

## 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>

## Oregon Federally-Supported Health Centers, 2008

Number of Organizations	24
Number of Delivery Sites	179
Total Patients	240,486
Number Migrant/Seasonal Farmworker Patients	12,541
Number Homeless Patients	19,212

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	74%	16%	17%
Percent <b>Under 200% of Poverty</b>	93%	36%	32%
Percent <b>Uninsured</b>	46%	17%	15%
Percent <b>Medicaid</b>	35%	11%	14%
Percent <b>Medicare</b>	7%	13%	12%
Percent <b>Hispanic/Latino</b>	28%	11%	15%
Percent <b>African American</b>	4%	2%	13%
Percent <b>Asian/Pacific Islander</b>	2%	4%	5%
Percent <b>American Indian/Alaska Native</b>	2%	1%	1%
Percent <b>White</b>	64%	90%	80%
Percent <b>Rural</b>	54%	25%	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 Oregon Residents Served by Federally-Supported Health Centers<sup>4</sup>

Percent of <b>Low Income, Uninsured</b> , 2008	26%
Percent of <b>Medicaid Beneficiaries</b> , 2006	13%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	29%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$179,035,367
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$292,735,806

# Oregon 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	99.6	285,872
NPs/PAs/CNMs	115.6	295,980
Nurses	147.0	49,698
Dentists	36.7	87,438
Dental Hygienists	16.3	29,426
Behavioral Health Specialists <sup>#</sup>	224.8	173,782
Pharmacy	38.1	N/A
Total Enabling Services <sup>†</sup>	312.9	96,100
Other Staff	1,509.6	N/A
<b>Total</b>	<b>2,500.6</b>	<b>1,153,379</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	27,900	14,079
Diabetes mellitus	31,869	11,417
Heart Disease (Selected)	7,321	2,951
Asthma	9,370	6,020
Depression & Other Mood Disorders	44,819	13,050
All Mental Health & Substance Abuse	216,000	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	60,600	31,193
Selected Immunizations <sup>#</sup>	53,442	40,078
Oral Dental Exams	58,824	40,480
Pap Test	18,520	17,756
Mammogram	1,560	1,552
HIV Test	5,739	5,528

\* Well child visits. <sup>#</sup> Includes DPT, MMR, polio, influenza, hepatitis A & B, HiB, etc.

## Health Centers Providing Select Services Onsite\*

### Professional Services

General Primary Medical Care	100%
Prenatal Care	57%
Preventive Dental Care	61%
Mental Health Treatment/Counseling	83%
Substance Abuse Treatment & Counseling	61%
Hearing Screening	83%
Vision Screening	91%
Pharmacy	13%

### Preventive Services

Smoking Cessation Program	52%
HIV Testing And Counseling	87%
Glycosylated Hemoglobin Measurement, Diabetes	91%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	87%
Weight Reduction Program	65%

### Enabling Services

Case Management	100%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	74%
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.

### 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.

This fact sheet does not include data from Idaho and Washington health centers that are active in Oregon, and therefore underreports the volume of health care delivered by health centers in Oregon. For more information, please call the Oregon Primary Care Association at (503) 228-8852.

<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.gvhealthpolicy.org](http://www.gvhealthpolicy.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).

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