

Safety net health centers fill in urban gaps

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Urban areas that are segregated by race, ethnicity or income have more Federally Qualified Health Centers (FQHC), which provide primary care services for disadvantaged populations, despite an adequate supply of private sector physicians, according to new findings published in *Health Services Research*.

“[Urban areas](#), by absolute number, should have an adequate supply of physicians in the private sector, yet the need for these FQHCs to make up for these gaps speaks more to distribution and the effects the distribution has on disparities in access to care,” said lead author and Ph.D. candidate Michelle Ko, M.D. of the Fielding School of Public Health at University of California, Los Angeles.

After analyzing data from the Area Resource File from 2000 to 2007

and 2000 U.S. Census data on 1,786 metropolitan counties, the researchers found that counties with a large minority population were more likely to have an FQHC in 2000, and counties that gained at least one FQHC from 2000 to 2007 had more low income residents and racial/ethnic minorities in segregated communities.

“As long as we have persistent resident segregation with income and race/ethnicity, we will continue to need safety net providers,” said Ko.

“We know a lot of problems that result from segregation and are typically thought of around unequal education and a number of other kinds of issues, but I don’t think [health care](#) is one of the impacts that people think of,” said Jessica Greene, Ph.D., an Associate Professor at the University of Oregon’s Department of Planning, Public Policy and Management. “It substantiates this theory that race really seems to matter in terms of where doctors are located and whether doctors are willing to accept low income patients.”

Greater diversification of the health care workforce and finding providers who are really committed to minority populations may help to alleviate health care disparities that stem from access issues related to income and racial/ethnic segregation, said Ko. “Until that happens... there will continue to be that catch up where FQHCs will continue to be critically important in filling gaps for access to care for racial and ethnic minorities.”

More information: Ko, M. and Ponce, N.A. (2012) Community residential segregation and the local supply of Federally Qualified Health Centers. *Health Services Research*. In Press.
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