



# OKLAHOMA'S COMMUNITY HEALTH CENTERS AND STATE UNCOMPENSATED CARE APPROPRIATIONS



# WHAT ARE CHCS?

- Community health centers (CHCs), also known as Federally Qualified Health Centers (FQHCs) or health centers, are non-profit health care providers that deliver comprehensive primary health care services to medically underserved communities including families and individuals in rural areas, low income populations, the uninsured, people with limited English proficiency, and all patients regardless of ability to pay.

## Services - On Site or Referral

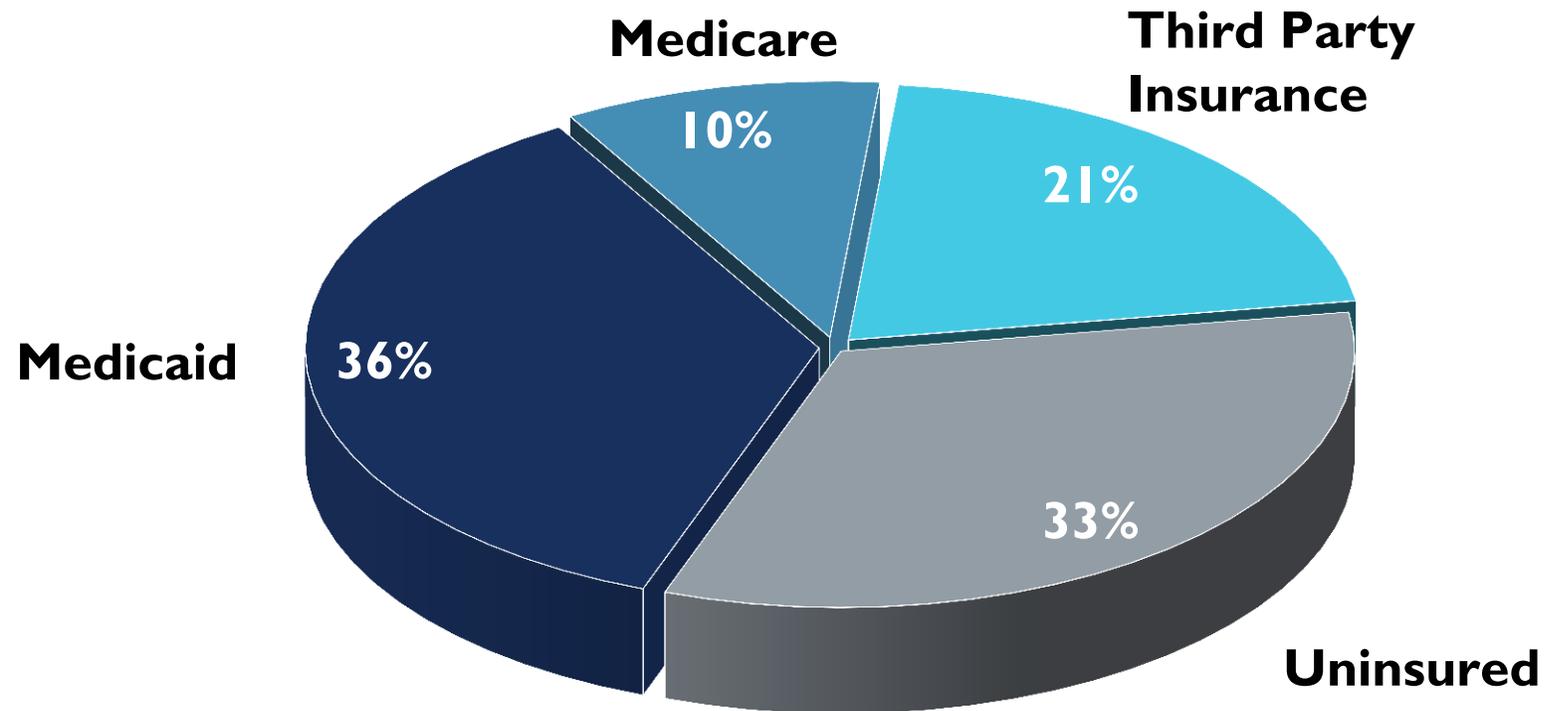
- Family Medicine
- Pediatrics/ Adolescent Health
- OB/Gyn
- Adult Medicine
- Geriatrics
- Nutrition Assistance & Education
- Case Management
- Lab x-ray
- Mammography
- Vision /Optometry
  - Glasses/Contact lenses
- Dental
  - Prevention
  - Restorative
  - Dentures
  - Orthodontics
- Clinical Pharmacy
- Retail Pharmacy / 340 B
- Mental Health
  - Counseling (all ages)
  - Psychiatry
  - Group therapy
- Discounted pharmacy
- Pharm Assistance/Free Meds
- Legal Aid
- Transportation
- WIC program

# Health Center Patients by Income Category, 2015

Characteristic		Number of Patients (a)	% of Total	% of Known
<b>Income as Percent of Poverty Level</b>				
1.	100% and Below	84,123	45.5%	71.0%
2.	101 - 150%	17,968	9.7%	15.2%
3.	151 - 200%	5,483	3.0%	4.6%
4.	Over 200%	10,835	5.9%	9.2%
5.	Unknown	66,278	35.9%	
6.	<b>Total (sum lines 1-5)</b>	<b>184,687</b>	<b>100.0%</b>	

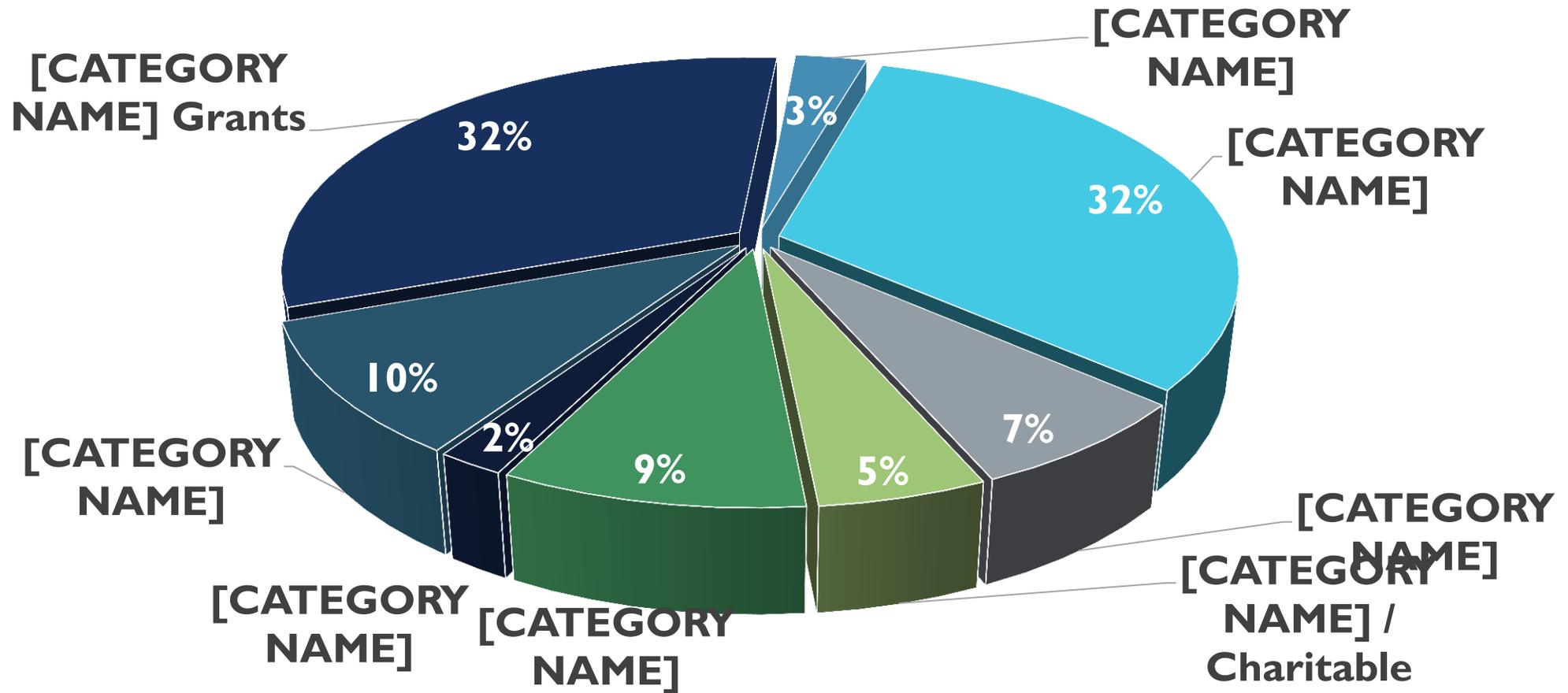
**90.8%**  
of patients with known incomes fall below 200% of federal poverty level

# Patient-Mix by Payer Source Across All Oklahoma CHCs, 2015



Oklahoma Primary Care Association  
6501 N Broadway Extension  
Oklahoma City, OK 73116  
405.424.2282~ Fax 405.424.1111

# STATE AVERAGE HEALTH CENTER REVENUE COMPOSITION



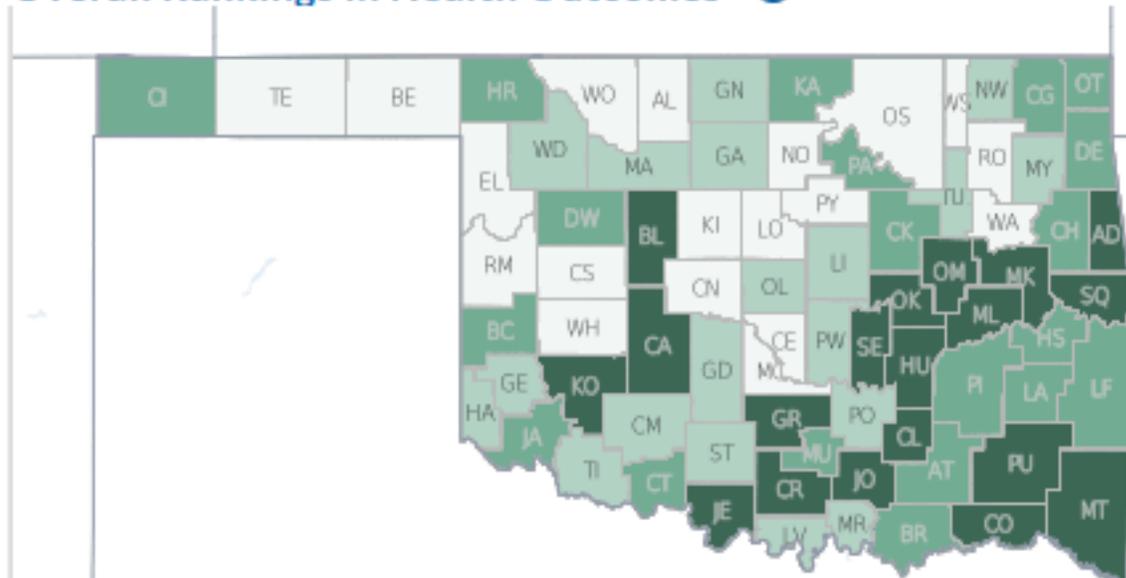
# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

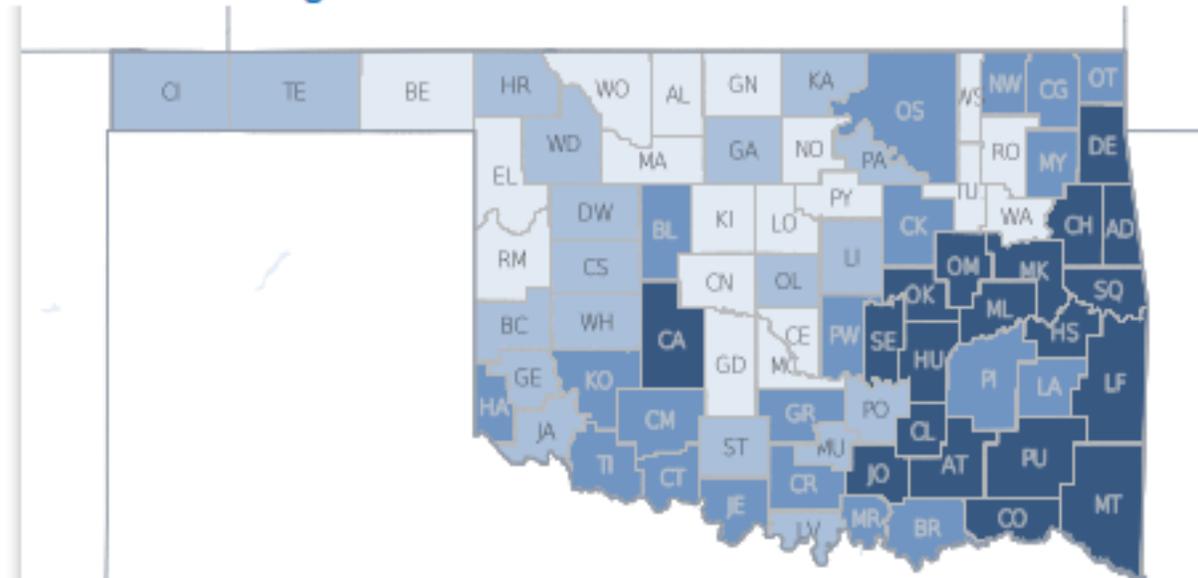
## OKLAHOMA 2016

### Overall Rankings in Health Outcomes i



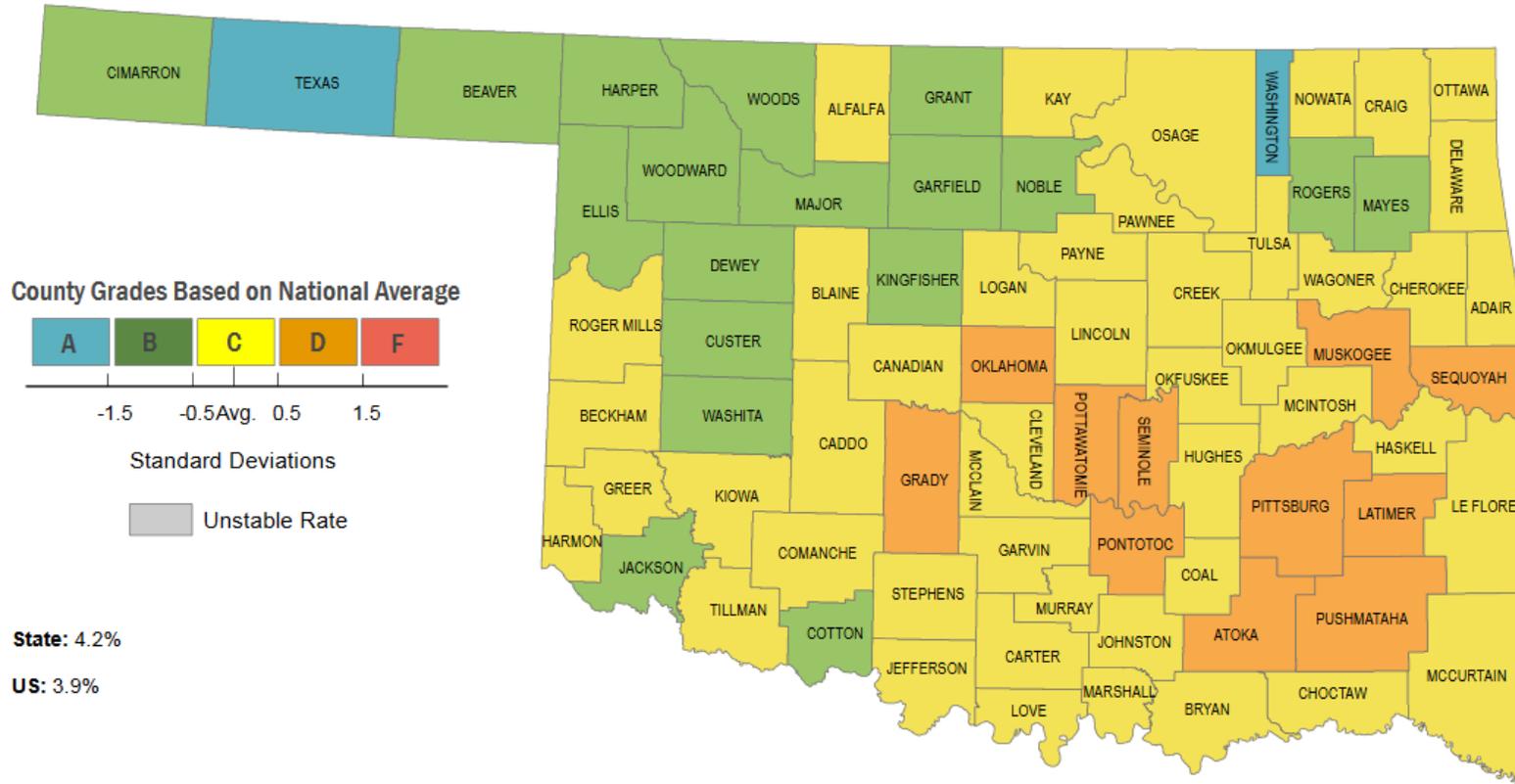
RANK 1 - 19 20 - 38 39 - 58 59 - 77 NOT RANKED (NR)

### Overall Rankings in Health Factors i



RANK 1 - 19 20 - 38 39 - 58 59 - 77 NOT RANKED (NR)

# Percent of Population Who Reported 4+ Poor Mental Health Days per Month BRFSS, 2012 Modeled Estimate



**Report Link:** <http://www.ok.gov/health/pub/boh/state/>

**Data Source:** CDC BRFSS 2012

**Created:** 1.09.2014

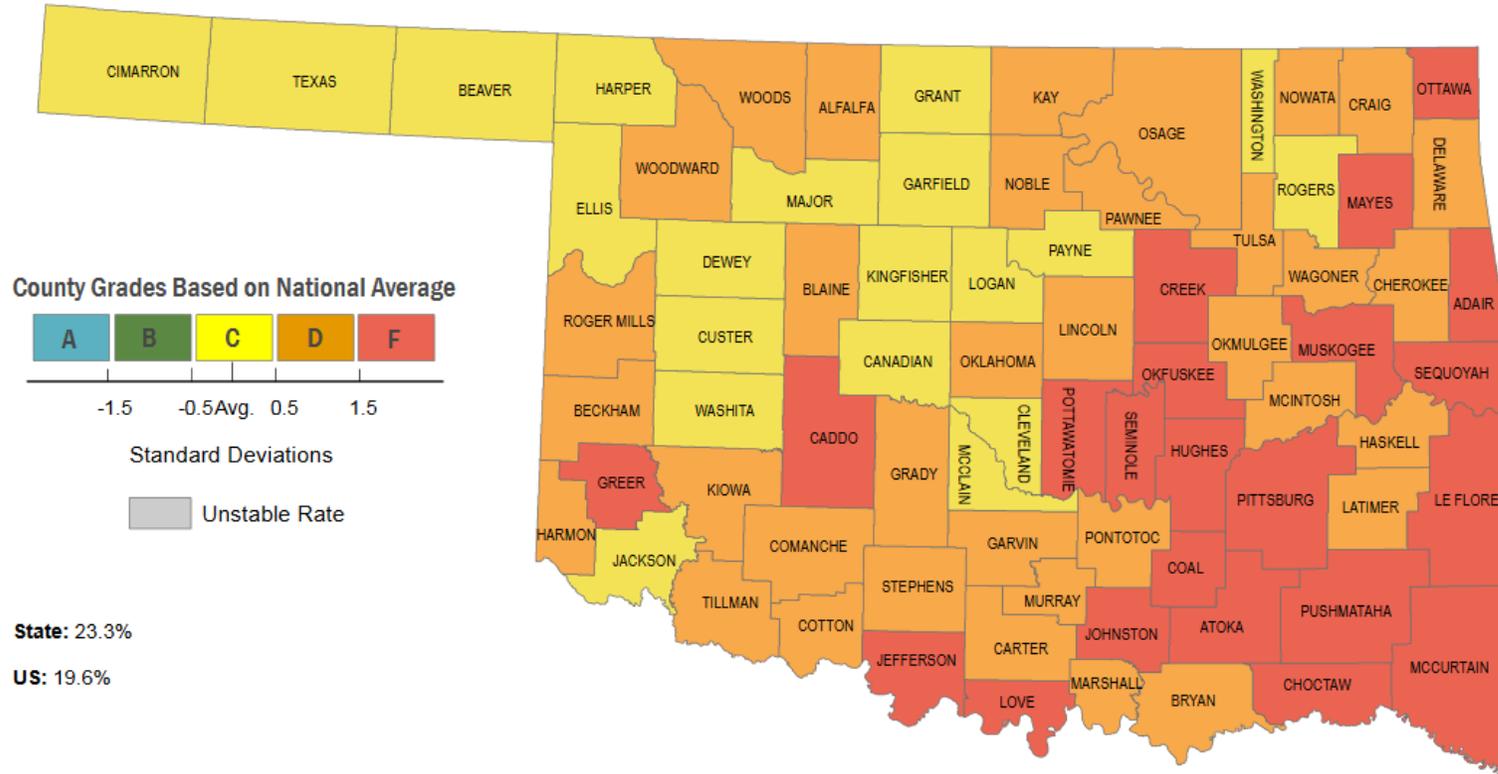
Projection/Coordinate System: USGS Albers Equal Area Conic



Disclaimer: This map is a compilation of records, information and data from various city, county and State offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant



## Percent of Adults Who Smoke BRFSS, 2012 Modeled Estimate



**Report Link:** <http://www.ok.gov/health/pub/boh/state/>

**Data Source:** CDC BRFSS 2012

**Created:** 1.09.2014

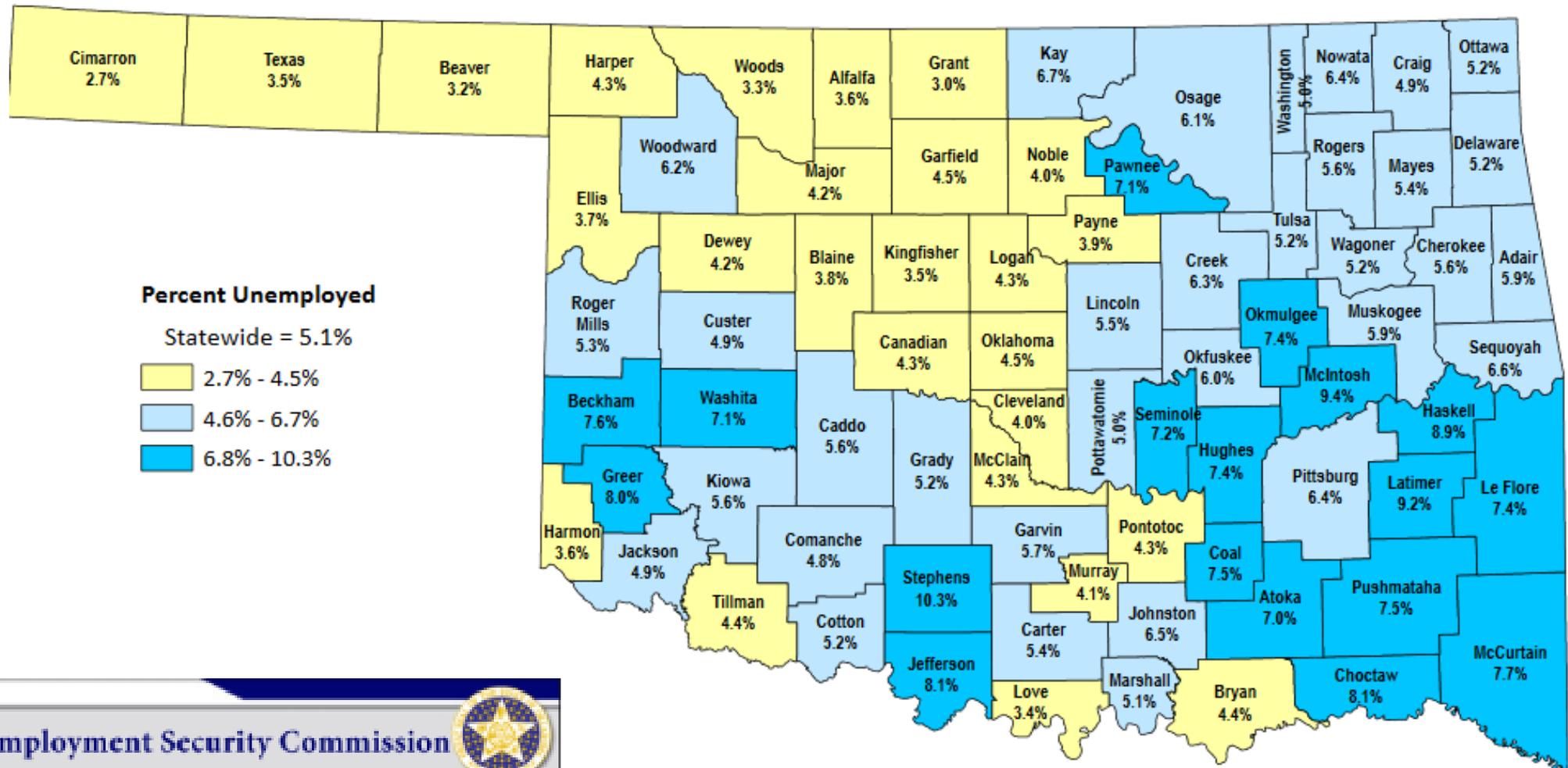
Projection/Coordinate System: USGS Albers Equal Area Conic



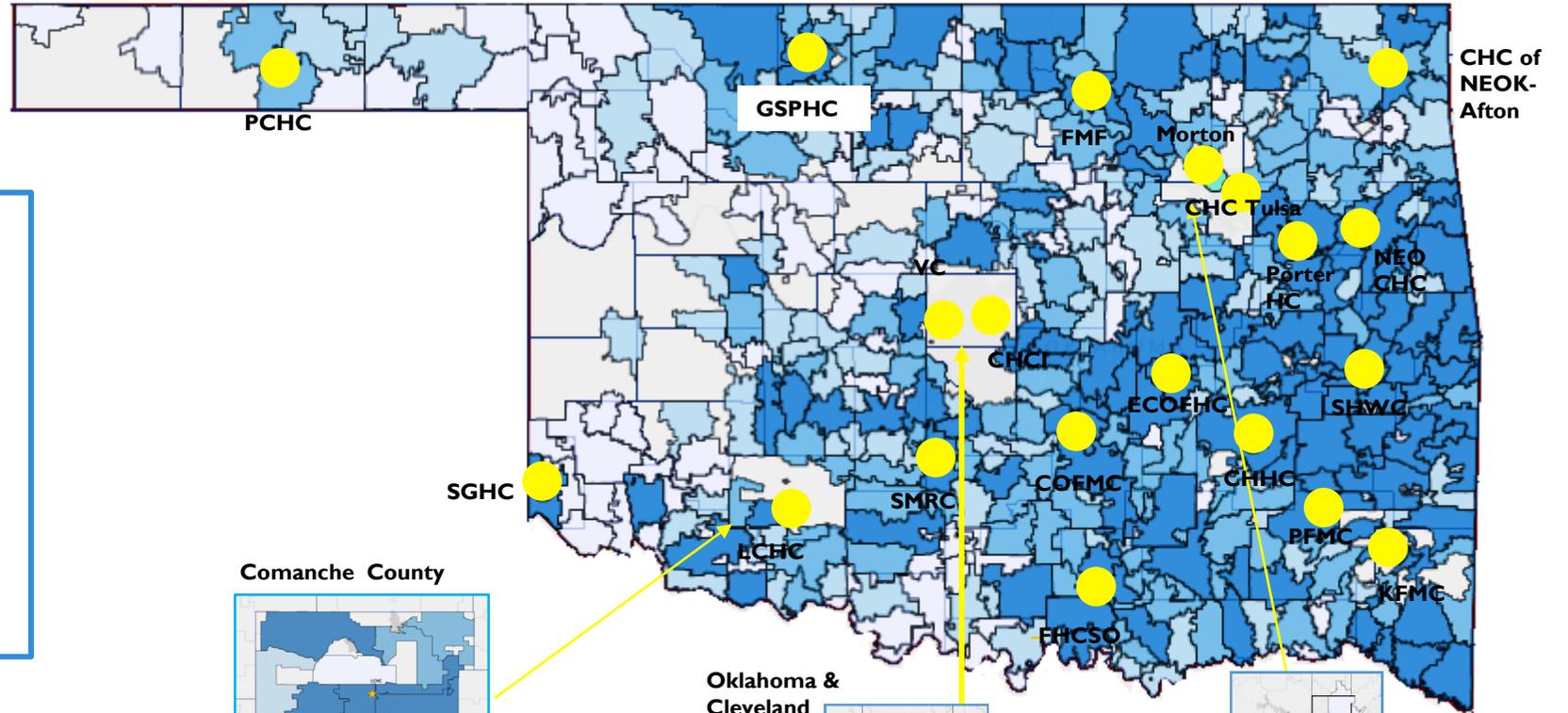
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# COUNTY UNEMPLOYMENT RATES – AUG 2016



# HEALTH CENTER PATIENTS BY ZIP CODE OF RESIDENCE



## Health Center Patients Residing in Zip Codes

- 0 to 13
- 14 to 53
- 54 to 187
- 188 to 4,239

Health Center (HC) Main



Oklahoma Primary Care Association  
 6501 N Broadway Extension  
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Produced by: OKPCA, 9/16

Sources: HHS, UDS Mapper, & OKPCA

# Health Insurance Coverage in the United States: 2015

## Current Population Reports

By Jessica C. Barnett and Marina S. Vornovitsky

Issued September 2016

P60-257

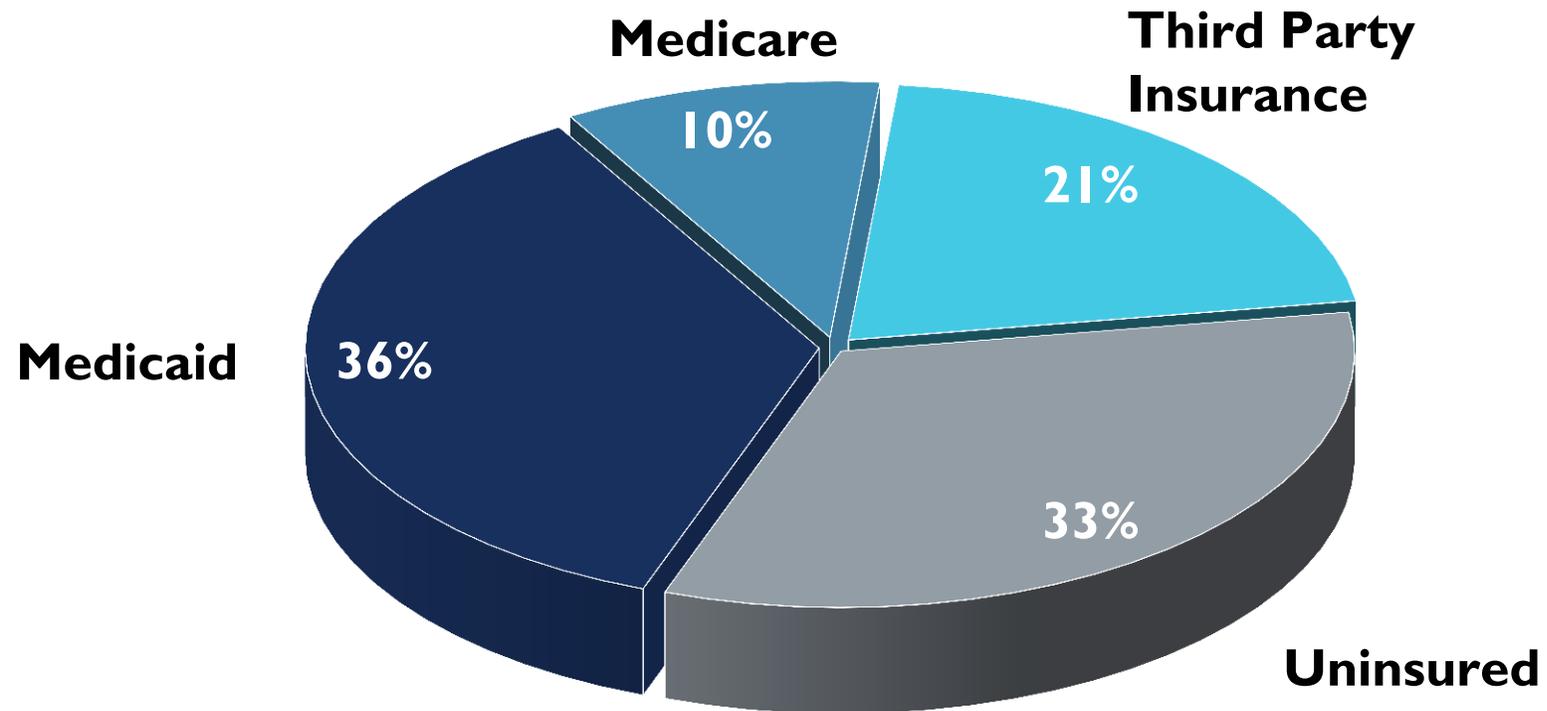
Table A-1.

### Population Without Health Insurance Coverage by State: 2013 to 2015—Con

State	Medicaid expansion state? Yes (Y) or No (N) <sup>1</sup>	2013 uninsured			2014 uninsured			2015 uninsured				
		Number	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Percent	Margin of error <sup>2</sup> (±)	Number	Margin of error <sup>2</sup> (±)	Percent
North Dakota . . . . .	Y	73	6	10.4	0.8	57	5	7.9	0.7	57	5	7.8
Ohio . . . . .	Y	1,258	21	11.0	0.2	955	20	8.4	0.2	746	19	6.5
Oklahoma . . . . .	N	666	13	17.7	0.3	584	11	15.4	0.3	533	12	13.9

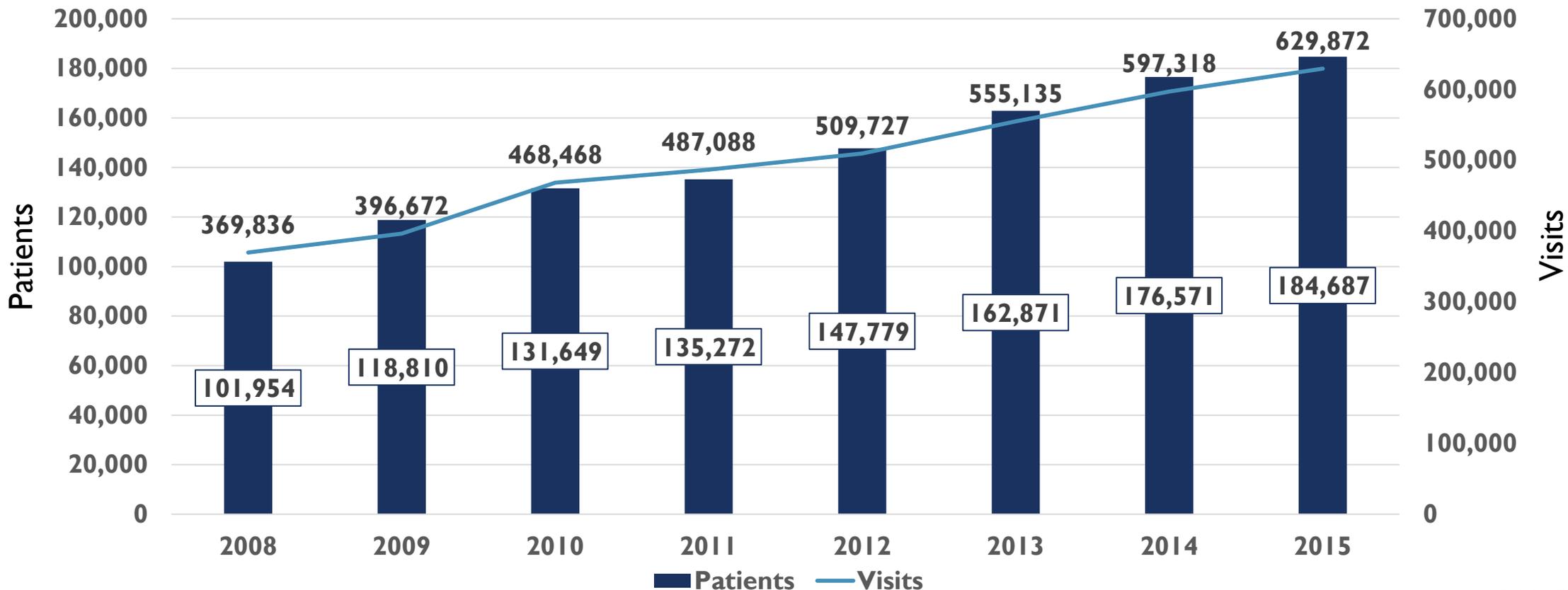
- The difference in the uninsured rate by poverty status was larger among adults than for children, where the uninsured rate for adults in poverty (26.2 percent) was over twice that for adults not in poverty (10.7 percent). (U.S.)
- Oklahoma in the bottom five states for proportion of those without health insurance.

# Patient-Mix by Payer Source Across All Oklahoma CHCs, 2015



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# Oklahoma Health Center Patient Volume, 2009-2015



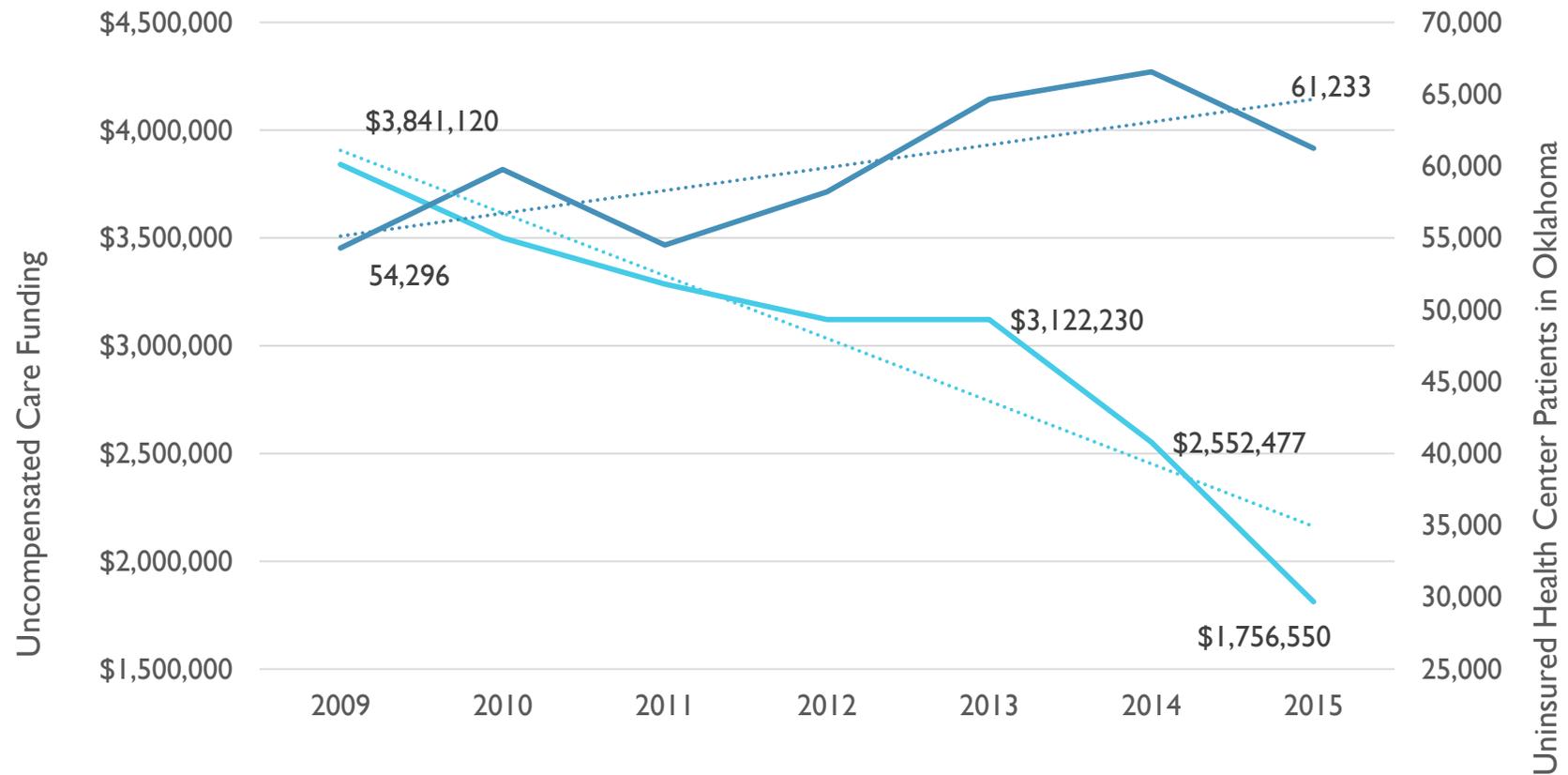
Produced by: OKPCA, 9/16

Oklahoma Primary Care Association  
 4300 N Lincoln Blvd, Ste 203  
 Oklahoma City, OK 73105  
 405.424.2282~ Fax 405.424.1111

Sources: yearly UDS data reports &  
 OKPCA



# State Uncompensated Uninsured Care Funding and Health Center Uninsured Patients Statewide

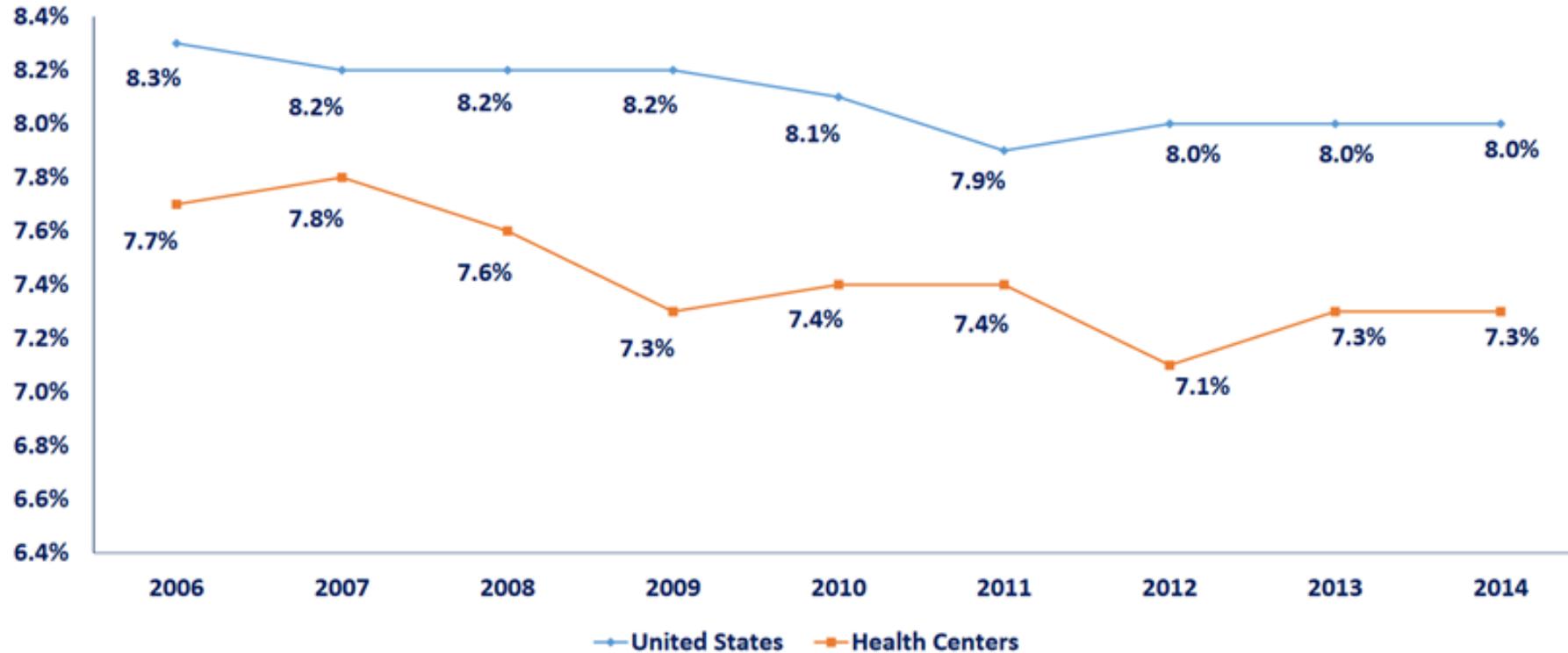


\*On March 8, 2016, Oklahoma State Department of Health announced that the agency eliminated remaining distributions to health centers from March 8 – June 30, 2016. Appropriation allocation available for SFY17: \$2.31 million.

# TOTAL DIRECT STATE SUPPORT FOR HEALTH CENTERS, U.S.



# Health Center Patients Have Lower Rates of Low Birth Weight than the U.S. Average



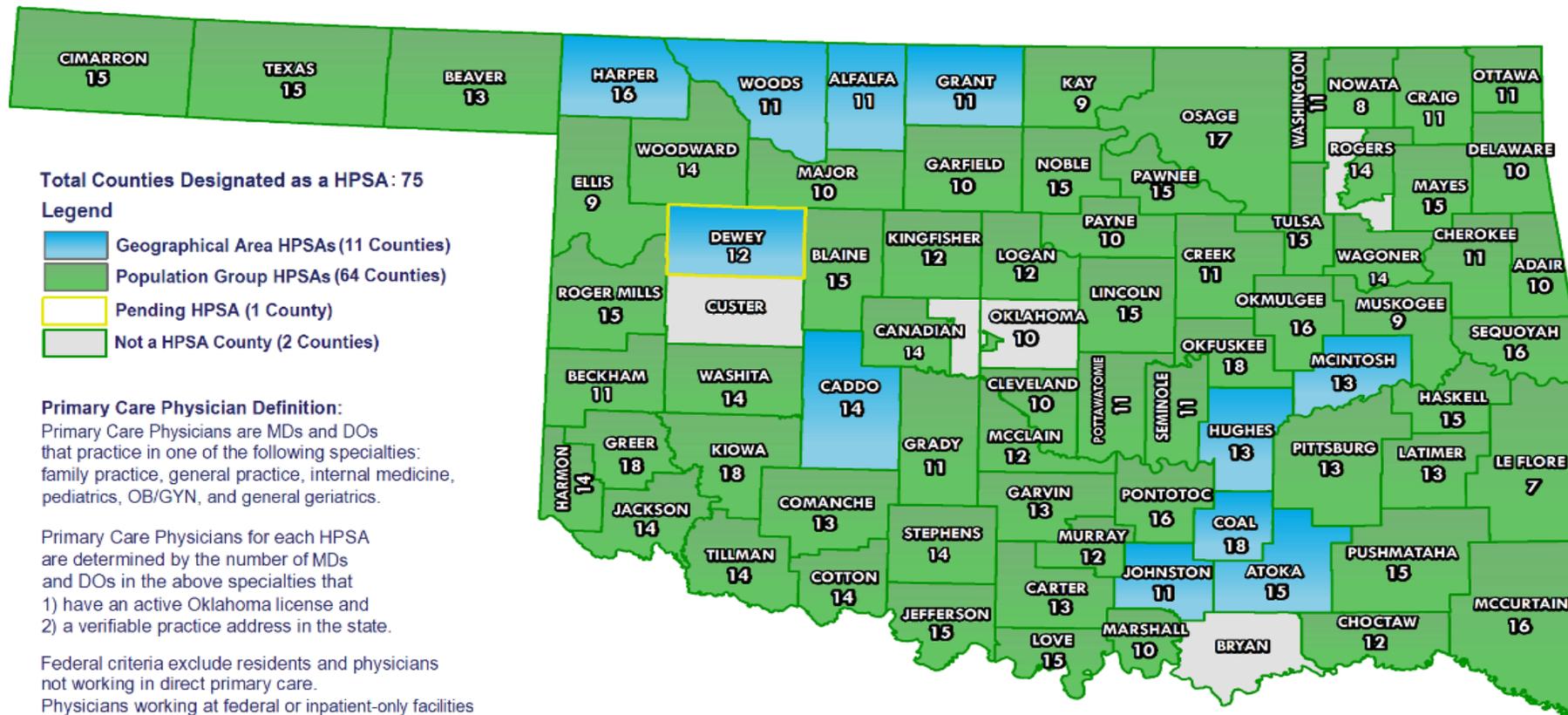
Sources: U.S. rates from National Center for Health Statistics (NCHS). Bureau of Primary Health Care, HRSA, DHHS, 2006-2014 Uniform Data System.

Clinical Data		Oklahoma Health Centers		
		2013	2014	2015
Low Birth Weight		5.6%	7.0%	6.3%

# PARTNERSHIPS

- Universities and Hospital Systems – Admitting and delivery, College of OB/Gyn, Dental, Family Medicine, Pediatrics, School of Public Health, College of Nursing, College of Pharmacy, FQHC site ER diversion, Dental access, Adoption services
- Payers
- Community providers – medical specialty, dental, mental health, colocation – e.g., with Community Mental Health Services
- Social services agencies and organizations –
  - Infant Crisis Services- embedded and mobile access
  - Food Bank
  - Legal Services
  - Early Childhood Development
  - Transportation arrangements – bus lines, van systems, voucher systems
  - Homeless supports and housing
- Foundations and Charitable Giving
- State Agencies – WIC, Take Charge, VFC, Tobacco Cessation, Human Services, workforce development and provider recruitment

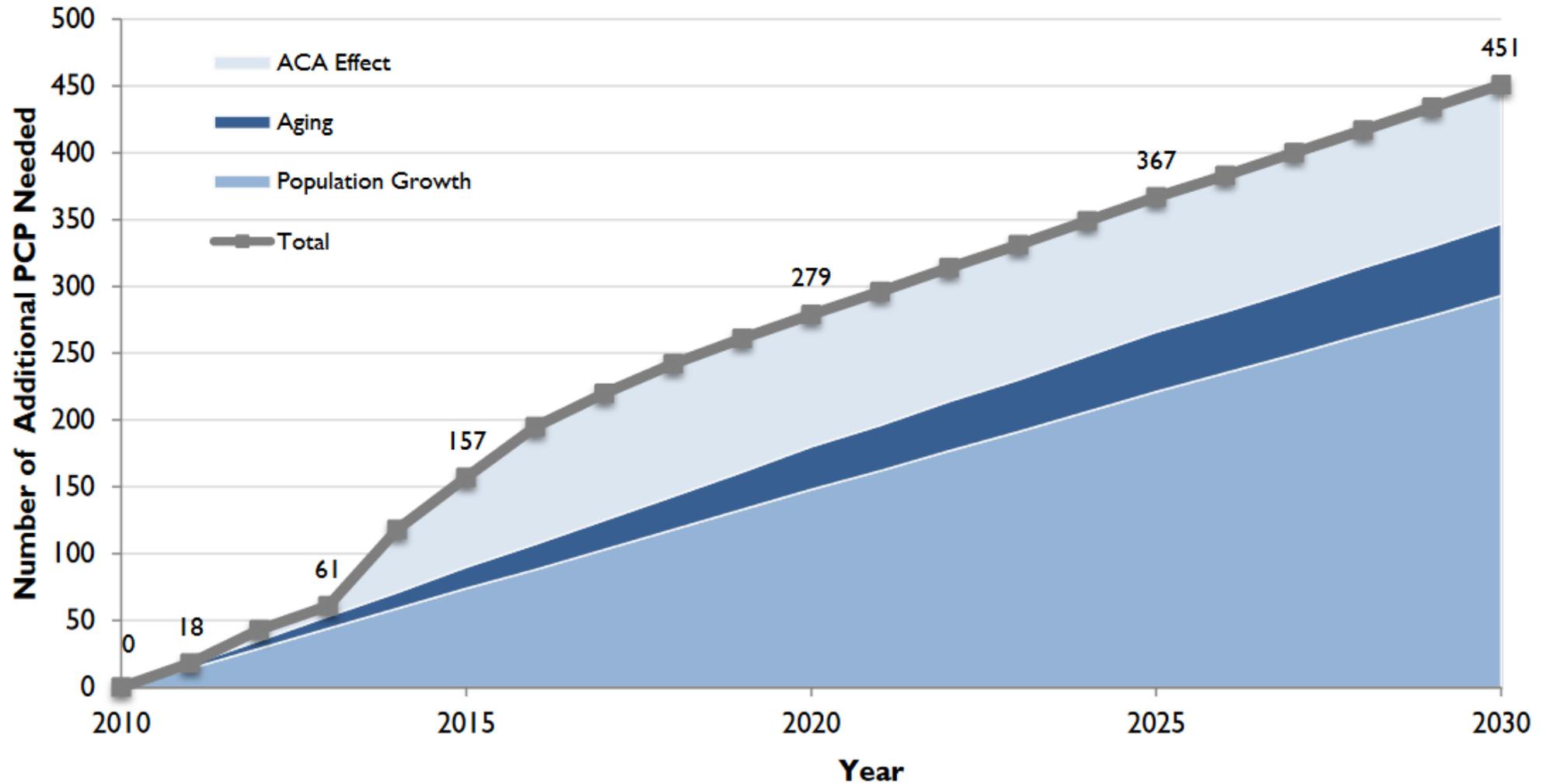
# HEALTH PROFESSIONAL SHORTAGE AREAS



Created: 09/20/2016

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### Oklahoma Projected Primary Care Physicians Need



Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010 - 2030. September 2013, Robert Graham Center, Washington, D.C.



Clinicians & Providers

Education & Training

- ▶ Continuing Education
- ▶ Curriculum Tools

## Population Health: Behavioral and Social Science Insights

### Understanding the Relationship Between Education and Health

*By Emily B. Zimmerman, Steven H. Woolf, and Amber Haley*

#### Abstract

Education is critical to social and economic development and has a profound impact on population health. We review evidence for the health benefits associated with education in the context of a socioecological model of health. The health benefits of education accrue at the individual level (e.g., skill development and access to resources); the community level (e.g., the health-related characteristics of the environments in which people live); and the larger social/cultural context (e.g., social policies, residential segregation, and unequal access to educational resources). All of these upstream factors may contribute to health outcomes, while factors such as ability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress act as more proximate factors. It is also important to consider the impact of health on educational attainment and the conditions that occur throughout the life course that can impact both health and education, such as early childhood experiences. After exploring the

## Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings

**Robert S. Nocon, MHS, Sang Mee Lee, PhD, Ravi Sharma, PhD, Quyen Ngo-Metzger, MD, MPH, Dana B. Mukamel, PhD, Yue Gao, MPH, Laura M. White, MS, Leiyu Shi, DrPH, MBA, MPA, Marshall H. Chin, MD, MPH, Neda Laiteerapong, MD, MS, and Elbert S. Huang, MD, MPH**

*Objectives.* To compare health care use and spending of Medicaid enrollees seen at federally qualified health centers versus non-health center settings in a context of significant growth.

*Methods.* Using fee-for-service Medicaid claims from 13 states in 2009, we compared patients receiving the majority of their primary care in federally qualified health centers with propensity score-matched comparison groups receiving primary care in other settings.

*Results.* We found that health center patients had lower use and spending than did non-health center patients across all services, with 22% fewer visits and 33% lower spending on specialty care and 25% fewer admissions and 27% lower spending on inpatient care. Total spending was 24% lower for health center patients.

*Conclusions.* Our analysis of 2009 Medicaid claims, which includes the largest sample of states and more recent data than do previous multistate claims studies, demonstrates that the health center program has provided a cost-efficient setting for primary care for Medicaid enrollees. (*Am J Public Health*. Published online ahead of print September 15, 2016: e1–e9. doi:10.2105/AJPH.2016.303341)