

IMPROVING ACCESS TO HEALTH CARE FOR THE URBAN POOR

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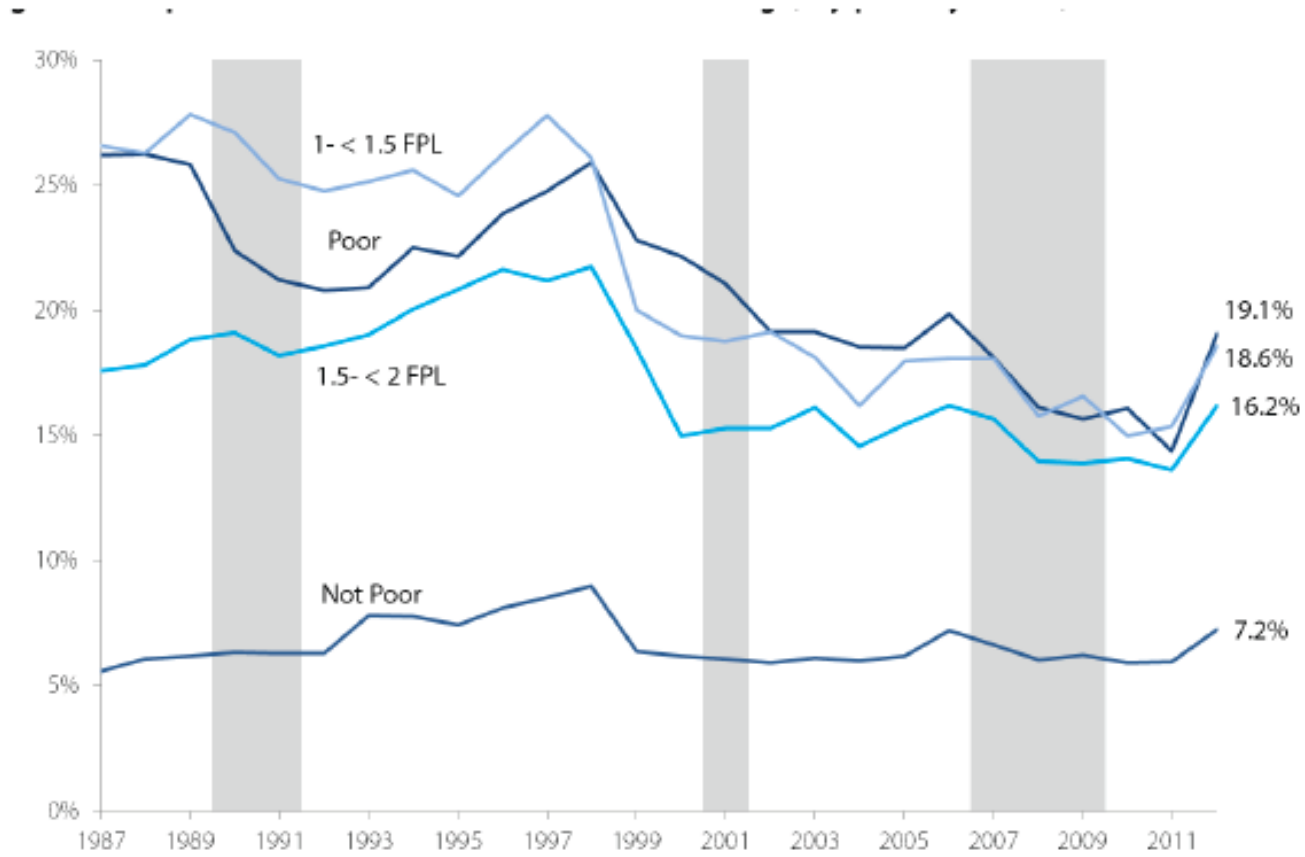
Table 1: Health by Poverty Status, 2012

		Health Limitations	
	< Poverty	100-199% FPL	200+% FPL
Child	10.9	10.2	7.4
Adult	27.5	17.7	6.4
		Fair/Poor Health	
Child	4.4	2.2	1.0
Adult	28.0	18.7	6.0

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

See Gould, Smeeding, and Wolfe, 2014.

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



Notes: Shaded areas denote recessions
 Source: Current Population Survey microdata analysis (1988-2013)

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