



East Liberty Family Health Care Center

**A CHRISTIAN MINISTRY OF
WHOLE PERSON HEALTH CARE**

U.S. Senate Special Committee on Aging The COVID-19 Pandemic and Seniors: A Look at Racial Health Disparity July 21, 2020

Testimony of Rodney B. Jones, Sr. Chief Executive Officer, East Liberty Health Center, Inc. Pittsburgh, Pennsylvania

Chairman Collins, Ranking Member, Members of the Committee, thank you for the opportunity to testify before you today. My name is Rodney Jones and I am CEO of East Liberty Family Health Care Center (ELFHCC), which is a Federally Qualified Health Center located in the East End of Pittsburgh.

Federally Qualified Health Centers' (FQHCs) mission is to enhance primary care services in underserved urban and rural communities. They provide services to all persons regardless of ability to pay, and charge for services on a community-based, board-approved sliding fee scale that is based on family size and income. FQHCs serve as a safety net for patients who are uninsured, underinsured and underserved. Health centers are staples in their communities. There are nearly 1,400 health centers operating approximately 120,000 service delivery sites in underserved communities across this country.

East Liberty Family Health Care Center Service Area encompasses 69 zip codes and has a population of 11,294 unduplicated patients that yield more than 40,000 visits annually. Of the patients we see, 3,656 or one-third of all patients are over the age of 50 and 1,304 are over the age of 65. Approximately 18% of our patients have no insurance, 57 percent of our patients are at or below 100 percent of the poverty guidelines and 86 percent of our patients are at or below 200 percent of the poverty guidelines. Thirty-nine percent are insured through Medicaid and 13 percent have Medicare. The remainder are insured through Managed Care.

Most patients we treat are from disparate backgrounds. Of our total patient population, 77 percent of the patients we care for are part of a racial and/or ethnic minority. Sixty-six percent of the total population we serve is African American or Black and 10 percent is Latino or Hispanic.

We maintain very precise records of the medical conditions of our patients, as well. This data shows that half of all of the patients we treat who are over the age of 50 have hypertension and over 800 people we treat in this age group have diabetes, and nearly 650 patients are overweight or obese.

Research shows these are underlying health conditions, like the conditions I just mentioned, are more prevalent in minorities due to Social Determinants of Health – conditions in which people are born, grow, live, work and age. They include factors such as: Socioeconomic Status, Education, Neighborhood and Physical Environment, Employment, Social Support, and Access to Healthcare and Housing.

These Social Determinants of Health and the medical conditions that they bring about are major factors contributing to the disproportionate number of low-income individuals and people of color testing positive and dying from COVID-19, along with age.

The virus has become a “flashpoint” on racial inequities, financial inequities and Social Determinants of Health. COVID-19 has exposed our healthcare system’s vulnerabilities and revealed our inability to respond effectively to a pandemic. It has also highlighted the fact that low income older adults and older adults of color have suffered in significantly greater proportion than their white counterparts.

In addition to the immediate impact that we are seeing from the virus, particularly the heightened rates of illness and deaths among older adults from racial and ethnic minorities, there are potential long-term implications to the virus on overall health and wellness of our patients. As a result of the pandemic, East Liberty Family Health Center providers have cared for one-third fewer patients in our Medical Department. There has been a 75 percent decrease in patients seen in our Dental Department. That is a significant decrease in people who are receiving critical primary and preventive care, as well as treatment for acute illnesses.

For populations of color – who are already predisposed to have multiple chronic conditions due to the Social Determinants of Health I spoke about previously – this is particularly concerning. It is likely that people are putting off getting the care that they need and may lead to a deterioration in an underlying health condition and further complications down the road.

In response to this concern, ELFHCC has significantly increased the availability of telehealth services. Since March, approximately 75 percent of all our patients have been treated through telehealth services. This has been critical to evaluating the needs of our patients and triaging care for illnesses that may require services in person. However, for older adults, providing health care services through tele-health can be challenging. Older adults, particularly older adults of color who are low-income, are less likely to have the technology necessary to schedule a tele-health appointment. This can have two effects: either older adults must leave their home to visit one of our health center sites even though they are encouraged to stay home to remain safe from the virus or they must go without the primary and preventive care they need. We also started performing COVID-19 testing in March 2020. We use this as an opportunity to educate patients regarding the importance of having a Medical Home and preventative health care.

We can continue to respond to the needs of patients during these trying times due to action taken by Congress on a variety of fronts. First, I would like to thank Congress for continuing to provide community health centers with the resources necessary to meet the ever-changing needs of patients, particularly during the worst public health crisis this country has experienced in a century. Second, much of the care that providers have delivered over the past decade has been

bolstered because Congress took action to expand access to health coverage through the Affordable Care Act. It is with this coverage, that ELFHCC has been able to reach an even larger population, including older adults of color, and deliver the care they need. In Pennsylvania, and for health center patients that is especially so due to the Governor's decision to expand Medicaid.

As of July 3, 2020, more than 780,000 individuals have coverage for health care services because of Medicaid expansion. More than 1.4 million people – or about one in seven Pennsylvanians aged 19 to 64 – have been covered due to Medicaid expansion at some point since February 2015. Pennsylvania's uninsured rate fell from 10.2 percent in 2010 to 5.6 percent in 2016 and continued falling to 5.5 percent in 2018 — the lowest rate on record.

Medicaid expansion serves working Pennsylvanians, students, and Pennsylvanians not yet eligible for Medicare. It is a lifeline for people who otherwise cannot access quality health coverage. Services covered by Medicaid help people maintain their health, access treatment for a substance use disorder, and identify potentially life-threatening illnesses and treat them without fear of financial ruin.

Research shows that gaining coverage is a significant factor in improving access to care. We are seeing that at ELFHCC. In 2019, for the first time ever, the percentage of patients nationally age 65 and older served by Federally Qualified Health Centers reached double digits and is now 14 percent of patients served by health centers in Pennsylvania. As further evidence of this upward trend, the number of patients 65 and older served by health centers increased by 13 percent from the 2016 to the 2018. The impact of the Affordable Care Act yielded a 13 percent increase in insurance coverage for patients age 50 to 64 from 2013 through 2016, but only a seven percent increase in coverage from 2016 through 2018. This decreasing trend line is concerning for access to health care amid a pandemic. Further concerning is that as people are losing their jobs, they are also losing access to coverage. It makes coverage that people can secure through Healthcare.gov and Medicaid even more critical.

It is also critical that health centers continue to receive funding to continue to serve our patients. In addition to providing health centers with supplemental appropriations, the CARES Act extended the Community Health Center Fund, at the currently funding level, through November 30, 2020. Thank you for recognizing the important role of health centers and making this investment in patients.

However, a strong public health system requires a strong system of community health centers, which must include long-term stable funding for those community health centers. CHCs will be critical in the recovery from the COVID-19 pandemic with an increased number of unemployed and uninsured community members and an increased demand for essential primary care services. To ensure they are there, health centers need long-term financial stability, past November 30, 2020, to maintain current services, recruit and hire providers, and plan and deliver reliable, quality services. Managed growth of health center capacity will allow expansion of services to additional medically underserved patients in high need areas, in response to the COVID-19 aftermath and provide services to ALL regardless of ability to pay.

I look forward to answering any questions from the Committee about how to further the goal of health equity, including among older adults, a goal that ELFHCC providers strive to achieve each and every day.