

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;¹ and
- are **cost effective**, reducing costly emergency, hospital, and specialty care, and **saving the health care system \$24 billion a year nationally.**²

Montana Federally-Supported Health Centers, 2009

| | |
|---|--------|
| Number of Organizations | 15 |
| Number of Delivery Sites | 74 |
| Total Patients | 90,448 |
| Number Migrant/Seasonal Farmworker Patients | 5,806 |
| Number Homeless Patients | 6,698 |

| | Health Center Population | State Population ³ | US Population ³ |
|--|-----------------------------|----------------------------------|-------------------------------|
| Percent at or Below 100% of Poverty | 60% | 15% | 20% |
| Percent Under 200% of Poverty | 84% | 38% | 39% |
| Percent Uninsured | 51% | 16% | 17% |
| Percent Medicaid | 16% | 12% | 16% |
| Percent Medicare | 9% | 16% | 12% |
| Percent Hispanic/Latino | 8% | 3% | 16% |
| Percent African American | 1% | 1% | 12% |
| Percent Asian/Pacific Islander | 1% | 1% | 5% |
| Percent American Indian/Alaska Native | 6% | 6% | 1% |
| Percent White | 91% | 88% | 65% |
| Percent Rural ⁴ | 79% | 67% | 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 Montana Residents Served by Federally-Supported Health Centers⁵

| | |
|--|-----|
| Percent of Low Income, Uninsured, 2009 | 54% |
| Percent of Medicaid Beneficiaries, 2007 | 13% |
| Percent of Population at or Below 100% of Poverty, 2009 | 28% |

Economic Benefits of Federally-Supported Health Centers

| | |
|---|---------------|
| Total Economic Benefits Generated for Local Communities 2009 ⁶ | \$73,144,140 |
| Total Economic Benefits Projected for Local Communities, 2015 ⁷ | \$197,374,950 |

Montana 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 | 34.7 | 106,851 |
| NPs/PAs/CNMs | 35.4 | 90,238 |
| Nurses | 85.7 | 23,835 |
| Dentists | 15.5 | 42,282 |
| Dental Hygienists | 7.9 | 11,828 |
| Behavioral Health Specialists [#] | 16.1 | 15,553 |
| Pharmacy | 16.4 | N/A |
| Total Enabling Services [†] | 52.5 | 29,518 |
| Other Staff | 281.2 | N/A |
| Total | 545.3 | 320,326 |

* Full-time equivalent.

[#] Includes psychiatrists, psychologists, licensed or credentialed behavioral health providers, & other mental health staff.

[†] 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 |
|-------------------------------------|----------------|----------|
| Medical Conditions | | |
| Hypertension | 11,582 | 6,645 |
| Diabetes mellitus | 10,807 | 4,476 |
| Heart Disease (Selected) | 4,076 | 1,834 |
| Asthma | 2,977 | 1,981 |
| Depression & Other Mood Disorders | 16,144 | 7,189 |
| All Mental Health & Substance Abuse | 34,078 | N/A |
| Preventive Services | | |
| Health Supervision Ages 0-11* | 8,906 | 3,964 |
| Selected Immunizations [#] | 7,935 | 6,715 |
| Oral Dental Exams | 23,331 | 15,790 |
| Pap Test | 7,381 | 6,621 |
| Mammogram | 1,282 | 1,250 |
| HIV Test | 1,622 | 1,606 |

* Well child visits. [#] Includes DPT, MMR, polio, influenza, hepatitis A & B, Hib, etc.

Health Centers Providing Select Services Onsite*

| | |
|---|------|
| Professional Services | |
| General Primary Medical Care | 100% |
| Prenatal Care | 54% |
| Preventive Dental Care | 77% |
| Mental Health Treatment/Counseling | 92% |
| Substance Abuse Treatment & Counseling | 85% |
| Hearing Screening | 77% |
| Vision Screening | 100% |
| Pharmacy | 38% |
| Preventive Services | |
| Smoking Cessation Program | 69% |
| HIV Testing And Counseling | 85% |
| Glycosylated Hemoglobin Measurement, Diabetes | 85% |
| Blood Pressure Monitoring | 100% |
| Blood Cholesterol Screening | 92% |
| Weight Reduction Program | 69% |
| Enabling Services | |
| Case Management | 100% |
| Eligibility Assistance | 92% |
| Health Education | 100% |
| Interpretation/Translation Services | 85% |
| Transportation | 62% |
| Out stationed Eligibility Workers | 8% |

* "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* | \$321 |
| Dental Costs per Dental Patient | \$363 |
| Total Cost per Total Patient [#] | \$508 |

| Average Cost per Patient Visit | |
|---|-------|
| Medical Cost per Medical Patient Visit [†] | \$126 |
| Dental Costs per Dental Patient Visit | \$161 |

* Excludes lab and x-ray

[#] Includes the total cost of all services over total users

[†] 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.

Data reflected on this fact sheet are from the UDS information available at the time this fact sheet was compiled. Slight variations may occur from other sources. Montana grantees include Migrant Programs with multiple seasonal service sites and a Health Care for the Homeless program with locations in four major population centers. For more information, visit www.mtpca.org or call 406-442-2750.

¹ See Summaries of Literature on Health Centers, Quality of Care, www.nachc.com/research.

² 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.

³ Kaiser Family Foundation, State Health Facts Online, 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/.

⁴ Kaiser Family Foundation, State Health Facts Online. 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).

⁵ 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. The assumption that the uninsured are low-income is based on the 2009 UDS.

⁶ NACHC and Capital Link, *Community Health Centers Lead the Primary Care Revolution*, August 2010, www.nachc.com/research.

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

For more information, email research@nachc.com or visit www.mtpca.org.

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