

America's Health Centers

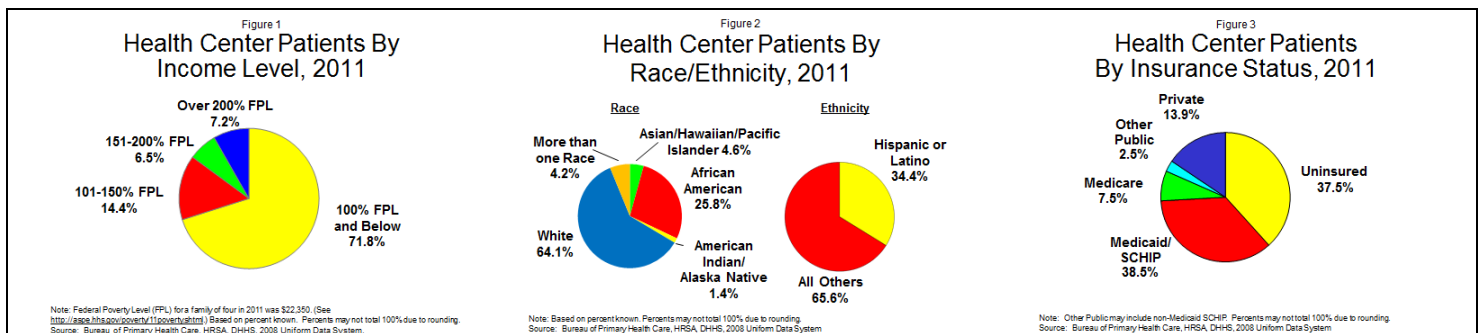
WHAT ARE HEALTH CENTERS?

Community, Migrant, Homeless, and Public Housing Health Centers are **non-profit, community-directed health care providers serving low income and medically underserved communities**. For over 40 years, the national network of health centers has provided **high-quality, affordable primary and preventive care**, as well as dental, mental health and substance abuse, and pharmacy services. Also known as Federally-Qualified Health Centers (FQHCs), they are located in areas where care is needed but scarce, and improve access to care for millions of Americans regardless of their insurance status or ability to pay. Their costs of care rank among the lowest, and they reduce the need for more expensive hospital-based and specialty care, saving billions of dollars for taxpayers. Currently, 1,200 health centers deliver care through over 8,000 service delivery sites in every state and territory.

WHO DO HEALTH CENTERS SERVE?

Health centers serve as the medical and health care home for **over 20 million people** nationally – a number that is quickly growing. Health center patients are among the nation's most vulnerable populations – people who even if insured would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs. As a result, patients are disproportionately low income, uninsured or publicly insured, and minority.

Nearly all patients are low income, with 72% of health center patients having family incomes at or below poverty (Figure 1). Patients also tend to be **members of racial and ethnic minority groups**, as shown in Figure 2. At the same time, **38% of health center patients are uninsured and another 39% depend on Medicaid** (Figure 3). Additionally, about **half of health center patients reside in rural areas**, while the other half tend to live in economically depressed inner city communities.



HOW DO HEALTH CENTERS OVERCOME BARRIERS TO CARE?

Health centers remove common barriers to care by serving communities that otherwise confront financial, geographic, language, cultural and other barriers, making them different from most private, office-based physicians. They

- ✓ are **located in high-need areas** identified by the federal government as having elevated poverty, higher than average infant mortality, and where few physicians practice;
- ✓ are **open to all residents**, regardless of insurance status, and provide free or reduced cost care based on ability to pay;
- ✓ **offer services that help their patients access health care**, such as transportation, translation, case management, health education, and home visitation; and
- ✓ **tailor their services** to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate setting. Nearly a third of all patients are best served in languages other than English, and nearly all patients report their clinician speaks the same language they do.

For many patients, the health center may be the only source of health care services available. In fact, the number of uninsured patients at health centers has doubled – from 3.9 million in 1998 to 7.3 million today.

HOW DO HEALTH CENTERS MAKE A DIFFERENCE?

Key to health centers' accomplishments is **patient involvement in service delivery**. Governing boards – the majority of which must be patients according to grant requirements – manage health center operations. Board members serve as community representatives and make decisions on services provided. Active patient management of health centers assures responsiveness to local needs, and helps guarantee that health centers improve the quality of life for millions of patients in the following ways.

- ✓ **Improve Access to Primary and Preventive Care.** Health centers provide preventive services to vulnerable populations that would otherwise not have access to certain services, such as immunizations, health education, mammograms, pap smears, and other screenings. Low income, uninsured health center patients are much *more likely to have a usual source of care* than the uninsured nationally. Moreover, uninsured people living within close proximity to a health center are *less likely to have an unmet medical need, less likely to visit the emergency room or have a hospital stay, and more likely to have had a general medical visit* compared to other uninsured.
- ✓ **Cost-Effective Care.** Care received at health centers is ranked among the most cost-effective. Two recent reports found that *total patient care costs are 24-50% lower than those served in other settings, producing up to \$25 billion in annual health system savings. This includes \$6.7 billion in savings for the federal share of the Medicaid program,* and is driven by lower utilization of costly specialty care, emergency departments, and hospitals. Furthermore, if avoidable visits to emergency rooms were redirected to health centers, an additional \$18 billion in annual health care costs could be saved nationally.
- ✓ **High Quality of Care.** Studies have found that the quality of care provided at health centers is *equal to or greater* than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at health centers.
- ✓ **Reduction of Health Disparities.** *Disparities in health status do not exist among health center patients,* even after controlling for socio-demographic factors. The absence of such disparities at health centers may be related to their culturally sensitive practices and community involvement – features that other primary care settings often lack. Moreover, as more of a state's low income population is served by health centers, racial and ethnic health disparities in key areas are reduced across the state.
- ✓ **Effective Management of Chronic Illness.** Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine and the Government Accountability Office have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers' efforts have led to *improved health outcomes* for their patients, as well as *lowered the cost of treating patients* with chronic illness.
- ✓ **Improve Birth Outcomes.** Health centers also improve access to timely prenatal care. Communities served by health centers have *infant mortality rates at least 10% lower* than comparable communities not served by health centers. Women of low socioeconomic status seeking care at health centers experience *lower rates of low birth weight* compared to all such mothers. This trend holds for each racial/ethnic group.
- ✓ **Create Jobs and Stimulate Economic Growth.** In addition to health care savings, health centers also bring much needed economic benefits to the low income communities they serve. In 2009, health centers generated approximately *\$20 billion in economic activity for their local communities.* Beyond fueling economic activity, they also *produced more than 189,000 jobs* in some of the country's most economically deprived neighborhoods.

WHY IS INVESTING IN HEALTH CENTERS IMPORTANT?

Expanding and strengthening the Health Centers Program would further reduce health disparities, increase access to high quality and regular care, and boost more local economies. As a result, fewer Americans would rely on costly sources of care, such as the emergency room, thereby saving tax payers significantly and making the overall health care system more efficient. Health centers are therefore good public investments that generate substantial benefits for patients, communities, insurers, and governments. However, health center expansion should coincide with expansions in insurance coverage and the primary care workforce in order to most effectively achieve improved health outcomes for the entire population.