

# More than 1 in 10 patients at federally qualified health centers experience major social risk factors

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A first-of-its-kind study found high rates of food insecurity, housing insecurity, financial strain, and/or a lack of transportation among

patients at federally qualified health centers, particularly patients who were low-income or from racial/ethnic minority populations.

Federally qualified health centers (FQHCs) offer [primary care services](#) to 1 in 11 Americans, the majority of whom are low-income and/or underinsured and may not otherwise receive this care. While prior research has shown that 70% of FQHCs screen for social risk factors such as food and [housing insecurity](#), no studies have quantified the extent to which FQHC patients are experiencing these challenges nationwide.

For the first time, a study led by Boston University School of Public Health (BUSPH) researchers obtained data from all US FQHCs that reported positive screening rates of food insecurity, housing insecurity, financial strain, and lack of transportation, and found that more than 1 in 10 FQHC patients reported experiencing at least one of these social risk factors in 2022.

[Published](#) in the journal *JAMA Internal Medicine*, the findings also showed that rates of these risk factors were significantly higher among FQHCs with greater proportions of patients from historically disenfranchised groups.

"Federally qualified health centers are crucial safety-net providers for millions of [low-income families](#) in the US," says study lead and corresponding author Dr. Kevin Nguyen, assistant professor of health law, policy & management at BUSPH.

"In addition to delivering health services, these centers often provide assistance to patients seeking support for housing, food, and transportation. Our findings likely reflect the structural barriers to equity that many patients from marginalized populations continue to face."

For the study, Dr. Nguyen and colleagues at BUSPH and Brown University School of Public Health (Brown University SPH) utilized 2022 federal data from 1,338 FQHCs across the country, representing 30 million patients in total, including 21.7 million patients among the FQHCs that reported positive screening rates. Among the patients that were screened, the average positive screening rates were 27.6% for financial strain, 16.3% for food insecurity, 15.4% for housing insecurity, and 14.1% for lack of transportation.

Many of the patients who experienced some or all of the social risk factors also reported that they had income under the [federal poverty level](#), lacked insurance, identified as Black, identified as a sexual minority, were currently or previously unhoused, and/or lived in urban settings.

The researchers hope these findings spur additional support for FQHCs, particularly those with higher proportions of marginalized patients. Many FQHCs are experiencing [several barriers](#) to meeting the clinical and social needs of these patients, including limited training and limited ability to integrate screening into care processes.

"Funding specifically allocated for integrating social risk screening, as well as community-informed processes for addressing unmet social needs, may help mitigate these barriers," Dr. Nguyen says. "National policies are shifting toward incentivizing the measurement of social risk factors, so identifying the payment and care delivery models that equip providers to sustainably address unmet social needs among patients who want assistance may be critical."

The study's senior author was Megan Cole, associate professor of health law, policy & management at BUSPH. The study was coauthored by Nicole Giron, doctoral candidate in [health services](#) research at Brown University SPH.

**More information:** Kevin H. Nguyen et al, National Prevalence of Social Risk Factors at Federally Qualified Health Centers, *JAMA Internal Medicine* (2024). [DOI: 10.1001/jamainternmed.2024.1881](https://doi.org/10.1001/jamainternmed.2024.1881)

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