



Minnesota's Federally Qualified Health Centers

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Federally Qualified Health Centers (FQHCs)

- meet certain federal requirements
- receive federal grant funds & other benefits
- provide comprehensive preventive & primary health care services, including dental and mental health services
- serve low-income, uninsured populations
- offer sliding fee scale care
- provide “supportive/enabling” services



FQHC Eligibility Requirements

- Non-profit or public organization
- Located in a *“Medically Underserved Area”* or serving a *“Medically Underserved Population”*
- Governed by a community Board of Directors
- Offer a sliding fee scale to patients with incomes below 200% of Federal Poverty Guidelines
- Offer comprehensive medical, dental, mental health and enabling services to all age groups

Nationwide

- 1,200 Federally Qualified Health Centers
- 7,000 Delivery Sites
- Serving 18 million people

Minnesota

- 17 Federally Qualified Health Centers
- 70 Delivery Sites
- Serving 170,000 people

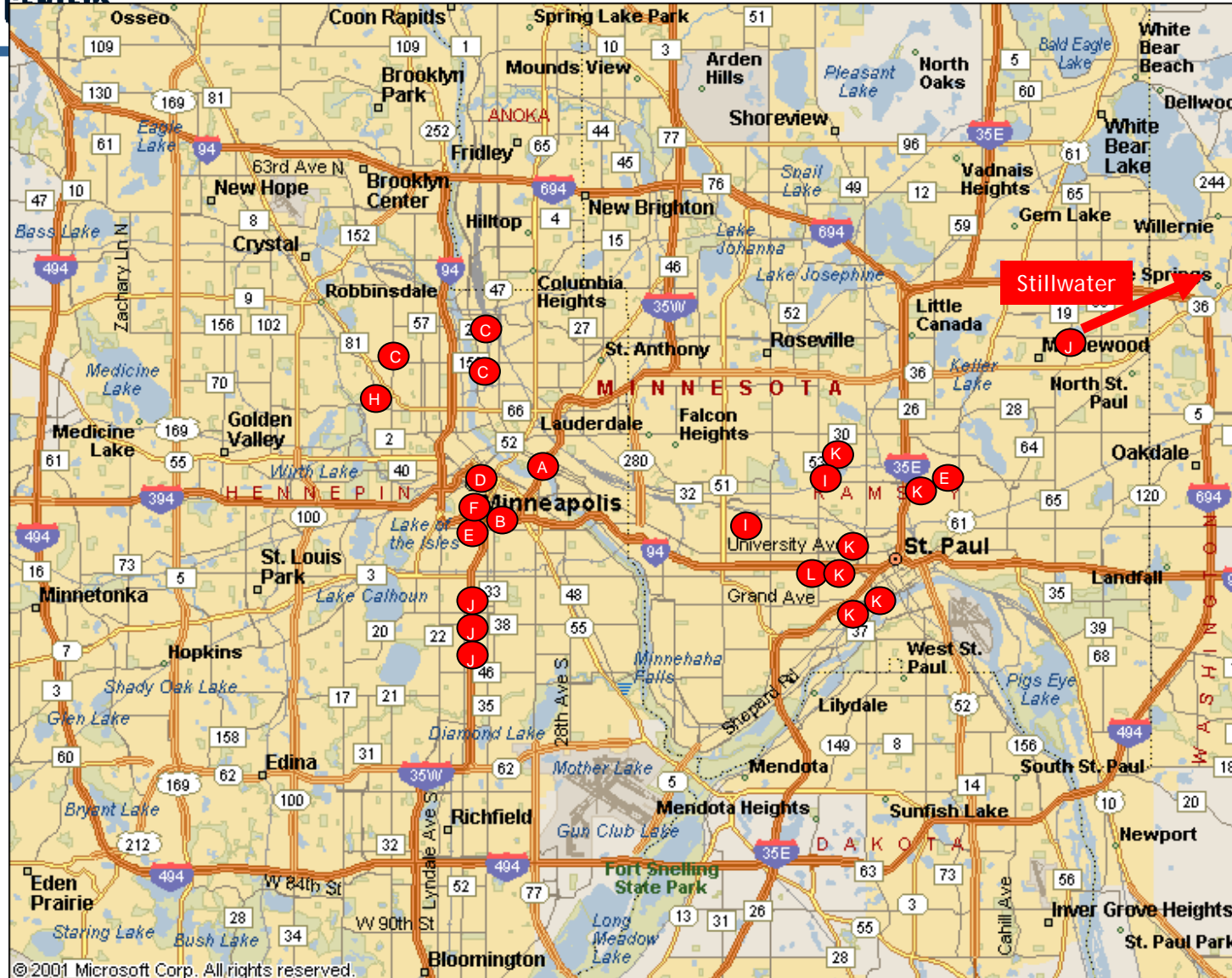
Metro CHCs

Minnesota Association of
COMMUNITY HEALTH CENTERS



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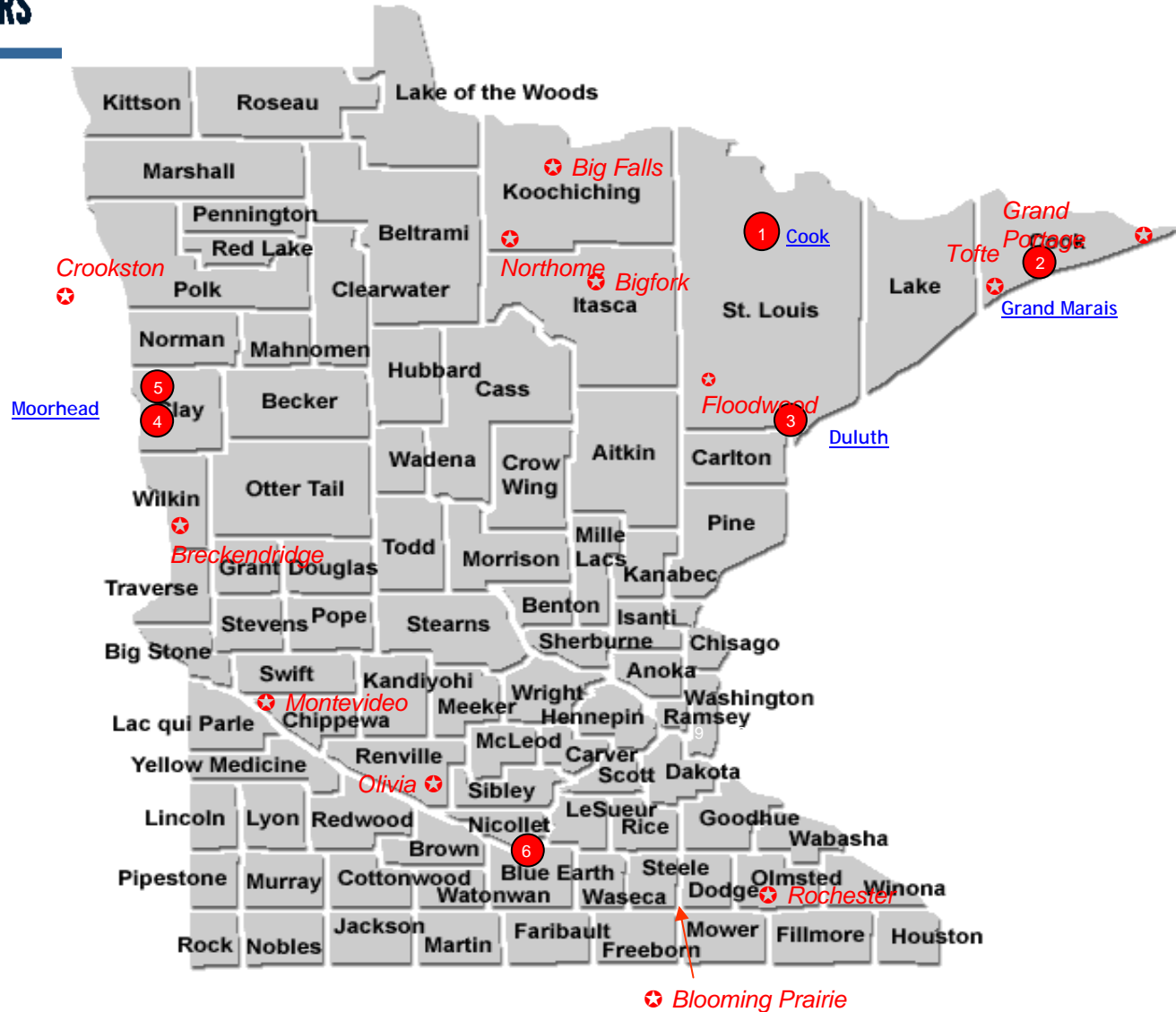
A	Cedar Riverside People's Center
B	Community Univeristy Health Care Center (CUHCC)
C	Fremont Community Health Services
D	Hennepin County Health Care for the Homeless
E	Indian Health Board of Minneapolis
F	Native American Community Clinic
H	NorthPoint Health & Wellness Center
I	Open Cities Health Center, Inc.
J	South Side Community Health Services
K	West Side Community Health Services
L	United Family Practice Health Center



CHCs in Greater MN

Out-State MNACHC CHCs

1	Cook Area Health Services
2	Sawtooth Mountain Clinic
3	Lake Superior Community Health Center
4	Migrant Health Services, Inc.
5	Family HealthCare Center
6	Open Door Health Center





Primary Care Services	<ul style="list-style-type: none"> • General Primary Medical Care • Diagnostic Lab • Diagnostic X-Ray • Diagnostic Test/Screens 	<ul style="list-style-type: none"> • Emergency medical • Urgent medical • 24 hour coverage • Family planning 	<ul style="list-style-type: none"> • HIV Testing • Immunizations • Following hospitalized patients
Obstetrical & Gynecological Care	<ul style="list-style-type: none"> • Gynecological care • Prenatal care • Antepartum fetal assessment 	<ul style="list-style-type: none"> • Genetic testing • Amniocentesis 	<ul style="list-style-type: none"> • Labor and delivery • Postpartum care
Dental Care	<ul style="list-style-type: none"> • Preventive • Restorative 	<ul style="list-style-type: none"> • Emergency 	<ul style="list-style-type: none"> • Rehabilitative
Mental Health	<ul style="list-style-type: none"> • Treatment and counseling 	<ul style="list-style-type: none"> • 24-hour crisis • Substance abuse 	<ul style="list-style-type: none"> • Developmental screening
Other Services	<ul style="list-style-type: none"> • Hearing screening • Nutrition services • Optometry 	<ul style="list-style-type: none"> • Occup./Vocat. Therapy • Physical therapy • Head Start • Podiatry 	<ul style="list-style-type: none"> • Pharmacy • Vision Screening • WIC Services
Enabling Services	<ul style="list-style-type: none"> • Case management • Child care • Discharge planning • Eligibility assistance • Employment counseling 	<ul style="list-style-type: none"> • Env. Health Risk • Food Bank • Health Education • Housing Assistance • Interpretation 	<ul style="list-style-type: none"> • Outreach • Transportation • Parenting Education • Lead Blood Level

Chart X : FQHC Patient Insurance Status, 2007

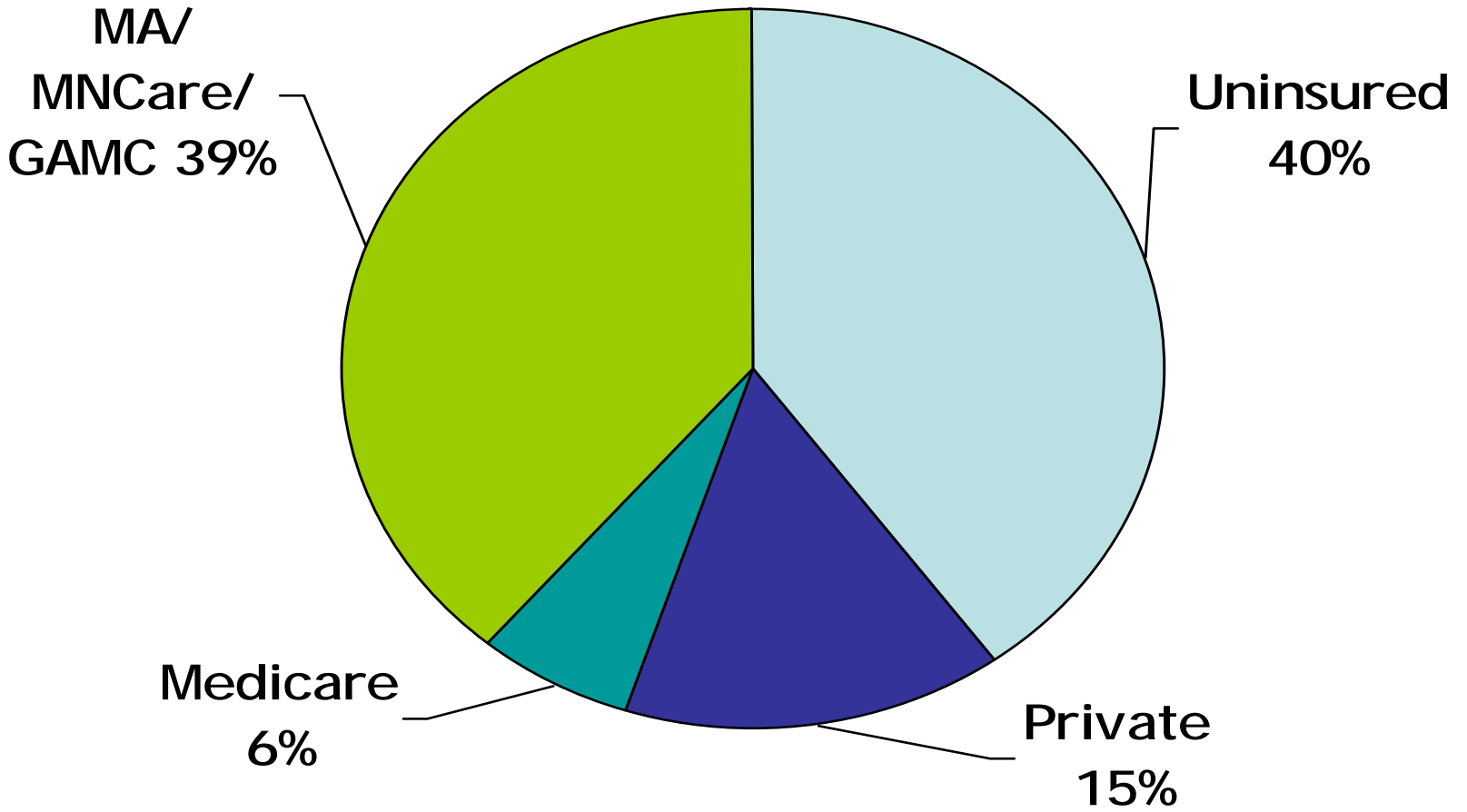




Chart X : FQHC Patient Income Levels vs. General MN Population

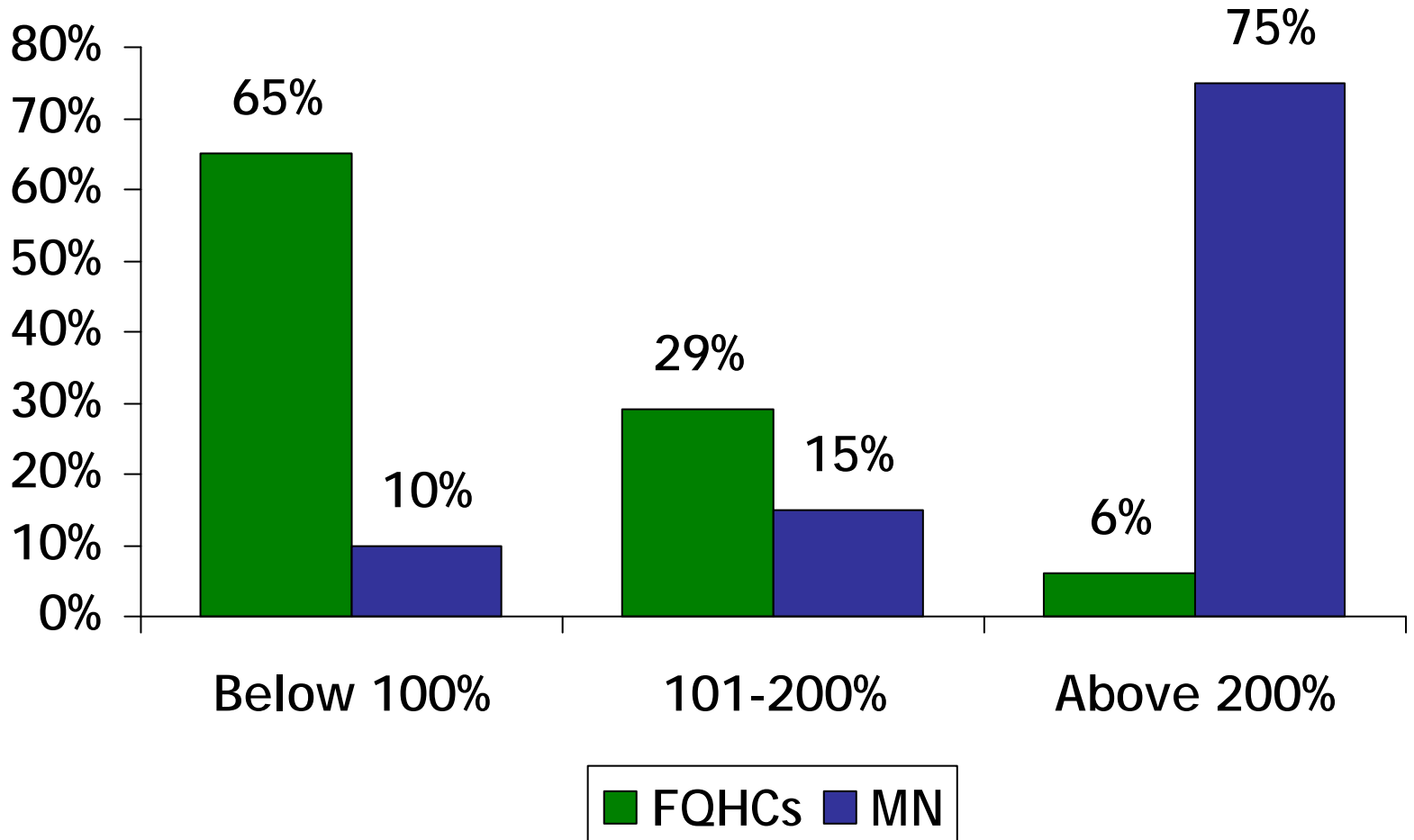
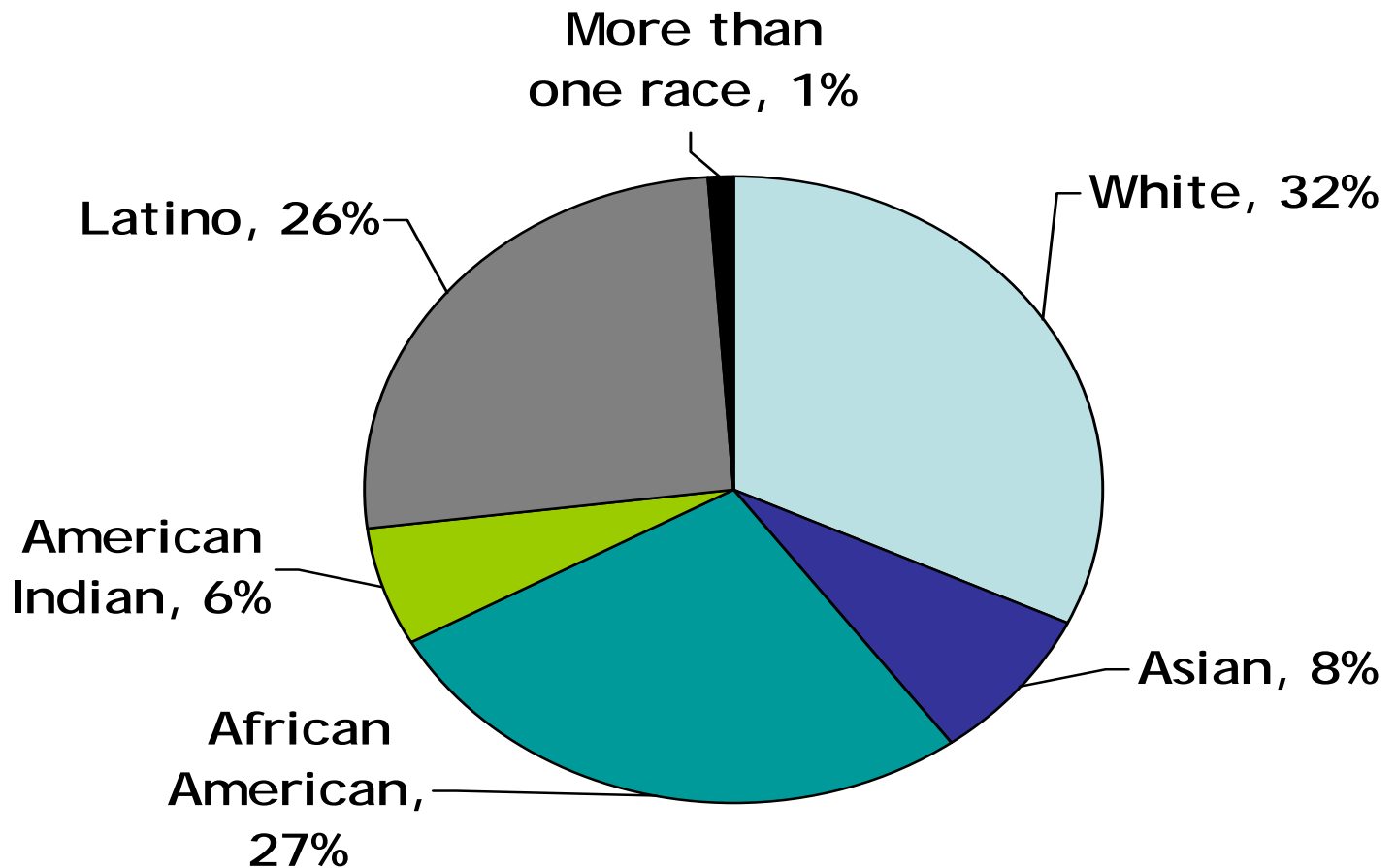


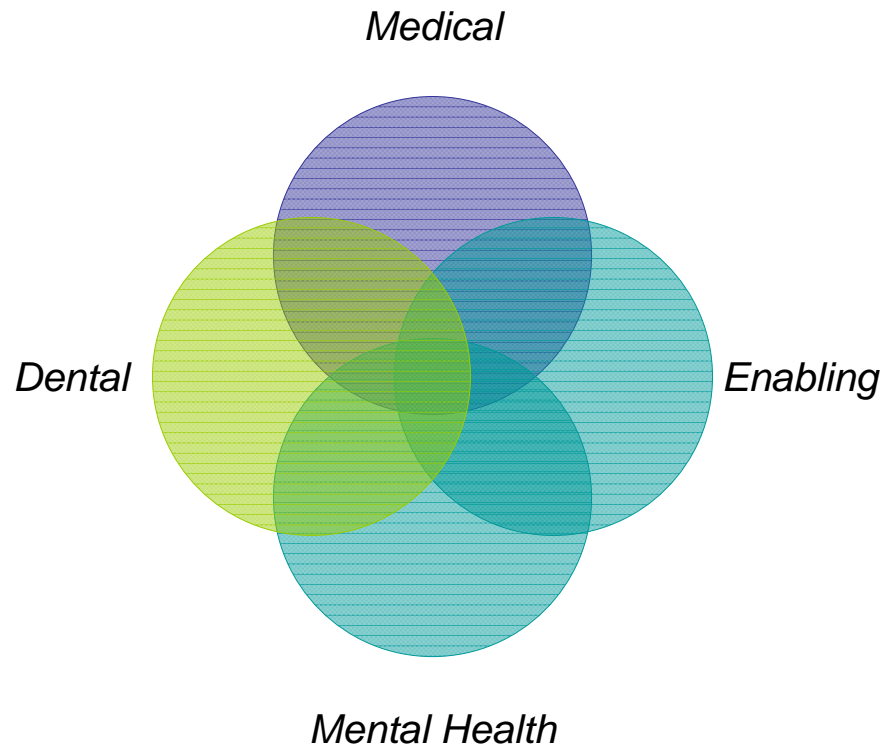
Chart X : FQHC Patients by Race & Ethnicity, 2007 estimate



FQHC Patient Population

- At greater risk for chronic disease
- Experience greater disparities in health status
- Have fewer resources available to them to support healthy lifestyles

FQHC Care Model



FQHC Care Model

- Focus on Prevention
 - Community Outreach/Education
 - Health fairs, free screenings
 - Targeted, culturally sensitive interventions
 - Use of Community Health Workers
 - From the communities served by FQHCs
 - Bi-lingual, multi-cultural
 - Schools, churches, local businesses, neighborhood events

FQHC Care Model

- Focus on Disease Management
 - Patient registries to track those with specific chronic diseases
 - Intensive care coordination
 - Patient support groups
 - Patient self-management

Current Challenges for FQHCs

- **Organizational Challenges**

- Small, independent clinics that are not part of a larger health system
- Financial survival
- Capacity to care for all who seek care
- Adapting to health care reform initiatives that require investments of cash, administrative/clinician time

Current Challenges for FQHCs

- **Clinician Challenges**

- Understanding the realities of living in poverty
- Treating patients with multiple chronic conditions
- Lack of information on accessible, affordable community resources that support healthy lifestyles

Clinician Challenges

- **Understanding the realities of living in poverty**
 - Homeless or sub-standard, unsafe living arrangements
 - Unsafe neighborhoods
 - Not enough food (or not enough of the right kind of food)



Clinician Challenges

- **Understanding the realities of living in poverty**
 - Patient motivation – Where is “healthy lifestyle” on the list of more immediate concerns – a place to live, safety, job, food, child care, transportation, etc.

Resource: Bridges Out of Poverty: Strategies for Professionals & Communities by Ruby K. Payne, Ph.D., Philip E. DeVol, and Terie Dreussi Smith

Clinician Challenges

- **Treating patients with multiple chronic conditions**
 - Intensive care coordination
 - Pharmaceutical management
 - Setting reasonable, achievable self-management goals



Clinician Challenges

- **Lack of information on accessible, affordable community resources**
 - Nutrition support/counseling
 - Neighborhood access to fresh foods
 - Exercise groups or low-cost fitness programs
 - Tobacco cessation programs
 - Social support for lifestyle change

Addressing the Challenges

- **Participation in health care reform**
 - FQHCs need resources to help them evolve to meet new state standards on “health care homes” and to implement new quality improvement measures & reporting requirements
 - Training/technical assistance & systems support

Addressing the Challenges

- **Patient motivation and the realities of living in poverty**
 - FQHCs need to understand and use motivational interviewing and self management strategies
 - FQHCs need training/technical assistance in implementing self management into clinical practice

Addressing the Challenges

- **Lack of information on accessible, affordable community resources**
 - FQHCs could more effectively address lifestyle change with patients through a web-based referral resource that would connect patients with local resources that increase access to nutritious food, affordable fitness programs, and tobacco cessation programs