

Community Health Centers: An Untapped Medical Surge Capacity Asset

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About Community Health Centers

- Serve a Medically Underserved Area or Population
- Governed by a community board
- Provide comprehensive primary care services
- Provide access to care through a sliding fee scale for uninsured patients
- Many are JCAHO accredited

Accomplishments of Community Health Centers

- Health Care Home for 16 million Americans
 - 1 of 7 uninsured persons (6.4 million)
 - 1 of 9 Medicaid/CHIP recipients (5.7 Million)
 - 1 of 4 low-income children (5.9 million)
 - 1 of 5 low-income births (400,000)
 - 1 of 9 rural Americans (7.9 Million)
 - 10 million people of color; 750,000 farm workers; 700,000 homeless persons

About Community Health Centers

- 2006 National data
 - 1,002 Health Center grantees
 - 29% of patients best served in language other than English
 - 71% with known incomes under 100% FPL
 - 40% uninsured
 - 426,000 prenatal patients
 - 97,000 staff FTEs

Services Provided

- Primary medical & dental care
 - Employ Family Practitioners, Pediatricians, OB/GYNs, Internists, NPs, PAs.
 - Dentists & Dental Hygienists
- Many provide mental health services
- Other services as needed by community
 - Adult day and Home Health
 - Recuperative care for the homeless
 - Substance abuse treatment services

Ancillary Services Provided

- Lab & Radiology
- Certified Interpreters
- Transportation Services
- Outreach into the communities they serve
- Case Management
- WIC
- Health Education

LA Surge Examples

- Lessons Learned
 - Northridge earthquake
 - California wildfires
 - Mudslides
- LA County Emergency Management Services
 - Coordination
 - Communication
 - Planning
 - Drilling

LA Surge Examples



Disaster planning drills take place on a regular basis



Rural/Frontier Surge Examples

- May be only provider for 100 miles, so surge-related response can occur due to a variety of events



Rural/Frontier Surge Examples

- Mass Casualty Incidents
 - Triage
 - Care for “walking wounded”
 - Overflow care for EMS and small hospitals
- Hazmat spills/decontamination tents
- Point of coordination for community volunteers
- Utah clinics response to bus crashes

BPHC Expectations

- HCs should use ICS and NIMS
- HCs should integrate with local and regional plans, and seek agreements with local partners
- HCs should have a communication plan that includes redundant methods
- HCs should be able to collect and report data about patients seen as a result of a disaster

Possible Surge Capacity Roles

- Surveillance and reporting at a community level
- Coordination of community triage services
- Serving/staffing POD sites
- Provide care to existing patients, and patients unable to get hospital care
- Provide disaster mental health services

Possible Surge Capacity Roles

- Provide information and education to vulnerable populations
- Alternate Care Sites as capacity allows
- Decontamination sites in rural areas
- Supplement EMS and small hospitals with limited beds
- Operating temporary sites to care for displaced existing patient base