

## 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>

## Connecticut Federally-Supported Health Centers, 2008

Number of Organizations	10
Number of Delivery Sites	146
Total Patients	242,034
Number Migrant/Seasonal Farmworker Patients	1,656
Number Homeless Patients	13,787

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	69%	13%	17%
Percent <b>Under 200% of Poverty</b>	95%	27%	32%
Percent <b>Uninsured</b>	24%	10%	15%
Percent <b>Medicaid</b>	50%	12%	14%
Percent <b>Medicare</b>	5%	14%	12%
Percent <b>Hispanic/Latino</b>	46%	12%	15%
Percent <b>African American</b>	23%	10%	13%
Percent <b>Asian/Pacific Islander</b>	2%	4%	5%
Percent <b>American Indian/Alaska Native</b>	0%	0%	1%
Percent <b>White</b>	49%	84%	80%
Percent <b>Rural</b>	28%	5%	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 Connecticut Residents Served by Federally-Supported Health Centers<sup>4</sup>

Percent of <b>Low Income, Uninsured</b> , 2008	30%
Percent of <b>Medicaid Beneficiaries</b> , 2006	19%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	37%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$207,348,610
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$199,959,243

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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	117.7	417,249
NPs/PAs/CNMs	84.2	217,978
Nurses	128.1	34,030
Dentists	49.7	135,444
Dental Hygienists	39.3	74,279
Behavioral Health Specialists <sup>#</sup>	118.2	115,082
Pharmacy	11.8	N/A
Total Enabling Services <sup>†</sup>	190.2	59,563
Other Staff	1,093.7	N/A
<b>Total</b>	<b>1,832.8</b>	<b>1,123,197</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	49,322	22,009
Diabetes mellitus	54,036	15,703
Heart Disease (Selected)	4,604	2,149
Asthma	20,349	11,224
Depression & Other Mood Disorders	63,537	10,603
All Mental Health & Substance Abuse	204,682	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	68,347	43,019
Selected Immunizations <sup>#</sup>	82,474	60,406
Oral Dental Exams	73,873	49,173
Pap Test	25,593	19,713
Mammogram	9,546	8,299
HIV Test	8,471	7,465

\* 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	90%
Preventive Dental Care	90%
Mental Health Treatment/Counseling	80%
Substance Abuse Treatment & Counseling	70%
Hearing Screening	90%
Vision Screening	90%
Pharmacy	40%
<i>Preventive Services</i>	
Smoking Cessation Program	60%
HIV Testing And Counseling	100%
Glycosylated Hemoglobin Measurement, Diabetes	90%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	90%
Weight Reduction Program	60%
<i>Enabling Services</i>	
Case Management	100%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	60%
Out stationed Eligibility Workers	90%

\* "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

<i>Average Cost per Patient</i>	
Medical Costs per Medical Patient*	\$547
Dental Costs per Dental Patient	\$366
Total Cost per Total Patient <sup>#</sup>	\$748
<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$150
Dental Costs per Dental Patient Visit	\$138

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

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

### Sources and Notes

Unless otherwise specified, this fact sheet is based on Bureau of Primary Health Care, HRSA, DHHS, 2008 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 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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