COMMUNITY HEALTH CENTER CHART
About Community Health Centers

The National Association of Community Health Centers (NACHC) is pleased to present Community Health Center Chartbook, an overview of the Health Center Program and the communities they serve. Health centers began over fifty years ago as part of President Lyndon B. Johnson’s “War on Poverty.” Their aim then, as it is now, is to provide affordable, high quality, comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay for services. A growing number of health centers also provide dental, behavioral health, pharmacy, and other important services. No two health centers are alike, but they all share one common purpose: to provide primary and preventive health care services that are coordinated, culturally and linguistically competent, and community-directed.

Health centers play a critical role in the U.S. health care system, delivering care to over 27 million* people today. Across the country, health centers produce positive results for their patients and for the communities they serve. They stand as evidence that communities can improve health, reduce health disparities, and deal with a multitude of costly and significant public health and social problems – including substance use disorder, mental illness, natural disasters, and homelessness – if they have the resources to do so. Federal and state support, along with adequate third party reimbursement, are critically important to keep pace with escalating health care needs and rising costs among populations served by health centers.

Who health centers serve, what they do, and their impressive record of accomplishment in keeping communities healthy are represented in this chartbook.

* Includes patients of federally-funded health centers, non-federally funded health centers (health center “look-alikes”), and expected patient growth for 2017.
About this Chartbook

The Community Health Center Chartbook highlights data from and research findings on Health Center Program Grantees, as well as other Federally-Qualified Health Centers (FQHCs). In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”). Data and research sources can be found at the bottom of each figure. Most slides draw from the Uniform Data System (UDS) maintained by the Bureau of Primary Health Care, HRSA, DHHS. UDS data included in this chartbook are limited to health centers that meet the federal grant requirements and receive federal funding from the Bureau of Primary Health Care. For more information about UDS data, visit https://bphc.hrsa.gov/uds/datacenter.aspx.
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<table>
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<tr>
<th>Section</th>
<th>Description</th>
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</tr>
<tr>
<td>6.2</td>
<td>Health Center Funding Per Uninsured Patient Is Well Below Total Per Patient Cost</td>
</tr>
<tr>
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Who Health Centers Serve
Figure 1.1

Health Centers Serve...

1 in 12 people in the US, including:

- 1 in 10 children
- 1 in 6 people receiving Medicaid
- 1 in 6 rural Americans
- 1 in 5 people who are uninsured
- 1 in 3 individuals living below poverty
- 1 in 3 low-income, uninsured persons

Sources: NACHC, 2017. Based on 2016 Uniform Data System data on federally-funded and look-alike health centers, estimates for annual patient growth, and national data sources. Health Center Fact Sheet. Bureau of Primary Health Care, HRSA, DHHS.
Figure 1.2

Health Centers Serve Many Special Populations

- **1,262,961** Homeless Patients
- **755,423** School-Based Health Center Patients
- **2,691,329** Public Housing Patients
- **957,529** Agricultural Worker Patients
- **330,271** Veteran Patients

Source: 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health center population defined as residents of public housing include all patients served at a health center located in or immediately accessible to a public housing site.


* Health center population defined as residents of public housing include all patients served at a health center located in or immediately accessible to a public housing site.

Figure 1.3
Health Centers Serve Disproportionate Amounts of Special Populations

- Migratory / Seasonal Farmworkers: 0.9% U.S. Population, 4% Health Center Population
- Homeless Persons: 0.2% U.S. Population, 5% Health Center Population
- Residents of Public Housing*: 0.7% U.S. Population, 10% Health Center Population

* Health center population defined as residents of public housing include all patients served at a health center located in or immediately accessible to a public housing site.
Health Center Patients are Predominately Low-Income

(Federal Poverty Level = FPL)

92% of All Health Center Patients are In Poverty or Near-Poverty.

Figure 1.4

- 100% FPL and Below: 70%
- 101 - 150% FPL: 15%
- 151 - 200% FPL: 7%
- Over 200% FPL: 8%

Note: Percentages based on patients of known income.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Most Health Center Patients are Publicly Insured or Uninsured

83% of Health Center Patients are Publicly Insured or Uninsured.

- Medicaid / CHIP: 49%
- Uninsured: 23%
- Medicare: 9%
- Other Public Insurance: 1%
- Private Insurance: 17%

Note: Figures may not add to 100% due to rounding. Percentage for “Other Public Insurance” includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients’ Health Insurance Coverage Is Unique Among Ambulatory Care Providers

Health Center
- Private: 49%
- Other / Unknown: 17%
- Medicare: 9%
- Uninsured: 23%
- Medicaid: 1%

Private Physician
- Medicare: 56%
- Uninsured: 8%
- Medicaid: 27%
- Other / Unknown: 14%
- Private: 5%

Emergency Department
- Medicare: 34%
- Uninsured: 15%
- Medicaid: 18%
- Other / Unknown: 10%
- Private: 31%

Note: Percentages may not add to 100% due to rounding and Private Physician and Emergency Department numbers allow for more than one category to be indicated. Dual eligible patient visits were removed from the Medicaid category in NAMCS/NHAMCS data for Private Physicians and Emergency department visits. This was done to be more comparable with conventional groupings of Medicare and Medicaid patients when reporting on UDS data for health centers.

Health Centers Serve More Medicare & Medicaid Dual Eligibles than Other Ambulatory Care Providers

Figure 1.7

61% Dual Eligible Patients
39% Medicare Only Patients

61% Total Medicare Patients

93% Dual Eligible Patients
7% Medicare Only Patients

80% Total Medicare Patients

Figure 1.8

Health Center Patients are Disproportionately Poor, Uninsured & Publicly-Insured

<table>
<thead>
<tr>
<th>Category</th>
<th>U.S.</th>
<th>Health Centers</th>
</tr>
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<tbody>
<tr>
<td>Under 200% Federal Poverty Level</td>
<td>32%</td>
<td>92%</td>
</tr>
<tr>
<td>At or Below 100% Federal Poverty Level</td>
<td>14%</td>
<td>70%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19%</td>
<td>49%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Health Center Patients are Disproportionately Members of Racial/Ethnic Minority Groups

Figure 1.9

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>U.S.</th>
<th>Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic / Latino</td>
<td>18%</td>
<td>35%</td>
</tr>
<tr>
<td>African American / Black</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Asian / Hawaiian / Pacific Islander</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>More than 1 Race</td>
<td>2.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>American Indian / Alaska Native</td>
<td>1.3%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Most Health Center Patients are Members of Racial/Ethnic Minority Groups

Figure 1.10

- **Hispanic**: 35%
- **Black / African American**: 23%
- **Asian / Hawaiian / Pacific Islander**: 5%
- **More than One Race**: 3%
- **American Indian / Alaska Native**: 1%
- **White, Non-Hispanic**: 41%

*In total, 62% of health center patients are racial/ethnic minorities.*
Many Health Center Patients Suffer from Chronic Conditions

Percent of Adult Population who Report Ever Being Told They Have:

- **Hypertension**: National 32%, Health Center 45%
- **High Cholesterol**: National 36%, Health Center 42%
- **Asthma**: National 14%, Health Center 21%
- **Diabetes**: National 11%, Health Center 21%
- **Health is Fair or Poor**: National 18%, Health Center 42%

* Other than during Pregnancy.

Note: Includes only adult population ages 18 and older.

Figure 1.12

Health Centers Serve Patients Throughout the Life Cycle
(Selected Age Groups, Represented 2 Ways)

Note: Numbers may not add up to 100% due to rounding.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Section 2
Expanding Access to Care
In 2016, there were 1,367 Health Center Grantees located in every state, territory, and D.C.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 2.2
Health Center Organizations & Sites, 2007 - 2016

Source: 2007-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 2.3
Health Center Patients & Visits, 2007 - 2016

Source: 2007-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
The Bureau of Primary Health Care defines enabling services as "a wide range of services that support and assist primary care and facilitate patient access to care (2016 UDS Reporting Manual, p. 128, Bureau of Primary Health Care, HRSA, DHHS)." Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

Note: M = Million, K = Thousand
Source: 2010 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2.4
Health Centers Have Expanded Their Breadth of Services Available to Patients
(Total Patient Visits in 2016 & Growth Since 2010)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Visits</th>
<th>Growth</th>
<th>Medical Visits</th>
<th>Growth</th>
<th>Dental Visits</th>
<th>Growth</th>
<th>Behavioral Health Visits</th>
<th>Growth</th>
<th>Vision Visits</th>
</tr>
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<tbody>
<tr>
<td>Total Visits</td>
<td>104.1M</td>
<td>35%</td>
<td>71.3M</td>
<td>27%</td>
<td>14.4M</td>
<td>56%</td>
<td>9.6M</td>
<td>83%</td>
<td>806K</td>
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<tr>
<td>Enabling Services*</td>
<td>6.1M</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical</td>
<td>6.1M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>71.3M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.4M</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.6M</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
The Bureau of Primary Health Care defines enabling services as “a wide range of services that support and assist primary care and facilitate patient access to care (2016 UDS Reporting Manual, p. 128, Bureau of Primary Health Care, HRSA, DHHS).” Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

Note: Behavioral health includes mental health and/or substance abuse staff.

Source: 2010 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

<table>
<thead>
<tr>
<th>Services</th>
<th>2010 (1,124 Total)</th>
<th>2016 (1,367 Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling Services*</td>
<td>1,053</td>
<td>1,354</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>828</td>
<td>1,190</td>
</tr>
<tr>
<td>Dental</td>
<td>857</td>
<td>1,093</td>
</tr>
<tr>
<td>Vision</td>
<td>199</td>
<td>330</td>
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<tr>
<td>All 4 Services</td>
<td>163</td>
<td>285</td>
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</table>
Health Centers Have Higher Rates of Accepting New Patients Compared to Other Primary Care Providers

Figure 2.6

Figure 2.7

The Number of Health Center Patients in Poverty is Growing Faster Than the Number in Poverty Nationally, 2006 - 2016

Note: Represents individuals below 100% Federal Poverty Level.
Sources: 2006 and 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. U.S. Census Bureau, Historical Poverty Tables, Table 2: Poverty Status of People by Family Relationship, Race, and Hispanic Origin.
Figure 2.8

The Number of Health Center Medicaid Patients is Growing Faster Than the Number of Medicaid Beneficiaries Nationally, 2007 - 2016

Figure 2.9

Percent of Medicaid Beneficiaries Served by Health Centers, 2016

Nationally, Health Centers Serve 17% of the Medicaid Population.

Figure 2.10
Health Center Patients by Insurance Status, 2007 - 2016
(In Millions)

Source: 2007-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Even as More Patients Receive Insurance, Health Centers are Serving More of the Nation’s Uninsured

Note: Proportion of all U.S. residents does not account for health centers located in U.S. territories.
Figure 2.12

Percent of Uninsured Population Served by Health Centers, 2016

Nationally, Health Centers Serve 22% of the Uninsured Population.

Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.
Section 3
High Quality Care and Reducing Health Disparities
Figure 3.1

Many Health Centers Exceed Healthy People 2020 Goals

Meet or Exceed at Least One Goal: 91%

Dental Sealants for Children: 77%

Low Birth Weight: 55%

Hypertension Control: 52%

Health Center Patients are More Satisfied with the Overall Care Received Compared with Low-Income Patients Nationally

- Satisfied with Hours of Operation
  - Low-Income Patients Nationally: 37%
  - Health Center Patients: 96%

- Satisfied with Overall Care Received
  - Low-Income Patients Nationally: 87%
  - Health Center Patients: 98%

Figure 3.3
Health Centers Exceed Medicaid Managed Care Organization High Performance Benchmark Scores

Note: Quality Measures include control of diabetes: share of patients with diabetes with HbA1c between 7% and 9%; Control of hypertension: share of patients with hypertension with blood pressure < 140/90; Pap Tests: share of female patients age 24 – 64 who received Pap test within past three years.
Figure 3.4

Health Center Patients Have Higher Rates of Diabetes & Blood Pressure Control than the National Average

- **Estimated percentage of diabetic patients with Hba1c < 9% for diabetes.**
- **Estimated percentage of hypertensive patients with blood pressure < 140/90.**

Sources:
Figure 3.5

Health Centers Provide More Preventive Services than Other Primary Care Providers

- **Asthma Education for Asthmatic Patients**
  - Patient Visits to Other Providers: 15%
  - Health Center Patient Visits: 24%

- **Tobacco Cessation Education for Smoking Patients**
  - Patient Visits to Other Providers: 19%
  - Health Center Patient Visits: 33%

- **Health Education**
  - Patient Visits to Other Providers: 37%
  - Health Center Patient Visits: 51%

- **Immunization for 65 Years and Older**
  - Patient Visits to Other Providers: 65%
  - Health Center Patient Visits: 70%

- **Pap Smears in the Last 3 Years**
  - Patient Visits to Other Providers: 81%
  - Health Center Patient Visits: 85%

Sources:
Health Centers Reduce Disparities in Hypertension Treatment
(Percent of Health Center Medicaid Patients Receiving New Medication for Uncontrolled Hypertension Compared to Medicaid Patients of Private Practices)

Figure 3.6

Figure 3.7

Health Center Women Needing Mammograms are More Likely to Receive Them than Their Counterparts Nationally

<table>
<thead>
<tr>
<th>Uninsured</th>
<th>In Poverty*</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>52%</td>
<td>70%</td>
<td>61%</td>
</tr>
<tr>
<td>63%</td>
<td>69%</td>
<td>82%</td>
<td>76%</td>
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* Includes women below 100% FPL or at 100% FPL and below.

Figure 3.8

Health Center Women Needing Pap Smears are More Likely to Receive Them than Their Counterparts Nationally

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Health Centers</th>
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<tbody>
<tr>
<td>Uninsured</td>
<td>57%</td>
<td>76%</td>
</tr>
<tr>
<td>In Poverty*</td>
<td>63%</td>
<td>82%</td>
</tr>
<tr>
<td>Black</td>
<td>75%</td>
<td>89%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>69%</td>
<td>92%</td>
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</table>

* Includes women below 100% FPL or at 100% FPL and below.

Health Center Patients Needing Colorectal Cancer Screenings are Often More Likely to Receive Them than Their Counterparts Nationally

* Includes individuals below 100% FPL or at 100% FPL and below.

Figure 3.9

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>National</th>
<th>Health Centers</th>
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<tbody>
<tr>
<td>In Poverty*</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Black</td>
<td>56%</td>
<td>55%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44%</td>
<td>55%</td>
</tr>
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</table>

*Includes individuals below 100% FPL or at 100% FPL and below.

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts

Figure 3.10

**Figure 3.11**

**Health Center Patients Have Fewer Low Birth Weight Babies than the U.S. Average**

- **National**
- **Health Centers**

<table>
<thead>
<tr>
<th>Year</th>
<th>National</th>
<th>Health Centers</th>
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<tbody>
<tr>
<td>2010</td>
<td>8.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td>2011</td>
<td>7.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>2012</td>
<td>8.0%</td>
<td>7.1%</td>
</tr>
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<td>2013</td>
<td>8.0%</td>
<td>7.3%</td>
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<td>2014</td>
<td>8.0%</td>
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<tr>
<td>2015</td>
<td>8.1%</td>
<td>7.6%</td>
</tr>
<tr>
<td>2016</td>
<td>8.2%</td>
<td>7.8%</td>
</tr>
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Health Centers Perform Better on Ambulatory Care Quality Measures Than Private Practice Physicians

- No Electrocardiogram Screening in Low-Risk Patients: 93% for Private Physician, 99% for Health Center
- No Use of Benzodiazepines in Depression: 84% for Private Physician, 91% for Health Center
- Blood Pressure Screening: 86% for Private Physician, 90% for Health Center
- β-Blocker Use in Coronary Artery Disease: 47% for Private Physician, 59% for Health Center
- Aspirin Use in Coronary Artery Disease: 44% for Private Physician, 57% for Health Center
- Ace Inhibitor Use in Congestive Heart Failure: 37% for Private Physician, 51% for Health Center
- Prescription of New Antihypertensive Medication for Uncontrolled Hypertension*: 16% for Private Physician, 18% for Health Center

Figure 3.13

Percent of Health Centers with Patient-Centered Medical Home Recognition, December 2017

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown.

Source: Communication with the Bureau of Primary Health Care, HRSA, DHHS, March 27, 2018.
Section 4
Cost Effective Care
Figure 4.1

Health Centers’ Average Daily Cost Per Patient Is Lower Than Other Physician Settings

- $3.06: All Physician Settings
- $2.09: Health Centers

Figure 4.2

Health Centers Save $1,263 (or 24%) Per Patient Per Year

Health Centers Save 35% Per Child Compared to Other Providers

Figure 4.4

Health Centers Save 24% Per Medicaid Patient Compared to Other Providers
(Cost per Patient Comparisons by Service Type & Total Spending)

Note: Non-health centers include private physician offices and outpatient clinics.
Health Centers Have Lower Total Spending Per Medicaid Patient Compared to Other Providers

(Percent Lower Spending in States Studied Compared to Other Providers)

Figure 4.5

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage Lower Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>63% lower</td>
</tr>
<tr>
<td>CA</td>
<td>22% lower</td>
</tr>
<tr>
<td>CO</td>
<td>26% lower</td>
</tr>
<tr>
<td>CT</td>
<td>19% lower</td>
</tr>
<tr>
<td>FL</td>
<td>32% lower</td>
</tr>
<tr>
<td>IA</td>
<td>27% lower</td>
</tr>
<tr>
<td>IL</td>
<td>27% lower</td>
</tr>
<tr>
<td>MS</td>
<td>19% lower</td>
</tr>
<tr>
<td>NC</td>
<td>29% lower</td>
</tr>
<tr>
<td>TX</td>
<td>22% lower</td>
</tr>
<tr>
<td>VT</td>
<td>15% lower</td>
</tr>
<tr>
<td>WV</td>
<td>18% lower</td>
</tr>
</tbody>
</table>

Notes: Other Providers (or “non-health centers”) include private physician offices and outpatient clinics. MT was included in the national-level analyses, but did not have a large enough sample size to be included in the adjusted state-level analyses.

Health Center Medicaid Revenues as a Percent of Total Medicaid Expenditures, 2016

Nationally, Health Center Medicaid Revenues Account for 1.8% of the Total Medicaid Expenditures…

While Serving 17% of the Nation’s Medicaid Population. (see figure 2.9)
Medicare Spending is Lower in Areas Where Health Centers Serve More Low-Income Residents

(Total Cost of Care per Medicare Beneficiary in Areas with High Health Center Penetration Vs. Areas with Low Health Center Penetration)

- Low Health Center Penetration Area: $9,542
- All Areas: $9,222
- High Health Center Penetration Area: $8,616

10% ($926) Lower Medicare Spending per Medicare Beneficiary in Areas with High Health Center Penetration.

Notes: High health center penetration corresponds to 54% health center penetration rate among low-income residents; Low health center penetration corresponds to 3% health center penetration rate among low-income residents; Average health center penetration rate among low-income residents was 21%.

Health Centers are Associated with Lower Total Costs of Care for Medicare Patients Compared to Other Providers

(\textit{Total Cost of Care per Medicare Beneficiary})

\begin{align*}
\text{Outpatient Clinics} & \quad \$3,580 \\
\text{Physician Offices} & \quad \$2,667 \\
\text{Health Centers} & \quad \$2,370
\end{align*}

\textbf{Costs for Health Center Medicare Patients are 10\% Lower than Physician Office Patients and 30\% Lower than Outpatient Clinic Patients.}

Section 5
Health Center Services and Staffing
Figure 5.1

Health Center Care Team Staff Provide a Broad Array of Services
(Total Care Team: 131,233 Full Time Equivalent)

- Medical: 55%
- Enabling Services & Other Programs: 20%
- Dental: 12%
- Behavioral Health: 8%
- Pharmacy: 3%
- Vision: 0.5%
- Other Professional Services: 1.1%

Note: Percentages may not add to 100% due to rounding.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Total Medical Team: 72,454 Full Time Equivalent

- Total Nurses: 23%
- Total Physicians: 17%
- Total NPs/PAs/CNMs: 16%
- Other Medical Personnel: 44%

Total Physicians: 12,419 Full Time Equivalent

- Pediatricians: 22%
- Internists: 15%
- OB/GYN: 10%
- Family Physicians: 46%
- Other Specialty Physicians: 4%
- General Practitioners: 3%

Share of Total Care Team: 55%

* Total Care Team is shown in Figure 5.1.

Note: Total Physicians excludes Psychiatrists and Optometrists. NP/PA/CNM stands for Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives. Other Medical Personnel include, but are not limited to, medical assistants, nurses’ aides, laboratory personnel and X-Ray personnel.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.3
Health Center Enabling Services & Other Programs Staff, 2016
(Total: 25,678 Full Time Equivalent)

* Total Care Team is shown in Figure 5.1.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.4
Health Center Dental Staff, 2016
(Total: 16,142 Full Time Equivalent)

- Dentists 28%
- Dental Hygienists 14%
- Dental Assistants, Aides, Techs, Other 59%
- Share of Total Care Team 12%

* Total Care Team is shown in Figure 5.1.
Note: Percentage may not add to 100% due to rounding.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Total Care Team is shown in Figure 5.1.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5.5

Health Center Behavioral Health Staff, 2016
(Total: 10,355 Full Time Equivalent)

- Licensed Clinical Psychologists: 8%
- Psychiatrists: 7%
- Substance Abuse Services: 11%
- Other Licensed Mental Health Providers: 31%
- Other Mental Health Staff: 21%
- Other Licensed Mental Health Providers: 22%
- Licensed Clinical Social Workers: 8%
Figure 5.6
Growth in Health Center Medical Providers, 2007 - 2016
(Full Time Equivalent)

Note: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral Health Staff includes Mental Health and Substance Abuse staff.

Source: 2006 and 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.7

Health Centers are Hiring Non-Physician Providers at Higher Rates than Physicians

Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively. FTE stands for Full-Time Equivalent.
Source: 2001 - 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.8

Percent of Health Centers Offering Case Management Services Onsite, 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>88%</td>
</tr>
<tr>
<td>DC</td>
<td>75%</td>
</tr>
<tr>
<td>DE</td>
<td>100%</td>
</tr>
<tr>
<td>MA</td>
<td>85%</td>
</tr>
<tr>
<td>MD</td>
<td>82%</td>
</tr>
<tr>
<td>NH</td>
<td>82%</td>
</tr>
<tr>
<td>NJ</td>
<td>83%</td>
</tr>
<tr>
<td>RI</td>
<td>88%</td>
</tr>
<tr>
<td>VT</td>
<td>82%</td>
</tr>
</tbody>
</table>

Nationally, 76% of Health Centers Provide Case Management Services Onsite.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.9

Percent of Health Centers Offering Behavioral Health Services Onsite, 2016

Nationally, 87% of Health Centers Provide Behavioral Health Services Onsite.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quantile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health centers have responded to an increasing need for substance use disorder (SUD) treatment & therapy by building their capacity & integrating care.

Health centers doubled their behavioral health workforce between 2010 & 2016.

There were 1,700 health center physicians with authorization to provide Medication-Assisted Treatment (MAT) for opioid addiction as of 2016.

Over 39,000 health center patients received MAT for opioid use disorder directly from certified physicians in 2016.

In 2016, providers performed an evidence-based screening, intervention, and referral procedure (SBIRT) for 10x more patients than in 2010.

Source: 2010 and 2016 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Federally-funded health centers only.
Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment & Therapy By Seeing More Patients

**Figure 5.11**

Health Centers experienced a 4 fold increase in patients receiving treatment for opioids and other substance use disorders.

Patients for SUD Services 2010 vs. 2016

<table>
<thead>
<tr>
<th>Service</th>
<th>2010</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Dependence</td>
<td>73,082</td>
<td>310,855</td>
</tr>
<tr>
<td>Other SUD (Including Opioids)</td>
<td>292,750</td>
<td>966,281</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>97,913</td>
<td>700,789</td>
</tr>
<tr>
<td></td>
<td>421,079</td>
<td>1,765,650</td>
</tr>
<tr>
<td></td>
<td>110,031</td>
<td>310,855</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,086,401</strong></td>
<td><strong>2,152,007</strong></td>
</tr>
</tbody>
</table>

Visits for SUD Services 2010 vs. 2016

<table>
<thead>
<tr>
<th>Service</th>
<th>2010</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Tobacco Cessation</td>
<td>157,504</td>
<td>2,152,007</td>
</tr>
</tbody>
</table>

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.12

Percent of Health Centers Offering Dental Services Onsite, 2016

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Nationally, 80% of Health Centers Provide Dental Services Onsite.
Figure 5.13

Percent of Health Centers Offering Vision Services Onsite, 2016

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
The Bureau of Primary Health Care defines enabling services as “a wide range of services that support and assist primary care and facilitate patient access to care (UDS Reporting Manual, 2016, p. 128, Bureau of Primary Health Care, HRSA, DHHS).” Examples of enabling services include case managers, transportation staff, interpretation staff, community health workers, and patient education specialists.

Note: National figure includes all 1,367 health centers in every state, territory, and D.C. Some Territories are not shown in the map above. Binned by quartile for states and territories shown. Percentage offering services onsite calculated by including all health centers with more than 0 full time equivalents for each service.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Centers are Using Telehealth to Expand Services That May Not be Readily Available In their Locality

*(Health Center Telehealth Service Offerings by Urban/Rural Status)*

*Note: Percentages Include Only Health Centers Utilizing Telehealth*

![Bar chart showing service offerings by urban/rural status.]

- **Provide Behavioral Health Services:**
  - All: 56%
  - Rural: 49%
  - Urban: 42%

- **Provide Primary Care Services:**
  - All: 24%
  - Rural: 24%
  - Urban: 28%

- **Provide Specialty Care Services:**
  - All: 28%
  - Rural: 28%
  - Urban: 21%

- **Manage Patients with Chronic Conditions:**
  - All: 28%
  - Rural: 21%
  - Urban: 23%

- **Other:**
  - All: 26%
  - Rural: 29%
  - Urban: 28%

- **Two of More Services:**
  - All: 30%
  - Rural: 28%
  - Urban: 26%

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5.16
Percent of Health Centers Using Telehealth, 2016

Note: For number of health centers in each state, see Figure 2.1. Binned by quartile for states and territories shown.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. Behavioral Health includes mental health and substance abuse services. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Percent of Health Centers Using Telehealth for Primary Care Services, 2016

Nationally, 25% of Health Centers with a Telehealth Program Used it to Provide Primary Care Services.

Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quantile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Nationally, 24% of Health Centers with a Telehealth Program Used it to Provide Specialty Services.
Percent of Health Centers Using Telehealth to Manage Patients’ Chronic Conditions, 2016

Nationally, 21% of Health Centers with a Telehealth Program Used it to Manage Patients’ Chronic Conditions.

Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quantile for states and territories shown. Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Note: Health centers were able to respond as “other” when asked to report services offered via telehealth. Percentages also include health centers using telehealth for dental services in addition to “other.”

Nationally, 26% of Health Centers with a Telehealth Program Used it for Other Services.
Note: Based on percent of health centers using telehealth for any service. For percent of health centers using telehealth by state, see Figure 5.16. National figure includes health centers using telehealth in territories not shown in the map above. Binned by quartile for states and territories shown.

Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Section 6
Challenges in Meeting Demand for Care
Figure 6.1

Payments from Third Party Payers are Less than Cost

Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: 2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
* Calculated by taking the difference between 2016 health center total cost per patient (all patients) and 2016 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2016.

Note: Not adjusted for inflation. Federal appropriations are for consolidated health centers under PHSA Section 330.

Source: 2006-2016 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Center Operating Margins Are Less than Hospital Operating Margins

Note: Operating margin data for Hospitals after 2014 are unavailable.
33 States Provided Funding to Health Centers in State Fiscal Year 2017

Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians, 2013

Figure 6.5

62 Million People Experience Inadequate or No Access to Primary Care Because of Shortages of Physicians in their Communities.

Health Centers Experience Difficulty Recruiting Many Clinical Staff
(Percent of Health Centers Reporting A Vacancy for Selected Positions)

If All Clinical Vacancies at Health Centers were Filled Today, Health Centers Could Serve 2 Million More Patients.

Health Centers Have Unique Challenges in Recruiting & Retaining Staff
(Percent of Health Centers Reporting Selected Problems in Clinical Staff Recruitment & Retention)

Source: NACHC. Staffing the Safety Net: Building the Primary Care Workforce at America’s Health Centers. 2016. Retrieved from:  
http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/
• 79% of health centers have plans to initiate capital projects within the next several years. These plans represent 2,300 capital projects.

• These planned projects are estimated to cost $4.6 billion:
  • which will result in 12 million square feet of new space
  • accommodating 6,100 new providers
  • who will serve 5.4 million new patients annually
  • However 75% of health centers report funding gaps for these planned projects
This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS16089, Technical Assistance to Community and Migrant Health Centers and Homeless for $6,375,000.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation: