

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

New Jersey Federally-Supported Health Centers, 2008

Number of Organizations	18
Number of Delivery Sites	134
Total Patients	348,585
Number Migrant/Seasonal Farmworker Patients	15,802
Number Homeless Patients	18,645

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	75%	14%	17%
Percent Under 200% of Poverty	95%	30%	32%
Percent Uninsured	42%	15%	15%
Percent Medicaid	45%	9%	14%
Percent Medicare	4%	13%	12%
Percent Hispanic/Latino	48%	16%	15%
Percent African American	32%	14%	13%
Percent Asian/Pacific Islander	2%	8%	5%
Percent American Indian/Alaska Native	0%	0%	1%
Percent White	30%	76%	80%
Percent Rural	0%	NSD	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 New Jersey Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured , 2008	19%
Percent of Medicaid Beneficiaries , 2006	13%
Percent of Population at or Below 100% of Poverty , 2008	22%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits , 2006 ⁵	\$438,047,852
Economic Benefits Generated for Local Communities, 2006 ⁶	\$225,955,243

New Jersey 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	181.3	693,381
NPs/PAs/CNMs	66.7	218,803
Nurses	180.8	34,090
Dentists	56.7	158,175
Dental Hygienists	5.5	10,082
Behavioral Health Specialists [#]	26.5	24,454
Pharmacy	1.0	N/A
Total Enabling Services [†]	178.6	63,867
Other Staff	1,180.4	N/A
Total	1,877.5	1,224,876

* 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	63,348	29,013
Diabetes mellitus	51,348	16,441
Heart Disease (Selected)	6,226	2,914
Asthma	19,148	11,046
Depression & Other Mood Disorders	16,765	6,273
All Mental Health & Substance Abuse	52,406	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	132,573	61,583
Selected Immunizations [#]	113,082	63,674
Oral Dental Exams	93,013	60,088
Pap Test	55,836	42,713
Mammogram	6,254	5,996
HIV Test	15,387	12,253

* 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	78%
Preventive Dental Care	72%
Mental Health Treatment/Counseling	89%
Substance Abuse Treatment & Counseling	56%
Hearing Screening	94%
Vision Screening	100%
Pharmacy	6%
<i>Preventive Services</i>	
Smoking Cessation Program	56%
HIV Testing And Counseling	94%
Glycosylated Hemoglobin Measurement, Diabetes	89%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	67%
Weight Reduction Program	61%
<i>Enabling Services</i>	
Case Management	94%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	94%
Transportation	50%
Out stationed Eligibility Workers	78%

* "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*	\$425
Dental Costs per Dental Patient	\$297
Total Cost per Total Patient [#]	\$506

<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$138
Dental Costs per Dental Patient Visit	\$135

* 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.

Three grantees in New Jersey are homeless providers, thereby explaining the proportion of grantees providing on-site prenatal care. For data on members of the New Jersey Primary Care Association, see www.njpc.org.

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.gvhealthpolicy.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.njpc.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.