America's Health Care Crisis:

Cities on the Front Lines

A REPORT BY
Families USA

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INTRODUCTION

As the number of Americans without health insurance continues to grow, and, year after year, the cost of health care rises faster than workers' wages, elected officials are taking a renewed interest in changing the nation's health care system. However, discussions of health reform typically focus on the roles that state and federal governments play in financing coverage, frequently leaving out the stakeholders on the very front lines of the issue—cities and their leaders.

This spring, Families USA surveyed a sample of mayors[1] from around the country on the topics of health care and the uninsured. The survey results show that, although each city's involvement in health care issues is different, cities organize, fund, and deliver a wide range of health care services for their citizens through public hospitals, clinics, and a variety of other health safety net programs. Furthermore, we found that cities are profoundly affected by the rising number of uninsured Americans and the rising cost of providing coverage for their own employees. These problems have an impact on all city residents, regardless of their health insurance status, and they affect cities' ability to fulfill other municipal functions as well.

Although city leaders have used innovative methods to try to fill in the gaps in health coverage and access, they cannot solve the deeper problems that are inherent in America's health care system on their own. This report examines cities' role in the health care safety net, the impact of the growing number of uninsured people on city services, and the ways that state and federal leaders might come together with city leaders to improve health coverage and access for all Americans.

KEY FINDINGS

All 13 cities that participated in the survey are involved to some extent in the financing and delivery of health care services to their residents, ranging from public hospitals and community health centers to school-based health centers and family support services. As such, they are deeply affected by the ongoing deterioration of health coverage in this country.

- **Our nation's cities are on the front lines of the health care crisis and are affected on a daily basis by the rising number of uninsured Americans (see Appendix Tables A and B).**
  - Eleven of the 13 cities reported that demand for health services has increased over the past year.
  - Six of the respondents reported that their city is very strained trying to meet this demand for health services, and the remaining seven reported that they are just barely able to meet the demand.
  - No city reported that it was able to meet the demand for health services with few problems.
- **Cities reported experiencing the following situations over the past year as a result of growth in the number of uninsured people (see Appendix Table C):**
  - Increased demand for services at safety net clinics (all 13 cities),
  - Crowding in hospitals and hospital emergency departments (11 cities),
  - Increased demand for mental health and substance abuse services (10 cities),
  - Increased demand for family support services (nine cities),
  - Problems affecting children in the city's schools (seven cities), and
  - Area hospital closings (four cities).
- **In addition to providing services to city residents, mayors also oversee the provision of health coverage to city employees. Here, too, city leaders reported that cities are struggling to fulfill this role amid rising health care costs.**
- **Cities are seeking additional state and federal assistance to help them meet the demand for health care (see Appendix Table D).**
  - All 13 cities reported that raising eligibility levels for Medicaid and/or the State Children's Health Insurance Program (CHIP) would ease the burden the uninsured place on their city.

- Cities ranked childless adults as the group that faces the most serious gaps in health coverage (eight cities ranked this group among their top three, and five ranked this group as the number one group facing serious gaps in health coverage).

- **City leaders believe that addressing America's health care crisis should be among the top priorities for the next president (see Appendix Table E).**
  - Eleven cities asserted that health care should be one of the top three priorities for the next president, and all 13 cities responded that health care should be among the next president's top five priorities.

METHODOLOGY

Families USA designed a short survey of 11 questions to distribute to mayors' offices. The survey was piloted with two former city/state heath officials to ensure the clarity and validity of the survey results. With the help of staff from two mayors' offices (Mayor Newsom of San Francisco and Mayor Cicilline of Providence), the survey was distributed to a sample of 35 cities (each with a population greater than 100,000) from across the nation. Cities were chosen to ensure that the sample was geographically diverse. A total of 13 cities completed the survey: Albuquerque, Boston, Charleston (SC), Columbus, Houston, Minneapolis, Newark, Oakland, Providence, San Francisco, Seattle, Tucson, and Washington, D.C. Families USA attempted to conduct follow-up calls with officials in as many cities as possible. We conducted a total of 10 follow-up calls. Copies of the survey and the complete list of cities that were invited to participate are available upon request. See the Appendix for more detailed information about the survey results.

DISCUSSION

Our nation's cities are on the front lines of the health care crisis and are affected on a daily basis by the rising number of uninsured Americans.

- **Cities play an integral role in the health care safety net.**

  Cities play a central role in the organization and delivery of health care services to some of our nation's most vulnerable residents. Respondents from all 13 cities reported that their city funds some combination of public hospitals, maternal and child health clinics, school-based health centers, substance abuse clinics, and mental health clinics. In addition, many cities operate dental clinics, health care services for the homeless, and a host of other health programs designed to meet the unique needs of their residents. Together, these programs comprise the health care safety net that vulnerable populations rely on for access to health services. These vulnerable populations include people who are uninsured, those who are underinsured—people who have some health insurance but who lack coverage for specific, needed health services—as well as people covered by Medicaid or CHIP. Cities are in constant and direct contact with these populations and are acutely sensitive to the rising number of people who lack health insurance or reliable access to care.

  Beyond funding and operating these safety net programs, cities also fund and coordinate health services that are important to the general city population, such as hospitals and emergency departments. When the safety net becomes strained, these other parts of the city's health infrastructure suffer as well, which can affect the broader city population.

- **Demand for safety net services is growing.**

  Over the past year, demand for health care services has increased in 11 of the 13 cities. Respondents from all 13 cities also reported that meeting the current demand for health care services is a challenge. Six of the respondents reported that their city services are very strained trying to keep up with the demand, and the remaining seven reported that their city is just barely keeping up with the demand.

  These findings come as no surprise, given that the percentage of Americans without health insurance has risen every year for the last seven years.[2] Currently, nearly 47 million people—almost one in every six Americans—are uninsured. As people lose job-based coverage and join the ranks of the uninsured, they are more likely to turn to community health centers and hospital emergency departments to meet even their most basic health needs. This puts increased pressure on city safety net programs and on city budgets.

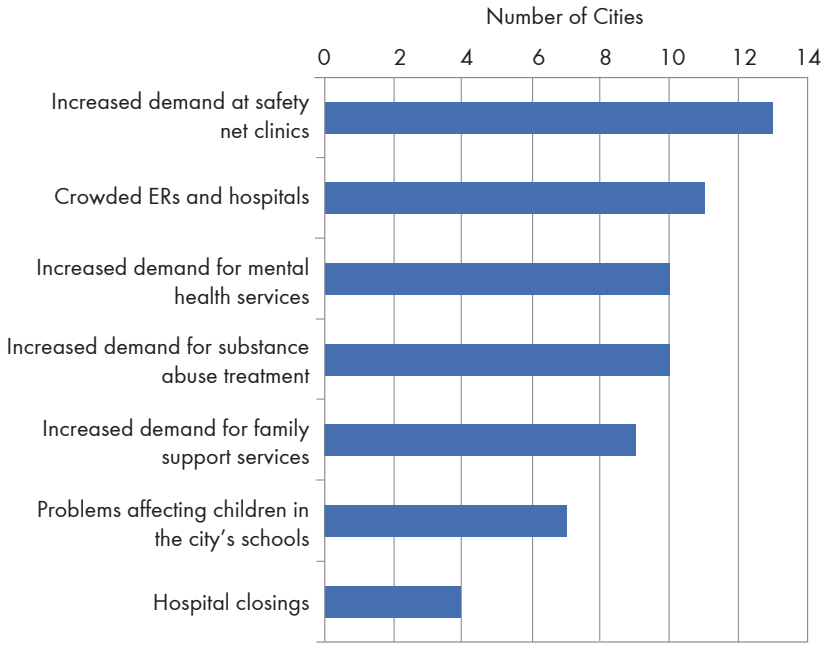
In addition, as health care costs continue to rise, many employers have begun to offer less expensive, pared-down benefit packages that do not cover important health care services. Without adequate coverage, workers must pay for any non-covered health care needs out of their own pockets. Some 61.6 million people—nearly one out of four non-elderly Americans—are in families that will spend more than 10 percent of their pre-tax income on health care costs in 2008.[3] These underinsured individuals may also seek out the safety net services available in their city to fill the gaps in their coverage.

- **This increased demand has significant effects on city services.**

  The nation's health care crisis affects cities in myriad ways. The most common effects that respondents observed in their cities are summarized in Figure 1.

  The most common effect of the increased demand for health care services, which all 13 respondents noted, was increased demand at community health centers (CHCs) and other clinics. CHCs, which are often designated federally qualified health centers (FQHCs) and which receive funding through a combination of federal, state, and local sources, provide a variety of health services to people who are uninsured or who have public coverage.

Figure 1. Effects of the Health Care Crisis on City Services



In order to increase overall capacity, city officials reported that they are working to increase the number of FQHCs in their area, which can require a significant amount of up-front capital funding. At the same time, cities are struggling to keep existing centers out of financial trouble. According to the National Association of Community Health Centers, approximately 40 percent of the patients seen at CHCs are uninsured, and 45 percent of the patients have Medicaid coverage (which has much lower reimbursement rates than private health insurance).[4] Because such a small portion of CHC patients have private insurance, these clinics often operate at the margins of financial viability.[5]

Another effect, which 11 cities noted, was crowding in hospitals and emergency departments. People who lack health insurance are less likely to have a regular source of primary care, so health issues that could otherwise be avoided or controlled often escalate into problems that require emergency attention. Hospitals are legally required to stabilize patients with medical emergencies regardless of the patient's ability to pay for services.[6] In other cases, people who lack a medical home go to the emergency room for non-emergency issues. And when safety net clinics are stretched beyond capacity, emergency rooms are the providers of last resort for people without other options.

When emergency departments are strained in these ways, they are less able to handle true emergencies. For example, in Houston, during the first six months of 2006, the major city emergency departments were on "drive by" (diverting ambulances to other facilities due to overcrowding) 40 percent of the time.[7] A recent survey of emergency department capacity in six major U.S. cities (including three cities that participated in this survey: Houston, Minneapolis, and Washington, D.C.) found that half of the emergency departments were operating above capacity, and none had enough critical care capacity to handle a major emergency such as a bombing or bioterrorist attack.[8]

In a related capacity issue, respondents from four cities mentioned having specific experiences with hospitals in their area closing or threatening to close over the last year. Hospital closings happen for a variety of reasons, but the rising number of uninsured undoubtedly contributes to the financial instability that brings many hospitals down. Just as with CHCs, the fewer insured patients there are to absorb the costs of uncompensated care that is provided to the uninsured, the less likely the hospital is to remain financially viable. Hospital closings reduce the capacity of cities' already-strained health care safety nets. These closings can also leave large portions of a city without any kind of health care facility.

Even in cities that do not directly fund a great deal of primary health care services, a portion of city funding is devoted to case management and social work services. These

services connect city residents with the other kinds of social services that they may need, ranging from public health coverage and food assistance programs to housing, employment, and other economic programs. As the nation's health care crisis has worsened, respondents from nine cities reported experiencing an increased demand for these family support services. These services are particularly important for the estimated 56 percent of the nation's uninsured who are not eligible for public coverage but who have incomes that are less than 300 percent of the federal poverty level ($31,200 for an individual in 2008).[9] These individuals are primarily parents and childless adults who are employed but who are not able to afford health coverage. Because they are working and have modest incomes, they may not realize that they are eligible for certain services that are often associated with populations who have very low incomes. Hence, case management is a critical service that cities provide to ensure that these individuals get the support and direction they need to obtain the services (both health and other social services) for which they qualify.

Finally, respondents in seven cities reported that the increasing numbers of uninsured are affecting children in their cities' school systems. It is widely known that children who are uninsured are less likely to receive ongoing primary care and more likely to have unmet health care needs,[10] which often translates into higher rates of absenteeism.[11] Fortunately, many cities have a system of school-based health centers that can help with this problem by providing basic health services onsite so that children do not have to stay home from school for less serious health problems. Like other health centers, however, these facilities are under increasing pressure due to high demand.[12] Recent Medicaid regulations issued by the Bush Administration would drastically reduce the Medicaid funding that is available for many school-based health services and further jeopardize the financial circumstances of school-based health centers if they are implemented.

Besides providing services to city residents, mayors also oversee the provision of health coverage to city employees. Here, too, city leaders reported that cities are struggling to fulfill this role amid rising health care costs.

In addition to funding safety net and public health services for city residents, cities are also employers that are affected by the rising cost of providing health coverage to their employees. In 2007, the average cost of family coverage was around $12,000, of which employers paid an average of nearly $9,000. Unfortunately, the cost of health coverage has been rising faster than workers' wages—and faster than inflation—for almost a decade.[13] From 2000 to 2006, family health insurance premiums for workers rose 6.4 times faster than workers' paychecks.[14]

These increases have serious implications for cities, which are forced to spend an ever-growing portion of their budgets on health coverage for their employees. Our survey found that the cost of covering city employees, specifically in terms of health insurance premiums, has risen over the past five years in all 13 cities. Over the last year alone, San Francisco's employee health benefit costs have increased by 10.3 percent—$34 million.[15] And although our survey focused primarily on large cities, this issue is causing even more severe problems for smaller municipalities that have been forced to consider layoffs, service reductions, and even declaring bankruptcy in order to cope with rising health care costs for their employees.[16]

Cities are seeking additional state and federal assistance to help them meet the demand for health care.

All respondents reported that raising the eligibility levels for public programs like Medicaid and CHIP would ease the burden that providing health care for the uninsured places on their cities. Furthermore, on an open-ended question that asked what changes in federal or state policy would help cities cope with the strain on their health care safety nets, seven cities mentioned expansions of Medicaid and/or CHIP. Since these programs are funded with a combination of federal and state dollars (some of which come from city and county budgets), expanding them is a win-win for cities: It would simultaneously reduce the demands of the uninsured on their safety nets and bring dollars into their communities (matching federal dollars for the services that Medicaid and CHIP enrollees obtain).

> ***"What's to blame is that we don't have national health care coverage. There are fewer employers offering health insurance, many insurance plans leave people 'under-insured,' health care costs are rising, and the Administration is doing everything possible to reduce Medicaid reimbursement to the detriment of our most vulnerable residents. The city can't increase funding to fill the void."***
>
> – Jerry DeGrieck,
> Public Health Manager and Policy Advisor,
> Seattle Department of Human Services

Several respondents addressed the negative effects that recent reductions in federal assistance have had on their city's health care safety net. In Massachusetts, state officials are worried about the uncertain future of federal Medicaid funding for certain services due to a series of Medicaid regulations the Bush Administration proposed in 2007. These cuts have a "trickle-down" effect on state and local budgets. Because the state is under increased budgetary pressure, it is less able to pass funding along to the city to expand certain heath programs. In California, a confluence of federal policy changes (the Administration's 2007 Medicaid regulations, plus an imminent shortage of CHIP funding), as well as the national economic decline, have led the governor to propose quarterly renewals for people with Medicaid coverage (currently,

Medicaid enrollees need to renew coverage only once a year). Because counties are the entities that administer the program in California, this policy change will result in increased administrative expenses for San Francisco (which is both a city and a county) and Oakland (whose city health authority is the Alameda County Health Care Services Agency).

When asked to name the three groups in their city that face the largest gaps in health coverage, eight cities ranked childless adults in their top three, and five of those cities ranked these individuals as their number one choice. This was followed by parents, which respondents from nine cities ranked among their top three, with three of those cities ranking parents as their number one choice. These rankings are not surprising, and they correspond almost directly with the categories of individuals who are most commonly excluded from public health coverage programs. Eligibility levels are the most generous for children, pregnant women, people with disabilities, and senior citizens. However, as the survey results suggest, the current health care crisis is increasingly affecting adults and working families, for whom there are fewer public program options.[17] Decisions to expand these programs must be made by state policymakers and approved by the federal government. Because cities are saddled with much of the costs of health care services for the uninsured, respondents from all the cities in our survey were eager for state and federal policymakers to expand these programs to cover more of the uninsured.

City leaders believe that addressing America's health care crisis should be among the top priorities for the next president.

When asked where health care should rank among the next president's priorities, respondents from nine cities said it should rank among the top three. Furthermore, all respondents said that health care should rank among the top five issues that the next president must address. Cities are stretched nearly to the breaking point trying to meet the growing demands for safety net services, and simply fortifying the safety net will not solve the deeper problems inherent in the nation's health care system. When asked to name the causes of rising uninsured rates in their cities, respondents ranked rising costs—for both employers and consumers—as number one. Rising health care costs are a widely acknowledged national trend that is impossible to address purely at the local level. City leaders have responded to the health care problems in their communities with creative solutions, but federal leadership is needed if the nation is to truly address the problem of rising health care costs and improve coverage and access.

> ***"San Franciscans deserve quality health care, but the city cannot provide it alone. The state and Washington [D.C.] must stand with us in ensuring the best care for our people."***
>
> – Anne Kronenberg, Deputy Director, San Francisco Department of Public Health

Creative Solutions: Cities Taking the Lead

Boston: Mayor Menino convened a Summit on Increasing Access to Primary Care in February 2008, which resulted in the formation of three working groups (Healthcare Systems, Workforce Development & Support, and Financing) that are charged with making recommendations for short-term and long-term solutions for the city. The mayor also initiated the city's Disparities Project in 2003, which is dedicated to reducing racial and ethnic health disparities among city residents by addressing the key social determinants of health. The city distributes annual grants to community-based organizations in Boston to implement the recommendations from the city's *Blueprint Report* for addressing racial and ethnic disparities in health and health care.

Houston: In 2007, under Mayor White's leadership, the city successfully passed a "pay or play" ordinance that applies to city contractors. Any city contractor with a project valued at more than $100,000 must offer its employees health insurance (the contractor must contribute at least $150 in premiums per employee per month) or pay a fee. The mayor hopes to encourage other major employers in the city to follow suit. San Francisco adopted a similar ordinance in 2001.

San Francisco: In 2006, under Mayor Newsom's leadership, San Francisco became the first city to create a universal health access program for its uninsured, called Healthy San Francisco. The plan provides uninsured residents with access to affordable, comprehensive services that encourage preventive and primary care through a primary medical home. Currently, services are being provided to more than 22,000 city residents through a network of public and nonprofit private clinics and San Francisco General Hospital. Any resident who has been uninsured for 90 days or more who is not eligible for public coverage can enroll. Participants pay a quarterly enrollment fee on a sliding scale and a point-of-service fee when obtaining services. Employers in the city with more than 20 employees must meet a minimum spending requirement for health care for their employees or pay into the Healthy San Francisco plan. The plan is funded largely through a combination of city and federal funds, as well as a small portion from city employers.

CONCLUSION

City leaders are often left out of the discussion on how to solve America's health care crisis—despite having a finger on the pulse of how the issue affects Americans on a daily basis. Cities face the issue on two fronts: as funders of an increasingly strained health care safety net, and as employers who face dramatic annual increases in the cost of providing health coverage to their employees. These experiences make them uniquely qualified to contribute to the national discussion on how best to solve the problems with America's health care system. City leaders are on the front lines of the health care crisis and need immediate assistance from the federal government. Cities are trying to deliver quality, affordable health coverage for all and hold down rising health care costs, but they cannot do it alone. City leaders demand that health care reform be a top priority for our new president and for Congress.

ENDNOTES

[1] Surveys were distributed to mayors in all of the participating cities, but they were free to delegate completion of the survey to whomever they felt most appropriate. Respondents included health and/or outreach staff from mayors' offices, public health directors/commissioners, directors of family/social services, and county public health officials.

[2] Carmen DeNavas-Walt, Bernadette D. Proctor, and Jessica Smith, *Income, Poverty, and Health Insurance Coverage in the United States: 2006* (Washington: U.S. Census Bureau, August 2007).

[3] Kim Bailey and Beth Wikler, *Too Great a Burden: America's Families at Risk* (Washington: Families USA, December 2007).

[4] National Association of Community Health Centers, *About Our Health Centers: The Challenges* (Bethesda, MD: National Association of Community Health Centers, 2008), available online at http://www.nachc.com/health-center-challenges.cfm.

[5] Jessamy Taylor, *The Fundamentals of Community Health Centers* (Washington: National Health Policy Forum, August 2004).

[6] The Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. Section 1395dd.

[7] *The State of Health: Houston/Harris County 2007* (Houston: Department of Health and Human Services, January 2007), available online at http://www.houstontx.gov/health/HoustonHealth/StateOfHealth2007.pdf.

[8] Majority Staff, Committee on Oversight & Government Reform, *Hospital Emergency Surge Capacity: Not Ready for the "Predictable Surprise"* (Washington: U.S. House of Representatives, Committee on Oversight & Government Reform, May 2008).

[9] John Holahan, Allison Cook, and Lisa Dubay, *Characteristics of the Uninsured: Who Is Eligible and Who Needs Help Affording Coverage?* (Washington: Kaiser Commission on Medicaid and the Uninsured, February 2007).

[10] Jennifer Sullivan, *No Shelter from the Storm: America's Uninsured Children* (Washington: Families USA for the Campaign for Children's Health Care, September 2006).

[11] Nina Hurwitz and Sol Hurwitz, "The Case for School-Based Health Centers," *American School Board Journal* (August 2000).

[12] Julia Graham Lear, "Health at School: A Hidden Health Care System Emerges from the Shadows," *Health Affairs* 26, no. 2 (March/April 2007): 409-419.

[13] *Survey of Employer Health Benefits 2007: Chartbook* (Washington: The Kaiser Family Foundation and the Health Research and Educational Trust, September 2007).

[14] *Premiums versus Paychecks: A Growing Burden for Workers* (Washington: Families USA, October 2006), available online at http://www.familiesusa.org/assets/pdfs/conference-2008-supplementary-resources/premiums-vs-paychecks.pdf.

[15] *Mayor's Proposed Budget 2007-2008* (San Francisco: City and County of San Francisco, June 2007), available online at http://www.sfgov.org/site/mainpages_page.asp?id=39168.

[16] Erin Gibson Allen, "Budget-Breaker Health Care: Increases in Insurance Premiums Are Alarming Officials in Some Communities," *Pittsburgh Post-Gazette*, May 29, 2008.

[17] Kim Bailey, *Wrong Direction: One out of Three Americans Are Uninsured* (Washington: Families USA, September 2007).

APPENDIX

APPENDIX TABLES

The following tables show the survey results as outlined in the Key Findings of this report. A copy of the survey is available from Families USA upon request.

Appendix Table A:

Has the demand for health care services for the uninsured increased, decreased, or stayed the same over the past year?

Increased	Decreased	Stayed the Same
Albuquerque	None	Boston
Charleston		Oakland
Columbus		
Houston		
Minneapolis		
Newark		
Providence		
San Francisco		
Seattle		
Tucson		
Washington, D.C.		

Appendix Table B:

How well is your city able to meet the demand for health care services for the uninsured?

Very Strained Trying to Meet The Demand	Just Barely Keeping up with The Demand	Able to Meet the Demand with Few Problems
Albuquerque	Charleston	None
Boston	Minneapolis	
Columbus	Newark	
Houston	Oakland	
Seattle	Providence	
Tucson	San Francisco	
	Washington, D.C.	

Appendix Table C:

Which of the following have you observed in your city over the past year as a result of people lacking health insurance?

	Increased Demand for Safety Net Clinics	Crowding in Hospitals and Hospital Emergency Departments	Increased Demand for Mental Health Services	Increased Demand for Substance Abuse Treatment	Increased Demand for Familiy Support Services	Problems Affecting Children in The City's Schools	Area Hospital Closings
Albuquerque	●	●	●	●	●	●	●
Boston [1]	●	●					
Charleston	●		●	●	●		
Columbus	●	●	●	●	●	●	
Houston	●	●	●	●	●		
Minneapolis	●						
Newark	●	●	●	●	●	●	●
Oakland	●	●					●
Providence	●	●	●	●	●	●	
San Francisco	●	●	●	●		●	
Seattle	●	●	●	●	●		
Tucson	●	●	●	●	●	●	
Washington, D.C.	●	●	●	●	●	●	●

[1] Boston officials answered these questions in the context of the significant health reforms that are currently being implemented in Massachusetts. Their observations are not necessarily as a result of the rising number of uninsured, but rather of the significant growth in newly insured individuals in their city.

Appendix Table D:

Rank the top three populations that face the most serious gaps in the available safety net in your city.

	Childless Adults	Parents	Children	Young Adults	People With Disabilities	Seniors	Other
Albuquerque			1		3	2	
Boston [1]		2			3		1
Charleston	3	1	2				
Columbus [2]	1						
Houston	1	2	3				
Minneapolis	1	2		3			
Newark			1	3		2	
Oakland [3]	1	3					2
Providence	3	1		2			
San Francisco	1	3		2			
Seattle	2	1		3			
Tucson		2	1	3			
Washington, D.C.[4]							

Note: Number indicates rank.

[1] Boston ranked Other as its number one choice (specified as "immigrants including undocumented").

[2] Columbus ranked Childless Adults as its top choice but did not rank its second and third choices, Parents and Other (specified as "undocumented 'new Americans'").

[3] Oakland ranked Other as its number two choice (specified as "day laborers").

[4] Washington, D.C. did not rank populations. Instead, it described the gaps in the city's safety net in terms of income levels: between 200 and 400 percent of poverty for adults and above 300 percent of poverty for children.

Appendix Table E:

Where should health care fall in the list of priorities for the next president?

Top Three Issues	Top Five Issues	Important, but Not a Top Priority
Albuquerque Boston Charleston Columbus Houston Newark Oakland Providence San Francisco Tucson Washington, D.C.	Minneapolis Seattle	None

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