

# Factors Influencing Health Equity Among Community Health Center Patients

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*A Data-Driven Analysis*

October 25, 2022

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**Our Vision:** Stronger health centers, actively building healthy communities

**Our Mission:** Capital Link works to strengthen community health centers—financially and operationally—in a rapidly changing marketplace. We help health centers:



**28 years**  
of experience

Worked with  
**50+**  
PCAs/HCCNs  
and regional  
consortia

ASSISTED **2/3rds** OF HEALTH CENTERS NATIONALLY

LEVERAGED **\$1.3 billion**

FOR **244+** HEALTH CENTER PROJECTS

**\$1.6 billion**

# WHAT IS HEALTH EQUITY?

*“Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”<sup>1</sup>*

<sup>1</sup> <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

# Cedars-Sinai-Supported Study

## **QUESTION:**

*Are health centers that serve a higher proportion of minority patients and/or those with higher social deprivation weaker financially or do they exhibit other characteristics that may consistently limit their ability to achieve equitable health access and outcomes for patients of all backgrounds?*

*If so, what can we do to close the gap?*

- Who:** 58 FQHC members of CCALAC (Community Clinic Association of L.A. County)
- When:** 2017 – 2020
- Factors:** Racial/Ethnic Patient Composition, Social Deprivation Index (SDI), Insurance Mix, Service Offerings, Growth Rates, # of Visits
- Data Sources:** UDS data, Financial audits, SDI

## Reviewed Impact on:

- Financial sustainability
- Access to healthcare
- Quality outcomes
- Ability to respond to COVID-19 health emergency





## Clinical Outcomes:

8 uniform data system (UDS) quality measures, tracked by CHCs for HRSA

## Access to Healthcare:

Number of annual visits per patient, patient and visit growth rates, and depth of services offered





CHCs with specific patient population characteristics consistently scored strongest on financial measures including available cash, operating margin, and revenue growth.



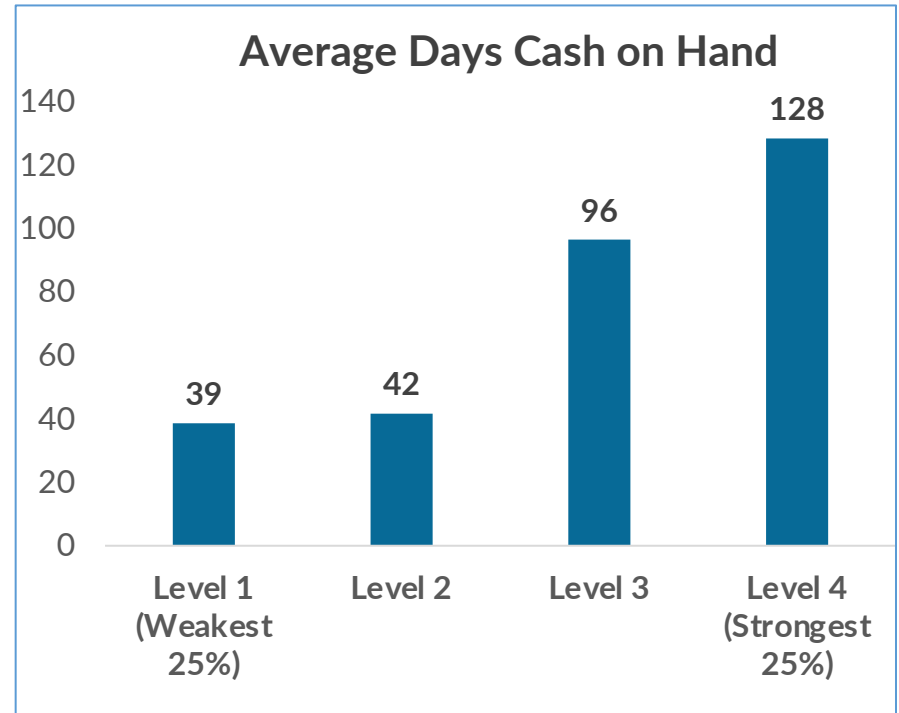
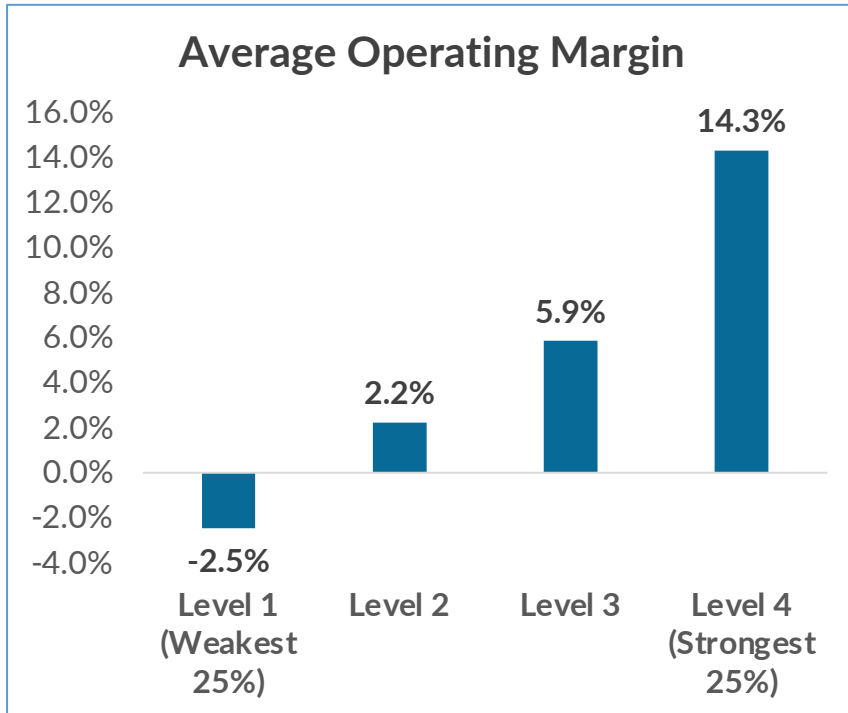
Those CHCs also earned statistically higher clinical outcome scores than their peers.



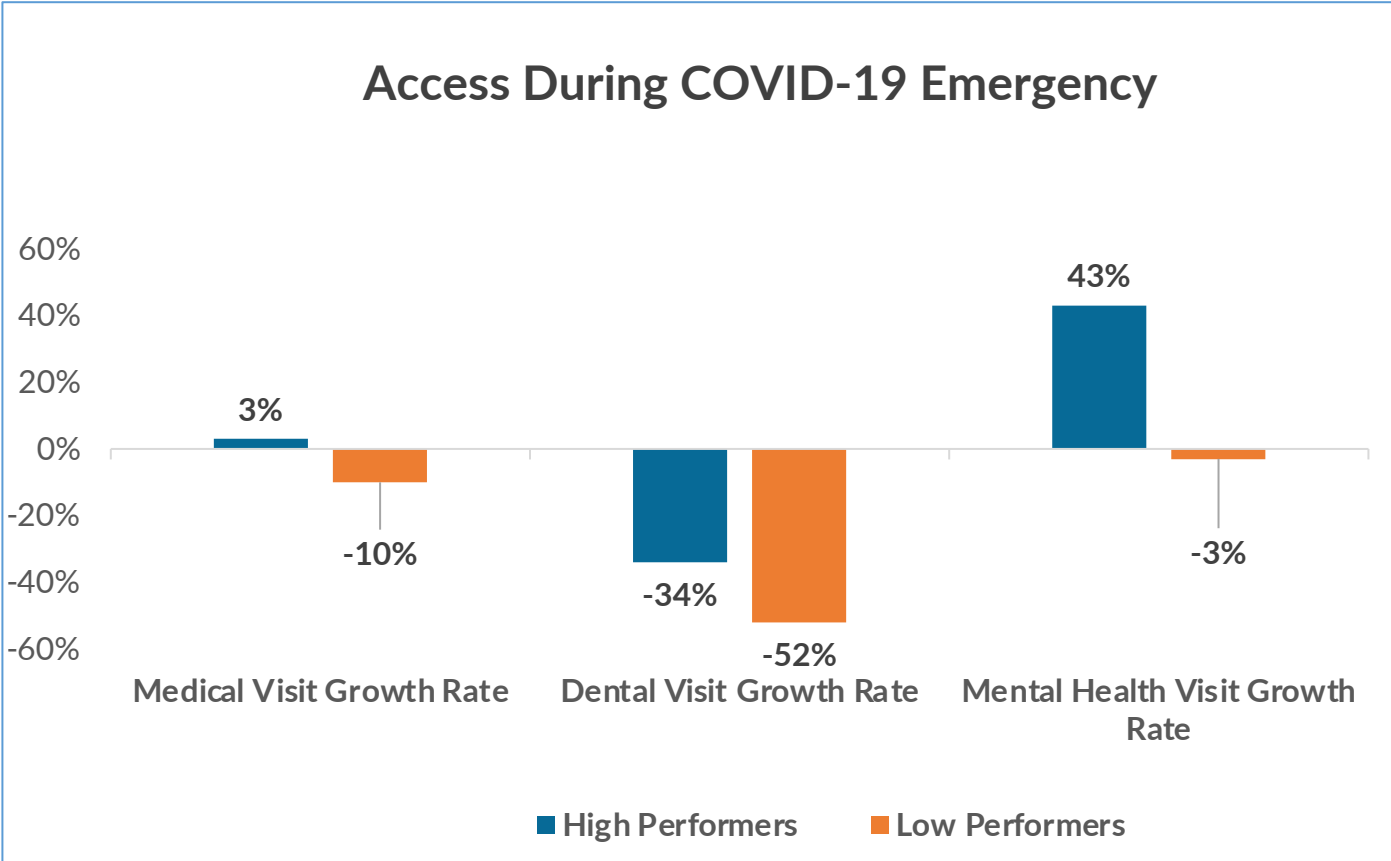
Access to care did not generally differ based on patient mix, but health centers that were financially stronger to begin with offered better access during the COVID-19 health emergency.



Success often stemmed from operational nimbleness and ability to pivot to telehealth more quickly than financially weaker peers.







*Note: Difference was notable but not statistically significant*

# Characteristics of LA County CHCs with the Strongest Financial Performance



**Centers with the highest proportion of minority patients—particularly Black and Hispanic patients—were, on average, financially weaker than their peers.**

**Improving long-term financial and operational success for all centers is essential** since the analysis also confirmed a connection between stronger financial performance and better clinical outcomes.

# Characteristics of LA County CHCs with Highest Percentage of Black Patients

**WEAKER  
FINANCIALLY**

**HIGHER  
LEVEL OF  
SOCIAL  
DEPRIVATION**

**HIGHER 330  
GRANT AMOUNTS  
PER UNINSURED  
PATIENT**

**HIGHER  
LEVEL OF  
HOMELESSNESS**

**HIGHER  
LEVERAGE RATIO  
(THEY BORROW  
MORE)**

**EARNED LOWER  
QUALITY SCORES  
ON 3 OF 8 UDS  
MEASURES  
TRACKED**

# Characteristics of LA County CHCs with Highest Percentage of Hispanic Patients

**WEAKER  
FINANCIALLY**

**HIGHER  
POVERTY RATE  
AND SOCIAL  
DEPRIVATION**

**FEWER 330  
GRANT DOLLARS  
PER UNINSURED  
PATIENT**

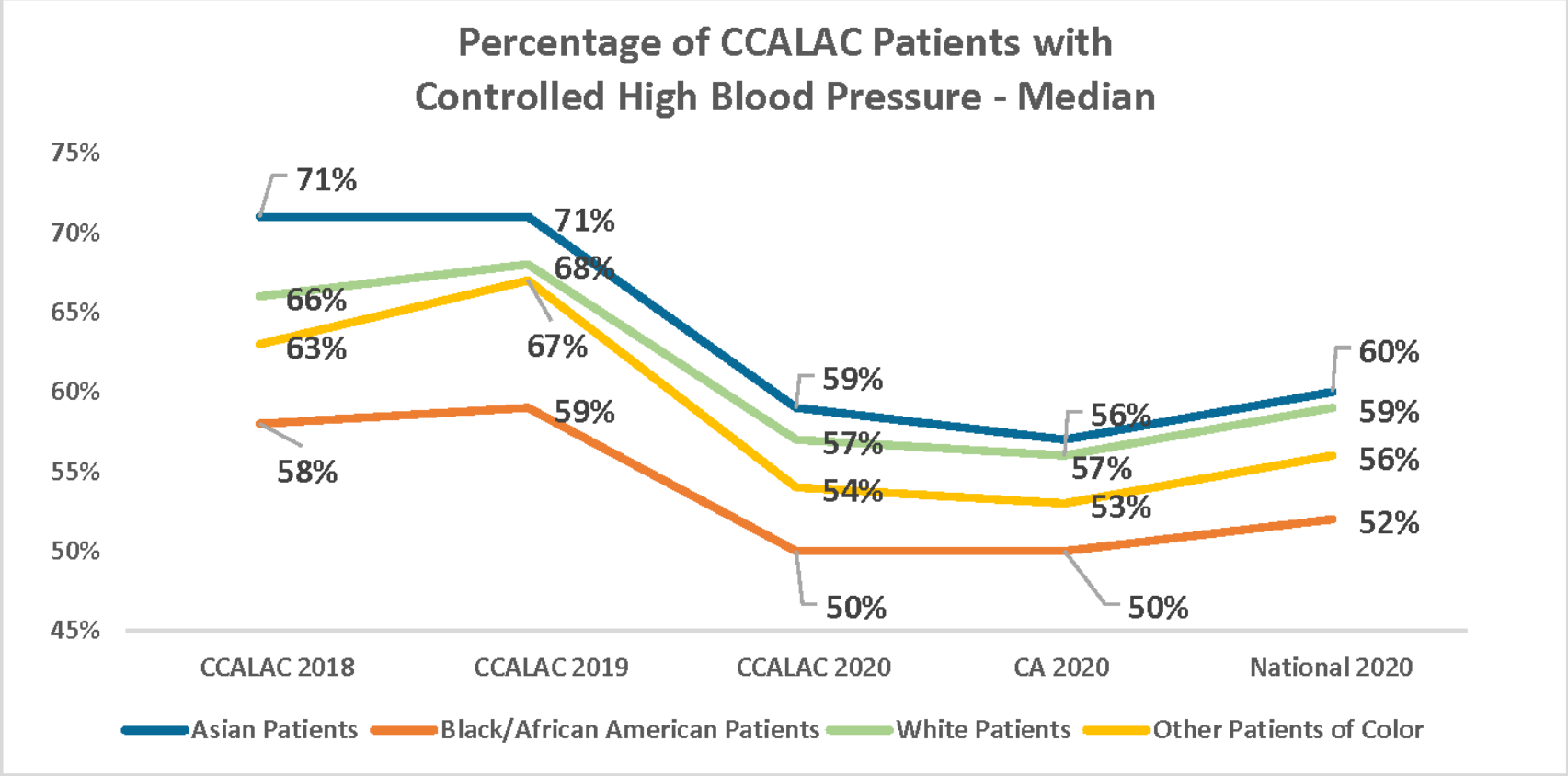
**MENTAL HEALTH  
VISITS SMALLER  
SHARE OF  
TOTAL VISITS**

**PATIENT MIX  
HAD MORE  
UNINSURED AND  
FEWER MEDICARE &  
PRIVATELY INSURED  
PATIENTS**

**SCORED LOWER  
ON 3 OF THE 8  
UDS MEASURES  
TRACKED &  
HIGHER ON 1**

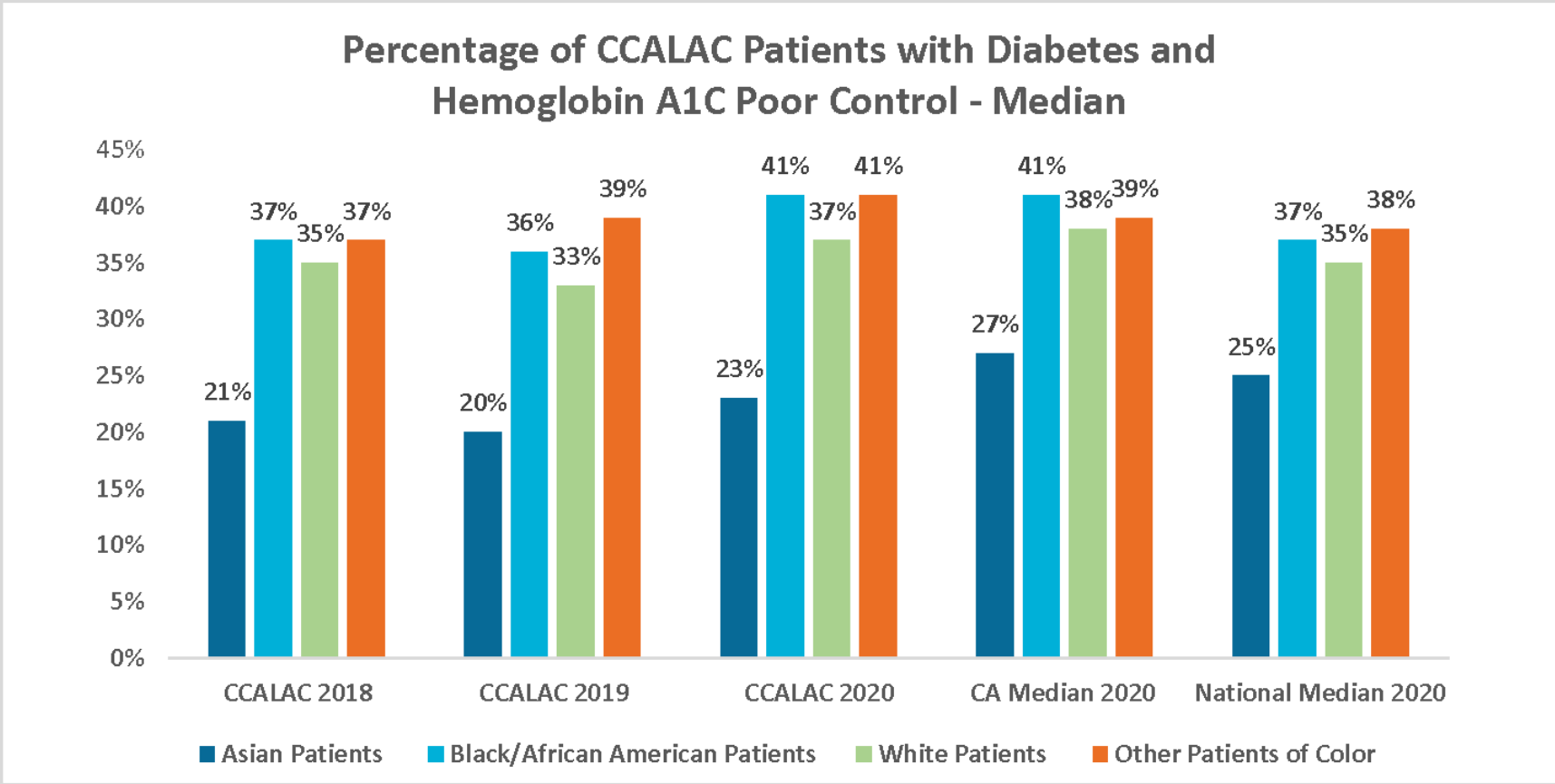
*LA County Clinical Outcomes  
Varied by Race and Ethnicity*

# CCALAC Patients with Controlled High Blood Pressure – By Race



Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.

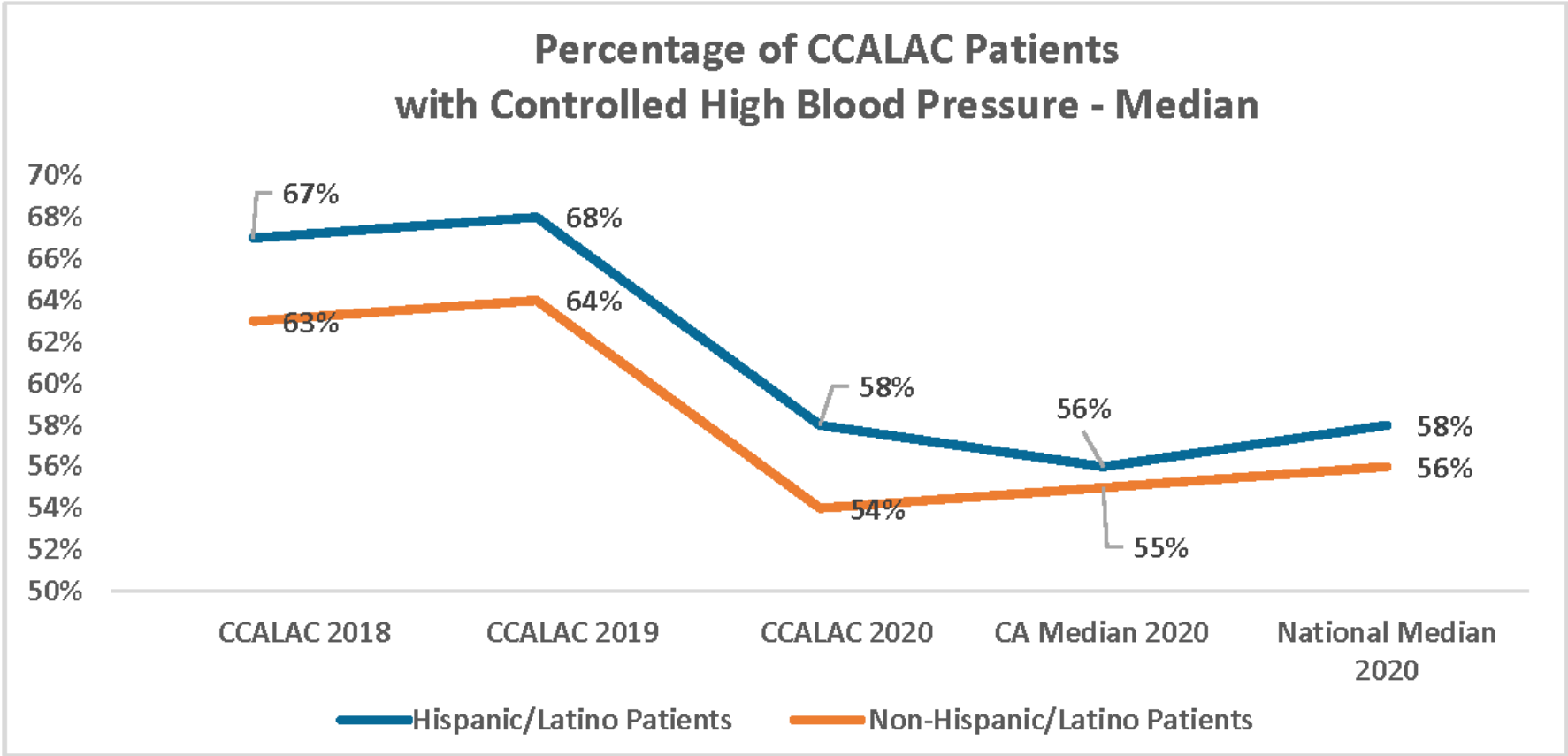
# CCALAC Patients with Diabetes and Hemoglobin A1C Poor Control – By Race



*Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.*

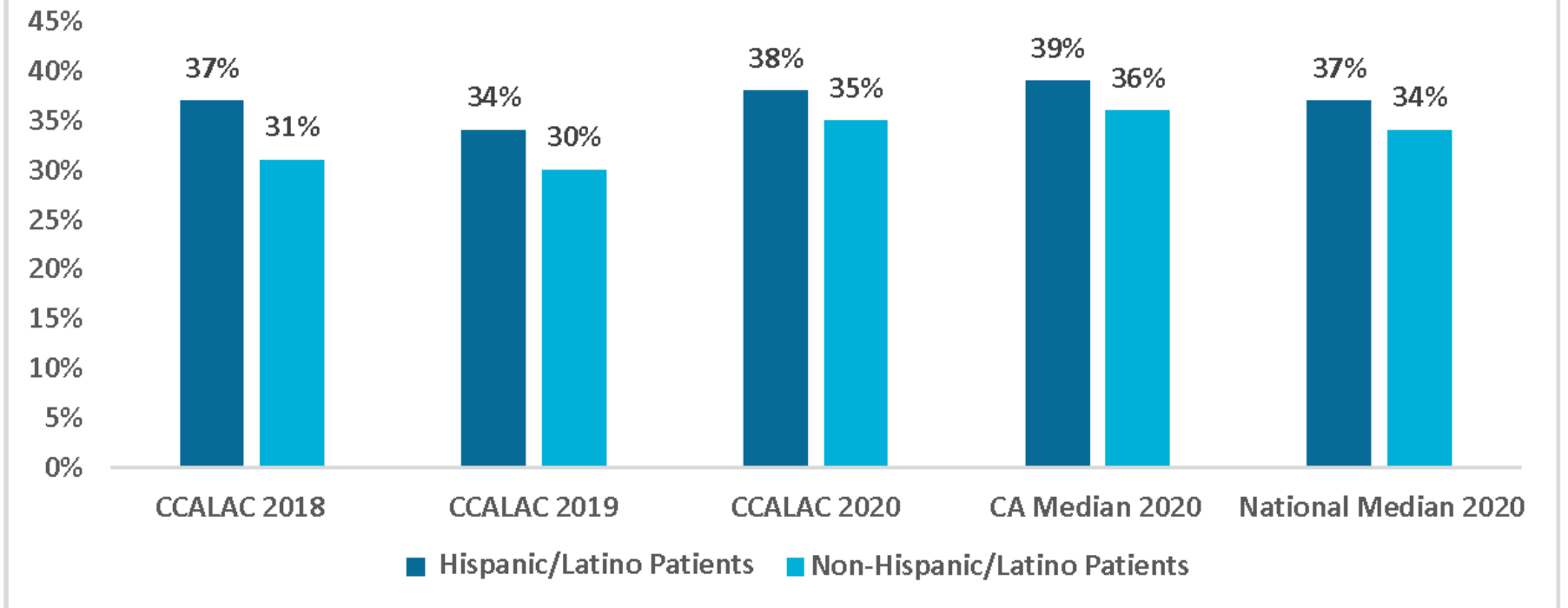


# CCALAC Patients with Controlled High Blood Pressure – By Ethnicity

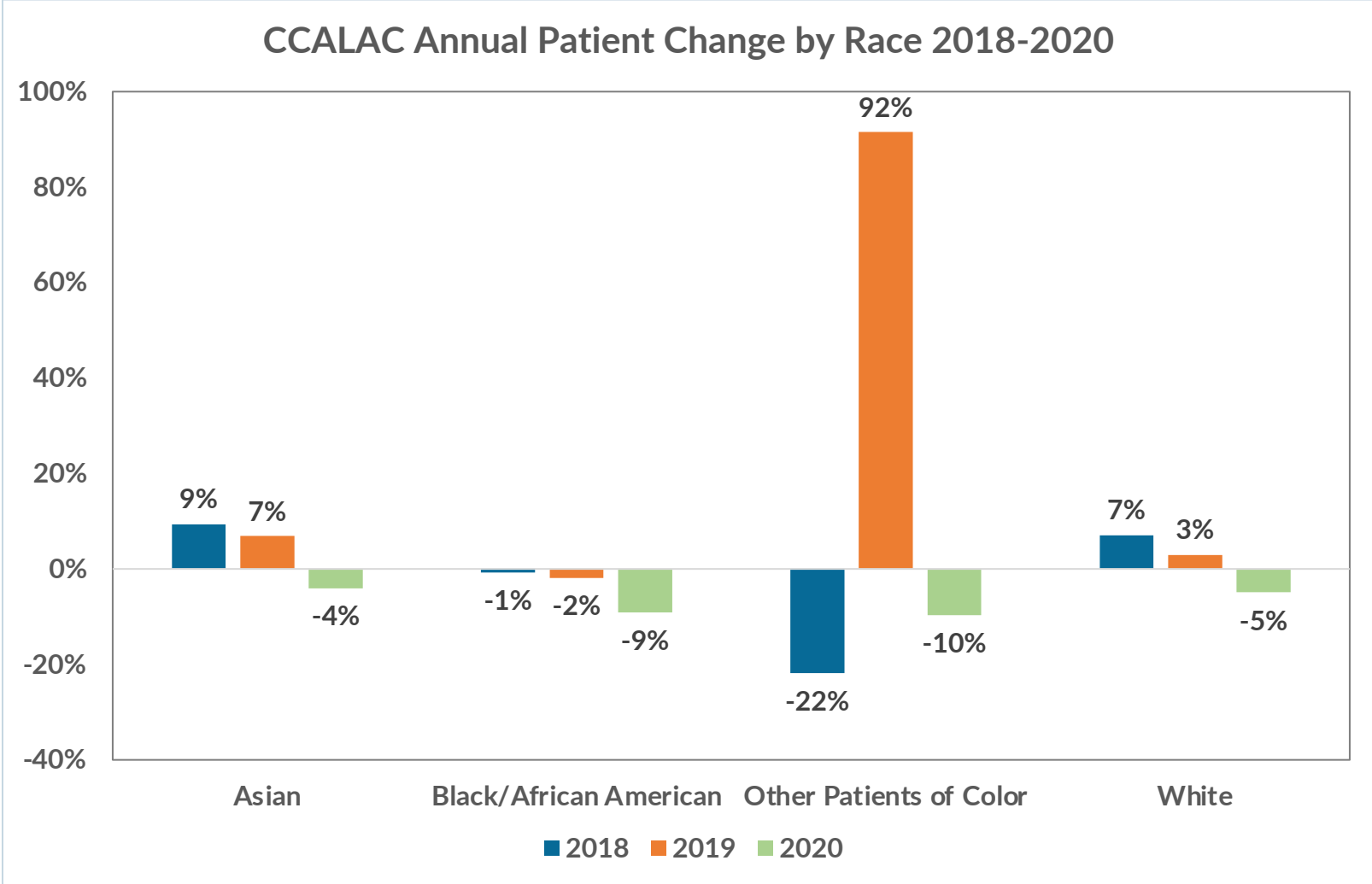


# CCALAC Patients with Diabetes and Hemoglobin A1C Poor Control – By Ethnicity

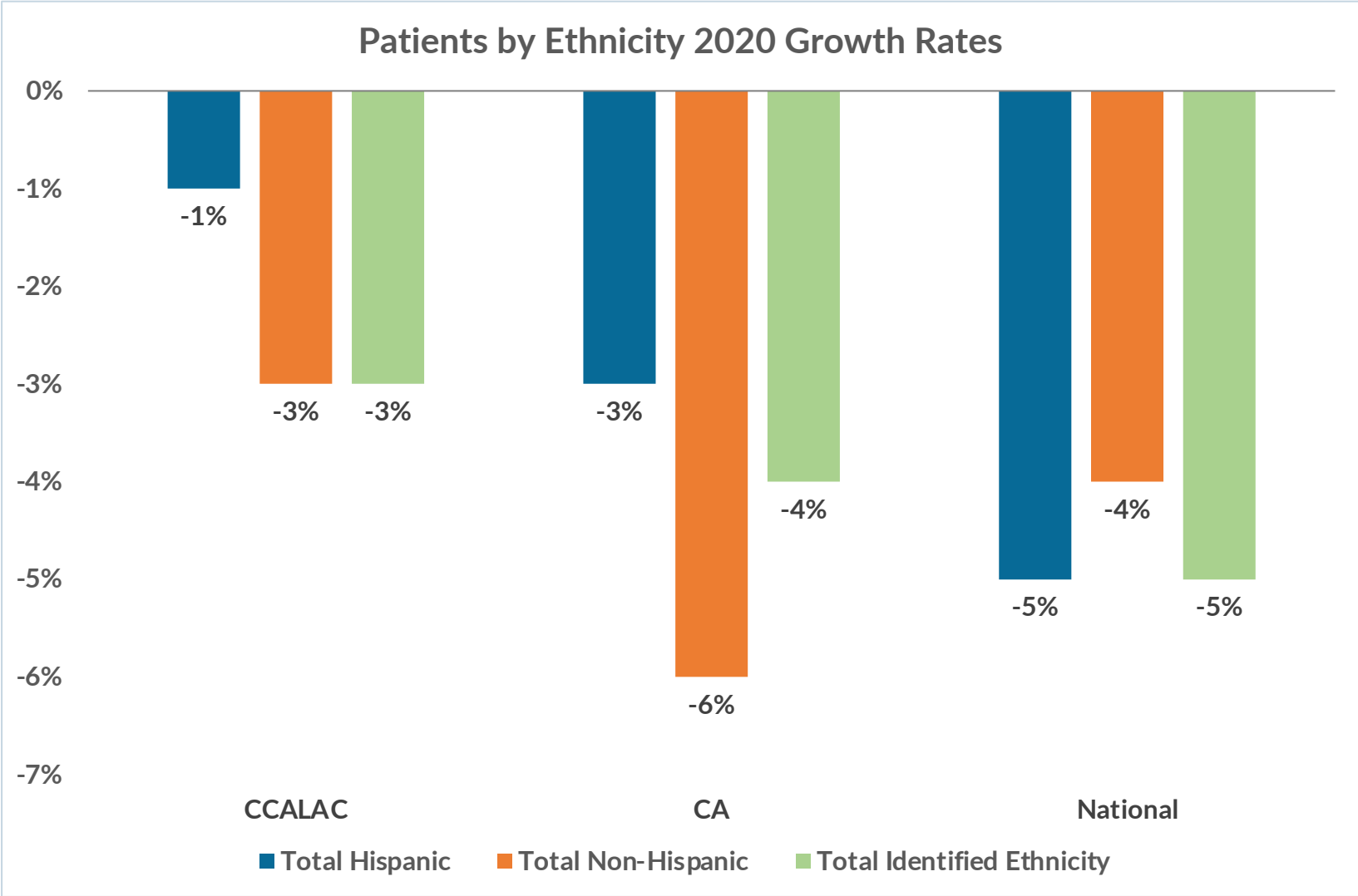
### Percentage of CCALAC Patients with Diabetes and Hemoglobin A1c Poor Control

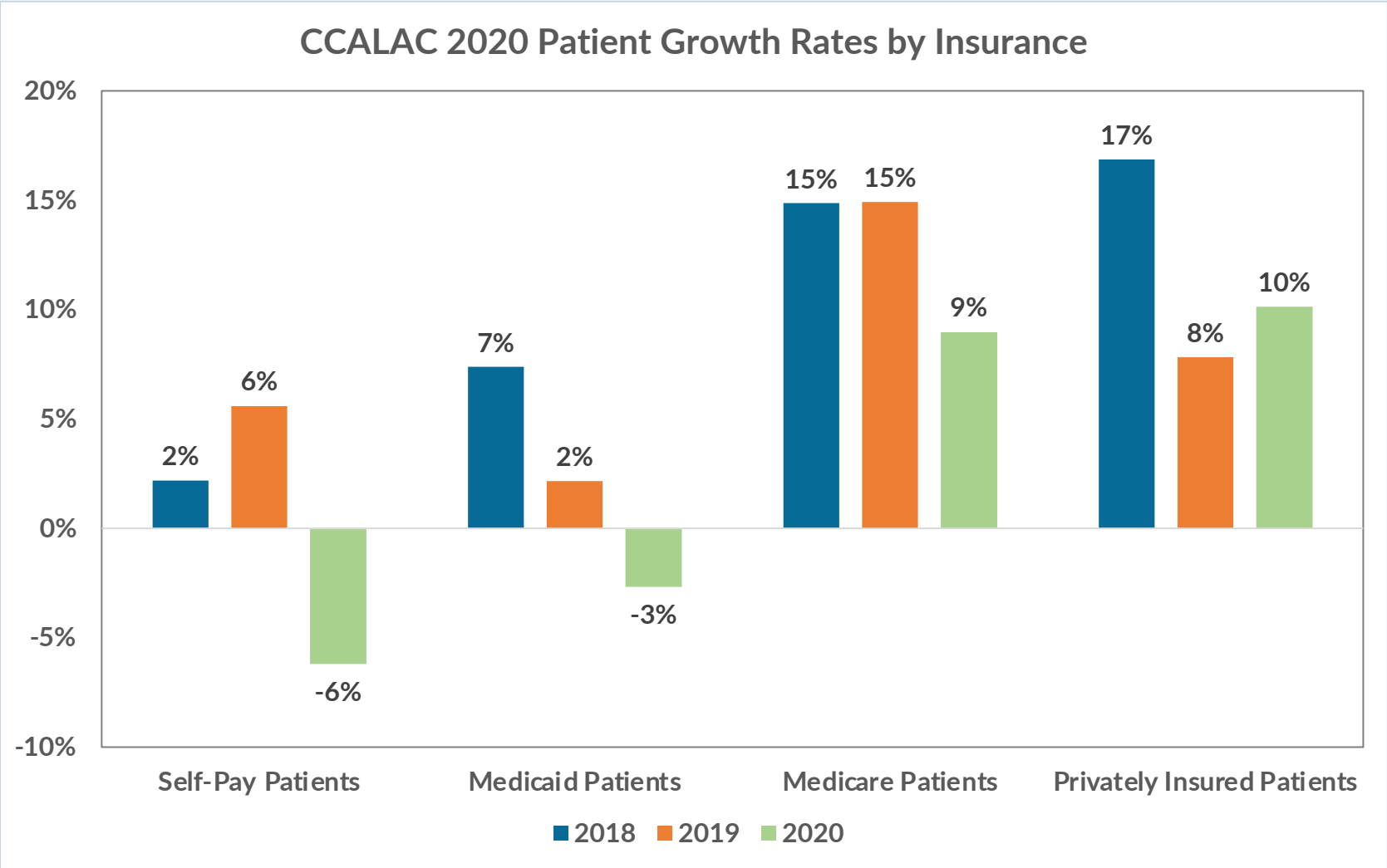


*LA County Access to Care  
Varied by Race/Ethnicity/Insurance  
During COVID-19*



Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.





*Patient Profile and Health Equity Analysis  
(PPHEA)*



# Patient Profile and Health Equity Analysis

XYZ Health Center 2017 - 2020





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## Introduction

Though there are a variety of factors that impact health outcomes among patient populations, multiple studies document that minority and low-income populations have less access to health care and poorer health outcomes.

This report highlights specific patient population characteristics as well as clinical outcome performance measures by race and ethnicity over the 2017-2020 period for XYZ Health Center. It provides a comparison to state and national median performance for benchmarking purposes. The report assists in identifying successes and challenges, including health inequities that may need to be addressed to promote true health equity among vulnerable populations.

## Methodology

The analysis and results contained in this report are based on 2017-2020 Uniform Data System (UDS) information as self-reported by health centers each calendar year.

The specific number of health centers included in each comparative data set is listed below.

Data	Cohort 1 2020	Cohort 2 2020
UDS Data	189	1,369

## Percentiles

Statistical measures used to describe the financial ratios and trends include the 50th percentile (median), 75th percentile, and 25th percentile. Half (by definition) of the values in a set are greater than the median and half are less. Therefore, the median is not skewed by large or small values outside the typical range as can happen with average figures. The 75th percentile is a value that is equal to or greater than 75 percent of others in the data set. The 25th percentile is a value that is equal to or greater than 25 percent of others.

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## Notable Findings

This report highlights key patient profile and health equity measures over the 2017 - 2020 period for XYZ Health Center. The following notable findings provide a brief review of key performance trends.

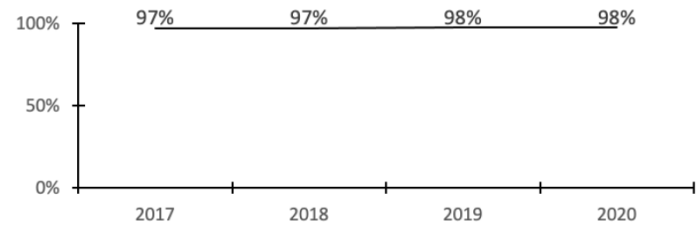
**Selected Patient Characteristics, for those patients providing the information (pg. 4-5)**

**Health Outcomes & Disparities (pg. 6-9)**

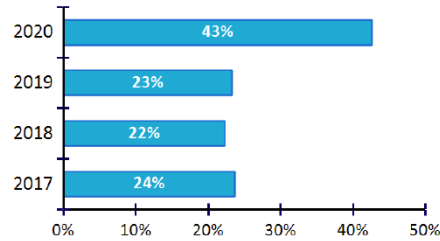
## Selected Patients Characteristics Dashboard

XYZ Health Center  
2017-2020

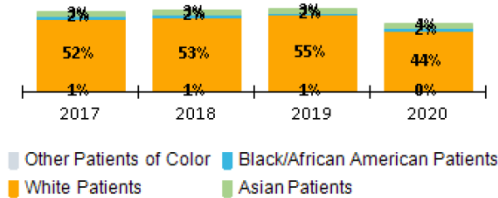
Percentage of Patients with Income at or below 200% of Poverty



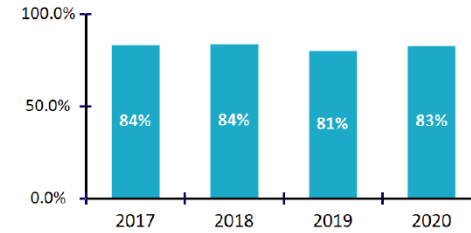
Percentage of Patients Best Served in a Language Other than English



Patient Breakdown by Race, for Those Patients Identifying Race



Percentage of Hispanic or Latino/a Patients



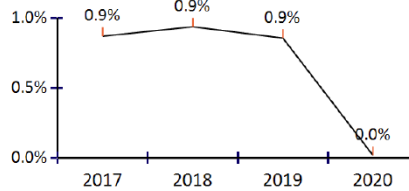
Key Patients Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Patients with Income at or below 200% of Poverty	97%	97%	98%	98%	96%	94%
Percentage of Patients Best Served in a Language Other than English	24%	22%	23%	43%	33%	14%
Percentage of Asian Patients	3%	3%	3%	4%	3%	2%
Percentage of Black/African American Patients	2%	2%	2%	2%	3%	7%
Percentage of White Patients	52%	54%	55%	44%	66%	54%
Percentage of Other Patients of Color*	1%	1%	1%	1%	3%	2%
Percentage of Hispanic or Latino/a Patients	84%	84%	81%	83%	59%	22%

\* Other Patients of Color includes patients labeled Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in UDS

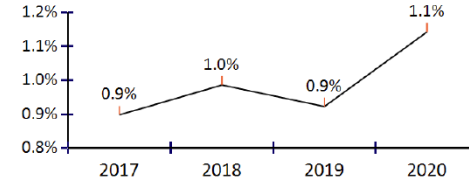
## Selected Patients Characteristics Dashboard

XYZ Health Center  
2017 - 2020

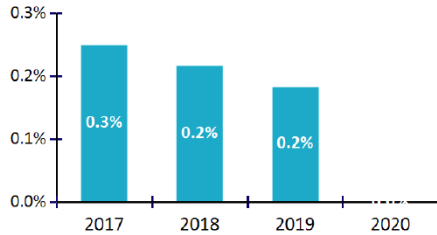
Percentage of Agricultural Workers



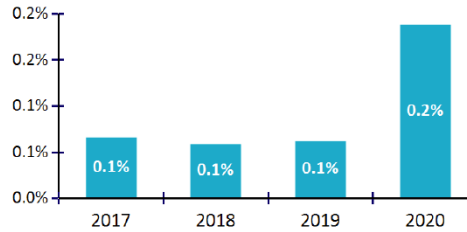
Percentage of Homeless Patients



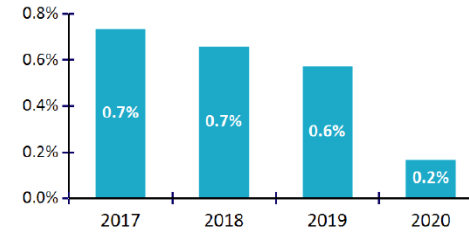
Percentage of School-Based Health Center Patients



Percentage of Veterans Patients



Percentage of Public Housing Site Patients

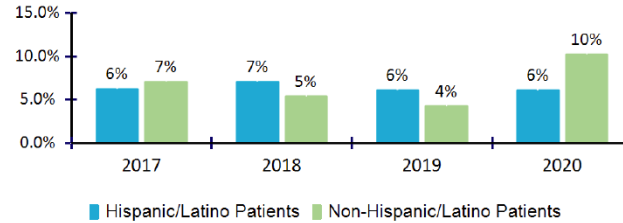


Key Patients Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Agricultural Workers or Dependents Patients	0.9%	0.9%	0.9%	0.0%	0.4%	0.3%
Percentage of Homeless Patients	0.9%	1.0%	0.9%	1.1%	2.2%	2.2%
Percentage of School-Based Health Center Patients	0.3%	0.2%	0.2%	-	-	-
Percentage of Veterans Patients	0.1%	0.1%	0.1%	0.2%	0.5%	1.3%
Percentage of Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site	0.7%	0.7%	0.6%	0.2%	-	-

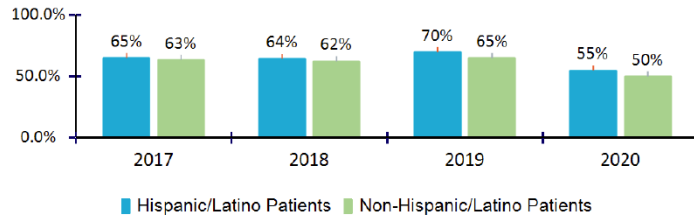
## Health Outcomes & Disparities Dashboard

XYZ Health Center  
2017 - 2020

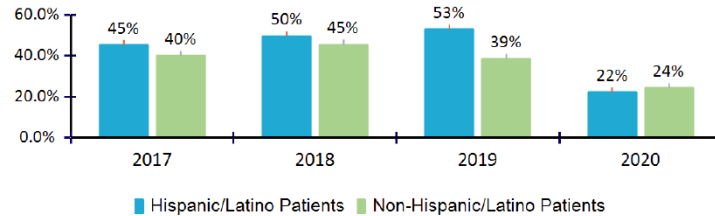
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year



Percentage of Patients with Controlled High Blood Pressure



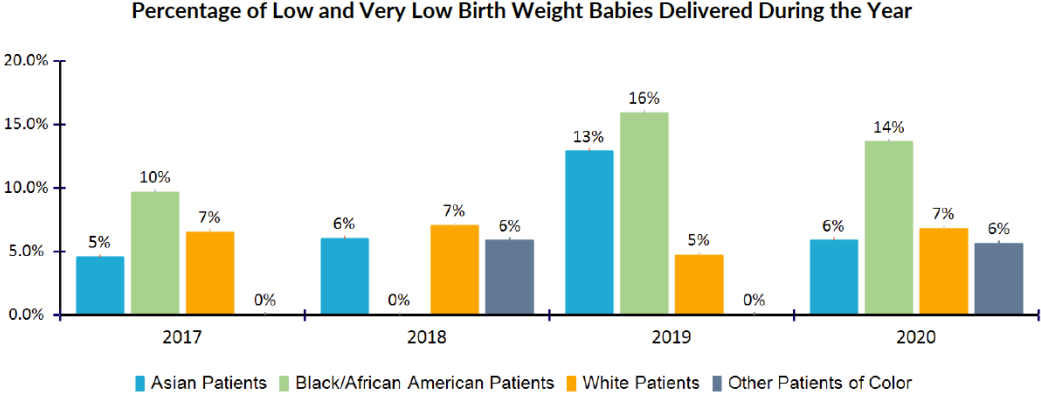
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control



Key Health Outcomes Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – Hispanic/Latino Patients	6%	7%	6%	6%	5%	7%
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – Non-Hispanic/Latino Patients	7%	5%	4%	10%	7%	9%
Percentage of Patients with Controlled High Blood Pressure – Hispanic/Latino Patients	65%	64%	70%	55%	57%	55%
Percentage of Patients with Controlled High Blood Pressure – Non-Hispanic/Latino Patients	63%	62%	65%	50%	55%	54%
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – Hispanic/Latino Patients	45%	50%	53%	22%	39%	35%
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – Non-Hispanic/Latino Patients	40%	46%	39%	24%	36%	39%

### Health Outcomes & Disparities Dashboard

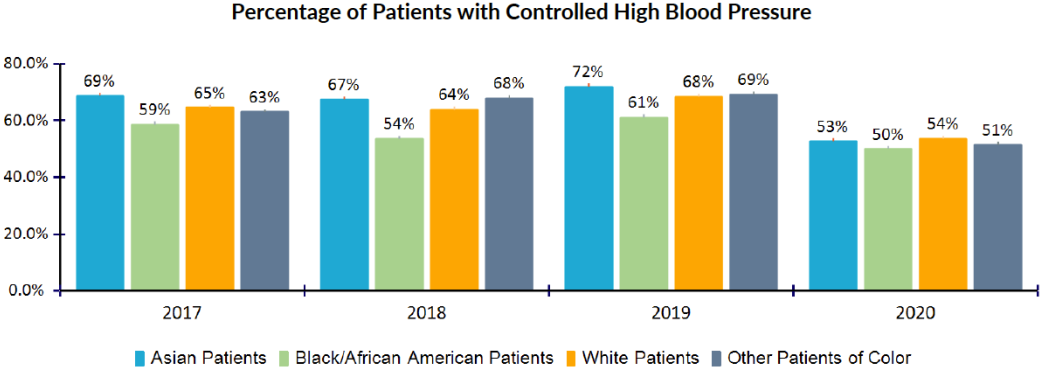
XYZ Health Center  
2017 - 2020



Key Health Outcomes Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – Asian Patients	5%	6%	13%	6%	0%	1%
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – Black/African American Patients	10%	0%	16%	14%	8%	12%
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – White Patients	7%	7%	5%	7%	6%	8%
Percentage of Low and Very Low Birth Weight Babies Delivered During the Year – Other Patients of Color	0%	6%	0%	6%	0%	2%

### Health Outcomes & Disparities Dashboard

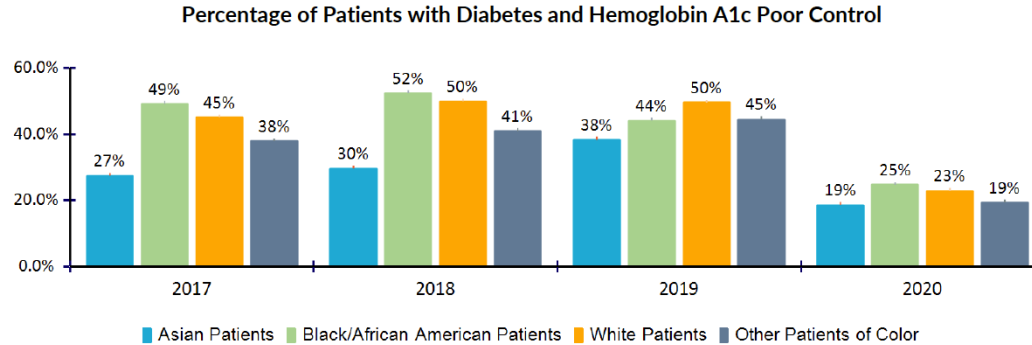
XYZ Health Center  
2017 - 2020



Key Health Outcomes Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Patients with Controlled High Blood Pressure – Asian Patients	69%	67%	72%	53%	57%	63%
Percentage of Patients with Controlled High Blood Pressure – Black/African American Patients	59%	54%	61%	50%	50%	57%
Percentage of Patients with Controlled High Blood Pressure – White Patients	65%	64%	68%	54%	56%	52%
Percentage of Patients with Controlled High Blood Pressure – Other Patients of Color	63%	68%	69%	52%	53%	59%

## Health Outcomes & Disparities Dashboard

XYZ Health Center  
2017 - 2020



Key Health Outcomes Metrics	2017	2018	2019	2020	Cohort 1 Median 2020	Cohort 2 Median 2020
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – Asian Patients	27%	30%	38%	19%	27%	29%
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – Black/African American Patients	49%	52%	44%	25%	41%	35%
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – White Patients	45%	50%	50%	23%	38%	36%
Percentage of Patients with Diabetes and Hemoglobin A1c Poor Control – Other Patients of Color	38%	41%	45%	19%	39%	33%



PERFORMANCE DETAIL

**Selected Patients Characteristics**

XYZ Health Center 2017 - 2020

Demographics	2017	2018	2019	2020	Percentile	Cohort 1 2020	Cohort 2 2020
Percentage of Patients with Income at or below 200% of Poverty	97%	97%	98%	98%	75	98%	96%
					50	96%	92%
					25	92%	88%
Percentage of Patients Best Served in a Language Other than English	24%	22%	23%	43%	75	47%	33%
					50	33%	12%
					25	18%	12%
Percentage of Asian Patients	3%	3%	3%	4%	75	8%	10%
					50	3%	6%
					25	2%	1%
Percentage of Black/African American Patients	2%	2%	2%	2%	75	10%	34%
					50	3%	7%
					25	2%	4%
Percentage of White Patients	52%	54%	55%	44%	75	83%	82%
					50	66%	62%
					25	36%	32%
Percentage of Other Patients of Color	1%	1%	1%	1%	75	5%	4%
					50	3%	2%
					25	1%	2%
Percentage of Hispanic or Latino/a Patients	84%	84%	81%	83%	75	74%	49%
					50	59%	18%
					25	31%	32%

PERFORMANCE DETAIL

**Selected Patients Characteristics**

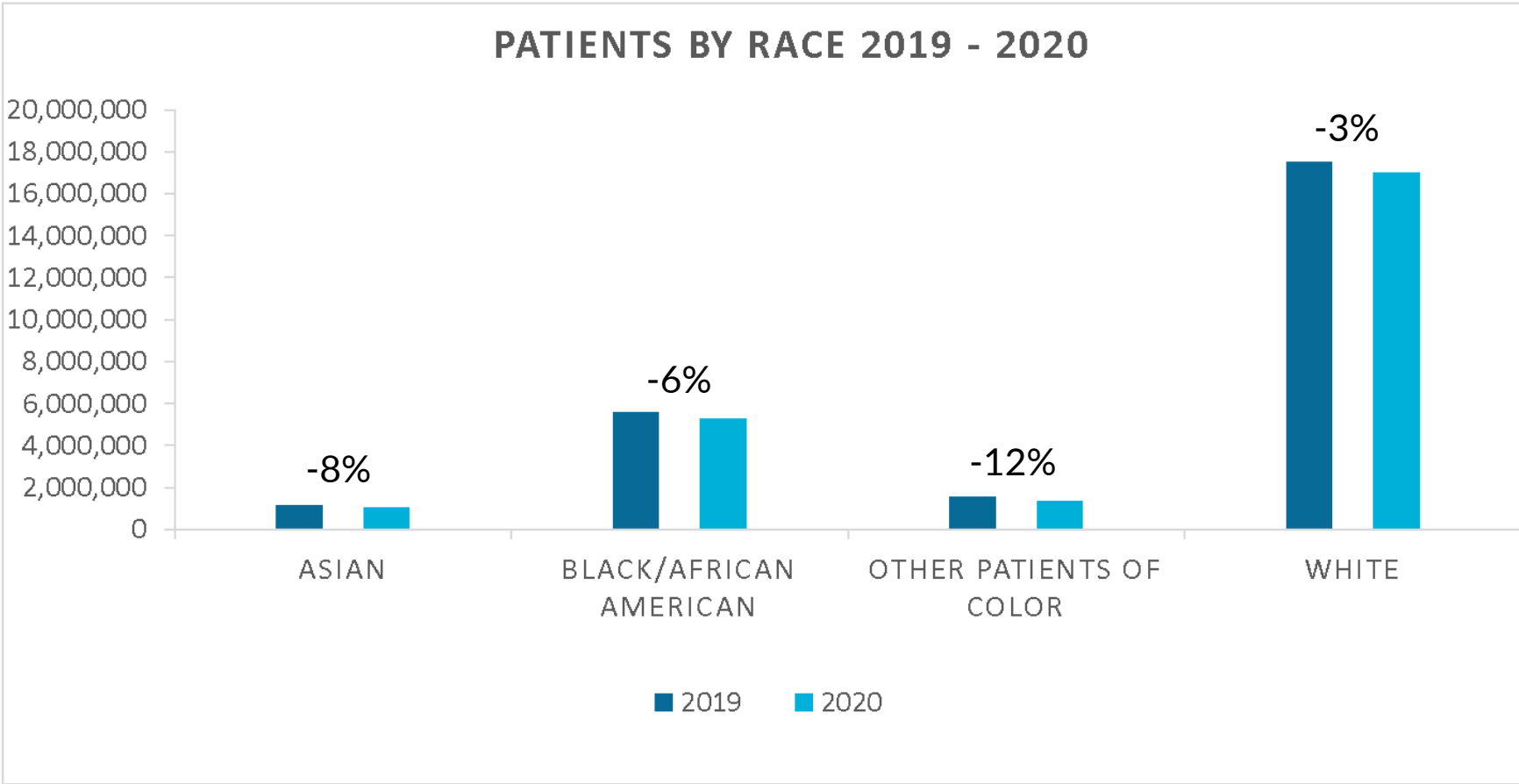
XYZ Health Center 2017 - 2020

Special Populations	2017	2018	2019	2020	Percentile	Cohort 1 2020	Cohort 2 2020
Percentage of Agricultural Workers or Dependents Patients					75	2.0%	1.7%
	0.9%	0.9%	0.9%	0.0%	50	0.4%	0.5%
					25	0.0%	0.2%
Percentage of Homeless Patients					75	5.8%	4.9%
	0.9%	1.0%	0.9%	1.1%	50	2.2%	1.4%
					25	0.8%	0.8%
Percentage of School-Based Health Center Patients					75	0.5%	1.6%
	0.3%	0.2%	0.2%	-	50	-	-
					25	-	-
Percentage of Veterans Patients					75	0.9%	2.7%
	0.1%	0.1%	0.1%	0.2%	50	0.5%	1.3%
					25	0.2%	0.9%
Percentage of Patients Served at a Health Center Located in or Immediately Accessible to a Public Housing Site					75	1.1%	17.8%
	0.7%	0.7%	0.6%	0.2%	50	-	-
					25	-	-

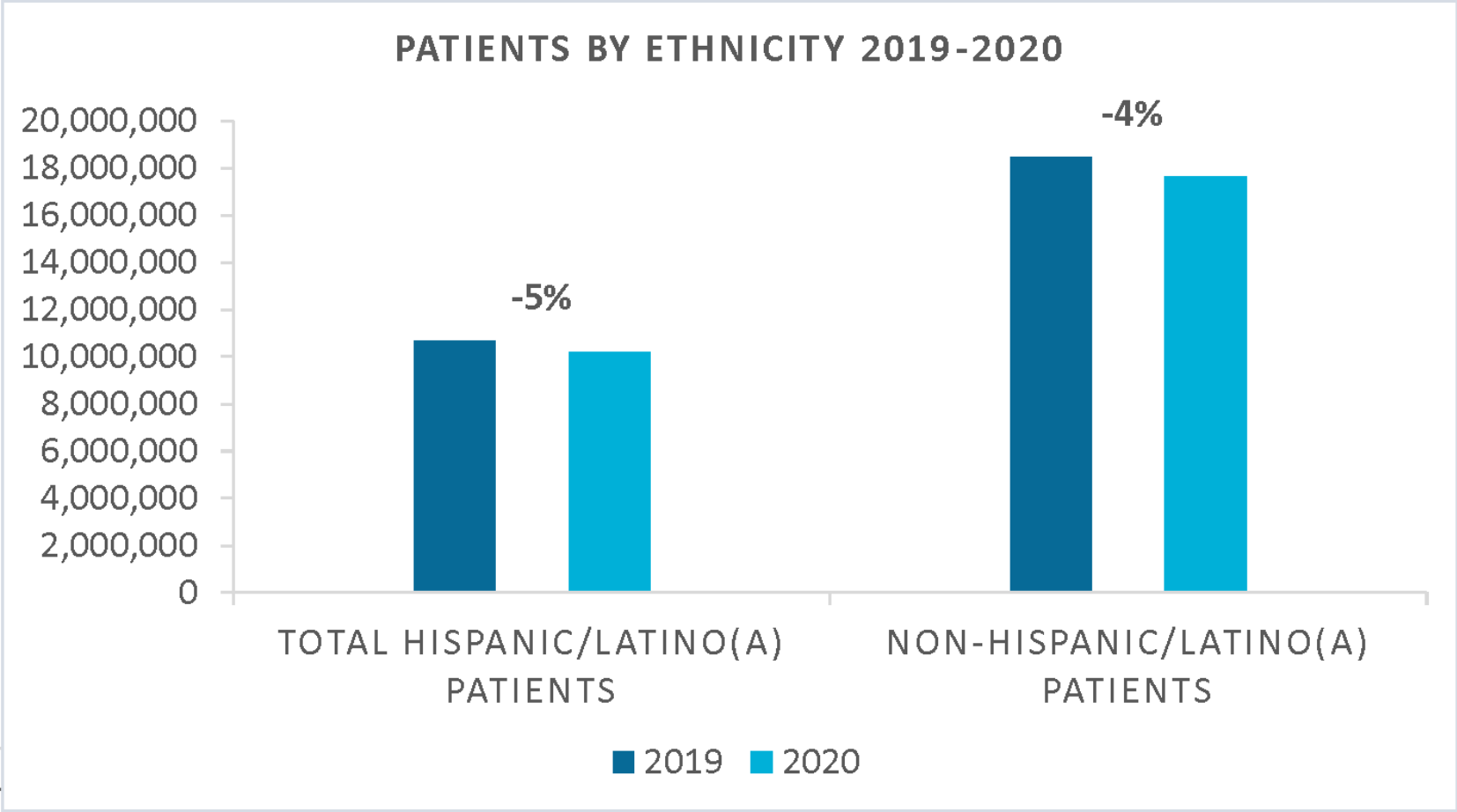
*National Healthcare Access at CHCs  
by Race, Ethnicity, and Insurer*

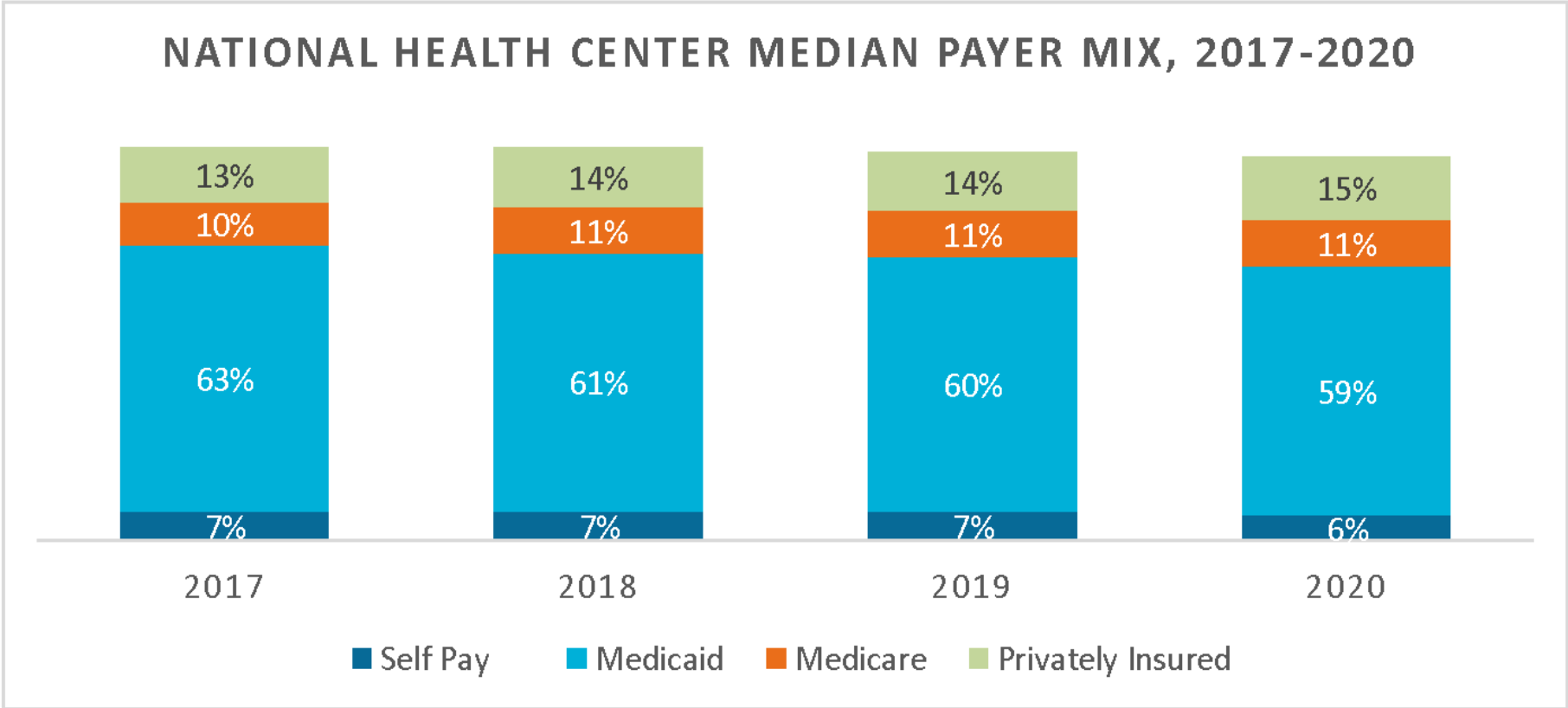
## **Barriers to care continue to disproportionately affect** the most vulnerable patients nationally.

- During the COVID-19 pandemic the total number of patients served *nationally* at CHCs declined, but health care access for non-White patient populations at U.S. CHCs fell disproportionately.
- Similarly, COVID-19 appeared to have a disproportionately negative impact on Medicaid and uninsured populations *nationally* at CHCs with respect to access to care.



*Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.*





*National FQHCs 2021 Health Equity  
Top-Level Overview-First Peek*

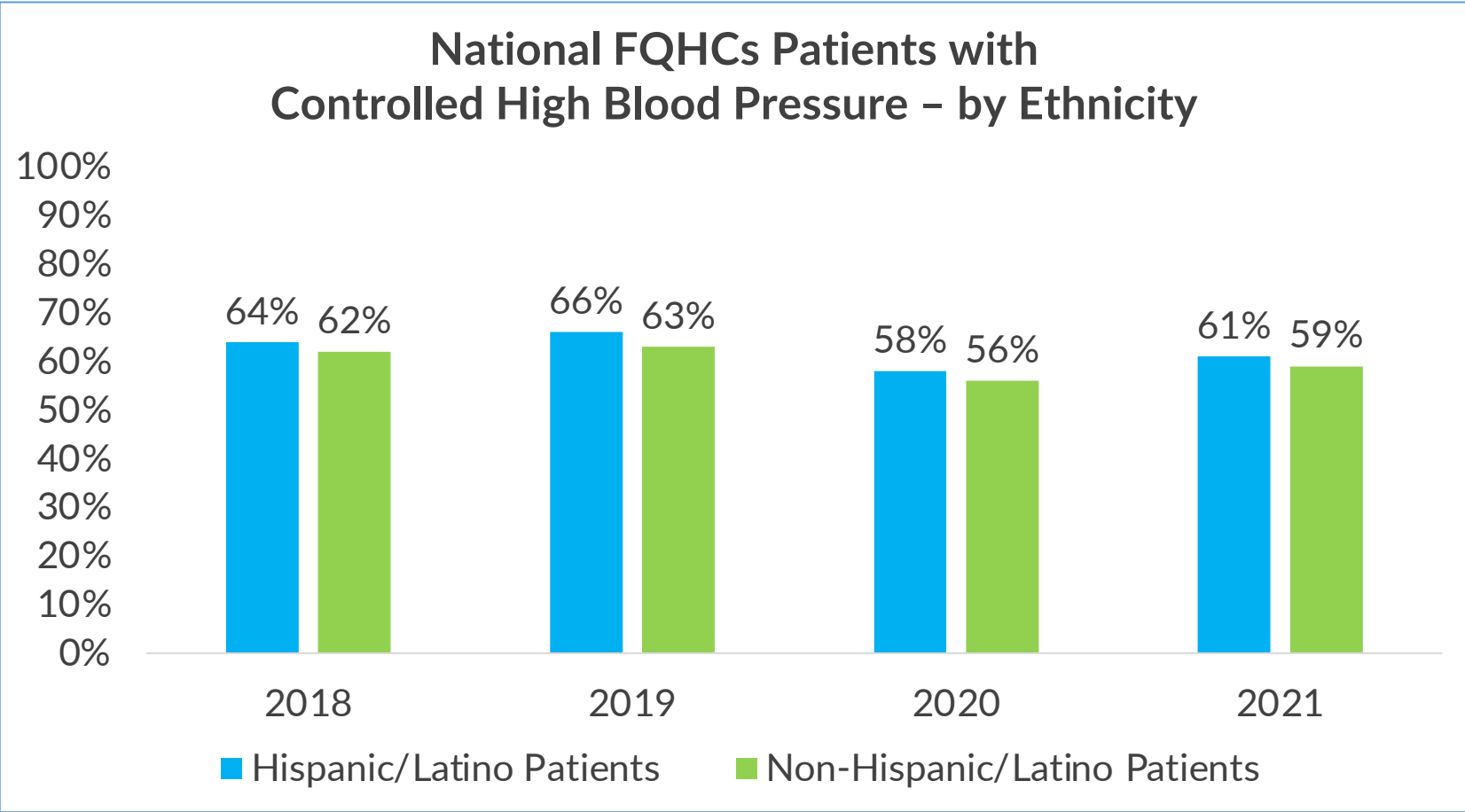


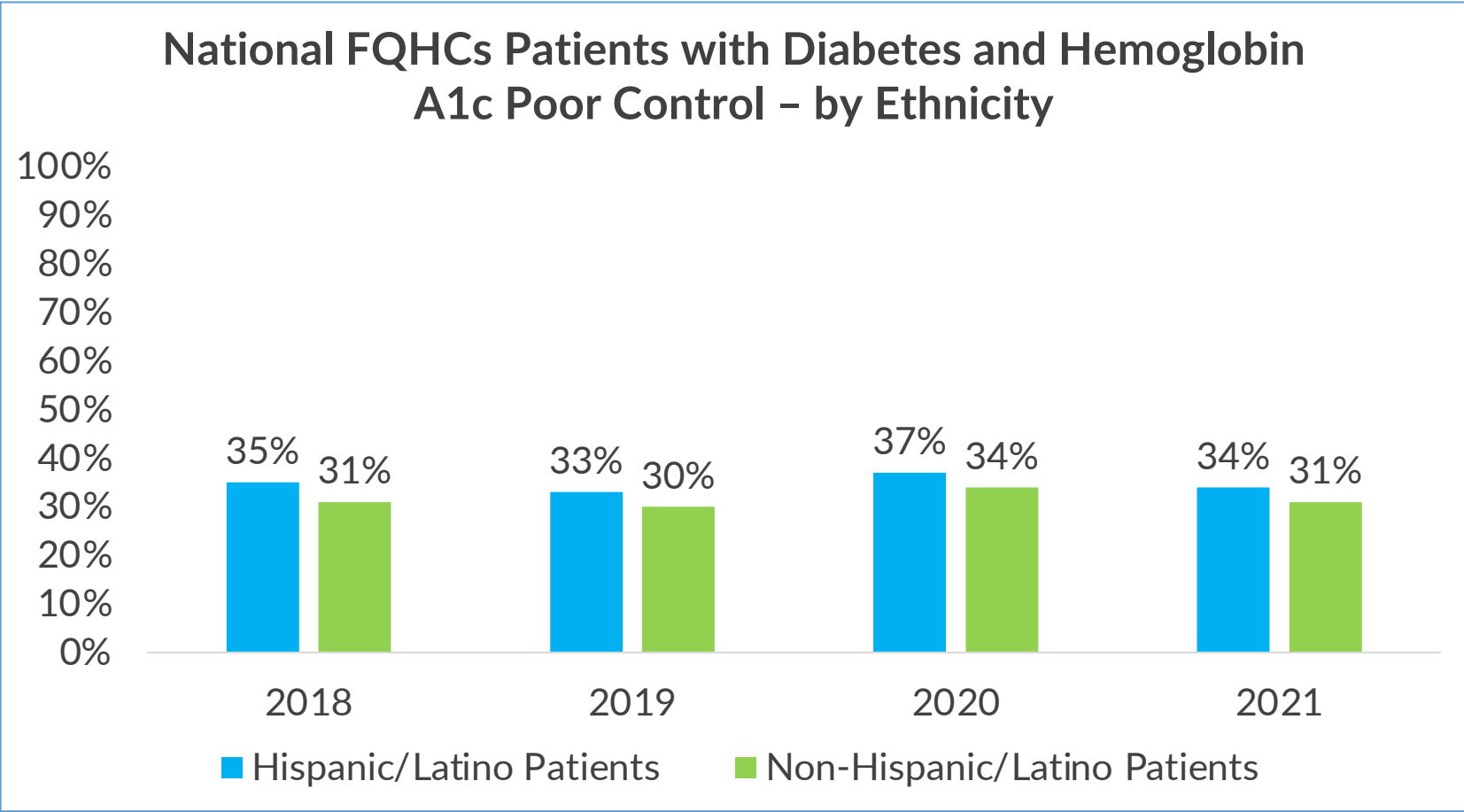
# National FQHCs Median Patient Profile

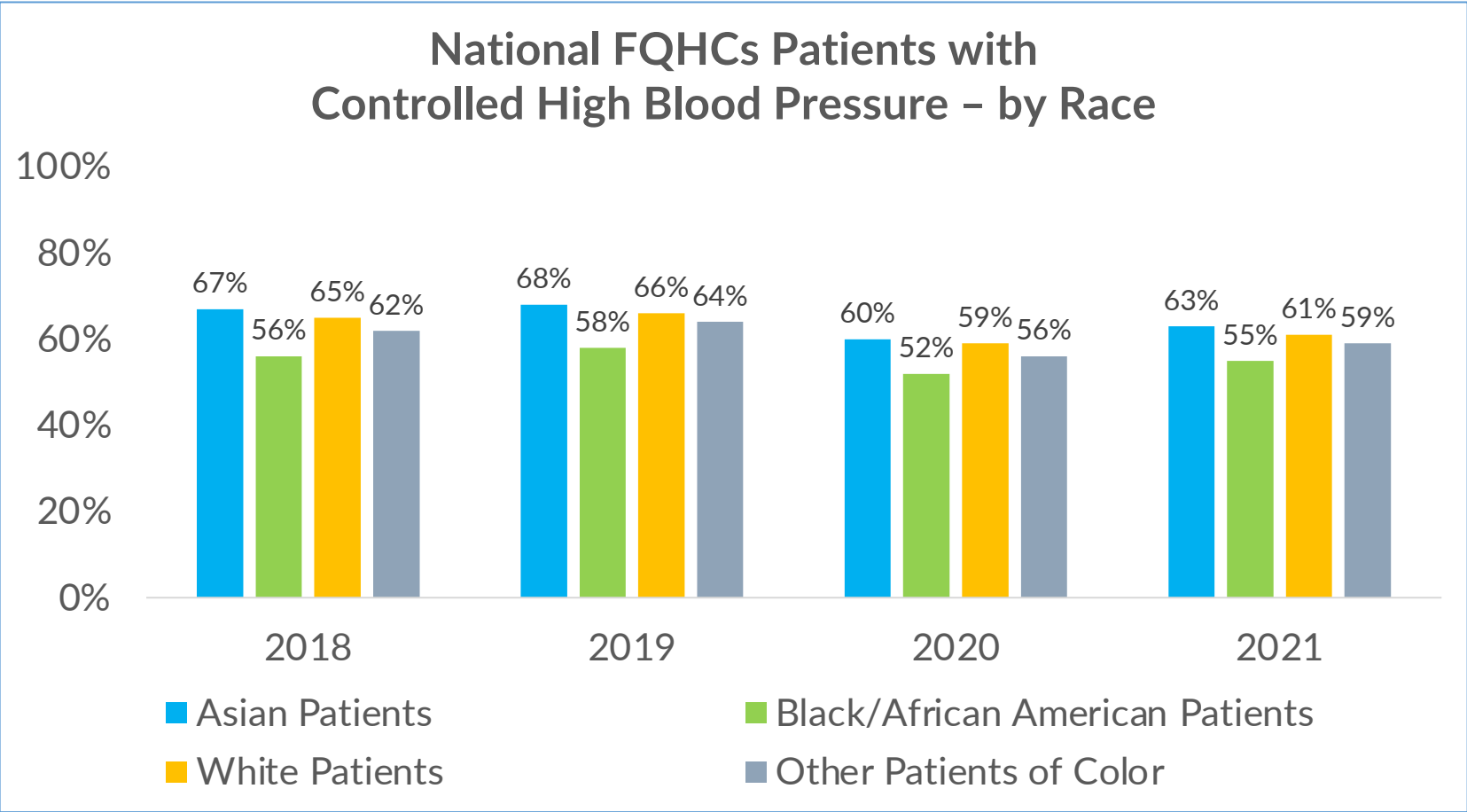


Key Patients Metrics	2018 n = 1446	2019 n = 1457	2020 n = 1462	2021 n = 1481	Rural Median 2021 n = 609	Urban Median 2021 n = 872
Percentage of Patients with Income at or below 200% of Poverty	94%	93%	93%	92%	86%	94%
Percentage of Patients Best Served in a Language Other than English	10%	11%	11%	11%	3%	20%
Percentage of Asian Patients	1%	1%	1%	1%	1%	2%
Percentage of Black/African American Patients	10%	9%	9%	9%	2%	19%
Percentage of White Patients	66%	66%	66%	66%	86%	52%
Percentage of Other Patients of Color	3%	3%	3%	3%	2%	3%
Percentage of Hispanic or Latino/a Patients	17%	18%	17%	18%	6%	30%

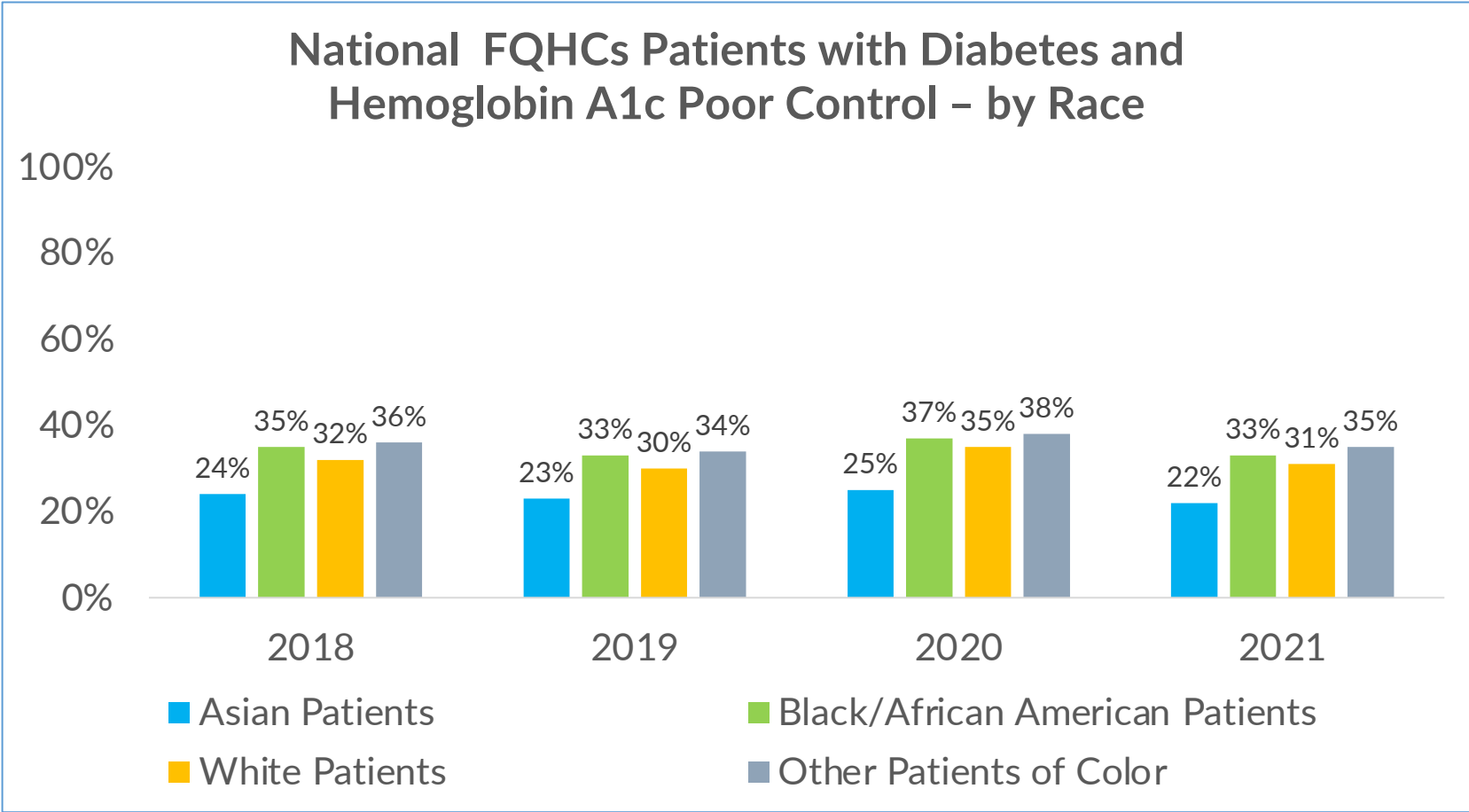
*Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.*







*Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.*



Other Patients of Color includes patients labeled as Native Hawaiian, Other Pacific Islander, American Indian/Alaskan Native, and More than one race in the UDS.

# *Conclusions and Recommendations*

*Implement efforts to improve financial and operational strength in health centers immediately. Stronger performance was shown to be associated with higher quality outcomes and ongoing access to care, even during challenging times.*



*Institute regular data information exchange and best practices sharing, including cultural and qualitative factors, to provide context and support for ongoing improvements in health equity.*





*Longer-term access to deeper levels of primary care services (particularly oral and mental health) will be needed to promote true health equity among vulnerable populations. Supporting policy changes and attracting foundation support for these efforts is essential.*



# *Next Steps*

*Next steps include implementing the previous ideas, in coordination with CCALAC and funded by Cedars-Sinai, with updated 2021 data. Efforts will include an additional focus on qualitative factors influencing health equity, training programs for health centers with the largest vulnerable populations, and ongoing best practices sharing.*



*Access the Study*

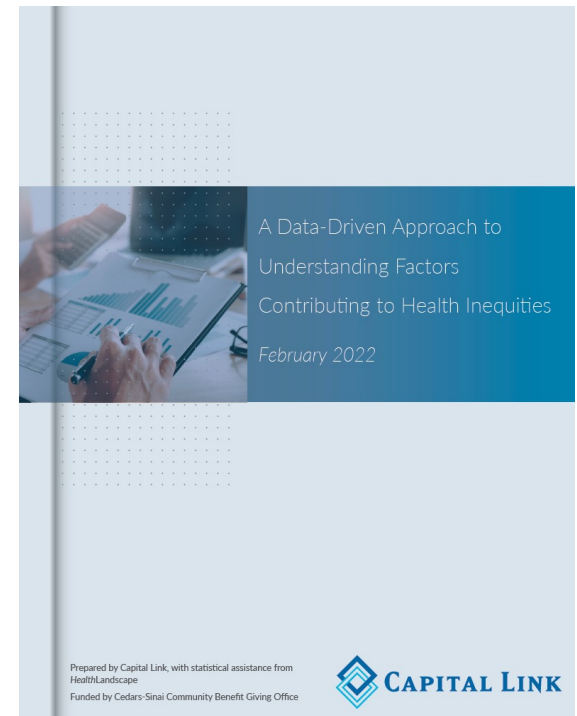
## Health Center Financial Strength and Health Inequities: A Study of Los Angeles-Based FQHCs

*This publication is a **summary** of a data-driven analysis, conducted by Capital Link with the assistance of HealthLandscape and funded by Cedars-Sinai, of more than 100 factors for the 58 FQHC members of the Community Clinic Association of Los Angeles County (CCALAC) for the period of 2017-2020. (Released 2022)*



## A Data Driven Approach to Understanding Factors Contributing to Health Inequity

*In order to better understand whether, and to what extent, specific patient and health center characteristics influence health equity (including access to care and health outcomes) among various sub-populations of patients, Capital Link, with the assistance of HealthLandscape and funded by Cedars-Sinai, conducted a data-driven analysis of more than 100 factors for the 58 federally qualified health center (FQHC) members of the Community Clinic Association of Los Angeles County (CCALAC) for the period of 2017-2020. (Released 2022)*



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