

# America's Health Centers: Serving as Health Care Homes

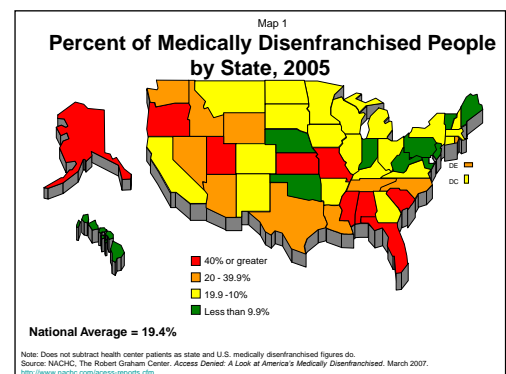
## IMPORTANCE OF HAVING A MEDICAL OR HEALTH CARE HOME

A medical home is a patient- and family-centered source of care that offers regular, continuous primary and preventative care for the people it serves. Medical homes have been shown to benefit patients by preventing sickness, managing chronic illness, mitigating disparities, and reducing the need for avoidable, costlier care such as emergency room visits and hospitalizations.<sup>1</sup> Health centers function as comprehensive “health care homes,” given expanded services that include behavioral and oral health.

Today, millions of Americans – most of whom actually *have* health insurance coverage – lack access to a health care home because they live in a communities where there is an acute shortage of primary care providers.<sup>2</sup> An expansion of insurance coverage and access to medical and health care homes will produce a higher performing, and cost effective health care system.<sup>3</sup>

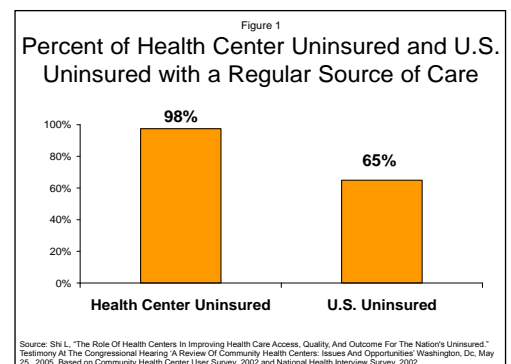
## THE MEDICALLY DISENFRANCHISED POPULATION

**60 million** Americans are “medically disenfranchised” because they lack adequate access to primary care due to local physician shortages. The medically disenfranchised live in every state and nearly every county. As Map 1 displays, the medically disenfranchised account for two of every five residents in nine states (**Alabama, Alaska, Florida, Kansas, Mississippi, Missouri, Oregon, South Carolina, and Utah**).<sup>\*</sup> The medically disenfranchised are a subset of the medically underserved – those who face additional barriers to primary care and often go without a regular source of comprehensive services.



## HEALTH CENTERS AS HEALTH CARE HOMES

Health centers deliver primary and preventative care to vulnerable communities who often have no other source of care, serving **20 million\*\* patients nationally**. Health centers provide continuous, comprehensive care that **reduces the risk of new health care problems and lowers the overall potential cost of care.**<sup>2</sup> They offer specialized services tailored to their communities’ unique cultural and health needs, serving as a true health care home for vulnerable populations. Uninsured health center patients are much more likely to have a health care home than the uninsured nationally, as displayed in Figure 1.



## CONTINUED IMPROVEMENTS

Without the addition of new providers, and with the continuing decline in private physicians treating uninsured and Medicaid patients,<sup>2</sup> the number of medically disenfranchised will only grow. Other barriers to care also exist, especially for those needing transportation, translation, and other specialized services to facilitate health care use. Even with the recent expansion of health centers, a high level of unmet need remains in America’s underserved communities. Policymakers must invest in developing the primary care workforce, stem the erosion in primary care through payment reforms, stimulate capital investment in primary care facilities, and make sure everyone in America has access to a primary care home.<sup>2</sup> Increased federal funding is the first step in assuring that health centers have the resources, staffing, and facilities necessary to serve as a true health care home to all in need.

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\*State data on medical disenfranchisement are from 2005.

\*\*Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2008.

Sources: <sup>1</sup>NACHC, Robert Graham Center (RGC), Capital Link. Access Granted. August 2007. <sup>2</sup>NACHC, RGC. Access Denied. March 2007. <sup>3</sup>NACHC. Primary Care Access. March 2009. Available at [www.nachc.com/research](http://www.nachc.com/research). For more information, email [research@nachc.com](mailto:research@nachc.com).

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