

# IMPROVING ACCESS TO CARE: *New Solutions to an Old Problem*

Ensuring access to health care continues to be one of the biggest challenges facing the nation's health system. Regrettably, the persistence of access barriers has made access initiatives part of the bread-and-butter of health grantmaking. Even so, foundations and corporate giving programs are coming up with new approaches to an old problem. This month's *Issue Focus* looks at some of the more recent and creative efforts to make sure that people can get health care when they most need it.

## THE ISSUE

As many as 41 million Americans were uninsured in 1996, an increase of nearly 10 million over the past decade. Despite expansions of Medicaid coverage and creation of the state Children's Health Insurance Program, new survey findings from the Urban Institute indicate that 12 percent of children remain uninsured. And adults do even worse — 37 percent were uninsured at the time of the Institute's survey.

The consequences of being uninsured have been well-documented. Those without insurance use fewer health care services, are less likely to have a usual source of health care, and are more likely to be unable to obtain needed care or to forgo needed care or prescriptions.

Insurance, of course, is not the entire story. Barriers to obtaining timely, appropriate care remain for certain vulnerable populations even when they are insured, reflecting both the geographic availability of care as well as other social and cultural factors. For example, Medicare beneficiaries who are African American are more likely than their peers to have trouble getting care; those living in rural areas are more likely to defer getting care due to cost. Also of concern is the impact of change in the health care market on the viability of providers such as public hospitals and community clinics that have traditionally served the poor.

## GRANTMAKERS RESPOND

Concerns about access and its determinants are national in scope but their effects are played out in communities that have unique

combinations of barriers and resources to address them. This suggests that improvements in access will require policy and system changes at both the national and local level. Health funders are rising to this challenge, pursuing a variety of strategies to tackle access problems both in their communities and nationwide. Three strategies are described below: engaging communities in developing comprehensive solutions to system failures, developing new mechanisms for insuring the uninsured, and promoting collaborations within health philanthropy.

## COMMUNITY-DRIVEN SOLUTIONS

Two of the nation's largest funders in health have recently announced efforts to engage communities around the country in processes that will result in better access and improved health. *Community Voices*, a five-year initiative of the W.K. Kellogg Foundation, has funded 13 local "learning laboratories" to conduct a range of activities to expand insurance coverage, using community-based programs to reach those currently slipping through the health care safety net. Partners include hospitals, community clinics, local health departments, school systems, and academic institutions. Each site will develop and implement plans that encompass both changes in public policy and the health care delivery system. More recently, The Robert Wood Johnson Foundation announced a new initiative, *Communities in Charge: Financing and Delivering Health Care to the Uninsured*. This national program will help broad-based community consortia design and implement sustainable new delivery systems that manage care, promote prevention and early intervention, and integrate services. This program is open to communities with a minimum population of 250,000 and at least 37,500 low-income, uninsured individuals. One-year planning grants of up to \$150,000 will be awarded to 20 communities to research the scope of the problem, develop community consortia, and begin design of system changes. In the second phase, 15 communities will be eligible to receive three-year grants of up to \$700,000.

**DEVELOPING NEW FORMS OF INSURANCE PRODUCTS**

One of the pitfalls of a system that relies on employers as the major source of health insurance is that many employers cannot afford or simply choose not to provide coverage. To address this problem, the Alliance Healthcare Foundation has been working in partnership with Sharp Health Plan, a San Diego managed-care plan, to develop a subsidized, small group insurance product targeted at the low-income, working uninsured population. Alliance approved over \$500,000 for the demonstration which will partially subsidize operational costs as well as insure between 1,100 and 1,400 individuals over two years. The product will be coordinated with two state programs, California Children's Services and Access for Infants and Mothers, to ensure that there is no duplication of benefits. Over the course of the demonstration, the Foundation, the health plan, and the local chamber of commerce will work to encourage local government to provide financial support for a similar product to be offered to all eligible San Diegans. The California Department of Corporations is expected to finish its approval process within the next few weeks, making way for a product launch later this spring.

United Methodist Health Ministry Fund has taken a different approach to the same problem, recently approving a grant to implement a health insurance purchasing cooperative for small employers in Wichita, Kansas. Based on a formal feasibility study and extensive interviews with leaders in the business and insurance communities, the Fund will provide \$320,000 (plus a \$100,000 line of credit) to start this marketing system to provide access to a range of health insurance options for employees of companies with 2 to 50 workers. The cooperative will act as a middle man between individuals and plans by developing a standardized benefit package and selecting plans to participate in the cooperative based on their anticipated price, provider network, and quality of claims servic-

ing. The Wichita Chamber of Commerce has agreed to be the sponsoring organization for the cooperative for the three-year demonstration with the goal of expanding the cooperative to other areas of the state over time.

**COLLABORATIONS WITHIN HEALTH PHILANTHROPY**

Grantmakers In Health (GIH) is also pursuing work on bringing the forces of health philanthropy to bear on the access problem with two separate projects underway. First, it is working with the Access Project, a Robert Wood Johnson Foundation-funded effort to document successful strategies for improving access. GIH will be working to stimulate the interest of foundations working at the state and local level in participating in Access Project meetings around the country, identifying and cataloguing foundation activities to improve access, sharing innovative models, and assessing the gaps, opportunities, and overall contributions of health philanthropy in addressing access issues. If your organization has an access story to share, please let GIH know so our work will capture the full range of opportunities and options being pursued by health philanthropy.

GIH is also working with a group of community foundations that established the Community Foundations Health Care Access Project several years ago to develop and implement a collaborative effort to improve access to care. While still in its formative stages, this project will put in place a national initiative to test promising community-based strategies to improve access. With direction from an advisory committee of community foundations, GIH will house the initiative, developing guidelines for selection of local sites, identifying national funders to be part of the collaborative, and acting as a liaison to federal government efforts to support access improvements at the local level.

## RESOURCES

**THE ACCESS PROJECT**

Cathy Dunham  
617/654-9911  
[www.accessproject.org](http://www.accessproject.org)

**ALLIANCE HEALTHCARE FOUNDATION**

Ruth Riedel  
619/874-3788

**THE ROBERT WOOD JOHNSON FOUNDATION**

Jim Burnosky  
Medimetrix (national program office for  
Communities in Charge)  
216/736-7940

**W.K. KELLOGG FOUNDATION**

Henrie Treadwell  
616/968-1611

**NEW YORK COMMUNITY TRUST**

Len McNally  
212/686-0010

**UNITED METHODIST HEALTH MINISTRY FUND**

Virginia Elliott  
316/662-8586