Creating Social Change: A Case Study of How a Community Coalition Expanded the Safety Net at a Historic Moment for Health Care Reform

Tami R Bartell, MPH

DePaul University
College of Liberal Arts and Social Sciences
Master of Public Health Program

ICIRR
Illinois Coalition for Immigrant and Refugee Rights

WHAT IS THE PROBLEM?

Although the Affordable Care Act (ACA) of 2010 extended public and private insurance to 32 million individuals, over 40 million people living in the U.S. are still uninsured, many of whom are considered to be uninsurable, including a high proportion of both documented and undocumented immigrants who are excluded from participating in health exchanges and Medicaid expansion.

WHY IS IT A PROBLEM?

Even when accessing medical care, immigrants do not benefit from equitable access which represents both symbolic and social exclusion from the U.S. medical system whose public policies have been historically based on a definition of deservingness.

WHO IS ADDRESSING THIS? HOW IS IT BEING ADDRESSED?

HC3 Healthy Communities Cook County

2015 The Healthy Communities Cook County (HC3) coalition developed a campaign to create a Direct Access Program within the Cook County Health and Hospitals System (CCHHS) to expand medical care access for uninsured residents of Cook County.

2016 In September 2016, the Cook County Board of Commissioners voted unanimously in support of an ordinance to create a Direct Access Program within CCHHS.

2017 In April 2017, current CCHHS patients began enrolling in the Direct Access Program at CCHHS sites. HC3 has a goal to expand the program beyond CCHHS sites to include FQHCs and free and charitable clinics.

WHO DESERVES HEALTH INSURANCE?

Uninsured Underinsured Uninsurable?

	Eligibility	Federal Poverty Level (Adult)	
Federal Programs			
Medicaid Expansion	US Citizen/LPR	At or below 133%	Family of 1: $16,040
Non-citizens: =>5 years in US for legal permanent residents (LPR) who have green cards			
ACA Marketplace	US Citizen/LPR	Subsidies =<400%	Family of 1: $48,240
THE PROGRAMS BELOW THIS LINE ARE NOT INSURANCE			
CCHHS Financial Assistance			
CareLink	Resident-Cook County	At or below 600%	Family of 1: $72,360
Direct Access Program	Resident-Cook County	At or below 200%	Family of 1: $24,120
Other Safety Net Resources			
FQHCs	All	Sliding scale; at or below 100%: $12,060	
Non-profit hospitals	All	Charity care: required by law, % varies	
For-profit hospitals	All	Charity care: % varies by hospital	

2017 Proposed Health Care Budget: 24M more uninsured, 14M lose Medicaid, premium increases

Exclusionary medical insurance policies are based on a long history of racism and oppression in the U.S.

- In 1996, PRWORA made most legal immigrants ineligible for publicly funded services such as Medicaid for the first five years of residence while undocumented were already and still remain ineligible
- After the passage of the ACA, undocumented immigrants still remain ineligible for Medicaid

WILL THE DIRECT ACCESS PROGRAM INCREASE ACCESS?
WHEN WILL WE CREATE A PATHWAY TO ACTUAL INSURANCE?

WHAT IS A DIRECT ACCESS PROGRAM?

- Comprehensive care coordination
- Health network membership card
- Assigned "medical home"

Eligibility

- Uninsured Cook County resident: immigration status is not considered
- Income less than 200% Federal Poverty Level
- Based on need NOT on deservingness
- **CREATES WHAT IT IS LIKE TO HAVE INSURANCE WITHOUT BEING INSURANCE**

THE SAFETY NET NEEDS A SAFETY NET

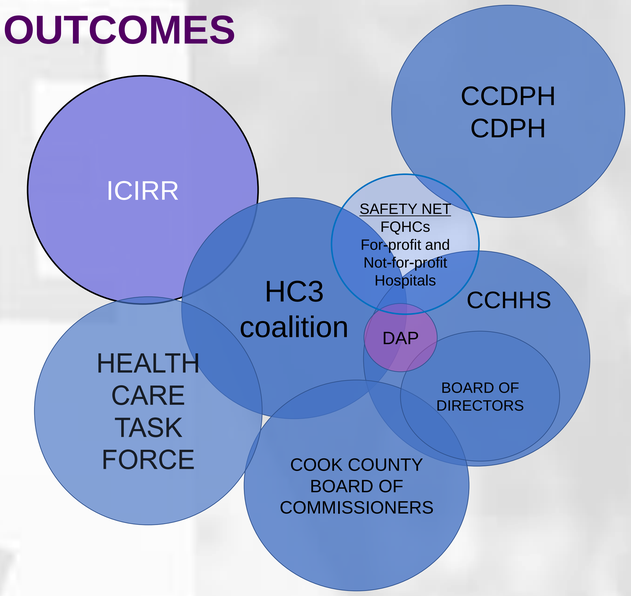
APPROACH

A case study of the HC3 coalition using data collected through in-depth semi-structured qualitative interviews with key stakeholders and informants was initiated using a grounded theory approach.

Focus of Analysis

- What led to the success of the HC3 coalition?
- How was HC3 able to achieve success in creating the Direct Access Program (DAP)?

OUTCOMES



LESSONS LEARNED

- **The Need for Community Organizing and Action**
- **The Safety Net Needs a Safety Net**
- **The Missing Role of Public Health in Achieving an Essential Health Service: Access to Care**

IF EVERYONE ORGANIZES UNTIL EVERYONE HAS ACCESS TO QUALITY CARE, EVERYONE WILL.

ACKNOWLEDGMENTS

Thank you to Luvia Quinones and Phoebe Flaherty for their wisdom, patience and energy. Thank you to the HC3 coalition for their tenacity and dedication and the study participants for their time and thoughtfulness. I also want to thank everyone at ICIRR for welcoming me and fighting for human rights for immigrants and refugees throughout their history, and for health care for all at such a critical moment for health care reform. Thank you, Suzanne Carlberg-Racich, for being the only one at DePaul to see the light.

A special thank you to my colleagues and mentors at the Smith Child Health Research Center who encouraged and enabled me to enroll in an MPH program, and who challenge me by asking new questions of the world and themselves every day. And a very special thank you to family and friends who support me and accept me no matter what.