



# Safety Net and Public Health Trends

*Initial Findings from  
HSC's 2007 Site Visits*

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# Public-Sector Findings and Issues

- On the policy front
- Safety net provider issues
- Public health matters
- Persisting problems/looming concerns

# Policy: Relief, Restoration, Reform

- State budget upturn permits recovery of lost ground
- Medicaid modifications
  - Citizenship requirements, pursuit of new and renegotiated waivers
  - Intensifying federal scrutiny, including IGT/CPE oversight
- SCHIP—presumption of renewal—growing angst
- Commissions, commissions. . .—coverage and capacity
- Health reform—Massachusetts—one and done?

# Safety Net Provider Issues

- **Intact but endangered but intact but endangered but intact**  
—the saga continues with rising demands and expectations
- Solidifying their lock on the uninsured market; achieving “magnet status” for low-income persons with specialty needs
- Safety net hospitals—resisting mission-shifting/hedging temptations; attention to community benefit/charity care standards for other hospitals having some effects
- Some CHCs outshining private-sector competitors as patient-centered medical homes
- Appropriately anxious about health reform implications

# Public Health Matters

- Preparedness advances at uneven pace: more ready in general but more uncertain about what to prepare for; shifting priorities at federal and state levels perplex local authorities
- Some major successes in anti-smoking campaigns and cigarette tax increases (OH, AZ, IN)
- Potential to unleash more grassroots activism in other areas of public concern
- Obesity is a prominent focus in several markets
- Continuing struggles with workforce issues

# Persisting Problems/Looming Concerns

- Continued deterioration of public mental health services with substantial spillover effects on safety net
- Immigration—health care system as crucible
- Quality/disparities issues attracting more concern
- Inflection point in economic recovery has passed
- Latest era of state-based reform initiatives in jeopardy

# Implications

- Rising uninsured, increased demand has intensified stress on safety net
- Access to specialty care for uninsured, low-income a severe problem without an apparent solution on the horizon
- Strain on safety net likely to increase as costs continue to rise, number of uninsured grows—economic downturn would only increase pressures
- Public health preparedness still evolving