



*The National Association of
Community Health Centers, Inc.*

State Policy Report #3

**Partners in Health Care:
Primary Care Associations Reach Out to
County and Local Governments**

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With the state fiscal crises around the country, states have struggled to restrain spending and are increasingly looking for ways to share their financial responsibility of supporting health and other vital services with local governmental entities such as counties, cities, and towns. This trend will most likely continue, with counties or other local governments playing greater roles in determining the focus of health care funding and health care activities on local levels. In response to this trend, and in anticipation of its continuance and growth in future years-- particularly with regard to health care funding -- it is important that health centers and primary care associations (PCAs) continue building mutually supportive relationships at the county and local levels.

Data from a survey conducted by the National Association of Counties and National Association of Community Health Centers (NACHC) supports this need. In November 2002, 26% of counties supported or sponsored community health centers. According to a July 2004 NACHC survey of PCAs, partnerships between health centers and counties, or other local governments, range from small county and local grants and contracts with individual health centers to statewide county support through special taxes. For example, in New Mexico and Florida counties statewide contribute to the direct funding that the state provides to health centers. In California, the County Medical Services Program operates in 34 of the state's smallest counties to provide indigent care and reimburses health centers at their prospective payment system (PPS) rate for primary care services. More local examples include Hamilton County, Ohio where a county tax funds physicians for health centers and in Columbus, Ohio where the Health Department provides \$6 million each year in general operating funds to the local health center.

In August 2003, in response to challenges in health care funding and the current partnerships between county and local governments and health centers, NACHC provided small grants to 20 state primary care associations (PCAs) to support the work required to build relationships with and inform counties and municipalities about the important role that health centers play in improving health care access and the vital role state and local partnerships play in their success. Grantees were tasked to develop and present information to state-wide organizations of counties or cities on the role of community health centers and to link current issues facing localities with services in which community health centers participate or could participate, such as Medicaid services to county residents or disaster preparedness. These activities were planned and completed in 22 states between August 2003 and June 2004. A summary of activities is included in Chart 1. Some of the highlights are outlined below.

Many PCAs used the funds to develop materials, including fact sheets, powerpoint presentations, and brochures, customized with county and local data when possible. The Colorado PCA developed a tool-kit which health centers could then tailor with county and local data to use in outreach to elected officials. It included templates for presentations, fact sheets, and press releases, as well as a list of ways that health centers can recognize local government supporters and a list of opportunities to influence local government.

Presentations, workshops, and meetings were another common use of the funds. PCAs spoke at county and municipal association annual conferences, facilitated workshops at these meetings, and met with leaders of these associations. The Tennessee and New Hampshire PCAs effectively recruited health center directors in cooperation with PCA staff to provide a local

perspective. For example, at the New Hampshire Association of Counties meeting, the PCA organized a panel of two health center directors and officials from the respective counties. The county officials and health center directors shared their perspectives on the success of their partnerships which included a program to provide on-site primary health care to prison inmates. The Superintendent of Corrections noted that recidivism rates had improved due to follow-up health care provided by the health center after prisoners were released, primarily due to their sense of having a medical home. The Georgia PCA plans to meet with county officials in order to fill an open position on the PCA board. Among others, the Massachusetts, Tennessee, and Georgia PCAs convened meetings with local officials to discuss opportunities for health center expansion and community development.

Several PCAs created displays and exhibited at annual conferences of various county and municipal associations. These activities provided networking opportunities to meet and communicate with officials about health centers. Many attendees were learning about health centers for the first time. This was also a good way to build relationships with the state associations for future collaborations as well. Another tool several PCAs used to spread the word about health centers was articles in the publications of these associations. New York, Colorado, Iowa, and Virginia all used this outlet to educate county and local officials about the important role, particularly as economic engines, that health centers play.

Some other, more marketing type approaches, included development of videos, webpages, and advertising. Two PCAs, Hawaii and Mississippi, used the funds to produce videos. The goal is for health centers to then use these videos to educate county and local officials about health centers. Of course the videos can serve dual purposes such as provider recruitment. West Virginia developed health center specific pages on the PCA website and sponsored an awareness campaign on a statewide radio show.

The PCAs in West Virginia, Idaho, Maine and New York used the funds to effectively further engage health centers in state policy discussions. For example, the Maine PCA spoke to a group of community leaders and providers actively involved in the implementation of “Dirigo”, the state’s health reform plan, about the importance of including health centers in the developing plan. The West Virginia PCA met with the Public Employees Insurance Agency to discuss the development of a network of health center through which state, county, and local government employees may access primary and preventive health care. The New York PCA is working on an innovative 340B (discounted drugs) collaboration with several counties. As a result of meetings with the New York State Association of Counties, the PCA presented the group with a proposal to give county governments the opportunity to access discounted 340B pharmaceutical prices for their institutionalized population. The organizations discussed models to address the requirement that county nursing home residents and county inmates be patients of the health centers to access the reduced prices. It was recommended that counties contract with health centers for delivery of onsite physician services at a county nursing home or prison. Cost-analysis was prepared on potential savings and subsequent meetings were held with officials in three counties which are currently taking steps to partner with health centers.

A final example of county-health center cooperation is the Idaho PCA and health centers partnership with the counties, state Medicaid agency, and State Uninsured Planning Grant to

develop a Medicaid 1115 waiver proposal. The plan is to provide primary care and behavioral health to uninsured adults between the ages of 19-64 with incomes below 185% of the federal poverty level. A pilot project is in the works that includes a health center as the sole contractor for the county. The health center will provide a medical home and manage the care of eligible individuals in exchange for a capitated rate for a defined number of participants. The PCA will continue its involvement in the planning by serving on the oversight committee and will carefully monitor the progress of the pilot and forthcoming waiver.

These examples provide PCAs and health centers strategies for working with county and local officials to raise awareness and expand health care access through partnership and innovation. More information about these projects and many of the materials described above have been collected and are available for other PCAs and health centers to use as resources when implementing plans to reach out to county and local officials.

| Most Common Methods PCAs Used to Reach Out to County and Local Officials | States |
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| Presentations/workshops | Florida, Iowa, Maine, Massachusetts, New Hampshire, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Virginia, West Virginia, Wyoming |
| Materials (fact sheets, brochures, county specific info/data, letters, etc.) | Colorado, Florida, Georgia, New Hampshire, North Dakota, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, West Virginia, Wyoming |
| Articles in county/local publications | Colorado, Iowa, New York, Virginia |
| Exhibit at conferences | Colorado, Pennsylvania, Virginia, Wyoming |
| Video/DVD | Hawaii, Mississippi |

| State | Summary of PCA Activities |
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| Colorado | <ul style="list-style-type: none"> • Developed/disseminated a toolkit for health centers to customize and use to build local governments' familiarity with health centers. Included: template powerpoint presentation, fact sheet, and press release, a list of ways health centers can include local government supporters, and a list of opportunities to interact with local government. • Hosted display table at statewide conference of Colorado Counties, Inc. • Wrote/published article on health centers in magazine of the Colorado Municipal League. • Distributed fact sheets to Metro Mayors Caucus Executive Committee and met with staff. |
| Florida | <ul style="list-style-type: none"> • Made presentations before several County Commissions. • Met with Florida Association of Counties Health and Human Services Policy Committee leadership. • Compiled county-specific data. |
| Georgia | <ul style="list-style-type: none"> • Developed/distributed general health center materials to elected officials. • Invited county/state officials to PCA annual meeting and to FQHC community development meetings in preparation for new access point applications. • Attended Brownfield Redevelopment Project meeting hosted by Association of County Commissioners of Georgia. • Coordinating meetings with health center executive directors and local county officials (on-going). • Will attempt to fill open PCA board position this fall with county official (on-going). |
| Hawaii | <ul style="list-style-type: none"> • Produced a series of videos. Each health center has a 5-7 minute individual segment. There is a 10-15 minute overview of the national history and philosophy of the health center movement, the role of the PCA, and current trends and issues. The series is on DVD so that the segments can be used in any combination when presenting to groups. • Developing an integrated communications plan that will utilize the DVD to educate community groups, legislators and others about health centers (on-going). |
| Idaho | <ul style="list-style-type: none"> • Partnered with counties, state Medicaid agency, state uninsured planning grant and health centers to develop an 1115 waiver proposal that, if approved, will expand Medicaid to non-disabled adults below 185% FPL. Project will be funded and administered by counties. In one pilot county a health center will be the sole-source provider of primary and behavioral health care to this population at a capitated rate. • PCA will continue involvement in the project by serving on the oversight committee. |
| Iowa | <ul style="list-style-type: none"> • Developed powerpoint presentation/paid for travel and staff time. • Made presentations at Iowa Rural Development Council quarterly meeting, Iowa Association of Regional Councils board of directors meeting, and a session of the Iowa State Association of Counties' "Spring School". • Wrote/published article in the Iowa State Association of Counties' magazine. |
| Maine | <ul style="list-style-type: none"> • Developed powerpoint presentations. • Presented to Dirigo Advocates-a group of advocates and providers that is involved in the benefit design of the state's new health reform plan. • Presented to Maine Counties Association regarding state discussions around regionalization and the possibility of counties assuming more responsibility in social service delivery, public health, benefits eligibility, etc. |

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| Massachusetts | <ul style="list-style-type: none"> • Met with Massachusetts Municipal Association and committed to future cooperation and inclusion in programs; met with the Mayor of Fall River about supporting non-federally funded health centers jointly seeking federal funds; met with Mayor of New Bedford and other municipal leaders in Barnstable County about the oral health crisis; and met with Boston Mayor at a health center event. • Presented at a municipal and legislative breakfast on health care access issues in Merrimack Valley. This meeting led to a \$750,000 grant to the Lawrence CHC and Lawrence General Hospital from the state. • Expanded work with Boston Public Health Commission which contributed to an increase in funds to health centers across the state for bioterrorism preparations. |
| Mississippi | <ul style="list-style-type: none"> • Produced a video on the successes and benefits of health centers which can be used to educate county and local governments. • Leveraged additional funds to support project. |
| Nebraska | <ul style="list-style-type: none"> • Collaborated with the Primary Care Office. • Identified three communities to target that would benefit most from a health center. Meetings with these communities are scheduled for the fall. |
| New Hampshire | <ul style="list-style-type: none"> • Developed county specific materials. • Presented at annual meetings of two statewide associations: New Hampshire Association of Counties and New Hampshire Municipal Association. Have been invited to present workshops at both annual meetings again next year. • Sent letters from each health center executive director along with materials developed to mayors and county commissioners. |
| New York | <ul style="list-style-type: none"> • Met with New York State Association of Counties and wrote/published an article in the organization's newsletter. Will present a workshop at the annual conference in the fall. • Developed a proposal and presented it to the NY State Association of Counties which would give county governments the opportunity to access discounted 340B pharmaceutical prices for their institutionalized populations. • Met with NY State Association of Counties and 3 counties in the capitol region to discuss collaboration on 340B. • Compiled cost-analysis using county specific data and potential cost savings of the 340B program. • Forming service agreements and planning more informational workshops (on-going). |
| North Dakota | <ul style="list-style-type: none"> • Developed powerpoint presentation and information packet for county & city elected officials. • Presented at North Dakota League of Cities Annual Conference and North Dakota Association for Counties Annual Conference. |
| Oregon | <ul style="list-style-type: none"> • Developed presentation, fact sheet, and information packet. • Met with County and Local Health Officers group. • Drafted organizational brochure. • Educated county and local health officials with materials through Community Development program (on-going). |
| Pennsylvania | <ul style="list-style-type: none"> • Developed presentations and distributed materials. • Exhibited at the County Commissioners Association of Pennsylvania and Pennsylvania League of Cities and Municipalities annual conferences. • Presented at the Pennsylvania Farm Bureau and established website links between the two organizations. • Presented at the Cessation Technical Assistance Conference and the Pennsylvania Rural Health Association Conference. |

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| Rhode Island | <ul style="list-style-type: none"> • Partnered with Rhode Island League of Cities and Towns. Participated in 2004 convention and will present workshop at 2005 convention. • Spoke with officials from 30 of 36 towns & cities. • Developed/distributed brochure to all municipal offices and libraries and at health & ethnic fairs. |
| South Dakota | <ul style="list-style-type: none"> • Developed powerpoint presentation and information packet for county & city elected officials. • Presented at the state offices of the South Dakota Municipal League State Office and South Dakota Association of Counties. |
| Tennessee | <ul style="list-style-type: none"> • Developed powerpoint presentation and compiled health center specific information. • Made presentation before Health Committee of Nashville/Davidson County Metro Council. • Spoke at council leaders in Perry County. Resulted in subsequent conversations about partnerships and expansions. • Conducted workshop at the Tennessee Municipal League annual conference. |
| Utah | <ul style="list-style-type: none"> • Developed database of county associations. • Formed partnership with state association of Special Tax Districts. • Developed presentation outline and materials. • Plan to schedule county level presentations. |
| Virginia | <ul style="list-style-type: none"> • Displayed at Virginia Association of Counties and Virginia Municipal League annual conferences. • Presented at Virginia Rural Health Association Summit on Economic Growth panel on health care. • Participated in Virginia Chamber of Commerce Economic Development Forum. • Wrote/published article in Virginia Municipal League magazine. • Served on Virginia Department of Health Office on Rural Health's Economic Quantification Study Advisory Committee (on-going). |
| West Virginia | <ul style="list-style-type: none"> • Presented at West Virginia Mayor's Association Annual Conference, County Senior Health Insurance Coordinators Annual Conference, and statewide meeting of County Senior Health Insurance Network Directors. • Met with Public Employees Insurance Agency to discuss the development of a network of health centers through which state, county and local government employees may access primary/preventive health care. • Developed individual health center webpages on the PCA website. • Developed/ran six-month awareness campaign on a statewide radio show. • Provided mini-grants to two health centers sponsoring local events to include county and state leaders. • Developed/distributed list of health centers and services for county leaders and community groups. • Implemented electronic application system at 10 school-based health centers and promoted to county boards of education. • Invited county and local officials to health center event. |
| Wyoming | <ul style="list-style-type: none"> • Developed materials and display board. • Exhibited at Wyoming Association of County Officials, Wyoming Association of Municipalities, Wyoming Rural Health Conference and Wyoming Governor's Planning Council on Developmental Disabilities Mega Conference. • Presentations made to Governor's Health Care Commission, Wyoming Health, Labor and Social Services Committee, and a local community health council. • Met with medical groups about how private providers and health centers could partner to meet community health care needs. • Future presentations are planned. |