Community Health Centers and Birth Outcomes

July 10, 2014

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Community Health Centers

• Approx. 1200 FQHCs across 8500 sites in 2012

• Key Program Requirements:
  – MUA/P (e.g., mobile populations, schools, housing)
  – Serve all regardless of ability to pay, coverage, or residence
  – Patient majority board
  – Sliding scale fee
  – Comprehensive primary care including enabling services

• Quality and Accountability
Health Centers Effectively Target and Serve At-risk Population (2012)

- Over 21 million patients
  - 59% are female

- 5.7 million women of childbearing age (15-44)
  - 730 HIV+ pregnant women

- 495,658 pregnant women accessed prenatal care
  - 66.1% in first trimester
  - 21.9% in second trimester
  - 4.8% in third trimester

- 602,155 infants under <1 year of age
Health Center Patients are Disproportionately Poor, Uninsured, and Publicly-Insured (2012)

- Uninsured: 36% (Health Centers) vs. 15% (U.S.)
- Medicaid: 39% (Health Centers) vs. 16% (U.S.)
- At or below 100% of Poverty: 72% (Health Centers) vs. 15% (U.S.)
- Under 200% of Poverty: 93% (Health Centers) vs. 52% (U.S.)

Source: 2012 UDS (HRSA) and 2013 CPS, ASES (Census).
Health Center Patients are Generally More Likely to Have Chronic Illness Than Patients of Office-Based Physicians

Health Center Patients are Generally More Likely to Have Chronic Illness Compared to Low-Income U.S. Population

- Two or More Conditions: 17% (Low-Income), 25% (CHC)
- Hypertension: 31% (Low-Income), 40% (CHC)
- Asthma: 14% (Low-Income), 21% (CHC)
- Anxiety: 34% (Low-Income), 35% (CHC)
- Depression*: 49% (Low-Income), 51% (CHC)
- Diabetes or borderline: 19% (Low-Income), 16% (CHC)

*Note: Low-income is defined as <200% FPL. Includes adults ages 18 and over.
Co-morbid conditions include diabetes, asthma, hypertension, liver condition, coronary health disease, or emphysema
Health Centers Have Infrastructure to Impact IMR

• Health centers comprehensive, prevention- and community-oriented approach is ideal for delivery of pre- and inter-conception care to at-risk women

• Electronic health records
  • 80% have an EHR available for all providers (2012)
  • 10% have EHR available for some sites or providers
  • 98% meet MU incentive payments requirements
Percent of Health Centers Offering Key Services (2007 UDS)

Percent of Health Centers Offering Key Enabling Services (2007 UDS)

- Case management: 92% On-Site, 98% On-site or by Referral
- Health education: 97% On-Site, 98% On-site or by Referral
- Home visiting: 60% On-Site, 91% On-site or by Referral
- Interpretation/translation: 90% On-Site, 97% On-site or by Referral
- Follow hospitalized patients: 75% On-Site, 98% On-site or by Referral

Proportion of Health Centers Meeting Select Medical Homes Criteria

- Quality of care report: 100%
- Patient involvement in governance: 100%
- Care management: 92%
- Enabling services: 91%
- 24-hour coverage: 86%
- Behavioral health: 77%
- Dental health: 74%
- Pharmacy services: 74%
- Disease registry: 86%
- Electronic medical records: 13%

Source: Health center data from 2007 UDS, HRSA and the 2006 HIT survey conducted by Harvard University, George Washington University, and the National Association of Community Health Centers.
Health Centers and Pregnancy Outcomes

- Women of childbearing age comprise 27% of health center patients
- 495,658 prenatal care users
  - 263,445 prenatal care users who gave birth in same calendar year
  - 173,698 deliveries performed by health center provider
  - More than half of infants and prenatal care users in WIC (2007)
- Less than 7.1% percent of deliveries are LBW (vs. 8.0% nationally*)
- Three-quarter of births are nonwhite.

As health center penetration into states’ low-income communities increases, states’ B/W health disparities in infant mortality per 1,000 live births decline significantly from 8.5 to 7.0 per 1,000 live births (median black minus white rate).

- **≤ 10%**: AR, AZ, DE, FL, GA, IA, IN, KS, KY, LA, MD, MI, MN, MO, OH, NC, NE, NJ, NV, OK, PA, SC, TN, TX, VA, WI
- **10-20%**: AL, CA, CT, IL, MS, NY, OR
- **≥ 20%**: CO, MA, RI, WA, WV
As health center penetration into states’ low-income communities increases, states’ B/W health disparities in early prenatal care decline significantly from 14.9 to 11.8.
Percent of State Low-income Population Receiving Care at Community Health Centers, 2012

National percentage (not including territories): 18%
### Effects of Health Center Grant Funding and Medicaid Expansion on Total Number of Patients Served (in millions)

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<th>Year</th>
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<th>States Expanding Medicaid</th>
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</table>

**Sources:** HRSA 2002-2012 data and excludes the U.S. territories; 2020 projections based on Ku et al., (2014) *How Medicaid Expansions and Future Expansion and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs: A 2014 Update.* (low assumes loss of mandatory funding and minimal appropriation levels and high assumes continuation of federal support).
Closing Thoughts

• **Opportunities:**
  – Number of health center patients is expected to double over next decade, increasing opportunity to improve pregnancy outcomes
  – Medicaid expansion likely to result in greater access/capacity
  – Realize health care savings ($24 billion in health care savings in 2009 due to increased access to preventative services and reductions in readmissions, hospitalizations, poor birth outcomes, etc)

• **Challenges:**
  – Understanding gaps/transition in Medicaid and Exchange plans, including capacity impacts and change in network providers.
  – Workforce and capacity issues
    • 1,022 obstetricians and gynecologists (and 564 certified nurse midwives) across 8500 communities.
  – Disparities in LBW persist
    • 10.7 black (10.8 Non-Hisp.) vs. 6.1 white (6.8)
Select GW Studies Referenced

- Kaiser Family Foundation. *A Profile of Community Health Center Patients: Implications for Policy.* December 2013