

Community Health Centers: Meeting Rural Health Needs

RURAL AMERICA'S COMPLEX HEALTH CARE NEEDS

Approximately 50 million people live in rural and frontier areas across the U.S.¹ Rural populations experience many of the same barriers to health care that affect underserved communities nationally, including cost, language, and transportation. However, fewer resources coupled with geographic isolation exacerbate these strains in rural and frontier areas. In fact, rural residents are more likely to be elderly or poor, and less likely to be offered health insurance through their jobs than residents of non-rural areas. They are also more likely to have chronic conditions than residents of metropolitan areas, but they visit a primary or ambulatory care provider only half as much.²

Access to primary care in rural areas is inadequate. In fact, 37% of rural residents do not have access to a primary care physician due to local shortages of such physicians, compared to 21% of urban residents.³ Complicating access to health care is the fact that rural residents often lack reliable transportation given vast stretches of open land and dispersed population. Nearly 70% of rural residents have limited or no access to public transportation.⁴

COMMUNITY HEALTH CENTERS REMOVE BARRIERS TO CARE

Community, Migrant, Homeless, and Public Housing Health Centers make up one of the largest systems of care for rural America, and are frequently the only source of primary and preventive services in their communities. **Just over half (53%) of health centers are located in rural and frontier areas. These centers currently serve 7.9 million* people – including 1 in 7 of all U.S. rural residents.****

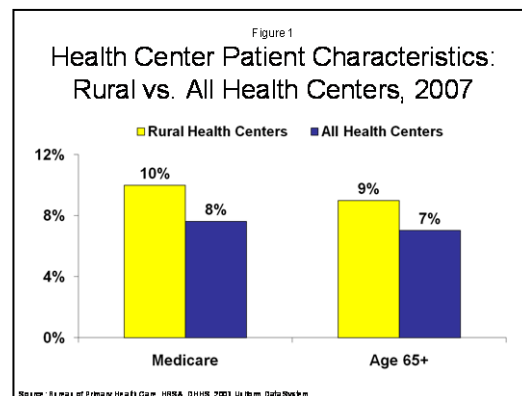
Health centers are uniquely structured to overcome complex barriers in rural communities. No other primary care provider is required to care for anyone who walks in the door, regardless of insurance status or ability to pay, and no other provider is run by a **patient-majority governing board** that gives patients a voice in the delivery of their care. These features originate from their established mission and federal program requirements. Health centers are also obligated to:

- **locate in high-need areas** identified by the federal government as having elevated poverty, higher than average infant mortality, and where few physicians practice;
- **offer services that help their patients access health care**, such as transportation, home visitation services, translation, case management, and health education; and
- **tailor their services** to fit the special needs and priorities of their communities.

RURAL HEALTH CENTER PATIENTS

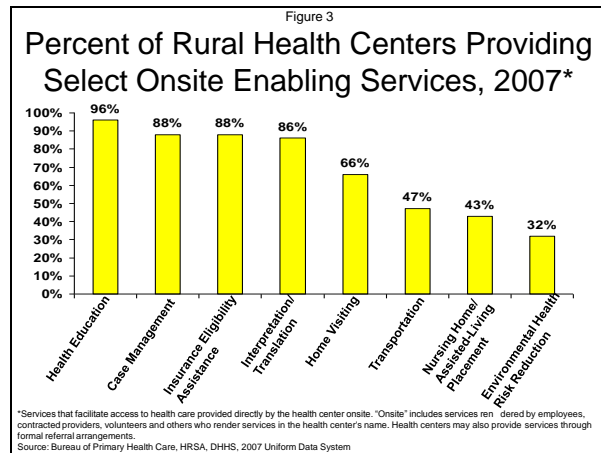
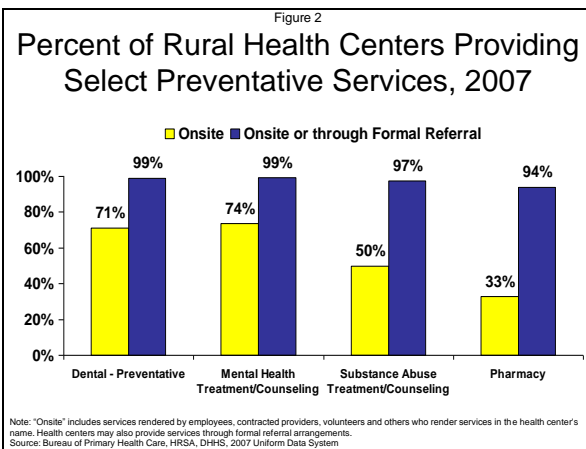
Two-thirds of rural health center patients are uninsured or have Medicaid, and another two-thirds are low income. Three in five rural health center patients are racial/ethnic minorities. Figure 1 shows that rural health center patients are more likely to be age 65 and over than health center patients living elsewhere.^{5,6} It is not surprising, then, that their patients are also more likely to be Medicare beneficiaries.

Compared to the general rural population, rural health center patients are more than twice as likely to report being in fair or poor health. They are also almost twice as likely to report limitations related to activity, indicating poorer health and chronic conditions than the general rural population.⁶



RURAL HEALTH CENTER SERVICES

Rural health centers provide comprehensive primary and preventive health care services. Almost all rural health centers provide dental, behavioral health, and pharmacy services onsite or through relationships with other local providers, as shown in Figure 2. Since barriers to health care are a common problem in rural areas, health centers also provide an important array of services that facilitate access. These “enabling services” are designed to bring patients to care, or bring care to patients. Rural health centers provide many of these services at about the same rate as health centers overall, but are more likely to provide two specific enabling services: nursing home placement and home visiting. Figure 3 shows that 43% of rural health centers provide nursing home and assisted-living placement, speaking to the large number of elderly people living in these areas. About two-thirds of rural health centers also provide home visiting, which help overcome geographic and transportation barriers, and may address the needs of frail or at risk patients.



RECORD OF SUCCESS FOR RURAL HEALTH CENTERS

Research shows that despite complex barriers to care that people often face, **health centers improve access to needed care, improve health outcomes while minimizing health disparities, and generate health care savings.**⁷ For example, female patients at rural health centers are significantly more likely to receive a Pap smear in the past three years than women nationally. Rural health center patients also experience lower rates of low birth weight than patients of other providers.⁶ Health centers also deliver major savings to the larger health care system and generate significant economic benefits to rural communities.^{6,8} Rural health centers yield around \$5 billion annually in economic returns through the purchase of goods and services and by generating needed jobs.⁹ On top of this, a recent study by the Morehouse School of Medicine revealed that health center rural counties had 25% less uninsured emergency department visits than non-health center rural counties.¹⁰

These positive impacts will expand as the Health Center Program does. While considering new grantees for the health center program, the federal Bureau of Primary Health Care gives preferential treatment to sparsely populated rural areas and ensures that the Health Center Program is evenly split between urban and rural areas. Thus, by strengthening and expanding the Health Center Program as a whole, rural areas will continue to benefit from expanded access to care. This accomplishment requires a sufficient number of primary care clinicians, as well as access to capital for facilities, information technology, and telecommunications so that patients in isolated communities can virtually access long-distance health care.

Sources:

¹KFF State Facts, Population Distribution by Metropolitan Status, states (2005-2006), U.S. (2006), www.statehealthfacts.org ²MEPS Chartbook #13: Health Care in Urban and Rural Areas, Combined Years 1998-2000, AHRQ. ³The Robert Graham Center analysis of “medically disenfranchised” populations. For more information, see NACHC and the RGC. *Access Denied*. March 2007. <http://www.nachc.com/access-reports.cfm> ⁴The National Advisory Committee on Rural Health and Human Services. *The 2005 Report to the Secretary: Rural Health and Human Services Issues*. April 2005. <http://ftp.hrsa.gov/ruralhealth/NAC2005.pdf> ⁵Bureau of Primary Health Care, HRSA, DHHS, 2006 and/or 2007 Uniform Data System ⁶Regan J, et al. “The Role of Federally Funded Health Centers in Serving the Rural Population.” *J Rural Health*. 2003. 19(2):117-24. ⁷Proser M. “Deserving the Spotlight: Health Centers Provide High-Quality and Cost-Effective Care.” *J Ambul Care Manage* 2005 28(4):321-330. ⁸NACHC, RGC, and Capital Link. *Access Granted*. August 2007. <http://www.nachc.com/access-reports.cfm>. ⁹Based on 2007 revenue and applies an average economic multiplier for rural health centers of 1.3. Developed with input from Capital Link. ¹⁰Rust G, et al. “Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural Counties.” *J Rural Health* 2009. 25(1):8-16.

For more information, email research@nachc.com.