



A Decade of Healthcare in Harris County

Community Health Center Trends, 2008 - 2017

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Introduction

Research Purpose

In 2008, an assessment of primary care in Harris County identified a significant gap between primary care need and primary care provided in the county. That finding launched a decade of significant investment in the primary care sector to increase access and build capacity of primary care providers to offer high-quality, comprehensive healthcare.

Together, with dynamic changes taking place in the healthcare
sector overall, investments in the primary care sector have effectively
increased access, improved quality and built a stronger network of
care in Harris County over the past 10 years.

This report provides an update on primary care in Harris County, last assessed in 2015 in the report, *Providing Healthcare to Those in Need*. Specifically, this report describes the growth and changes among primary care providers and those they serve, as well as emerging trends aimed at improving accessibility and the health of Harris County residents.

Research Focus

The primary care landscape in any community includes a multitude of different healthcare providers, including private doctor offices, for-profit urgent care centers, retail medicine (like that offered at CVS and Walgreens) and nonprofit community health centers. For the purposes of this study, the primary care services and patients described here reflect care provided exclusively by nonprofit community health centers. Specifically, three types of nonprofit community health centers operating in Harris County were included in the study: Federally Qualified Health Centers (FQHCs), community clinics operated by Harris Health and other nonprofit clinics.



Clinic Participation

Of the 35 nonprofit clinics included in this study, 85% participated fully. In the cases where a nonprofit clinic declined participation, data were obtained through limited, publicly available data sources.

Much appreciation to all the clinic leaders and staff who participated in the research.

FQHCs	Harris Health Clinics	Other Nonprofit Clinics
Avenue 360 Health and Wellness	Acres Home Health Center	Casa El Buen Samaritano
Bee Busy Wellness Center*	Aldine Health Center	Christ Clinic
Central Care Integrated Health Services	Baytown Health Center	CHRISTUS St. Mary's Clinic
El Centro de Corazon	Casa de Amigos Health Center	Ibn Sina Community Medical & Dental Center
Healthcare for the Homeless	Cypress Health Center	NAM Children's Clinic
Hope Clinic	Danny Jackson Health Center	Planned Parenthood Gulf Coast
Legacy Community Health	El Franco Lee Health Center	San Jose Clinic - Houston
Pasadena Health Center	Gulfgate Health Center	Shifa Clinic Houston*
Spring Branch Community Health Center	Martin Luther King Jr. Health Center	TOMAGWA
St. Hope Foundation*	Northwest Health Center	Vcare Community Clinic
Vecino Health Centers	Settegast Health Center	
	Squatty Lyons Health Center	
	Strawberry Health Center	
	Valbona Health Center	

*Clinics did not participate fully in the research; study relied on public data sources on these clinics.

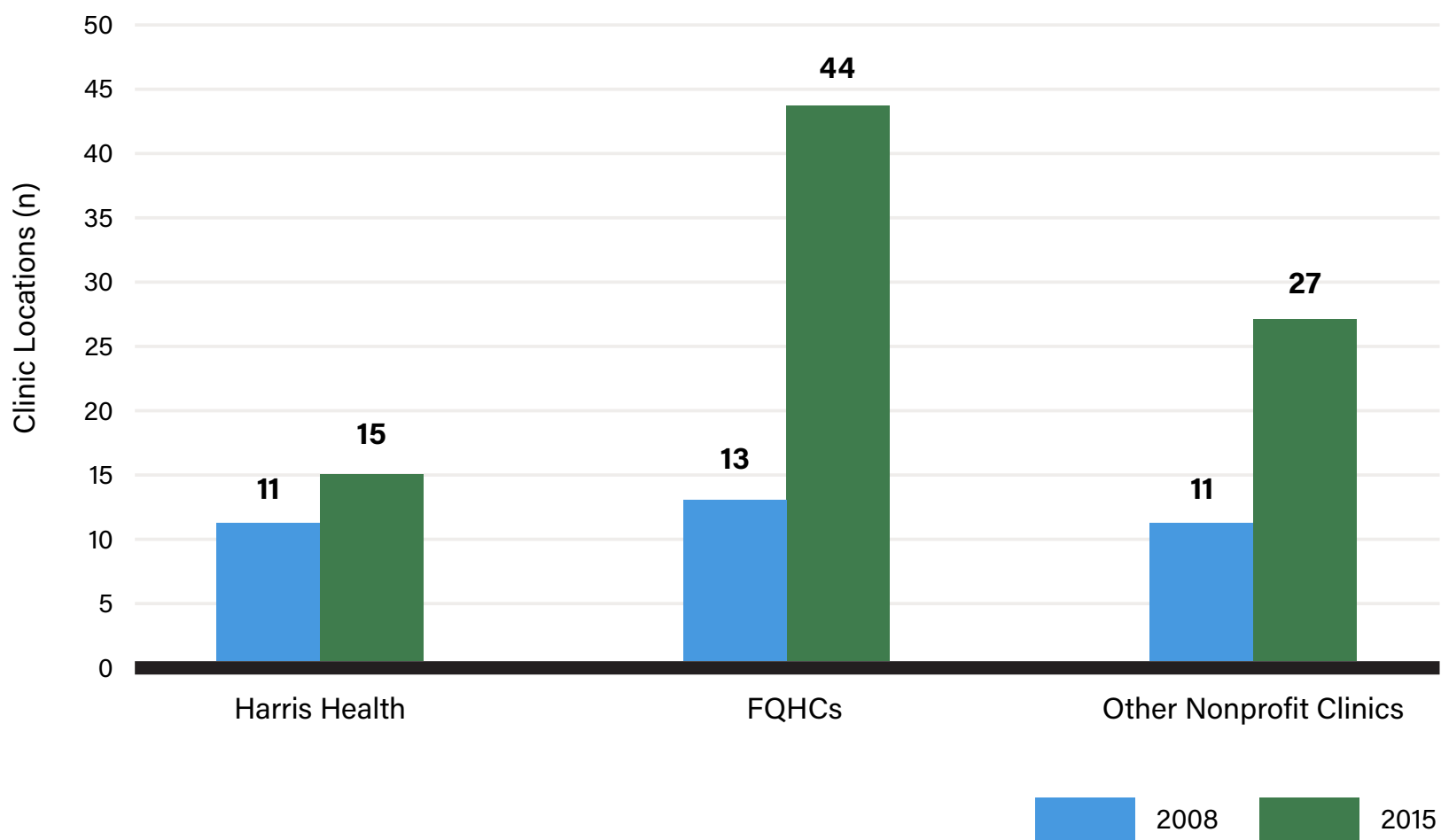


2008–2015: A Time of Exponential Growth

Trends in Access and Primary Care Capacity

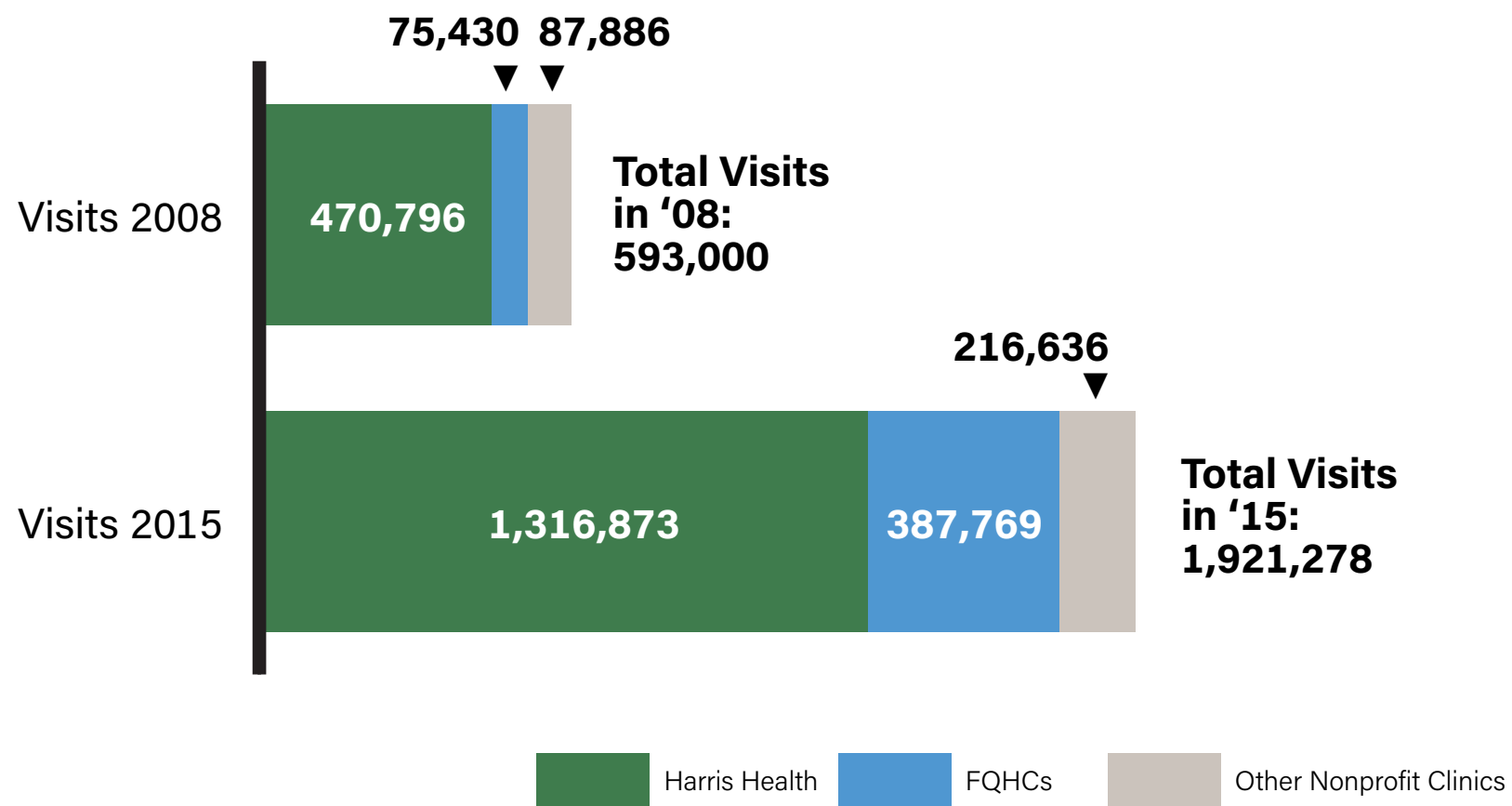
Investments in community health centers between 2008 and 2015 had an enormous impact on expanding access to primary healthcare. During this period, six new healthcare agencies were established and the number of clinic locations more than doubled.

The Number of Agencies and Clinic Locations Increased Significantly from 2008 to 2015



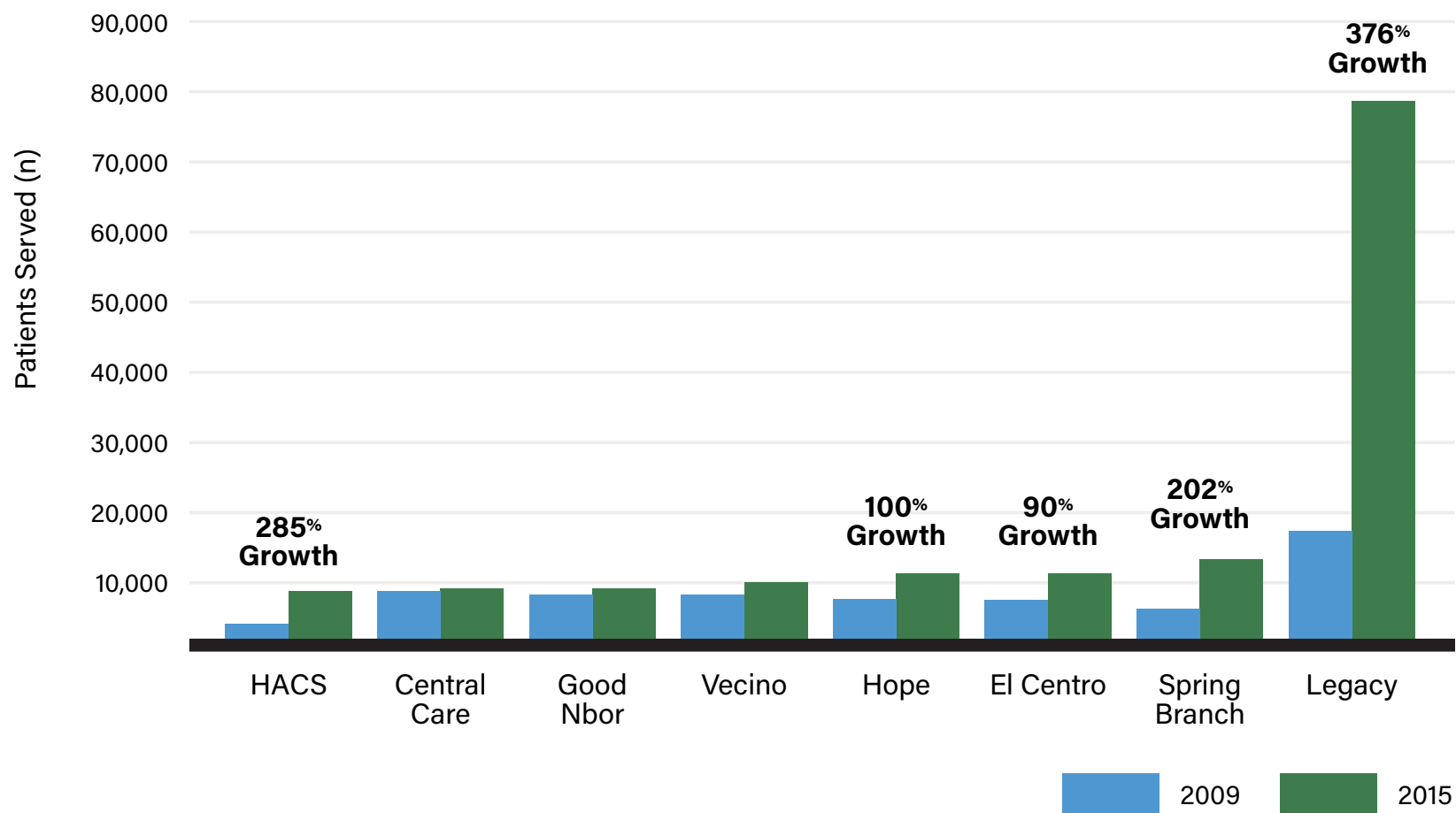
Reflecting this increased capacity to serve more patients, the volume of patient visits more than tripled, increasing from just over 590,000 in 2008 to nearly 2 million in 2015. While Harris Health remained the largest provider of primary care services among nonprofit community health centers, all health center types experienced significant growth in the number of patients served.

Total Patient Visits Tripled Overall from 2008 to 2015



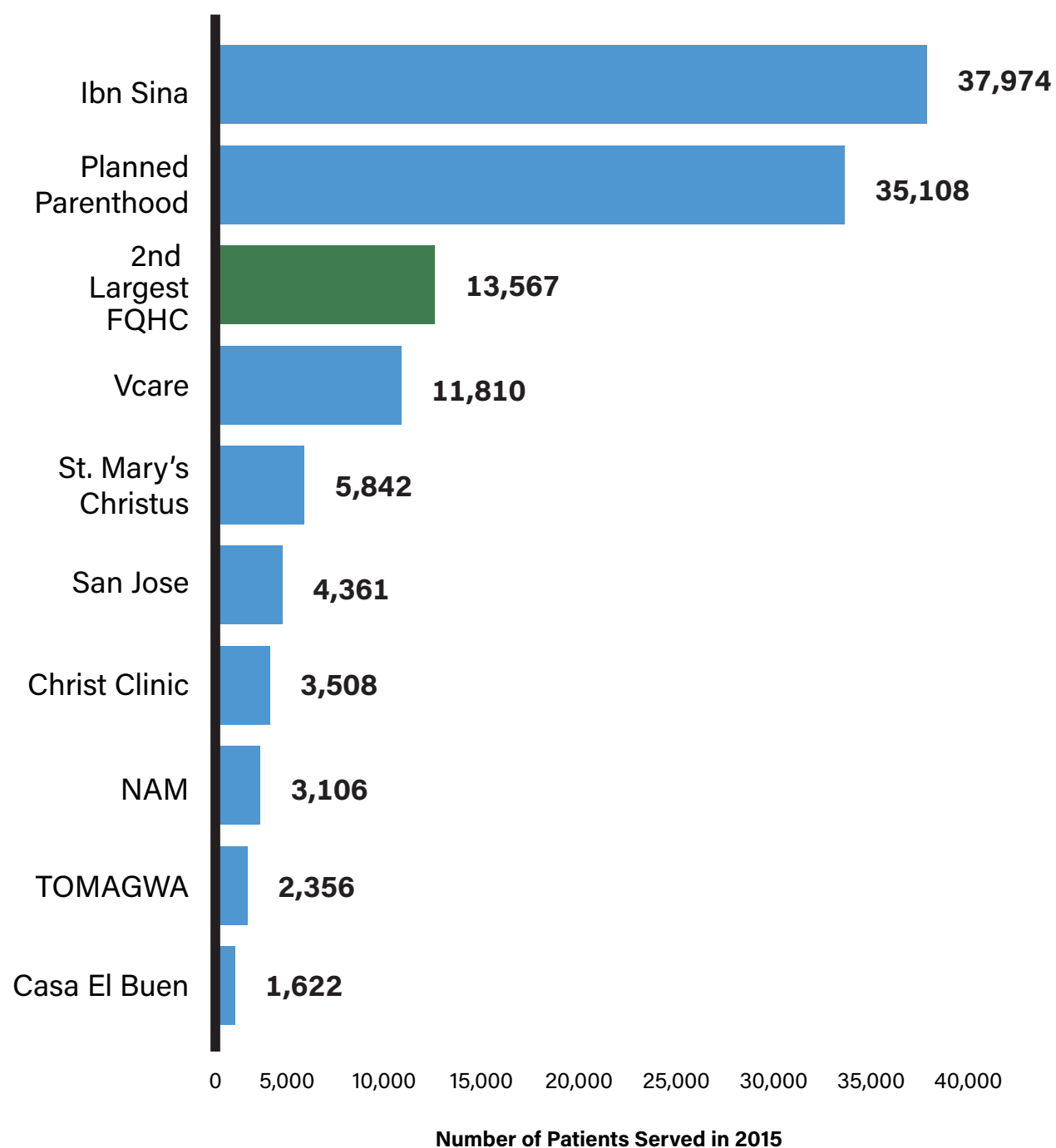
The largest growth in patient volume occurred among FQHCs. Between 2008 and 2015, the number of unduplicated patients served by FQHCs increased 209%. The largest increase in patient volume occurred at Legacy Community Health. Four additional FQHCs - Houston Area Community Services (HACS, now Avenue 360 Health and Wellness), Spring Branch Community Health Center, Hope Clinic and El Centro de Corazon - also made strong gains in the number of patients served.

FQHCs Realized the Most Growth in Patients Served from 2009 to 2015



Other nonprofit clinics also saw considerable growth between 2008 and 2015, increasing both the number of agencies offering care and the number of clinic locations. By 2015, clinics such as Planned Parenthood and Ibn Sina played a significant role in meeting the need for primary care services. Each served two to three times more patients than the second largest FQHC provider in 2015.






Other Nonprofit Clinics Play a Vital Role in Meeting Demand for Primary Care



Trends in Care Delivery and Clinic Sustainability

In addition to absorbing a significant increase in patient volume, community health centers were active in improving care quality and moving towards comprehensive care. With philanthropic support, and in anticipation of the requirements of the Affordable Care Act, FQHCs in particular during this time:

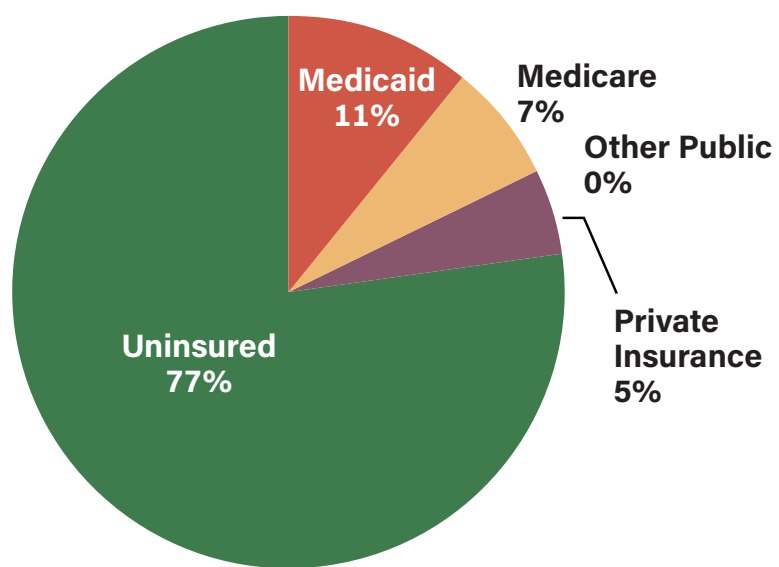
- + Improved data collection by installing new electronic health records (EHRs).
- + Expanded after-hour services, especially for pediatric services, which had a positive impact on accessibility and on clinic financing.
- + Moved toward more comprehensive care, with more clinics offering dental and vision care, and a particular emphasis on increasing access to behavioral health and enabling services.

		<u>Percent of FQHCs Offering:</u>	<u>Percent of Harris Health Clinics Offering:</u>	<u>Percent of Other Nonprofit Clinics Offering:</u>
	Medical Care	100%	100%	100%
	Dental Care	83%	53%	50%
	Vision Care	42%	60%	30%
	Behavioral Care	92%	87%	30%
	Enabling Services and Coordinated Care	100%	87%	30%

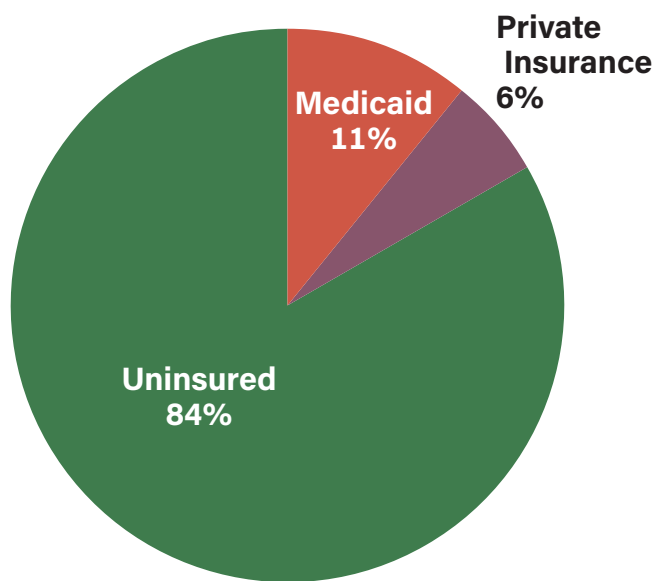
Financially, with concerns about the stability of federal funding and with encouragement from philanthropy, FQHCs were able to significantly diversify their payer mix. Notably, the proportion of uninsured patients served at FQHCs declined from 65% in 2009 to 35% in 2015.

While Harris Health and Other Nonprofits Largely Served the Uninsured, FQHCs Diversified their Payer Mix by 2015

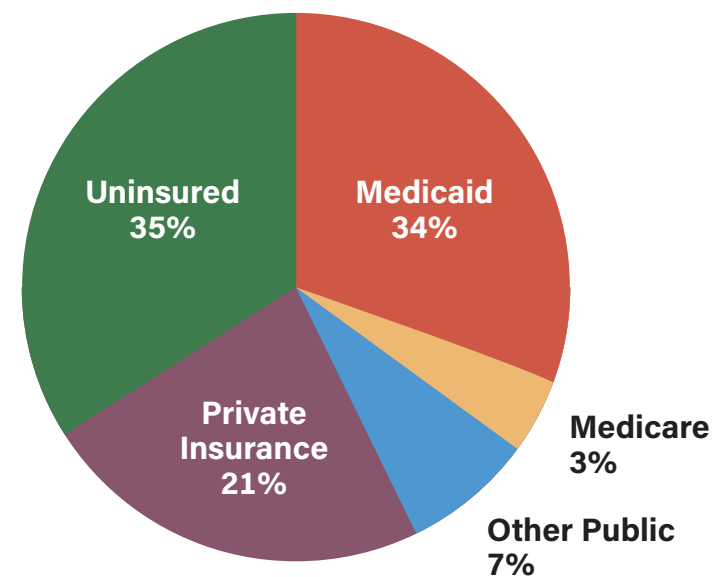
Harris Health, 2015



Other Nonprofit Clinics, 2015

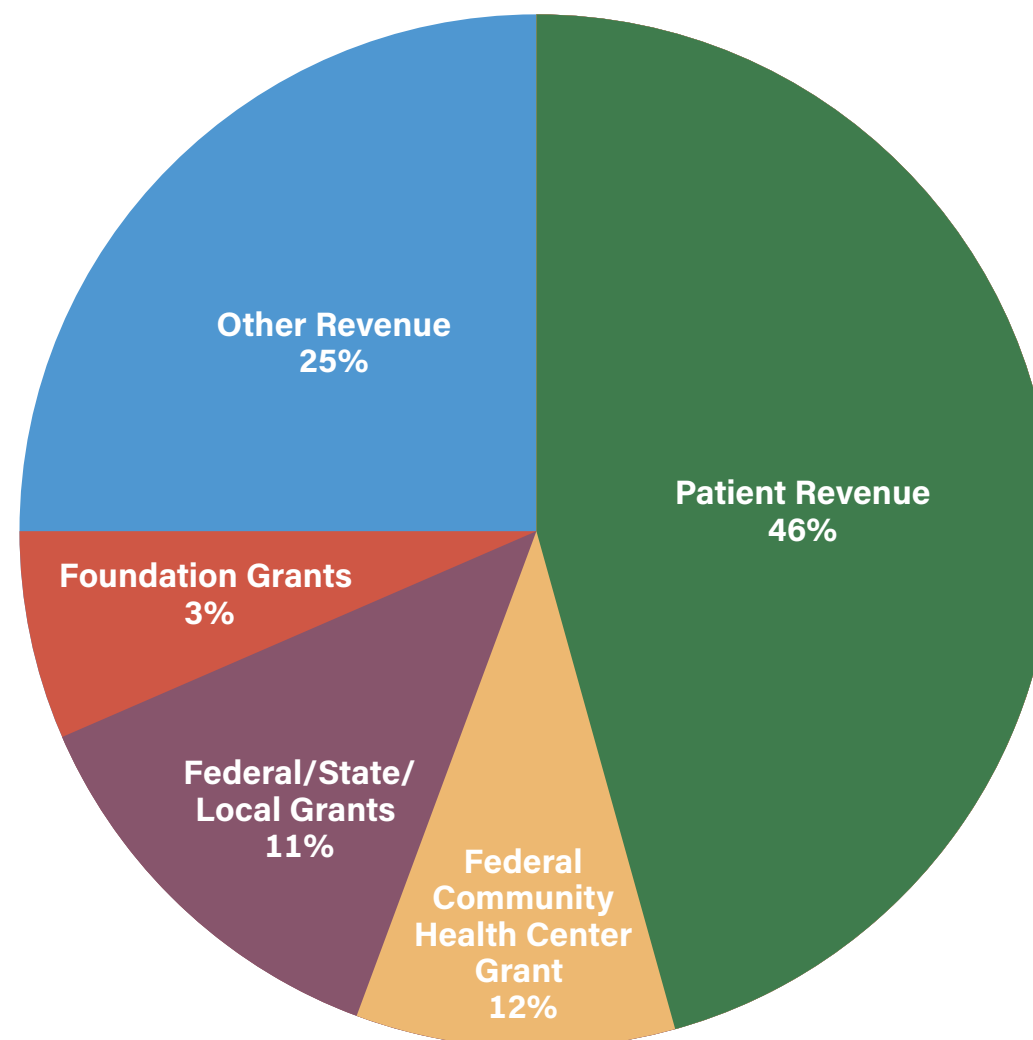


FQHCs, 2015



As a result, by 2015, 46% of FQHC funding was generated by patient revenues and only 23% represented government grant resources. Diversification of FQHC payer mix decreased reliance on any single source of funding, improving the financial sustainability of FQHCs.

Diversification of FQHC Funding Sources Improved Financial Sustainability in 2015



Challenges to Meeting Community Health Needs

In 2015, two challenges thwarted the primary care system's ability to meet community health needs in Harris County. Barriers to accessing specialty care was the larger of these two challenges. However, for some FQHCs and nonprofit community health centers, primary care recruitment and retention also proved a considerable problem.



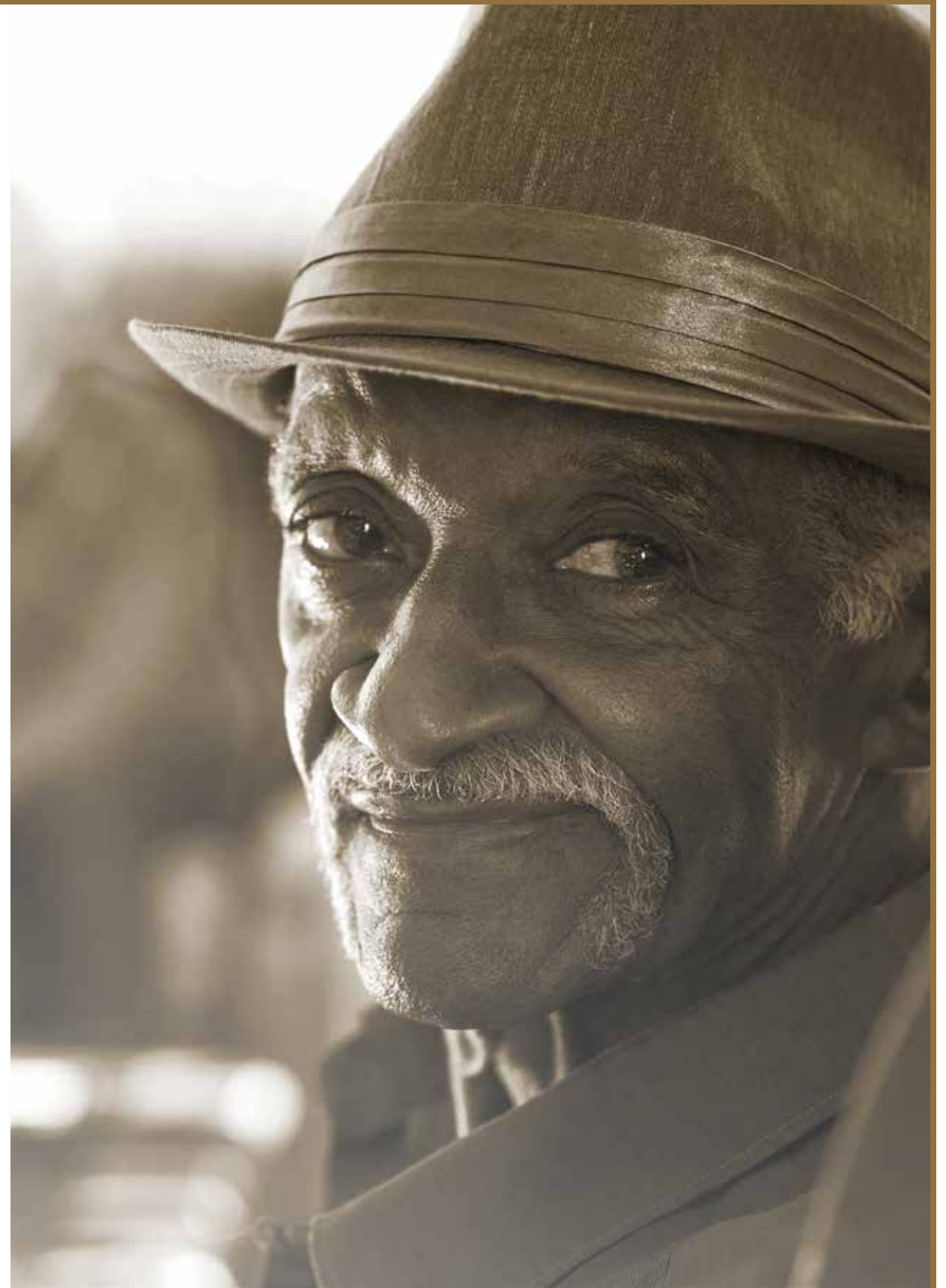
A close-up photograph of a man and a young girl. The man, in the background, has a beard and is smiling broadly, showing his teeth. The girl, in the foreground, has curly hair and is wearing braces, also smiling. The image is framed by a thin brown border.

2015-2017: Growth Trends Continued

Updated Trends in Primary Care Access and Patient Volume

Growth trends established between 2008 to 2015 have largely continued over the past three years. Most notable are the continued growth of FQHCs and the sector's increasing attention to social determinants of health and community prevention.

However, since 2015, the overall number of agencies and clinic locations has not changed much. Some agencies closed locations; others opened new locations, with the net effect of two new clinic locations operated by agencies serving Harris County.

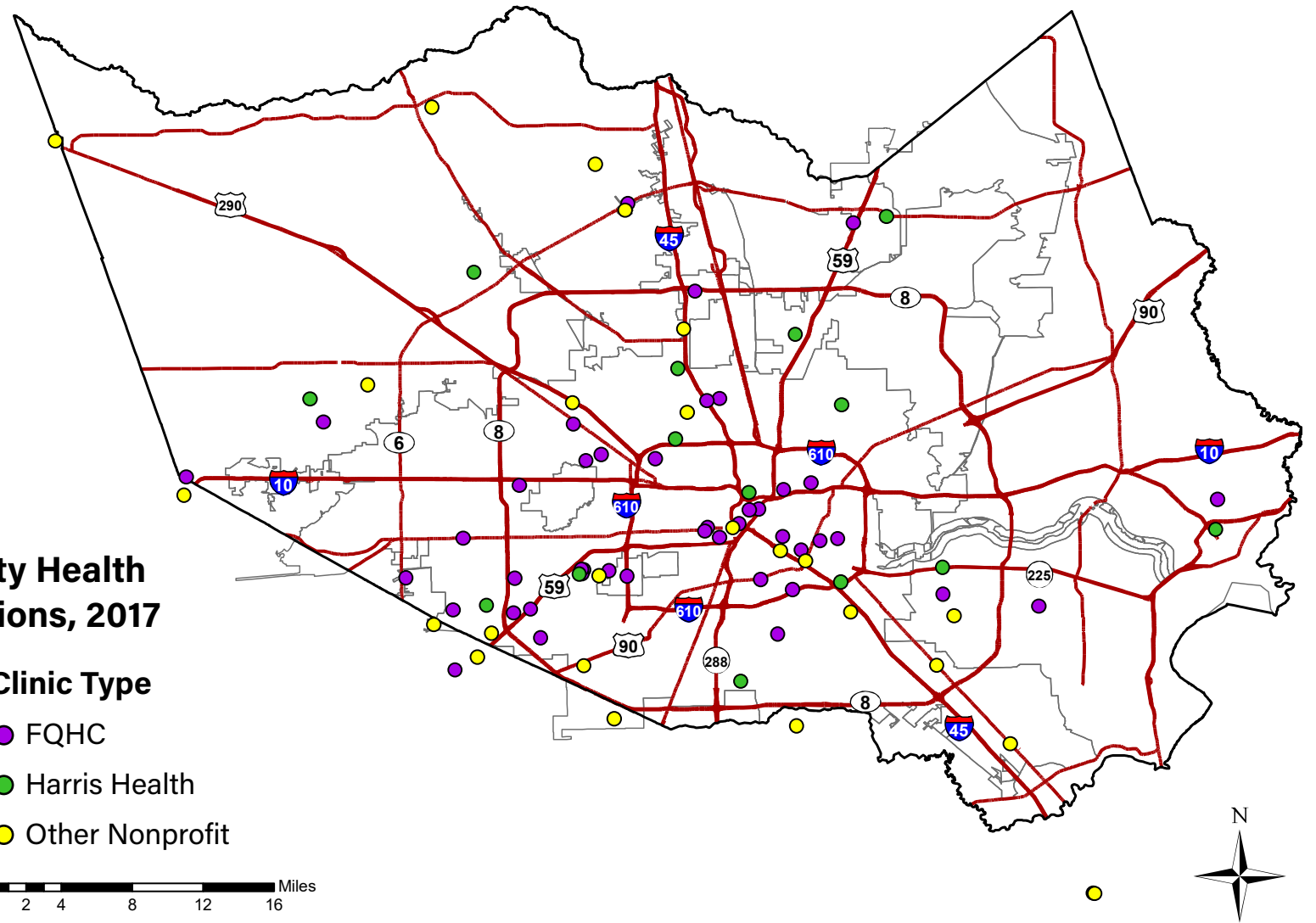
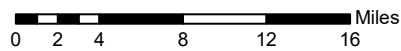


From 2015 to 2017, nine new clinic locations were opened and seven clinic locations were closed for a net increase of two clinic locations serving Harris County.

All Community Health Center Locations, 2017

Clinic Type

- FQHC
- Harris Health
- Other Nonprofit



Whether or not community health centers opened new locations during this period, their capacity to serve more patients increased.

Across all Providers, the Number of Unduplicated Primary Care Patients Served Grew 7% between 2015 and 2017

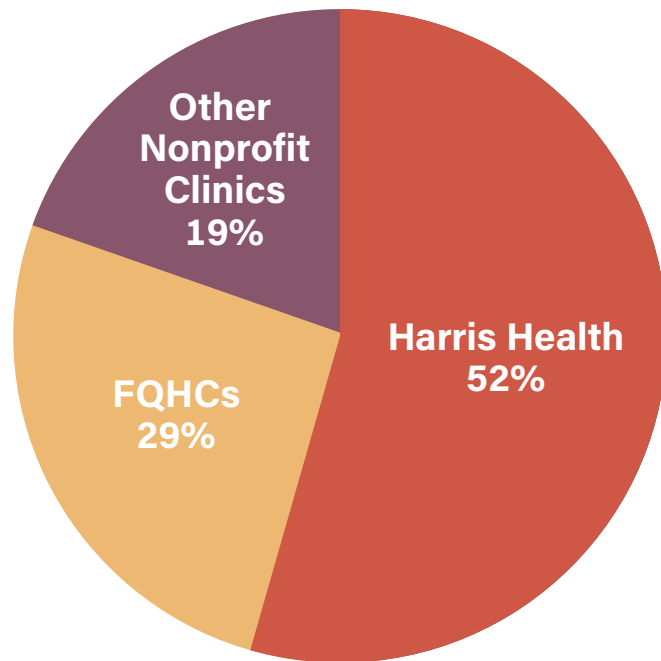
2015	2017
544,274 Patients Served	582,780 Patients Served

It should be noted that the number of patients served in 2017 may prove to be somewhat elevated, as FQHCs and other nonprofit clinics engaged in significant outreach to meet the needs brought on by Hurricane Harvey. As a result, there may be a slight decline in the total number of patients served in 2018, which should not be attributed to a decreasing demand for primary care.

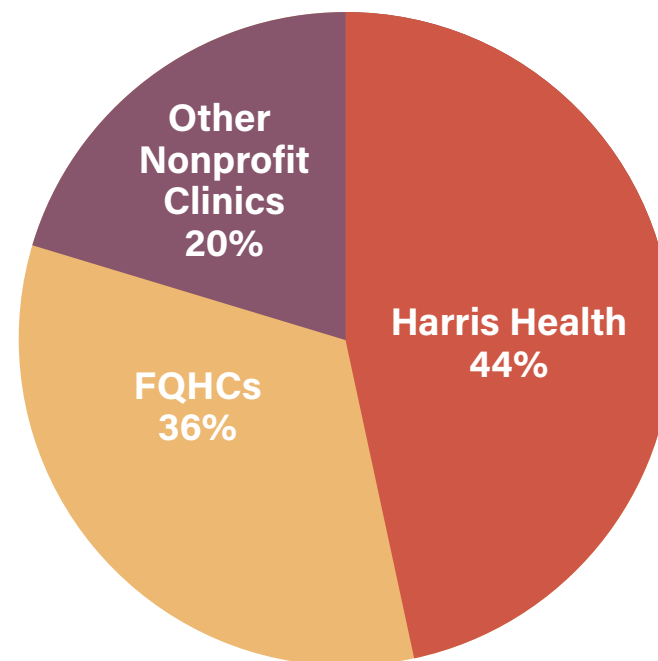
Harris Health clinics remained the largest provider of primary care services among nonprofit clinics in 2017. However, FQHCs have closed the gap considerably, realizing the largest increase in patient share between 2015 and 2017. Other nonprofit clinics also saw a slight increase in their share of total patients served.

FQHCs continued to increase their share of total patients served, from 29% in 2015 to 36% in 2017.

Percent of Patients Served, 2015

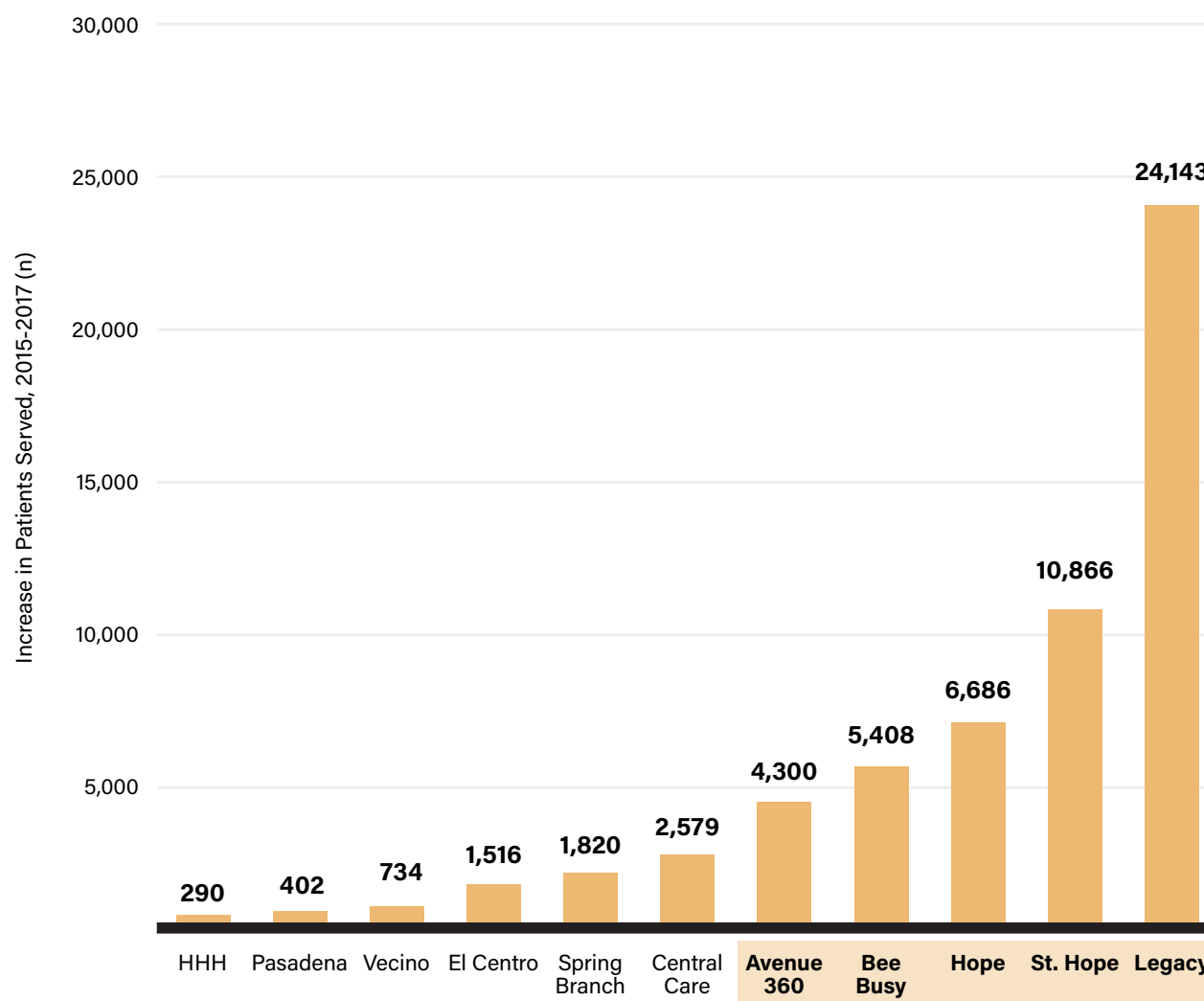


Percent of Patients Served, 2017



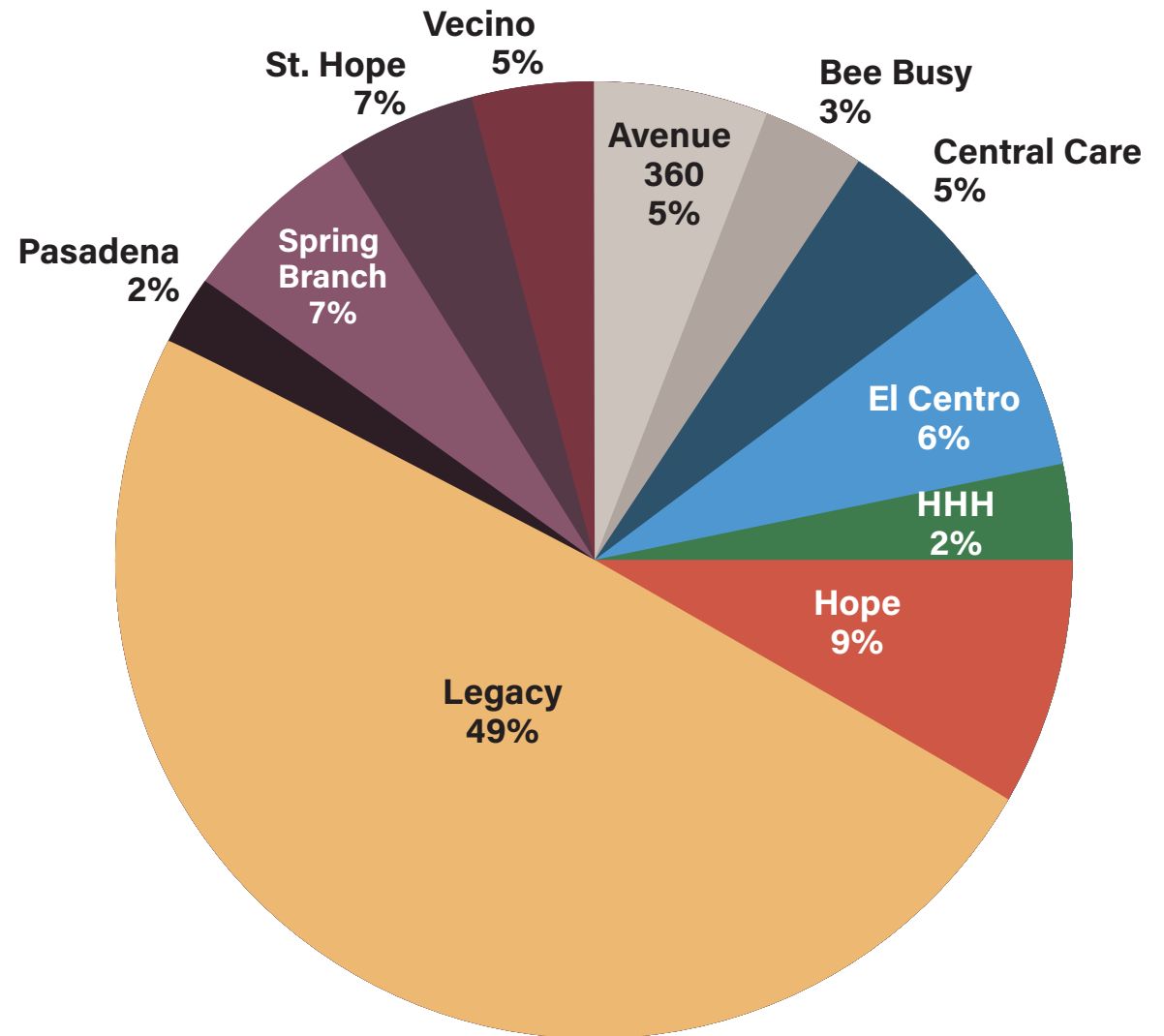
Growth at Legacy Community Health continued to drive much of the increase in patients served at FQHCs. St. Hope Foundation and Bee Busy Wellness Center, two relatively young FQHCs, also had very significant increases in patients served between 2015 and 2017. These FQHCs increased patient volume by 374% and 278% respectively. Hope Clinic and Avenue 360 Health and Wellness also had robust growth, increasing their patient volume by 60% and 62% respectively.

Five FQHCs Experienced Strong Growth in Patient Volume between 2015 and 2017



Serving 49% of all patients at FQHCs, Legacy Community Health remains the largest provider of primary care among FQHCs. Hope, Spring Branch, St. Hope and El Centro round out the top five FQHCs in terms of total patient share.

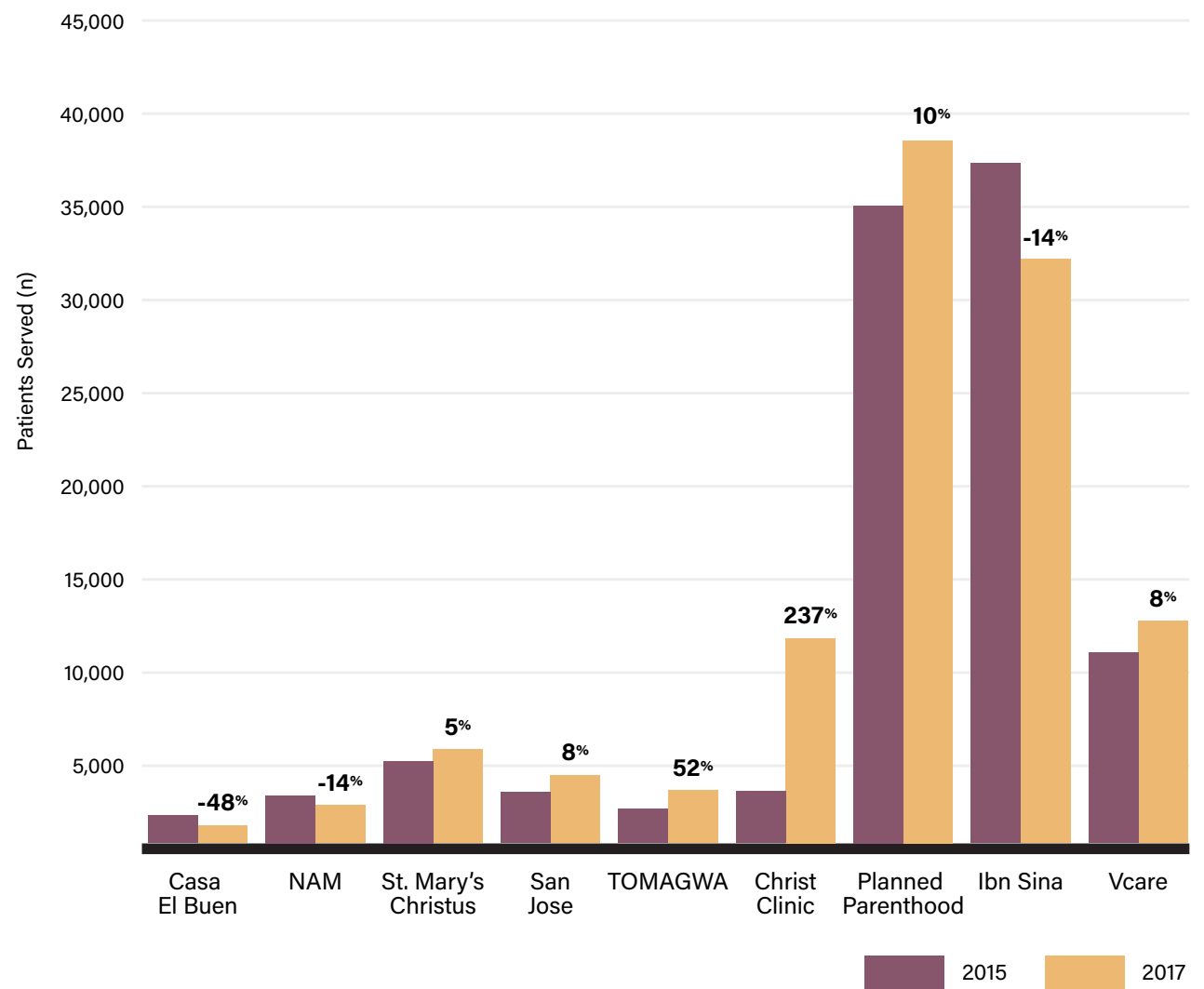
Legacy Community Health Remains the Largest Provider of Primary Care among FQHCs in 2017



3 2015-2017: Growth Trends Continued

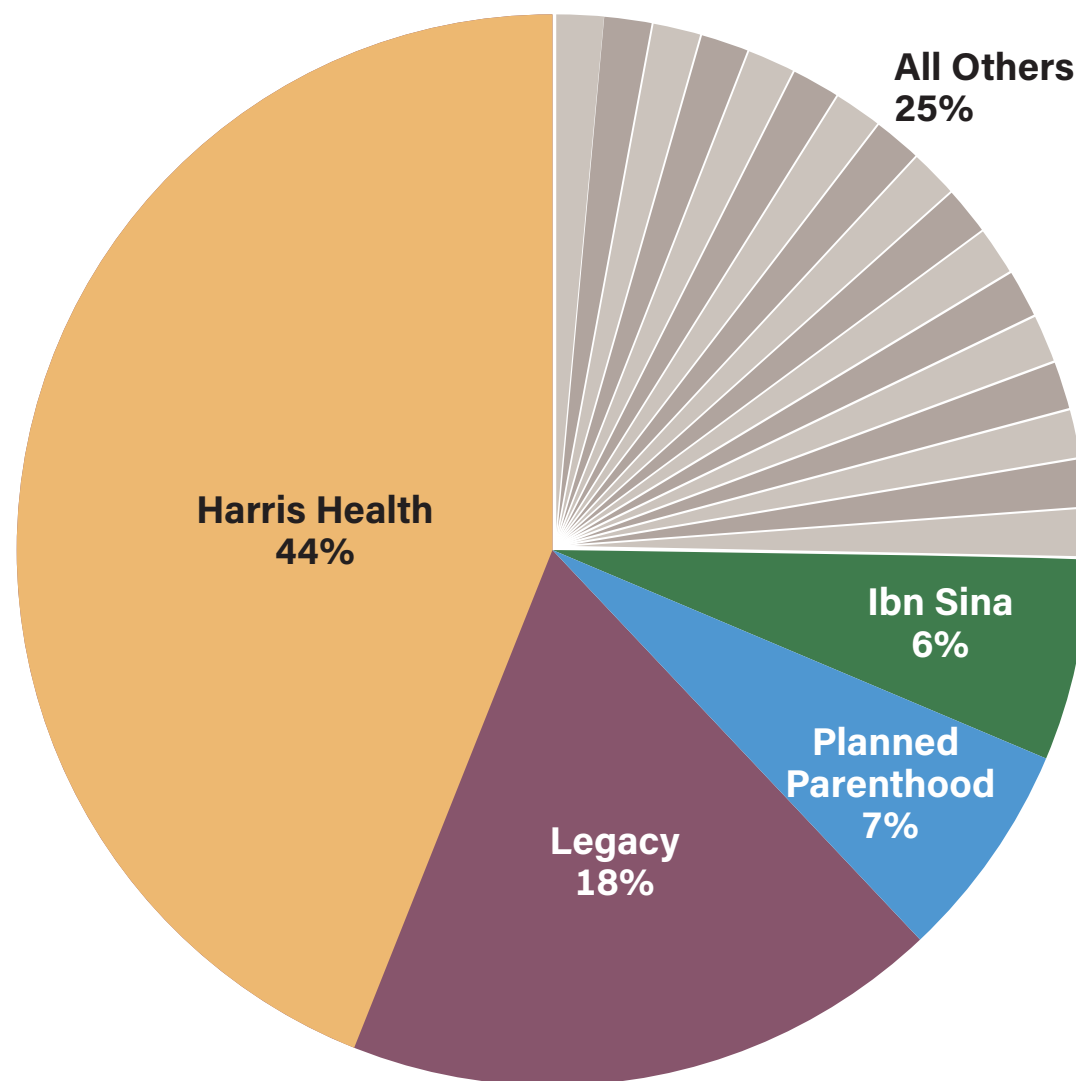
With just a few exceptions, other nonprofit clinics also served more people between 2015 and 2017. The most notable increases in patients served occurred at Planned Parenthood and Christ Clinic. Christ Clinic reported that outreach and other services during Hurricane Harvey increased clinic visibility in the community, contributing to a larger patient volume. Planned Parenthood and Ibn Sina continued to serve the largest patient populations among nonprofit clinics and were among the largest providers of primary care overall.

Other Nonprofits Served More People between 2015 and 2017



Taking all changes in patient volume into consideration, in 2017 four primary care providers served 75% of patients served: Harris Health, Legacy Community Health (FQHC), and two other nonprofit clinics, Planned Parenthood and Ibn Sina.

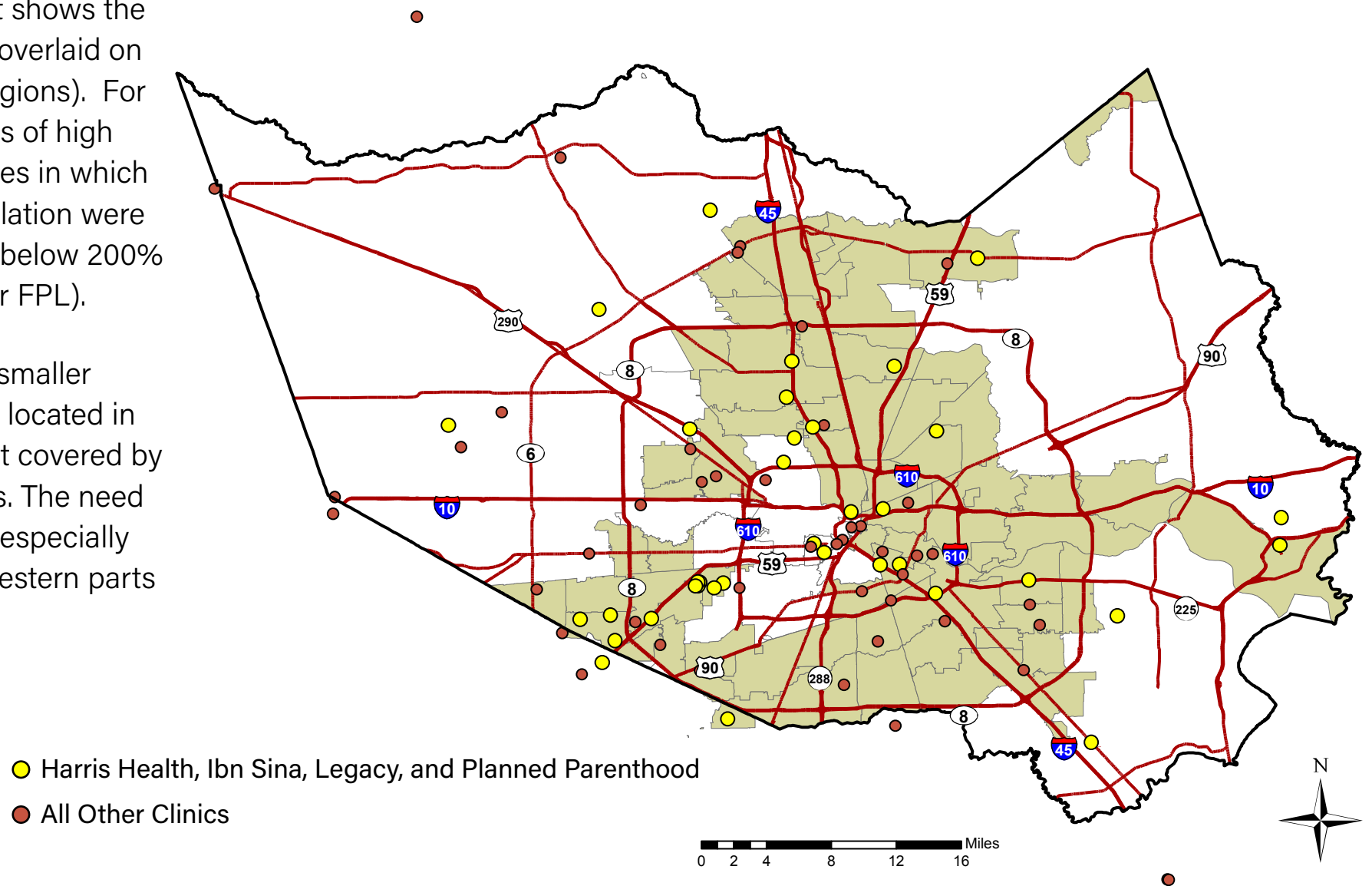
2017 Share of Patients Served Among All Providers in Harris County



Although four community health centers served the majority of primary care patients, other clinics continued to play an important role in the community clinic network. The map on the right shows the distribution of clinic locations overlaid on areas of high need (shaded regions). For the purpose of this study, areas of high need were defined as ZIP codes in which 40% or more of the total population were considered low-income (at or below 200% of the Federal Poverty Level or FPL).

As illustrated by the map, the smaller community health centers are located in areas of high need that are not covered by the four largest clinic agencies. The need for local healthcare centers is especially evident in the southern and western parts of the county.

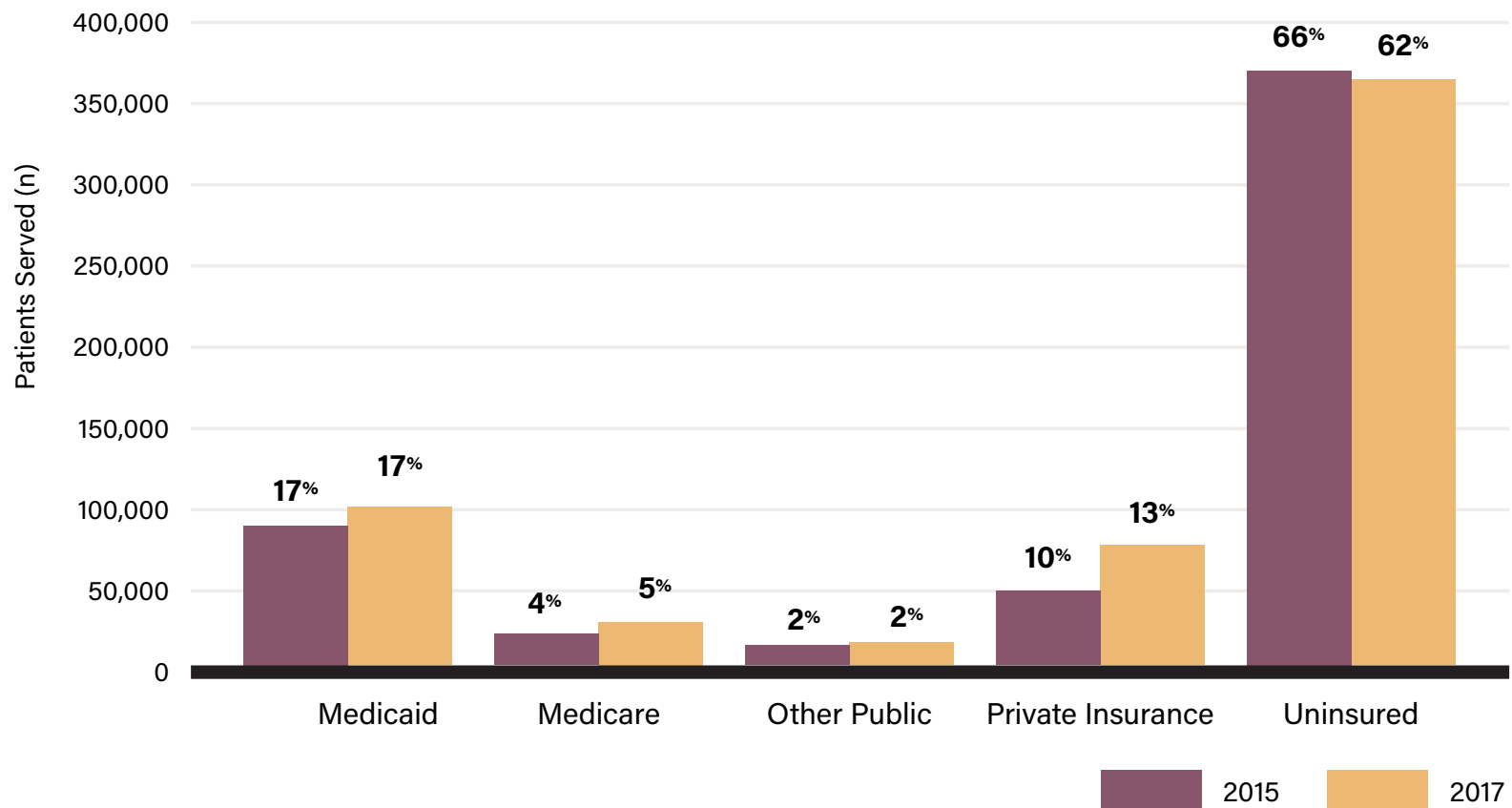
Small Community Health Centers (Denoted by Red Dots) Tend to be in Areas of High Need (Shaded)



Characteristics of Patients Served at Community Health Centers

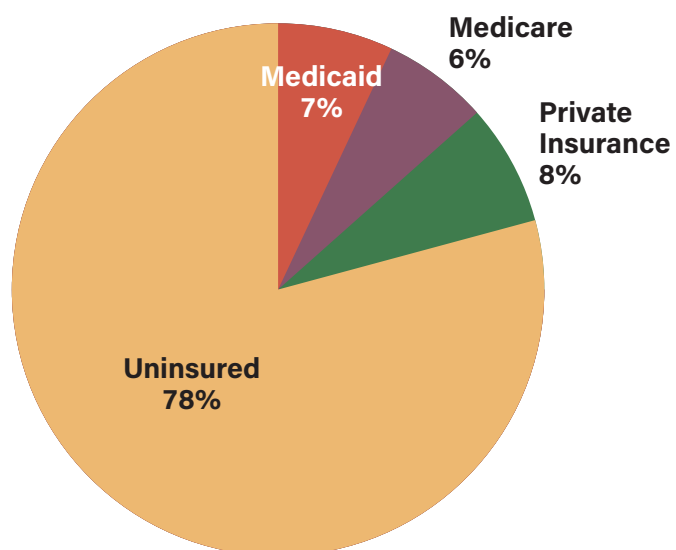
The majority (62%) of patients served in 2017 were uninsured. However, the percent of insured patients accessing primary care at community health centers has grown. Overall, patients with any kind of insurance has grown by 7%, with the fastest growth in private insurance.

Uninsured Patients Still Make Up the Majority of Patients Served in 2017

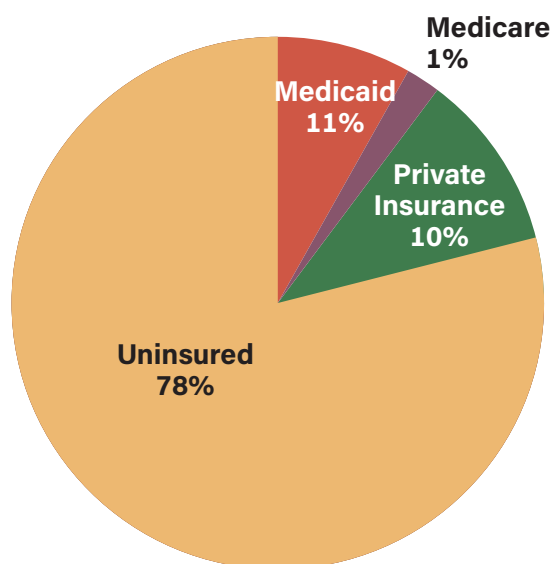


The payer mix for Harris Health and other nonprofit clinics remains heavily dominated by uninsured patients, while the payer mix at FQHCs overall continues to be more diversified.

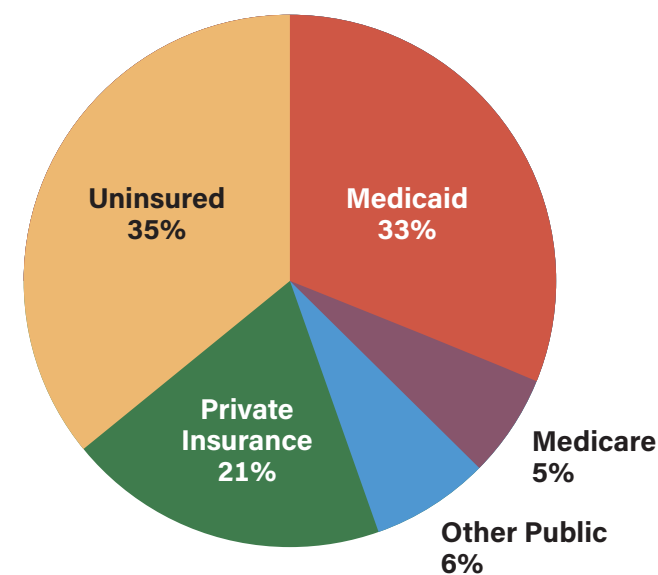
Harris Health, 2017



Other Nonprofit Clinics, 2017



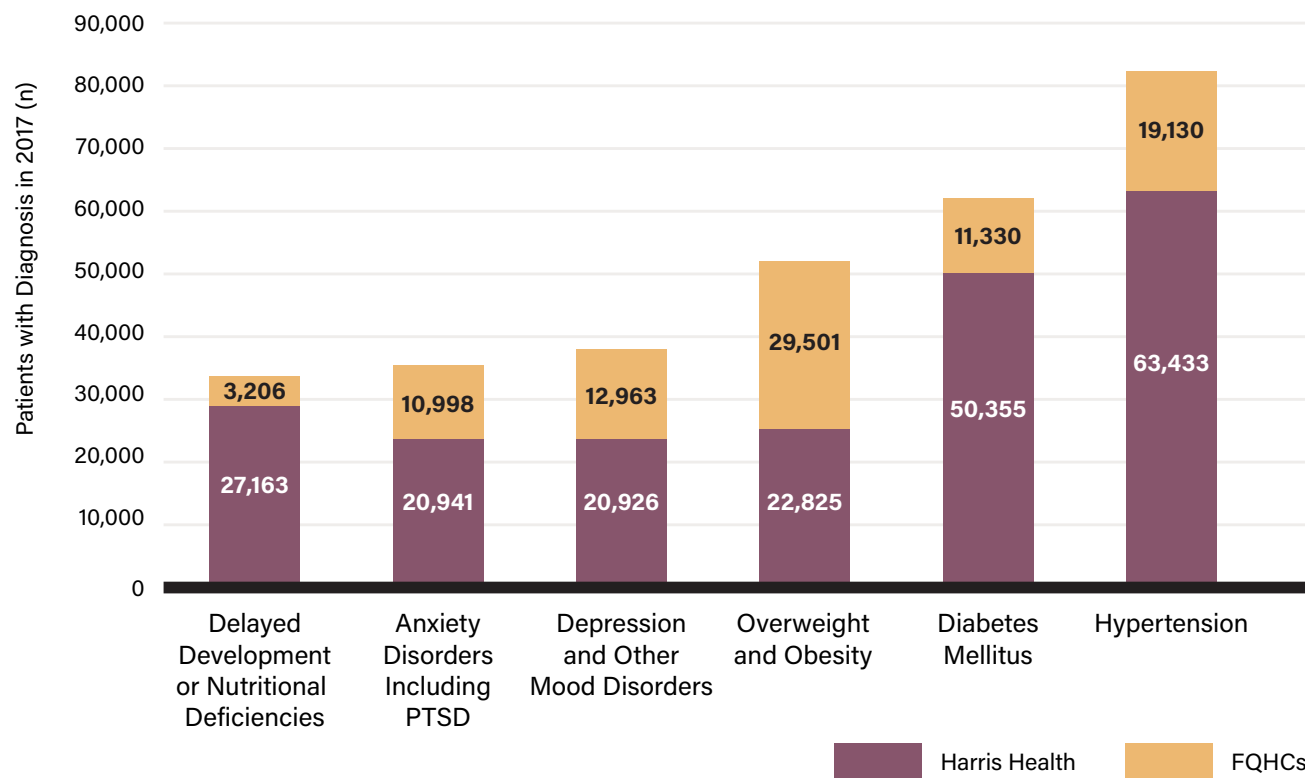
FQHCs, 2017



Patient health concerns in 2017 were dominated by hypertension, diabetes, obesity and behavioral health.

Over 65,000 patients were diagnosed with depression, anxiety and other mood disorders in 2017. The sixth most common diagnosis was delayed development or nutritional deficiencies, which was driven largely by patients served at Harris Health, with the top diagnosis in this group being vitamin D deficiency.

Top Diagnoses at Harris Health and FQHCs in 2017

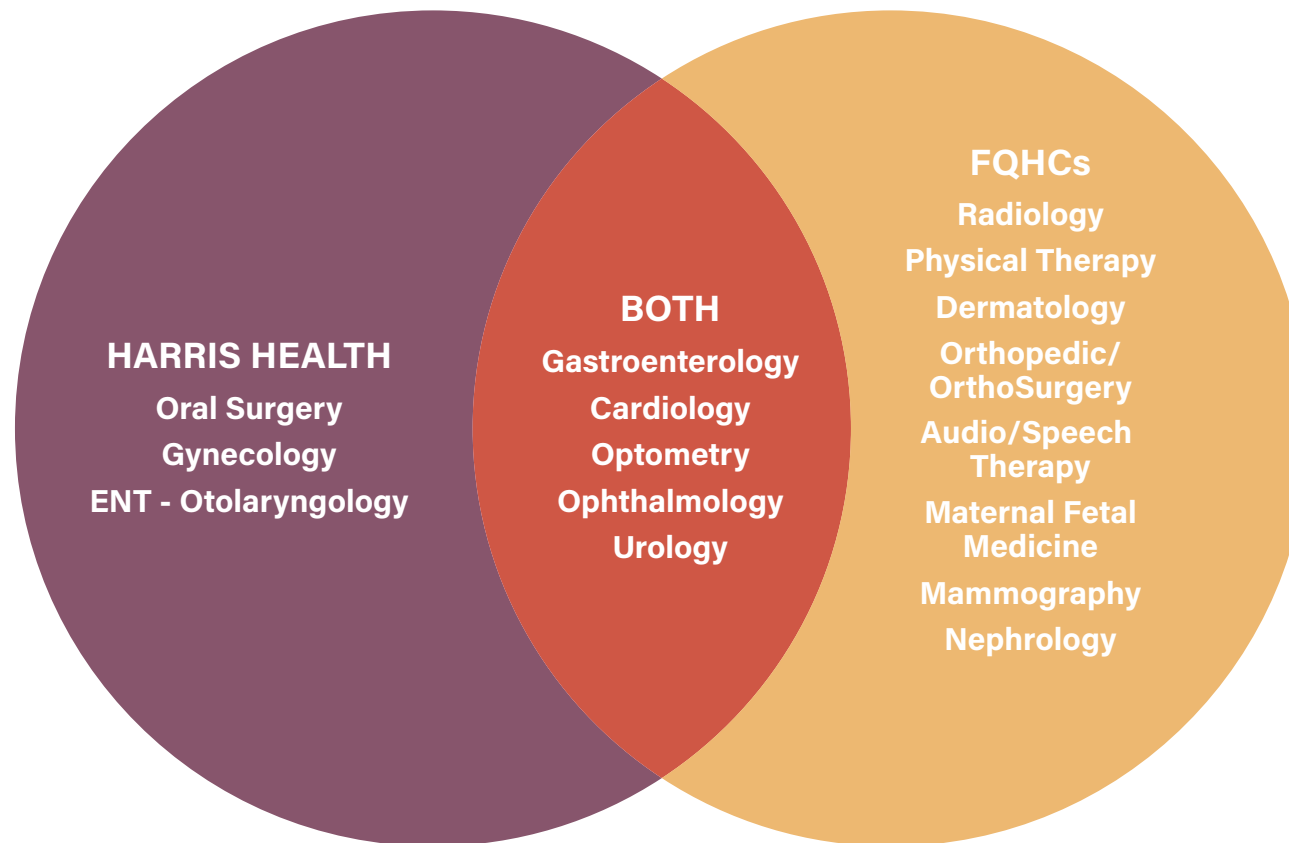


Overall, those served by community health centers tend to be sick with a substantial need for primary care and enhanced services, especially behavioral healthcare.

The Continued Need for Specialty Care

Access to specialty care in Harris County has continued to represent a significant need for more than a decade. The most common referrals to specialty care made in 2017 by community health centers were gastroenterology, optometry/ophthalmology and cardiology.

While Harris Health and FQHCs shared several common specialty care needs, patients at FQHCs had much more diverse specialty needs indicated. The observed difference may be due to differences in the populations being served or lack of access to certain specialty providers at FQHCs.



*Note, data represents all specialty care referrals made by Harris Health clinics and the top 4 FQHCs

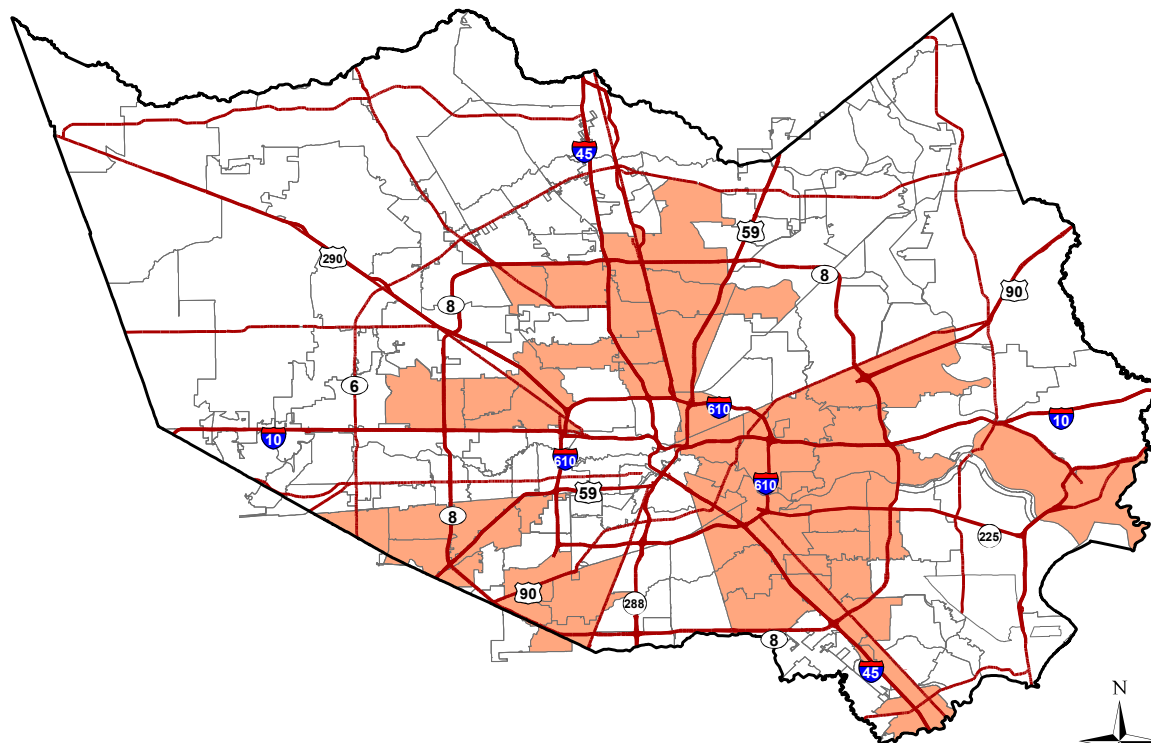


Community Needs

From 2014 to 2017 Harris County realized a 4% reduction in the number of uninsured (all ages). Geographically, this resulted in visibly fewer ZIP codes in the county where 30% or more of the population was uninsured. However, areas with high rates of uninsured persons still exist in the northern, eastern and southwestern parts of the county.

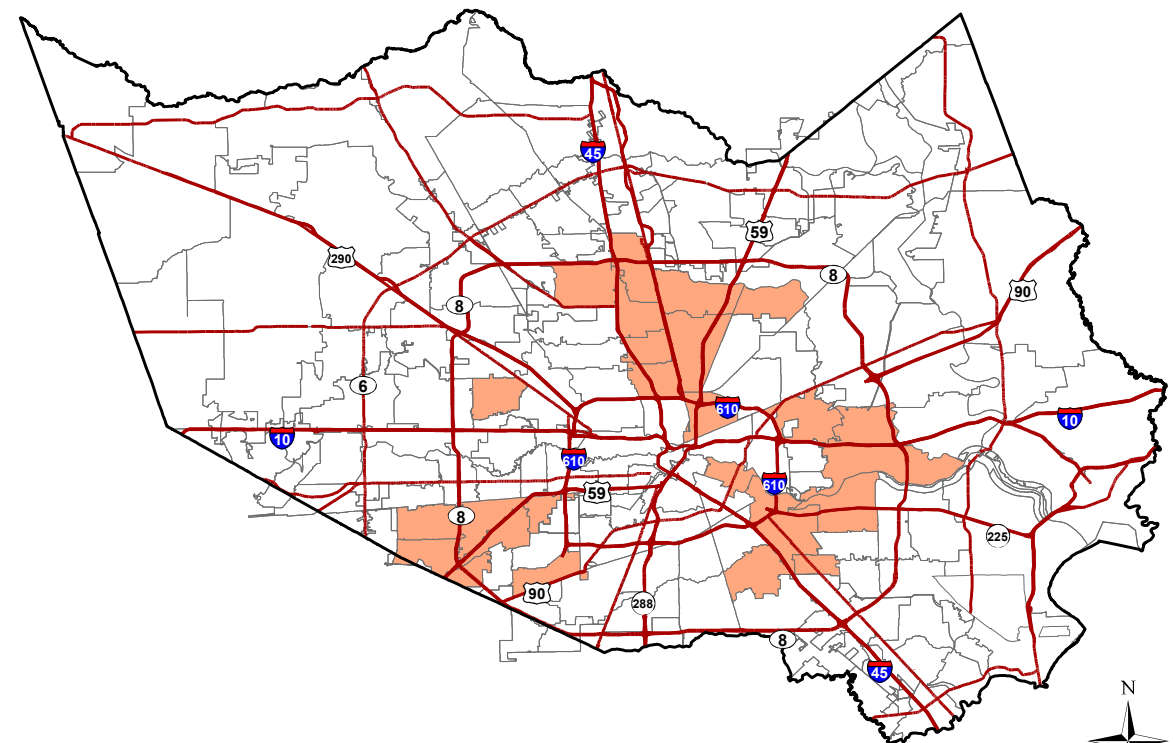
The Number of Harris County ZIP Codes with Greater than 30% Uninsured Visibly Decreased between 2014 and 2017

ZIP codes with $\geq 30\%$ uninsured, 2014



Data Source: United States Census Bureau, 2010-2014 Five-Year American Community Survey

ZIP codes with $\geq 30\%$ uninsured, 2017



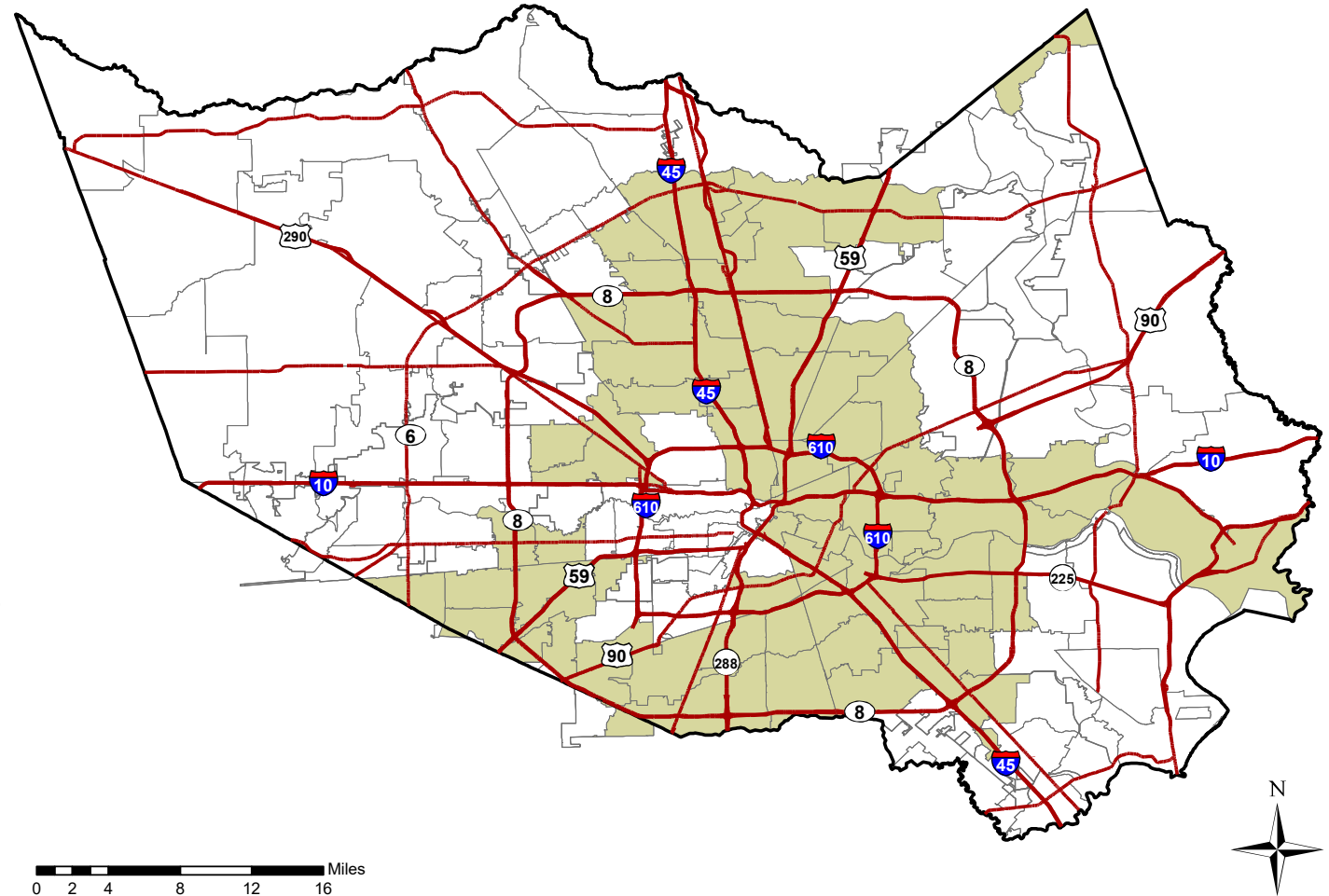
Data Source: United States Census Bureau, 2013-2017 Five-Year American Community Survey

4 Community Needs

While the majority of patients served by community health centers are uninsured, there also is demand for affordable healthcare among low-income populations more generally. Community health centers serve many patients with Medicaid, Medicare or private insurance, whether it is provided by the marketplace or employers. Those households with income at or below 200% of the Federal Poverty Level, regardless of insurance status, are more likely to seek primary care at lower cost, nonprofit community health centers than at other providers.

In Harris County in 2017, there were 66 ZIP codes in which 40% or more of the population was considered low-income (shaded areas in the map to the right). For the purpose of this study, these areas are considered areas of high need.

There are 66 ZIP Codes in Harris County Where 40% or More of the Population was Low-Income in 2017



4 Community Needs

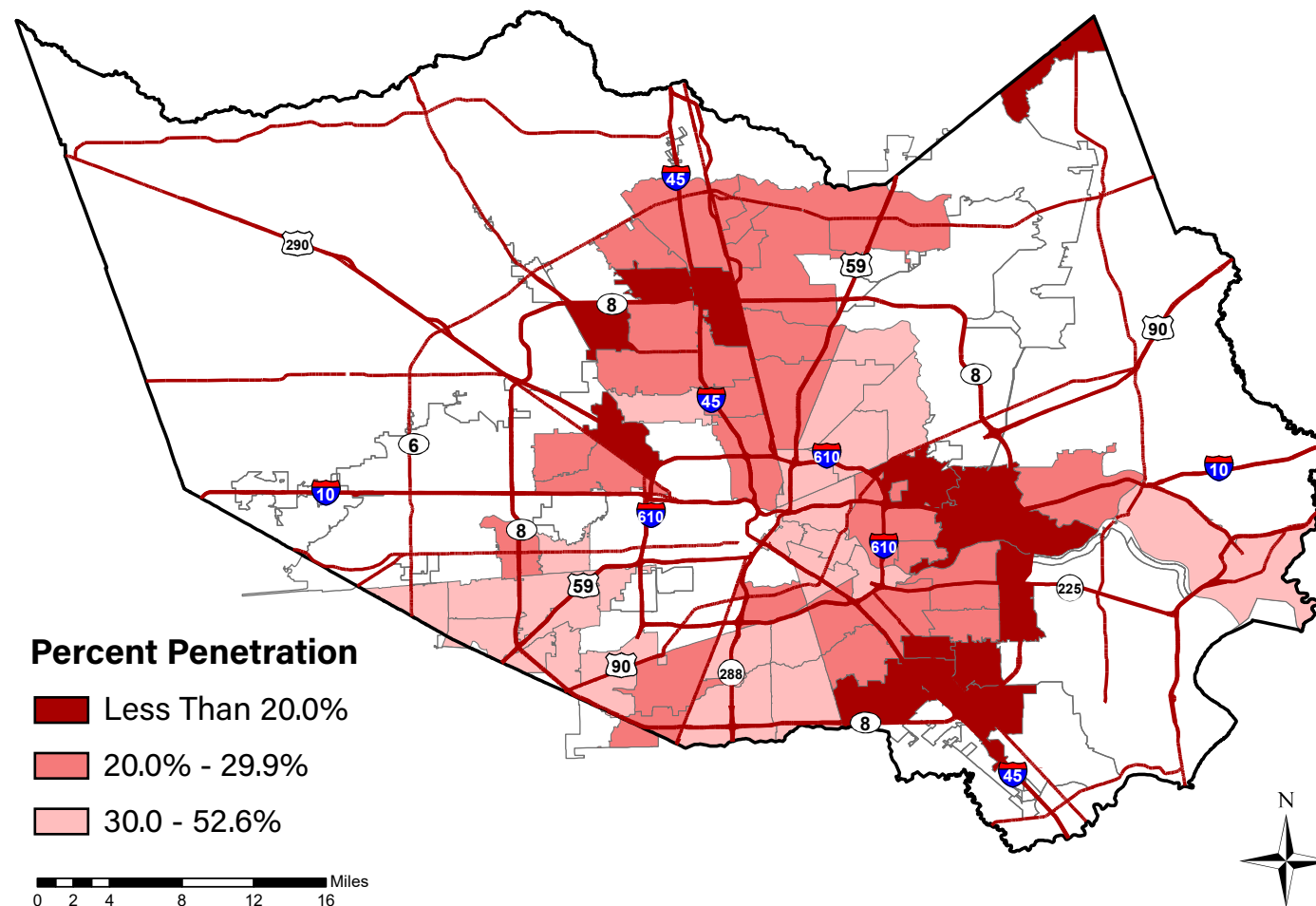
To better understand the extent to which these high need areas were being served, penetration rates were calculated by dividing the number of patients served in each ZIP code at Harris Health and FQHCs (over 80% of patients served), by the total low income population in that ZIP code. The area with the lowest service penetration by community clinics was in New Caney (7.9%), while the highest was in the southwest (52.6%).

Within the 66 high need ZIP codes,

- + 10 ZIP codes had less than 20% of the low-income population served.
- + 29 ZIP codes had 20-29% of the low-income population served.
- + 27 ZIP codes had 30%+ of the low-income population served.

Across all high need ZIP codes in Harris County, on average, 28% of the low-income population is being served by Harris Health Community Clinics or FQHCs.

There Remains Significant Room to Meet Primary Care Needs (Indicated by Darker Shaded Areas)



A black and white photograph of two men sitting on a balcony. The man on the left is older, with short hair, wearing a dark polo shirt and holding a white mug. The man on the right is younger, with a beard and mustache, wearing a dark button-down shirt. They are both looking towards the right. The balcony has a decorative metal railing. The background shows a building with windows and a bright sky. The image is framed by a dark red border.

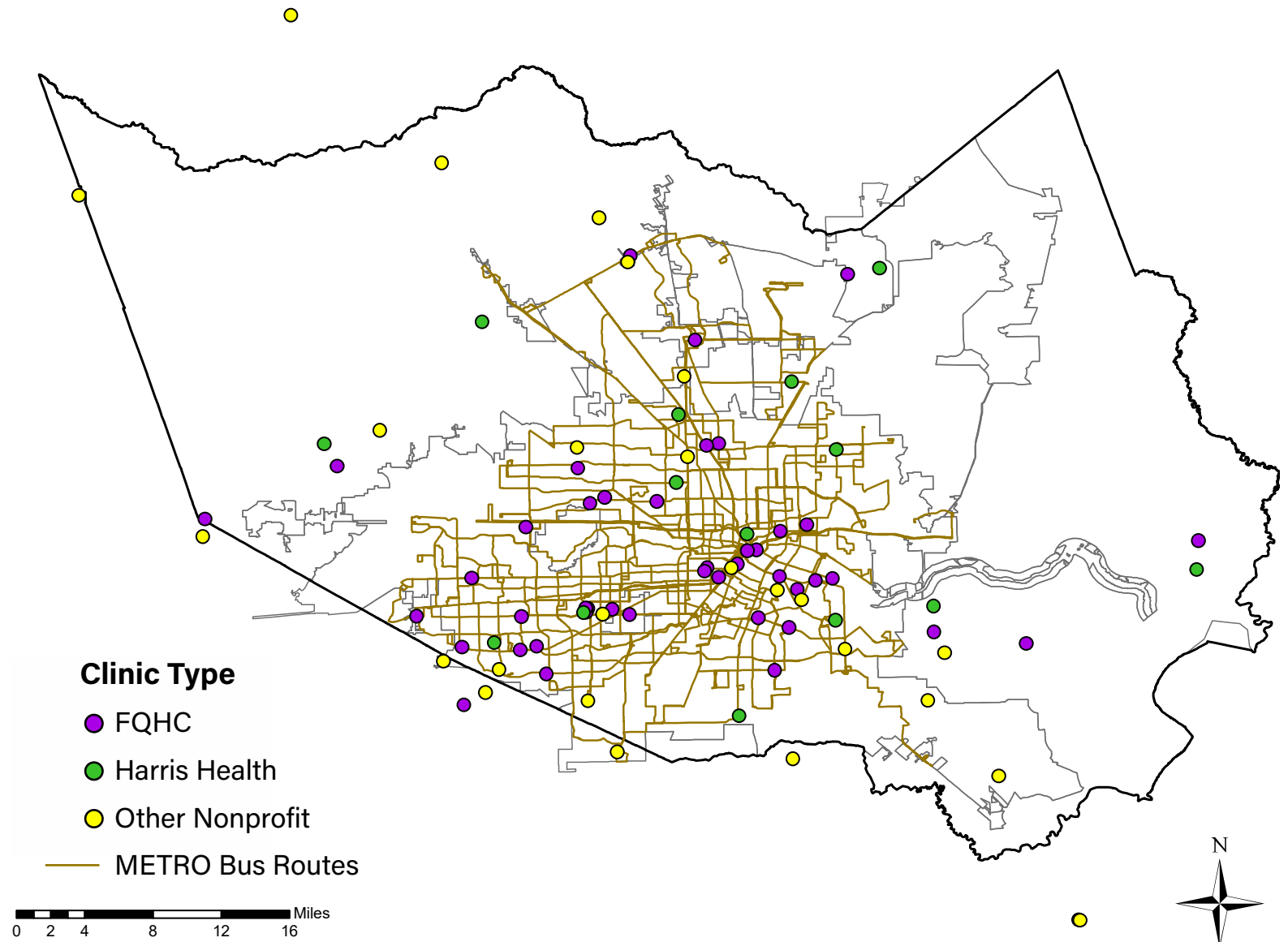
Strategies to Better Meet Need

The last assessment *Providing Healthcare to Those in Need* suggested that there were a number of ways that providers could increase accessibility, including improving the size and visibility of signage and increasing the length of clinic service hours. Clinics are easier to find when they have large and clearly visible signage outside the clinic. Also, hours of operation that include evening and weekend hours have been shown to have a strong impact on accessibility.

Since 2015, there are fewer clinic locations offering services after hours and on weekends. This appears to be due to the closure of clinic locations offering these extended hours.

While proximity to public transportation is not essential to accessibility, transportation is a substantial barrier to care for many low-income families. As indicated on the map to the right, the majority of clinics are accessible via public transportation except in the outer edges of the county.

After-Hour Services and Clinic Proximity to Public Transportation are Key to Improving Accessibility

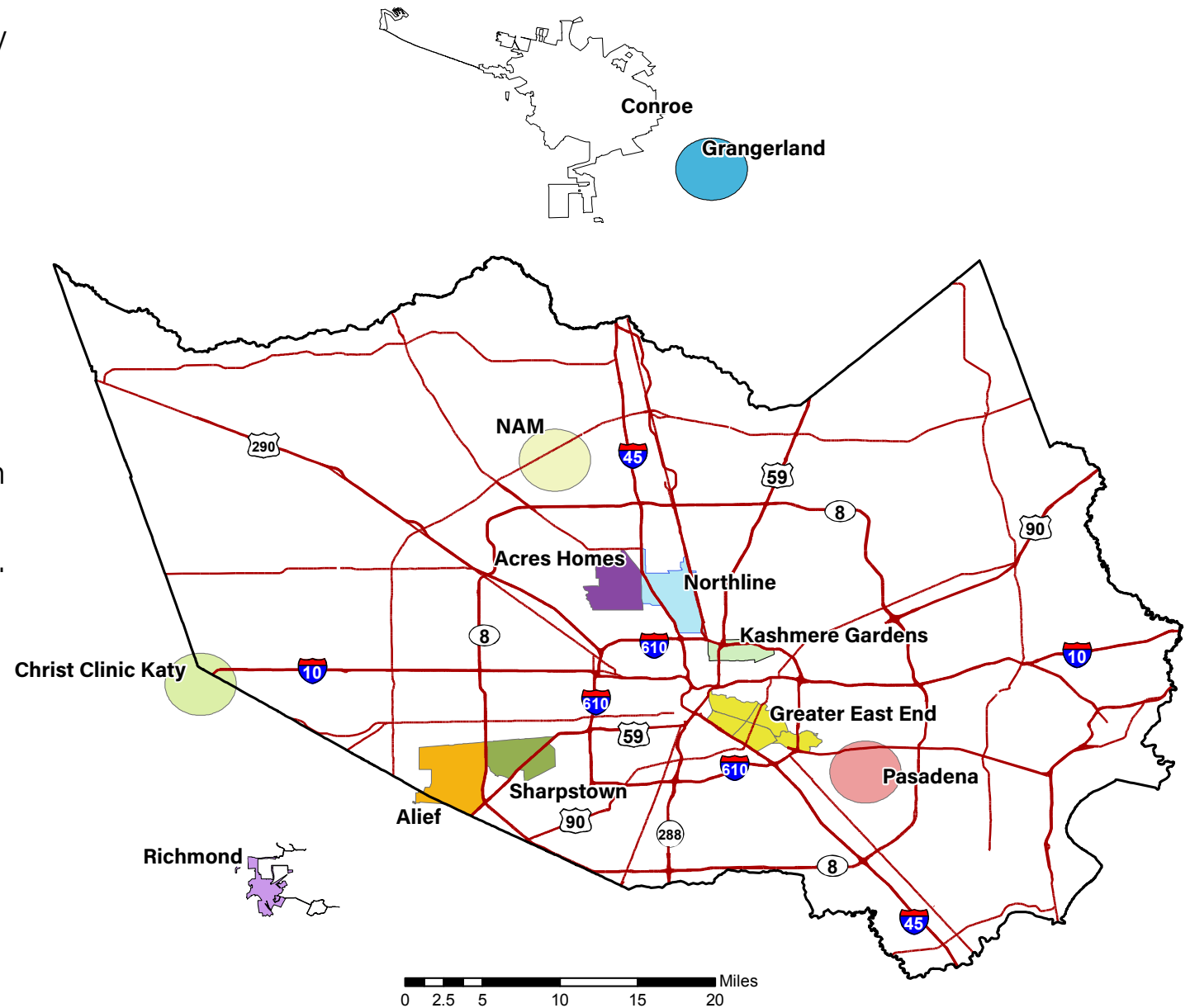


Finally, a growing trend among community clinics is aimed at improving health through attention to social determinants of health and community prevention.

Considerable work has been done by various community clinics in the county to capture and utilize meaningful data on social determinants of health. Several clinics have piloted social determinant of health tools, while others have developed customizable measures for clinic adoption. Other clinics are engaging with community partners to address community conditions that will improve the health of residents.

While most upstream efforts remain in their infancy and will take time to realize a community health impact, each has had at least small impacts on the clinics, partnering agencies and/or communities in which they are working.

Community Health Centers Are Engaging With Communities to Improve Population Health



While there has been a leveling off of the number of clinic locations and the length of clinic service hours available to patients seeking care at these facilities, clinics have been able to increase the number of patients they serve. Beyond treating people with healthcare, the growing number of healthcare agencies experimenting with upstream medicine practices aimed at the community roots of poor health is the newest and potentially most promising development towards improving the health of Harris County residents. As awareness grows about the impact of community conditions on health, and as clinic agencies prepare for value-based payment, these trends are likely to grow in strength, and hopefully impact.





Taken together, these trends suggest that community health centers in Harris County have the capacity to adapt, grow and even thrive while serving those in greatest need.