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Board Name: Equity Advisory Council

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Please list any civic and professional accomplishments/honors, training or experience related to this appointment::

I have over 40 years of experience in public health administration. I have worked to improve access to health and socio-economic services for vulnerable populations including rural, low income, uninsured, unhoused, all of whom were disproportionality People of Color. I worked for and in collaboration with the College of Medicine, Shands, the Alachua County Health Department, Alachua County Community Support Services and the Helping Hands Clinic. My professional experience includes conducting community needs assessments, developing community health improvement plans and evaluation of community-based programs. I wrote grants that provided the funds to purchase the vehicle now being used as the Mobile Outreach Clinic, and for the initial funding of the SWAG health clinic. I began several programs including the Tobacco Free Alachua Coalition, the Oral Health Coalition and the Medical Home Program. Since retiring I have continued to engage in community affairs. As an example, I am attaching a paper summarizing my recommendation against the use of ARPA funds for the urgent care center. Also Included also is a race-based comparison of health outcomes in Alachua County residents

Please list any current/previous Advisory Board appointments:

Health Care Advisory Board and Arts Council

What Contributions do you feel you could make if you were selected to this board?:

I would be proud to be appointed to the board and think I would be an asset. My skills and experience would be helpful in assisting the development of equity-based action plans. I am data driven but realize the importance of including qualitative data. I enjoy looking large amounts of information and pulling it together into a meaningful summary and recommendations. My program development and evaluation experience provide a good background for reviewing policies, programs and services. I have the patience needed to work with multiple committees including public and nonprofit stakeholders and community partners. I am committed to and comfortable with the process of engaging the impacted communities in development of policies and programs.

Please Agree with the following statements:

I understand this application is the property of Alachua County and subject to public records laws. I hereby certify that the statements made on this application are true and correct. I understand that Appointees to advisory board/committees are required to attend scheduled meetings as specified in the "Guidelines for Citizen Advisory Boards and Committees". I understand that some boards and committees require Financial Disclosure (Chapter 112, Florida Statutes) and I am willing to file if required. I affirm that my personal and business (if applicable) affairs within Alachua County are in substantial compliance with all county regulatory and taxing authorities rules and regulations?:

Yes

Note: This question is for the Gainesville-Alachua County Airport Authority Board

Do you currently hold any publicly elected office in the State of Florida?:

No

Time of Submission: 09/14/23 4:38:00 PM

Attachments:

- Health Equity in Alachua County_092021.pdf

Health Equity and Access for East Side Residents

Diane Dimperio

Introduction

The Health Equity and Access Advisory Group was convened by City Commissioner Gigi Simmons and consisted of a panel of health care professionals from UF, Santa Fe College, the private sector and the City of Gainesville. They studied the issue of racial disparities on the Eastside and made a presentation to the City Commission on December 10, 2020. The presentation included data from the Alachua County Needs Assessment (ACNA) and a survey of residents. The data cited below are from the ACNA.

The Advisory Group requested, and City approved, a motion to “1) Assess the city’s real estate assets, including GTEC, which could be used to create a public-private partnership to expand healthcare services in East Gainesville (specifically in zip codes 32609 and 32641); 2) Determine if existing Economic Development incentives (city, county, opportunity zone) may assist in recruiting health care services/providers to East Gainesville (specifically in zip codes 32609 and 32641); 3) Direct staff to bring back information for a pilot program, including cost to improve transportation access to health care services for impacted zip codes (32609 and 32641); 4) Research and report back to the Commission on a health insurance risk pool; and 5) Next phases of the community resource para-medicine program and analysis of the most services and barriers to those services.”

Health Issues

The residents of the eastern portion of Alachua County (Eastside), as represented by Zip Codes 32609 and 32641, are more likely to be low-income and Black than the county average and, especially, when compared to ZIP codes in some western parts of the county. The health disparities experienced by residents of this area are severe and persistent.

Black residents of Alachua County are more likely to die of diabetes and stroke than White residents. An estimate of years of potential life lost was 5,748/100,000 population for Whites and 9,967/100,000 for Blacks. (Data from 2018)

Data describing the experience of residents of Eastside show high use of hospital services. The tables below describe utilization patterns of the two Eastside ZIP codes and, for comparison, the average of Alachua County and a ZIP code in which a high percent of residents are White (Referred to in narrative as “Westside”). Because there are different numbers of residents in each ZIP code, comparisons are made using rates i.e. describing the number of events per 1000 residents or in one case per 100 residents.

Table One shows visits to the Emergency Department. It includes all visits and those categorized as “avoidable”. Avoidable Emergency Department (ED) visits are based on an algorithm that categorizes visits based on billing codes. Those defined as non-emergent, emergent but primary care treatable and emergent but preventable, are included in the “avoidable” column.

Eastside residents are more likely to use the ED than other residents. They are twice as likely to make an avoidable visit to the ED than the average resident in Alachua County and almost three times more likely to use the ED than people who live in the Westside.

Table One: Visits to the Emergency Department

ZIP	All /1000*	Avoidable/1000**
32609	483.9	274.0
32641	582.4	378.9
Alachua County	320.7	183.1
32605	228.8	117.9

*(Jan- Sept 2018) ** 2017

Data for those sick enough to need hospital care provide additional evidence of poor health of Eastside residents. Table Two shows all and avoidable hospitalizations by ZIP code. Avoidable hospitalizations are “Hospitalizations due to ambulatory care-sensitive conditions (ACSCs) such as hypertension and pneumonia are considered preventable if ambulatory care is provided in a timely and effective manner. Evidence suggests that effective primary care is associated with lower ACSC hospitalization”. (Gao J, Moran E, Li YF, et al. Predicting potentially avoidable hospitalizations. *Med Care* 2014 Feb;52(2):164-71).

Table Two: Hospital Discharges (Jan-Sept 2018)

ZIP	All/1000	Avoidable/1000
32609	124.7	15.4
32641	128.8	17.7
Total	93.7	8.8
32605	85.1	6.9

Table Three shows utilization of hospital services for Eastside residents who had a mental health diagnosis. The rate of hospital discharges among residents of Eastside is higher than the county average and the rate of residents of the Westside. Visits to the ED for mental health reasons are almost twice as high as the county average and almost three times as high as the rate seen for residents of Westside.

Table Three: Use of Hospital Services for Mental Health Reasons (2015-18)

ZIP	In-patient discharges/1000	ED visits/1000
32609	15.2	178.0
32641	16.4	219.3
Total	11.1	106.7
32605	9.7	70.7

The use of hospital services for treatment of preventable oral health problems is shown in Table Four. The disparities among the Eastside residents are, again, obvious. The rate of visits to the ED from Eastside residents is more than twice the rate as the county average and about 5 times higher than the rate as a Westside ZIP code.

Table Four: Use of Hospital Services for Preventable Oral Health Conditions (Jan-Sept 2018)

ZIP	In-Patient discharges/100	ED visits/1000
32609	16	21.3
32641	12	26.2
Total	8	10.5
32605	7	4.6

The discussion of inequities in health outcomes inevitably results in the question of causation. Thanks to the recent interest in disparities there is much being said on this topic. But to keep this discussion limited to the issue at hand we can cite one of the social determinants contributing to poor health i.e., lack of access to health care. Table Five shows residents of the Eastside are more likely to be uninsured than the county average and the Westside.

Table Five: Uninsured (2014-18)

ZIP	Uninsured (%)
32609	11.3
32641	13.8
County	9.2
32605	6.6

It is relevant to note that ED visits are disproportionately made by the uninsured. A little over 9% of Alachua County residents and less than 7% of Westside residents are uninsured. Data from January-September 2018 show that 18.1% of the visits to the ED were by Self-pay (uninsured) individuals

Implications

The data clearly show the health inequities suffered by residents of ZIP codes 32609 and 32641. They suffer from poor health, which results in greater use of the hospital services. The data are consistent with the conclusion that high-cost hospital care is the result of a lack of access to relatively low-cost primary, behavioral and oral health care. Not only is this a poor use of medical dollars, it is a tragic waste of human life. Not only are people dying prematurely, but they, and those around them, suffer as their health deteriorates from untreated chronic conditions. Health care alone is not sufficient to ensure good health but health care, especially access to integrated primary care, is essential for support of good health.

Status

The motion approved by the City, cited above, alluded to a multi-faceted approach to achieving health equity. It included engaging community partners in a multidisciplinary, sustainable, approach. It referenced development of a program, which would integrate existing physical and financial assets, recruit multiple health care providers and other components such as providing transportation for residents.

A joint City and County meeting was held June 16, 2021 and a portion of the minutes are cited. "The Board discussed a proposed Shands Medical Facility on the eastside of the County. UF Health has a piece of property on Hawthorne Road that would be the site for a 10,000 square foot facility. The pro forma statement suggests the facility would operate at a loss. The facility would cost 4.5 to 5 million dollars for the building and equipment. UF Health is looking to the City of Gainesville and the County to contribute since it will operate at a loss.... Both Commissions stated that they felt it necessary to have Shands give a presentation to both Commissions to provide the detail necessary to make the decision....". It did not appear that there was any citizen input on this topic.

The presentation is planned for September 20 and the agenda states that the recommended action: "Hear presentation and provide direction to staff". So presumably the Commissioners will not be voting on the Shands proposal at the meeting. This document is being submitted for Commissioners review as they consider the proposal

Questions and Issues for Consideration

Some thoughts and questions are listed below as the City and County answer the question of what is the best return on the investment of four million dollars.

- The data shown above suggest the most pressing need is expanding access to primary care, which would include medical, dental and behavioral health services.
- How would the presence of an urgent care center improve health outcomes among the residents?
- Urgent care centers offer medical care but do not typically have the professional capability to meet oral health nor mental health needs. People with oral health complaints may be treated for pain and sent home with a prescription for antibiotics they may or may not be able to afford. People experiencing mental health crises may be treated by sedation or Baker Acting.
- It is important to note that hospitals must see all who present for care regardless of ability to pay but that urgent care centers do not have to meet this requirement.
- Can we develop an outreach effort to ensure people are taking advantage of services for which they are eligible but not enrolled?
 - Data from the Kaiser Foundation indicate that about half of the low-income uninsured adults (income <138%FPL) are eligible for Medicaid (5%) or Marketplace (45%) Insurance.
 - In the past, the cost of Marketplace plans, even with subsidies, was more than many could afford. But the American Rescue Plan increased subsidies, especially for the lower income population, enabling more people to afford Marketplace insurance. The increased subsidies will last until the end of 2022 and legislation being written now will make them permanent.
 - Open enrollment for the Marketplace is scheduled for November 1 to December 15.
- Has an inventory been done of available resources?
 - There are two medical facilities providing primary care on the Eastside. The UF Health Eastside clinic is on Waldo Road and the Health Department is further east on SE 24th Street. The UF mobile clinic sees patients at the GTEC building one day a week and at GRACE (Zip Code 32609) once a week.
 - Aza Health, a federally funded clinic on Waldo Road, offers dental care to insured and self-pay patients on a sliding scale.
- What is the capacity of the current providers?
 - If they had more funds could they provide more care?
 - Could they expand hours?
- The City owns the GTEC building, which is near the Health Department. If funding for services is available could it house mental health providers?
- Would it be better to invest in a plan that relies on existing facilities and uses funds to increase access to primary medical care, dental health and mental health services?
- An alternate strategy to consider is expanding an insurance risk pool. For example, health insurance for county employees is self-funded. Could we consider adding the uninsured to the county insurance program?
- Is lack of transportation a barrier to care? If so, would it be addressed with expanded hours of access or would it still be an unmet need?
- Did anyone look at the operation the health Department started in the SWAG area where we were facing similar challenges? An existing building was renovated and is now offering

medical and oral health services in an area of high need with previously restricted access to health care.

- The decision on how to invest in the Eastside should include input from citizens, community providers, leaders and advocates.

The high rate of uninsured residents of Eastside contributes to a lack of access to primary care at both an individual and community level. People without insurance have difficulty affording health care and providers are reluctant to open offices where they will have a trouble attracting sufficient paying patients.

The failure of the state to expand Medicaid contributes to the high number of uninsured. The human infrastructure bill now being written includes legislation to provide health coverage to those who would have been eligible for expanded Medicaid. The tax structure has already been adjusted to pay for Medicaid expansion. So it seems likely that many of the currently uninsured residents on the Eastside will have insurance coverage in the foreseeable future.

Studies of Medicaid Expansion show, conclusively, that providing health insurance to low-income, previously uninsured adults improves health outcomes. The literature also documents an impact on racial disparities. Would it make sense to use the federal funds to develop a cost effective plan, which integrates available resources and pays for health services until federal coverage is available? The ARP funds could be used to for outreach and direct care as bridge funding until coverage for the uninsured is in place.

I am urging policy makers to carefully consider the best use of the federal funds to address the health issues experienced by residents of eastern Alachua County.