California’s system of safety net providers, which includes community health centers, public hospitals and clinics, provides regular care to nearly 7.6 million Californians, almost a quarter of the state’s nonelderly population (Exhibit 1).

Four in 10 safety net users—nearly three million Californians in all—were covered all year by employment-based health insurance, but they reported using these community health centers, public hospitals and clinics as their main source of care.

Over two million adults and children covered by Medi-Cal or Healthy Families reported their main source of care as the safety net. They represent nearly three in 10 safety net users.

The safety net also served nearly 1.9 million of the 6.5 million Californians who lacked coverage for some or all of the year in 2005. More than one million who were uninsured all year and 850,000 who were uninsured part year reported using a safety net clinic or hospital as their usual source of care.

The safety net thus serves people of every health insurance status, but it has historically focused its mission on serving lower income adults and children, racial/ethnic minorities and immigrants. The safety net is the top source of care for those who are uninsured all year, followed by private providers (22%). A plurality of those uninsured all year report not having a usual source of care (47%), with the remainder reporting that they use emergency rooms, no one place, or other places (3%; data not shown).

Among those uninsured all year, there is greater reliance on the safety net among Latinos, other single/multiracial individuals, non-citizens without green cards, adults with children, and people with family incomes below 200% of the federal poverty level (Exhibit 2). Among those who are uninsured part year, the overall proportion who use the safety net for their regular source of care is essentially the same as the overall proportion for Californians uninsured all year.

Exhibit 1. Insurance Status of Nonelderly Adults and Children Who Rely on Safety Net Providers as Their Usual Source of Care, Ages 0-64, California, 2005

<table>
<thead>
<tr>
<th>Insurance Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured All Year</td>
<td>1,010,000</td>
<td>13%</td>
</tr>
<tr>
<td>Uninsured Part Year</td>
<td>850,000</td>
<td>11%</td>
</tr>
<tr>
<td>Medi-Cal or Healthy Families All Year</td>
<td>2,100,000</td>
<td>28%</td>
</tr>
<tr>
<td>Privately Purchased All Year</td>
<td>240,000</td>
<td>3%</td>
</tr>
<tr>
<td>Other All Year</td>
<td>430,000</td>
<td>6%</td>
</tr>
<tr>
<td>Employment-Based Insurance All Year</td>
<td>2,960,000</td>
<td>39%</td>
</tr>
</tbody>
</table>

Notes: “Other All Year” includes public programs other than Medi-Cal or Healthy Families (such as Healthy Kids or AIM), as well as any combinations of insurance in which the person was never uninsured.

Numbers may not add to 100% due to rounding.

Source: 2005 California Health Interview Survey
However, and somewhat surprisingly, among persons in the groups noted above, safety net use is greater among those uninsured part of the year than it is among those who are uninsured all year. This is because far fewer persons who are uninsured part year have no usual source of care. Thus, having some form of coverage over the past year among these vulnerable groups is associated with higher rates of having a regular source of care, whether from the safety net or from private providers (data not shown).

Our findings underscore the important role of the safety net in ensuring access to care for the most socio-economically vulnerable Californians. It serves many Californians with employment-based insurance coverage as well as those covered by public programs (such as Medi-Cal and Healthy Families) and those who are uninsured for all or even some of the year.

It plays a critical role for the uninsured, but especially for uninsured people of color, immigrants, families with children, and low-income adults and children. To the extent that public policies that expand health insurance coverage reduce the number of uninsured Californians, the safety net will serve fewer patients who will be uninsured. However, the important role that it currently plays in the care of people with employment-based insurance, Medi-Cal or Healthy Families coverage suggests that the safety net will continue to be a critically important provider of health care to Californians who do obtain coverage. Federal and state investments will be needed to support the continuing role that the safety net is likely to play.

Data Source

Based on data from the 2005 California Health Interview Survey, this fact sheet examines the use of community health centers, public hospitals and clinics as a usual source of care. CHIS 2005 provides the most recent information available on health insurance coverage of Californians, both statewide and at the county level. For more information on the California Health Interview Survey, please visit www.chis.ucla.edu.

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