

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

Rhode Island Federally-Supported Health Centers, 2008

Number of Organizations	7
Number of Delivery Sites	48
Total Patients	105,620
Number Migrant/Seasonal Farmworker Patients	159
Number Homeless Patients	2,499

	Health Center Population	State Population ³	US Population ³
Percent at or Below 100% of Poverty	68%	15%	17%
Percent Under 200% of Poverty	93%	33%	32%
Percent Uninsured	28%	11%	15%
Percent Medicaid	42%	15%	14%
Percent Medicare	7%	13%	12%
Percent Hispanic/Latino	29%	12%	15%
Percent African American	10%	6%	13%
Percent Asian/Pacific Islander	3%	3%	5%
Percent American Indian/Alaska Native	0%	1%	1%
Percent White	45%	88%	80%
Percent Rural	27%	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 Rhode Island Residents Served by Federally-Supported Health Centers⁴

Percent of Low Income, Uninsured , 2008	40%
Percent of Medicaid Beneficiaries , 2006	22%
Percent of Population at or Below 100% of Poverty , 2008	45%

Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on Avoidable Emergency Department Visits , 2006 ⁵	\$61,807,552
Economic Benefits Generated for Local Communities, 2006 ⁶	\$67,410,498

Rhode Island 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	58.6	200,742
NPs/PAs/CNMs	26.8	75,710
Nurses	79.6	23,744
Dentists	20.4	57,435
Dental Hygienists	15.1	28,378
Behavioral Health Specialists [#]	13.5	17,544
Pharmacy	0.5	N/A
Total Enabling Services [†]	45.4	12,895
Other Staff	498.0	N/A
Total	758.0	417,858

* 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
Medical Conditions		
Hypertension	16,629	8,746
Diabetes mellitus	13,968	5,033
Heart Disease (Selected)	1,917	958
Asthma	6,565	3,590
Depression & Other Mood Disorders	16,597	5,517
All Mental Health & Substance Abuse	33,103	N/A
Preventive Services		
Health Supervision Ages 0-11*	31,889	19,371
Selected Immunizations [#]	40,195	29,102
Oral Dental Exams	28,696	24,177
Pap Test	12,363	11,671
Mammogram	819	818
HIV Test	2,368	2,269

* Well child visits. [#] 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	71%
Preventive Dental Care	100%
Mental Health Treatment/Counseling	100%
Substance Abuse Treatment & Counseling	71%
Hearing Screening	86%
Vision Screening	100%
Pharmacy	14%
Preventive Services	
Smoking Cessation Program	43%
HIV Testing And Counseling	100%
Glycosylated Hemoglobin Measurement, Diabetes	86%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	71%
Weight Reduction Program	43%
Enabling Services	
Case Management	86%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	100%
Transportation	43%
Out stationed Eligibility Workers	86%

* "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	
Medical Costs per Medical Patient*	\$508
Dental Costs per Dental Patient	\$383
Total Cost per Total Patient [#]	\$628
Average Cost per Patient Visit	
Medical Cost per Medical Patient Visit	\$146
Dental Costs per Dental Patient Visit	\$137

* 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.rihca.org.

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