HEALTH CENTERS are consumer-driven and patient-centered organizations that serve as a comprehensive and cost-effective primary health care option for America’s most underserved communities. Health centers increase access to health care and provide integrated services based on the unique needs of the communities they serve.

There are four key components that define health centers & help them reach America’s most underserved communities:

1. Located in Areas of High Need
   - Designated as medically underserved areas or populations by the federal government

2. Comprehensive Set of Services
   - Based on community needs, health centers offer medical, dental, vision, behavioral health, and enabling services

3. Open to Everyone
   - Regardless of insurance status or ability to pay, and offer sliding fee scale options to low-income patients

4. Patient-Majority Governing Boards
   - At least 51% of every health center’s governing board must be made up of patients

Who Do Health Centers Serve?
- Most Health Center Patients Are Uninsured or Publicly Insured
- 81% are Uninsured or Publicly Insured: Medicaid, Medicare, Other
- 46% Uninsured
- 21% Private
- 22% Public
- 10% Other/Public

Most Health Center Patients Are Members of Racial & Ethnic Minority Groups
- 58% Racial/Ethnic Minority
- 101% FPL to 200% FPL

Almost 182,000 patients receiving MAT for opioid use disorder

Most Health Center Patients Have Low-Incomes
- 56% Below Federal Poverty Level (100% FPL) or Below
- 101% FPL to 200% FPL
- 9% Low-Income

Most Health Center Patients Are Members of Racial & Ethnic Minority Groups
- 58% Racial/Ethnic Minority
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Health Centers Reach into America’s Most Underserved Communities

Health Centers’ Impact on Patients

COVID-19 by the Numbers

Health Centers Create Savings & Promote Economic Growth

Health Centers Save
The Health Care System
$24 Billion Annually

Health Centers’ Averages
Average Daily Cost Per Patient Is Lower
Health Centers, on Average, Save Over $2,300 (24%) Per Medicaid Patient

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