



## More Patients, More Uninsured Patients with Diabetes Seen at America's Nonprofit Clinics and Health Centers

*Findings of Nationwide Survey of Safety Net Providers' Patient Volume 2009 compared to 2010:  
Total Patients, Uninsured Patients, and Uninsured Patients with Diabetes*

**Purpose:** The purpose of this survey was to determine whether and to what extent nonprofit safety net clinic and health center providers in the United States were experiencing an increase in the number of patients in 2010 compared to 2009 and, more specifically, a change in the number of uninsured patients with diabetes.

The intended application of the survey was to improve targeted medical relief efforts by Direct Relief USA, which provides donated medicines and supplies for low-income and uninsured patients at nonprofit safety net facilities.

**Background:** Anecdotal evidence from safety net providers working with Direct Relief indicated that the continuing hardship of the economy and high rates of unemployment caused more people to seek care at nonprofit safety net facilities. It was anticipated that persons with chronic diseases, such as diabetes, were more likely to seek care from nonprofit community clinics and health centers due to the need for ongoing care and assistance to manage their condition.

Existing processes through which publicly available nationwide information is captured, only occur annually and do not allow for more timely use. This schedule and related lag time does not provide timely information to assess current situations or unfolding events. Direct Relief conducted this survey to gather data that is not systematically captured elsewhere on a national level, and to test the results against anecdotal evidence.

**Process:** In partnership with the National Association of Community Health Centers and the National Association of Free Clinics, Direct Relief developed the survey to garner a more detailed perspective on recent changes at national and regional levels related to patients seen in safety net clinics.

The survey also served as the basis for the practical application of allocating 5 million syringes and needles offered for donation by medical technology company BD to assist safety-net providers in caring for their patients with diabetes.

**Analysis and Findings:** The aim of this survey was narrowly focused on changes in the number of patients and uninsured patients with diabetes at nonprofit safety net facilities, so Direct Relief is reluctant to draw expansive inferences from the data received. They also recognize that, despite the substantial amount of information received from safety net providers in 48 states and Puerto Rico and

standard validation efforts, the survey data do not represent a random sample. Inference to the entire safety net provider population must therefore be strongly qualified. Nonetheless, Direct Relief believes that the data do represent as accurate a snapshot as is possible under such circumstances of the issues upon which the survey was focused.

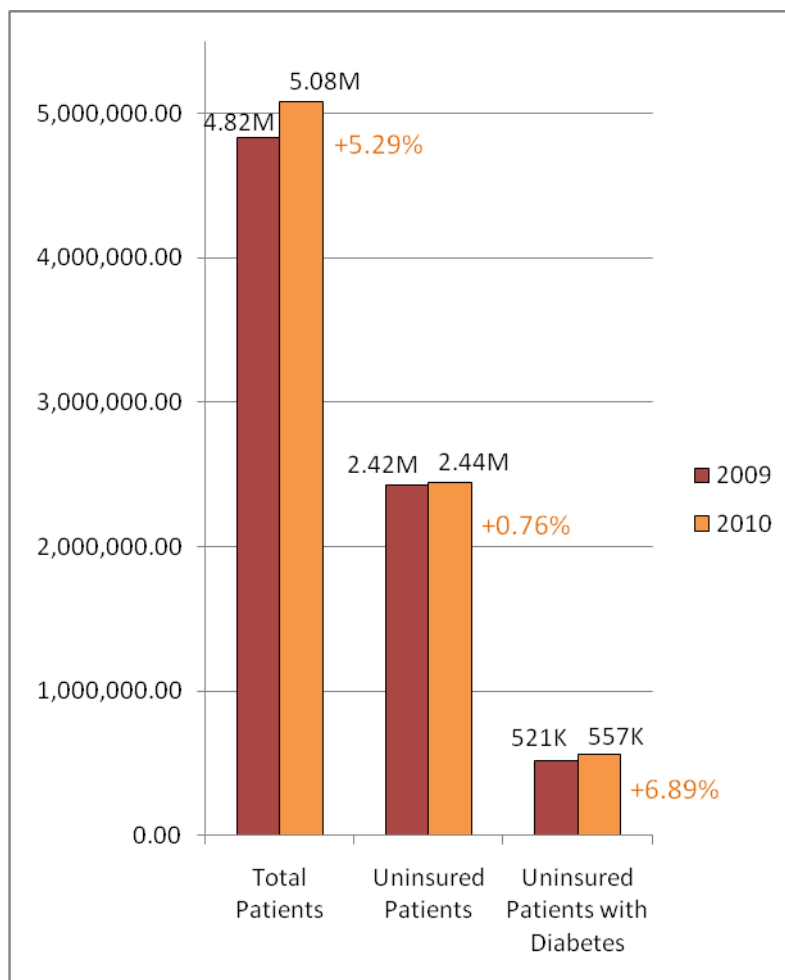
The aggregated results of the survey, which showed overall increases in all categories of patients, found that in particular there was a significant increase from 2009 to 2010 of uninsured persons with diabetes – more than 6 percent, representing approximately an additional 36,000 individuals. In looking at the total patient population numbers, the growth year over year was 5 percent (from about 4.8 million to over 5 million). However, while total patients and uninsured patients with diabetes increased substantially, there was a much smaller increase among those patients that were categorized only as uninsured – just less than 1 percent.

Finally, because total patients increased at a rate higher than uninsured patients, those who were uninsured as a percentage of the whole patient population fell (50.2 percent to 48.0 percent). Stated conversely, the percentage of overall patients *with insurance* increased by two percent. This change illustrates that more people, regardless of their insurance status, are seeking out care at these clinics. This finding illustrates the critical role that these providers play in their community.

In general, this survey confirms with substantial evidence that the continuing effects of the economic recession have resulted in more patients seeking and receiving care at nonprofit safety net facilities. In addition, among the increased number of patients that were treated, a higher percentage has diabetes than in the previous year.

As noted above, the survey results understate—unfortunately by a margin Direct Relief cannot estimate—the total demand for health services among people whose principal access to care is through safety net providers. Specifically, the survey confirms with a degree of precision publicly available

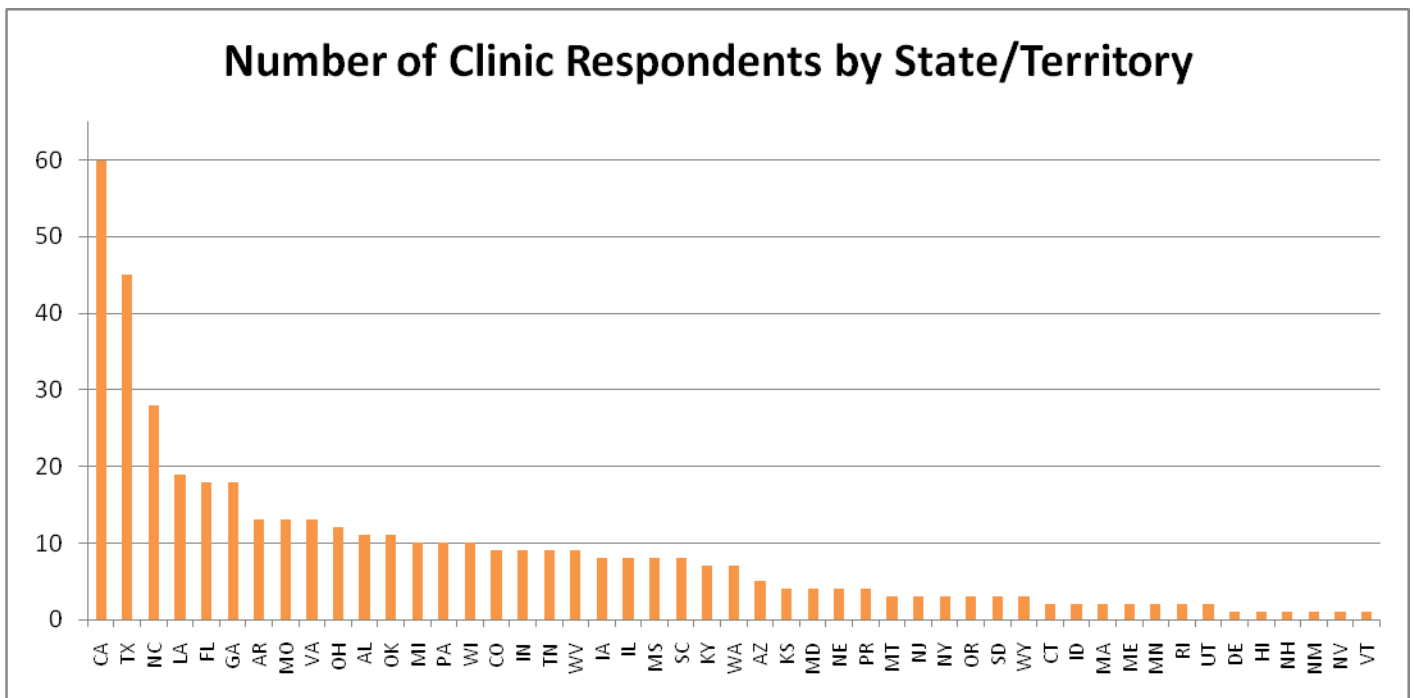
### Clinic and Health Center Aggregate Responses



information on a national scale the extent of increased patient volume and patients with diabetes volume at the respondent clinics and health centers.

**Survey Methodology:** The survey instrument was transmitted via Direct Relief to federally qualified health centers (FQHCs), free clinics, and community clinics in the United States for which Direct Relief had contact information. In addition, all members of the National Association of Community Health Centers and the National Association of Free Clinics were also surveyed. Facilities receiving the survey were asked to submit a response for their facility within a two-week period.

Survey respondents were not preselected. However, survey data cannot be described as truly random as this survey was conducted in conjunction with a donation offer of BD needles and syringes aimed at ameliorating conditions for low-income and uninsured patients with diabetes. Therefore, inference to the entire U.S. safety net clinic and health center population should be approached with due caution. Obvious sources of sampling bias inhibiting inferential analysis are such factors as relative need for the product and prior frequency of response to Direct Relief USA product offers. Nevertheless, the sheer size and scope of the clinical sample and of the reported patient populations lend significant credence to the descriptive value of this data snapshot of critical patient trends.



Each response was reviewed individually and a sampling of facilities' reported totals were evaluated against prior-year data contained in the publicly available patient utilization data submitted to the Health Resources and Services Administration (HRSA) to identify potential reporting errors and outliers. Inconsistencies in previously reported data and information submitted on the survey were reviewed with individual respondent facilities to ensure accuracy.

**Results:** The survey was provided to 1,453 nonprofit clinics and health centers across the country; many of which operate multiple clinical service delivery sites. Survey data was processed and interpreted using SPSS 17; a total of 432 clinics responded to the survey. Those respondents, including a significant number of FQHC grantee corporations representing multiple clinical service delivery sites, were distributed across 48 states.