



COMMUNITY HEALTH CENTERS

Community Health Centers have proven to be an effective way to provide health care in low-income, minority communities—particularly for preventive health care—in a cost-effective way.

For more than four decades, Community Health Centers (CHCs), have been the main source of preventive and primary health care services for many poor and minority communities in the United States.

Also known as Federally Qualified Health Centers, CHCs currently serve nearly 20 million individuals annually, many of whom are either uninsured or rely on public health insurance programs. CHCs are typically located in rural and low-income urban communities and overwhelmingly serve individuals who are members of ethnic and racial minority groups.¹

CHCs have received strong federal support in recent years, including favorable evaluations from the Office of Management and Budget and the Government Accountability Office.² The George W. Bush administration doubled federal financing for CHCs, opening or expanding 1,200 facilities.³ And the Obama administration, through the Patient Protection and Affordable Care Act (ACA), is providing \$11 billion in funding over five years for operation and construction of CHCs.⁴ In 2010, FQHCs were estimated to serve 20

million patients, and with the passage of the ACA, that number may reach 40 million by 2015.⁵

Community Health Centers Improve Health

Individuals and society benefit from promoting wellness and prevention through an increase in the number and capacity of Community Health Centers.

- Research demonstrates that preventive health care services provided by CHCs:
 - > improve individual and population health outcomes⁶
 - > decrease health care costs while maintaining high quality of care⁷
 - > reduce health disparities⁸
- African-American women who received perinatal services from CHCs delivered fewer low-birth weight babies (10.7 percent) as compared to their peers (14.9 percent).⁹
- Patients who are uninsured or on Medicaid are up to 22 percent more likely to get screenings for diabetes, hyper-

tension, and breast and cervical cancer at CHCs, even though they are more likely to be poorer or in much worse health than patients at other providers.¹⁰

CHCs Reduce Health Disparities

Extensive research documents Community Health Centers' effectiveness in reducing health disparities for racial and ethnic minority groups.¹¹ While controlling for factors such as age, income and health insurance rates, researchers found that an increase in penetration of CHCs is significantly associated with fewer disparities for key health indicators, including prenatal care, rates of tuberculosis and death rates.¹²

- Compared with office-based practices, CHCs were more likely to accept charity or no charge patients and Medicaid and Medicare recipients. More than 60 percent of CHCs patients are people of color, as compared to less than 30 percent of office-based patients.¹³
- In states where CHCs serve 20 percent or more of the state's low-income population, the median difference for black women versus white women who receive early prenatal care is 11.8 percent. In states with relatively low CHC penetration, the difference is 14.9 percent. For Hispanic women versus white women in states with the highest CHC penetration the difference is 13.5 percent, compared to 17.5 percent in states with low CHC penetration.
- States with high CHC penetration had a median increase of 166.5 more black deaths than white deaths per 100,000. For states with a low CHC penetration, the median was 286 more deaths per 100,000.

The Power of Regular Care

For many patients, Community Health Centers serve as their primary care medical home, a place where they are treated for a variety of health issues by a team that knows them. Research suggests that having a regular source of care through a medical home increases the likelihood that individuals receive recommended preventive health care services,¹⁴ leading to improved health outcomes and reduced costs.¹⁵

- Adults with a usual source of care were 26 percent more

likely to receive preventive screenings for cervical cancer at the recommended age. They were 38 percent more likely to have a screening for breast cancer, and 29 percent more likely to be screened for colorectal cancer.¹⁶

- Having a regular source of care may help women receive prenatal care: Women who were aware they were pregnant in the first trimester but lacked regular source of health care were nearly 40 percent more likely to initiate care late or not at all compared to women who had a regular source of care.¹⁷
- An increase of one doctor for every 10,000 people lowered infant mortality rate by 2.5 percent and incidence of low birth weight babies by 3.2 percent.¹⁸

Community Health Centers Are Cost-Effective

Community Health Centers also produce significant cost savings. By providing preventive health care services and chronic care management, CHCs help reduce the use of more costly forms of medical treatment, including hospital emergency care and specialty care.¹⁹

- A study of recipients of Medicaid in four states found that individuals who used CHCs for their usual source of care were 11 percent less likely to be hospitalized and 19 percent less likely to use the emergency room unnecessarily as compared to individuals who used other types of providers for their primary care needs.
- Patients of CHCs have significantly lower health care costs—ranging from 24 percent to 41 percent lower—than patients who use other sources of primary care.²⁰
- Studies found that, with some exception,²¹ even while containing costs, CHCs provide a quality of care that is equal to if not superior than care provided by other sources of primary health care services, including private physicians' offices and hospital outpatient departments.²²

This Research Overview is part of a series that summarizes academic studies on the relationship between community development and health, education, and other aspects of community well-being.

For more information on these health studies and others, visit www.instituteccd.org/health.

ENDNOTES

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