

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

Nebraska Federally-Supported Health Centers, 2008

Number of Organizations	6
Number of Delivery Sites	26
Total Patients	52,514
Number Migrant/Seasonal Farmworker Patients	571
Number Homeless Patients	2,182

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	68%	14%	17%
Percent Under 200% of Poverty	92%	31%	32%
Percent Uninsured	61%	13%	15%
Percent Medicaid	23%	11%	14%
Percent Medicare	3%	12%	12%
Percent Hispanic/Latino	42%	8%	15%
Percent African American	17%	4%	13%
Percent Asian/Pacific Islander	1%	2%	5%
Percent American Indian/Alaska Native	2%	1%	1%
Percent White	59%	91%	80%
Percent Rural	29%	38%	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 Nebraska Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured, 2008	22%
Percent of Medicaid Beneficiaries, 2006	4%
Percent of Population at or Below 100% of Poverty, 2008	14%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits, 2006⁵	\$94,243,689
Economic Benefits Generated for Local Communities, 2006 ⁶	\$34,274,030

Nebraska 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	18.2	62,357
NPs/PAs/CNMs	21.1	62,181
Nurses	32.5	2,698
Dentists	9.6	21,743
Dental Hygienists	4.1	3,618
Behavioral Health Specialists [#]	8.6	10,603
Pharmacy	2.5	N/A
Total Enabling Services [†]	60.4	23,339
Other Staff	223.8	N/A
Total	380.8	187,594

* 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	6,598	3,193
Diabetes mellitus	8,515	2,868
Heart Disease (Selected)	1,300	761
Asthma	2,353	1,485
Depression & Other Mood Disorders	6,034	2,917
All Mental Health & Substance Abuse	10,957	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	10,378	6,139
Selected Immunizations [#]	14,520	9,734
Oral Dental Exams	14,719	9,440
Pap Test	6,768	6,244
Mammogram	969	950
HIV Test	3,205	2,889

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

* "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

Average Cost per Patient	Cost
Medical Costs per Medical Patient*	\$339
Dental Costs per Dental Patient	\$370
Total Cost per Total Patient [#]	\$547

Average Cost per Patient Visit	Cost
Medical Cost per Medical Patient Visit	\$125
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.

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.ianepca.com.

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.