NATIONAL ASSOCIATION OF Community Health Centers

# The Medically Disenfranchised and the Shortage of Primary Care: The Role of Health Centers in Improving Access to Care

Access to a usual source of primary care is important for improving health and lowering cost,[1] but it requires more than having insurance. Even if people have insurance coverage and can afford care, access may be beyond their reach because of a scarcity of local providers or because of cultural, language, transportation, and other barriers. These medically disenfranchised individuals and communities require a sufficient supply of primary care providers who understand and can manage their complex health needs as well as remove their barriers to care. **Community, Migrant, and Homeless Health Centers have nearly 50 years of experience in breaking down the many, complex barriers to care.** They provide high-quality, cost-effective primary and preventive care to **over 22 million patients** who may otherwise go without.

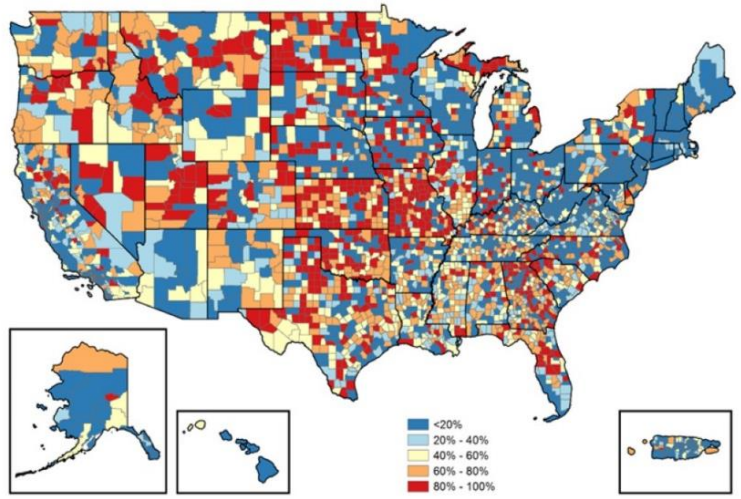
Health centers stand ready to expand their reach to serve millions more who continue to face access barriers, including those who face shortages of primary care providers in their communities. Recent research documents the locations and characteristics of communities experiencing inadequate local primary care supply. While this is only one measure of unmet health care need or medical disenfranchisement, addressing this barrier to care is a critical first step in improving community health, narrowing disparities, and lowering health care expenditures. Health centers offer a model of care for reaching these communities.

### *Profiles of Communities Experiencing Primary Care Shortages*

**Nationally, nearly 62 million people – 20% of the US population – experience inadequate or no access to primary care because of shortages of these physicians in their communities** (Figure 1). This finding is based on recent research conducted by the Robert Graham Center with the National Association of Community Health Centers. For those experiencing local shortages of primary care physicians, access to care is limited or non-existent because physicians located in these areas can only appropriately treat a limited number of people. Many of the patients that lack access to providers often rely on the hospital emergency room, resulting in costly visits that could be replaced by more cost-effective primary care.[2]

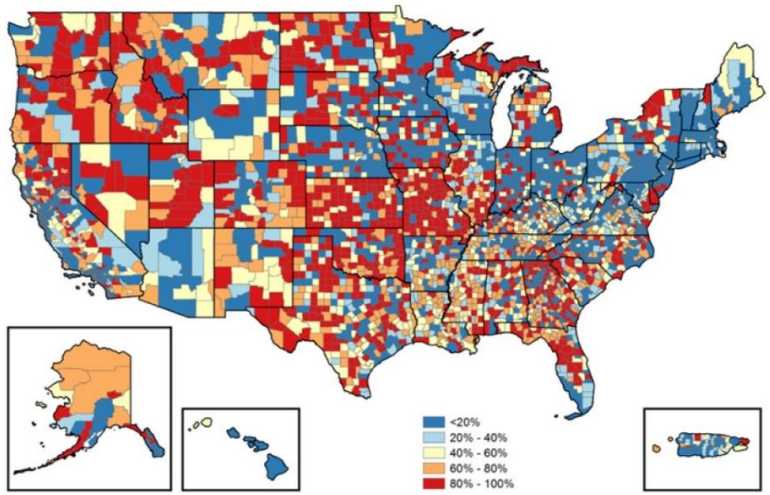
**Our research demonstrates that health centers actually prevent the problem of primary care shortages from worsening** (Figure 2). Health centers are located in communities with unmet health care needs, which often include areas with low or no primary care supply. Without these health centers, 21 million more people could be without access to primary care.

**Figure 1: Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians, 2013**




Source: Created by The Robert Graham Center (2014). US Census 2010; HRSA Data Warehouse 2014 HPSA and MUA/P shapefiles; AMA Masterfile 2013; UDS Mapper 2014.

**Figure 2: Without Community Health Centers: Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians, 2013**




Source: Created by The Robert Graham Center (2014). US Census 2010; HRSA Data Warehouse 2014 HPSA and MUA/P shapefiles; AMA Masterfile 2013; UDS Mapper 2014.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The 62 million people without adequate access to primary care physicians represent US residents from all walks of life, including the insured (Figure 3). In fact, 58% actually have insurance other than Medicaid. However, the uninsured are disproportionately affected by the lack of having a usual source of care: 30% of all uninsured Americans, compared to 21% of all insured.

**Figure 3: Who are the 62 million residents experiencing shortages of primary care?**

- 38% Racial/Ethnic Minority
- 43% Low-income (<200% FPL)
- 28% Rural
- 58% Other Insurance
- 22% Medicaid
- 21% Uninsured

Source: The Robert Graham Center, 2014.

### *Access to Primary Care is Declining*

Even as 1 in 5 of the US population experience provider availability barriers, many still experience daunting health care access barriers of affordability and accessibility. Where there is an adequate provider supply, many providers are limiting their acceptance of certain forms of insurance, especially Medicaid.[3] Others cannot access primary care due to language and cultural barriers, limited income, lack of insurance, and lack of transportation. **Given the many different forms of barriers to care, access is declining.** In fact, access to a usual source of care, an office visit, and dental care has declined for adults in virtually every state between 2000 and 2010, even as the likelihood of having had an emergency department visit rose.[4]

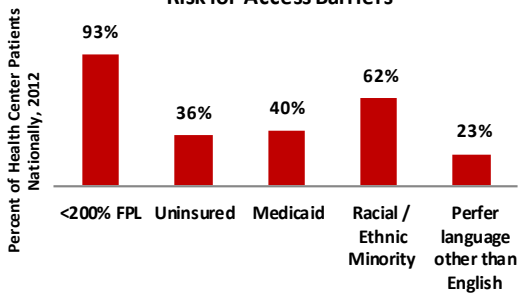
**Calculating the 62 Million Experiencing Shortages of Primary Care Providers**

The analysis was recently completed by the Robert Graham Center and supported by the National Association of Community Health Centers. These individuals were identified by first calculating the population residing in primary care Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA), or who are considered a Medically Underserved Population (MUP) after subtracting a standard 2000 people for every primary care physician. Estimates were completed at the county level and aggregated to the national level. National estimates exclude the patients served by health centers. However, demographic categories (poverty, insurance, race/ethnicity, age, and rurality) could only be calculated by county-level results which only exclude health center patients located in HPSAs or MUAs (Medical Service Study Areas [MSSAs] were used in California instead of counties). Other barriers may prevent patients from reaching available primary care physicians. We also recognize that population to provider estimates below 1:2000 may be more realistic for determining shortage, as well as including non-physician providers. Data sources include: American Medical Association Masterfile, 2013; Health Center Program Patients accessed from the UDS Mapper, January 2014; HPSA dataset, accessed from the Health Resources and Services Administration (HRSA) Data Warehouse July 2013; California MSSAs, January 2014; MUA/P dataset accessed from the HRSA Data Warehouse, February 2014.

### *Health Centers Remove Barriers to Care*

Expanding the Health Centers Program will further improve access to primary care for the millions of medically disenfranchised. In fact, **low income communities with greater federal health center funding have better access to care.** In particular, low-income, uninsured adults are more likely to have a health care visit, and both low income, uninsured and Medicaid-enrolled adults are more likely to have a usual source of care.[5]

**Figure 4: Health Centers Serve Populations At Risk for Access Barriers**




Source: Bureau of Primary Health Care, HRSA, DHHS, 2012 Uniform Data System (UDS).

Health centers serve populations at high risk for access barriers (Figure 4) – demonstrating their ability to reach disenfranchised communities and break down multiple barriers to care. They do so through a federally-mandated model of care designed to ensure they serve medically underserved communities, be open to all patients regardless of ability to pay, customize their care to meet community needs and priorities, operate under a consumer-majority board, and provide a wide array of services, including dental, behavioral health, and pharmacy services.

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