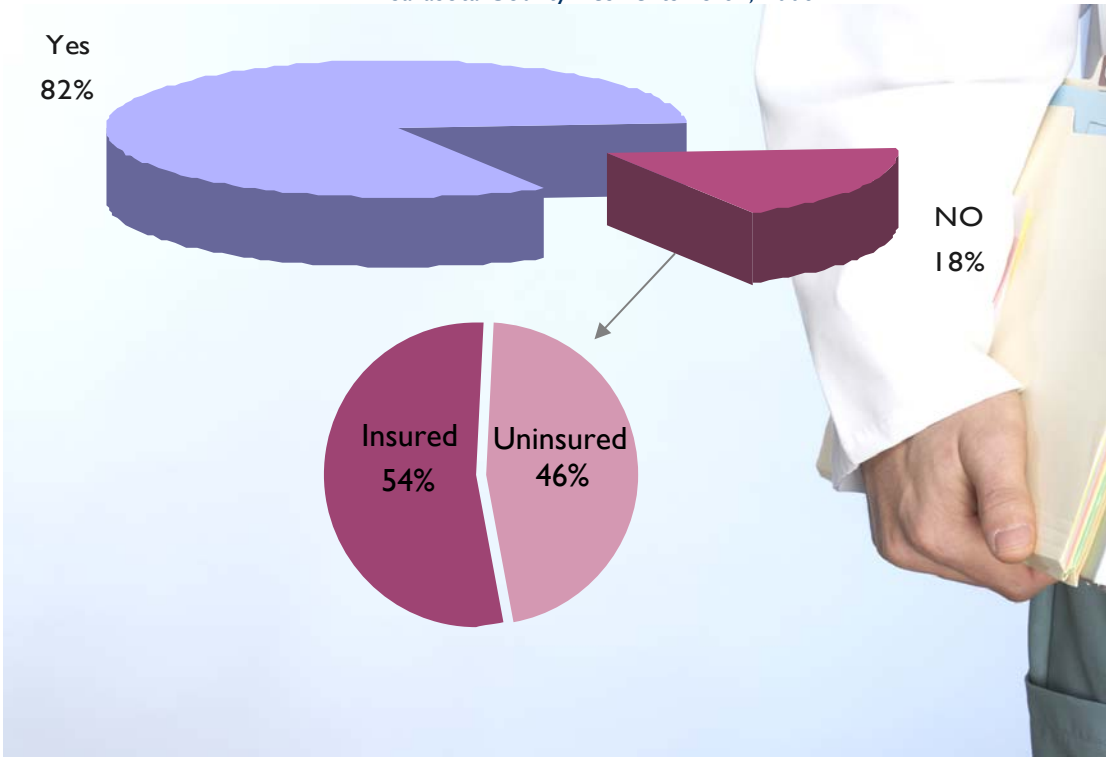
Among those without a regular healthcare provider, 54 percent were insured while 46 percent lacked insurance.

Health insurance and having a regular provider go hand in hand. About 1 in 10 of those with insurance (11 percent) say they do not have a primary care physician, while 1 in 2 (52 percent) of those without insurance report the same.



“Do you have one doctor or clinic you think of as your primary care provider?”

Sarasota County Residents 18-64, 2006



PART II: THE IMPACT OF UNINSURANCE ON INDIVIDUALS

The Impact of Lack of Insurance on Health Status

Health status questions are typically used in health surveys to provide a general measure of self-reported health, with respondents assessing their health status on a scale from poor to excellent.



“Who you say that in general your health is: ...”

Sarasota County Residents 18-64, 2006

N = 1136

Excellent	Very Good	Good	Fair	Poor
16.4%	41.5%	29.8%	9.8%	2.5%
90% Insured 10% Uninsured	88% Insured 12% Uninsured	79% Insured 21% Uninsured	33% Insured 67% Uninsured	36% Insured 64% Uninsured

12.3 percent of Sarasota County residents reported that their health status is fair or poor. Among this group, the uninsured are about twice as likely to report that their health status is fair or poor.

The uninsured are about twice as likely to report their health status as fair or poor.

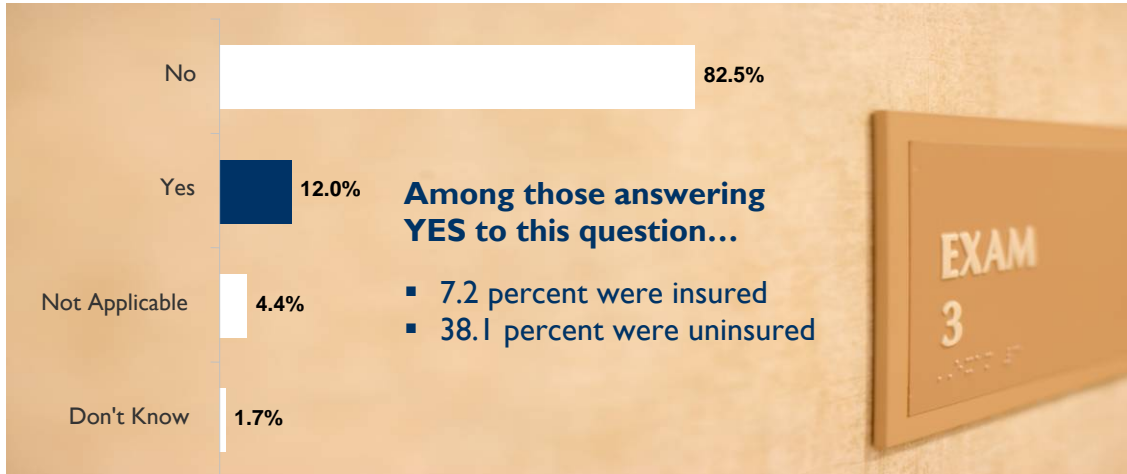
Unmet Medical Need

One in every 8 respondents (12.0 percent) reported that they needed healthcare in the past year and could not get it. Respondents without health insurance were significantly more likely to be unable to get care (38.1 percent) than those respondents with health insurance (7.2 percent).



“Was there a time in the past 12 months when you needed medical care but could not get it?”

Sarasota County Residents 18-64, 2006
N = 1122

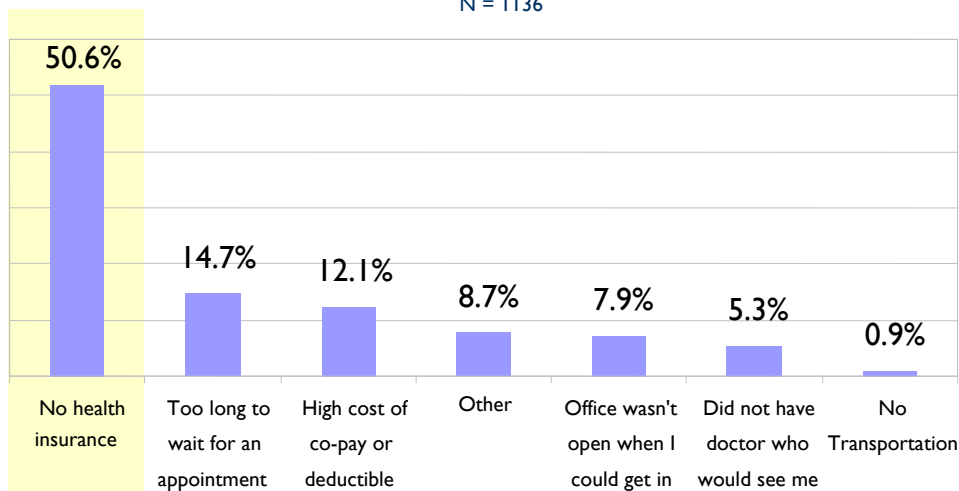


Lack of insurance, cited by about 51 percent of respondents, was the most common reason for not obtaining the needed care. In fact, lack of insurance was reported as a barrier to healthcare more often than all other reasons combined.



‘What is the main reason you could not get medical care for this problem?’

Sarasota County Residents 18-64, 2006
N = 1136



PART III: THE IMPACT OF UNINSURANCE ON THE COMMUNITY

In *A Shared Destiny: Community Effects of Uninsurance*⁷, the Institute of Medicine examines how the quality, quantity, and scope of health services within the community can be affected adversely by having a large or growing uninsured population. The following is an excerpt from the report.

“Even for healthy community members, having a regular healthcare provider and more advanced medical services and resources available has real value. These healthcare relationships and resources enhance the quality of our lives and peace of mind.⁷ The failure to insure all members of American communities can distort and even disrupt these relationships between healthcare providers and the people they serve...As a result, the presence of a sizable or growing population of uninsured persons may impose destabilizing financial stresses on the healthcare providers that serve all community members and on the public and private sources that finance local healthcare. Lack of access to healthcare results in adverse economic, social, and health consequences for uninsured persons and their family members. Ripple or spillover effects of these consequences on uninsured persons may be felt by their insured neighbors. For example, an uninsured breadwinner’s lack of healthcare can lead to disability and loss of income that necessitates public support payments.”

Institute of Medicine,
Committee on the Consequences of Uninsurance, 2002⁷

“Ripple or spillover effects of these consequences of uninsured persons may be felt by their insured neighbors.”

The ability of a community to provide its residents with an environment in which they can be healthy is dependent on many factors. The presence of a comprehensive healthcare system—which can both respond to the needs of the uninsured and sustain quality services for those with coverage—is a major determinant of community health and well-being.

Local Utilization Patterns

Information on the uninsured in the local 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.

Where Local Residents Go for Medical Care



In the 2006 Community Health Survey, residents were asked where they would normally go for medical care. While 90 percent of those with insurance report that they would go to a doctor's office if they needed care, less than 40 percent of the uninsured cite this as a normal source of medical care.

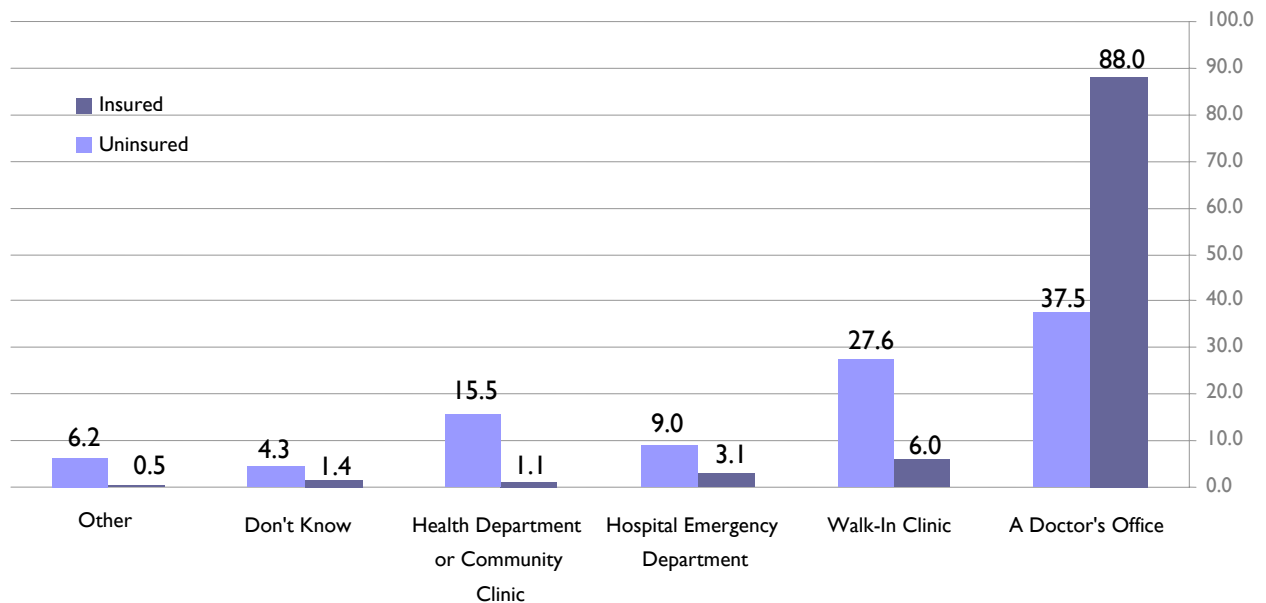
Compared to those with insurance, those without insurance are more likely to seek care at a walk-in clinic (27.6 percent versus 6.0 percent), a hospital emergency department (9.0 percent versus 3.1 percent), or the Health Department or other community clinic (15.5 percent versus 1.1 percent)



“Where would you normally go if you needed medical care?”

Sarasota County Residents 18-64, 2006

N = 1120



Trends in Emergency Department Utilization

Across the nation, visits to the emergency departments (EDs) have been increasing. Between 1994 and 2004, the number of ED visits increased by 18 percent⁸.

Why are more and more Americans seeking care in emergency departments? Though the rise in the number of uninsured is often cited as a significant reason for increasing emergency department utilization, several other factors affect ED utilization, as well, including⁹:

- **Federal and State Laws**
Laws mandate that emergency care cannot be delayed due to methods of payment or insurance coverage.
- **Population Growth**
Those between the ages of 0 and 24, and 75 and older, represent the fastest growing population groups in Florida and are also more likely to need emergency care.
- **Access to Providers**
If healthcare providers are not accessible, people are more likely to use emergency departments.
- **Patient and Provider Preference**
If staff is available, some hospitals may not discourage emergency department use for non-urgent care. And even with long waits, patients may prefer to seek care in an emergency department for a variety of reasons including the fact that they can seek care without missing work.

As the number of uninsured in the community grows, local hospitals bear much of the burden. The role of emergency departments as a source of regular medical care for the County's uninsured cannot be overlooked. Data obtained from hospital records and through surveys of patients admitted to emergency rooms help to provide a greater understanding of the patient population accessing local emergency departments, as well as patterns of usage.

In 2005, more than 118,000 individuals visited Sarasota County hospital emergency departments. (Data from Venice Regional Medical Center were not available and not included in this count). The uninsured totaled more than 24,000, or about 20 percent, of these visits.

The uninsured represented about 20 percent of Sarasota County emergency department visits in 2005.

Uninsured individuals aged 18-34 were most likely to seek care in an emergency setting. This group represented almost 50 percent of all uninsured emergency department visits in 2005.



Age Classification for Sarasota County Emergency Department Visits by Uninsured*, 2005

Age Group	Number	Percent of Total Uninsured
0-17	2,666	10.9
18-34	11,368	46.6
34-51	8,076	33.1
52-64	1,970	8.1
65+	292	1.2
Total	24,372	100%

Conditions

The following table captures the top ten most common conditions among the uninsured seeking care at Sarasota County emergency departments. Lumbago, or lower back pain, topped the list.



Top 10 Discharge Diagnoses for Uninsured/Self-pay for Sarasota County ED Visits, 2005, Sarasota County¹,

	DRG Description	DRG ²	Number of Visits
1	Low back pain	7242	534
2	Headache	7840	429
3	Dental disorder/toothache	5259	422
4	Abdominal pain	789	405
5	Surgical dressing/sutures	V583	403
6	Acute pharyngitis	462	389
7	Cellulitis of the leg	682.6	342
8	Follow-up exam	467	334
9	Chest pain	143	316
10	Backache	243	257

¹Includes data from Englewood Hospital, Sarasota Memorial Hospital and Doctors Hospital.

²Numerical code for Diagnostic Related Group

* Data for emergency department admissions to Venice Regional Medical Center were not available and therefore not included in the summary statistics above.



Characteristics of Emergency Department Survey Respondents

In the fall of 2006, individuals seeking care in local emergency departments were surveyed in an effort to better understand utilization patterns. The median age for survey participants was 45.6 years. Gender distribution among survey respondents was nearly equal. Less than half (46.3 percent) of respondents were employed for wages and the majority (76.5 percent) had some form of insurance, while 23.5 percent lacked coverage.

Patient information	Percent	Number
Age (mean)	.	45.6
Female	51.2%	231
Employed	46.3%	192

Level of Need

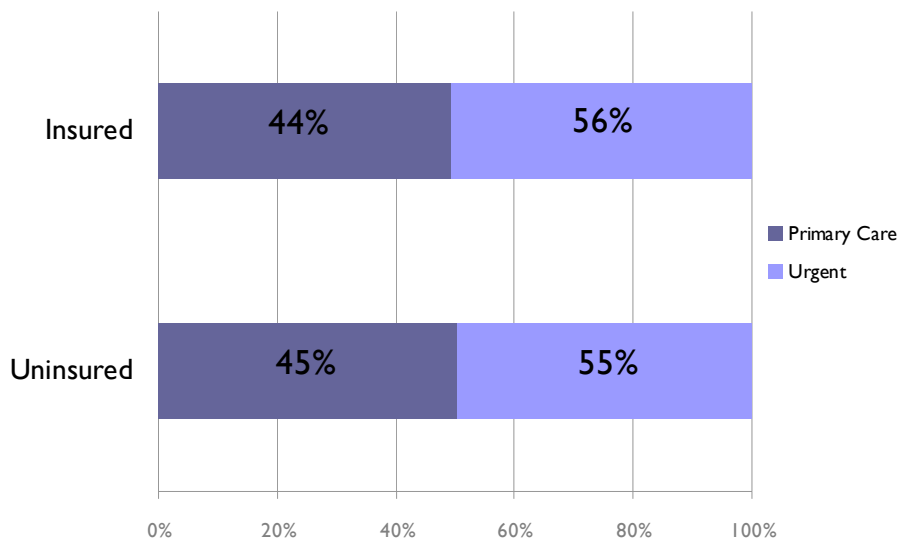
Lack of insurance did not appear to be a reason for seeking primary care in the emergency department setting. Though 45 percent of uninsured respondents used the emergency department for primary care services, 44 percent of insured individuals did the same.



Level of Need by Insurance Status

Sarasota County Emergency Room Patients, 2006

N = 432



Reasons for Seeking Care at the Emergency Department

Among both those with and without health insurance, a serious medical condition was most likely the reason for visiting the emergency room. Although responses did not differ markedly by insurance status for many of the reasons cited, those without insurance were twice as likely to report that they always seek medical care in the emergency department and were also more likely to state that they did not know where else to



“What are the top reasons you came to the Emergency Department for your care today?”

Sarasota County Emergency Room Patients, 2006
N = 432

	<i>Percent</i>
I was directed to come by a medical professional	24.3%
I can get diagnosed and treated on the same visit	21.3%
I felt if the condition was too serious to wait	18.2%
The location is convenient for me	15.2%
I didn't know if the condition was too serious to wait	9.5%
I always come to the ED	5.2%

PART IV.

LOCAL SOLUTIONS

The responsibility for solving the problem of the uninsured must be shared among hospitals, insurers, private and public organizations, individuals, and federal, state and local governments. Here are some local activities that are already underway to address the issue of the uninsured in Sarasota County.

Sarasota Healthcare Access

On August 21, 2006, the Sarasota County Health Department, in collaboration with members of the Community Health Improvement Partnership (CHIP) and local hospitals, submitted a proposal, requesting approximately \$1 million in Low Income Pool funding through the Florida Department of Health, to establish a system of care in our community. The funds were granted and *Sarasota Healthcare Access* emerged. , which would both formalize and

A team of collaborators from 12 regional hospitals and health departments created this new model to improve services to the uninsured. Sarasota Healthcare Access strengthens relationships and channels of communication among safety net and other service providers in our community and capitalizes on the existing healthcare system.

The goals of this initiative will be accomplished by increasing access to healthcare services by the uninsured through the following large-scale, systems approach:

- Creation of a formalized system for the exchange of information, including patient health information, data and information on program/provider services, among safety net healthcare providers in the community
- Development of a universal referral system among network safety net providers
- Increasing the number of uninsured residents who are enrolled in primary care and oral health services programs by capitalizing and building on the existing capacity of safety net providers, including the delivery of community based primary care via Sarasota County Health Department's mobile medical unit
- Establishment of a formalized, integrated volunteer healthcare provider network modeled after the *We Care* and *Access to Health* programs which currently exist in other Florida communities
- Provision of case management services for uninsured patients with ambulatory sensitive conditions to reduce unnecessary hospitalization and/or emergency department utilization
- Enhancing access to low cost medications for the uninsured by linking patients with existing pharmaceutical company, generic and other patient assistance programs
- Increasing community awareness of available healthcare resources for the uninsured through social marketing and community education

With funding from the State, Low-Income Pool Funds, the Sarasota County Health Department has already hired a case manager and pharmacy technician to help the uninsured secure primary care services and free or discounted medications. *Sarasota Healthcare Access*, as envisioned, will be supported by a Governing Board comprised of

local health and human services stakeholders and consumers selected from the target population.

For any program to successfully improve access to care, the principles must create a well coordinated system that provides comprehensive services and heighten public awareness regarding the availability of these services. It is hoped that the creation of a coordinated system of care for the uninsured in our community will move us one step closer to closing the gaps in our current system of care and result in synergy to create a unified network with capacity which is greater than the sum of its individual components.

Sarasota Low-Income Pharmacy Team

In response to findings from local hospitals showing that many emergency room visits are for medication refills or access to medications for the uninsured, the Health Provocateur group created the Low-Income Pharmacy Team to address this issue.

This team is comprised of representatives from all Sarasota hospitals and the Sarasota County Health Department, Bayside Center for Behavioral Health, Senior Friendship Centers, St. Vincent de Paul Society, and Community Aids Network. This group is in the process of creating a Community Pharmacy to serve the uninsured and low-income residents of Sarasota County.



OTHER SOURCES of INFORMATION

GetSarasotaInsured

The latest efforts to create community-based solutions to address the issue of the uninsured in Sarasota County can be found at www.GetSarasotaInsured.com.

Community Health Improvement Partnership – CHIP

For additional local data and information on how to become involved in local health improvement efforts, visit the CHIP website at www.chip4health.org.

Cover the Uninsured (www.covertheuninsured.org)

This website serves as resource for materials and information to help build public support to cover America's uninsured. The site includes data on the uninsured, policies and strategies, a media resource center and planning materials.

Emergency Department Data

Additional information about ED utilization on a national level is available from the National Center for Health Statistics (NCHS) Ambulatory Healthcare website:
<http://www.cdc.gov/nchs/nhamcs.htm>.

Alternatives to Emergency Departments

Emergency rooms are for the treatment of serious and life-threatening conditions. Other choices exist for getting medical care for less serious health problems, even if you do not have health insurance. Florida's Agency for Healthcare Administration maintains a list of programs and resources that are alternatives to treatment in an emergency room. The list can be found at: <http://www.floridahealthstat.com/mhr.shtml>.

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