

Community health centers serve 1 in 11 Americans. They're a safety net under stress

January 28 2024, by Devi Shastri



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Elisa Reyes has come to Plaza del Sol Family Health Center for doctor's appointments for more than a decade. Though she moved away a while ago, the 33-year-old keeps returning, even if it means a two-hour

roundtrip bus ride.

That's because her two children see the same doctor she does. Because when she's sick, she can walk in without an appointment. Because the staff at the Queens clinic helped her apply for [health insurance](#) and food stamps.

"I feel at home. They also speak my language," Reyes said in Spanish. "I feel comfortable."

Plaza del Sol is one of two dozen sites run by Urban Health Plan Inc., which is one of nearly 1,400 federally designated community health centers. One in 11 Americans rely on these to get routine medical care, social services and, in some cases, fresh food.

The clinics serve as a critical safety net in every state and U.S. territory for low-income people of all ages. But it's a safety net under stress.

Since 2012, community health centers have seen a 45% increase in the number of people seeking care—and they've opened more and more service sites to expand their footprint to more than 15,000 locations.

Many centers are short-staffed and struggling to compete for doctors, [mental health professionals](#), nurses and dentists. Leaders also told The Associated Press that funding is an ever-present concern, with the months-long debate over the [federal budget](#) making it all but impossible for them to plan and hire for the long term.

Despite that, the centers are trying to improve their communities' health and access to primary care in the face of inequities that start well before a patient steps into an exam room.

Facing health inequities

Community health centers have been around, in some form, for decades, and they are largely what remains to serve a community when urban and rural hospitals [close or cut back](#).

Dr. Matthew Kusher, Plaza del Sol's clinical director, said there are things that prescriptions can't change, like stopping the spread of flu and COVID-19 when people live in apartments with one family per room and it's impossible to quarantine.

"What we provide here is only 20% of what goes toward somebody's health," Kusher said. "Their health is more driven by the other factors, more driven by the poverty, and the lack of access to food or clean water or healthy air."

Nine in 10 health center patients live at or below 200% of the federal poverty line, according to the U.S. Health Resources and Services Administration. Beyond that:

- In 2022, nearly 1.4 million health center patients were homeless.
- One in five was uninsured.
- Half were on Medicaid.
- One in four was best served in a language other than English; about 63% were racial or ethnic minorities.

"We confront these disparities head-on in the communities that need it the most," said Dr. Kyu Rhee, president of the National Association of Community Health Centers. "We have a workforce that works nonstop, diligently and is resilient and diverse—that represents the people they serve. And that trust is so essential."

Plaza del Sol's specialty case manager Yelisa Sierra said she frequently fields questions about people needing clothes, food or shelter. Lately, the clinic serves many newly arrived [migrants](#). She wishes she had a better

answer to the question she hears most: Where can they find work?

"It's not only a medical need, it's emotion," said Sierra, sitting in a cramped office off the bustling waiting room. "They need to have a person that listens. Sometimes, it's just that."

Fifty years ago, Dr. Acklema Mohammad started as a medical assistant in Urban Health Plan's first clinic, San Juan Health Center. She has cared for some families across three generations.

"It's so gratifying to work in this community. I'm walking through the door, or I'm walking down the street, and I'm getting hugs," she said. "All along, 'Oh Dr. Mo! You're still here!'"

Staffing is Mohammad's biggest worry. Many pediatricians retired or left for other jobs after the worst of the pandemic. It's not just about money, either: She said job applicants tell her they want quality of life and flexibility, no weekends or long hours.

"It's a big job and it's a big issue because we have so many [sick children](#) and so many sick patients," Mohammad said, "but we don't have enough providers to take care of them."

Former pediatricians are sometimes picking up virtual visits to provide relief, she said, and telehealth helps, too.

When patients can't do telehealth, El Nuevo San Juan Health Center tries to bring care to them instead. About 150 elders get at-home visits, said Dr. Manuel Vazquez, Urban Health Plan's vice president of medical affairs who oversees the home health program.

There are times when the home visit isn't covered, but the team does it anyway, without getting paid.

"We said, 'No. We need to do this,'" he said.

Building community trust

One of the nation's first community health centers opened in the rural Mississippi delta in 1967, in the wake of the Civil Rights Movement's Freedom Summer.

Delta Health Center in Mound Bayou, Mississippi today operates the health center has 17 locations in five counties, including free-standing clinics and some in schools.

Staffers are taking on challenges that have been around for generations, like hunger and limited transportation. There are cooking classes and vegetables from the community garden. In nearby Leland, there's a clinic in the town of less than 4,000—open Saturdays, too—because many people don't have a car to make the 15-minute highway drive to Greenville, the nearest small city, and there's no public transportation.

That kind of access to preventive health care is critical as area hospitals cut back on neonatal services and other specialty care, said Temika Simmons, Delta Health Center's chief public affairs officer.

"If you're in the middle of a heart attack, you're going to have to be airlifted to Jackson or Memphis where they have the equipment to save your life, and so you might die along the way," she said.

Another key to the centers' ability to improve health disparities is understanding and being part of their communities.

Plaza del Sol is located in the heavily immigrant, mostly Latino neighborhood of Corona, which was the epicenter of New York City's COVID-19 spread. Staff are required to speak Spanish. They regularly

go to a local church to host vaccination clinics that reach hundreds. Center director Angelica Flores-DaSilva said a local principal will call her directly and ask for help to vaccinate kids so they don't get disenrolled.

In Mississippi, workers are trained to spot signs of abuse, or know that the patient "fussing and fighting" about filling out a form likely can't read. They hand out clothes, food and resources as if they're being offered to everyone.

"People hide their circumstances extremely well," Simmons said. "They hide illiteracy well, they hide poverty well, and they hide abuse very well. They know exactly what to say."

To continue to serve the communities in the way they want to, center leaders say they're stretching dollars as far as they can—but need more.

Based on the rising number of patients and inflation in the health care sector, federal funding for centers would need to increase by \$2.1 billion to match 2015 funding levels, according to an analysis sponsored [by the National Association of Community Health Centers](#).

"You can't be overwhelmed with the problem," Simmons said. "You've got to just simply take it one day at a time, one patient at a time."

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Citation: Community health centers serve 1 in 11 Americans. They're a safety net under stress (2024, January 28) retrieved 28 April 2024 from <https://medicalxpress.com/news/2024-01-community-health-centers-americans-theyre.html>

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