

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

Montana Federally-Supported Health Centers, 2008

Number of Organizations	14
Number of Delivery Sites	81
Total Patients	84,760
Number Migrant/Seasonal Farmworker Patients	5,466
Number Homeless Patients	6,136

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	60%	15%	17%
Percent Under 200% of Poverty	81%	36%	32%
Percent Uninsured	53%	16%	15%
Percent Medicaid	15%	12%	14%
Percent Medicare	9%	15%	12%
Percent Hispanic/Latino	6%	3%	15%
Percent African American	1%	1%	13%
Percent Asian/Pacific Islander	1%	1%	5%
Percent American Indian/Alaska Native	6%	6%	1%
Percent White	77%	90%	80%
Percent Rural	69%	67%	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 Montana Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured , 2008	48%
Percent of Medicaid Beneficiaries , 2006	10%
Percent of Population at or Below 100% of Poverty , 2008	36%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits , 2006 ⁵	\$54,444,985
Economic Benefits Generated for Local Communities, 2006 ⁶	\$44,619,157

Montana 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	31.0	101,152
NPs/PAs/CNMs	31.8	89,405
Nurses	77.5	22,806
Dentists	10.1	32,656
Dental Hygienists	5.6	8,264
Behavioral Health Specialists [#]	10.4	9,542
Pharmacy	11.9	N/A
Total Enabling Services [†]	48.3	29,212
Other Staff	237.6	N/A
Total	464.3	295,063

* 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	13,111	6,453
Diabetes mellitus	11,362	4,370
Heart Disease (Selected)	4,006	1,538
Asthma	2,860	1,883
Depression & Other Mood Disorders	16,036	7,342
All Mental Health & Substance Abuse	30,578	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	7,410	3,675
Selected Immunizations [#]	11,424	10,086
Oral Dental Exams	16,855	12,822
Pap Test	6,871	6,305
Mammogram	2,455	2,366
HIV Test	1,044	934

* 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	54%
Preventive Dental Care	77%
Mental Health Treatment/Counseling	92%
Substance Abuse Treatment & Counseling	85%
Hearing Screening	77%
Vision Screening	100%
Pharmacy	38%
<i>Preventive Services</i>	
Smoking Cessation Program	69%
HIV Testing And Counseling	85%
Glycosylated Hemoglobin Measurement, Diabetes	85%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	92%
Weight Reduction Program	69%
<i>Enabling Services</i>	
Case Management	100%
Eligibility Assistance	92%
Health Education	100%
Interpretation/Translation Services	85%
Transportation	62%
Out stationed Eligibility Workers	8%

* "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*	\$301
Dental Costs per Dental Patient	\$265
Total Cost per Total Patient [#]	\$453

<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$114
Dental Costs per Dental Patient Visit	\$129

* 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.

Data reflected on this fact sheet are from the UDS information available at the time this fact sheet was compiled. Slight variations may occur from other sources. Montana grantees include Migrant Programs with multiple seasonal service sites and a Health Care for the Homeless program with locations in four major population centers.

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.mtpca.org or call 406-442-2750.

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