



COMMUNITY HEALTH CENTERS

PROVIDING ESSENTIAL REPRODUCTIVE HEALTH CARE FOR LATINAS

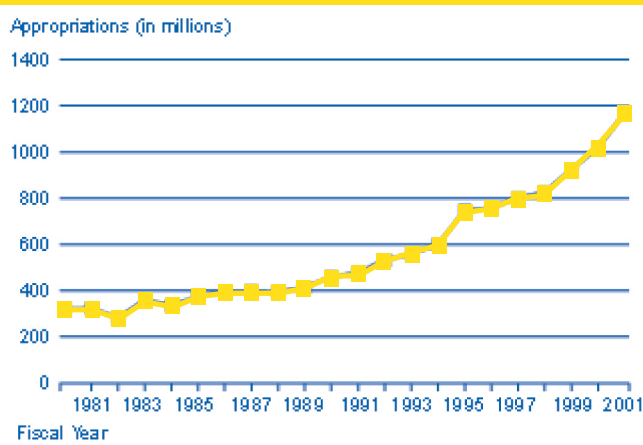
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What Are Community Health Centers?

Community health centers (CHCs) were designed to provide affordable and comprehensive primary and preventative health care services to low-income individuals living in medically underserved areas. Community health centers receive specific federal funding to provide free or low-cost services, including reproductive health services. Over the last several years, federal funding for public health care programs, including Title X, has diminished. Funding for CHCs, however, has increased under the Bush Administration.

On the Rise

Federal appropriations for community health centers have risen steadily over the past two decades, and this increase has accelerated over the past several years.



Note: Appropriations listed for 1981-1994 are for the community health center program only; appropriations for 1995-2001 are for a consolidation of four programs: community and migrant health centers, health care for the homeless and public housing services grants. Source: The Alan Guttmacher Institute, 2001, unpublished tabulations.

What Reproductive Health Care Services Do CHCs Provide?

Although CHCs are required by law to provide voluntary family planning services, clinics have wide discretion in deciding how to deliver these services. The Bureau of Primary Health Care (BPHC), the division of the U.S. Department of Health and Human Services that administers the CHC program, has not published any reproductive health care program guidelines.

Studies show that CHCs play a pivotal role in providing essential reproductive health care for low-income women, including prenatal care, mammograms and Pap tests. Reports show that each year, CHCs provide prenatal care for 400,000 births, or approximately 1 in 10 live births nationwide. As a result, the rates of infant mortality and low birth weight babies among community health center patients are lower than rates for the general population. Studies have also found that 64% of female CHC patients aged 50 and older received regular mammograms, compared with 45% of low-income, non-CHC patients. In addition, 89% of female CHC patients aged 18 and older had a recent Pap smear, compared with 75% of all low-income women.

Although many CHCs offer a range of reproductive health care services, CHCs' track record in providing family planning services such as contraceptives, options counseling and medical referrals has not been as consistent. Anecdotal evidence also suggests that some CHC clinics do not offer emergency contraception. For information about NLIRH's CHC Survey Project, see the following page.

Why Are CHCs Important Service Providers For Latinas?

CHCs have served as one of the main sources of health care for low-income Latinas. Latinas rely on community health centers for several reasons. First, community health centers offer essential services at low cost. Second, CHCs in Latino communities are likely to have bilingual providers. Third, most CHCs provide essential reproductive health care services. According to a recent GAO report, approximately 25% of CHC patients identify as Latino.

Recommendations For Improving Services

It is imperative that CHCs provide comprehensive family planning services or institute a referral process that ensures women have easy access to reproductive health care services, including emergency contraception. CHCs that serve limited English proficient (LEP) populations must offer linguistically and culturally appropriate services. CHCs should also reach out to low-income Latino communities and educate them about available services, including reproductive health services.

References

Cynthia Dailard, "Community Health Centers and Family Planning" The Guttmacher Institute, October 2001.

NLIRH Community Health Center Survey Project

Community health centers (CHCs) provide affordable and comprehensive primary and preventative health care services, including reproductive health services, to low-income individuals living in medically underserved areas. Many CHCs are also staffed with bilingual providers and offer culturally and linguistically appropriate care. As such, community health centers are a critical source of reproductive health care for Latinas.

In 2006, the National Latina Institute for Reproductive Health (NLIRH) conducted surveys of community health centers in selected sites to assess the extent to which clinics provide a complete range of reproductive health services to their clients. The survey instrument was developed by NLIRH staff and included questions regarding the provision of reproductive health services, such as the availability of birth control options, breast cancer screening, prenatal care, and referrals for abortion. The survey also included questions about the availability of interpreters in order to assess the level of cultural competency.

Methods

53 community health centers in 4 strategic sites were surveyed. Philadelphia, Chicago, Colorado, and New Mexico were selected as sites because of their geographic diversity and because of the presence of NLIRH Latina Advocacy Networks. By using the National Association of Community Health Centers database (<http://www.nachc.org>), researchers generated a list of all community health centers in each of the 4 locations, and selected community health centers located in predominantly Latino communities. The researchers called approximately 14 community health centers in each site and administered the survey to whoever answered the phone. This was usually a receptionist, nurse manager, or office manager. Results from the survey were analyzed using SPSS 14.0.

Findings

In our study sample of 53 community health centers we found that:

- 100% offer pap smears and pelvic exams
- 98% provide birth control; among the methods of birth control, oral contraceptives along with depo-provera are the most commonly prescribed
- 47% offer their clients emergency contraception
- 85% provide prenatal care
- 65% provide breast cancer screening
- 94% offer STI, including HIV, testing
- 73% provide referrals for abortions
- 93% offer services in Spanish

Discussion

While our study did not utilize a rigorous, scientific sampling technique, and is, therefore, not representative of all community health centers in the country, we feel that this project provides a useful analysis of how some community health centers are meeting the reproductive health needs of their patient population, as well as what areas are in need of improvement.

Overall, the results from the survey are encouraging in that a number of key reproductive health services are provided through community health centers. The vast majority of respondents indicated that their community health centers provided pap smears, pelvic exams, STI and HIV testing, and family planning services. We speculate that a lack of equipment and personnel may account for why breast cancer screenings and prenatal care were not universally provided at the surveyed community health centers.

The most alarming finding was that many clinics reported not offering emergency contraception. Although most community health centers indicated that they offer a myriad of contraceptive options to their clients, almost half indicated that they do not offer their clients emergency contraception. It would be interesting to investigate why this is the case. Were respondents confusing emergency contraception with RU-486, an abortifacient? Does this policy relate to the health care coverage of the population that seeks care at community health centers? This finding warrants further research. It was encouraging, however, that the majority of community health centers indicated that they provide a referral for emergency contraception if it is not offered.

Our study also highlighted the need for improved training of front-line personnel at community health centers. It was striking how uninformed first-line responders were about general services being offered at their clinics. Although this may raise doubts about some of the conclusions we draw from our surveys, it is an important finding nonetheless because it signals a clear need for training. These first-line responders make the initial contact with clients and it is imperative they provide accurate information to ensure clients can access the full range of available services. This is especially critical for time-sensitive services, such as the provision of emergency contraception.

Next Steps...

NLIRH is committed to engaging in public education and advocacy to improve EC access at the surveyed clinics where it is not currently being offered. If you are interested in getting involved in our efforts in one of these localities or in your own community, please contact us at (212) 422-2553.

