

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

Nebraska Federally-Supported Health Centers, 2009

Number of Organizations	6
Number of Delivery Sites	21
Total Patients	57,842
Number Migrant/Seasonal Farmworker Patients	972
Number Homeless Patients	3,116

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	63%	13%	20%
Percent Under 200% of Poverty	93%	32%	39%
Percent Uninsured	61%	12%	17%
Percent Medicaid	23%	11%	16%
Percent Medicare	4%	13%	12%
Percent Hispanic/Latino	47%	8%	16%
Percent African American	19%	4%	12%
Percent Asian/Pacific Islander	2%	2%	5%
Percent American Indian/Alaska Native	1%	1%	1%
Percent White	77%	83%	65%
Percent Rural ⁴	50%	39%	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 Nebraska Residents Served by Federally-Supported Health Centers⁵

Percent of Low Income, Uninsured, 2009	25%
Percent of Medicaid Beneficiaries, 2007	10%
Percent of Population at or Below 100% of Poverty, 2009	13%

Economic Benefits of Federally-Supported Health Centers

Total Economic Benefits Generated for Local Communities 2009 ⁶	\$58,310,063
Total Economic Benefits Projected for Local Communities, 2015 ⁷	\$157,346,108

Nebraska 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	18.6	68,325
NPs/PAs/CNMs	20.7	61,317
Nurses	40.2	7,433
Dentists	11.5	28,252
Dental Hygienists	5.6	5,937
Behavioral Health Specialists [#]	11.3	15,115
Pharmacy	2.3	N/A
Total Enabling Services [†]	60.1	25,558
Other Staff	266.5	N/A
Total	436.8	213,870

* 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	7,299	4,160
Diabetes mellitus	10,352	3,712
Heart Disease (Selected)	1,169	697
Asthma	3,046	1,517
Depression & Other Mood Disorders	5,960	2,479
All Mental Health & Substance Abuse	11,196	N/A
Preventive Services		
Health Supervision Ages 0-11*	10,018	5,216
Selected Immunizations [#]	6,826	5,296
Oral Dental Exams	14,422	12,260
Pap Test	6,835	6,238
Mammogram	860	843
HIV Test	3,146	3,062

* 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	100%
Preventive Dental Care	100%
Mental Health Treatment/Counseling	100%
Substance Abuse Treatment & Counseling	80%
Hearing Screening	100%
Vision Screening	100%
Pharmacy	60%
Preventive Services	
Smoking Cessation Program	60%
HIV Testing And Counseling	100%
Glycosylated Hemoglobin Measurement, Diabetes	100%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	100%
Weight Reduction Program	100%
Enabling Services	
Case Management	100%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	80%
Out stationed Eligibility Workers	60%

* "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*	\$388
Dental Costs per Dental Patient	\$361
Total Cost per Total Patient [#]	\$584

Average Cost per Patient Visit	
Medical Cost per Medical Patient Visit [†]	\$139
Dental Costs per Dental Patient Visit	\$167

*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.

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.ianepca.com.

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