



# PUBLIC JUSTICE *REVIEW*

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## FREEDOM TO SERVE THE VULNERABLE

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### Partnering for Health: Federally Qualified Health Centers

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Religion has played an integral role in the development of America's diverse nonprofit sector. Directly and indirectly, religiously motivated beliefs have led to the creation of organizations providing services related to education, social welfare, advocacy, and health. In fact, faith-inspired groups are often at the forefront of devising creative solutions to support the flourishing of vulnerable neighbors. For example, churches and other religious associations provided the [earliest child welfare services](#). Because of dedicated religious action, America's social safety net today is woven together by the work of sacred and secular nonprofit organizations, as well as government's monetary and structural support.

Faith-based organizations, similar to many nonprofit organizations, often partner with government to meet certain needs. These partnerships sometimes receive funding through grants and contract-for-services, but government leans on nonprofits in less direct ways as well. For example, in underserved populations experiencing a shortage of health care providers, government has bolstered the work of community-based health centers and equipped them to expand their work through the formal recognition of distinctive health centers, including the designation of Federally Qualified Health Centers (FQHCs).

#### **What Are Federally Qualified Health Centers?**

The history of federally qualified health centers has origins within [the Economic Opportunity Act of 1964](#), the federal legislation that created America's "War on Poverty." At that time, these health service providers were referred to as "neighborhood health centers." The government's legislative

goals for encouraging the creation of neighborhood health centers included providing accessible, quality, cost-effective health care to low-income persons that is responsive to community needs and provides access to other community services, such as employment and education assistance. Those legislative goals remain.

Today, the federal Health Center Program is authorized by [Section 330 of the Public Health Service Act](#), and it sets standards for and grant funding to outpatient primary care services that focus on caring for low-income individuals and families. Health centers that meet the federal standards then qualify for [direct and indirect financial support and benefits](#), including: provider incentives, access to additional funding for specialized populations, in-kind support, and--the focus of this article--FQHC designation.

Health centers that are part of the Health Center Program must serve underserved populations or areas, offering comprehensive primary care for all ages, to all people, regardless of their ability to pay or their level of insurance coverage. There are four health center distinctions under Section 330: public housing primary care programs, health care for the homeless programs, migrant health centers, and community health centers.

To qualify for FQHC designation, health centers must provide comprehensive primary care services. They are also required to be accessible in location and hours and utilize a sliding fee discount program. The organization must be either public or nonprofit, and the health center's governance must be community based with patients representing a majority of the board of directors. Health centers that meet the Health Center Program standards are able to be designated as a FQHC (or a "look alike" which does not receive grant funding, but still qualifies). Receiving this designation enables the health centers to receive Medicaid and Medicare reimbursements at higher rates than what they would be otherwise eligible for, which helps control costs and increase serving capacity.

### **The Presence of the Sacred in America's Health Care Safety Net**

Faith-motivated groups across the country have long recognized the need for accessible, quality, and affordable health care in their communities, and they have organized around issues of health and flourishing, providing health services regardless of the ability of their patients to pay. Although faith-based health centers may have diverse theological backgrounds, they share a recognition of the inherent value of all people. Some of these health centers have partnered with their local governments and community leaders to strengthen their services. Others have partnered with the federal government and have pursued a FQHC designation as a way to more fully live out their mission and calling to offer more services to more of the community.

### *St. Joseph's Mercy Care Center*

The Sisters of Mercy have a long legacy of walking alongside people experiencing poverty and other urgent vulnerabilities, lived out in one example in the work of [St. Joseph's Mercy Care Center](#) in Atlanta, Georgia. Mercy Care, as it is commonly known, was Atlanta's first hospital, established by the Sisters of Mercy in 1880. In the 1980s, the hospital focused on the needs of those experiencing homelessness; the Sisters--along with volunteers, nurses, and doctors--extended their services to the streets. They began by providing bandages, medication, and washing feet. Their services expanded into a mobile model, committing to "take health care where it's needed most."

Mercy Care was designated as a federally qualified health center in 1986, specifically noted for its focus on serving people experiencing homelessness. Since its designation, the health center has grown, now running seven clinics and four mobile health centers, caring for "those experiencing homelessness, poverty, mental illness, or linguistic isolation." It remains committed to "[honoring] the healing mission of the Sisters of Mercy" and identifies its fundamental values as "compassion, commitment to the poor, excellence, integrity, justice, stewardship and reverence for the dignity of each person."

Throughout its network, Mercy Care provides comprehensive outpatient services, including primary care, pediatrics, dental and vision, health education, behavioral health, and HIV integrated treatment. Additionally, the health center sees its mission encompassing direct services and advocacy: "Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination."

### *Jewish Renaissance Medical Center*

Dr. Alan Goldsmith inherited a shoe store that had been passed down through several generations in his family. However, instead of carrying on the family business, he established an umbrella organization he called the Jewish Renaissance Family of Organizations (JRFO) in 1995. JRFO grew to become a network of a health care and social services agency, academic and enrichment program, and a community development corporation serving Perth Amboy and Newark, New Jersey.

JRFO's community health center, [Jewish Renaissance Medical Center](#) (JRMC), was founded in 1999 with the assistance of grant funding from the New Jersey Department of Health. It was designated as a FQHC in the following year, holding to a commitment of "delivering health care that is medically and culturally competent" and ensuring that "[e]very person who seeks care will be welcomed, comforted and assisted by our collective talents without regard to financial status." JRMC was quick to partner with the Raritan Bay Medical Center and became an important community resource. In 2005, JRMC partnered with the Newark Public Schools. From there, school-based health center programs have opened at several other schools.

At its core, JRMC is focused on community. Its organizational vision is to “ultimately serve to improve the health and qualities of life of the individuals in [their] community, and empower [their] patients to make healthy choices for themselves and their families.” With a focus on community, JRMC provides preventive and primary medical services for all ages, regardless of race, ethnicity, or one’s ability to pay. Their services include adult medicine, pediatrics, women’s wellness, dental health, optometry, nutrition, and behavioral health. Additionally, JRMC operates its own pharmacy and two Health Marketplace Information Centers that provide guidance to anyone seeking help with navigating health insurance.

### *Lutheran Social Services Faith Mission*

In 1966, a group of Lutheran pastors and community leaders worked together to provide hot meals in Columbus, Ohio for the city’s most vulnerable men. They called their association “Faith Mission.” Now, as part of the Lutheran Social Services’ Network of Hope, Faith Mission provides shelter and services for men and women experiencing homelessness. They also provide community meals, employment resources, health services, case management, and veterans services. The organization’s mission is grounded in the commitment to the faith that motivated the creation of the organization over half a century ago: “We live out our faith by ensuring all people in need of shelter, food and other resources are received and treated with unconditional kindness, respect, and dignity.”

In order to serve more of their community, LSS Faith Mission recently sought FQHC status for their health center, and now is able to serve more clients and invest in modern medical equipment. [LSS Faith Mission’s Health Center](#) serves Columbus residents who are literally homeless (living in a shelter or on the street), living in transitional housing (including halfway housing and residential programs), anyone who is “at risk” of homelessness, and anyone who has been homeless within the previous two years. The health center provides primary medical care, dental and vision care, behavioral health and recovery services, a pharmacy, health education, and preventive health screenings. The health center is staffed by local health care professionals who volunteer their services for the common good of the community.

### *University Muslim Medical Association (UMMA) Community Clinic*

In the aftermath of the civil unrest in Los Angeles, California from April to May of 1992, Muslim American students at UCLA and Charles Drew University established the University Muslim Medical Association (UMMA) and were motivated to open a free clinic “addressing the health and well-being of the underserved and indigent, mindful of the cultural, spiritual, social and economic realities that impinge upon them, and the traditional barriers to accessing care.” The [UMMA Community Clinic](#) came to fruition in 1996 with university and city council support. The organization’s vision of health care for all people is inspired by Islam: “Our services, activities and governance reflect the Islamic values and moral principles which inspired our founders. These include the core values which are

universally shared and revered by society at large: Service, Compassion, Human Dignity, Social Justice, and Ethical Conduct.”

In 2008, UMMA Community Clinic was the first Muslim American organization to be designated as a FQHC. Its services today include a school-based Wellness Center & Community Garden in addition to the primary services it offers for people in all stages of life. UMMA continues to faithfully serve the South Los Angeles community, promoting the flourishing of the community by providing accessible, high-quality health care for all.

## **The Impact of Faith-Based Federally Qualified Health Centers**

Access to quality health care is an important component of flourishing families, thriving communities, and a just society. In fulfilling its role to uphold a more just society, [government does well to partner with diverse and autonomous](#) health centers that are in relationship with community members living in [complex situations, often experiencing chronic conditions](#). Health centers provide [efficient](#) and [effective](#) services when supported directly and indirectly by government. But health centers that maintain autonomy from government control, even while supported and semi-regulated through FQHC standards, have the flexibility to attend to their communities’ unique needs and norms. Additionally, faith-based federally qualified health centers are uniquely positioned to serve vulnerable populations, upholding the tradition of many faiths in observing a special concern for marginalized people.

In an [exploratory study](#), researchers found that migrant and seasonal farmworkers at risk for deportation, who face many health risks and lack access to care, were not afraid to utilize a FQHC supported by churches to receive medical and dental care. This demonstrates that faith-based FQHCs may be able to provide more accessible health care to farmworkers, who otherwise have limited access and are fearful of seeking such imperative services. Also, a [systematic literature review](#) examining the effectiveness of health programs provided by faith-based organizations supports a view that such programming has positive impacts on primary prevention and general health management.

In addition to these health centers being established in their local communities, the [quality of care](#) at health centers is on par with the care provided at private practices. However, health centers offer comprehensive care at an average of [a dollar less](#) per patient per day in contrast to all-physician settings, which saves over \$24 billion for the health care system [annually](#). Federally qualified health centers, most likely because they are a source of consistent primary care, are also associated with lower rates of preventable hospitalizations and emergency department [visits](#).

Faith-motivated health centers holding a holistic view of patients and their communities can contribute to decreasing hospitalization rates by dealing with root causes for poor health. These lower hospitalization rates result in lower costs. And, in addition to being cost-effective, health centers [generate jobs and economic activity](#) that also contribute to the flourishing of the community overall,

especially in rural and urban communities lacking a robust network of community resources. Thus FQHCs, and faith-based centers in particular, are integral not only to the health care safety net, but to thriving communities across the country.

By making quality health care accessible to vulnerable communities, faith-based health centers are living out their faith and working towards the flourishing of all members of their communities. By bolstering the work of health centers and equipping them to expand their work through both financial and nonfinancial partnerships that do not compromise their faith-based identities, FQHC designation is an example of government upholding both its welfare and religious freedom responsibilities. Furthermore, the profound stories of the tremendous work of faith-based health centers like Mercy Care, Jewish Renaissance Medical Center, LSS Faith Mission Health Center, and UMMA Community Clinic, all of which are woven into America's social safety net, would not be possible without government's protection of institutional religious expression.

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