Health Care Headaches

Accessing Safety Net Services

By Kauthar B. Umar, MA

Closing the Gap, Working Toward Our Goal • August 2003

The health care safety net—the Nation's system of providing health care to low-income and vulnerable populations—was recently described by the Institute of Medicine as "intact but endangered." Federal budget cuts and an unstable economy have impacted the delivery of health services to urban communities of color throughout the United States. Safety net services, such as those provided by public hospitals, free clinics, and private physicians, are accessed largely by minorities according to Dr. Thomas P. O' Toole of Johns Hopkins Urban Health Institute. Despite the critical need for these services, barriers are preventing access and posing a serious problem for many minority communities in need.

"Barriers to safety net services cannot be taken lightly," said O'Toole. "Lack of access for those most in need is a life-threatening event and it can not be tolerated. Barriers to care need to be treated as a civil rights violation. You need to keep the focus on the individual, their family, and the community in developing social supports so that we can truly move beyond the rhetoric and see to it that no one gets left behind."

According to O' Toole, the struggles surrounding safety net services affect both providers and patients in urban communities all over the country. In the city of Baltimore, Md., a quarter of the population lives below the poverty level, and the life expectancy rate is seven years below that of the national average. O'Toole says these statistics are more pronounced among African Americans and other minorities who are actively utilizing safety net services, and suffering when they are no longer available.

In a 2001 survey, *Inside Baltimore Safety Nets,* conducted by Soros Service Program for Community Health, safety net sites were defined as "those facilities where there's an explicit policy of providing care and services regardless of ones ability to pay." Of the 250 surveyed clients recruited from eight safety net sites, 83.5 percent were African American, 65 percent were male, 42 percent were homeless, and 40 percent reported to be HIV positive.

The surveyed clients identified 168 safety net sites that they utilized in Baltimore. Sites ranged from traditional health care providers to homeless shelters. "When asked what would happen if these sites were not available? One in four respondents reported that they would be homeless, relapse back into drug use, be without care, or be dead," said O'Toole.

Site directors reported that a mere 10 percent cut in Federal funding would result in a 20 percent staff reduction and a 10 to 50 percent service reduction. It is clear, according to O' Toole, that not only are these services fragile and vulnerable to the changes in the Federal and state budgets, but they represent the link between adequate health care and survival for many minorities.

More than half of the sample reported having difficulty accessing care services like dental care, primary care, obtaining prescription drugs, and accessing specialty care. One in four of the clients surveyed were unemployed, and those who were employed, were making on average $12,500 per year. For two out of three respondents, the principle reason for lack of access was cost and lack of insurance. Sixty percent surveyed had no health insurance.

Leaving People Behind

"We have this myth that folks who don't have insurance aren't working," said Kathleen Stoll, associate director of health policy analysis, Families USA, in Washington, D.C. "In fact, eight out of ten of all uninsured people in this country, work. Their jobs don't offer health insurance benefits, so they and their family members end up uninsured."

According to Stoll, being uninsured is a problem, especially for people of color. In a 2002 study, the Center for Studying Health Systems Change reported that the impact of being uninsured is actually greater on people of color than on Whites. "People of color are at least twice as likely to be uninsured as Whites, largely reflecting lower rates of private, employer-based coverage," Stoll said. She added that they work lower wage jobs, struggle to make the health insurance premiums, and end up not being able to afford coverage.

Since employers appear to be ignoring low-wage workers, Stoll indicated that Medicaid is expected to "fill in the gap," but often times does not. While Medicaid successfully serves many people of color, disproportionately, people of color have to rely on Medicaid. Many find it as an inadequate safety net service. As the Federal government provides some broad guidelines regarding Medicaid, states set up their own eligibility levels, determining who is poor enough to receive services. Within the system, children are favored most and almost all low-income children in all states are covered under the State Children's Health Insurance Program (SCHIP). Stoll says it is the parents that are unfortunately being left behind.

"If a parent takes their child into the doctor, the doctor can see the kid but if mom's sitting in the waiting room, and she's sick, she can't see the doctor," said Stoll. Often, children of women in low-income families get the care that they need, but their mothers are unable to get care for themselves."

State eligibility levels make it difficult for many parents working low-wage jobs to receive Medicaid services. Stoll says, in 26 states if you work full time, at minimum wage, and you are a parent, you are not eligible for Medicaid. These services, remain unattainable for many. Some parents see the individual health insurance market as another option. According to Stoll, this type of insurance is only an option for those "who are in perfect health," often denying people with health concerns. With inadequate maternity coverage, women in particular, do not benefit or view this as a sound option.

Health Care Headaches is based on the Summit workshop "Access to Safety Net Services."

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Alternative Safety Net Services

With traditional safety net services dwindling, alternate safety net options are being provided on the grassroots level. Twelve years ago, Dr. Jim Withers, an internal medicine physician, began providing medical care to the unsheltered and transient homeless population on the streets of Pittsburgh, Pa. Inspired by his exposure to "street medicine" in some of the poorest parts of Latin America, Withers, along with formally homeless man Mike Sallows, dressed as homeless, and began to make nighttime street rounds throughout the city. As people from all walks of life started to volunteer, Operation Safety Net (OSN) was born, with Withers as founder and medical director.

Today, the organization is recognized as one of the Nation's first targeted, full-time, street medicine safety net programs, serving a population of mainly African American males between the ages of 22-50. Hosted by Mercy Hospital, and in partnership with over a dozen soup kitchens and shelters, OSN provides direct health care to individuals on the streets.

With a current yearly budget of $300,000 from Allegheny County's Department of Human Services, the state Department of Public Welfare, and numerous awards and grants, OSN serves more than 14,000 homeless annually. OSN teams consist of former homeless people, volunteers, clinicians, and medical students who provide patient services in their own environments, where they feel most comfortable.

"We make medical rounds on the streets, instead of hospital floors," said Linda Sheets, program administrator at Mercy Hospital. "We don't demand that these individuals come to area clinics, we don't ask too many questions, and names are optional. We try to build trust over several visits. While we don't feel that this is the best answer for health care and prefer that they have a primary care physician, we feel that with trust we can help them get to that point. We measure our success by the number people we provide care for and the number of volunteers we recruit. When OSN began we had only one street team and today we have 16."

Sheets says OSN became the only option for many who have seen traditional safety net services and programs close. She says that OSN provides HIV and hepatitis tests and immunizations. A large number of the patients OSN treats have chronic lung problems, podiatry problems, mental health issues, drug and alcohol addiction, and hypertension.

OSN began by providing health care from an old bread truck. Today, they use an upgraded van equipped with x-ray equipment. Sheets says the vehicle allows patients the opportunity to build trust with the staff, and also become a social center for the homeless community—although care remains primarily on the street.

"The lesson is to work as a team. You listen to the patient and understand the goal is to provide them with the best direct care possible," Sheets said .

For more information on Operation Safety Net go to http://www.operationsafetynet.net or call 412-232-5739. ❖

For more information on Medicaid, go to http://cms.hhs.gov/medicaid/ or call 877-267-2323. ❖

For more information on the Soros Service Program for Community Health, go to http://www.soros.org/baltimore/about_health.htm or call 410-234-1091. ❖

A Glimpse at the Uninsured

- ☒ An estimated 14.6 percent of the population or 41.2 million people were without health insurance coverage during the entire year in 2001.
- ☒ The percentage of people covered by employment-based health insurance dropped in 2001, from 63.6 percent to 62.6 percent.
- ☒ The percentage of people covered by government health insurance programs rose in 2001, from 24.7 percent to 25.3 percent, largely from an increase in the percentage of people covered by Medicaid (from 10.6 percent to 11.2 percent).
- ☒ In 2001, 11.7 percent of all children—8.5 million—were uninsured.
- ☒ The uninsured rate declined in 2001 for Hispanic children from 25.3 percent to 24.1 percent. The uninsured rates for non-Hispanic White children (7.4 percent), Black children (13.9 percent), and Asian and Pacific Islander children (11.7 percent) were unchanged from 2000.
- ☒ While most children (68.4 percent) were covered by an employment-based or privately purchased health insurance plan in 2001, nearly one in four (22.7 percent) were covered by Medicaid.
- ☒ Black children had a higher rate of Medicaid coverage in 2001 than children of any other racial or ethnic group—38.3 percent, compared with 34.9 percent of Hispanic children, 18.0 percent of Asian and Pacific Islander children, and 15.3 percent of non-Hispanic White children.

Source: Health Insurance Coverage: 2001, U.S. Census Bureau. Note: Because Hispanics may be of any race, data in this report for Hispanics overlap slightly with data for the Black population and the Asian and Pacific Islander population.