Introduction

Every five years, the Community Clinic Association of Los Angeles County (CCALAC) conducts an analysis of the impact of community health centers in the region. This report is part one of a three-part series examining the adequacy of the private, non-profit safety net to serve its target population in the decade following the passage of the Patient Protection and Affordable Care Act (ACA). These reports offer a landscape analysis to provide insight to health centers, partners, lawmakers and funders and to inform considerations about policy-making and future investments. Previous reports were released in 2012 and in 2018.

This first report assesses the impact of Medi-Cal and health center expansions on access to health care and health care coverage in Los Angeles County over the decade following the signing of the ACA. The ACA and California's bold expansions of Medi-Cal eligibility have dramatically reshaped the picture of coverage and access in Los Angeles County. Significantly more people in the county, including those visiting health centers, have Medi-Cal today. Coverage expansions and increased demand for care, combined with significant federal investments, enabled health centers to expand and open new access points in more communities. While coverage and access in Los Angeles County has expanded significantly, gaps persist. Over 20 percent of health center patients remain uninsured, and the uninsured rate in Los Angeles County is about 7 percent, which translates to hundreds of thousands of people.
What is a Community Health Center?

Community health centers are non-profit, mission-driven organizations that provide comprehensive primary and preventive health care services. As the largest primary care network in the United States, health centers play a vital role in providing access to patient-centered, high-quality health and mental health services in some of the most under-resourced communities. In 2021, they served over 30 million patients, or one in 11 Americans.¹

Health centers serve all patients, regardless of their ability to pay or insurance status. They provide a range of health services including medical, dental, behavioral health, and treatment for substance use disorders. Health centers offer numerous non-clinical services such as case management, community education, nutrition, and services to people experiencing homelessness. The health center model is patient-centered, cost-effective, and produces high positive health outcomes across the nation.

Most, but not all, community health centers are Federally Qualified Health Centers (FQHCs) or FQHC Look-Alike entities. FQHCs, unlike Look-Alike entities, receive funding through the Health Center Program, which is funded through a combination of discretionary funding that Congress decides on annually and multi-year mandatory funding from the Community Health Center Fund.

The fund was created by the ACA to support the expansion of health centers. While federal funding comprises about 15 percent of health center revenue in Los Angeles County, roughly half of health center revenue comes from Medi-Cal, the State of California’s Medicaid program for people with low incomes.

CHC services include:

- Primary care
- Mental health
- Substance use
- Dental care
- Reproductive health
- STI/HIV testing and treatment
- Vision care
- Pharmacy
- Cancer screenings
- Health education
- Enrollment assistance
- Case management
- Street medicine

Photo credit: South Central Family Health Center
Investments Allow for Growth and Expanded Reach of Community Health Centers

Federal investments through the ACA supported a dramatic expansion of community health centers’ footprint in their communities. The number of health center organizations, full-time sites, and patients using health centers in Los Angeles County increased significantly between 2011 and 2021.

- The number of health center organizations has more than doubled, from 50 organizations in 2011 to 113 in 2021.
- The number of full-time health center sites has increased by 94 percent; from 176 sites operating in 2011 to 341 in 2021. This data doesn’t include part-time or intermittent sites, which brings the total number of sites in 2021 to over 450.
- 81 percent more patients are visiting health centers. With more health center organizations operating more sites, the number of patients accessing health centers grew from 1 million in 2011 to 1.9 million in 2021.²

While expansion continues today, the pace is slower.

Photo credit: Valley Community Healthcare
More people are visiting community health centers due in part to expanded health care coverage, especially Medi-Cal, California’s Medicaid program. Between 2011 and 2023, the number of people in Los Angeles County enrolled in Medi-Cal increased by 82 percent. From 2011 to 2016 alone, enrollment grew from 2.41 million to 3.98 million, a 65 percent increase in just a few years. Medi-Cal enrollment plateaued for several years, then began to increase again after 2019 due to additional eligibility expansions. In 2021, 3.94 million Los Angeles County residents were enrolled in Medi-Cal.

By June 2023, 4.39 million people in Los Angeles County were enrolled in Medi-Cal, about an 11 percent increase from 2021. This increase is due in large part to a pause on renewals and terminations during the COVID-19 public health emergency. During the pause, California also expanded eligibility to adults age 50 and over regardless of immigration status. Medi-Cal renewals resumed in 2023 which will result in coverage losses, but California is expanding Medi-Cal again in January 2024 to cover adults age 26 through 49. Looking ahead, the overlap of renewals and another eligibility expansion is likely to mute the impact of both with regard to enrollment data.³
Community health centers serve all people regardless of their insurance status. There are health center patients who have Medicare, private insurance, or Covered California; however, those numbers have remained relatively stable with slight, steady increases. In the past 12 years, a drastic shift took place at health centers in the number of patients who are uninsured versus those who have Medi-Cal.

Prior to the ACA, Medi-Cal primarily covered families, children and people with disabilities. In 2011, most health center patients, 58 percent, were uninsured. By 2016, following the ACA and California’s expansion of Medi-Cal to children regardless of immigration status, most health center patients, 57 percent, had Medi-Cal. The number of health center patients with Medi-Cal has continued to increase since then.

In the past decade, health center patients went from majority uninsured to majority Medi-Cal.²

<table>
<thead>
<tr>
<th>Year</th>
<th>Medi-Cal</th>
<th>Uninsured</th>
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</thead>
<tbody>
<tr>
<td>2011</td>
<td>34%</td>
<td>58%</td>
</tr>
<tr>
<td>2016</td>
<td>57%</td>
<td>31%</td>
</tr>
<tr>
<td>2021</td>
<td>64%</td>
<td>22%</td>
</tr>
</tbody>
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CHCs serve 1 in 3 LA County Residents with Medi-Cal

Photo credit: East Valley Community Health Center

Photo credit: Harbor Community Health Centers
Invest in Health Centers to Close Access Gaps

While Los Angeles County has seen impressive coverage gains and a significant expansion of health centers, individuals across the county continue to have difficulty accessing health care.

The number of individuals (adults, teens, and children) who are uninsured in Los Angeles County has decreased.

- **In 2011**, 1.71 million individuals or 17.6 percent of the county population were uninsured.
- **In 2016**, 946,000 individuals or 9.5 percent of the county population were uninsured.
- **In 2021**, 748,000 individuals or 7.6 percent of the county population were uninsured.

The overall decrease is significant; however, a 7.6 percent uninsured rate translates into hundreds of thousands of adults, teens, and children remaining uninsured in Los Angeles County.

The number of adults in the county who report difficulty finding primary care has trended in the opposite direction.

- **In 2013**, 328,000 or 4.4 percent of adults in the county reported difficulty finding primary care.
- **In 2016**, 384,000 or 5 percent of adults in the county said they had difficulty.
- **In 2021**, 743,000 or 9.6 percent of adults in the county said they had difficulty.

Despite significant coverage and access expansions, the number of adults reporting difficulty finding primary care has more than doubled.4

Demand for access to primary care and mental health services increased following expansions of coverage and the COVID-19 pandemic.

Health centers have seen investments over the past decade that have enabled much-needed growth in the number of health center organizations, clinical sites, and patients. Additional investments would allow health centers to improve access to care, grow their workforce and expand into new communities.5

Continued federal funding is uncertain as Congress decides annual health center appropriations funding levels and must, every few years, reauthorize the Community Health Center Fund. Health centers urgently need a funding increase to keep up with rising costs and the increase in patients. Funding stability and security would lessen financial uncertainty and allow for long-term expansion planning.

State funding, through Medi-Cal, is an important source of revenue for health centers since nearly two-thirds of patients have Medi-Cal coverage. Lawmakers in Sacramento have expanded eligibility for the program, as well as the services it covers, but reimbursement for providers falls short of covering the cost of care.

Health centers have demonstrated that with the right investments, they can bridge gaps in access to health care by expanding their networks and services, especially in under-resourced communities where the health center model of whole-person care is especially critical to improving health equity and health outcomes.

End Notes

1National Association of Community Health Centers, America’s Health Centers Infographic, August 2022.
2California Department of Health Care Access and Information (MCAL) 2021 Primary Care Clinic Annual Utilization Data; California Office of Statewide Planning and Development (OSHPD) 2016 and 2011 Primary Care Clinic Annual Utilization Data.
3Department of Health Care Services, Medi-Cal Certified Eligible Data Table by County and Aid Code Group.