THE MISSING LINK

CBO's Knowledge of the Health Care Safety Net

Commission on the

Public's Health System

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Acknowledgments

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Executive Summary

The Missing Link: CBO's Knowledge of the Health Care Safety Net looks at the information available to community organizations on the health care safety net; how they access this information; and what methods of dissemination are used to provide this information to the community. The Commission on the Public's Health System interviewed twenty-five community organizations in each of three neighborhoods, using a standard set of questions. Upon completion, a draft of the report was the subject of round-table discussions in the three neighborhoods to which each of the organizations interviewed was invited. The report ends with a series of recommendations. The lessons learned from this study are relevant to other issues, since it serves as a model for documenting how community organizations learn about and provide information within their communities.

We found that the concept of the health care safety net is not well-known in communities. The organizations we interviewed were unfamiliar with the term, particularly as it relates to health care. Even if they knew about the health care safety net, many organizations were unable to name the specific providers in their neighborhood that fill this role and, they were for the most part, not aware of the policies of these providers as they relate to access to care for the uninsured. During the round-table discussion in Manhattan, the definition of the safety net was broadened.

New York City has 1.6 million residents, one in four of the non-elderly population, who have no health insurance. Studies have documented that people who have no health insurance face barriers in accessing health care services and suffer the consequences of late medical care. This has been shown to be true in New York City, However, the city also has safety net providers that have a legal, or who accept the moral, obligation to provide services to all community residents regardless of their race, ethnicity, primary language, diagnosis, or ability to pay for services. But if organizations in the community that are the front line in assisting residents, do not know about these providers, then information is often not available for those who need medical care.

In times of fiscal crisis, such as the city is now facing, information is even more

valuable. If, as recently proposed at the federal level, the Medicaid program is no longer an entitlement (in which any one who meets certain criteria would be eligible), then the numbers of uninsured could increase even more dramatically.

Information is critical at the community level about how to help the uninsured, either to apply for public insurance programs, or if not eligible, how to access health care services that are affordable. It is also critical that community organizations have the ability to provide assistance to local residents. *Missing Link* asked if the community organizations have specific funding to assist the uninsured. Less than half of the organizations in each of the three neighborhoods have funding to provide this help. Of the twenty-five organizations interviewed in each community: nine in the South Bronx; six in Queens; and seven in Manhattan have funding to assist uninsured residents.

The need for funding to assist local residents and to ensure that full information is available to these organizations became even more clear when the groups were asked if local health care access is a problem. Of the twenty-five organizations interviewed in each community: twenty in the Bronx, eleven in Queens, and sixteen in Manhattan indicated that access is a problem.

The Commission recommends models to meet the needs of these three communities, which each have different characteristics and preferences. The common theme that would tie these models together is the type of proposed activities that could be undertaken. The priorities for these organizational models would be: information sharing and communication; assessment of the community's health care safety net; and advocacy to improve the availability, accessibility, cultural competency, and quality of health care services. Another commonality would be the city-wide information sources that would serve in a supporting role for the local organizations.

In addition, there is a need for strategies for getting out the message that a Health Care Safety Net does exist and that people, even the uninsured, have some rights to health care services. A campaign should be developed at the city-wide level, that promotes this message, but that also incorporates the needs of different communities.

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