

Northern Virginia Health Care Safety Net Report

June 2018



An assessment of health and the healthcare safety net in Northern Virginia prepared for the Northern Virginia Health Services Coalition.

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Northern Virginia has a population of almost 2.5 million people; consisting of four counties (Arlington, Fairfax, Loudoun, and Prince William) and the cities of Alexandria, Manassas, Manassas Park, Falls Church, and Fairfax City. Overall, the region is generally more racially and ethnically diverse, educated, affluent, healthy, and young than the Commonwealth of Virginia and the United States as a whole. However, despite these positive demographic and economic indicators, there are still substantial numbers of residents that are potentially vulnerable due to poverty and lack of access to healthcare. There are over 240,000 people in the region that do not have health insurance, 157,000 live below the poverty line, and 210,000 did not graduate high school.

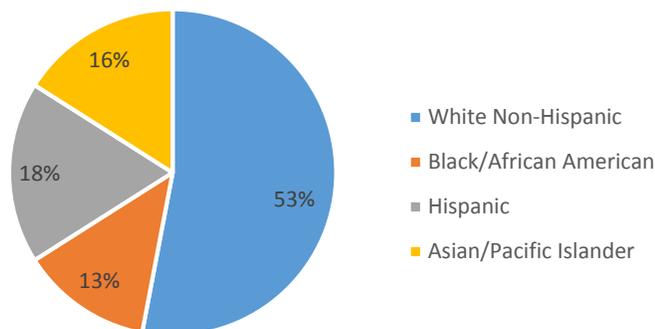
Demographics

A community's health is closely related to its demographics. Population demographics such as race, age, sex, and ethnicity are strong predictors of a community's health status and health needs. This means that even people living in the same communities or of the same age can have vastly different health statuses, outcomes, and opportunities to be healthy. Sex is related to a community's health as men and women suffer from different types of diseases, and at different rates. Age is also related to a community's health as different diseases affect people at different ages, and people of different ages require different kinds of care. Race is also a health factor as different diseases and conditions have different prevalence among races. Additionally, health inequities, or differences in health that are linked to social or economic disadvantages, also exist; negatively affecting groups of people who have experienced systemic obstacles linked to exclusion or discrimination based on race, ethnicity, religion, socioeconomic status, sex, mental health, sexual orientation, or geographic location.

The majority of Northern Virginia's population is white; however, 46% of the region's population is racially and ethnically diverse. This includes a large foreign-born population (27.3%); which coincides with a large number of individuals that speak a language other than English at home (34.7%). There is also an estimated undocumented immigrant population of 159,000 (6.4% of the population) in Northern Virginia. This multi-racial, multi-lingual and ethnically diverse population will have different health needs, including language and cultural requirements that must be met by the health care system.

U.S. Census data indicates that growth rates for Hispanic and Asian populations have been higher than those for Blacks/African Americans and non-Hispanic whites. Poverty rates for Black/African American and Hispanic populations in the community are comparatively higher than other races in the community. These demographic shifts are important as immigrants, undocumented workers, minority populations, and those with language barriers experience unique challenges in accessing care. The median age in Northern Virginia skews younger than the median age in the state of Virginia and the United States as a whole. Northern Virginia is expected to continue growing in population into the future.

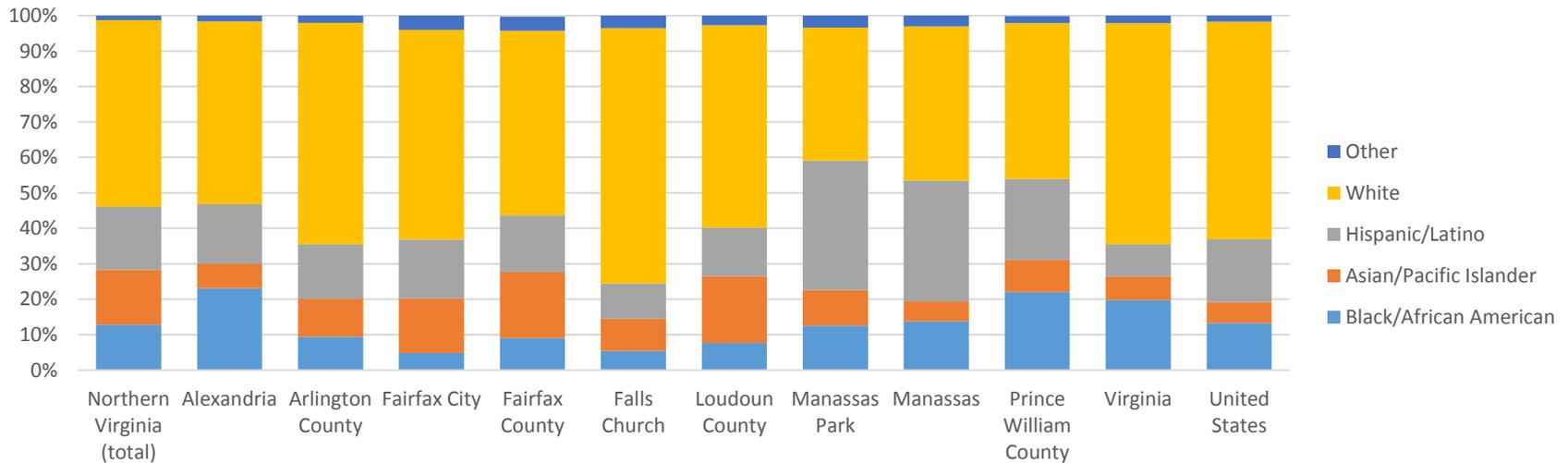
Northern Virginia Population



Northern Virginia Demographics

	Population (US Census Estimate, July 1, 2017)	Female (Percent of Total Population)	Estimated Undocumented Immigrant Population	Language Other than English Spoken at Home (Percent of Total Population)	Foreign Born (Percent of Total Population)	Median Age	Persons Over 65 (Percent of Total Population)
Northern Virginia (Total)	2,493,518	50.5%	6.4%	34.7%	27.3%	-	11.2%
Alexandria	160,035	51.8%	8.7%	32.6%	27.8%	36.2	10.0%
Arlington County	234,965	50.1%	6.4%	29.1%	22.7%	34.1	9.7%
Fairfax City	23,620	50.8%	-	33.1%	28.0%	39.6	15.2%
Fairfax County	1,142,888	50.5%	7.0%	37.9%	30.3%	37.6	12.4%
Falls Church	13,597	50.9%	-	20.4%	16.5%	38.9	11.8%
Loudoun County	398,080	50.5%	4.5%	30.6%	23.4%	35.5	8.7%
Manassas Park	15,827	50.3%	-	45.9%	33.2%	33.1	6.7%
Manassas	41,483	50.3%	-	39.9%	27.7%	33.4	8.1%
Prince William County	463,023	50.2%	5.6%	31.3%	22.8%	34.4	9.1%
Virginia	8,470,020	50.8%	3.2%	15.5%	11.9%	37.8	14.6%
United States	325,719,178	50.8%	3.4%	21.1%	13.2%	37.7	15.2%

Race/Ethnicity in Northern Virginia



Sources: United States Census Bureau. (2018). QuickFacts. Retrieved from

<https://www.census.gov/quickfacts/fact/table/alexandriacityvirginia,fallchurchcityvirginia,arlingtoncountyvirginia,princewilliamcountyvirginia,fairfaxcountyvirginia,loudouncountyvirginia/POP815216>

Capps, R. (2016). The Immigration Population in the Washington, D.C. Region and the Service Needs of Central American Child and Family Migrants. Migration Policy Institute.

Northern Virginia Economic Indicators

A community's health is also closely related to its economic indicators, such as income, unemployment, education, and poverty. Higher incomes, education levels, and employment are linked to better health in a number of ways. Higher incomes allow people to pay for health insurance coverage or health services, and reduces potentially fatal delays in obtaining care. Higher incomes provide individuals with more opportunities to maintain their health beyond the utilization of health care services, as it increases access to stable and healthy housing, nutritious food, and leisure time for recreation, for example. More advanced education can help to improve many other determinants of health, often directly impacting access to higher paying jobs that offer health care coverage and other benefits. Health insurance is another important health indicator, as lack of it presents a significant barrier to obtaining timely health services resulting in treatment delays, fragmented care, and escalation of complications related to manageable health conditions.

Loudoun, Fairfax, Arlington, and Prince William are the first, second, fifth and twelfth richest counties in the nation, respectively, as defined by median household income. In Northern Virginia, the percentage of residents with a bachelor's degree is much higher than the state and national percentages and the unemployment rate is significantly lower than the state and national rates, all positive economic and health status indicators. However, not all residents of Northern Virginia enjoy these benefits, with 6.3% of the population living below the federal poverty level and many others living within 200% of the federal poverty level. 8.5% of Northern Virginia residents have not graduated high school. Additionally, while 9.6% of the overall population lacks any type of health care coverage, some counties and cities have uninsured rates that exceed the state and national averages.

Northern Virginia Economic Indicators

	Median Household Income	Unemployment Rate	Residents Without Health Insurance (Percent of Total Population)	Residents with a Bachelor's Degree or Higher (Percent of Total Population)	Residents that did not Graduate High School (Percent of Total Population)	Residents Below Poverty Line (Percent of Total Population)
Northern Virginia (Total)	-	2.7%	9.6%	56.9%	8.5%	6.3%
Alexandria	\$89,200	2.6%	15.5%	62.1%	7.6%	9.8%
Arlington County	\$108,706	2.2%	7.2%	73.7%	6.2%	7.5%
Fairfax City	\$104,065	2.6%	13.0%	54.7%	7.2%	6.2%
Fairfax County	\$113,208	2.6%	9.3%	60.3%	8.3%	6.0%
Falls Church	\$115,224	2.3%	3.7%	80.2%	2.0%	3.6%
Loudoun County	\$125,672	2.7%	6.9%	58.8%	6.5%	3.5%
Manassas Park	\$75,027	3.0%	27.8%	30.4%	17.5%	8.7%
Manassas	\$74,371	3.0%	20.9%	30.1%	18.5%	8.7%
Prince William County	\$98,546	3.0%	10.4%	39.5%	11.0%	7.4%
Virginia	\$66,149	3.7%	10.5%	36.9%	11.4%	11.0%
United States	\$55,322	3.9%	10.1%	30.3%	13.0%	12.7%

Sources:

Bureau of Labor Statistics. (2018, February 28). Unemployment in the Washington Area by County – December 2017. Retrieved from https://www.bls.gov/regions/mid-atlantic/news-release/unemployment_washingtondc.htm

United States Census Bureau. (2018). QuickFacts. Retrieved from <https://www.census.gov/quickfacts/fact/table/alexandriacityvirginia,fallchurchcityvirginia,arlingtoncountyvirginia,princewilliamcountyvirginia,fairfaxcountyvirginia,loudouncountyvirginia/POP815216>

County of Fairfax. (n.d.). Fairfax County General Overview. Retrieved from <https://www.fairfaxcounty.gov/demographics/fairfax-county-general-overview>

Northern Virginia Health Indicators

Health indicators can help to provide a picture of a community's health. Life expectancy, or the number of years a person can expect to live, is an indicator, as living to higher ages is related to better overall health, diet, and access to care. The life expectancies for both males and females in all localities and counties in Northern Virginia exceed the state and national life expectancies. While overall this is a very positive indicator, there are communities and cities in Northern Virginia where life expectancy varies by as much as 18 years due to differences in socioeconomic opportunities and environmental conditions that affect health.

Health officials and policy-makers use incidence and prevalence rates to determine the distribution of health conditions within geographically defined areas or among certain population groups. Lower incidence and prevalence of chronic conditions indicate that individuals, their families, and their communities are healthier than those with higher rates of chronic conditions. Higher incidence and prevalence are often related to higher health care costs. Though many chronic health conditions are preventable, some can be avoided when there are opportunities to live healthier lifestyles and families have access to regular health screening and care. When they do occur, complications due to chronic conditions may be delayed or avoided with proper care. In general, diabetes, hypertension, and overweight/obese rates in Northern Virginia are lower than those in the state of Virginia and the nation with the notable exception of Prince William County where the rates are higher

Northern Virginia Health Indicators

	LIFE EXPECTANCY		PREVALENCE OF CHRONIC CONDITIONS			
	Female Life Expectancy	Male Life Expectancy	Diabetes*	Hypertension*	Overweight/Obese*	HIV/AIDS Prevalence**
Alexandria	83.3	79.9	7.4%	-	-	25.2
Arlington County	84.1	81.3	3.4%	24.6%	60.2%	13.2
Fairfax City	85.1	82.3	-	-	-	0.0
Fairfax County	85.1	82.3	6.3%	24.3%	51.5%	6.9
Falls Church	84.0	79.5	-	-	-	0.0
Loudoun County	84.5	81.7	3.4%	20.9%	63.4%	6.1
Manassas Park	82.6	79.3	-	-	-	6.6
Manassas	82.6	79.3	-	-	-	16.6
Prince William County	82.6	79.3	11.2%	36.4%	69.0%	10.3
Virginia	81.2	77.1	9.6%	31.2%	64.8%	11.2
United States	81.5	76.7	7.2%	32.0%	70.7%	12.3

*percent of total population
**rate per 100,000 population

Sources:

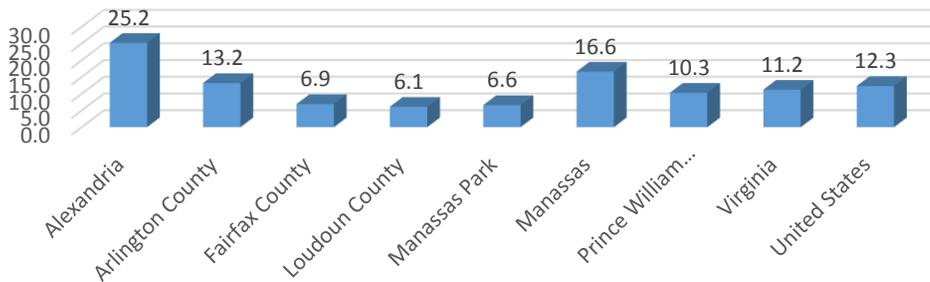
Institute for Health Metrics and Evaluation. (2015). QuickFacts. Retrieved from <http://www.healthdata.org/us-county-profiles>

Virginia Department of Health. (2016). SEXUALLY TRANSMITTED INFECTIONS. Retrieved from <http://www.vdh.virginia.gov/data/sexually-transmitted-infections/>

Virginia Department of Health. (2015). Chronic Disease. Retrieved from <http://www.vdh.virginia.gov/data/chronic-disease/>

Woolf, S., Chapman, D., Hill, L., & Snellings, L. (2017). Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia. *Northern Virginia Health Foundation*.

HIV/AIDS Prevalence Rate (per 100,000)

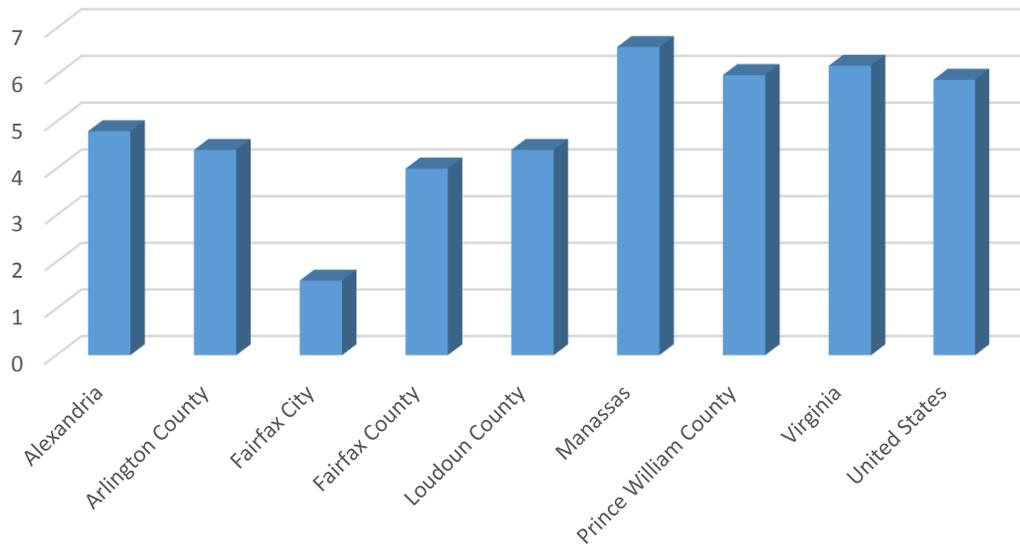


The HIV/AIDS prevalence rate indicates the number of people (per 100,000 people) who have HIV or AIDS. The HIV/AIDS prevalence of several Northern Virginia counties and localities exceeds the state and national rates.

- The highest HIV/AIDS prevalence are in Arlington County, Alexandria, and Manassas. The high prevalence in Arlington and Alexandria may be related to their shared borders with the District of Columbia, which has a HIV/AIDS prevalence of 66.1.
- African-Americans are twice as likely to contract HIV/AIDS as any other race; the fastest growing number of new HIV/AIDS cases is among African American men. This may partially explain the higher prevalence in Alexandria, Manassas, Arlington County, and Prince William County, which have larger Black / African American populations than other lower prevalence counties such as Fairfax and Loudoun.
- Additionally, the gonorrhea and chlamydia rates in Alexandria, Manassas, Arlington County, and Prince William County are comparatively higher as well, indicating that STI transmission occurs more frequently among individuals living in these communities.

Infant and maternal health are critical to population health, as they set the stage for a healthy childhood and adulthood. The infant mortality rate is the number of infants that die before their first birthday, per 1,000 live births, in a specific area; this rate is often used as a benchmark of community health, the quality and accessibility of care, poverty and socioeconomic status. Infant mortality rates in Manassas and Prince William County are higher than those in the rest of Northern Virginia, Virginia, and the United States as a whole. The pregnancy-associated death rate measures the number of deaths while pregnant or within one year of pregnancy, regardless of the outcome of the pregnancy or the cause of death, and is measured per 100,000 live births. According to the Virginia Department of Health, in 2013 the maternal death rate in Northern Virginia was 20.6 deaths per 100,000 live births, compared to 38.2 deaths per 100,000 live births that occurred statewide.

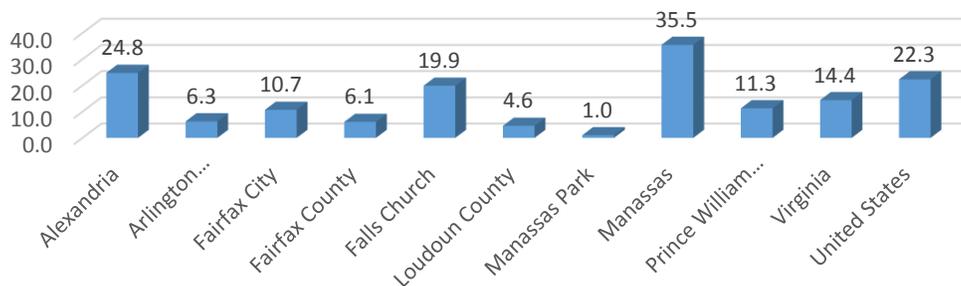
Infant Mortality Rate (per 1,000 live births)



Source: Virginia Department of Health. (2015, June 5). Health Profile, 2013. Retrieved from <https://www.vdh.virginia.gov/HealthStats/stats.htm>

Teen pregnancy rates are an important social determinant of health. The teen pregnancy rate is the number of pregnancies per 1,000 females, aged 10 to 19, in a specific area. Lower rates of teen pregnancy are desirable as teen mothers are more likely to drop out of school, have no or low job qualifications, be unemployed or low-paid, live in poor housing conditions, suffer from depression, and rely on government assistance. Teen pregnancy rates in Falls Church, Alexandria, and Manassas are higher than statewide rates.

Teen Pregnancy Rate (per 1,000 Teenage Women)



Source: UNICEF. (2008, June 11). Young People and Family Planning: Teenage Pregnancy. Retrieved from https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf

Northern Virginia Mortality

The death rates in all Northern Virginia counties and localities were lower than the state and national rates. For all counties, cities, the state of Virginia, and the United States, the leading causes of death are cancer and heart disease. The suicide rates in Fairfax City, Falls Church, and Manassas Park are high, but given their smaller populations, the rate can change significantly based on one more or one less incidence of suicide.

Northern Virginia Mortality

	Death Rate*	Malignant Neoplasm (Cancer) Rate*	Heart Disease Rate*	Cerebro-vascular Disease (Stroke) Rate*	Un-intentional Injury Rate*	Chronic Lower Respiratory Disease Rate*	Suicide Rate*	Septicemia Rate*	Alzheimer's Rate*
Alexandria	586.0	134.0	132.0	29.8	21.1	23.8	8.6	16.8	12.6
Arlington County	558.2	137.4	98.4	35.4	18.4	18.2	7.9	13.8	16.5
Fairfax City	517.1	124.6	79.0	37.2	37.6	20.8	16.4	25.0	2.5
Fairfax County	492.9	117.4	102.2	26.0	20.6	19.9	10.0	12.0	12.4
Falls Church	634.7	125.9	129.8	38.4	17.3	11.2	12.8	17.3	46.4
Loudoun County	515.0	123.5	117.0	29.8	22.2	20.7	9.6	3.1	12.8
Manassas Park	457.6	71.2	97.9	25.0	0.0	30.3	16.9	0.0	14.5
Manassas	715.0	157.2	150.5	40.7	12.7	37.8	4.1	7.2	17.6
Prince William County	608.0	135.7	126.8	27.2	26.1	32.3	9.8	11.4	12.9
Virginia	715.5	159.5	154.2	38.0	39.6	37.1	12.8	13.0	25.6
United States	728.8	158.5	168.5	37.6	43.2	41.6	13.4	11.0	29.4

*rate per 100,000 population

Source: Virginia Department of Health. (2015, June 5). Health Profile, 2013. Retrieved from <https://www.vdh.virginia.gov/HealthStats/stats.htm>

While the counties of Northern Virginia are often grouped together as a monolith, there are significant differences among them and even within each individual locality and county. Arlington County has a lower median age and mostly white population, as compared to the rest of Northern Virginia. The economic and health indicators are aligned with most other indicators for Northern Virginia as a whole, with a larger percentage of residents with a bachelor's degree and a higher HIV/AIDS prevalence rate. Fairfax County has the largest population, the highest number of foreign-born residents, a higher percentage of people who speak languages other than English at home, and a large Asian population. It also has a comparatively high median household income. Loudoun County is the wealthiest county in

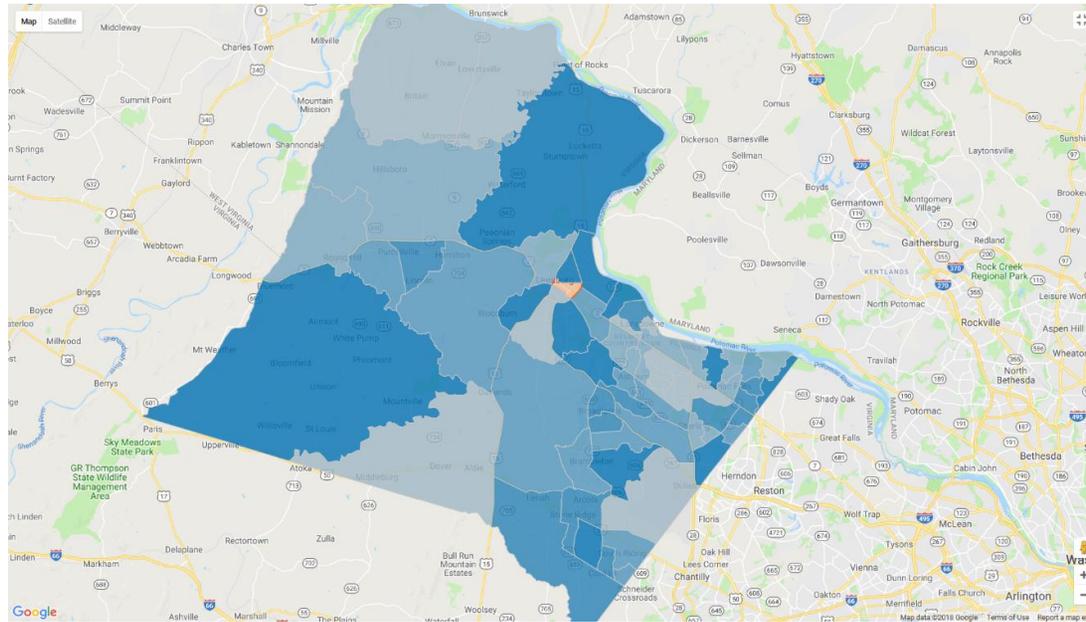
the nation, with lower poverty rates and higher rates of educational attainment. It also has a large Asian population. Both Loudoun and Fairfax Counties have positive health indicators and high life expectancies. This suggests that there is a correlation between higher incomes and levels of education and positive health indicators in these counties. Prince William County has larger Black / African American and Hispanic populations than Non-Hispanic white and Asian populations. Prince William also has a lower median household income, a higher percentage of residents that live below the poverty line, and a higher percentage of people who did not graduate high school, compared to the wealthiest counties in Northern Virginia. It also has a higher percentage of people without health care coverage. Prince William County has the highest death rate as well as the highest rates of diabetes, hypertension, and overweight/obesity rates of all Northern Virginia counties.

The localities of Northern Virginia also have important differences in demographics, economics, and health indicators among them. The City of Alexandria has a larger Black / African American and Hispanic population, a relatively lower median household income, higher rate of residents living below the federal poverty level and higher rate of residents without health care coverage. These comparatively worse economic indicators may be related to Alexandria's lower life expectancy, higher teen pregnancy rate, and higher HIV/AIDS prevalence. Fairfax City's demographics and indicators are mostly aligned with those of the rest of the region, with the exception of a high suicide rate, which may be influenced by its small population. Falls Church has a small population and has the largest percentage of non-Hispanic whites (72.1%) of any county or locality. Falls Church also has the highest percentage of those with a bachelor's degree and a very small percentage of residents without health insurance or below the poverty line. Falls Church also has very positive health indicators, with the exception of a relatively high teen pregnancy rate. The cities of Manassas and Manassas Park are both over one-third Hispanic with a high percentage of residents that speak a language other than English at home. There is also a significant Black/African American population and comparatively lower median age. These cities have the lowest median household incomes, the highest unemployment rates, the highest percentages of residents that did not graduate high school and residents living below the poverty level, and the highest percentage of residents without health care coverage. Manassas and Manassas Park also have the lowest life expectancies in Northern Virginia. In addition, Manassas has the highest teen pregnancy rate and a relatively high HIV/AIDS prevalence. The poor economic indicators and lower levels of attained education may be correlated to the poor health indicators in these localities. Economic factors may be exacerbated by cultural and/or linguistic barriers to obtaining health care and other services experienced by foreign-born residents.

The Role of the Northern Virginia Healthcare Safety Net

There are over 240,000 people in Northern Virginia that do not have health insurance and 157,000 living below the federal poverty level. There are certain census tracts in Northern Virginia, such as Bailey's Crossroads, Seven Corners, and parts of Leesburg, Alexandria, and Woodbridge that are not experiencing the prosperity and positive health outcomes found in the rest of the region. Median household income in these tracts drops as low as \$32,500. The unemployment rates, education levels, life expectancies, and poverty in these tracts are all significantly less favorable than those of their counties as a whole. For example, Census Tract 6105.05 in Leesburg, located in Loudoun County (highlighted in yellow on the next page), has a median household income about one third of that of the whole of Loudon County and a poverty rate more than three times that of Loudoun County.

Census Tract 6105.05



	Population	Black / African American*	Asian/Pacific Islander*	Hispanic or Latino*	White*	Median Household Income	Unemployment Rate	Residents Without Health Insurance*	Residents with a Bachelor's Degree or Higher*	Residents that did not Graduate High School*	Residents Below Poverty Line*
Loudoun County (as a whole)	398,080	7.7%	18.8%	13.7%	57.1%	\$ 125,672.00	2.7%	6.9%	58.8%	6.5%	3.5%
Census Tract 6105.05 in Leesburg, in Loudoun County	5,951	5.0%	10.0%	55.0%	28.0%	\$ 45,226.00	11.9%	34.0%	25.4%	35.7%	11.5%

Sources:

Virginia U.S. Census Bureau (2016). *American Community Survey 5-year estimates*. Retrieved from *Census Reporter Profile page for Census Tract 6105.05, Loudoun, VA*

<https://censusreporter.org/profiles/14000US51107610505-census-tract-610505-loudoun-va/>

Woolf, S., Chapman, D., Hill, L., & Snellings, L. (2017). Getting Ahead: The Uneven Opportunity Landscape in Northern Virginia. *Northern Virginia Health Foundation*. Retrieved from <https://novahealthfdn.org/wp-content/uploads/NVHF-Issue-Brief-FINAL.pdf>

*percent of total population

Virginia Medicaid

There are some public programs designed to provide poor Virginians with healthcare, however, eligibility criteria for these programs is restrictive. Additionally, Virginia did not expand Medicaid coverage as a part of the Affordable Care Act, which left an estimated 300,000 to 400,000 low-income Virginians ineligible for Medicaid.

Through 2018, to be eligible for Medicaid in Virginia, one must fit into one of the following categories and meet the associated income requirements:

- Pregnant women with household incomes up to 143 percent of poverty. For an individual, this would equate to an annual income less than \$17,968, and for a family of four, a household income less than \$37,148.
- Children are eligible for Medicaid if their household incomes are up to 143 percent of poverty. For a single parent with one child, this would equate to an annual income less than \$17,968, and for a family of four, a household income less than \$37,148.
- Elderly and disabled people cannot have income higher than 80 percent of poverty. For an individual, this would equate to an annual income less than \$10,052.
- Parents with dependent children are eligible if their income is up to 49 percent of poverty. For an individual, this would equate to an annual income less than \$6,157, and for a family of four, a household income less than \$12,729.
- Without Medicaid expansion, childless adults aged 18 to 64 that are not blind or disabled are not eligible for Medicaid in Virginia.
- Virginia also offers Family Access to Medical Insurance Security (FAMIS) – which provides health coverage for uninsured pregnant women who are not eligible for Medicaid but have household incomes up to 200 percent of poverty. For an individual, this would equate to an annual income less than \$24,887, and for a family of four, a household income less than \$51,455.
- Children are eligible for CHIP (Children’s Health Insurance Program) if their household incomes do not exceed 200 percent of poverty. For a single parent, this would equate to an annual income less than \$25,130, and for a family of four, a household income less than \$51,955.

As seen in the table below, despite the strict eligibility requirements, the number of Medicaid recipients and the total Medicaid expenditures for the Northern Virginia region have both increased since FY2013.

	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
NUMBER OF BENEFICIARIES	261,777	280,743	306,064	324,910	323,083
TOTAL EXPENDITURES	\$1,416,228,221	\$1,506,780,291	\$1,612,609,520	\$1,710,450,080	\$1,858,867,208

Note: Virginia breaks down Medicaid beneficiaries and expenditures by region and their Northern Virginia region consists of ARLINGTON, LOUDOUN, WARREN, FREDERICKSBURG, CLARKE, PRINCE WILLIAM, ALEXANDRIA, CITY OF MANASSAS, FAIRFAX COUNTY, SPOTSYLVANIA, FAIRFAX CITY, MANASSAS PARK, FAUQUIER, STAFFORD, and FALLS CHURCH

Source:

Virginia Department of Medical Assistance Services. (2018). 2017 VIRGINIA MEDICAID & CHIP DATA BOOK. Retrieved from http://www.dmas.virginia.gov/Content_attachments/2017%20DMAS%20Data%20Book.pdf

The ability to qualify for any of the aforementioned programs is difficult. Childless adults aged 18 to 64 that are not disabled do not qualify and parents only qualify if their income is very low. These strict eligibility requirements make the healthcare safety net of Northern Virginia a vital lifeline for those that are poor and uninsured or underinsured.

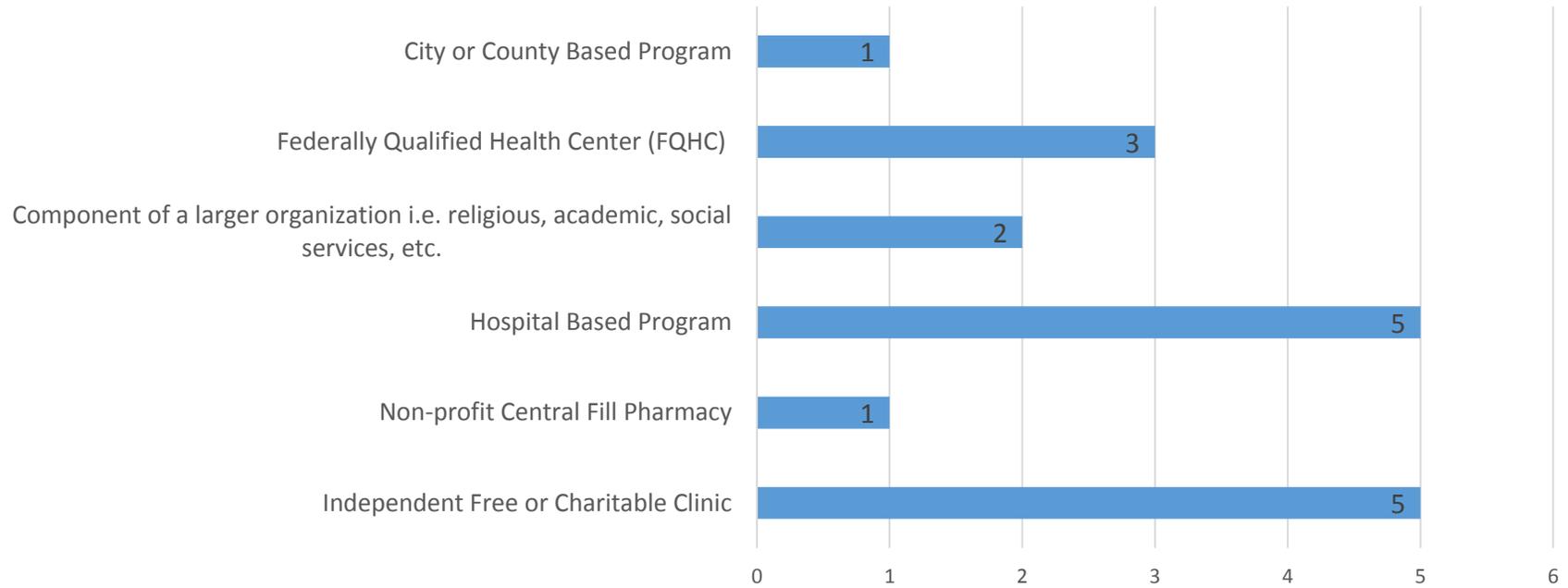
As a part of the Affordable Care Act, the Medicaid program was expanded. States have the option to expand their Medicaid eligibility to include all citizens and certain qualified non-citizens, such as lawful permanent residents that have lived in the US for more than five years, with incomes below 138% of the FPL. Medicaid expansion also eliminates the categorical requirements that only provided coverage for children, pregnant women, parents, and individuals with disabilities, allowing adults without dependent children to be eligible for coverage. For states that elected to expand Medicaid, the federal government currently pays 90% of the cost for newly eligible enrollees. However, not all states have chosen to expand their Medicaid coverage, with the state of Virginia historically having been one of them. With a newly elected governor and members of the Virginia House of Delegates and Senate, legislation that expands Medicaid passed in 2018 with implementation to begin in January 2019. It is estimated that between 300,000 and 400,000 additional Virginians would be eligible for Medicaid if the eligibility requirements were to be expanded.

Expanding Medicaid would allow those that are newly eligible to seek care from health care providers that participate in the Medicaid program. As only US citizens, permanent residents and certain groups of lawfully present immigrants qualify for Medicaid, leaving an estimated 159,000 (6.4% of the population) in Northern Virginia ineligible for coverage because of their immigration status. Any expansion of Medicaid does not cover undocumented immigrants, lawfully present immigrants that have not lived in the U.S. for five years, and certain other categories of lawfully present immigrants, leaving the healthcare safety net as one of the few options for these populations to obtain affordable health care services.

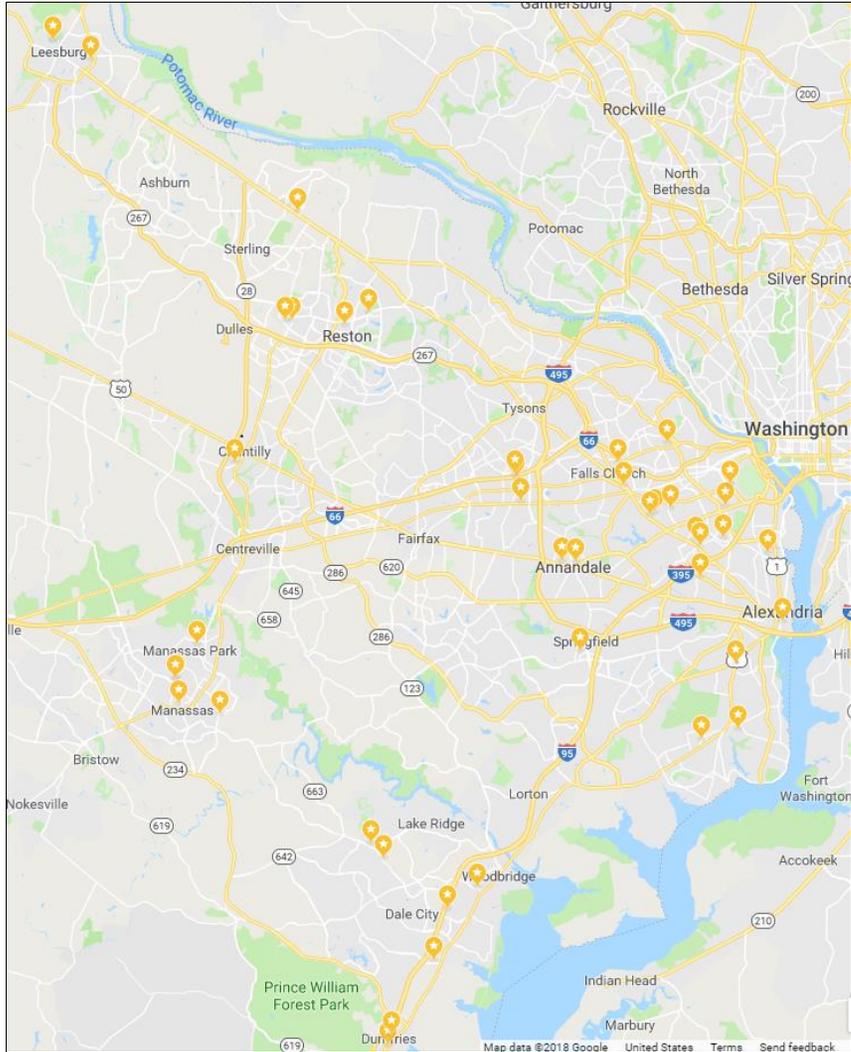
Northern Virginia Healthcare Safety Net

The Northern Virginia Healthcare safety net, as defined in this report, consists of seventeen different entities, including a county-based program, 3 Federally Qualified Health Centers (FQHCs), 2 health programs of larger religious, academic, or social services organizations, 5 hospital-based programs, 5 independent free or charitable clinics, and 1 non-profit pharmacy network. This includes the following NVHSC participants: consist of Adams Compassionate Care Clinic, Arlington Free Clinic, Arlington Pediatric Center, Culmore Clinic, Fairfax County Community Health Care Network, George Mason University: Mason and Partners Clinic, Greater Prince William Health Center, HealthWorks for Northern Virginia, Inova Cares for Women and Children, Inova Juniper, Inova Simplicity Health, Loudoun Free Clinic, Neighborhood Health, Northern Virginia Family Service, NOVA ScriptsCentral, Inc., Prince William Area Free Clinic, and Sentara Family Health Connection. Together these entities have 44 unique Northern Virginia locations.

Northern Virginia Health Care Safety Net Providers



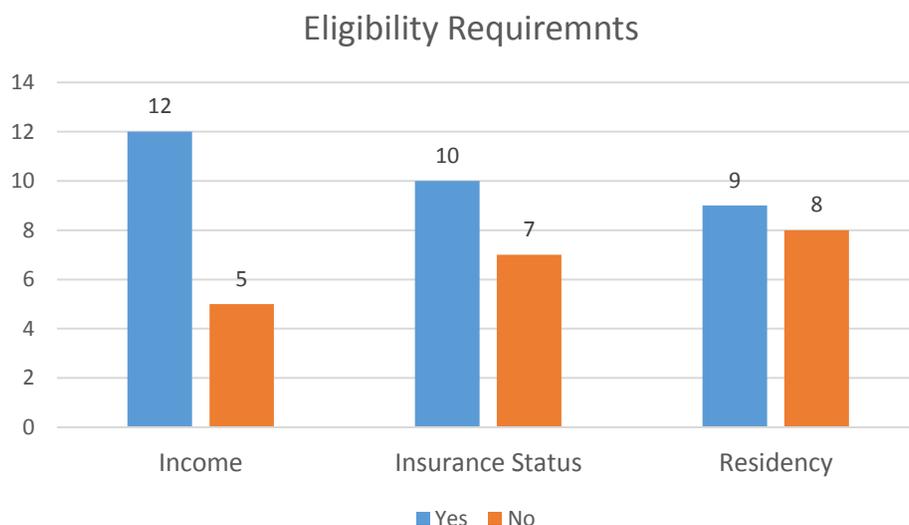
Safety Net Provider Locations



<i>County/Locality</i>	<i>Number of Locations</i>
<i>Alexandria</i>	8
<i>Arlington County</i>	5
<i>Fairfax City</i>	0
<i>Fairfax County</i>	12
<i>Falls Church</i>	3
<i>Loudoun County</i>	4
<i>Manassas Park</i>	1
<i>Manassas</i>	4
<i>Prince William County</i>	7

Eligibility

Many of the providers that are a part of the Northern Virginia healthcare safety net have eligibility requirements for people seeking services. These eligibility requirements can be broken down into three main categories – income, insurance status, and residency.



Most of these providers (12) have income eligibility requirements. Eight of the safety net providers require an individual or family to have an income below 200% of the Federal Poverty Level (FPL), one requires an income below 150% of the FPL, two require an income below 250% of the FPL, and one requires an income below 400% of the FPL. In addition, three clinics provide sliding fee schedules for those with incomes under 200% of the FPL, but serve patients of all income levels. Federal Poverty Level is a fixed baseline amount, with \$4,320 added for each additional person in the household.

Percent of Federal Poverty Level (FPL) in 2018

HOUSEHOLD SIZE	100%	150%	200%	250%	400%
1	\$12,140	\$18,210.0	\$24,280	\$30,350.0	\$48,560
2	\$16,460	\$24,690.0	\$32,920	\$41,150.0	\$65,840
3	\$20,780	\$31,170.0	\$41,560	\$51,950.0	\$83,120
4	\$25,100	\$37,650.0	\$50,200	\$62,750.0	\$100,400
5	\$29,420	\$44,130.0	\$58,840	\$73,550.0	\$117,680

Ten of the providers require patients to be uninsured, covering only the most vulnerable residents of Northern Virginia. One provider requires a patient be uninsured or covered by a public form of insurance (Medicaid/Medicare/FAMIS), and six providers have no insurance status requirements and accept most forms of public and private insurance.

Nine providers also have residency requirements; eight do not have any residency requirements related to eligibility. Specific residency requirements include:

- 1 provider requires patients to be residents of the state of Virginia

- 2 require patients to be residents of Arlington County
- 2 require patients to be residents of Fairfax County
- 1 requires patients to be residents of Loudoun County
- 1 requires patients to be residents of Prince William County
- 1 requires patients to be residents of Fairfax County/Fairfax City/Falls Church City
- 1 requires patients to be residents of Prince William County/Manassas/Manassas Park

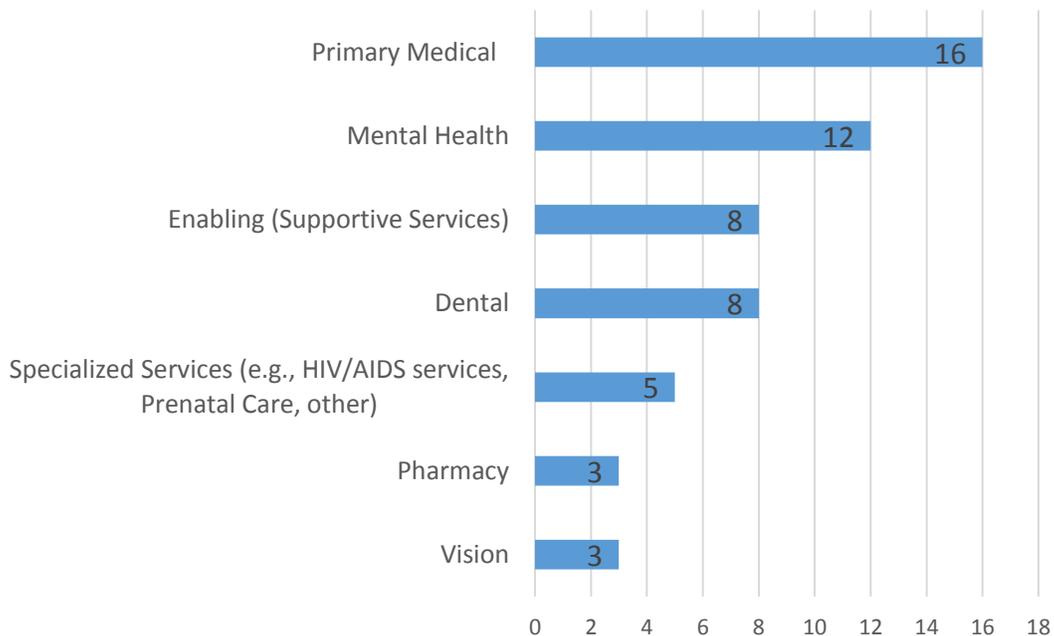
Northern Virginia safety-net providers do not have eligibility criteria related to immigration status.

There are also a few other types of requirements based around the sex, age, and HIV/AIDS status of patients. One provider only treats women, two providers only treat children, five providers only treat adults, one provider only treats adults aged 18 to 64, and another provider only treats individuals that are HIV positive, have AIDS, or are seeking Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP).

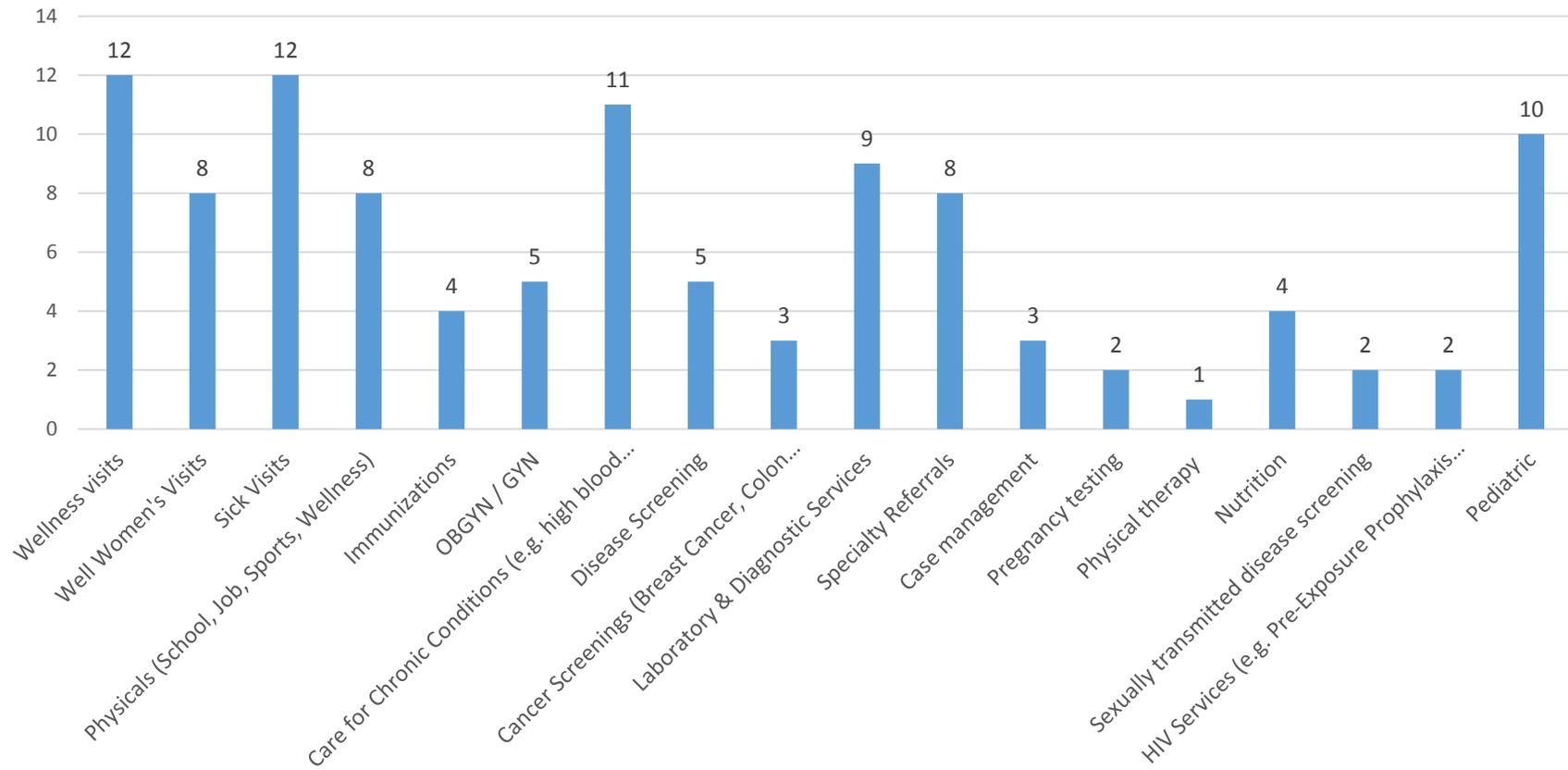
Services Provided

Sixteen safety net providers offer primary medical services, eight providers offer oral health care, twelve providers offer mental health services, three providers offer vision services, eight providers offer enabling (supportive services), five providers offer specialized services (e.g., HIV/AIDS services, prenatal care, other), and three providers offer pharmacy services.

Services Provided by Category



Types of Medical Services Offered



The most commonly offered medical services include wellness visits, physical examinations, sick visits, care for chronic conditions, laboratory and diagnostic services, pediatric services, and specialty referrals. A small number of clinics offer some unlisted specialty services such as acupuncture, bone health, cardiology, chiropractors, endocrinology, nephrology, orthopedics, and physical therapy. However, relatively little specialty care is provided at primary care clinics, although patients may be provided with referrals to specialists who offer discounted services to uninsured patients. There are two specialty clinics affiliated with INOVA: one provides HIV prevention and treatment services and one provides obstetrics and gynecology.

Pharmaceutical Assistance Program

Some pharmaceutical companies offer assistance programs for the drugs they manufacture. Pharmaceutical Assistance Programs (PAPs) provide free or discounted prescription drugs to qualified people who are otherwise unable to afford them. Each program has unique qualifying criteria. Several safety net providers in Northern Virginia assist their patients with obtaining medications by helping them complete PAP applications. Four providers reported that they assisted thousands of patients filling over 12,250 individual prescriptions in 2017. The value of these prescription medications was over \$18.25 million.

To help their patients' access prescription medication, safety net providers also refer their patients to NOVA Scripts Central, low cost formularies at local pharmacies and discounted services such as Good RX. Patients receiving health services at FQHC's can utilize the clinic's 340B pharmacies to obtain lower-cost medications. The 340B program is a US federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations, such as FQHCs, and other covered entities at significantly reduced prices. The cost-savings is passed onto patients.

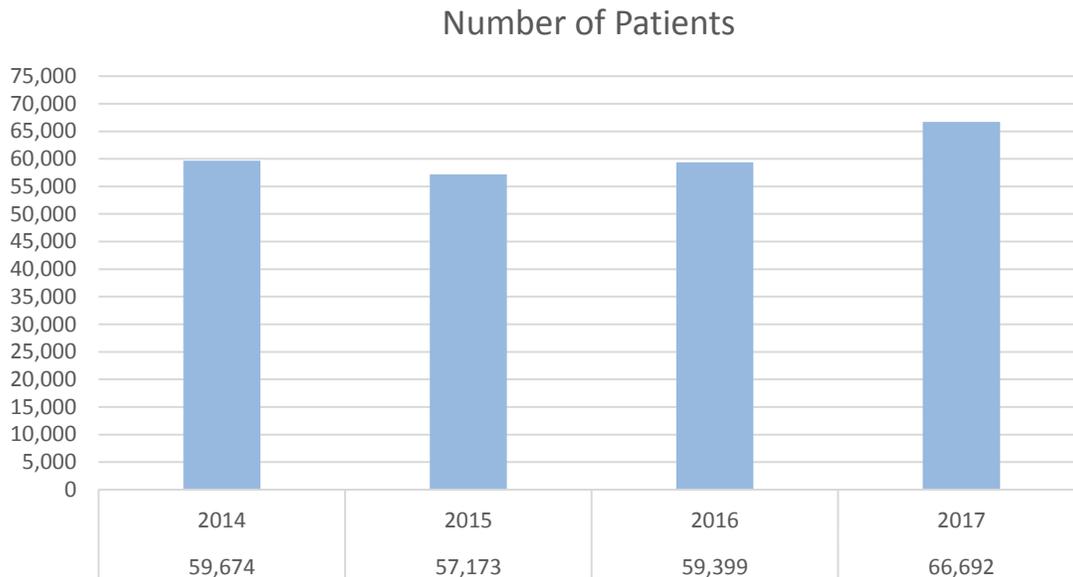
NOVA ScriptsCentral, Inc.

NOVA ScriptsCentral, Inc. (NSC) is a nonprofit, collaborative pharmacy, whose mission is to provide medication and pharmacist counseling for uninsured Northern Virginia residents. NOVA ScriptsCentral, Inc. mostly serves patients referred by Northern Virginia safety net medical providers. For this reason, NOVA Scripts patient data was analyzed separately to avoid duplication.

- NOVA ScriptsCentral, Inc. had a total of 2,684 patients in 2014, 2,416 patients in 2015, 2,120 patients in 2016, and 1,676 patients in 2017.
- In 2016, 1.5% of patients were under 18, 81% of patients were aged 18 to 65, and 17.5% of clients were aged 65 or over. In 2017, 3.6% of patients were under 18, 78% of patients were aged 18 to 65, and 15.2% of patients were aged 65 or over.
- In 2016 and 2017, all patients were uninsured.
- In 2016, 60% of patients had an income between 100% and 200% of the FPL and 40% of patients had an income at or below 100% of the FPL. In 2017, 57% of patients had an income between 100% and 200% of the FPL and 43% of patients had an income at or below 100% of the FPL.
- In 2016 and 2017, 13% of patients were white non-Hispanic, 25% of patients were Black/African American, 42% of patients were Hispanic, and 20% of patients were Asian/Pacific Islander.
- In 2016 and 2017, 50% of NOVA ScriptsCentral, Inc. patients were best served in languages other than English.

Patient Information

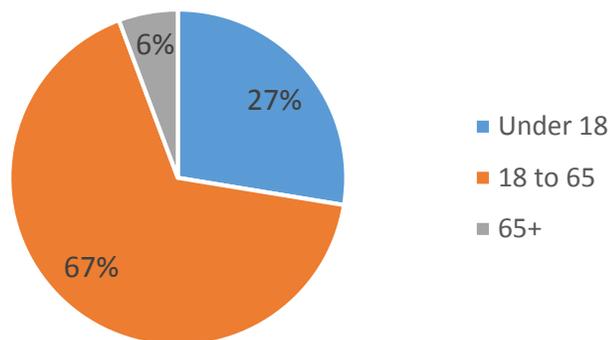
In 2014, Northern Virginia safety net providers served 59,674 patients. Between 2014 and 2017, there was a 12% increase in the number of patients served to nearly 66,700. These totals represent patient data from twelve Northern Virginia healthcare safety net providers and does not account for patients receiving health care from safety-net providers outside of the area.



Patients by Age Group

In both 2016 and 2017, 67% of Northern Virginia healthcare safety net patients were between the ages of 18 and 65, 27% were under 18, and 6% of patients were over the age of 65. These numbers are aligned with the age eligibility requirements that many of the clinics have, requiring patients to be adults under the age of 65 or, for children’s clinics, under the age of 18. These totals represent patient data from eleven Northern Virginia healthcare safety net providers.

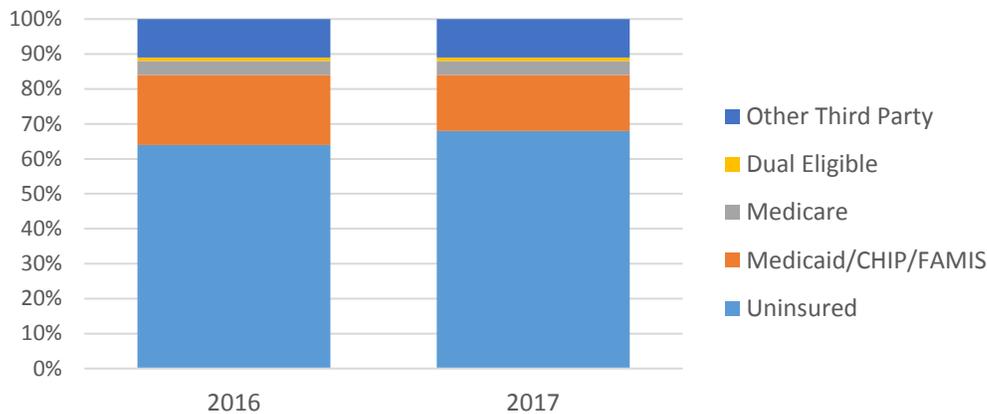
Patients by Age Group in 2016 & 2017



Patients by Insurance Status

In 2016, 64% of Northern Virginia healthcare safety net patients were uninsured, 20% were covered by Medicaid, CHIP, or FAMIS, 11% were covered by another form of third party payer, 4% were covered by Medicare, and 1% were eligible for both Medicare and Medicaid (dually eligible). The only significant change in 2017 was a 4% increase in the percentage of patients who were uninsured to 68% and a corresponding 4% decrease in the number who were covered by Medicaid, CHIP or FAMIS to 16%. These totals represent data from eleven Northern Virginia healthcare safety net providers.

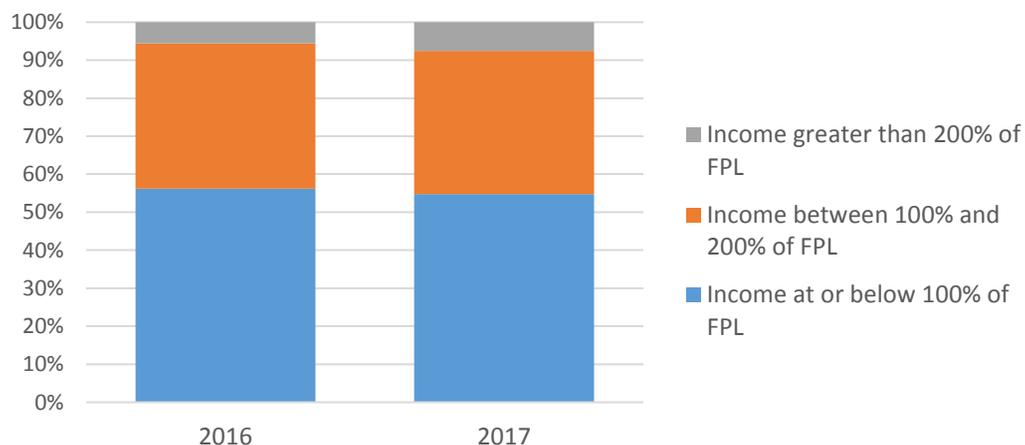
Patients by Insurance Coverage, 2016 vs. 2017



Patients by Income Level

Most of the safety-net clinics limit services to patients who have low incomes. In 2016, 52% of Northern Virginia healthcare safety net patients had incomes less than or equal to 100% of the FPL, 35.4% of patients had incomes between 100% and 200% of the FPL, and 5.1% of patients had incomes greater than 200% of the FPL. In 2017, 50.7% of Northern Virginia healthcare safety net patients reported incomes less than or equal to 100% of the FPL, 34.8% of patients had incomes between 100% and 200% of the FPL, and 14.5% of patients had incomes greater than 200% of the FPL. These totals represent data from eight of the seventeen Northern Virginia healthcare safety net providers.

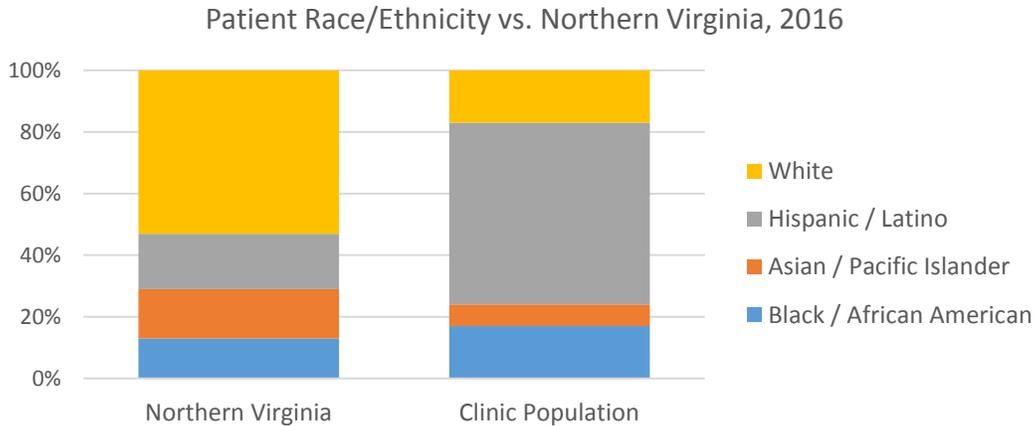
Patients by Income Level, 2016 vs. 2017



Patients by Race/Ethnicity

In 2016, 59% of Northern Virginia healthcare safety net patients were Hispanic, 17% of patients were Black/African American, 7% were Asian/Pacific Islander, and 17% were white non-Hispanic. While Hispanics represent only 17.8% of the population in Northern Virginia, they comprise almost 60% of clinic patient population. The inverse occurs amongst the non-Hispanic white population, which is 52.6% of the total population; the percentage receiving care at safety-net clinics is between 12% and 17%.

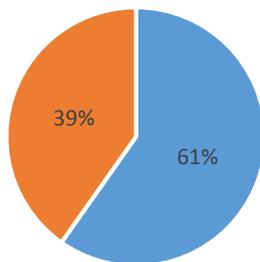
These totals represent data from nine of the seventeen Northern Virginia healthcare safety net providers.



Patient Language

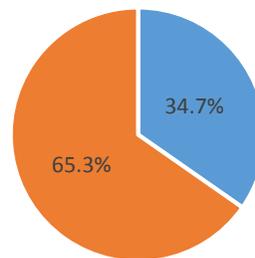
In 2016, 61% of Northern Virginia healthcare safety net patients were best served in a language other than English while 39% were best served in English. This significantly exceeds the percentage of the Northern Virginia population that speaks a language other than English at home, which is 34.7%. These totals represent patient data from seven of the seventeen Northern Virginia healthcare safety net providers.

Patient Language
(Health Center Data)



- Patients Best Served in a Language other than English
- Patients Best Served in English

Language Spoken at Home
(Northern Virginia Data)



- Language other than English spoken at home
- English predominantly spoken at home

Northern Virginia Family Service

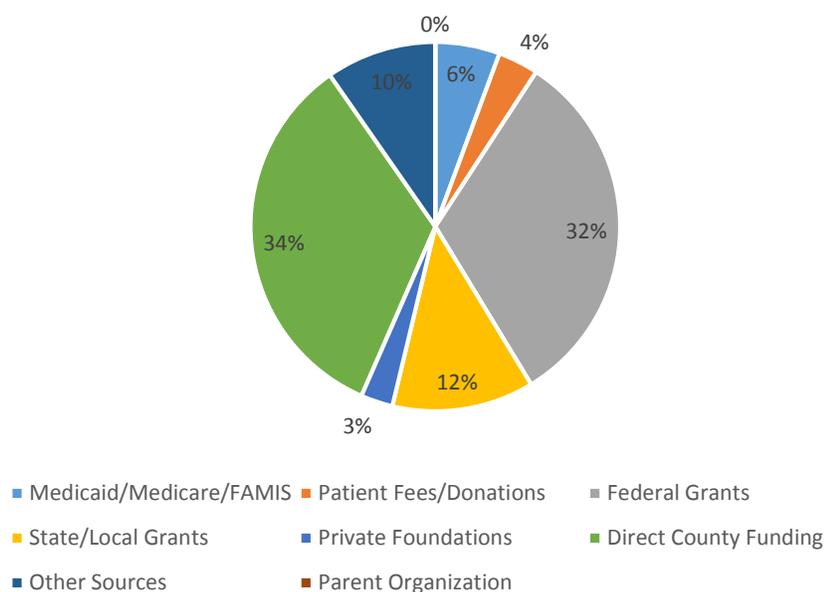
Northern Virginia Family Service (NVFS) is a community-based non-profit organization that empowers individuals and families to improve their quality of life, and promotes community cooperation and support in responding to family needs. NVFS provides enabling services including case management, pharmacy assistance, and referral to specialty care and other services. Northern Virginia Family Service primarily provides its health-related services to patients referred by safety net medical providers. For this reason, NVFS data was analyzed separately to avoid duplication. Please see below for an analysis of their patient information:

- Northern Virginia Family Service had a total of 8,245 clients in 2015, 7,655 clients in 2016, and 8,466 clients in 2017.
- In 2016, 49.7% of clients were under 18, 45.8% of clients were aged 18 to 65, and 4.5% of clients were aged 65 or over. In 2017, 46% of clients were under 18, 49.6% of clients were aged 18 to 65, and 4.4% of clients were aged 65 or over.
- In 2016, 86.7% of clients were uninsured and in 2017, 94.6% of clients were uninsured.
- In 2016, 3.3% of clients had an income greater than 200% of the FPL, 35.7% of clients had an income between 100% and 200% of the FPL, and 61% of clients had an income at or below 100% of the FPL. In 2017, 2.9% of clients had an income greater than 200% of the FPL, 37.1% of clients had an income between 100% and 200% of the FPL, and 60% of clients had an income at or below 100% of the FPL.

Safety Net Financing

In 2016, the main source of overall clinic funding was direct county funding, followed by federal grants and state/local grants. Funding for nine clinics was included in the data.

2016 Funding (9 Clinics)



Conclusions & Recommendations

Despite the wealth and positive health indicators of Northern Virginia, there are a significant number of people living in or near poverty, near with less favorable health status and little to no access to healthcare. Many of these residents rely on the healthcare safety net for services. Of the area's 240,000 uninsured and 157,000 residents living below the poverty line, twelve safety net healthcare providers served 67,000 people, less than half of those who might need health care. Even if the number of patients receiving care was doubled (to account for the missing data) that would still leave 23,000 people living in poverty and 106,000 people without health insurance who are not accessing the healthcare safety net and may not be receiving needed care. Strengthening and expanding the healthcare safety net is necessary to ensure that all Northern Virginia residents have consistent, timely access to basic primary health care services in their communities.

Specialty care services for those accessing the healthcare safety net are in very short supply. Most clinics offer only primary health services, and not the specialty care that patients with complex health needs require. Many clinics offer specialist referrals, but it is difficult to match uninsured individuals with specialty providers who will see them at no-cost or reduced rates. Safety net providers need to continue building partnerships with local specialists and hospitals to improve specialty care access. Areas for exploration include:

- Arranging with specialists to accept a limited number of clinic patients each week, at low or no cost.
- Recruiting specialists to volunteer at clinics to provide services one day a month or for a few hours during an evening clinic.
- Collaborating to contract with high demand specialists to offer appointment times either in a centralized location or in their offices.

There is a lack of safety-net clinics in central Fairfax County and limited capacity among FQHCs in neighboring jurisdictions. This is somewhat mitigated by the presence of the county-funded Community Health Care Network clinics, but in a county in which 15.3% of the population (175,000 people) lives at or below 200% of the FPL, there is a need for additional capacity that could be provided by an FQHC.

The HIV prevalence rates in Alexandria, Manassas, Arlington County, and Prince William County are near or exceed the prevalence rates of the state of Virginia and United States as a whole. This indicates a need for more HIV/AIDS prevention, education and treatment in those areas. This could be achieved through prevention education campaigns, condom and clean needle distribution programs, increased access to pre-exposure prophylaxis (PrEP), and incorporating effective HIV counseling, testing, and education into routine primary care and reproductive health services.

The teen pregnancy rates in Manassas, Falls Church, and Alexandria are near or exceed the rates of the state of Virginia and the United States as a whole. This indicates that sexuality education, adolescent health care, and family planning services may be needed in those areas. In general, there is a dearth of services for adolescents in most communities unless they have comprehensive school-based health centers or other confidential, youth oriented healthcare service providers. Northern Virginia only has one adolescent school health center (located in Alexandria) and no Planned Parenthood facilities. The infant mortality rates in Prince William County and Manassas are near or exceed the rates of the state of Virginia the United States as a whole. This may be related to a lack of universal access to quality prenatal

care, difficulty accessing existing services, and/or lack of information regarding the availability of prenatal care at local clinics. Inadequate social support networks, language and cultural barriers, and lack of knowledge regarding the importance of early prenatal care may also contribute to higher infant mortality rates for some expectant mothers. The community needs to be aware of the importance of preparing for pregnancy, pre- and postnatal care as well as the availability of services. Greater effort is needed to identify high-risk mothers and link them to appropriate health and support services, particularly in those communities where infant and maternal mortality rates are the highest.

Medicaid expansion in Virginia will expand health coverage by raising the income threshold and allowing childless adults that are not blind or disabled to qualify for Medicaid. It is estimated that between 300,000 and 400,000 additional Virginians will become eligible for Medicaid because of these changes. Medicaid expansion will allow newly insured individuals to seek health care from private physicians, group practices, and clinics that participate in the Medicaid program. Although coverage will expand, there is a question regarding whether Virginia has the primary care capacity to absorb the number of newly insured individuals who will seek care. According to the Kaiser Family Foundation, Virginia ranks 19th out of 50 states in Medicaid reimbursement rates for primary care services, compared to Maryland, which is ranked 5th, and the District of Columbia at 9th. This, along with the additional billing and credentialing requirements, is a deterrent for providers, which may affect access to care even after Medicaid expands.

Federally Qualified Health Centers benefit from an enhanced rate based on their actual costs and commitment to providing care to the uninsured. Medicaid expansion will potentially allow FQHCs to increase their revenue from previously uninsured patients who become Medicaid enrollees. They will however, need to increase capacity to accommodate increased demand for their services. On the other hand, community clinics that only serve the uninsured may also experience increased demand, as people who are ineligible for Medicaid must now compete with insured patients for limited appointments. In Northern Virginia, the healthcare safety net will continue to be an important resource and may be the only resource available for low-income patients who remain ineligible for federally subsidized health care programs.