

2013 Program Report Card: Community Health Center Program (Department of Public Health)

Quality of Life Result: Connecticut (CT) residents are healthy across the lifespan.

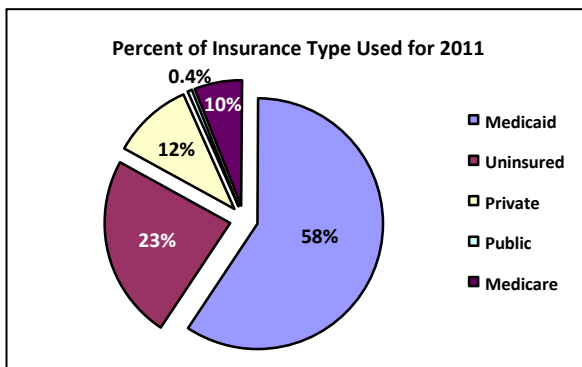
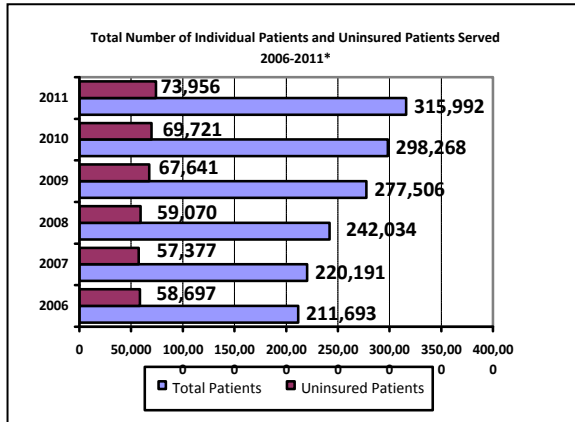
Contribution to the Result: Community Health Centers (CHCs) help CT residents achieve their optimal health by providing access to high quality, culturally sensitive, affordable health care services. The Department of Public Health (DPH) funds CHCs to support the provision of care to the uninsured.

Program Expenditures	State Funding	Federal Funding	Other Funding-federal ACA	Foundation/Private Grants	Total Funding
Actual SFY 12	\$4,563,383	\$26,893,128	\$7,017,000	\$10,283,640	\$48,757,151
Estimated SFY 13	\$4,837,403	Unknown****	Unknown****	Unknown****	Unknown****

Partners: Community Health Centers, Community Health Center Association of CT, CT Hospital Association, hospitals, local and state government agencies, community based organizations, schools, health care insurers, health care providers, U.S. Department of Health and Human Services Health Resources Administration (HRSA), as well as patients and their families.

How Much Did We Do?

Total patients served and patients without insurance (CT).



Story behind the baseline:

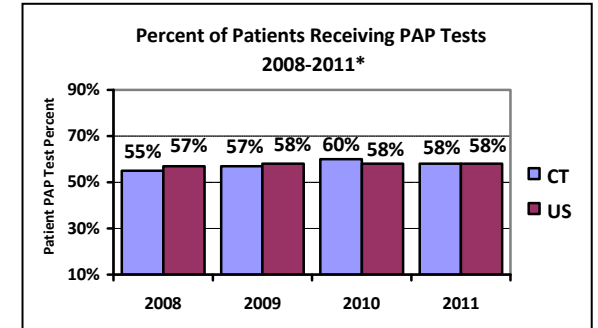
CHCs are located in high-need areas identified as having elevated poverty, higher than average infant mortality, and where few physicians practice. They are open to all residents regardless of insurance status or ability to pay. This includes medically underserved populations, such as: migrant/seasonal farm workers, the homeless, the uninsured, the under-insured, school based health and others. The health centers tailor services to fit the special needs and priorities of their communities, and provide services that are linguistically and culturally appropriate. The CHCs offer “one-stop shopping” – primary and preventive health care visits, lab services, dental and mental health services, and other services that help patients access care, such as transportation, translation, and case management. The health centers are governed by a Board of Directors, at least 51% of whom are consumers of the center’s services.

There are 14 Community Health Centers in Connecticut with more than 175 delivery sites. In 2011, the majority (58%) of the patients being served were on Medicaid. Twenty three percent of the patients served were uninsured, 66% were at or **Below 100% of Poverty**, 94% were **Under 200% of Poverty** and more than 16,000 were homeless.

Trend: [▲]

How Well Did We Do It?

Women receiving PAP Tests (CT and U.S. CHCs)



Connecticut	2008	2009	2010	2011
Total # Female Patients 24-64	62,748	73,446	71,517	78,823
Est. # Patients Tested	34,616	41,485	42,800	46,059
Est. % Patients Tested	55.2%	56.5%	59.8%	58.4%
United States	2008	2009	2010	2011
Total # Female Patients 24-64	5,107,148	5,264,495	5,392,242	5,587,793
Est. # Patients Tested	2,906,985	3,062,033	3,118,168	3,227,784
Est. % Patients Tested	56.9%	58.2%	57.8%	57.8%

Story behind the baseline:

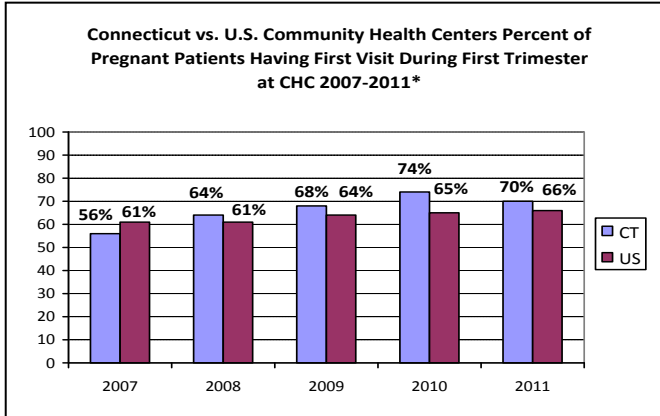
PAP tests and pelvic exams are important because they can help prevent cervical cancer. When cervical cancer is detected early, it is highly treatable and results in better prognosis for the patients. PAP tests can find precancerous lesions that can be treated before developing into invasive disease. Cervical cancer screening has resulted in a decline in cervical cancer incidence and mortality. There has been a slight decrease in the proportion of patients screened with PAP tests. Trend: [▼]

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Is Anyone Better Off?

Prenatal patients served in the first trimester of pregnancy (CT and U.S. CHCs).



Connecticut	2007	2008	2009	2010	2011
# of 1 st Visit w/Grantee	2,245	2,583	3,215	3,560	2,984
Percentage	55.7%	63.6%	68.0%	74.1%	69.9%
United States	2007	2008	2009	2010	2011
# of 1 st Visit w/Grantee	283,186	295,741	306,583	319,455	321,091
Percentage	61.3%	61.3%	63.8%	65.2%	65.9%

Story behind the baseline:

Starting prenatal care early in pregnancy has been shown to promote healthy birth outcomes by providing pregnant women, and their partners, access to medical visits and education. If women enter care in their first trimester, the probability of adverse birth outcomes will be reduced. The data reported in 2011 appears to be more consistent with data reported in years 2007, 2008 and 2009, raising the question of validity of the data used in 2010. The 2011 data, consistent with previous years other than 2010, indicates that the performance of the CT health centers has remained higher than the national average since 2008. This performance measure will continue to be monitored. **Trend:** [▲]

Proposed Actions to Turn the Curve:

1. The CHCs have seen an increasing number of patients annually. It is anticipated that there will be continued growth in this area with the implementation of the Affordable Care Act (ACA).
2. The U.S. Department of Health and Human Services provided federal funding to 10 CT CHCs in September 2012, through an initiative intended to improve the quality of care at CHCs and ensure more women are screened for cervical cancer. The funding also supported the centers as they make practice changes, such as improved care coordination and management that are necessary to become patient-centered medical homes (PCMH). HRSA also provided technical assistance (TA) in January 2013 through an Enrichment Series for the federally funded sites: *Improving Cervical Cancer Screening in Health Centers through PCMH*. The TA addressed both barriers and potential strategies/solutions to address barriers.
3. CHCs provided services to fewer pregnant women in 2011. Of the total number of pregnant women seen in 2011, 72.1% of the pregnant women were seen during their first trimester. These trends will continue to be monitored.

The CHCs are a critical source of primary and preventive health care for the patients they serve. Their continued successes rely heavily on state and federal funding, both of which are uncertain. CHCs emphasize coordinated

primary and preventive services or a “medical home” that promotes reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities, and other underserved populations. With a proven track record of success, CHCs have played an essential role in federal recovery and reinvestment efforts and will play a key role in the implementation of the ACA. Even with broad health insurance expansion, the need for CHCs will still be present for those who experience barriers to care.

Data Development Agenda:

The data currently provided to DPH in quarterly reports is limited. New contract deliverables will be implemented beginning July 2013. The DPH CHC reporting tools will be refined and aligned with HRSA reporting requirements to capture additional clinical measures and financial data not previously provided to DPH.

HRSA makes aggregate data available to the public; certain center specific data is also made available.

Notes

*10 grantees reported in CY2006-2008; 12 grantees reported in CY2009; and 13 grantees reported in CT2010. One grantee in CT2011 did not receive DPH funds, but was included in the aggregate data.

**State funding reflects only the funds provided by DPH's Community Health Services grant.

***This total includes both “other” funds and all other state and local funding.

****These figures will not be released by the U.S. HHS Health Resources and Services Administration until the summer of 2013 and cannot be estimated based on the uncertainty of federal funds.

*****State funds for Community Health Centers are used as a Maintenance of Effort for a federal grant.

*****Federal grantee information is based on calendar year.