



Susan Grich, President and CEO

Special Committee to Address Critical Quality of Life Issues (CQLI)



Health Planning
Council OF NORTHEAST
FLORIDA

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HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA

Our Organization

Authorized by Florida Statutes Section 408, Chapter 302
Operates as a nonprofit 501(c)(3)

Our Mission

To improve health outcomes by serving as the source for health information, analysis, and planning in northeast Florida.

Our Vision

Northeast Florida will become the healthiest region in the state through evidence-based assessment, data, and planning.

Our Core Values

Collaboration ▪ Excellence ▪ Integrity ▪ Leadership ▪ Objectivity



SERVICES

- Health Planning
- Community Engagement
- Strategic Planning
- Program Planning, Development, and Evaluation
- Fiscal Management
- Grant Research, Procurement, and Administration
- Data Collection, Analysis, Interpretation, and Reporting



PRODUCTS

- County Health Profiles
- Health Needs Assessments
- Healthcare Utilization Reports
- Strategic Plans
- Community Action Plans
- Data Briefs
- Survey Development & Analytics

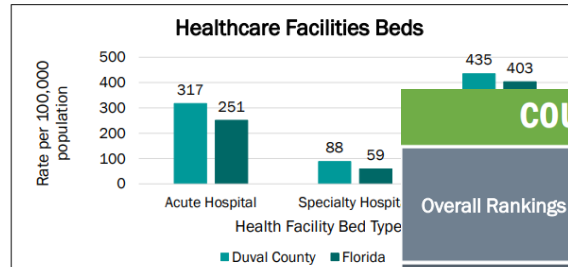
DUVAL COUNTY HEALTH PROFILE

DEMOGRAPHICS

Age Groups



Healthcare Access in Duval County



Data Source: Florida Health CHARTS, 3-Year Rolling Rates, 2017-19

Health Insurance Coverage

Civilian noninstitutionalized population
With health insurance coverage
With private health insurance
With public coverage
No health insurance coverage

Data Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimate

Designation Status	Designation Type
Primary Health Professional Shortage	Low Income Population, Federally Qualified Health Center

Florida	
Estimate	Percent
20,329,615	97.3%

COUNTY HEALTH RANKINGS, DUVAL COUNTY, 2021

Overall Rankings	Health Outcomes: 46 th out of 67 counties			
	Health Factors: 27 th out of 67 counties			
Breakdown of Health Factors Rankings	HEALTH BEHAVIORS	CLINICAL CARE	SOCIO-ECONOMIC	PHYSICAL ENVIRONMENT
	Tobacco Diet and Exercise Alcohol Use High-Risk Sex	Access to Care Quality of Care	Education Employment Income Family/Social Support Community Safety	Air Quality Built Environment Access to Healthy Food Liquor Stores
	Duval Rank: 25 th *Improved from 2020	Duval Rank: 17 th *Improved from 2020	Duval Rank: 30 th *Improved from 2020	Duval Rank: 46 th *declined from 2020

Data Source: Robert Wood Johnson Foundation (2021); retrieved from County Health Rankings and Roadmaps: <https://www.countyhealthrankings.org/>

ADDRESS CRITICAL QUALITY OF LIFE ISSUES (CQLI)

Three Issues

1. Access to Healthcare

2. Affordable Housing

3. Homelessness



ACCESS TO HEALTHCARE

What is the scope of the issue?

Access to healthcare means everyone has appropriate personal health services available to achieve the greatest possible health outcomes.

At a minimum this includes:

- Primary Care
- Specialty Care
- Hospital Care
- Emergency Care
- Rehabilitative Care



ACCESS TO HEALTHCARE

What is the scope of the issue?

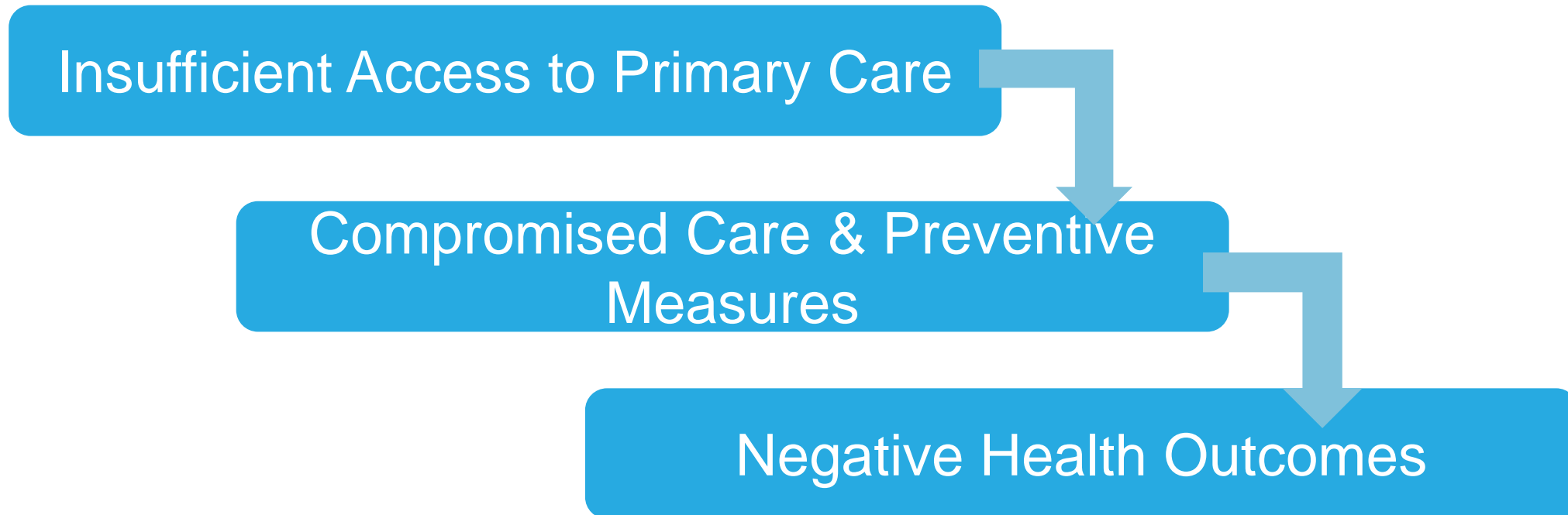
Access to healthcare, or lack thereof, is linked through many aspects of our communities adversely impacting Quality of Life.

Challenges and barriers:

- Lack of health insurance
- Poor access to transportation
- Care provider shortages
- Cultural and language variances
- Limited preventative health care resources

ACCESS TO HEALTHCARE

What is the scope of the issue?



ACCESS TO HEALTHCARE

What is the scope of the issue?

Without access to primary care providers, preventable and treatable personal health care needs go unattended such as:

- Early detection and treatment of disease
- Chronic disease management
- Preventive care (flu shots, blood pressure and cancer screenings, and CBC diagnostics)

ACCESS TO HEALTHCARE

What are entities within the public, private and nonprofit sectors currently doing to address each issue?

Community resources provide public healthcare services and social services to assist vulnerable populations without health insurance.

- Agape, Sulzbacher, and other Federal Qualified Health Centers (FQHC's) – low cost/no cost care
- Volunteer in Medicine – no-cost care for the working uninsured
- WeCare Jax – coordinates specialty care for the uninsured
- UF Shands/COJ – treatment for the indigent

ACCESS TO HEALTHCARE

What best practices or policies have other communities adopted that may assist us in addressing each issue?

Access to Affordable Insurance to Access Primary Care

- Focused approach through Affordable Care Act (ACA) Marketplace
- Provide affordable options to open access to care by providing access to insurance
- Help people understand and navigate insurance opportunities

ACCESS TO HEALTHCARE

What are entities within the public, private and nonprofit sectors currently doing to address each issue?

Jacksonville's business sector works to provide resources to employees to offset healthcare access and cost.

- HPCNEF - Marketplace
- COJ – Funds UF & Other Agencies
- Large Employers

ACCESS TO HEALTHCARE

Other Considerations

- March 2020, as part of COVID-19 relief legislation, Families First Coronavirus Response Act (FFCRA), Congress provided an increase in Medicaid funding.
- Conditions to receive the federal funds, collectively called a Maintenance of Effort (MOE) requirement, as well as a “continuous coverage” requirement, prohibits states from terminating most Medicaid enrollees’ coverage until after the Public Health Emergency (PHE) ends, as determined by the U.S. Department of Health and Human Services.
- During the PHE, Medicaid agencies may not disenroll anyone from Medicaid unless they ask to be disenrolled, move out of state, or die.
- The continuous enrollment requirement has prevented coverage loss and churn (moving off and then back on to coverage) among enrollees during the pandemic and has contributed to the substantial enrollment growth in Medicaid. From February 2020 to January 2022, total Medicaid/CHIP enrollment has increased by 15.7 million enrollees (22.1%).

ACCESS TO HEALTHCARE

MEDICAID *UNWINDING*

- “Unwinding” is the process by which states will resume annual Medicaid eligibility reviews after the PHE ends.
- Medicaid agencies will attempt to complete an automated renewal based on information available to them such as wage information from state databases or information in Supplemental Nutrition Assistance Program (SNAP) files.
- Medicaid agencies will send renewal notices and requests for information to enrollees and will process cases when the enrollees respond... renew coverage for those who remain eligible and notify those who are no longer eligible that their coverage will end.
- If enrollees do not respond, for whatever reason, their coverage will end.

ACCESS TO HEALTHCARE

MEDICAID *UNWINDING*

NUMBER OF MEDICAID ELIGIBLES BY AGE BY COUNTY AS OF 07/31/2022											
PLUS MEDIKIDS A, MEDIKIDS B, & MEDIKIDS C											
AGE	0-5	6-10	11-18	19-20	21-35	36-59	60-64	65-74	75-84	85+	
COUNTY											TOTAL
BAKER	1,425	1,150	1,696	352	1,340	1,219	234	414	173	72	8,075
CLAY	7,912	6,679	10,319	1,930	8,044	7,612	1,069	2,076	1,125	491	47,257
DUVAL	48,757	38,925	55,916	10,931	47,926	44,254	7,874	16,206	7,297	2,811	280,897
FLAGLER	3,732	3,198	5,129	1,147	3,844	4,221	656	1,468	801	374	24,570
NASSAU	2,506	2,087	3,196	659	2,532	2,624	487	903	426	151	15,571
ST. JOHNS	4,627	4,041	6,213	1,204	4,531	5,263	905	1,869	1,000	413	30,066
VOLUSIA	21,095	17,725	26,951	5,534	22,284	23,188	4,670	9,722	4,896	2,019	138,084
TOTAL REGION 4	90,054	73,805	109,420	21,757	90,501	88,381	15,895	32,658	15,718	6,331	544,520

ACCESS TO HEALTHCARE

MEDICAID *UNWINDING*

- 17.4 percent of Medicaid and Children’s Health Insurance Program (CHIP) enrollees (approximately 15 million individuals) will leave the program based on historical patterns of coverage loss.
- 9.5 percent of Medicaid enrollees (8.2 million) will leave Medicaid due to loss of eligibility and will need to transition to another source of coverage.
- 7.9 percent (6.8 million) will lose Medicaid coverage despite still being eligible (“administrative churning”), although HHS is taking steps to reduce this outcome.

ACCESS TO HEALTHCARE

MEDICAID *UNWINDING*

- “Unwinding” timeframe remains unclear but it is close!
- The Federal Government has pledged to provide states at least 60 days’ notice before the end of the Public Health Emergency (PHE). Current PHE was extended in mid-July
- The 60-day notice to states did NOT occur on August 15th
- It is projected that the PHE will be extended October 15th
- If the 60-day notice to Unwind happens in mid-November, the great Unwind will begin February 1, 2023

ACCESS TO HEALTHCARE

- Almost one-third (2.7 million) of those predicted to lose eligibility are expected to qualify for Marketplace premium tax credits.
 - *Among these individuals, over **60 percent** (1.7 million) are expected to be eligible for **zero-premium Marketplace** insurance.*
 - *Another 5 million would be expected to obtain other coverage, primarily employer-sponsored insurance.*
- Estimated 383,000 individuals projected to lose eligibility for Medicaid would fall in the coverage gap in the remaining 12 non-expansion.

ACCESS TO HEALTHCARE

MEDICAID *UNWINDING*

- Children and young adults will be impacted disproportionately, with 5.3 million children and 4.7 million adults ages 18-34 predicted to lose Medicaid/CHIP coverage.
- Nearly one-third of those predicted to lose coverage are Latino (4.6 million) and 15 percent (2.2 million) are Black.

ACCESS TO HEALTHCARE

Which Aspect of Lack of Access to Healthcare Should We Focus On?

- Lack of health insurance
- Poor access to transportation
- Care provider shortages
- Cultural and language variances
- Limited preventative health care resources

Considerations

- Timeframe
- Reasonable
- Attainable
- Goals and Objectives for Outcome(s)

QUESTIONS & CONTACT INFORMATION

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