

Annual Report 2023

ON THE ROAD TO ADVANCING HEALTH EQUITY & PRIMARY CARE FOR ALL

OPENING MESSAGE



Kyu Rhee, MD, MPP President and CEO



Paloma Hernandez, MPH Chair of the Board

marked a new beginning. Transformational change was set in motion to meet the future head-on as we work collaboratively to advance our shared mission.

NACHC is committed to continuous alignment of our governance, operations, and programs with health equity science, education, practice, and policy to strengthen the Community Health Center Movement.

We have been intentional in redesigning and expanding our staff to prioritize the growing needs of essential partners—health centers, Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), and National Training and Technical Assistance Partners (NTTAPS). Our newly integrated leadership team share core values of diversity, equity, and inclusion in our workforce environment and beyond our walls.

NACHC also set measurable goals for the year ahead to support our strategic pillars, ensure accountability, and spur performance improvement by:

- **1. Growing our advocacy efforts** by creating more centers of excellence.
- 2. Enhancing our membership structure.
- **3. Increasing engagements and information-sharing** with members, leaders, and private and public partners via social media and in-person events.

MOVING FORWARD—OPPORTUNITIES AND CHALLENGES

Health centers face a triple threat of fiscal pressures: workforce shortages, Medicaid redeterminations, and losses from drug manufacturer restrictions on the 340B program. NACHC of the Future will help health centers navigate these waters by outlining a viable path forward—ensuring health centers become the employer of choice, provider of choice, and partner of choice.

NACHC's strategy focuses on three areas:

Promoting TechQuity: As the nation's largest and most diverse primary care network, health centers have a unique opportunity to implement technologies that reduce health disparities and ensure equity. At NACHC we envision a framework to use technology as a force to promote health equity and social justice.

Rx for the Health Center Workforce: The pipeline of health care providers must be reinforced with innovative recruitment, retention, and reform strategies to encourage strong representation that is reflective of the communities served. NACHC's workforce strategy is a roadmap for health centers to become vibrant employers of choice, with a diverse and inclusive workforce.

Advocating for the Community Health Center Movement:

NACHC continued to focus on securing federal funding on Capitol Hill in partnership with health center advocates. NACHC's value proposition to lawmakers: as the largest primary care network, health centers are the most innovative, diverse, and resilient part of the health care delivery system and offer the best solution for the nation's primary care crisis.

MEETING THE FUTURE, CONNECTED TO OUR PAST

As we lay the groundwork for NACHC of the Future, we are mindful of the rich legacy of this movement. The original ideals brought into existence by the first Community Health Centers in Mound Bayou, MS, and Boston, MA, remain deeply rooted in our WHY. They guide and motivate us in a rapidly changing health care landscape to build a more equitable future for all.

On behalf of the NACHC board and officers, we offer our gratitude to the health center community for your committed service and dedication to social justice and health equity.

Kyu Rhee, MD, MPP President and CEO

Paloma Hernandez, MPH

VISION STATEMENT

NACHC is the leading

innovative change agent collaborating with affiliates and partners to advance Community Health Centers as the foundation of an equitable health care system free from disparities and built on accessible, patient-governed, high-quality, integrated primary care.

EXECUTIVE COMMITTEE

ORGANIZATIONAL HIGHLIGHTS



Paloma Hernandez, MPH Chair of the Board



Michael R. Taylor, BS Chair-Elect of the Board



Michael A. Holmes, BA Immediate Past Chair of the Board



Kimberly Chang, MD, MPH Speaker of the House



Veronica Clarke, MS Vice Speaker of the House



Sue Veer, MBA Secretary



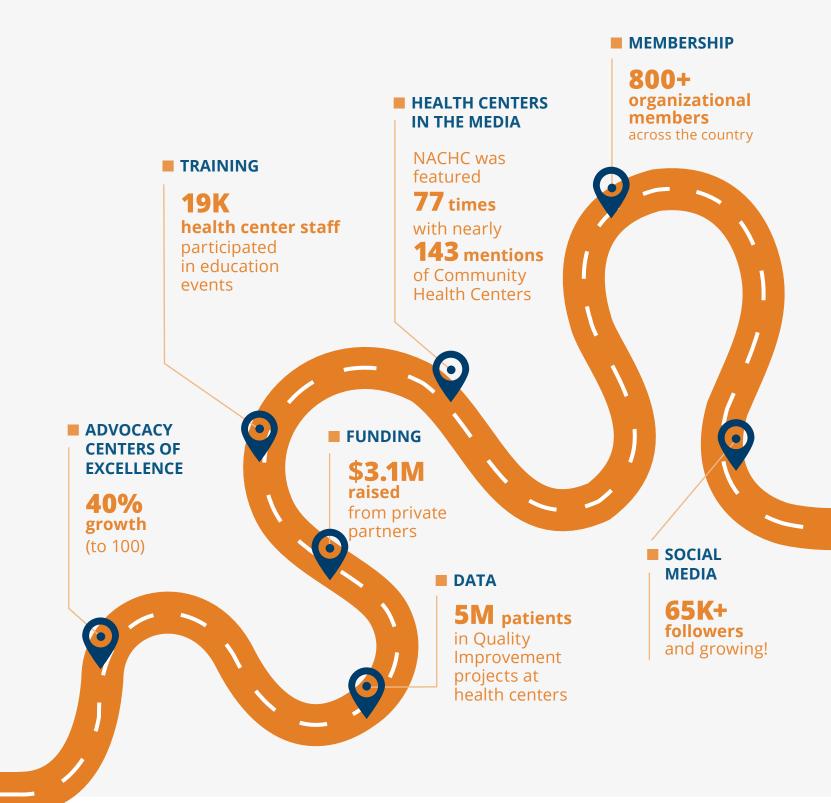
John Santistevan Treasurer



Virginia (Ginger) Fuata Consumer/Board Member Representative



Aaron Todd, MPP, MHCDS Parliamentarian



ORGANIZATIONAL HIGHLIGHTS

■ RECORD ATTENDANCE AT NACHC CONFERENCES!

CHI Conference & EXPO largest in NACHC's history

2,531 attendees

Policy & Issues

2,220 attendees

PCA/HCCN Conference largest ever

431 attendees

InnovationEx

first-time event focused on innovation

52 105

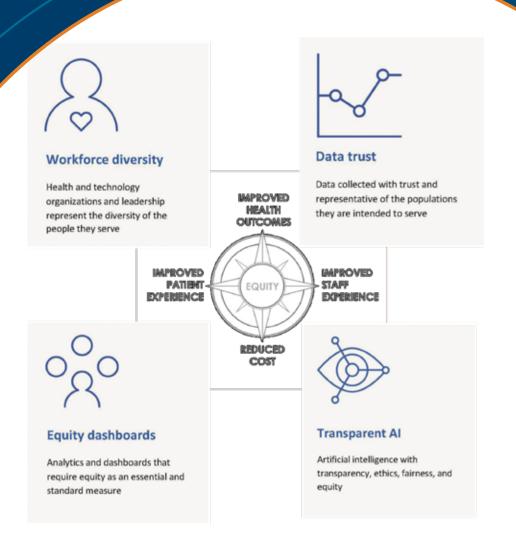
attendees organizations states

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ADVANCING HEALTH EQUITY & SOCIAL JUSTICE

Centering everything we do in a renewed commitment to equity and social justice



In 2023, NACHC took steps to institutionalize a commitment to racial justice and equity. To foster an organizational culture of belonging and inclusiveness for all employees and members, NACHC:

- > Hired a Diversity, Equity, and Inclusion (DEI) Director
- > Implemented a transparent compensation process
- > Began implementing an anti-racism and harassment training program
- > NACHC's Task Force on Undoing Racism endorsed two resources:
- A Guide to Person-Centered Communication
- Investing in Health Center Pathways for Equitable Health and Well-Being
- > Introduced two new training programs to the field
- > Added tracks addressing health equity to all NACHC conferences

■ TECHQUITY – Using Technology to Advance Equity

As the nation's largest primary care network, health centers have a unique opportunity to implement technologies that can reduce health disparities and ensure equity. At the inaugural InnovationEx, Dr. Rhee unveiled a framework to guide the use of technology as a force to promote health equity and social justice. TechQuity is a term that combines the possibilities of Health IT with the core value of achieving equity for all — delivering Quintuple Aim Outcomes! Achieving TechQuity demands a diverse workforce, data trust, the use of equity dashboards, and equitable and transparent AI (artificial intelligence).

HEALTH INFORMATION TECHNOLOGY

+

EQUITY

= TECHQUITY

RELIABLE AND SUSTAINABLE **FUNDING**

✓ Launch ASAP 340B

Change the 340B Landscape

Draft 340B Legislation



Advocating for health equity and primary care for all

NACHC's legislative message positioned health centers as diverse, innovative, resilient, mission-driven comprehensive centers of care that generate improved health outcomes and lower costs.

BUILDING BIPARTISAN SUPPORT FOR FEDERAL FUNDING

NACHC launched a nationwide grassroots outreach campaign to strengthen the 60-year bipartisan consensus in support of increasing federal grant funding for health centers. NACHC's network of health center supporters generated thousands of contacts with members of Congress, including emails, phone calls, in-person and virtual visits, and social media posts. This resulted in Congress including health center and primary care workforce funding in multiple short-term extensions and both chambers of Congress advancing long-term funding legislation:

> The House passed the Lower Costs, More Transparency Act (H.R. 5378) which extends and increases mandatory funding for Community Health Centers by 10 percent to \$4.4 billion and

boosts funding for the National Health Service Corps, and the Teaching Health Center Graduate Medical Education (THCGME) program.

> In the Senate, HELP Committee Chairman Bernie Sanders (I-VT), along with Sen. Roger Marshall (R-KS), released the Bipartisan Primary Care and Health Workforce Act (S. 2840), which would fund a wide variety of health and workforce priorities, including a 45% increase in health center funding for three years.



As health centers coped with restrictions on the 340B Pharmacy Discount Program, NACHC continued to work closely through the ASAP 340B Partnership toward policy solutions. NACHC responded to an increase in congressional interest in stabilizing

- > Working with ASAP 340B to draft comprehensive legislation that would protect health centers' access to 340B.
- > Organizing and implementing field operations to keep pressure on policymakers, gathering momentum for a solution to 340B.
- > Opening a space for stakeholder engagement with Congress through a bipartisan request for information on 340B reform.

ASSISTING HEALTH CENTERS WITH MEDICAID RENEWAL

Health centers were on the front lines of the biggest change in health insurance since the Affordable Care Act: the requirement that Medicaid recipients redetermine (or renew) their eligibility following the end of the public health emergency. Thanks to funding from the Robert Wood Johnson Foundation, NACHC supported health centers through peer information exchange, policy analysis, technical assistance webinars, and more.

ADVANCING THE HEALTH CENTER POLICY AGENDA THROUGH REGULATION

NACHC submitted 13 regulatory comments to the Biden administration to advance the interests of health centers.

the 340B program by:



Leading and coordinating the Community Health Center Movement

health center advocates trained

40% ACE expansion

■ SHIFTING FROM TRANSACTIONAL TO RELATIONAL ADVOCACY

NACHC's approach to health center advocacy focused on building relational power through a community organizing model.

- Trained 200 health center advocates from 49 states and Puerto Rico, including many health center board members, on community organizing.
- **Expanded Advocacy Center of Excellence (ACE) program** participation by 40% to over 100 health centers.
- **Enhanced the Advocacy Leadership Program** (ALP), a five-month curriculum to equip emerging leaders as they build advocacy engagement within their health centers and Primary Care Associations (PCAs).

■ REINVIGORATING NACHC MEMBERSHIP

- NACHC made major infrastructure changes to comprehensively address member needs. These include a newly imagined division and the addition of a Senior Vice President for Constituent Services and regional representative positions. NACHC sustained organizational membership among approximately 60% of health centers nationwide.
- To continue increasing membership numbers, NACHC's Board of Directors formed a workgroup to develop recommendations on making membership dues more inclusive and equitable.

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■ TAILORED OUTREACH TO COMMUNITY HEALTH CENTER BOARD MEMBERS

Board members are the unique and powerful heart of the Health Center Movement, ensuring health centers remain responsive to community needs. More than 1,300 health center board participants engaged in in-person and e-learning sessions covering topics such as strategy, board recruitment, oversight and compliance, board roles, good governance practices, and diversity, equity, and inclusion.

450 members applied to serve on one of NACHC'S

committees for the 2024-2025 cycle



NACHC formed a new LLC, NACHC Select,

to help health centers save money and gain special access to services. This wholly owned subsidiary of NACHC allows health centers to benefit from group purchasing power and other opportunities with the comfort of knowing related revenues will be reinvested in NACHC's advocacy and program efforts in support of the movement.



Reflecting the needs of communities

Workforce challenges continue to top the list of priorities for health centers, PCAs, and HCCNs. NACHC deployed a multipronged approach to addressing workforce issues, drawing on policy, research, and training expertise.

NACHC released a report, Closing the Primary Care Gap, which revealed that more than 100 million Americans struggle to access primary care. The report made the case for strategic workforce investments, such as for primary care practitioners to train and work in medically underserved communities and additional funding for health centers to expand their network of providers.

■ Rx FOR THE PRIMARY CARE WORKFORCE

Developed a roadmap that aims for health centers to become vibrant employers, providers, and partners of choice and build a workforce that reflects the diversity of the community they serve. Strategies will center on the "3 R's"—recruitment, retention, and reform.

1st class of 88 PA Students graduated from A.T. Still Univeristy

attendees of Administrative Fellows Program webinars

RECRUITMENT:
Developing the Next Generation of Health Center Healers

Academic Partnerships
The first class of 88 studer

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The first class of 88 students graduated from the Physician Assistant program organized by NACHC and A.T. Still University (ATSU). The learning-in-place PA training program was created through a partnership between NACHC, the College for Healthy Communities, and the Under-Served (CHC-U), and ATSU.

Administrative Fellows Program More than 600 individuals attended two webinars for health centers on developing and implementing an Administrative Fellows Program. These programs provide a pipeline for growth and development among emerging health center leaders.

RETENTION: Leadership Development and Career Advancement

Developed and delivered training and resources to support health center staff across disciplines.

- > Created a Workforce Wellness Toolkit.
- More than 350 leaders from health centers, PCAs, HCCNs, and NTTAPs attended NACHC's 2023 Health Center Workforce Summit.
- Assisted 203 health center clinical leaders in identifying, addressing, and bridging professional skill gaps with NACHC's Clinical Leadership Self-Assessment Tool.
- Provided fundamental (core) leadership training in the Training New Clinical Directors program, completed by 189 clinical leaders from 122 health centers in 41 states.
- Offered formal 1:1 coaching and mentoring programs to 24 rising clinical leaders.
- **)** 43 health center leaders joined the CEO Institute to learn with and from peers, and hone leadership skills.
- > Released e-learning series for frontline staff, <u>Foundations</u> of Becoming a Leader, taken by 300 people interested in or already taking on first-time management and leadership responsibilities at their health center.

REFORM: Advancing Policies to Bolster the Health Center Workforce

Worked with key senators and the Senate HELP Committee to draft and advance legislation that would support innovative allied health workforce development programs at health centers and engaged key representatives to lay the groundwork for a companion bill in the House.

350+attendees
at NACHC's
Workforce Summit

189 clinical directors trained

24
rising clinical leaders
coached & mentored

43health center leaders joined CEO Institute

300Foundations of Becoming a Leader e-learning series participants

A SKILLED AND MISSION-DRIVEN WORKFORCE

19,625 people engaged in

134 learning events

■ TRAINING AND TECHNICAL ASSISTANCE FOR THE HEALTH CENTER WORKFORCE

Developed and delivered training to health centers with three guideposts in mind: content relevance, engaging instructional design, and leveraging partnerships. Expanded e-learning offerings and access to on-demand virtual courses. Increased the number and scope of Learning Communities, from adult immunization to dental care to HIV.

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Dental Workforce • Evidence-Based Cancer Screening • HIV & PrEP • Blood Pres ypertension • Pediatric Weight Management • Postpartum Clinical Decision Su :DS) • Quality Improver Tregy • Racial & Ethnic Disparities in Pain Mana **Opioid Prescribi** e • COVID-19 Operational Recovery • Fina 97% 'k Coding • Leadership Development • ዝና lanagement • (of participants on • Care Teams & Care Management • enter Fundam say NACHC training presenters **Evidence-Base Jorkforce Well** are engaging atric Weight **Blood Pressure** \(\) ecision Support (CDprovement St VIRTUAL TRAINING FOR Pain Management & Opioid Prescribing • Value **NEW CLINICAL DIRECTORS**

Adult immunization • Care leams & Care Management • Clinical workforce we



Needs Assessment

NATION TO VA February 21 - 23, 2023 12:00 PM - 4:00 PM ET

NACHC's 2022 Healt ational Training hosted by NACHC Center Leadership 4-part Webinar Series

n, please contact Katja Laepke at @klaepke@ October 5, 2022 - Session 1 **Foundations of Becoming A Leader** Pediatric Weight Mana

ovement Strategy • F

g • Walue-Based Car



A bi-monthly mixed methods al & Ethnic Dispari learning series focused on cardiovascular disease prever and management topics. CME credits available.

COVID-19 Operat & Coding • Leaders

ord - COVID-10 Ondi

alsnt • Postpartun



Transitioning into Leadership



Lining Up the Shot Learning Series-4 Standards for Adult Immunizati...



Meeting the evolving needs of communities

As part of NACHC's work to make health centers the "provider of choice," NACHC is building an infrastructure to promote high-quality, value-driven care. Funding for this work comes from NACHC's federal and private partners.

\$8.2M invested in health centers, PCAs, HCCNs

■ PROMOTING QUALITY OF CARE LINKED TO METRICS

Distributed \$8.2 million in awards to 83 health centers, 16 PCAs, and 38 HCCNs focused on a range of projects to expand the leadership of health centers as they move toward value-based care.

600+

health centers used PRAPARE screening tool

700+Elevate®
participants

■ INTEGRATING SOCIAL DRIVERS OF HEALTH

More than 600 health centers used the <u>PRAPARE</u> screening tool. PRAPARE is gaining wider recognition as the Centers for Medicare and Medicaid Services (CMS) and other payers look to the impact of non-medical drivers of health in addressing health disparities. In 2023, NACHC began alignment of its social drivers of health work with the federal Equitable Long-Term Recovery and Resilience Plan and the Vital Conditions Framework. This is an approach for federal agencies to strengthen individual and community resilience and well-being nationwide.

EXPANDING VALUE-BASED CARE

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- > 700+ health centers participated in <u>Elevate</u>®, a national learning forum of health centers and partners engaged in systems change and advancement toward value-based care and the Quintuple Aim.
- Updated 25+ related resources, including Action Guides, Action Briefs, Reimbursement Tips, and a Health Center Value-Based Care Glidepath Aligned with the Value Transformation Framework (VTF).



Strong collaboration and engagement with state, regional, and federal partners including the PCA VBC Collaborative, HRSA, and CMS Center for Medicare and Medicaid Innovation.

WOMEN'S POSTPARTUM HEALTH

- Advanced 8 quality measures for health centers to evaluate postpartum care. These measures include timely postpartum visits, contraceptive counseling, pregnancy-related hypertension, high-risk follow-up, depression screening and treatment, substance misuse, and gestational diabetes follow-up.
- > Evaluated post-partum clinical data from 23 health centers to identify gaps and areas for quality improvements.

8 quality measures for post-partum care

health centers' clinical data evaluated for quality improvement

IMPROVED CARE MODELS

NACHC received
the "Heart Healthy
Stroke Free Award"
from the National Forum
for Heart Disease &
Stroke Prevention.



Organization: National Association of Community Health Centers

For your leadership in implementing self-measured blood pressure and other evidence-based interventions to improve cardiovascular health and reduce disparities in partnership with community health centers across the United States. Accepting: Kyu Rhee, MD, MPP, President, and CEO

■ MILLION HEARTS®

- > 1,082 health center staff participated in Learning Labs and 655 participated in Self-Measured Blood Pressure (SMBP) Forums.
- > Won the "Heart Healthy Stroke Free Award" from the National Forum for Heart Disease & Stroke Prevention.
- Documented improvements for blood pressure control measures, hypertension identification, statin therapy, and cholesterol screening:
- 20 health centers in seven PCAs/HCCNs across nine states improved blood pressure control by 13.2% using the "Blood Pressure among African Americans" project tools.
- Nine health centers in three HCCNs improved cholesterol screening by 17.3% and statin therapy use increased from 73.7% to 80% with the Million Hearts® Cholesterol Management project.

ADULT IMMUNIZATIONS

Over 70 health centers partnered with NACHC through the Adult Immunization Learning Community, <u>Vaccine Ambassador program</u> and mini-sprint projects to improve equitable access to vaccines and build capacity to implement fully the Standards for Adult Immunization Practice and other improvements.

■ DATA-DRIVEN DECISION MAKING

ESTABLISHING DATA GOVERNANCE

Established Data Use Agreements with all data-sharing partners, including HCCNs and health centers, using accepted and current best-practices on secure transmission and standards.

BUILDING AN INFRASTRUCTURE FOR OCCUPATIONAL DATA FOR HEALTH (ODH)

With a new emphasis on including occupational data for primary care and population health, NACHC created the <u>Using ODH at</u> Health Centers Action Guide.

1,082Learning Lab participants

655SMBP Forum participants

20 health centers

13.2% blood pressure control improvement

health centers

17.3% cholesterol screening improvement

70 Adult Immunization partnerships



Advancing the shared mission of improving community health

\$12M+

to support health center projects

HCCN National Collaborative meeting

■ ENVIRONMENTAL HEALTH

The effort to install solar microgrids on health centers for cost savings, resilience, and climate mitigation (CHARGE Partnership with Capital Link and Collective Energy Corp.) gained momentum through recognition by the HHS Office of Climate Change and Health Equity, the Kresge Foundation, Direct Relief, and the White House. Fundraising efforts topped over \$12 million in loans and grants to support health center projects.

STATE AND REGIONAL PCA PARTNERSHIPS IMPACT

NACHC collaborated with leaders of PCAs & HCCNs to reimagine improved pathways of communications and strategic collaboration. The first meeting of the HCCN National Collaborative was launched to build on these efforts. NACHC also created a new Constituent Services functional area and geographic engagement positions, which will be held by staff members who live in the region they serve.

■ RESEARCH IMPACT

NACHC formed a partnership with the Deloitte Center for Health Solutions to research interest among health centers to participate in clinical trials. Findings indicated clinical research as a promising path forward for health centers to create new revenue streams, connect their patients with cutting-edge therapies, and improve the representation of health center patients in clinical trial data.



■ NTTAP PARTNER IMPACT

NACHC played a role as a convener and strategic guide for the 22 HRSA-funded national training and technical assistance partners (NTTAPs), ensuring unnecessary duplication, increased content collaboration, and more effective delivery approaches for technical assistance and training for health centers.



■ PRIVATE PARTNERSHIP IMPACT:

raised approximately \$3.1M

from private sources

\$635K

sub-granted to Health centers and PCAs

J&J Foundation (year 3) **\$800K**

8 awards of \$30K

made to health centers totalling **\$240K**

Abbott \$800K

8 awards of \$40K

made to health centers totalling **\$320K**

Welcome Trust \$300K

Leon Lowenstein Foundation (year 2)

\$220K

6 awards of \$12.5K

made to PCAs totalling **\$75K**

Direct Relief

\$150K

Sesame Street in Communities

\$50K

INNOVATION INCUBATOR (ABBOTT) - \$800,000

NACHC teamed up with global health care company Abbott to launch the Innovation Incubator, helping eight health centers improve health equity by addressing their own digital and health literacy challenges. The Incubator participants received seed funding and expert coaching to design and refine a solution and took part in a competitive pitch session at InnovationEx. Two health centers were selected by a panel of judges and the audience to win an additional \$25,000 prize for their innovations.

INNOVATIONEX (RCHN Community Health Foundation)

NACHC's Center for Community Health Innovation, established thanks to a generous grant from the RCHN Community Health Foundation, hosted the inaugural InnovationEx focused on operationalizing and sustaining innovation for the future. InnovationEx featured OCHIN, Breakwater HCCN, the Michigan Primary Care Association, and the Waianae Coast Comprehensive Health Center. Other participants included health center partners like CareMessage, Forvis, and Foresight Health Solutions, Howard University's 1867 Health Innovations Project, and the leading innovation firm, IDEO.

Unveiled the 5 X's of Health Center Innovation that capture the key steps health centers need to leverage to innovate:

eXplore the opportunities, challenges and potential solutions affecting health centers and the people they serve.

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EXPERIMENT and test solutions—and even fail, gather patient, staff and partner input.

- **> eXcel** by refining and improving the solution.
- **expand,** scale and catalyze innovations, learn from both successes and failures and assure sustainability.
- **exchange** insights and learnings and scale solutions to advance impact.

PARTNERSHIP WITH SESAME STREET IN COMMUNITIES

NACHC distributed 32,000 copies of bilingual books and activity packets from Sesame Street through a grant underwitten by Quest. NACHC welcomed Sesame Street friends Cookie Monster to the Conference for Agricultural Worker Health and Bert and Ernie to CHI & EXPO. NACHC also granted 10 Comfy Cozy Spaces to health center member organizations, which included Sesame Street wall decals, furniture, and lobby/exam room enhancements to transform pediatric waiting rooms. NACHC distributed Sesame Street videos in English and Spanish.

BOOSTING HEALTH CENTER MOBILE UNITS

NACHC partnered with the Leon Lowenstein Foundation to support the delivery of mobile health units at health centers with subgrants distributed to PCAs to build state-level capacity.

PARTNERSHIP WITH DIRECT RELIEF

NACHC continued a strong partnership with Direct Relief in multiple impact areas for health centers. These included communications and storytelling, emergency preparedness, and engagement with socially responsible corporations. A newer area of focus has been to support health centers installing solar micro-grids.



PARTNERS

As health care evolves, NACHC's goal is to position health centers as the partner of choice among all health care stakeholders: patients, providers, payers, purchasers, policymakers, producers, and pioneers. Partnerships that catalyze innovation and improve health are essential.

ACADEMIA

A.T. Still University

City University of New York, School of Public Health

George Washington University: Geiger Gibson Program in Community Health and Fitzhugh Mullan Center for Health Workforce Equity

Georgetown University

Harvard University, T.H. Chan School of Public Health and Center for Climate, Health, and the Global Environment

Morehouse School of Medicine—National

Center for Primary Care

University of North Dakota

Western Governors University

NYU Langone Dental Medicine

ASSOCIATIONS AND ACCREDITING BODIES

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Pediatrics—Bright Futures

National Center

Accreditation Association for Ambulatory

Health Care

The Joint Commission

HealthLandscape/American Academy of

Family Physicians

National Association of Medicaid Directors

Natioal Rural Health Association

CORPORATE SOCIAL RESPONSIBILITY OFFICES AND CORPORATE FOUNDATIONS

Abbott

Apexus

BD

Cardinal Health

Centene

Deloitte, Health Equity Institute

CVS Health Foundation

Henry Schein Cares Foundation

Johnson & Johnson Foundation

Pfizer, Multicultural Health Equity Collective

EMERGENCY MANAGEMENT PARTNERS

Americares

Direct Relief

Institute for Diversity and Inclusion in

Emergency Management

Primary Care Associations (PCA) Emergency Management Advisory Coalition (EMAC)

FEDERAL AGENCIES

Environmental Protection Agency (EPA)

HHS-Agency for Healthcare Research and

Quality

HHS-Centers For Disease Control and Prevention

HHS-Centers for Medicare & Medicaid Services

HHS- 405(d) Program

HHS-Health Resources Services Administration

HHS-HRSA-Bureau for Primary Health Care
HHS-HRSA-Bureau for Health Workforce
HHS-HRSA-Federal Office of Rural Health Policy

HHS-HRSA-Office for the Advancement of Telehealth

HHS-HRSA-Office of Climate Change and Health Equity (OCCHE)

HHS-HRSA-Office of Pharmacy Affairs

Veterans Health Administration

NATIONAL TRAINING AND TECHNICAL ASSISTANCE PARTNERS

Association of Asian Pacific Community Health Organizations (AAPCHO)

Association of Clinicians for the Underserved (ACU)'s Star Center

Capital Link/Capital Fund

Community Health Center, Inc./Moses

Weitzman Health System

Corporation for Supportive Housing

Farmworker Justice

Health Information Technology, Evaluation,

and Quality (HITEQ) Center

Health Outreach Partners (HOP)

Health Partners on IPV + Exploitation MHP Salud

Migrant Clinicians Network (MCN)

National Center for Equitable Care for Elders (NCECE)

National Center for Farmworker Health (NCFH)

National Center for Health in Public Housing (NCHPH)

National Center for Medical-Legal Partnership (NCMLP)

National Health Care for the Homeless Council (NHCHC)

National LGBTQIA+ Health Education Center

National Network for Oral Health Access (NNOHA)

National Nurse-Led Care Consortium (NNCC) Renaye James Healthcare Advisors, LLC School-Based Health Alliance

PRIVATE FOUNDATIONS/PHILANTHROPY

The Kresge Foundation

Leon Lowenstein Foundation

Mackenzie Scott/Yield Giving

The Pew Charitable Trusts

RCHN Community Health Foundation

Robert Wood Johnson Foundation

Wellcome Trust

NONPROFIT / COLLABORATIVE PARTNERS

Carequest institute for Oral Health

CHARGE (Capital Link, Capital Fund, and Collective Energy)

Delta Center for a Thriving Safety Net (National Council for Mental Wellbeing and JSI)

EcoAmerica

Environmental Defense Fund

Medical Society Consortium on Climate and Health

Mobile Healthcare Association

Mobile Health Map

National Rural Health Association

National PACE Association

Sesame Workshop/Sesame Street in Communities





HEALTH CENTER CONTROLLED NETWORKS AND PRIMARY CARE ASSOCIATIONS

- Alabama Primary Health Care Associations (Integrated Care Network)
- Alameda Health Consortium (Community Health Center Network)
- Alaska Primary Care Association, Inc. (Alaska Quality Improvement Network)
- AllianceChicago
- Arizona Alliance for Community Health Centers (Health Communities Collaborative Network)
- Breakwater Health Network
 California Primary Care Association
- Cenevia Health Business Services
- Coalition of Orange County Community Health Centers
- Colorado Community Health Network
- Colorado Community Managed Care Network (CCMCN)
- Community Care Network of Kansas (Health Center Connections)
- Community Clinic Association of Los Angeles County (CCALAC)
- Community Health Access Network (CHAN)
- Community Health Best Practices LLC
- Community Health Center Association of Mississippi (Mississippi Health Safe Net)
- Community Health Center Association of Connecticut (CHCACT)
- Community Health Center Alliance, Inc.
- Community Health Centers of Arkansas Inc.

 Community Healthcare Association of The Dakotas

District of Columbia Primary Care Association

- Delaware Health Net, Inc.
 Florida Association of Community Health
- Georgia Primary Care Association (Georgia Association for Primary Health Care, Inc.)
- Hawaii Primary Care Association
- Health Alliance of Northern California
 Health Center Association of Nebraska
- Health Center Network of New York, Inc.
- Health Center Partners of Southern California (Council of Community Clinics)
- Health Choice Network, Inc.
- Health Efficient

Centers

- Health Federation of Philadelphia, The
- Heartland Community Health Network, Inc.
- Idaho Primary Care Association
 Illinois Primary Health Care Association
- In Concertcare, Inc.
- Indiana Primary Health Care Association Inc. (Indiana Quality Improvement Network)
 Iowa Primary Care Association
- Kentucky Health Center Network, Inc.
 Kentucky Primary Care Association

- Louisiana Primary Care Association (Louisiana Health Center Controlled Network)
- Maine Primary Care Association (Community Health Center Network of Maine)
- Massachusetts League of Community Health Centers
- Michigan Primary Care Association (Michigan Quality Improvement Network)
- Mid-Atlantic Association of Community Health Centers
- Minnesota Association of Community Health Centers
- Missouri Primary Health Care Association (Missouri Quality Improvement Network)
- Montana Primary Care Association
- Neighborhood Health Care Network
 Community Health Association of Mountain/ Plain States (Region VIII)
- Nevada Primary Care Association
- New Hampshire Office, Bi-State Primary Care Association
- New Jersey Primary Care Association
- New Mexico Primary Care Association (New Mexico Health Center Controlled Network)
- Community Health Care Association of New York State
- North Carolina Community Health Center Association

• 2023 <u>Fiscal Year HRSA HCCN Awards</u> recipient (as of 6/1/2023). These names may differ from the operational HCCNorganizational name.

PCA Organizations are indicated in blue.

SUPPORTIVE PARTNERSHIPS

Northwest Regional Primary Care Association

- OCHIN, Inc.
- Ohio Association of Community Health Centers
 Oklahoma Primary Care Association
 Oregon Primary Care Association
- OSIS
- Pacific Islands Primary Care Association
 Pennsylvania Association of Community Health Centers
- Public Health Management Corporation (PHMC)
- Asociacion de Salud Primaria de Puerto Rico
- Aliados Health

Rhode Island Health Center Association

• South Carolina Primary Health Care Association (South Carolina Health Center Controlled Network)

- Soonerverse, Inc.
- Tennessee Primary Care Association
- Texas Association of Community Health Centers
- Association for Utah Community Health
- Bi-State Primary Care Association (Vermont Rural Health Alliance)
- Virginia Community Healthcare Association
- Washington Association for Community Health
- West Virginia Primary Care Association Inc.
- Wisconsin Primary Health Care Association

Wyoming Primary Care Association



2023 FINANCIALS

■ REVENUE WITHOUT DONOR RESTRICTIONS

Grants and Contracts	34,418,275	57%
Membership Dues	15,113,511	25%
Conferences, Conventions and Forums	10,013,685	17%
Contributions	118,149	0%
Interest and other income, net	602,842	1%
Net assets released from donor restrictions	170,642	0%
Total revenue without donor restrictions	60,437,104	100%

EXPENSES

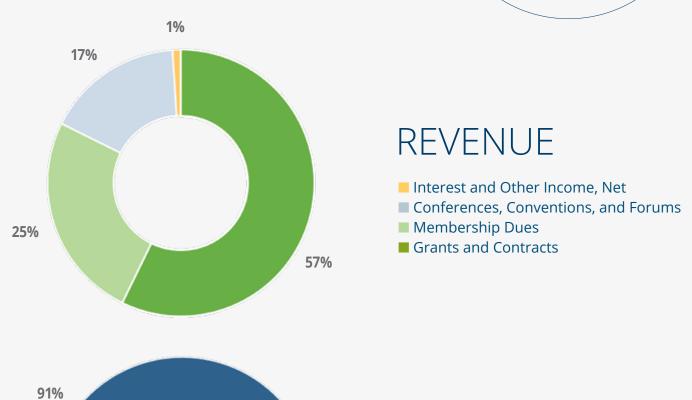
Changes in net assets without restrictions	4,794,374	
Total expenses	55,642,730	99%
Membership	678,462	1%
Fundraising	607,206	1%
Management and General	3,614,522	6%
Supporting Services:		
Program Services	50,742,540	91%

■ REVENUE WITH DONOR RESTRICTIONS

Contributions	55,000	
Sponsorships	111,343	
Net Assets Released from Donor Restriction	(170,642)	
Changes in net assets with donor restrictions	(4,299)	

TOTAL CHANGES IN NET ASSETS	\$4,790,075	
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EXPENSE

Fundraising

ManagementMembershipProgram Services



7501 Wisconsin Avenue Suite 1100W Bethesda, MD 20814

211 N Union Street Suite 200 Alexandria, VA 22314

