

## 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 U.S. health care system \$24 billion a year.**<sup>2</sup>

## In the U.S. and Territories, there are:

- Approximately 1200 Health Center Organizations
- Over 8000 Delivery Sites
- Serving 20 Million Patients, including
  - 941,000 Migrant/Seasonal Farmworker Patients
  - 1 million Homeless Patients

	Health Center Population	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	53%	17%
Percent <b>Under 200% of Poverty</b>	69%	32%
Percent <b>Uninsured</b>	38%	15%
Percent <b>Medicaid</b>	36%	14%
Percent <b>Medicare</b>	8%	12%
Percent <b>Hispanic/Latino</b>	33%	15%
Percent <b>African American</b>	28%	13%
Percent <b>Asian/Pacific Islander</b>	4%	5%
Percent <b>American Indian/Alaska Native</b>	2%	1%
Percent <b>White</b> (Including Hispanic/Latino)	60%	80%
Percent <b>Rural</b>	44%	16%

Race/Ethnicity may not sum to 100% due to rounding and non-inclusion of two or more races. 0% may indicate <0.5%. Rural data from 2007.

## Percent of Vulnerable United States Residents Served by Federally-Supported Health Centers<sup>4</sup>

Percent of <b>Low Income, Uninsured</b> , 2008	21%
Percent of <b>Medicaid Beneficiaries</b> , 2006	9%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	22%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$18,445,991,718
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$18,079,034,472

# United States Health Center Fact Sheet, 2008

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
Primary Care Physicians	8,440.9	31,911,661
NPs/PAs/CNMs	5,137.6	14,745,906
Nurses	9,806.8	3,197,134
Dentists	7,419.9	7,347,759
Dental Hygienists	891.6	1,204,955
Behavioral Health Specialists <sup>#</sup>	3,188.6	3,052,843
Pharmacy	2,309.6	N/A
Total Enabling Services <sup>†</sup>	10,994.7	4,571,422
Other Staff	64,869.7	N/A
<b>Total</b>	<b>113,059.3</b>	<b>66,924,192</b>

\* Full-time equivalent.

<sup>#</sup> Includes psychiatrists, psychologists, and licensed or credentialed behavioral health providers.

<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
<i>Medical Conditions</i>		
Hypertension	3,738,246	1,694,890
Diabetes mellitus	3,218,775	1,068,416
Heart Disease (Selected)	596,925	250,896
Asthma	858,620	495,179
Depression & Other Mood Disorders	1,738,526	567,178
All Mental Health & Substance Abuse	4,804,720	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	4,011,898	2,308,447
Selected Immunizations <sup>#</sup>	4,589,312	3,234,033
Oral Dental Exams	3,059,609	2,289,524
Pap Test	1,840,003	1,664,237
Mammogram	331,092	306,014
HIV Test	653,466	601,807

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

## Health Centers Providing Select Services Onsite\*

<i>Professional Services</i>	
General Primary Medical Care	100%
Prenatal Care	70%
Preventive Dental Care	74%
Mental Health Treatment/Counseling	77%
Substance Abuse Treatment & Counseling	51%
Hearing Screening	86%
Vision Screening	93%
Pharmacy	35%
<i>Preventive Services</i>	
Smoking Cessation Program	58%
HIV Testing And Counseling	92%
Glycosylated Hemoglobin Measurement, Diabetes	86%
Blood Pressure Monitoring	99%
Blood Cholesterol Screening	89%
Weight Reduction Program	79%
<i>Enabling Services</i>	
Case Management	91%
Eligibility Assistance	89%
Health Education	98%
Interpretation/Translation Services	89%
Transportation	54%
Out stationed Eligibility Workers	39%

\* "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*	\$401
Dental Costs per Dental Patient	\$358
Total Cost per Total Patient <sup>#</sup>	\$588
<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$130
Dental Costs per Dental Patient Visit	\$150

\* Excludes lab and x-ray as in previous years.

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

### Sources and Notes

Page 1 of this fact sheet includes NACHC estimates of patients of federally and non-federally funded health centers and expected patient growth for 2009. Data from federally funded health centers - including all data on page 2 - are based on Bureau of Primary Health Care, HRSA, DHHS, 2008 Uniform Data System (UDS). UDS 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 on this page 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.gvhealthpolicy.org](http://www.gvhealthpolicy.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 2008. Released May 2009. [www.census.gov/popest/states/](http://www.census.gov/popest/states/).

<sup>4</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).

<sup>5</sup> 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](http://www.nachc.com/research).

<sup>6</sup> NACHC, Robert Graham Center, and Capital Link, *Access Granted*, August 2007, [www.nachc.com/research](http://www.nachc.com/research).

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