



ADVOCATES FOR  
COMMUNITY  
HEALTH

Prepared Statement for the Record of  
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**Senate Committee on Health, Education, Labor and Pensions (HELP)**  
[hearing](#) on  
**“What Can Congress Do to Address the Severe Shortage of Minority Health Care Professionals and the Maternal Health Crisis?”**

May 2, 2024  
10:00 AM ET  
Senate Dirksen Office Building Room 430

[Advocates for Community Health](#) (ACH) is a member organization of community health centers (CHCs) focused on advocacy initiatives to affect positive change for CHCs, the patients they serve, and the entire nation’s health care system. Our members spearhead forward-thinking federal policies and drive change to advance and achieve health equity through comprehensive, integrated primary care. CHCs and their workforce provide equitable health care, particularly in maternal health, among minority, rural, and underserved communities.

Federally Qualified Health Centers (FQHCs) play a critical role in providing care throughout the continuum of maternal health. As defined by Section 330 of the Federal Public Service Act, health centers are required to provide primary health services to medically underserved populations who often face significant barriers to health care access, including geographic, economic, and cultural factors. Required primary health services include prenatal and perinatal services, preventive screenings, emergency medical services, well-child visits, and voluntary family planning services. Additionally, CHCs screen for health-related social needs, including food insecurity and transportation access for patients.

In [2022](#) CHCs served [30.5 million patients](#), of which over 9.6 million were rural residents, 90% of patients were at or below the poverty level, and 63% of patients identified as racial/ethnic minorities. CHCs provided essential prenatal services to 560,000 patients and supported 171,000 deliveries, often in communities at higher risk of pregnancy-related deaths. About 403,000 patients had their first prenatal care visit within the first trimester, ensuring quality care throughout pregnancy and after birth.

Most importantly, CHCs provide quality care and have improved many clinical quality measures, including reducing the rate of low birth weight. In fact, health centers exceeded national quality benchmarks in this measure as well as for dental sealants for children, hypertension control, and the inverse measure of uncontrolled diabetes.

Health centers also focus on special maternal populations. About 1 in 5 pregnant or postpartum women have [depression](#) or [anxiety disorders](#), especially among non-Hispanic American Indian/Alaskan Native, Asian/Pacific Islander, and Black women. The Health Resources and Services Administration funds the

Screening and Treatment for Maternal Mental Health and Substance Use Disorders ([MMHSUD](#)) program which helps providers to identify and address mental health concerns during and after pregnancy. The program trains providers in equitable and culturally responsive care.

CHCs are integral parts of the [White House Blueprint for Addressing the Maternal Health Crisis](#). ACH strongly supports the Administration's recommendations and goals, including the integration of behavioral health support in community settings such as community health centers and community-based organizations.

### **Diverse Health Center Workforce and Related Programs**

The workforce at health centers often consists of individuals from the communities they serve, enabling them to act as representatives and advocates for these communities. They have a deep understanding of the people they serve. This kind of representation increases patient trust, health literacy, health care quality, and health outcomes.

ACH strives for health centers to be the centerpiece in an abundant pipeline of skilled professionals who have the infrastructure necessary to provide exceptional care to patients. As a professional home for this skilled and diverse workforce, access to professional development and mental health services, systems to maintain a sustainable workload, and pathways for growth must be in place. Training and exposure to diverse populations prepare health care providers to understand better and manage the unique challenges faced by these communities.

Training programs based at FQHCs are successful. [The Teaching Health Centers Graduate Medical Education program](#) has trained nearly 1,500 new primary care physicians and dentists, a majority of whom are now providers in underserved areas. The grants support the work of building a program, developing a training curriculum, recruiting clinical faculty, retooling workflow to integrate residents, and getting accredited, all of which are time-consuming and require resources and staffing. The program is valuable and has produced measurable results. About [62%](#) of clinical training sites are medically underserved communities.

As the program [reports](#):

- Approximately 20% of residents reported coming from a financially or educationally disadvantaged background, while 19% reported coming from a rural background.
- The program produced 296 new primary care physicians and dentists.
- Approximately 62% reported intentions to practice in a primary care setting and 48% intended to practice in a medically underserved community (MUC) and/or rural area.
- Of those residents who completed their programs, 34% reported disadvantaged and/or rural backgrounds and 20% comprised underrepresented minorities.
- Current graduates reported that 55% remained in the state of their residency to practice. Of the 266 prior year program completers with available employment data, most currently practice in a primary care setting (64%) and/or in a MUC or rural area (56%).
- Approximately 23% of prior year completers are currently practicing in Federally Qualified Health Centers (FQHCs) or look-alikes, 7% are practicing in Critical Access Hospitals, and 4% are practicing in rural health clinics.

The [National Health Service Corps](#) (NHSC) also supports attracting and retaining health care professionals for areas in need of primary care, dental, and behavioral health services. NHSC participants serve at more than 84000 CHC sites. By providing scholarships and loan repayment

programs, the NHSC incentivizes talented practitioners, including obstetricians, midwives, and nurse practitioners. This program not only helps alleviate healthcare provider shortages but also supports a workforce that is more representative of the population it serves. A diverse healthcare workforce is crucial for cultural competence, which improves patient-provider communication, increases patient satisfaction, and ultimately leads to better maternal health outcomes.

Recent data show that minority women, especially Black women, are disproportionately affected by adverse maternal health outcomes, including higher rates of complications like hypertension and diabetes. These disparities underscore the need for targeted efforts to improve healthcare delivery and accessibility. FQHCs and NHSC members are often on the front lines, providing culturally sensitive care that addresses these complex needs.

### **ACH Member Innovation**

Our CHC members implement creative ways to diversify the CHC workforce and address the maternal health crisis. Many of our CHCs use mobile units to reach patients who would otherwise not receive necessary care. Others, like [Mariposa Community Health Center](#), provide home visitation services for pregnant women and mothers with children under the age of two. Additionally, our centers often expand their range of services such as telehealth, remote patient monitoring, prenatal classes, dental care, care coordination, nutritional counseling, and more. Most importantly, CHC interdisciplinary teams empower patients to be part of their health care plans.

[Yakima Valley Farm Workers Clinic](#) has providers specialized in minimally invasive gynecologic surgery, women’s pelvic health, fertility and breast health, and high-risk pregnancies. As the health center states, they support “families outside of the exam room”. Yakima and other CHCs go beyond just medical treatment; they help patients navigate the broader health and social care systems by connecting patients and families to vital programs like Women, Infants, and Children (WIC) services.

[Lowell Health Center](#) in Massachusetts is committed to community health education. They run a board-approved training center that prepares community health workers and medical interpreters and provides other comprehensive training sessions through diverse learning formats—online, in-person, and hybrid. Their efforts include innovative training in LGBTQ-inclusive practices to ensure the cultural and inclusive competence of the workforce. The health center also emphasizes recruitment from within the community, ensuring that the workforce not only grows in size but also reflects the cultural and demographic characteristics of the population it serves.

Our members are also located in states that received recent funding from the State Maternal Health Innovation ([MHI](#)) Program. These awards support the White House Blueprint to combat maternal mortality and improve maternal and infant health, particularly in underserved communities. Specifically, these [funds](#) help states establish maternal health task forces, expand mental health screening, increase access and community linkages for basic health and social services, and foster innovative projects that address maternal and infant morbidity and mortality. [Evara Health](#), formerly the Community Health Centers of Pinellas, received \$2 million to address the Black maternal health crisis and was the sole awardee in Florida. Their team also received training in trauma-informed care and adverse childhood experiences to foster a supportive and safe environment for their patients and maternal health journey. As Representative Kathy Castor stated in the press release, “Evara Health has been on the forefront of

working together to ensure that moms and babies across Tampa Bay get the care they need, improve health outcomes, confront racial disparities in maternal care and make sure children and their mothers are healthy and have every opportunity to thrive. This significant grant funding will support Evara's innovative work in improving the lives of many of our neighbors."

## **Conclusion**

We support health centers in their crucial and ongoing efforts to reduce health care disparities, diversify the health care workforce, and improve maternal health outcomes in minority and underserved populations. ACH urges the committee to consider increased funding and support for these programs, recognizing their essential role in building a healthier, more equitable society.

We appreciate your continued commitment to bolstering the minority workforce and improving maternal health and look forward to working with the Committee on these critical issues.

For more information, please contact me at [aaperskelly@advocatesforcommunityhealth.org](mailto:aaperskelly@advocatesforcommunityhealth.org) and Stephanie Krenrich, our Senior Vice President of Policy and Government Affairs, at [skrenrich@advocatesforcommunityhealth.org](mailto:skrenrich@advocatesforcommunityhealth.org).