

Testimony of David Stevens, MD
Director, Quality Center
National Association of Community Health Centers

Good morning, members of the Committee. First, I would like to thank the Committee for inviting me here today. It is my privilege to present on behalf of the 18 million Americans currently receiving care at our nation's community health centers, and the countless others from across this country who make up the community health centers movement. As the health providers that stand at the nexus of cost, quality, and access, health centers can offer great insights into this Committee's efforts.

Given the subject of today's hearing, let us discuss briefly the patients we serve. Today, health centers nationwide provide primary and preventive care to 18 million patients; 71% are at or below poverty, 39% are uninsured, and 35% are on Medicaid. 64% of health center patients are ethnic minorities; half are rural residents, half urban. Our patients are also more likely to be disabled than patients in other primary care settings.

How well do health centers do in averting disease through primary prevention, early detection of disease through secondary prevention, and preventing or ameliorating complications in patients with chronic disease, or tertiary prevention?

A recent GW analysis found that CHC patients, both uninsured and Medicaid recipients, receive significantly higher levels of health promotion counseling than their counterparts. This includes higher rates of counseling on physical activity, smoking and alcohol use—the three top contributors to mortality in our nation. The study also documented higher rates of secondary prevention services such as Pap smear, mammography, and cholesterol testing than Medicaid or uninsured patients in other settings,

Health centers also excel in tertiary prevention. For example, health center patients with diabetes have improved glucose control, improved cholesterol levels, and greater use of medicine to prevent kidney failure and heart attack.

This excellence in prevention has led to significant overall cost savings.

For example, in South Carolina, diabetic patients enrolled in the state employees' health plan treated in non-CHC settings were 4 times more costly than those in the same plan who were treated in a community health center. The health center patients also had lower rates of ER use and hospitalization.

This excellence in prevention has led to a reduction in health disparities.

Nationwide data shows that low-income Hispanic, African-American, and Medicaid female health center patients have a significantly higher likelihood of receiving a mammogram versus their counterparts. Each of these groups of health center patients also surpasses the Healthy People 2010 target of 70%.

In another example, health center patients on average have lower rates of low birth weight than their US counterparts, with notably lower rates of low birth weight for Black, Hispanic, and Asian women.

Health centers improve the overall quality of life for their patients and communities. In a study of the impact of community health centers' Health Disparities Collaborative (HDC) effort on diabetes,

evidence showed that over a lifetime, the incidence of blindness, kidney failure, and coronary artery disease were reduced. The Health Disparities Collaboratives, a health center quality initiative to improve the delivery systems at Health Centers provides a framework for how the US could change the healthcare system.

Why are health centers so effective in providing preventive services?

We firmly believe that health center success is rooted in the FQHC comprehensive primary care model. Essential components of the model include: location in a high-need area; comprehensive health and enabling services; open to all regardless of ability to pay; control by consumer-majority board; and strict performance and accountability requirements

Another reason is our track record of partnerships with schools, community agencies and local governments. As Senator Harkin knows from Iowa, where Ted Boesen and the health centers lead in the Iowa Collaborative Safety Net Provider Network, health centers form effective partnerships with free clinics, rural health clinics, local and state health departments, providers, other community based organizations, and academia, to improve access, and the quality of preventive and primary care services.

Yet, there is still room to do more. A Feb. 2002 NEJM study demonstrated that lifestyle interventions with pre-diabetes patients could reduce the onset of diabetes by 58%, while drug therapy could reduce the onset by over 30%. When the CDC piloted this on the ground at 5 health centers, it worked. But we need to develop a sustainable way to fund this type of public health/health center collaboration on a larger scale.

We believe that Health Reform must recognize the need for fundamental systemic change. According to a recent article by Nolte and McKay in Health Affairs, our nation is last place among 19 industrialized nations in potentially preventable deaths for people under the age of 75. According to the CDC, we are 29th in the world in infant mortality. To address these alarming statistics, health reform must enhance the collaboration between public health and comprehensive primary healthcare modeled by health centers. We should ensure that with the necessary insurance coverage expansions, we do not neglect access and the way in which prevention and primary care are delivered. With our 43 year track record of improving health and enhancing preventative care, community-by-community, we stand ready and willing to engage in this effort, for it indeed takes a village to improve our nation's health status.