



Why Massachusetts Community Health Centers



The health care safety net

Massachusetts Community Health Centers: A History of Firsts

In 1965, the nation's first community health center opened its doors in Boston, Massachusetts. Until that time, health services for low and moderate income people in inner city areas and isolated rural communities were often lacking altogether. Where care did exist, it was characterized by long travel and waiting times. In many cases the care provided was episodic and inefficient and in the worst instances, disrespectful.

Two Boston-based physician-activists, Jack Geiger and Count Gibson of Tufts Medical School, were determined to address both the lack and nature of primary care in Boston's neighborhoods. Working

with residents in the Columbia Point neighborhood of Dorchester, the physicians helped to organize a community-based model of primary care that included a focus on the conditions that contribute to poor health such as unemployment, substandard housing and limited educational opportunity.

This unique approach to providing health care gained the attention of the federal Office of Economic Opportunity (OEO) in the mid 1960s. Charged with advancing President Johnson's "War on Poverty" — an initiative to promote revitalization and economic development within urban and rural areas — the OEO embraced the health center model and began development of new health centers in other parts of the country. By 1971, there

were 150 health centers throughout the country; 17 of those were located in Massachusetts.

In the meantime, many other medically underserved Massachusetts communities took the concept and ran with it, organizing 30 health centers in ten years. Some were federally funded; others were supported by city funds or local hospitals. But all of them were committed to bringing respectful, user-friendly care to people in the communities where they lived and worked.

The Massachusetts League of Community Health Centers (the League) was the first organization of its kind, formed in 1972 to help coordinate this rush to establish health centers in and around Boston. The League

worked to strengthen the young network through technical assistance and training, and to expand health centers into other medically needy regions of Massachusetts.

It was also a time when what had been a group of demonstration projects was becoming a cohesive program nationally. In 1975, working with Senator Edward M. Kennedy, the League led the fight to defeat the first of many attempts to eliminate the federally-funded community health center program. Instead, in 1975 community health centers were strengthened and solidified with their own legislative authorization — still another first.

1960s

In 1965, the first health center in the nation was founded at Columbia Point, Dorchester.

Leveraging funding from the Office of Economic Opportunity, health centers are developed across Boston and the country.

Community Health Centers: An Overview

Community health centers are non-profit, community-based organizations that provide comprehensive primary and preventive health care and social services to medically underserved individuals and families. Led by community-based, consumer-majority boards of directors, health centers are focused on meeting the unique health needs of their communities in a linguistically and culturally competent manner.

Across the nation, there are more than 1,100 community health centers, serving almost 12 million patients at over 3,000 different practice sites. The community health center network is the largest unified primary health care program in the United States.¹ 50 community

health centers provide health access at 185 sites throughout the state of Massachusetts. Community health centers serve one out of every ten people in the Commonwealth. In 2002, they provided over 3 million visits for more than 600,000 people in need of medical, dental, outreach and social services.

Community health centers operate in large and small urban areas as well as in rural communities. While each community health center is different and designed to meet the specific health care needs of the community in which it operates, all centers serve predominantly low-income patients (Medicaid recipients, the uninsured and underinsured) and a disproportionate share of racial and ethnic minority groups. The network of community health centers is the true primary health care safety net.

Community Health Centers

- Serve communities formally designated as medically underserved based on provider to population ratios, economic levels and health disparities
- Provide comprehensive primary health care, as well as outreach, education, prevention, case management, social services and patient supports (such as translation and transportation)
- Serve the entire community, using income-based sliding fee scales to ensure access to low-income patients
- Most are governed by community boards, the majority of which must be patients of the health center

1970s

In 1972, the Massachusetts League of Community Health Centers was founded to support and help expand health centers across the state.

By 1975, there were 31 health centers in Massachusetts.

Leaders in expanding access & eliminating racial & ethnic health disparities

Massachusetts community health centers offer a wide variety of programs designed to meet the most pressing needs of the communities they serve. Some health centers focus primarily on medical and related services, while others offer a broader range of programs.

Community health centers provide critical access to quality health care for people who need it most. They can serve as the family doctor and medical home for all in their communities, particularly those who face obstacles getting medical care, those who are poor, minority and/or recent immigrants, children and families, the elderly and others with high-risk health problems. Many patients served by community health centers have had

no previous consistent relationship with a medical provider; having relied instead on hospital emergency rooms for care.

Almost 418,000 Massachusetts residents are uninsured and another approximately one million are covered for health care through the state's Medicaid program.

Community health centers provide care to close to half (43%) of these medically underserved populations.

Over 75% of the population served by Massachusetts community health centers are either MassHealth (Medicaid) enrollees, uninsured or underinsured individuals.

The following health services are typically offered by community health centers:

Medical Primary Care

- Family Medicine
- Family Planning
- Internal Medicine
- Obstetrics/Gynecology/Ultrasound
- Pediatrics
- School-based Health Services
- Laboratory Services
- Eye Care
- Dentistry

Medical Specialty Care

- Cardiology
- Endocrinology
- Infectious Diseases including HIV/AIDS
- Pulmonology
- Dermatology
- Other Specialties
- Podiatry

Behavioral Health Care

- Individual, Family & Group Counseling
- Psychopharmacology
- Substance Abuse Treatment

Other Services

- Domestic Violence Counseling
- Smoking Cessation
- Radiology & Mammography
- Pharmacy
- Women Infants & Children (WIC) Program
- Nutrition
- Social Services
- Acupuncture
- Case management for chronic diseases
- Outreach/program enrollment

1980s

By 1980, there were 40 health centers in Massachusetts.

In 1986, the League helped found Neighborhood Health Plan, a community health center-based HMO focused on providing health insurance for low-income and Medicaid patients.

In 1988, health centers gained recognition as significant providers of care to uninsured patients by state policymakers, making them eligible for reimbursement from the state's Uncompensated Care Pool.

In addition to these services, some centers also provide expanded human service programs such as child and family development (Early Intervention, Headstart, pre-school programs, peer leadership programs and after-school programs) and workforce development (education, skills training and employment services).

In Massachusetts, over 50% of health center patients are racial and ethnic minorities.² All centers focus on eliminating racial and ethnic health disparities. Over 39 different languages are available through interpreters or spoken by health center staff.

Both clinical programs and support services are designed to provide culturally sensitive and competent care. Several centers also

participate in programs under the REACH 2010 initiative, a nationwide demonstration project managed by the Center for Disease Control and Prevention, the objective of which is to help communities mobilize resources to support programs that eliminate health disparities experienced by racial and ethnic minorities.

Health centers' effectiveness in reducing racial and ethnic health disparities have been documented in several national studies.

- Greater levels of health center penetration (defined as the percentage of low-income individuals served by health centers) were associated with reductions in minority health disparities on the state level along several key indicators.³

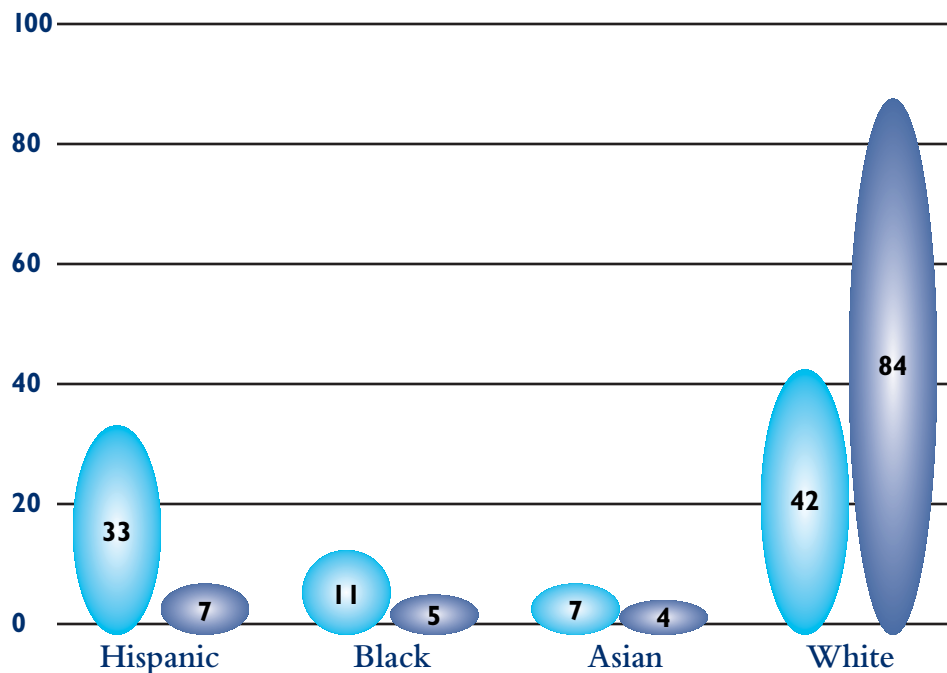
- African Americans and Hispanics with hypertension who are health center patients are three times as likely to report blood pressure under control than a comparison group of non-health center users.⁴
- Low birth weight rates for health center women are comparable to the national rate even though health center women are more likely to be at greater risk. The national disparity in rates between African American and other women is reduced by 50% for African American women served by health centers.⁵
- Women who are health center patients have more up-to-date pap tests than The National Health Interview Survey

comparison group among all women, Hispanic women, white non-Hispanic women, black non-Hispanic women and other women.

As a result of their combined roles as service providers, employers and local businesses, Massachusetts community health centers are also major "economic engines" in the diverse communities within which they operate. Centers support more than 10,000 jobs, generate more than \$487 million in household income and contribute more than \$692 million to the state's economy.⁶

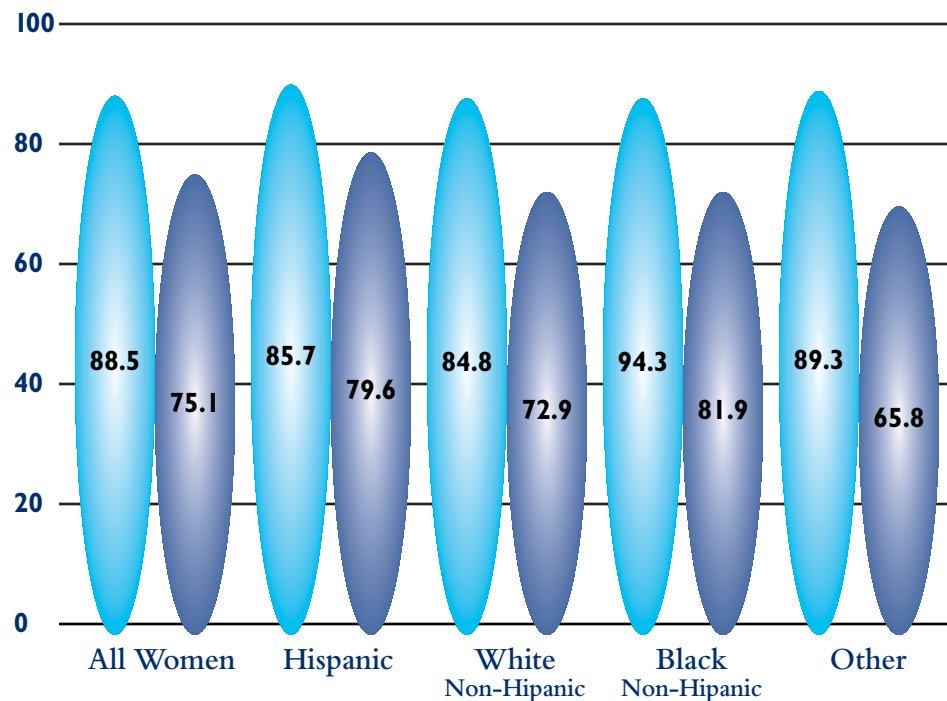
Health Centers by Race Compared to Massachusetts Population

Source: 2000 Massachusetts Census & Massachusetts League of CHC's



Percentage of CHC Women with Updated Pap Tests Compared to Other Low-Income Women

Source: National Health Interview Survey, CHC Survey 1995



1990s

Technology to help with health screening and management of chronic disease took hold at Massachusetts community health centers.

In 1994, the League helped found the Community Health Center Capital Fund (CHCCF) to assist health centers in developing and funding capital projects.

Improving quality while controlling costs

Community health centers provide high quality health care to typically difficult-to-serve populations. A recent national study in *Journal of the American Medical Association* comparing the delivery of primary care in community health centers, hospital outpatient departments and physicians' offices recognized the quality and cost effectiveness of care provided by community health centers. "Continuity of care, one of the hallmark features of primary care, was better in community health centers than other delivery sites ... Better continuity of care allows practitioners to use more watchful waiting and employ health care resources more judiciously."⁹

Other national studies also document the success of community health centers in providing quality care and controlling costs.

- Health center Medicaid beneficiaries are 22% less likely to be hospitalized for potentially avoidable conditions than beneficiaries who receive care elsewhere.¹⁰
- The cost of treating health center Medicaid recipients is 30-34% less than the cost for beneficiaries receiving care elsewhere; 26-40% lower for prescription drugs; 35% lower for diabetics, and 20% lower for asthmatics.¹¹

In 1985, the Massachusetts community health centers founded a managed care plan, Neighborhood Health Plan (NHP). Sixty percent of the NHP membership receives their care at community health centers. Data from NHP indicates that community health center members consistently exhibit high rates of primary care visits and low rates of emergency room visits, particularly when compared to hospital based primary care sites. Acute hospital spending was also lower for community health center patients than for either hospital based or other medical group primary care patients.

Community health centers have developed innovative programs to manage chronic diseases such as asthma and diabetes. Since 1998, over 24% of Massachusetts health centers have participated in national disease management collaboratives in the areas of diabetes, asthma and depression.

1990s

In 1997, the health centers became major partners with the state in enrolling eligible children and families into Massachusetts' newly expanded Medicaid program.

In 1998, the League helped launch Capital Link to provide capital development assistance to health centers nationally.

In 1999, there were 47 health centers in Massachusetts.

Good prospects for investment

In Massachusetts, community health centers are the primary care safety net, caring for more than 43% of the state's low-income residents. Economic challenges within the state over the past several years have produced an increase in the number of uninsured and medically underserved, thereby also increasing the demand for community health center services. A recent study validated the capacity of health centers to ensure access to high quality primary care for an even greater number of vulnerable state residents than the level currently served. However, the study also identified critical success factors that must be addressed before such expansion in services can occur, including further investments in technology

systems, facility renovation or expansion, staff recruitment, retention and workforce development.

Many community health centers receive federal funds from the Department of Health and Human Services Bureau of Primary Health Care, which partially cover the costs associated with serving such a high percentage of patients without insurance. The other major sources of revenue for Massachusetts community health centers are the state's Medicaid program; the Uncompensated Care Pool; NHP (the health center-based managed care plan); and public health program grants. None of these funding sources provides sufficient funding to support the development and implementation of new and innovative programs and services.

Massachusetts community health centers are uniquely positioned to demonstrate the effectiveness of new care models and support services in improving health care quality, reducing racial and ethnic health disparities and controlling health care costs. As in so many other periods in their almost forty-year history, Massachusetts health centers are poised to advance health care for low-income populations to its next level of effectiveness, this time in partnership with private philanthropy.

2000s

In 2000, the League was the first association in the country to secure tobacco settlement funds to provide financial relief for fiscally strapped health centers.

In 2002, the League and its partner, CHCCF, issued a report on financial trends at health centers to highlight their declining financial stability.

Massachusetts health centers received recognition by the Governor and state lawmakers for their important role in expanding access to low-income patients and reducing costs for the health system in a time of fiscal crisis.

In 2004, 50 community health centers serve one out of every ten Massachusetts residents.

Endnotes

¹ Rosenbaum, S, and Shin, P, *Health Centers as Safety Net Providers: An Overview and Assessment of Medicaid's Role*, (The Henry J Kaiser Family Foundation: Washington, D.C., May 2003.)

² Massachusetts League of Community Health Centers

³ Shin, P, Jones, K and Rosenbaum, S, *Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low-Income Communities*, Center for Health Services Research and Policy, The George Washington University (September 2003)

⁴ Remarks to National Association of Community Health Centers by HRSA Associate Administrator on March 24, 2003, referring to National Health Interview Survey, and CHC User Survey, 1995.

⁵ Remarks to National Association of Community Health Centers by HRSA Associate Administrator on March 24, 2003, referring to Politzer et al., *Inequality in America: The Contribution of Health Centers in Reducing and Eliminating Disparities in Access to Care*. Medical Care Research and Review, June 2001.

⁶ Massachusetts League of Community Health Centers, *Community Health Centers as Economic Engines*, October 2003.

⁷ Lawson, E and Young, A, *Health Care Revival Renews, Rekindles, and Revives*, American Journal of Public Health, February 2002.

⁸ Ibid.

⁹ Forrest, C., Whelan, E., *Primary Care Safety-Net Delivery Sites in the United States: A Comparison of Community Health Centers, Hospital Outpatient Departments and Physician Offices*. JAMA. 2000;280:2077-2083.

¹⁰ Remarks to National Association of Community Health Centers by HRSA Associate Administrator on March 24, 2003, referring to Falik et al., *Ambulatory Care Sensitive Hospitalizations and Emergency*

Visits: Experiences of Medicaid Patients Using Federally Qualified Health Centers. Medical Care Vol. 39, No. 6: 2001

¹¹ Remarks to National Association of Community Health Centers by HRSA Associate Administrator on March 24, 2003, referring to Center for Health Policy Studies. *Health Services Utilization and Costs to Medicaid of AFDC recipients in New York and California Served and Not Served by Community Health Centers. Final Report*, November 1994.

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