

## 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>

## Illinois Federally-Supported Health Centers, 2008

Number of Organizations	36
Number of Delivery Sites	570
Total Patients	977,854
Number Migrant/Seasonal Farmworker Patients	15,200
Number Homeless Patients	32,036

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	74%	16%	17%
Percent <b>Under 200% of Poverty</b>	93%	34%	32%
Percent <b>Uninsured</b>	31%	13%	15%
Percent <b>Medicaid</b>	51%	13%	14%
Percent <b>Medicare</b>	6%	12%	12%
Percent <b>Hispanic/Latino</b>	34%	15%	15%
Percent <b>African American</b>	36%	15%	13%
Percent <b>Asian/Pacific Islander</b>	1%	4%	5%
Percent <b>American Indian/Alaska Native</b>	0%	0%	1%
Percent <b>White</b>	27%	79%	80%
Percent <b>Rural</b>	11%	11%	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 Illinois Residents Served by Federally-Supported Health Centers<sup>4</sup>

Percent of <b>Low Income, Uninsured</b> , 2008	27%
Percent of <b>Medicaid Beneficiaries</b> , 2006	16%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	35%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$853,731,297
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$658,087,959

# Illinois 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	562.2	2,201,221
NPs/PAs/CNMs	226.0	627,644
Nurses	430.9	79,682
Dentists	72.4	223,011
Dental Hygienists	23.9	30,146
Behavioral Health Specialists <sup>#</sup>	182.5	175,749
Pharmacy	34.6	N/A
Total Enabling Services <sup>†</sup>	678.4	257,121
Other Staff	3,250.8	N/A
<b>Total</b>	<b>5,461.7</b>	<b>3,620,670</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
<b>Medical Conditions</b>		
Hypertension	167,592	84,712
Diabetes mellitus	141,079	55,934
Heart Disease (Selected)	23,415	10,849
Asthma	44,732	28,711
Depression & Other Mood Disorders	63,582	26,327
All Mental Health & Substance Abuse	215,837	N/A
<b>Preventive Services</b>		
Health Supervision Ages 0-11*	335,741	180,196
Selected Immunizations <sup>#</sup>	312,649	202,788
Oral Dental Exams	108,203	90,731
Pap Test	136,500	124,823
Mammogram	11,861	11,016
HIV Test	57,408	55,559

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

## Health Centers Providing Select Services Onsite\*

<b>Professional Services</b>	
General Primary Medical Care	100%
Prenatal Care	89%
Preventive Dental Care	83%
Mental Health Treatment/Counseling	81%
Substance Abuse Treatment & Counseling	47%
Hearing Screening	72%
Vision Screening	89%
Pharmacy	19%
<b>Preventive Services</b>	
Smoking Cessation Program	64%
HIV Testing And Counseling	100%
Glycosylated Hemoglobin Measurement, Diabetes	83%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	86%
Weight Reduction Program	78%
<b>Enabling Services</b>	
Case Management	89%
Eligibility Assistance	92%
Health Education	94%
Interpretation/Translation Services	94%
Transportation	61%
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

<b>Average Cost per Patient</b>	<b>Cost</b>
Medical Costs per Medical Patient*	\$401
Dental Costs per Dental Patient	\$259
Total Cost per Total Patient <sup>#</sup>	\$510

<b>Average Cost per Patient Visit</b>	
Medical Cost per Medical Patient Visit	\$130
Dental Costs per Dental Patient Visit	\$121

\* 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.

There are currently 16 look-Alike sites throughout the state.

<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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