

**06-001 Indigent Health Care Study
Polk County, Florida**

Prepared By

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I. Background

In 2005, the Polk County Citizen's Oversight Committee commissioned a study on the Indigent Health Care System in Polk County, Florida. Polk County government created the Polk Health Care Plan in 1999. Budget cuts nearly eliminated the program until a dedicated health care sales tax was proposed. Indigent health care has been provided to residents of Polk County through the Indigent Health Care Trust Fund since voters approved the ½ cent sales tax in 2004. The Polk Health Care Plan was developed as a means of providing health care coverage to uninsured residents of Polk County who meet selected income criteria.

The Health Council of West Central Florida was selected to conduct the study of the health care needs associated with the uninsured and underinsured residents throughout Polk County. The Health Council of West Central Florida was created by Florida Statute in 1983 to identify, address, and resolve health care issues of local concern. The agency exists as an objective focal point for the study of health and human service issues at the local level.

A. Purpose and Scope of Study

The purpose of the study is to provide specific requested data items and recommendations concluded from the study that include, but are not limited to: the need for additional access to resources for the uninsured/underinsured; reimbursement rates for physicians caring for Polk Health Care Plan patients; and the type and location of sites that should be developed to increase access.

The Health Council of West Central Florida was given a sixty day window to complete the study. The scope of the study includes:

- Data Points: the number and geographic location of uninsured/underinsured, by zip code; number and geographic location of low income residents (by breakdown of the Federal Poverty Guidelines: 100%/ 125%/ 150%/ 175%/ 200%), age and ethnic groups by zip code; number and geographic location of employed residents who lack adequate insurance coverage, by zip code; number and geographic location of physicians who provide primary care and physicians who provide specialty care by zip code; and local ER utilization to determine location of uninsured/ underinsured patients, by zip code.
- Review current physician and hospital reimbursement rates paid by the Polk Health Care Plan for indigent health as it relates to current trends of other indigent health care plans.
- Review current access of health care for the uninsured and underinsured.

B. Methodology

The Health Council of West Central Florida utilized several methodologies to conduct this study. A thorough review of the history of Polk County and the Indigent Health Care System was conducted using information provided by Polk County Community Health and Social Services and archived files from the Health Council of West Central Florida. Current, reliable research on health insurance coverage and demographic data was secured from the 2004 Florida Health Insurance Study, the United States Census Bureau release of Census 2000 and the American Community Survey, the Agency for Health Care Administration, and the Florida Department of Health. Every effort was made to secure the most recent data by ZIP code. Sources were consulted several times throughout the course of the study to ensure that the most recent data available was being analyzed.

A fee structure review was conducted to evaluate reimbursement rates for similar health care plans in the State of Florida and across the nation. Many local governments were contacted to determine fee schedules used for physician reimbursement.

The Health Council of West Central Florida found it important to gain the perspective of both those in the social service/ health care sectors and those who are clients and potential clients of the Polk Health Care Plan. The perspectives of these two groups are integral to the validity of the study. These are the groups that have regular interaction with the Health Care Plan and are considered to have expert knowledge of the Plan. Key Informant style interviews were conducted with providers, social service agencies, physicians, government appointed officials, and several others to discuss access issues with the Health Care Plan and Indigent Care System. Key Informant interviewing is a common practice used for one-on-one interviews with subject matter experts. The interviews were held in a standardized manner and followed a specific series of questions. The client and potential client perspective of access to the Polk Health Care Plan was assessed during two focus groups. Focus groups were used to allow free and open discussion centered on a focused topic, the Polk Health Care Plan. The focus groups were held at locations in Polk County for which clients had convenient access.

C. Federal Poverty Guidelines

Eligibility for the Polk Health Care Plan is currently based on a person's income falling at or below 150% of the Federal Poverty Guidelines, commonly referred to as the Federal Poverty Level (FPL). The Federal Poverty Guidelines are a measure developed by the United States Department of Health and Human Services and updated yearly. The Guidelines are a common measure used to determine eligibility for federal programs. The most recent version of the Federal Poverty Guidelines was released in January of 2006 (Table 1). A family of two would

have to make \$19,800 or less per year to qualify for the Plan at 150% of the Federal Poverty Guidelines. At 200% of the Federal Poverty Guidelines the same family of two would have to make \$26,400 or less to qualify.

Table 1: 2006 Federal Poverty Guidelines

Family Size	50%	100%	125%	150%	185%	200%
One	\$4,900	\$9,800	\$12,250	\$14,700	\$18,130	\$19,600
Two	\$6,600	\$13,200	\$16,500	\$19,800	\$24,420	\$26,400
Three	\$8,300	\$16,600	\$20,750	\$24,900	\$30,710	\$33,200
Four	\$10,000	\$20,000	\$25,000	\$30,000	\$37,000	\$40,000
Five	\$11,700	\$23,400	\$29,250	\$35,100	\$43,290	\$46,800
Six	\$13,400	\$26,800	\$33,500	\$40,200	\$49,580	\$53,600
Seven	\$15,100	\$30,200	\$37,750	\$45,300	\$55,870	\$60,400
Eight	\$16,800	\$33,600	\$42,000	\$50,400	\$62,160	\$67,200

Source: *Covering Kids and Families National Program Office (2006).*

D. ZIP Codes

ZIP Codes are currently the smallest geographic area at which the desired information can be found. ZIP Code level information can help describe a population and can guide local governments and social service agencies as they determine where to provide services. There are some cautions to keep in mind when reviewing ZIP Code level information. The methods used to determine ZIP Code level data are still evolving and subject to debate. It should be noted that ZIP codes are constantly changing and adapting as more people move into an area. ZIP codes are not limited to a particular county; one ZIP code may include parts of two or more counties.

Polk County zip codes were identified using the recently released 2004 Census Zip Code Tabulation Areas. The 2004 Census recognizes 33 ZIP codes in Polk County, Florida (Attachment 1). One of the thirty-three ZIP Codes recognized, 338XX, was excluded from study due to a lack of data. ZIP Codes 33547, 33825, 33834, 33837, and 34759 are shared between Polk and surrounding counties. The shared ZIP Codes, previously noted, have been included in the report but it should be cautioned that data from these ZIP Codes will likely overestimate prevalence of given data points in Polk County.

E. Underinsured

The concept of underinsured is widely used but is not universally defined or easily measured. There is no accepted definition of what qualifies a person as underinsured. In 2005, the Commonwealth Fund released a report about the underinsured. The report looked at previous findings from 3,293 adults to estimate the total number of underinsured adults in the United

States. The study defined underinsured as those who met one of three conditions: 1) annual out of pocket medical expenses amount to 10 percent or more of income; 2) for low income adults (under 200% of the Federal Poverty Level), out of pocket medical expenses amount to 5 percent or more of income; or 3) health plan deductibles equal or exceed 5 percent of income. The Kaiser Commission on Medicaid and the Uninsured defines the underinsured as those who “have health insurance but face significant cost sharing or limits on benefits that may affect its usefulness in accessing or paying for needed health services”.

The 2004 Florida Health Insurance Study, the Kaiser Commission on Medicaid and the Uninsured, the Commonwealth Fund, the Florida Department of Health- CHARTS, the United States Census Bureau, and Florida Health Stat were consulted in an attempt to find data on the underinsured population in Polk County. Several internet searches were also conducted to assess the availability of general data on the underinsured population in the United States, Florida, and Polk County. All attempts were unsuccessful at locating data estimates of underinsured individuals in Florida, Polk County, and by ZIP Code.

Due to the lack of a universal definition of underinsured and the inability to access measures that may provide an estimate for the number of underinsured in Florida and Polk County, the size of the underinsured population cannot be concluded for Polk County. The requested data element “Number and geographic area of those who are employed but do not have adequate insurance coverage, by zip code” also cannot be determined since this is a measure of the underinsured population and the data is unavailable.

II. Data

A. Uninsured

Millions of Americans are without health insurance. The 2004 Florida Health Insurance Study (FHIS) estimates that 2,721,093 Floridians under age 65 are without health insurance, approximately 19.2 percent of Florida’s population. The FHIS estimates that 74,347 persons in Polk County are uninsured (17.7%) (Table 2).

Table 2: Number of Uninsured

Location	2003 Population Under Age 65 (Number)	Uninsured Under Age 65 (Number)	Uninsured Under Age 65 (%)
Polk County	420,042	74,347	17.7
Florida	14,172,358	2,721,093	19.2

Source: Agency for Health Care Administration (2004). County Estimates of People without Health Insurance from the 2004 Florida Health Insurance Study.

Zip code estimates of uninsured Floridians are available from the FHIS (Table 3) and are based on the 2000 population. Polk County ZIP Codes 33801, 33810, 33853, 33813, 33880 each had over 4,000 persons uninsured. The ZIP Codes with the highest percentage of uninsured residents are 33803, 33825, 33837, 33841, 33843, 33844, 33860, 33880, and 34759 each with more than 18% of its population uninsured. ZIP Code 33834, which is shared with Hardee County, has the highest percentage of uninsured with 29.4 percent.

Table 3: Number and Geographic Representation of Uninsured by Zip Code

Zip Code	Uninsured #	Uninsured %
33547	972	12.4
33801	4731	17.9
33803	3865	18.3
33805	2531	14.9
33809	3875	17.3
33810	4214	17.3
33811	2539	17.7
33813	5294	17.1
33815	1867	16.9
33823	3988	17.6
33825	3441	20.0
33827	383	17.6
33830	3821	17.2
33834	1838	29.4
33835	**	**
33837	3216	19.1
33838	377	17.0
33839	244	17.6
33841	1287	19.4
33843	1739	20.7
33844	3996	19.4
33847	**	**
33849	68	17.6
33850	570	17.0
33851	**	**
33853	4376	17.0
33860	2707	18.2
33868	1673	17.3
33877	**	**
33880	5481	19.0
33881	3112	15.5
33884	2496	17.1
34759	1461	21.6

Source: Agency for Health Care Administration (2004). *Zip Code Estimates of People without Health Insurance from the 2004 Florida Health Insurance Studies*.

** No Data Available. The FHIS did not report data on zip codes that were sparsely populated or that did not exist in 2000 when the Census was conducted.

B. Income Characteristics

County-level poverty statistics are estimated annually by the American Community Survey administered by the United States Census Bureau. The Census Bureau breaks down poverty as a ratio of income to the poverty level. The ratios have been converted to percents for this study, but they do not fall into the standard groupings. The Census Bureau ratios convert to percentages 99%, 124%, 149%, 174%, and 199% of the FPL, instead of the standard groupings of 100%, 125%, 150%, 175%, and 200% of the FPL. It would be inappropriate and inaccurate to change the Census percents to reflect the standard groupings.

The 2004 American Community Survey determined the population of Polk County to be 511,565; poverty status was reported for 508,731 residents. Approximately 40 percent of Polk County residents, for whom poverty status was determined, or 204,550 persons, fall below 199% of the Federal Poverty Level (Table 4).

Table 4: 2004 Number of Polk County Residents by Breakdown of the Federal Poverty Guidelines

Polk County, Florida	Estimate
Total Population for whom poverty status is determined.	508,731
Population Below 99% FPL	80,691
Population Below 124% FPL	118,508
Population Below 149% FPL	149,371
Population Below 174% FPL	175,631
Population Below 199% FPL	204,550

Source: U.S. Census Bureau American Community Survey (2004). Table B17002. Ratio of Income in the past 12 months to poverty level- Universe: Population for whom poverty status is determined.

The most recent and reliable data available for poverty at the ZIP Code level is from the U.S. Census (Ratio of Income to Poverty Level, 1999). These numbers are based on the Federal Poverty Level and income in 1999. Since FPL changes yearly, it is likely that these numbers will underestimate the number of Polk County residents who fall into each level of poverty.

ZIP Codes 33801, 33805, 33815, and 33844 each have both a high number (Table 5) of persons and percentage (Table 6) of persons whose income falls below 199% of Federal Poverty Level (FPL). These ZIP Codes are located in Lakeland and Haines City. ZIP Code 33847, located in Homeland south of Bartow, has the highest percentage of persons below 199% FPL with 77.7 percent of its population in that category. ZIP Codes 33805, 33815, 33838, 33839, 33843, 33844, and 33877 have greater than 45 percent of their populations below 199% of the FPL. The ZIP Codes with the lowest percentage of persons below 199% of the FPL are 33813 (13.4%), 33884 (15.1%), 33547 (22.1%), and 33811 (22.7%). Attachment 2 shows the geographic dispersion of Residents below 199% FPL.

Table 5: Number of Polk County Residents by Zip Code and Breakdown of Federal Poverty Guidelines/ Federal Poverty Level (FPL)

Zip Code	Total Population	Population Below 99% FPL	Population Below 124% FPL	Population Below 149% FPL	Population Below 174% FPL	Population Below 199% FPL
33547	8317	760	892	1224	1583	1842
33801	30919	5971	7503	9245	10742	12954
33803	25166	2317	3197	4231	5214	6755
33805	19788	4657	5678	7250	8639	9681
33809	27790	2372	2973	4232	5394	6530
33810	28392	2780	3926	5040	6090	7613
33811	16205	1190	1618	1976	2728	3679
33813	35465	1360	2091	3005	3848	4754
33815	13406	3152	4226	5443	6297	7289
33823	26557	4029	5265	6767	7881	9593
33825	21679	3872	4927	6403	7778	8972
33827	2331	275	408	543	607	752
33830	23993	3585	4828	6171	7364	8646
33834	6011	1436	1867	2359	2703	3009
33837	21069	1521	2187	3176	4270	5621
33838	2824	355	644	843	932	1325
33839	1445	198	316	471	581	679
33841	7922	1440	1930	2415	2891	3094
33843	9656	1741	2485	3249	4003	4627
33844	26291	4652	6310	7850	10104	11825
33847	206	55	88	88	141	160
33849	419	56	56	56	73	116
33850	4032	646	841	1037	1340	1541
33851	839	57	129	185	185	194
33853	34307	5003	6749	9237	11344	13174
33860	16723	1676	2251	3186	3848	5197
33868	9308	1035	1491	1881	2557	3133
33877	518	239	246	286	303	320
33880	33939	5021	6963	8917	10527	12404
33881	27726	4438	5866	7380	8917	10872
33884	19260	721	949	1453	2201	2910
34759	7579	597	1089	1578	2114	2673

Source: United States Census Bureau (2000). Summary File 3- Sample Data. Table P88. Ratio of Income in 1999 to Poverty Level- Universe: Population for whom poverty status is determined.

Table 6: Percent of Polk County Residents by Zip Code and Breakdown of Federal Poverty Guidelines/ Federal Poverty Level (FPL)

Zip Code	Total Population	Percent of Population below 99% FPL	Percent of Population below 124% FPL	Percent of Population below 149% FPL	Percent of Population Below 174% FPL	Percent of Population Below 199% FPL
33547	8317	9.1	10.7	14.7	19.0	22.1
33801	30919	19.3	24.3	29.9	34.7	41.9
33803	25166	9.2	12.7	16.8	20.7	26.8
33805	19788	23.5	28.7	36.6	43.7	48.9
33809	27790	8.5	10.7	15.2	19.4	23.5
33810	28392	9.8	13.8	17.8	21.4	26.8
33811	16205	7.3	10.0	12.2	16.8	22.7
33813	35465	3.8	5.9	8.5	10.9	13.4
33815	13406	23.5	31.5	40.6	47.0	54.4
33823	26557	15.2	19.8	25.5	29.7	36.1
33825	21679	17.9	22.7	29.5	35.9	41.4
33827	2331	11.8	17.5	23.3	26.0	32.3
33830	23993	14.9	20.1	25.7	30.7	36.0
33834	6011	23.9	31.1	39.2	44.9	50.1
33837	21069	7.2	10.4	15.1	20.3	26.7
33838	2824	12.6	22.8	29.9	33.0	46.9
33839	1445	13.7	21.9	32.6	40.2	47.0
33841	7922	18.2	24.4	30.5	36.5	39.1
33843	9656	18.0	25.7	33.6	41.4	47.9
33844	26291	17.7	24.0	29.9	38.4	45.0
33847	206	26.7	42.7	42.7	68.4	77.7
33849	419	13.4	13.4	13.4	17.4	27.7
33850	4032	16.0	20.9	25.7	33.2	38.2
33851	839	6.8	15.4	22.1	22.0	23.1
33853	34307	14.6	19.7	26.9	33.1	38.4
33860	16723	10.0	13.5	19.1	23.0	31.1
33868	9308	11.1	16.0	20.2	27.5	33.7
33877	518	46.1	47.5	55.2	58.5	61.8
33880	33939	14.8	20.5	26.3	31.0	36.5
33881	27726	16.0	21.2	26.6	32.2	39.2
33884	19260	3.7	4.9	7.5	11.4	15.1
34759	7579	7.9	14.4	20.8	27.9	35.3

Source: United States Census Bureau (2000). Summary File 3- Sample Data. Table P88. Ratio of Income in 1999 to Poverty Level- Universe: Population for whom poverty status is determined.

C. Racial/ Ethnic Characteristics

According to the 2000 Census, 483,924 persons reside in Polk County. White persons make up 79.6 percent of the population, African American or Black persons represent 13.5 percent, and Asian persons represent 0.9 percent of the population. White persons, not of Hispanic/ Latino origin, make up approximately seventy-five percent (75%) of the population and persons reporting to be of Hispanic or Latino origin represent 9.5 percent of the population. The race profile of Polk

County residents is presented in Table 7. The number of residents of Hispanic or Latino ethnicity is reported in Table 8.

Table 7: Number of Polk County Residents by Race and ZIP Code

Zip Code	Total Population	White Alone	Black or African American Alone	American Indian or Alaska Native Alone	Asian alone	Native Hawaiian or Other Pacific Islander	Some other race alone	Two or more races
33547	8379	7,930	29	43	37	6	166	168
33801	31731	25,930	3,458	474	461	6	807	595
33803	26559	23,652	1,248	77	580	14	614	374
33805	20229	9,102	9,912	35	98	0	698	384
33809	28795	26,108	893	95	396	17	538	748
33810	28549	25,199	1,978	199	187	0	601	385
33811	16226	14,177	1,005	53	162	0	534	295
33813	35824	32,090	1,431	138	1,177	0	575	413
33815	13530	8,599	3,792	58	118	0	734	229
33823	26785	23,125	2,017	22	186	0	1,076	359
33825	23263	17,008	3,734	62	429	5	1,467	558
33827	2473	2,182	156	28	4	0	97	6
33830	25621	17,990	5,973	99	175	31	861	492
33834	7349	4947	1069	36	4	0	1225	68
33835	**	**	**	**	**	**	**	**
33837	21142	18,492	989	88	294	0	968	311
33838	2843	2,061	578	0	21	0	119	64
33839	1453	1,303	89	3	0	0	37	21
33841	7922	5,640	1,226	7	0	0	1,005	44
33843	10590	7,428	1,128	33	56	0	1,503	442
33844	26645	17,536	5,729	150	73	0	2,502	655
33847	279	228	47	0	0	0	4	0
33849	419	411	0	0	0	0	0	8
33850	4087	3,331	561	19	52	0	62	62
33851	839	782	31	4	2	0	12	8
33853	34822	27,386	5,600	125	145	13	1,117	436
33860	16883	13,515	2,091	60	149	0	823	245
33868	11098	9,379	1,309	47	50	0	39	274
33877	518	24	479	0	0	0	0	15
33880	34077	27,178	2,866	119	592	18	2,584	720
33881	28149	19,081	7,472	56	405	0	372	763
33884	19875	18,694	435	24	403	55	95	169
34759	7579	5,314	918	141	37	0	677	492

Source: United States Census Bureau (2000) Census 2000 Summary File 3- Sample Data, Table P6. Race- Universe: Total Population.

Table 8: Number of Hispanic or Latino Residents by ZIP Code

Zip Code	Total Population	Hispanic or Latino	Not Hispanic or Latino
33547	8379	548	7831
33801	31731	2539	29192
33803	26559	1971	24588
33805	20229	1587	18642
33809	28795	1373	27422
33810	28549	1421	27128
33811	16226	1011	15215
33813	35824	1771	34053
33815	13530	1554	11976
33823	26785	1743	25042
33825	23263	3563	19700
33827	2473	213	2260
33830	25621	2397	23244
33834	7349	2265	5084
33835	**	**	**
33837	21142	3024	18118
33838	2843	273	2570
33839	1453	105	1348
33841	7922	1708	6214
33843	10590	2414	8176
33844	26645	5913	20732
33847	279	4	275
33849	419	0	419
33850	4087	243	3844
33851	839	32	807
33853	34822	2804	32018
33860	16883	2112	14771
33868	11098	709	10389
33877	518	0	518
33880	34077	5289	28788
33881	28149	1203	26946
33884	19875	516	19359
34759	7579	3035	4544

Source: United States Census Bureau (2000). Census 2000 Summary File 3- Sample Data, Table P7. Hispanic or Latino by Race- Universe: Total Population.

Agriculture is a leading industry in Polk County and as such the County has a significant population of migrant and seasonal farmworkers. According to the Shimberg Center for Affordable Housing's 2004 report on the Need for Farmworker Housing in Florida, Polk County is home to one of the twelve largest farmworker populations in the State of Florida. A farmworker is defined as an "individual performing farmwork in Florida or living in Florida when not migrating to other states to perform farmwork". Farmworker household members are "all individuals living in a

farmworker household, regardless of whether they themselves perform farmwork” (Shimberg Center for Affordable Housing, 2004, p. 2). Farmworker estimates are provided for the total number of farmworkers, the total number of farmworker households, and the total number of farmworker household members (Table 9) for Polk County and the State of Florida.

Table 9: Farm Worker Population and Household Estimates

Area	Total Farmworkers	Total Farmworker Households	Total Farmworker Household Members
Polk County	5,876	5,221	8,506
Florida	135,001	119,970	195,432

Source: Shimberg Center for Affordable Housing (2004). *The Need for Farmworker Housing in Florida*. Prepared for Florida Housing Finance Corporation.

D. Age

The 2004 American Community Survey by the United States Census Bureau summarizes the age characteristics of Polk County. Approximately seventy-five percent of Polk County residents are 18 years and over, 7.0 percent are under 5 years of age, and 17.8 percent are 65 years of age and older. The 2004 American Community Survey does not break down age by ZIP Code so the 2000 Census was used for that purpose. The number of Polk County residents by age group and ZIP Code is represented in Table 10.

Table 10: Number of Polk County Residents by Age and ZIP Code

ZIP Code	Total	Under 5 Years	5-17 Years	18- 34 Years	35-54 Years	55-64 Years	65 and over
33547	8317	460	1761	1571	2892	871	762
33801	30919	2110	4822	7890	8122	2663	5312
33803	25166	1,377	3500	5484	6738	2463	5604
33805	19788	1,488	4239	4083	5018	1924	3036
33809	27790	1,490	4734	5133	7658	3004	5771
33810	28392	1,967	5269	6100	8174	2800	4082
33811	16205	1,136	3062	3527	5331	1372	1777
33813	35465	2,210	7380	5911	11900	3707	4357
33815	13406	1,136	2373	2654	3320	1298	2625
33823	26557	1,897	5051	5443	7570	2887	3709
33825	21679	1238	3664	3569	4807	2481	5920
33827	2331	174	577	374	647	213	346
33830	23993	1667	4722	5043	6917	2118	3526
33834	6011	460	1238	1325	1417	541	1030
33835	**	**	**	**	**	**	**
33837	21069	1302	2851	4013	5429	3080	4394
33838	2824	195	607	487	674	234	627
33839	1445	100	300	284	396	150	215
33841	7922	550	1705	1635	2033	833	1166
33843	9656	548	1897	1879	2148	970	2214
33844	26291	1714	4939	5279	6008	2907	5444
33847	206	16	32	5	72	26	55
33849	419	24	107	75	95	79	39

ZIP Code	Total	Under 5 Years	5-17 Years	18-34 Years	35-54 Years	55-64 Years	65 and over
33850	4032	279	737	779	1132	426	679
33851	839	49	140	132	257	115	146
33853	34307	1832	5700	5940	8350	3935	8550
33860	16732	1167	3267	3782	4764	1666	2077
33868	9308	636	1940	1675	2729	1036	1292
33877	518	9	152	94	176	30	57
33880	33939	2512	6466	8109	9189	2917	4746
33881	27726	1292	4625	4327	6376	3140	7966
33884	19260	937	2926	2964	5191	2237	4969
34759	7579	604	1555	1718	2171	805	726

Source: United States Census Bureau (2000). Census 2000 Summary File 3- Sample Data. Table PCT50 Age by Ratio of Income to Poverty Level.

E. Employed But Without Adequate Health Insurance

Data is not available on employed residents who lack adequate health insurance. This measure is considered a way to estimate the number of underinsured in a population. Several agencies were contacted in hopes of finding an estimate of this information at the ZIP code or county level. The Florida Department of Health, other local health planning councils, the Agency for Health Care Administration, and an independent health insurance researcher were contacted for opinions on the availability and feasibility of finding this data point. Several of the agencies had never heard of an available data point for this indicator. The authorities in this area of study agreed that a proxy could be used but it would require detailed definition and intense study. The time frame and scope of this report does not allow the Health Council of West Central Florida to estimate this data point.

F. Polk County Physicians

Assessing physician licenses is considered an appropriate proxy for determining the number of physicians who provide care. This measure is the most precise available for the purpose of this study. The information was found by searching the databases maintained by the Florida Department of Health Licensee Data Center. It should be cautioned that all of these physicians may not be practicing or they may be practicing but not in Polk County. If a physician has a license it does not mean that they practice medicine or that his or her office is located in the ZIP Code that the license was issued to. Every effort was made to address these issues but anomalies may still exist.

There are 871 physicians with licenses to practice medicine in Polk County, 356 of those are licensed as primary care physicians. At the present time, the Polk Health Care Plan has 204 Network Providers (62 primary care providers and 142 specialty care providers). The Polk Health Care Plan includes 21 Allied Health Professionals (three primary care and 18 specialty care) in the total of 204 Network Providers. There are 59 primary care physicians currently participating in

the Health Care Plan, which is approximately 16.6 percent of all primary care physicians licensed in Polk County. Table 11 displays primary and specialty care physicians licensed in Polk County, ZIP Codes 33803, 33805, 33813, 33880, and 33881 located around Lakeland and Winter Haven, have high numbers of physicians. The Ridge areas, Fort Meade, Frostproof, and Mulberry (ZIP Codes 34759, 33841, 33853, 33827, 33860, and 33843) have very low numbers of physician licenses.

Table 11: Polk County Primary Care and Specialty Physicians by ZIP Code

Zip Code	Primary Care	Cardiology	Dermatology	Gastroenterology	General Surgery	Gynecology	Nephrology	Neurology	Oncology	Ophthalmology	Optometry	Orthopedics	Pain Mgmt.	Podiatry	Pulmonology	Radiology	Urology	Other Spec.	Total
33801	4	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	8
33802	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	2
33803	3	5	0	1	4	2	0	1	2	1	5	3	2	6	3	1	0	16	82
33804	14	1	0	0	3	2	0	0	1	0	2	0	0	0	2	9	1	7	42
33805	94	9	1	3	1	1	3	3	4	6	1	5	5	1	3	11	4	23	196
33806	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
33807	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
33809	6	0	2	0	0	0	0	0	0	0	3	0	1	1	0	2	0	1	16
33810	1	0	0	0	0	1	0	1	0	0	2	0	0	0	0	0	0	1	15
33811	3	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	5
33813	59	2	4	0	8	2	0	1	1	1	4	0	4	1	0	2	2	25	116
33815	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
33819	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
33823	6	0	0	1	0	0	0	0	0	0	3	0	0	2	0	0	0	1	13
33827	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
33830	9	0	0	1	0	1	0	0	0	1	1	1	1	2	1	0	0	4	22
33831	3	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	6
33836	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
33837	7	0	0	2	2	0	0	1	0	0	0	1	0	0	0	0	0	2	15
33838	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
33839	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	3
33841	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
33844	12	0	0	0	1	0	0	0	0	0	3	0	0	0	0	0	0	2	18
33845	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	3
33846	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
33850	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
33853	16	1	1	1	1	1	0	0	0	0	1	0	1	0	0	0	0	2	25
33859	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	5
33860	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3
33868	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
33880	35	4	2	2	6	4	1	4	2	7	6	2	8	6	2	1	1	7	100

Zip Code	Primary Care	Cardiology	Dermatology	Gastroenterology	General Surgery	Gynecology	Nephrology	Neurology	Oncology	Ophthalmology	Optometry	Orthopedics	Pain Mgmt.	Podiatry	Pulmonology	Radiology	Urology	Other Spec.	Total
33881	36	3	1	1	4	5	0	0	0	4	8	2	1	4	3	8	0	15	95
33882	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	3
33883	2	0	0	0	1	0	0	0	0	0	0	2	0	0	0	1	0	0	6
33884	22	0	0	0	1	1	0	0	0	1	1	0	3	1	0	4	0	3	37
33885	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
33897	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	3
33898	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
34759	1	0	0	0	1	1	0	0	0	0	0	0	0	1	0	1	0	1	6
Total	356	25	12	13	37	23	4	11	11	21	47	17	28	30	14	44	9	115	871

Source: Florida Department of Health Licensee Data Center, April 2006.

G. Emergency Room Utilization

There are five hospitals in Polk County. Local Emergency Room (ER) utilization is reported to the Health Council, Inc. to include in the Annual Hospital Utilization Report that is published by the State of Florida's Agency for Health Care Administration. The data was compiled to present the total number of ER visits by hospital, ER admissions, and percent of total admissions that were admitted through the ER (Table 12). Lakeland Regional Medical Center accounted for over 47.6 percent of ER visits in Polk County. Winter Haven Hospital was responsible for 17.7 percent of the ER visits in the county and Heart of Florida Regional Medical Center accounted for 16.8 percent. Lake Wales Medical Center had the highest percent of persons admitted through the ER at 86.0 percent and Bartow Memorial Hospital had the lowest percent of admissions through the ER at 55.1 percent. At the County level, approximately 75.2 percent of admissions result from accessing services through the Emergency Room.

Table 12: Number of ER Visits and Admissions by Hospital

Facility Name	ER Visits	ER Admissions	Total Admissions	% Admitted through ER
Bartow Memorial Hospital	27912	1914	3471	55.1
Heart of Florida Regional Medical Center	44448	7223	10254	70.4
Lake Wales Medical Center	19198	3736	4342	86.0
Lakeland Regional Medical Center	125860	30589	36583	83.6
Regency Medical Center	n/a	n/a	2449	n/a
Winter Haven Hospital	46804	10720	14943	71.7
Total	264,222	54,182	72,042	75.2

Source: Health Council of West Central Florida, Inc. District 6 Quarterly Hospital Utilization Report.

There is no central source that reports local ER utilization to determine location of uninsured patients by ZIP code. Hospitals do not usually categorize their patients as uninsured, they instead use the term self-pay to include all those who do not submit insurance and are obligated to pay the bill themselves. In order to provide an estimate of this data, the Health Council of West Central Florida contacted the five largest hospitals in Polk County and asked that they analyze their own data for use in this report. One hospital did not respond after numerous attempts, two hospitals were unable to provide the data, and the two largest hospitals in the county submitted their data (Table 13).

For purposes of the following analysis, only ZIP Codes where 200 or more ER visits originated from are included. This excludes all ZIP Codes that had low ER Utilization as reported by Lakeland Regional Medical Center and Winter Haven Hospital.

As indicated in Table 13, over 12.8 percent of cumulative ER visits originated from ZIP Code 33801; approximately 28.1 percent of those visits are self-pay. ZIP Codes 33877(27.8%), 33846 (27.7%), 33840 (25.7%), 33805 (25.6%), 33823 (25.5%), and 33880 (25.1%) have significant percentages of self pay ER Visits. Please note that the included hospitals report more ZIP Codes than were included in the rest of the study. For thoroughness all ZIP Codes reported by the Hospitals have been included in Table 13.

The Health Council of West Central Florida, Inc was unable to collect data on indicators of inappropriate ER usage. The county may want to define inappropriate ER usage and conduct further study of this issue. This type of data can be very useful in determining the need for primary care, especially if ER use is after traditional hours.

Table 13: ER Utilization by ZIP Code

Zip Code	Winter Haven Hospital			Lakeland Regional Medical Center			Cumulative Report (of 2 hospitals)	
	Total ER Visits	# of Self Pay	% Self Pay Not Paying	Total ER Visits	# of Self Pay	% Self Pay Not Paying	Total ER Visits	# Self Pay
33801	567	178	99.4%	19757	5542	96.3%	20324	5720
33802	24	13	100.0%	1163	225	93.6%	1187	238
33803	147	29	84.3%	8177	1628	92.4%	8324	1657
33804	26	5	100.0%	618	125	95.7%	644	130
33805	156	51	96.5%	15526	3961	96.9%	15682	4012
33806	10	3	100.0%	115	37	93.3%	125	40
33807	3	1	100.0%	173	33	90.9%	176	34
33809	113	30	98.4%	9751	1875	90.3%	9864	1905
33810	133	41	80.9%	13327	2853	93.2%	13460	2894
33811	73	12	99.9%	4353	789	90.6%	4426	801
33813	189	27	98.3%	7122	1006	87.8%	7311	1033
33815	87	19	100.0%	9028	2182	96.4%	9115	2201
33820	49	12	96.6%	16	4	100.0%	65	16
33823	5900	1604	97.4%	5461	1298	94.3%	11361	2902
33825	77	21	99.5%	**	**	**	77	21
33827	137	18	100.0%	40	5	80.0%	177	23
33830	1629	339	99.1%	2255	376	92.9%	3884	715
33831	34	7	100.0%	92	14	100.0%	126	21
33834	22	3	72.9%	**	**	**	22	3
33835	15	2	100.0%	242	38	91.4%	257	40
33836	111	25	99.2%	29	7	80.0%	140	32
33837	389	102	98.9%	100	16	85.7%	489	118
33838	545	121	99.0%	63	17	93.3%	608	138
33839	777	177	97.4%	227	51	93.8%	1004	228
33840	26	13	100.0%	644	159	96.4%	670	172
33841	234	24	98.1%	728	97	94.3%	962	121
33843	343	50	97.9%	93	7	85.7%	436	57
33844	1894	379	97.5%	311	58	91.1%	2205	437
33845	106	16	99.1%	16	4	100.0%	122	20
33846	24	1	100.0%	297	88	94.3%	321	89
33847	24	6	100.0%	48	12	91.7%	72	18
33848	5	2	100.0%				5	2
33849	3	1	100.0%	469	78	92.8%	472	79
33850	1096	184	99.1%	181	35	87.1%	1277	219
33851	165	27	96.5%	18	7	100.0%	183	34
33852	20	2	100.0%				20	2
33853	1177	229	94.7%	211	29	100.0%	1388	258
33854	15	2	100.0%	5	3	100.0%	20	5
33855	19	1	100.0%	6	0	N/A	25	1
33856	**	**	**	3	0	N/A	3	0
33857	9	2	100.0%	**	**	**	9	2
33858	17	5	100.0%	2	1	100.0%	19	6

Zip Code	Winter Haven Hospital			Lakeland Regional Medical Center			Cumulative Report (of 2 hospitals)	
	Total ER Visits	# of Self Pay	% Self Pay Not Paying	Total ER Visits	# of Self Pay	% Self Pay Not Paying	Total ER Visits	# Self Pay
33859	748	96	98.1%	93	10	90.0%	841	106
33860	97	17	99.9%	4080	847	94.9%	4177	864
33861	0	1	100.0%	**	**	**	0	1
33862	2	2	100.0%	**	**	**	2	2
33863	**	**	**	51	15	100.0%	51	15
33866	**	**	**	2	0	N/A	2	0
33867	**	**	**	4	1	100.0%	4	1
33868	731	122	97.7%	2957	672	93.9%	3688	794
33870	34	8	98.1%	**	**	**	34	8
33871	1	1	100.0%	**	**	**	1	1
33872	11	1	100.0%	**	**	**	11	1
33873	45	5	88.0%	**	**	**	45	5
33875	14	4	100.0%	**	**	**	14	4
33876	5	1	100.0%	**	**	**	5	1
33877	200	58	99.6%	16	2	100.0%	216	60
33880	10957	2845	98.3%	1972	401	94.5%	12929	3246
33881	10076	2310	98.6%	1288	265	95.9%	11364	2575
33882	138	19	98.0%	28	6	100.0%	166	25
33883	177	27	98.4%	37	6	100.0%	214	33
33884	3922	407	94.7%	344	43	76.9%	4266	450
33885	201	34	97.1%	32	3	33.3%	233	37
33888	**	**	**	1	1	100.0%	1	1
33890	15	3	96.9%	**	**	**	15	3
33896	25	5	100.0%	17	2	100.0%	42	7
33897	45	7	100.0%	19	4	100.0%	64	11
33898	788	105	97.8%	138	15	84.6%	926	120
34759	**	**	**	11	1	100.0%	11	1
Other	2001	521	97.4%	**	**	**	2001	521
Unknown	181	98	98.5%	**	**	**	181	98
Total	46,804	10,481	97.8%	111,757	24,954	92.8%	158,561	35,435

Source: Lakeland Regional Medical Center 2004-2005 ER Utilization; Winter Haven Hospital 2004-2005 ER Utilization.

H. Avoidable Hospital Admissions

The Agency for Health Research and Quality (AHRQ) publishes Prevention Quality Indicators of Hospital Admissions for Ambulatory Case Sensitive Conditions. The Prevention Quality Indicators serve as an estimate of the rate of avoidable hospital admissions. The top five Prevention Quality Indicators/ Avoidable Hospital Admissions for Polk County were determined by analyzing the Agency for Health Care Administration's Calendar Year 2004 Hospital Discharge Data File and the 2004 Community Sourcebook America published by ESRI. The majority of these admissions are considered avoidable with appropriate primary care. Polk County's rates were higher than the State of Florida for four of the top five avoidable hospital admissions (Table 14).

Table 14: Top Five Avoidable Hospital Admissions

Rank	Admission	Polk	Florida
1	Congestive Heart Failure (Rate per 100,000, Age 18+)	662.6	557.8
2	Bacterial Pneumonia (Rate per 100,000, Total Population)	513.2	333.3
3	Chronic Obstructive Pulmonary Disease (COPD) (Rate per 100,000, Age 18+)	454.2	281.3
4	Pediatric Asthma (Rate per 100,000, Age <18)	325.3	236.7
5	Perforated Appendix (Rate per 1,000 Admissions w/ Appendicitis)	274.6	291.2

Source: AHRQ Quality Indicators, 2006

III. Fee Structure Review

A total of 21 county governments were contacted via e-mail and telephone. Fifteen of the counties were in Florida and six were located in other states. Five counties were non responsive after numerous attempts. Three counties indicated they did not have a formal system of care for health care for the uninsured that was funded through county funds. The remaining thirteen counties (eleven in Florida, one in Ohio and one in Texas) provided the information requested.

Table 15 is the breakdown of the thirteen counties which provided information on their healthcare service for the uninsured.

Table 15: Fee Structure Used By Counties Surveyed

Fee Structure	Number of Counties
Medicaid	2
Medicare	4
Combination Medicare/Medicaid	2
Grants/All Inclusive Payment	5

Those counties reporting a combination of Medicare/Medicaid used Medicare for physician payment, but Medicaid for either testing or outpatient facilities. Counties reporting the use of grants or all inclusive payment dispersed the funds to one or more entities, which were responsible for providing all patient care. Examples would be a hospital, or a Federally Qualified

Health Center. The funded entity either provided all the services within their own structure, or provided funding to other entities in the community to carry out part of the care. In those cases where secondary providers were used, the funding was still dispersed as a lump sum; not reimbursed based on a fee schedule.

Counties with a fee structure reported that securing certain specialists might require going outside the fee schedule. All counties using Medicare and/or Medicaid reported that they changed their rates when the respective fee schedule changed. Counties using Medicare reported that they would not consider changing to Medicaid because of the difficulty in securing contracts at those lower rates.

The counties which used the grant/all inclusive payment method reported that it eliminated, or at least greatly reduced, their administrative costs.

Since the dominant fee schedule being utilized by other counties was Medicare, a comparison was made of the rates reimbursed under the existing reimbursement schedule (Medicaid 100% for primary care and Medicaid 135% for specialty care) and Medicare rates. The Health Council requested from Polk County Health Plan staff the top five Current Procedural Terminology (CPT) codes that were reimbursed and the total annual expenditures for those five codes. Staff reported that data was not collected in that fashion. In lieu of the requested data, county staff provided a list of the top five CPT codes based on their experience in processing claims and the rates paid for each of those codes. Table 16 illustrates the prevailing rates for each of those five CPT codes for primary care and specialty physicians and what the rate would be if the Plan was reimbursing at 100% of the Medicare fee for participating physicians.

Since expenditures by CPT code were not accessible to the Health Council, we were unable to project what the impact of increasing the rate would be for the reported top five CPT codes. However, Polk County Health Plan staff shared with us an internal report that shed some light on possible impact.

The study conducted by the County staff reviewed 142 charts pulled at random to determine what services had been received between June 1, 2004 and May 31, 2005. County staff determined the Plan's expenditures for those services and projected what the costs would be if the rate was 100% of Medicare. Caution should be exercised in utilizing the results since the study used rates from 2004/05 not prevailing rates, and one can not insure that the charts selected were representative of the normal pattern of service usage.

Based on the internal study, the total cost for primary care was \$15,648 and it would have increased to \$28,789 using 100% of Medicare. The total cost for specialty care was \$60,710 and would have increased to \$89,842.

Table 16: Top Five CPT Reimbursed By Polk County with Current Medicaid Based Rates, Corresponding Medicare Rates and Rate Differences

Code	Medicaid Rate 100%	Medicare Rate (Participating)	Rate Difference	Medicaid Rate 135% (Specialists)	Medicare Rate (Participating)	Rate Difference
99214	\$41.49	\$80.56	+ \$39.17	\$56.01	\$80.56	+ \$24.55
99213	\$26.61	\$51.26	+ \$24.65	\$35.92	\$51.26	+ \$15.34
99212	\$21.84	\$37.61	+ \$15.77	\$29.48	\$37.61	+ \$8.13
99204	\$68.84	\$134.67	+ \$65.83	\$92.93	\$134.67	+ \$41.74
99215	\$60.35	\$117.66	+ \$57.31	\$81.47	\$117.66	+ \$36.19

Sources: Center for Medicare and Medicaid Services. Revised 2006 Medicare Part B Physician and Non-physician Practitioner Fee Schedule; Polk County Health Plan staff

NOTE: CPT codes are - 99214: Established patient detailed, 99213: Established patient expanded, 99212: Established patient focused, 99204: New patient comprehensive/medium, 99215: Established patient comprehensive/high

IV. Access to Health Care

A. Key Informant Interviews

Access to the Polk Health Care Plan was assessed through Key Informant interviews. Key Informant interviewing is widely used to determine an individual's perspective on an issue in a confidential and anonymous setting. Key Informants are considered to be experts in the areas that they represent. For this study, key informants were identified through suggestions from Polk County Community Health and Social Services, Polk County Citizen's Oversight Committee, a comprehensive list from the Polk County Health Care Alliance that includes all past and current members, and referrals from health and social service professionals serving Polk County. Fifty-one key informants were identified (Table 17) and contacted by mail and/or telephone and invited to participate in a thirty minute telephone interview. Twenty- six persons responded to the inquiry (a 50.9 percent response rate), three of the 26 could not participate or did not feel qualified to participate and one interview was scheduled and later cancelled by the interviewee.

Table 17: Categories of Key Informants Invited to Participate

Key Informant Category	Number
Government or Government Appointed Officials	16
Hospital Representatives	5
Clinic Representatives	6
Physicians/ Physician Representatives	11
Polk Health Care Alliance Members (past and present)	20
County and Health Department Representatives	7
Faith Community Representatives	3
Other Social Service Providers/ Agencies	7

NOTE: Some key informants fall into multiple categories. Table 17 does not reflect the number of individuals invited but the categories that the key informants represent. Since the key informants were grouped in this manner, the total for Table 17 will not match with the total number of individuals invited.

Interviews were held with 22 individuals, resulting in a 43.1% response rate from the original inquiry. Interviews were all done on the telephone during a two week period. All participants were asked the same series of questions and allowed to provide additional comments at the conclusion. Plan providers were asked additional questions about hours, office location in regards to public transportation, and the hours they see patients. All key informants were told the nature of the study and that their answers would be anonymous and summarized into the final report. Participants included social service agencies, case managers, representatives from local hospitals, physicians, health care plan providers, the local health department, community clinics, and government representatives. The questions, a summary of responses for each question, and individual responses are presented together for review. In instances where a response was given numerous times for one question, the duplicate responses were eliminated.

Key Informant Questions and Responses

Question 1: What is the greatest strength of the Polk Health Care Plan?

Summary: Several key informants noted stability of funding source and providing health care to those who cannot afford it as great strengths of the plan. The dedication of Plan staff was also mentioned as a key strength.

Responses:

- Stability of the funding.
- Has the ability to expand and don't have to be concerned about ability to serve people
- Reaching people who may not otherwise have had access to health care.
- Having physicians all over the county.
- They are making an attempt to get people registered.

- A comprehensive plan with primary and specialty care physicians including meds and hospitalization.
- Financial resources available from the ½ cent sales tax.
- Providing access to care for so many people.
- Increasing health care to those who cannot afford it
- Trying to reach the people who otherwise would not have insurance.
- Longevity of the staff that is working on the plan.
- Provides necessary coverage for uninsured people and provides a good medical service.
- Wonderful program for the underinsured and uninsured
- Dedication of the people/staff to do the right thing and make sure the money is spent correctly.
- Supported by the caring and compassionate voters.
- Has the Polk Alliance, which is an independent group of providers and concerned agencies.
- Taking care of indigent patients so they don't end up in the ER.
- Attempting to serve the poor.
- Good plan to help the unemployed.
- The expanded eligibility that is being considered.

Question 2: What is the greatest weakness of the Polk Health Care Plan?

Summary: Key informants noted the slow start of the program and the need to show results quickly as weaknesses of the plan. Several participants also noted low physician involvement, difficulty reaching the population that would qualify, and the need to expand access to services. Overall knowledge of the plan among physicians, clients, and the public was frequently noted during interviews.

Responses:

- Need to demonstrate results quickly to the public.
- Need more providers everywhere, so people can go see a provider in their own neighborhood
- Identifying people who are eligible (125,000 vs. 6,000?)
- Not reaching people, yet.
- Not a lot of weaknesses, but concerned about the slow start and having enrollment where it needs to be.
- This being a government program sometimes slows down action.
- There are many restrictions on who can enroll.
- Plan is not comprehensive.

- Not enough services, no dental or optical and doesn't provide supplies for diabetics or oxygen for those that need it.
- The political environment in which the plan must operate
- Eligibility criteria is very restrictive
- Leadership- the way they (CHSS) work with the community, department heads don't interact well. Don't have a cooperative attitude- more dictatorial
- Reaching to all those who are possible candidates and teaching them preventive medicine, to stop going to the ER and go to a designated physician.
- More participation from dental community
- Re-think marketing- not in correct areas or for correct audiences
- Not enough specialists need a specialty physician for each specialty.
- Patients do not know about their coverage and do not understand what it means when they are enrolled in the plan.
- Very political process, not a lot of progress
- Inexperience of administering the funds.
- Community partnerships are not a strong suit of county government.
- Coalition building is hindered.
- County does not have good people skills.
- Reimbursement is out-dated model and not keeping up with the times
- No sovereign immunity for physicians who see patients.
- Not enough providers because reimbursement rate is so low.
- Public and physician knowledge of the plan

Question 3: Do you think services are available for all eligible clients? (If not, what are the barriers?)

Summary: Many interviewed mentioned accessibility of services as a major issue with the plan. Barriers to access noted include: language, geography, transportation, lack of services available during non-traditional hours, low physician involvement, and awareness.

Responses:

- No. The telephone system was a barrier. Wait times were too long.
- Language and geographic barriers exist.
- Have not gone to all the people who need services
- Yes, it is accessible because of availability of doctors.
- Generally, yes. Barriers - need more general practice docs, after hours clinics, and keep people out of the ERs
- Transportation can be an issue, especially if no public transportation exists.

- Patients may have to change doctors to get enrolled in the plan.
- More physicians are needed, sometimes hard for patients to get in to see a doctor.
- Yes, but there are not enough services available for all clients. Provider services, physician and hospital resources.
- A barrier is general public awareness and awareness about eligibility.
- Providers not adequately dispersed across the county.
- The undocumented are not served.
- Some docs think reimbursement rates should be higher.
- No, provide a broader array of services, including cancer treatment
- Lack of knowledge about the plan.
- Yes, there is accessibility the enrollment criteria have relaxed, it is an easy process to get enrolled, and it is open to anyone who qualifies.
- Clients have to renew too often and patients lapse out of plan.
- Patients don't follow through.
- Transportation and gas prices are barriers.
- Access to primary care
- 200% FPL will reach out to the population
- Hard to refer people to specialty care

Question 4: What suggestions do you have to improve access and remove these barriers?

Summary: Common themes that arose among key informants to improve access were increasing knowledge of the plan, increasing reimbursement rates to attract more physicians, and increasing benefits and covered services. Improving communication with physicians and outreach efforts in communities that will benefit from the Plan were also mentioned as suggestions to improve access.

Responses:

- Co-locating eligibility at a variety of places across the county.
- Establishing relationships with people who provide services to the undocumented population and continue to build relationships with the ERs
- Get the word out, if people know how to get enrolled, they will enroll.
- Multiple ways to enroll are important, point of service eligibility through the ERs, need to utilize technology in lieu of people
- More physicians, more services in more areas and should try to address transportation issues with clients.
- It is important that the plan provides a broad scope of services.
- There would be more physician participation with adequate reimbursement rates.

- Make services available to undocumented.
- Make facilities more accessible and have appointments in a timely manner.
- There are very few Polk docs who accept Medicaid rate.
- Improve communication with communities most in need- will take time and effort
- Strengthen outreach, social services piece
- A trust fund should be set up to provide security for the plan or cut taxes in the future if there is enough layover money
- More schmoozing with docs. Get them to buy in.
- Locate primary care centers where the greatest number of people live
- The image of the plan is also a barrier (the terms indigent and poor). The plan is for people who are working hard and are not looking for a hand out.
- Need to change to Medicare rate
- A mobile clinic for rural locations with great need.
- Providing transportation for those that do not have it.

Question 5: What are of Polk County has the greatest need for services related to the health care plan? (Is there an area of Polk County that you feel is not being served?)

Summary: Responses mentioned most frequently as areas in need of plan services include: Alturas, Wahneta, Lakeland, The Ridge, Haines City and Southeast Polk County. In general, rural areas with few physicians and limited resources were noted. The undocumented population and Hispanics were mentioned on numerous occasions as being in great need of services related the Polk Health Care Plan.

Responses:

- Not Lakeland. Lakeland has most people but also has most providers.
- The Ridge, Poinciana, Haines City, towards the Osceola line, Frostproof and Fort Meade (even through CFHC is there many people do not go to it)
- Alturas, Wahneta and Eloise
- Smaller communities have access issues.
- Undocumented aliens
- Geographically, there is access for all parts of the county
- Urban centers have greatest need- Lakeland & Winter Haven
- East Polk County
- There are workers in all the major cities and a mobile unit is being used.
- Rural Polk.
- Limited access in SE Polk and North Lakeland
- Not that I know of.

- Southeast Polk- below Frostproof
- North Lakeland, Mulberry, Lake Wales
- Many cultural groups have great need for services, especially Hispanics.

Question 6: Currently most primary care and specialty services are provided through private physicians, as we expand services should we provide services through clinic sites? If so, what agency/agencies should operate those clinics?

Summary: The general consensus from the key informants was to develop clinics while continuing to develop relationships and adding private physicians to the plan. Federally Qualified Health Centers were the most frequently mentioned vehicle to run newly established clinics. The expansion of faith based and other forms of private clinics was also encouraged by those interviewed. Overall, the majority of key informants believe a multi-faceted approach to health care is best.

Responses:

- Clinic sites should be added but so should more private physicians.
- Choice is important; we have choice with our health plans, why shouldn't the people accessing the plan have the same option?
- Some people don't like the clinic concept (and won't go to one)
- Federally Qualified Health Center's (FQHC) makes a lot of sense to maximize the money that the federal government gives.
- Clinic sites are a 1st priority.
- Need to continue private physician involvement in plan.
- Expand faith based clinics (with grant \$), churches can band together and have clinics and offer free healthcare
- Adding docs AND clinics. Clinics with extended hours and throughout the county. Private docs who offer office hours outside of normal times (evening and weekend hours) and more docs so that patients can be seen in a timely manner.
- Many clients would be more likely to go to a clinic rather than going to the ER.
- Add more docs, increase FQHC and partner with Central Florida Health Care (CFHC).
- Need a broad based, collaborative community initiative with both the public and private sectors.
- Shouldn't be limited to clinics operated by as FQHC.
- Clinics should be operated by whoever is in charge but should be overseen by the plan or Citizen's Oversight Committee.
- If all else fails then clinics could be a good option, but with reimbursement rates the way they are it would be difficult to get docs.
- Clinic sites attract people, but docs prefer people to come to them in private practice

- With Medicaid regulation, the clinics would have to be regulated by the state and AHCA
- Yes, FQHC's or anything that can get past the sovereign immunity, or operated by county. FQHC's are a good vehicle
- County does not have a good track record in the community for running clinics etc so they may not be the best ones to run it.
- FQHC's should be in rural areas where they are really needed, not in areas where they would be competing with other docs, also the FQHCs can see undocumented
- Would be expensive if clinic model was exclusively used.
- Needs to have a combination of methods to impact healthcare. Public and private.
- Private docs are already throughout the county.
- Clinics may be bad because docs do not have privileges at hospitals.
- Private docs should be encouraged to enroll in plan and take care of patients.
- Polk Health Care plan should operate or offer up contracts to operate the clinics.

Question 7: If you were going to expand service locations, where would you put the next site?

Summary: Frequently mentioned responses included Wahneta, North Lakeland, Haines City, and other communities that are rural or where the population is growing. Wauneta was the most commonly mentioned location where services should be expanded to.

Responses:

- Wahneta, near the Hispanic mission.
- North Lakeland has been trying to get a FQHC so they may have some need.
- Wahneta would be a good location because it would cover Alturas, Eloise and the eastern side of the county
- Need to communicate with the schools- they offer a great opportunity to be in a community.
- There is a growing population in the 4 corners.
- Haines City, Davenport area
- Near the areas that are growing
- Center of Polk county- in a prime area that would be accessible for everyone
- More rural areas

Question 8: What do you think about the concept of clinics being based near hospitals vs. in a community?

Summary: The overwhelming majority of key informants believed that it would be best to place new clinic locations in the communities that need them as opposed to close to hospitals or emergency rooms.

Responses:

- Some recommend co-locations at ERs, but it doesn't show the consumer that the ER is not the place for routine care.
- If the statistics show that people live near the ERs than yes, but if not (no)
- Just because people are going to the ER does not mean it's convenient. The hospital catchments areas are huge, people can drive for over 40 minutes to get to an ER
- Support idea of 5 clinic sites in proximity to each of the 5 hospitals.
- Both, clinics should be near hospitals and also out in communities.
- Should look at areas with no services or limited services. It wouldn't do people in Mulberry very good to have to go near the hospital to see a doc because there is no close hospital.
- Clinics need to be in the community where they are needed. This would address many barriers such as time and transportation.
- If it were to be in/near the hospital itself to divert people from the ER
- Docs in the community should run their own clinics
- Needs to be where the greatest number of people can be served, not near the hospital.
- Communities! Trying to get people away from the ERs
- Near a hospital is not necessarily a good area but it is a middle ground, travel would still be a barrier.
- Put in the community where the people reside but need to be open late and have weekend hours.
- Being near an ER would not necessarily divert people from the ER
- Further isolation is not necessarily a good idea.
- Use the money the best way possible to help as many people as possible (the people who need it)

Question 9: Is there any additional information you would like us to know? Any further comments?

Summary: Several comments were made regarding the need to increase physician reimbursement rates, issues that should be addressed to help Medicaid Share of Cost clients, increasing access to undocumented individuals, and expanding enrollment locations, covered services and the drug formulary.

Responses:

- Need flexible enrollment hours
- Telephone system is improving but toll free numbers are important, it can be a long distance call to call across the county
- Expand to offer electronic eligibility.
- For-profit hospital participation is important and needs to be developed.
- Faith based groups should be encouraged to establish clinics with help from the county.
- Efforts should be collaborative and include both the public and private sectors.
- Need to minimize the political nature, egos, and personal opinions.
- Physician community was largely ignored for a long time and many problems could have been avoided if they had been approached sooner.
- Undocumented patients need to be seen
- Increase income limits and be flexible on asset requirements.
- Expand drug formulary
- Enrollment is much easier now, case managers follow up and are easily accessible
- To make a difference with access issues – need to expand delivery systems
- Lakeland Regional Medical Center is the second busiest ER in the state; most patients are using the ER as a doctor's office.
- Expand services and expand the provider agencies. Spend the money.
- Go to determining reimbursements rates on a year to year basis like insurance companies.
- The reimbursement rate fluctuates too much and docs can't keep up. Rates should be based on Medicare (rate stays standard all year, can easily access the rate)
- The plan does not do enough to help those with Medicaid share of cost, plan only does primary care for those people so many times the patients cannot see specialists or get referrals even if they need them, because they cannot afford the share of cost. If people are on the plan there should be a way to get them care.

Providers

During the course of the Key Informant interview participants were asked if they were a health care plan provider, if the answer was yes they were asked a series of provider questions. The Key Informant Providers who were not already offering expanded hours mentioned staffing issues as the main reason they could not expand hours to see patients during the evenings and weekends. The time a patient waits to see a physician for primary care varies from immediately to four–six weeks. Transportation, getting time off work, difficulty seeing specialists and lack of options for the undocumented population were noted by the providers as the main barriers for clients.

Provider Questions and Responses

1. Is your office location near any public transportation stops?

- All- Yes

2. Do you offer any weekend or evening hours? What would limit you from extending your hours?

- No, staffing would be an issue.
- No, no office staff. Not worth it to be open late to just see the county patients.
- Open 24 hours/7 days a week.
- Open every Saturday until noon.
- Yes, evening hours once a week and open two Saturdays a month.

3. How long do patients wait to get an appointment for routine care?

- Less than two weeks.
- Offer walk-in appointments.
- Within one week.
- We see them as soon as we can, it depends.
- Depends on time of year. Four to six weeks in the summer and 3 days to one week this time of year.
- Patients are seen through ER.

4. What do you see as the greatest barrier for clients?

- Transportation
- Waiting time, because there are so many patients.
- If a patient needs a specialist but cannot get in to see one or they do not have insurance.
- The undocumented population does not have any place to go
- (Patients) cannot get time off of work.

B. Focus Groups

In order to get the perspective of clients and potential clients of the Polk Health Care Plan, a series of focus groups were held in Polk County. Focus groups are used by many disciplines to get the perspective of a group of individuals on a specific topic. Clients and potential clients of the Polk Health Care Plan have a unique perspective of the Plan and its accessibility. Several approaches were used to identify and recruit participants to the focus groups. Case managers from Polk County Community Health and Social Services were sent flyers and an information sheet (Attachments 3, 4, and 5) describing the groups and asked to recruit participants. The Polk Health Care Alliance sent out notices of the Client Focus Groups to their email list-serve and provided flyers at one Alliance meeting and one subcommittee meeting. A local newspaper

reporter announced the focus groups on several occasions in a large Polk County newspaper after hearing about the groups at the Alliance Meeting. The clinic sites where the focus groups were held posted flyers and provided a local telephone number for people to call to register to participate.

Two focus group locations were identified and selected based on their hours of operation and proximity to public transportation. The first focus group took place on Tuesday March 21, 2006 at a volunteer medical clinic in Lakeland; the second was held on Saturday March 25, 2006 at a federally qualified health center in Dundee. Overall, there were 12 participants in the client/potential client focus group; 1 African American, 2 Hispanic, 9 White. The racial and ethnic makeup of the focus groups is representative of the racial and ethnic makeup of Polk County. One half of participants were on the Polk Health Care Plan and one-half was not or did not say. Selected characteristics of participants are displayed in Table 18.

Table 18: Selected Characteristics of Focus Group Participants

	Number	Percent
Sex		
Female	6	50
Male	6	50
Total	12	100
Race/ Ethnicity		
African American	1	8.3
Hispanic	2	16.7
White	9	75
Total	12	100
Enrollment Status		
Enrolled	6	50
Not Enrolled/ Did not Say	6	50
Total	12	100

A pre-determined list of questions (script) was used to gather information on the client's view of health care plan access, improvements that can be made to the plan, and what new physician locations would look like (Attachment 6). The participants were told the purpose of the focus group and that everything they shared would be anonymous and that their names would not be associated with anything that was said. Both groups were asked the same series of questions. The results of both groups have been summarized together. Participants frequently noted how pleasant their experiences with the plan had been and how helpful the plan staff had been. Several focus group participants mentioned that the use of the words "indigent" and "poor" had initially kept them from enrolling in the plan. Suggestions to improve access to the plan included: adding more physicians to the plan, having physicians available during evening and weekend

hours, increasing assistance for prescriptions, and relaxing eligibility criteria so that more people could qualify.

Focus Group Questions and Responses

Question 1: When was the first time you heard about the Polk Health Care Plan?

Summary: Most focus group participants noted the newspaper as where they heard about the plan. Several other methods of learning about the plan were also mentioned.

Responses:

- Newspaper
- TV
- Lakeland Volunteers In Medicine/ a plan enrollment site
- Polk CHSS
- Vote for the ½ cent sales tax
- From past experience in another state
- From knowing the history of Polk County and the plan

Question 2: Have you had any experiences with the Polk Health Care Plan?

Summary: Focus group participants were very positive about their experiences with the plan and plan staff. Several participants noted how supportive and respectful the plan staff is. Clients also noted that the words “indigent” and “poor” were barriers that delayed their enrollment in the Health Care Plan.

Responses:

- The plan is a lifesaver.
- Need to eliminate the “indigent” stigma.
- The people (with the plan) are phenomenal, they give you nothing but respect.
- The word indigent kept me away.
- Wish we could do something, like volunteer, to pay back and help the system.
- Afraid the system could be overtaxed if it was opened to everyone and then would be gone.
- “Poverty” is still being used.
- Voters voted for the tax and now there is extra money.
- Need more people in the plan.
- Raising the income (eligibility) level is a big plus.
- Plan should/could be given to non-residents, if you work in Polk and spending money in Polk you should be able to use the health care plan.

- They (CHSS) are trying to get the word out, were at the bus terminal today- should have adds in buses.
- People may not find out about the plan if they do not read the paper.
- Hospital workers talk about the plan- very complimentary.
- Very organized system of communication and referrals.
- (The plan has) been good.
- System is well organized.
- People who put the system together know what they are doing; it is hard to improve on.
- No problems.
- Staff is helpful and encouraging.
- Doctor's office gives respect,
- Not embarrassed to give card.
- Plan is not welfare; you're insured under Polk County HCP.
- Staff goes all over to give information about the plan.
- It is different to hear about the plan from a provider than it is to hear about it from a county person. The provider has more credibility
- There is a stereotype of the health department, and a fear of going there.
- If you make \$100 over the limit you cannot get in the plan
- Medicines are very expensive
- "Assets" will make you lose insurance or keep you from qualifying
- (Polk) would be in bad shape without the CFHC clinics.
- Signed up and got card that day, very nice and quick

Question 3: What can be done to improve the plan/ make it better?

Summary: Responses were frequently in support of raising eligibility criteria so that more people can qualify for the plan. Several focus group participants mentioned needing more help with prescriptions, especially those not covered by the plan. An informational packet clearly explaining what services are covered and not covered was also discussed on numerous occasions because many focus group participants who were enrolled in the plan were unclear as to what the plan covers.

Responses:

- Raise (income eligibility) level so that more people can get in.
- More help with medications (co-pays for drugs not covered).
- More specialists from the large clinics.
- More events to get the word out, local events like First Friday, etc.
- A pamphlet when you get enrolled to tell you what is covered.

- People could pay for part of the plan if they are on the edge of qualifying.
- Increase the time between renewals (to one year) this would save money and staff time.
- Some meds not covered in the plan- very expensive
- Can only get meds at CVS, they are very unreliable, long lines, 3-4 day waits, and understaffed
- CVS gets drugs from Canada (why can they but we cannot?)
- Need more places to fill scripts
- Plan does not have an appeal system, it is very important, should always have one other way to go
- Need to know which docs are covered
- Have to wait for "approval" over a month to see specialist.
- If your family doc recommends someone you should be able to see that doc.
- The low limit is rough for people, have considered divorce to qualify for government programs including the plan.
- Boost the limit 25% and many more people would qualify
- Assets should not be held against you, they are not paying the bills
- More docs all over the county, so that you don't have to go out of town all the time.

Question 4: If more locations were added where you could see a doctor, what would they be like?

Summary: Focus group participants overwhelmingly agreed on the need for more physician locations throughout Polk County and the need for locations that offer evening and weekend hours.

Responses:

- Decrease the wait time at offices.
- Not enough primary care providers signed up with the plan.
- More patients will need more docs.
- A lot of money to work with, need to expand the system.
- Doctors offices should be associated with hospitals
- Should have docs available somewhere in the county until 8-9pm
- Doctors need weekend and Saturday hours, would keep people out of the ER
- Vets and dentists have extended hours, why not doctors?
- Now we HAVE to go to the ER after hours, and wait for 5-6 hours, I won't do it.

C. Analysis of Access Data

The Health Council of West Central Florida, Inc. analyzed the findings from key informant interviews, focus groups comments, and quantitative data from a variety of sources while formulating recommendations for the Polk Health Care Plan. Many factors were taken into account, including the current penetration of the health care plan in Polk County (Attachment 7 and 8). Health Care Plan access is related to many factors and, while the Health Council strived to be exhaustive in its analysis, there may be additional factors influencing access that have not been considered in the scope of this study.

Analysis of access data and other requested data points included in this study support the recent change in eligibility criteria proposed by Polk County Community Health and Social Services and the Citizen's Oversight Committee (COC) and voted upon by the Board of County Commissioners (BOCC). The Polk BOCC voted on April 5, 2006 to follow the recommendations of the COC and Polk Community Health and Social Services to increase Polk Health Care Plan eligibility to include all residents whose income falls below 200% of the Federal Poverty Guidelines.

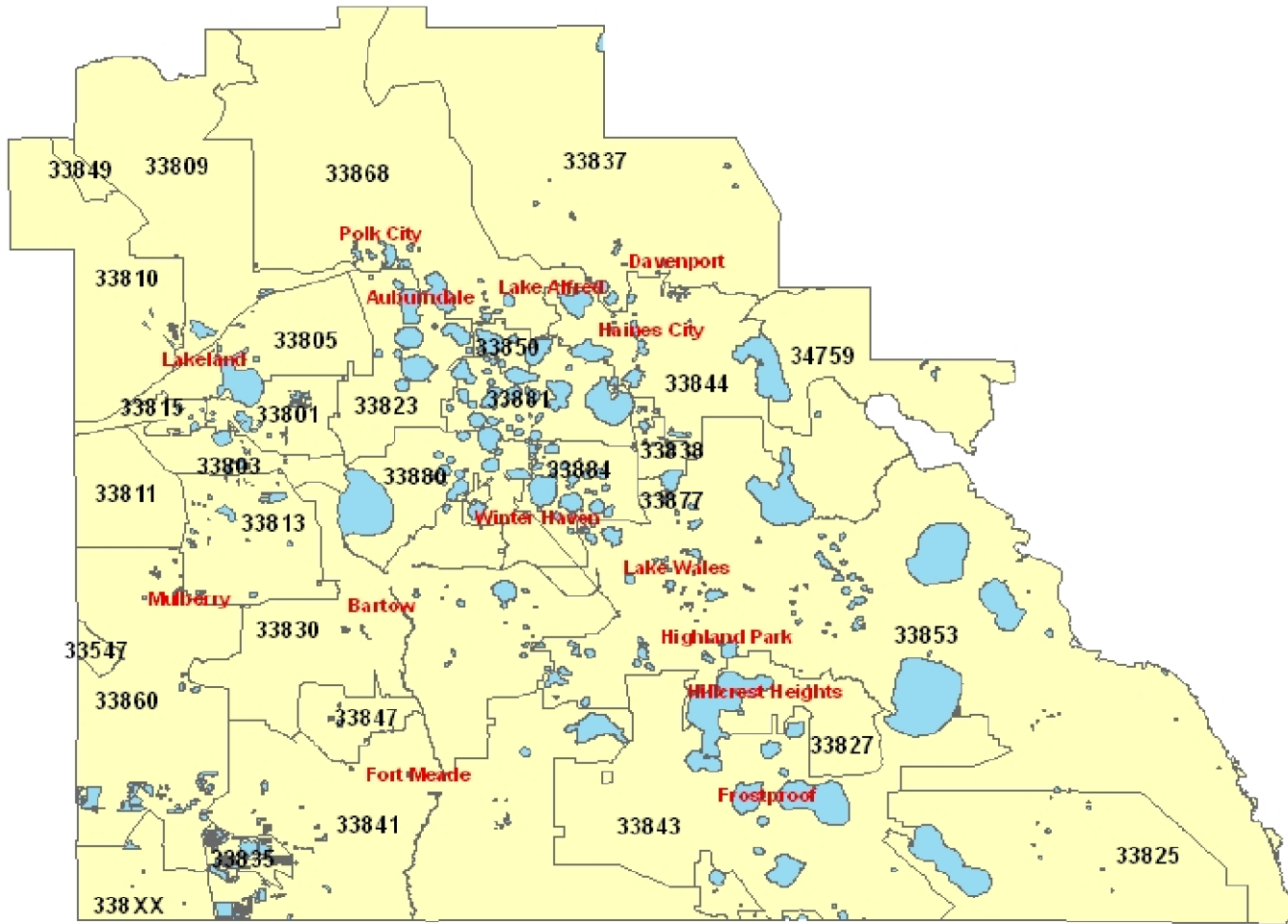
V. Recommendations

1. Polk County should adopt the Medicare Part B participating physician fee schedule for reimbursing primary care physicians and specialists.
2. Polk County should conduct a collaborative community process to develop and adopt a definition of underinsured.
3. Polk County should conduct, or commission, a study on the underinsured in Polk County utilizing its adopted definition. The study will include surveys of Polk residents to determine the extent to which they meet the definition.
4. Polk County should gather further data on ER utilization, specifically the time of day and day of week of the visit and whether the after hours and weekend visits resulted in admission. This data would be indicative of the need for primary care access in non-traditional times (evenings and weekends).
5. Polk County should enhance access to services by adding resources in the following five areas: Lakeland; Haines City; Frostproof; Mulberry/ Fort Meade; along the Ridge.

6. Polk County should contract with existing community organizations to set-up and operate two clinics. The clinics would operate for two years as pilot projects to determine if the clinic structure is optimal for residents in the areas served. The County would establish specific evaluation data to be collected and analyzed during the two year period, and report the findings to the Citizen's Oversight Committee prior to renewing the contracts.
7. In addition to opening clinics, Polk County should continue to expand its involvement with private physicians by recruiting more primary and specialty care physicians into the Polk Health Care Plan.
8. Polk County should insure that its data system allows for data collection and analysis by CPT code.

2004 ZIP Codes

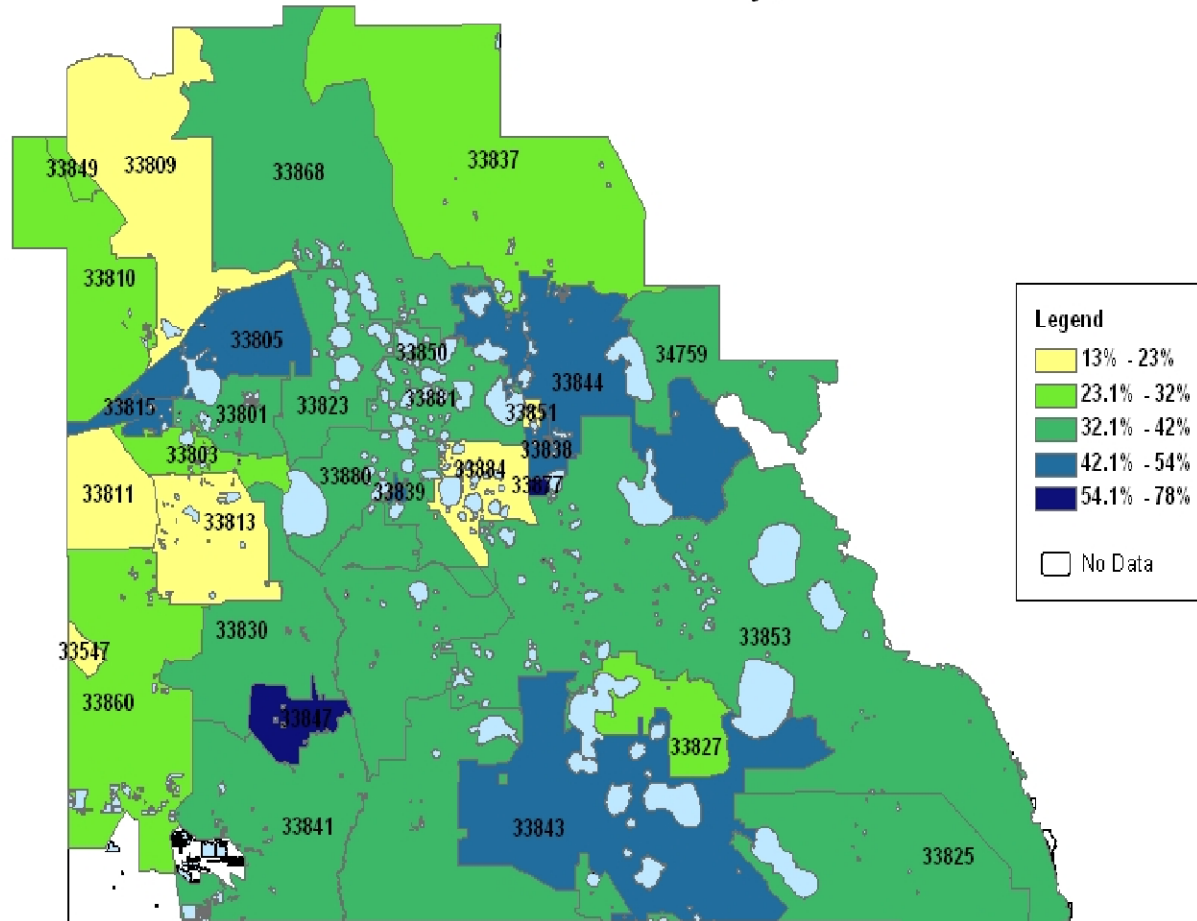
Polk County, Florida



United States Census Bureau (2004). ZIP Code Tigerlines for Polk County, Florida.



Percent of Population Below 199% FPL Polk County, Florida



Source: U.S. Census Bureau (2000). Summary File 3- Sample Data. Table P88. Ratio of Income in 1999 to Poverty Level.



We want to hear what you think about the Polk Health Care Plan



You do not need to be a member to participate.

Date: Tuesday, March 21

Time: 10:00 a.m.

Location: Lakeland Volunteers in Medicine 1021 Lakeland Hills Blvd
Lakeland, FL 33805

Refreshments will be provided and there will be a **prize** drawing.

Call: 863-688-5846 x 118 to register.

We want to hear what you think about the Polk Health Care Plan



You do not need to be a member to participate.

Date: Saturday, March 25

Time: 10:00 a.m.

Location: Central Florida Health Care
916 State Road 542
Dundee, FL 33838

Refreshments will be provided and there will be a **prize** drawing.

Please Call: 863-452-3092 to register.

Attachment 5

Please recruit clients for **FOCUS GROUPS about the Polk Health Care Plan**. They do not need to be members to participate. This group is for clients and potential clients of the plan **ONLY**. There will be separate interviews held with select staff representatives from many organizations. The groups are expected to last approx. 1 to 1.5 hours and will focus on access issues.

There will be *refreshments* provided and a *prize* drawing.

Please contact Lisa Nugent at 727-217-7921 if you have any questions.

Thank you for your help!!!!

Attachment 6

Polk Indigent Health Care Study Client Focus Group Script

Introduction

Hello, thank you for joining us. My name is _____, and I am from the Health Councils of West Central Florida. We are working on a project with Polk County on access to the Polk Health Care Plan. This is one of two focus groups being held in Polk County to find out the client and potential client view of the Polk Health Care Plan. I will be asking you a series of questions and recording your responses on a flip chart. Please answer freely and honestly to all questions. Your name will not be associated with anything that you say, this is totally anonymous. Your responses will be used to develop recommendations for the Plan. At the conclusion of the group I will provide a summary of your responses so that any corrections and clarifications can be made. Please feel free to help yourself to refreshments at any time. The restrooms are located _____. We should be done in an hour and a half.

Icebreaker/ Opening

Let's go around the room and introduce ourselves. Please tell us your first name and how long you've been in Polk County. I'll start....

Questions

1. When was the first time you heard about the Polk Health Care Plan?
2. Have you had any experiences with the health care plan? (Have you used the health care plan?)
3. What can be done to improve the plan/ make it better?
4. If more locations were added where you could see a doctor, what would they be like?

Summary

I will provide a summary of the main ideas that emerged today. (Provide a short summary)
Is this summary complete? (Record any changes)
Do you have any final comments?

**Thank you for coming today. We greatly appreciate you sharing your perspective with us.
Have a great day.**

Attachment 7

Table 19: Comparison of Population Below 199% FPL with Those Enrolled in Polk Health Care Plan

Zip Code	Total Population	Population Below 199% FPL	Population Enrolled in Polk Health Care Plan (HCP)
33547	8317	1842	2
33801	30919	12954	345
33803	25166	6755	115
33805	19788	9681	250
33809	27790	6530	138
33810	28392	7613	236
33811	16205	3679	93
33813	35465	4754	125
33815	13406	7289	178
33823	26557	9593	278
33825	21679	8972	No Data
33827	2331	752	17
33830	23993	8646	261
33834	6011	3009	No Data
33837	21069	5621	170
33838	2824	1325	38
33839	1445	679	No Data
33841	7922	3094	79
33843	9656	4627	53
33844	26291	11825	374
33847	206	160	3
33849	419	116	14
33850	4032	1541	40
33851	839	194	14
33853	34307	13174	116
33860	16723	5197	116
33868	9308	3133	97
33877	518	320	18
33880	33939	12404	378
33881	27726	10872	273
33884	19260	2910	67
34759	7579	2673	32

NOTE: Population and Percent of Population Below 199% FPL taken from Table 5, Polk Health Care Plan Enrollment data taken from Polk Community Health and Social Services Report to the Polk Board of County Commissioners and the Citizens Health Care Oversight Committee's Joint Work Session on Thursday February 23, 2006.

Attachment 8

Table 20: Comparison of Uninsured Population with Those Enrolled in the Polk Health Care Plan

Zip Code	Population	Uninsured Number	Population Enrolled in Polk Health Care Plan (HCP)
33547	7850	972	2
33801	26368	4731	345
33803	21087	3865	115
33805	16939	2531	250
33809	22361	3875	138
33810	24370	4214	236
33811	14382	2539	93
33813	30998	5294	125
33815	11021	1867	178
33823	22640	3988	278
33825	17191	3441	No Data
33827	2170	383	17
33830	22203	3821	261
33834	6242	1838	No Data
33835	**	**	No Data
33837	16859	3216	170
33838	2214	377	38
33839	1385	244	No Data
33841	6632	1287	79
33843	8405	1739	53
33844	20587	3996	374
33847	**	**	3
33849	384	68	14
33850	3357	570	40
33851	**	**	14
33853	25764	4376	116
33860	14872	2707	116
33868	9665	1673	97
33877	**	**	18
33880	28877	5481	378
33881	20104	3112	273
33884	14580	2496	67
34759	6760	1461	32

NOTE: Population and Uninsured # were taken from the 2004 Florida Health Insurance Study. Polk Health Care Plan Enrollment data taken from Polk Community Health and Social Services Report to the Polk Board of County Commissioners and the Citizens Health Care Oversight Committee's Joint Work Session on Thursday February 23, 2006.

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