“Power of the Past”
Force of the Future

Community Care Network of Kansas
Annual Conference
October 5-7, 2022

Lathran J. Woodard, CEO
S.C. Primary Health Care Association
The health center movement began in apartheid South Africa in a poor, desperately sick rural Zulu population (Pholela).

In the 1950s, Dr. Sidney Kark and his wife Emily created the first health center in South Africa.
Community Health Center Movement- The Beginning of the Funded Health Center

- In 1965 the American version was formed by Drs. Jack Geiger and Count Gibson. The first funding was through the Office of Economic Opportunity.

- Drs. Count Gibson, John Hatch and Robert Smith played a critical role in the creation of the health center Movement.

- Included the social and environmental factors that affect health in communities and by communities.
The Mission of the Model

Community Health Centers (formerly Neighborhood Health Centers) were established to provide **dignified**, accessible, comprehensive and community-based care.
Jack Geiger’s and Count Gibson’s original health center proposal excerpts:

“To intervene…in the cycle of extreme poverty, ill health, unemployment and illiteracy by providing comprehensive health services, based in multidisciplinary community health centers, oriented toward maximum participation of each community in meeting its own health needs in social and economic changes related to health…”
The First Health Centers
Columbia Point and Mound Bayou

“the need is not for the distribution of services to passive recipients, but for the active involvement of local population in ways which will change their knowledge, attitudes, and motivation.”

“…to include preventive, curative and health education programs in new patterns of medical organization…”
The First Health Centers
Columbia Point and Mound Bayou

“the training of local personnel...to stimulate change in family and community knowledge and behavior relating to the prevention of disease, the informed use of available health resources, and the improvement of environmental, economic and educational factors related to health.”
Suggested Reading

• Out in the Rural: A Mississippi Health Center and Its War on Poverty (Thomas J. Ward, Jr.)

• Community Health Centers: a Movement and the People Who Made It Happen (Bonnie Lefkowitz)

• War On Poverty (Aaron Cooley)
  • Created the Office of Economic Opportunity which funded the first two CHCs
Force of the Future
“Back to the Future”

**Patient Experience**
- Dignity
- Non-judgmental

Non-traditional Partnerships
- Businesses (BMW, Michelin), Commerce
  Corrections, Rotary, Faith community, Housing, Food Banks

Truly integrated comprehensive services (Trinity)

**Trained Workforce**
- Compassion/Empathy for ALL PEOPLE
- Workforce treated with dignity/compassion
- Providers Scope of Practice

Virtual Visits/Home Visits/Mobile
- Community Health Workers
- Community Health Aides
Force of the Future
“Back to the Future”

ROI
- Did you make a difference (evidence-based)
  - Data, data, data (with analyses)
  - Quality as defined by industry and patients
  - Continuous performance improvement
Always Remember
Our Legacy

Health Equity
Social Justice
HRSA Bureau of Primary Health Care (BPHC)
Health Center Program Update

POWER OF THE PAST    FORCE OF THE FUTURE
COMMUNITY CARE NETWORK OF KANSAS | OCTOBER 6, 2022

Julie Bawa, MPH
Deputy Director, Technical Assistance and Assessments
HRSA | BPHC | Office of Health Center Program Monitoring

Vision: Healthy Communities, Healthy People
• BPHC Mission and Advancing Health Equity
• Power of the Past
  ➢ Rebounding from COVID-19
• Force of the Future
  ➢ BPHC Strategic Priorities
Our Mission

BPHC Mission

Improve the health of the nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
Health equity is a core pillar of the everyday work of health centers across the nation.

**Access to Care** for highest need communities and populations

**Quality Care** that improves health and reduces health disparities

**Connecting people** to care and to resources to address health-related social needs
Power of the Past
Rebounding from COVID-19
Expanding Access to the Health Center Model of Care

In 2021, HRSA-funded health centers provided comprehensive primary care to a record **30.2 million patients, a 43% increase over the past 10 years.**

**2012**
- 21.1 million patients
- 1,198 health centers
- Over 8,900 delivery sites

**2021**
- 30.2 million patients
- 1,373 health centers
- Over 14,000 delivery sites

**Source:** Uniform Data System, 2012, 2021 – Table 3B
For 57 years, health centers have worked to reduce health inequities by increasing access to affordable and high-quality primary health care for millions of people.

**Expanding Access**
- +6% total patients
- +9% total patient visits
- +6% patients seeking mental health services
- +7% workforce staff
- +5% health center sites
- 99% of health centers provided telehealth services

**Advancing Equitable Care Delivery**
- 63% patients identified as racial/ethnic minority
- 90% patients had incomes ≤200% Federal Poverty Level
- 68% COVID-19 vaccinations administered to racial/ethnic minorities\(^1\)
- 74% of health centers screened patients for social risk factors

**Improving Clinical Quality**
- 13 of 18 of clinical quality measures improved
- 90% of health centers improved at least 6 of 18 clinical quality measures
- 45% of health centers have met or exceeded the HP2030 hypertension target

Note: 1,373 health centers reported UDS 2021.
\(^1\)Source: Health Center COVID-19 Survey calendar year 2021; vaccination reporting began January 8, 2021.
The number of children/adolescents and older adults served by health centers experienced the greatest recoveries in 2021.

**Ages 0-17**
- Total 8.6 million
- 29% of patients
- +10% since 2020

**Ages 18-64**
- Total 18.3 million
- 60% of patients
- +3% since 2020

**Ages 65+**
- Total 3.3 million
- 11% of patients
- +12% since 2020

Source: Uniform Data System, 2020-2021, Table 3A
Continuing Telehealth Utilization

In 2021, health centers worked to optimize telehealth by providing a total of 26.1 million virtual visits, representing 21% of all patient visits.

Mental Health: 54%
Substance Use Disorder: 31%
Enabling Services: 27%
Medical: 18%

Proportion of visits that were virtual in select service categories, 2021

Source: Uniform Data System, 2021 – Table 5
Rebounding Infectious Disease Screening and Prevention

Health centers reported increases in STI screenings and select immunizations following declines in 2020.

- Hepatitis C Screening: +59%
- Hepatitis B Screening: +45%
- HIV Screening: +34%
- Select Immunizations*: +6%
- Seasonal Flu Vaccine: -11%

Percent Change in Patients Receiving Service, 2020-2021

Source: Uniform Data System, 2020-2021 - Table 6A

*Select immunizations include Hepatitis A, HiB (haemophilus influenzae), diphtheria, tetanus, pertussis (DTaP) (DTP) (DT), measles, mumps, rubella (MMR), poliovirus; varicella, and hepatitis B for ALL AGES (not just children)
Health centers reported increases in cancer screenings after declines in 2020.

Breast Cancer
- 2020: 1.4 M
- 2021: 1.6 M (+8% increase from 2020)

Cervical Cancer
- 2019: 4.2 M
- 2020: 3.8 M
- 2021: 4.0 M (+6% increase from 2020)

Colorectal Cancer
- 2019: 2.7 M
- 2020: 2.5 M
- 2021: 2.7 M (+9% increase from 2020)

Source: Uniform Data System 2019-2021 – Table 6B

1 Breast cancer screening CQM was added to UDS in 2020; Patients screened based on those that met CQM inclusion criteria
Nearly all health centers (95%) currently screen or plan to screen patients for social risk factors.

74% of health centers screened for social risk factors

+5 percentage points from 2020

21% of health centers plan to collect social risk factors in the future

Source: Uniform Data System 2020-2021 – Appendix D: Health Information Technologies Capabilities
Force of the Future

BPHC Strategic Priorities
### Bureau of Primary Health Care Strategic Priorities

To increase access to the health center model of care, improve health outcomes, reduce health disparities, and advance health equity for underserved populations

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<th>Priority 3: Expand the reach of the health center model of care in the nation’s highest need communities and populations</th>
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<td>• Support Comprehensive Care Service Delivery</td>
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<td>• Reach High Need Communities</td>
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Support the Health Center Workforce

Health Center Workforce Survey and Well-Being Initiative

Purpose of the Health Center Workforce Survey:

• Assess workforce well-being among health centers to better understand key drivers of well-being nationally
• Utilize survey findings to inform HRSA programs and policies, including training and technical assistance, to improve workforce well-being

Aims of the Health Center Workforce Well-being Initiative -
Support health centers to be leaders in workforce well-being and delivery of high quality care

• Improve provider and staff well-being and reduce burnout
• Promote workforce resiliency after a public health emergency
• Strengthen the healthcare workforce
• Promote health center workforce recruitment and retention
### Support the Health Center Workforce

#### Survey Themes and Topics

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</table>
Strengthen critical and emerging health issues
COVID Response and Future Preparedness

- Based on key findings, HRSA identified lessons learned for future public health emergency response efforts that centered on four areas
  - Program Design
    - Equity in the response approach
  - Role of Health Centers
    - Readiness, including fiscal viability and operational capacity
    - Preparedness for varying types of emergencies
  - Data and information exchange
  - Partnerships

- Lessons Learned so far from HRSA-related COVID-19 response work and review key to informing evolving Monkeypox (MPV) response

For additional CDC information on MPV: https://www.cdc.gov/poxvirus/monkeypox/index.html
Strengthen addressing critical and emerging health issues

Pivot to Telehealth

- Increase in telehealth and related flexibilities since COVID-19 pandemic.
- Health Center Program Scope of Project Policy (*Comment Period Open*)

99% of health centers offered virtual visits in 2021, compared to 43% in 2019

Percentage of health centers offering virtual services, by select service categories

- **Primary Care**
  - 2020: 98.4%
  - 2021: 98.1%
- **Mental Health**
  - 2020: 94.2%
  - 2021: 93.8%
- **Substance Use Disorder**
  - 2020: 45.7%
  - 2021: 42.2%
- **Enabling**
  - 2020: 39.3%
  - 2021: 40.3%
- **Dental**
  - 2020: 30.0%
  - 2021: 20.0%
- **Vision**
  - 2020: 9.1%
  - 2021: 6.6%

Introduce Patient-Level Data Reporting

Uniform Data System (UDS) Modernization and UDS+ Implementation

Patient-Level Data (UDS+):
• Will reduce reporting burden, improve data quality, and increase granularity to better evaluate Health Center Program services and outcomes
• Will help better identify training and technical assistance needs
• Will advance quality improvement research and actions to improve equitable access to high-quality, cost-effective care
• FY 22 ARP-UDS+ supplemental investment of $88.4M for HCs, including LALs
• FY 22 HCCN investment of more than $43M to 49 recipients
Quality Improvement Fund

- Unique one-time funding for health centers
- Test new ideas and learn from peers
- Transform primary care delivery
- Best practices scaled across health centers

Prize Challenges

- Propose and test small-scale innovation addressing SDOH and poor health outcomes
- One-time seed funding to support costs for innovative strategies.
  - Challenge.gov

Training/Technical Assistance

- Build Health Center Innovation Capacity
- Primary Care Associations
- Health Center Controlled Networks
- National Training and Technical Assistance Partners
Accelerate Innovation

Operational Site Visits (OSVs) (FY2022 → FY2023)

**FY2022: What is happening?**
- Virtual Operational Site Visits (vOSVs)
- Onsite Readiness Assessments: Limited number of onsite OSVs
- OSV Pilot: Engaging Health Centers in Compliance and Excellence

**FY2023: What to Expect?**
- Phased Return to Onsite OSVs
- Hybrid Model OSVs: Onsite and Virtual
- Test and Implement additional OSV Pilot(s)/Models
## Vision Statement

Promote success of the Health Center Program by enhancing collaboration and knowledge sharing between internal and external stakeholders. **Health centers know where to access information and resources in BPHC** and BPHC will **collaborate within and across offices to help resolve issues, assisting health centers with their requests and providing additional support as needed.**

## Elements of Success

- A **consistent cross-bureau approach** for assisting grantees with **clear lines of accountability**
- **Streamlined and standardized tracking of health center support requests**
- **Simplified and centralized communication** between all stakeholders
- **Enhanced and streamlined knowledge sharing** capabilities
- **Improved stakeholder satisfaction** with customer experience
Improve Health Center and Partner Engagement:
Ongoing Engagement Activities & Resources

- Health Center Program Support
- BPHC Contact Form
- Listening Sessions/Town Halls
- Health Center Program Communities
- Office Hours

Learn about our recent organizational changes and ways of engaging with us!
Expand the reach of the health center model of care

Build New Partnerships

Local Partnerships with neighboring health centers and community-based organizations

State-wide Partnerships with State and County Departments of Health, PCOs, PCAs, and SORH

National Partnerships with Federal Agencies and National Organizations
Thank You!

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Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Health Center Program Support
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