The United States Health Centers Initiative: A State by State Status Report

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ABSTRACT
In 2001, the United States federal government began a 5-year initiative to expand services offered by health centers to people who live in area designated “underserved” because there are insufficient primary care medical practitioners. There were national targets for expansion. How the Health Resources and Services Administration (HRSA) reviewed and monitored State plans to expand health centers is presented. These early results suggest that collectively the States would meet the target. Several States would require major efforts to move toward the national average and they were examined more closely.

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INTRODUCTION
In all, 50 million people in the US live in federally designated underserved areas and lack access to a private primary care provider (1). Nearly 45 million Americans lack health insurance and even more are underinsured, facing financial barriers to health care access (2). Underserved and uninsured populations are disproportionately composed of poor and minority groups (2). Evidence indicates that access to a usual and regular source of primary care can improve health regardless of socioeconomic status (3–5). Current sources of primary health care for these populations include health centers, physicians’ offices, local health departments, and hospital outpatient departments, and emergency rooms, of which health centers are

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expressly designed to serve the underserved and accommodate their special needs.

The Nation's health centers are a diverse network of community-based organizations, but have several characteristics in common. Health centers reduce barriers to health care that vulnerable people face when seeking care elsewhere by delivering care regardless of ability to pay and providing essential enabling services including translation, child care, and case management to facilitate access. In addition, health centers coordinate with other community services and are governed by boards whose membership in the majority are its patients. In 2003, the nation-wide network of federally funded health centers delivered essential primary and preventive care to 12.4 million persons, nearly one-quarter of the Nation's 50 million underserved who would otherwise lack appropriate health care (6). Reflecting the demographics of those lacking access, two-thirds of health center patients live at or below the Federal poverty level, nearly two-thirds are from racial/ethnic minority groups, and nearly 40 percent are uninsured (6). The track record of health centers for serving these populations is impressive, recording improvements in preventive service utilization, disease management, and even health outcomes when compared to national rates for similar populations (1,7–11).

Recognizing the effectiveness of health centers in improving access to such care, starting in Fiscal Year (FY) 2002 the Bush administration embarked on the “President’s Health Centers Initiative,” a 5-year plan to create 1,200 new or expanded health center sites and serve an additional 6.1 million people above the 10 million served by health centers in 2001 (12). Appropriated dollars could be used to establish new centers, create new sites affiliated with existing centers, or expand the capacity of existing centers to deliver care to additional people in their service areas.

The Health Resources and Services Administration (HRSA), within the Department of Health and Human Services (HHS), has the responsibility for managing the Consolidated Health Centers Grant Program. However, the nearly 1,000 federally funded health centers nationwide rely on this Federal grant funding for only 25 percent of their annual operating revenue (6). It appears, according to a recent analysis of health center expansion, that already strong safety net providers have been successful at adding and expanding