

## 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>

## Missouri Federally-Supported Health Centers, 2008

Number of Organizations	21
Number of Delivery Sites	180
Total Patients	353,110
Number Migrant/Seasonal Farmworker Patients	1,792
Number Homeless Patients	19,461

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	73%	16%	17%
Percent <b>Under 200% of Poverty</b>	94%	36%	32%
Percent <b>Uninsured</b>	41%	13%	15%
Percent <b>Medicaid</b>	36%	13%	14%
Percent <b>Medicare</b>	7%	14%	12%
Percent <b>Hispanic/Latino</b>	6%	3%	15%
Percent <b>African American</b>	38%	11%	13%
Percent <b>Asian/Pacific Islander</b>	1%	2%	5%
Percent <b>American Indian/Alaska Native</b>	0%	1%	1%
Percent <b>White</b>	50%	85%	80%
Percent <b>Rural</b>	39%	23%	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 Missouri 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	11%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	27%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$429,712,468
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$278,798,343

# Missouri 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	135.4	508,656
NPs/PAs/CNMs	104.8	308,173
Nurses	225.1	55,726
Dentists	62.0	166,322
Dental Hygienists	23.0	29,170
Behavioral Health Specialists <sup>#</sup>	51.5	70,485
Pharmacy	53.9	N/A
Total Enabling Services <sup>†</sup>	191.1	74,813
Other Staff	1,334.9	N/A
<b>Total</b>	<b>2,181.8</b>	<b>1,247,259</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	80,726	38,093
Diabetes mellitus	57,155	20,839
Heart Disease (Selected)	11,706	5,400
Asthma	12,212	7,719
Depression & Other Mood Disorders	44,876	15,529
All Mental Health & Substance Abuse	105,898	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	62,297	39,209
Selected Immunizations <sup>#</sup>	70,524	50,173
Oral Dental Exams	94,211	74,109
Pap Test	36,908	31,645
Mammogram	5,320	5,076
HIV Test	15,286	14,069

\* 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	62%
Preventive Dental Care	90%
Mental Health Treatment/Counseling	95%
Substance Abuse Treatment & Counseling	57%
Hearing Screening	86%
Vision Screening	90%
Pharmacy	43%
<i>Preventive Services</i>	
Smoking Cessation Program	43%
HIV Testing And Counseling	90%
Glycosylated Hemoglobin Measurement, Diabetes	95%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	100%
Weight Reduction Program	71%
<i>Enabling Services</i>	
Case Management	81%
Eligibility Assistance	95%
Health Education	100%
Interpretation/Translation Services	95%
Transportation	57%
Out stationed Eligibility Workers	24%

\* "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>	Cost
Medical Costs per Medical Patient*	\$352
Dental Costs per Dental Patient	\$372
Total Cost per Total Patient <sup>#</sup>	\$562

<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$130
Dental Costs per Dental Patient Visit	\$175

\* 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).

For more information, email [research@nachc.com](mailto:research@nachc.com) or visit [www.mo-pca.org](http://www.mo-pca.org).

This publication was supported by Grant/Cooperative Agreement Number U30CS16089 from the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA/BPHC.