

## 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>

## Tennessee Federally-Supported Health Centers, 2008

Number of Organizations	23
Number of Delivery Sites	184
Total Patients	312,909
Number Migrant/Seasonal Farmworker Patients	5,546
Number Homeless Patients	8,449

	Health Center Population	State Population <sup>3</sup>	US Population <sup>3</sup>
Percent <b>at or Below 100% of Poverty</b>	79%	21%	17%
Percent <b>Under 200% of Poverty</b>	95%	42%	32%
Percent <b>Uninsured</b>	40%	15%	15%
Percent <b>Medicaid</b>	33%	17%	14%
Percent <b>Medicare</b>	10%	14%	12%
Percent <b>Hispanic/Latino</b>	9%	4%	15%
Percent <b>African American</b>	26%	17%	13%
Percent <b>Asian/Pacific Islander</b>	1%	1%	5%
Percent <b>American Indian/Alaska Native</b>	0%	0%	1%
Percent <b>White</b>	62%	80%	80%
Percent <b>Rural</b>	61%	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 Tennessee Residents Served by Federally-Supported Health Centers<sup>4</sup>

Percent of <b>Low Income, Uninsured</b> , 2008	21%
Percent of <b>Medicaid Beneficiaries</b> , 2006	6%
Percent of <b>Population at or Below 100% of Poverty</b> , 2008	19%

## Economic Benefits of Federally-Supported Health Centers

Wasted Expenditures on <b>Avoidable Emergency Department Visits</b> , 2006 <sup>5</sup>	\$476,285,058
<b>Economic Benefits Generated</b> for Local Communities, 2006 <sup>6</sup>	\$171,825,379

# Tennessee 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	116.5	410,826
NPs/PAs/CNMs	126.2	371,031
Nurses	228.4	45,263
Dentists	22.3	49,429
Dental Hygienists	6.9	6,211
Behavioral Health Specialists <sup>#</sup>	87.6	95,910
Pharmacy	32.8	N/A
Total Enabling Services <sup>†</sup>	125.4	45,136
Other Staff	817.1	N/A
<b>Total</b>	<b>1,563.3</b>	<b>1,031,782</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	96,990	47,381
Diabetes mellitus	60,083	22,727
Heart Disease (Selected)	13,808	6,177
Asthma	8,734	5,808
Depression & Other Mood Disorders	63,233	14,779
All Mental Health & Substance Abuse	125,345	N/A
<i>Preventive Services</i>		
Health Supervision Ages 0-11*	52,567	35,845
Selected Immunizations <sup>#</sup>	84,931	66,112
Oral Dental Exams	18,729	16,550
Pap Test	31,463	29,194
Mammogram	2,818	2,419
HIV Test	7,460	7,080

\* Well child visits. <sup>#</sup> 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	67%
Preventive Dental Care	58%
Mental Health Treatment/Counseling	71%
Substance Abuse Treatment & Counseling	38%
Hearing Screening	92%
Vision Screening	92%
Pharmacy	33%
<i>Preventive Services</i>	
Smoking Cessation Program	63%
HIV Testing And Counseling	96%
Glycosylated Hemoglobin Measurement, Diabetes	96%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	96%
Weight Reduction Program	88%
<i>Enabling Services</i>	
Case Management	83%
Eligibility Assistance	71%
Health Education	96%
Interpretation/Translation Services	79%
Transportation	33%
Out stationed Eligibility Workers	4%

\* "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*	\$309
Dental Costs per Dental Patient	\$261
Total Cost per Total Patient <sup>#</sup>	\$418
<i>Average Cost per Patient Visit</i>	
Medical Cost per Medical Patient Visit	\$112
Dental Costs per Dental Patient Visit	\$146

\* Excludes lab and x-ray as in previous years.

<sup>#</sup> 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.

The Tennessee Primary Care Association will have the most up to date data based on any changes throughout the year.

<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.gwhealthpolicy.org](http://www.gwhealthpolicy.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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