

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

Georgia Federally-Supported Health Centers, 2008

Number of Organizations	28
Number of Delivery Sites	163
Total Patients	275,743
Number Migrant/Seasonal Farmworker Patients	15,101
Number Homeless Patients	11,552

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	70%	19%	17%
Percent Under 200% of Poverty	91%	38%	32%
Percent Uninsured	48%	18%	15%
Percent Medicaid	27%	12%	14%
Percent Medicare	10%	10%	12%
Percent Hispanic/Latino	16%	8%	15%
Percent African American	49%	30%	13%
Percent Asian/Pacific Islander	1%	3%	5%
Percent American Indian/Alaska Native	0%	0%	1%
Percent White	42%	65%	80%
Percent Rural	48%	14%	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 Georgia Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured , 2008	11%
Percent of Medicaid Beneficiaries , 2006	4%
Percent of Population at or Below 100% of Poverty , 2008	11%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits , 2006 ⁵	\$537,867,735
Economic Benefits Generated for Local Communities, 2006 ⁶	\$163,682,141

Georgia 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	132.7	492,324
NPs/PAs/CNMs	78.9	217,908
Nurses	157.7	40,989
Dentists	19.2	37,947
Dental Hygienists	8.1	8,598
Behavioral Health Specialists [#]	7.4	5,702
Pharmacy	26.6	N/A
Total Enabling Services [†]	117.5	49,466
Other Staff	828.7	N/A
Total	1,376.8	883,988

* Full-time equivalent.

[#] Includes psychiatrists, psychologists, and licensed or credentialed behavioral health providers.

[†] 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	103,830	47,700
Diabetes mellitus	55,398	21,504
Heart Disease (Selected)	10,166	4,358
Asthma	14,153	6,975
Depression & Other Mood Disorders	5,962	3,987
All Mental Health & Substance Abuse	42,572	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	47,232	28,249
Selected Immunizations [#]	64,009	41,429
Oral Dental Exams	24,599	18,277
Pap Test	21,944	18,654
Mammogram	5,133	4,752
HIV Test	7,647	7,349

* Well child visits. [#] 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	46%
Preventive Dental Care	64%
Mental Health Treatment/Counseling	71%
Substance Abuse Treatment & Counseling	29%
Hearing Screening	93%
Vision Screening	100%
Pharmacy	14%
<i>Preventive Services</i>	
Smoking Cessation Program	43%
HIV Testing And Counseling	96%
Glycosylated Hemoglobin Measurement, Diabetes	100%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	96%
Weight Reduction Program	79%
<i>Enabling Services</i>	
Case Management	93%
Eligibility Assistance	93%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	57%
Out stationed Eligibility Workers	25%

* "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*	\$310
Dental Costs per Dental Patient	\$293
Total Cost per Total Patient [#]	\$420
<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$117
Dental Costs per Dental Patient Visit	\$168

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

[#] 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.

This data may not mirror the state data produced by the GAPHC, in that "The Story of Our Data", a composite based on UDS reports of select HRSA grantees which only captures data from members of the state PCA.

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 2008. Released May 2009. www.census.gov/popest/states/.

⁴ 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.

⁵ 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.

⁶ NACHC, Robert Graham Center, and Capital Link, *Access Granted*, August 2007, www.nachc.com/research.

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

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