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The Evolving Role of Charity Care: From Safety Net Medical Care to Enrollment Assistance to Addressing the Social Determinants of Health

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IN BRIEF

Community-based charity care programs continue to evolve to meet their low-income clients' health needs. In recent years, many have transitioned from focusing solely on providing access to basic medical services, to connecting clients to health coverage, to now addressing the social determinants of health by directly providing or referring clients to social services and health promotion activities. Charity care program efforts to address the social determinants of health fall into three main categories: (1) screening for non-medical needs and referring clients to available services; (2) supporting health literacy and bilingual understanding; and (3) promoting wellness through nutrition and fitness classes.

Community-based charity care programs have long offered free or low-cost medical services to the uninsured population, providing a safety net for low-income Americans who would otherwise go without needed medical care. In recent years, however, charity care programs have recognized that access to medical care alone is not enough to generate good health outcomes.

Following the passage of the Affordable Care Act (ACA) in 2010, many charity care programs began offering enrollment assistance services to help connect previously uninsured individuals to new health insurance options.[1] Now, many charity care programs have begun to embrace an even broader mission: they are working to address the social determinants of health. In doing so, programs directly provide or link their clients to social services that meet beneficiaries' non-clinical needs. This brief — based on interviews with 11 charity care programs from eight states (see table on page two) — summarizes emerging trends that demonstrate how community-based charity care programs are re-positioning themselves to better help low-income Americans.

Responding to the Affordable Care Act

The ACA changed both the number and demographics of Americans in need of charity care. Under the law, millions of low-income and uninsured individuals became eligible for subsidized health insurance on the Health Insurance Marketplace, or gained Medicaid coverage if their state chose to expand its Medicaid program. As more low-income individuals secured access to affordable health care, the uninsured rate for the non-elderly population decreased from 16.2 percent to 10.7 percent between the last quarter of 2013 and the first quarter of 2015[2] — a substantial drop that precipitated a corresponding drop in demand for charity care. Across the nation, several charity care programs opted to close down in large part because the ACA offered viable health coverage options to most local uninsured residents.

Yet charity care programs can still play an important role in the U.S. health care system. They can provide medical care to low-income, uninsured individuals who did not secure coverage through the ACA, such as those who found Marketplace plans unaffordable and undocumented residents who remain ineligible for

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Marketplace subsidies and Medicaid. Charity care programs also support individuals who face short-term gaps in insurance coverage — for example, individuals who switch jobs or temporarily earn a higher-than-usual wage that leaves them ineligible for federal support, but does not substantially improve their financial situation. As overall charity care membership has declined, short-term clients and undocumented residents now represent a growing proportion of Americans who rely on charity care.[3]

By sparking these and other changes in the charity care landscape, the ACA has prompted community-based charity care programs to reassess their purpose and goals. Many programs responded to the ACA by adding enrollment assistance services to help eligible clients enroll in Medicaid or the Marketplace.[4] The shift to enrollment and navigation functions was partly attributable to the inevitable reduction in the number of uninsured. It was also a pragmatic response to the business opportunities presented by the large influx of federal funding for enrollment assistance available under the ACA.

EXHIBIT: Charity Care Programs Interviewed for this Brief

Organization	State	Program Description
Access to Healthcare Network	Nevada	Non-profit medical discount program that connects low-income Nevada residents to a discounted provider network.
AccessHealth Spartanburg	South Carolina	Non-profit organization that connects uninsured Spartanburg County residents to a network of volunteer physicians.
Carelink, University Health System	Texas	Financial assistance program that allows uninsured Bexar County residents to access heavily discounted medical care services through University Health System.
Healthy San Francisco	California	Universal health access program operated by the San Francisco Department of Public Health.
Hillsborough County Health Care Plan	Florida	County-run managed health care program that contracts with providers to deliver primary care to low-income, uninsured individuals.
Ingham Health Plan	Michigan	A community-sponsored program that connects uninsured Ingham County residents who make less than 240 percent of the Federal Poverty Level with discounted primary care services and specialty referrals.
Portico Healthnet	Minnesota	Non-profit health and human services organization that conducts outreach efforts, health coverage enrollment assistance, and care management for uninsured individuals and families.
Project Access of Buncombe County, Western Carolina Medical Society	North Carolina	Physician volunteer initiative that works with hospitals, local pharmacies, and mental health providers to offer free medical care to the low-income uninsured.
Seton Healthcare Family	Texas	Program comprised of SETONCare Plus (SCP) and Medical Access Program (MAP). SCP is a network of three community health centers that provide a medical home to poor and underserved individuals; MAP is a quasi-insurance product that provides guaranteed benefits to low-income local residents.
Washtenaw Health Plan	Michigan	Public-private partnership that works with a network of doctors, clinics, hospitals, and other health care providers to offer discounted health services to low-income county residents.
We Care of Lake County	Florida	Non-profit organization that serves uninsured county residents by working with primary care clinics and providing referrals for specialty care.

While charity care programs continue to work to enroll people into the health care system, they are now increasingly looking for ways to improve clients' health by tapping social services *outside* the health care system. For some programs, shrinking membership led to more time and resources to devote to the remaining clients' non-medical needs; for others, post-ACA dialogue about comprehensive, whole-person care galvanized attention to the importance of non-clinical services. Spurred in part by the ACA's emphasis on prevention and healthy outcomes, many charity care programs have become more active in efforts to address the social determinants of health.

Defining and Addressing the Social Determinants of Health

According to the World Health Organization, the social determinants of health are "the conditions in which people are born, grow, live, work, and age."[5] Though these conditions can be far removed from health care per se, they can impede interaction with health care providers or the ability to pursue healthy lifestyles. Examples of social determinants include: language fluency; available transportation; nutrition; environmental safety; community violence; and employment type — all factors that can generate inequities in health outcomes, especially for disadvantaged and minority populations.[6] Up to 60 percent of an individual's health and wellbeing can be attributed to social and environmental factors and health behaviors (which are seen by some as a byproduct of one's social environment).[7]

The charity care programs interviewed almost uniformly noted a recent surge in their interest in addressing social determinants. With varying motivations, 10 of the 11 programs recently added or expanded non-medical services to support clients outside of clinical settings. Programs' efforts to address the social determinants of health fall into three main categories:

- Screening for non-medical needs and referring to available services;
- Supporting health literacy and bilingual understanding; and
- Promoting wellness through nutrition and fitness classes.

1. Screening for Non-Medical Needs and Referring to Available Services

Before accepting new clients, nearly all charity care organizations assess clients' need for food, clothing, and housing, and subsequently check their eligibility for social services and entitlements. Whenever possible, program representatives act as a bridge between clients and local food banks, shelters, and other community resources.

This bridge can be more or less formalized. On the more formal end, Project Access of Buncombe County, North Carolina partnered with the Buncombe County Department of Health and Human Services (DHHS) to tap into local Community Service Navigators' existing referral channels. Through this partnership, Project Access is able to help connect its clients to a wide array of social services and programs, including: employment resources, educational opportunities, transportation, housing, family planning, and substance use disorder treatment. Nevada's Access to Healthcare Network (AHN) uses a less formal approach. AHN maintains a database of community resources to support clients; if these contacts are unable to meet clients' needs, AHN can use its donation-based Patient Care Fund to provide necessary social supports directly.

While clients are usually screened for non-medical needs at their charity care program's office, some programs conduct specialized screenings in clients' homes. Michigan's Ingham Health Plan, for example, sends community health workers (CHWs) on "Healthy Homes" visits to check for hazards such as rodents or mold. If hazards are identified, CHWs locate resources to help fix the problems. Ingham's CHWs also help clients secure adequate clothing, food, utilities, employment, transportation, child care, and legal assistance.

2. Supporting Health Literacy and Bilingual Understanding

The ACA introduced new health care and health insurance terminology into many previously uninsured individuals' vocabularies — words such as "marketplace," "deductible," "co-payment," and "in-network." As a result, charity care programs saw many clients struggle to understand and interact with the health care system. Confusion about these new health care terms led programs to undertake stronger efforts to improve health literacy, defined as one's ability to obtain and understand information about medical visits, follow-up care, health insurance, and all other factors that influence health decisions.[8]

To support health literacy, some charity care programs are now designating staff members to anticipate and respond to clients' health-related questions. Minnesota's Portico Healthnet provides a health assistance line that welcomes clients' general health and health insurance inquiries. In-person efforts to address health literacy are also common: CareLink of Texas offers "Health Insurance 101" lectures with client-led question and answer sessions; Seton Care Health Systems of Texas, Project Access, Portico Healthnet, and AHN each make one-on-one health literacy counseling available to every client. While health-related questions vary based on clients' individual circumstances, efforts to address health literacy can also be tailored to groups with a particular set of needs. For example, Ingham Health Plan intends to partner with a local non-profit to provide health education to people with disabilities, as part of a comprehensive effort to help promote self-sufficiency.

For other demographics, the most significant barrier to health literacy is limited understanding of the English language. With this in mind, six of the interviewed programs — Washtenaw Health Plan; Portico Healthnet; Ingham Health Plan; Project Access; CareLink; and AHN — employ multilingual staffers to assist non-English speakers. Most of these staffers translate between English and Spanish, but charity care programs may also provide assistance in other languages. Michigan's Washtenaw Health Plan, for example, offers help in Arabic and French.

3. Promoting Wellness through Nutrition and Fitness Classes

Charity care programs are strengthening efforts to educate *all* of their clients about healthy behaviors — even if these clients have no current health problems. Inspired in part by the ACA's focus on preventive care, nearly all programs discussed the possibility of beginning to offer, or expanding access to, cooking classes and workout facilities that support healthy lifestyles.

Few programs, however, have established classes that meet on a regular basis. Most offer only occasional, one-time events, as programs concentrate their limited resources on populations with acute and chronic health needs. Despite this financial constraint, We Care of Lake County and AHN both expressed a strong desire to offer nutrition and cooking classes to all of their clients. Through its partnership with Buncombe County DHHS Community Service Navigators, Project Access clients with diabetes can access a local YWCA's gym facilities, which could lead to additional fitness opportunities for other clients in the future.

In the absence of recurring nutrition and fitness classes, some programs use care managers to promote general wellness among their clients. Portico Healthnet, for example, requires its clients to meet face-to-face with a care management coordinator at least once a year to discuss plans for healthy living, regardless of clients' current health status.

Looking to the Future: Charity Care and the Social Determinants of Health

More than two years since the implementation of the ACA's coverage expansions, charity care programs are still transitioning from traditional health care access roles to meet their potential to help clients with health-related needs. This smooth transition will largely depend on what funding is available. In some communities, funding is threatened because many government officials and private donors cite declining charity care membership as evidence that programs are no longer needed. Some potential funders may

object to supporting undocumented immigrants, who constitute a growing proportion of charity care programs' membership. Yet millions of these and other individuals still depend on community-based programs for affordable medical services — especially in non-Medicaid expansion states, where single adults with incomes between 10 percent and 100 percent of the federal poverty level (FPL) (roughly $3,000-$11,000 per year) make too much to be eligible for Medicaid and too little to qualify for Marketplace subsidies.[9] Even if they did qualify, the insurance policies would be unaffordable.

If states continue to expand Medicaid, and the nation continues to move slowly toward universal coverage, the need for charity care programs providing medical services will decline. However, these programs can add value by addressing what is not tackled in the traditional health care system: challenges that arise from the social determinants of health. By working on the non-clinical factors that affect health status, charity care programs can continue helping low-income residents live better and healthier lives — through services such as screening for social supports, promoting health literacy, and providing nutrition and fitness classes.

Nearly all the programs interviewed noted their intention to invest more in the social determinants of health; and, at the same time, focus less on medical services. Several programs even noted the likelihood of shutting down their medical services in the future. While most charity care programs have not yet abandoned their initial purpose of providing affordable medical care to those without health insurance (as shown in CHCS' interactive map of charity care programs), they are reinventing themselves as they enter a new phase of supporting the low-income uninsured.

ADDITIONAL CHARITY CARE RESOURCES

To learn more about the changing role of charity care organizations in the United States, visit www.chcs.org. An interactive map is also available, offering a point-in-time sampling of charity care organizations across the country, including a short description of select charity care programs.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ENDNOTES

[1] M. Crawford. *The Evolution of Charity Care Programs to Support Enrollment in Health Coverage.* Center for Health Care Strategies. July 2016. Available at: http://www.chcs.org/media/Charity-Care-Enrollment-Brief_071916.pdf.

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[5] World Health Organization. "Social Determinants of Health." Available at: http://www.who.int/social_determinants/en/.

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