

# HEALTH RESOURCE AVAILABILITY



Health resource availability refers to the ability to access health care and other health resources that help the population stay healthy. This includes availability of health insurance, providers, services and health care facilities. In this section, we present data showcasing insurance availability, access to care, provider licensure, facility locations and preventable hospitalizations.

- People with access to health resources tend to be healthier and require less expensive treatment.

## OVERVIEW

Health resource availability refers to people's ability to access health care. This includes availability of health insurance, providers and health care facilities.

People with access to health resources tend to be healthier and require less expensive medical treatment. Conversely, people lacking access are more likely to contract vaccine-preventable diseases, suffer early morbidity due to chronic conditions, be diagnosed at a later stage of illness, be admitted to a hospital, and die at a younger age. Improving the availability of health resources is also a key strategy for reducing racial and ethnic disparities in health status.

## SOCIAL AND ECONOMIC FACTORS

In 2009, the Committee on the State of the USA Health Indicators, Board on Population Health and Public Health Practice, identified six specific measures that are important to assessing the availability of health resources. These measures form the foundation for identifying Florida's specific strengths and weaknesses.

1. Health Care Expenditures – per capita health care spending.
2. Insurance Coverage – percentage of adults with health coverage through insurance or entitlement.
3. Unmet Medical, Dental and Prescription Drug Needs – percentage of non-institutionalized population who did not receive or delayed receiving needed medical or dental services during the previous year.
4. Preventive Services – percentage of adults who are up-to-date with age-appropriate screening services and flu vaccination.
5. Childhood Immunization – percentage of children who are up to date with recommended immunizations.
6. Preventable Hospitalizations – hospitalization rate for ambulatory-care sensitive conditions.

## HEALTH CARE EXPENDITURES

When coupled with health indicator data, health care expenditures help illustrate access to care. The State of the USA Health Indicators Letter Report indicates that per capita costs, or costs as a percentage of the U.S. gross domestic product, are far higher than in other developed nations while health outcomes are often no better or sometimes worse. This indicates a relative inefficiency and ineffectiveness of the U.S. health care system. Generally in the U.S., per capita health spending greatly exceeds per capita health spending of the other developed countries, and in the U.S., healthcare costs are rising faster than growth in the economy as a whole.<sup>1</sup>

The table below compares Florida's per capita expenditures to those of the U.S. In Florida, we spend more per capita than the U.S. average on health care but three times less per capita on mental health care.

- In the U.S., health care costs as a percent of the U.S. gross domestic product are far higher than in other developed nations while health outcomes are often no better or sometimes worse.

### Expenditures Per Capita by Type of Health Care Service U.S. & Florida, 2009

Health Service	Florida	U.S.
Health Care	\$7,156	\$6,815
Mental Health Care	\$ 41	\$ 123
Dental Services	\$ 286	\$ 333

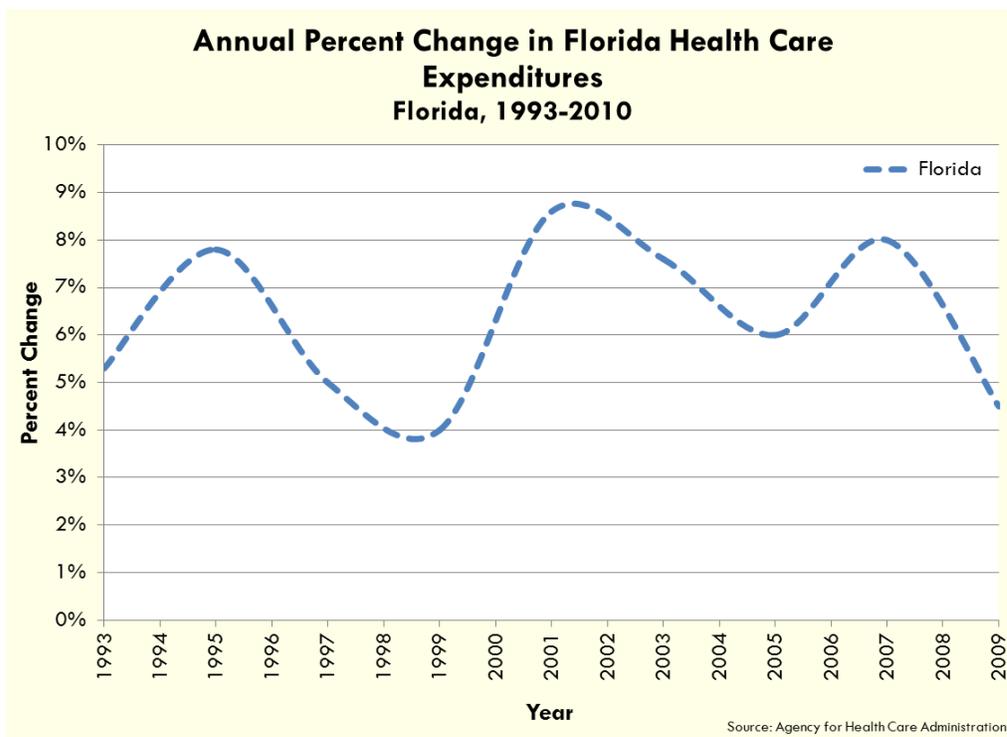
Source: Healthfacts.org

*Improving the availability of health resources is a key strategy for reducing racial and ethnic disparities in health status.*

## HEALTH CARE EXPENDITURES

- In 2010, Florida's personal health care expenditures were \$145.4 billion or \$7,156 per capita.
- While Florida's health care expenditures are increasing in absolute dollars, the percent increase compared to previous years is declining.

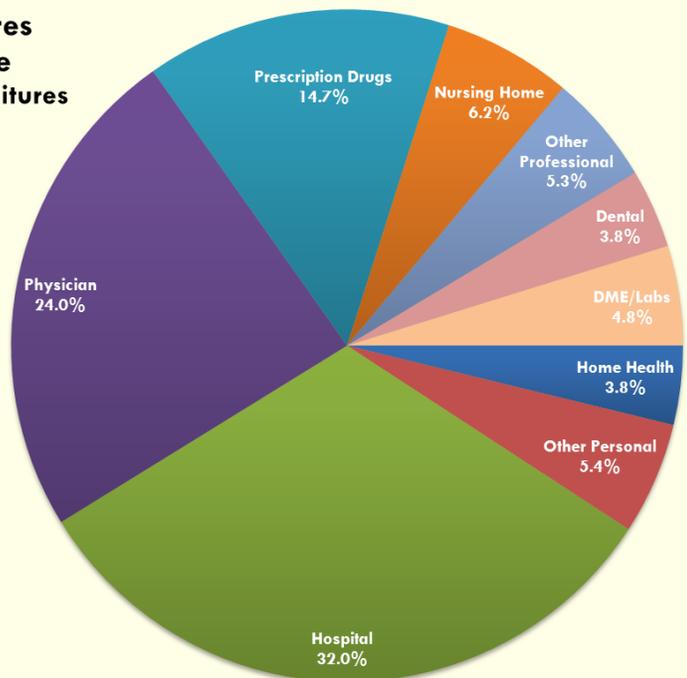
In 2010, Florida's personal health care expenditures reached \$145.4 billion, up from \$141.9 billion in 2009 and \$135.8 billion in 2008. While the absolute dollar expenditure increased, the percentage increase of 2.5% in health costs from 2009 to 2010 was lower than the overall national medical inflation as measured by the Consumer Price Index (Medical Care) of 3.4%. Florida's Agency for Health Care Administration reported that the 2.5% increase was the smallest annual increase since 1993. This continued a four-year trend of annual increases that were smaller than the previous annual change.<sup>2</sup>



## HEALTH CARE EXPENDITURES

In 2010, health care spending was 19.8% of the total personal income of Florida residents. In the same year, U.S. personal health care expenditures accounted for 17.4% of personal income.

**Florida Expenditures  
by Health Service  
Percent of Total Expenditures  
Florida, 2010**



Source: Florida Agency for Health Care Administration

In Florida, hospitals, physicians, and medicinal drugs accounted for 70.7% of total personal health care expenditures. Comparing these proportions in 1992 against 2010, hospitals decreased by 6.6 percentage points (38.6% to 32.0%), physicians decreased by 2.6 points (26.6% to 24.0%), while medicinal drugs increased by 5.2 points (9.5% to 14.7%).

- Hospital expenditures account for the largest proportion of total health care expenditures.
- Since 1992, the cost of medicinal drugs has increased from 9.5% to 14.7% of health care expenditures.

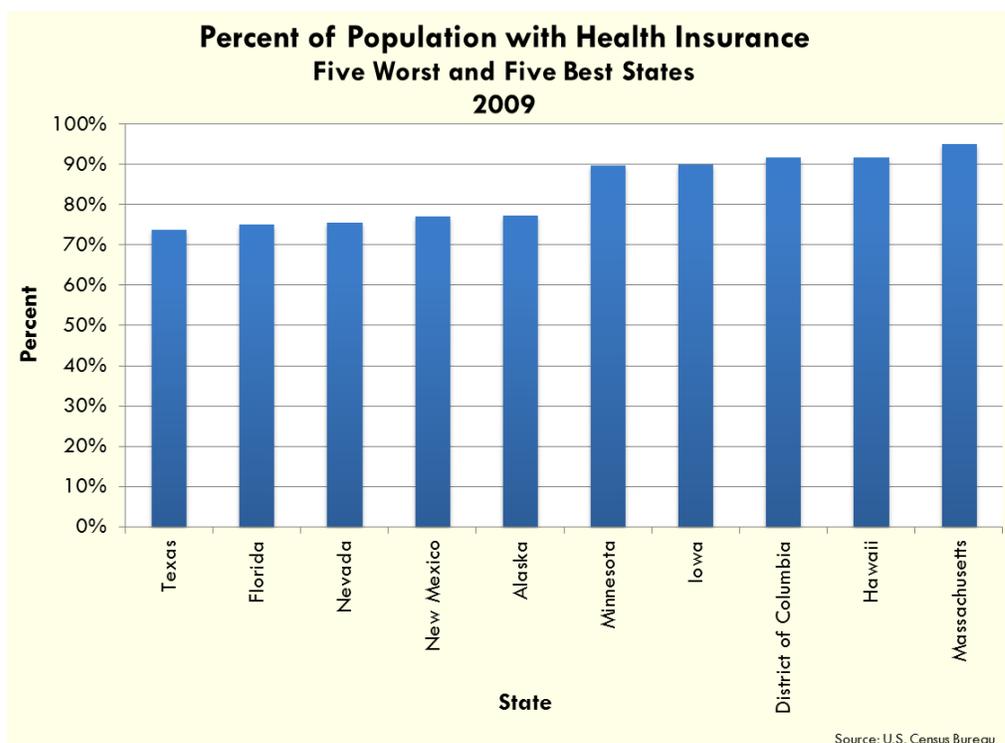
## HEALTH INSURANCE STATUS

- Florida is 2nd worst among all states in percentage of the population with health insurance.

*“A community’s high uninsured rate can adversely affect overall health status, its health care institutions and providers, and the access of its residents to certain services.”<sup>3</sup>*

Lack of health insurance is a well-established determinant of access to health resources. In the U.S., the number of uninsured grew from 32.9 million persons in 1990 to 43.3 million in 2002 and has been estimated to be 45.7 million in 2007.<sup>3</sup>

The uninsured are less likely than those with insurance to obtain preventive services and care for major health conditions such as traumatic injuries, heart attacks and chronic disease, leading to serious consequences.<sup>4</sup> They are also more likely to use the emergency department as their medical home.<sup>5</sup> The Institute of Medicine’s Committee on the Consequences of Uninsurance cites that the number of uninsured individuals under age 65 is large, growing and persists even during periods of strong economic growth. Uninsured children and adults do not receive the care they need and consequently suffer from poorer health and development and are more likely to die early than are those with coverage.<sup>3</sup>



Based on 2010 ACS three-year estimates (2008–2010), Florida ranked 49<sup>th</sup> in the country for the percentage of its population who were insured. According to the ACS estimates, 21% of Florida’s population does not have health insurance. Of these, 25% are currently employed but still lack health insurance, primarily because many work part-time and are ineligible for employer benefits.<sup>6</sup>

## HEALTH INSURANCE STATUS

The numbers of children and adults without health insurance are increasing, and blacks and Hispanics are more likely to be uninsured than whites. While 19.1% of the white population has no health insurance, 25.7% of blacks and 34.3% of Hispanics are uninsured.<sup>6</sup>

Since almost all adults are covered by Medicare when they reach age 65, a good marker of the insurance status of Floridians is the percentage of those between ages 18-64 that do not have insurance. This information was collected as part of the Behavioral Risk Factor Surveillance System (BRFSS) in 2001, 2007 and 2009. Results differ greatly by race, age and gender. Hispanics are about twice as likely to be uninsured as are non-Hispanic whites. The proportion of non-Hispanic whites and blacks without insurance increased between 2001 and 2009. Insurance status for Hispanics worsened between 2001 and 2007, but was about the same in 2009 as it was in 2001.

Latest numbers, according to the U.S. Census Bureau's Small Area Health Insurance Estimates published in March of 2011:

- 73.7%

The percentage of Floridians that have health insurance; 2nd worse in the nation.

- 81.3%

The percent of the black Floridian population with health insurance; worst in the nation.

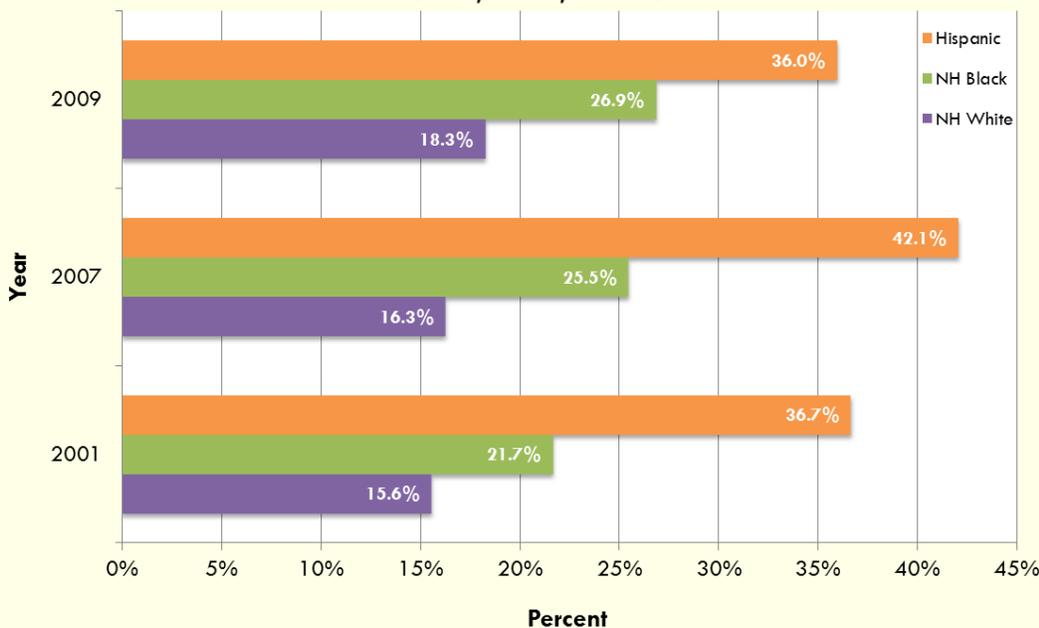
- 72.4%

Percent of the white Floridian population with health insurance; 2nd worse in the U.S.

- 69.9%

Percent of the Hispanic Floridian population with health insurance; 10th worse in the nation.

**Percent of Floridians Under 65 Without Health Insurance by Race/Ethnicity Florida, 2001, 2007 & 2009**

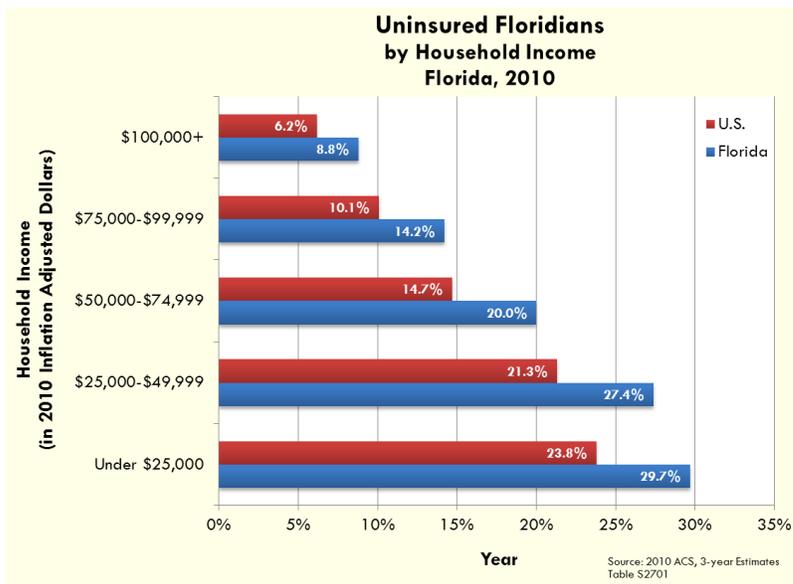


Source: BRFSS

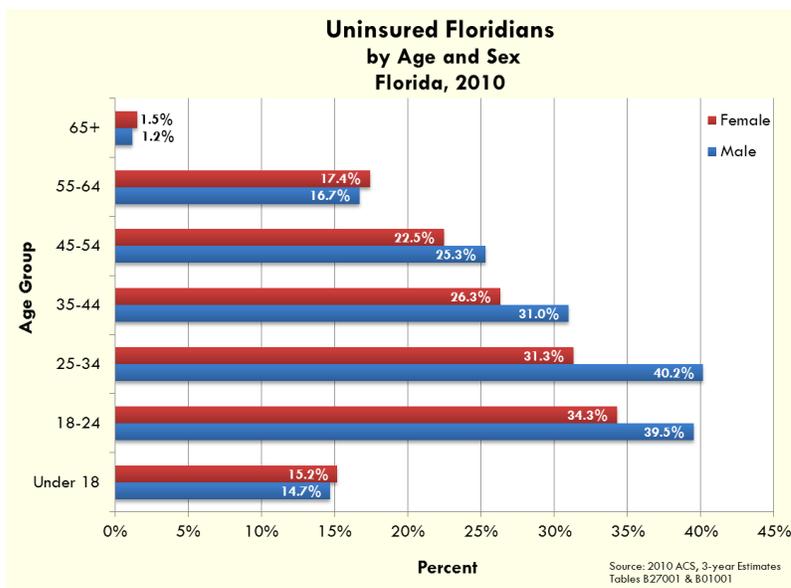
# HEALTH INSURANCE STATUS

- 29.7% of Floridians with household incomes below \$25,000 reported they had no health insurance.
- The 25-34 year old age group has the highest percentage of people without insurance coverage at 37%.
- Males were more likely to be uninsured than females for all age groups except those younger than 18 and older than 55.

Income is interrelated with health insurance coverage – 29.7% of Floridians with household incomes below \$25,000 reported they had no health insurance while only 8.8% of Floridians with incomes \$100,000 and above reported no health insurance.



The 25 to 34 year old age group had the highest percentage of people without insurance coverage, at 37%. Eighteen to twenty-four year olds had the second highest percentage of people without coverage at 34%. Males between the ages of 18 and 54 were more likely to be uninsured than females, for all age groups except those younger than 18 or older than 55.



## UNMET MEDICAL NEED

Unmet medical need — measured by the percentage of people who did not receive needed medical services — is an important indicator of health resources availability. Looking at other indicators, such as the those who have a personal doctor or those who have had dental cleanings, can help us understand who is getting care and who is not.

The Florida Behavioral Risk Factor Surveillance System survey (BRFSS) asks respondents numerous questions regarding medical and dental accessibility that will be used in this section to understand unmet medical need. The county-level portion of this survey is conducted every three years, and has taken place since 2002. Indicators in the Florida BRFSS include adults who have not seen a physician because of cost, adults who have a personal doctor, adults who visited a dental clinic in the past year and adults who had a medical check-up or dental cleaning in the past year.

On each of the following pages, there will be a table on the side of the page, where rates will be separated by multiple subpopulation breakdowns. The ratio column expresses how many times more likely the sub-group rate is compared to the most favorable rate in the sub-group (the ratio will not be displayed for the best rate). For example, if females have a more favorable rate than males, the male ratio column will be filled out, expressing how much more likely males are, compared to their female counterparts, at having a condition. For indicators describing desirable outcomes, such as adults who have a personal doctor, this will be expressed similarly, but the ratio will be below 1. These ratio will also be discussed in the text.

Maps are also featured on the next few pages to showcase spatially where these unmet needs occur so the state, county health departments and other organizations can begin to focus efforts on those needed areas.

- Unmet needs are an important indicator of health resource availability.
- These include measures of dental and medical care access.

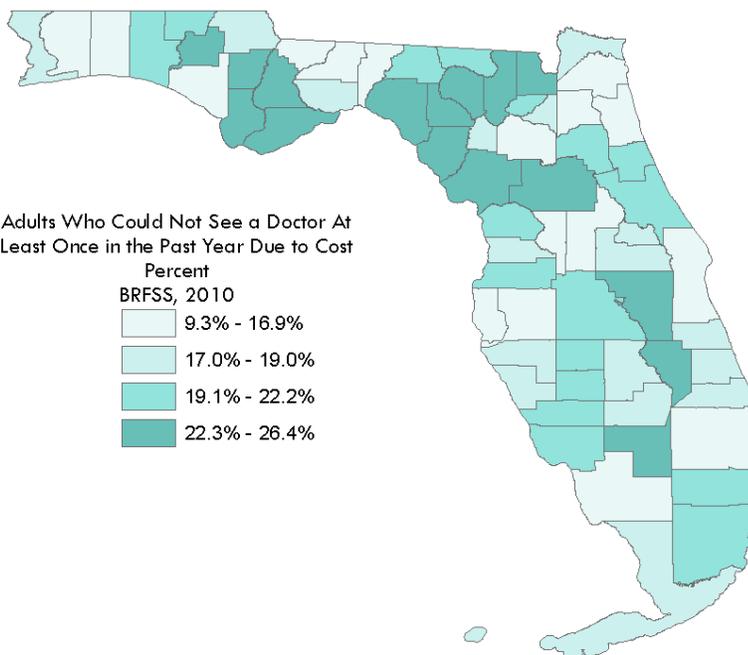
UNMET MEDICAL NEED

Adults Who Could Not See a Doctor At Least Once in the Past Year Due to Cost (Percent)

2010		
	Rate	Ratio
FL	17.3	--
SEX		
Male	15.4	REF
Female	19.1	1.2
RACE/ETHNICITY		
NH White	13.6	REF
NH Black	21.8	1.6
Hispanic	29.5	2.2
EDUCATION		
<HS	31.2	2.2
HS & HS+	21.7	1.6
College Grad	13.9	REF
AGE GROUP		
18-44	25.3	5.9
45-64	17.6	4.1
65+	4.3	REF

REF= Reference Group

In 2010, the BRFSS indicated that 17.3% of Floridians could not see a doctor at least once in the past year due to cost, up from 15.1% in 2007. The table to the left illustrates the results by subpopulation. Nearly every subpopulation showed greater need in 2010 than in 2007. Hispanics in Florida were 2.2 times more likely than non-Hispanic whites to not see a doctor at least once in the past year due to cost in 2010. Those Floridians with less than a high school diploma were also 2.2 times more likely than college graduates to not see a doctor at least once in the past year due to cost in 2010. The biggest disparity is seen between age groups. Floridians 18-44 were 5.9 times more likely, and Floridians 45-64 were 4.1 times more likely than Floridians 65+ to not see a doctor at least once in the past year due to cost in 2010.

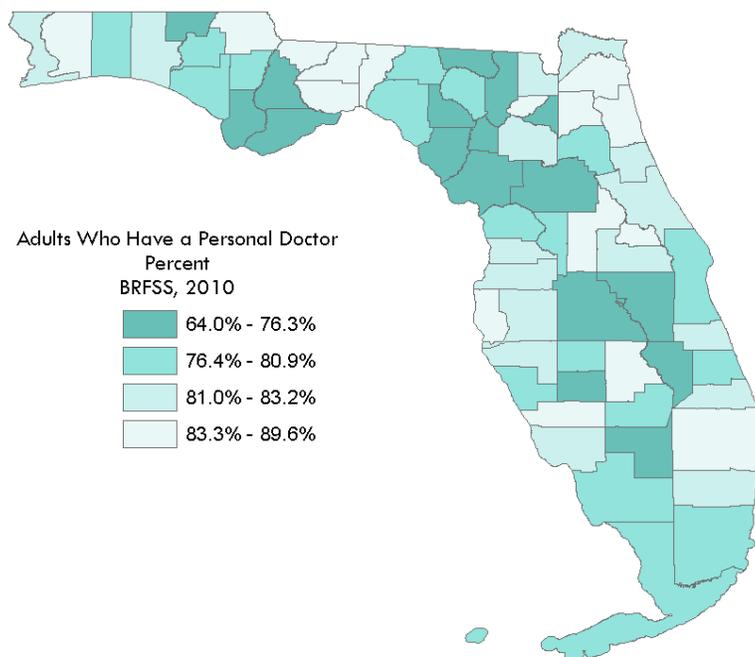


Source: Florida Behavioral Risk Factor Survey

## UMET MEDICAL NEED

A personal doctor is a doctor who assumes responsibility for a particular patient’s care. Personal doctors might have the relationship needed to help their patients follow medical regimes to better health outcomes than those without personal doctors.

In 2010, the Florida BRFSS indicated that 81.7% of Floridians had a personal doctor. Hispanics in Florida were 1.2 times less likely than non-Hispanic whites in Florida to have a personal doctor in 2010. Floridians with less than a high school diploma were 1.3 times less likely than college graduates to have a personal doctor in 2010. Much like the previous indicator, the biggest disparity is seen between age groups. Floridians 18-44 were 1.4 times less likely than Floridians 65+ to have a personal doctor in 2010.



Source: Florida Behavioral Risk Factor Survey

### Adults Who Have a Personal Doctor (Percent) 2010

	Rate	Ratio*
FL	81.7	--
SEX		
Male	78.7	.93
Female	84.5	REF
RACE/ETHNICITY		
NH White	84.6	REF
NH Black	79.2	.94
Hispanic	70.7	.84
EDUCATION		
<HS	68.0	.80
HS & HS+	76.8	.90
College Grad	85.3	REF
AGE GROUP		
18-44	67.5	.70
45-64	86.2	.90
65+	96.0	REF

\*Because a high rate for this indicator suggests a more favorable outcome, ratios will be below 1.0.

REF= Reference Group

UNMET MEDICAL NEED

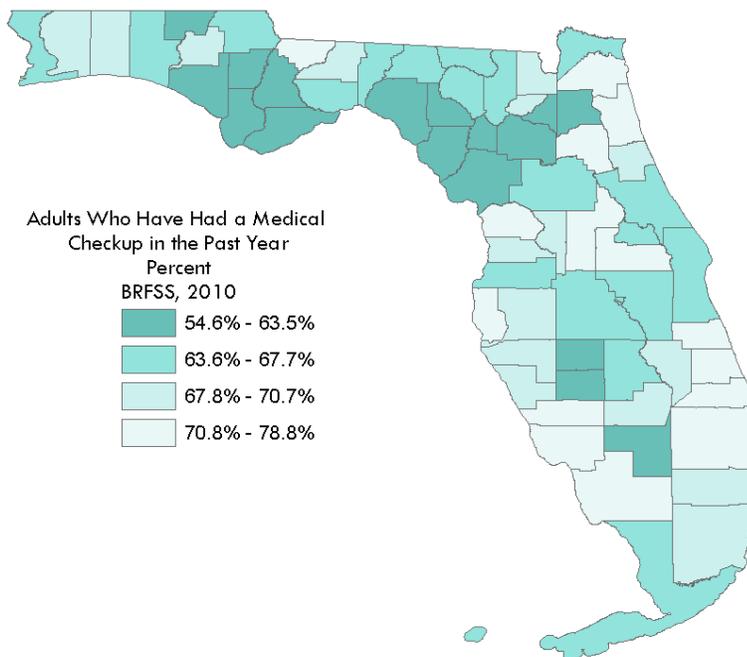
Adults Who Had a Medical Checkup in the Past Year (Percent) 2010

	Rate	Ratio*
FL	69.7	--
<b>SEX</b>		
Male	66.5	.91
Female	72.8	REF
<b>RACE/ETHNICITY</b>		
NH	71.6	REF
NH	71.9	1.0
Hispanic	59.4	.83
<b>EDUCATION</b>		
<HS	59.9	.83
HS & HS+	67.3	.94
College Grad	71.9	REF
<b>AGE GROUP</b>		
18-44	53.8	.60
45-64	72.3	.80
65+	90.3	REF

\*Because a high rate for this indicator suggests a more favorable outcome, ratios will be below 1.0.

REF= Reference Group

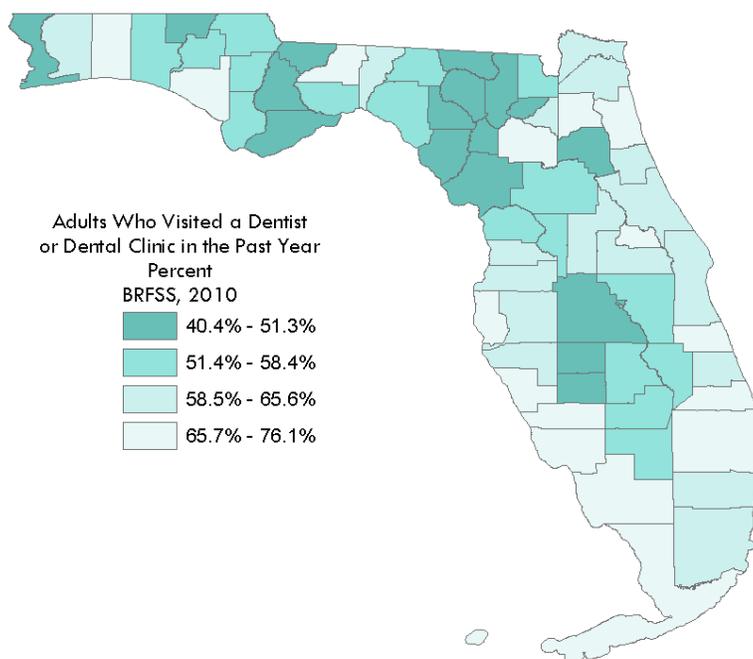
In 2010, 69.7% of adult Floridians had a medical checkup in the past year, according to the Florida BRFSS. This is down from 74.6% in 2007. Little difference is seen between sexes, race/ethnicities and education. Across age groups in Florida, however, adults 18-44 were less likely than those 65+ to have had a medical checkup in the past year.



Source: Florida Behavioral Risk Factor Survey

## UMET MEDICAL NEED

According to the Florida BRFSS, 64.7% of adults in Florida visited a dentist or dental clinic in the past year compared to 69.7% of adults in the U.S in 2010. Non-Hispanic black Floridians and Hispanic Floridians were only 1.2 times less likely than non-Hispanic white Floridians to visit a dentist or dental clinic in the past year. The largest difference has been seen between educational attainment categories. Those Floridians who did not graduate from high school were two times less likely than college graduates to have visited a dentist or dental clinic in the past year with a 2010 rate of 36.3%.



Source: Florida Behavioral Risk Factor Survey

### Adults Who Visited a Dentist or Dental Clinic in the Past Year (Percent) 2010

	Rate	Ratio*
FL	64.7	--
<b>SEX</b>		
Male	64.0	.98
Female	65.3	REF
<b>RACE/ETHNICITY</b>		
NH White	68.2	REF
NH Black	55.2	.81
Hispanic	58.1	.85
<b>EDUCATION</b>		
<HS	36.3	.50
HS & HS+	54.1	.75
College Grad	72.3	REF
<b>AGE GROUP</b>		
18-44	60.0	.86
45-64	66.1	.95
65+	69.4	REF

\*Because a high rate for this indicator suggests a more favorable outcome, ratios will be below 1.0.

REF= Reference Group

## UNMET MEDICAL NEED

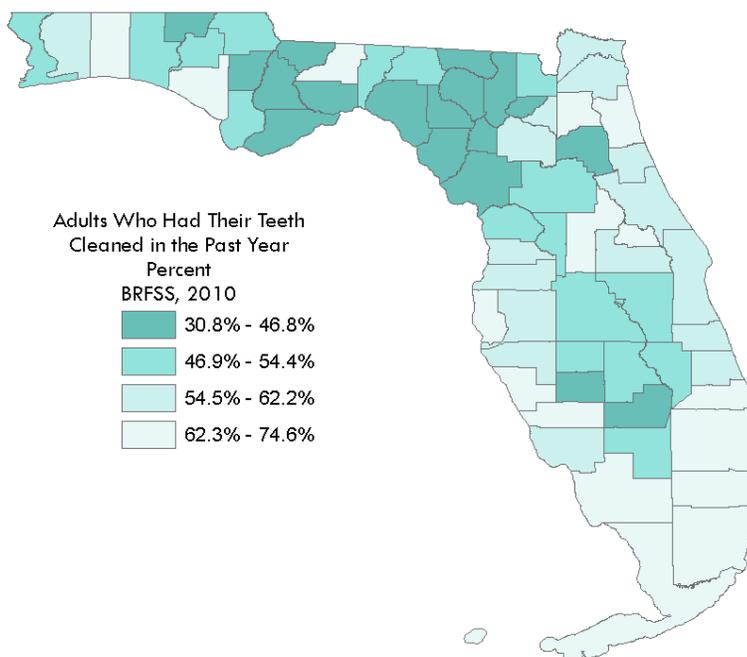
Adults Who Had Their Teeth Cleaned in the Past Year (Percent) 2010

	Rate	Ratio*
FL	60.9	--
<b>SEX</b>		
Male	59.5	.96
Female	62.2	REF
<b>RACE/ETHNICITY</b>		
NH White	64.2	REF
NH Black	49.6	.77
Hispanic	57.0	.89
<b>EDUCATION</b>		
<HS	28.3	.41
HS & HS+	49.4	.71
College Grad	69.3	REF
<b>AGE GROUP</b>		
18-44	57.3	.89
45-64	62.0	.96
65+	64.3	

\*Because a high rate for this indicator suggests a more favorable outcome, ratios will be below 1.0.

REF= Reference Group

In Florida, 60.9% of the 2010 Florida BRFSS respondents had their teeth cleaned in the past year. Only 49.6% of non-Hispanic black Floridians had their teeth cleaned in the past year compared to 64.2% of non-Hispanic white Floridians and 57% of Hispanic Floridians. The biggest disparity is found in educational attainment. Floridians who have less than a high school diploma were 2.4 times less likely than Floridians with a college degree to have had their teeth cleaned at a rate of only 28.3%. Little difference was seen between sexes and age groups.

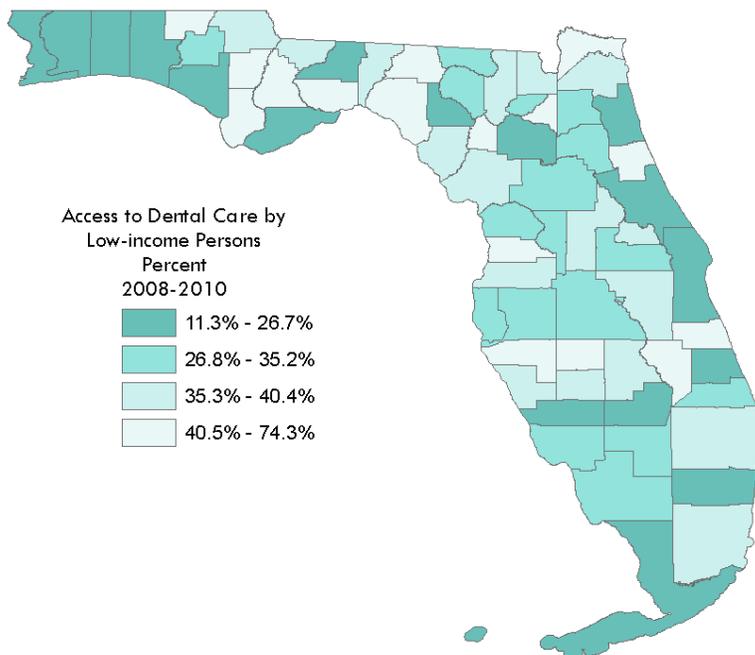


Source: Florida Behavioral Risk Factor Survey

## UMET MEDICAL NEED

The Public Health Dental Program at Florida Department of Health reports access of dental care by low-income persons in Florida. Using a 3-year rate for 2008-2010, Florida's overall rate was 31.5%, compared to 27.8% in 2009. This rate of access to dental care has been increasing steadily since the late 1990s, with a rate of 21.9% for 1998-2000.

- 31.5% of low-income persons in Florida had access to dental care between 2008 and 2010.
- This rate has been increasing since the late 1990s.



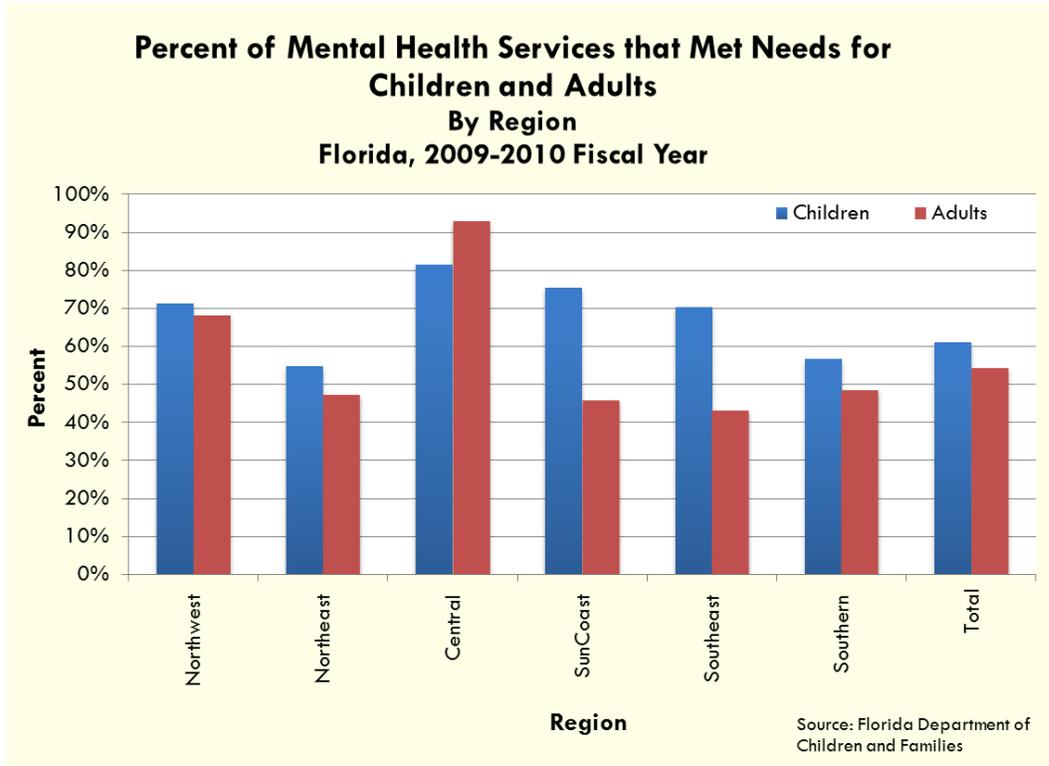
Source: Florida Public Health Dental Program

UNMET MEDICAL NEED

- 54.3% of adults and 61.07% of children in Florida had their mental health service needs met during the 2009-2010 fiscal year.

**MENTAL HEALTH**

According to the Florida Department of Children and Families *Substance Abuse and Mental Health Program Annual Data Snapshot*, 54.3% of adults and 61.07% of children in Florida had their mental health service needs met during the 2009-2010 fiscal year. This varied by region in Florida, with the largest percentage of adult mental health needs met in the central region (92.9%) and the smallest in the southeast region (43.1%). For children, mental health needs were largely met in the central region (81.6%) and the smallest in the northeast region (54.7%).



**Regions:**  
**Northwest:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, Washington  
**Northeast:** Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, Volusia  
**Central:** Brevard, Citrus, Hardee, Hernando, Highlands, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Polk, Seminole, St. Lucie, Sumter  
**SunCoast:** Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota  
**Southeast:** Broward, Palm Beach  
**Southern:** Dade, Monroe

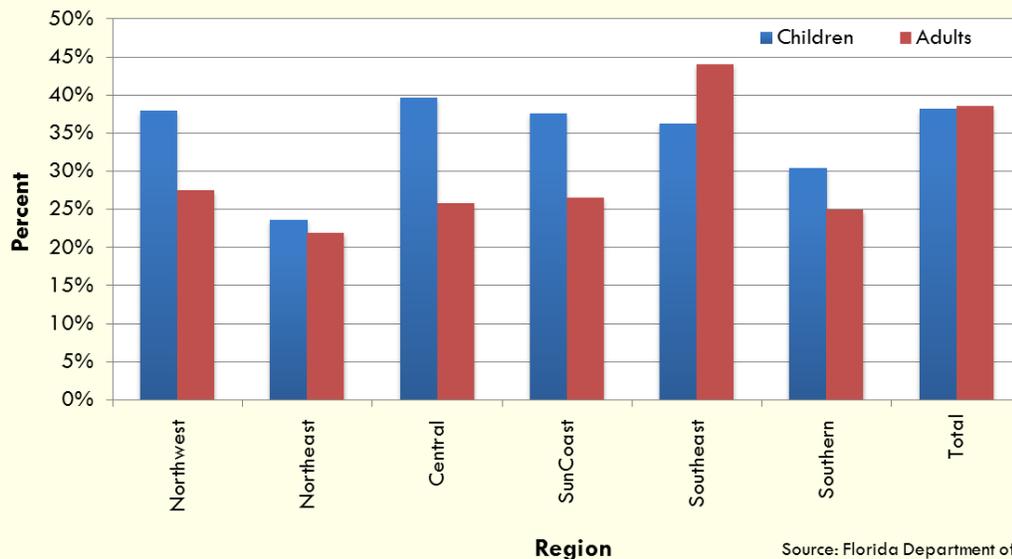
UMET MEDICAL NEED

### SUBSTANCE ABUSE

In the Florida Department of Children and Families *Substance Abuse and Mental Health Program Annual Data Snapshot* for the 2009-2010 fiscal year, substance abuse services met 38.5% of adult needs and 38.2% of child needs. Across regions in Florida, substance abuse needs that were met vary, with the largest percentage of adult substance abuse needs met in the southeast region (44.1%) and the smallest the northeast region (22.0%). For children, substance abuse needs were met the most in the central region (39.6%) and the least in the northeast region (23.6%).

- 38.5% of adults and 38.2% of children in Florida had their substance abuse needs met during the 2009-2010 fiscal year.

**Percent of Substance Abuse Services that Met Needs for Children and Adults By Region Florida, 2009-2010 Fiscal Year**



Source: Florida Department of Children and Families

**Regions:**

**Northwest:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, Washington

**Northeast:** Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, Volusia

**Central:** Brevard, Citrus, Hardee, Hernando, Highlands, Indian River, Lake, Marion, Martin, Okeechobee, Orange, Osceola, Polk, Seminole, St. Lucie, Sumter

**SunCoast:** Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Sarasota

**Southeast:** Broward, Palm Beach

**Southern:** Dade, Monroe

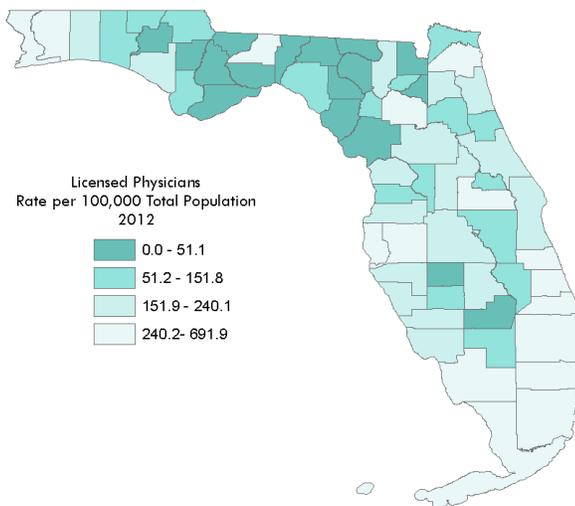
## HEALTHCARE PROVIDERS

### LICENSED PROVIDERS

- There were 338.5 licensed physicians per 100,000 population in Florida in 2012.
- Alachua had the highest rate of licensed physicians and Liberty had the lowest rate of licensed physicians per 100,000 population.
- There were 62.4 licensed dentists per 100,000 population in Florida in 2011.
- Seminole had the highest rate of licensed dentists and Union had the lowest rate of licensed dentists per 100,000 population.

The rate of licensed physicians in Florida, for all specialties, was 338.5 per 100,000 population in 2012. Over the last five years, there has been a steady increase in the number and rate of licensed physicians in Florida.

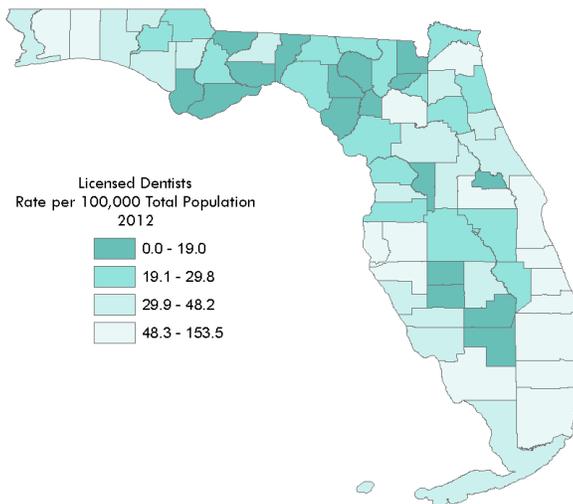
The rate of licensed physicians varies by county, with the highest rate in Alachua of 691.9 per 100,000 population and the lowest in Liberty, which had no licensed physicians in 2012.



Source: Florida Department of Health  
Division of Medical Quality Assurance

In Florida, the rate of licensed dentists have stayed stable since 2002. In 2012, there were 11,933 licensed dentists for a rate of 62.4 per 100,000 population.

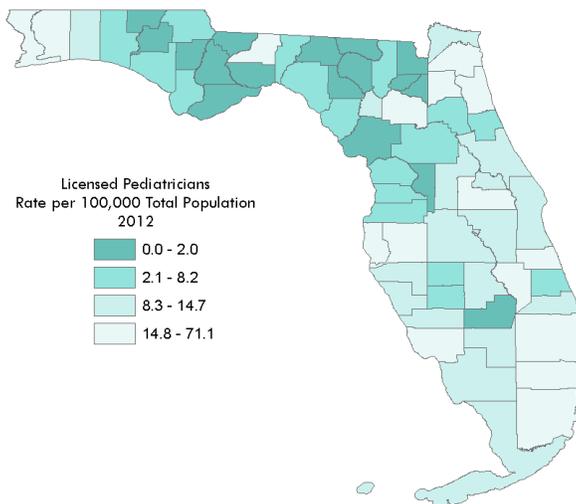
The rate of dentists vary by county with the highest rate in Seminole of 153.5 per 100,000 population and the lowest in Union, which had no licensed dentists in 2012.



Source: Florida Department of Health  
Division of Medical Quality Assurance

HEALTHCARE PROVIDERS

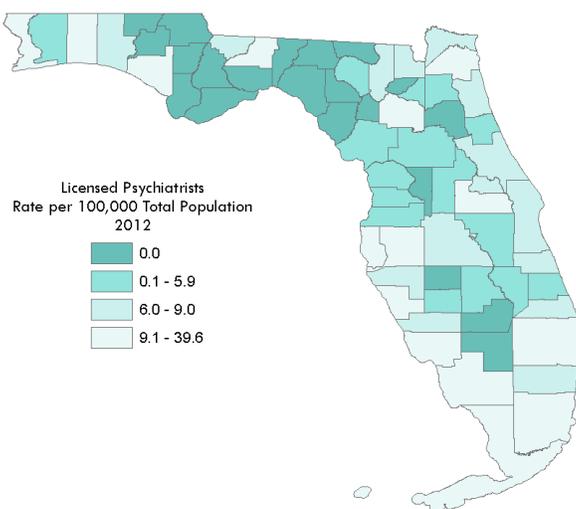
The rate of pediatricians has increased since 2009 to a 2012 rate of 25.4 per 100,000 population. The rate of licensed pediatricians varies greatly by county, with the highest rate in Alachua of 71.1 per 100,000 population and the lowest among seventeen counties that had no licensed pediatricians in 2012.



Source: Florida Department of Health  
Division of Medical Quality Assurance

- In 2012, there were 25.4 licensed pediatricians per 100,000 population in Florida.
- Alachua had the highest rate of licensed pediatricians per 100,000 population.
- Seventeen counties in Florida had no licensed pediatricians in 2012.
- In 2012, there were 14.0 licensed psychiatrists per 100,000 population.
- Alachua had the highest rate of licensed psychiatrists per 100,000 population in 2012.
- Twenty-one counties in Florida had no licensed psychiatrists in 2012.

In 2012, the rate of licensed psychiatrists in Florida was 14.0 per 100,000 population. The county with the highest rate of licensed psychiatrists was Alachua with a rate of 39.8 per 100,000 population and the lowest among 21 counties in Florida that had no licensed psychiatrists in 2012.



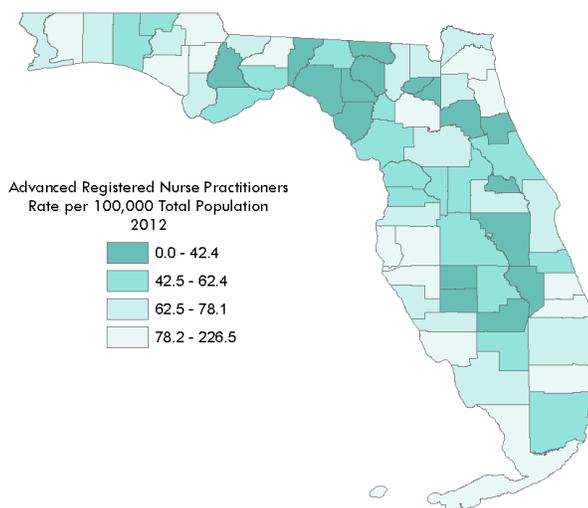
Source: Florida Department of Health  
Division of Medical Quality Assurance

HEALTHCARE PROVIDERS

- In 2012, there were 88.4 licensed advanced registered nurse practitioners (ARNPs) per 100,000 population in Florida.
- Alachua had the highest rate of licensed ARNPs and Glades had the lowest rate of licensed ARNPs per 100,000 population.
- There were 30.9 licensed physician assistants per 100,000 population in 2012.
- Alachua had the highest rate of licensed physician assistants and Baker, Glades and Lafayette had the lowest rate of physicians per 100,000 population.

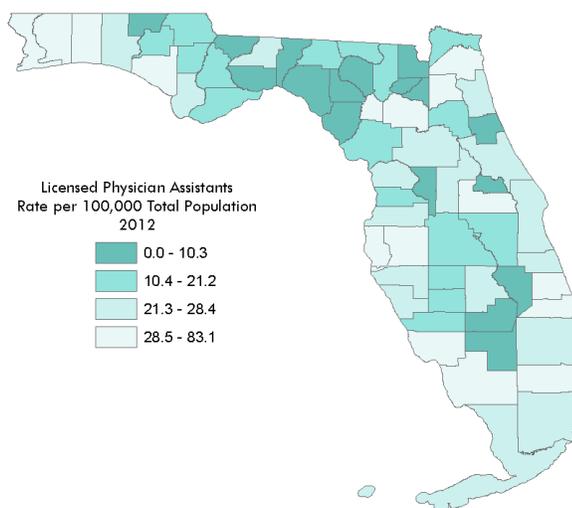
In 2012, there were 16,908 licensed advanced registered nurse practitioners, or ARNPs, in Florida with a rate of 88.4 per 100,000 population. Rates for licensed ARNPs vary by county with the highest rate in

Alachua of 226.5 per 100,000 population and the lowest in Glades, which had no licensed ARNPs in 2012.



Source: Florida Department of Health  
Division of Medical Quality Assurance

The rate of licensed physician assistants in Florida was 30.9 per 100,000 population in 2012. The rate of licensed physician assistants vary by county, with the highest 2012 rate in Alachua of 83.1 per 100,000 population and the lowest in Baker, Glades and Lafayette, which had no licensed physician assistants in 2012.



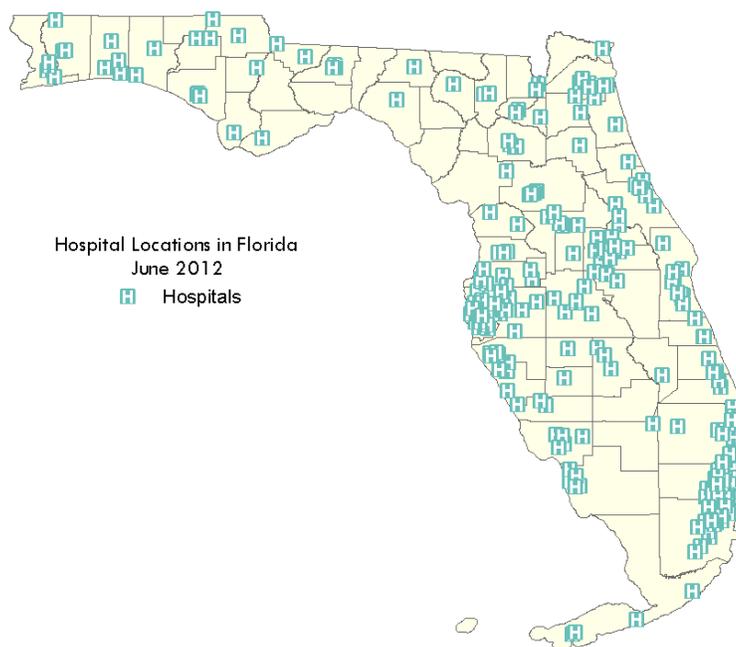
Source: Florida Department of Health  
Division of Medical Quality Assurance

## HEALTHCARE FACILITIES

### HOSPITALS

In Florida, there are many different types of hospitals. This map depicts all hospitals in Florida as of June 2012, according to the Florida Agency for Health Care Administration, and includes all licensed hospital facilities, including those that do not have emergency departments. In 2011, there were 212 hospitals in Florida that had inpatient care.

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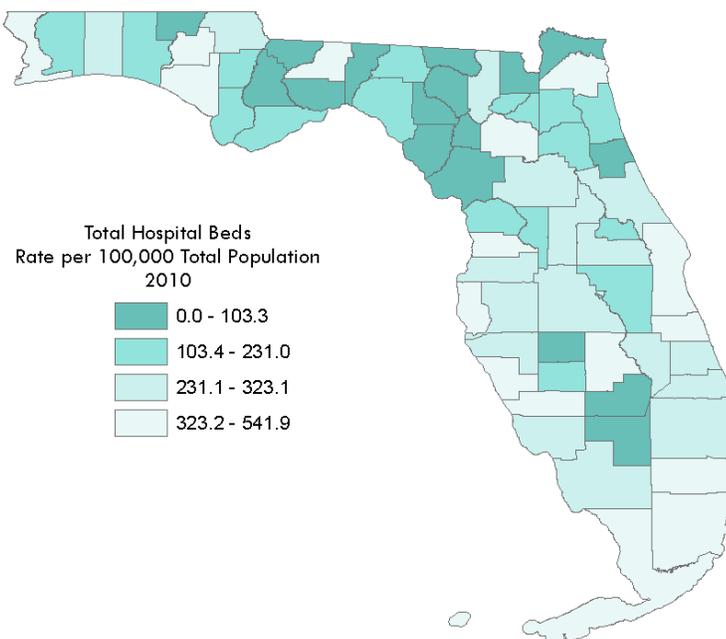


Source: Florida Agency for Health Care Administration

HEALTHCARE FACILITIES

**HOSPITAL BEDS**

The rate of hospital beds in Florida, for all hospital facilities was 320.1 per 100,000 population or 60,241 beds. The count of beds has increased since 2002, and the rate has since stayed relatively stable. Alachua has the highest rate of beds per 100,000 population with a rate of 541.9 or 1,342 beds in 2010. Eight counties (Dixie, Gilchrist, Glades, Hamilton, Jefferson, Lafayette, Liberty and Wakulla) had no hospital beds in 2010.



- The rate of hospital beds in Florida was 320.1 per 100,000 population in 2010.
- The count of beds has increased since 2002 but the rate has stayed relatively stable since.
- Alachua had the highest rate of hospital beds and eight counties (Dixie, Gilchrist, Glades, Hamilton, Jefferson, Lafayette, Liberty and Wakulla) had no hospital beds in 2010.

**Rate of Hospital Beds  
by Bed Type  
Florida, 2010**

Bed Type	Rate	Count
Total		
Acute Care	265.0	49,875
Intensive Residential Treatment Facility	1.3	244
Neonatal Intensive Care Unit Level II	5.0	946
Neonatal Intensive Care Unit Level III	3.7	697
Psychiatric (Adult)	18.4	3,459
Psychiatric (Child & Adolescent)	2.9	555
Rehabilitation	12.4	2,325
Skilled Nursing Unit	2.0	384
Speciality	55.3	10,409
Substance Abuse (Adult)	2.1	398
Substance Abuse (Child & Adolescent)	-	-

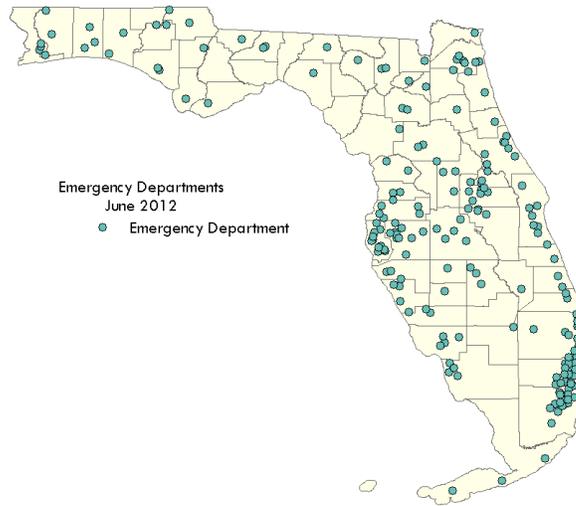
Source: Florida Agency for Health Care Administration, Certificate of Need Office

HEALTHCARE FACILITIES

**EMERGENCY DEPARTMENTS**

Emergency Departments are a part of a health care facility that is equipped to provide rapid and varied emergency care.

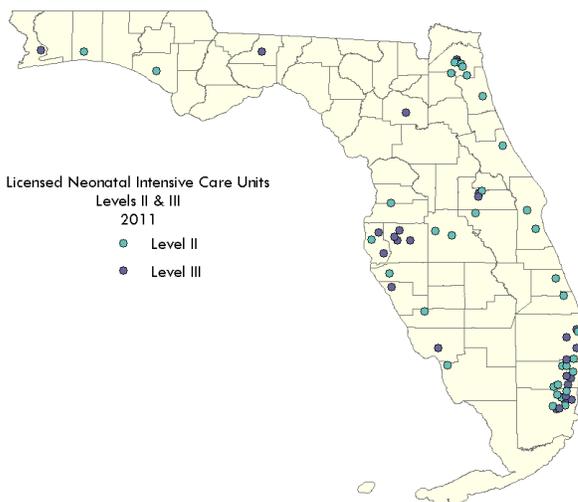
- There were 34 licensed Level II NICUs and 28 licensed Level III NICUs that had patients in 2011.



Source: Florida Agency for Health Care Administration

**NEONATAL INTENSIVE CARE UNITS**

A neonatal intensive care unit, or NICU, is a unit of a hospital specializing in the care of ill or premature newborn infants. The NICU is distinct from the special care nursery (SCN) in providing a high level of intensive care to premature infants while the SCN provides specialized care for infants with less severe medical problems. There are two specialty levels in Florida: Level II, which is specialty care for ill or premature newborns, and Level III, which is advanced specialty for ill or premature newborns.



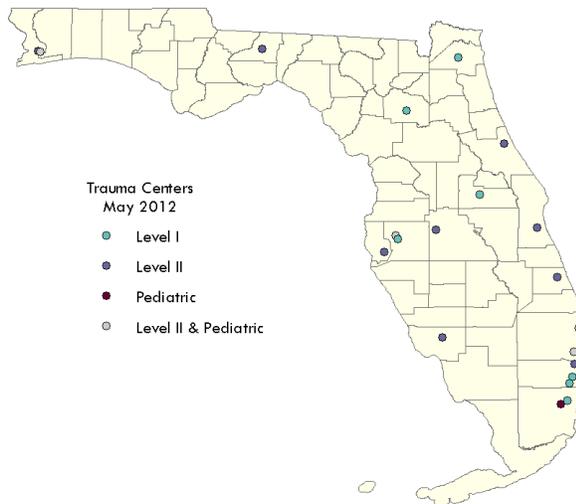
Source: Florida Bureau of Vital Statistics

HEALTHCARE FACILITIES

- There were seven Level I, nine Level II, two Pediatric and four combined Pediatric & Level II trauma centers in Florida as of May 2012.
- There were 29 rural hospitals in Florida in 2012. Fourteen of those 29 were critical access hospitals.

**TRAUMA CENTERS**

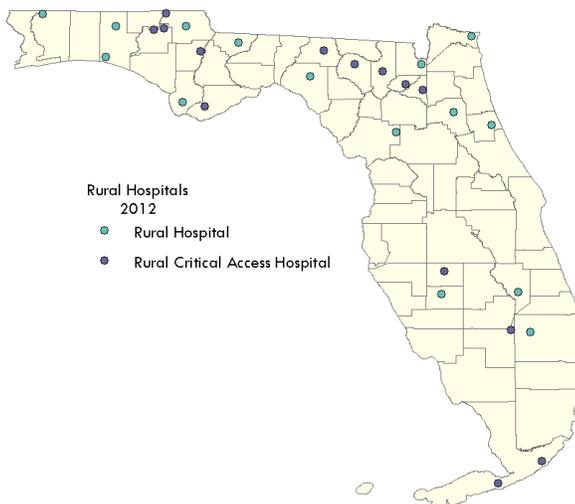
Trauma centers provide trauma surgeons, neurosurgeons and other surgical and non-surgical specialists and medical personnel, equipment and facilities for immediate or follow-up treatment for severely injured patients, 24 hours-a-day, seven-days-a-week. Florida currently has 22 verified trauma centers.



Source: Florida Department of Health  
Bureau of Emergency Medical Oversight

**RURAL HOSPITALS**

Rural hospitals suffer not only from small, relatively poor patient populations but have also been penalized by Medicare which provided service reimbursement rates lower than those provided to urban hospitals for the same services. Rural hospitals



Source: Florida Department of Health  
Bureau of Community Health Assessment

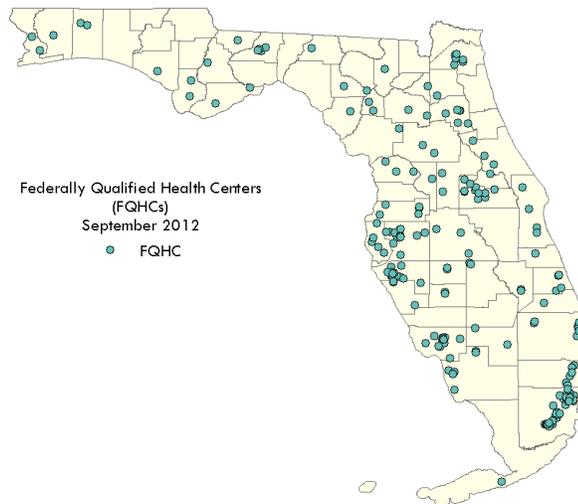
proportionally have more Medicare patients than do urban hospitals. The Medicare Rural Hospital Flexibility Program was intended to rectify some of the cost of care imbalances. Critical Access Hospitals were created through as a new reimbursement category for rural hospitals.

HEALTHCARE FACILITIES

**FEDERALLY QUALIFIED HEALTH CENTERS**

FQHC is a federal designation from the Bureau of Primary Health Care (BPHC) and the Center for Medicare and Medicaid Services (CMS) that is assigned to private non-profit or public health care organizations that serve predominantly uninsured or medically underserved populations. FQHCs are located in or serving a federally designated

Medically Underserved Area/Population (MUA or MUP). FQHCs are community-based organizations that provide primary and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.



Federally Qualified Health Centers (FQHCs) September 2012  
● FQHC

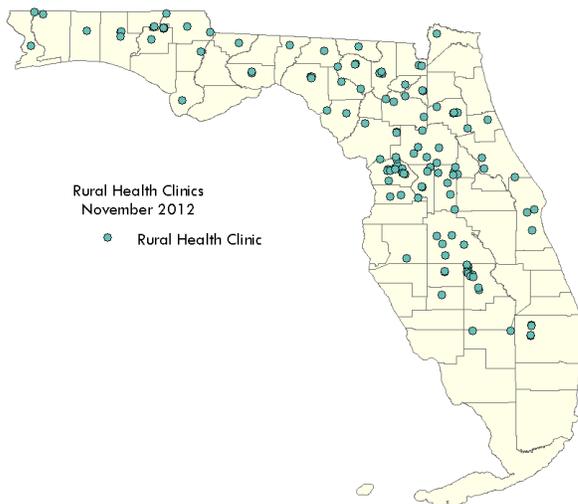
Source: U.S. Department of Health and Human Services Health Resource and Service Administration

- There were 218 Federally Qualified Health Centers (FQHCs) in Florida as of September 2012.

**RURAL HEALTH CLINICS**

The Rural Health Clinics (RHC) program is intended to increase primary care services for Medicaid and Medicare patients in rural communities and can be public, private or non-profit. RHCs

must be located in rural, under-served areas and must use one or more physician assistants or nurse practitioners, which must be available 50% of the time. RHCs are required to provide outpatient primary care services and basic laboratory services.



Rural Health Clinics November 2012  
● Rural Health Clinic

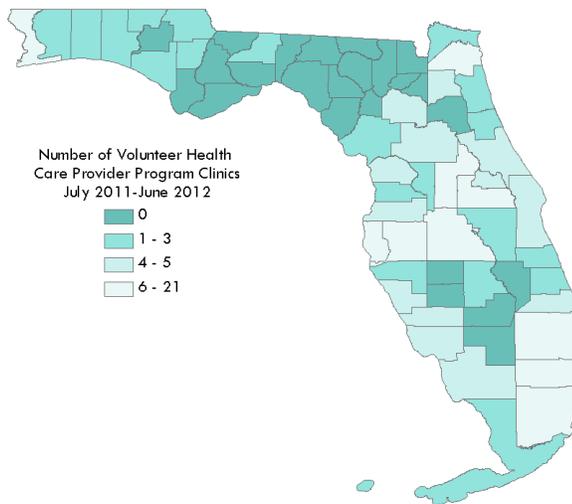
Source: U.S. Department of Health and Human Services

HEALTHCARE FACILITIES

- In 2012, there were 196 volunteer health clinics statewide and 12,867 licensed volunteer providers in Florida.
- In 2011-2012, the value of volunteer services and donations exceeded \$231.5 million.
- There are 67 County Health Departments with 190 clinic sites in Florida.
- Fifty-five County health departments provide dental services.
- 736 physicians and ARNPs are employed or contracted within the 67 County Health Departments in Florida.

**VOLUNTEER CLINICS**

The Florida Department of Health administers the Florida Volunteer Health Care Provider Program. Created by the “Access to Health Care Act” (Section 766.1115, Florida Statutes) in 1992, the program includes contracted volunteer health care professionals associated with not-for-profit community or faith-based medical safety net organizations. Although small administratively, the program serves as a vital and highly efficient component in the Department’s effort to increase access to health care for those in need throughout Florida.

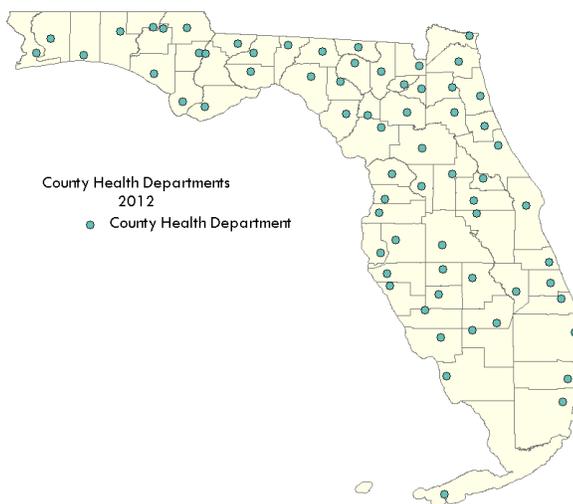


Source: Florida Department of Health

**COUNTY HEALTH DEPARTMENTS**

County health departments (CHDs) are an integral component of Florida’s public health system. CHDs provide a mix of infectious disease control, personal health and environmental health services, and serve over one million Floridians annually.

Most clients receiving services have incomes below poverty levels, and many are uninsured. CHDs are also responsible for staffing special needs shelters during natural disasters, and play a key role in disaster preparedness and response.



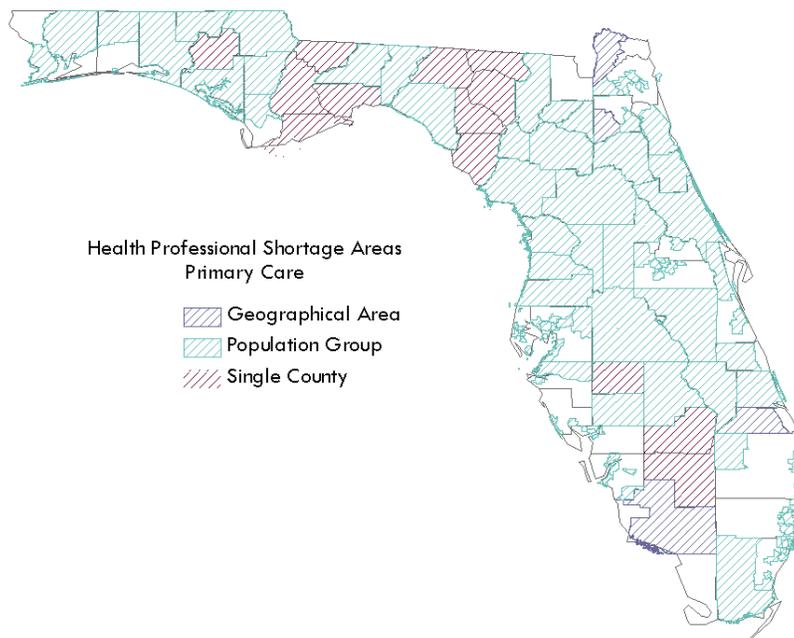
Source: Florida Department of Health

## HEALTH SHORTAGE AREAS

Health Professional Shortage Areas (HPSAs) are assessed individually as one or more contiguous U.S. census tracts, entire counties, or special population groups. The shortage areas are scored for severity on a point scale and are re-evaluated every four years. Criteria for HPSA designation and scoring includes population-to-provider ratio, distance and travel time to sources of care, and population demographics concerning income and age.<sup>8</sup> The U.S. Department of Health and Human Services, Health Resources and Services Administration determines what areas are primary care, dental care or mental health HPSAs for Florida and the U.S.

- Health Professional Shortage Areas (HPSAs) indicate the need for providers in areas in Florida.

### PRIMARY CARE

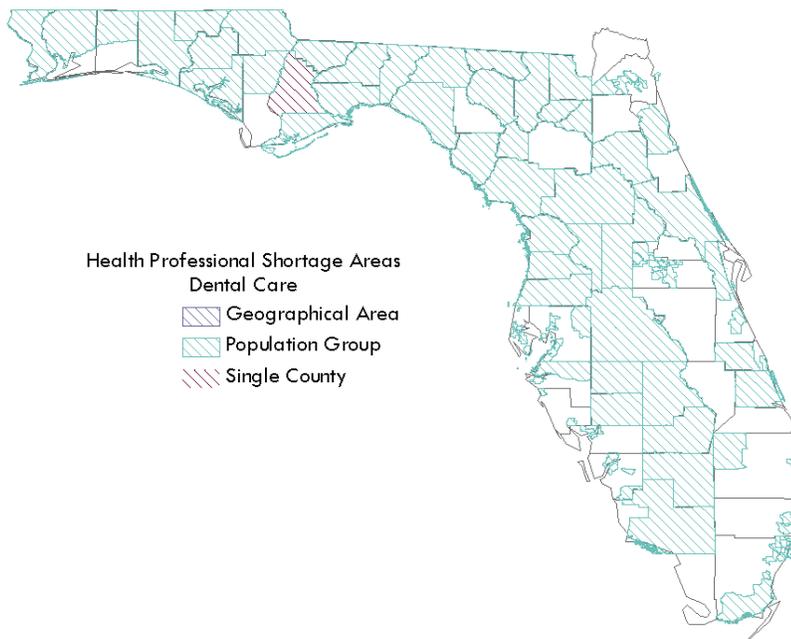


Source: U.S. Department of Health and Human Services  
Health Resources and Service Administration

HEALTH SHORTAGE AREAS

- Dental Care (HPSAs) indicate the need for dental providers in areas in Florida.

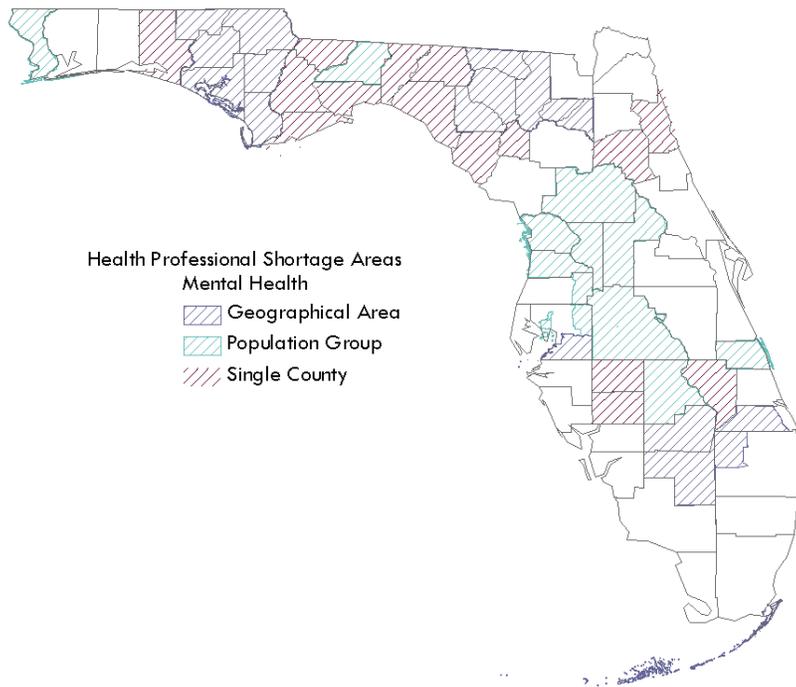
DENTAL CARE



Source: U.S. Department of Health and Human Services  
Health Resources and Service Administration

HEALTH SHORTAGE AREAS

**MENTAL HEALTH**



- Mental Health (HPSAs) indicate the need for mental health providers in areas in Florida.

Source: U.S. Department of Health and Human Services  
Health Resources and Service Administration

## PREVENTABLE HOSPITALIZATIONS

- Ambulatory care sensitive conditions are those in which timely and effective ambulatory care could decrease the rate of avoidable hospitalizations.
- This measure can be used to understand access to appropriate primary health care.

*For these conditions, it is assumed that ambulatory care could prevent the onset of these illnesses or conditions, control an acute episode or manage a chronic disease or condition.<sup>9</sup>*

### AMBULATORY CARE SENSITIVE CONDITIONS

Ambulatory care sensitive conditions are hospitalizations in which timely and effective ambulatory care, such as preventing, controlling, or managing a condition, could decrease the rate of avoidable hospitalizations. These conditions include asthma, diabetes, dehydration, bacterial pneumonia, congestive heart failure, hypertension, and vaccine-preventable conditions among many others.

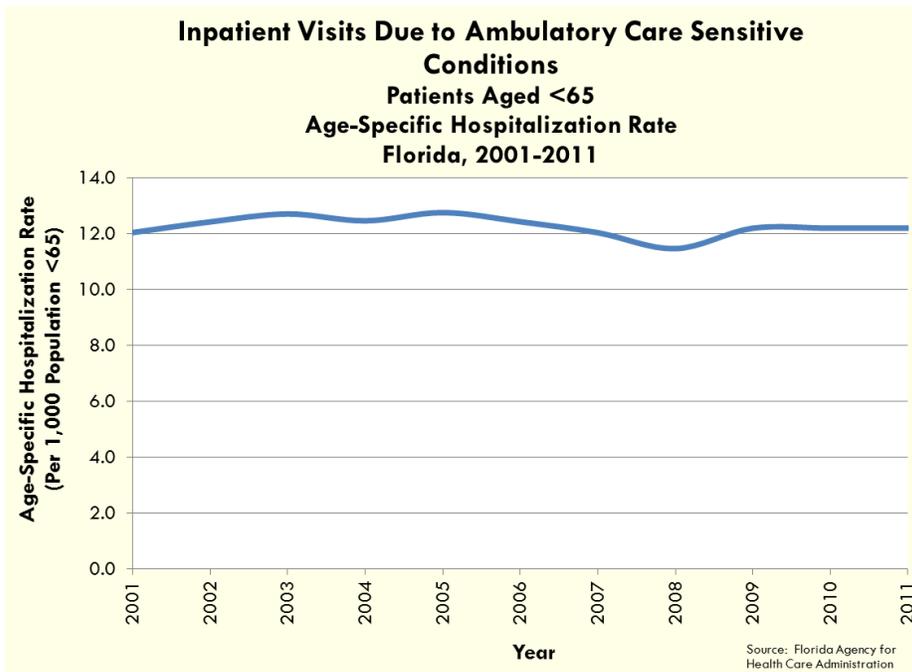
This measure was first developed after a 1993 study of the socioeconomic status on hospital use in New York. More than 80 conditions were identified as potentially inappropriate utilization of hospitalization services that could be mitigated with the availability of the appropriate levels of primary care or the appropriate utilization of existing primary care resources.<sup>8</sup>

The measure, a rate of ambulatory care sensitive conditions to 1,000 population, can be used to measure access to appropriate primary health care. For these conditions, it is assumed that ambulatory care could prevent the onset of these illnesses or conditions, control an acute episode or manage a chronic disease or condition.<sup>9</sup> However, not all of these admissions are avoidable. A high hospitalization rate could indicate a lack or failure of preventative efforts, a primary care resource shortage, a poor performance of the primary care delivery system or other barrier that may exist from obtaining timely and effective treatment.<sup>10,11</sup>

To assess ambulatory care sensitive conditions in Florida, inpatient hospitalizations for these conditions were analyzed for patients under 65 years old. Patients over 65 were excluded from this analysis since conditions listed as ambulatory care sensitive may be less avoidable for those over 65 than for those younger.

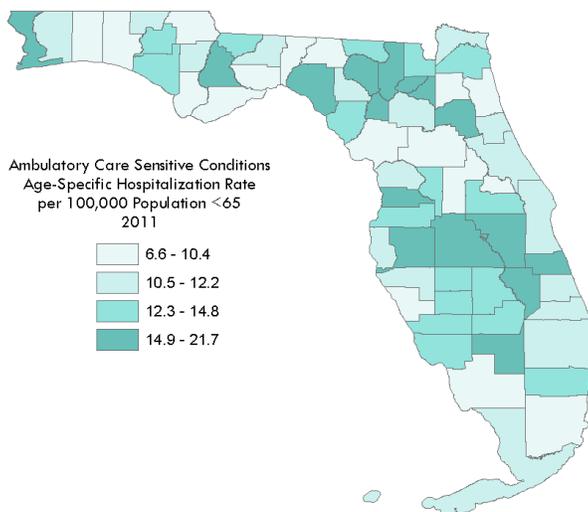
# PREVENTABLE HOSPITALIZATIONS

In Florida, over the last eleven years, the rate of ambulatory care sensitive conditions has remained stable around 12.0 per 100,000 population <65.



- Florida has had a stable hospitalization rate of ambulatory care sensitive conditions over the last 11 years of around 12.0 per 1,000 population < 65.
- Levy County has had the highest rate of ambulatory care sensitive condition hospitalizations over the last 11 years, and Sarasota County has had the lowest.

Some counties in Florida have higher hospitalization rates for ambulatory sensitive conditions than others. Levy County has had the highest hospitalization rates over the last eleven years with a 2011 rate of 21.7 per 1,000 population under 65 years of age. The county with the lowest rate over the last eleven years has been Sarasota with a 2011 rate of 6.6 per 1,000 population under 65 years of age.



# END NOTES

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- 3 Institute of Medicine of the National Academies. (2010). America's Uninsured Crisis: Consequences for Health and Health Care. *Committee on the Consequences of the Uninsurance*. (<http://www.iom.edu/Reports/2009/Americas-Uninsured-Crisis-Consequences-for-Health-and-Health-Care.aspx>)
- 4 The Henry J. Kaiser Family Foundation. (2008). Five Facts About the Uninsured Population. *The Kaiser Commission on Medicaid and the Uninsured*.
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- 10 U.S. Department of Health & Human Services. (2010). National Quality Measures Clearinghouse: Ambulatory Care Sensitive Conditions. *Agency for Healthcare Research and Quality*. (<http://www.qualitymeasures.ahrq.gov/content.aspx?id=27275>)
- 11 Institute of Medicine of the National Academies. (1993). Access to Health Care in America. Washington, D.C. ([http://www.nap.edu/catalog.php?record\\_id=2009](http://www.nap.edu/catalog.php?record_id=2009))