About Community Health Centers

The National Association of Community Health Centers (NACHC) is pleased to present the 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 coordinated, culturally competent, and community-directed primary and preventive health care services.

Health centers play a critical role in the U.S. health care system, delivering care to 29 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 generate taxpayer savings. They 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.

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

* Includes patients of federally-funded health centers, look-alikes, and expected patient growth for 2019.
About this Chartbook

The Community Health Center Chartbook highlights important research and data 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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Section 1

Who Health Centers Serve
Health Centers Serve

1 in 12 People in the U.S.
Including...

- 1 in 9 Children
- 1 in 7 Racial/Ethnic Minorities
- 1 in 5 Medicaid Beneficiaries
- 1 in 5 Uninsured Persons
- 1 in 3 People in Poverty

Figure 1-2

Health Centers Serve Many Special Populations

- 819,177 School-Based Health Center Patients
- 995,232 Agricultural Worker Patients
- 385,222 Veterans
- 1,413,256 Patients Experiencing Homelessness
- 4,415,160 Public Housing Patients
- 6,706,410 Patients Best Served in a Language Other than English

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health centers serve greater proportions of special populations.

Figure 1-3

Health Centers Serve Greater Proportions of Special Populations

<table>
<thead>
<tr>
<th>Population</th>
<th>U.S. Population</th>
<th>Health Center Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural Workers</td>
<td>0.9%</td>
<td>4%</td>
</tr>
<tr>
<td>Individuals Experiencing Homelessness</td>
<td>0.2%</td>
<td>5%</td>
</tr>
<tr>
<td>Residents of Public Housing*</td>
<td>0.6%</td>
<td>16%</td>
</tr>
</tbody>
</table>

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

Sources:
(1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
91% of health center patients are in or near poverty.

Figure 1-4
Health Center Patients are Predominately Low-Income

100% FPL and Below 68%
101% - 150% FPL 16%
151% - 200% FPL 8%
Over 200% FPL 9%

Notes: FPL = federal poverty level. Percentages of health center patients in each category are based on patients with known income. Figures may not sum to 100% due to rounding. Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Most Health Center Patients are Uninsured or Publicly Insured

82% of health center patients are uninsured or publicly insured.

Note: Percentage for "Other Public Insurance" includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid. Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients’ Health Insurance Coverage Is Unique Among Ambulatory Care Providers

Notes: 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 UDS data for health centers.

Nationally, 20% of the Medicare population is dually enrolled in Medicaid.
Health Center Patients are Disproportionately Poor, Uninsured, and Publicly Insured

Figure 1-8

<table>
<thead>
<tr>
<th>Category</th>
<th>U.S. Population</th>
<th>Health Center Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 200% FPL</td>
<td>30%</td>
<td>91%</td>
</tr>
<tr>
<td>At or Below 100% FPL</td>
<td>13%</td>
<td>68%</td>
</tr>
<tr>
<td>Medicaid*</td>
<td>15%</td>
<td>48%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>9%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Note: FPL = federal poverty level.
* Medicaid alone and not in combination with other insurance.
Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Tables B17002, S2704, and DP03.
Health Center Patients are Disproportionately Members of Racial/Ethnic Minority Groups

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Health Center Population</th>
<th>U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic / Latino</td>
<td>18%</td>
<td>36%</td>
</tr>
<tr>
<td>African American / Black</td>
<td>13%</td>
<td>22%</td>
</tr>
<tr>
<td>Asian American / Native Hawaiian / Pacific Islander</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian / Alaska Native</td>
<td>1.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>41%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Nationally, 63% of the health center patients are members of racial/ethnic minorities compared to 40% of the general U.S. population.

Notes: Figures may not add to 100% due to rounding and patients of Hispanic ethnicity can identify with any racial category. Based on known race and/or ethnicity.
Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Note: National racial/ethnic minority estimate calculated using the Reference Guide for UDS Data Reports Available to Health Centers, CY 2018, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table B03002.
Health Center Patients Suffer from Chronic Conditions At Higher Rates than the General Population

Percent of Adults who Report Ever Being Told They Have:

- Hypertension: 32% (U.S. Population), 45% (Health Center)
- High Cholesterol: 36% (U.S. Population), 42% (Health Center)
- Asthma: 14% (U.S. Population), 21% (Health Center)
- Diabetes*: 11% (U.S. Population), 21% (Health Center)

Percent Reporting:

- Health is Fair or Poor: 18% (U.S. Population), 42% (Health Center)

* Other than during pregnancy.
Note: Includes only adult population ages 18 and older.
Health Center Patients are Growing Increasingly Complex, With Higher Rates of Chronic Conditions than in Previous Years

Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017

* COPD = chronic obstructive pulmonary disease
** Excludes tobacco and alcohol use disorders

Figure 1-12
Health Centers Serve Patients Through the Life Cycle
Selected Age Groups, Represented Two Ways

Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients Ages 65 and Older Are the Fastest Growing Age Group

Number of Health Center Patients by Age Group, 2013 - 2018

- **6,885,906** to **8,736,509** (Ages 18 – 44: 27% Growth)
- **7,970,458** to **6,895,687** (Under 18: 27% Growth)
- **5,254,539** to **6,895,687** (Ages 45-64: 31% Growth)
- **1,616,062** to **2,601,572** (Ages 65+: 61% Growth)

Source: 2013 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Section 2

Expanding Access to Care
Nationally, there are 1,362 federally-funded health center organizations.

Notes: Binned by quantile for states and territories shown. National figure includes health centers in every state, territory, and D.C. Territories are not shown in the map above. The following territories have 1 grantee: Guam, American Samoa, Northern Mariana Islands, Palau, and Marshall Islands. The Virgin Islands has 2 grantees. The Federal States of Micronesia has 4 grantees. Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 2-2
Growth in Health Center Organizations and Sites, 2009 - 2018

Source: 2009 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 2-3
Growth in Health Center Patients and Visits, 2009 - 2018

Source: 2009 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

Four or more services are based on service types provided in the chart: enabling services, behavioral health, dental, pharmacy, and/or vision. The maximum number of services is five.

Source: 2010 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-4

Health Centers Have Expanded Their Capacity To Provide More Services Onsite

Number of Health Centers Employing Staff for Selected Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>2010 (1,124 total)</th>
<th>2018 (1,362 total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling Services*</td>
<td>1,053</td>
<td>1,349</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>828</td>
<td>1,292</td>
</tr>
<tr>
<td>Dental</td>
<td>857</td>
<td>1,123</td>
</tr>
<tr>
<td>Pharmacy**</td>
<td>442</td>
<td>631</td>
</tr>
<tr>
<td>Vision</td>
<td>199</td>
<td>341</td>
</tr>
</tbody>
</table>

- 28% Growth
- 56% Growth
- 31% Growth
- 43% Growth**
- 71% Growth
- 64% Growth in Offering Four or More Ancillary Services Onsite

* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

** Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

*** Four or more services are based on service types provided in the chart: enabling services, behavioral health, dental, pharmacy, and/or vision. The maximum number of services is five.

Source: 2010 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Centers Have Higher Rates of Accepting New Patients Compared to Other Ambulatory Care Providers

Figure 2-5

<table>
<thead>
<tr>
<th>Category</th>
<th>Private Practice Physicians</th>
<th>Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Medicaid Patients</td>
<td>73%</td>
<td>99%</td>
</tr>
<tr>
<td>New Medicare Patients</td>
<td>87%</td>
<td>97%</td>
</tr>
<tr>
<td>New Private Insurance Patients</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>New Self-Pay / Uninsured Patients</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>Any New Patients</td>
<td>95%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Figure 2-6
Health Center Patients by Insurance Status, 2009 – 2018
(In Millions)

Source: 2009 - 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Nationally, health centers serve 19% of all Medicaid beneficiaries.

Notes: National figure excludes health center Medicaid patients in territories and does not include Puerto Rico. Binned by quantile for states and territories shown. See Figure 4-4 to see health center Medicaid revenues as a percent of total Medicaid expenditures.

Notes: National figure includes health centers in every state, DC, and Puerto Rico. Binned by quantile for states and territories shown.
Sources: (1) NACHC Analysis of 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau. 2018 American Community Survey, 1-Year Estimates, Table S2701.
Section 3

High Quality Care and Reducing Health Disparities
To see a comparison of the prevalence of chronic conditions for health center patients, see Figures 1-10 and 1-11.

**Estimated percentage of hypertensive patients with blood pressure < 140/90.**

***Estimated percentage of diabetic patients with Hba1c < 9% for diabetes.**

Healthy People 2020 goals are based on national health objectives to identify and reduce the most significant, preventable threats to health. For more on Healthy People 2020, visit https://www.cdc.gov/dhdsp/hp2020.htm.

Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts, Despite Health Centers Serving More At-Risk Patients

Figure 3-3

<table>
<thead>
<tr>
<th>Category</th>
<th>National</th>
<th>Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Births</td>
<td>8.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>White</td>
<td>7.1%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>7.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>7.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>8.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>8.6%</td>
<td>7.6%</td>
</tr>
<tr>
<td>More than One Race</td>
<td>8.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13.7%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) NACHC analysis of CDC WONDER. Data downloaded October 29, 2019.
Health Center Patients are More Satisfied With Care Compared to 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%

The Health Resources and Services Administration (HRSA) defines enabling services as, “non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.” Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Health Center Patients Who Used Enabling Services* Had:

- A 12 percentage-point higher likelihood of getting a routine checkup
- 1.9 more health center visits in the past year (on average)
- A 16 percentage-point higher likelihood of getting a flu shot
- An 8 percentage-point higher likelihood of being satisfied with care

* The Health Resources and Services Administration (HRSA) defines enabling services as, “non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.” Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Note: This figure compares health center patients who used enabling services to patients that did not use enabling services.

Notes: 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 3-7

Health Centers Provide More Preventive Services Than Other Primary Care Providers

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Health Center Patient Visits</th>
<th>Other Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Patients Receiving New Medication</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td>Medication for Uncontrolled Hypertension</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td>Asthma Education for Asthmatic Patients</td>
<td>33%</td>
<td>19%</td>
</tr>
<tr>
<td>Tobacco Cessation Education for Smoking Patients</td>
<td>51%</td>
<td>37%</td>
</tr>
<tr>
<td>Health Education</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>Immunization for 65 Years &amp; Older</td>
<td>81%</td>
<td>70%</td>
</tr>
<tr>
<td>Pap Smear in the Last 3 Years</td>
<td>85%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Women at Health Centers are More Likely to Receive **Mammograms** Than Their Counterparts Nationally

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

Figure 3-9
Women at Health Centers are More Likely to Receive **Pap Smears** Than Their Counterparts Nationally

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

Health Center Patients are More Likely to Receive **Colorectal Cancer Screenings** than Their Counterparts Nationally

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

**Figure 3-10**

**Sources:**
Figure 3-11

Health Centers Perform Better on Ambulatory Care Quality Measures Than Private Practice Physicians

In the absence of symptoms during a general medical exam.

Note: Health centers also had 41% lower odds of prescribing antibiotics for an upper respiratory infection, a measure of low-value care (not shown).

National figure includes all 1,362 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.

Source: Communication with the Bureau of Primary Health Care, HRSA, DHHS, October 7, 2019.
Section 4
Cost-Effective Care
Health Centers are Increasingly Participating in New Payment and Delivery System Models

**Percent of Health Centers Reporting that Their Organization:**

- **Could Receive Financial Incentives for High Patient Satisfaction:**
  - 2013: 23%
  - 2018: 37%

- **Currently Participates in an Accountable Care Organization:**
  - 2013: 27%
  - 2018: 39%

- **Could Receive Financial Incentives for Achieving Clinical Care Targets:**
  - 2013: 51%
  - 2018: 75%

Health Centers Save 24% Per Medicaid Patient Compared to Other Providers

Note: Non-health centers include private physician offices and outpatient clinics.
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.

Nationally, health center revenues account for 2.1% of Medicaid service expenditures...  
...while serving 19% of all Medicaid beneficiaries.  
(see figure 2-7)
Figure 4-5

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

Outpatient Clinics

Physician Offices

Health Centers

Costs for health center Medicare patients are 10% lower than physician office patients and 30% lower than outpatient clinics.

Figure 4-6

Medicare Spending is Lower in Areas Where Health Centers Serve More Low-Income Residents

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

Areas with high health center penetration have 10% ($926) lower Medicare spending per beneficiary.

Note: High health center penetration corresponds to a 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%.

Figure 4-7

Health Centers Save 35% Per Child Compared to Other Providers

- Emergency Dept: 69% Higher Spending
  - Other Providers: $106
  - Health Centers: $179

- Prescription Drugs: 49% Lower Spending
  - Other Providers: $320
  - Health Centers: $163

- Ambulatory Care: 40% Lower Spending
  - Other Providers: $697
  - Health Centers: $418

- Total Spending: 35% Lower Total Spending
  - Other Providers: $1,751
  - Health Centers: $1,133

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

Total Health Expenditures Per Patient Per Year

- Non-Health Center Users: $5,306
- Health Center Users: $4,043

Figure 4-9
Health Centers’ Average Daily Cost Per Patient is Lower than Other Physician Settings

Source: (1) 2014 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Agency for Healthcare Research and Quality, Medical Expenditure Survey. Table 8.1a: Office-based Medical Provider Services-Mean and Median Expenses Per Person with Expense and Distribution of Expenses by Source of Payment: United States, 2014. Visits to physicians only.
Health Centers are Economic Drivers by Promoting Growth In Local and State Economies

Total Annual Economic Impact from Health Centers (M/B = Millions/Billions of Dollars)

- CT: 797M
- DC: 352M
- DE: 71M
- MA: 2.3B
- MD: 766M
- NH: 197M
- NJ: 755M
- RI: 343M
- VT: 290M

Nationally, health centers generate $54.6 billion in total economic activity.

Note: Binned by quantile for states and territories shown.
Section 5

Health Center Services and Staffing
Figure 5-1

Growth in Health Center Clinical Staff, 2009 – 2018

In Full-Time Equivalent

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>9,125</td>
<td>13,394</td>
</tr>
<tr>
<td>Behavioral Health Staff</td>
<td>4,510</td>
<td>13,518</td>
</tr>
<tr>
<td>NPs, PAs, CNMs</td>
<td>5,758</td>
<td>13,613</td>
</tr>
<tr>
<td>Nurses</td>
<td>10,626</td>
<td>18,445</td>
</tr>
<tr>
<td>Dental Staff</td>
<td>8,474</td>
<td>18,715</td>
</tr>
</tbody>
</table>

Notes: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral health staff includes mental health and substance abuse staff.
Source: 2009 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS
Health Center Care Team Staff Provide a Broad Array of Services

Total Care Team: 149,755 Full-Time Equivalent (FTE)

- Medical Services: 54%
- Enabling Services & Other Programs: 19%
- Dental Services: 12%
- Behavioral Health: 9%
- Pharmacy Services: 4%
- Vision Services: 0.6%
- Other Professional Services: 1.1%

Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Center Medical Services Staff, 2018

Total Medical Team: 81,477 Full-Time Equivalent

Figure 5-3

Notes: 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: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Centers are Hiring Non-Physician Providers At Higher Rates than Physicians

As of 2018, health centers employed more NP/PA/CNMs than physicians.
Health Center Enabling Services & Other Programs Staff, 2018

Total: 28,036 Full-Time Equivalent

* Total Care Team is shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Notes: National figure includes all 1,362 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. Based on the number of health centers employing more than 0 full-time equivalent case management staff.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5-7

Health Center Dental Staff, 2018

Total: 18,715 Full-Time Equivalent

- Dentists: 27%
- Dental Hygienists: 14%
- Dental Assistants, Aides, Techs, Other: 58%
- Other: 12%

Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5-8

Percent of Health Centers Offering

Dental Services Onsite, 2018

Nationally, 82% of health centers provide dental services onsite.

Notes: National figure includes all 1,362 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. Based on the number of health centers employing more than 0 full-time equivalent dental staff.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5-9
Health Center Behavioral Health Staff, 2018
Total: 13,518 Full-Time Equivalent

- Licensed Clinical Social Workers: 31%
- Other Licensed Mental Health Providers: 25%
- Other Mental Health Staff: 19%
- Substance Use Disorder Services: 13%
- Licensed Clinical Psychologists: 7%
- Other Mental Health Staff: 19%
- Psychiatrists: 6%
- Share of Total Care Team: 9%

* Total Care Team is shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5-10

Percent of Health Centers Offering Behavioral Health Services Onsite, 2018

Nationally, 95% of health centers provide behavioral health services onsite.

Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Behavioral Health includes mental health and substance abuse services. Percentages offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health centers have tripled their behavioral health staff over the past 10 years.

Health center providers performed evidence-based screening, intervention, and referral procedure (SBIRT) for more than 1 million patients in 2018.

There are 4,899 health center physicians, certified nurse practitioners, and physician assistants with authorization to provide medication-assisted treatment for opioid addiction.

Nearly 95,000 patients received medication-assisted treatment for opioid use disorder in 2018.

Source: 2010 & 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Nationally, 57% of health centers have staff authorized to provide MAT.

Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health centers have experienced a more than five-fold increase in patients seeking treatment for opioids and other SUDs.

Figure 5-13

Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment and Therapy by Seeing More Patients

<table>
<thead>
<tr>
<th>Patients for SUD Services 2010 vs. 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health centers have experienced a more than five-fold increase in patients seeking treatment for opioids and other SUDs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visits for SUD Services 2010 vs. 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Cessation</td>
</tr>
<tr>
<td>2010: 157.5K, 2018: 2,436.4K</td>
</tr>
<tr>
<td>Other SUD (Including Opioids)</td>
</tr>
<tr>
<td>2010: 700.8K, 2018: 2,661.0K</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
</tr>
<tr>
<td>2010: 310.9K, 2018: 1,165.7K</td>
</tr>
</tbody>
</table>

K = Thousands
Source: 2010 & 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Notes: National figure includes all 1,362 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. Based on the number of health centers employing more than 0 full-time equivalent vision staff.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Nationally, 25% of health centers provide vision services onsite.
Pharmacy* Services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

Notes: Figures do not include contract pharmacies operating in health centers. Based on the number of health centers employing more than 0 full-time equivalent pharmacy staff. National figure includes all 1,362 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.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Based on the number of health centers employing more than 0 full-time equivalent staff in each service type.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-16
Percent of Health Centers Offering Four or More Services Onsite, In Addition to Medical Care
(Services include Case Management, Dental, Behavioral Health, Vision, and Pharmacy*)

Nationally, 44% of health centers offer four or more services in addition to medical care.

* Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.
Nationally, 43% of health centers use telehealth.

Notes: National figure includes all 1,362 health centers in every state, territory, and D.C. Some territories are not shown in the map above.
Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Centers are Using Telehealth to Expand Access to Needed Services

Number of Health Centers Offering Selected Telehealth Services by Urban/Rural Status, 2018

Nationally, there are 293 (48%) rural health centers and 293 (39%) urban health centers that use telehealth for a variety of services.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Health Centers are Adopting Innovative Telehealth Services At Higher Rates than Other Primary Care Providers

Note: Percentages for health centers base on all health centers, including those that do or do not use telehealth in 2018.
Figure 5-20

Percent of Health Centers Using Telehealth for Interacting with Patients, 2018

(Note: Percentages include only health centers utilizing telehealth)

Nationally, 54% of health centers utilizing telehealth used it to interact with patients.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Figure 5-21
Percent of Health Centers Using Telehealth for eConsults With Other Providers, 2018
(Note: Percentages include only health centers utilizing telehealth)

Nationally, 60% of health centers utilizing telehealth used it to consult with other providers.

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
Section 6
Challenges in Meeting Demand for Care
Payments from Third Party Payers are Less than Cost

Figure 6-1

Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Billions.

Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.
Note: Operating margin data for hospitals after 2016 are unavailable.

Sources: (1) 2009 - 2018 Uniform Data System. Bureau of Primary Health Care, HRSA. DHHS. (2) American Hospital Association. Trendwatch Chartbook 2018: Trends Affecting Hospitals and Health Systems. Supplementary Data Tables. Table 4.1: Aggregate Total Hospital Margins and Operating Margins; Percentage of Hospitals with Negative Total Margins; and Aggregate Nonoperating Gains as a Percentage of Total Net Revenue, 1994 – 2016.
Calculated by taking the difference between 2018 health center total cost per patient (all patients) and 2018 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2018.

Source: 2008 - 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 6-5

Health Centers Experience Difficulty Recruiting Many Clinical Staff

Percent of Health Centers Reporting a Vacancy for Specific Clinical Positions

Figure 6-6

Health Centers Have Unique Challenges Recruiting and Retaining Staff

Percent of Health Centers Reporting Specific Challenges for Recruitment and Retention

**Recruitment**
- Salary that is Competitive: 43%
- Community Amenities and Other Health Center Location Factors: 25%
- Benefits Package that is Competitive: 20%
- Candidates’ Language Proficiency and/or Cultural Competency: 9%
- Health Center’s Current Workload and/or Call Schedule: 8%
- Health Center Facility Condition: 4%
- Health Information Technology Capacity: 2%

**Retention**
- Salary that is Competitive: 39%
- Community Amenities and Other Health Center Location Factors: 20%
- Benefits Package that is Competitive: 21%
- Candidates’ Language Proficiency and/or Cultural Competency: 5%
- Health Center’s Current Workload and/or Call Schedule: 13%
- Health Center Facility Condition: 4%
- Health Information Technology Capacity: 3%

Health Centers Face Barriers to Offering Telehealth Services
Percent of Health Centers that Do Not Use Telehealth Reporting Specific Barriers, 2018

Urban (457 Out of 750 Not Using Telehealth)

- Lack of Reimbursement: 33%
- Lack of Funding for Equipment: 24%
- Lack of Training for Telehealth: 20%
- Not Needed: 13%
- Have Not Considered Telehealth Options: 8%
- Inadequate or Costly Broadband/Telecommunication Service: 8%
- Other: 41%
- 2 or More Reasons: 29%

Rural (319 Out of 612 Not Using Telehealth)

- Lack of Reimbursement: 37%
- Lack of Funding for Equipment: 21%
- Lack of Training for Telehealth: 24%
- Not Needed: 17%
- Have Not Considered Telehealth Options: 8%
- Inadequate or Costly Broadband/Telecommunication Service: 16%
- Other: 36%
- 2 or More Reasons: 39%

Source: 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.
As of 2013, 62 million people experience inadequate or no access to primary care because of shortages of physicians in their communities.
As of 2015, 79% of health centers had 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, resulting in:

• 12 million square feet of new space
• Accommodations for 6,100 new providers
• Services for 5.4 million new patients annually

However, 75% of health centers report funding gaps for these planned projects.