Introduction
As health care costs and the number of uninsured Americans continue to increase, community initiatives across the country are steadfast in their efforts to bridge the growing gap between public and private health insurance coverage.

Objective
To understand how community initiatives have developed and sustained financing to serve the uninsured. To offer new insights about the circumstances that help community initiatives survive and succeed.

Population Studied
Five case study sites were chosen including Wichita, Kansas; Ratcliff, Arkansas; Milwaukee, Wisconsin; Olympia, Washington; and Forsyth, Georgia. These sites were chosen for their geographic and operational diversity.

Methods
Five case studies were conducted over an 18 month period. Key study methods included:
- Feedback on research design from experts
- Development of site selection criteria
- Site selection
- Assembly of data regarding initiatives
- Development of interview protocols
- Site visits with 10-25 key informants from each
- Coding interview notes to Atlas-ti
- Team analysis of each site
- Comparative analysis across sites

Results Obtained
All five local community initiatives attempt to provide access and coverage to a non-elderly population that is uninsured and, typically, “high touch.”

State context matters.
Survival requires sustainable funding.
Adaptation trumps replication.

Conclusions
Local initiatives provide bridges to public and private coverage, create steps to care for those who are not covered, and serve as a vehicle for investment that the community otherwise would not have.

These efforts attempt to weave the threads of provider discounts, free care, and public financing into a more coherent system of coverage and care.

Greater resources could be devoted to cultivating community initiatives that demonstrate basic components for success.

Without rigorous evaluation and evidence of return on investment, it is impossible to gauge the true potential of these initiatives ability to increase access to care for the uninsured.

Implications for Policy or Practice
The organization of local resources to contribute to access and health status improvement is a critical and often neglected component of our health care system.

Policies that support provider participation. Partnerships between state programs and local collaborations. Strengthening the private insurance market. State level opinion leaders and change agents, who believe in local innovation.

Local initiatives can serve as vehicles to make national health initiatives locally relevant.