

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

Oklahoma Federally-Supported Health Centers, 2008

Number of Organizations	13
Number of Delivery Sites	45
Total Patients	101,954
Number Migrant/Seasonal Farmworker Patients	429
Number Homeless Patients	5,331

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	69%	18%	17%
Percent Under 200% of Poverty	90%	39%	32%
Percent Uninsured	48%	16%	15%
Percent Medicaid	28%	14%	14%
Percent Medicare	11%	14%	12%
Percent Hispanic/Latino	19%	8%	15%
Percent African American	15%	8%	13%
Percent Asian/Pacific Islander	1%	2%	5%
Percent American Indian/Alaska Native	4%	8%	1%
Percent White	64%	78%	80%
Percent Rural	48%	32%	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 Oklahoma Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured , 2008	14%
Percent of Medicaid Beneficiaries , 2006	4%
Percent of Population at or Below 100% of Poverty , 2008	11%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits , 2006 ⁵	\$208,230,028
Economic Benefits Generated for Local Communities, 2006 ⁶	\$59,581,749

Oklahoma 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	40.6	131,939
NPs/PAs/CNMs	36.0	105,608
Nurses	63.0	5,567
Dentists	14.5	26,964
Dental Hygienists	6.9	6,119
Behavioral Health Specialists [#]	38.2	52,258
Pharmacy	27.2	N/A
Total Enabling Services [†]	38.7	3,890
Other Staff	392.1	N/A
Total	657.3	369,836

* 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	21,367	12,143
Diabetes mellitus	16,222	6,524
Heart Disease (Selected)	4,880	2,169
Asthma	3,038	2,107
Depression & Other Mood Disorders	16,617	6,032
All Mental Health & Substance Abuse	31,076	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	12,784	7,786
Selected Immunizations [#]	9,513	7,439
Oral Dental Exams	16,783	9,925
Pap Test	7,135	6,887
Mammogram	783	770
HIV Test	1,218	1,176

* 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	92%
Prenatal Care	69%
Preventive Dental Care	69%
Mental Health Treatment/Counseling	85%
Substance Abuse Treatment & Counseling	62%
Hearing Screening	54%
Vision Screening	85%
Pharmacy	23%
<i>Preventive Services</i>	
Smoking Cessation Program	31%
HIV Testing And Counseling	77%
Glycosylated Hemoglobin Measurement, Diabetes	85%
Blood Pressure Monitoring	92%
Blood Cholesterol Screening	92%
Weight Reduction Program	77%
<i>Enabling Services</i>	
Case Management	77%
Eligibility Assistance	77%
Health Education	85%
Interpretation/Translation Services	77%
Transportation	46%
Out stationed Eligibility Workers	15%

* "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>	
Medical Costs per Medical Patient*	\$322
Dental Costs per Dental Patient	\$486
Total Cost per Total Patient [#]	\$562
<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$135
Dental Costs per Dental Patient Visit	\$197

* 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.

Some delivery sites listed are outreach/enabling services locations according to identified community needs rather than comprehensive health center access points. Two of the 13 reporting grantees received initial awards in 2007 and would not have served a substantial number of patients, if any, until 2008. For additional information about Oklahoma health centers and new sites, go to www.okpca.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.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.okpca.org.

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