Health Centers and the Uninsured: Improving Access to Care and Health Outcomes

Although millions of Americans will gain insurance coverage this year through the Affordable Care Act, 42 million will still likely go without insurance this year. The uninsured are more likely to have unmet health care needs and delay seeking care due to costs, and are at a higher risk for poor health outcomes. Millions of others are “underinsured,” meaning insured but without adequate financial protection.

HEALTH CENTERS AND RISING NUMBERS OF UNINSURED PATIENTS

Community, Migrant, Homeless, and Public Housing Health Centers are an essential source of primary and preventive care for the uninsured and underinsured. Health centers also provide needed dental, mental health, substance abuse, and pharmacy services. They work to eliminate barriers that uninsured and low-income people routinely face by offering health care services available to all with fees adjusted based on ability to pay, as well as services that facilitate access to care, such as outreach, health education, case management, language interpretation, and insurance enrollment. Additionally, health centers are located where residents would otherwise have little or no access to care. The Health Center Program improves access to care for people who are otherwise priced out of the health care market or face barriers to care.

As the largest national network of safety net primary care providers, health centers reach over 22 million people through over 9,000 locations across the country. Nationally, 36% of health center patients are uninsured. Health centers serve disproportionately more uninsured patients than most other health care providers. Today, health centers treat 1 out of every 5 low-income uninsured. The number of uninsured patients who seek care at health centers has grown more than three times faster than the number of uninsured nationally (Figure 1).

THE ROLE OF HEALTH CENTERS POST HEALTH REFORM

Health centers will remain a key source of health care for the uninsured and underinsured, who will rely on health centers more heavily for their care needs even after health reform expansion winds down. Although health centers will serve more Medicaid and privately insured patients, approximately 40% of health centers’ currently uninsured patients could remain without insurance coverage and new uninsured patients will turn to health centers as their best option for care.

Demand for health center services will continue to climb. This was the case in Massachusetts after the Commonwealth launched health reform in 2006. In 2005, prior to reform, 36% of Massachusetts Health Center patients were uninsured. This dropped to 20% by 2009 as more patients were covered by Medicaid and Commonwealth Care. Yet health centers continued to serve a disproportionate share of the Commonwealth’s total uninsured residents – rising from 22% of all Massachusetts uninsured residents in 2006 to 38% in 2009. Many of these patients could not find care elsewhere, and many were adults with complex and unmanaged chronic conditions, including mental illness.

IMPROVING ACCESS TO CARE AND HEALTH OUTCOMES

Health centers maintain a remarkable record of providing high-quality care, reducing health disparities, and saving money for taxpayers and insurers alike. Health centers have also demonstrated their ability to improve access to care and health outcomes for their uninsured patients in the following ways.
• **Ensure Patients Have a Regular Source of Care.**
Health centers are more likely to see new uninsured patients than other providers, and their patients are more likely to have a usual source of care than the uninsured or privately insured nationally.8 Uninsured health center patients are half as likely as other uninsured to delay care because of cost, go without needed care, or be unable to refill a prescription.9

• **Improve Access to Needed Preventive Services.**
Health center uninsured patients are more likely to receive important preventive screenings, such as mammograms, pap smears, and health promotion counseling than the uninsured nationally (Figure 2). Moreover, there are no disparities in receipt of preventive services among health center patients, regardless of insurance status.10

• **Improve Health Outcomes and Reduce Health Disparities.**
Although health center patients are more likely to be in poorer health than the general population, research demonstrates health centers’ ability to improve outcomes for chronic illness as well as narrow health disparities for their predominately racial and ethnic minority patients.11

**REMAINING CHALLENGES**
Health centers have historically been and will remain a vital source of care for the uninsured and insured alike. The uninsured, however, will become more dependent on health centers. As witnessed in Massachusetts after the Commonwealth expanded insurance coverage, health centers require ongoing support to continue caring for those who remain uninsured. While health center federal grants have seen increases over the past five years, they do not cover the full costs of caring for the uninsured, as displayed in Figure 3. Cuts in state health center funding have also reduced health centers’ capacity.12 Evidence demonstrates that expanding both health center funding and the Health Center Program are complementary strategies, since health centers may be the only source of care for many patients, and they provide services other providers generally do not. Appropriate support is necessary to ensure that health centers can improve access in communities experiencing barriers to care, regardless of a patient’s insurance status.

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**Sources:**
8. NACHC, 2013. Includes all patients of federally-funded health centers, non-federally funded health centers, and expected patient growth. Data on federally-funded health centers from Bureau of Primary Health Care, HRSA, DHHS, 2012 Uniform Data System (UDS). Proportion of all US residents does not account for health centers located in U.S. territories.

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