

# Key Facts in Rural Health

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

Access to primary care in non-metropolitan 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. 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).

The present study sought to clarify the current understanding of the contribution that CHCs and RHCs make to access to care, as measured by rates of ACS hospitalization. We examined county-level admission rates for ACS conditions during 2002 across 8 states: Colorado, Florida, Kentucky, Michigan, New York, North Carolina, South Carolina, and Washington. Our research adds to present knowledge by examining the impact of RHC presence across multiple states and all county types. Similarly, the analysis of CHC effects is not restricted to a single patient type, but is assessed on a population basis. Finally, possible synergistic effects of both sources of primary care, CHCs and RHCs, are examined by calculating ACS admission rates separately among counties that include both types of practitioner.

| ACS admissions per 1,000, by provider availability, eight states, 2002 |                 |                  |                       |                          |
|--|-----------------|------------------|-----------------------|--------------------------|
| Age group (number of counties)   | CHC Only (N=59) | RHC Only (N=139) | Both providers (N=27) | Neither provider (N=354) |
| Children (508)   | 4.62            | 4.98             | 5.56                  | 5.01                     |
| Working age adults (575)   | <b>9.02*</b>    | 11.49            | 13.31                 | 11.05                    |
| Older Adults (567)   | <b>66.26**</b>  | 78.22            | 78.75                 | 79.56                    |
| * P > 0.01; ** P > 0.001   |                 |                  |                       |                          |

### Conclusions & Implications

- CHC presence in a county is associated with lower ACS rates for adults, but the effect does not extend to uninsured populations.
- RHC presence in a county is associated with lower ACS admission rates among older adults, but not among younger populations.
- ACS admission rates among children are low and not influenced by provider type in county of residence.

A full copy of the report may be obtained from the SC Rural Health Research Center at <http://rhr.sph.sc.edu>



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