

# The State of Recovery: An Update on Community Health Centers in Puerto Rico and the Virgin Islands

Geiger Gibson / RCHN Community Health Foundation  
Research Collaborative

Policy Issue Brief #52

April 2018

Jessica Sharac, MSc, MPH

Sara Rosenbaum, JD

Milken Institute School  
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



**rchn**  
community health foundation

## **Acknowledgements**

The authors thank Asociación de Salud Primaria de Puerto Rico, Inc. (ASPPR) for their ongoing assistance throughout this project.

## **About the Geiger Gibson / RCHN Community Health Foundation Research Collaborative**

The Geiger Gibson Program in Community Health Policy, established in 2003 and named after human rights and health center pioneers Drs. H. Jack Geiger and Count Gibson, is part of the Milken Institute School of Public Health at the George Washington University. It focuses on the history and contributions of health centers and the major policy issues that affect health centers, their communities, and the patients that they serve.

The RCHN Community Health Foundation is a not-for-profit foundation established to support community health centers through strategic investment, outreach, education, and cutting-edge health policy research. The only foundation in the U.S. dedicated solely to community health centers, RCHN CHF builds on a long-standing commitment to providing accessible, high-quality, community-based healthcare services for underserved and medically vulnerable populations. The Foundation's gift to the Geiger Gibson program supports health center research and scholarship.

Additional information about the Research Collaborative can be found online at <https://publichealth.gwu.edu/projects/geiger-gibson-program-community-health-policy> or at [www.rchnfoundation.org](http://www.rchnfoundation.org).

# The State of Recovery: An Update on Community Health Centers in Puerto Rico and the Virgin Islands

Jessica Sharac, MSc, MPH and Sara Rosenbaum, JD

April 2018

This Issue Brief follows up on our earlier report on Puerto Rico’s community health centers in the wake of Hurricanes Irma and Maria. It also presents information about the recovery status of the two health centers that serve residents of the U.S. Virgin Islands (USVI).

## Background

In November 2017, we issued a report on the status of Puerto Rico’s community health centers<sup>1</sup> following Hurricanes Irma and Maria. One month after Hurricane Maria, health centers were beginning a massive recovery effort. Nearly all clinical care sites had reopened at least partially, but frequently with limited services; electricity was critically unavailable, and health centers reported an extensive need for supplies and equipment and repairs of structural damage.

By early March 2018, water and electricity had been restored to 99 percent and 88 percent of Puerto Rico customers respectively;<sup>2</sup> electrical power was back for all USVI “eligible customers.”<sup>3</sup> But only two months before the 2018 hurricane season begins, residents in both Puerto Rico and the USVI face serious threats. They are contending with limited health care access, hazardous living conditions, and heightened risk of infectious disease and mental illness.<sup>4</sup> One report from Puerto Rico found that between 2016 and 2017, the number of suicides increased by 18 percent.<sup>5</sup> The USVI’s two main hospitals, in St. Thomas and St. Croix, along with a health care facility in St. John, sustained so much damage that they will need to be rebuilt.<sup>6</sup> While all 68 of Puerto Rico’s hospitals<sup>7</sup> and all community health center sites are open,<sup>8</sup> as of mid-March, 11 percent of health center sites have no, or only limited, grid power and remain reliant on generators or, in the case of one site, solar power.

<sup>1</sup> Shin, P., Sharac, J., Gonsalus, R., Leifer, B., & Rosenbaum, S. (2017). Geiger Gibson/RCHN Community Health Foundation Research Collaborative, George Washington University. Policy Research Brief No. 50. <https://www.rchnfoundation.org/?p=6156>

<sup>2</sup> <http://status.pr/Home?lng=en> (Accessed March 8, 2018).

<sup>3</sup> Federal Emergency Management Agency (FEMA). (March 9, 2018). Power restored to all eligible electric customers in U.S. Virgin Islands. <https://www.fema.gov/news-release/2018/03/09/power-restored-all-eligible-electric-customers-us-virgin-islands>

<sup>4</sup> Rudowitz, R. & Foutz, J. (2017). Navigating Recovery: Health Care Financing and Delivery Systems in Puerto Rico and US Virgin Islands. Kaiser Family Foundation. <http://files.kff.org/attachment/Issue-Brief-Navigating-Recovery-Health-Care-Financing-and-Delivery-Systems-in-Puerto-Rico-and-US-Virgin-Islands>

<sup>5</sup> Johnson, S.R. (March 3, 2018). The road to recovery: prospect of federal funding could reshape Puerto Rico’s health system. <http://www.modernhealthcare.com/article/20180303/NEWS/180309961>

<sup>6</sup> Gov. Kenneth E. Mapp. (November 14, 2017). Written Testimony of Governor Kenneth E. Mapp of the United States Virgin Islands Before the Senate Committee on Energy and Natural Resources. [https://www.energy.senate.gov/public/index.cfm/files/serve?File\\_id=A2538A49-2953-4BA1-8C94-0807E62050A5](https://www.energy.senate.gov/public/index.cfm/files/serve?File_id=A2538A49-2953-4BA1-8C94-0807E62050A5)

<sup>7</sup> Johnson, S.R. (March 3, 2018). The road to recovery: prospect of federal funding could reshape Puerto Rico’s health system. <http://www.modernhealthcare.com/article/20180303/NEWS/180309961>

<sup>8</sup> Kaiser Family Foundation. (March 16, 2018). Health centers in Puerto Rico: operational status after Hurricane Maria. <https://www.kff.org/medicaid/fact-sheet/health-centers-in-puerto-rico-operational-status-after-hurricane-maria/>

# Community Health Centers in Puerto Rico and the US Virgin Islands

In 2016, Puerto Rico’s 20 federally funded health centers operated 86 sites and served 352,172 patients, 10 percent of all Commonwealth residents. This percentage will likely grow when patient care data for 2017 become available, since the statistics will include information from Puerto Rico’s 21st health center, a recently-designated “look-alike” health center.<sup>9</sup> In 2016, the USVI’s two health centers delivered care in five locations in St. Croix and St. Thomas and served 17,154 patients, 16 percent of residents.<sup>10</sup> Presently, the 23 health center organizations in Puerto Rico and the USVI operate a total of 99 separate clinical locations, with 93 in Puerto Rico<sup>11</sup> and six in the USVI.<sup>12</sup>

**Table 1**, which displays information from the 2016 Uniform Data System (UDS, the official federal health center reporting system), provides patient and revenue data for health centers in both Puerto Rico and the USVI and those serving U.S. residents in the 50 states and Washington, D.C. Compared to stateside health centers, Puerto Rico and USVI health centers serve a poorer patient population and report a higher proportion of patients insured through Medicaid and CHIP,<sup>13</sup> but a lower proportion of privately insured patients. Compared to health centers in the 50 states and D.C., Puerto Rico health centers derive a higher proportion of their annual operating revenue from Medicaid (including CHIP revenue), while USVI health centers’ share of Medicaid revenue is somewhat lower. USVI health centers receive a far greater proportion of their operating revenue from local governmental grants as compared to those in Puerto Rico and the 50 states and D.C.<sup>14</sup>

Table 1. Patients and Revenue: Puerto Rico and USVI Health Centers Compared to the 50 US states and DC (2016)

	50 States and DC	Puerto Rico	US Virgin Islands
<b>Income</b>			
≤ 100% FPL	70%	86%	79%
101-200% FPL	22%	12%	19%
> 200% FPL	8%	2%	2%
<b>Health Insurance</b>			
Uninsured	23%	12%	23%
Medicaid / CHIP	50%	68%	57%
Medicare	9%	10%	9%
Private Insurance	17%	10%	12%
<b>Revenue</b>			
Medicaid	43%	53%	34%
Medicare	7%	7%	5%
Private Insurance	9%	4%	5%
Self-Pay	4%	2%	4%
Bureau of Primary Health Care Grants	18%	30%	22%
Other Grants and Revenue	16%	4%	30%

Source: Bureau of Primary Health Care. (2017). 2016 Health Center Data: Puerto Rico Data. Health Resources and Services Administration. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state=PR>; Bureau of Primary Health Care. (2017). 2016 Health Center Data: Virgin Islands Data. Health Resources and Services Administration. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state=VI>. GW analysis of 2016 UDS data; percentages for the 50 states and D.C. do not sum to 100% because non-CHIP other public insurance (0.5% of health insurance) and other public insurance (including non-Medicaid CHIP and accounting for 1% of revenue) is not shown.

<sup>9</sup> Look-alike health centers must abide by health center program requirements but do not receive BPHC health center program funding. <https://bphc.hrsa.gov/programopportunities/lookalike/index.html>

<sup>10</sup> <http://www.worldometers.info/world-population/united-states-virgin-islands-population/>

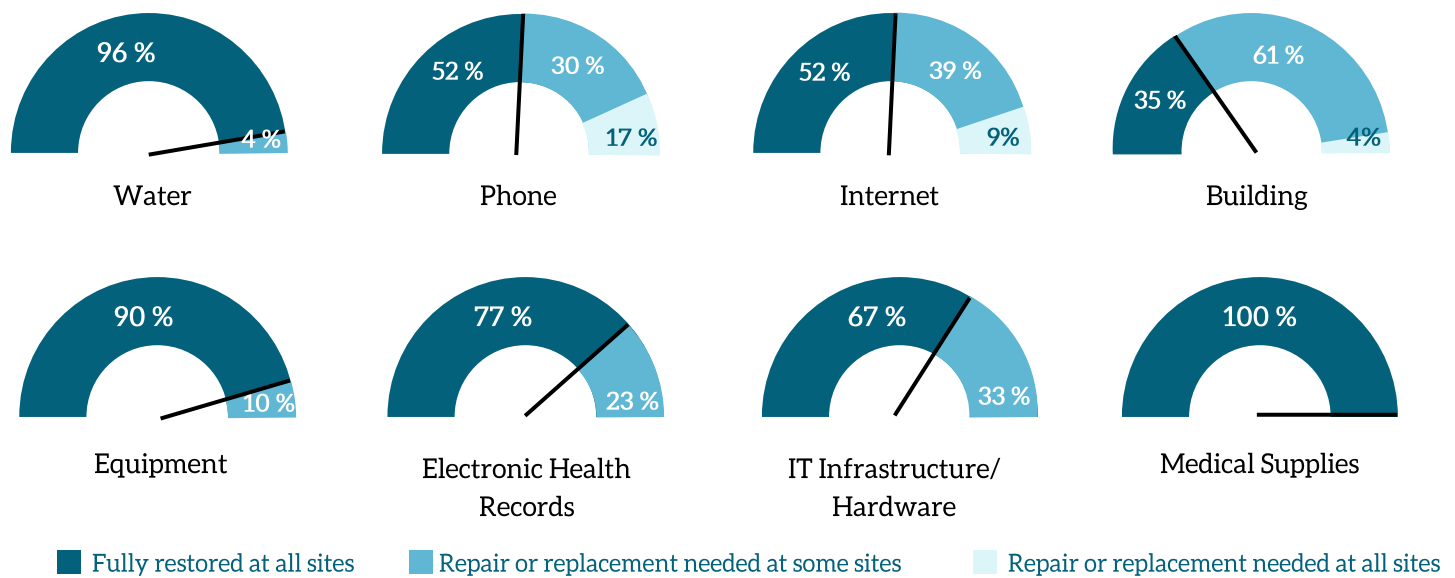
<sup>11</sup> Kaiser Family Foundation. (March 16, 2018). Health centers in Puerto Rico: operational status after Hurricane Maria. <https://www.kff.org/medicaid/fact-sheet/health-centers-in-puerto-rico-operational-status-after-hurricane-maria/>

<sup>12</sup> The USVI currently operates six health center sites, five in St. Croix and one in St. Thomas (<https://findahealthcenter.hrsa.gov>). The Frederiksted Health Care Inc. health center in St. Croix had four sites at the time of the survey but opened a new site on March 19, 2018 (personal communication, CEO of Frederiksted Health Care, Inc.)

<sup>13</sup> Puerto Rico and the Virgin Islands both receive CHIP funds, but Puerto Rico is the sole US territory to use CHIP funds to cover children above the income eligibility line for Medicaid (<https://www.macpac.gov/wp-content/uploads/2016/09/Medicaid-and-CHIP-in-Puerto-Rico.pdf>), while the Virgin Islands uses its CHIP funds to cover the costs of Medicaid children once its Medicaid funds are spent (<https://www.macpac.gov/wp-content/uploads/2016/09/Medicaid-and-CHIP-in-the-US-Virgin-Islands.pdf>).

<sup>14</sup> Bureau of Primary Health Care. (2017). 2016 Health Center Data: Virgin Islands Data. (Table 9E). Health Resources and Services Administration. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=tall&year=2016&state=VI>

Figure 1. Current Supply and Infrastructure Status, Puerto Rico and USVI Health Centers



NOTE: Percentages may not sum to 100% due to rounding. SOURCE: GW analysis of data from the Survey of Community Health Centers' Post Hurricane-Recovery

## Purpose and Methods

In order to gauge the pace and extent of recovery, we sought to survey health centers in both Puerto Rico and the USVI to learn more about their recovery experiences and to identify ongoing, unmet needs. In our earlier analysis of health center recovery in Puerto Rico, we combined UDS data with information obtained from the Health Resources and Services Administration (HRSA) as well as from the Asociación de Salud Primaria de Puerto Rico, Inc. (ASPPR), the primary care association representing Puerto Rico's community health centers. For this brief, we conducted a detailed survey which was designed to capture information about health centers' current state of recovery. It was distributed to the CEOs of Puerto Rico's twenty federally funded health centers as well as its newest look-alike health center. The survey also was administered to the USVI's two health centers. The survey was conducted between late January and early March, 2018.

## Findings

All 23 health centers responded to the survey, resulting in a 100 percent response rate. Data are presented in the aggregate for health centers in Puerto Rico and the USVI.

### Operating Sites

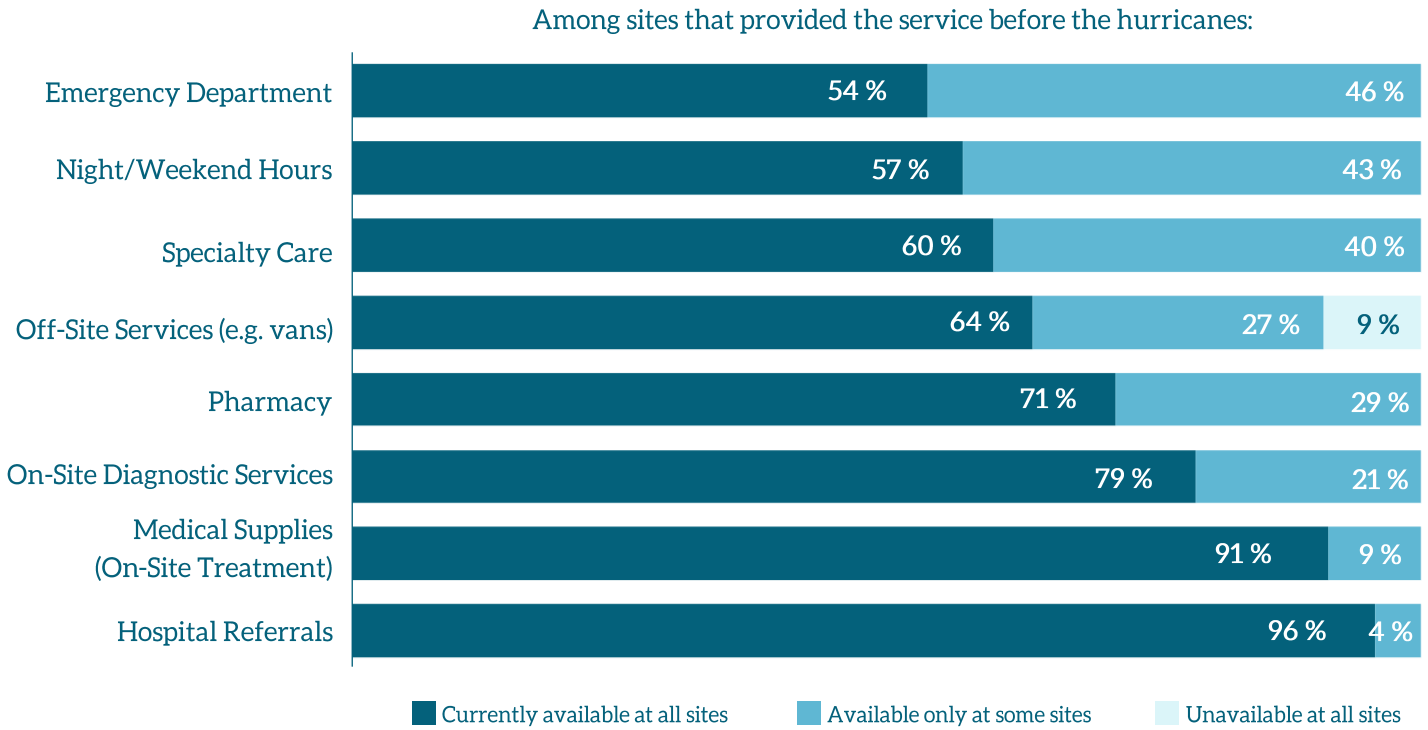
Health centers report that, as of the time of the survey, 91 percent of sites were open and operating at full capacity and with a full range of services. Another nine percent were open but operating at only partial capacity and/or able to offer only a partial range of services. Respondents also report that eight percent of all sites will need to be rebuilt.<sup>15</sup> Thus, while all sites may be operational, some may be doing so under significantly diminished conditions. All sites, even those in need of repair, were judged recoverable; that is, respondents did not expect that they would need to close any site permanently.

### Infrastructure and Supplies

Health centers were asked about the status of their building facilities, communications infrastructure, equipment, and supplies. Sixty-one percent of health centers indicated the need for repair or replacement of physical building facilities (such as roof or wall repair) at some sites and four percent indicated the need for replacement/repair at all sites (Figure 1). Nearly half (48 percent) of health centers reported that all or some sites needed telephone and internet repair or replacement. One third (33 percent) of respondents reported that some sites needed IT infrastructure/hardware repair or replacement. Nearly one quarter (23 percent) reported that some sites

<sup>9</sup> Note that percentages sum to more than 100% because sites can be open and operating while also needing repairs.

Figure 2. Currently Available Services and Functions, Puerto Rico and USVI Health Centers



NOTE: “Not applicable” responses were excluded. SOURCE: GW analysis of data from the Survey of Community Health Centers’ Post Hurricane-Recovery

needed electronic health records (EHR) systems repaired or replaced. All health centers reported that medical supplies were fully restored at all sites.

**Staffing Changes and Current Recruitment and Retention of Staff**

Despite the magnitude of the destruction and the massive exodus of residents including health care professionals, Puerto Rico and the USVI health centers have remarkably been able to maintain pre-hurricane staffing levels, notwithstanding major losses experienced by their own staff. Only one health center reported that physician staffing had decreased significantly enough to reduce services, while two health centers reported the same for nurses. One health center reported that staffing for a quality improvement technician decreased significantly enough to reduce services while another health center reported that dentist staffing had decreased substantially enough to eliminate services.

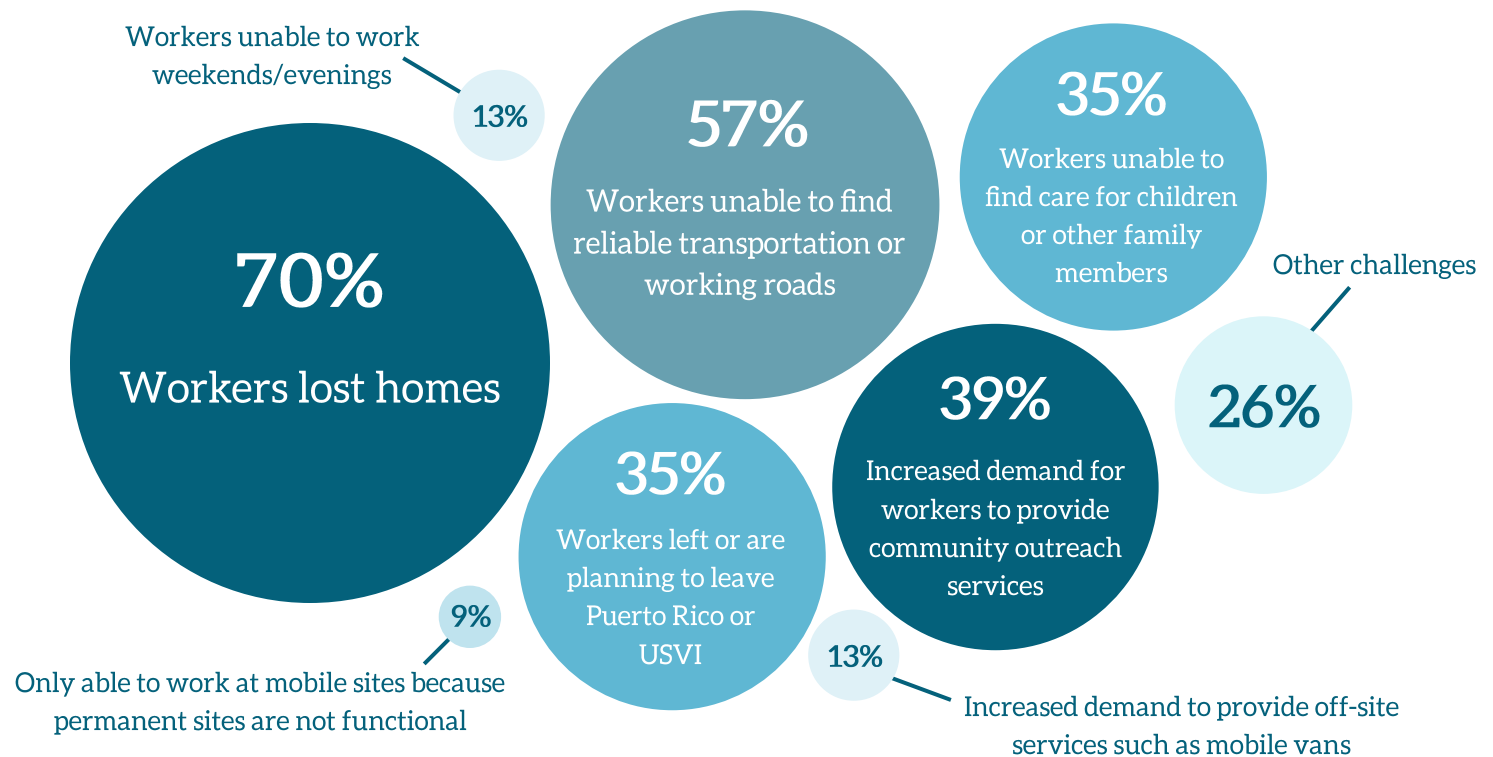
Even as they have held onto their staff, health centers in both Puerto Rico and the USVI not surprisingly face major recruitment challenges. Ninety percent of respondents reported difficulties in hiring physicians; 88 percent,

pharmacy staff; 67 percent, substance abuse staff; and 44 percent, mental health staff. Six and eight percent of health centers indicated it was not possible to hire mental health and substance abuse staff, respectively. When asked about their current ability to retain staff, 57 percent reported that it was difficult to retain physicians; 47 percent, pharmacy staff; 46 percent, substance abuse staff; and 25 percent for mental health staff.

**Services and Functions**

All health centers reported that the following services and functions are currently available at all sites that provided them before the hurricanes: general primary care services; medical records; referrals to other community providers for needed testing or treatment; and community outreach services (data not shown). Forty-six percent of respondents reported that emergency department services, night or weekend hours (43 percent), and specialty care services (40 percent) are currently available at only some sites where they were offered before the hurricanes (Figure 2). Nine percent of health centers reported that offsite services such as mobile vans are unavailable at all sites that provided this service before the hurricanes.

Figure 3. Top 3 Challenges Facing Puerto Rico and USVI Health Center Staff



SOURCE: GW analysis of data from the Survey of Community Health Centers' Post Hurricane-Recovery

### Major Challenges and Estimates of Time to Fully Recover

Health centers reported the three top challenges facing their staff. By far, as shown in **Figure 3**, the most commonly reported challenges facing staff included the loss of their homes, the lack of navigable roads or transportation, increased demand for workers to provide community outreach services, and the lack of child care and care for other family members. Other challenges noted by some health centers involved the ongoing lack of electricity at staff members' homes and limited supplies of gasoline. More than one-third of respondents (35 percent) reported as a top-three challenge concerns regarding the ability of their staff to remain in Puerto Rico or the USVI.

Health centers were also asked to gauge the rebuilding time they would need to restore their organization to full capacity. Over 80 percent reported that they expected to take less than one year to fully rebuild, repair, or restore normal facility and service capacity. The rest (17 percent) estimated one to two years to achieve full recovery.

### Discussion

This survey suggests that health centers – part of the health care backbone in both Puerto Rico and the USVI – continue to recover, but that serious challenges remain. Many face rebuilding efforts; for some, the effort will be long term. Telephone and internet connections, IT infrastructure and hardware, and the ability to use electronic health records all remain a significant concern. Perhaps most importantly, health center staff, whose response to catastrophic events has been nothing short of remarkable, face grave problems themselves – the loss of homes, the inability to travel, the lack of basic services for their families, and the lack of child care. Part of the recovery needs to be aimed at the recovery of the human capital that makes health centers what they are today. Health centers need support to recruit and retain staff, particularly for physicians, pharmacy staff, substance abuse staff, and mental health staff. This also means direct support to health center staff; this support might come in the form of additional compensation as a form of hardship duty through supplemental federal grant funding, improved access to emergency grants and loans, and direct support from relief organizations and charitable foundations.