Community and Migrant Health Centers:

Two Decades of Achievement

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Introduction

Few programs have made as significant a contribution to low-income families as cost effectively, and in as high quality a manner as have Community and Migrant Health Centers. Begun in 1965 as eight research and demonstration Neighborhood Health Centers projects, the program has grown and matured over the past twenty years into a network of nearly 800 primary health care centers providing comprehensive primary care to nearly six million poor and underserved Americans in 50 states, Puerto Rico, and the District of Columbia. These centers are funded primarily through the Community Health Centers and Migrant Health Centers programs. They derive additional support from the National Health Service Corps, Black Lung Clinic, Maternal and Child Health Block Grant and Urban Indian Health programs.

Despite their record of achievement and the esteem in which they are held by patients, health professionals and policymakers alike, health centers still reach less than one fourth of America's 25 million medically underserved residents. The need to strengthen the capacity of health centers has grown more urgent in recent years, as the number of families living in poverty and without health insurance has grown and the number of elderly Americans unable to afford the high cost of medical care has increased. For millions of our most vulnerable citizens, health centers are increasingly becoming their only potential source of affordable health care.

Who Needs Health Centers?

The case for community health centers has never been greater than it is today. Indeed, the patients

who currently use health centers tell much of the story.

Nearly 70% of health center patients are members of minority groups.[1] Over one in three patients is black. Nearly one in three is Hispanic. Other minorities who depend on health centers include American Indians, Asians, and Indochinese and Haitian refugees.

Minority families suffer serious disadvantages, both in their health status and in their access to health care.

- One in six blacks and one in four Hispanics is completely uninsured, compared to one in 11 whites.[2] Persons who have no health insurance are 50% less likely to receive physicians' services and 90% less likely to receive hospital care.[3]

- In 1984, one out of every three black and Hispanic Americans lived in families with incomes below the federal poverty level.[4] Even relatively inexpensive health care is a financial impossibility for these families.

- The health status of minorities reflects their poverty and uninsuredness. One out of every 10 black infants and one out of every 8 Hispanic infants, compared to one in every 20 white infants, is born to a mother who failed to receive prenatal care early in pregnancy.[5] Moreover, between 1982 and 1983, postneonatal mortality (infant deaths between 28 days and one year) rose 5% nationwide among black infants--the first such recorded increase in 18 years.[6] By 1983, the disparity nationwide in black and white infant mortality rates stood at its widest point in over 40 years.[7]

- While blacks make up 12 percent of the total population, black infants constituted 28% of all infant deaths that occurred in 1983.[8]

- One in 10 black children and one in 7 Hispanic children, compared to one in 18 white children under age two, does not see a physician at all during a year.[9]

- Blacks are more likely to develop and die from cancer than any other population group in America.[10] Black men under age 45 are 10 times more likely than white men to die of hypertension.[11] Hispanics face a three times greater risk than white non-Hispanics of developing diabetes.[12]

- Blacks are 1.2 times more likely than whites to be limited in major activities because of poor health.[13]

- Minority families are also especially reliant on outpatient clinics because they are more likely to be poor,

uninsured or reside in a medically underserved area. In 1983, black families were twice as likely as white families to rely on hospital outpatient departments as their regular source of care.[14]

Over sixty percent of all health center users have family incomes below the federal poverty level. The remainder have family incomes less than twice the federal poverty level.[15]

- The poor are three times more likely than the non-poor to report themselves in fair to poor health, three times more likely to be limited in their usual activities because of a chronic health condition, and have twice as many bed disability days as higher income persons.[15a]
- The poor are also significantly less likely to receive necessary health care when patterns of health care use among the poor and non-poor are adjusted for health status.[15b]
- Poor children are particularly disadvantaged; poor children receive half as much medical care when utilization rates are adjusted for health status.[15c]

Over one-third of all health center patients (36.2 %) are children under the age of 14.[16] Poor children are particularly in need of health centers because they are likely to be uninsured and without a regular source of health care.

- Poor children are over three times more likely than non-poor children to be completely uninsured.[17] One out of eight poor children has no health insurance.[18] Another one in five is insured for only a portion of each year.[19] Poor children are significantly less likely than non-poor children to have a regular source of health care.[20]
- Poor children are in substantially worse health than non-poor children. Poor children have significantly higher neonatal and postneonatal mortality rates and are more likely to die from all causes throughout childhood.[20a]
- Poor children are more likely to suffer from such acute illnesses as rheumatic fever, meningitis, gastroenteritis and parasites.[20b] Moreover, poor children suffering from acute or chronic illnesses or conditions are at greater risk of suffering more severely.[21]
- Despite their diminished health status, poor children seriously underuse needed services. One in 10 poor children, compared to one in 18 non-poor children

under age two, does not see a physician for any reason during a year.[22]

- Less than half of all black preschool children are appropriately immunized against diptheria, tetanus, pertussis or polio.[23]

Over one-quarter (28.6%) of all health center users are women of childbearing age.

- Poor pregnant women are significantly more likely than non-poor women to receive either no prenatal care at all or none until the final three months of pregnancy.[24]

- Minority pregnant women are at particular risk for late or no prenatal care. In 1983, one in 10 black women, compared to one in 20 white women, received late or no prenatal care. One in 8 Hispanic women received late or no prenatal care in 1982.[25]

Nearly one in two health center users (48%) is completely uninsured.[26]

- Poor Americans are one-and-a-half times more likely than non-poor Americans to be completely uninsured.[27] Moreover, poverty eliminates their ability to purchase the medical care they need on an out-of-pocket basis.

- About two-thirds of all poor adults are in the labor force.[28] Yet one in four poor workers is completely uninsured,[29] and only 61% of poor and near-poor workers have private insurance.[30]

- Half of all poor sick adults are in the labor force.[31] For these poor workers, the lack of health insurance is particularly serious. Yet only 18% of poor sick workers qualify for Medicaid on a year-round basis, compared to over 40% of the non-working sick poor.[32]

- Only 25% of all health center patients were eligible for Medicaid in 1984, a 40% drop in eligibility since 1980, when 43% of health center users were eligible for Medicaid.[33]

- Uninsured persons are significantly more likely to judge themselves to be in fair to poor health.[34] Moreover, the uninsured are: almost twice as likely not to see a physician during a year; over twice as likely not to have a regular source of health care; and over three times more likely to forego needed medical care.[35]

The elderly (aged 65 and over) now comprise 11.4% of all health center users--a threefold increase since 1979, and roughly proportionate to their share of the general population.

- Elderly Americans are in the highest risk category for chronic conditions and functional limitations due to poor health. In 1984, health care

costs for the elderly were more than twice as expensive as for the general population, with more than 75 percent of these costs related to institutional (hospital and nursing home) care.[36]

Why Are Health Centers So Important?

Health centers were never more urgently needed than they are now:

Health centers are serving the poor and uninsured, whose numbers have increased dramatically in recent years.

- Between 1979 and 1983, the number of Americans without health insurance increased to over 35 million--a twenty-two percent increase in four years.[37]

- The increase in uninsuredness coincided with the sharpest increase in poverty among families with children that has been experienced since poverty statistics were first collected.[38] Although poverty rates fell slightly in 1984, the recovery has lifted out of poverty only a fraction of the Americans who were thrown into it. From 1979 to 1983, the number of poor children grew from 10 million to over 13 million--a three million increase. Yet by 1984 the recovery had lifted out of poverty only 211,000 of these additional 3 million newly poor children.[39]

- The increase in poverty and uninsuredness has been accompanied by deep reductions in our major public health programs. In 1969 Medicaid reached 65% of the poor and near-poor. By 1985, that number had dropped to 46%.[40] Medicare eligibility has been reduced for disabled workers; and even before these recent cutbacks, Medicare failed to cover some of the most basic health services that disabled and elderly Americans need, such as prescribed drugs, routine dental and vision care, and preventive health care.

- Key health measurements indicate a serious erosion in the health status of our most vulnerable populations. Between 1982 and 1983, postneonatal mortality rose 3% nationwide for all infants and 5% nationwide for black infants. By 1983, the mortality "gap" between black and white infants was the widest in over forty years.[41] And, after a decade of improvement, the percentage of pregnant women receiving either late or no prenatal care rose nationwide in 1982 and 1983.[41a]

How Effective Have Health Centers Been in Carrying Out Their Mission?

There are many characteristics that distinguish health centers from most other health care providers. These include: their location in under-

served neighborhoods; their clinic hours, which include nights and weekends for working families; their ability to maintain multiple sites and even mobile clinics for rural patients including farmworkers; their multilingual staff; their commitment to offering a wide array of medical and supportive services; and their unique skills in serving the underserved. These characteristics make health centers extraordinarily effective providers for low-income families otherwise isolated from medical care because of geographic, financial or cultural barriers.

Health centers are effective in several key ways:

Health centers are responsive to their communities.

- Centers achieve a high degree of acceptance and utilization in the communities they serve. Studies show that anywhere from 67% to 89% of health center users consider the centers a primary source of care.[42]

- Health centers have helped close the health care "gap" that historically separated poor and non-poor Americans. Health centers achieved an 8% increase in physician visits for the children they treated, a 5% increase among young adult patients, a 19% increase among middle-aged patients and an 18% increase among elderly patients.[43]

- Because of their convenient hours and locations, centers reduce the percentage of low-income patients who need to travel for long periods to obtain health care. One study shows that centers can reduce low-income patients' travel time by as much as 10%.[44]

Health centers promote the use of preventive health care and reduce reliance on emergency rooms.

- By making high quality primary health care available, centers have been effective in persuading poor families to end their reliance on more expensive and less appropriate emergency rooms. Families also learn to make use of preventive health services. Health center patients use more primary health care and are better immunized. Forty percent of all health center visits are for preventive and health maintenance care, and a greater percentage of health center patients receive physical exams.[45] Community health centers have brought about a one-third increase in the

percentage of poor residents, and a 19% increase in the percentage of non-poor residents, who receive dental care.[46]

Community health center users receive more prenatal care,[47] and show 52% higher immunization rates and 20% higher pap smear rates, than comparable community residents who do not use health centers.[48]

Health centers have significantly improved the health of the communities they serve.

- Major reductions in infant mortality--as much as 40%--have been achieved in areas served by health centers, because of the access they provide to high quality maternity and infant care services.[49] Health centers alone have been found to account for 12% of the decline in mortality rates among black infants that occurred in the United States between 1970 and 1978.[50] Counties served by health centers have been found to have white infant mortality rates that are 1.5/1000 deaths lower, and black infant mortality rates that were 2.9/1000 deaths lower, than those in surrounding counties.[51] Counties with four or more health centers have infant mortality rates as much as 10% lower than counties with no health centers.[52]

- Health center achievements in other health areas have also been remarkable. A landmark study of rheumatic fever in poor neighborhoods found that because of the improved detection and treatment of strep by community health centers, cases of rheumatic fever dropped by 60% over a ten-year period.[53] Other studies have shown increased immunization rates and a decline in untreated middle ear infections.[54]

Health centers provide high quality care.

- Health centers have been found to be particularly good at completeness of care, clinical management of patients, follow-up, and overall patient care. Health centers compare favorably with doctors, HMOs and hospital outpatient departments.[55]

- Health centers have achieved a very high level of satisfaction among the patients they serve. One study showed that center users rated centers higher (by a two-to-one margin) than any other major source of health care, including private physicians, because of their quality, comprehensiveness, attentiveness and convenience. Those interviewed said that they would choose health centers even if other providers offered care free of charge.[56]

Health centers are extremely efficient providers of health care.

- Between 1974 and 1983, health centers increased the size of the population they served by more than 300%, even though

their grant funding levels grew by only 65%.[57]

- Part of this remarkable growth has been the result of increased productivity. Productivity rose by 43%, and administrative costs fell by 43% to only 16% of total costs.[58] The cost of each patient encounter fell by 21% (and by 60% after inflation is taken into account).[59]

- Additionally, health centers have become more efficient in generating other revenues. Between 1974 and 1983, centers increased third-party reimbursements from 17% to 42% of total operating costs.[60] Between 1981 and 1982, centers increased their billings collected by 18% and decreased their accounts receivable by 208%.[61]

Health centers provide care at costs which are substantially lower than for other settings.

- Compared to other providers, health centers make judicious use of ancillary services. Studies have shown that health centers' laboratory, medical, x-ray and pharmacy costs are about two-thirds the national average.[62] These cost savings result in part from the fact that patients who do not use health centers go for longer periods without care and thus require higher intensity care when they ultimately use services.[63]

- Even when health center patient costs are compared against Medicaid costs, the efficiency of health centers is clear. Pharmacy costs for center users have been shown to be 2-1/2 times lower than pharmacy costs for comparable Medicaid patients who do not use health centers.[64] Moreover, patient encounter costs for Medicaid patients who use health centers have been shown to be only 58% of those incurred when Medicaid beneficiaries use hospital outpatient departments.[65]

- Furthermore, health centers control the cost of hospital care. Hospital admission rates for center users have been found to be significantly lower than those for persons served by either hospital outpatient departments or private physicians.[66] Moreover, the length of stay for hospital patients served by health centers has been shown to be one-third as long as that for patients who are seen by outpatient departments and half as long as that of patients served by private physicians.[67]

How Cost Effective Are Community Health Centers?

Health centers make tremendous sense in both human and fiscal terms. In an era of financial constraint, there is no wiser investment than community health centers.

By encouraging the appropriate use of health care, health centers have increased access to care without encouraging overuse.

- Studies show that the number of visits annually by health center patients falls well below the national average for both private physician and hospital outpatient department users.[68] Non-health center patients have been shown to use eight to nine times more physicians' services than health center users.[69]

- Community health centers lead to lower utilization of more costly emergency rooms. Study after study has documented the impact of health centers on emergency room use. Reductions have ranged from 13% to 38% in the case of pediatric emergency room utilization.[70]

Health centers have dramatically reduced hospital use and costs for their patients to levels well below those served by other providers.

- Numerous studies have documented the enormous impact that centers can have on use of hospital care. Centers have reduced admission rates by anywhere from 22% to 67%.[71] They have also reduced the number of patients admitted per year and the length of stay among those patients who are admitted.

- One study showed that in the same community, hospital admission rates for health center users were 5.7 admissions per 100 persons, compared to 8.8 admissions per 100 persons among physicians' patients, and 7.8 admissions per 100 persons for persons seen at a hospital emergency room.[72] Similarly, health centers hospitalized a much smaller percentage of their patients--4.9% of all patients, compared to 7.8% of private physicians' patients, and 7.1% of emergency room patients.[73] Finally, the average number of hospital days per patient for health center patients was dramatically lower. Hospital days per year per patient amounted to .4 days for health center patients, .6 days for physicians' patients and .8 days for patients of outpatient departments.[74]

- A study of hospitalization of health center patients in Denver, Colorado, showed that hospitalization rates for health center users were 43% lower than for non-users, while the average length of stay for health center patients was only 60% of that for persons who were not patients of centers. The number of hospital days per year per center patient was one-third of that of non-users.[75]

- Another study has shown that health center patients have a 25% lower hospitalization rate than other patients, and a 22% lower hospitalization rate than persons who use a private doctor as their regular source of health care.[76]

- Perhaps most dramatic has been health centers' demonstrated savings to state Medicaid programs. Community health centers have been shown to reduce by 40% Medicaid payments per person per year.[77] Hospitalization rates have been cut by 44%, hospital days per year per patient by 62%, and average length of stay by 34%.[78] Among AFDC-eligible Medicaid recipients, age-adjusted hospital admission rates have been shown to be less than one-half the rate for non-users.[79]

- Health centers' enormous impact on hospitalization costs means that health centers have more than paid for themselves. The value of reduced inpatient hospital expenditures has been shown to amount to one-and-one-half times more than the total annual appropriation for the community health centers program.[80] Moreover, one study showed that total Medicaid savings in one year alone amounted to $580 million--$219 million more than the 1980 appropriation for community health centers.[81] Each dollar spent on the community health center program saved $1.61 in reduced Medicaid expenditures.[82]

Conclusion

In an era of widespread need and serious financial constraint, community and migrant health centers make tremendous sense. Health centers save both lives and dollars in an effective, efficient and high quality fashion. We simply cannot afford not to invest in health centers.

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