# Community Health Center and Rural Health Clinic Presence Associated with Lower County-Level Hospitalization Rates for Ambulatory Care Sensitive Conditions

RHRC
Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

South Carolina
Rural Health Research Center
At the Heart of Health Policy

**220 Stoneridge Dr., Ste. 204 ▪ Columbia, SC 29210 ▪ P: 803-251-6317 ▪ F: 803-251-6399 ▪ http://rhr.sph.sc.edu**

# Community Health Center and Rural Health Clinic Presence Associated with Lower County-Level Hospitalization Rates for Ambulatory Care Sensitive Conditions

Authors:

Janice C. Probst, PhD
James N. Laditka, DA, PhD
Sarah B. Laditka, PhD

Released August 2009

South Carolina Rural Health Research Center
At the Heart of Health Policy

Funding acknowledgment:

This report was prepared under Grant Award No. 5 U1C RH 03711-04-00 with the Federal Office of Rural Health Policy, Health Resources and Services Administration, US Department of Health and Human Services

RHRC
Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Joan Van Nostrand, D.P.A., Project Officer

# Executive Summary

## Background and Study Objectives

*Access to Health Care in Rural Areas and Ambulatory Care Sensitive Hospitalization*

Access to primary care in non-metropolitan (hereafter, rural) counties, particularly those with high concentrations of minority residents, is handicapped by two factors: proportionately more poor and uninsured persons, served by fewer health care providers. In this environment, safety net providers can have marked effects on population health, as measured by rates of ambulatory care sensitive (ACS) hospitalization. ACS conditions are those for which, in the consensus of medical experts, access to primary care of acceptable quality can reduce the frequency of hospitalization among persons with these diagnoses. While not all hospitalizations can be prevented, at the population level ACS hospitalizations have been found to be lower where other measures of access to care, such as provider availability, are higher.

*Community Health Centers and Rural Health Clinics*

Two principal types of federally designated safety net providers are present in rural areas: federally qualified community health centers (CHCs) and rural health clinics (RHCs). Community health centers (CHCs), administered by the Bureau of Primary Care, HRSA, focus on providing primary and preventive care to underserved populations. The Rural Health Clinic (RHC) program is directed toward the retention of providers in rural areas.

*Study Objective*

To clarify the contribution that CHCs and RHCs make to access to care, as measured by rates of ACS hospitalization among children, working age adults and older adults.

## Results

Total Population

*Adjusted analyses:* The presence of a CHC or RHC in the county did not affect the ACS admission rate among children. For working age adults, the presence of a CHC in the county of residence was associated with decreased rates for ACS hospitalizations, when compared to a county with neither facility. Among older adults, the presence of either a CHC or RHC, or both, in the county reduced ACS admission rates, compared to counties in which neither provider was present.

Analyses Restricted to Uninsured Population for Children and Working Age Adults

*Adjusted analyses:* The presence of a CHC or RHC in the county did not affect the ACS admission rate among uninsured children or working age adults after adjusting for county-level demographic and health services availability characteristics.

## Implications

Results suggest that CHCs and RHCs may play a useful role in providing rural adults with access to primary health care and help to reduce rates of ambulatory care sensitive conditions. Further research is needed to understand the role of CHCs and RHCs in fostering access to care for children.