Guest Blog: Creating a More Equitable Health System for All DC Residents

By Dr. Andrea Anderson and Angelica Journagin, Unity Health Care

Dr. Andrea Anderson is a family medicine physician at Unity Health Care and the Director of Family Medicine. Angelica Journagin is the Vice President of Planning and External Affairs at Unity Health Care. As the largest network of federally qualified community health centers in Washington, DC, Unity Health Care provides a full-range of health and human services to meet the needs of our communities through a network of over 20 traditional and non-traditional health sites. Unity's team of compassionate and multicultural health professionals place Unity values into action every day to bring whole-person care and wellness to over 104,000 patients.

The DC Healthcare Alliance program plays a crucial role in providing access to health care services for many low-income DC residents and their families. However, many residents struggle to access these services because of cumbersome enrollment procedures. Several health care and community organizations have long advocated to change these procedures and policies, which would make the program more accessible to the residents that need it most. These solutions include reducing the amount of times in a given year that Alliance beneficiaries must re-apply for the program at local Economic Security Administration (ESA) service centers, or allowing community health organizations to have a greater role in assisting patients who wish to reapply for the program. Such initiatives would have a positive effect on the health of DC residents, and the DC Council has an opportunity to implement this change by funding already-passed legislation in the budget[1].

Of the over 5,600 Alliance patients served by Unity in 2017, 85 percent have limited English proficiencies. These District residents are very vulnerable and face extreme socio-economic pressures. They cannot afford to spend excessive time waiting in line, taking multiple trips to ESA centers, missing work or getting childcare just to apply for the health coverage they need to lead fully functioning lives. These issues all multiply when ESA workers cannot speak the beneficiary's language.

Take the story of Edward. He is a hardworking resident who provides for his family through his work as a window cleaner. He also has a personal history of asthma and he uses a medication to prevent his frequent and severe asthma attacks. Recently, he came to the clinic for a routine visit only to find out that his Alliance benefits had lapsed and that he would not be able to refill the asthma medications that are so crucial to his breathing and his ability to work. Without this critical source of health coverage, he was not able to attend his appointment with his pulmonologist at one of our partner hospitals and had to reschedule the appointment for in the earliest available slot, four months later.

In order to re-enroll in Alliance coverage, Edward had to miss a day's pay to stand in line at the recertification location. Like Edward, many patients do not have sick leave associated with their jobs, and the loss of a day's wages can have a major impact on their family's finances. In the interim, Edward suffered an asthma attack and went to the Emergency Department of a local hospital. He is doing better now. However, that ED visit and the associated cost, anxiety, and morbidity could have been avoided if there were fewer barriers to maintaining his Alliance coverage.

Edward's story is not uncommon. We could tell you about the story of Jose, who has had to go without diabetes medication. Or Sarah, who has rheumatoid arthritis and needs medication to work, but cannot get time off to renew. And Maria, who had breast cancer surgery, lost her Alliance coverage, and then wasn't able to get her radiation treatments.

The current Alliance system is absent of equity. These policies — requiring beneficiaries to line up at service centers twice a year to re-enroll and complete a face-to-face interview -- have real and devastating health consequences for DC residents like Edward who rely on the Alliance for health care services. This places an undue burden on communities that the city has always valued. Funding for the Alliance annual renewal and community health organization assistance should be included in the budget. This way, beneficiaries can work with people they trust, who are from their community. It is only through these actions that we will have a more equitable health system for all DC residents.

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[1] This was not funded in the fiscal year (FY) 2019 budget at first reading on May 15, 2018. The second and final reading for the FY 2019 budget will be on May 29, 2018. If not funded in the FY 2019 budget, the next opportunity to fund changes to the Alliance program will be in the FY 2020 budget.