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Community Health Centers: Models for Universal Health Care

WASHINGTON, D.C. - U.S. Representative Jan Schakowsky (D-IL) recently wrote in a column that *"we must make a national commitment to universal health care - to guarantee that every person has access to comprehensive, quality, and affordable medical services."* □□ The column appeared in *Health Source*, the monthly publication of the [Illinois Primary Health Care Association](#)

Below is Schakowsky's column.□□

Community Health Centers: Models for Universal Health Care

The World Health Organization (WHO) has just released a report ranking the world's health systems. Not surprisingly, the United States ranked number-one, by far, in terms of per capita and national spending on health care. Sadly, however, being number-one in national spending does not guarantee quality health care for all. WHO ranked the United States 37th in the quality of our health system.

According to WHO, "the objective of good health is really twofold: the best attainable average level - goodness -and the smallest feasible difference among individuals and groups - fairness."

There are now 46 million Americans who are uninsured, 11 million of whom are children, and these numbers continue to grow. In Illinois, in just one year, the number grew by 300,000 -almost one-third of the increase in the entire nation. In Chicago, one out of every four families earning between \$16,600 and \$33,200 annually has no health insurance. This is exactly the disparity and the unfairness that WHO criticized.

Community health centers have been our saving grace. With limited resources, community health centers care for the uninsured and the poorly insured with cost-effectiveness and attention to the medical, cultural, and social needs of those whom they serve. Already, the U.S. Public Health Services estimates that health centers are able to serve less than one-quarter of the nation's medically undeserved population. Obviously, then, there is a limit to what community health centers will be able to accomplish in the face of ever-growing demands if their funding does not keep pace with the skyrocketing numbers of uninsured families.

That is why we must make a national commitment to universal health care - to guarantee that every person has access to comprehensive, quality, and affordable medical

services. We can no longer tolerate a world in which we are the only industrialized country that fails this test.

We are entering a new round of debate on how to respond to the growing number of uninsured. We could take one path: tax credits or vouchers that the uninsured can use to buy private insurance, which would leave community health centers and other safety net providers to pick up the pieces. Or, we could take another direction: meet WHO's challenge by creating a system that is both good and fair, using community health centers as a model to meet that goal.

Two community health centers in my district, Chicago Health Outreach and the Howard Brown Health Center, are perfect examples. They emphasize patient care, not profits. They spend these limited resources on medical care, not marketing or bureaucracy. As locally based centers, they respond to the specific concerns and needs of their community. They are not fighting for high shareholder returns or market share, but for the medical needs of their patients.

Our goal must be to make sure that every person has access to health care and that we leave no one behind. We must stop focusing on being number-one in spending, but number-one in guaranteeing goodness and fairness in health care for our people.