

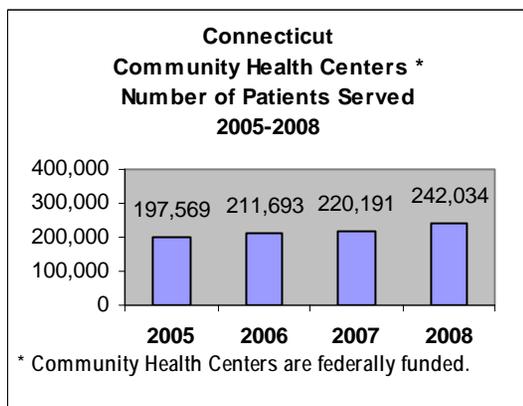
## DPH Program Report Card: Community Health Centers (CHC)

*Quality of Life Result:* Providing access to comprehensive health care services to all Connecticut residents.

*Contribution to Result:* CHC help CT residents achieve their optimal health by having access to high quality, culturally sensitive, affordable health care services.

*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, US Dept of Health and Human Services, as well as patients and their families.

**Performance Measure (PM) 1:** Number of patients served.



**Story behind the baseline:**

The CHC are located in areas where economic, geographic, or cultural barriers limit access to primary health care for a substantial population. As a Safety Net provider in Connecticut, they tailor the services they deliver to meet the needs of the communities they serve.

CHC are open to all people in need of medical care. These clinics are operated with the mission of ensuring access to care for medically underserved populations (Migrant/Seasonal Farm Workers, the Homeless, the Uninsured, etc.). CHC are properly equipped to serve all patients including those with private health insurance.

Funds allocated to CHC by the DPH are appropriated for the purpose of providing coverage to the uninsured in Connecticut.

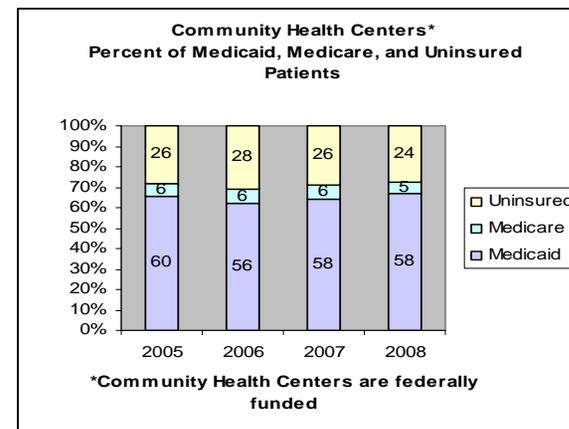
PM 1 shows a significant increase in the number of patients served from 2005 to 2008. It is anticipated that, due to current economic difficulties, there will again be an increase in the utilization of CHC demonstrated in the 2009 data.

**Proposed actions to turn the curve:**

Funding the CHC program is essential to address health disparities, increase access to comprehensive health care and stimulate local economies. As more patients have access to a regular source of care at the CHC, there will be less reliance on more costly centers of care such as emergency rooms. Even with broad health insurance expansion, the need for CHC will still be present for those who experience barriers to care beyond cost.

An increased demand for services has been reported by the CHC over the past year. CHC fill a gap that no other provider fills. DPH will collaborate with the CHC to establish thresholds for clinical performance measures reflecting outcomes as the demand for services continues to grow.

**Performance Measure (PM) 2:** Medicare, Medicaid and Uninsured patients utilizing Community Health Centers



**Story behind the baseline:**

CHC are open to all residents regardless of insurance status, and offer care at a reduced cost based on a sliding fee scale and ability to pay. The CHC offer enrollment assistance for insurance and provide sliding fee schedules (a requirement of the 330 HRSA funding).

Having a place to go for regular healthcare is essential for patient health outcomes and controlling the cost of healthcare. Patients who utilize community health centers are more likely to receive important preventive screenings, such as mammograms, pap smears, and health promotion, counseling, and education.

The graph reflecting PM 2 shows that in 2008, most (87%) of the patients served in CHC are uninsured or are recipients of Medicaid or Medicare benefits. There is limited access to providers for these patients.

**Proposed actions to turn the curve:**

Continue to support the services that facilitate access to comprehensive care, which includes assistance with insurance enrollment for patients utilizing the health centers.

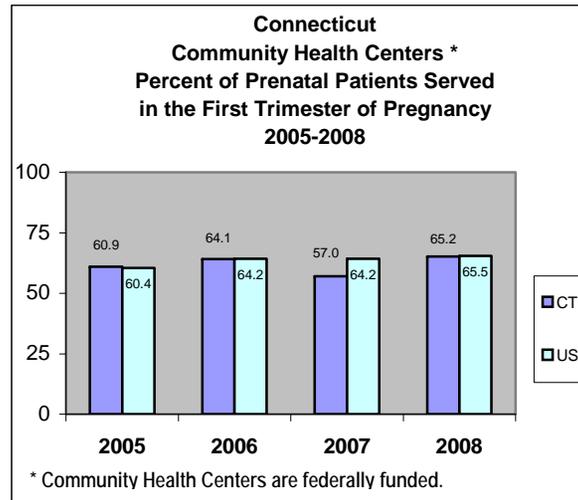
DPH will continue to work in partnership with the CHC and the State and Federal government to increase the capacity of the CHC to meet the growing demand for health services provided at the centers.

DPH is currently working with the Health Resources and Services Administration (HRSA) Shortage Designation Branch to support and submit applications that determine whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

DPH is also working with HRSA's National Health Service Corps to recruit and retain primary care medical, dental, and mental health clinicians by verifying site and clinician applications, which assist critical health professionals with educational loan repayment, and provide opportunities for employment in CT.

DPH will also continue to support CHC applications for federal funding opportunities.

**Performance Measure (PM) 3: Prenatal Patients Served in the First Trimester of Pregnancy**



**Story behind the baseline:** Early prenatal care provides pregnant women and their partners access to medical visits and education that can promote healthy birth outcomes. Federally funded CHC are required to report on this clinical measure.

A small group of pregnant women in Connecticut reported the following challenges in accessing prenatal care during the first trimester:

- Not knowing they were pregnant
- Lack of insurance or inability to pay
- Difficulty obtaining childcare for their other children while attending medical appointments
- Inability to get time off from work or school
- Transportation barriers
- Not wanting prenatal care or not feeling it was important

**Proposed actions to turn the curve:**

DPH secured federal funding for a social marketing campaign to link first time parents to resources and information to promote healthy birth outcomes, which includes early pre-natal care. The campaign will continue to run in targeted areas over the next year.

Other DPH funded programs that promote early entry into prenatal care include federal and state Healthy Start, WIC, Case Management for Pregnant Women, Centering Pregnancy, Planned Parenthood, and Healthy Choices for Women and Children. These programs will continue to promote early entry into prenatal care.