



**Geiger Gibson /
RCHN Community Health Foundation Research Collaborative**

Policy Research Brief # 20

**Who Are the Health Center Patients Who Risk Losing Care Under
the House of Representatives' Proposed FY 2011 Spending Reductions?**

**Sara Rosenbaum, JD
Peter Shin, PhD, MPH
Leighton Ku, PhD, MPH**

The George Washington University
School of Public Health and Health Services
Department of Health Policy

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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.

Who Are the Health Center Patients Who Risk Losing Care Under the House of Representatives' Proposed FY 2011 Spending Reductions?

On February 20, 2011, the United States House of Representatives approved more than \$61 billion in discretionary spending reductions for the remainder of FY 2011. The legislation includes \$1.3 billion in direct spending cuts for community health centers.¹ These proposed spending reductions will be amplified by the total elimination of funding for the National Health Service Corps, along with deep spending reductions in other federal programs in which health centers play a key role, such as the supplemental food program for women, infants and children (WIC), federal public health program grants for controlling the spread of infectious and communicable diseases, and social services grant funding under the Community Development Block Grant and other funding programs. These cuts also come at a time when state Medicaid programs are considering major reductions in benefits, cost-sharing increases, and other steps to curtail Medicaid spending.

The National Association of Community Health Centers (NACHC) estimates that as a result of the direct cuts in health center funding alone, health centers will lose the capacity to serve 11 million patients – half of all health center patients served today – over the coming year, with a loss of capacity for 3.3 million alone in the next several months as ARRA funding runs out.

Using the NACHC patient estimates, we present evidence (Table 1) on the characteristics of patients whose continuing access to health center services is at risk. We arrived at these estimates using data from the Uniform Data System (UDS), the federal reporting system in which all health centers must participate, as well as national estimates from the Medical Expenditure Panel Survey (MEPS), and published reports on the health status of low-income populations.

In brief, Table 1 shows that the patient population losing care is overwhelmingly low income (92%), disproportionately minority (68%), disproportionately uninsured (38%) or Medicaid-dependent (36%), and at elevated risk for serious and chronic health conditions, such as cardiovascular disease and diabetes, that can result in high health care costs. One in 8 of those projected to lose care is likely to be a child under age 6, and more than one in 4, a woman of childbearing age. One in 5 uninsured patients losing health center services is likely to forgo needed health care.

¹ National Association of Community Health Centers, House Lawmakers Approve Huge Spending Cuts, Putting the Nation's Health at Risk <http://www.nachc.com/pressrelease-detail.cfm?PressReleaseID=646> (Accessed February 22, 2011)

Table 1. Selected Characteristics of Health Center Patients at Risk for Loss of Access to Care under Proposed House of Representatives FY 2011 Spending Reductions²	Estimated number of at-risk patients	Percent of at-risk patient population
<i>Total number of patients, all characteristics</i>	11,000,000	100%
Low-income (i.e., less than 200% of the Federal Poverty Level)	10,120,000	92%
Medicaid	3,960,000	36%
Uninsured	4,180,000	38%
Racial/ethnic minority	7,480,000	68%
Child < 6 years of age	1,430,000	13%
Women of childbearing age (age 15-44)	3,080,000	28%
Low-income patients with ongoing need for cardiovascular disease	2,270,000	21%
Uninsured	890,000	8%
Medicaid	650,000	6%
Low-income patients with ongoing need for diabetes	580,000	5%
Uninsured	170,000	2%
Medicaid	190,000	2%
Low-income patients who may be unable to manage arthritis	1,230,000	11%
Uninsured	460,000	4%
Medicaid	390,000	4%
Low-income patients with ongoing asthma care needs	710,000	6%
Uninsured	300,000	3%
Medicaid	280,000	3%
Low-income uninsured patients likely to forgo care	2,070,000	19%
Near poor (150% FPL) uninsured adults left with no usual source of care	1,620,000	15%
Near poor (150% FPL) uninsured adults with at least one chronic condition that may be unmanaged	940,000	9%
Uninsured families who will spend less on food and other basic needs to pay for health care services	930,000	8%

² Sources: 2002 CHC user/visit survey, HRSA; 2009 Uniform Data System, HRSA; 2008 Medical Expenditure Panel Survey. Estimates by George Washington University School of Public Health and Health Services, Geiger Gibson/RCHN Community Health Foundation Research Collaborative. See appendix for references used to estimate population at risk.

Appendix

Table A1. Selected consequences of spending reductions for low-income patients

- 35% will have ongoing needs for cardiovascular disease care (including 27% of uninsured and 40% of Medicaid patients)³
- 9% will have ongoing need for diabetes care (including 5% of uninsured and 12% of Medicaid patients have diabetes)⁴
- 19% may be unable to manage their arthritis (including 14% of uninsured and 24% of Medicaid patients)⁵
- 11% will have ongoing asthma care needs (including 9% of uninsured (and 17% of Medicaid patients)⁶
- 32% of uninsured adults will likely to forgo care and 2% may postpone care⁷
- 57% of the near-poor (<150% of FPL) uninsured adults and 38% of those with a chronic condition will be left with no usual source of care⁸
- 33% of the near-poor (<150% of FPL) uninsured adults have at least one chronic condition that may go unmanaged⁹
- 15% of the near-poor (<150% of FPL) uninsured adults have at least two chronic conditions that may go unmanaged¹⁰
- 45% of uninsured parents will have an ongoing need for hypertension, arthritis, depression, asthma or diabetes related services; and one in three uninsured families will spend less on food and other basic needs to pay for health care services and are likely to carry significant medical debt.¹¹

³ GW tabulations of the 2008 Medical Expenditure Panel Survey, conducted by the Agency for Healthcare Research and Quality

⁴ GW tabulations of the 2008 Medical Expenditure Panel Survey, conducted by the Agency for Healthcare Research and Quality

⁵ GW tabulations of the 2008 Medical Expenditure Panel Survey, conducted by the Agency for Healthcare Research and Quality

⁶ GW tabulations of the 2008 Medical Expenditure Panel Survey, conducted by the Agency for Healthcare Research and Quality

⁷ Kaiser Family Foundation, The Uninsured and the Difference Health Insurance Makes, September 2010. <http://www.kff.org/uninsured/upload/1420-12.pdf>

⁸ Hoffman, C. and Damico, A., Low-income Adults Under Age 65- Many are Poor, Sick and Uninsured. Kaiser Family Foundation, June 2009. <http://www.kff.org/healthreform/upload/7914.pdf>

⁹ Hoffman, C. and Damico, A., Low-income Adults Under Age 65- Many are Poor, Sick and Uninsured. Kaiser Family Foundation, June 2009. <http://www.kff.org/healthreform/upload/7914.pdf>

¹⁰ Hoffman, C. and Damico, A., Low-income Adults Under Age 65- Many are Poor, Sick and Uninsured. Kaiser Family Foundation, June 2009. <http://www.kff.org/healthreform/upload/7914.pdf>

¹¹ Schwartz K., Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and Their Families. Kaiser Family Foundation, June 2007. <http://www.kff.org/uninsured/upload/7662.pdf>