IMPROVING ACCESS TO HEALTH CARE FOR THE URBAN POOR

Barbara Wolfe
University of Wisconsin-Madison

Innovating to End Urban Poverty Conference
USC Price School
March 27, 2014
Table 1: Health by Poverty Status, 2012

<table>
<thead>
<tr>
<th></th>
<th>Health Limitations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; Poverty</td>
<td>100-199% FPL</td>
<td>200+% FPL</td>
</tr>
<tr>
<td>Child</td>
<td>10.9</td>
<td>10.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Adult</td>
<td>27.5</td>
<td>17.7</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>Fair/Poor Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>4.4</td>
<td>2.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Adult</td>
<td>28.0</td>
<td>18.7</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Source: Author’s calculations using National Health Interview Survey data

Figure 1 Percentage of Youth Ages 0-18 Without Coverage by Income, 1987-2012

Notes: Shaded areas denote recessions.
Existing Public Programs that influence access to care

- Tax Subsidies for ESI
- Medicaid, Medicare and CHIP
- Community Health Centers
- National Health Service Corps
- Affordable Care Act
Proposed Ways to Improve Access by the Poor

• Increase Medical Extenders
  • Nurse Practitioners and Physician Assistants

• Primary Care Technicians

• Expand Community Health Centers

• Provide primary care to young children and their families where they spend time

• Restructure Emergency Room Triage
Saving Resources

- Modify scope of practice laws – federalize?
- Reduce Medicare support for training of specialists
- Use only effective outreach practices
- Increase co-payments for higher income individuals
- Cap tax subsidy for ESI