

Safety net hospital closures hit poor, uninsured hardest

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When safety net hospitals close or switch from not-for-profit to for-profit status, as quite a few did during the 1990s and early 2000s, certain vulnerable groups suffer disproportionately, a new study finds. For instance, uninsured pregnant women, who often use public transportation, had to travel further to give birth after such closures or conversions, their average trip increasing from seven miles to 10 to 13 miles.

People often discuss the possible overuse of [emergency room](#) (ER) care by needy populations. In fact, safety net hospitals provide wide-ranging care to such populations, said Gloria Bazzoli, lead study author and a professor at Virginia Commonwealth University. “They often provide primary care, specialized services, referrals for social services, mental

[health](#) and other services,” she said.

Safety net hospitals, often located in poor urban neighborhoods, either have a legal requirement to accept all patients or are private hospitals that disproportionately serve impoverished people. Their closing can affect economically secure and insured people, but the researchers thought that the poor and uninsured might face greater difficulties finding or accessing replacement care.

The study appears online in the journal *Health Services Research*.

Bazzoli’s team examined the travel distances encountered by patients in urban hospitals for a wide variety of medical services. They used data from hospitals in four states: Arizona, California, Florida and Wisconsin.

In addition to the uninsured [pregnant women](#), uninsured Hispanic people in particular had greater difficulty accessing care after the loss of a local safety net [hospital](#). “This especially concerns us because the health care reform efforts will help Hispanic individuals who are legally here, but the [uninsured](#) Hispanic population here illegally will continue to fall through the cracks,” Bazzoli said.

African-American patients who were without insurance or covered by Medicaid also experienced significant increases in travel distances for mental health and substance abuse services, compared to privately insured people.

Gerard Anderson, a professor at the Johns Hopkins Bloomberg School of Public Health, said that while the loss of some safety net hospitals had little impact beyond that on their employees, elsewhere such a loss seriously could affect the health status of a community.

“This paper identifies the characteristics of people who are most likely

to be adversely affected by closures and conversions,” Anderson said. “It has direct relevance to the communities most affected and it is generalizable to communities that could see closures and conversions in the future.”

More information: Bazzoli GJ, et al. The effects of safety net hospital closures and conversions on patient travel distance to hospital services. *Health Serv Res online*, 2011.

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