

**THE ROLE OF HEALTH CENTERS IN IMPROVING HEALTH CARE
ACCESS, QUALITY, AND OUTCOME FOR THE NATION'S UNINSURED**

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REVIEW OF COMMUNITY HEALTH CENTERS: ISSUES AND OPPORTUNITIES'

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Distinguished representatives, dear ladies and gentlemen, thank you for inviting me to testify at your hearing titled ‘a review of community health centers: issues and opportunities.’

My name is Leiyu Shi. I am a faculty member from the Johns Hopkins Bloomberg School of Public Health. I am also Co-Director of the Johns Hopkins Primary Care Policy Center for the Underserved Populations. I have a doctorate in public health and masters in public administration and business administration. For the past 15 years, I have conducted research related to various aspects of community health centers. Today I would like to share with you some of my and our team’s research work related to the role of health centers in improving access, quality, and outcome for the nation’s vulnerable populations particularly the uninsured and racial/ethnic minorities. Due to time constrain, I will highlight the findings in my presentation. The attached power point slides provide the specifics of the findings. Data from which these studies were conducted come from a variety of sources including data regularly submitted by federally qualified health centers (e.g., the Uniform Data System), regular surveys targeting health centers (e.g., Health Center User/Visit Survey), new data collection by myself or our research team (e.g., Sentinel Centers Network Project, numerous surveys of health centers), and existing national surveys (e.g., National Health Interview Survey). The published studies are listed at the end of the slides and are available upon request. Further questions, comments, or discussions can be directly to me through e-mail at lshi@jhsph.edu.

I'd like to start by highlighting the profile of health center patients (see Part I of the power point slides). Health center patients are predominantly racial/ethnic minorities (64%). Health centers rely heavily on Medicaid funding (33%). Health centers are primary care safety-net providers for the uninsured (41%) and the poor (65% below FPL). Health center patients are sicker than patients seen in other settings.

I'd like to give some examples of research comparing access to primary health care between health center patients and patients seen in other settings (see Part II of the power point slides). Among the uninsured patients, those seen by health centers are more likely to have usual source of care than those seen elsewhere (97.5% vs. 64.9%). Health center uninsured patients also have more doctor visits than uninsured patients seen elsewhere (56% vs. 33.3% with 4 or more visits per year). Health center patients even outperform nationally privately insured patients on certain access indicators. For example, 97.4% health center uninsured and 99.3% health center Medicaid patients have usual source of care compared to 91.2% nationally privately insured with usual source of care. Over 54% of health center uninsured and 64.6% of health center Medicaid patients have 4 or more doctor visits per year, compared to 54.9% of nationally privately insured patients with 4 or more doctor visits per year.

I'd like to provide examples of research comparing access to preventive health care between health center patients and patients seen elsewhere (see Part III of the power point slides). In terms of cancer screening, pap tests among health center females remain significantly higher than females below 200% FPL in the nation. Mammography

screenings among health center females remain significantly higher than the females below 200% FPL in the nation. Health Center diabetic patients use more preventive services (including eye exam, foot exam, flu shot, pneumovax) than diabetic patients nationwide. Health center uninsured and Medicaid adults are more likely to receive health promotion counseling (including smoking, alcohol, exercise, diet, drugs, STDs) than U.S. Medicaid and uninsured patients).

Let's turn to examples of research comparing quality of health care between health center patients and patients seen elsewhere (see Part IV of the power point slides). Health center Medicaid patients are significantly less likely to be hospitalized for potentially avoidable conditions than those obtaining care elsewhere. Health centers patients receive comparable or even better quality primary care services than managed care (HMO) patients especially in the comprehensiveness of services provided and the continuity of care.

Finally, I'd like to share examples of research comparing outcomes of care between health center patients and patients seen elsewhere (see Part V of the power point slides). Babies born to health center mothers enjoy lower rates of low birth weight than those born elsewhere. There is significantly less racial disparity in low birth weight rate within health centers than within the nation as a whole (3.25 times vs. 5.6 times). Had the health center program become available to all the low-income blacks in this country, 17,107 fewer low birth weight incidences would result annually.

In conclusion, I would like to emphasize that the above examples of research indicate that health centers provide better access to and quality of care for the nation's uninsured and low-income minorities than elsewhere for the same vulnerable groups. Their continual support is critical to the nation's uninsured and low-income individuals if providing basic primary health care services to all is a valued national health policy objective.