

## What are Community Health Centers?

Community, Migrant, and Homeless Health Centers are **non-profit, community-directed providers** that remove common barriers to care by serving communities who otherwise confront financial, geographic, language, cultural and other barriers. Also known as Federally-Qualified Health Centers (FQHCs), they:

- are **located in high-need areas** identified as having elevated poverty, higher than average infant mortality, and where few physicians practice;
- are **open to all residents**, regardless of insurance status or ability to pay;
- **tailor services** to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate manner;
- provide **comprehensive primary and other health care services**, including services that help their patients access care, such as transportation, translation, and case management;
- **provide high quality care**, reducing health disparities and improving patient outcomes;<sup>1</sup> and
- are **cost effective**, reducing costly emergency, hospital, and specialty care, and **saving the health care system \$24 billion a year nationally**.<sup>2</sup>

## Iowa Federally-Supported Health Centers, 2009

Number of Organizations	13
Number of Delivery Sites	108
Total Patients	154,020
Number Migrant/Seasonal Farmworker Patients	1,760
Number Homeless Patients	9,594

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	70%	13%	20%
Percent <b>Under 200% of Poverty</b>	93%	32%	39%
Percent <b>Uninsured</b>	38%	10%	17%
Percent <b>Medicaid</b>	32%	13%	16%
Percent <b>Medicare</b>	7%	12%	12%
Percent <b>Hispanic/Latino</b>	22%	4%	16%
Percent <b>African American</b>	14%	3%	12%
Percent <b>Asian/Pacific Islander</b>	2%	2%	5%
Percent <b>American Indian/Alaska Native</b>	1%	0%	1%
Percent <b>White</b>	82%	90%	65%
Percent <b>Rural</b> <sup>4</sup>	54%	42%	16%

Race/Ethnicity may not sum to 100% due to rounding and non-inclusion of two or more races. Race data is inclusive of Hispanic/Latino population. 0% may indicate <0.5%. Rural data from 2009.

## Percent of Vulnerable Iowa Residents Served by Federally-Supported Health Centers<sup>5</sup>

Percent of <b>Low Income, Uninsured</b> , 2009	29%
Percent of <b>Medicaid Beneficiaries</b> , 2007	11%
Percent of <b>Population at or Below 100% of Poverty</b> , 2009	18%

## Economic Benefits of Federally-Supported Health Centers

<b>Total Economic Benefits Generated</b> for Local Communities 2009 <sup>6</sup>	\$132,659,924
<b>Total Economic Benefits Projected</b> for Local Communities, 2015 <sup>7</sup>	\$357,974,622

# Iowa Health Center Fact Sheet, 2009

Data for federally-funded health centers only and may therefore underreport the true volume of care. See note below.

## Health Center Staff and Related Patient Visits

	FTE*	Patient Visits
Physicians	53.5	214,677
NPs/PAs/CNMs	55.1	196,595
Nurses	113.9	15,629
Dentists	24.7	82,888
Dental Hygienists	14.1	9,932
Behavioral Health Specialists <sup>#</sup>	17.6	15,989
Pharmacy	27.4	N/A
Total Enabling Services <sup>†</sup>	89.4	20,369
Other Staff	551.2	N/A
<b>Total</b>	<b>946.8</b>	<b>556,862</b>

\* Full-time equivalent.

<sup>#</sup> Includes psychiatrists, psychologists, licensed or credentialed behavioral health providers, & other mental health staff.

<sup>†</sup> Includes outreach workers, health educators, case managers, translators, transportation, eligibility assistance workers, and child care workers. Not all staff have related patient visits.

## Patient Visits and Patients by Selected Primary Diagnoses and Services

	Patient Visits	Patients
<b>Medical Conditions</b>		
Hypertension	24,394	12,840
Diabetes mellitus	26,019	9,162
Heart Disease (Selected)	5,337	1,925
Asthma	5,573	3,628
Depression & Other Mood Disorders	13,517	5,331
All Mental Health & Substance Abuse	35,223	N/A
<b>Preventive Services</b>		
Health Supervision Ages 0-11*	28,146	18,272
Selected Immunizations <sup>#</sup>	21,728	15,622
Oral Dental Exams	47,571	35,997
Pap Test	14,391	13,961
Mammogram	1,288	1,279
HIV Test	3,656	3,604

\* Well child visits. <sup>#</sup> Includes DPT, MMR, polio, influenza, hepatitis A & B, Hib, etc.

## Health Centers Providing Select Services Onsite\*

<b>Professional Services</b>	
General Primary Medical Care	100%
Prenatal Care	46%
Preventive Dental Care	69%
Mental Health Treatment/Counseling	62%
Substance Abuse Treatment & Counseling	15%
Hearing Screening	62%
Vision Screening	100%
Pharmacy	38%
<b>Preventive Services</b>	
Smoking Cessation Program	100%
HIV Testing And Counseling	77%
Glycosylated Hemoglobin Measurement, Diabetes	85%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	92%
Weight Reduction Program	62%
<b>Enabling Services</b>	
Case Management	100%
Eligibility Assistance	92%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	77%
Out stationed Eligibility Workers	15%

\* "Onsite" includes services rendered by employees, contracted providers, volunteers and others who render services in the health center's name. Health centers may also provide services through formal referral arrangements. Data based on 2007 UDS.

## Health Center Costs of Care

Average Cost per Patient	Cost
Medical Costs per Medical Patient*	\$357
Dental Costs per Dental Patient	\$334
Total Cost per Total Patient <sup>#</sup>	\$510

Average Cost per Patient Visit	
Medical Cost per Medical Patient Visit <sup>†</sup>	\$111
Dental Costs per Dental Patient Visit	\$149

\*Excludes lab and x-ray

<sup>#</sup> Includes the total cost of all services over total users

<sup>†</sup>Excludes lab, x-ray, and nurse visits

### Sources and Notes

Unless otherwise specified, this fact sheet is based on Bureau of Primary Health Care, HRSA, DHHS, 2009 Uniform Data System (UDS). It includes data from Federally-Qualified Health Centers (FQHCs) that receive federal health center grants and are therefore required to report administrative, clinical and other information. Data do not account for a category of FQHCs that does not receive these funds, known as FQHC Look-Alikes. There are approximately 100 FQHC Look-Alikes across the United States. Consequently, data reflected in this fact sheet may underreport the true volume of care delivered by health centers.

<sup>1</sup> See Summaries of Literature on Health Centers, Quality of Care, [www.nachc.com/research](http://www.nachc.com/research).

<sup>2</sup> GWU, *Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion on Health Care Costs*, September 2009, [www.gwhealthpolicy.org](http://www.gwhealthpolicy.org).

<sup>3</sup> Kaiser Family Foundation, State Health Facts Online, [www.statehealthfacts.org](http://www.statehealthfacts.org). U.S. Census Bureau, Table 4: Annual Estimates of the Population by Race Alone and Hispanic or Latino Origin for the United States and States: July 2009. Released June 2010. [www.census.gov/popest/states/](http://www.census.gov/popest/states/).

<sup>4</sup> Kaiser Family Foundation, State Health Facts Online. [www.statehealthfacts.org](http://www.statehealthfacts.org). Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements).

<sup>5</sup> Compares health center UDS data to state population data respectively. State population data come from Kaiser Family Foundation, State Health Facts Online. [www.statehealthfacts.kff.org](http://www.statehealthfacts.kff.org). The assumption that the uninsured are low-income is based on the 2009 UDS.

<sup>6</sup> NACHC and Capital Link, *Community Health Centers Lead the Primary Care Revolution*, August 2010, [www.nachc.com/research](http://www.nachc.com/research).

<sup>7</sup> Center for American Progress, *The Importance of Community Health Centers*, August 2009, <http://www.americanprogress.org>.

For more information, email [research@nachc.com](mailto:research@nachc.com) or visit [www.ianepca.com](http://www.ianepca.com).

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