HEALTH CENTERS’ MISSION
The health centers program is committed to delivering high quality care to the nation’s underserved, a large proportion of whom are minorities. Currently, over 1,150 community, migrant, and homeless health centers deliver care through over 6,300 service delivery sites in every state and territory. Health centers reduce or even eliminate health disparities among their patients by providing comprehensive, affordable care that is responsive and customized to the low-income, racial and ethnic minority communities they serve. In fact, the Institute of Medicine 2002 landmark report, Unequal Treatment, recognized the importance of health centers in increasing access to care and in improving health outcomes for all patients, especially minorities. A recent study in Health Affairs concluded that the expanding health centers program will likely contribute to reducing national disparities for racial/ethnic minorities and the uninsured.

WHO HEALTH CENTERS SERVE
Minorities are disproportionately represented among health center patients. Of the over 17* million patients currently relying on health centers, 1 in 4 are low income, minority individuals. As Figure 1 shows, Whites make up the largest group at 36% of all health center patients and Hispanic/Latinos make up nearly a third of all patients. Nationally, Hispanic/Latinos and African Americans each represent about 12% of the US population. About 30% of patients are best served in languages other than English.

The number of patients overall has grown significantly over the last few years. Figure 2 demonstrates that between 2000 and 2006, the fastest growing race/ethnicity groups at federally-funded health centers are Hispanic/Latinos and Asian/Pacific Islanders.

HOW HEALTH CENTERS ADDRESS DISPARITIES
All health centers are characterized by five unique federal grant requirements that are central to their mission and success in reducing or eliminating racial and ethnic health disparities. Health centers must:

1. be located in high-need areas that have been identified by the federal government as “medically underserved,” improving access for people who traditionally confront geographic and other barriers to health care.
2. be able to provide comprehensive health and “enabling” services. They tailor their services to fit the special needs and priorities of their communities, and provide linguistically and culturally appropriate services.
3. open to all residents, regardless of income, with sliding scale fee charges for out-of-pocket payments based on income and ability to pay.
4. governed by community boards, the majority of which must be patients to assure responsiveness to local needs.
5. follow rigorous performance and accountability requirements regarding their administrative, clinical, and financial operations. While this reporting does not directly remove barriers to care for patients, it establishes a means of health center accountability for doing so and ensures quality of care.

**HEALTH CENTER SUCCESS STORIES**

- **Healthier Patients.** Shi and colleagues found that disparities in health status do not exist among health center patients, even after controlling for socio-demographic factors. The absence of disparities may be related to health centers’ culturally sensitive practices and community involvement – features that other primary care settings often lack.

- **More Preventive Services.** Health centers improve access to timely screening and preventive services for minority patients who would not otherwise have access to certain services. O’Malley et al found that patients do not experience disparities by race/ethnicity or insurance status in receiving preventive services. Hispanic and African American health center women needing mammograms and pap smears are more likely to receive them compared to their counterparts nationally.

- **Fewer Low Birth Weight Babies.** Health centers are important providers of prenatal care for many low-income women of all racial and ethnic groups. Minority women of low socio-economic status seeking care at health centers are less likely to give birth to a baby with low birth weight (LBW) compared to their counterparts nationally. Health centers have been able to narrow the LBW disparity among black and white infants born to health center patients. A recent study by Shi and colleagues found that if the LBW black-white disparity seen at health centers could be achieved nationally, there would be 17,100 fewer LBW black infants annually.

- **Effective Management of Chronic Illness.** Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine and the General Accountability Office have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. For example, 90% of Hispanic and African American health center patients with hypertension report that their blood pressure is under control. This is more than triple that of comparable national groups. Health centers’ efforts have led to improved health outcomes for their patients, helping to diminish health gaps for racial and ethnic minorities, as well as lowered the cost of treating chronically ill patients.

**IMPACT ON STATE-LEVEL DISPARITIES**

Health centers are associated with reducing health disparities on a statewide level. A recent landmark report found that as the proportion of a state’s low-income population served by health centers grows, the black/white and Hispanic/white health gap narrows in such key areas as infant mortality, prenatal care, tuberculosis case rates, and age-adjusted death rates. This finding holds after controlling for other factors, such as uninsured rate and income.

**THE IMPORTANCE OF MEDICAID**

The George Washington University study also found that Medicaid alone has little direct impact on health disparities. However, because Medicaid is essential for health centers’ ability to generate revenue required for long-term expansion and stability, as well as important for providing patients with better access to comprehensive services not available through health centers, **it is the combination of customized and supported health care and comprehensive health insurance that may most effectively reduce health disparities.**