

America's Health Centers

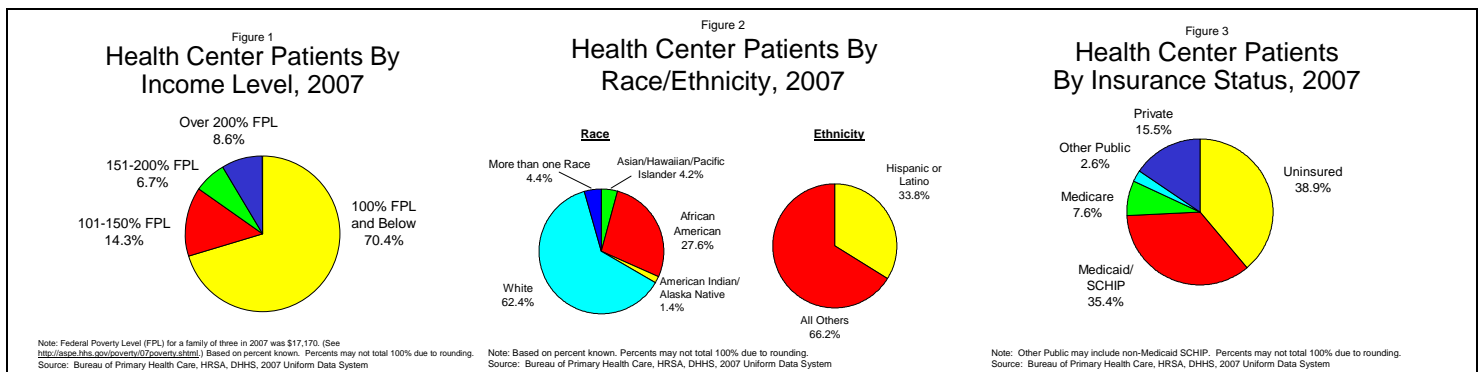
WHAT ARE HEALTH CENTERS?

Community health centers are **local, non-profit, community-owned 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 care and preventive services**, and often provide on-site dental, pharmaceutical, and mental health and substance abuse 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 in-patient and specialty care, saving billions of dollars for taxpayers. Currently, over 1,100 community, migrant, and homeless health centers deliver care through over 6,600 service delivery sites in every state and territory.

WHO DO HEALTH CENTERS SERVE?

Health centers serve as the medical home and family physician to **18 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.

As Figure 1 demonstrates, 91% of patients are low income, with **71% of health center patients having family incomes at or below poverty** (\$17,170 annual income for a family of three in 2007). Moreover, as shown in Figure 2, roughly **two-thirds of health center patients are racial and ethnic minorities**. Additionally, **39% of health center patients are uninsured and another 35% depend on Medicaid**, as shown in Figure 3. 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 who 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 is rapidly growing – from around 3.9 million in 1998 to over 6 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. Several studies have found that health centers *save the Medicaid program around 30% in annual spending* for health center Medicaid beneficiaries due to reduced specialty care referrals and fewer hospital admissions, thereby producing significant savings in combined federal and state Medicaid expenditures. If avoidable visits to emergency rooms were redirected to health centers, over \$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 General 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.** 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. Health centers also improve access to timely prenatal care.
- ✓ **Create Jobs and Stimulate Economic Growth.** In 2005, federally-supported health centers injected \$7.3 billion of operating expenditures directly into their local economies while also employing over 90,000 full-time positions. These expenditures produced additional indirect and induced economic activity of \$5.3 billion, and created an estimated additional 53,152 full-time jobs. Thus, the *overall economic impact of all health centers was \$12.6 billion, and they produced 143,000 jobs* in some of the nation's most economically challenged neighborhoods.

WHY IS INVESTING IN HEALTH CENTERS IMPORTANT?

Expanding and strengthening the Health Centers program will continue to improve health outcomes for the nation's medically vulnerable as well as narrow health disparities. Research has shown that continued expansion would further reduce national disparities for racial/ethnic minorities and the uninsured, while also reducing unmet need and increasing the percent of uninsured with a usual source of care. As a result, fewer Americans would rely on costly sources of care, such as the emergency room, thereby reducing long lines in the emergency room and saving tax payers significantly. 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.