

## Health Center Investments in Enabling Services Associated with Better Health Outcomes

In 2015, a total of 1,375 Health Center Program grantees served more than 24 million patients across the United States and its territories.<sup>1</sup> Health centers (HCs) deliver high quality, cost-effective, primary and preventive care to the medically underserved and vulnerable population. Unique among other primary care providers, health centers provide enabling services to address the varied social determinants of health of their patients, including low income, lack of health insurance and language barriers, among others. Currently, 63% of health center patients are racial/ethnic minority group members, 23% are best served in another language than English; 71% with incomes less than federal poverty level; 24% are uninsured, and 49.4% are covered under Medicaid/CHIP.<sup>2</sup> Enabling services are non-clinical services that aim to increase access to health care and improve health outcomes. Examples include transportation, interpretation, case management, eligibility assistance, health education, outreach and more.

This fact sheet examines the association between health centers' investment in enabling services and patient health outcomes. Data shows that enabling services staffing and costs are associated with better national quality measures, including higher rate of HbA1c < 8%, higher rate of controlled hypertension, higher cervical cancer screening rate, and higher child immunization rate.

### ENABLING SERVICES FTES, COSTS AND HEALTH OUTCOMES

Health centers employed a total of 18,859 enabling services FTEs (full-time equivalents) and invested 7.6% of their total expenditures on enabling services. Distribution of ES staffing by category can be seen below:

Enabling Services Staff by Category	Total FTEs
Case Managers	6,762
Patient/Community Education Specialists	2,594
Outreach Workers	2,763
Transportation Staff	616
Eligibility Assistance Workers	4,640
Interpretation Staff	1,011
Other Enabling Services	473

Table 1. Total ES Staffing by Category

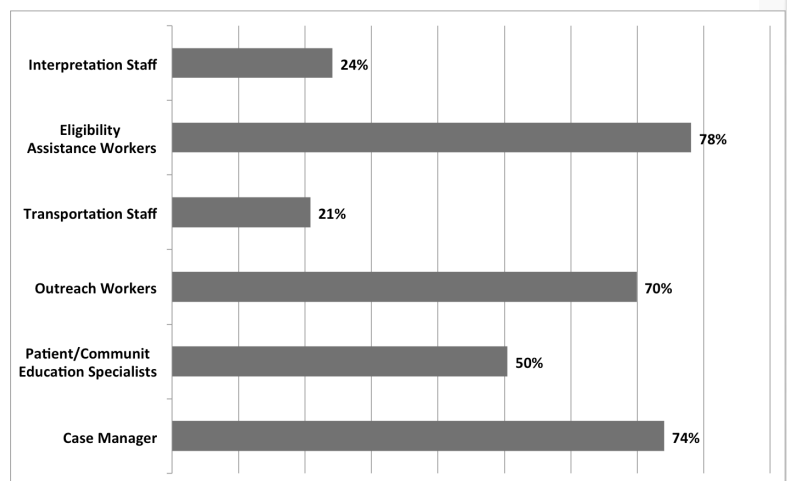


Figure 1. ES FTEs as percentage

<sup>1</sup> HRSA, 2015 Health Center Data, <http://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2015&state=> (accessed Nov 10<sup>th</sup>, 2016).

<sup>2</sup> HRSA, 2015 Health Center Data, <https://bphc.hrsa.gov/uds/datacenter.aspx> (accessed Nov 10th, 2016).

Enabling services staffing and costs are positively correlated with better outcomes, including higher rate of HbA1c < 8%, higher rate of controlled hypertension, higher cervical cancer screening rate, and higher child immunization rate. Specifically, encounter data for certain ES FTE categories, show that utilization of those services are also correlated with improved outcomes. Utilization of services provided by Case Managers is associated with higher childhood immunization, Pap test, controlled blood pressure and controlled HbA1c levels while utilization of services by Patient/Community Education Specialists is associated with higher childhood immunization and Pap test rates.

	Total CM encounters	Total Education encounters	Total ES FTE	Total ES cost
Childhood immunization	0.09*	0.16*	0.16*	0.15*
Pap test rate	0.15*	0.21*	0.21*	0.21*
Rate of Healthy birthweight	-0.008	0.05	0.05	0.05
Rate of Controlled blood pressure	0.08*	0.04	0.08*	0.08*
Rate of Hba1c level<8%	0.08*	0.03	0.09*	0.11*

Table 2: Correlation table, \* indicates statistical significance at p<0.05 level.

We also compared health centers that spent the most (top 10%) on enabling services with the national dataset and obtained similar results. Health centers with the highest investment in enabling services had statistically significantly better health outcomes (Figure 2).

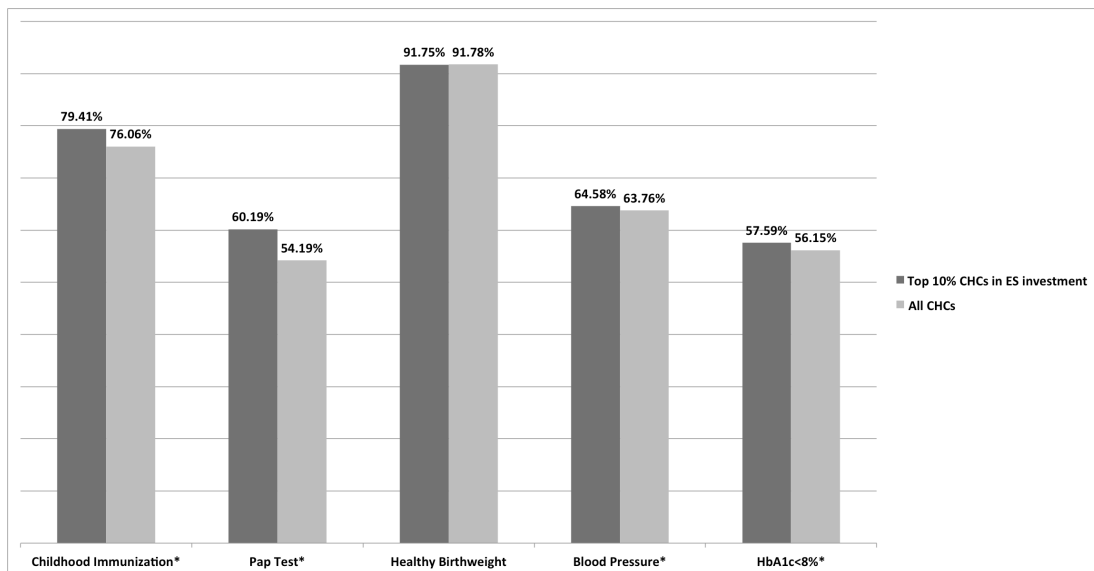


Figure 2. Top Investors in ES FTEs and Health Outcomes, \* indicates statistical significance at p<0.05

# RECOMMENDATIONS

These results suggest that enabling services are a vital investment in preventive care. However, due to limited resources, health centers spent less than 7.6% of their total expenditures on enabling services in 2015. Without adequate funding, health centers are only able to provide enabling services to a limited number of patients. It is critical to recognize enabling services as a unique feature addressing the many social determinants of health and that resources to support these services are critical to supporting improved health outcomes. AAPCHO has developed a standardized protocol to support health centers in documenting and tracking enabling services in order to better demonstrate their value.

## Dataset & Data Analysis

This fact sheet provides analysis of the Uniform Data System (UDS) 2015 data. The total number of health centers reporting to UDS in 2015 was 1,375. Data from the UDS included staffing and general cost information on the following enabling services staffing categories: case managers, patient/community education specialists, outreach workers, transportation staff, eligibility assistance workers, interpretation staff, and other enabling services staff. ES FTEs data are available in Table 5: Staffing and Utilization, lines 24-28. ES costs data are available in Table 8A: Financial Costs, lines 11a-11h.

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