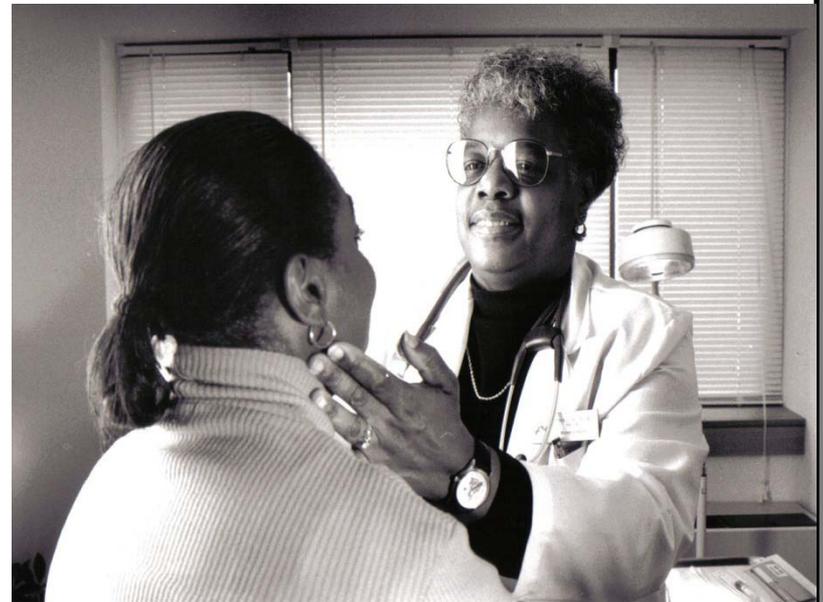




NATIONAL ASSOCIATION OF
Community Health Centers

A Sketch of Community Health Centers

Chart Book
2009



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For more information, email research@nachc.com.

Cover picture provided courtesy of Codman Square Health Center in Boston, Massachusetts.

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Preface

The National Association of Community Health Centers (NACHC) is pleased to present *A Sketch of Community Health Centers*, an overview of the federal Health Center Program and the communities they serve. Community Health Centers began over forty years ago as part of President Lyndon B. Johnson's declared "War on Poverty." Their aim then, as it is now, is to **provide affordable, high quality and comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay**. A growing number of health centers also provide dental, behavioral, pharmacy, and other needed supplemental services. No two health centers are alike but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed.

Health centers play a critical role in the health care system as the **health care home to 18 million* people**. Across the country health centers produce positive results for their patients and for the communities they serve. They stand as evidence that communities can improve health, reduce health disparities, and deal with a multitude of costly and significant health and social problems – including substance abuse, HIV/AIDS, mental illness, and homelessness – if they have the resources and leadership to do so.

Although the Health Center Program has been very successful over the years in providing vital health care services to those in need, the program faces many looming challenges. Rising costs, narrowing revenue streams, and steady increases of newly uninsured and chronically ill patients threaten health centers' ability to meet growing need. **Federal and state support is critically important** to keep pace with rising costs and escalating health care needs.

Who health centers serve, what they do, and their impressive record of accomplishment in keeping communities healthy, is represented in the following charts.

*Includes patients of federally-funded health centers, non-federally funded health centers (health center "look-alikes"), and expected patient growth for 2008.

Sources and Methodology

Source: All figures, unless otherwise noted, come from NACHC, 2009. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System. For more information, email research@nachc.com.

Note: This chartbook includes data from Federally-Qualified Health Centers (FQHCs) who meet federal health center grant requirements and are required to report administrative, clinical and other information to the Federal Bureau of Primary Health Care. Only FQHCs receiving federal health center grants report data. Therefore, unless otherwise noted, this chartbook does not always include data from a category of FQHCs that does not receive these funds, known as FQHC Look-Alikes. Data reflected in this chartbook may consequently underreport the volume of health care delivered by health centers. There are approximately 100 FQHC Look-Alikes across the United States.

Section I: Who Health Centers Serve

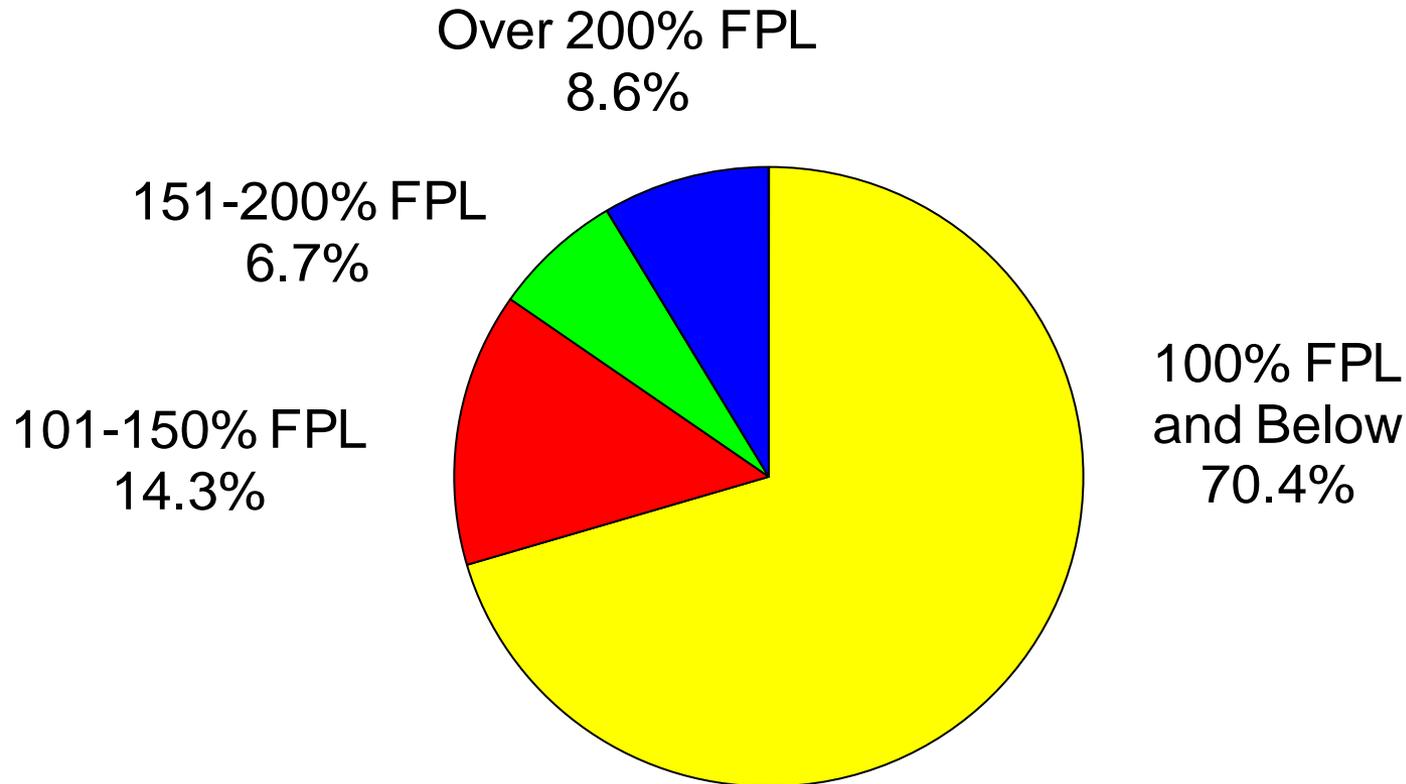
Figure 1.1

Health Centers Serve...

- 1 in 8 **Medicaid** beneficiaries
- 1 in 7 **uninsured** persons, including
 - 1 in 5 **low income** uninsured
- 1 in 3 individuals in **poverty**
 - 1 in 4 **minority individuals in poverty**
- 1 in 7 **rural** Americans

Figure 1.2

Health Center Patients Are Predominately Low Income



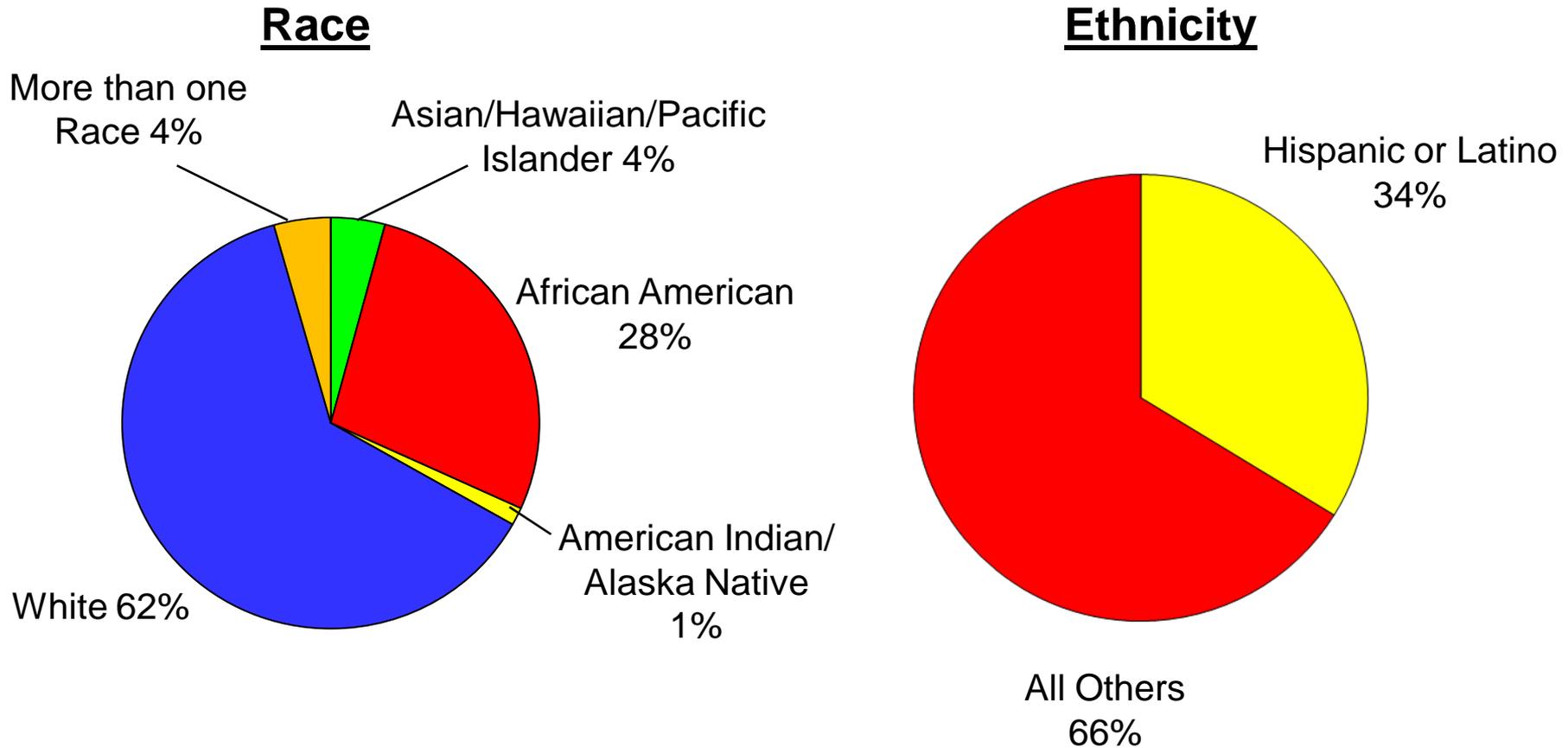
*Please refer to sources and methodology at the end for more information

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Note: Federal Poverty Level (FPL) for a family of three in 2008 was \$17,170. (See <http://aspe.hhs.gov/poverty/07poverty.shtml>.) Based on percent known. Percents may not total 100% due to rounding.

Figure 1.3

Most Health Center Patients are Members of Racial and Ethnic Minorities, 2007



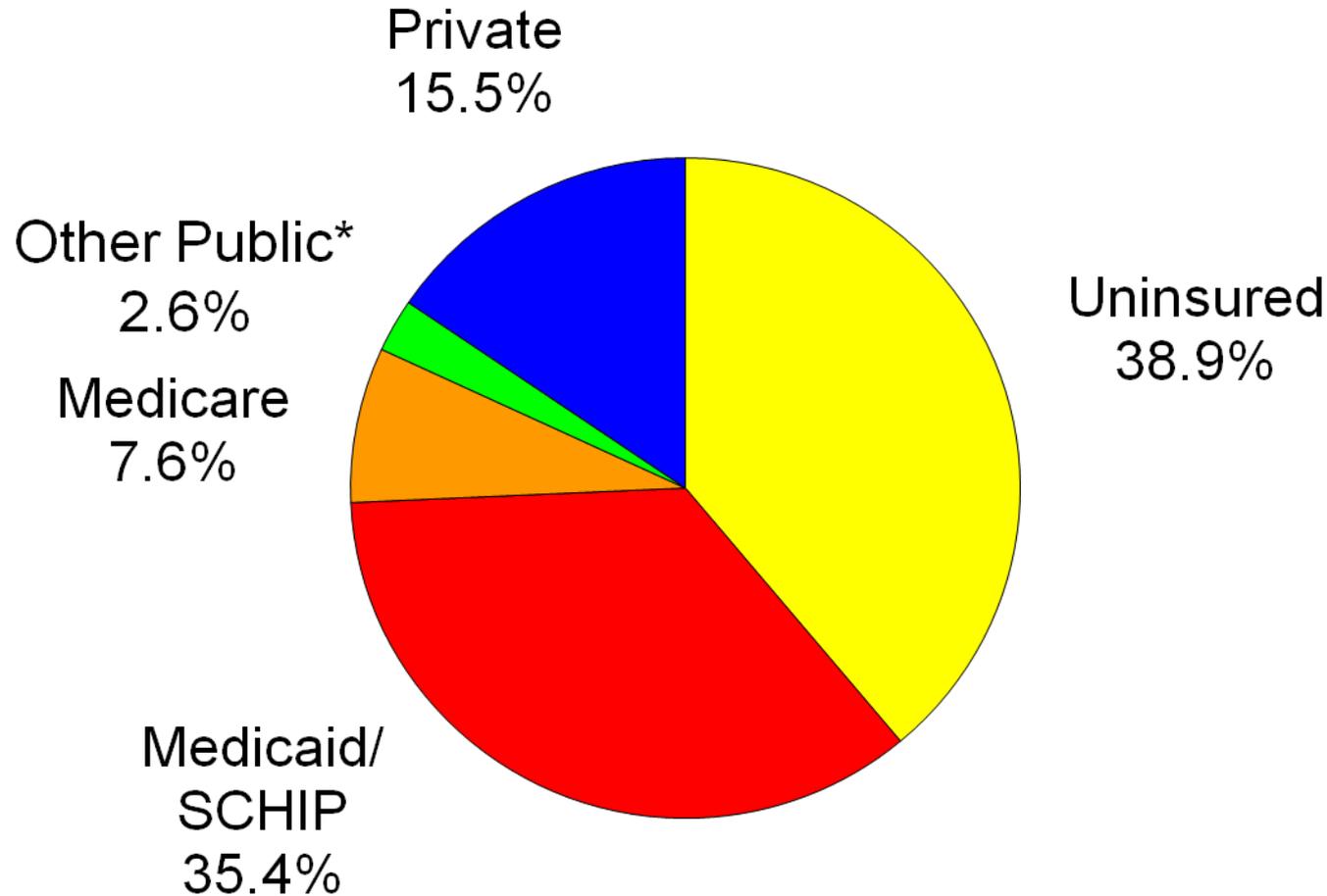
*Please refer to sources and methodology at the end for more information

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Note: Based on percent known. Percents may not total 100% due to rounding.

Figure 1.4

Most Health Center Patients are Uninsured or Publicly Insured



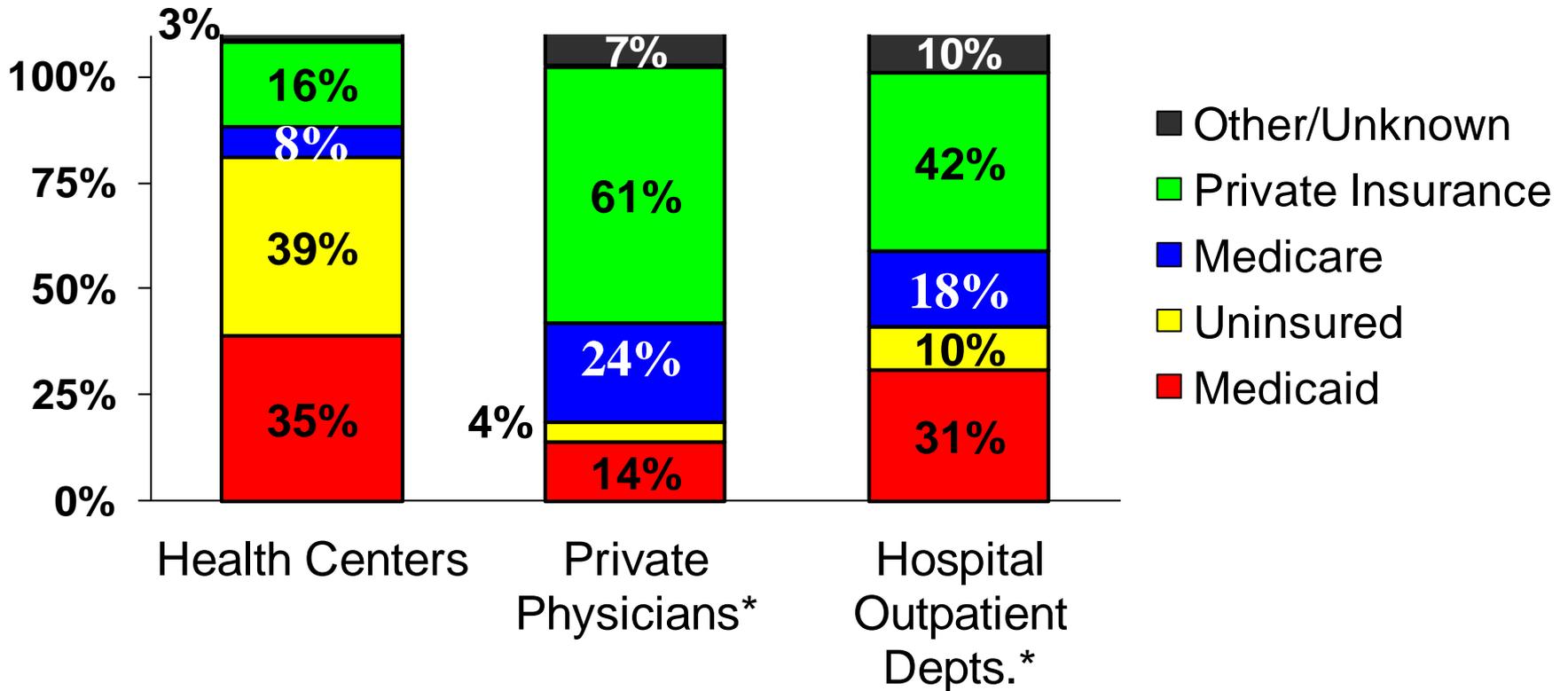
•Other public may include non-Medicaid SCHIP and state-funded insurance programs.

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Note: Percents may not total 100% due to rounding. Please refer to source and methodology at the end for more information.

Figure 1.5

Health Center Patient Mix Is Unique Among Ambulatory Care Providers



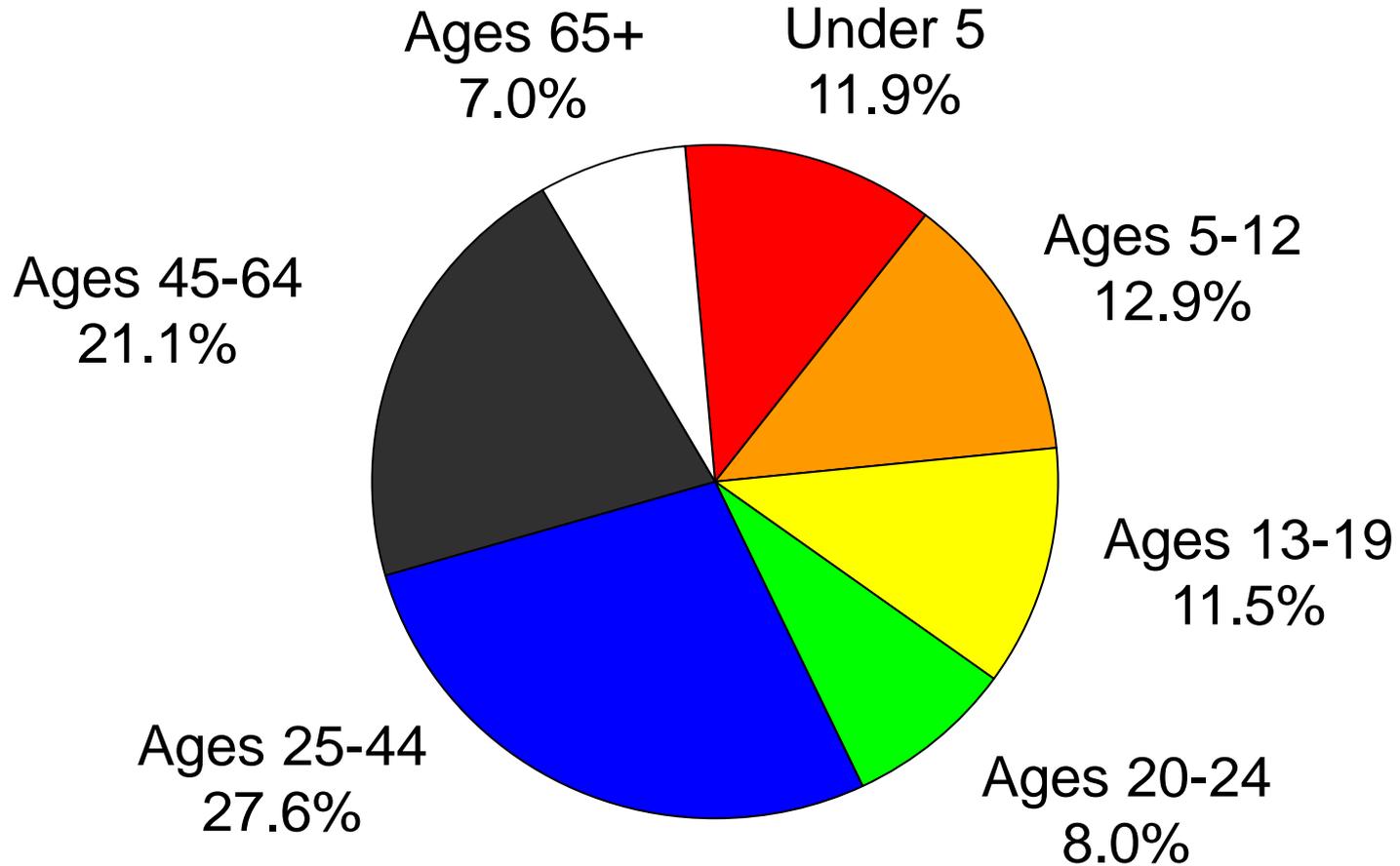
Notes: Other public includes non-Medicaid SCHIP and other state-funded insurance programs. Health Center data are from 2007, private physician and hospital outpatient data from 2006.

* Combined total of individual sources exceeds "All visits" because more than one may be reported per visit.

Sources: Based on Bureau of Primary Health Care, HRSA, DHHS, 2006 Uniform Data System. Private Physicians from 2006 NAMCS (CDC National Center for Health Statistics, 2008). Hospital Outpatient from 2006 NHAMCS (CDC National Center for Health Statistics, 2008).

Figure 1.6

Health Centers Serve Patients Throughout the Life Cycle



Note: Percents may not total 100% due to rounding.

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1.7

Health Center Patients are Generally More Likely to Have a Chronic Illness than Patients of Office-Based Physicians

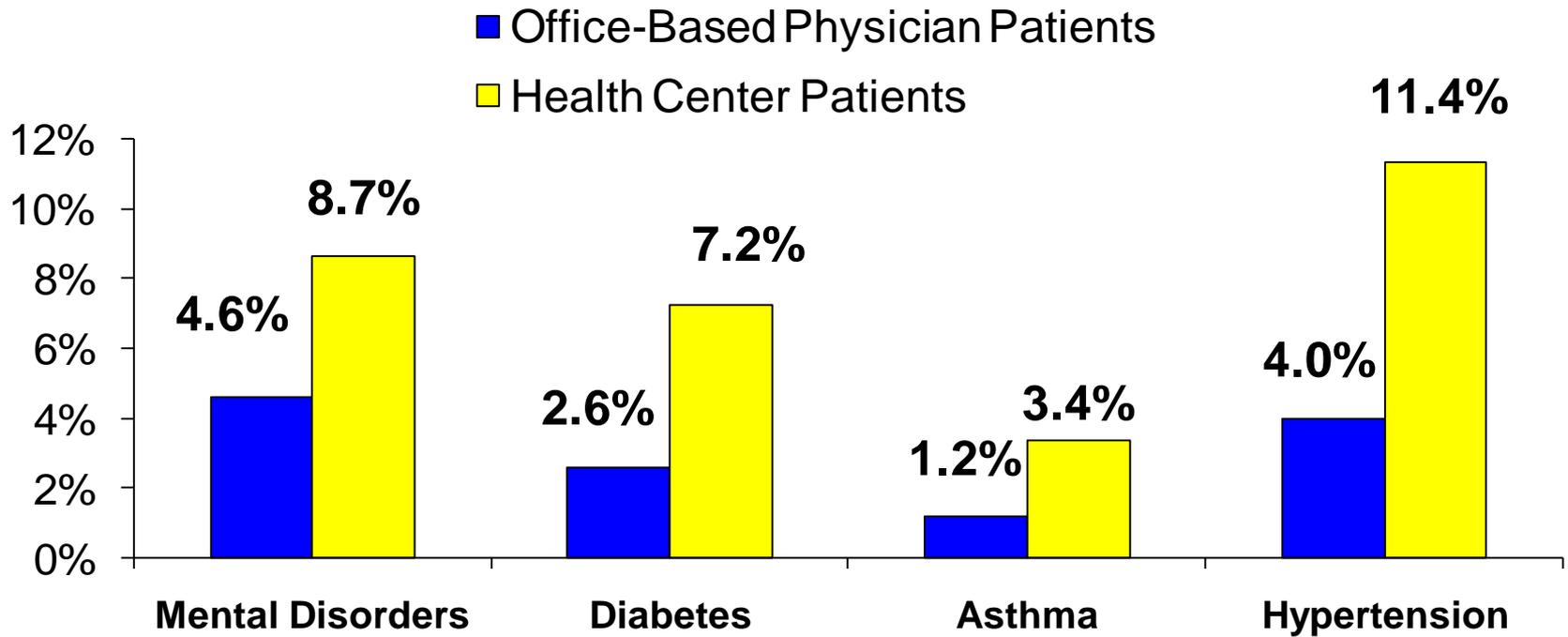
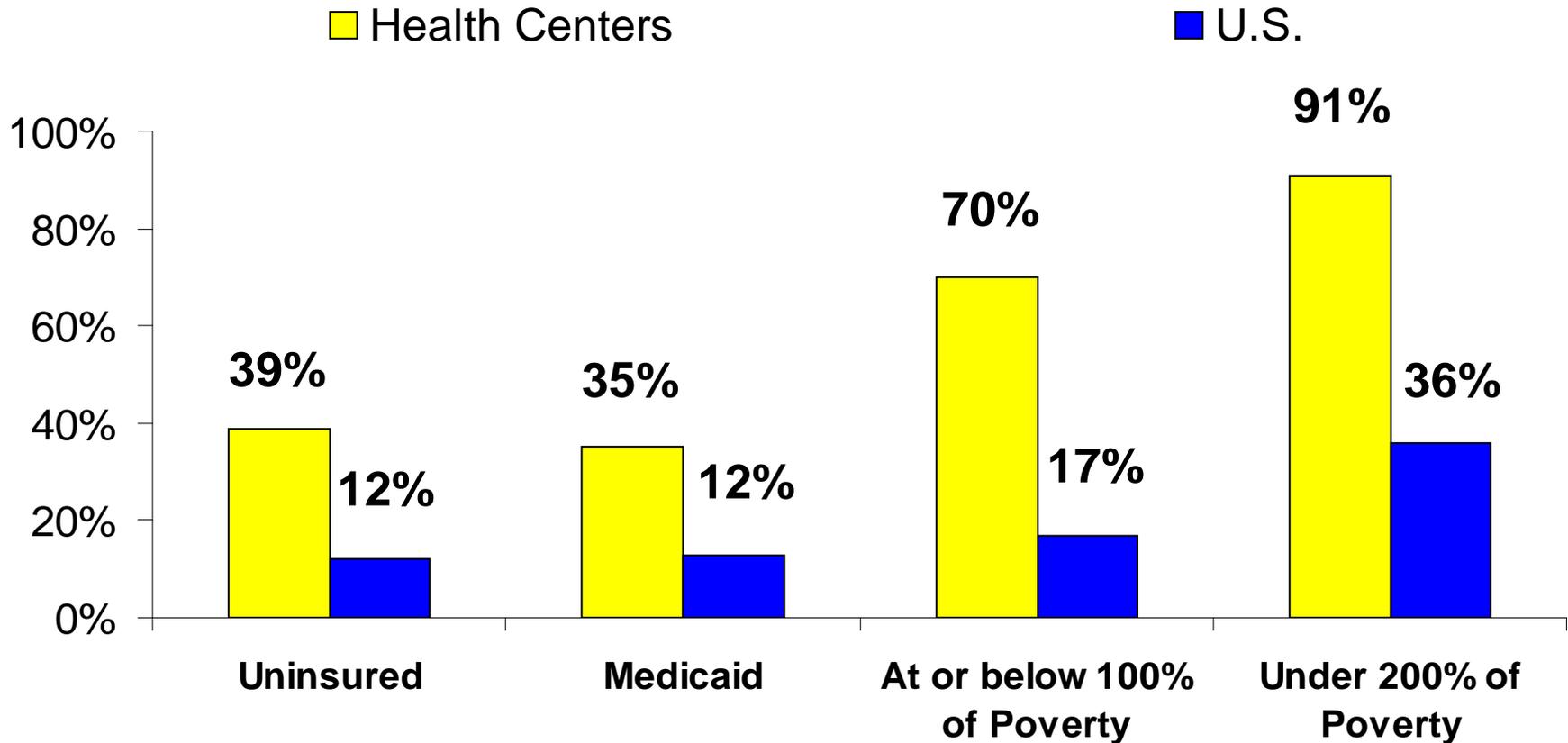


Figure 1.8

Health Center Patients are Disproportionately Poor, Uninsured, and Publicly-Insured, 2007

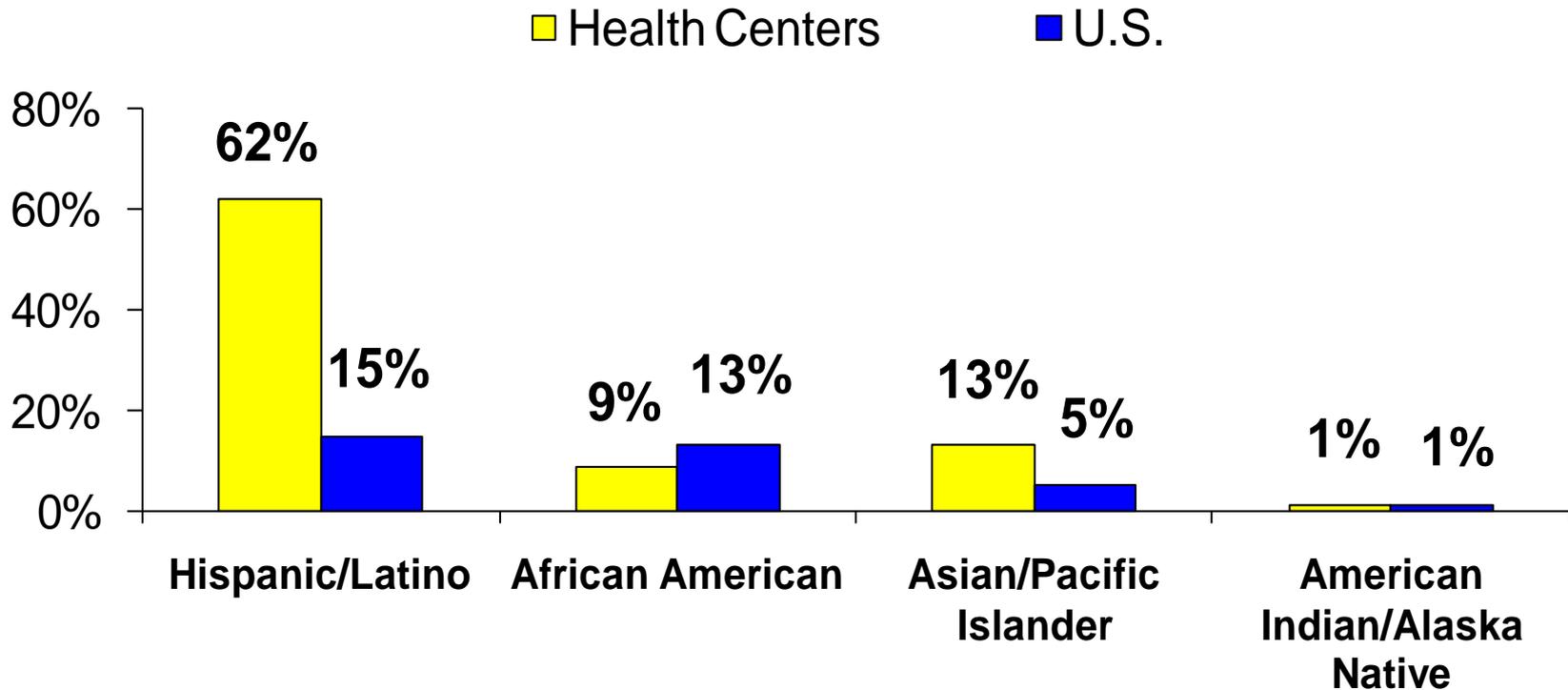


Sources: Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

U.S.: Kaiser Family Foundation, State Health Facts Online, www.statehealthfacts.org. Based on U.S. Census Bureau 2006 and 2007 March Current Population Survey. US Census Bureau, Table 4. Annual Estimates of the Population by Race Alone and Hispanic or Latino Origin for the United States, July 2007, www.census.gov.

Figure 1.9

Health Center Patients vs. U.S. Population, 2007



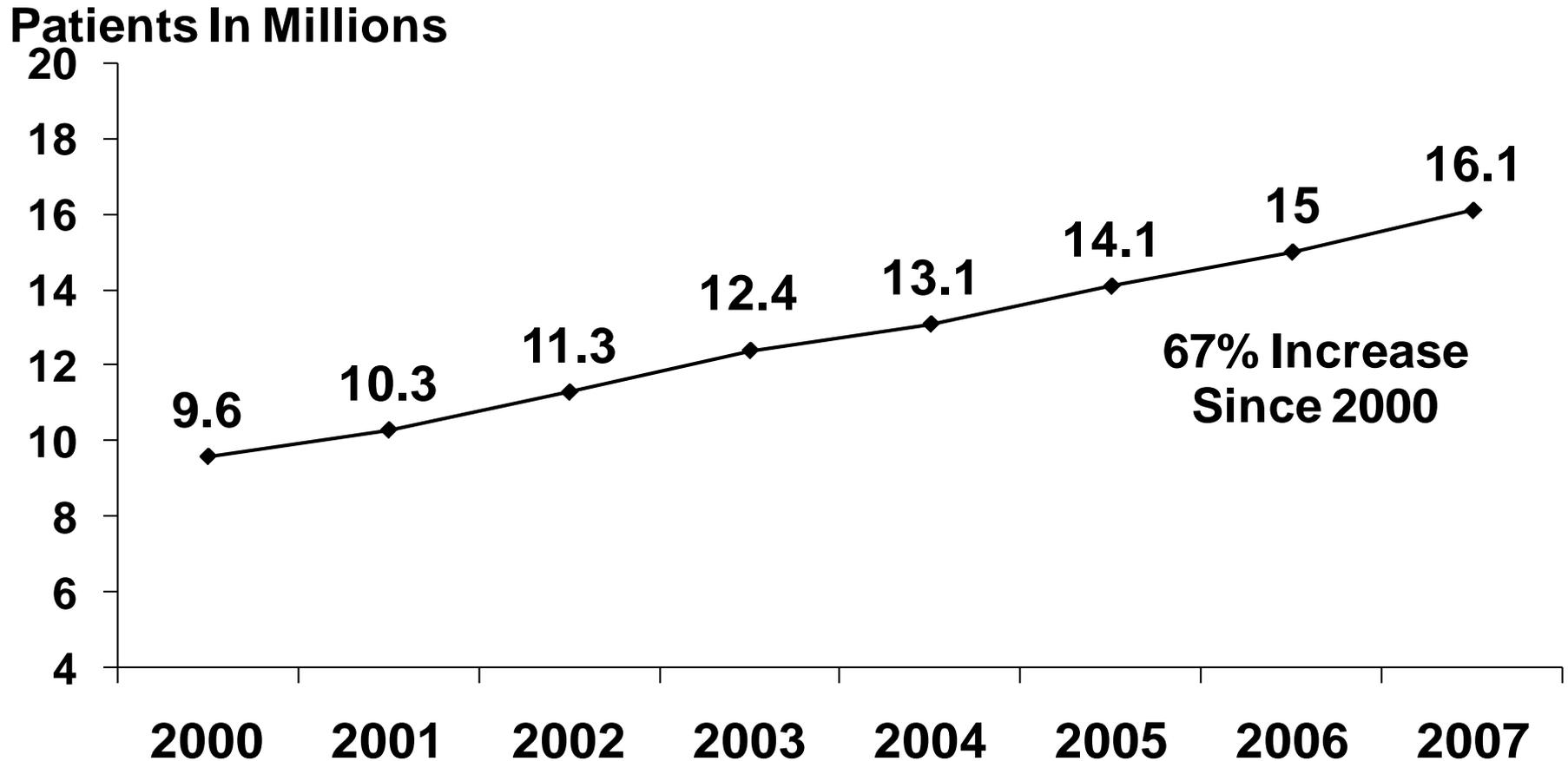
Sources: Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

U.S.: Kaiser Family Foundation, State Health Facts Online, www.statehealthfacts.org. Based on U.S. Census Bureau 2006 and 2007 March Current Population Survey. US Census Bureau, Table 4. Annual Estimates of the Population by Race Alone and Hispanic or Latino Origin for the United States, July 2007, www.census.gov.

Section II: Health Center Growth

Figure 2.1

The Number of Health Center Patients Continues to Grow

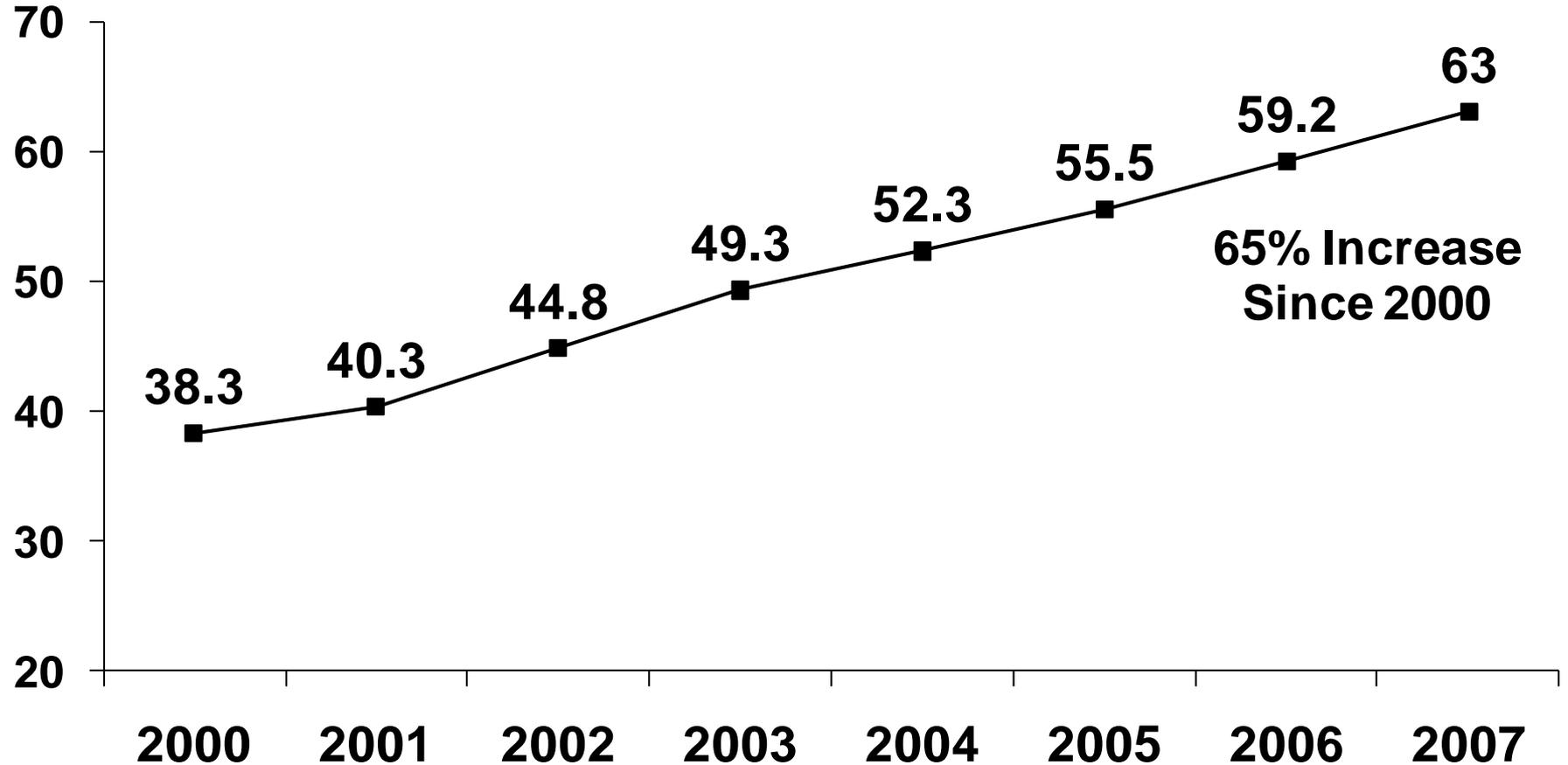


Source: Federally-funded health centers only. 2000-2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.2

The Number of Health Center **Patient Visits** Continues to Grow

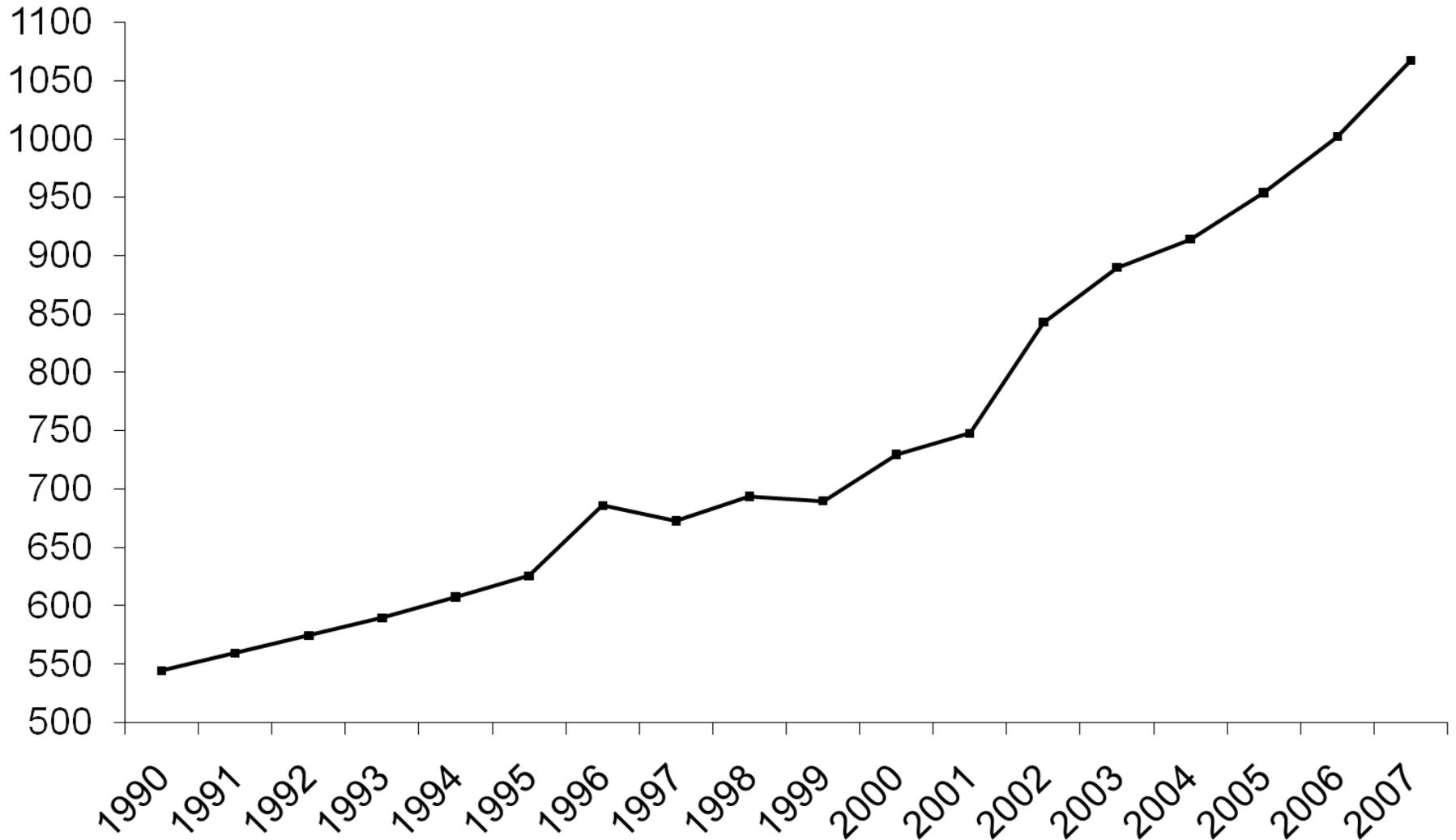
Patients In Millions



Source: Federally-funded health centers only. 2000-2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.3

The Number of Health Centers Receiving Federal Health Center Grants Has Increased Dramatically

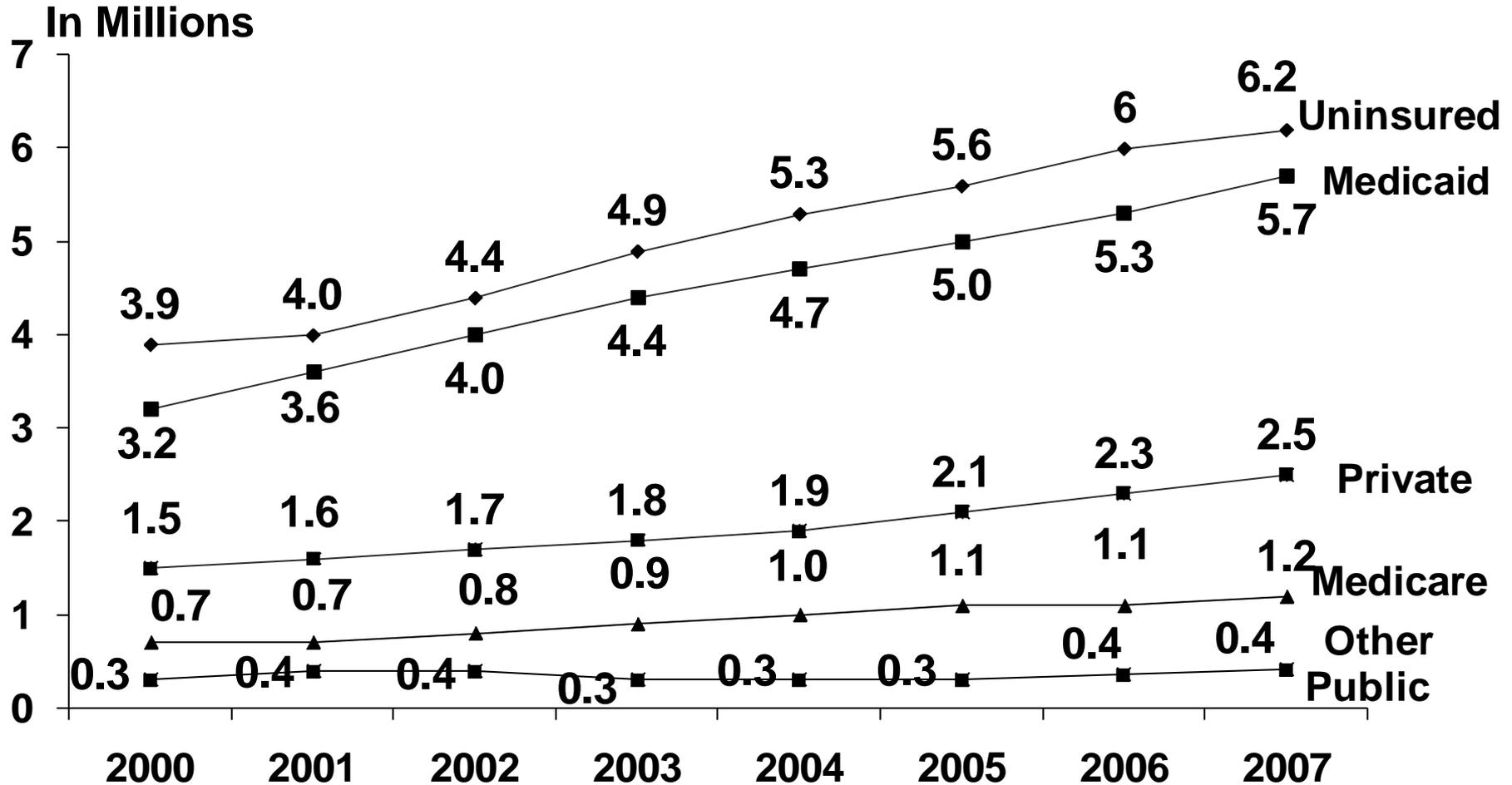


Note: Numbers used in this chart may understate the number of grantees in each year.

Source: Federally-funded health centers only. 1990-2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.4

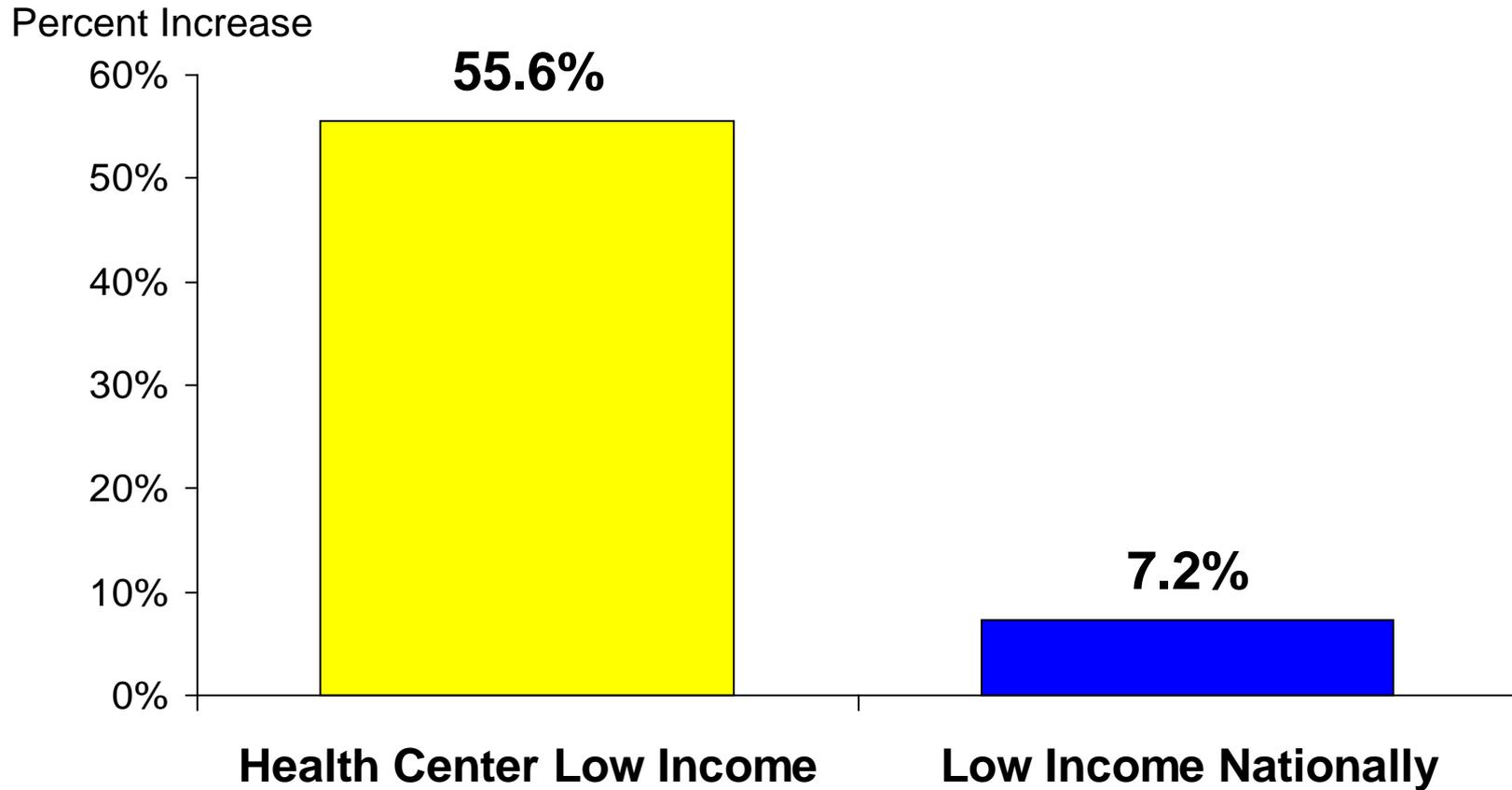
Growth in Number of Health Center Patients by Insurance Status, 2000-2007



Source: Federally-funded health centers only. 2000-2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.5

The Number of Health Center Low Income* Patients Is Growing Faster than the Low Income Nationally, 2000-2007

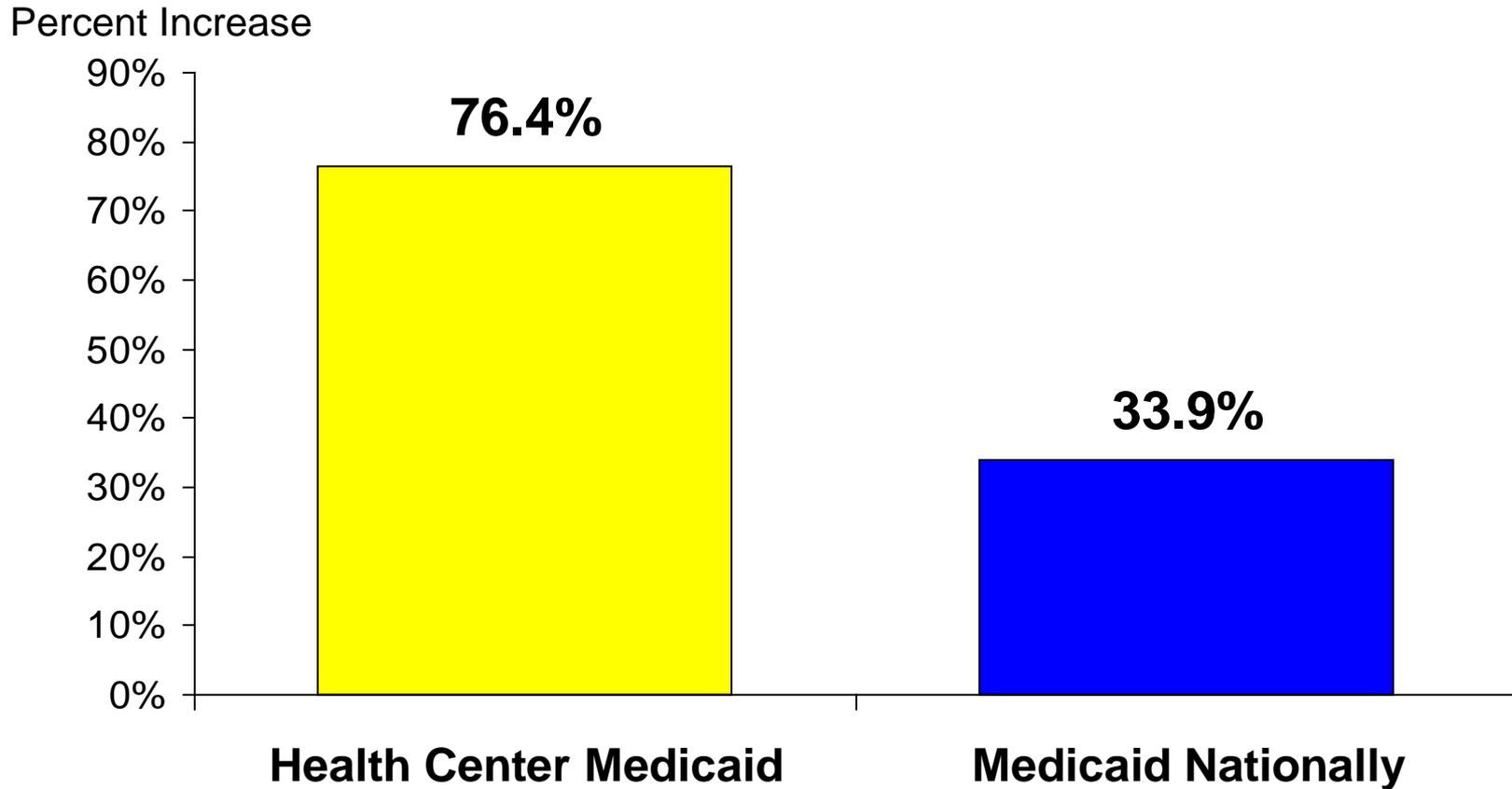


* Patients under 200% of poverty.

Sources: U.S. Census Historical Poverty Tables. "Table 5. Percent of People By Ratio of Income to Poverty Level: 1970 to 2007." <http://www.census.gov/hhes/www/poverty/histpov/perindex.html>. NACHC, 2008. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

Figure 2.6

The Number of Health Center Medicaid Patients Is Growing Faster than Medicaid Beneficiaries Nationally, 2000-2007

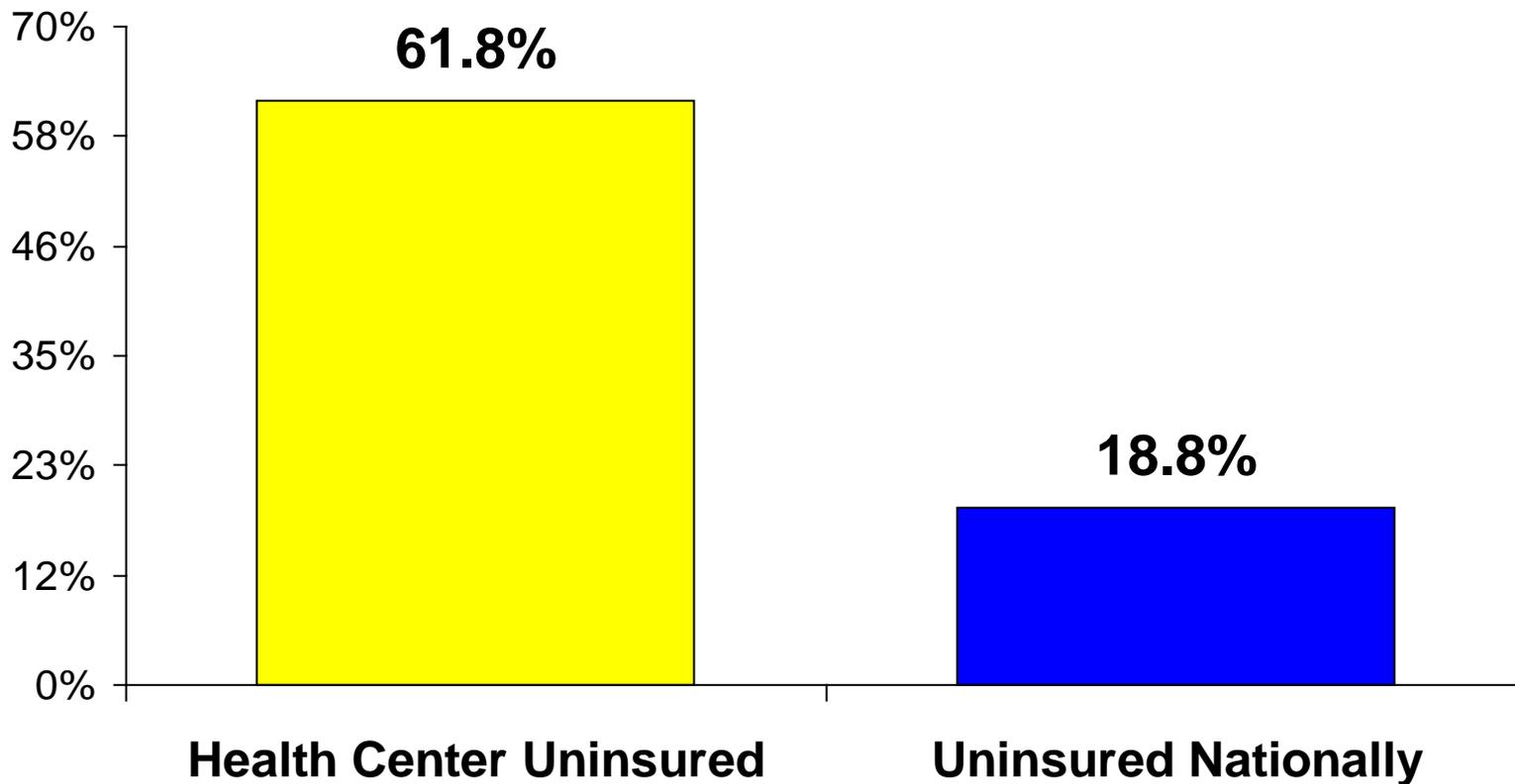


Sources: U.S. Census Bureau. Historical Health Insurance Tables. "Table HI-1. Health Insurance Coverage Status and Type of Coverage by Sex, Race and Hispanic Origin: 1987 to 2007." <http://www.census.gov/hhes/www/hlthins/historic/index.html>. NACHC, 2008. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

Figure 2.7

The Number of Health Center Uninsured Patients Is Growing Faster than the Uninsured Nationally, 2000-2007

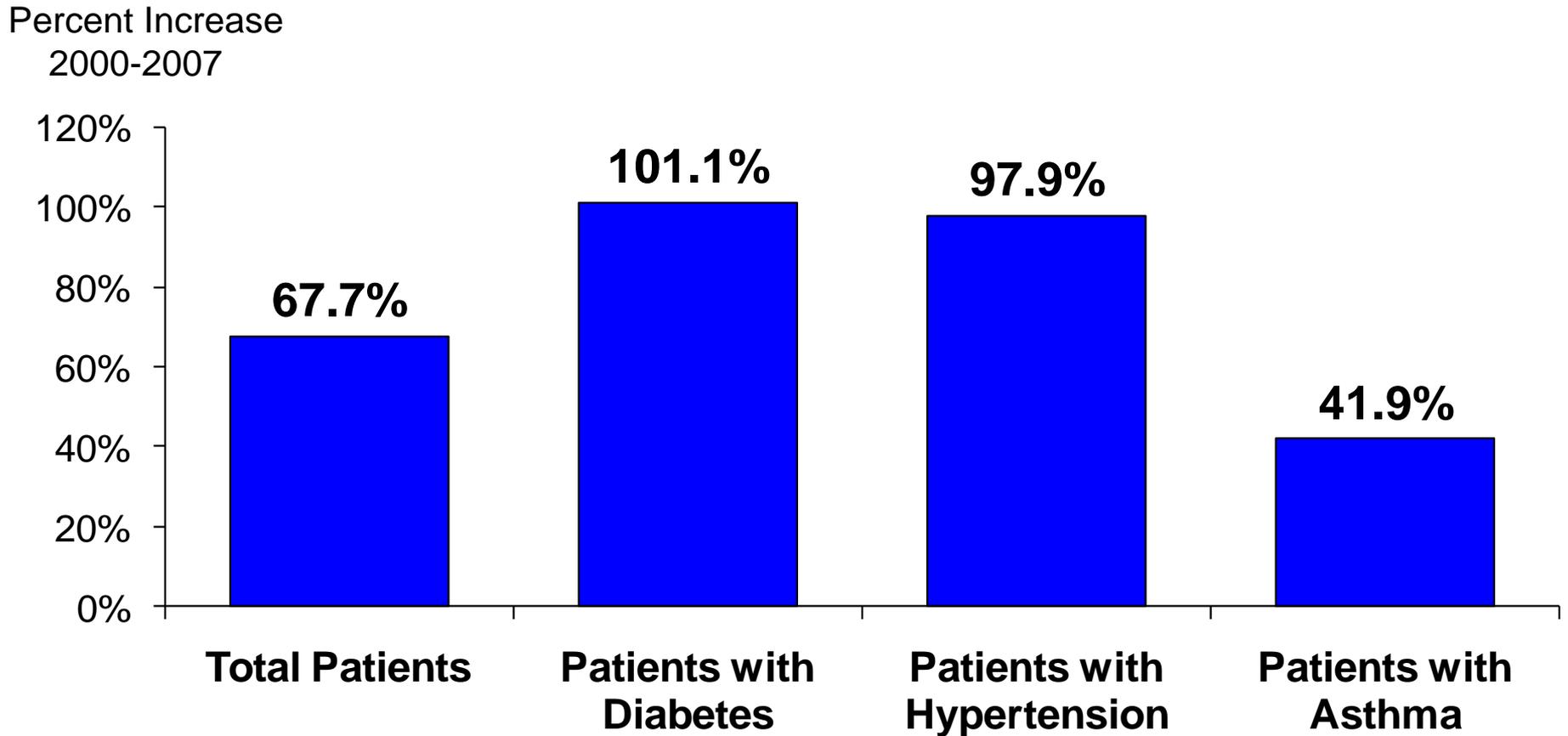
Percent Increase



Sources: U.S. Census Bureau. Historical Health Insurance Tables. "Table HI-1. Health Insurance Coverage Status and Type of Coverage by Sex, Race and Hispanic Origin: 1987 to 2009." <http://www.census.gov/hhes/www/hlthins/historic/index.html>. NACHC, 2008. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

Figure 2.8

The Numbers of Patients with Chronic Conditions Is Rapidly Rising



Section: III

Access to Care

Figure 3.1

Health Center Uninsured Patients Are Half as Likely to Go Without Care

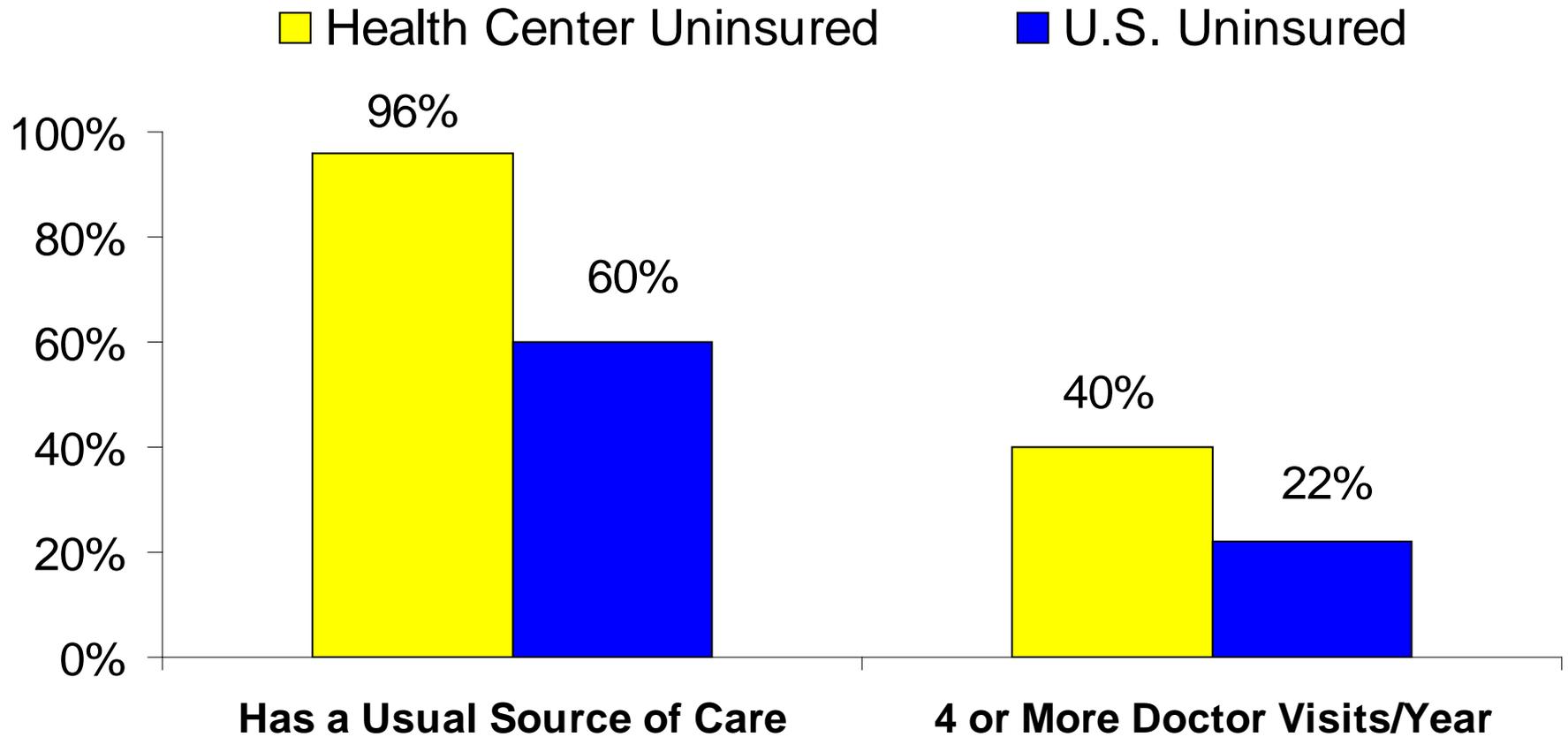


Figure 3.2

Health Center Uninsured and Medicaid Patients are More Likely to Have a Usual Source of Care than the U.S. Privately Insured

Percent Reporting They Have a Usual Source of Care

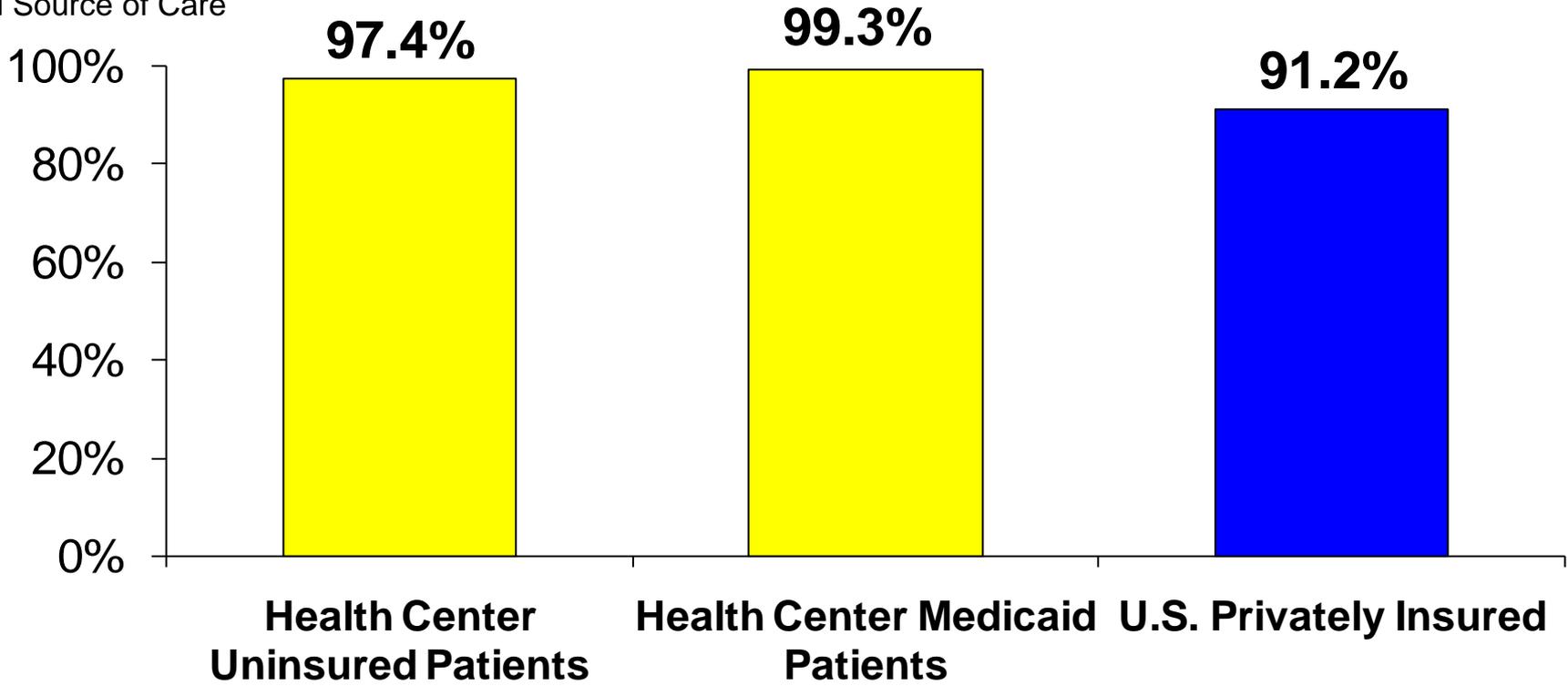


Figure 3.3

Health Center Uninsured Patients are Twice as Likely To Get the Care They Need than Other Uninsured

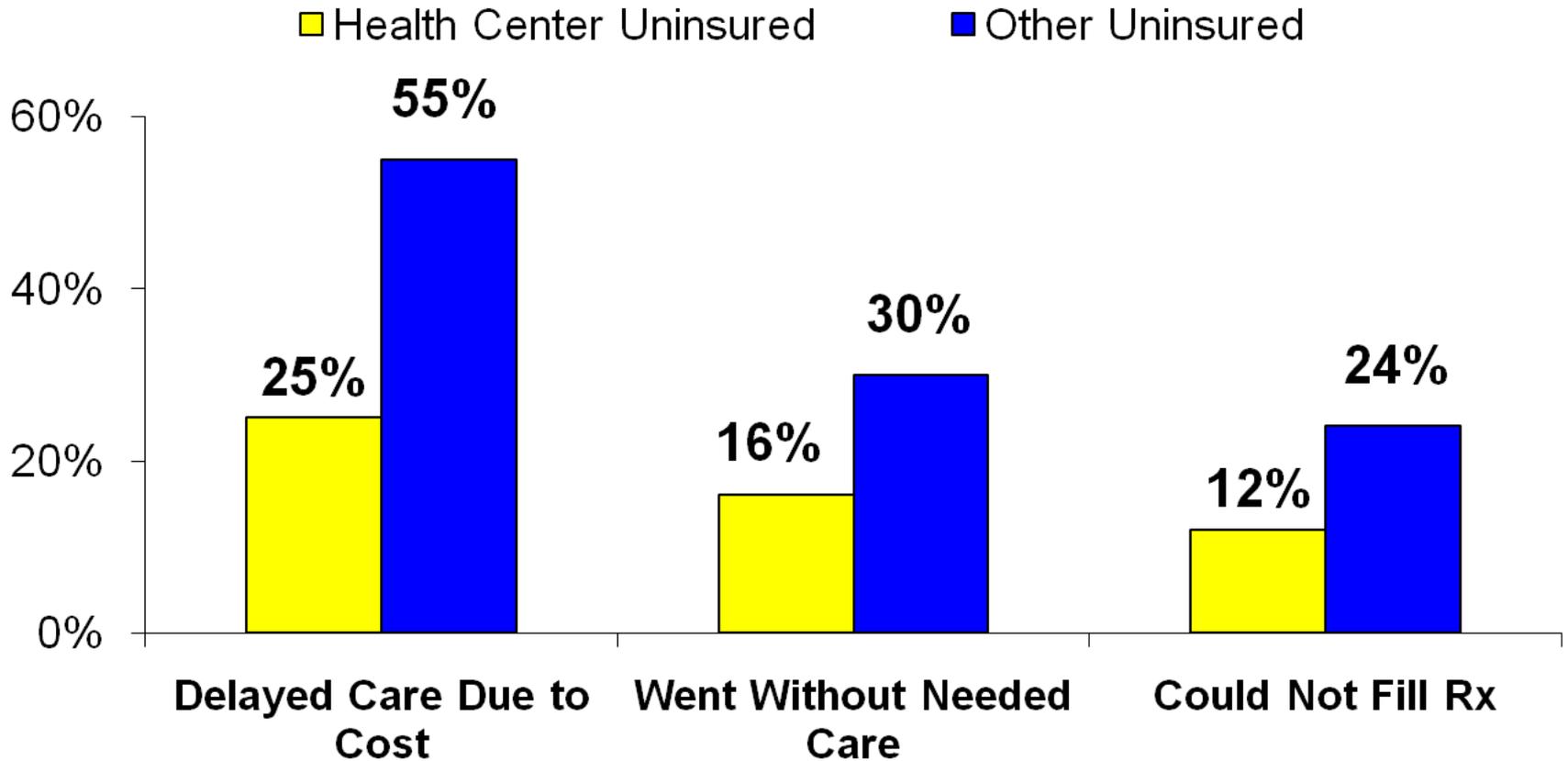
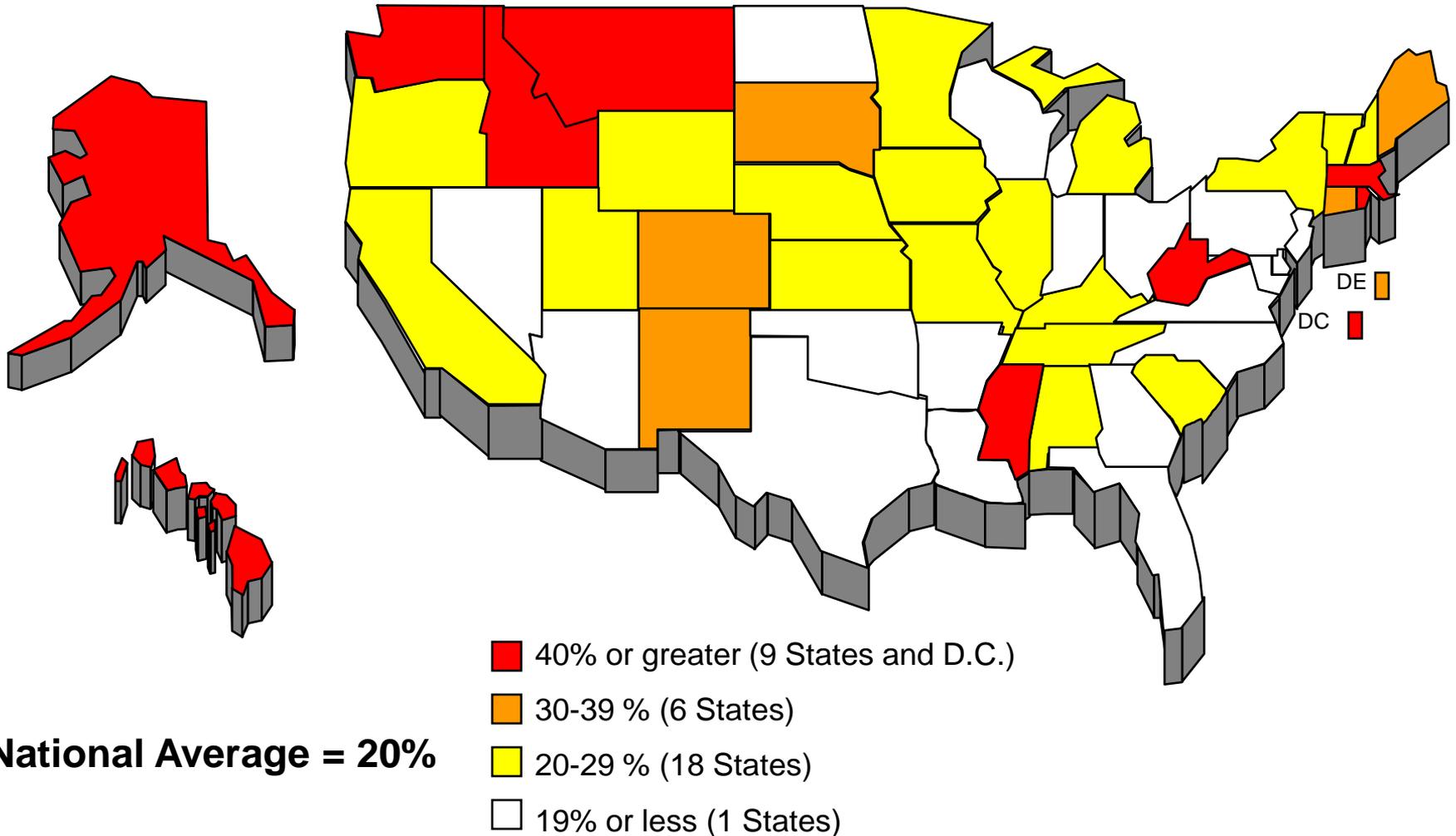


Figure 3.4

Percent of Low Income, Uninsured Served by Health Centers, 2007



Note: Under 200% of poverty.

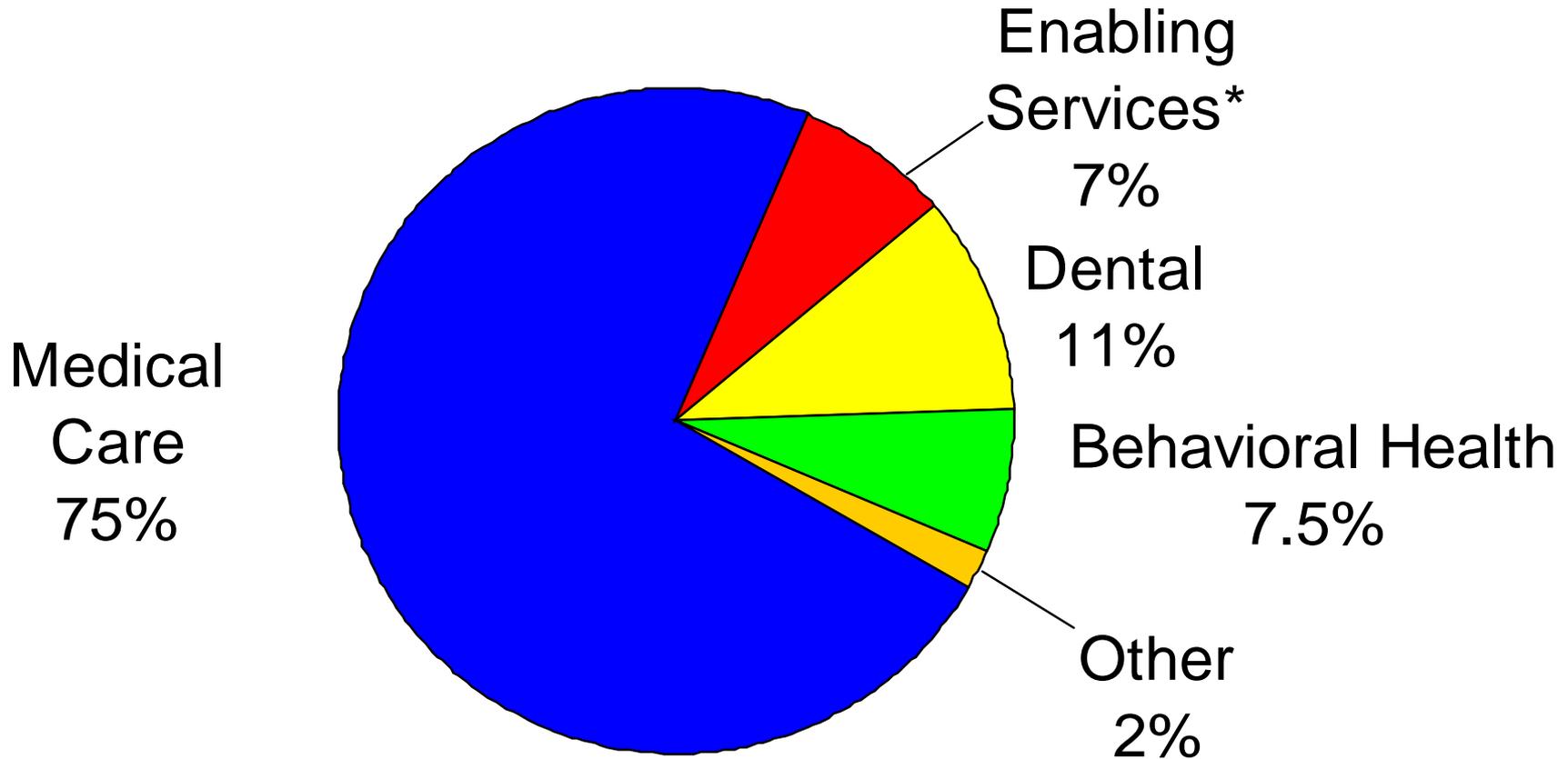
Source: National data from: Kaiser State Facts. Distribution of the Nonelderly Uninsured by Federal Poverty Level, 2007.

<http://www.statehealthfacts.org/comparebar.jsp?ind=136&cat=3>. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System.

Section IV: Preventive Services

Figure 4.1

Health Center Patient Visits by Type of Service, 2007



Total = 63 million encounters in 2007

* Encounters for enabling services include visits to case managers and health educators.

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 4.2

Growth in Number of Health Center Dental Patients, 2001-2007

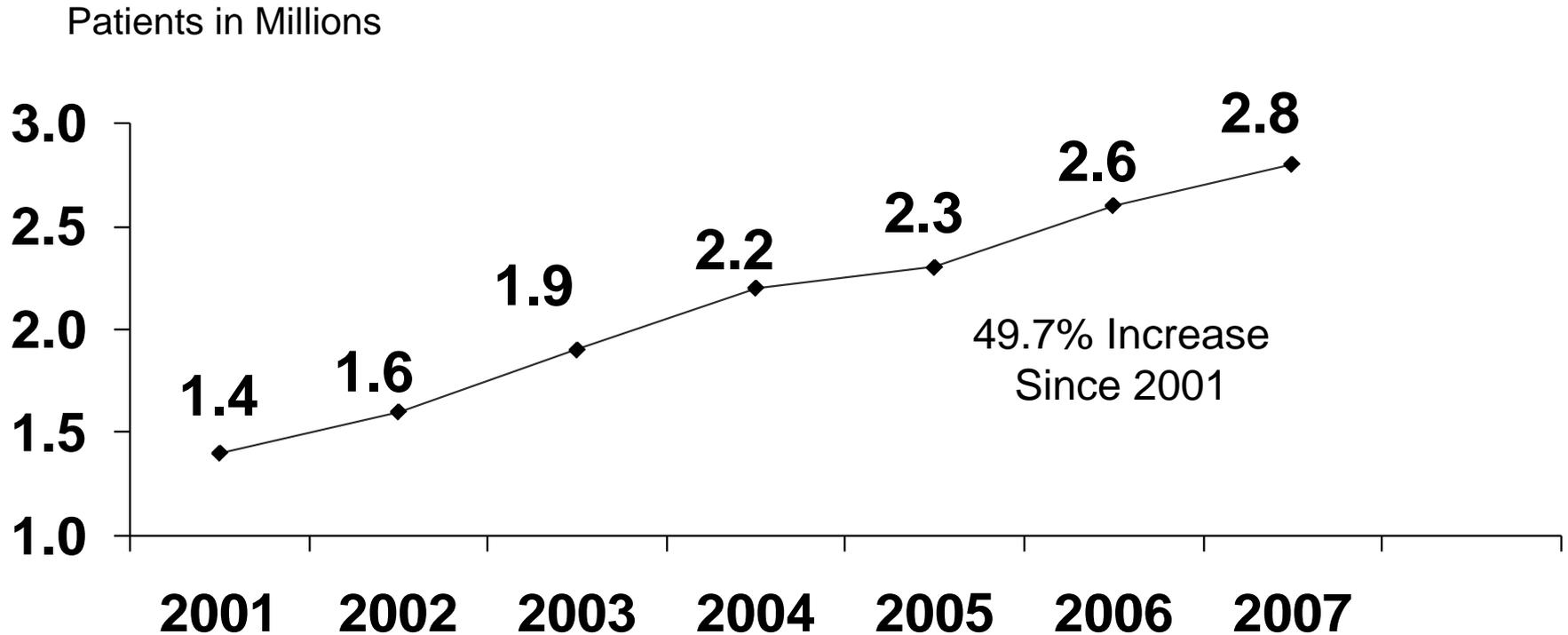


Figure 4.3

Growth in Number of Health Center Mental Health and Substance Abuse Visits, 2001-2007

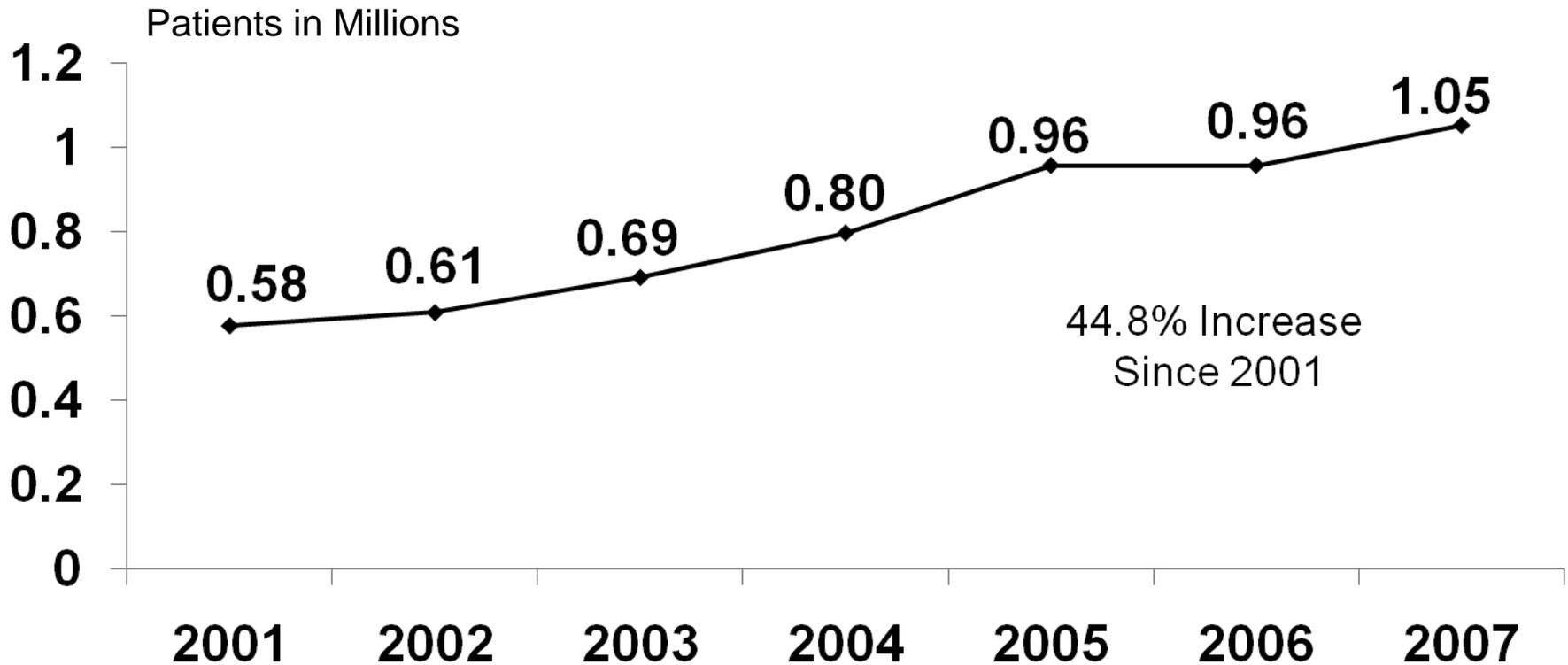
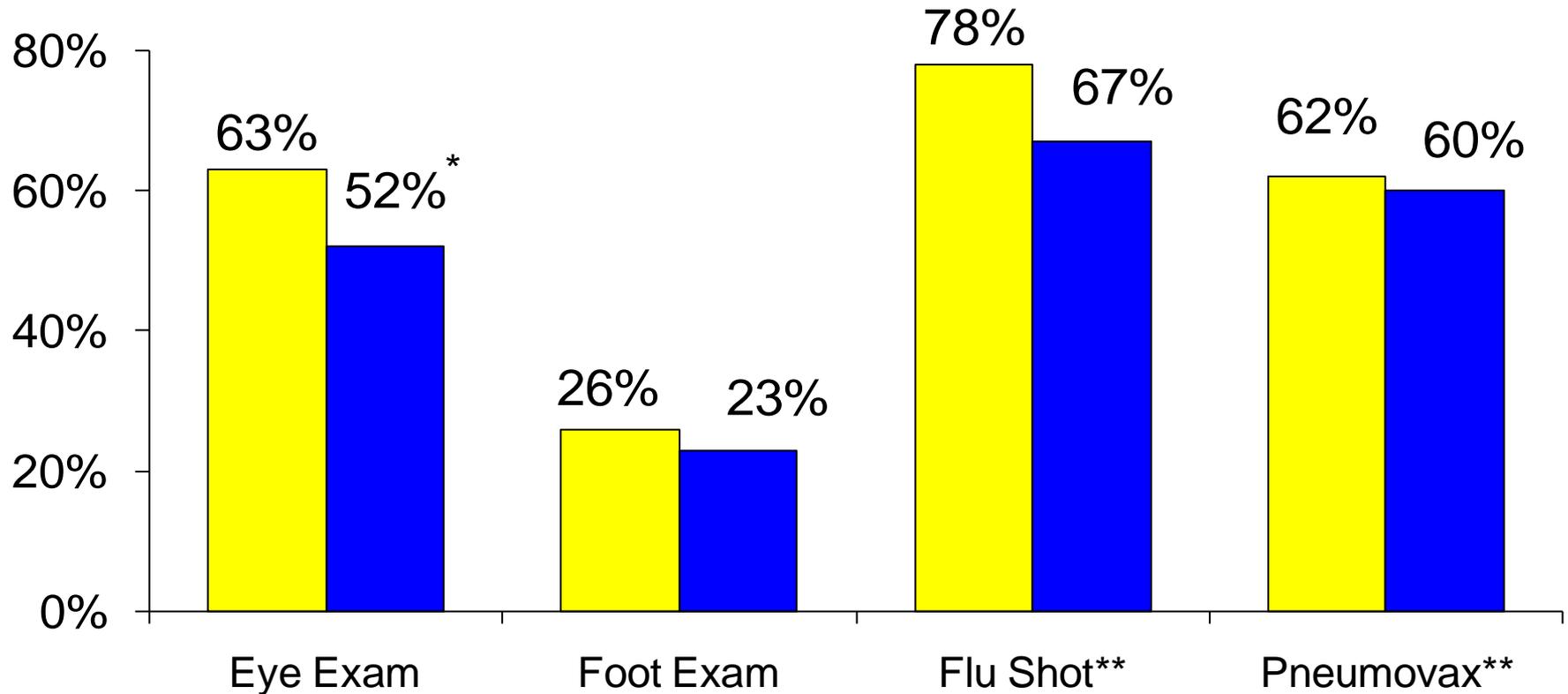


Figure 4.4

Health Center Diabetes Patients Receive More Care than Other Low Income Diabetics

■ Health Center Patients ■ Low Income Nationally



*p<0.05 **Age ≥ 65 years

Source: Shi L. "A Review Of Community Health Centers: Issues And Opportunities." Washington, DC. May 25, 2005. Based on Community Health Center User Survey, 2002; and National Health Interview Survey, 2002.

Figure 4.5

Health Center Uninsured Patients Receive More Health Promotion Counseling than the Uninsured Nationally

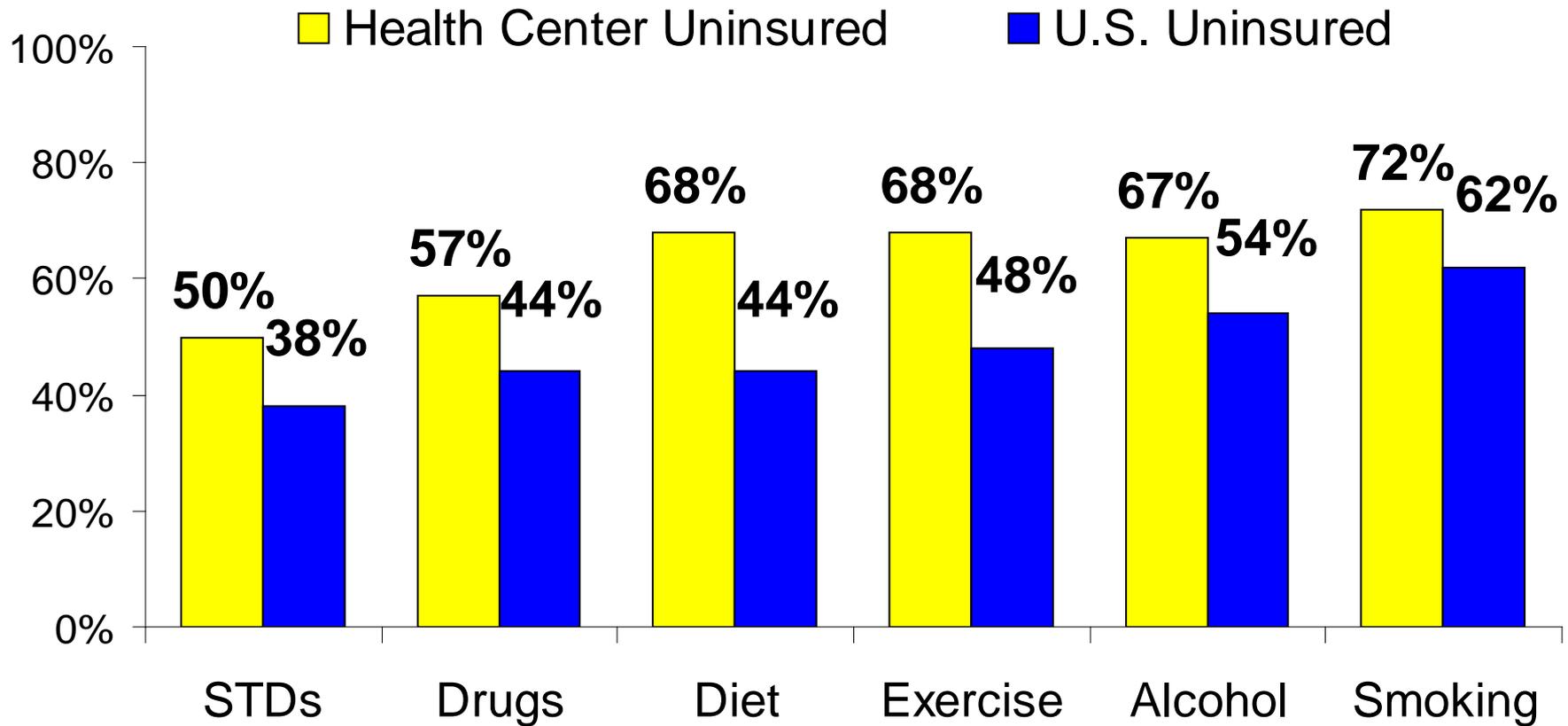


Figure 4.6

Health Center Medicaid Patients Receive More Health Promotion Counseling than Medicaid Patients Nationally

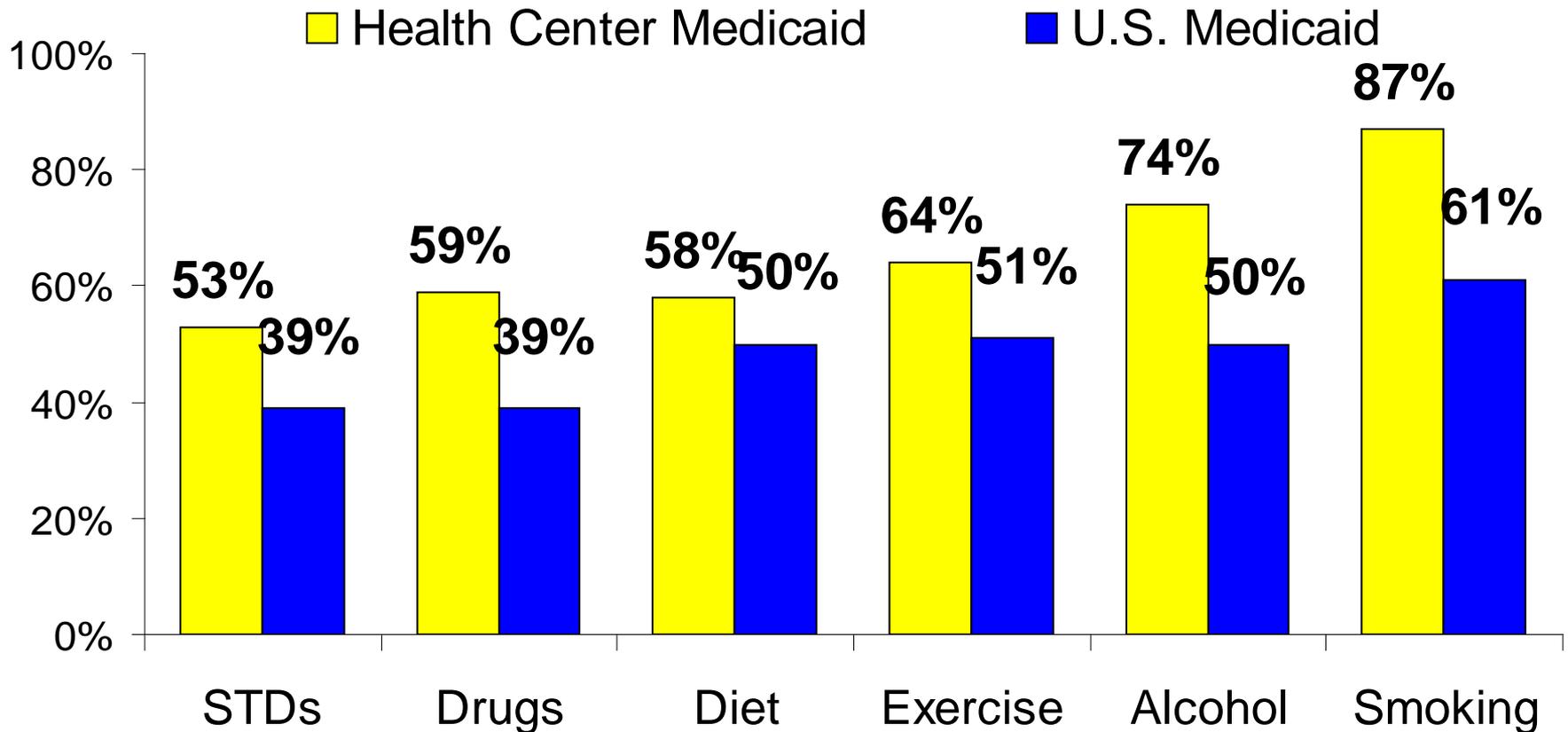
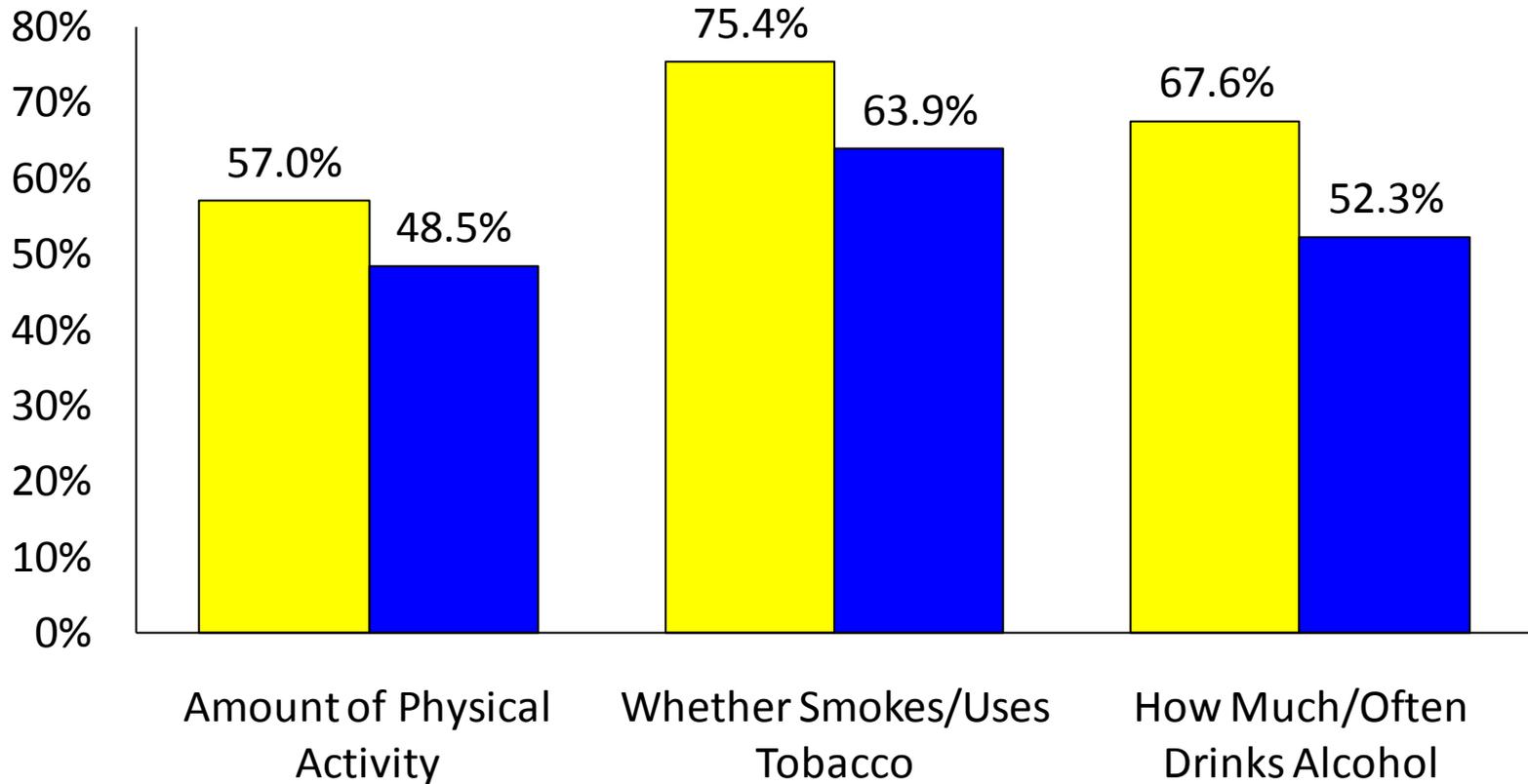


Figure 4.7

Health Centers Cover Important Health Issues With Their Patients, 2001

■ Health Center Adults ■ U.S. Adults



Section V:
High Quality Care and Reducing
Health Disparities

Figure 5.1

Nearly All Health Center Patients Report that They Have a Usual Source of Care, 2002

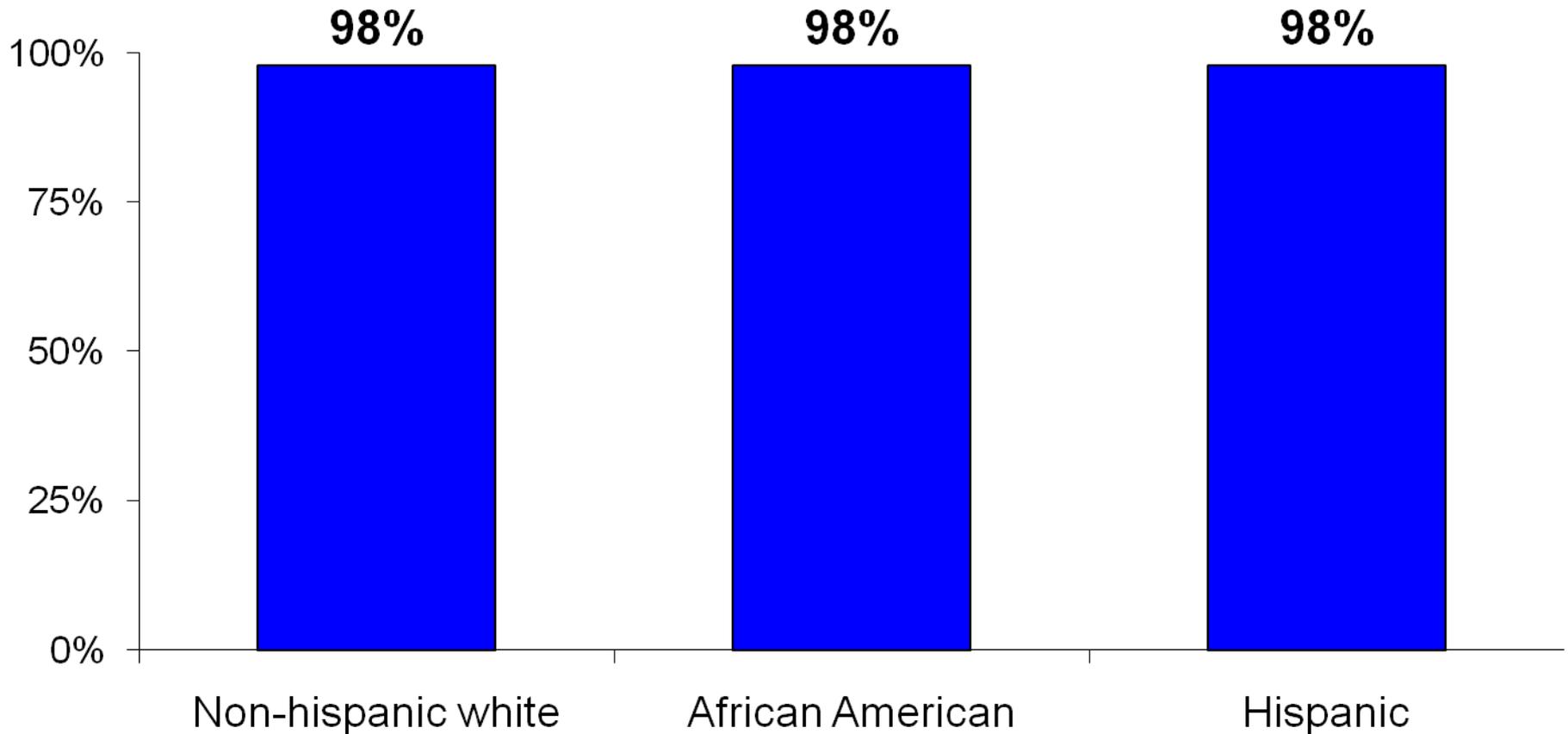
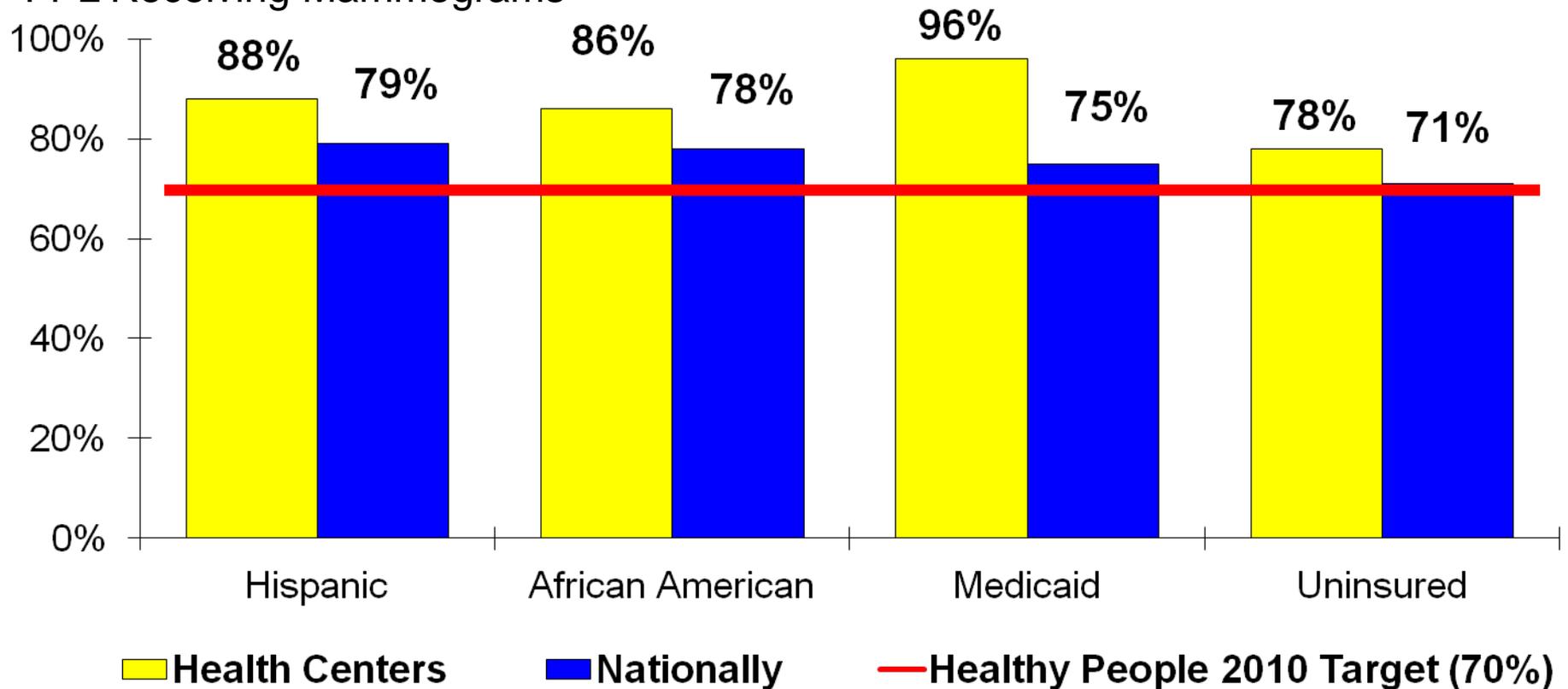


Figure 5.2

Health Centers Reduce Disparities in Access to Mammograms

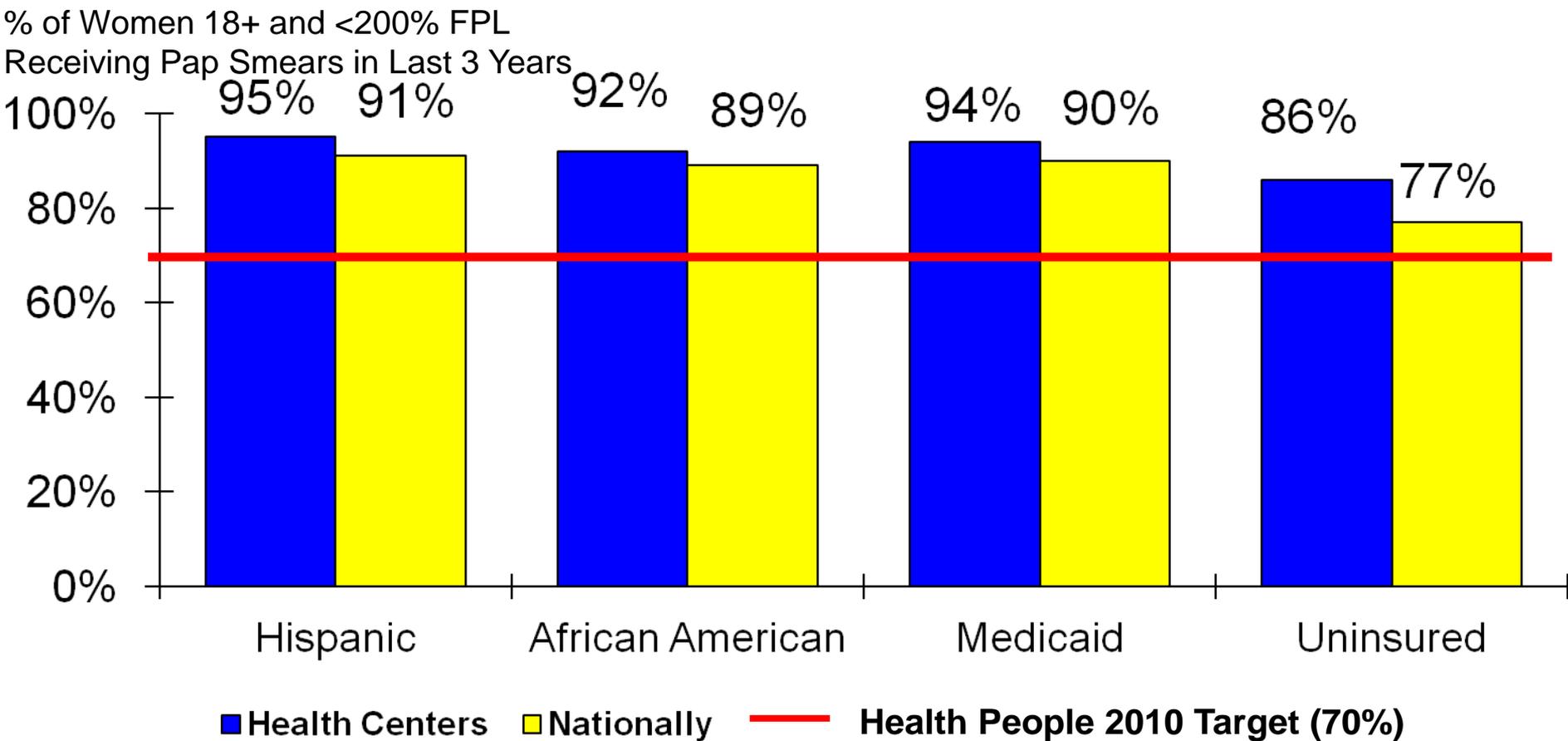
% of Women 40+ and <200% FPL Receiving Mammograms



Source: Shi, L and Stevens, GD. "The Role of Community Health Centers in Delivering Primary Care to the Underserved." April-June 2007 *J Ambulatory Care Manage* 30(2):159-170. Politzer R, Yoon J, Shi L, Hughes R, Regan J, and Gaston M. "Inequality in America: The Contribution of Health Centers in Reducing and Eliminating Disparities in Access to Care." 2001 *Medical Care Research and Review* 58(2):234-248.

Figure 5.3

Health Centers Also Reduce Disparities in Access to Pap Tests



Source: Shi, L and Stevens, GD. "The Role of Community Health Centers in Delivering Primary Care to the Underserved." April-June 2007 *J Ambulatory Care Manage* 30(2):159-170. Politzer R, Yoon J, Shi L, Hughes R, Regan J, and Gaston M. "Inequality in America: The Contribution of Health Centers in Reducing and Eliminating Disparities in Access to Care." 2001 *Medical Care Research and Review* 58(2):234-248.

Figure 5.4

Health Center Patients Have Lower Rates of Low Birth Weight than the U.S. Average

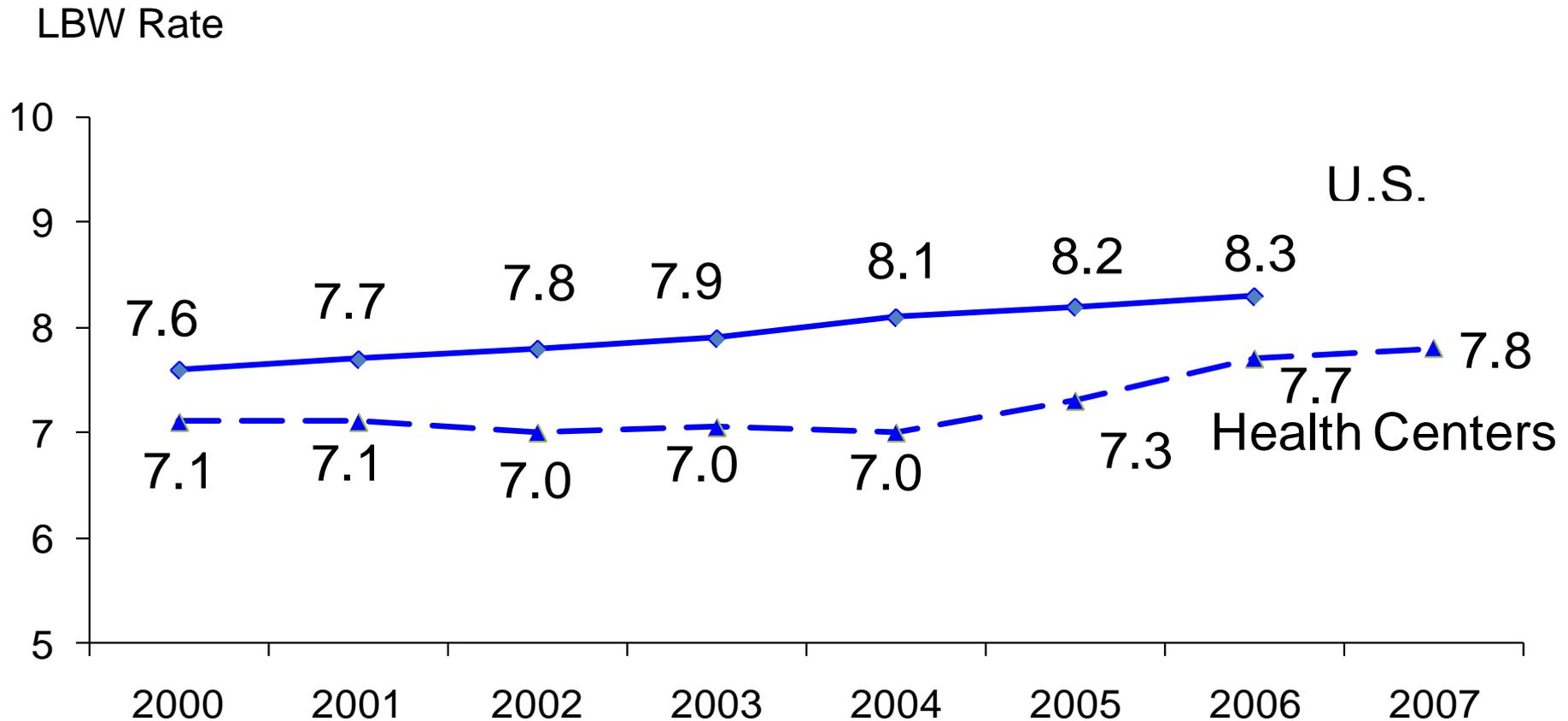
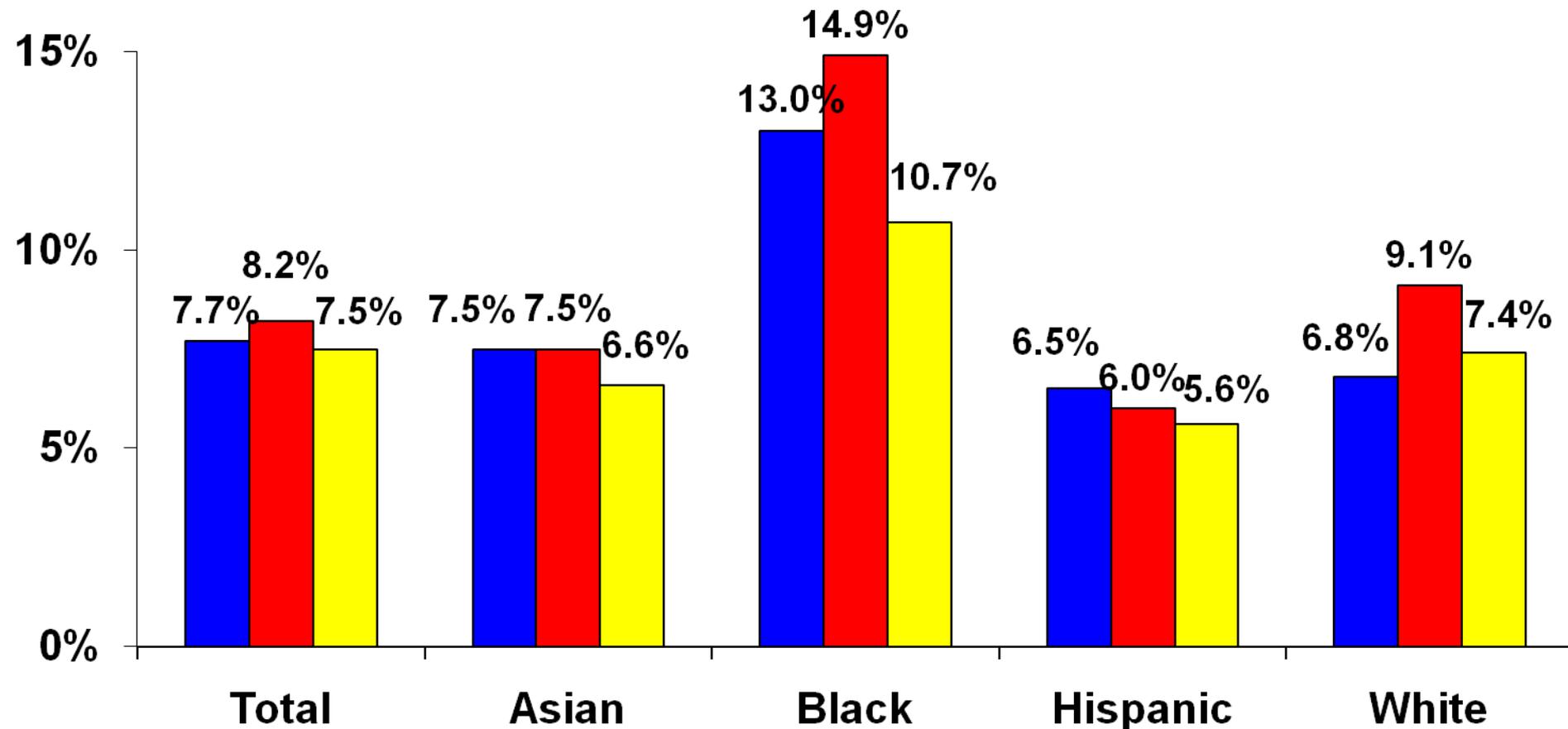


Figure 5.5

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts

■ U.S. ■ U.S. Low Income ■ Health Center



Source: Shi, L., et al. "America's health centers: Reducing racial and ethnic disparities in prenatal care and birth outcomes." 2004. *Health Services Research*, 39(6), Part I, 1881-1901.

Figure 5.6

Health Centers Decrease the Rate of Low Birth Weight Babies

% of Women Giving Birth to Low Birth Weight Babies

**African American Females
Nationally**

13.0%

**Rural African American
Female Health Center
Patients**

7.4%

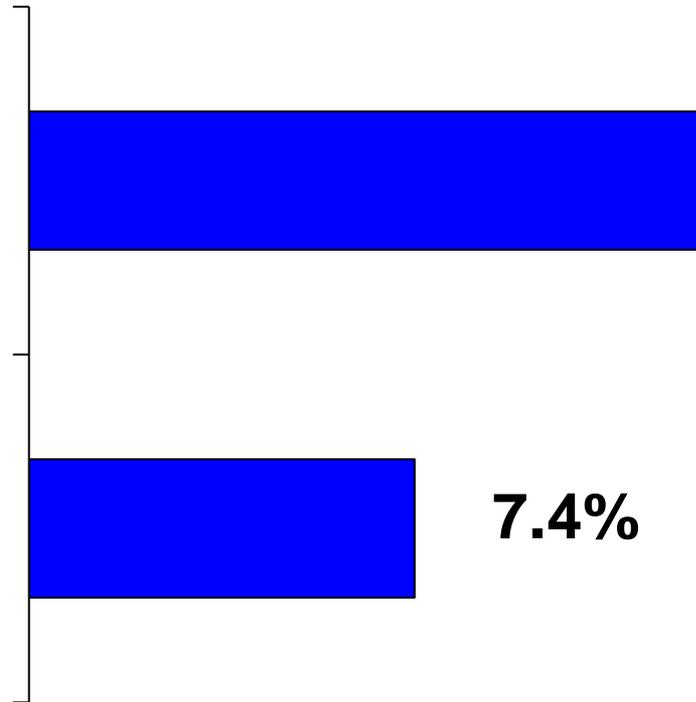


Figure 5.7

The Number of Health Center Patients Preferring Care in Languages Other than English Has Risen 64%

Number in Millions

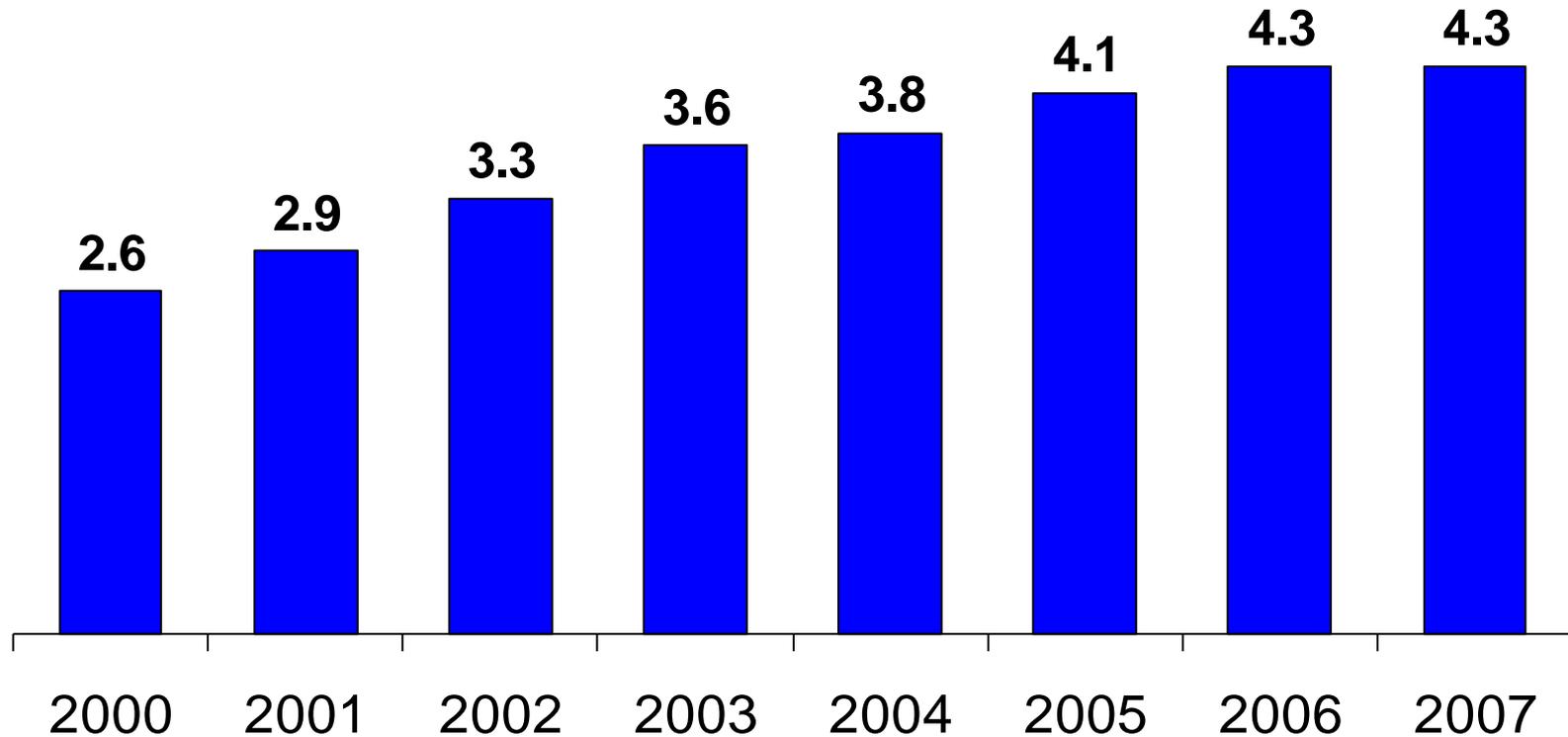
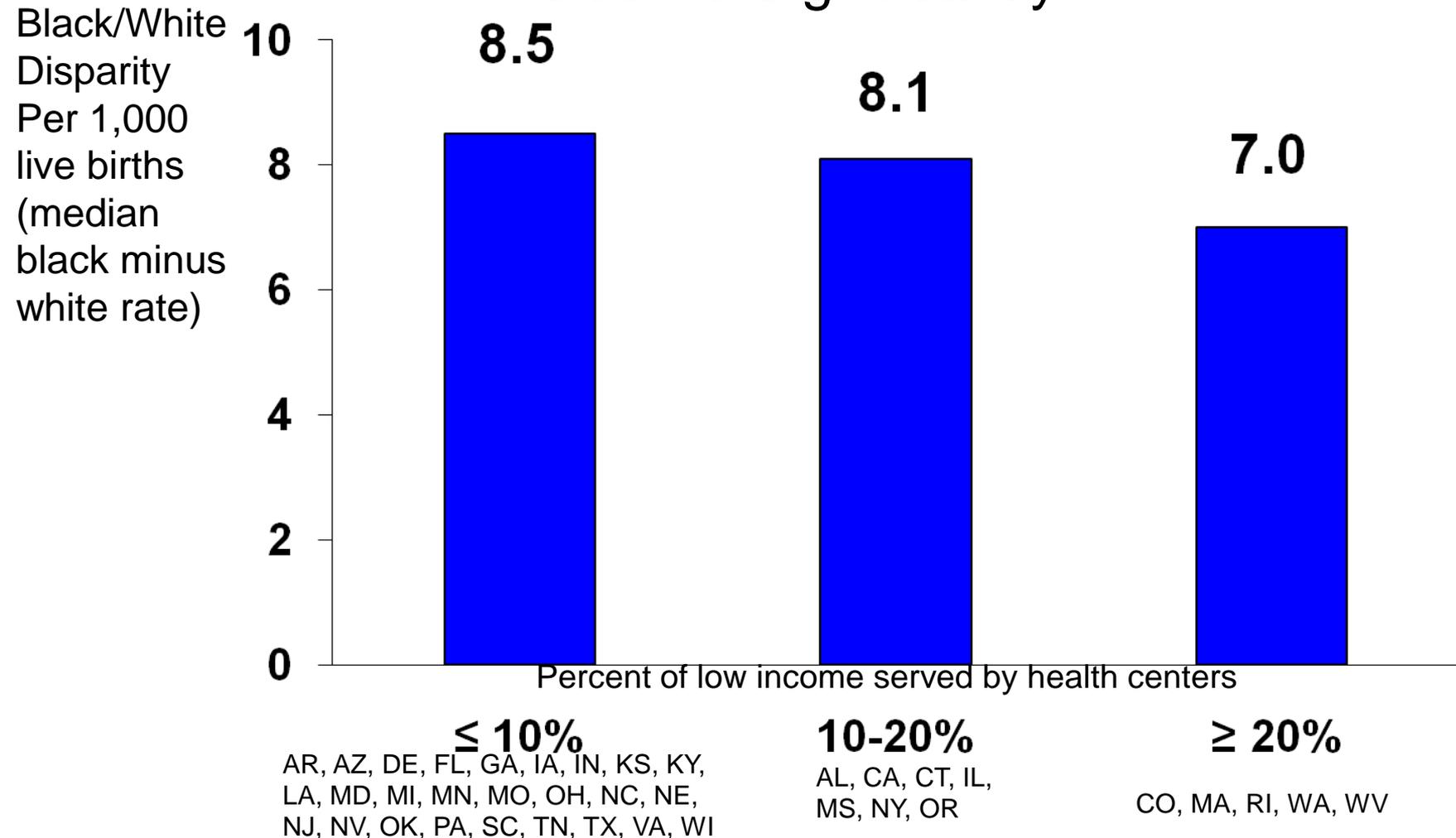


Figure 5.8

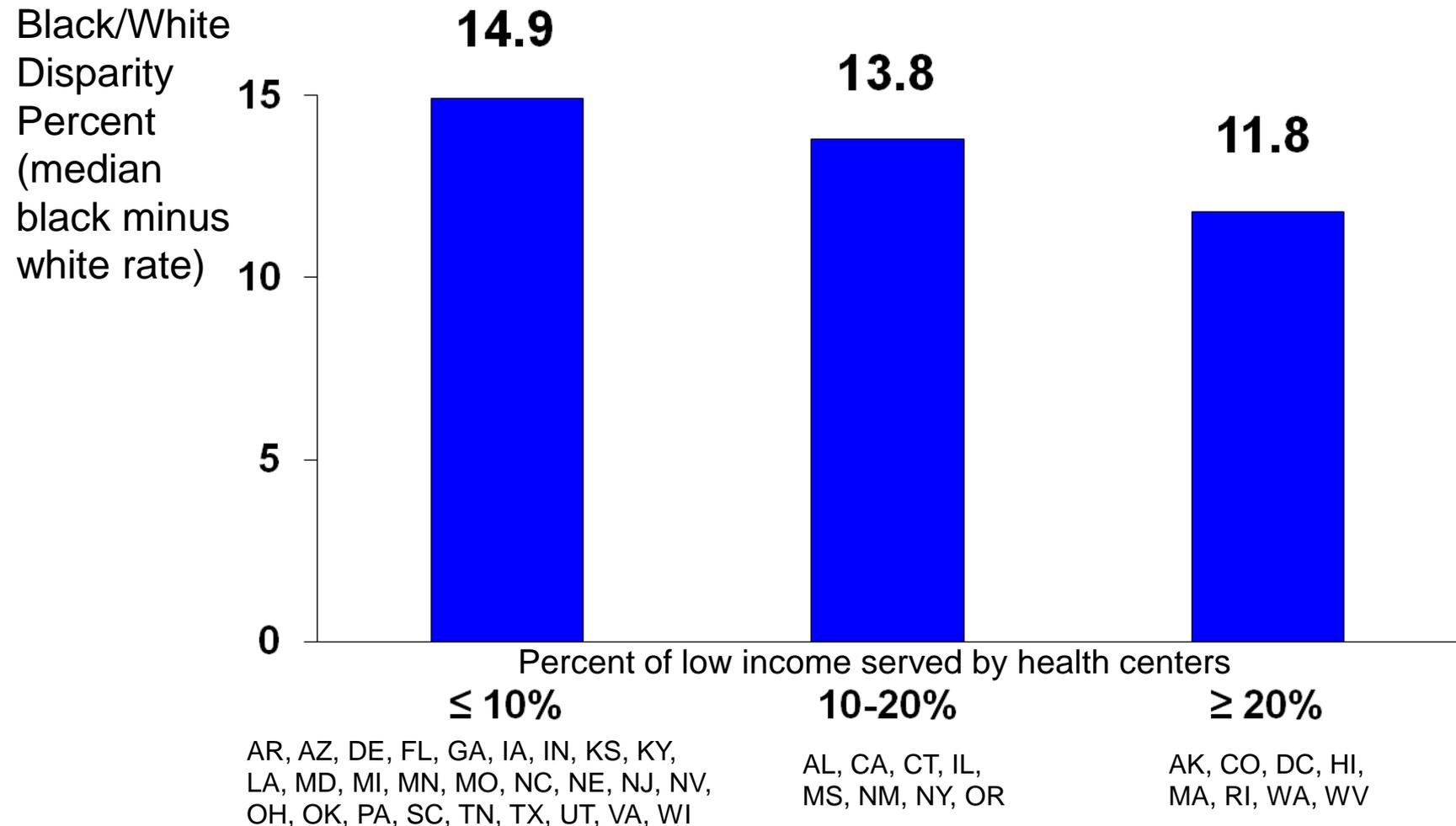
As Health Centers Serve More Low Income State Residents, States' Black/White Health Disparities in Infant Mortality Decline Significantly



Source: Shin P, Jones K, and Rosenbaum S. "Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities." September 2003. Prepared for the National Association of Community Health Centers, http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/GWU_Disparities_Report.pdf.

Figure 5.9

As Health Centers Serve More Low Income State Residents, States' Black/White Health Disparities in Early Prenatal Care Decline Significantly

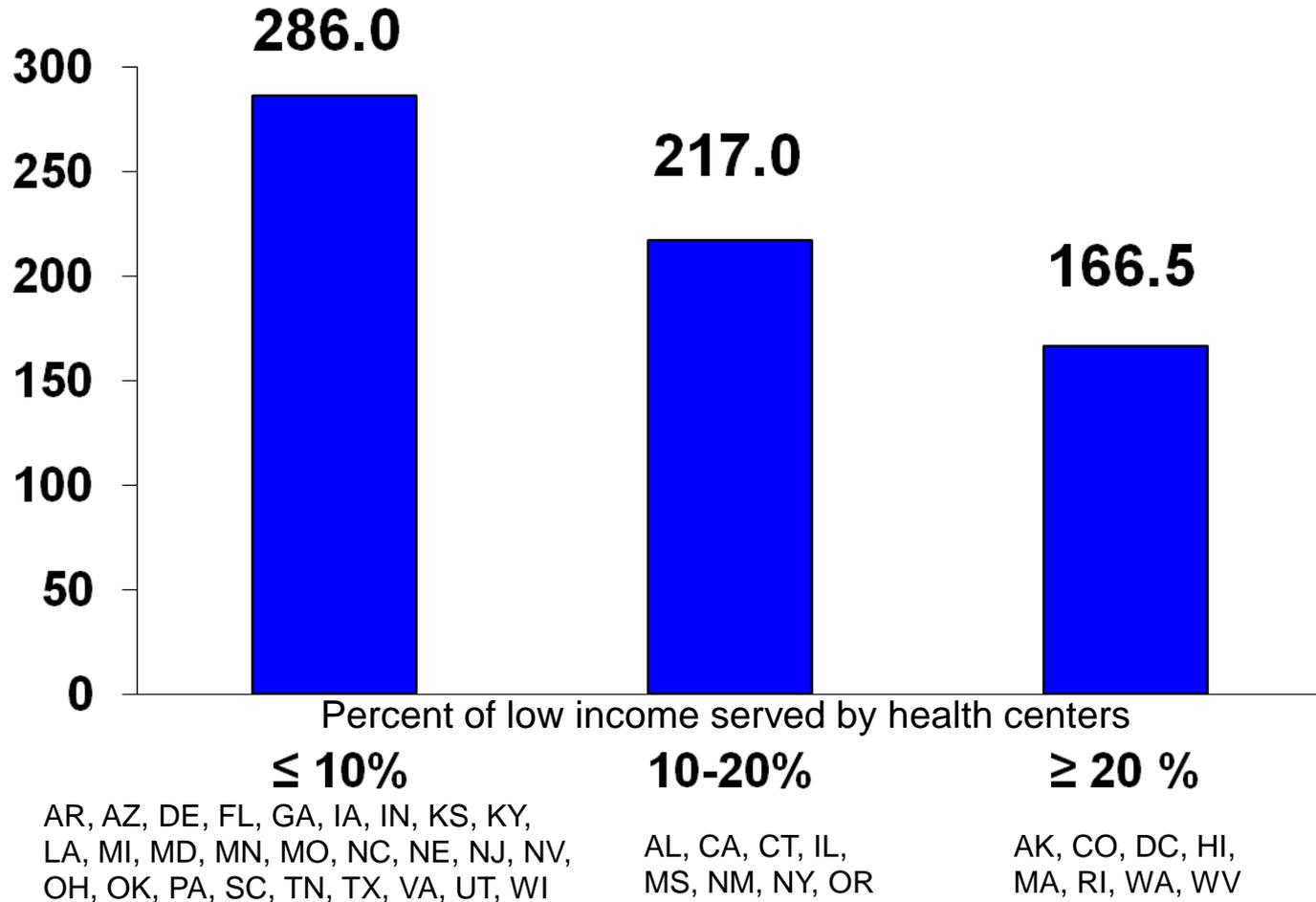


Source: Shin P, Jones K, and Rosenbaum S. "Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities." September 2003. Prepared for the National Association of Community Health Centers, http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/GWU_Disparities_Report.pdf.

Figure 5.10

As Health Centers Serve More Low Income State Residents, States' Black/White Health Disparities in Overall Mortality Decline Significantly

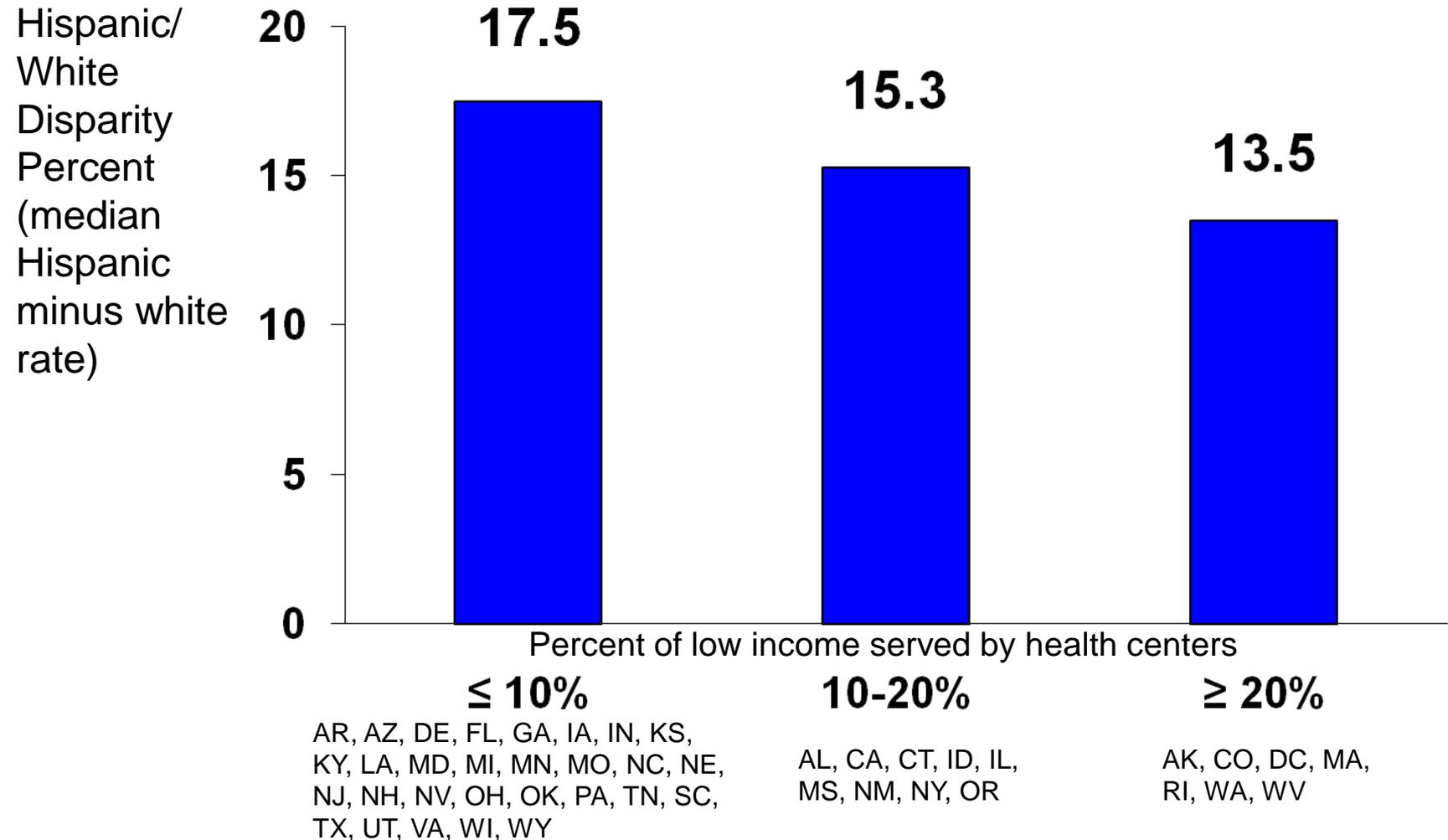
Black/White Disparity Per 100,000 (median black minus white rate)



Source: Shin P, Jones K, and Rosenbaum S. "Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities." September 2003. Prepared for the National Association of Community Health Centers, http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/GWU_Disparities_Report.pdf.

Figure 5.11

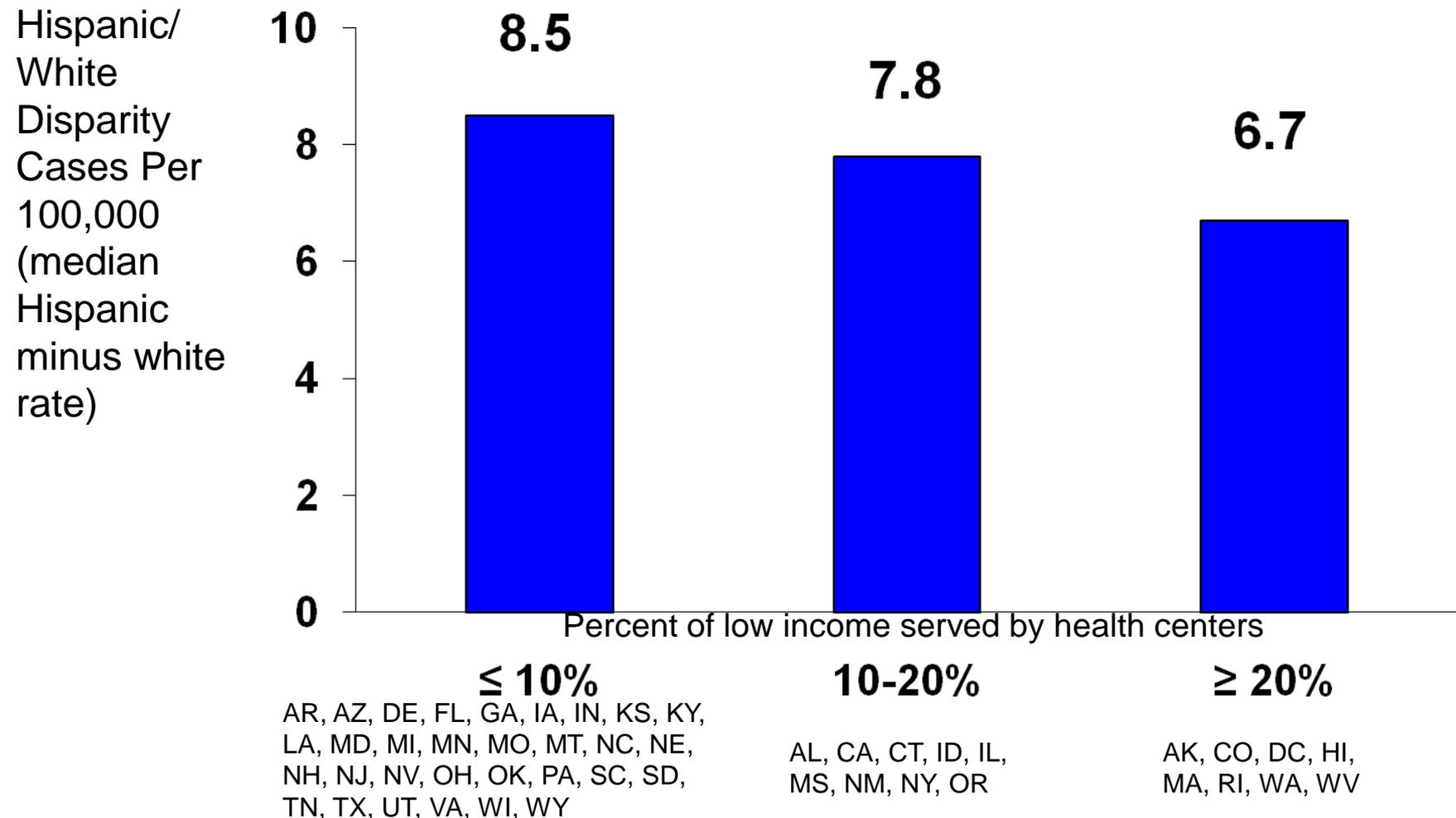
As Health Centers Serve More Low Income State Residents, States' Hispanic/White Health Disparities in Early Prenatal Care Decline Significantly



Source: Shin P, Jones K, and Rosenbaum S. "Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities." September 2003. Prepared for the National Association of Community Health Centers, http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/GWU_Disparities_Report.pdf.

Figure 5.12

As Health Centers Serve More Low Income State Residents, States' Hispanic/White Health Disparities in Health Disparities in Tuberculosis Decline Significantly



Source: Shin P, Jones K, and Rosenbaum S. "Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities." September 2003. Prepared for the National Association of Community Health Centers, http://www.gwumc.edu/sphhs/departments/healthpolicy/chsrp/downloads/GWU_Disparities_Report.pdf.

Section VI:
Providing Cost-Effective Care

Figure 6.1

Compared to Medicaid Patients Treated Elsewhere, Health Center Medicaid Patients...

- Are between 11% and 22% less likely to be hospitalized for avoidable conditions
- Are 19% less likely to use the ER for avoidable conditions
- Have lower hospital admission rates, lower lengths of hospital stays, less costly admissions, and lower outpatient and other care costs

Saving 30-33% in total costs per Medicaid beneficiary

Figure 6.2

Health Center Medicaid Patients Experience Fewer Ambulatory Care Sensitive Events

Number of Ambulatory Care Sensitive (ACS) events per 100 persons

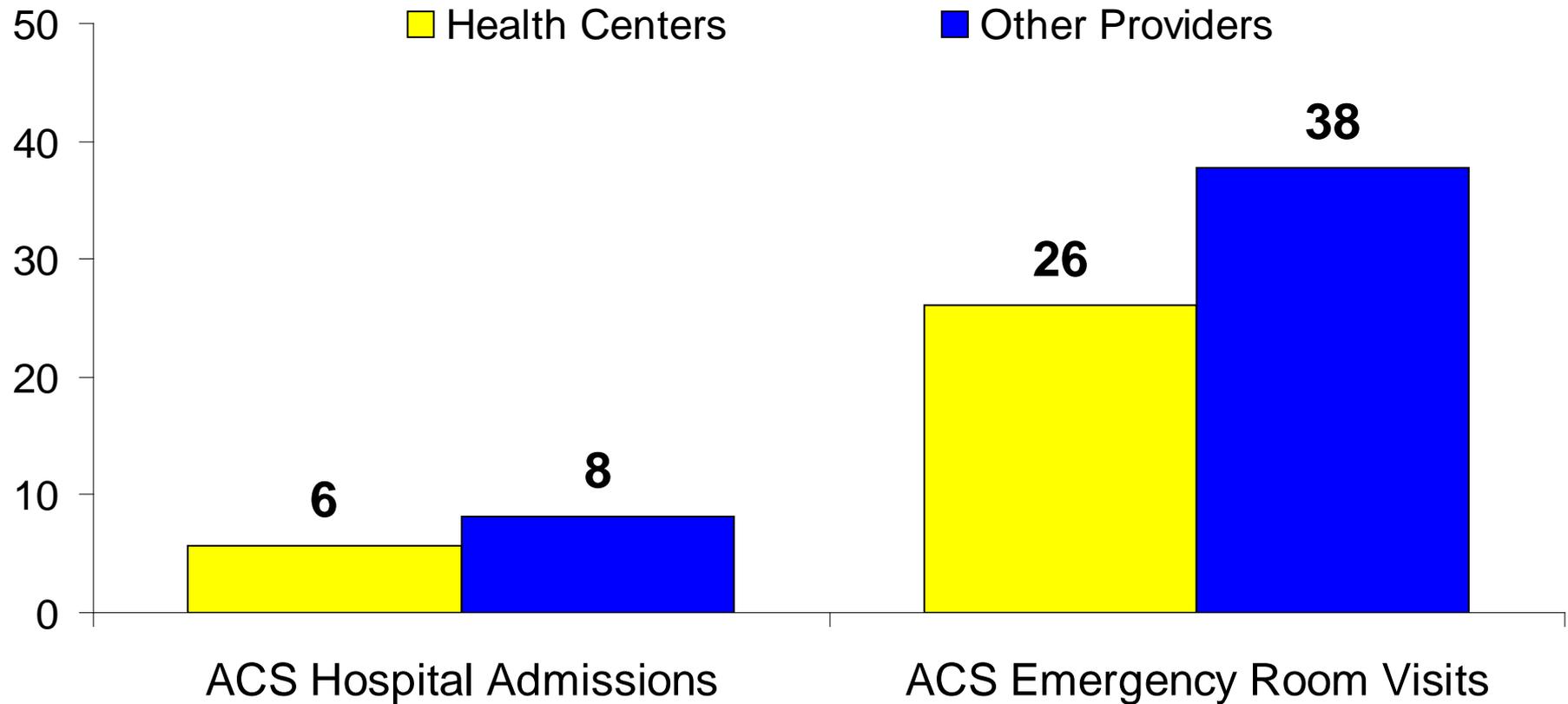
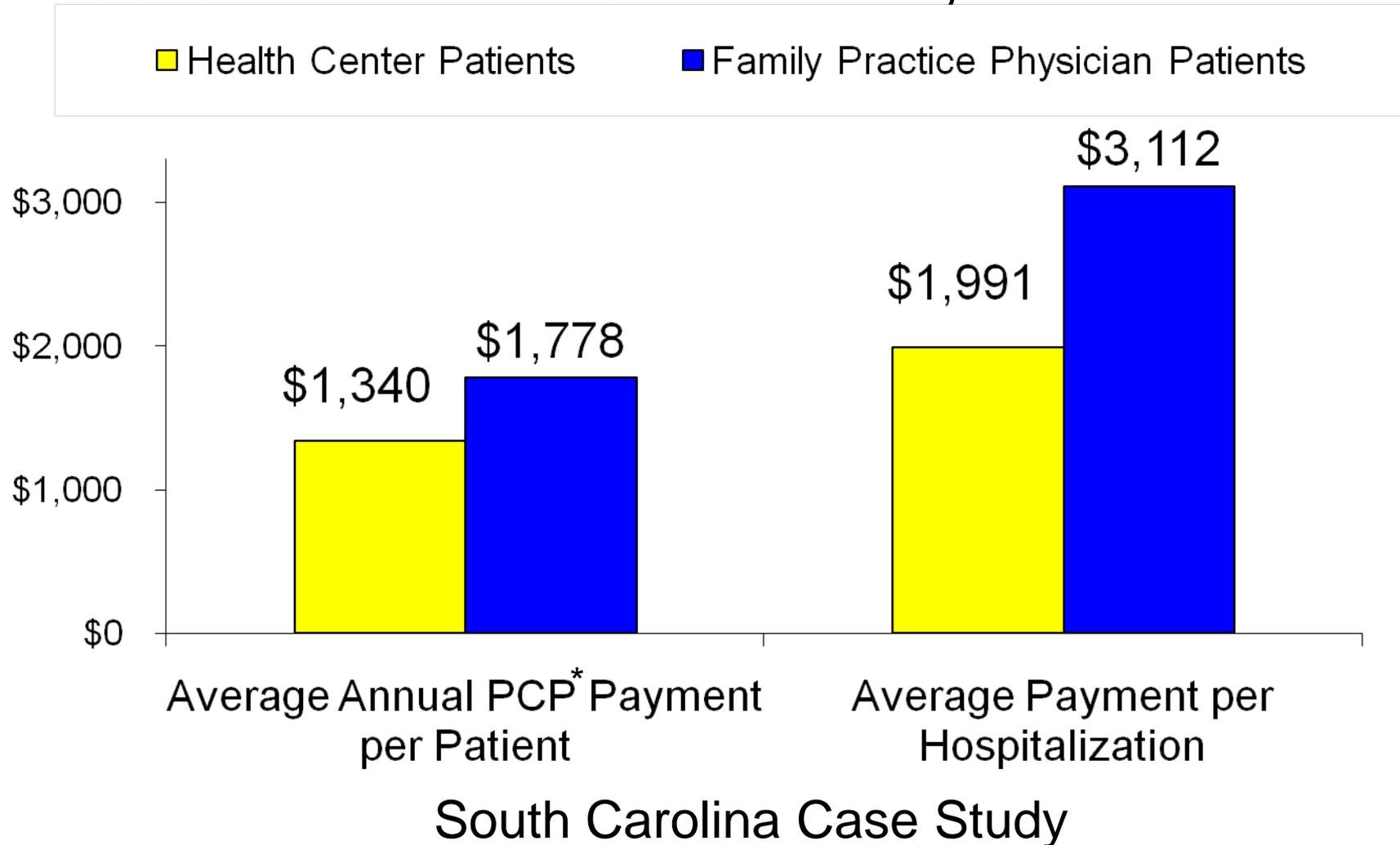


Figure 6.3

Average Costs Associated with Treating Medicaid Diabetic Patients, 2000-2003



South Carolina Case Study

* Primary Care Physician

Source: South Carolina Budget and Control Board, 2004.

Figure 6.4

Health Centers Could Save Over \$18 Billion Annually By Preventing Avoidable ER Visits

Annual Wasted Expenditures on Avoidable Emergency Department Visits, 2006

| | | | | | |
|---------------------------------------|------------------|----------------|------------------|----------------|------------------|
| Alabama | \$ 319,400,854 | Kentucky | \$ 353,798,163 | North Dakota | \$ 41,491,015 |
| Alaska | \$ 32,732,965 | Louisiana | \$ 354,757,738 | Ohio | \$ 932,659,694 |
| Arizona | \$ 311,438,714 | Maine | \$ 105,902,573 | Oklahoma | \$ 208,230,028 |
| Arkansas | \$ 189,500,122 | Maryland | \$ 320,407,972 | Oregon | \$ 179,035,367 |
| California | \$ 1,829,345,794 | Massachusetts | \$ 401,458,842 | Pennsylvania | \$ 790,754,728 |
| Colorado | \$ 238,246,230 | Michigan | \$ 726,928,960 | Rhode Island | \$ 61,807,552 |
| Connecticut | \$ 207,348,610 | Minnesota | \$ 256,913,897 | South Carolina | \$ 265,008,761 |
| Delaware | \$ 47,497,790 | Mississippi | \$ 252,769,055 | South Dakota | \$ 36,418,180 |
| District of Columbia | \$ 55,797,643 | Missouri | \$ 429,712,468 | Tennessee | \$ 476,285,058 |
| Florida | \$ 1,061,420,739 | Montana | \$ 54,444,985 | Texas | \$ 1,233,549,349 |
| Georgia | \$ 537,867,735 | Nebraska | \$ 94,243,689 | Utah | \$ 152,152,368 |
| Hawaii | \$ 55,098,405 | Nevada | \$ 112,928,929 | Vermont | \$ 38,015,757 |
| Idaho | \$ 88,713,842 | New Hampshire | \$ 79,046,610 | Virginia | \$ 452,375,606 |
| Illinois | \$ 853,731,297 | New Jersey | \$ 438,047,852 | Washington | \$ 354,817,611 |
| Indiana | \$ 441,019,299 | New Mexico | \$ 132,027,370 | West Virginia | \$ 180,480,840 |
| Iowa | \$ 183,880,125 | New York | \$ 1,126,031,176 | Wisconsin | \$ 272,179,576 |
| Kansas | \$ 159,038,693 | North Carolina | \$ 548,645,880 | Wyoming | \$ 36,360,931 |
| United States \$18,445,991,718 | | | | | |

Source: NACHC and Association of Community Affiliated Plans, *The Impact of Health Centers and Community-Affiliated Health Plans on Emergency Department Use*, April 2007, www.nachc.com/research.

Total Economic Activity Stimulated by Federally-Funded Community Health Centers' Operations, 2005

| | Total Economic Impact | Employment (Full Time Equivalents) |
|--------------|-------------------------|------------------------------------|
| Direct | \$7,261,975,096 | 89,922 |
| Indirect | \$1,124,387,922 | 10,233 |
| Induced | \$4,172,328,893 | 42,918 |
| Total | \$12,558,691,911 | 143,073 |

Expanding health centers to serve 30 million people by 2015 will save the health care system between \$22.6 and \$40.7 billion annually and will generate an additional economic benefit of \$40.7 billion for the low income communities they serve.

Note: Total Economic Impact includes Value-Added Impact. Payroll (Value-Added), estimated at 73% of Operating Expenditures, is based on Capital Link's financial database Fiscal Year 2005 median value for health centers nationally. Each Full Time Equivalent (FTE) denotes one full time employee. Total FTEs denote total workforce generated by health centers. For more information see the full report at www.nachc.com/research.

Source: NACHC, Robert Graham Center, and Capital Link, *Access Granted: The Primary Care Payoff*, August 2007, www.nachc.com/research.

Figure 6.6

Total Economic Activity Stimulated by an Average Large Urban and Small Rural Health Center, 2005

| | Large Urban Health Center | | Small Rural Health Center | |
|--------------|---------------------------|------------------------------------|---------------------------|------------------------------------|
| | Total Economic Impact | Employment (Full Time Equivalents) | Total Economic Impact | Employment (Full Time Equivalents) |
| Direct | \$ 12,252,801 | 187 | \$ 3,333,321 | 45 |
| Indirect | \$ 2,273,314 | 24 | \$ 261,600 | 3 |
| Induced | \$ 7,114,112 | 70 | \$ 287,124 | 4 |
| Total | \$ 21,640,227 | 281 | \$ 3,882,045 | 52 |

Note: Total Economic Impact includes Value-Added Impact. Actual health center with an annual budget of \$12.3 million (large) and \$3.3 million (small), based on Capital Link's financial information database. Each Full Time Equivalent (FTE) denotes one full time employee. Total FTEs denote total workforce generated by health centers. For more information see the full report at www.nachc.com/research.

Source: NACHC, Robert Graham Center, and Capital Link, *Access Granted: The Primary Care Payoff*, August 2007, www.nachc.com/research.

Figure 6.7

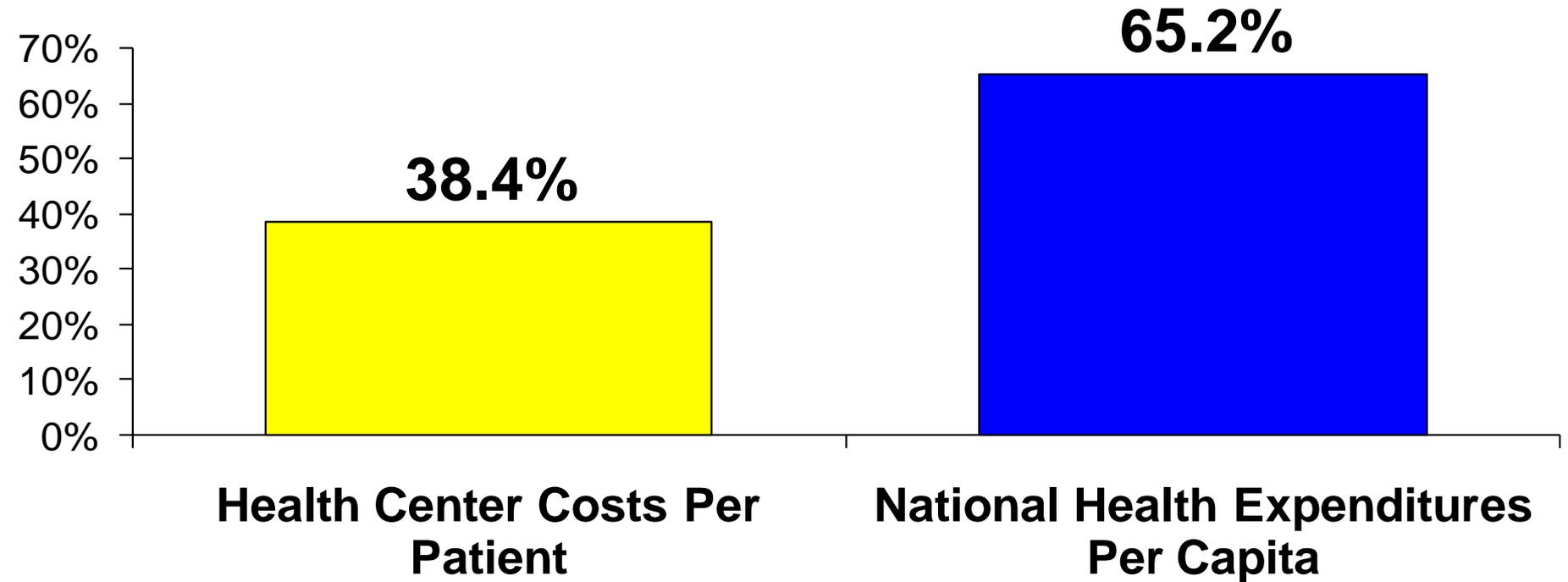
Health Center Economic Impact by State, 2005

| | | | | | |
|----------------------|-----------------|----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Alabama | \$ 121,382,364 | Kentucky | \$ 145,069,297 | North Dakota | \$ 14,662,971 |
| Alaska | \$ 144,528,348 | Louisiana | \$ 78,432,187 | Ohio | \$ 232,736,644 |
| Arizona | \$ 286,830,888 | Maine | \$ 95,132,259 | Oklahoma | \$ 59,581,749 |
| Arkansas | \$ 78,795,465 | Maryland | \$ 201,502,347 | Oregon | \$ 292,735,806 |
| California | \$2,037,609,155 | Massachusetts | \$ 610,958,760 | Pennsylvania | \$ 337,934,781 |
| Colorado | \$ 373,364,151 | Michigan | \$ 323,832,254 | Rhode Island | \$ 67,410,498 |
| Connecticut | \$ 199,959,243 | Minnesota | \$ 127,925,653 | South Carolina | \$ 201,023,876 |
| Delaware | \$ 15,092,736 | Mississippi | \$ 148,879,146 | South Dakota | \$ 33,223,901 |
| District of Columbia | \$ 71,586,512 | Missouri | \$ 278,798,343 | Tennessee | \$ 171,825,379 |
| Florida | \$ 537,168,777 | Montana | \$ 44,619,157 | Texas | \$ 560,203,991 |
| Georgia | \$ 163,682,141 | Nebraska | \$ 34,274,030 | Utah | \$ 60,401,822 |
| Hawaii | \$ 117,206,087 | Nevada | \$ 33,600,556 | Vermont | \$ 34,069,199 |
| Idaho | \$ 64,286,155 | New Hampshire | \$ 59,285,597 | Virginia | \$ 143,116,890 |
| Illinois | \$ 658,087,959 | New Jersey | \$ 225,955,243 | Washington | \$ 610,452,536 |
| Indiana | \$ 123,745,679 | New Mexico | \$ 192,466,789 | West Virginia | \$ 294,209,387 |
| Iowa | \$ 77,082,402 | New York | \$ 1,143,732,348 | Wisconsin | \$ 229,500,072 |
| Kansas | \$ 35,089,879 | North Carolina | \$ 203,433,165 | Wyoming | \$ 18,383,772 |
| | | United States | \$ 12,558,691,991 | Source: NACHC, <i>Access Granted: The Primary Care Payoff</i> , 2007 www.nachc.com/research | |

Section VII:
Health Centers' Rising Costs of Care
and Shrinking Revenues

Figure 7.1

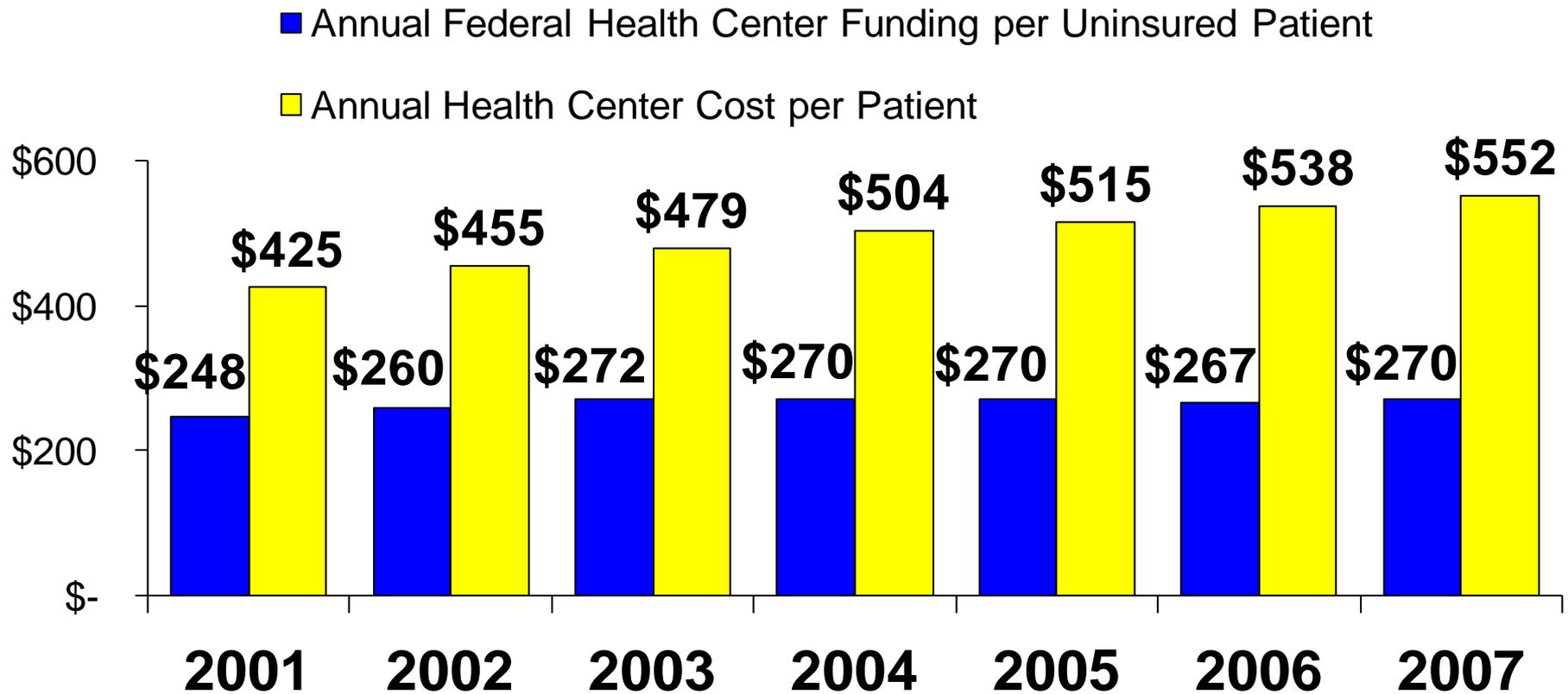
Health Center Costs of Care Grow Slower than National Health Expenditures, 2000-2007



Sources: Centers for Medicaid and Medicare Services, Office of the Actuary . National Health Expenditure Projections 2007-2017. Based on 2000- 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, HHS.

Figure 7.2

Health Center Funding Has Not Kept Up with the Costs of Care



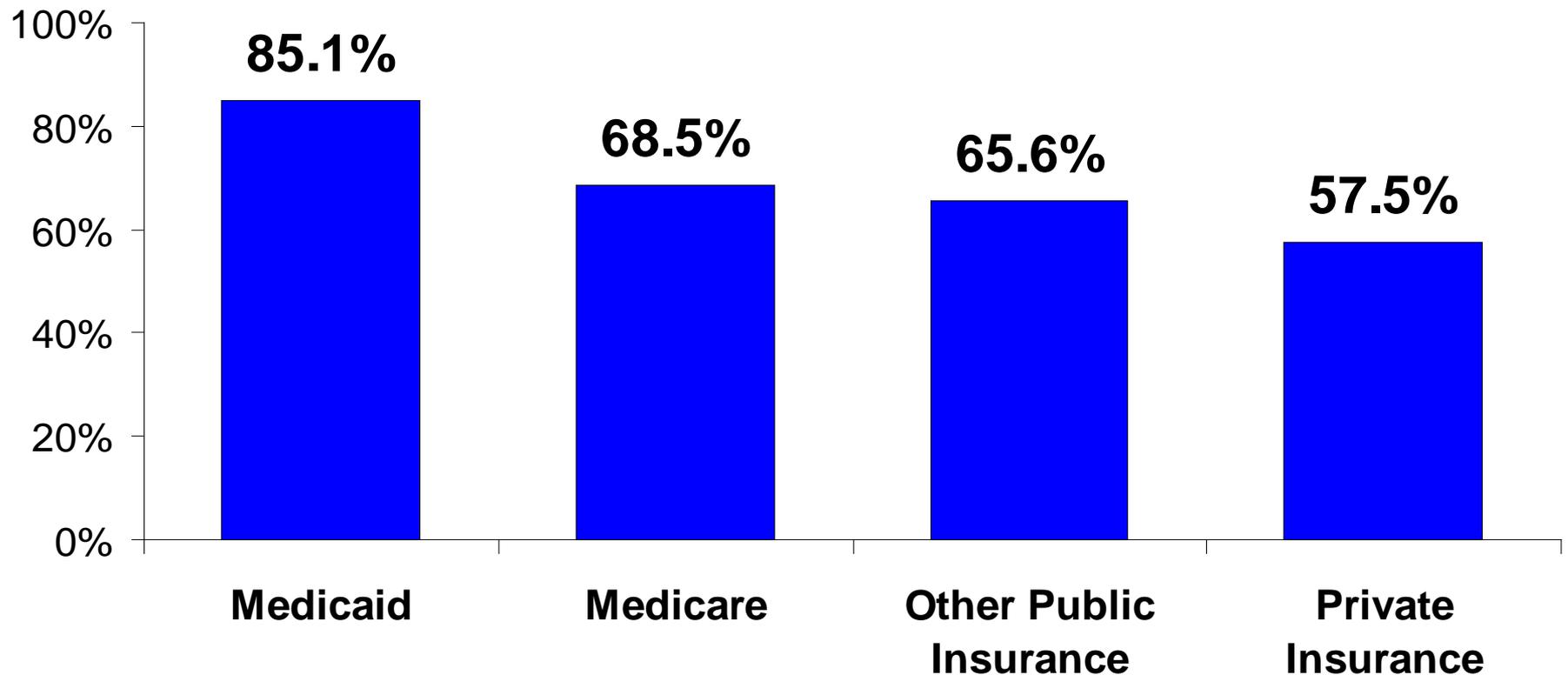
Note: Not adjusted for inflation. Federal appropriations are for consolidated health centers under PHSA Section 330.

Source: Federally-funded health centers only. 2001 - 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 7.3

Payments from Third Party Payers Are Less than Cost

Percent of Charges Collected from Third Party Payers, 2007

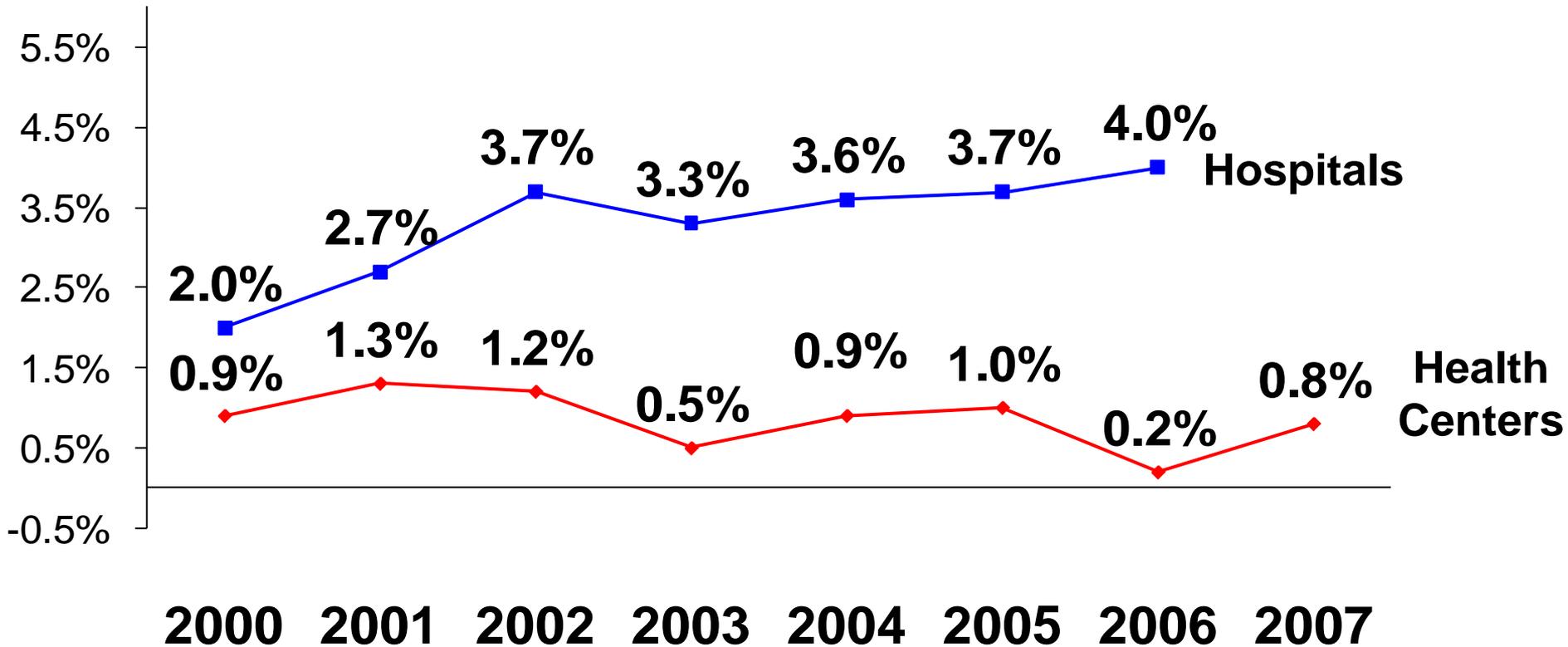


Note: Health centers are non-profits, and thus charges are a proxy for costs.

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 7.4

Health Center Operating Margins are Negligible and Less than Hospital Operating Margins



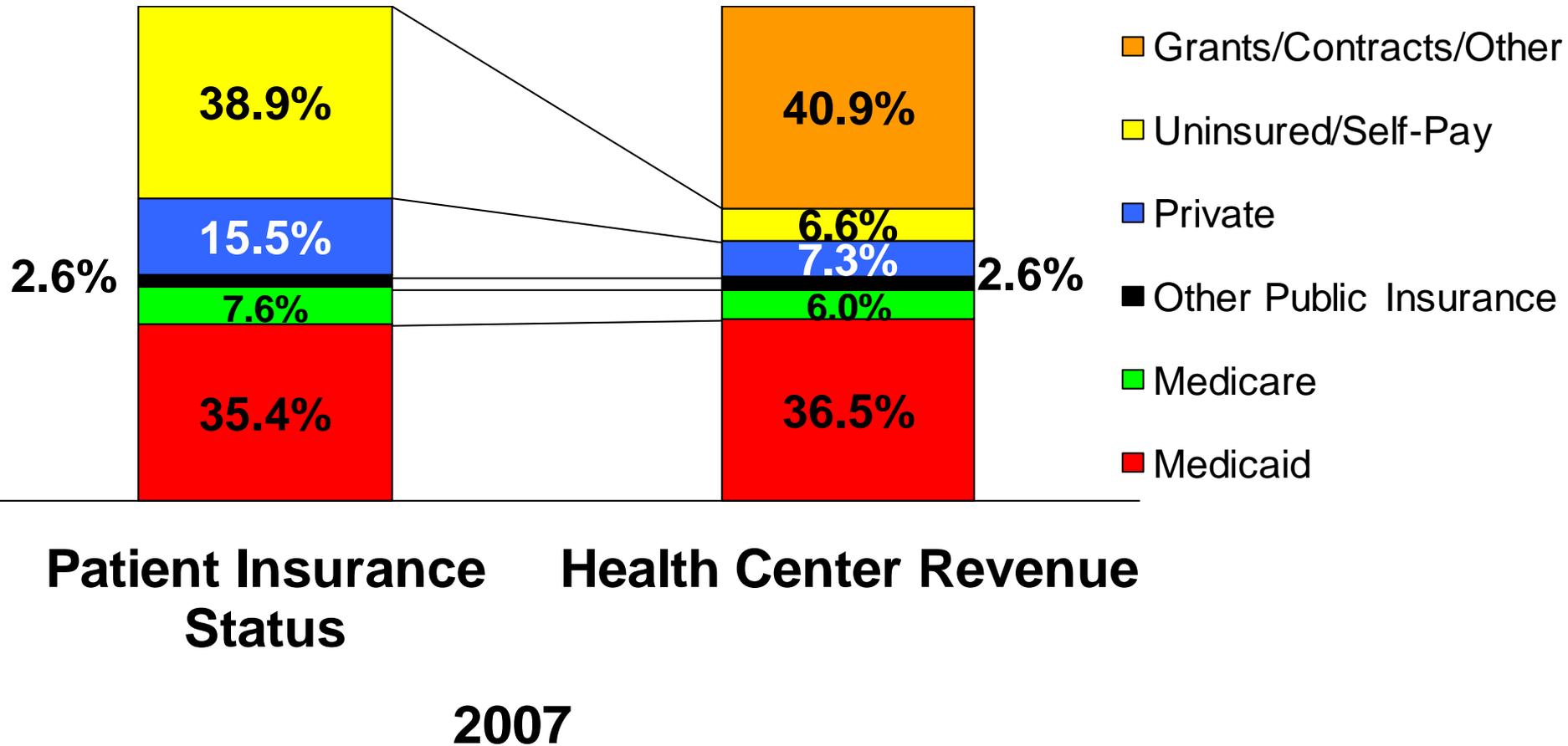
Note: 2007 hospital data unavailable.

Source: Avalere, Health analysis of American Hospital Association Annual Survey Data, 2005. <http://www.aha.org>.

Section VIII: The Importance of Medicaid

Figure 8.1

Medicaid Revenue is Directly Proportional to Medicaid Patients

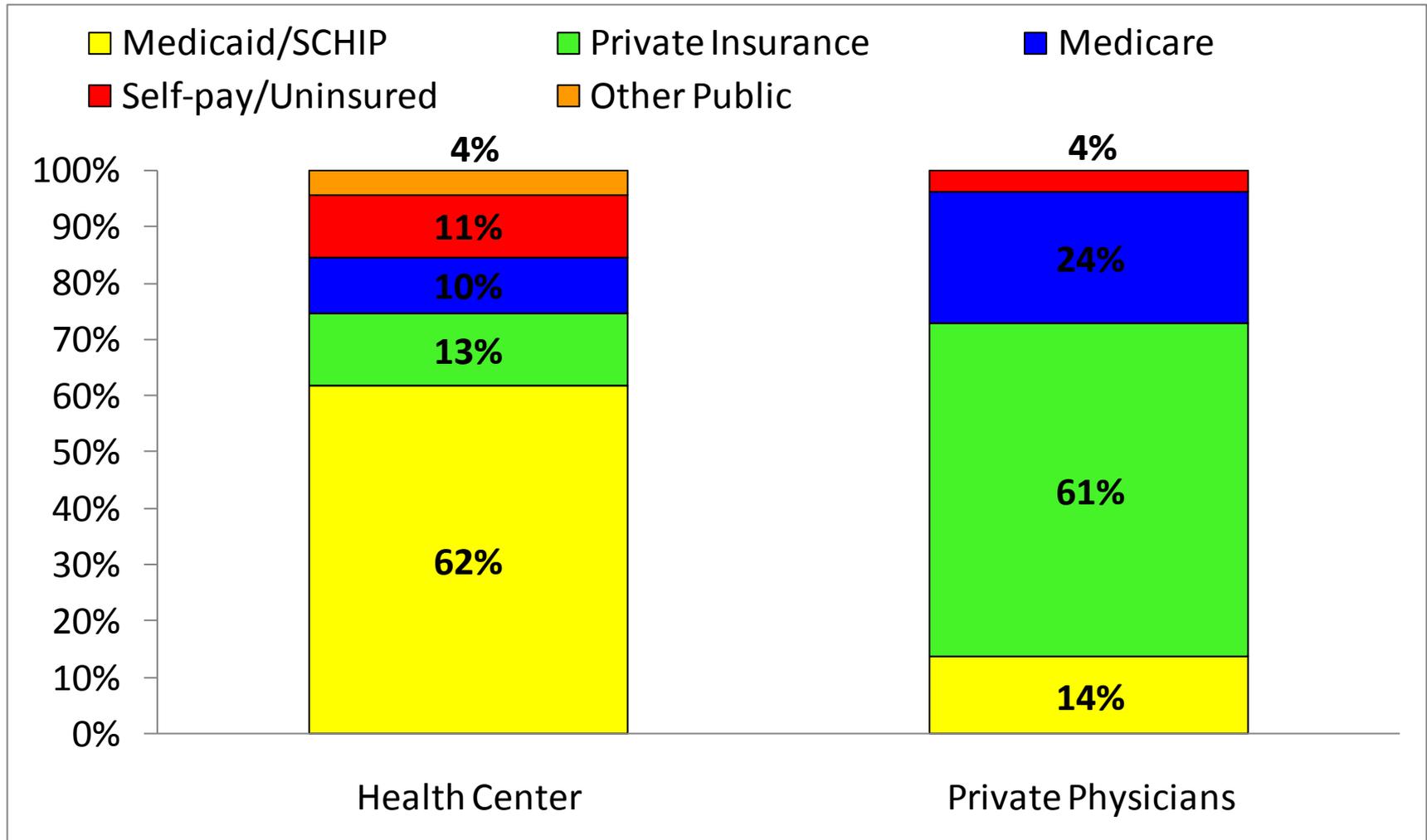


Notes: Percents may not total 100% due to rounding.

Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 8.2

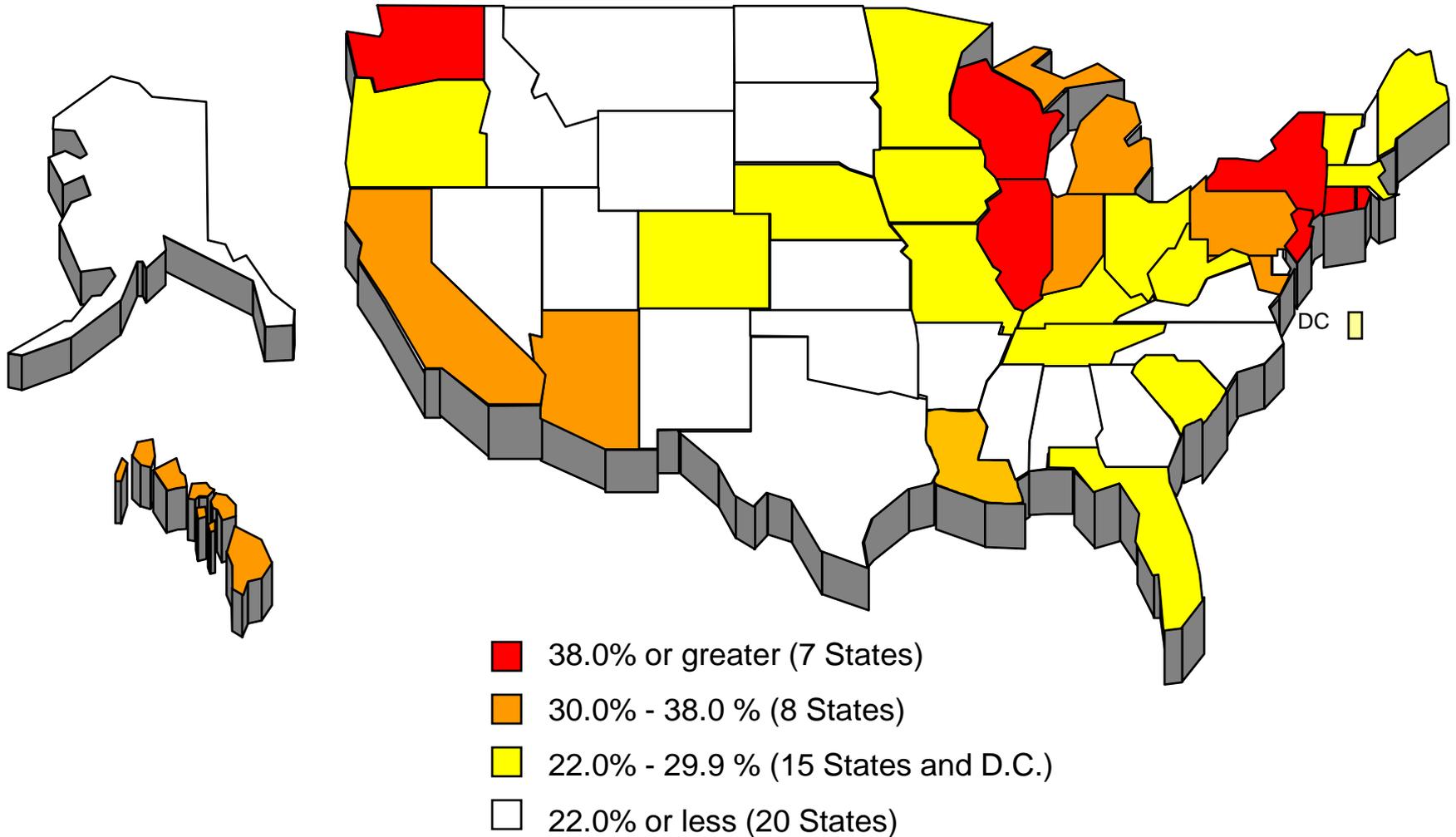
Health Centers' Revenue Sources Do Not Resemble Those of Private Physicians



Source: Private Physician data: 2006 National Ambulatory Medical Care Survey (visits). NACHC, 2008. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 Uniform Data System. Note: Private Physicians does not equal 100% due to reporting in NAMCS.

Figure 8.3

Medicaid as a Percentage of Health Centers' Revenues, 2007

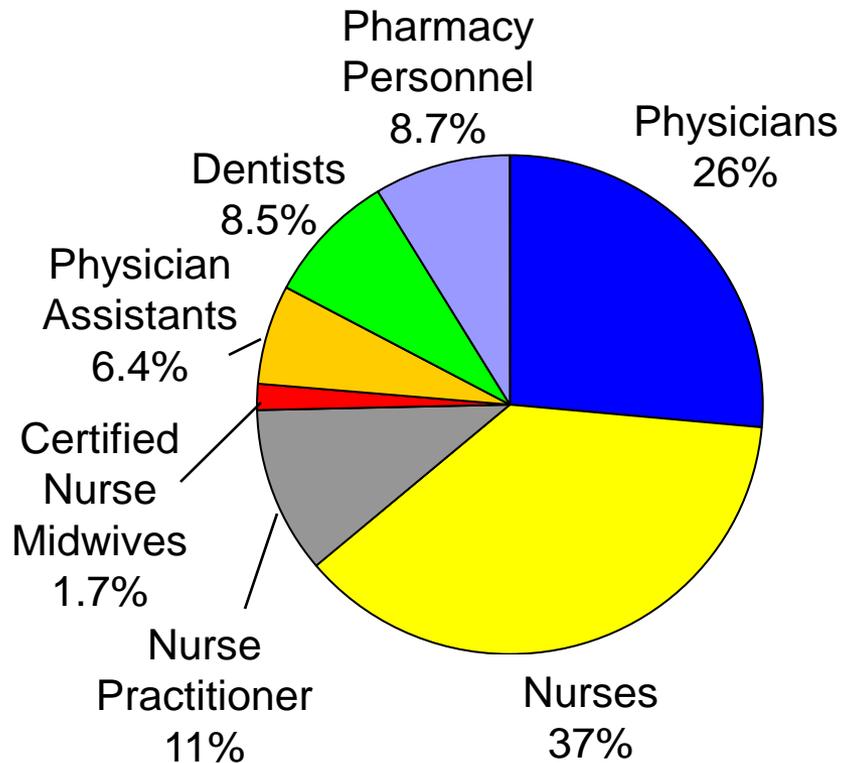


Section IX: Staffing / Workforce

Figure 9.1

Current Staffing at Health Centers, 2007

Health Centers Clinicians



Health Centers Physician Specialties

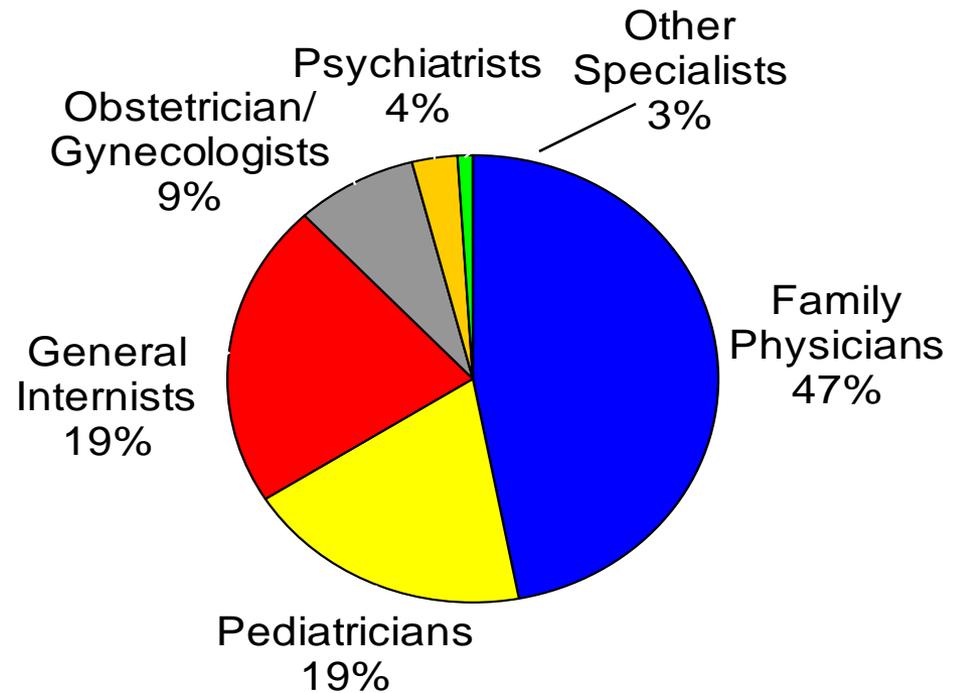
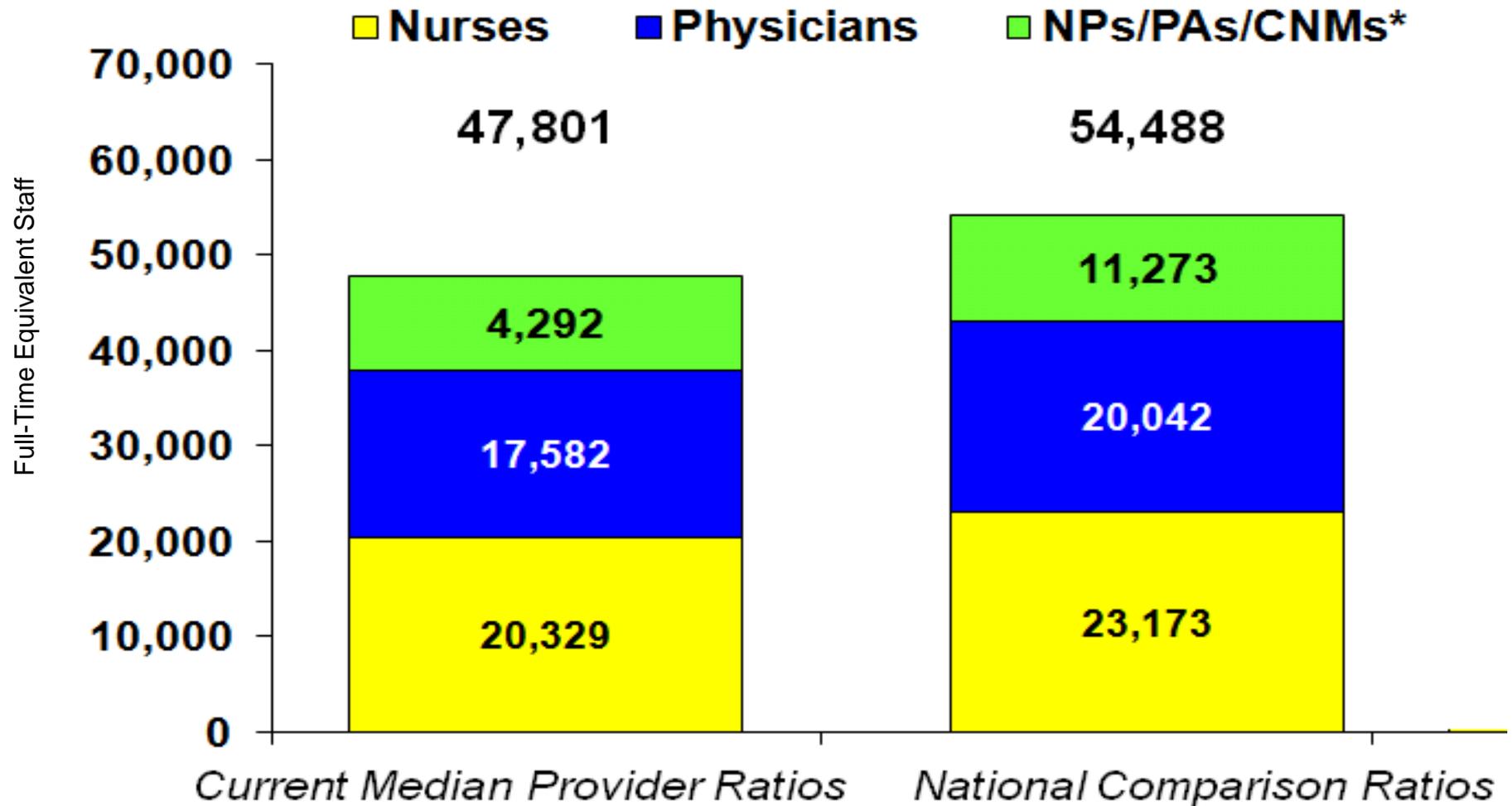


Figure 9.2

Health Centers Need Between 47,801 and 54,488 Primary Care Providers to Reach 30 Million Patients by 2015



* Nurse Practitioners, Physician Assistants, Certified Nurse Midwives.

Source: NACHC, Robert Graham Center, and The George Washington University School of Public Health and Health Services, *Access Transformed: Building A Primary Care Workforce For The 21st Century*, August 2008, www.nachc.com/research. Baseline is 2006.

Figure 9.3

Health Center Workforce Shortages

- Health centers **currently need 1,843 primary care providers, inclusive of physicians, nurse practitioners, physician assistants, and certified nurse midwives.**
 - On top of this need, they are 1,384 nurses short.
- **To reach 30 million patients by 2015, health centers need at least an additional 15,585 primary care providers, just over one third of whom are non-physician primary health care providers.**
 - Health centers also will need another 11,553 to 14,397 nurses.

Figure 9.4

Primary Care Physician Vacancy Rates at Health Centers, 2004

■ Family Physicians/General Practitioner ■ OBGYN
■ Internist ■ Pediatrician ■ Psychiatrist

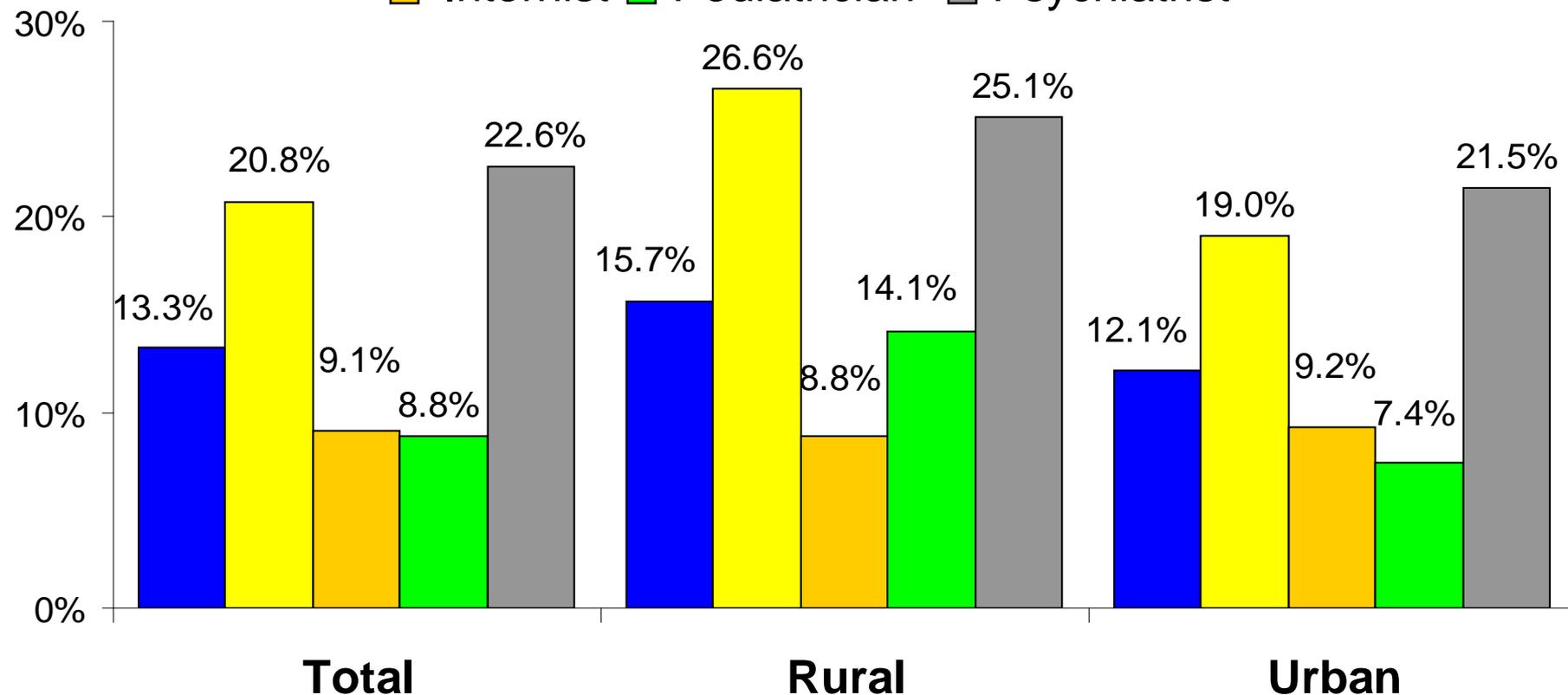


Figure 9.5

Other Clinician Vacancy Rates at Health Centers, 2004

■ Dentists ■ Nurses ■ Nurse Practitioner ■ Physician Assistant ■ Pharmacist

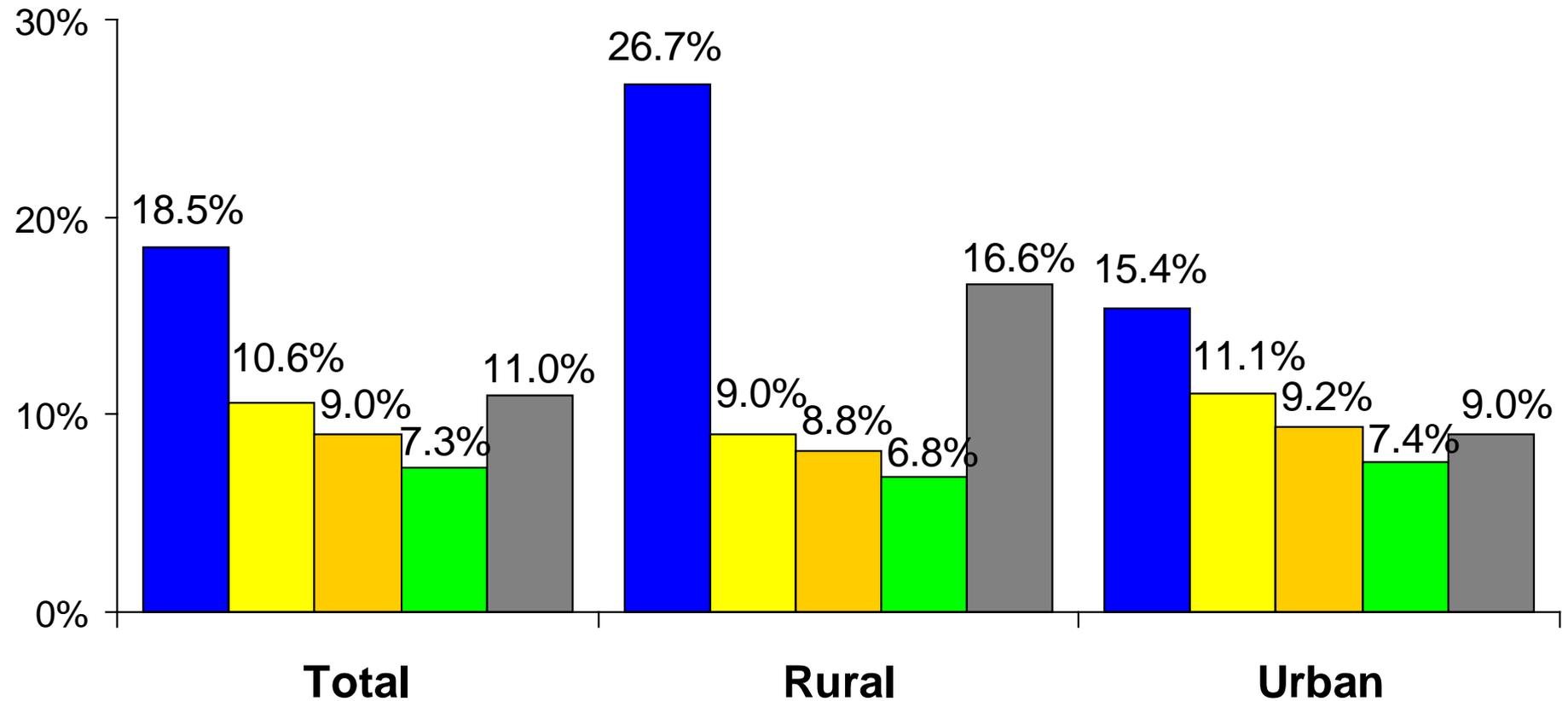
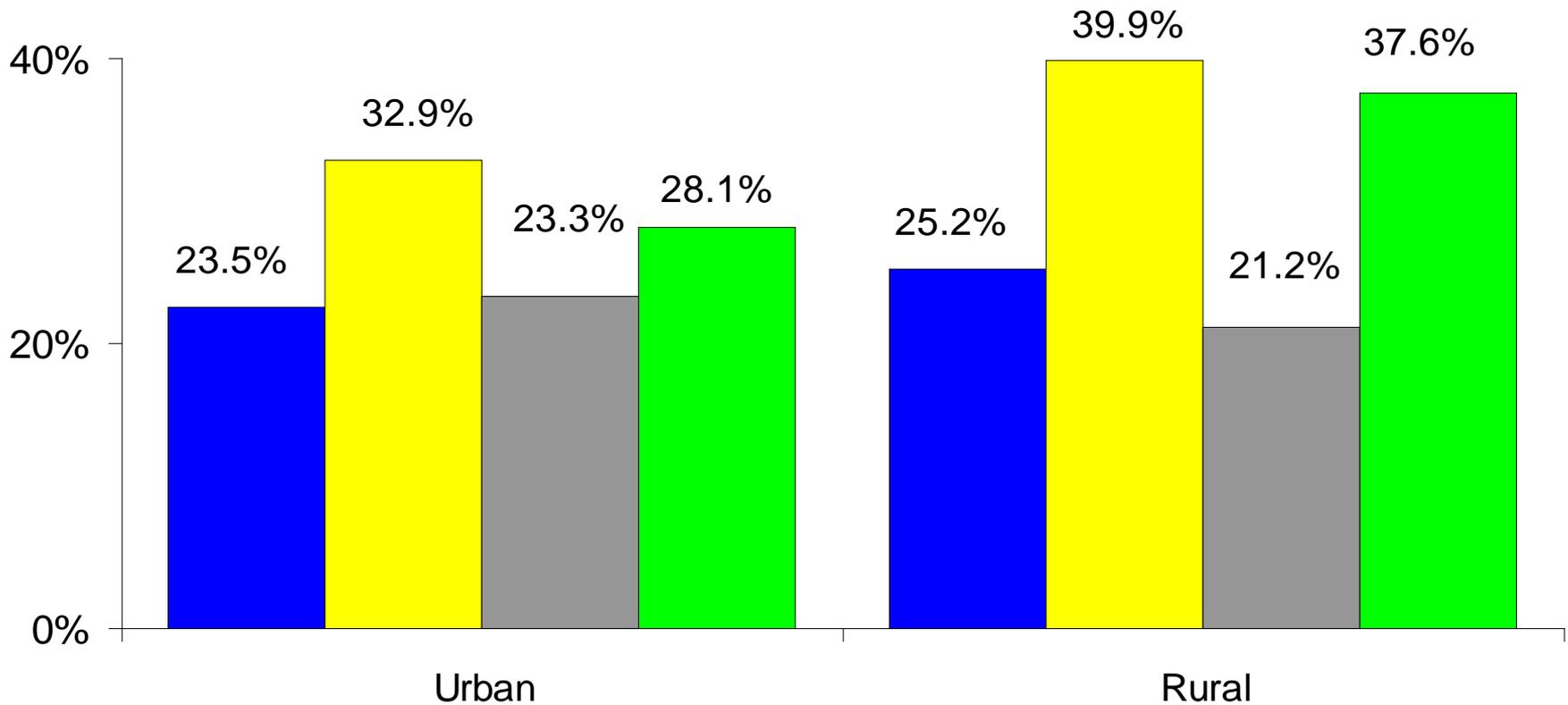


Figure 9.6

Percent of Grantees Relying on Federal and State Workforce Programs, 2004

- National Health Service Corps Scholarship
- National Health Service Corps Loan Repayment
- State Loan Repayment
- J-1 Visa Waiver



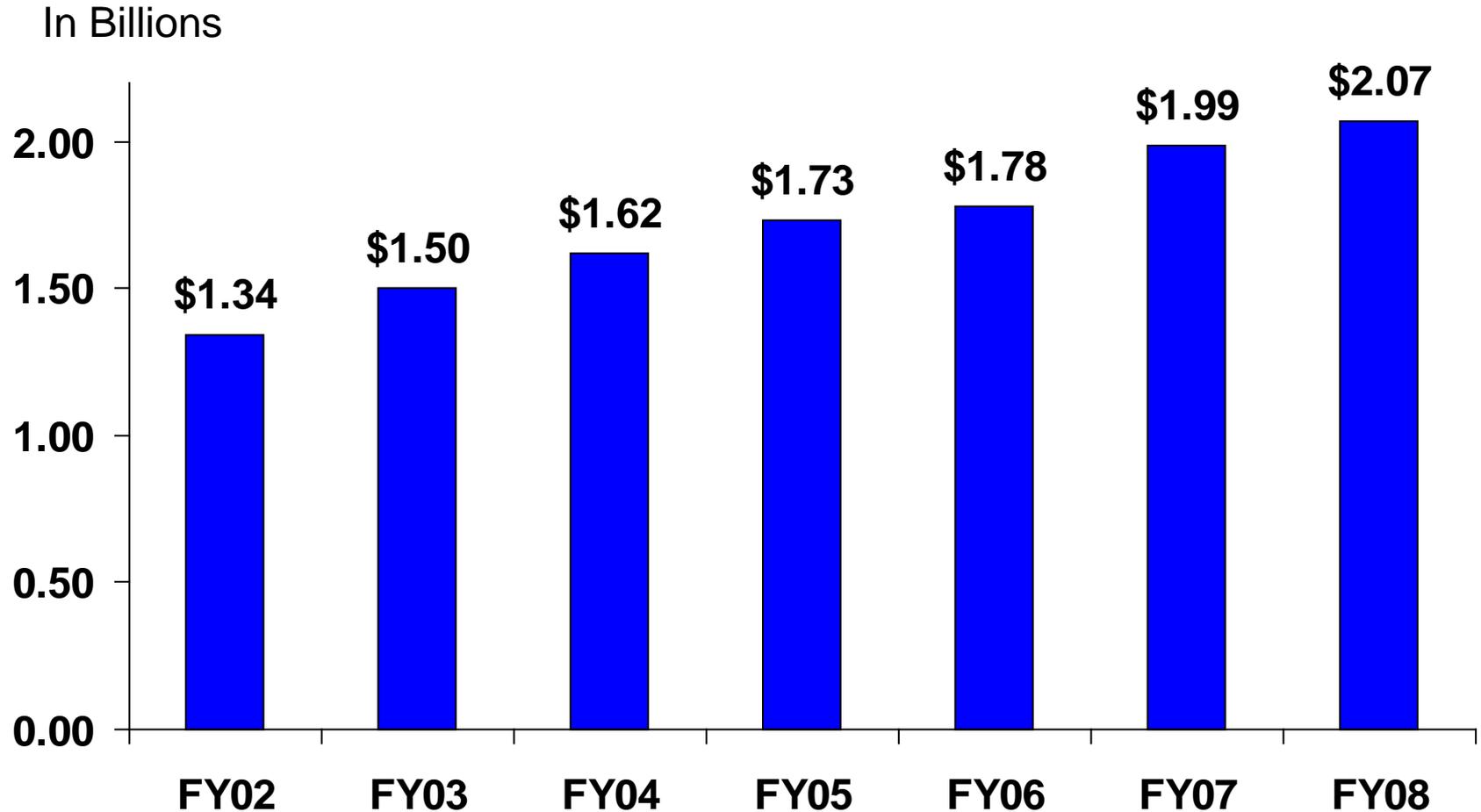
Note: Dentists not included.

Source: Rosenblatt R, Andrilla H, Curtin T, and Hart G. "Shortages of Medical Personnel at Community Health Centers." 2006. *JAMA*, Vol. 295, No. 9: 1042-1049.

Section X: Federal/State Funding

Figure 10.1

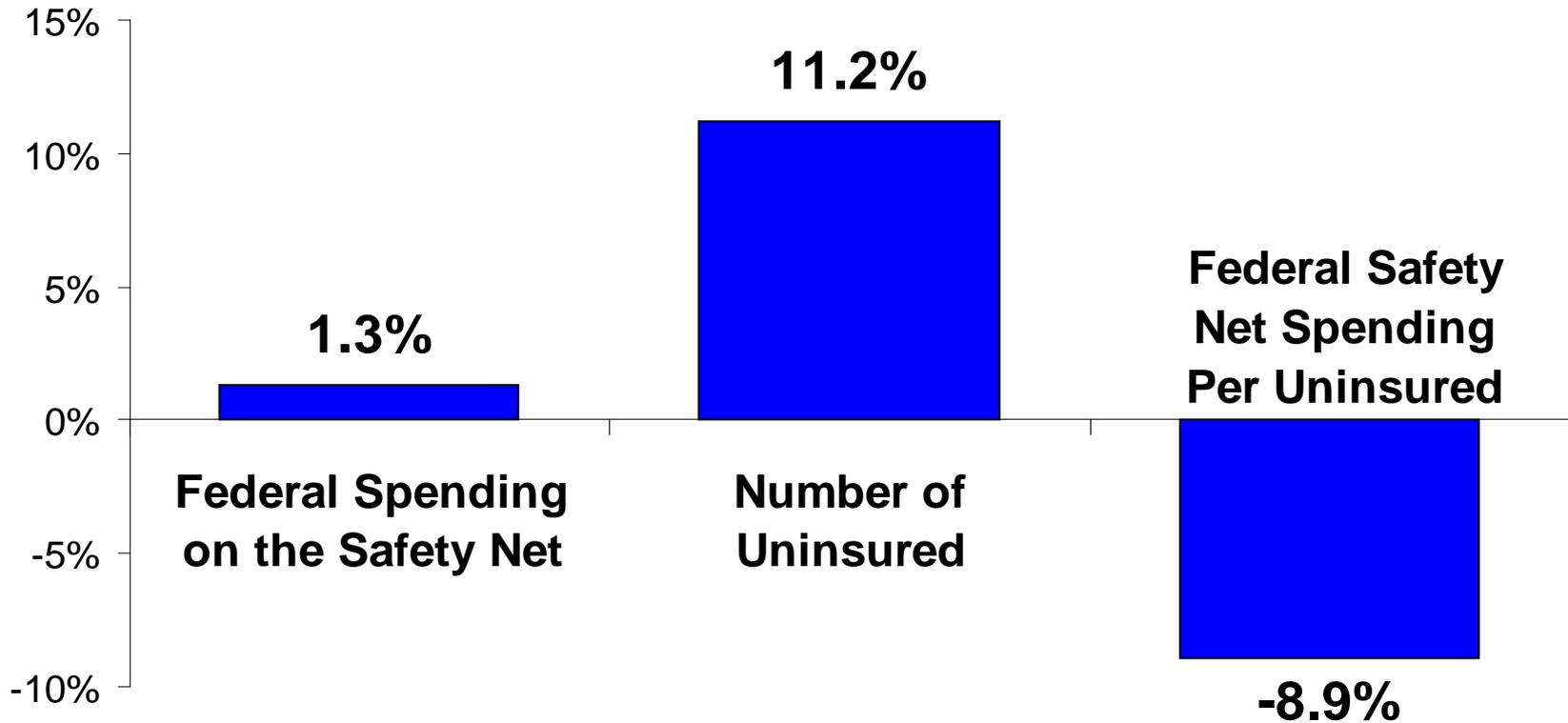
Federal Health Center Appropriation History, 2002-2008



Note: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally funded health centers only

Figure 10.2

Percent Change in National Federal Safety Net Spending and Number of Uninsured, 2001-2004*



*Constant 2004 dollars.

Note: Includes funding for all safety net services. Percent change in Inflation adjusted totals. Constant 2004 Dollars

Source: Kaiser Commission on Medicaid and the Uninsured. "Growth in Uninsured Americans Outpacing Federal Spending on the Health Care Safety Net" 2005. <http://www.kff.org/uninsured/upload/Federal-Spending-on-the-Health-Care-Safety-Net-from-2001-2004-Has-Spending-Kept-Pace-with-the-Growth-of-the-Uninsured-Report.pdf>.

Figure 10.3

38 States and D.C. Provide Funding to Health Centers, FY 09

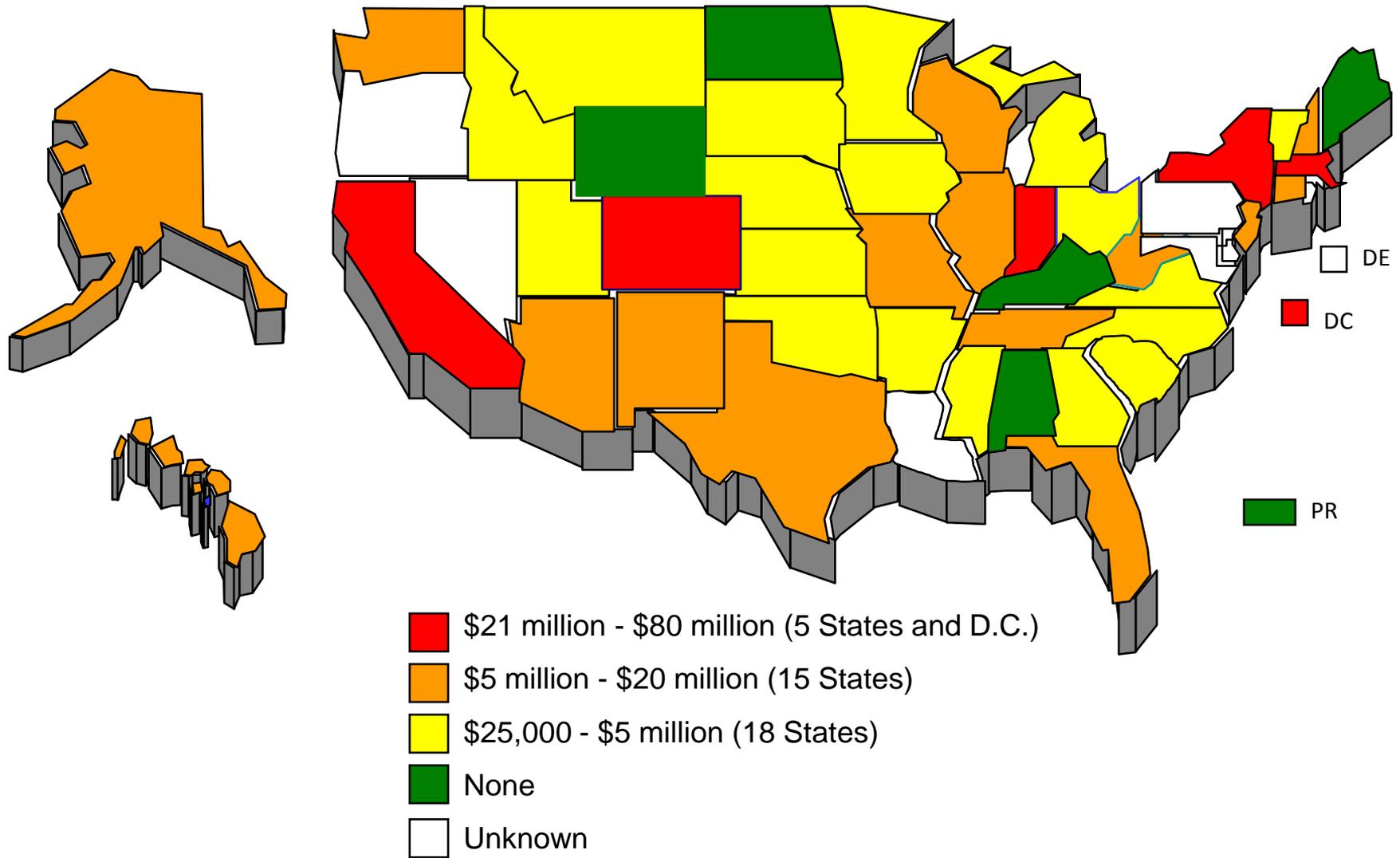


Figure 10.4

State Funding to Health Centers, FY09

- 38 states and D.C. will receive a total of \$518 million
 - \$48 million, or almost 10% less than reported in FY08.
 - State funding for health centers has been steadily increasing since FY06 and this is the first year that overall funding levels have dropped

FY09 Funding:

- **Increased in 19 states**

(AL, CO, HI, ID, IL, IA, KS, MN, MT, NE, NH, NJ, NM, UT, VT, VA, WA, WV, WI)

- **Decreased in 12 states and the District of Columbia**

(AZ, CA, FL, GA, MO, NY, NC, OH, OK, PA, SC, TN)

- **Remained level in 8 states**

(AK, CT, IN, MA, MI, MS, SD, TX)

- **No funding in 7 states**

(AL, KY, ME, ND, PA, PR, WY)

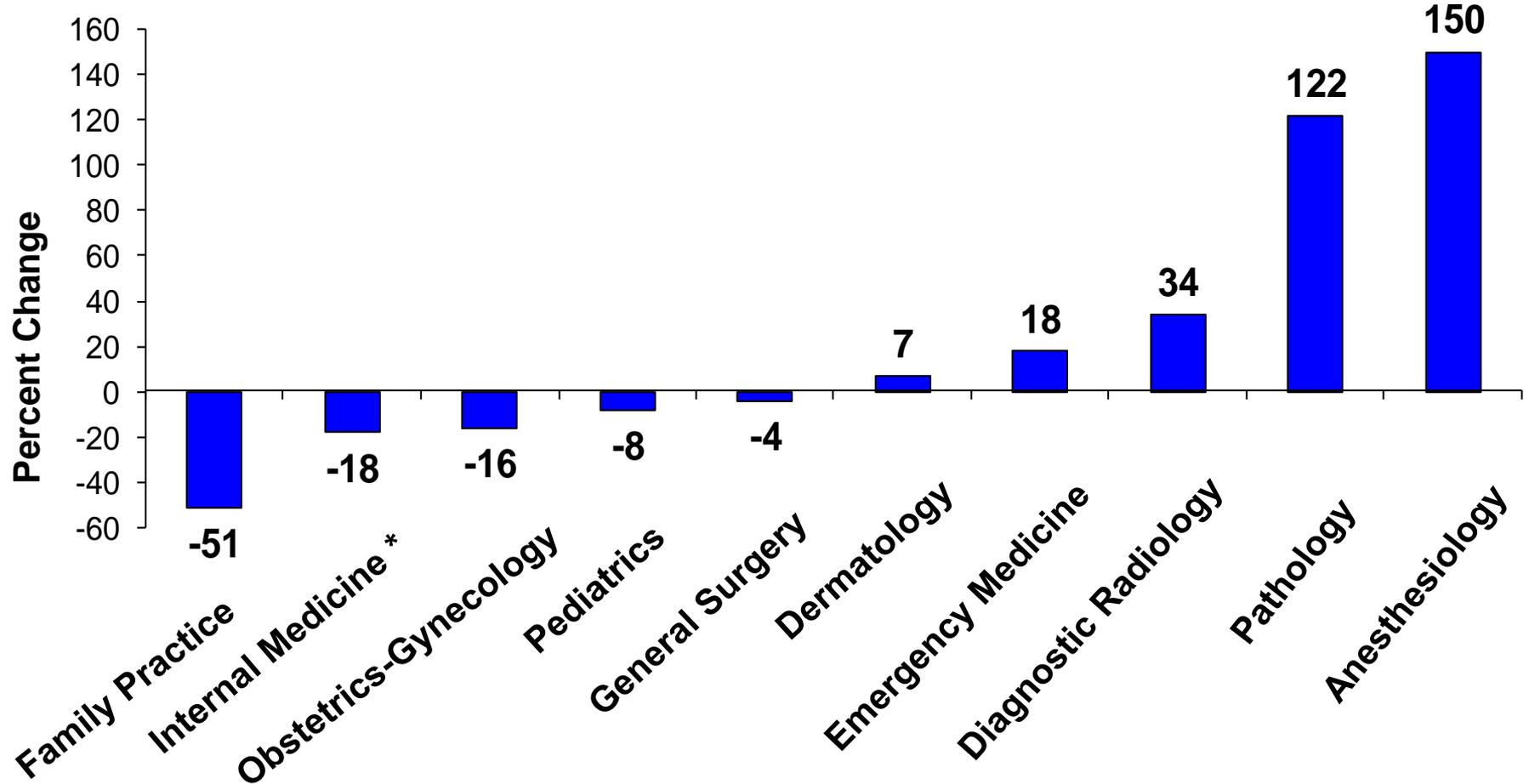
Section XI:
Remaining Challenges and the Need
for Health Center Expansion

Major Challenges Facing Health Centers

- Growth in Uninsured: Continue to be Largest Group of Health Center Patients
- Decline in Charity Care: Cutbacks by Private Providers Squeezed by Managed Care
- Loss of Medicaid and Other Public Funding: Severe “Deficit Reduction” Cuts by States & now Congress
- Changing Nature of Insurance Coverage: Growing Shift to Catastrophic/High-Deductible Plans that Cover Little or no Preventive/Primary Care
- Shortage of Primary Care Physicians: Growing Demand and Lack of Appeal to U.S. Medical Students is Already Causing Physician Vacancy Rates in Health Centers

Figure 11.2

Too Few Medical School Graduates Enter Primary Care, 1998-2006



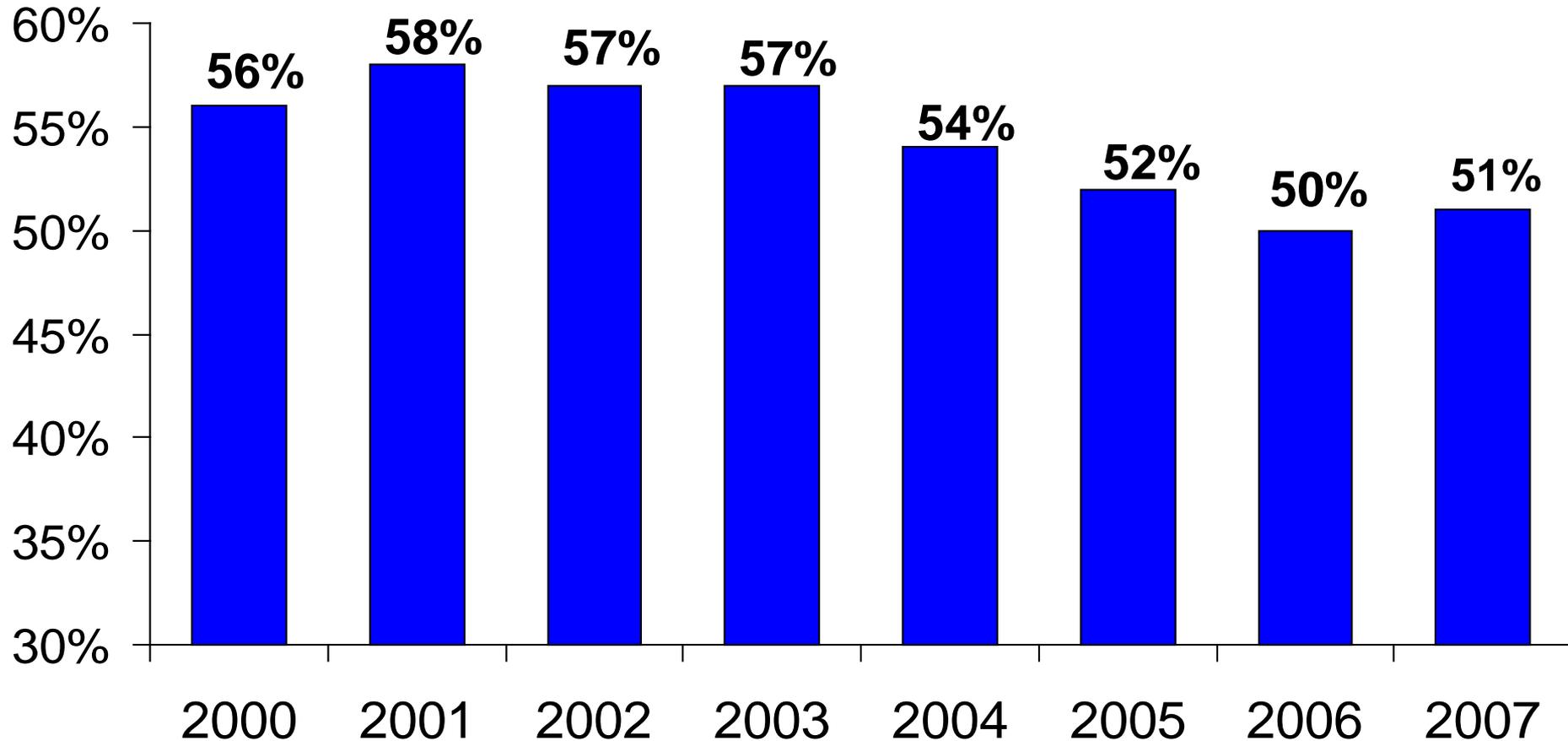
*Includes primary care

Source: Woo B. "Primary Care – The Best Job in Medicine?" 2006 *New England Journal of Medicine* 355;9:864-866. Data are from the National Resident Matching Program.

Figure 11.3

Federal Grants Are Not Keeping Pace with Costs of Uninsured Patient Growth

Federal Grant as Percent of Uninsured Patient Costs

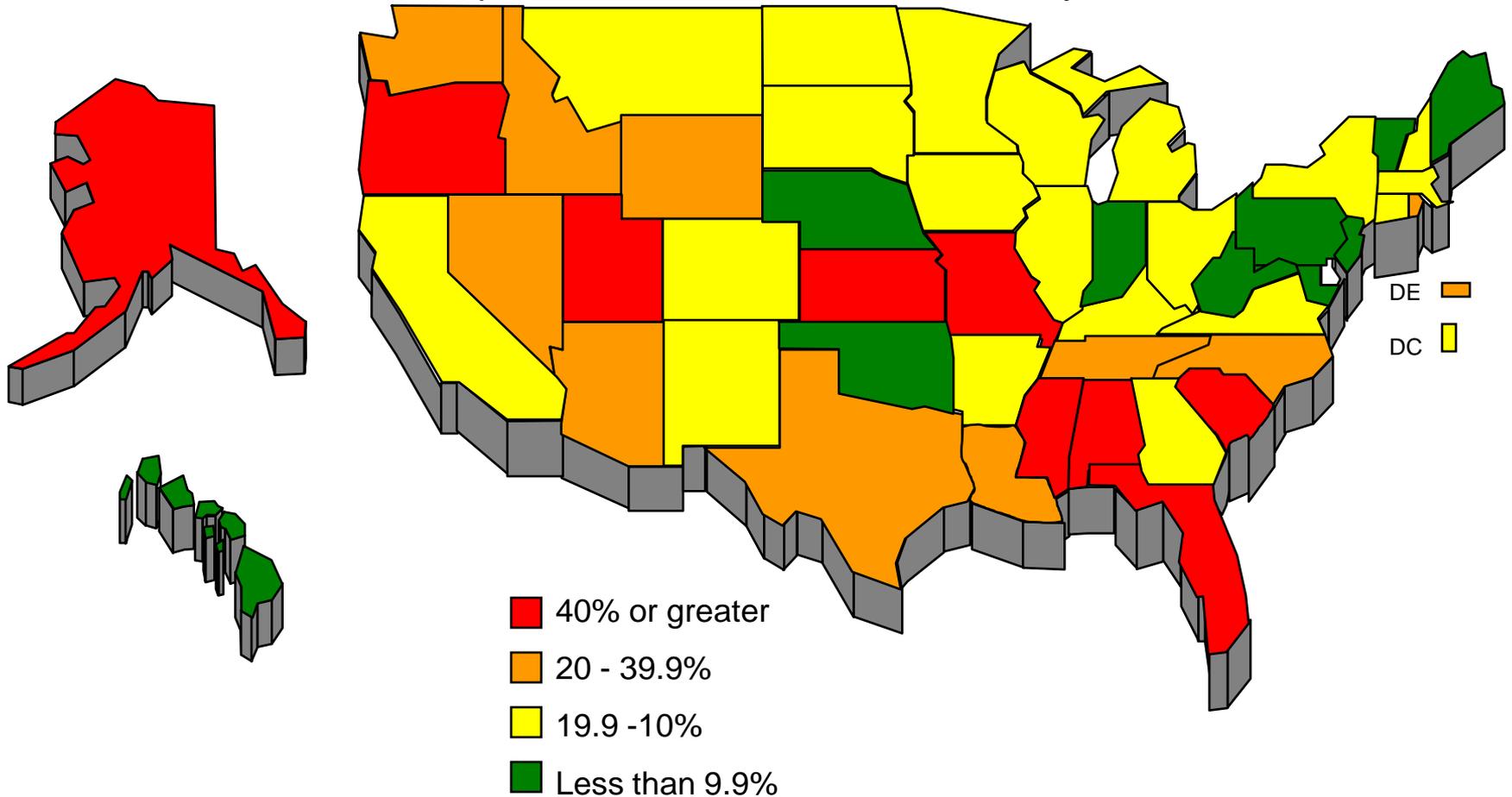


Source: Federally-funded health centers only. 2007 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 11.4

56 Million People Are Medically Disenfranchised

Percent of State Population Without Access to a Primary Care Provider, 2005

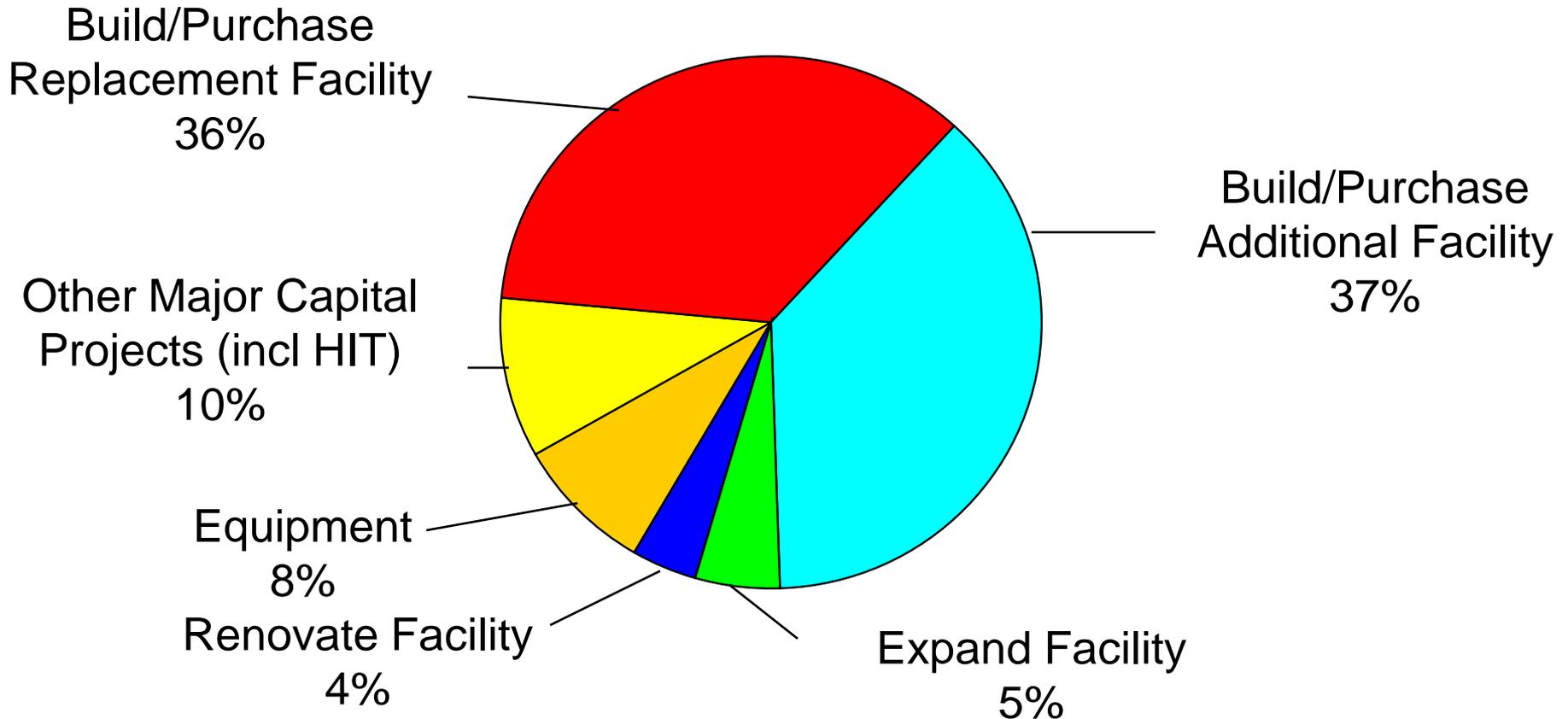


National Average = 19.4%

Note: Does not subtract health center patients as state and U.S. medically disenfranchised figures do.
Source: The Robert Graham Center. Health Services and Resource Administration (HPSA, MUA/MUP data, 2005 Uniform Data System), 2006 AMA Masterfile, Census Bureau 2005 population estimates, NACHC 2006 survey of non-federally funded health centers.

Figure 11.5

National Capital Needs of Health Centers by Type, 2008-2015



Total: \$10.5 billion

Figure 11.6

Number of Providers Needed at Health Centers

- Health centers **currently need 1,843 primary care providers , inclusive of physicians, nurse practitioners, physician assistants, and certified nurse midwives.**
 - On top of this need, they are 1,384 nurses short.
- **To reach 30 million patients by 2015, health centers need at least an additional 15,585 primary care providers,** just over one third of whom are non-physician primary health care providers.
 - Health centers also will need another 11,553 to 14,397 nurses.

The Access for All America Plan

- Grow Health Center Program to serve 30 million people by 2015 by –
 - Developing new CHC sites and expanding existing sites
 - Funding every health center for oral and mental health, and for pharmacy services
 - Increasing workforce training programs (especially NHSC) to build primary care workforce for all
 - Increasing support for new facilities, equipment, HIT, and quality/performance improvement
 - Maintaining Medicaid and SCHIP coverage, and expanding it wherever possible