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About the Geiger Gibson / RCHN Community Health Foundation Research Collaborative

The Geiger Gibson Program in Community Health Policy, established in 2003 and named after human rights and health center pioneers Drs. H. Jack Geiger and Count Gibson, is part of the School of Public Health and Health Services at The George Washington University. It focuses on the history and contributions of health centers and the major policy issues that affect health centers, their communities, and the patients that they serve.

The RCHN Community Health Foundation, founded in October 2005, is a not-for-profit foundation whose mission is to support community health centers through strategic investment, outreach, education, and cutting-edge health policy research. The only foundation in the country dedicated to community health centers, the Foundation builds on health centers' 40-year commitment to the provision of accessible, high quality, community-based healthcare services for underserved and medically vulnerable populations. The Foundation's gift to the Geiger Gibson program supports health center research and scholarship.

Additional information about the Research Collaborative can be found online at gwumc.edu/sphhs/departments/healthpolicy/ggprogram or at rchnfoundation.org.

Executive Summary

The severe economic downturn over the past few years has demonstrated the heightened importance of strengthening the health care safety net, particularly for working Americans who may have lost their health insurance coverage or do not have access to employer-sponsored benefits. Both historically and most recently during the current recession, health centers have played a critical role in providing services to the working poor, assuring that they continue to receive timely preventive care that obviates the need for, and minimizes use of, more costly services. We estimate that 1 in 4 low-income, uninsured working adults depend on health centers for primary care.

Our findings underscore the need to strengthen and expand health center capacity and to improve access to care for the working uninsured. Federal budget cuts to health center funding would likely result in significant loss of service capacity for many low-income workers, even as states and localities continue to struggle with the deep economic aftereffects of the recession.

Background

The severe economic downturn over the past few years has demonstrated the heightened importance of strengthening the health care safety net, particularly for working Americans who may have lost their health insurance coverage or else lacked access to employer-sponsored coverage to begin with.[1] Among the federal programs and initiatives that comprise the primary care safety net infrastructure, few are better known or more successful than the health centers program.[2] Initiated as a demonstration program more than 45 years ago, health centers have evolved into a medical home for nearly 19 million low-income patients, including nearly six million uninsured adults.[3] Health centers provide patient-centered care, effective and cost-saving chronic disease management services, and case management, and have implemented the tools necessary to evaluate patient health care quality and improve health outcomes.[4]

Both historically and during the current economic downturn, health centers have played a critical role in providing services to low-income workers and their families -- particularly those without or who have lost health insurance – in order to ensure continuing and timely health care that can reduce the need for more costly services.[5] Low-income adult workers represent a key group served by health centers.

Census data from the 2009-10 time period suggest that there are more than 11 million low-income, uninsured working adults nationally. Building on the major investment in health centers under the American Recovery and Reinvestment Act (ARRA, or the stimulus bill), the Affordable Care Act (ACA) adds $11 billion more over a five-year time period. Coupled with expansion of Medicaid coverage and the creation of health insurance Exchanges, this historic investment in health centers can be expected to significantly improve health care access for millions of urban and rural families. Furthermore, because health centers operate highly efficient staff-model practices, the

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[1] Schwartz K and Schwartz T, How will health reform impact young adults? May 2010; Kaiser Family Foundation, Low-wage Workers and Health Care. October 2008; Acs G. and Nichols A, Low-income workers and their employers characteristics and challenges, Urban Institute, September 2007.

[2] Shin P., Ku L., Jones E.et al., "Financing Community Health Centers as Patient- and Community-Centered Medical Homes: A Primer," *The Commonwealth Fund*, May 27, 2009.

[3] 2009 UDS, HRSA.

[4] Chin, M. Quality improvement implementation and disparities: the case of the health disparities collaboratives. *Med Care*. 2010 Aug;48(8):668-75; Rust G., Baltrus P., et al., Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties. *Journal of Rural Health Winter* 2009 25(1):8-16; Huang E.S., Brown S.E. et al., The Cost Consequences of Improving Diabetes Care: The Community Health Center Experience. Mar 2008 *The Joint Commission Journal on Quality and Patient* 34 (3): 138-146.

[5] Felland F.E., et al., The Economic Recession: Early Impacts on Health Care Safety Net Providers. Center for Studying Health System Change, January 2010; Saenz M. and Tobler, L., Community Health Centers in the Economic Downturn. *NCSL Legislative Brief*, January 2010; 18(5):1-2; Rosenbaum S., Shin P., Darnell J.et al., Economic Stress and the Safety Net: A Health Center Update, Jun 2004; Dor A., Pylypchuck Y., Shin P.et al., "Uninsured and Medicaid Patients' Access to Preventive Care: Comparison of Health Centers and Other Primary Care Provider," Aug 2008.

health center investment will achieve an estimated $180 billion in cost savings over the next decade as a result of their operational efficiency and emphasis on prevention.[6]

Policy proposals[7] to reduce the current level of discretionary funding to support expanded health center operations can be expected to significantly affect service capacity, with millions of patients potentially at risk of losing access to care.

Estimates of Low-income Uninsured Workers Who Depend on Health Centers

Table 1 shows state-specific estimates of low-income, uninsured adult residents as well as the proportion of such residents who were in the labor force in 2009.[8] According to census data, 11 million of 21 million uninsured adults with incomes less than 200 percent of the federal poverty level were employed. The proportion of low-income uninsured adults who were employed ranges from a low of 26 percent in North Dakota to a high of 68 percent in Minnesota. In 37 states, more than half the low-income, uninsured were employed. (Appendix, Figure 1)

[6] Ku L., Richard P., Dor A.et al., Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform, Jun 30, 2010; Rosenbaum S., Jones E., Shin P.et al., Community Health Centers: Opportunities and Challenges of Health Reform, Aug 2010; Shin P., Ku L., Mauery D.et al., Estimating the Economic Gains for States as a Result of Medicaid Coverage Expansions for Adults, Oct 7, 2009.

[7] Although H.R. 1 spending bill to reduce health center funding by $1.3 billion was rejected on March 10, 2011, the final funding level has yet to be determined.

[8] The 2009-10 Current Population Survey asks about income and health insurance status refers to the previous year (2008-2009); employment status reflects the time of the survey.

Table 1. Low-income Uninsured Adults and Employment Status, 2009-10

State	Low-income, uninsured adults	Percent who are employed		State	Low-income, uninsured adults	Percent who are employed
AK	44,000	48%		MT	64,000	55%
AL	345,000	46%		NC	789,000	54%
AR	281,000	56%		ND	31,000	26%
AZ	547,000	50%		NE	91,000	64%
CA	3,167,000	53%		NH	49,000	59%
CO	309,000	58%		NJ	468,000	56%
CT	138,000	51%		NM	206,000	52%
DC	29,000	45%		NV	197,000	47%
DE	38,000	53%		NY	1,013,000	53%
FL	1,629,000	51%		OH	698,000	50%
GA	935,000	52%		OK	235,000	53%
HI	40,000	50%		OR	326,000	47%
IA	134,000	60%		PA	465,000	50%
ID	109,000	60%		RI	49,000	45%
IL	742,000	48%		SC	325,000	47%
IN	394,000	45%		SD	49,000	53%
KS	166,000	57%		TN	501,000	50%
KY	346,000	43%		TX	2,734,000	56%
LA	368,000	52%		UT	116,000	50%
MA	116,000	57%		VA	393,000	53%
MD	281,000	58%		VT	21,000	62%
ME	53,000	55%		WA	365,000	56%
MI	593,000	45%		WI	228,000	52%
MN	176,000	68%		WV	125,000	37%
MO	391,000	53%		WY	30,000	63%
MS	247,000	47%		**Total**	**21,188,000**	**52%**

Source: 2009-10 Current Population Survey, U.S. Census.

Using data from the Current Population Survey (CPS) and data from the community health center Uniform Data System, and assuming similar patterns of use among the uninsured and the general health center population, we estimate that in 2009, 1 in 4 low-income, uninsured working adults received health care from health centers (approximately 2.7 million of the estimated 11 million low-income uninsured adult workers). Table 2 shows the proportion of uninsured low-income workers served by health centers in each state. The proportion of such workers who are health center patients ranges from a low of 13 percent in Arizona to a high of 77 percent in Massachusetts. In 7 states and the District of Columbia, health centers served more than half of all low-income uninsured workers (Appendix, Figure 2); most striking perhaps is the important role played by health centers even in jurisdictions such as

Massachusetts and the District of Columbia that have enacted comprehensive insurance reforms to aid low-income working-age adults.

Table 2. Estimates of the Low-income Uninsured Labor Force Served by Health Centers, 2009-10

State	Low-income, uninsured working adults served by health centers(a)	Percent of the state low-income uninsured labor force (b)		State	Low-income, uninsured working adults served by health centers(a)	Percent of state low-income uninsured labor force (b)
AK	11,000	52%		MT	18,000	51%
AL	56,000	35%		NC	83,000	19%
AR	25,000	16%		ND	2,000	25%
AZ	35,000	13%		NE	16,000	27%
CA	512,000	30%		NH	8,000	28%
CO	85,000	47%		NJ	75,000	29%
CT	25,000	36%		NM	38,000	35%
DC	9,000	69%		NV	13,000	14%
DE	7,000	35%		NY	126,000	23%
FL	160,000	19%		OH	59,000	17%
GA	60,000	12%		OK	22,000	18%
HI	10,000	50%		OR	38,000	25%
IA	27,000	34%		PA	55,000	24%
ID	27,000	41%		RI	12,000	54%
IL	132,000	37%		SC	45,000	29%
IN	34,000	19%		SD	9,000	35%
KS	28,000	30%		TN	59,000	24%
KY	30,000	20%		TX	205,000	13%
LA	41,000	21%		UT	21,000	36%
MA	51,000	77%		VA	38,000	18%
MD	26,000	16%		VT	4,000	31%
ME	9,000	31%		WA	107,000	52%
MI	56,000	21%		WI	22,000	19%
MN	30,000	25%		WV	26,000	56%
MO	56,000	27%		WY	5,000	26%
MS	44,000	38%		**Total**	**2,700,000**	**25%**

(a) Estimates based on 2009-2010 CPS' proportion of low-income uninsured adults who work and the UDS' reported number of uninsured adult (nonelderly) health center patients.

(b) The proportion of low-income, uninsured working adults in the state served by health centers is calculated as the number of low-income uninsured patients divided by the number of low-income uninsured workers in the state.

Discussion

These estimates underscore the need to strengthen and expand health center capacity and to improve access to care for the working uninsured. While the 2014 implementation of subsidized health insurance and Medicaid expansions under the Affordable Care Act can be expected to improve health care access for low-income adults, the high utilization of health centers in jurisdictions with generous coverage for low-income adults suggests that even in the wake of improved coverage for low-income populations, health centers will maintain a central role in assuring timely access to health care. Budget reductions that would impede the continued expansion of health center services can be expected to adversely affect all medically underserved populations, including the 1 in 4 low-income U.S. workers who depend on health centers for their care.

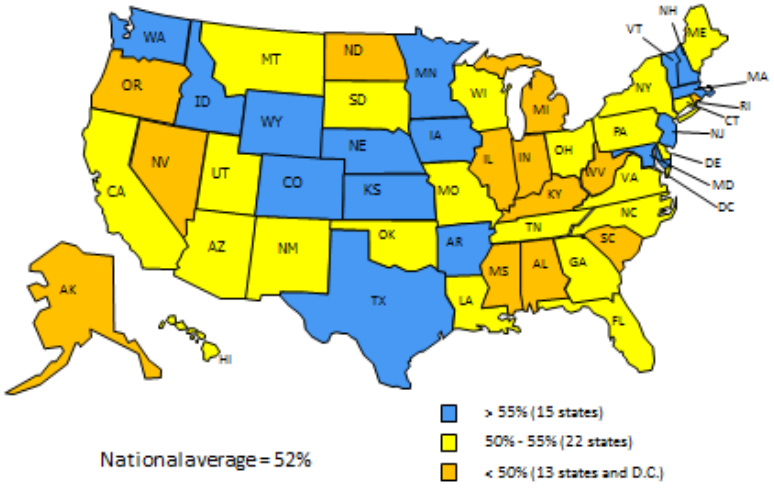
Appendix: Data, Methodology and Limitations

The estimated number of uninsured, employed patients is derived from the 2009 Uniform Data System (UDS) state reports which include aggregate financial, utilization, and patient information for each health center organization. Aggregated state reports of the UDS are available at HRSA.gov. The 2009-2010 CPS data was used to estimate the proportion of uninsured adults aged 20-64 who are employed; questions on income and health insurance coverage ask about prior years, 2008 and 2009. Because the majority of health center patients have incomes less than 200 percent of the federal poverty level (FPL), we limited the CPS estimate to include only those with incomes less than 200 percent of the FPL. Children and those in the military were excluded. Our estimates do not control for employment characteristics, such as type or size of the firm, number of hours worked, seasonal or temporary status, hourly wage, or access to employer-based coverage.

The UDS data report nearly 5.7 million uninsured adult patients nationally; and 92 percent of health center patients have incomes less than 200 percent of the FPL. To estimate the number of low-income uninsured adult health center patients for each state in Table 2, the number of uninsured health centers patients were multiplied by the proportion of patients under 200 percent of FPL served by health centers. As a result, we estimate approximately 5.2 million uninsured adult patients have incomes less than 200% of FPL. State-by-state estimates of the number of low-income, uninsured workers in Table 2 are rounded to indicate that they are approximations.

The following figures show state-specific estimates on the proportion of low-income uninsured adults who are in the labor force and the proportion of those who are served by health centers. Collectively, they illustrate the critical role health centers play as a critical source of health care for a working population at risk for poor access and poor health outcomes and the extent to which additional entry points into care may be needed.

1. Proportion of Low-income, Uninsured Adults Who are Employed, 2009-10

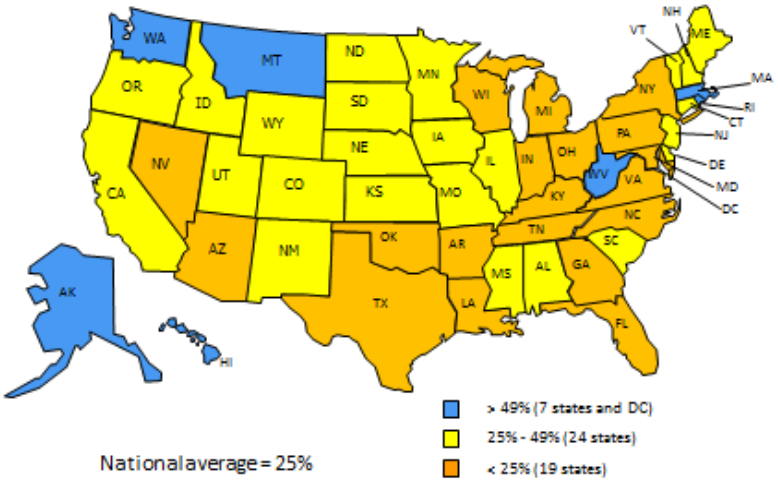


> 55% (15 states)
50% - 55% (22 states)
< 50% (13 states and D.C.)

National average = 52%

NOTE: National average based on 11.1 million low-income uninsured workers and 21.2 million low-income uninsured.
SOURCE: 2009-10 Current Population Survey, U.S. Census.

2. Proportion of Low-income, Uninsured Workers Served by Health Centers, 2009-10



> 49% (7 states and DC)
25% - 49% (24 states)
< 25% (19 states)

National average = 25%

NOTE: National average based on 2.7 million low-income uninsured adult patients and 11.1 million low-income uninsured workers.
SOURCE: 2009-10 Current Population Survey, U.S. Census and 2009 UDS, HRSA.