

Promise and Opportunity

Challenge and Change in Community Health Care

Annual Report 2010 – 2011



NATIONAL ASSOCIATION OF
Community Health Centers

The Voice of America's Community Health Centers

PRESIDENT AND CEO MESSAGE

In every sense, 2010-11 was a year of preparation for the challenges and opportunities of a changing health care environment – a year in which we focused on the future in terms of the implementation of the newly enacted health reform law (the Affordable Care Act (ACA) and what it requires of health centers.



It was a year in which we demonstrated the immense contributions and value of a patient centered medical home reaching out to the nation's uninsured and medically underserved – delivering quality and savings in health care. In addition, it was a period in which we braced for the turbulence of a harsh fiscal and political environment as the country coped with a rising national debt fueled by trillion dollar budget deficits and a weakened economy.

Our goals in NACHC were threefold:

- To advance the growth and development of a stronger primary care foundation for the country.
- To assure that our health centers remain on sound fiscal footing and to preserve the gains made under both the American Recovery and Reinvestment Act (ARRA) of 2009 and the health reform law.
- To sustain a leadership role for health centers as models of quality, cost-effective primary care practice in the transformation of the nation's health delivery system.

The new health reform law presents the Health Center Program with an unprecedented opportunity to grow far beyond any prior expansion in the health centers' 45-year history. Much to the credit of the hard work of our leaders, members, partners and other supporters, the commitment of \$11 billion in a 5-year Health Center Trust Fund under the ACA for the expansion, construction, and operation of community health centers represents the largest investment ever made by this nation in primary care. Yet, it also presents a monumental challenge.

By 2015, a span of just five years, health centers are expected to double the number of patients served from 20 million to 40 million – opening access to a patient centered medical home for millions of uninsured Americans about to secure health coverage. At the same time, health centers have been asked to transition to a reformed health system with new payment structures, performance standards, and rules and regulations that will significantly change health care in America.

Responding to these new opportunities and challenges for health centers, NACHC targeted efforts in four key areas: **Advanced Primary Care Practice, Expanding the Health Center Model, Health Care Transformation and Advocacy.**

High priority also has been placed on training, technical assistance and collaboration – drawing on the vast expertise and experience of our health center members in their respective roles as clinicians, board members, and administrators, along with our State/Regional Primary Care Association and Health Centered Controlled Network partners. Not only will health centers need to grow and develop to serve a broader population base – but also grow in quality, innovation and performance to ensure their leadership and competitiveness in the emerging new health care system.

Our confidence was bolstered by the progress health centers made under ARRA, which in two years (from 2009 to 2011) enabled health centers to serve nearly 4 million additional people through service expansions, plus 127 new health care sites. Moreover, our resolve was strengthened by public recognition and support for a community health system capable of addressing the overriding issues of health care access, quality and costs.

What has moved us to undertake the massive task now before us is the urgency of escalating health needs – an estimated 60 million Americans living in communities without a medical home or access to health care providers.

Against this backdrop, Congress continues on a course of major deficit reduction – a path that puts all public programs at risk – including health centers, Medicaid, and Medicare. For that reason, we are today engaged in an aggressive campaign – **The Campaign for America’s Health Centers** – to assure that lawmakers and all stakeholders at both state and national levels recognize the value of ongoing investment in the Health Center Program. The aim is to make a much stronger case for continued public investment in a program that keeps people healthy and produces savings of \$24 billion annually – with the potential to save some \$122 billion over the next five years if allowed to grow and expand under health reform.

By presenting validating data and telling the health center success story of improving health, reducing disparities and lowering health care costs, we trust that Congress and all America will see that community health centers do not add to the deficit, but create value – value in the quality care they deliver; value in improving the health and lives of the patients they serve; and value in generating jobs and economic activity for their communities.

The challenges facing our health centers have never been greater. Yet, we remain strong and united in our mission and undaunted in seizing the opportunities placed before us to help build a health care system that will improve the lives of all Americans.

On behalf of the NACHC Board and staff, I wish to thank our members, leadership, and public and private partners for their support this past year and look forward to a rewarding year ahead.



*President and CEO
National Association of Community Health Centers*

THE AFFORDABLE CARE ACT

Key Provisions that Support the Health Center Mission

Community Health Centers Trust Fund

\$11 Billion beginning in FY2011 for over five years. Specifically:

- \$9.5 billion for health centers to expand their operational capacity to serve nearly 20 million new patients and to enhance their medical, oral, and behavioral health services.
- \$1.5 billion for health centers to begin to meet their extraordinary capital needs, by expanding and renovating existing facilities and constructing new sites.

National Health Service Corps Trust Fund

\$1.5 Billion in new funding for the National Health Service Corps for placement of an estimated 16,000 primary care providers in health professional shortage areas.

Medicaid Expansion

Expands Medicaid eligibility to 133% of the Federal Poverty Level (FPL) in FY2014, without any categorical restrictions, newly insuring 16 million Americans.

Payment Protections and Improvements

Requires that health centers receive no less than their Medicaid PPS rate from private insurers offering plans through new health insurance exchanges and requires that these plans contract with health centers. Ensures that health center patients will not be excluded from new insurance products and that health centers are not underpaid for their services.

Adds preventative services to the Federally Qualified Health Center (FQHC) Medicare service package and eliminates the outdated Medicare payment cap on FQHC payments. Begins to modernize health center Medicare payments to ensure health centers are able to provide the highest quality care to Medicare beneficiaries.

Teaching Health Centers

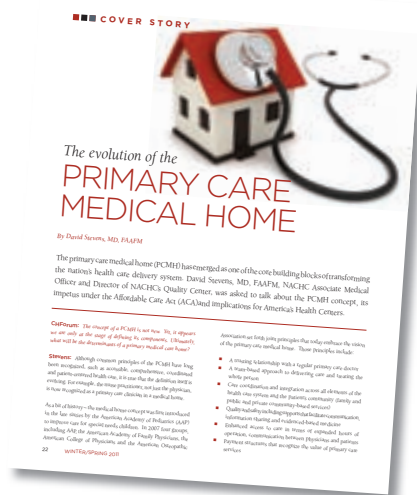
Acknowledges the growing role of health centers in teaching the next generation of primary care providers by authorizing and funding new programs for health center-based residencies. Authorizes a new Title VII grant program for the development of residency programs at health centers and establishes a new Title III program that would provide payments to community-based entities that operate teaching programs. Directly appropriates \$230 million over five years for the Title III payments.



ADVANCED PRIMARY CARE PRACTICE

Health reform calls for a higher performing health care system that will recognize and reward models of care for quality and clinical effectiveness.

Recognizing that tomorrow's health care system will be built on effective models of care and reward providers who attain high performance, NACHC has focused on helping all health centers achieve the HRSA Bureau of Primary Health Care's goal of medical home certification by 2015. Such recognition will be vitally important to ensure the health center model retains its lead in setting high standards for quality and clinical effectiveness, particularly in expanding access to the medically underserved.



NACHC is also collaborating with the Centers for Medicare and Medicaid Services (CMS) and its new Innovation Center to expand the opportunity for health centers to be key players in the multiple demonstrations being conducted to assess models of care serving Medicare, Medicaid and Children's Health Insurance (CHIP) patients; to facilitate health center involvement in new delivery and payment models; and to develop adequate support systems for health centers in the emerging health system.

Federally Qualified Health Center Advanced Primary Care Practice Demonstration

This three-year demonstration will engage the participation of health centers at 500 delivery sites to show how the patient centered medical home can improve quality care and promote better health for Medicare patients. The CMS project, operated in partnership with HRSA, will assess primary care practices in coordinating and managing care for up to 195,000 Medicare patients.

Patient Centered Medical Home Institute

This new NACHC initiative is designed to build infrastructure at the state level to support the development of health centers as medical homes in terms of practice transformation, performance measures, and HIT. The Institute will operate as a partnership with state primary care associations, health center networks and public and private partners.

NACHC also generated a national dialogue to assure recognition of the unique components of the health center model (such as community board governance and enabling services) as key elements of the patient centered medical home, and to promote the potential of health centers as local integrators of health care with overall public health.

A meeting of national stakeholders in patient centered medical home demonstrations also was convened by NACHC to provide the opportunity to exchange lessons learned and formulate strategies. Stakeholders included the Institute for Healthcare Improvement (IHI), QUALIS Health, the Commonwealth Fund, MacColl Institute for Healthcare Innovation, American Academy of Family Physicians (AAFP), American College of Physicians (ACP), the University of Massachusetts and others.

A new multi-year effort was also developed focused on integrating behavioral health services into primary care at health centers.



ACA Support of the Patient Centered Medical Home

- Financial incentives for primary care providers: A 10 percent bonus for five years to primary care practitioners who participate in Medicare. Medicaid reimbursement rates are raised to the level of Medicare rates for primary care services in 2013 and 2014.
- States option to enhance reimbursement and develop health homes for Medicaid patients with chronic conditions.
- A \$10 billion investment enables the new CMS Innovation Center to begin testing and evaluating new payment systems and health care delivery from 2011-2019. Authority is given to the U.S. Secretary of Health and Human Services to expand successful models that improve quality and reduce health care costs.
- Expansion of the National Health Service Corps will address primary care workforce shortages with the goal of putting 16,000 clinicians into underserved communities.

“The nature of the community health center model – team-based, population-minded, prevention-oriented, focused on the needs of patients can provide the template for the redesign and implementation of the entire health care system.”

CMS Administrator Donald M. Berwick, MD



EXPANDING THE HEALTH CENTER MODEL

America's Health Centers moved forward to meet health reform's challenge to help build a stronger primary care foundation for the nation and enhance access to health care for 40 million patients by 2015.

Just weeks after the enactment of the Affordable Care Act, the first funding under the new Health Center Trust Fund was awarded to support major construction and renovation projects at 143 community health centers. In addition, health centers submitted a record 800 grant applications for New Access Point operating grants planned for 2011. The high number of applicants not only signaled health center readiness to move forward, but also reflected the reality of growing health needs across the country.

The health center community was disappointed, however, when as a result of the Fiscal Year 2011 Congressional budget compromise, health center growth and expansion under the first year of health reform was curtailed. Only 67 of the 350 New Access Points initially planned by the Administration were funded. Budget reductions further eliminated prospects for funding any of the 1,100 applications submitted for service expansions in behavioral and oral health care, vision care, and pharmacy and enabling health services.

Yet, in a tough budgetary year total discretionary funding of \$1.58 billion, coupled with \$1 billion in mandatory funding from the Health Center Trust Fund, represented an increase of \$396 million for the Health Center Program over 2010 levels.

Also, with these funding levels, \$100 million was set-aside for the Federal Tort Claims (FTCA) Judgment Fund – representing an increase of \$55 million.

Health Reform Investment in Health Centers - Year 1

- \$28.8 million in grants to support the development of new health centers in 67 communities to serve 286,000 additional patients.
- \$95 million to 278 school-based health center programs to serve an additional 440,000 children.
- \$8.5 million to 85 community health centers located in Beacon Communities to help support adoption of health information technology and improve quality care and health outcomes.
- \$700 million to support renovation and construction projects at health centers enhancing capacity to serve more patients and create jobs and employment in economically distressed areas.
- \$10 million in Health Center Planning grants to assist 129 organizations develop comprehensive primary care health centers serving medically underserved and vulnerable populations.
- \$1.9 million to support 11 new teaching health centers – first-year funding to promote community based training of primary care providers.
- \$11.9 million to support the adoption of HIT and EHRs in rural health networks

HEALTH CARE TRANSFORMATION

Expansion of health coverage and access to care is one part of health reform. The other is system change across the entire health care marketplace to improve the delivery of care and ensure quality and value for the dollars spent.



NACHC expanded resources and technical expertise in key areas to maximize opportunities for health centers to strengthen their access mission through participation in new system structures under health reform.

New Insurance Models

Health reform calls for the creation of state Health Insurance Exchanges and Consumer Operated and Oriented Plans (CO-OPs) to expand access to affordable health care coverage for more people.

Recognizing the potential opportunities for community health centers to create and/or participate in these structures, NACHC began to assess and provide feedback to CMS on the potential impact of these system changes on uninsured patients served by health centers.

In addition, technical assistance is being provided to primary care associations and health centers to help them understand and navigate changing marketplace dynamics and evaluate roles and potential collaborative relationships to better position health centers in new organizational structures and product lines.

Managed Medicaid Care at the State Level

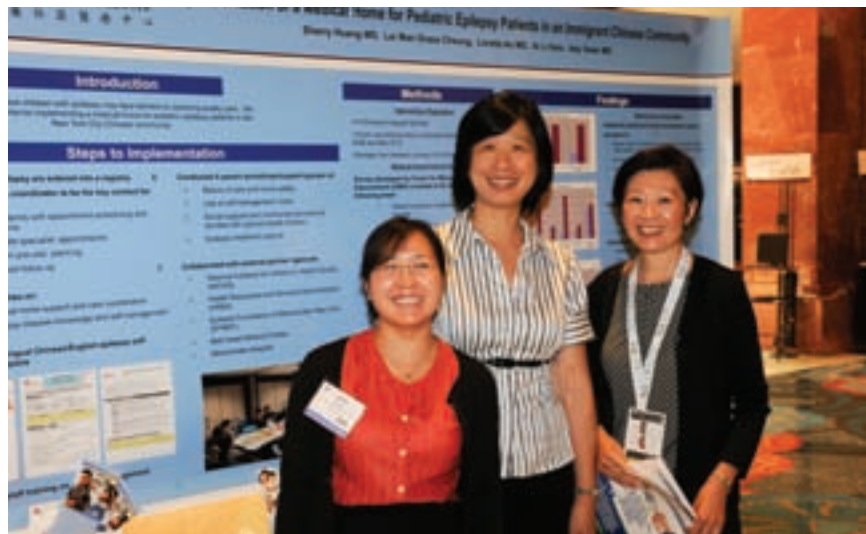
In establishing a productive dialogue on behalf of community health centers in the transformation arena, NACHC is connecting with both national managed care organizations and State Medicaid Directors who are eager to contract and partner with health centers in order to address the needs of an expanding Medicaid patient population. NACHC has also been successful in expanding relationships with Managed Care Organizations and providing technical assistance to health centers and primary care associations on issues regarding contracting, partnerships and relevant data needs.

WORKING FOR CHANGE THAT WORKS

While the health reform law establishes the broad framework for restructuring the nation's health system, it will be how the law is implemented that will shape the new health care environment and define how tomorrow's health care is managed, financed and delivered.

ADVOCACY

As proposed rules and regulations came forward at an accelerated pace to implement the new health reform law, NACHC underscored the need for community health centers to be accorded fair treatment and participation in the fast-changing landscape.



In addition to monitoring, tracking and analyzing major implementation issues impacting health centers, NACHC ensured health center engagement in major dialogue between stakeholders, policymakers and regulators through participation in public comment processes, presenting testimony, and correspondence to high-ranking officials on key issues.

Major areas:

- Proposed CMS rules relating to meaningful participation by health centers in the shared savings aspects of Accountable Care Organizations.
- Payment protections for health centers in insurance plans offered through the new Health Insurance Exchanges.
- Proposed changes to the Federal Tort Claims Act to clarify coverage for services to non-health center patients.
- Regulations calling for transparency in the 1115 waiver approval process; state innovation waivers; and methods for assuring access to covered Medicaid services.
- Rules pertaining to the designation of Medically Underserved Populations (MUPs) and Primary Care Health Professional Shortage Areas (HPSAs) that will affect eligibility for federal funding, National Health Service Corps placements, physician subsidies and other related investments.

The Power of Health Center Grassroots

Numbering over 50,000, our health center grassroots advocates took their case to Congress and legislators in State Capitals across the country in 2010-2011. In testimony, briefings, face-to-face meetings, phone calls, and social networking interactions with lawmakers, these dedicated men and women presented the progress health centers have made under ARRA in expanding care to millions of Americans who have lost jobs and health insurance, while at the same time creating new jobs and stimulating economic activity in distressed communities.

Celebrating the Mission

National Health Center Week (NHCW) kicked off in 2010 with a Presidential Proclamation and a national Health Center Tele-Town Hall meeting featuring U.S. Health and Human Services Secretary Kathleen Sebelius.

Under the theme, “Turning the Mission into Reality,” NHCW shined a bright light on health centers in cities and towns all across America. Some 1,400 community celebrations generated positive media coverage about the achievements of health centers under ARRA and their role in building a stronger primary care foundation under health reform. More than 80 members of Congress, along with hundreds of state and local officials, attended events.

The week also featured a public briefing held jointly by NACHC and the Center for American Progress that was broadcast by C-Span highlighting the role of health centers as engines of growth – creating jobs and generating returns nationwide of \$20 billion annually to local communities. In addition, as part of a national education and advocacy campaign for health centers, a new contest spurred the creation of short videos by health center staff and patients that were shared online.

Spreading the Message

NACHC used an intensive communications strategy in 2010-11 to engage a broader audience to generate more print and online coverage about health centers, as well as to train and assist centers in effectively telling their stories through the media.

Major topics dominating health center news coverage during this time included the impact of budget cuts on health centers and their patients, the positive economic impact of health centers in their communities, and the increase in patient demand for health center services during the recession.

Over 112 local media stories in 40 states referenced the impact of spending cuts to health centers. Coverage also appeared via many national news outlets, including The New Republic, The Washington Post, the Los Angeles Times, CNN, The Boston Globe, syndicated columnist Mark Shields, National Public Radio, and the CBS Evening News. National Health Center Week alone generated over 350 media stories – triple that of the previous year.

Grassroots Action in 2010-11

- Advocacy Network grew by 25,000 new Health Center Advocates (nearly doubling the number of total advocates)
- 100,000 advocacy contacts to Congress and the Administration
- Over 1400 National Health Center Week events
- 6 Advocacy TeleForums attended by over 10,000 Health Center Advocates
- Over 500 meetings and health center visits with Members of Congress

Activities:

- New messaging tools (i.e., templates for op-eds, letters to the editor, and press releases, message points and fact sheets) to more effectively communicate key messages and information.
- A new national “FQHC” brand symbol to better identify and distinguish community health centers from other providers.
- Expanded social networking through Facebook, Twitter and blogs to connect with broader audiences and expand awareness about health centers, key issues, and calls to action and to grow the health center grassroots community.
- A national health center story bank placing a human face on how health centers make a difference in the lives of their patients and how millions of people today are counting on health reform’s promise to bring doctors and a quality medical home into their communities.
- Media and social networking training for health center staff and boards, as well as state association staff to more effectively communicate their messages.
- New videos featuring health center staff telling what health centers do and the rewards in working at a health center.

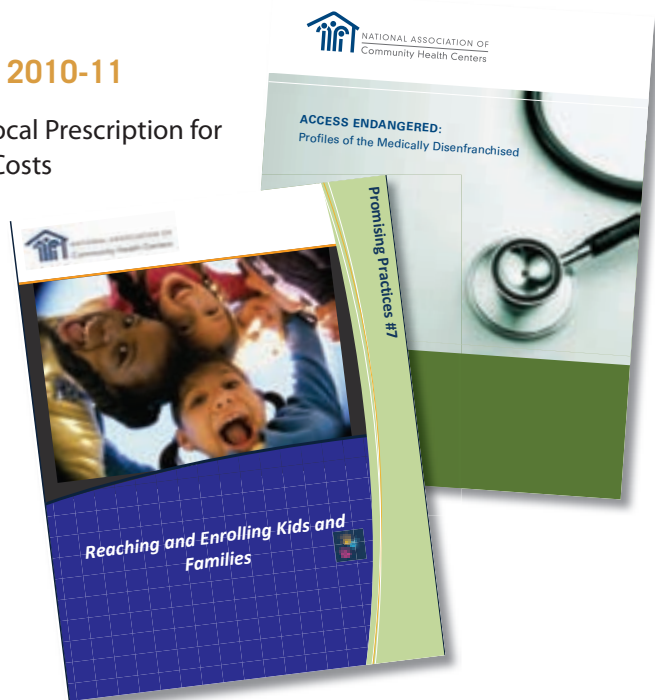


Research Matters

NACHC further advanced and encouraged community health center research on a national scale in 2010-11 to promote greater understanding of community health centers, specific health center related issues such as workforce needs, patient needs and the health center role as safety net providers in protecting community health.

NACHC Research Reports Issued 2010-11

- Community Health Centers as a Local Prescription for Improving Quality and Lowering Costs
- Access Endangered: Profiles of the Medically Disenfranchised.





Journal Articles on Health Centers in 2010-11

- The Future Role of Community Health Centers in a Changing Health Care Landscape – *Journal of Ambulatory Care Management*
- Use of Enabling Services by Asian American, Native Hawaiian, and Other Pacific Islander Patients at 4 Community Health Centers – *American Journal of Public Health*
- Positive and Negative Spillovers of the Health Disparities Collaboratives in Federally Qualified Health Centers: Staff Perceptions – *Medical Care*
- Quality Improvement Implementation and Disparities: The Case of the Health Disparities Collaboratives – *Medical Care*
- Primary Health Care in Community Health Centers and Comparison with Office-Based Practice – *Journal of Community Health*
- Trends in Behavioral Health Care Service Provision by Community Health Centers, 1998–2007 – *Psychiatric Services*

Fact Sheets on Health Centers in 2010-11

- America's Health Centers, 2011
- Snapshot: Economic Impact of Health Centers
- More Patients Gain Access to Health Centers Thanks to Stimulus Funds
- Community Health Centers: Return of Investment
- Expanding Health Centers Under Health Care Reform: Doubling Patient Capacity and Bringing Down Costs
- Snapshot: Health Center Patients Have Fewer Low Birth Weight Babies
- Community Health Centers Lead a Primary Care Revolution
- One Year Later: Health Centers' Accomplishments Under the Stimulus

NAVIGATING THE CHANGING LANDSCAPE

Building a stronger and higher performing primary care system for the future is a huge undertaking. Community health centers must keep pace with and adapt to change in order to be successful in their role as leaders in patient centered primary care.

INNOVATIVE LEARNING EFFECTIVE RESULTS

To assist members of the health center community to achieve goals under health reform, NACHC intensified its training and technical assistance services, both in content and methods of delivery. Nearly 10,000 people representing health centers, primary care associations, health center controlled networks and other health care entities utilized these services in 2010-11.

NACHC provided 20 national and regional trainings covering a variety of areas including health center growth and development, board governance, finance, operations, and community partnership building. These trainings provided valuable skill-based education to 2,387 individuals.

NACHC also presented 61 webinars, a significant increase from the previous year. These trainings, in which over 5,000 people participated to gain new knowledge and share best practices, covered topics such as business continuity planning, managed care contracting, coding and billing, the Federal Tort Claims Act, recruitment and retention, and responding to workplace violence. In addition, new online training resources were introduced such as tool-kits, checklists, clearinghouses, and how-to guides.

Lastly, NACHC responded to over 1,200 technical assistance requests – many of them from communities interested in starting a community health center.

National Conferences 2010-11

2010 Community Health Institute and Expo
Dallas, TX

2010 State/Regional Primary Care Conference
St. Louis, MO

2010 Financial, Operations Management/IT Conference
Las Vegas, NV

2011 Policy & Issues Forum
Washington, DC

2011 Farmworker Health Conference
Delray Beach, FL



PARTNERING THROUGH A SHARED MISSION

With health centers positioned to play a larger role in America's health care system, NACHC continues to connect and work with like-minded partners to leverage support for America's Health Centers and to expand access to quality, cost-effective health care for all people.

AmeriCorps/Community HealthCorps

In partnership with AmeriCorps, nearly 500 members of NACHC's Community HealthCorps program served in various capacities around the country representing 350 delivery sites in 2010-11 to enhance access to primary and preventive services and programs for the medically underserved. During this period, HealthCorps members assisted 592,875 people - of which 62,263 received help in enrolling in insurance plans and other health related services and programs, and 112,654 received health education and supportive counseling.

HealthCorps members also recruited and coordinated the work of 8,442 non-AmeriCorps volunteers (nearly 2,000 volunteered more than once). These volunteers logged 35,026 hours in assisting health centers and other community-based organizations address health and human needs. The value of the service performed by Community HealthCorps members and the volunteers is estimated at just over \$17 million dollars.



A.T. Still University

NACHC's ongoing partnership with A.T. Still University (ATSU) continues to deliver on a health center strategy to address the shortage of dentists and primary care physicians by "Growing Our Own." 2011 marked the first graduating class at the ATSU'S School of Osteopathic Medicine with 83 percent of its graduates committed to a professional journey into community-based primary care practice.

Beckton, Dickinson and Company (BD)

For the second year, BD donated syringes and pen needles for health center diabetic patients valued at \$5 million.

Covidien

The Covidien/NACHC Challenge Grant Program awards grants in the range of \$25,000 – \$50,000 to help health centers leverage private matching funds for small and medium capital projects. Challenge Grants in 2011 totaled more than \$646,000 at 17 health centers.

Center for Diagnostic Imaging (CDI)

A pilot project of CDI is underway to offer imaging services at no or low cost to health center patients at selected centers in Indianapolis, Seattle and Minneapolis.



Community Health Ventures

As the business development affiliate of NACHC, Community Health Ventures (CHV) operates programs and negotiates agreements that produce significant savings for health centers in the purchase of products and services – savings that health centers reinvest in patient care. CHV's Value in Purchase (ViP) program generated an estimated \$12 million in savings for health centers in 2010. It has also launched the Value in Lab (ViL) program – a collaboration between CHV, the Texas Association of Community Health Centers (TACHC), and Laboratory Corporation of America (LabCorp) – that has demonstrated a significant savings in lab products and services for health centers.

CVS Caremark

A CVS donation of 166,000 vouchers valued at \$5 million in 2011 enabled low-income, uninsured health center patients to receive flu shots at no cost. Direct Relief International (DRI), another partner in this program, distributes the vouchers, which are redeemable at CVS Pharmacies.

Direct Relief International (DRI)

DRI, a humanitarian medical aid organization, has continued to work with NACHC to assist centers and their communities in preparing and responding to emergencies and disasters. DRI has provided medicines and medical supplies valued at over \$250 million (wholesale) to more than 1,100 safety net clinics in all 50 states since the program was established in 2004.

Pfizer Sharing the Care

For nearly 20 years, this program, cosponsored by the National Governors Association and NACHC, has enabled low-income and uninsured health center patients access free Pfizer medications prescribed through 400 health centers.

RCHN Community Health Foundation

RCHN continues its significant support of the health center mission through collaborative research with the academic community on health center related issues, and in the development and support of business and grant opportunities and partnerships beneficial to health centers and their patients. Its investment in Community Health Ventures has greatly assisted the growth of CHV programs designed for and by community health centers.

2010-2011 BOARD OF DIRECTORS EXECUTIVE COMMITTEE



Chair of the Board
ANITA MONOIAN
*Yakima Neighborhood
Health Services
Yakima, WA*



Speaker of the House
JAMES LUISI
*North End Waterfront Health
Boston, MA*



Treasurer
GARY WILTZ, MD
*Teche Action Clinic
Franklin, LA*



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*Waianae Coast
Comprehensive
Health Center
Kapolei, HI*



Vice-Speaker of the House
LATHRAN J. WOODARD
*South Carolina
Primary Care Association
Columbia, SC*



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Health Services
Atlanta, MI*



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*RiverStone Health
Billings, MT*



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*Community Health & Social
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Detroit, MI*



Parliamentarian
STANLEY J. BRASHER
*Salud Family Health Center
Fort Lupton, CO*

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.

FINANCIAL SUMMARY

FOR THE FISCAL YEAR ENDED JUNE 30, 2011

Support and Revenue:

| | | |
|-------------------------------------|-------------------|-------------|
| Membership Dues | \$ 10,874,321 | 33% |
| Public/Private Grants | 16,102,541 | 50% |
| Conferences, Conventions and Forums | 4,660,885 | 14% |
| Other | <u>853,532</u> | <u>3%</u> |
| Total Revenue | <u>32,491,279</u> | <u>100%</u> |

Expenditures:

| | | |
|--|-------------------|-------------|
| Education, Training & Technical Assistance | 18,281,941 | 58% |
| Direct Grant Support to CHC's | 5,366,894 | 17% |
| Lobbying | 810,000 | 3% |
| Research & Data Analysis | 4,273,701 | 13% |
| Public Relations & Communications | <u>2,813,923</u> | <u>9%</u> |
| Total Expenditures | <u>31,546,459</u> | <u>100%</u> |

| | |
|------------------------|---------|
| Increase in Net Assets | 944,820 |
|------------------------|---------|

| | |
|-------------------------------------|------------------|
| Net assets at beginning of the year | <u>3,111,159</u> |
|-------------------------------------|------------------|

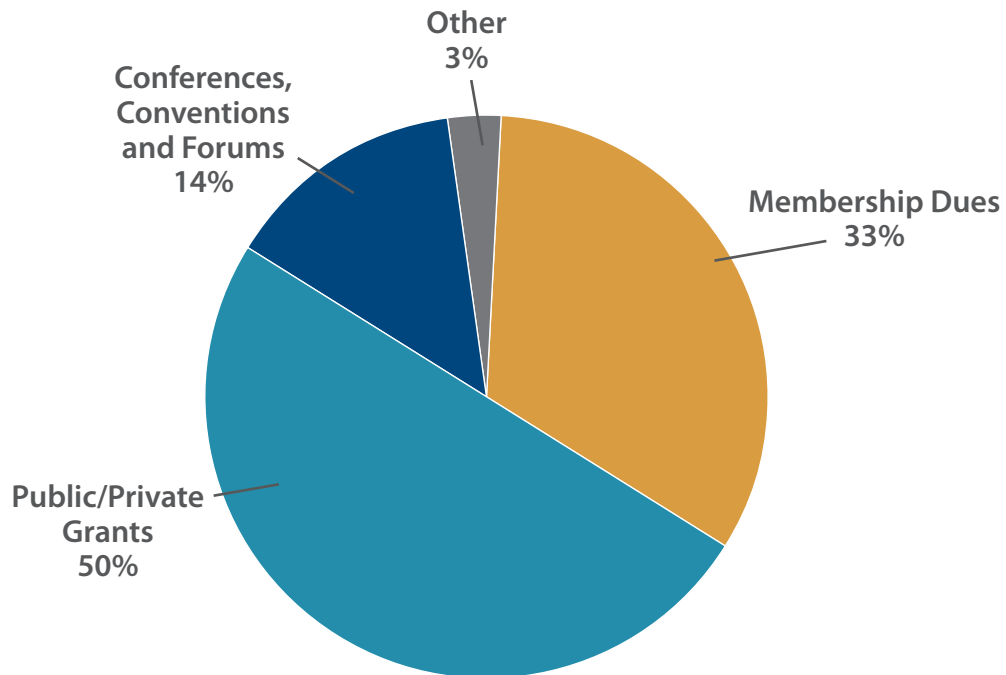
| | |
|---------------------------|----------------------------|
| Net assets at end of year | \$ <u><u>4,055,979</u></u> |
|---------------------------|----------------------------|

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.

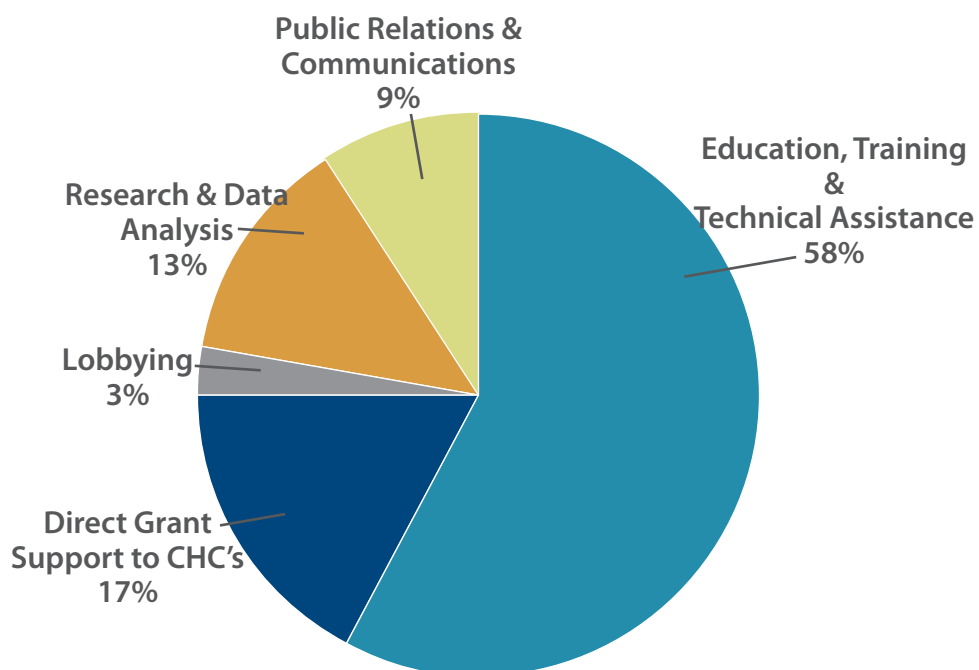
FINANCIAL SUMMARY

FOR THE FISCAL YEAR ENDED JUNE 30, 2011

REVENUES



EXPENDITURES



NACHC CHARTERED STATE/REGIONAL PRIMARY CARE ASSOCIATIONS

| | |
|---|--|
| Alabama Primary Health Care Association | Mid-Atlantic Association of Community Health Centers |
| Alaska Primary Care Association, Inc. | Minnesota Association of Community Health Centers |
| Arizona Association of Community Health Centers | Mississippi Primary Health Care Association |
| Asociacion de Salud Primaria de Puerto Rico | Missouri Primary Health Care Association |
| Bi-State Primary Care Association | Montana Primary Care Association |
| Bi-State Primary Care Association (Second Office) | New Jersey Primary Care Association |
| California Primary Care Association | New Mexico Primary Care Association |
| Colorado Community Health Network | New York, Community Health Care Association of New York State |
| Community Health Assoc.of Mountain/Plain States (Region VIII) | North Carolina Community Health Center Association |
| Community Health Care Association of New York State | North Dakota Office, Community HealthCare Association of the Dakotas |
| Community Health Centers of Arkansas | Northwest Regional Primary Care Association |
| Community Health Center Association of Connecticut | Ohio Association of Community Health Centers |
| District of Columbia Primary Care Association | Oklahoma Primary Care Association |
| Florida Association of Community Health Centers | Oregon Primary Care Association |
| Georgia Association for Primary Health Care | Pacific Islands Primary Care Association |
| Great Basin Primary Health Care Association | Pennsylvania Association of Community Health Centers |
| Hawaii Primary Care Association | Rhode Island Health Center Association |
| Health Center Association of Nebraska | South Carolina Primary Care Association |
| Idaho Primary Care Association | South Dakota Office, Community HealthCare Association of the Dakotas |
| Illinois Primary Health Care Association | Tennessee Primary Care Association |
| Illinois Primary Health Care Association (Second Office) | Texas Association of Community Health Centers |
| Indiana Primary Health Care Association | Association for Utah Community Health |
| Iowa Primary Care Association | Virginia Community HealthCare Association |
| Kansas Association for the Medically Underserved | Washington Association of Community & Migrant Health Centers |
| Kentucky Primary Care Association | West Virginia Primary Care Association |
| Louisiana Primary Care Association | Wisconsin Primary Health Care Association |
| Maine Primary Care Association | Wyoming Primary Care Association |
| Massachusetts League of Community Health Centers | |
| Michigan Primary Care Association | |



NATIONAL ASSOCIATION OF
Community Health Centers

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