

Health care for the uninsured continues to be a national policy problem, with recent estimates indicating that 42 million nonelderly Americans—nearly 18 percent of the total nonelderly population—are without health coverage.¹ Health insurance is an important determinant of access to health-care services.² Lack of adequate coverage can lead to poorer health outcomes (higher risk-adjusted mortality, preventable hospitalizations, higher inpatient mortality risk)³ and puts individuals and families at risk for significant economic losses. Purchase of health insurance is beyond financial possibility for many, as evidenced by the fact that the poor and near-poor constitute almost two-thirds (65 percent) of the uninsured population.⁴ In the end, society bears the cost of these losses, as providers, governments, and ultimately employers, employees, and other taxpayers end up paying for uncompensated care provided to the uninsured. In response to this problem, the W. K. Kellogg Foundation in 1998 launched a five-year initiative called “Community Voices,” the purpose of which is

to help ensure the survival of safety-net providers and to strengthen community support services given the unlikely prospect of achieving universal health coverage in the next five years. Building from the community level, the initiative gives the underserved a voice

¹Hoffman and Pohl (2000).

²Hoffman and Schlobohm (2000).

³See, for example: Franks, Clancy, and Gold (1993); Weissman, Gatsonis, and Epstein (1992); and Hadley, Steinberg, and Feder (1991).

⁴Hoffman and Pohl (2000).

to help make healthcare access and quality part of the national debate.⁵

Under Community Voices, grants were made to 13 community “learning laboratories” across the country, which were to “serve as working centers that will sort out what works from what does not in meeting the needs of those who receive inadequate or no health-care.”

One of the Community Voices grants went to Miami, Florida, where it is administered by Camillus House, a Catholic social service agency and health-care provider for the homeless. The other principal participants in Community Voices–Miami, which began in the summer of 1998, are United Way of Miami-Dade and RAND. Community Voices–Miami shares the goals of the Kellogg initiative but differs from several of the other Community Voices sites in that the primary grant recipient, Camillus House, is not housed within the major safety-net provider in the county.

RAND’s task is to evaluate the Community Voices–Miami project and to provide technical assistance and policy analysis. This report derives from the analytic support role. It investigates the flow of funds through Miami-Dade County hospitals, especially with respect to unpaid charges for care (see Chapter Three). In the course of this analysis, it became clear that it was important to determine whether the flow pattern was associated with where county residents receive care, so the travel patterns of hospital patients in Miami-Dade County are also examined (see Chapter Four). The report begins with a review of the issues leading to the current interest in these topics.

⁵<http://www.wkcf.org/Initiatives/Initiative.asp?ID=1&Section=1>, accessed May 17, 2001.