HEALTH CENTER PARTNERS
of Southern California

To:	Rural and Underserved Communities Health Task Force (Task Force)
Sent via email:	Rural_Urban@mail.house.gov
From:	Health Center Partners of Southern California
Date:	December 6, 2019
Re:	Request for Information: Rural and Underserved Communities Health Task Force

I am writing on behalf of **Health Center Partners of Southern California** and our members in response to the Ways and Means Committee Request for Information soliciting input to inform the Rural and Underserved Communities Health Task Force.

Health Center Partners of Southern California, a family of companies, includes a **17-membership organization** of federally qualified health centers, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest. Our members collectively serve almost 806,000 million patients each year, for 3 million patient visits each year, at 135 practice sites across San Diego, Riverside, Imperial counties, with the seventh largest provider group in the region.

As the backbone of our nation's health care safety net, Community Health Centers provide a full range of primary and preventive services to all individuals, regardless of their insurance status or ability to pay. Nationally, Health Centers serve more than 29 million patients in more than 11,000 medically-underserved communities.

If you need further information or if we can be of any help, please contact Julie Minardi, MEd, Director of Government Affairs at 619.542.4315 or jminardi@hcpsocal.org

We thank you for the opportunity to submit our comments.

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What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

Compared to the total US population, rural residents experience high rates of many social and demographic factors associated with worse health outcomes, such as lower incomes, lower rates of health insurance coverage, and an aging population. Compared to the general population, rural health center patients are also more likely to report being in fair or poor health and have higher rates of chronic conditions, including diabetes, asthma, hypertension, and high cholesterol.

Health Centers are effectively reaching these rural populations:

- The majority (87%) of rural Health Center patients are low-income and 75% are uninsured or publicly insured.
- Rural Health Centers also serve more elderly patients, with roughly 1 in 8 patients (12%) ages 65 or older, compared to urban Health Centers with roughly 1 in 14 patients (7%) ages 65 or older.

These barriers are exacerbated due to **health care workforce shortages**.

What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Health Centers are growing their **"enabling" services** that facilitate access to care and help patients make better-informed decisions about their health – such as care coordination, transportation, and health education.

Growth in rural Health Centers' staff for behavioral health, dental, pharmacy and enabling services outpaced that of medical staff between 2007 and 2017.

- For example, rural Health Centers nearly tripled their behavioral health staff (284% percent growth) to over 3,300 full time equivalent (FTEs) in 2017, partially in

response to the impact of the opioid crisis in rural areas, all while growing medical staff by 58% to over 25,000 FTEs in 2017.
- Dental, pharmacy, and enabling services staff grew by 98%, 80%, and 81%, respectively, during this period.

More and more Health Centers use the **PRAPARE TOOL,** which is a national effort to help providers collect and apply the data they need to better understand their patients' social determinants of the health (SDOH). As providers are increasingly held accountable for reaching population health goals, they need tools and strategies to identify the upstream socioeconomic drivers of poor outcomes and higher costs. With this data, they can transform care with integrated services to meet the needs of their patients, address the SDOH, and demonstrate the value they bring to patients, communities, and payers.

What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

The California Future Health Workforce Commission's report released in 2019 detailed the health care workforce crisis in California:

- Seven million Californians, many of them Latino, African American, and Native American, already live in Health Professional Shortage Areas (HPSA) — a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers.
- In just 10 years, for example, California is projected to face a shortfall of more than 4,100 primary care clinicians, 600,000 home care workers and will have only two-thirds of the psychiatrists it needs.

Our member Health Center, Vista Community Clinic partners with California State University San Marcos to offer medical assistant (MA) training program designed to help lower-income residents gain entry into the health care field. Developed jointly, this six-month program combines classroom training and clinical experience to prepare students to become Medical Assistants (MAs).

With the implementation of the Affordable Care Act (ACA), expanded access to Medi-Cal services has placed a growing demand on health centers. In San Diego, a rapidly

expanding patient population has created an acute need for qualified Medical Assistants to help ensure underserved patients have access to quality health care.

One-way Health Centers are addressing workforce shortages is through telehealth, a cost-effective way to increase access to care when providers are long distances apart. Health Centers have led the way on telehealth, and today, nearly half (49%) of rural health centers offer services through telehealth technologies.

Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

Integrating behavioral health into primary care settings is a common services integration model. Separate physical and behavioral health systems can lead to fragmented care delivery, poor health outcomes, higher health care costs, and duplication of services. Behavioral health integration can increase access to behavioral health services for rural residents, reduce the stigma associated with seeking these services, and maximize resources and staff.

Our program, the San Diego Behavioral Health and Primary Care Integration Project supports and facilitates the integration of behavioral and physical health services at community health centers, and across different systems of care, to improve the overall health of those it serves. The successful program is offered in collaboration with a variety of Health Centers in San Diego, CA.

To date the project has provided integrated behavioral health services to over 7,500 adults in San Diego County and Promotora's have conducted outreach and individual and group sessions to over 35,000.

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Sources and Resources

- Health Center Partners of Southern California
- San Diego Integration Institute
- Community Health Centers Meeting Rural Health Needs (NACHC, 2019)
- Removing Barriers to Care: Community Health Centers in Rural Areas (NACHC, 2013)
- The Health Center Program is Increasing Access to Care through Telehealth (NACHC, 2018)
- California Future Health Workforce Commission
- HUD Policy Brief: Understanding the Impact and Potential for Health Centers : Rural Homelessness (CSH)
- Improving Access to Care in Rural and Underserved Communities: State Workforce Strategies
- Telehealth in Rural America (NRHA)
- CIN Toolkit: Three Strategies to Help Primary Care Teams Treat Substance Use Disorders (CHCF, 2019)
- Safety Net Integration: Primary Care and Behavioral Health Integration through Community Collaboration: SUMMARY OF OUTCOMES REPORT PHASE III (2018)
- The San Diego Integration Institute Tool Kit / Change Leadership Curriculum for Behavioral Health & Primary Care Integration (2013)
- Community Health Center Chartbook (NACHC, 2018)