Learning Objectives

1. Define and understand the role and structure of Community Health Centers (CHCs)/HC as local, non-profit, community-owned health care providers serving underserved populations.

2. Identify the various populations CHCs serve, including low-income individuals, racial and ethnic minorities, rural communities, and those facing barriers to healthcare access.

3. Analyze how CHCs promote health equity through culturally competent care and addressing social determinants of health.

4. Outline opportunities and recommendations to build engagement across CHCs and Healthcare Coalitions (HCCs)

What is a Health Center?

Local clinics which treat medical, dental, mental health, substance use, and other health care needs

All health centers:

- Community-based and led in part by patients
- Focus on meeting the needs of the people and areas they serve
- Full range of care: doctors, dentists, therapists, social workers, eye doctors, obstetricians/gynecologists, pediatricians, case managers, and other medical staff.
- Adjustable fees

Many health centers:

- Offer care in multiple languages.
- Can help with transportation.
- Have on-site pharmacies that provide. discounted prescription drugs.

Who are Key CHC Stakeholders?

Health Resources & Services Administration (HRSA/BPHC):
* fund 1,400 health center to provide affordable, accessible high quality primary care to underserved

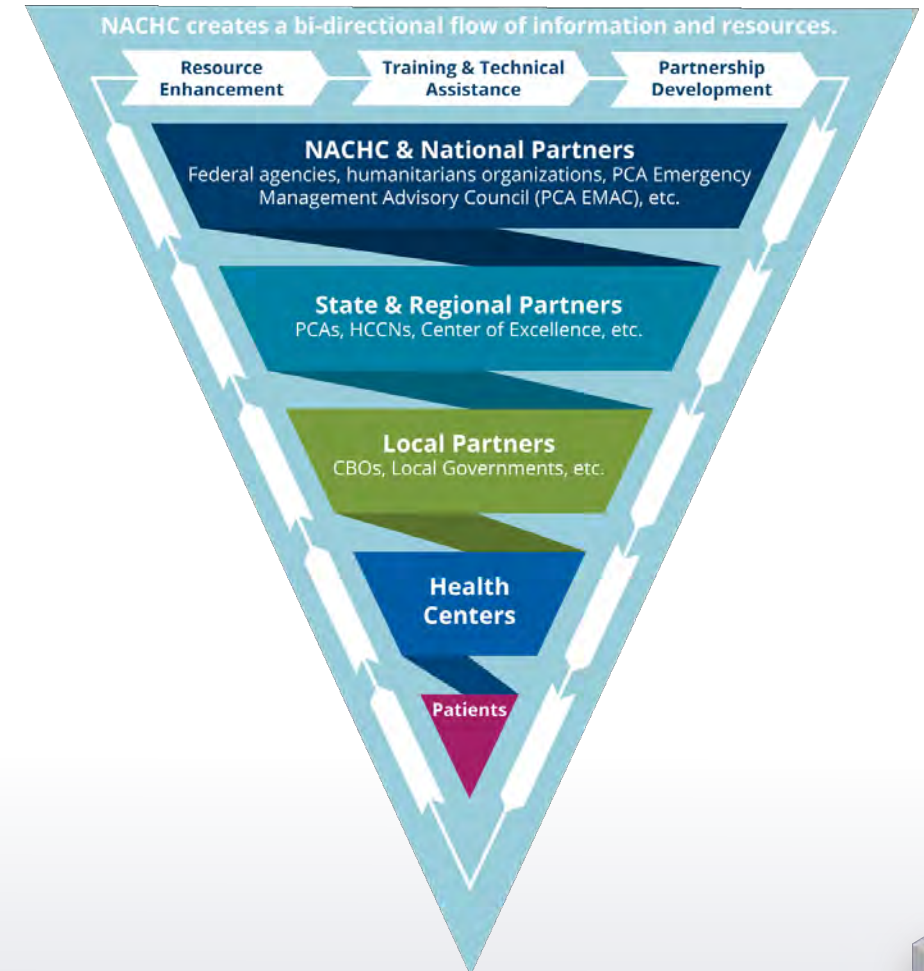**National Association of Community Health Centers (NACHC):**
* promote efficient, high-quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient-centered for all.
* HRSA funded National Training and Technical Assistance Partner.

Primary Care Associations (PCA):
* State/Regional nonprofit.
* work with health centers to best meet the needs of communities' health centers serve.
* Enhance emergency preparedness and response

Other Local/ State/Regional Partners

NACHC's Emergency Preparedness Strategy

NACHC creates a bi-directional flow of information and resources.

Resource Enhancement | Training & Technical Assistance | Partnership Development

NACHC & National Partners
Federal agencies, humanitarians organizations, PCA Emergency Management Advisory Council (PCA EMAC), etc.

State & Regional Partners
PCAs, HCCNs, Center of Excellence, etc.

Local Partners
CBOs, Local Governments, etc.

Health Centers

Patients

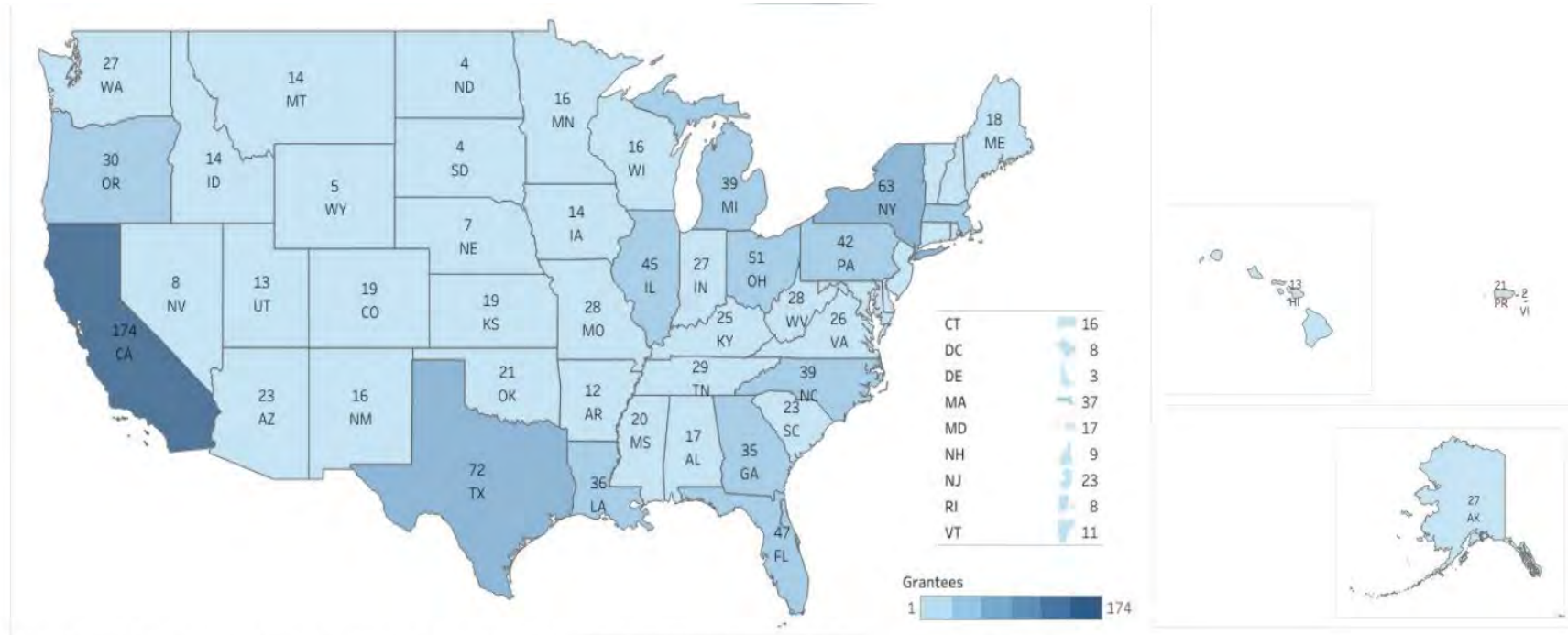#NHCPC24

Where are Health Centers?

Notes: National figure includes health centers in every state and territory. Some territories are not shown in the map above.
Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

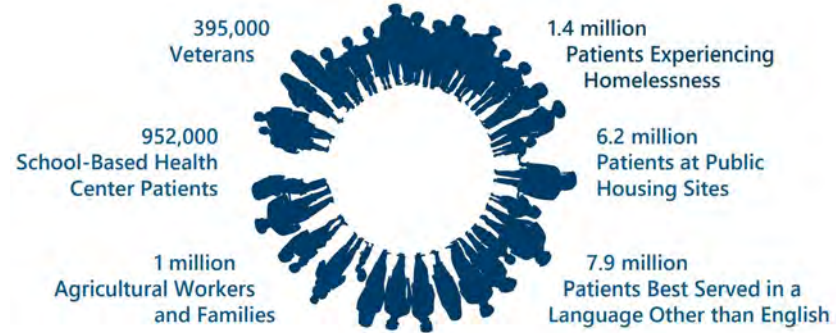RESOURCE: https://findahealthcenter.hrsa.gov/

Health Centers in all 50 states

✓ In American Samoa, Commonwealth of the Northern Mariana Islands, Guan, Puerto Rico, US Virgin Islands, Freely Associated States of (Micronesia, Marshall Islands and Republic of Palau)

✓ Approximately 1,370 Federally Funded Community Health Centers (FQHC)

✓ Approximately 15,000 delivery sites

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Who do Health Centers Serve?

1 in 3 People in Poverty

1 in 4 Racial and Ethnic Minorities

1 in 5 Uninsured Persons

1 in 6 Medicaid Beneficiaries

1 in 9 Children and Adolescents

395,000 Veterans

1.4 million Patients Experiencing Homelessness

952,000 School-Based Health Center Patients

6.2 million Patients at Public Housing Sites

1 million Agricultural Workers and Families

7.9 million Patients Best Served in a Language Other than English

32.5M people served (1 in 10)

400K Veterans

1.4M Homeless People

8.8M Children

3.5M Elderly Patients

1 in 7 rural residents

1 in 5 uninsured

1 in 3 people living in poverty

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Health Centers are Rooted in Health Equity

From the Civil Rights Movement to the Covid-19 Response

Health Centers founded in our country's Civil Right's Movement for equality social, and economic justice.

- focused on health of underserved people
- empowering people to actively involved in their needs and community

Dr. H. Jack Geiger and Dr. John Hatch during construction of the Delta Health Center

Columbia Point Health Center in the Dorchester neighborhood of Boston

Health Centers were part of the broad pandemic response, fighting the virus in hard-to-reach communities and among the most vulnerable including communities of color, the elderly, homeless and agricultural workers. They has tested, vaccinated, diverted non-acute cases from overwhelmed hospitals, connected affected patients with housing food and other critical services.

Health Centers are Drivers of Health Equity

✓ CHCs' are trusted Community Partners

✓ Community-Centered and Patient-Directed

✓ Culturally and Linguistic Competent Care

✓ Address Social Drivers of Health

✓ Comprehensive, Holistic Care

Harry and Jeanette Weinberg Dental & Wellness Clinic

The integration of dental services with mental health counseling allowed for immediate, in-house mental health support, addressing cultural and logistical barriers. Through this model,

HEALTH CENTER RESPONSE TO PATIENTS' SOCIAL NEEDS

Direct patient surveys are another method Valley-Wide has used to understand needs and develop solutions. In 2018, Valley-Wide asked patients at each of its clinics about their transportation needs using simple paper surveys. From the responses received (N=1,220), an analysis indicated that 17% of patients had missed an appointment due to lack of transportation, and 32% did not have reliable access to a vehicle. Over the next year, Valley-Wide developed a business plan to create its own transportation program, which now provides free transportation to the community for SDOH-related trips.

HEALTH CENTER RESPONSE TO PATIENTS' SOCIAL NEEDS

Operating hours run from 7:30 to 11:00 every Saturday, spanning from June through October.

When the town of Smithville, Mississippi was devastated by an EF-5 tornado in 2011, the community lost access to its only local grocery store, the Piggly Wiggly. This loss left residents facing significant challenges, particularly in accessing affordable, healthy food options, which was especially critical for individuals living with metabolic syndrome, diabetes, and hypertension. Despite efforts, the store was never rebuilt, and subsequent attempts to recruit another grocery store were unsuccessful. It wasn't until 2017 when ACCESS, with support from Catholic Charities, opened a farmer's market known as Farmacy, providing locals with a much-needed source of fresh fruits and vegetables. ACCESS

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What do Health Centers do in an Emergency?

Hurricane Katrina (2005)

Zika Virus Outbreak (2016)

Hurricane Maria (2017)

California Wildfires (2018-2020)

COVID-19 Pandemic (2020-2022)

East Palestine Train Derailment (2023)
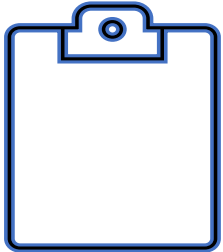

Maui/Lahaina Wildfire (2023)

Hurricane Helene (2024)

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Insights to Health Center and Healthcare Coalitions Relationships: EM Survey

- 2022 NACHC Survey
- CHC, PCAs, HCCs participated
- Goal of strengthening the relationships between these entities, and informing future needs
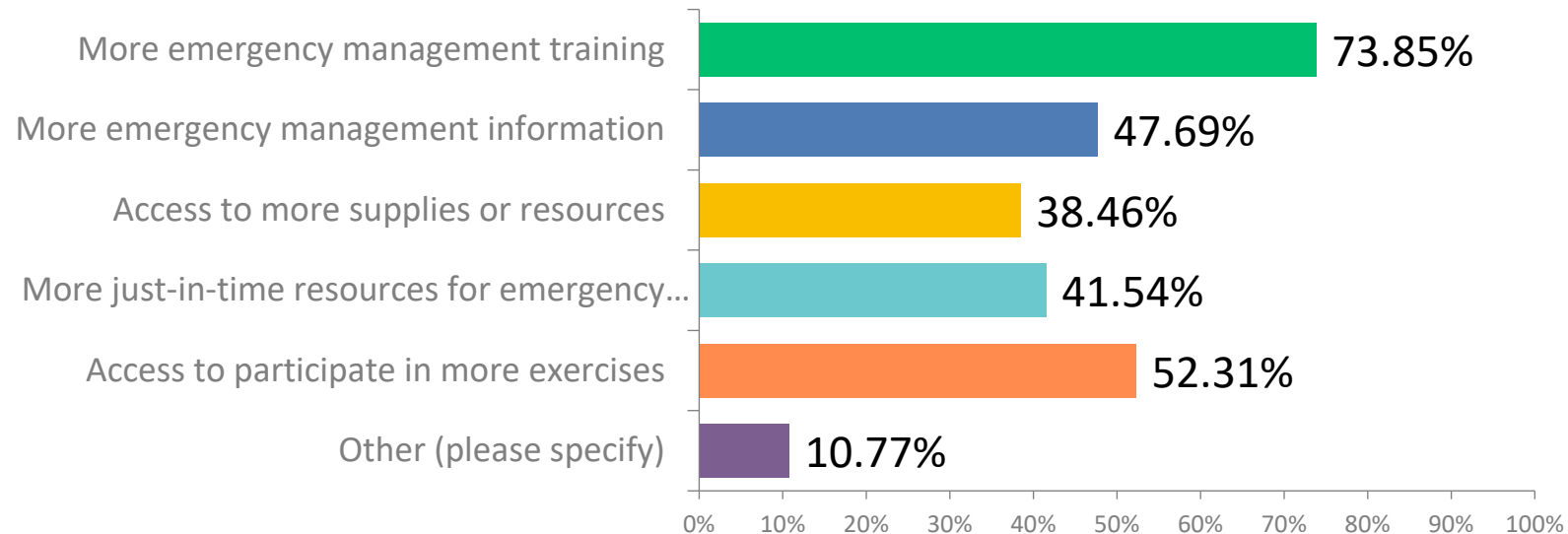
Primary Care Associations	Health Centers	Health Care Coalitions
Interview based	Electronic Survey Tool	Interviews based
N=12	n=66 (>50% serve mix of demographics)	N=9 HCCs (7 states)

Survey: Health Center needs during an Emergency

- ✓ 12% of facilities felt completely prepared
- ✓ **63% felt somewhat prepared**
- ✓ **14% were neutral**
- ✓ **11% felt unprepared**

SUGGESTED IMRPOVEMENTS IN PREPAREDNESS

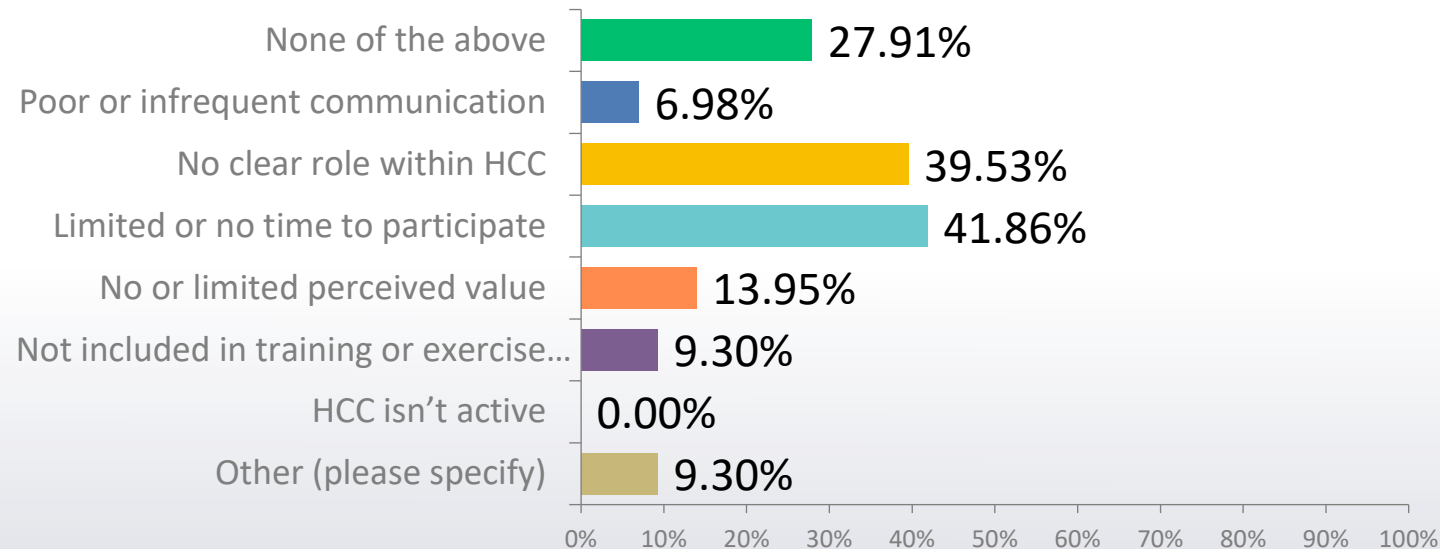| Category	Percentage
More emergency management training	73.85%
More emergency management information	47.69%
Access to more supplies or resources	38.46%
More just-in-time resources for emergency…	41.54%
Access to participate in more exercises	52.31%
Other (please specify)	10.77%

Survey: Challenges from CHC in HCC Engagement

Awareness: 70 % of CHCs were aware of local HCC

Engagement:

- Receive information from them (82.98%)
- Participate in meetings (72.34%)
- Participate in exercises (55.32%)
- Serve in leadership (10.64%)

CHALLENGES IN HCC ENGAGEMENT

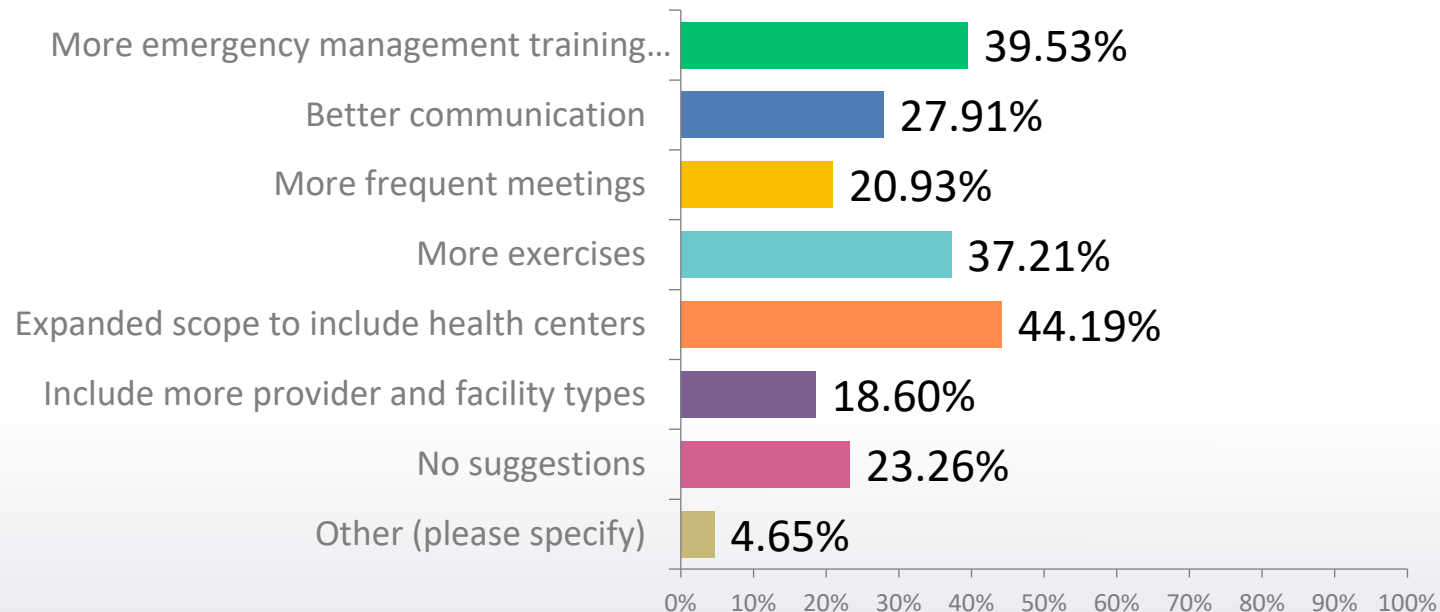| Category	Percentage
None of the above	27.91%
Poor or infrequent communication	6.98%
No clear role within HCC	39.53%
Limited or no time to participate	41.86%
No or limited perceived value	13.95%
Not included in training or exercise…	9.30%
HCC isn't active	0.00%
Other (please specify)	9.30%

Survey: Opportunities to Improve Engagement

Key Insights:

- Almost half (44%) of Health Centers believe HCCs should broaden their work integrate Health Centers
- 40% believe more emergency management training opportunities would be helpful

OPPORTUNITIES TO IMPROVE ENGAGEMENT

Category	Percentage
More emergency management training…	39.53%
Better communication	27.91%
More frequent meetings	20.93%
More exercises	37.21%
Expanded scope to include health centers	44.19%
Include more provider and facility types	18.60%
No suggestions	23.26%
Other (please specify)	4.65%

HCC Interviews

Many HCC lacked health center involvement

Challenges to limited participation:

- Perceived lack of applicability to health centers
- limited ability to conduct outreach /HCC limited time and funding
- HCC not be aware of Health Centers
- Geographic barriers/Large regions make attending in-person meetings difficult

Opportunities for collaboration

- Health centers welcomed: their crucial role in healthcare preparedness was recognized
- Targeted sub-committees and training resources
- Primary Care Associations (PCAs) can serve as a liaison
- Most HCCs noted an increase in engagement = support for health centers during Covid
- Training Support: HCCs held training events specifically for health centers

About Healthcare Network

For more than 45 years, Healthcare Network has distinguished itself by providing primary health care to men, women and children of all ages, helping the disenfranchised, underinsured, and uninsured of our communities, as well as those with resources who recognize the quality and comprehensiveness of care available.

Mission: To provide quality healthcare accessible to everyone in our community

Vision: We strive for a community where every person has access to appropriate healthcare

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Children's Care

Family Convenient Care

Family Care

Women's Care

Senior Care

Behavioral Health

Dental Care

Pharmacy

Specialty Services

Primary Care Addiction Treatment

About Healthcare Network

Patients: 49,018

Visits: 174,323

Male: 42%

Female: 58%

Poverty Level: 21% below 100% poverty level

Insurance Status

Uninsured: 15%

Private Insurance / ACA: 20%

Medicaid: 60%

Medicare: 5%

- **Age**
- Children 61%
- Adults: 34%
- Seniors: 5%
- **Ethnicity**
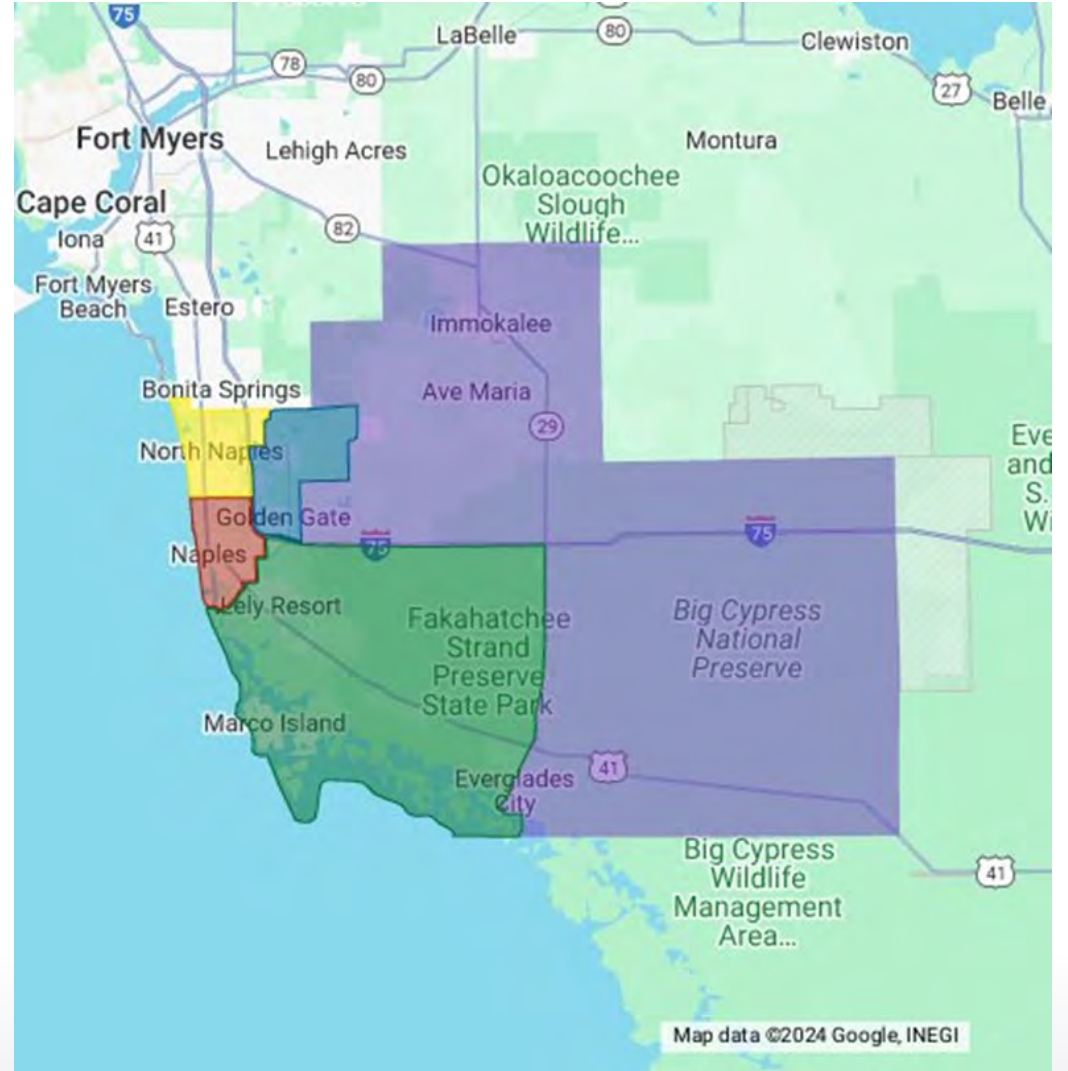- Hispanic / Latino/a, or Spanish: 65%
- Not Hispanic, Latino: 31%
- Unreported: 4%

Locations
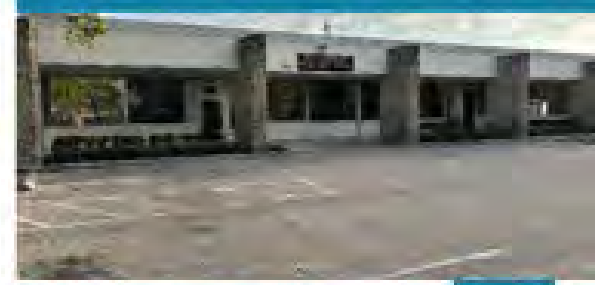
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What are Social Drivers of Health?
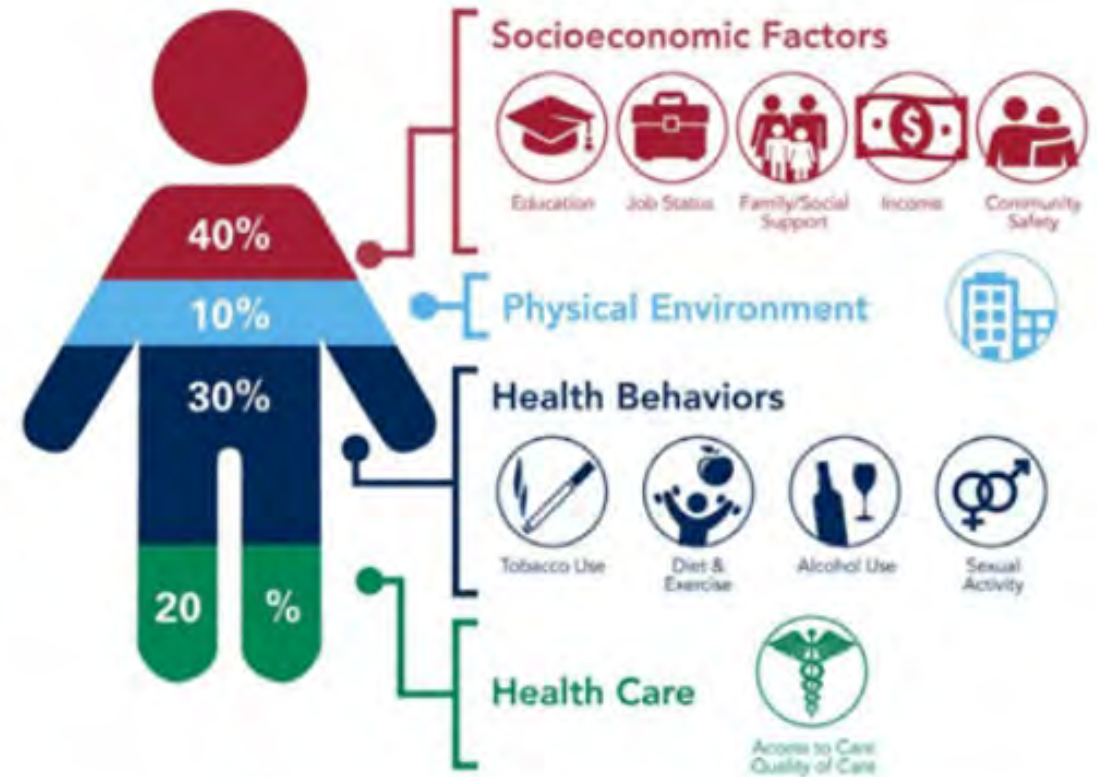
Social drivers of health (SDOH) are the conditions in which people are born, grow, live, play, work, and age.

These conditions are shaped by the distribution of money, power, and resources.

They collectively impact the quality of life and health disparities among different communities.

Source: American Hospital Association – Addressing Social Determinants of Health, 2018

Social Drivers of Health

Socioeconomic Stability	Physical Environment	Health Behaviors	Healthcare
Level of education	Housing Quality	Tobacco / Alcohol use	Access / Provider availability
Language	Neighborhood Safety	Exercise	Quality of care
Income / Employment	Access to Green Spaces	Sexual activity	Insurance coverage / copays
Family / Social Support	Transportation	Access to healthy food	
			Health literacy

How CHCs address SDOH

CHCs help reduced health disparities and promote equitable health outcomes for all community members. Below are some examples on how some CHCs are addressing SDOHs:

Income

Sliding Fee Scales: Provide sliding fee scales based on patients' income, making healthcare services more affordable.

Employment Support: Offer job training programs and employment support services to help patients improve their financial stability.

Education

Health Education: Provide health education programs to improve health literacy and empower patients to make informed health decisions.

Partnerships with Schools: Collaborate with local schools and educational institutions to help promote health education and preventive care among students and their families.

How CHCs address SDOH

Housing

Housing Assistance: Partner with local housing authorities and organizations to provide housing assistance and support for patients experiencing homelessness or housing instability.

Safe Living Conditions: Advocate for safe and healthy living conditions by addressing environmental hazards in patients' homes.

Transportation

Transportation Services: Provide transportation services or partner with local transit agencies to ensure patients can access healthcare services.

Mobile Clinics: Operate mobile clinics to bring healthcare services directly to underserved communities, reducing transportation barriers.

CHCs role(s) during an emergency

CHCs play a crucial role during emergencies by:

- **Providing Essential Medical Services:** Offering immediate medical care to those affected, including treatment for injuries and illnesses.

- **Acting as Surge Capacity:** Supporting local hospitals by handling overflow patients and reducing the burden on emergency rooms.

- **Offering Mental Health Support:** Providing counseling and mental health services to help individuals cope with the stress and trauma of emergencies.

- **Distributing Resources:** Serving as distribution points for vaccines, medications, care packages, and other essential supplies.

- **Public Education:** Educating the community about emergency preparedness and response strategies.

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CHCs Emergency Preparedness Rule

The Centers for Medicare & Medicaid Services (CMS) established comprehensive emergency preparedness rules for health centers in 2016 to ensure they are adequately prepared for various emergencies

5-Integrated Healthcare System

4-Training & Testing

3-Communication Plan

2-Policies & Procedures

1-Emergency Plan

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CHCs Emergency Preparedness Rule

1. Emergency Plan

CHCs must develop and maintain an emergency plan based on a risk assessment. This plan should address a wide range of potential emergencies, including natural disasters, pandemics, and man-made events.

2. Policies and Procedures

CHCs are required to implement policies and procedures that support the execution of the emergency plan. These should cover aspects such as:

- Evacuation and shelter-in-place protocols
- Patient tracking and family reunification
- Continuity of operations, including backup systems for power and communication

3. Communication Plan

A robust communication plan must be in place to ensure effective coordination during an emergency. This includes:

- Contact information for staff, patients, and emergency services
- Methods for sharing information with local, state, and federal emergency management agencies
- Procedures for communicating with patients and their families

CHCs Emergency Preparedness Rule

4. Communication Plan

A robust communication plan must be in place to ensure effective coordination during an emergency. This includes:

- Contact information for staff, patients, and emergency services

- Methods for sharing information with local, state, and federal emergency management agencies

- Procedures for communicating with patients and their families

5. Training and Testing

Must conduct regular training and testing to ensure staff are familiar with emergency procedures. This includes:

- Annual training programs for all staff

- Regular drills and exercises to test the emergency plan

- Evaluations and updates to the plan based on drill outcomes and real-world events

These requirements help ensure that CHCs are prepared to protect the health and safety of their patients and staff during emergencies.

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CHCs Emergency Preparedness Rule

5. Coordination with Local Authorities

Must coordinate with local, state, tribal, and federal emergency preparedness officials to ensure an integrated response during emergencies.

These requirements help ensure that health centers are prepared to protect the health and safety of their patients and staff during emergencies.

Case Study

Hurricane Ian – Category 4 with "Catastrophic" Storm Surge

28 Sep 2022 17:20Z NOAA/NESDIS/STAR GOES-East GEOCOLOR

Case Study - Healthcare Network

During hurricane Ian Collier County DOH lost all their tetanus vaccines and they tapped on HCN to go to the most impacted communities and vaccinate folks as needed.

- Coordinated tetanus events with DOH-Collier to prevent potential infections associated with disaster clean-up.

- Community health workers (CHWs) canvassed impacted areas and provided situational awareness of impacted area.

- CHWs distributed care packages (food, beverage, toiletries, etc.) and followed up with "at risk" patients.
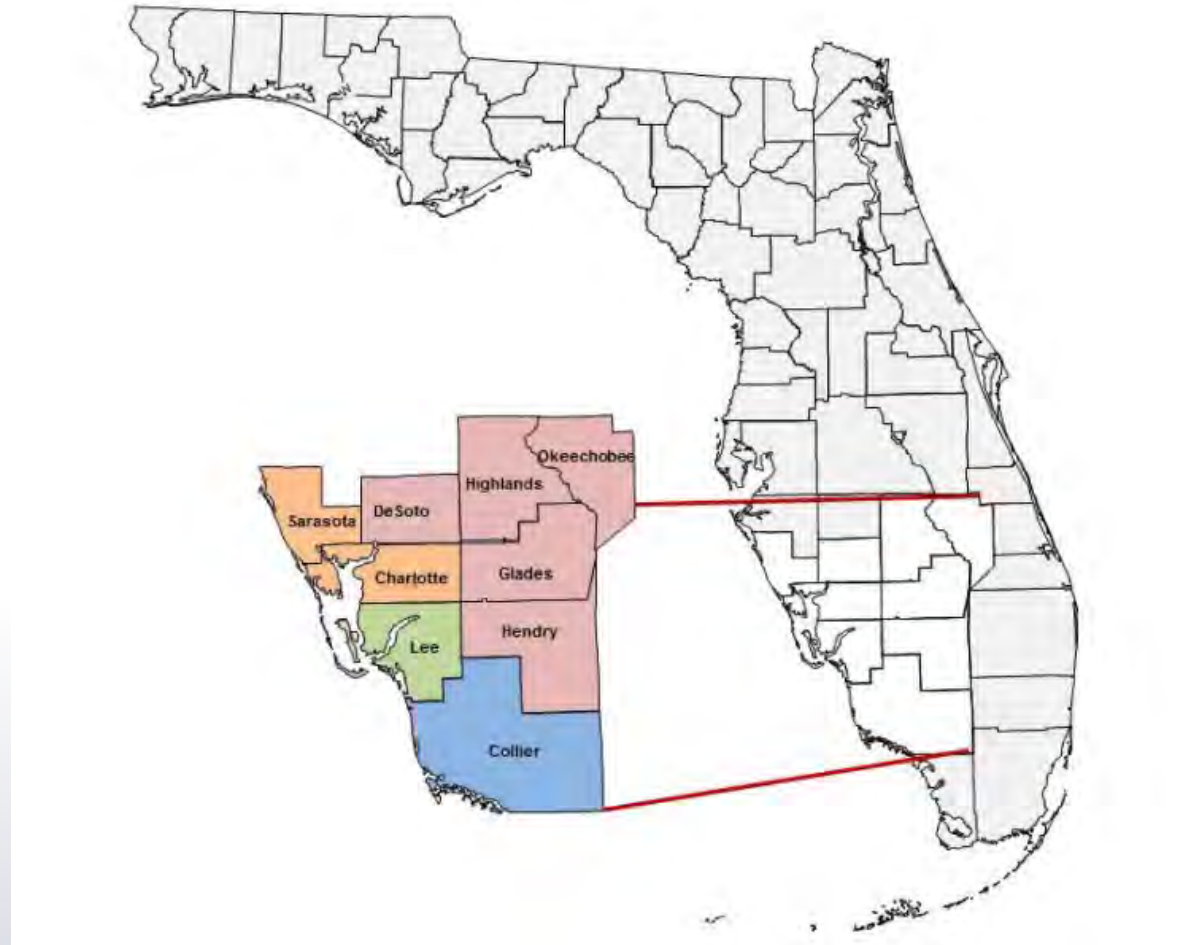
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Case Study - Healthcare Network (Cont.)

- Mobilize mobile units with CMO and clinical outreach staff to do minor wound care.

- Behavioral health provided mental health support to the community and staff alike.

- Provided culturally and linguistically appropriate care to the communities ensuring they received the necessary medical attention and support.

Healthcare Network & SWFL Coalition

Southwest Florida Healthcare Coalition mission is to develop healthcare emergency preparedness response and recovery capabilities through collaboration, training, and planning

Healthcare Network & SWFL Coalition

Southwest Florida Healthcare Coalition mission is to develop healthcare emergency preparedness response and recovery capabilities through collaboration, training, and planning.

Healthcare Network's role as a member of SWFLHCC is to:

- Provide input on the gaps and needs for the local area and community.

- Participate in communication tests and activities of the Coalition that are necessary to improve preparedness in the region.

- Have access to benefits such as training, exercises, and funding opportunities.

CHCs alignment of efforts in Emergency Management

Participating in healthcare coalitions offers several _benefits_ for community health centers, including:

1. **Improved Data Sharing and Analysis**: Coalitions facilitate better data sharing, which can lead to more informed decision-making and improved outcomes during throughout the emergency management cycle.

2. **Increased Emergency Response Capacity**: Coalitions can enhance the ability to respond to emergencies by pooling resources and coordinating efforts.

3. **Efficient Resource Use**: By collaborating with other healthcare providers, CHCs can share resources, reducing costs and avoiding duplication of services.

4. **Enhanced Population Health Management**: Working together allows for a more comprehensive approach to managing the health of the community, addressing broader health issues more effectively _post disaster._

CHCs alignment of efforts in Emergency Management

CHCs can often face _challenges_ when participating in healthcare coalitions, including:

1. **Resource Limitations**: Many CHCs operate with limited financial and human resources, making it difficult to allocate time and staff to coalition activities.

2. **Workforce Shortages**: CHCs frequently experience shortages of physicians, nurses, and mental health professionals, which can hinder their ability to engage fully in coalition efforts.

3. **Coordination and Communication**: Effective participation in coalitions requires strong coordination and communication among diverse members. CHCs may struggle with this due to varying priorities and operational styles.

4. **Community Trust and Engagement**: Building and maintaining trust with the community is crucial. CHCs must ensure that coalition activities align with community needs and perspectives to avoid feelings of neglect or mistrust.

Actionable Steps for Health Centers

1. Leverage virtual participation

2. Collaborate with coalitions to find mutual benefit and synergies

3. Encourage coalitions to prioritize outreach to health centers

4. Implement mechanisms for regular feedback and continuous improvement of collaboration efforts

5. Collaborate on public education campaigns to raise awareness

6. Ensure that health center leadership/PCA is actively involved in collaboration efforts.

7. Participate in coalition exercises

8. **Understand your Healthcare Coalition, the capabilities they provide and how to leverage this!**

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Actionable Steps for Healthcare Coalitions

1. Align the goals of CHCs with those of healthcare coalitions

2. Hold regular meetings and maintain open lines of communication

3. Implement mechanisms for regular feedback and continuous improvement. Conduct after-action reviews

4. Involve CHC in HCC leadership, committee role on HCC

5. Consider involving PCA as a conduit/liaison

6. Have CHCs participate in exercises in a meaningful way

7. Ensure equity is a cornerstone of your HCC work.

8. **Understand your health centers, the community they serve and what they can bring to the table!**