

Overview of the Uninsured in Southern California Counties

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ITUP Southern California Counties' Regional Workgroup Overview

Insure the Uninsured Project (ITUP), funded by a grant from the California Wellness Foundation and The California Endowment, is committed to expanding health care coverage to uninsured Californians. Over the next two years, ITUP will focus on health services and programs for uninsured residents through a series of workgroups held in different regions of the state. Southern California counties with large immigrant populations present unique challenges to achieving this goal not necessarily encountered in the rest of the state. Three such meetings focused on select counties in Southern California, including the counties of Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara and Ventura. This summary does not include Los Angeles County.

In preparation for the workgroup meeting, ITUP gathered data from the Office of Statewide Health Planning and Development (OSHPD), Managed Risk Medical Insurance Board (MRMIB), the Medi-Cal Policy Institute, the UCLA Center for Health Policy Research, the HIPC/ PacAdvantage and several large health plans. This data describes the status of health care delivery for the uninsured, public and private coverage and financing in these seven counties. This overview will describe county demographics, enrollment in public and private coverage, utilization of services and funding sources for care to the uninsured in community clinics and hospitals and the availability and costs of private insurance within each county.

Demographics

Population and Ethnicity¹

The total population of the seven Southern California study counties constitutes 30% of California's total population. The population of the study counties ranges from 247,000 in San Luis Obispo to approximately 2.9 million in Orange (.7%- 9% of the state population). The seven counties studied have a white, non-Hispanic majority ranging from 59% in San Bernardino to 85% in San Luis Obispo. Statewide, white, non-Hispanics comprise 47% of the population. Latinos comprise the second largest ethnic group in the study region averaging 31% (16.3% in San Luis Obispo to 39% in San Bernardino). This figure is almost comparable to the state average of 32%. Within the study region, Asian-Americans average 6.2%, and African-Americans average 4.2% of the population. Asian-Americans and African-Americans both fall short of the state averages.

Income and Poverty

The average number of the residents living below 200% of the federal poverty level (FPL) in the seven southern counties is 27.7%² (the range is relatively close, ranging from 21% in Ventura to 31.2% in San Bernardino and Santa Barbara). Thirty percent of Californians reportedly live below 200% FPL.³ The average number of residents under 100% FPL is 13.7%. Approximately 16% of California residents have incomes below 100% FPL. In Urban counties such as Los Angeles, Sacramento, and San Francisco, 21%, 17% and 12%, respectively, have incomes below 100% FPL.⁴

¹ US Census Bureau, Census 2000, www.census.gov

² 1990 Census stats. U.S. Department of Commerce, Bureau of the Census, Department of Finance, Demographic Research Unit. <http://www.census.gov>

Low-Income Public Health Coverage

The percentages of uninsured, Medi-Cal enrollees, and Healthy Families patients in the seven counties are slightly below the state averages, with the exception of Healthy Families enrollment:

- Southern Study Counties Average:
 - 18.7% uninsured (16% Ventura – 29% Santa Barbara)⁵
 - 10.9% Medi-Cal (8% Orange – 15% San Bernardino)⁶
 - 1.4% Healthy Families⁷
- Statewide averages: 22.4% uninsured⁸, 15% Medi-Cal, 1.3% Healthy Families

Poverty and the Uninsured⁹

Except in Orange County, there seems to be a clear correlation between a county's population percentage below 200% FPL and its number of uninsured residents. Within the study counties, uninsured percentages range from 16% (Ventura) to 29% (Santa Barbara). Population percentages below 200% FPL range from 21% (Ventura) to 31.2% (San Bernardino, Santa Barbara). Santa Barbara has a high rate of uninsured (29%) and residents living below 200% FPL (28.5%). Similarly, Ventura County has the lowest population percentage below 200% FPL (21%) as well as a low rate of uninsured (16%). San Bernardino and

³ California Department of Finance, Median Income and Poverty Status, 1990 Census, www.dof.ca.gov

⁴ US Census Bureau, Census 2000, www.censu.gov

⁵ E. Richard Brown, Ninez Ponce, Thomas Rice. The State of Health Insurance in California: Recent Trends, Future Prospects. Los Angeles: Regents of The University of California, 2001.

E. Richard Brown, Ying-Ying Meng, Carolyn A. Mendez, Hongjian. Uninsured Californians in Assembly and Senate Districts 2000. Los Angeles: Regents of the University of California, 2001

⁶ Medi-Cal Policy Institute, California County Data, (Jan. 2000), www.medi-cal.org

⁷ Managed Risk Medical Insurance Board, Healthy Families Program Subscribers Enrolled by County, June 2000-June 2001, (June 2001), www.mrmib.ca.gov

⁸ Brown, et al. The State of Health Insurance in California: Recent Trends, Future Prospects. Los Angeles: Regents of The University of California, 2001, p.8.

⁹ See note #6.

Riverside counties both have a combined uninsured rate of 23% and have a relatively high percentage (30.3% in Riverside and 31.2% in San Bernardino) of residents living below 200% of the federal poverty level.

Community Clinics¹⁰

Patients

Community Clinics in the seven county region saw between 29,000 (San Bernardino) and 388,000 (San Diego) unduplicated patients in 1999, averaging 7.4% of each county's population.

In these counties, the majority of community clinics' patients are uninsured (average is 65%). Medi-Cal patients constitute the second largest category of patients seen in community clinics for these counties (average 24%). The privately insured and Medicare comprise the majority of the remainder of patients, averaging 5.5% and 4.6%, respectively, of community clinic patients.

The relationship between the number of uninsured or Medi-Cal patients treated in community clinics and the number of uninsured or Medi-Cal residents county-wide is not clear.

- Of the seven counties, San Bernardino County has a high population percentage of Medi-Cal enrollees (15%) and community clinics in this county treat the highest percentage of Medi-Cal patients (14%).
- San Bernardino community clinics also treat 50% of uninsured patients -- a very high figure, but lower than the clinics in the other six Southern California counties studied. Riverside and San Bernardino combined have an uninsured population of 23% -- a high uninsured percentage of its county population.

1996-1999 Clinic Trends

Numbers of Unduplicated patients

In six of the seven counties, the number of uninsured patients treated in community clinics increased by 5% to 52% between 1996 and 1999. The greatest increase was seen in San Bernardino County (52%). The number of uninsured community clinic patients decreased by 12% in Santa Barbara County.

The number of Medi-Cal patients treated at community clinics increased in four of the seven counties (20%-66%), with the greatest increase in San Bernardino County (66%). Decreases in the number of Medi-Cal patients treated at community clinics were seen in Orange (7%), San Luis Obispo (28%) and Santa Barbara (29%).

Private patients seen in community clinics decreased in four of the seven counties by an average of 27%, with the greatest decrease in Santa Barbara (65%). Riverside, San Luis Obispo, and Ventura each experienced an increase in privately insured patients treated in community clinics by 8% - 300%; Ventura County community clinics saw the greatest increase of 300%.

Medicare patients seen in community clinics decreased in 4 of the 7 counties by an average of 0.4%. Clinics in Riverside and Ventura counties each experienced an increased in Medicare patients treated in community clinics of 1.8%. There was no change in San Luis Obispo clinics.

ÿ Since 1996, community clinics in Santa Barbara County reported decreases in all categories of clinic patients between 1996 and 1999.

¹⁰ Office of Statewide Health Planning and Development, Annual Utilization Report of Primary Care Clinics, 1999, www.oshpd.state.ca.gov

- ÿ In San Diego County, MediCal and uninsured clinic patients increased, while privately insured and Medicare patients decreased.
- ÿ In San Bernardino County, MediCal and uninsured clinic patients have decreased while the privately insured and Medicare patients have increased.
- ÿ Ventura County community clinics experienced a drop in uninsured patients while patients in the other three categories have increased.
- ÿ The opposite occurred in both Orange and San Luis Obispo counties where there was an increase in uninsured clinic patients and decreases in the other categories.
- ÿ Riverside County’s clinic uninsured, Medicare and privately insured patients all decreased while their numbers of MediCal patients has grown.

Utilization

Community clinics in the seven study counties provide between 74,000 (San Bernardino) and one million (San Diego) patient visits, averaging 270,000 visits.

- MediCal patients account for 31% of clinic visits. Medical patients average 3.3 annual visits per patient. These patients’ utilization has increased by an average of 18% in the past five years in Orange, San Diego and Ventura counties. These patients’ utilization has decreased by an average of 16% in the remaining counties.
- On average, uninsured patients account for 58% of visits. The average annual visits per uninsured patient are 2.4. Uninsured patients’ utilization of community clinics fell slightly in Santa Barbara and Ventura counties and declined by 65% in San Bernardino community clinics.
 1. MISP (Medically Indigent Services Program) and “other county programs” pay for 5% (0% in San Bernardino and Ventura counties

to 10% in San Diego) and 6.3% (less than 1% in San Luis Obispo and Ventura to 13% in Orange), respectively, of clinics' uninsured visits. MISP patients average four visits and other county program patients average 2.6 visits.

2. EAPC and "other state programs" pay for 7.5% and 27.6%, respectively, of uninsured clinic visits. EAPC patients average 2.4 visits. Other state program patients average 2.3 visits.
3. CHDP pays for 10% of uninsured visits. CHDP patients average 4.3 visits.
4. Self-pay accounts for 37% of uninsured patient visits. Self-pay patients average 2.2 visits.
5. Non-paying patients account for 7% of uninsured visits. Non-paying patients average three visits.

Privately insured patients account for 4.8% of clinic visits and average 2.6 visits; Medicare patients account for 7%, averaging 3.5 visits per patient. Utilization increased for the privately insured and Medicare clinic patients in Riverside, San Bernardino and Ventura counties; utilization decreased for San Diego, San Luis Obispo and Santa Barbara clinics. Utilization for the privately insured decreased while clinic utilization by Medicare patients increased in Orange County.

Statewide utilization has decreased for Medi-Cal (4%) and Medicare patients (15%), while utilization for the uninsured and privately insured have increased (3% and 15% respectively).

Revenue

In all seven counties, the greatest percentage of clinic revenue comes from patient fees (42% in Riverside to 90% in Ventura). Patient revenue is dominated

by reimbursements for Medi-Cal (40% average) and uninsured patients (47% average). Private and Medicare reimbursements comprise the remainder.

Funding for Services to the Uninsured

Various state and county programs, including County Medical Services program (CMSP), Medically Indigent Services Program (MISP), Expanded Action to Primary Care (EAPC) and Child Health and Disability Prevention (CHDP), in addition to the payments from the self-insured, provide uninsured reimbursements.

- MISP on average accounts for 5% (0% in San Bernardino, Santa Barbara, and Ventura Counties to 10% in San Diego) and other county programs account for 5% clinics' reimbursements for their care to the uninsured.
- EAPC averages 6% (2% Riverside to 9% San Luis Obispo) and other state programs average 35% (15% San Bernardino to 54% Santa Barbara).
- CHDP averages 10.4%
- Self-pay reimbursements average 39%

Grants, Contracts and Donations

The remainder of community clinic funding comes from federal, state and local grants and contracts as well as private donations:

- Federal government grants and contracts account for an average of 12% of clinic funding in the seven study counties (5% in Orange to 23% in San Bernardino), compared to 16% statewide.
- State grants and contracts account for an average of 6% (0.5% Orange to 12% Riverside), compared to 11% statewide.
- County and local grants and contracts comprise 8.7% on average (0.3% San Bernardino to 34% Riverside), compared to 7% statewide.
- Private donations average 4.7% (2% Riverside, Santa Barbara to 11.8% Orange), compared to 10% statewide.

Federal and state government contracts and grants increased for five of the seven study counties between 1996 and 1999 by an average of 110%. For clinics in Orange and San Diego Counties, state and federal grants and contracts decreased by 6.8%. State grants and contracts funding increased an average of 97% for clinics in five of the seven counties. In Orange and Santa Barbara state funding decreased by 53%. Federal and state funding have increased for community clinics statewide by 6% and 65% respectively.

County and local grants and contracts for community clinics in the study counties decreased by 51% in four counties. Private donations fell by 81% in Santa Barbara County. County and local grants and contracts increased in three counties (Orange, Riverside, and Ventura) by an average of 159%; private donations increased by an average of 65%. Statewide these funding sources increased by 39% and 68% respectively.

Community Hospitals¹¹

Hospital data for the seven study counties were reviewed for 1997-1998. During this time period, Medicare and privately insured patients dominated the utilization of all hospital services.

Inpatient

- Medicare patients accounted for 34% of inpatient days (29% in San Bernardino – 39% in San Luis Obispo).
- Privately insured patients accounted for 36% of days (27% in Santa Barbara – 45% in Orange).
- MediCal patients accounted for 21% of inpatient days (13% in Orange and San Luis Obispo – 29% in Santa Barbara).

- The county indigent uninsured accounted for 2% of hospital days (0.7% in Ventura – 4% in Riverside).

Average Length of Stay

- Medicare patients had a 5.6 day average length of stay (4.5 in Santa Barbara – 6.2 in Orange, Ventura).
- The privately insured averaged 3.8 days (3.6 in Santa Barbara – 4.2 in Ventura)
- MediCal patients averaged 3.5 days (3.2 in Santa Barbara – 4.9 in San Diego)
- The county indigent uninsured had an average length of stay of 4.5 (San Luis Obispo, 3.3; San Diego, 5.7)

Outpatient

- Privately insured patients averaged 38% of hospital outpatient visits (26% Riverside – 48% Santa Barbara)
- Medicare accounted for 36%, (29% San Luis Obispo – 48% Santa Barbara)
- MediCal accounted for 16% (8% Orange – 38% Ventura)
- County indigent uninsured accounted for 3.2% (0.7% Santa Barbara – 6% Riverside)

Emergency Services

- The privately insured accounted for 45% of emergency room visits (37% San Luis Obispo – 59% Orange)
- Medi-Cal patients accounted for 18% (8% Orange – 22% San Bernardino)
- Medicare patients accounted for 16% (13% San Bernardino – 21% Santa Barbara)
- The county indigent uninsured accounted for 4% (0.4% Ventura – 7% Riverside)

¹¹ Office of Statewide Health Planning and Development, Individual Hospital Financial Data for California, 1997-1998, Vol. 1-2, 1999

Care to the Uninsured

The community hospitals in the seven study counties lose between \$5 million (San Luis Obispo) and \$85 million (San Diego) in the costs of bad debt and charity care to the uninsured (2% - 4% of average net patient revenues). County reimbursements average approximately \$19 million, over 2% of average net patient revenues in these seven counties (0.5% of net patient revenues in San Bernardino to 4% in Ventura). We noted several very large reporting errors by hospitals of their county funding.

County Delivery Systems for the Uninsured

The delivery systems for care to the county indigent uninsured were extremely concentrated in a single hospital – either a public hospital or private hospital. The concentration of county funded care in a single hospital ranged from a low of about 40% to a high of about 98%. Oddly, the hospitals which overwhelmingly dominated the delivery system for county indigent patients were either not the same hospitals which dominated care for the MediCal patients or their degree of market share was very markedly less.

MISP Care and Funding¹²

There does not seem to be any obvious relationship between the levels of MISP funding and the amount or distribution of county care to the uninsured. Santa Barbara, Riverside and San Bernardino reported spending the highest proportion of their state Prop 99 and realignment funds on care to the uninsured – 100% Ventura reported the lowest percent (24%) although this may be a county reporting error.

¹² Office of County Health Services, Medically Indigent Care Reporting System 1998-9 (CA Dept. of Health Services)

San Bernardino reported the highest share devoted to inpatient care (65%) while San Diego was lowest at 40%. San Bernardino had the lowest portion devoted to outpatient care (24%) while San Diego, Orange and Santa Barbara devoted 50-56% to outpatient care. Ventura had the highest percent (14%) devoted to emergency care; Orange, San Luis Obispo and Santa Barbara all reported spending 5% or less on emergency services.

San Bernardino and Riverside County reported the highest rates of county reimbursed inpatient days per 1000 uninsured county residents. Ventura and Santa Barbara reported the lowest rates of county reimbursed inpatient days pr 1000 uninsured county residents; the Ventura county data may be misreported. San Bernardino had the highest rate of county reimbursed emergency room visits per 1000 county uninsured while Orange and Santa Barbara the lowest rates. Orange had the highest rate and Ventura had the lowest rate of county reimbursed outpatient visits per 1000 uninsured county residents; however both figures appear to be reporting errors. The other five counties had roughly comparable rates of county reimbursed outpatient visits per 1000 county uninsured.

Uninsured Clinic and Hospital Patients

We looked for an association between the numbers of uninsured patients seen at community clinics and those treated at community hospitals, but there is no evident connection. It may be expected that a county with high rates of uninsured community clinic patients would have smaller ratios of county uninsured inpatient days and emergency room visits, which could be a result of prevention. High rates of uninsured clinic patients suggests greater access to consistent primary care and preventative services, which may reduce the need for hospital services. On the other hand, perhaps counties with high rates of uninsured clinic patient visits could experience higher percentages of uninsured hospital patients as a result of better

diagnosis and improved referrals. Increased primary care access could improve medically indigent patients' access to hospital services.

- Santa Barbara County community clinics reported a medium rate of uninsured clinic visits (0.5 visit per uninsured county resident), but Santa Barbara hospitals reported one of the lowest percentages of county reimbursed hospital care (inpatient days – 1% and emergency room visits-0.6%).
- San Luis Obispo County hospital reported one of the higher rates of county reimbursed inpatient and emergency room services (2% and 5%, respectively); San Luis Obispo community clinics reported one of higher rates of community clinic visits to uninsured patient (0.8 visits per uninsured county resident), in the seven counties.
- San Bernardino County hospitals reported one of the highest utilization rates of county reimbursed inpatient and emergency room services; San Bernardino community clinics reported the lowest rates of community clinic visits to uninsured patient (0.8 visits per uninsured county resident), in the seven counties.

OSHPD Data for Community Clinics and Hospital Care to County Indigents¹³

- On average, the seven study counties' community clinics reported providing 0.5 visits per uninsured county resident (0.1 in San Bernardino to 1.0 in San Diego).
- The average outpatient hospital visits to county reimbursed indigent was 109 visits per 1000 uninsured county residents (16 visits in San Diego to 200 visits per 1000 in San Bernardino).

¹³ Office of Statewide Health Planning and Development. Individual Hospital Financial Data for California, 1997-1998, Vol. 1-2, 1999.

- Average county reimbursed inpatient days was 37 bed days per 1000 uninsured county residents (12 days per 1000 in Santa Barbara to 70 per 1000 in Riverside).
- Average county reimbursed ER visits was 40 visits per 1000 uninsured (five visits per 1000 in Santa Barbara to 80 ER visits per 1000 in Riverside).

Using the OSHPD data for clinics and hospitals, San Diego County had the highest rate of uninsured community clinic visits per uninsured county resident a relatively high rate of county reimbursed hospital visits to county indigents (inpatient days and ER visits) pr 1000 uninsured county residents, but the lowest rate of hospital outpatient visits per 1000 uninsured. On the other hand, San Bernardino County had the lowest rate of community clinic visits per uninsured county resident but high rates of county reimbursed hospital inpatient, ER services and hospital outpatient visits to county indigent uninsured. Santa Barbara County had a medium rate of uninsured community clinic visits as well as the lowest rates of county reimbursed hospital services (inpatient days, ER services, and outpatient days) to the county indigent uninsured.

There was a clear relationship between the rates of county indigent emergency room visits and inpatient days. Counties with high rates of county reimbursed emergency room visits, (Riverside and San Bernardino) to county indigents also have high rates of county indigent inpatient days. Counties with low rates of uninsured ER visits also have low inpatient ratios (Santa Barbara and Ventura). In other words, county reimbursed emergency room access is linked to county payments for inpatient hospital care to the uninsured. Access to primary care through community clinics had no apparent connection to either a high or low rate of county reimbursed hospital services.

Job Based Coverage and PacAdvantage/ HIPC Participation

The seven study Southern California counties have above average rates of job-based insurance (61%). Orange has a job based coverage rate of 63%, and San Diego has a rate of 57%. Riverside and San Bernardino counties has a job based rate of 56%. San Luis Obispo County has a job based rate of 60%; Santa Barbara County 64%; and Ventura 73%. The Bay Area has rate of 70%, Los Angeles a rate of 46%, and all California counties other than Los Angeles, 52%.

PacAdvantage contracts with a variety of health plans for employees of small businesses in the study counties. These plans include Aetna US Healthcare, Blue Shield, Community Health Group, Health Net, Kaiser South, PacifiCare, Sharp Health Plan, UHP and Universal Care.

Premiums vary by the type of plan selected and depend upon an employee's age and family size. In assigning HIPC monthly premium costs, the state is divided in six areas. All counties in one are face the same prices. Area 6 includes the Southern California counties of San Diego, Riverside and San Bernardino. Orange, Santa Barbara and Ventura are in Area 4. Area 6 premiums are the lowest HIPC/ PacAdvantage rates in the state.

The average monthly premium for a 25-year-old resident in Area 6 is \$105 for a single and \$313 with a full family. The lowest prices are \$75 for a single and \$239 for the entire family; the highest individual premium are \$134 for a single and \$481 for the whole family. The average monthly premium for a 50-year-old resident of Area 6 is \$188 as a single and \$504 with a full family. The premium range from low to high for a 50-year-old individual was \$159 to \$225; and the range for the entire family from \$391 to \$580.

Area 6 HIPC monthly premiums are the lowest in California, and the highest are in Area 1 in rural California. The average HIPC rates in both areas 2

and 3 are 10% and 13%, respectively, less than those in Area 1. Area 1 premiums are 17% more expensive than Area 4 (Santa Barbara, Orange and Ventura), 20% greater than Area 5 (Los Angeles) and 23% greater than Area 6 (Riverside, San Bernardino and San Diego).¹⁵

PRIVATE INDIVIDUAL INSURANCE

Individual and Family Plans

There are many different private health care insurers in California's southern counties offering individual and family plans. Within the seven study counties, Blue Cross, Blue Shield are represented in each county. Kaiser is represented in Orange, San Diego, Riverside, San Bernardino and Ventura counties; PacifiCare and Health Net offer plans in San Luis Obispo and Santa Barbara counties. Kaiser Permanente offers a standard HMO plan, called Personal Advantage. Blue Cross and Blue Shield each offer multiple PPO plans and HMO options to its southern customers. Not all options are, however, available in all counties.

Between Blue Cross and Blue Shield, Blue Cross offers the less expensive basic PPO option in the southern region. The average monthly basic PPO premium plan for a 35 year old resident in the seven study counties is \$121 for a single and \$302 with a family. The average monthly premium for a 50 year old living in the same region is \$226 for a single and \$514 with a family.¹⁶

¹⁵ PacAdvantage Health Plan Rates, (Jan. 2001), www.pacadvantage.org

¹⁶ Blue Cross Health Plan Benefits and Rates, (August 2001), www.bluecross.com; Blue Shield Health Plan Benefits and Rates, (July 2001), www.mylifepath.com

The premiums for Kaiser Personal Advantage for 2002 in Southern California are \$186 for a 35 year old single and \$547 for a full family. The premiums for a 50 year old are \$279 for an individual and \$692 for a family.¹⁷

Summary

The total population of the seven Southern California counties constitutes 30% of California's total population. The seven Southern California study counties have relatively low rates (21% - 31.2%) of residents living below 200% FPL. Counties with highest rates of low income residents have stronger Medi-Cal enrollment than those counties with less poverty. Given its relative affluence, Ventura appears to do the best job of enrolling its eligibles in MediCal, and Orange did the best job of enrolling Healthy Families. The counties with highest rates of poverty did not necessarily have the highest rates of uninsured residents, as we would expect; this could be due to data errors in the rates of uninsured or to a different mix of local jobs and businesses. Santa Barbara had nearly the same proportion of population below poverty as San Luis Obispo County, yet nearly twice as high percent of population uninsured. Orange was more affluent than San Diego, yet it is reported to have a higher rate of uninsured. All the study counties, regardless of their poverty rates, had very low rates of Healthy Families enrollment.

The uninsured are the largest share of community clinic patients (representing an average of 65% of all community clinic visits), but most counties are only paying clinics for a small fraction or none of their uninsured patient visits. The county indigents are the smallest category of patients receiving hospital services, accounting for approximately 3% of inpatient, outpatient and emergency services. On average, the seven study counties' hospitals lose approximately \$35

¹⁷ Kaiser Personal Advantage Southern California 2002 rates, www.kp.org

million in bad debt and charity care to the uninsured – an average of 3% of their net patient revenues. On average in the region, half of hospital care to the uninsured is reimbursed by the counties, and five percent of care to the uninsured by community clinics is reimbursed through the counties' MISIP programs.

Federal and state grant, contract and programmatic funding for community clinics generally increased in the study counties, while county and local funding and private contributions to clinics on average decreased between 1996 and 1999. For Southern California community clinics, average federal and state funding for their care uninsured exceeded the statewide averages. Clinics' average revenues from county and local sources declined while statewide clinics' revenues from county and local sources increased.