

Abstract

This study examines the impact of federal funding on healthcare access at Milwaukee County's Federally Qualified Health Centers (FQHCs) over 15 years, from 2009 to 2023. It uses Levesque's healthcare access conceptual framework, which includes five dimensions: approachability, acceptability, availability and accommodation, affordability, and appropriateness (Levesque et al., 2013). Each dimension provides a distinct perspective for understanding the complex factors that influence healthcare access across diverse patient groups.

The literature review highlights disparities in healthcare access among demographic groups, such as racial and ethnic minorities, veterans, and low-income individuals, despite the policy provisions made under the Affordable Care Act (ACA), which aimed to broaden coverage and improve healthcare services for underserved populations. The research questions focused on the five dimensions, specifically examining whether federal funding has improved healthcare access, particularly for underserved populations facing the most significant barriers to care.

A quantitative, correlational research design was employed, analyzing data from the Health Resources and Services Administration (HRSA) Uniform Data System (UDS) at the patient level, in conjunction with federal funding data. This study included group assessments based on age, gender, race/ethnicity, socially vulnerable groups, income levels, insurance types, and the presence of chronic conditions. Twenty-nine correlation tests and regression models were performed with SPSS software to identify significant relationships.

The results showed statistically significant patient utilization counts for many groups analyzed. However, no significant relationships were found for children, black/African American, non-Hispanic Latino individuals, individuals experiencing homelessness, veterans, asthma patients, or those individuals with income above 200% of the Federal Poverty Level. These findings highlight the uneven effects of federal funding on healthcare access and emphasize the need for more targeted, equity-focused policy measures.