

## Community health center CEOs tackle challenges – October 11, 2024

Community health center CEOs discussed how they're tackling challenges tied to health inequities, workforce and fallout from fights over a drug discount program, during a panel this week in Madison hosted by Wisconsin Health News.

Edited excerpts are below.

### **WHN: How are community health centers addressing health inequities?**

**Olivia Nichols, Rock River Community Clinic CEO:** Our patients are coming to us facing a pretty uphill battle. Many haven't been seen by a healthcare provider for upwards of 5, 10 — we've had 17 — years. When we're talking about health equity, we're talking about all of our preventative cancer screenings and our various preventative health measures that we want to be able to get in control and work towards supporting. When you're seeing a patient who's facing so much, you have this big iceberg that you're trying to dwindle down and to get through. You have to capture all of that. You have to analyze that and show that you're really making a dent towards that. When it comes to health equity, from a population health standpoint, community health centers are up against a lot in trying to document all the many things that we're doing and showing the impact of that.

We are in an area that's also had a large number of immigrant families come into our community. It's great support for our agricultural workers, our factories and our rural landscape. And so we've made a real targeted effort to say: How can we ensure you can have adequate healthcare? And on top of that, be able to stay in school, help your kids stay in school and whatnot.

We work closely with our healthcare partners to track our measures. We have a shared electronic health record, which is instrumental toward measurably reducing health disparities. We can see in our population that's 95 percent low income, we're about 50 percent uninsured and 50 percent insured, most of that being Medicaid. That's tough to maintain. So with core healthcare and that shared electronic medical record, we're able to look at, 'How does our population compare to the same region's population of mostly commercially insured families? Are we adequately meeting preventative healthcare needs and working towards health equity?'

### **WHN: What workforce challenges are you facing?**

**Kim Hawthorne, Scenic Bluffs Community Health Centers CEO:** Our workforce challenges are no different than (those facing) other healthcare providers ... We were fortunate enough to receive (a Department of Health Services') allied health partnership grant, where we are developing our own pipelines in partnership with colleges and universities. For example, we've grown our behavioral health providers from three to soon-to-be 10, using our new behavioral health expansion grant we got from (the Health Resources and Services Administration) ... Academic partnerships are huge in doing those things.

The other challenge, on the opposite side of that, where we've not been successful and we continue to ping others, is on the oral health side of the house. On the western side of the state, there is no dental hygiene program. And if any of you are aware of what's happening in oral health access, dental hygienists are a huge piece of oral hygiene access, especially as new licensures and other things are developed. They kind of depend on dental hygiene and will actually be taking more

dental hygienists out of the pool. The fact that we have no dental hygienist training programs locally on the western side of the state is a huge hardship for us. We're still trying to figure out how to solve that. The requirements of running a hygiene program are hardships on the trainees and the tech schools. So that's a problem for us, and that is a huge challenge for our oral health access long term in the western side of the state.

**WHN: The 340B Drug Pricing Program helps community health centers access discounted drugs. What changes could make this program work better for community health centers?**

**Dr. Julie Schuller, Sixteenth Street Community Health Centers CEO:** 340B was created to help safety-net providers access additional funds to feedback to the safety net and provide services for those individuals. Community health centers were very much in mind when that was created. As the program grew, others besides health centers started accessing the program, and large amounts of money — way larger than what health centers access — were funneled to other providers. Right or wrong? I'm not going to even say. I don't know if I have an opinion on that, but that's what happened.

So pharma got upset, and pharma started attacking the 340B program because they're losing a lot of money on the program now. And so there's a big fight between the hospital association and pharma. But health centers who really benefit from the program — and so do our patients — are stuck in the middle. I'm not a politician, and it's very complicated. We now have two giants on different sides of the issue. So what can be done?

I don't know what can be done anymore because it feels like we're very far down the road, but I wish that health centers could be pulled out of the muck and just restored to where the program was originally intended, so that we could utilize those savings because they're incredibly important to us. We reinvest them into our day-to-day operations. We're losing money year over year ... We need that money and to be stuck in the middle of this 340B quagmire is really problematic. There are solutions being proposed by various legislators. There are solutions being proposed at state levels. I just think something needs to give because we can't keep going on like this.

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*"It's difficult to really get health under control when you've just gone through such significant trauma."* - Olivia Nichols, CEO of Rock River Community Clinic, said they need additional support as they treat recently arrived migrants who are severely impoverished and impacted by significant trauma.

## **Community health centers see recently arrived migrants facing severe poverty, trauma – October 11, 2024**

Recently arrived migrants are severely impoverished and impacted by significant trauma, affecting the way community health centers provide care.

Sixteenth Street Community Health Centers serves the “heart of the immigrant community” on Milwaukee’s south side, CEO Dr. Julie Schuller said at a Tuesday roundtable of community health center leaders hosted by Wisconsin Health News.

“We’re very adept at handling newly arrived immigrants, but this group of immigrants is really arriving with essentially nothing,” Schuller said. “The pregnant women that are arriving are arriving with absolutely no prenatal care.”

That’s affected clinical services. Sixteenth Street is doing more outreach to people further along in their pregnancy, rather than taking a more preventive approach.

Schuller said Sixteenth Street is also facing financial planning issues as they don’t know future immigration patterns.

Also posing a fiscal challenge is the growing percentage of uninsured patients they’re serving, which is due in part to immigration as well as the end of a policy that suspended Medicaid renewals during the pandemic and kept people on the program.

Olivia Nichols is CEO of Rock River Community Clinic, a “look-alike” health center based in Whitewater. Rock River currently does not receive federal funding but has applied to become a federally qualified health center, like Sixteenth Street, so that it can.

Nichols said the level of trauma they’re seeing among recent arrivals is “so severe ... they’re coming to us not only with nothing, but with an emptiness.” They have seen women who had birth control shots before making the journey here, knowing they would experience sexual violence.

“It’s difficult to really get health under control when you’ve just gone through such significant trauma,” she said.

Nichols said that community health centers must share patient stories so community members are aware and can support their work.

Kim Hawthorne, CEO of Cashton-based Scenic Bluffs Community Health Centers, said they’re approaching the situation through collaboration.

“We’ve identified a couple of individuals in the community who may give us a heads up and say, ‘Hey, there are groups of families that are new to this community. There are waves of people coming in. Here’s what we need from you,’” she said. “And we say, ‘What else do you need from us? How can we help?’ And they tell us how to respond.”