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Baltimore centers provide unique service to most vulnerable patients

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By Heather Wines, Gannett News Service

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Dr. Andrew Swiderski talks to Somali Interpreter and Care Coordinator Abdalla Siyaad, far right, about the tooth ache bothering 14-year-old Ahmed Osman, second from left, on June 8, 2007 at the Highlandtown Community Health Center in Baltimore.

By **Larry Wheeler**, Gannett News Service

BALTIMORE — With its plain facade and rundown look, it's easy to walk by the Highlandtown Community Health Center and never know it's there.

But for Baltimore residents too poor to afford health insurance, the center is irreplaceable.

Recent refugees from Somalia take their children there for treatment. An expectant mother from Central America arrived recently for her first prenatal exam.

"I come here for my high blood pressure and everything else," Shirley Dorsey, a 51-year-old childcare provider with no health insurance, said recently. "Up here, if you don't have money, they will work with you to get you into programs that will help you."

Dorsey is among 11,000 low-income or uninsured patients who regularly visit the community health center, one of eight in Baltimore.

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The centers, operated by the non-profit Baltimore Medical System, are part of a national health care safety net most people don't know exists. Without that net, millions of people too poor to afford their own health insurance would let their medical problems go untreated or would depend on hospital emergency rooms for routine care.

The Baltimore centers have adapted to the same pressures that confront similar centers in rural and urban areas across the country.

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One is the soaring number of immigrants, some here illegally.

About 4,000 Hispanic patients, many without health insurance, sought treatment at one of the Baltimore community health centers last year. That's double the number from just six years ago, said Jay Wolvovsky, president of Baltimore Medical System.

To cope, the Baltimore centers hired more Spanish-speaking staff, certified medical interpreters and outreach specialists.

"From a primary care perspective, we've become the premier provider to

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[+ Enlarge](#) By Heather Wines, GNS

Nurse practitioner student Christine Pfeifer, right, checks the blood pressure of John Regalbuto, 75, during a follow-up visit at the Belair-Edison Family Health Center in Baltimore in June 2007.

the Latino community in Baltimore," Wolvovsky said.

The number of uninsured patients also is increasing.

Approximately 23% of the Baltimore Medical System's patients have no health insurance, yet most pay at least something, based on a sliding fee scale used by all federally funded community health centers.

The centers also reach out to the communities they serve.

Earline Washington, who manages outreach and access services for the Baltimore Medical System, has visited barbershops and churches to recruit men for prostate cancer screenings.

"Men are becoming better consumers of health care," said Washington, whose goal is to sign up 250 men for the screening procedure.

Like other community health center networks across the country, the Baltimore system offers primary and preventive care, extensive follow-up contact and help in applying for other health assistance programs.

That combination of services doesn't exist at hospitals or private physician offices.

"It's a very fundamental concept that community health centers have family-centered health care homes located in communities that need it," said Kyu Rhee, chief medical officer for Baltimore Medical System. "The same doctor sees you and oftentimes sees the grandmother, the parent and the child."

Contact Larry Wheeler at lwheeler@gns.gannett.com.

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