Delivered primary and preventive health care to more than 27 million patients, including over 330,000 veterans and 1 in 6 Medicaid patients.

Produced $24 billion in savings to the nation’s overall health care system.

Employed 190,000 people and generated more than $45 billion in jobs and economic activity nationwide.

Improved the health of their patients through primary care and preventive health services. This included oral health and behavioral health services and substance abuse treatment.
I am pleased to report a year of solid progress for NACHC during 2016-17.* On all fronts — advocacy, research, training and technical assistance, communications, partnerships and collaborations — much work was done by many people to effectively position, strengthen and prepare community health centers in a changing health care environment and for the future.

The major health center expansion that started under the Bush Administration and continued under the Obama Administration helped to strengthen America’s community-based primary care system and greatly moved the health center mission forward.

We can all be proud that by the end of our fiscal year — 1,400 health centers served 27 million people — 1 in every 12 Americans. They added new sites in underserved areas and expanded vitally needed oral, vision and behavioral health services. At the same time, health centers branched out in new directions to focus on social determinants — the factors that influence overall health for populations.

And community health centers played a greater role helping communities to address public health emergencies like the Zika virus in Texas and Puerto Rico, the contaminated water crisis in Flint, Michigan and the devastating opioid epidemic.

The year was not without challenges. We faced a looming and severe health center funding shortfall (i.e., the “primary care funding cliff”) in need of a congressional fix, as well as potential changes to the health care system that could have a profound and harmful impact on community health centers and their patients.

Nevertheless, the hard work done by all — our leadership and members, chartered State/Regional Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), public and private partners and other supporters — bolstered our health centers as they served greater needs and led the way in the delivery of quality care for millions of people in thousands of communities all across America.

On behalf of the Board of Directors and staff of the National Association of Community Health Centers, I say thank you to everyone as we continue our work to preserve the gains made over our 50+ year history and move our health care access mission forward into the future.

Sincerely,

Tom Van Coverden
President and CEO

* This report covers NACHC’s activities during its Fiscal Year Ended June 30, 2017
The National Association of Community Health Centers (NACHC) promotes efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

**Our Work — NACHC:**

- Serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.
- Conducts research and analysis that informs both the public and private sectors about the work of health centers, their value to the American health care system and the overall health of the nation’s people and communities — both in terms of costs and health care outcomes.
- Provides education, training, leadership development and technical assistance to support and strengthen health center operations and governance.
- Develops partnerships and collaborations with the public and private sectors to build stronger and healthier communities.

NACHC also works closely with chartered State and Regional Primary Care Associations (PCAs) and Health Center Controlled Networks (HCCNs) to fulfill our shared health care mission and support the growth and development of community-based health center programs.
As a national election approached and Congress continued to call for repeal of the Affordable Care Act and a rollback and restructuring of Medicaid, serious questions emerged in 2016-17 as to our country’s future direction in terms of national priorities, government spending policies, and the nation’s commitment to health centers and a health safety net.

With so many competing interests and calls for change mounting, NACHC’s leadership and members moved forward proactively and decisively to engage on all fronts in adherence to our longstanding ACCESS strategy.

Our Priorities:

- Sustain funding for the Health Center Program, including extension of the Community Health Center Trust Fund beyond its expiration at the end of September 2017.

- Protect Medicaid as a safety net and critical source of health coverage for low-income families and vulnerable populations, with protection of and adequate reimbursement for federally qualified health center services.

- Reauthorize and extend funding for the National Health Service Corps and the Teaching Health Center Program — both vitally important in the development of a nationwide health center workforce and in addressing the national shortage of primary care clinicians.

Amid the ongoing and often contentious debates over health care costs, budgets and domestic spending issues overall, NACHC’s activities focused on “cutting through the chatter” to generate congressional support for a fix to the primary care funding cliff and to inform policymakers about the potentially harmful impact of other proposed policies and initiatives on health centers and their patients.

In addition, NACHC’s leadership launched the Secure Our Future Campaign in 2016-17 to build a stronger and collective capacity to monitor, analyze and, where necessary, defend against major policies that had the potential to threaten both the financial stability of every health center in America and — most importantly — access to the vital health care that millions of their patients rely on.

Efforts were intensified to make the case for health centers — the services they deliver to millions of Americans; their larger role in protecting public health and the value they bring in improved health and savings for America’s health care system.

Though nationwide grassroots campaigns, new data and studies, and targeted, aggressive communications across traditional and social media, the voice of our health centers was amplified on the key issues.
Grassroots Advocacy in Action

Face-to-face meetings with policymakers at every level, and intensified communications efforts including mass emails, letters, action alerts and social media activities — all formed a major campaign in 2016-17 to tell the health center story and keep the health safety net a priority in state houses and on Capitol Hill.

At a high mark of 140,000 members strong, NACHC’s Health Center Advocacy Network gave voice to health centers, the millions of people they serve and the millions of others with little or no access to primary care.

Our expanded advocacy network warned policymakers of the severe consequences of failing to extend funding for the nation’s community health centers.

With 70 percent of health center funding at stake, loss of this support:

✦ Threatened health care access for 9 million patients.
✦ Jeopardized more than 50,000 health center jobs.
✦ Placed nearly 3,000 health center sites nationwide at risk of closure or service cutbacks.

National Health Center Week 2016 gave advocates a timely opportunity to speak out about the value of community health centers across America. Activities included:

✦ 1,650 events in all 50 states plus Puerto Rico.
✦ Participation by 80 members of Congress, as well as hundreds of state, local and civic officials.
✦ More than 200 state and local media clips, generating 12,000 tweets and 30 million Twitter impressions.
Through case studies, Medicaid Impact statements and tools like the Funding Cliff Estimator, advocates demonstrated health centers’ significant and positive impact on care access, delivery and costs.

To emphasize the widespread and negative impact that cuts in health center funding could have on people and communities all across the country, NACHC produced the video “I Am a Community Health Center Patient.” It was viewed and shared more than 22,000 times through NACHC’s social media channels. Depicting the wide range of variables among health center patients — ethnicity, religion, age, geographic location, political persuasion, gender and walk of life — the video showed the great diversity of people and communities served by America’s health centers.

Our united message in 2016-17 was clear. Health centers are innovators, problem solvers, and valuable assets in their communities. We showed the nation a strong community health system hard at work improving health, reducing disparities, delivering $24 billion in annual savings, and adding billions more to communities in the form of jobs and economic activity.

This nationwide recognition enhanced public support and commitment to the Health Center Program.

In Congress, lawmakers on both sides of the aisle signed on to champion our cause in 2016-2017. In an unprecedented show of bipartisan support, 70 members of the Senate and more than half of the House of Representatives went on record to support the Health Center Program, calling for stable funding and a fix for the primary care funding cliff.

NACHC PRESS RELEASE

Landmark Study Confirms Medicaid Cost-Savings at Health Centers; Total Cost of Care for Health Center Patients was 24% Lower
NACHC accelerated efforts in 2016-17 to help health centers meet new challenges and prepare for health care transformation in a fast-changing environment, delivering a full spectrum of new education and training opportunities, technical assistance, publications, and other tools.

Building Stronger Operations and Governance

Through a variety of training delivery modes — national and state conferences, onsite seminars, online webinars, podcasts, and digital and print publications — NACHC helped health center staff and board members keep pace with a changing health care world and issues relevant to their work.

Thousands of representatives from health centers, primary care associations, Health Center Controlled Networks and other organizations participated in NACHC training activities and/or received NACHC technical assistance in 2016-17.

Combined attendance at NACHC conferences in 2016-17 was 7,000.

2016-17 CONFERENCES

- 2016 Community Health Institute (CHI) and EXPO, Chicago, IL
- 2016 Financial, Operations Management/IT Conference, Las Vegas, NV
- 2016 PCA & HCCN Conference, Pasadena, CA
- 2017 Conference for Agricultural Worker Health, Savannah, GA
Building a Growing Knowledge Base

NACHC continued to expand its comprehensive knowledge base of information and tools in 2016-17 to help health center staff and boards and others to navigate an increasingly complex health care landscape.

MyNACHC: This learning management system delivers one-stop access to publications, training tools and other resources related to current health center issues. MyNACHC reported more than 30,000 downloads in 2016-17.

NACHC’s Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE): This tool assists health centers to capture and analyze patient data related to the social determinants of health.

2017 Community Health Center Chartbook: This compendium of health center research and data equips health centers with charts, graphs, infographics and maps on topics such as expanding access to care, reducing health disparities, building the health center workforce and delivering high quality, cost-effective care.

Health Center Innovations Database: This database provides detailed information from the field on promising, replicable practices in areas such as: achieving savings, lowering costs, recruiting and retaining staff, managing public health crises, and integrating behavioral health services, as well as studies on health center quality of care, Medicaid impact and cost-effectiveness.

2016-17 Health Center Salary and Benefits Study and Report: This annual survey and resultant report is the single most comprehensive source of information on health center compensation and benefits practices nationwide. Health centers use this tool along with other comparable data to establish reasonable and competitive staff compensation and benefits packages.

This snapshot, submitted by NYU Lutheran Family Health Centers, was a runner-up in the National Health Center Week 2016 Picture Contest.
NACHC’s partnerships and collaborations with a growing number of public and private organizations bring new resources and support to community health centers that in turn enable them to produce positive benefits for patients and communities.

A few 2016-17 highlights:

Centers for Disease Control and Prevention (CDC): Through NACHC, health centers became lead players in the CDC’s Million Hearts Initiative to prevent heart attacks and stroke. In 2016, 10 health centers were named Million Hearts Hypertension Control Champions. Another NACHC/CDC partnership, the CDC Cancer Transformation Project, is focused on improving screening rates for cervical and colorectal cancer.

National Institutes of Health (NIH): The NIH Precision Medicine Initiative enlisted health centers and other providers for research that will strengthen disease prevention and treatment based on individual differences in lifestyle, environment, and genetics.

Veterans Administration (VA): NACHC and the VA worked together to strengthen health care access for America’s servicemen and women. Nearly half of all health centers today are certified as Veterans Choice Providers, and health centers now serve more than 300,000 veterans nationwide.

Collaborative Health Systems (CHS): NACHC continued work in 2016-17 with this management services organization to unite health centers under shared goals and metrics for value-based care and recruit them to join the latest CHS Medicare Shared Savings Program (MSSP). This cohort promised to have the highest beneficiary-to-health center ratio of any CHS MSSP in the country and expanded our work with PCAs, HCCNs and health center groups to develop clinically integrated networks.

CVS Health Foundation: NACHC used the Foundation’s $1 million award to launch Innovative Approaches to Prescription Drug Abuse Management and Prevention for addressing the nationwide opioid epidemic. The Foundation also continued its ongoing support of Innovations in Community Health, which helps health centers improve the treatment and management of chronic conditions such as heart disease, diabetes, hypertension, asthma and depression.
**Becton Dickinson** and **Direct Relief**: These two NACHC partners joined forces with NACHC to support health center efforts to treat and prevent diabetes.

**Henry Schein Cares Foundation**: The Foundation continues to support health and dental screenings, many of which were held during National Health Center Week through its *Healthy Lifestyles and Healthy Communities* program.

**United States Army**: NACHC joined 500 corporations and public sector agencies in a partnership to provide priority hiring status to service men and women in the *Partnership for Youth Success (PYS)* Program. In the last three years, health centers have hired and are now utilizing the skill sets of 5,000 veterans.

**A.T. Still University**: For 17 years, this valuable partnership has addressed the pressing need for a strong primary care clinical workforce in medically underserved communities. Training at an increased number of community health center campuses in 2016-17 helped health centers “grow their own” to address shortages and meet the growing demand for care.

**Medtronic Foundation**: Community Health Centers as Food Oasis Partners: Addressing Food Insecurity for Patients and Communities is a knowledge base of best practices and tools. The project collects and shares replicable, sustainable program designs and aims to help health center staff understand ways in which food insecurity interventions impact health outcomes.

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**Tapping IT to Amplify Reach and Refine Care**

NACHC collaborated with health center and technology industry leaders to deliver information and services how and when health centers needed it. One example is CareMessage, which donated $1 million in technology services to help health centers deliver appointment and flu shot reminders, notices about Healthcare.gov insurance enrollment, and health information regarding the Zika virus.
## 2016-2017 Financial Summary

**National Association of Community Health Centers, Inc.**  
Financial Summary for the Fiscal Year Ended June 30, 2017

### Revenue

- **Membership Dues**—37%
- **Public/Private Grants**—33%
- **Conferences, Conventions & Forums**—24%
- **Net Temporarily Restricted Revenue**—3%
- **Other**—3%

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>$13,270,197</td>
<td>38%</td>
</tr>
<tr>
<td>Grants and Contracts</td>
<td>$12,081,337</td>
<td>35%</td>
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<tr>
<td>Conferences, Conventions and Forums</td>
<td>$8,485,177</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>$1,013,630</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total Unrestricted Revenue</strong></td>
<td>$34,850,341</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Expenses

- **Education, Training & Technical Assistance**—59%
- **Direct Grant Support to CHCs**—1%
- **Lobbying**—3%
- **Research & Data Analysis**—21%
- **Public Relations & Communications**—16%

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, Training &amp; Technical Assistance</td>
<td>$19,836,513</td>
<td>59%</td>
</tr>
<tr>
<td>Direct Grant Support to CHCs</td>
<td>$332,343</td>
<td>1%</td>
</tr>
<tr>
<td>Lobbying</td>
<td>$1,120,000</td>
<td>3%</td>
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<tr>
<td>Research &amp; Data Analysis</td>
<td>$7,213,277</td>
<td>21%</td>
</tr>
<tr>
<td>Public Relations &amp; Communications</td>
<td>$5,248,098</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$33,750,231</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Changes in Unrestricted Net Assets

- **Total Unrestricted Revenue**—$34,850,341
- **Total Expenditures**—$33,750,231
- **Changes in Unrestricted Net Assets**—$1,100,110

### Temporarily Restricted Revenue

- **Contributions**—$1,252,075
- **Sponsorships**—$76,683
- **Net Assets Released from Donor Restriction**—($205,000)

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$1,252,075</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>$76,683</td>
</tr>
<tr>
<td>Net Assets Released from Donor Restriction</td>
<td>($205,000)</td>
</tr>
<tr>
<td><strong>Total Changes in Temporarily Restricted Revenue</strong></td>
<td>$1,123,758</td>
</tr>
</tbody>
</table>

| **Total Changes in Net Assets** | $2,223,868 |
NACHC BOARD OF DIRECTORS EXECUTIVE COMMITTEE

Chair of the Board
J. Ricardo Guzman, LMSW, MPH
Community Health & Social Services Center
Detroit, MI

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Mile Square Health Center
Chicago, IL

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Bronx, NY

Parliamentarian
Rachel Gonzales-Hanson
Community Health Development
Uvalde, TX
NACHC CHARTERED STATE/REGIONAL PRIMARY CARE ASSOCIATIONS

- Alabama Primary Health Care Association
- Alaska Primary Care Association, Inc.
- Arizona Alliance for Community Health Centers
- Asociación de Salud Primaria de Puerto Rico
- Association for Utah Community Health
- Bi-State Primary Care Association
- California Primary Care Association
- Colorado Community Health Network
- Community Health Association of Mountain/Plain States
- Community HealthCare Association of the Dakotas
- Community Health Care Association of New York State
- Community Health Centers of Arkansas
- Community Health Center Association of Connecticut
- District of Columbia Primary Care Association
- Florida Association of Community Health Centers
- Georgia Association for Primary Health Care
- Hawaii Primary Care Association
- Health Center Association of Nebraska
- Idaho Primary Care Association
- Illinois Primary Health Care Association
- Indiana Primary Health Care Association
- Iowa Primary Care Association
- Kansas Association for the Medically Underserved
- Kentucky Primary Care Association
- Louisiana Primary Care Association
- Maine Primary Care Association
- Massachusetts League of Community Health Centers
- Michigan Primary Care Association
- Mid-Atlantic Association of Community Health Centers
- Minnesota Association of Community Health Centers
- Mississippi Primary Health Care Association
- Missouri Primary Health Care Association
- Montana Primary Care Association
- Nevada Primary Care Association
- New Jersey Primary Care Association
- New Mexico Primary Care Association
- North Carolina Community Health Center Association
- Northwest Regional Primary Care Association
- Ohio Association of Community Health Centers
- Oklahoma Primary Care Association
- Oregon Primary Care Association
- Pacific Islands Primary Care Association
- Pennsylvania Association of Community Health Centers
- Rhode Island Health Center Association
- South Carolina Primary Care Association
- Tennessee Primary Care Association
- Texas Association of Community Health Centers
- Virginia Community HealthCare Association
- Washington Association of Community & Migrant Health Centers
- West Virginia Primary Care Association
- Wisconsin Primary Care Association
- Wyoming Primary Care Association
HEALTH CENTER CONTROLLED NETWORKS*

- Alabama Primary Health Care Association Inc.
- APCA Inc.
- Asociacion de Salud Primaria de Puerto Rico Inc.
- CHC Collaborative Ventures
- Coalition of Orange County Community Clinics
- Colorado Community Managed Care Network
- Community Clinic Association of Los Angeles County
- Community Health Access Network Inc.
- Community Health Best Practices LLC
- Community Health Care Association of New York State, Inc.
- Community Health Center Association of Connecticut, Inc.
- Community Health Centers Alliance, Inc.
- Community Health Centers of Arkansas Inc.
- Council of Community Clinics
- Delaware Health Net, Inc.
- Georgia Association for Primary Health Care, Inc.
- Hawaii Primary Care Association
- Health Center Network of New York, Inc.
- Health Choice Network, Inc.
- Health Federation of Philadelphia
- Idaho Primary Care Association
- In Concertcare, Inc.
- Indiana Primary Health Care Association
- Kansas Association for the Medically Underserved
- Kentucky Health Center Network Incorporated
- Louisiana Primary Care Association Inc.
- Maine Primary Care Association
- Massachusetts League of Community Health Centers Inc.
- Michigan Primary Care Association
- Mississippi Health Safe Net
- Missouri Coalition For Primary Health Care
- Montana Primary Care Association, Incorporated
- Near North Health Service Corporation
- Neighborhood Health Care Network
- New Mexico Primary Care Association
- North Carolina Community Health Center Association
- OCHIN, Inc.
- Ohio Primary Care Association Inc.
- PTSO of Washington
- Public Health Management Corporation
- Redwood Community Health Coalition
- Soonerverse, Inc.
- South Carolina Primary Health Care Association
- Southern Jersey Family Medical Centers, Inc.
- Tennessee Primary Care Association
- Texas Association Of Community Health Centers Inc.
- United Health Centers of the San Joaquin Valley
- Virginia Primary Care Association Inc.
- West Virginia Primary Care Association Inc.
- Wisconsin Primary Health Care Association, Inc.

*This list includes only the Health Center Controlled Networks funded by the Health Resources & Services Administration (HRSA).