# Safety Net Being Stretched To the Breaking Point

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WASHINGTON — Community health centers, public hospitals, and other safety net providers are seeing a steadily growing number of low-income patients, while specialty care for these patients is becoming scarce, according to the results of a biennial national survey conducted by the Center for Studying Health System Change.

"The saga continues with rising demands and expectations on safety net providers. They have, lucky them, solidified their lock on the uninsured market in most of our communities," Robert Hurley, Ph.D., of the department of health administration at Virginia Commonwealth University, Richmond, said at a conference sponsored by the Center for Studying Health System Change (HSC).

**Because of a lack of other sources of care, the number of mental health visits to community health centers has more than doubled over the past 5 years.**

For example, despite strong growth in the capacity of community health centers across the country, many still are overwhelmed not only by uninsured patients and immigrants but also, increasingly, insured patients.

"[The number of] private insurance patients [is] growing at twice the rate of the general population growth in health centers," said Daniel Hawkins, senior vice president at the National Association of Community Health Centers.

Health centers have absorbed a 60% increase in patients since 2001 and are now seeing 16 million patients a year.

"The privately insured patient population is over 2.1 million out of those 16 million. It's literally one of every six health center patients," he said.

High-deductible and cost-sharing policies are a big part of that, but so is paltry coverage, Mr. Hawkins said.

Community health centers are also struggling to meet the demand for specialty care, which has grown scarce for low-income patients in the 12 communities surveyed by HSC.

"If you looked at our communities, virtually every one of our communities, and looked at the needs for specialty care for the Medicaid as well as the uninsured populations, if you took away the employed positions in safety net hospitals and the faculty positions in the academic health centers, specialty care would not be available," Dr. Hurley said at a conference to release the findings of the most recent center survey.

The lack of other sources of care is especially acute in the area of mental health. The number of such visits to community health centers has more than doubled over the past 5 years.

"Wellness care [and] well-child care immunizations are the most common reasons for visits to a health center, but diagnostically, it's diabetes, hypertension, and mental health," Mr. Hawkins said. "It's not schizophrenia; it's not psychoses; it's all the stress, anxiety, and depression that goes with trying to keep a roof over the family's head and put food on the table when you're making seven bucks an hour," he said. ■

## UPCOMING MEETINGS

**American Academy of Hospice and Palliative Medicine**
**American Contact Dermatitis Society**
**American Academy of Dermatology**
**Conference on Retroviruses and Opportunistic Infections**
**American Academy of Pain Medicine**
**American Society of Clinical Oncology: Genitourinary Cancers Symposium**
**American Heart Association: International Stroke Conference**

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