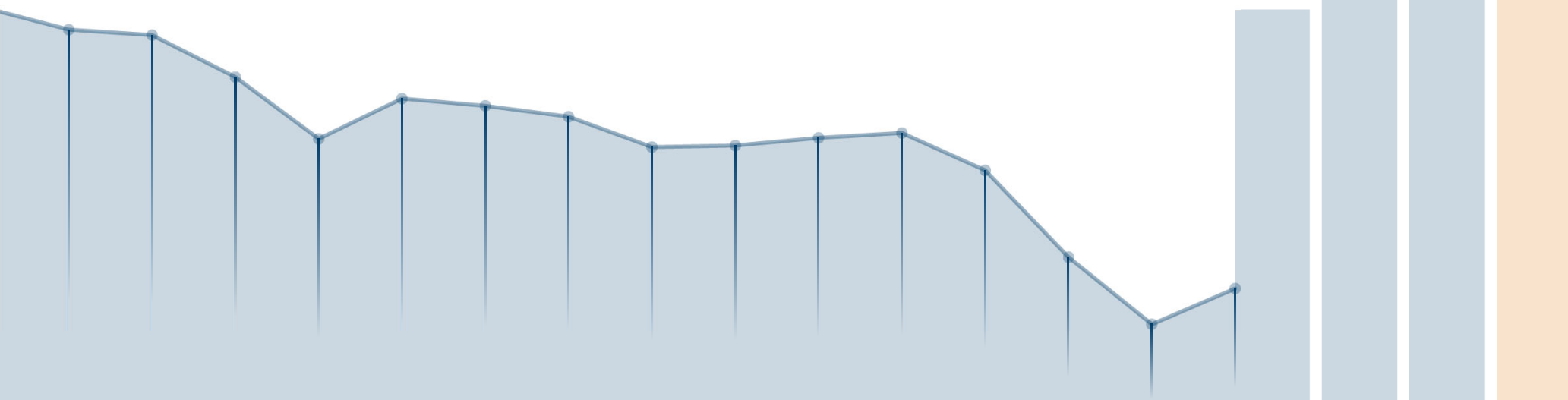


Community

Health

Center

Chartbook 2021



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 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 **30 million* people today**. They stand as evidence that communities can improve health, reduce health disparities, generate taxpayer savings, 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. In response to **COVID-19**, health centers quickly pivoted in order to provide testing to hundreds of thousands of patients each month, while working to continue important health care services. Their work during this time has been vital to slowing the virus's spread and reopening communities. Across the country, health centers produce positive results for their patients and for the communities they serve before and during the pandemic. Federal and state support, along with 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 accomplishments in keeping communities healthy are represented in this chartbook.

* Includes patients of federally-funded health centers, look-alikes, and expected patient growth for 2020.

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

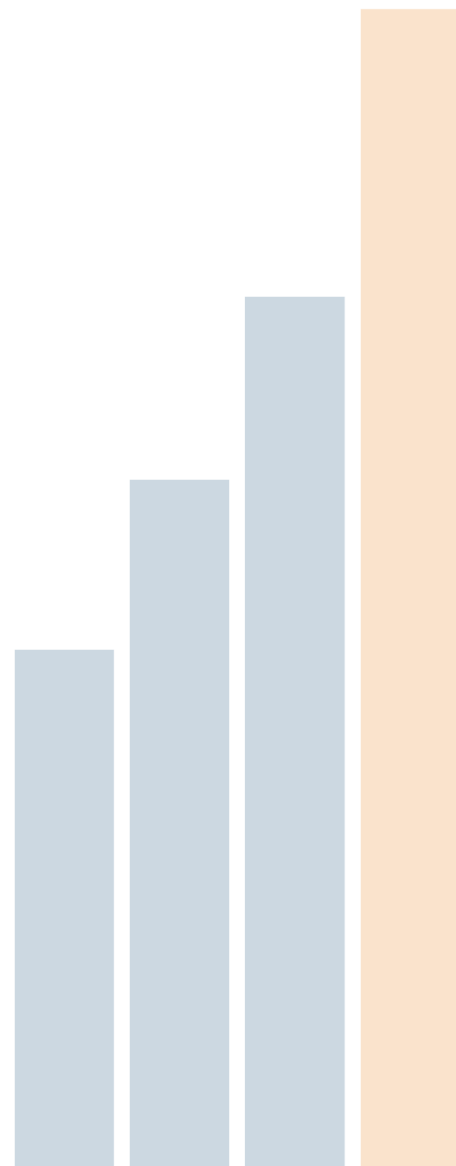
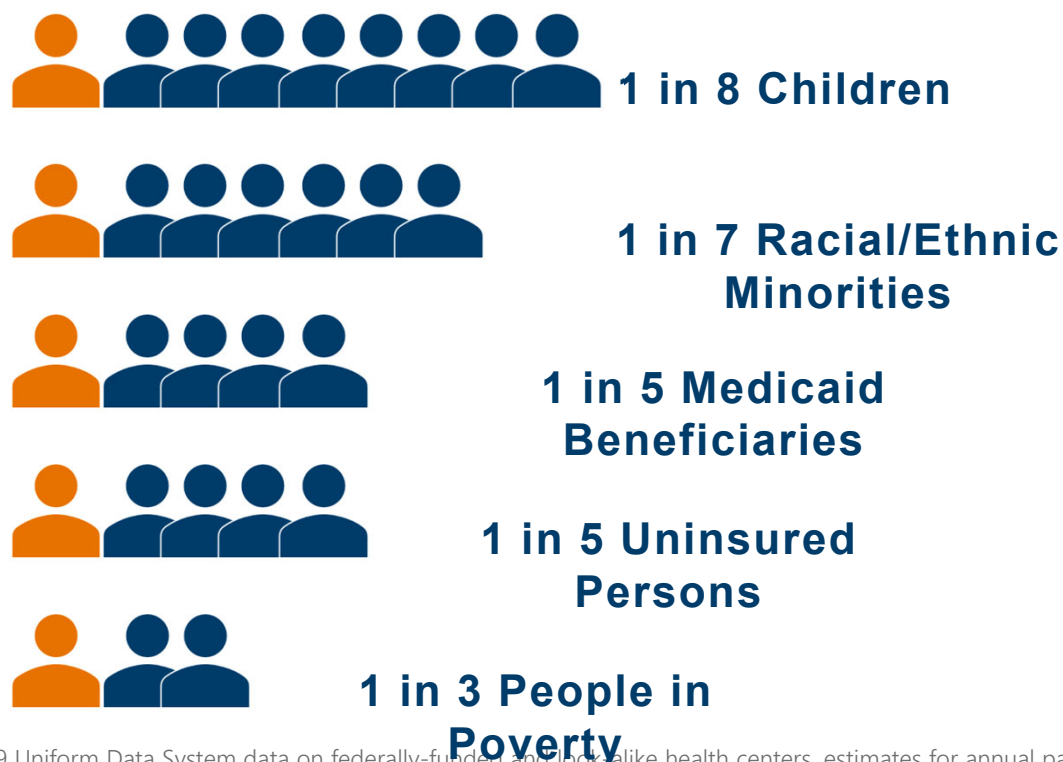


Figure 1-1

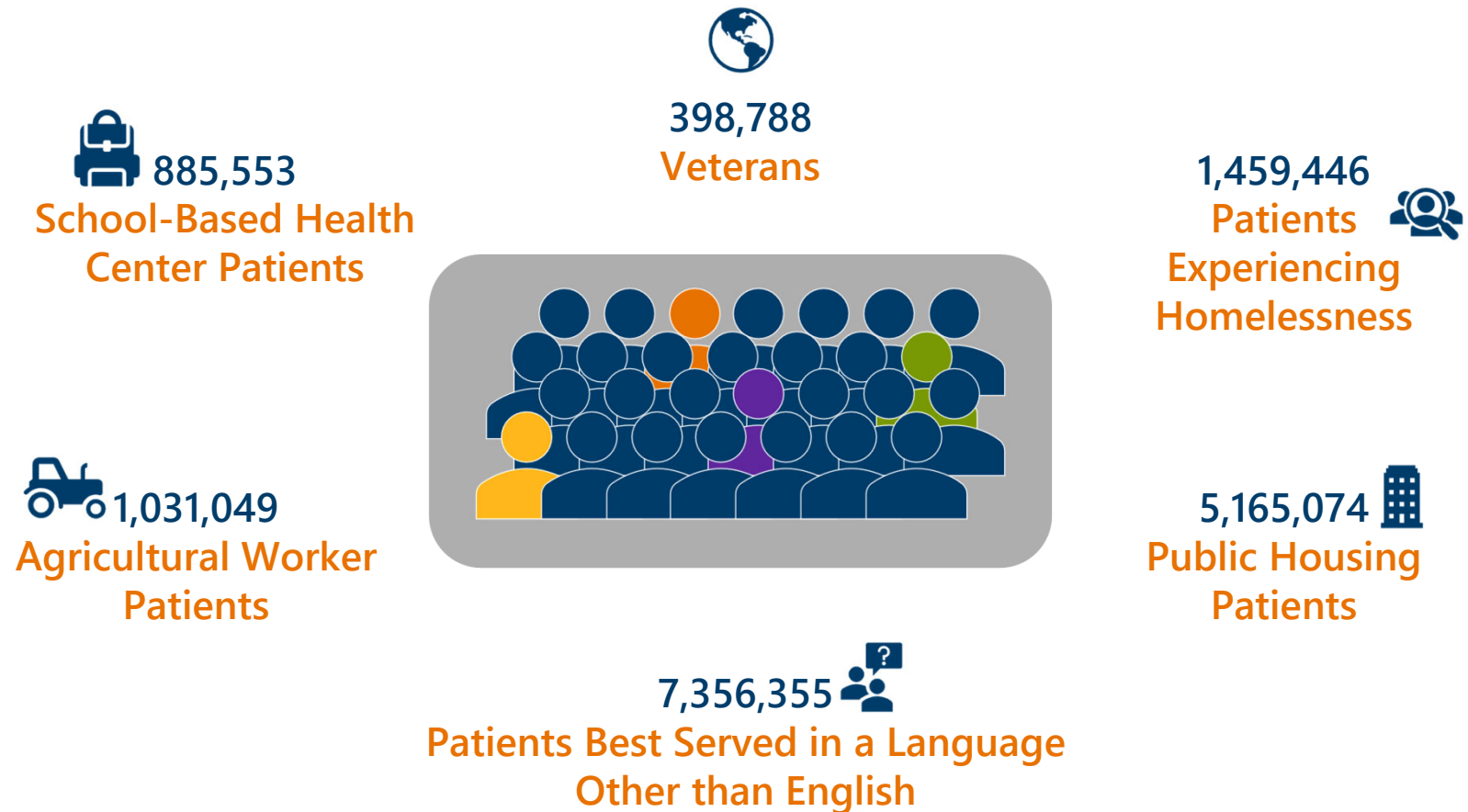
Health Centers Serve
1 in 11 People in the U.S.
Including...



Sources: (1) NACHC, 2020. Based on 2019 Uniform Data System data on federally-funded and look-alike health centers, estimates for annual patient growth, and national data sources. (2) Bureau of Primary Health Care. 2020. Health Center Program Impact and Growth Factsheet. Available from <https://bphc.hrsa.gov/about/healthcenterprogram/index.html>

Figure 1-2

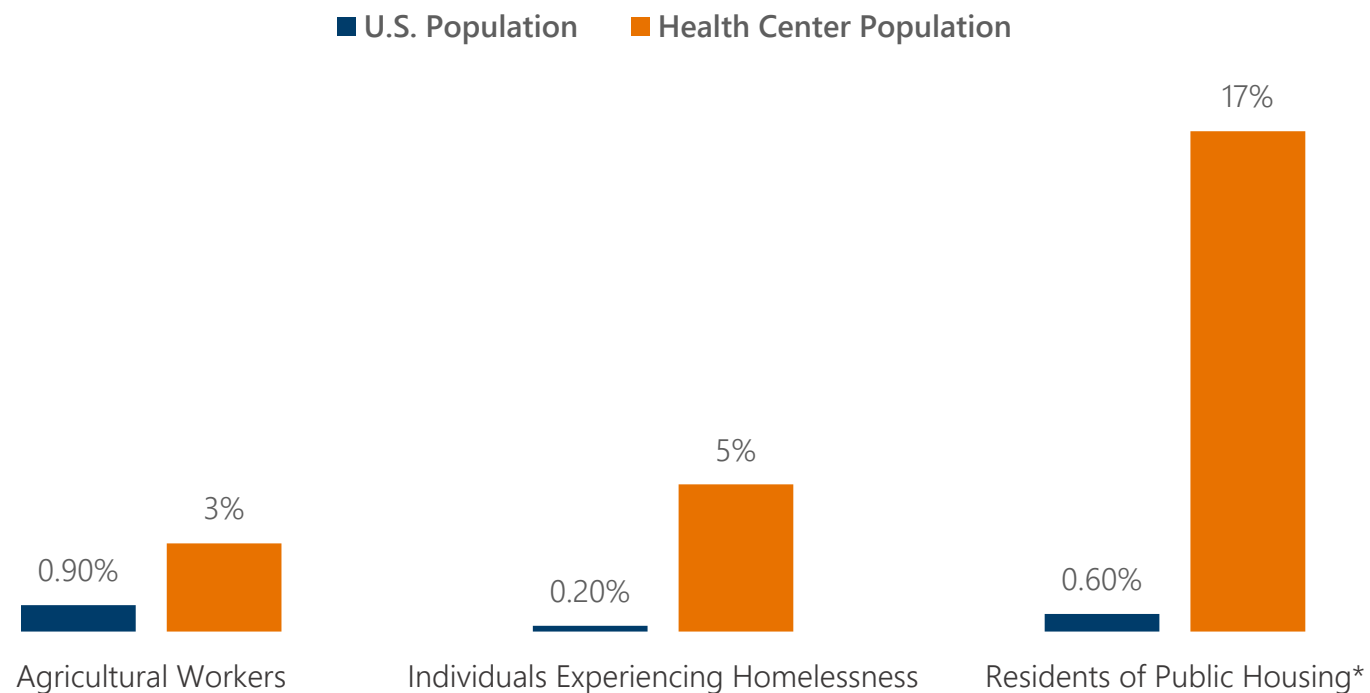
Health Centers Serve Many Special Populations



Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-3

Health Centers Serve Greater Proportions of Special Populations



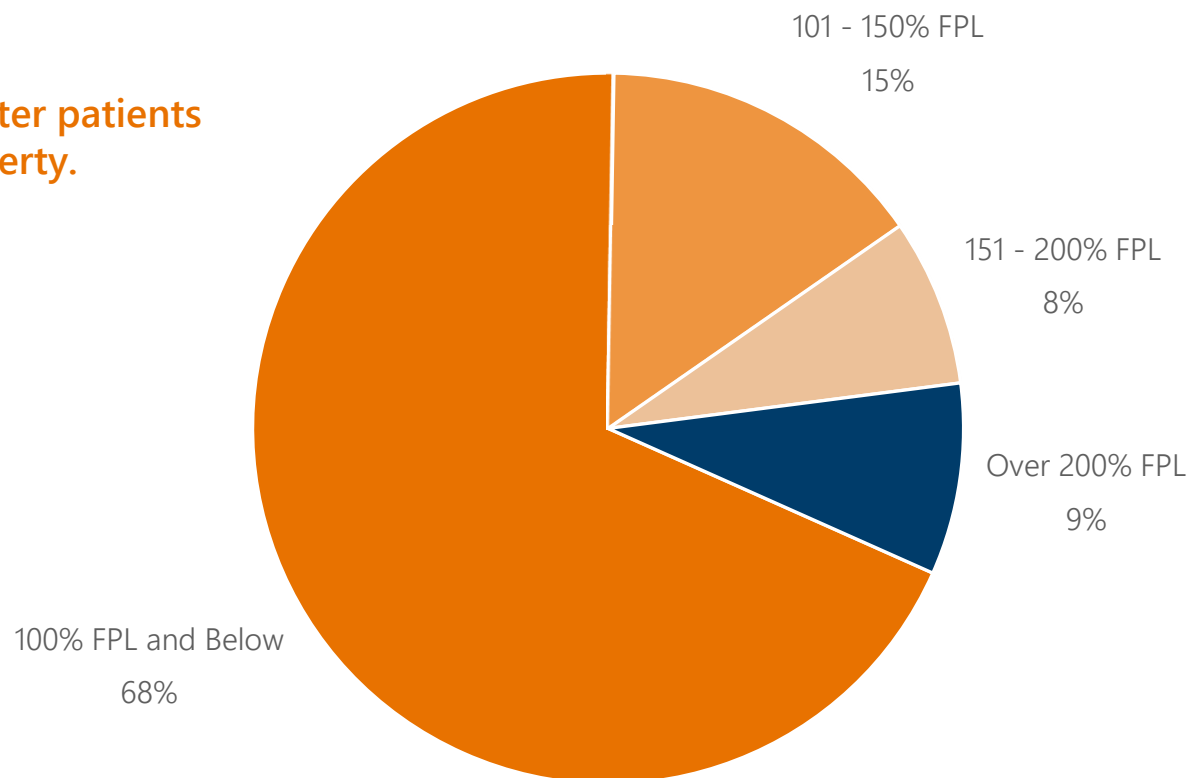
* Health center population defined as residents of public housing includes all patients served at a health center located in or immediately accessible to a public housing site.

Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Legal Services Corporation: Agricultural-Worker Population Estimates, Final Estimates, July 2016. (3) U.S. Department of Housing and Urban Development. The 2019 Annual Homeless Assessment Report (AHAR) to Congress, January 2020. (4) U.S. Department of Housing and Urban Development. Picture of Subsidized Households Dataset, 2019.

Figure 1-4

Health Center Patients are Predominately Low-Income

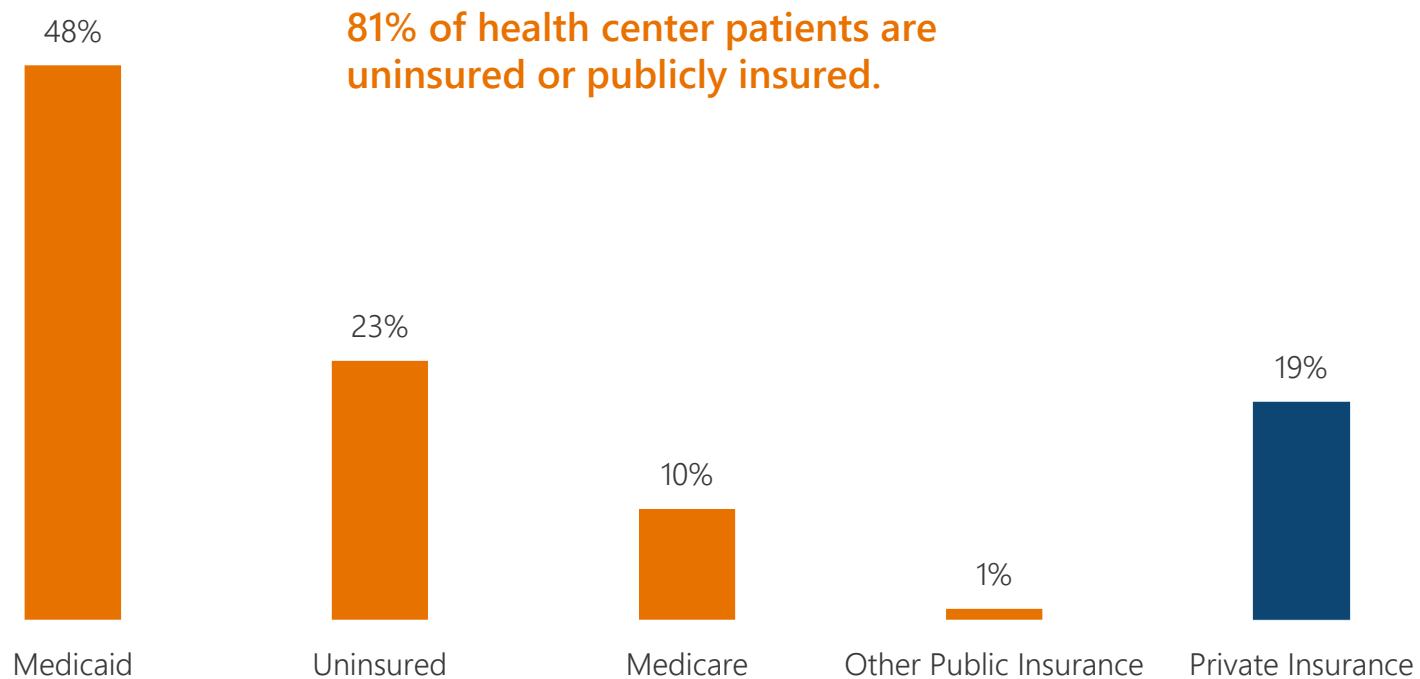
**91% of health center patients
are in or near poverty.**



Note: FPL = federal poverty level. Percentages of health center patients in each category are based on patients with known income.
Source: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-5

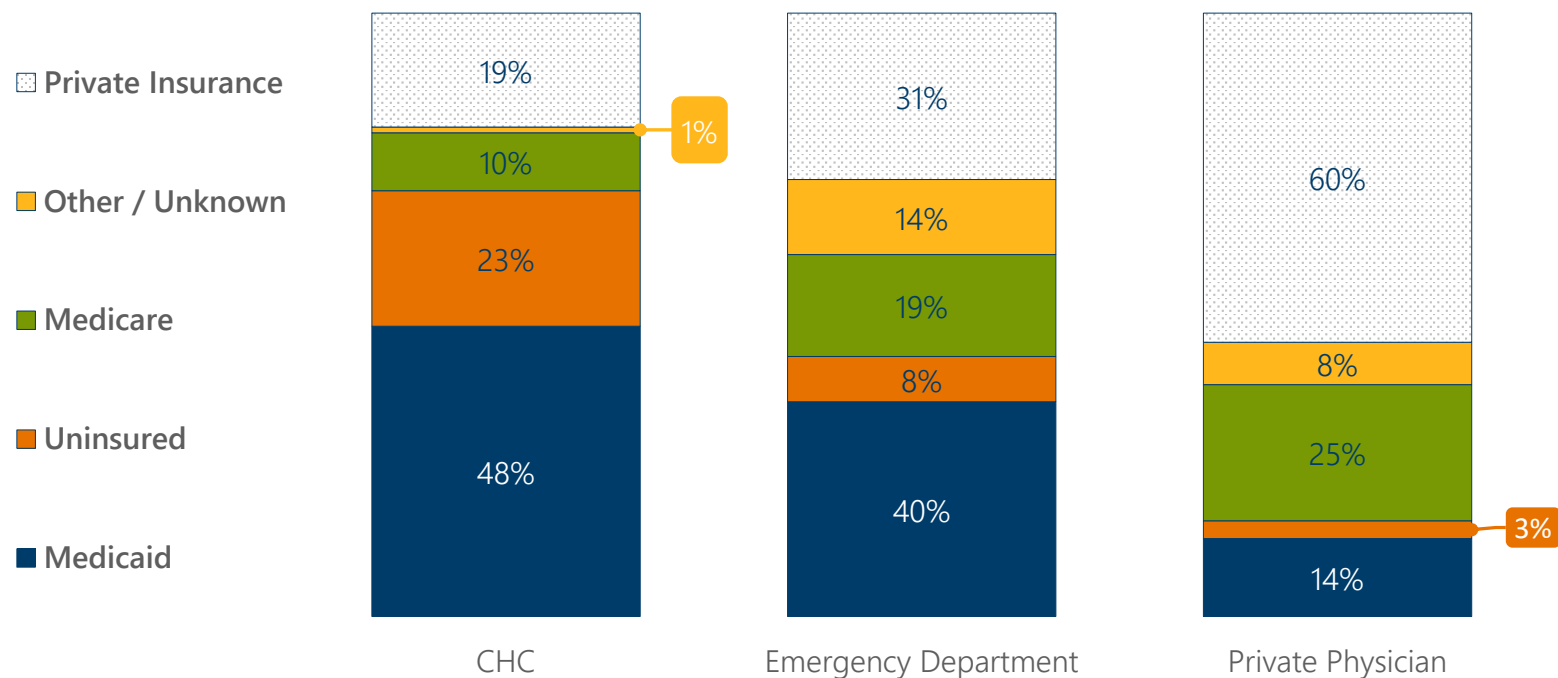
Most Health Center Patients are Uninsured or Publicly Insured



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: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-6

Health Center Patients' Health Insurance Coverage Is Unique Among Ambulatory Care Providers

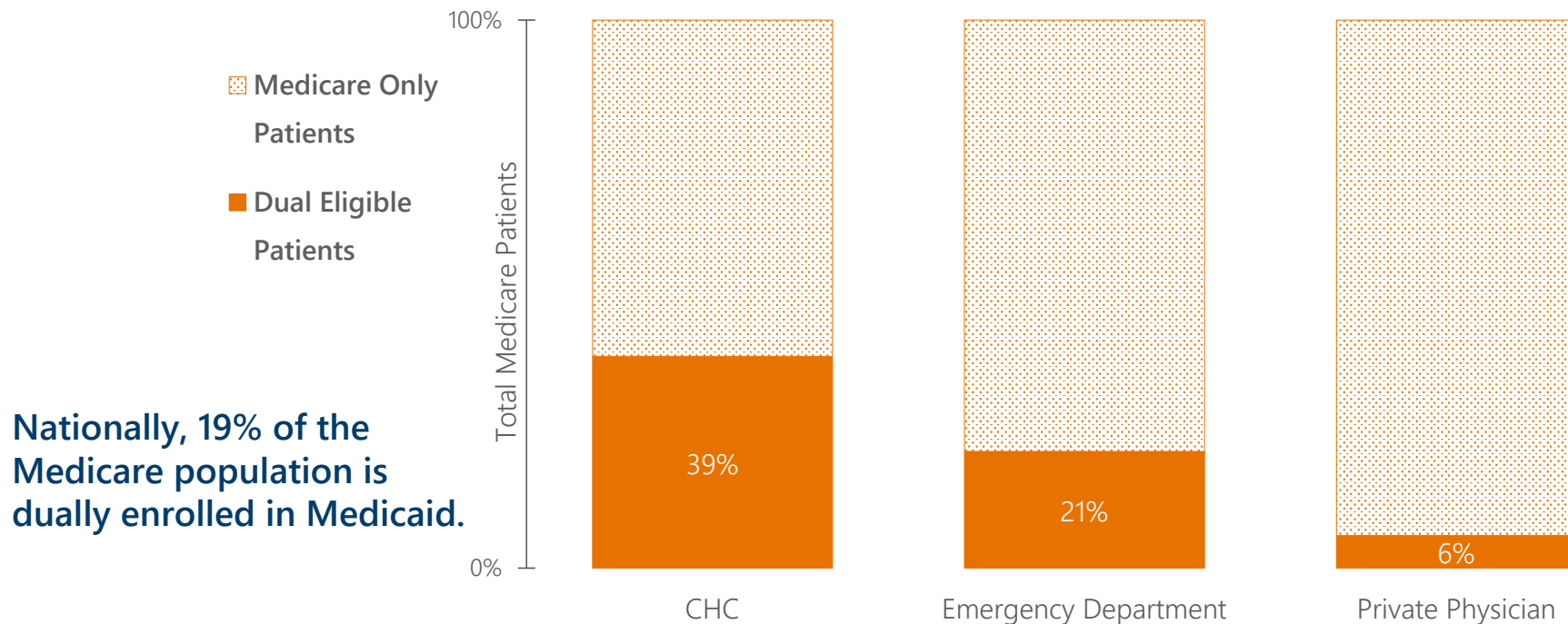


Notes: Percentages may not add to 100% due to rounding and private physician and emergency department numbers allow for more than one category to be indicated. Dual eligible patient visits were removed from the Medicaid category in NAMCS/NHAMCS data for private physicians and emergency department visits.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

Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) National Hospital Ambulatory Medical Care Survey, 2017. Table 6. Expected Sources of Payment at Emergency Department. United States. (3) National Ambulatory Medical Care Survey, 2016. Table 6. Expected Sources of Payment at Office Visits: United States, 2016.

Figure 1-7

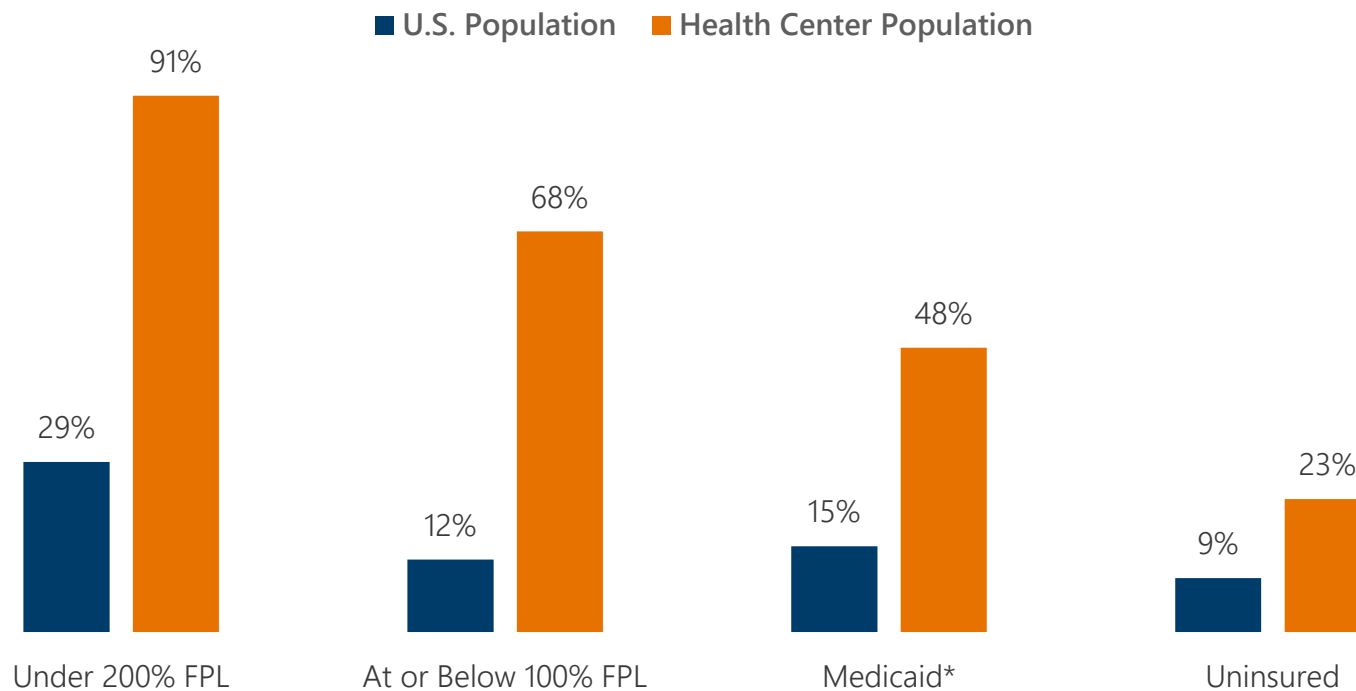
Health Centers Serve More Medicare and Medicaid Dual Eligibles than Other Ambulatory Care Providers



Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) National Hospital Ambulatory Survey, 2017. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2016. National Center for Health Statistics. (3) National Ambulatory Medical Care Survey, 2016. Table 6. Expected Sources of Payment at Office Visits: United States, 2016. National Center for Health Statistics. (4) Centers for Medicare and Medicaid Services Medicare-Medicaid Coordination Office, September 2019. Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2018. Note: Used for national estimate of national dual eligible population.

Figure 1-8

Health Center Patients are Disproportionately Poor, Uninsured, and Publicly Insured



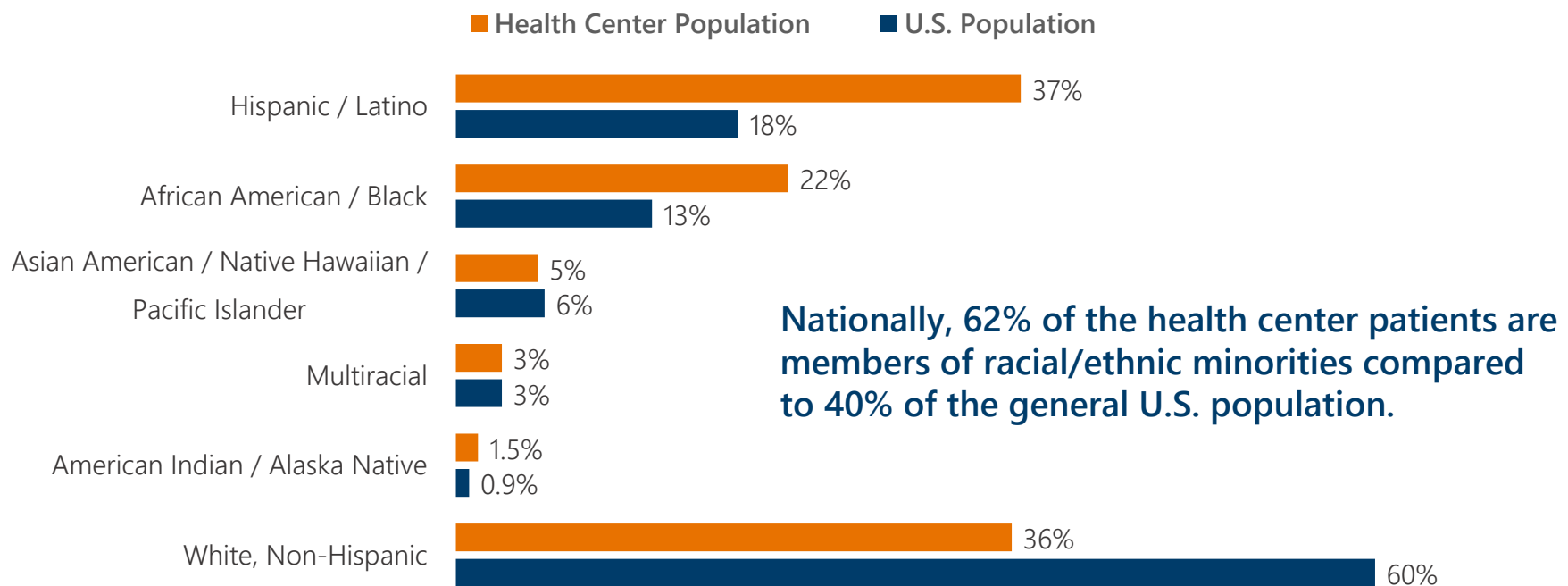
Note: FPL = federal poverty level.

* Medicaid alone and not in combination with other insurance.

Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Tables S1701, S2704, S2701

Figure 1-9

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

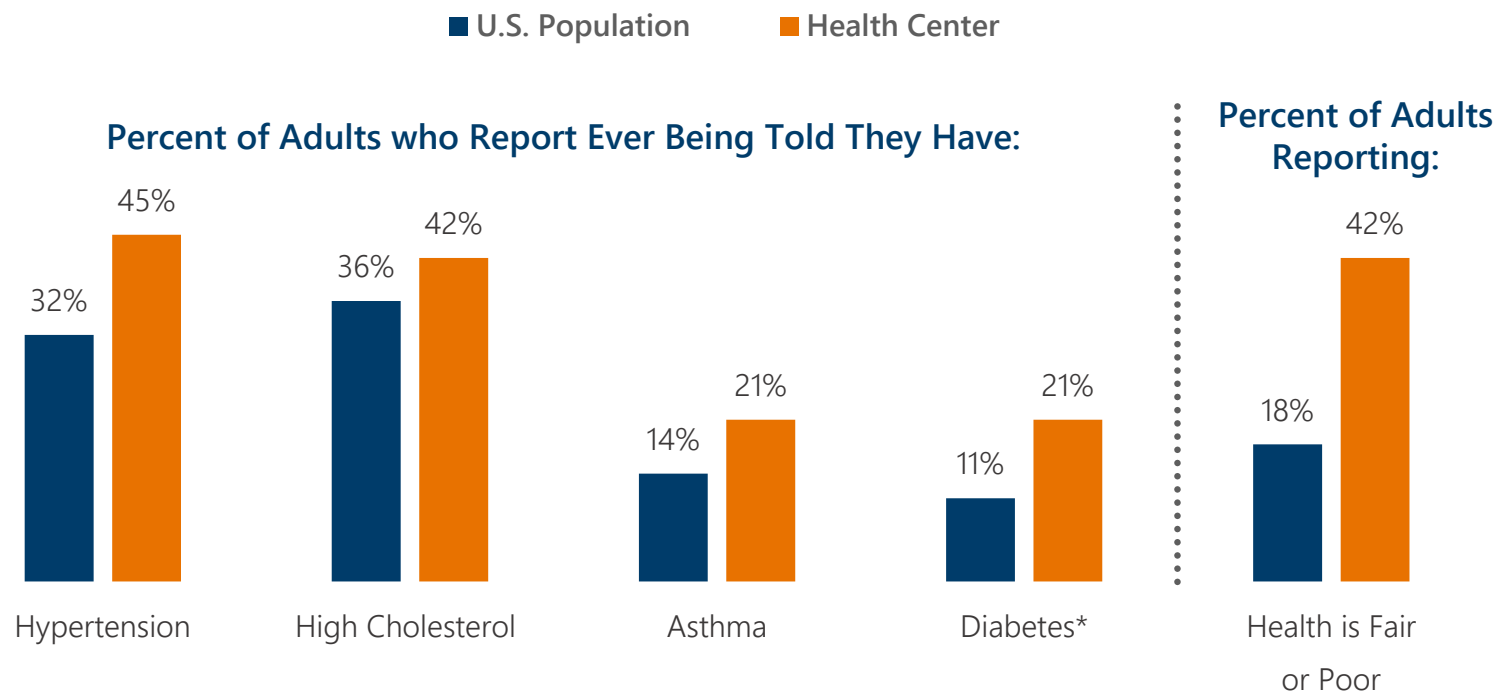


Notes: Figures may not add to 100% due to rounding and patients of Hispanic ethnicity can identify with any racial category. Based on known race and/or ethnicity.

Sources: (1) 2019 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 2019, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Tables B03002 and B02010.

Figure 1-10

Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population



* Other than during pregnancy.

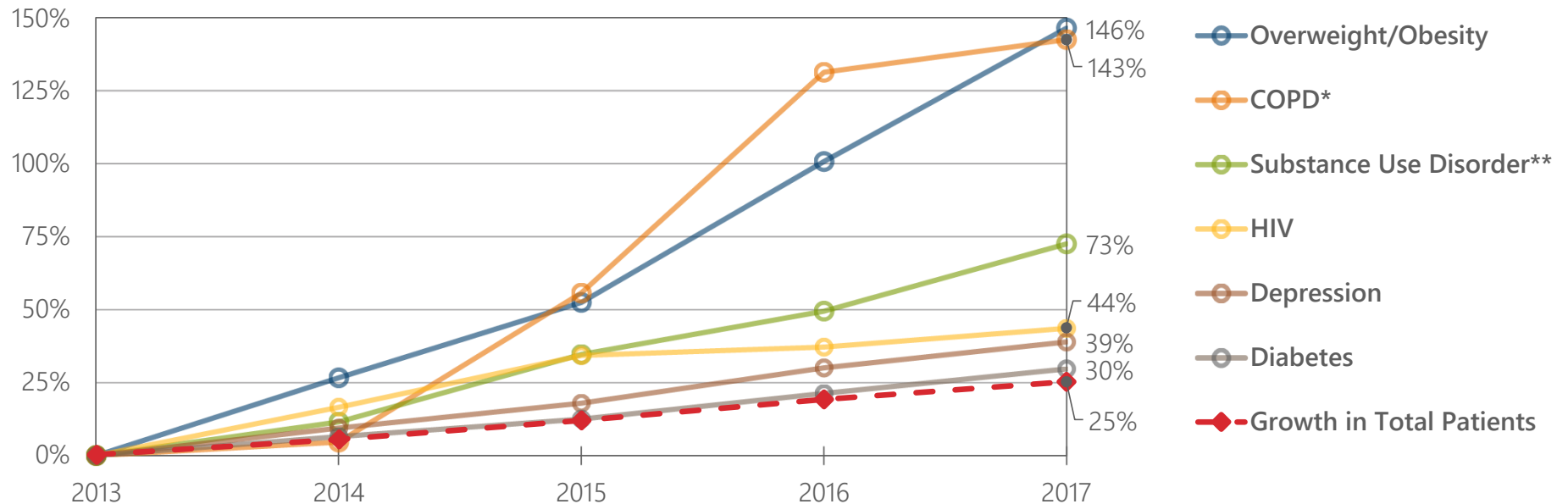
Note: Includes only adult population ages 18 and older.

Sources: (1) 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Health Status Indicators. 2015. Note: Used for High Cholesterol, Hypertension, Diabetes, and Self-Reported Health Status. Centers for Disease Control and Prevention. (3) Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2016. Note: Used for Asthma; estimate is the median crude prevalence rate for all U.S. States, Territories, and D.C.

Figure 1-11

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



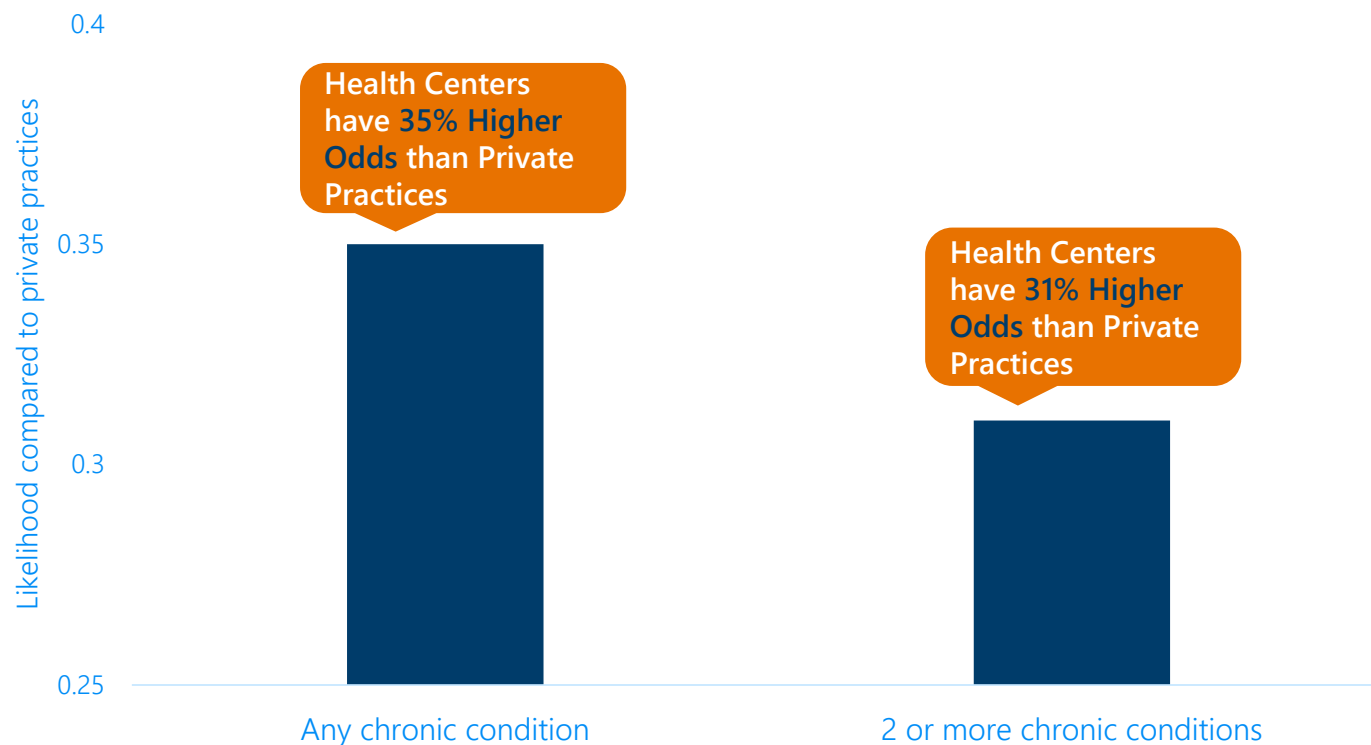
* COPD = chronic obstructive pulmonary disease

** Excludes tobacco and alcohol use disorders

Source: National Association of Community Health Centers. Health Centers are Providing Care to Growing Numbers of Patients with Complex Needs. May 2019. Available from <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>

Figure 1-12

Health Centers are More Likely to Have Patients with Chronic Conditions than Private Practices



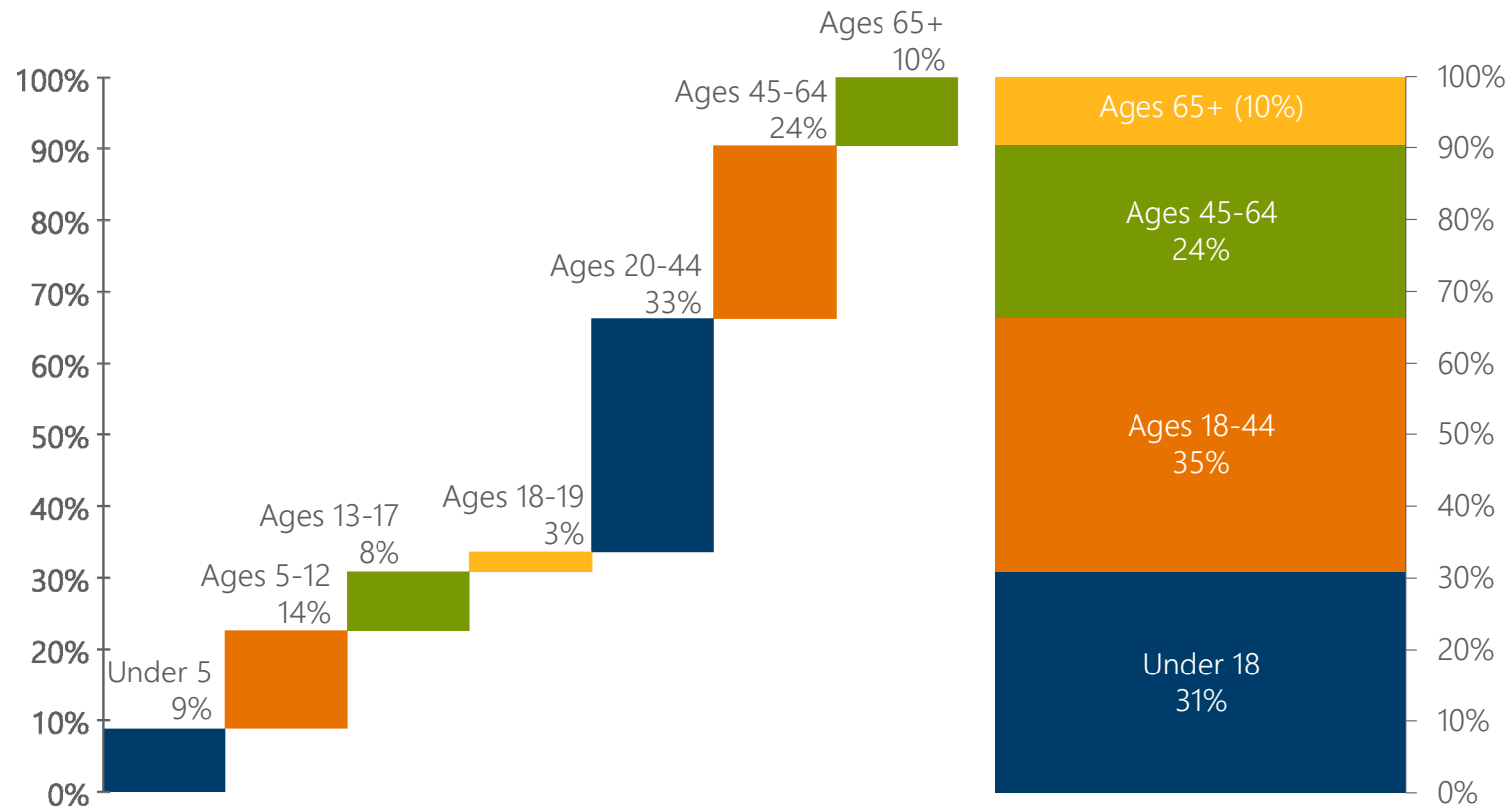
Note: Rates are based on primary care and mental health visits.

Source: Corallo, B.; Proser, M.; Nocon, R. Comparing Rates of Multiple Chronic Conditions at Primary Care and Mental Health Visits to Community Health Centers Versus Private Practice Providers, Journal of Ambulatory Care Management: 43(2) - p 136-147. April/June 2020. <https://pubmed.ncbi.nlm.nih.gov/32011414/>.

Figure 1-13

Health Centers Serve Patients Throughout the Life Cycle

Selected Age Groups, Represented Two Ways

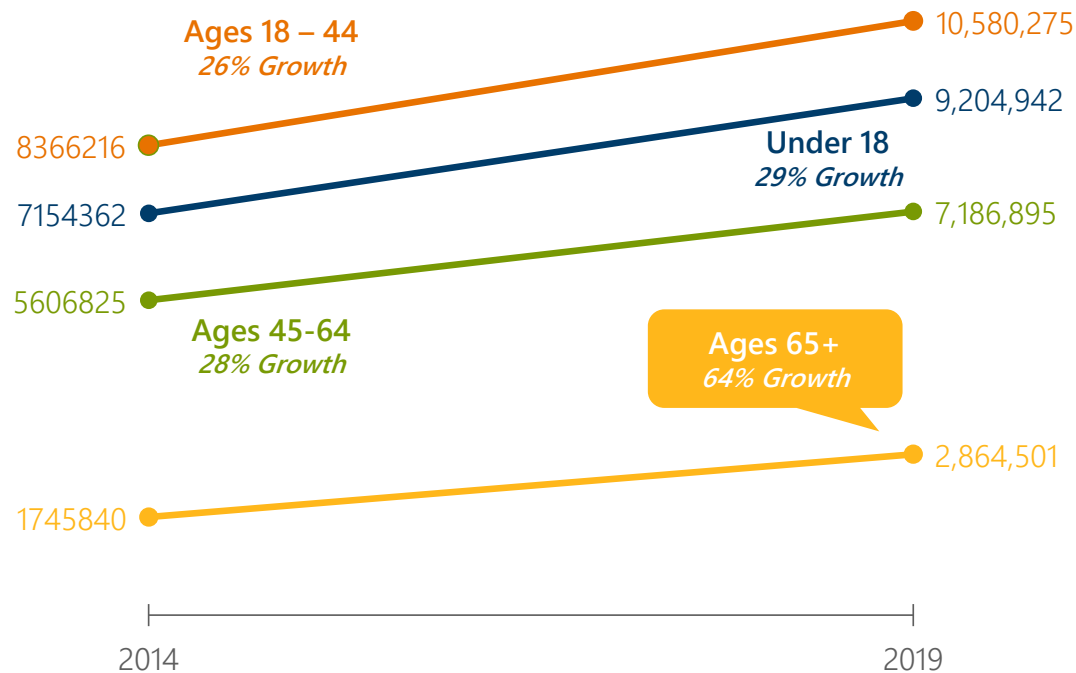


Source: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-14

Health Center Patients Ages 65 and Older are the Fastest Growing Age Group

Number of Health Center Patients by Age Group, 2014 - 2019



Source: 2013 & 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Section 2

Expanding Access to Care

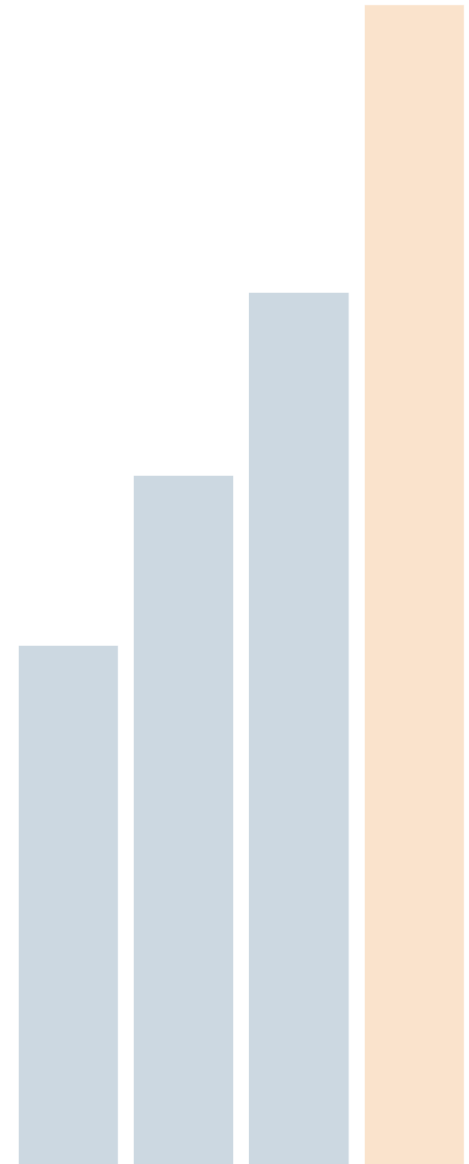
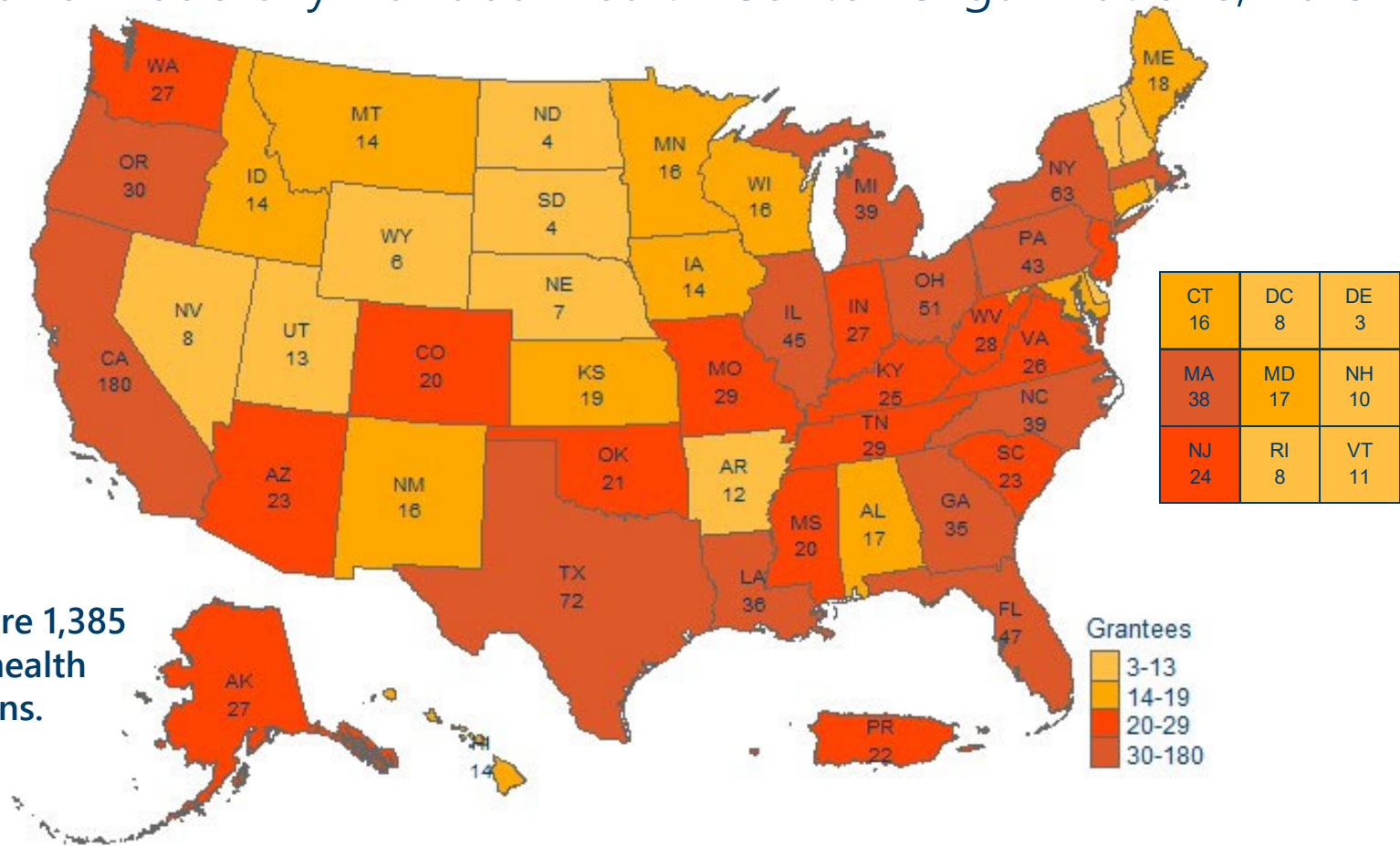


Figure 2-1

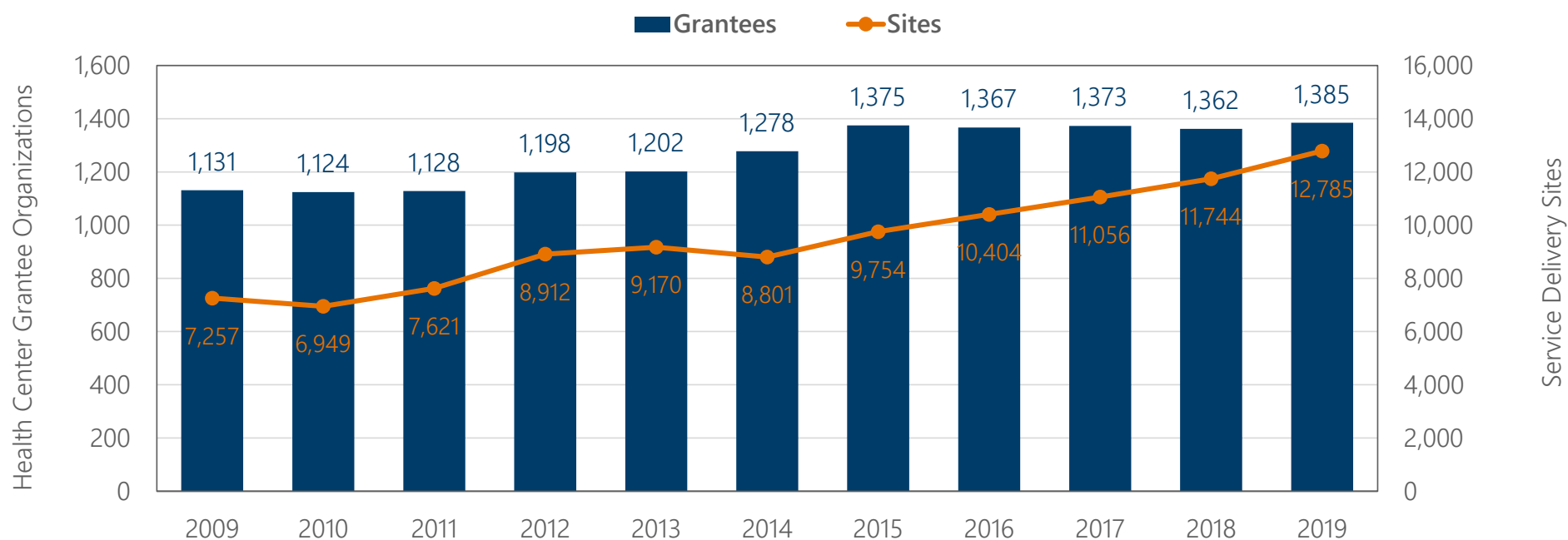
Number of Federally-Funded Health Center Organizations, 2019



Notes: National figure includes 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: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-2

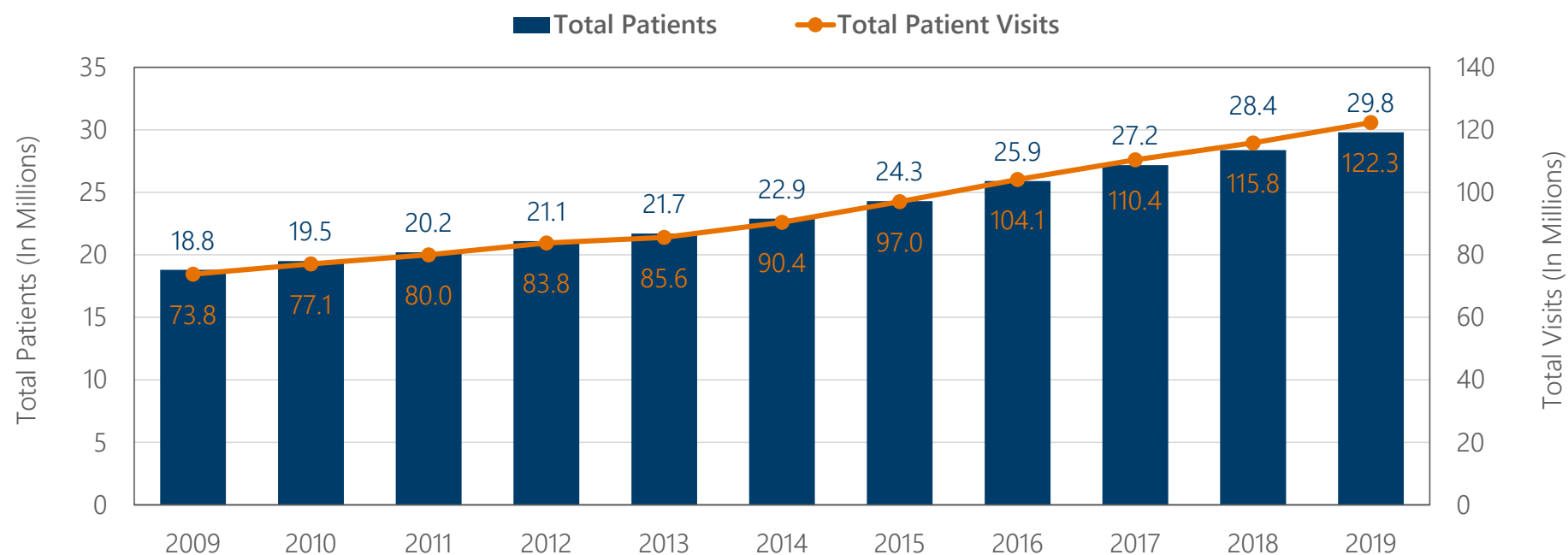
Growth in Health Center Organizations and Sites, 2009 - 2019



Source: 2009 - 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-3

Growth in Health Center Patients and Visits, 2009 - 2019

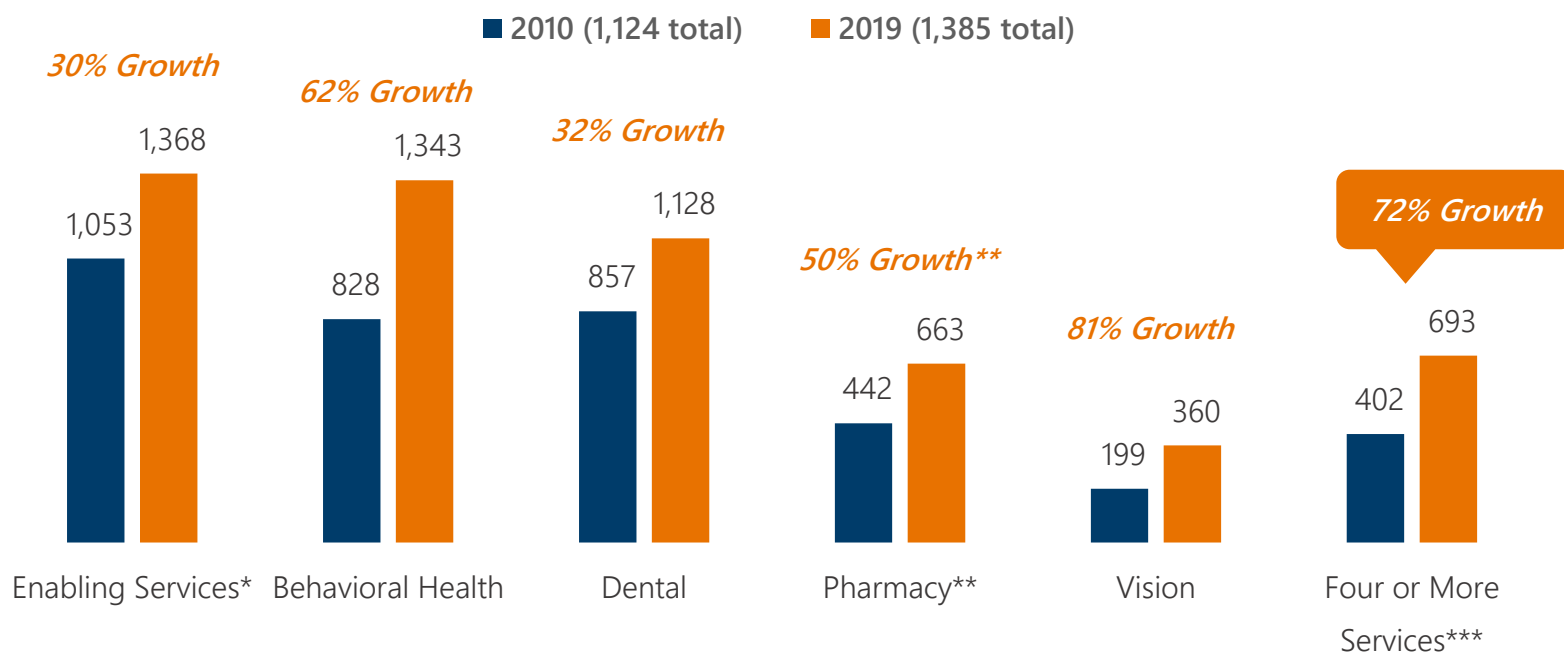


Source: 2009 - 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-4

Health Centers Have Expanded Their Capacity to Provide More Services Onsite

Number of Health Centers Employing Staff for Selected Services



* 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.).

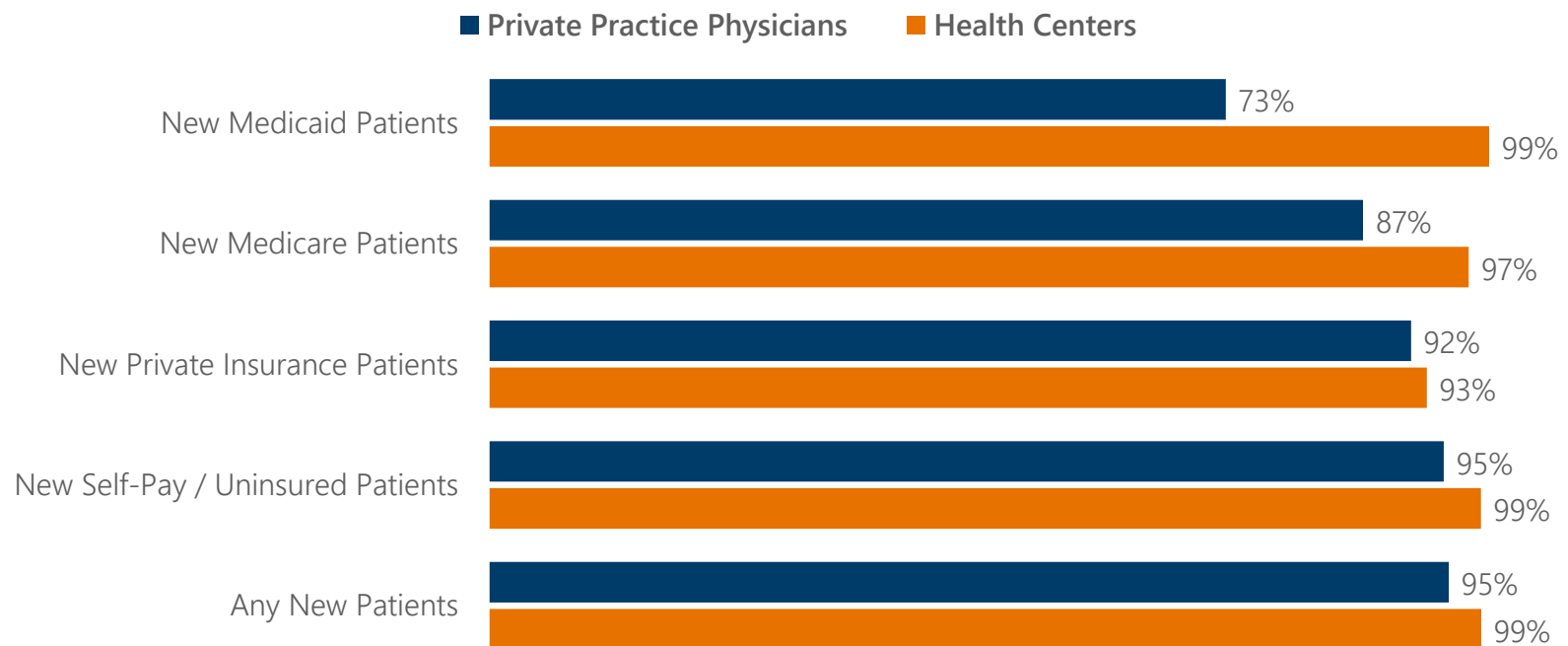
** Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

*** 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 & 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-5

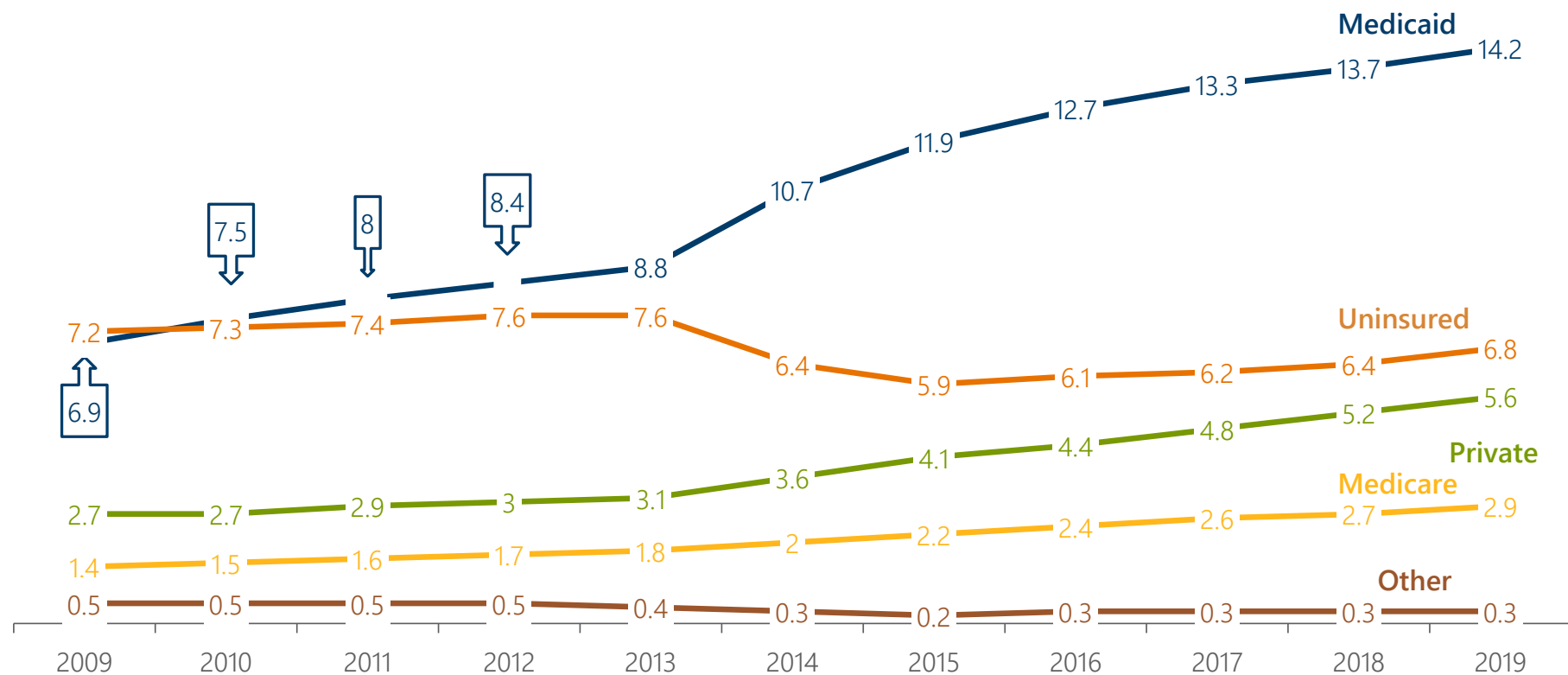
Health Centers Have Higher Rates of Accepting New Patients Compared to Other Primary Care Providers



Sources: NACHC analysis of (1) 2013 National Ambulatory Medical Care Survey – Community Health Centers Sample. National Center for Health Statistics. 2013 National Ambulatory Medical Care Survey and 2013 National Ambulatory Medical Care Survey. National Center for Health Statistics. Note: Used for Private Practice Physician estimates.

Figure 2-6

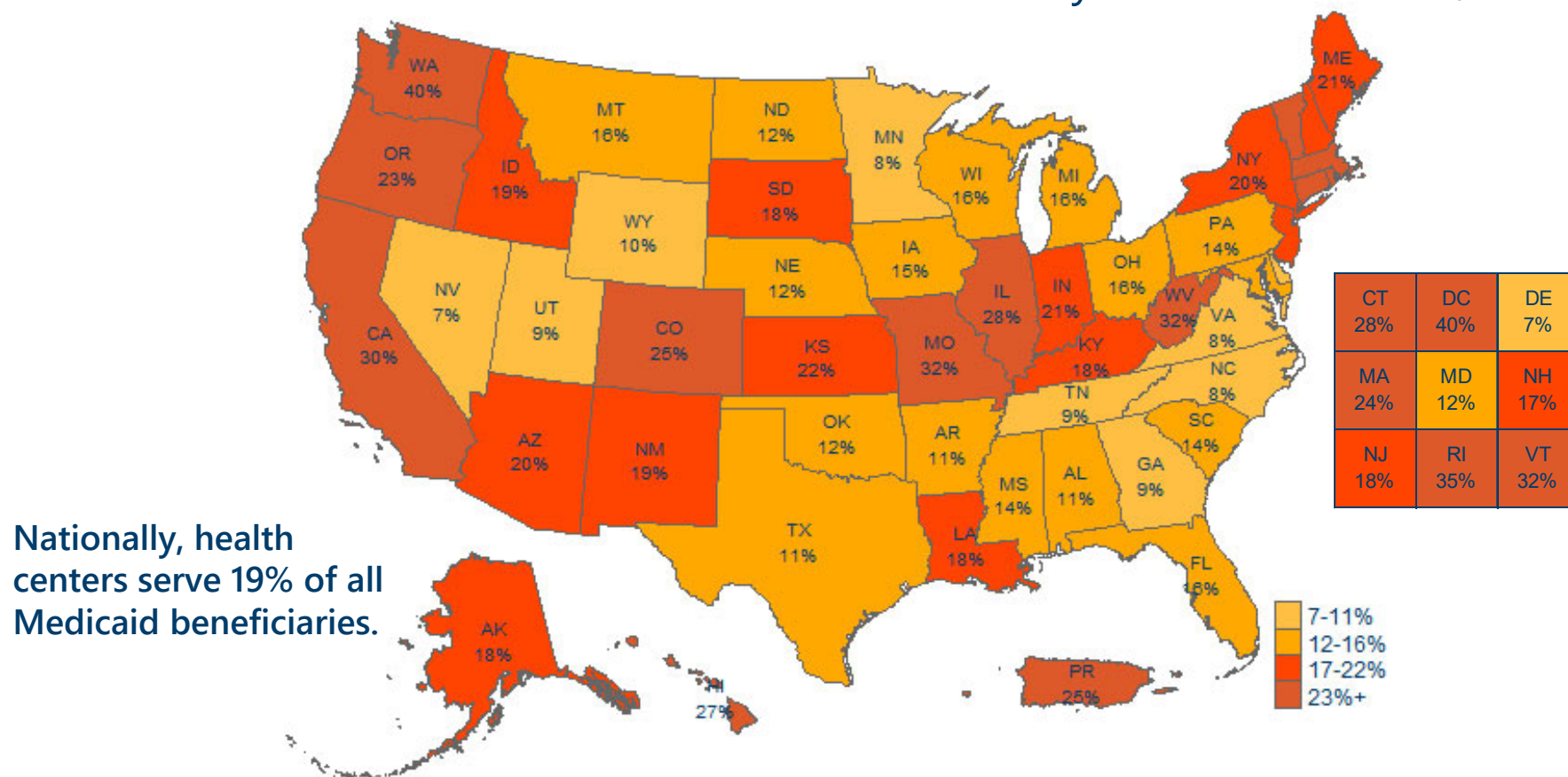
Health Center Patients by Insurance Status, 2009 – 2019 (In Millions)



Source: 2009 - 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-7

Percent of Medicaid Beneficiaries Served by Health Centers, 2019

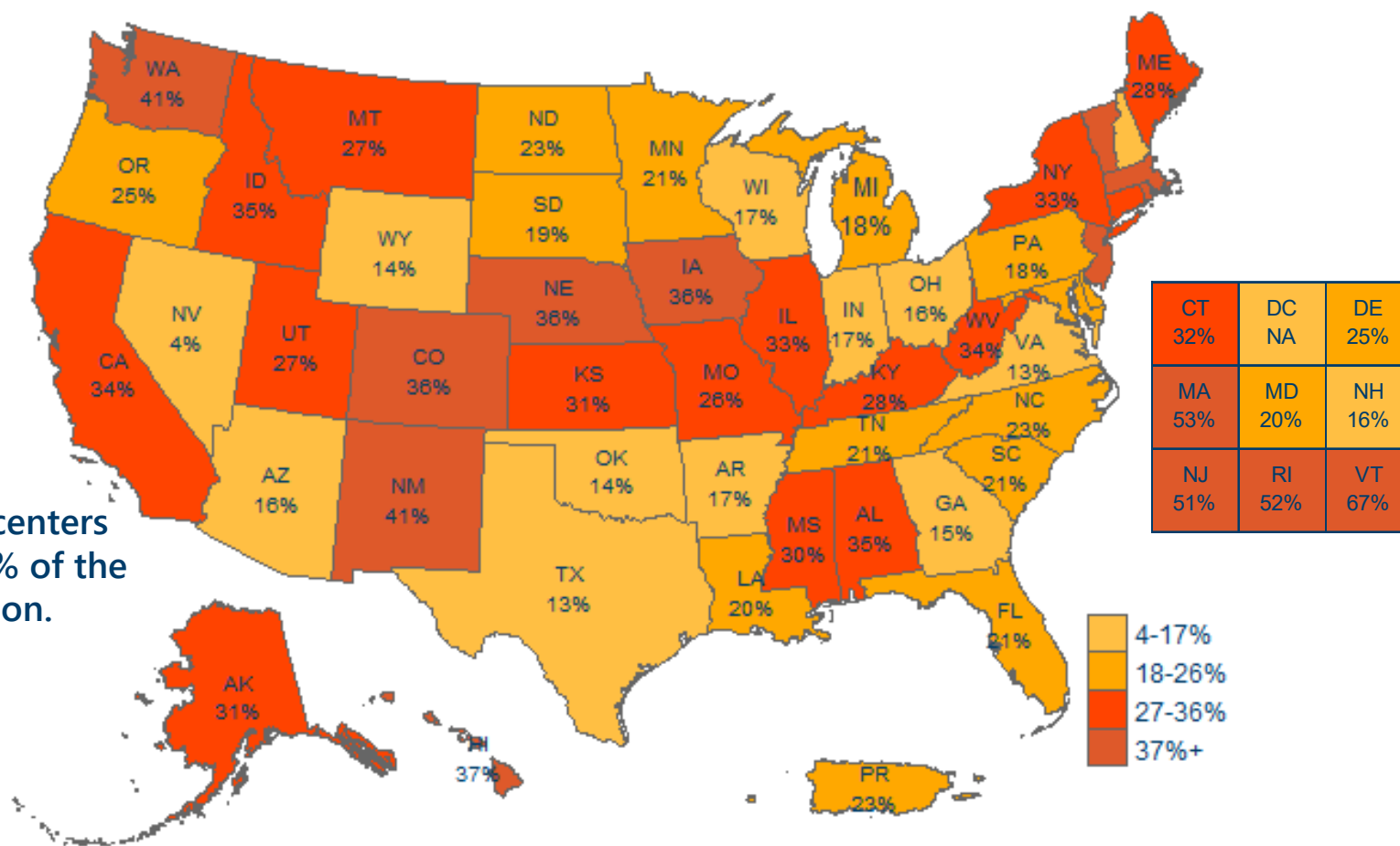


Notes: National figure excludes health center Medicaid patients in territories and does not include Puerto Rico. Binned by quartile for states and territories shown.

Sources: NACHC Analysis of (1) 2019 Uniform Data System (UDS). Bureau of Primary Health Care, HRSA, BPHC. (2) Kaiser Family Foundation. Monthly Medicaid and CHIP Enrollment, December 2019. (3) Puerto Rico estimate based on NACHC analysis of 2019 UDS and U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S2704.

Figure 2-8

Percent of the Uninsured Population Served by Health Centers, 2019



Notes: National figure includes health centers in every state, DC, and Puerto Rico. Binned by quartile for states and territories shown.

Sources: (1) NACHC Analysis of 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau. 2019 American Community Survey, 1-Year Estimates, Table S2701.

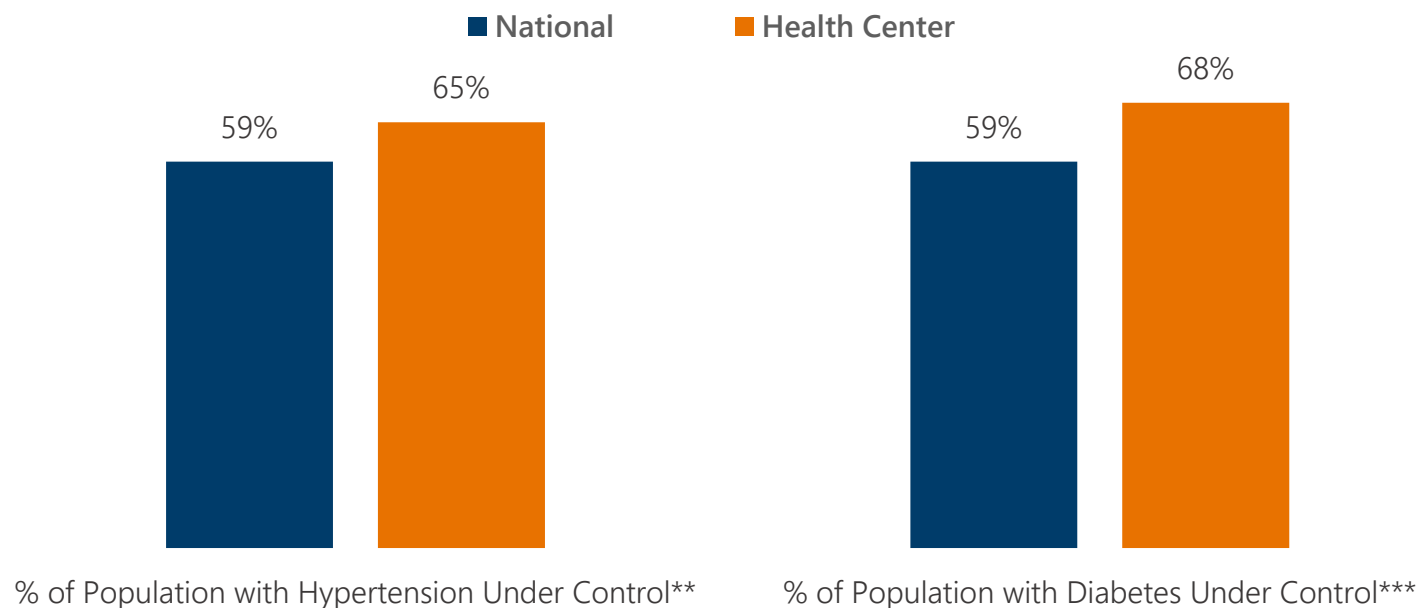
Section 3

High Quality Care and Reducing Health Disparities



Figure 3-1

Health Centers Achieve Higher Rates of Hypertension and Diabetes Control than the National Average, Despite Serving More At-Risk Patients*



* To see a comparison of the prevalence of chronic conditions for health center patients, see Figures 1-10 and 1-11.

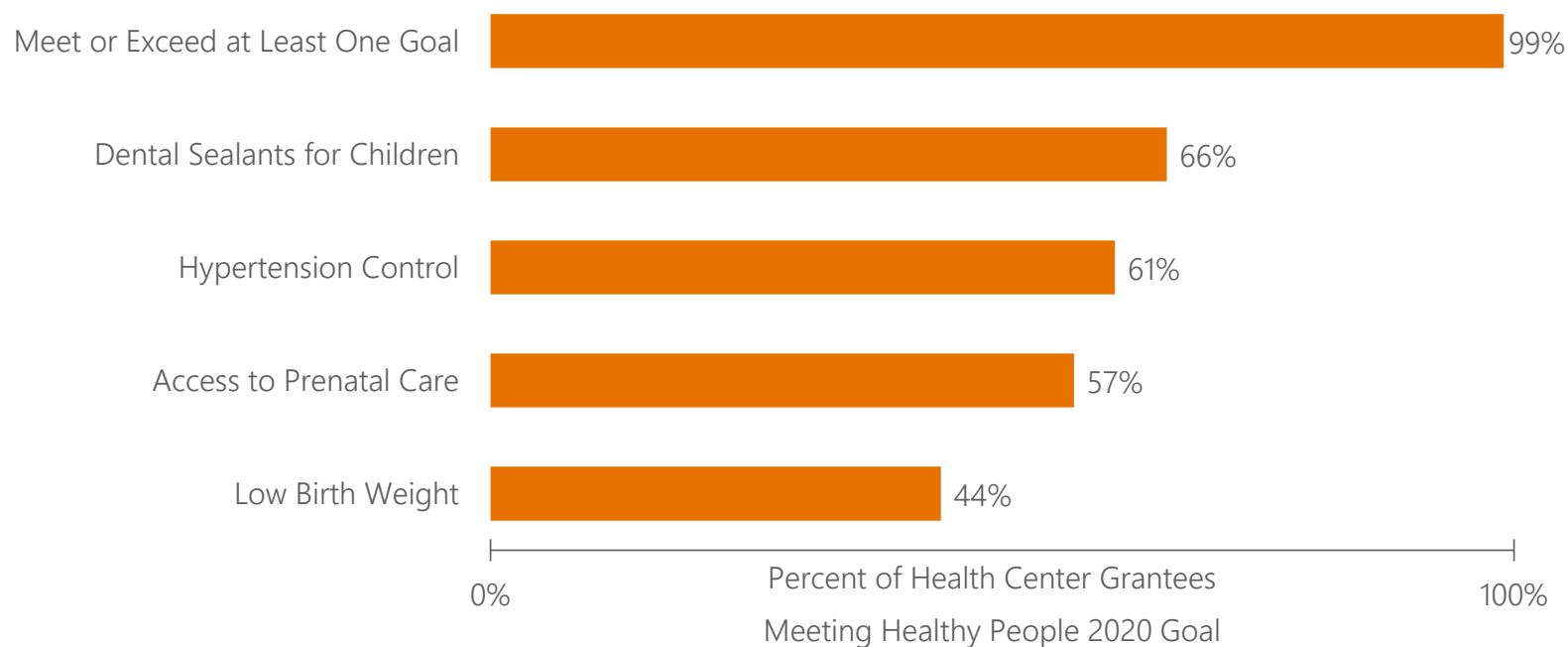
** Estimated percentage of hypertensive patients with blood pressure < 140/90.

*** Estimated percentage of diabetic patients with HbA1c < 9% for diabetes.

Source: Bureau of Primary Health Care. 2020. Health Center Program Fact Sheet. Available from <https://bphc.hrsa.gov/sites/default/files/bphc/about/healthcenterfactsheet.pdf>

Figure 3-2

Many Health Centers Exceed Healthy People 2020 Goals

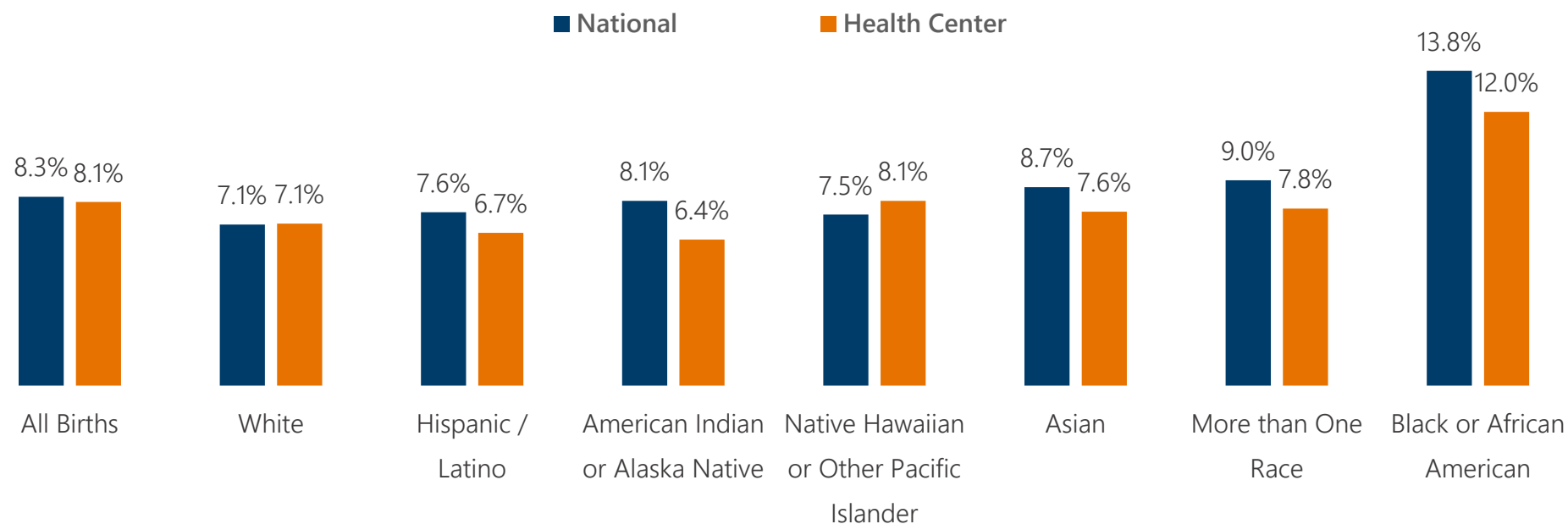


Note: Healthy People 2020 goals are based on national health objectives to identify and reduce the most significant, preventable threats to health. For more on Healthy People 2020, visit <https://www.cdc.gov/dhdsp/hp2020.htm>

Sources: (1) 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Office of Disease Prevention and Health Promotion. Healthy People 2020. 2020 Topics and Objectives.

Figure 3-3

Health Center Patients Have Lower Rates of Low Birth Weight than National Average, Despite Health Centers Serving More At-Risk Patients



Sources: (1) 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) NACHC analysis of CDC WONDER. Data downloaded November 5, 2020.

Figure 3-4

Enabling Services* are a Defining Characteristic of Health Centers and Help Improve Access to Care and Patient Satisfaction

Health Center Patients Who Used Enabling Services* Had:



1.9 **more health center visits**
in the past year (on average)



A 12 percentage-point **higher likelihood**
of getting a routine checkup



A 16 percentage-point **higher**
likelihood of getting a flu shot



An 8 percentage-point **higher**
likelihood of being satisfied with care

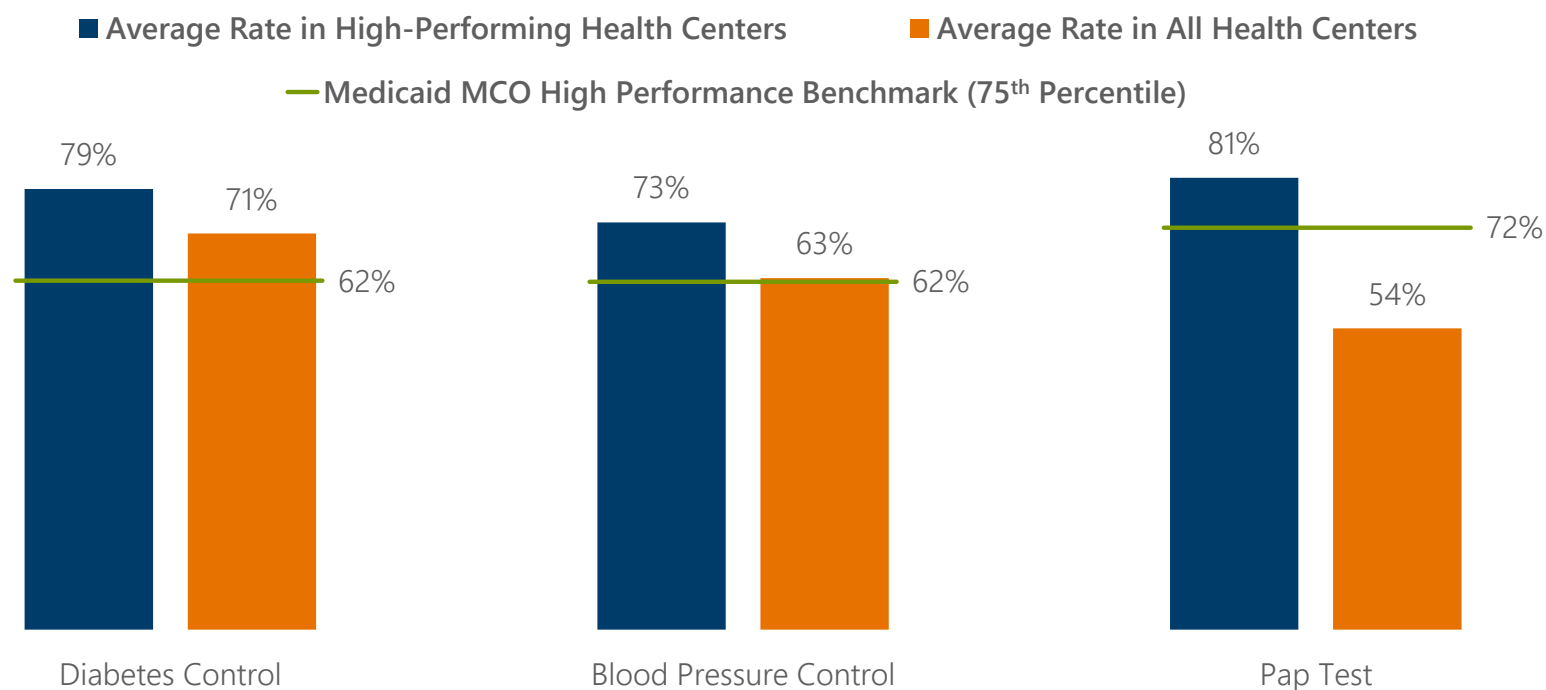
* The Health Resources and Services Administration (HRSA) defines enabling services as, “non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes.” Examples of enabling services include case management, translation/interpretation,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

Source: Yue et al. Enabling Services Improve Access to Care, Preventive Services, and Satisfaction Among Health Center Patients. Health Affairs 38(9). September 2019.

Figure 3-5

Health Centers Exceed Medicaid Managed Care Organization (MCO) High Performance Benchmark Scores

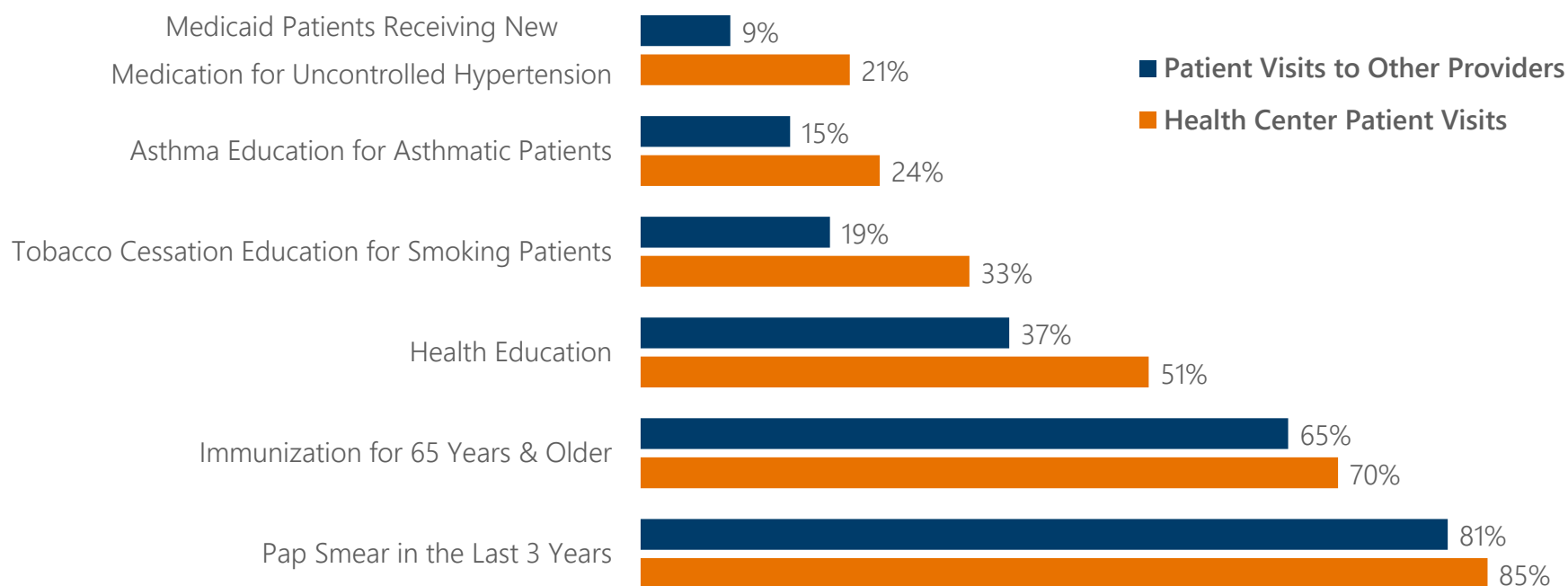


Notes: Quality measures include control of diabetes: share of patients with diabetes with HbA1c between 7% and 9%; control of hypertension: share of patients with hypertension with blood pressure < 140/90; Pap tests: share of female patients age 24 – 64 who received Pap test within past three years.

Source: Shin P, Sharac J, Rosenbaum S, Paradise J. Quality of Care in Community Health Centers and Factors Associated with Performance. Kaiser Commission on Medicaid and the Uninsured Report #8447 (June 2013).

Figure 3-6

Health Centers Provide More Preventive Services than Other Primary Care Providers

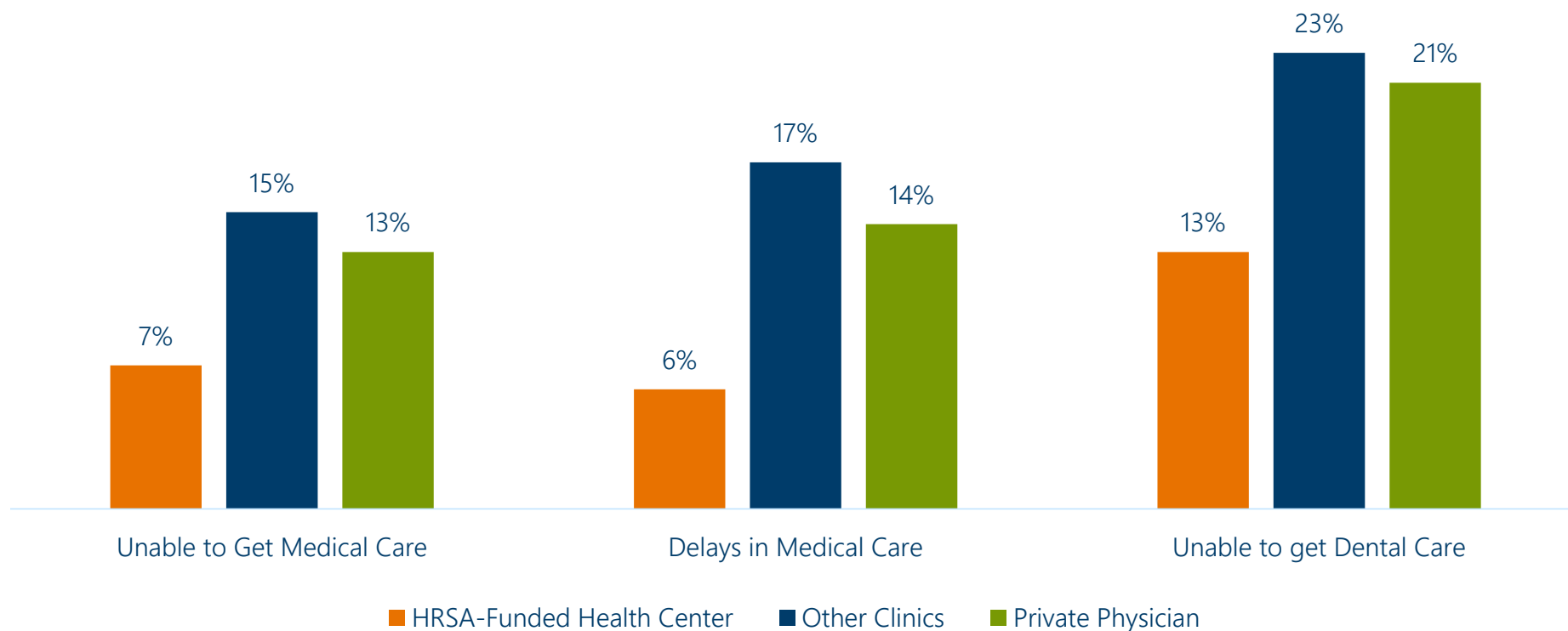


Sources: (1) Shi L, Tsai J, Higgins PC, Lebrun La. (2009). Racial/Ethnic and Socioeconomic Disparities in Access to Care and Quality of Care for U.S. Health Center Patients Compared with Non-Health Center Patients. *J Ambul Care Manage* 32(4): 342 – 50. (2) Shi L, Leburn L, Tsai J and Zhu J. (2010). Characteristics of Ambulatory Care Patients and Services: A Comparison of Community Health Centers and Physicians' Offices *J Health Care for Poor and Underserved* 21(4): 1169-83. (3) Hing E, Hooker RS, Ashman JJ. (2010). Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*. 2011 Jun; 36(3): 406 - 13. (4) Fontil et al. Management of Hypertension in Primary Care Safety-Net Clinics in the United States: A Comparison of Community Health Centers and Private Physicians' Offices. *Health Services Research*. April 2017. 52:2.

Figure 3-7

Health Centers Reduce Unmet Health Care Needs

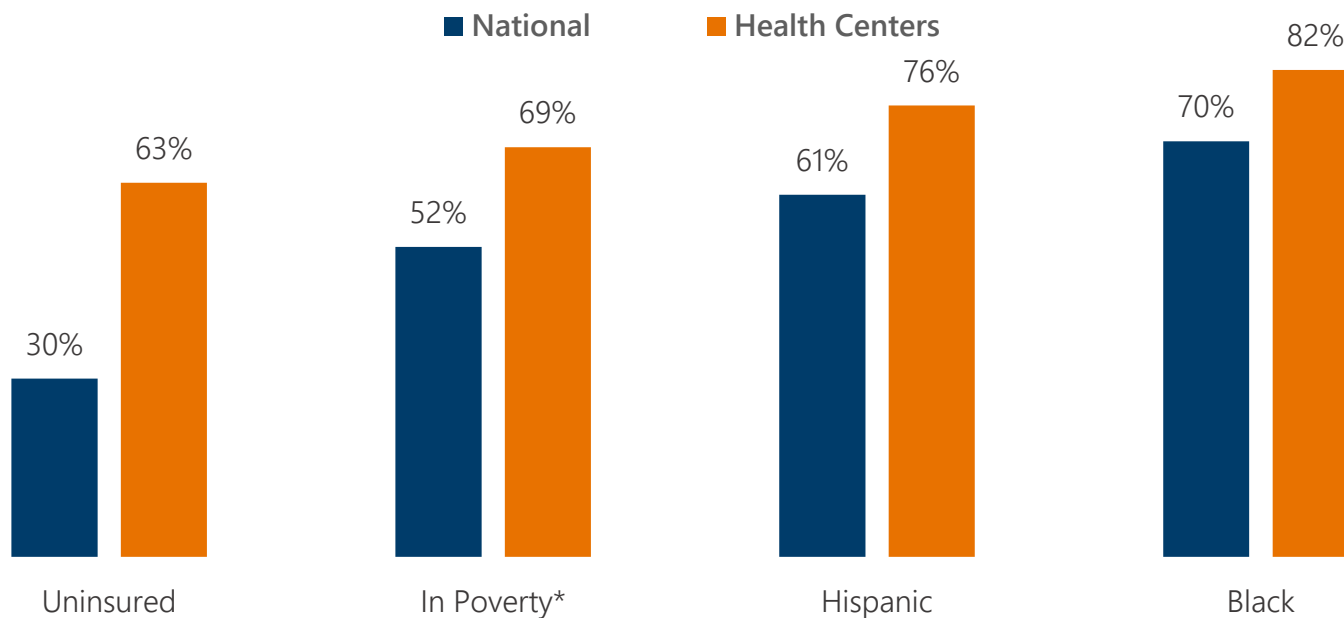
Percent of Patients Experiencing Unmet Care Needs or Delayed Care by Source of Care



Source: Pourat, N.; Chen, X.; Lee, C; et al. HRSA-funded Health Centers Are an Important Source of Care and Reduce Unmet Needs in Primary Care Services, Medical Care 57(12) - p 996-1001 . December 2019.

Figure 3-8

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

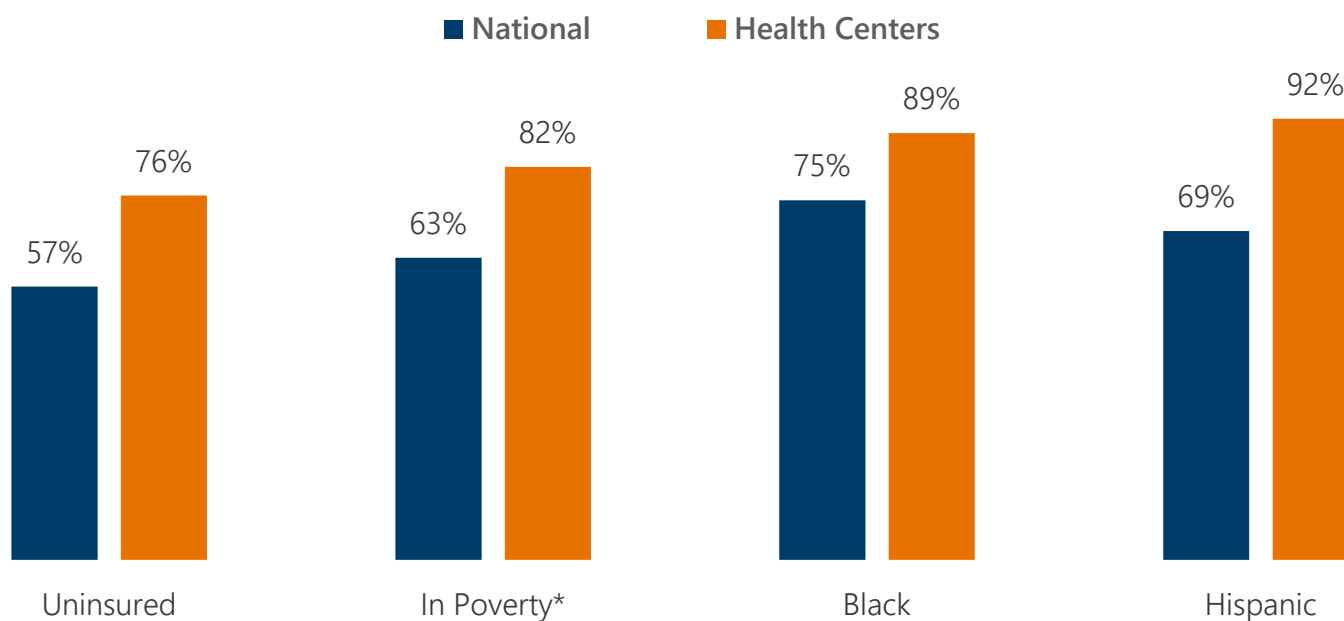


* Includes women below 100% FPL or at 100% FPL and below.

Sources: (1) Health Resources and Services Administration, 2014 Health Center Patient Survey. Female Health Center Patients Aged 40+ Who Had a Mammogram in the Past 2 Years. (2) National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 70. Use of Mammography Among Women Aged 40 and Over, by Selected Characteristics: United States, Selected Years 1987 - 2015.

Figure 3-9

Women at Health Centers are More Likely to Receive **Pap Smears** than Their Counterparts Nationally

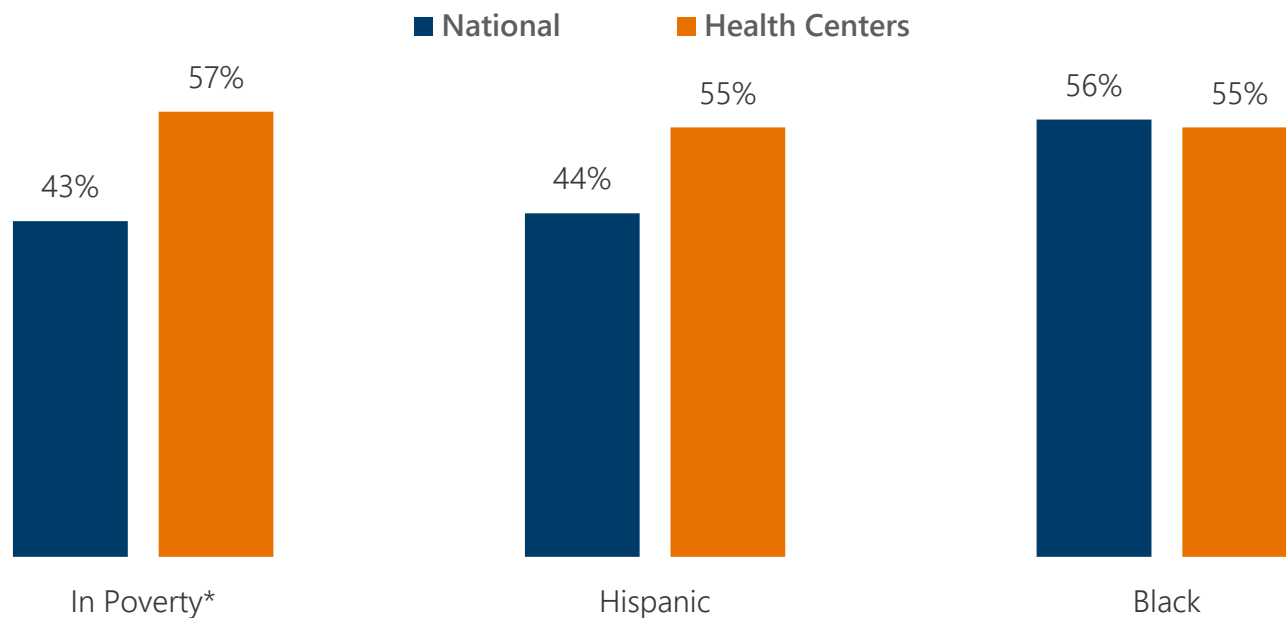


* Includes women below 100% FPL or at 100% FPL and below.

Sources: (1) Health Resources and Services Administration, 2014 Health Center Patient Survey. Female Health Center Patients Aged 18+ Who Had a Pap Smear in the Past 3 Years. (2) National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 71. Use of Pap Smears Among Women Aged 18 and Over, by Selected Characteristics: United States, Selected Years 1987 – 2015.

Figure 3-10

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

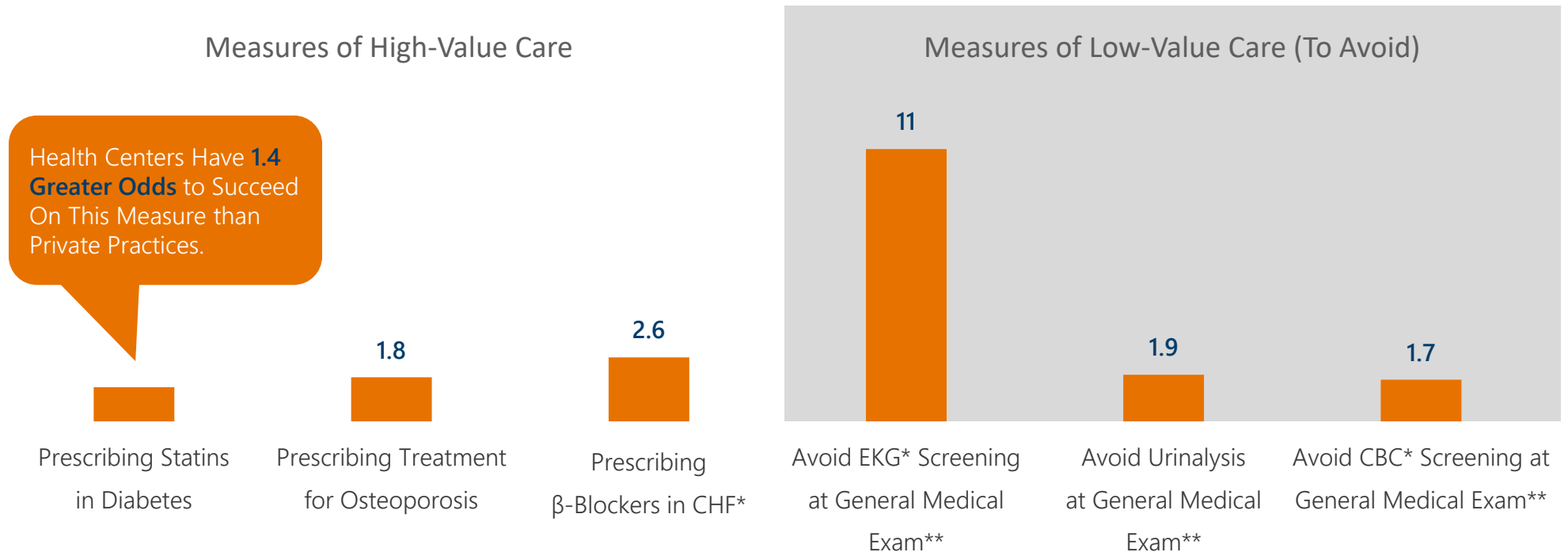


* Includes individuals below 100% FPL or at 100% FPL and below.

Sources: (1) Health Resources and Services Administration, 2014 Health Center Patient Survey. Health Center Patients Aged 50+ Who Ever Had a Colonoscopy. (2) National Center for Health Statistics. Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD. 2017. Table 72. Use of Colorectal Tests or Procedures Among Adults Aged 50-75, by Selected Characteristics: United States, Selected Years 2000 - 2015.

Figure 3-11

Health Centers Have Higher Odds of Delivering High-Value Care and Avoiding Low-Value Screenings Compared to Private Practices



* Definitions: CHF = congestive heart failure; EKG = electrocardiogram; CBC = complete blood counts

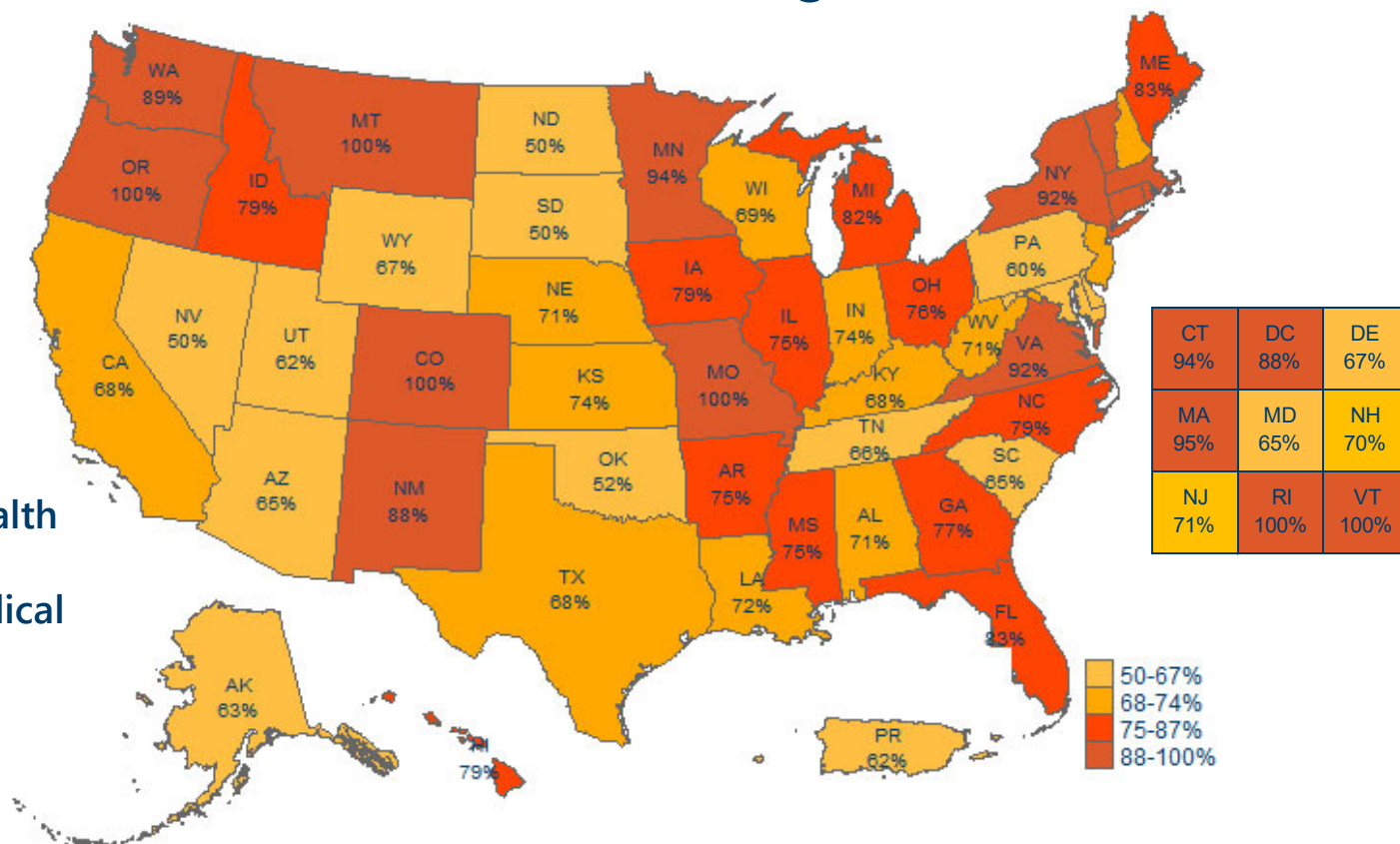
** In the absence of symptoms during a general medical exam

Note: Health centers performed better on an additional measure not shown in the figure. Health centers had 41% lower odds of prescribing antibiotics for an upper respiratory infection, a measure of low-value care.

Source: Oronce, C.I.A. & Fortuna, C.J. Differences in Rates of High-Value and Low-Value Care Between Community Health Centers and Private Practices. Journal of General Internal Medicine. 2019. Available from <https://link.springer.com/article/10.1007/s11606-019-05544-z>

Figure 3-12

Percent of Health Centers with Patient-Centered Medical Home Recognition, December 2019

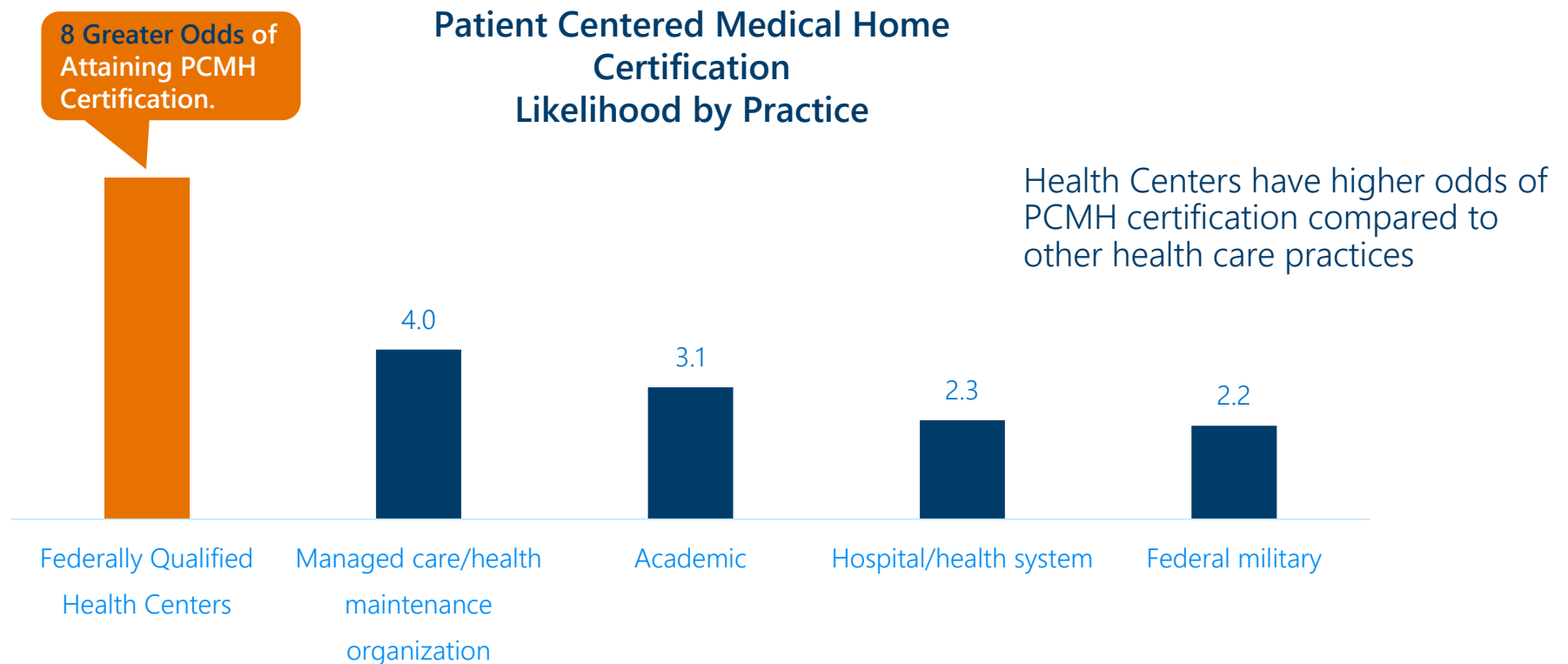


Nationally, 76% of health centers have achieved Patient-Centered Medical Home recognition.

Notes: National figure includes all 1,385 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, November –December 2020.

Figure 3-13

Health Centers are Leaders in Patient-Centered Medical Home (PCMH) Certification and Adoption of PCMH Elements



Source: Rittenhouse, D.; Wiley, J. A.; Peterson, L.; Phillips Jr, R. L. Meaningful Use and Medical Home Functionality in Primary Care Practice. Journal of Health Affairs. 39(11) – p. 1977-1983. November 2020. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2020.00782>

Section 4

Cost-Effective Care

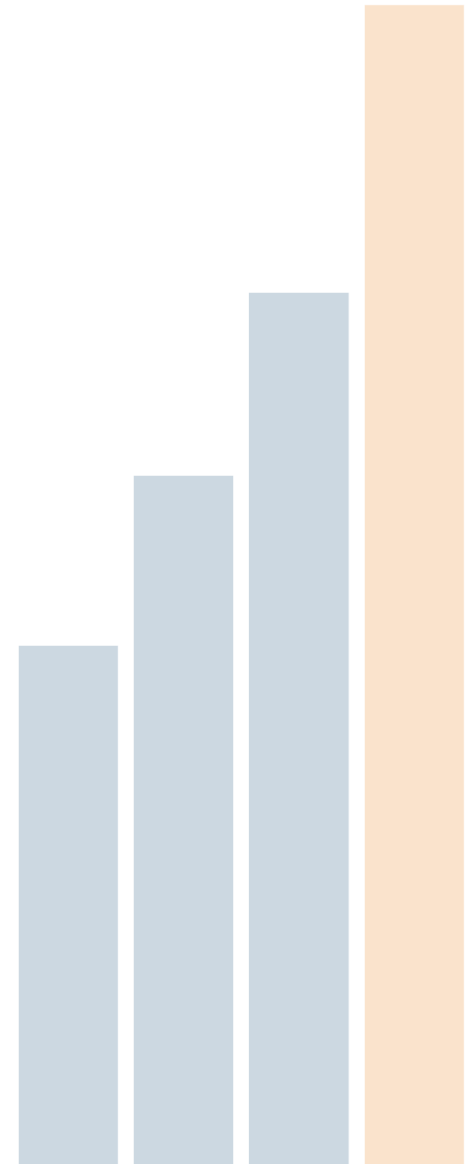
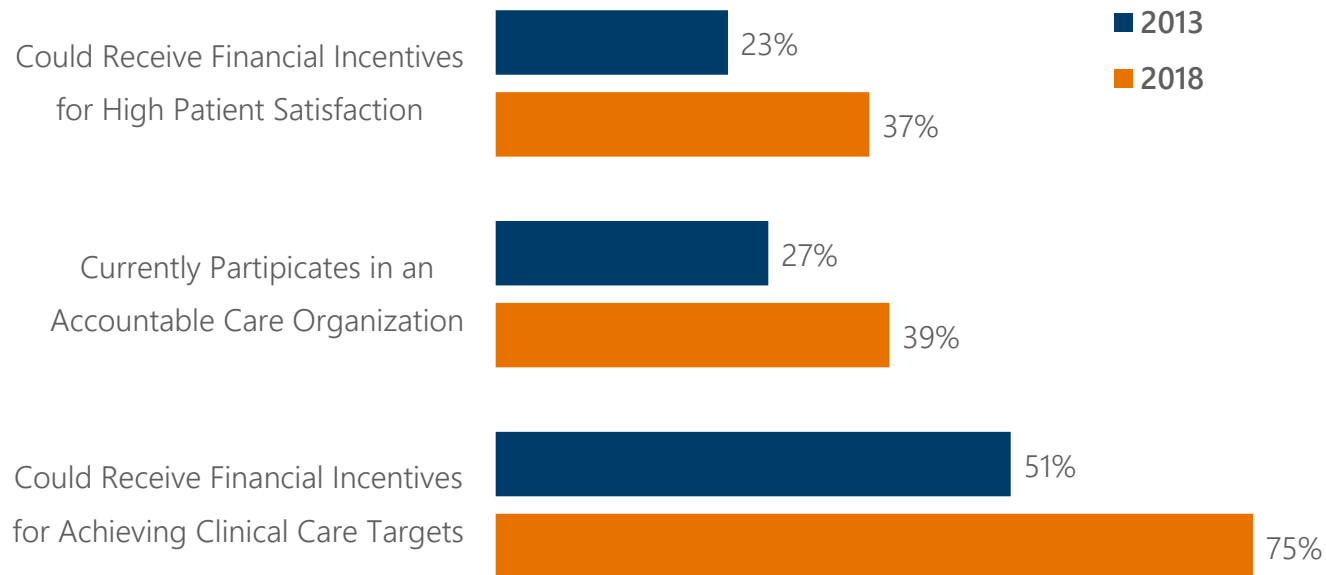


Figure 4-1

Health Centers are Increasingly Participating in New Payment and Delivery System Models

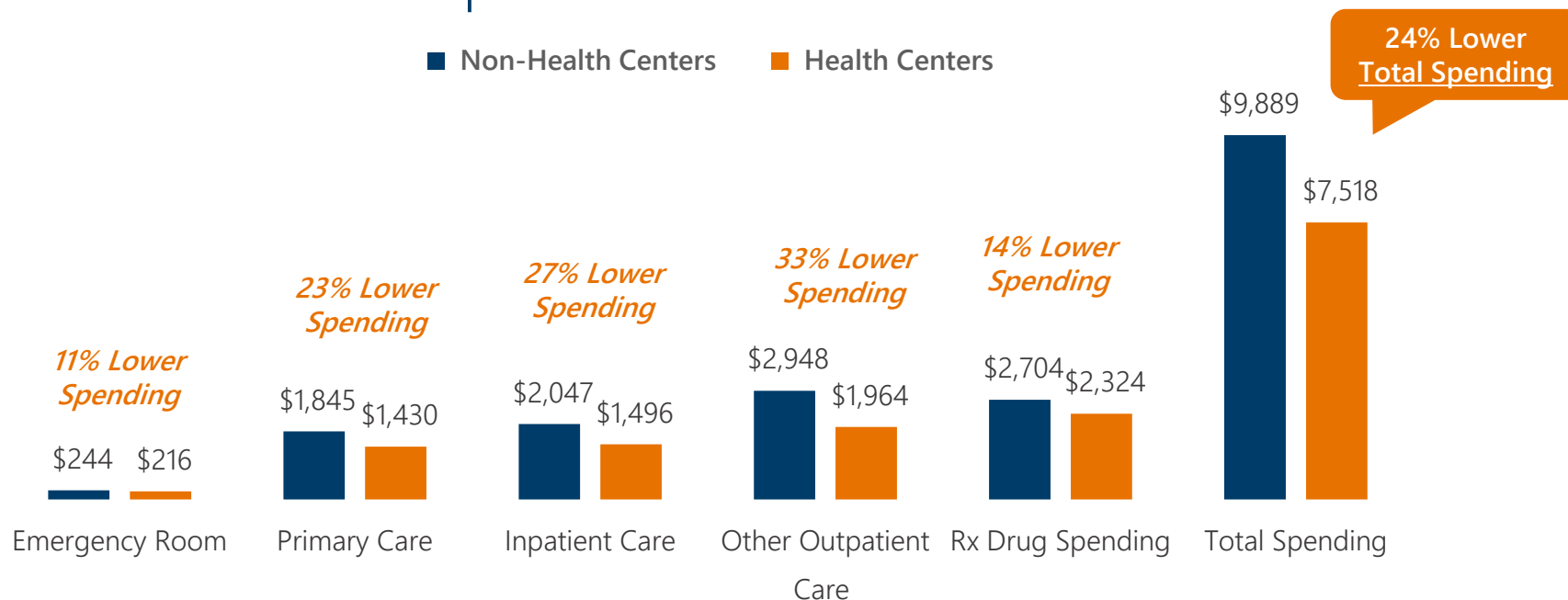
Percent of Health Centers Reporting that Their Organization:



Source: Lewis et al. Changes at Community Health Centers, and How Patients are Benefiting: Results from the Commonwealth Fund National Survey of Federally Qualified Health Centers, 2013-2018. The Commonwealth Fund. August 2019. Available from <https://www.commonwealthfund.org/publications/issue-briefs/2019/aug/changes-at-community-health-centers-how-patients-are-benefiting>

Figure 4-2

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

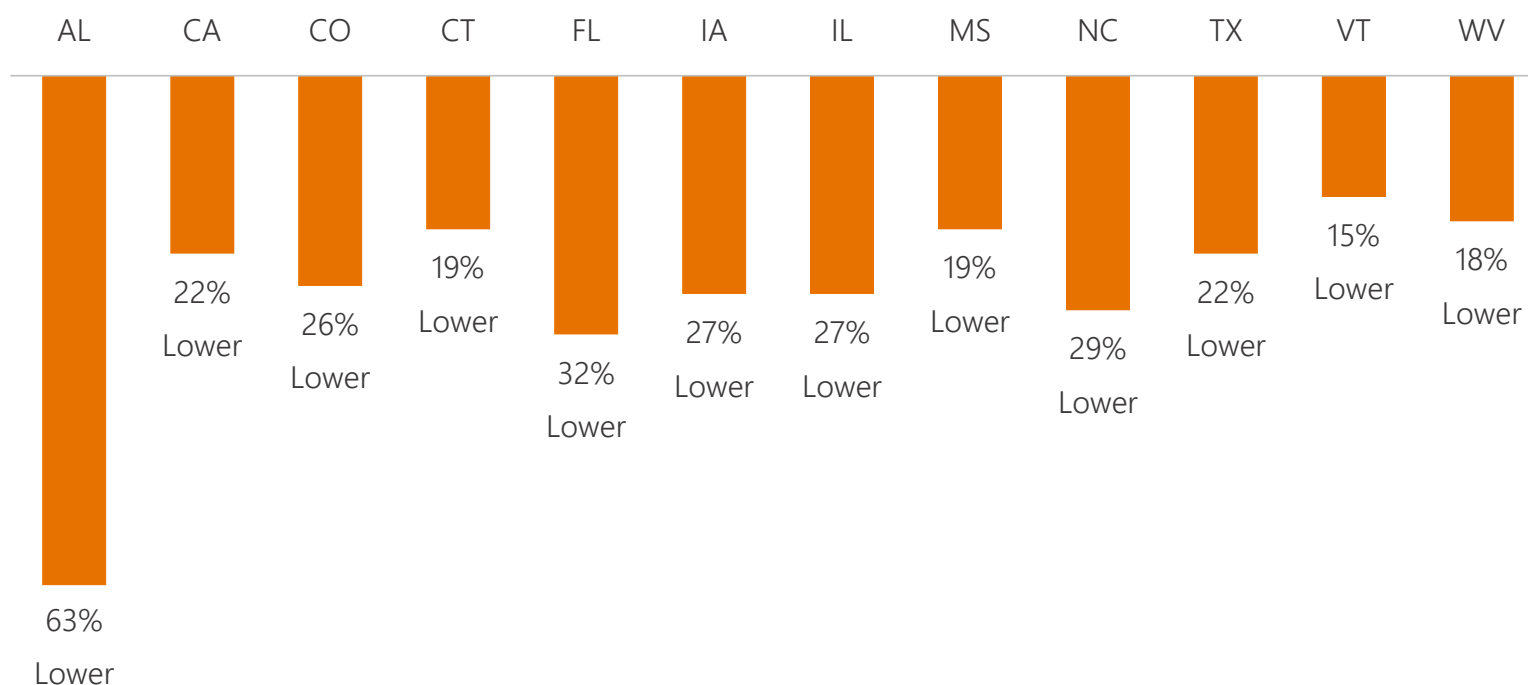


Note: Non-health centers include private physician offices and outpatient clinics.

Source: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. AJPH. November 2016. 106(11): 1981-1989.

Figure 4-3

Health Centers Have Lower Total Spending Per Medicaid Patient Compared to Other Providers

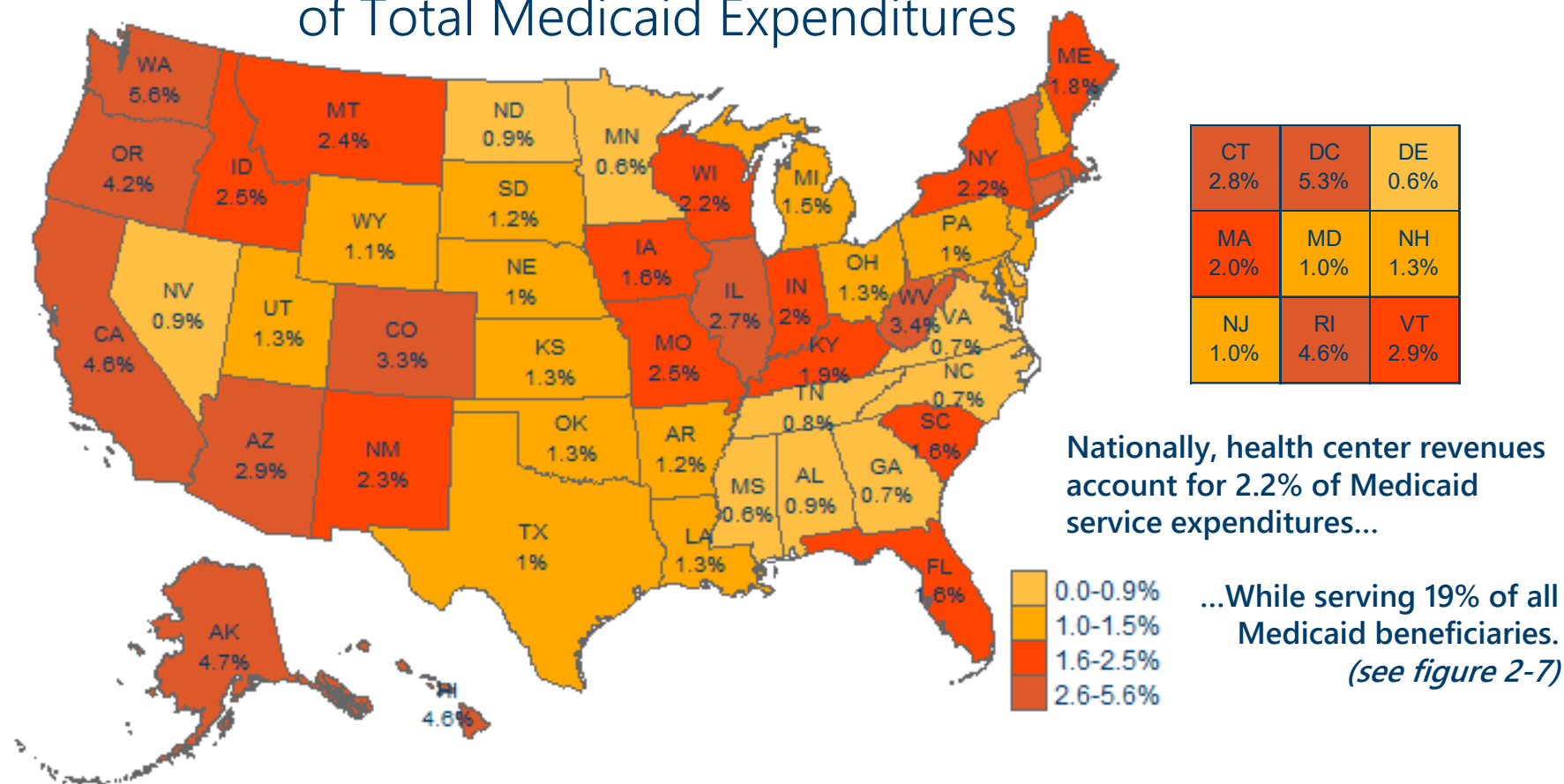


Notes: Other Providers (or “non-health centers”) include private physician offices and outpatient clinics. MT was included in the national-level analyses but did not have a large enough sample size to be included in the adjusted state-level analyses.

Source: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. AJPH. November 2016. 106(11): 1981-1989.

Figure 4-4

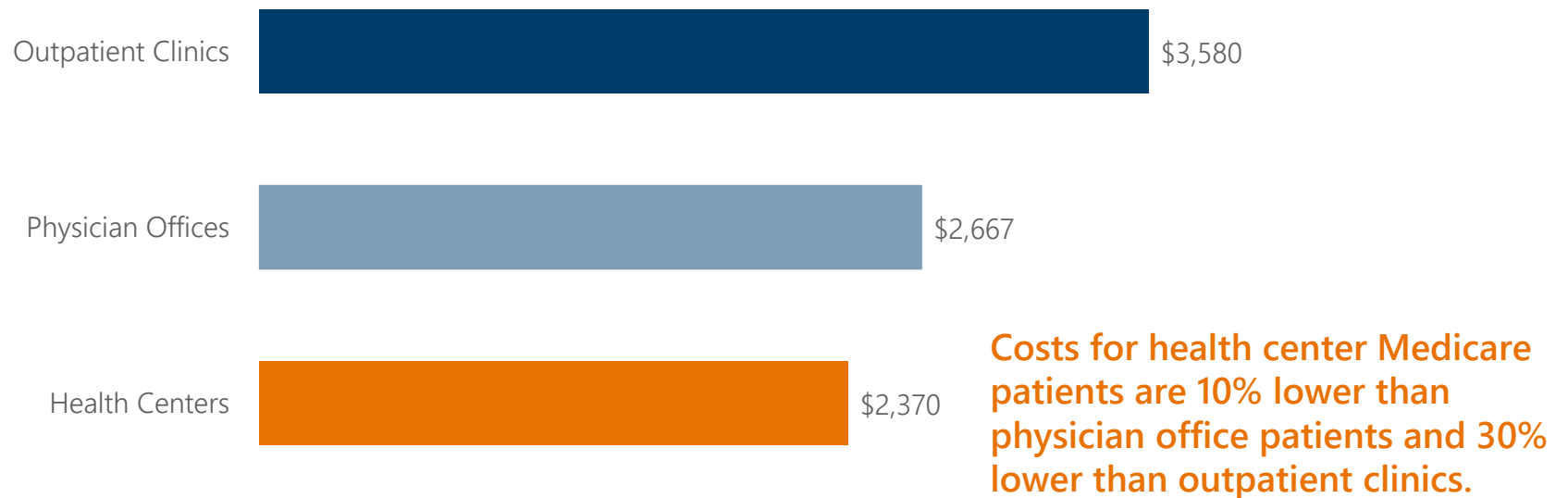
Health Center Medicaid Revenues as a Percent of Total Medicaid Expenditures



Note: Medicaid expenditures do not include administrative costs, accounting adjustments or U.S. territories. National figure only includes health centers in the 50 states and DC. Sources: NACHC analysis of (1) 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Total Medicaid Spending FY 2019. State Health Facts.

Figure 4-5

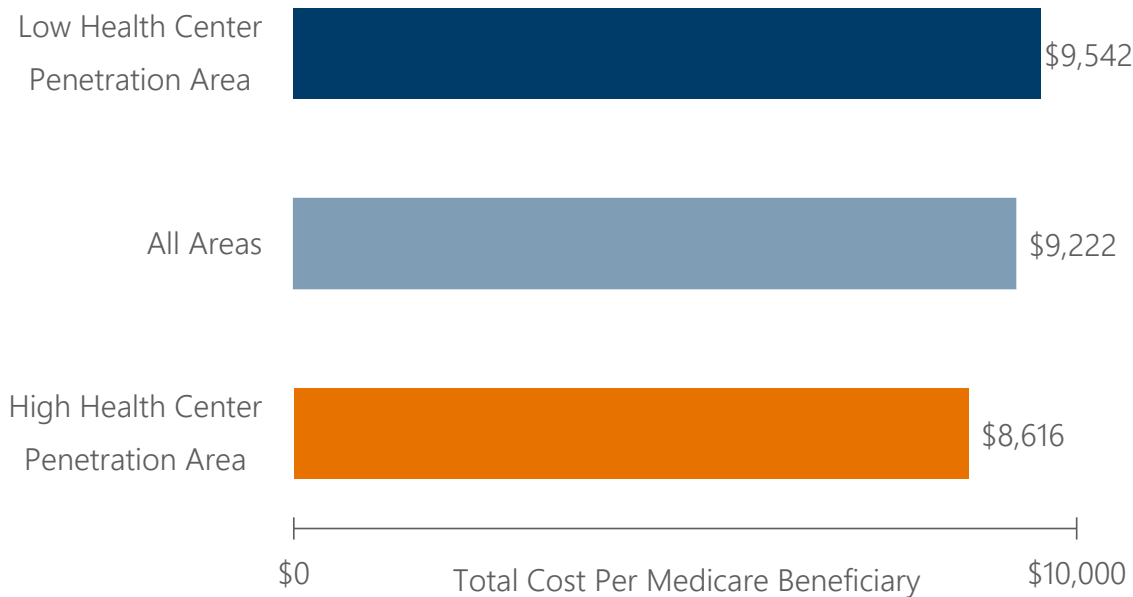
Health Centers are Associated with Lower Total Costs of Care for **Medicare** Patients Compared to Other Providers



Source: Mukamel, D.B., White, L.M., Nocon R.S., et al. Comparing the Cost of Caring for Medicare Beneficiaries in Federally Funded Health Centers to Other Care Settings. Health Serv Res. April 2016. 51(2): 625-644.

Figure 4-6

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



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%.

Source: Sharma R, Lebrun-Harris L, Ngo-Metzger Q. Costs and Clinical Quality Among Medicare Beneficiaries: Associations with Health Center Penetration of Low-Income Residents. Medicare and Medicaid Research Review. 2014; 4(3):E1-E17.58.

Figure 4-7

Health Centers Save 35% Per **Child** Compared to Other Providers

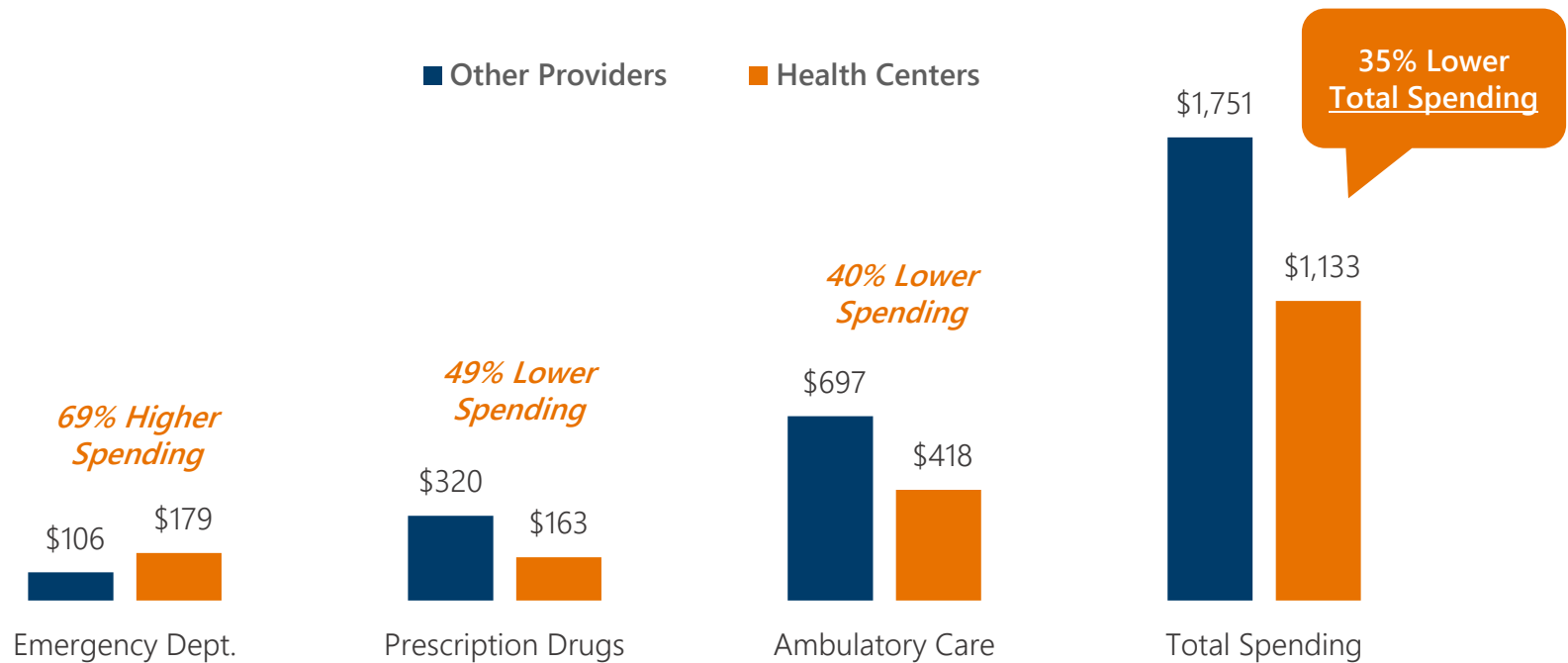
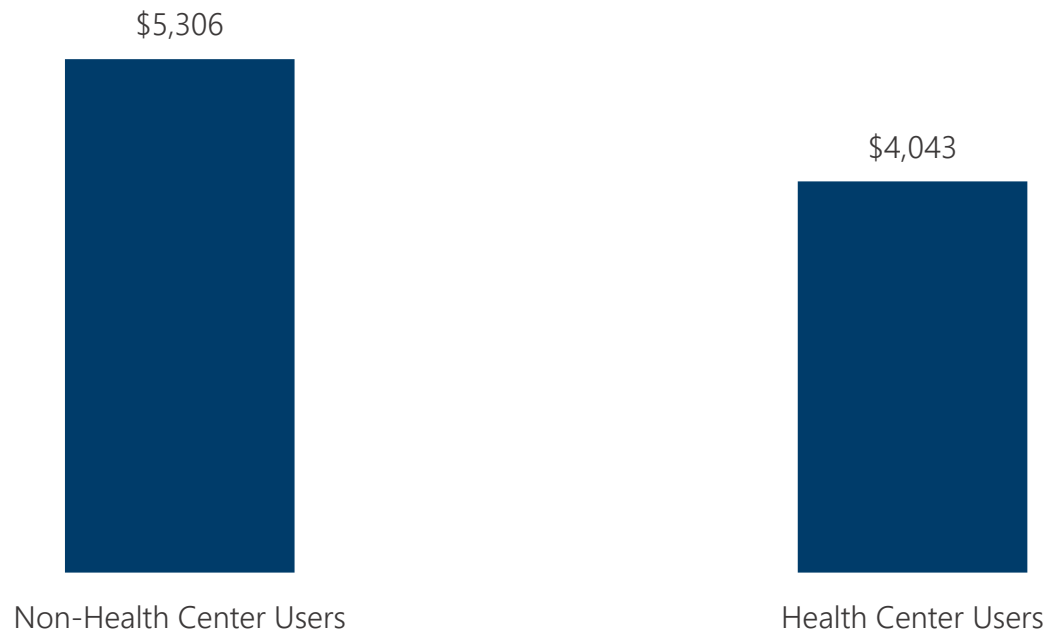


Figure 4-8

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

Total Health Expenditures Per Patient Per Year



Sources: NACHC analysis based on Ku et al. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion on Health Care Costs. GWU Department of Health Policy. Policy Research Brief No. 14. September 2009.

Section 5

Health Center Services and Staffing

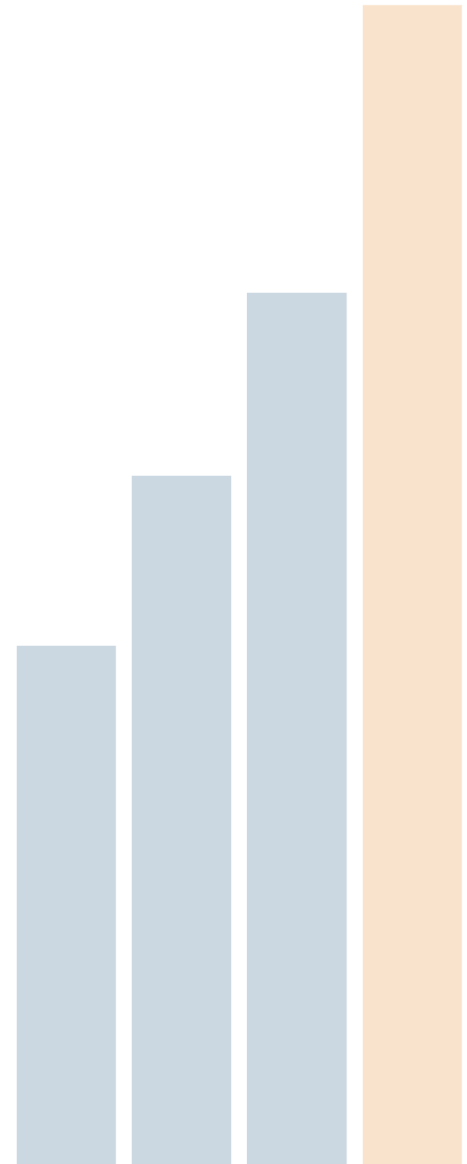
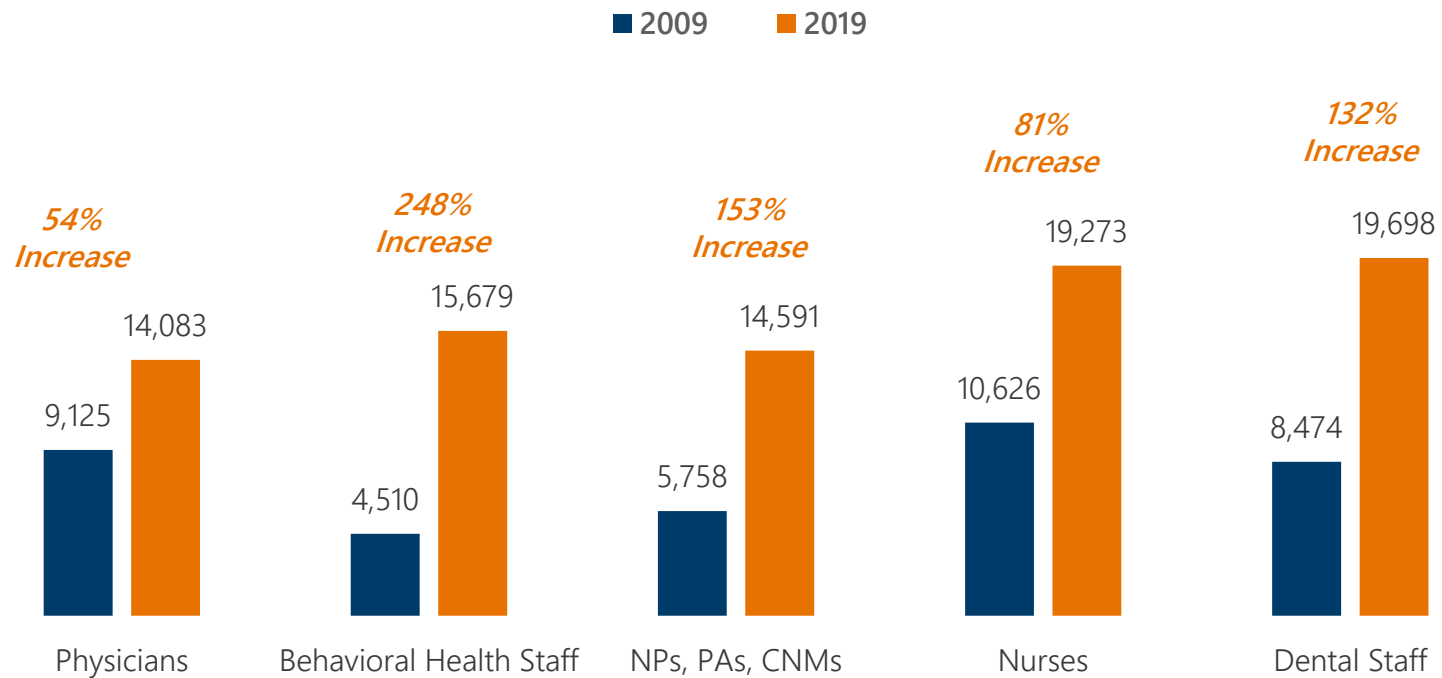


Figure 5-1

Growth in Health Center Clinical Staff, 2009 – 2019

In Full-Time Equivalent

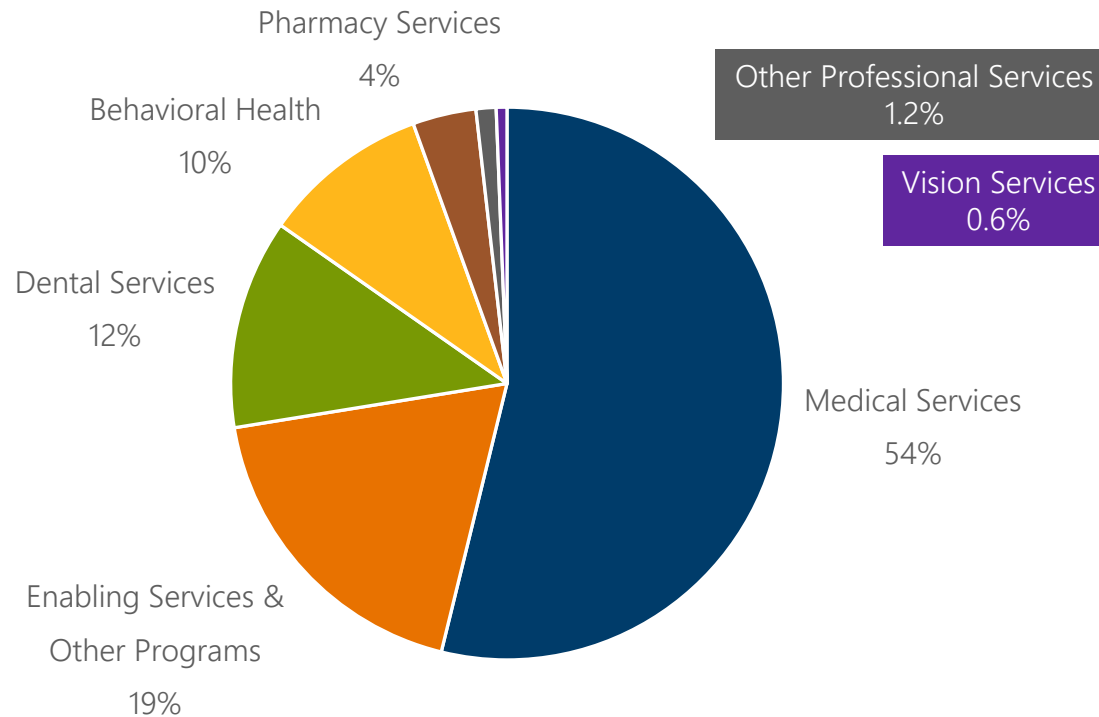


Notes: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral health staff includes mental health and substance abuse staff.
Source: 2009 & 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

Figure 5-2

Health Center Care Team Staff Provide a Broad Array of Services

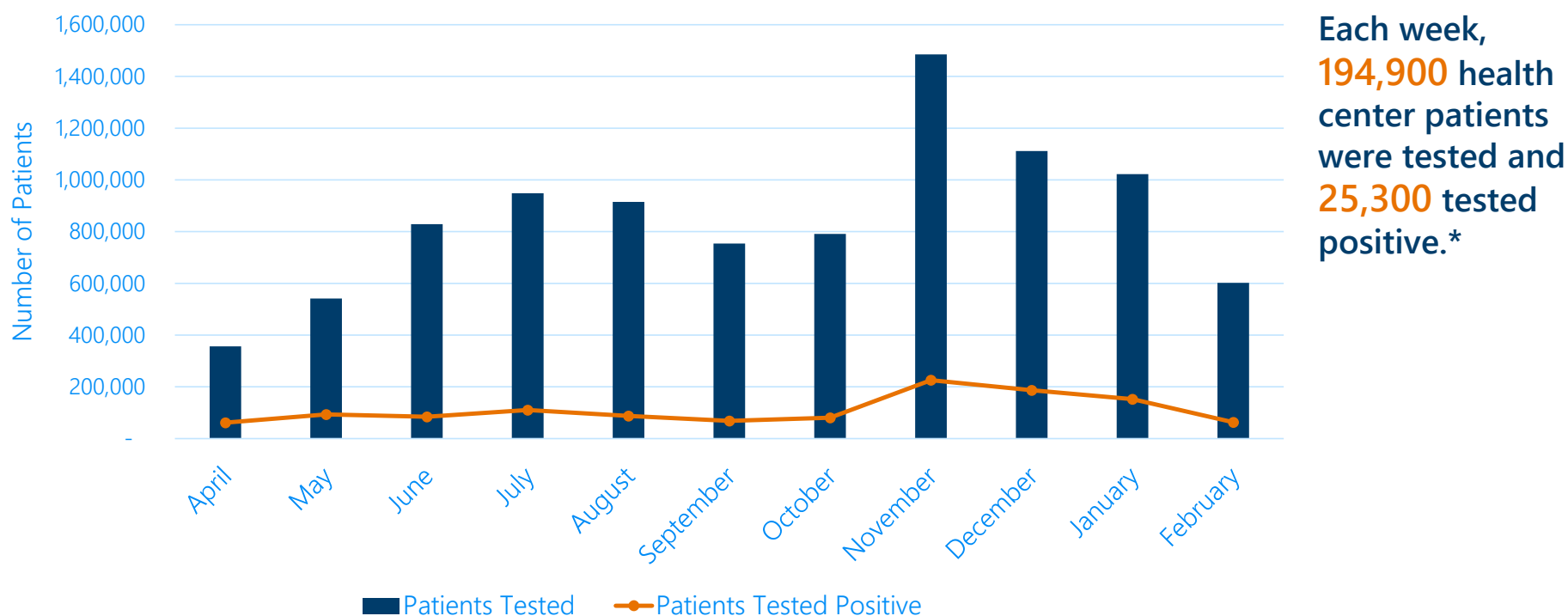
Total Care Team: 163,922 Full-Time Equivalent (FTE)



Note: Percentages may not add to 100% due to rounding.
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-3

Health Centers Test Hundreds of Thousands of Patients for COVID-19 Each Week in 2020



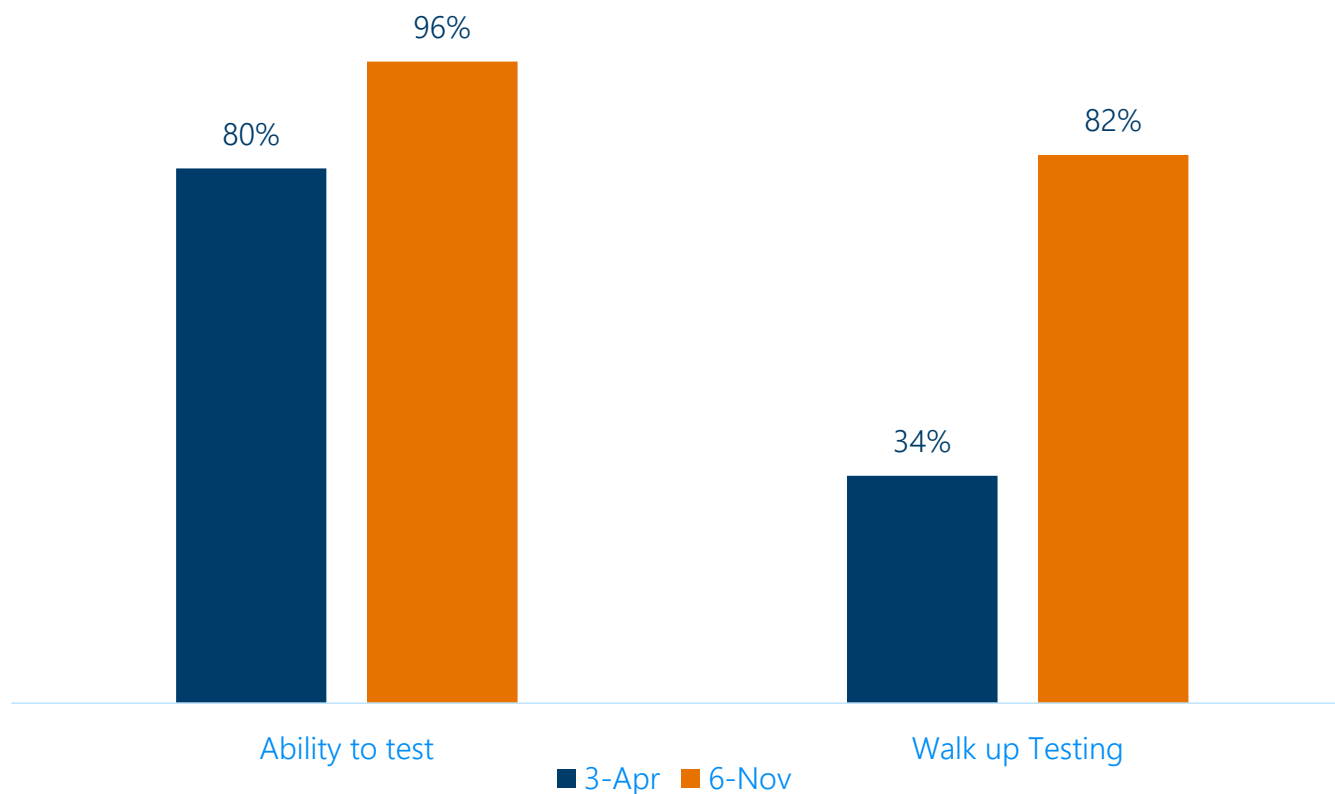
*Percentages are based on an average of weekly data collected between April 3 and February 25, 2020; response rate varied from 56% to 72%.

Note: Survey data are preliminary and do not reflect all health centers. Some duplication of patients and staff tested from week to week may occur. For more information, please visit <https://bphc.hrsa.gov> or contact research@nachc.org.

Source: Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey.

Figure 5-4

Health Centers Rapidly Expanded Their Ability to Test Patients for COVID-19



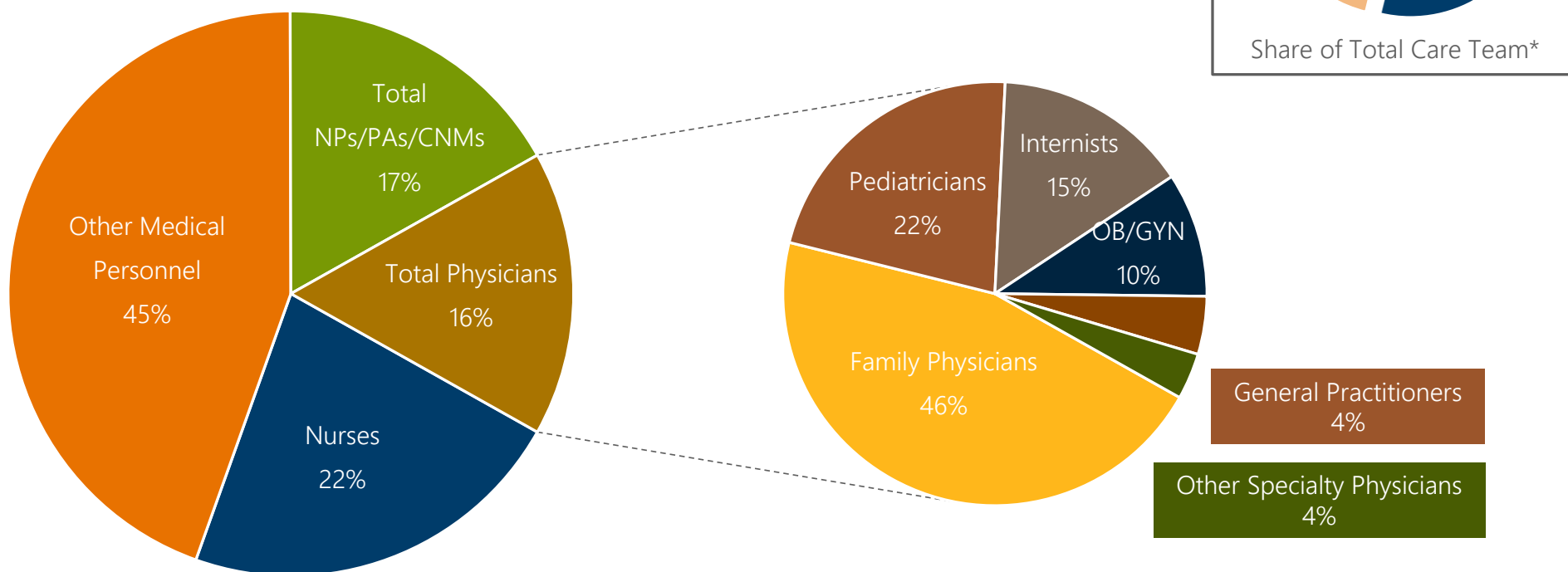
Note: Data is from survey collected between April 3 and November 6 2020, response rate varied from 68% - 72%. For more information, please visit <https://bphc.hrsa.gov> or contact research@nachc.org.

Source: Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey.

Figure 5-5

Health Center Medical Services Staff, 2019

Total Medical Team: 86,401 Full-Time Equivalent



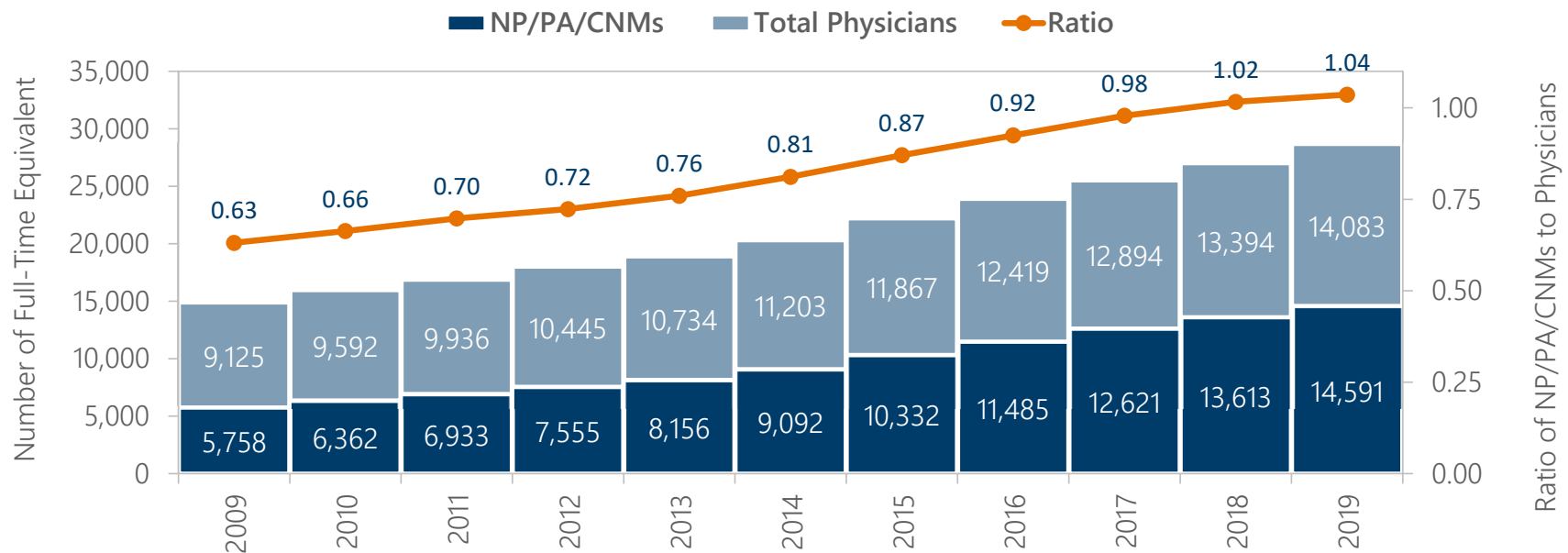
* Total Care Team is shown in Figure 5-2.

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. Percentages may not add to 100% due to rounding.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-6

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



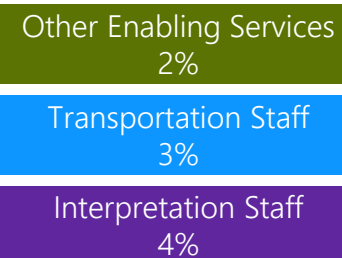
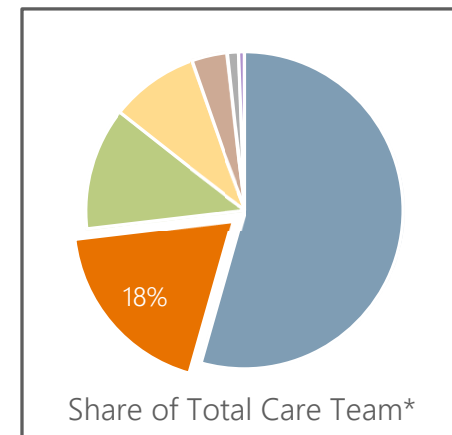
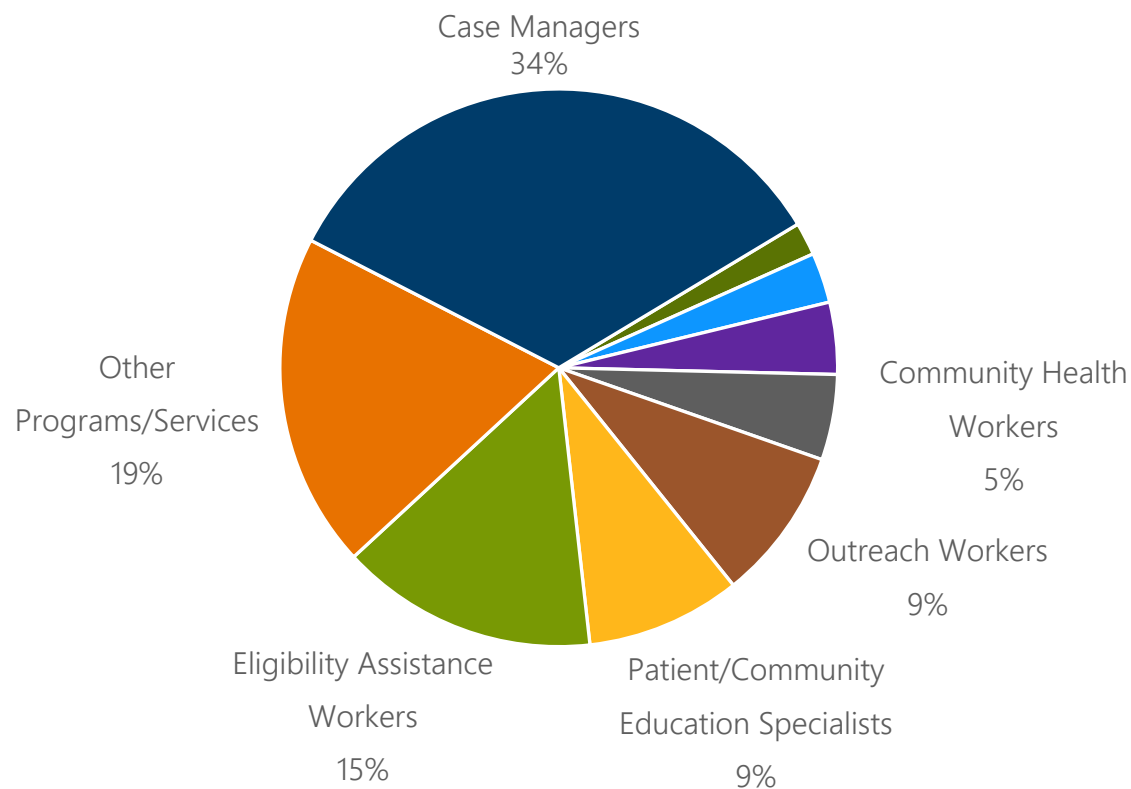
As of 2018, health centers employed more NP/PA/CNMs than physicians.

Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively.
Source: 2009 - 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-7

Health Center Enabling Services & Other Programs Staff, 2019

Total: 29,872 Full-Time Equivalent



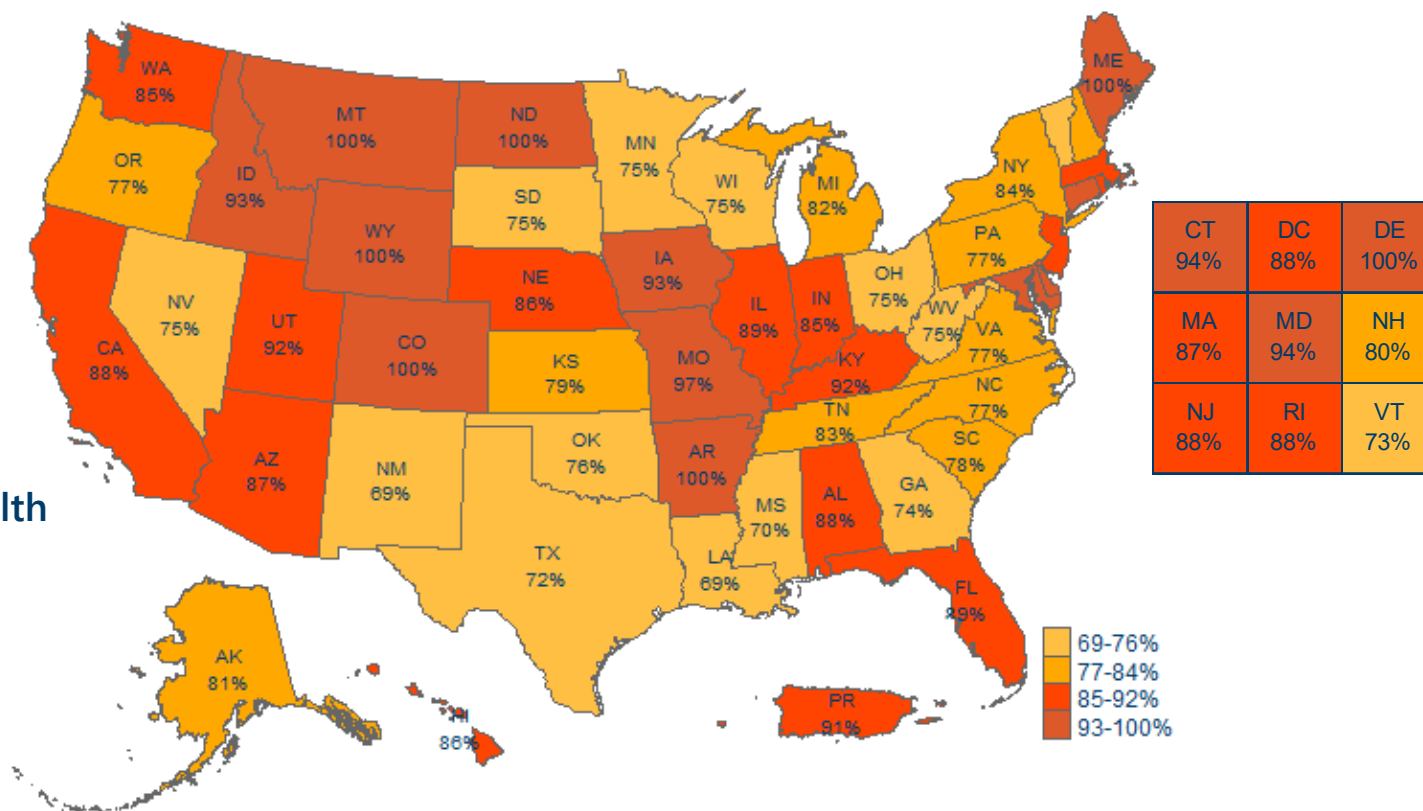
* Total Care Team is shown in Figure 5-2.

Note: Percentages may not add to 100% due to rounding.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-8

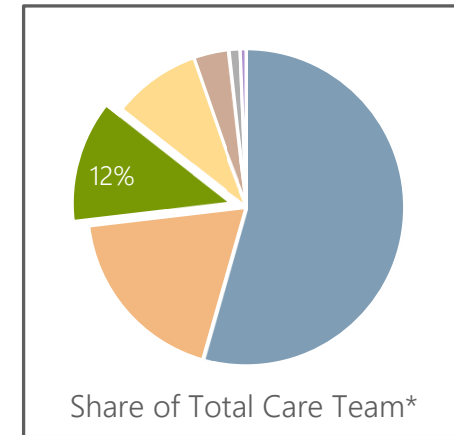
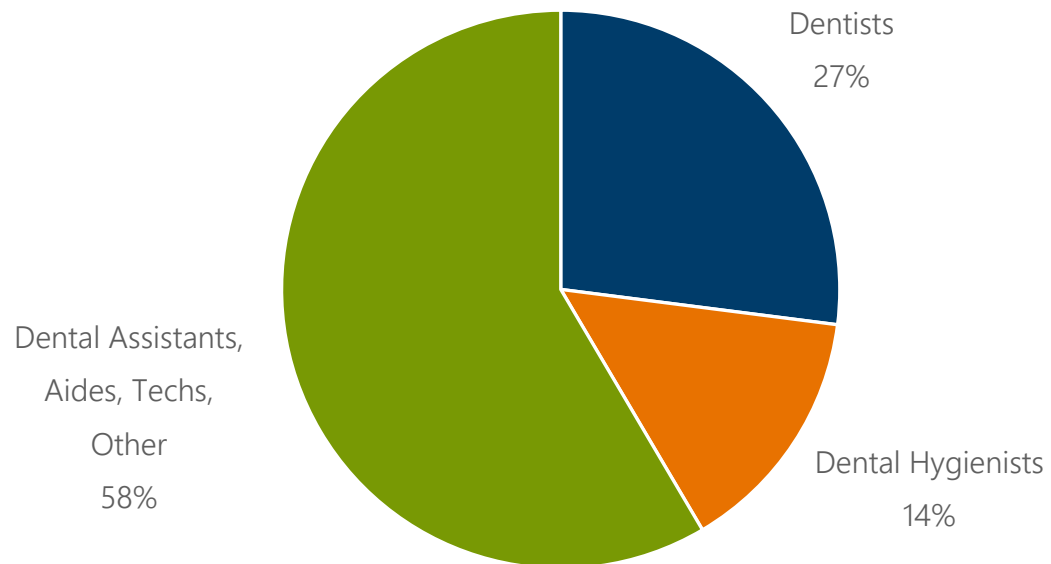
Percent of Health Centers Offering Case Management Services Onsite, 2019



Notes: National figure includes all 1,385 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. Based on the number of health centers employing more than 0 full-time equivalent case management staff.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-9
Health Center Dental Staff, 2019
Total: 19,698 Full-Time Equivalent



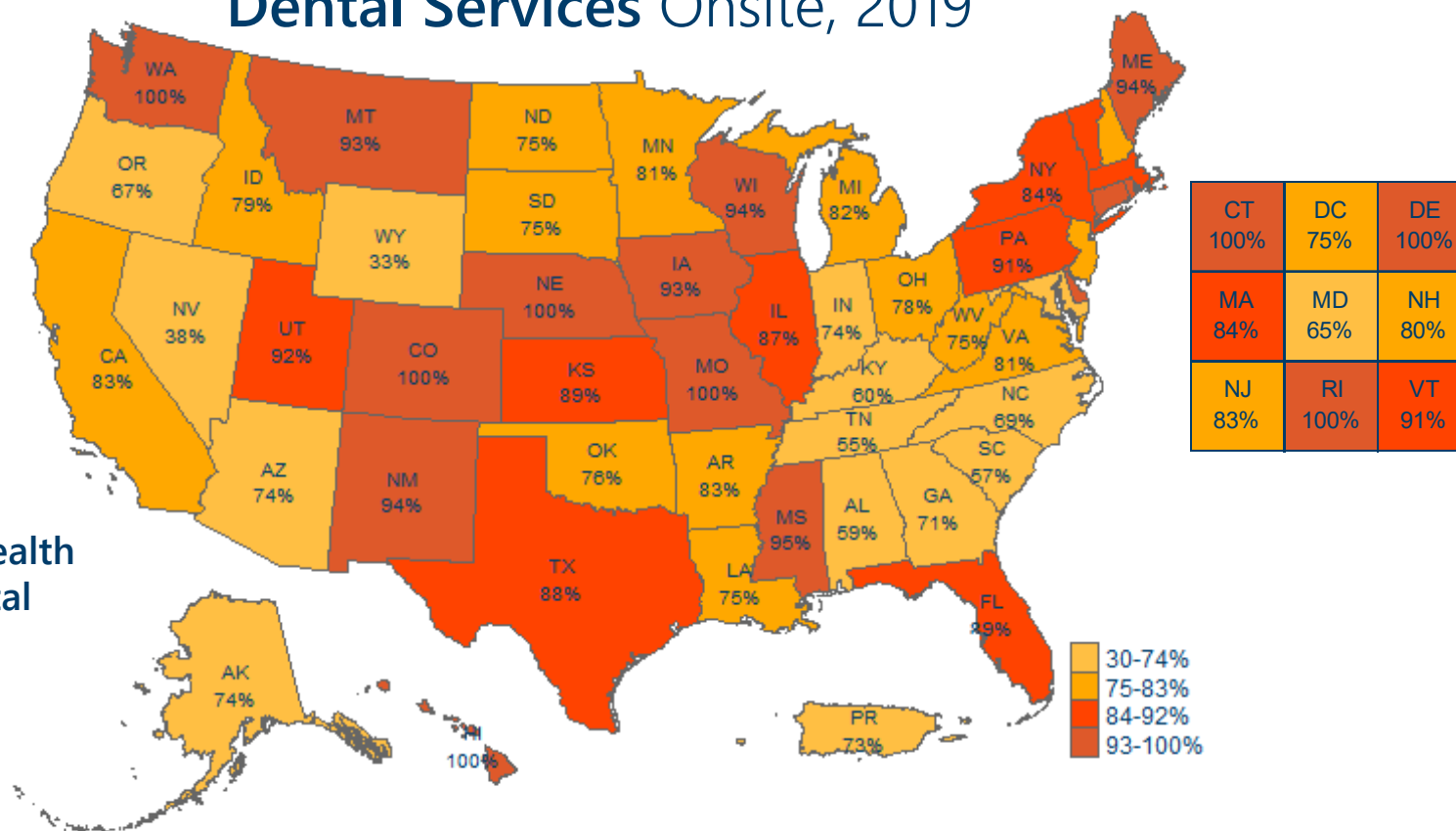
* Total Care Team is shown in Figure 5-2.

Note: Percentages may not add to 100% due to rounding.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-10

Percent of Health Centers Offering Dental Services Onsite, 2019



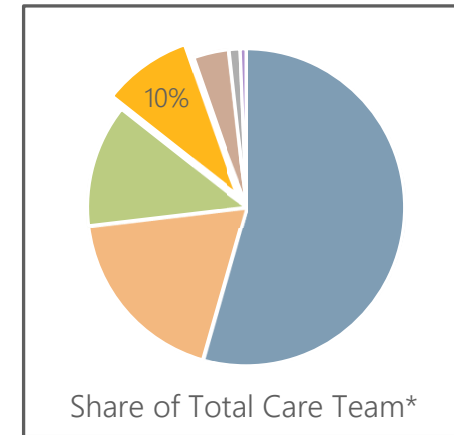
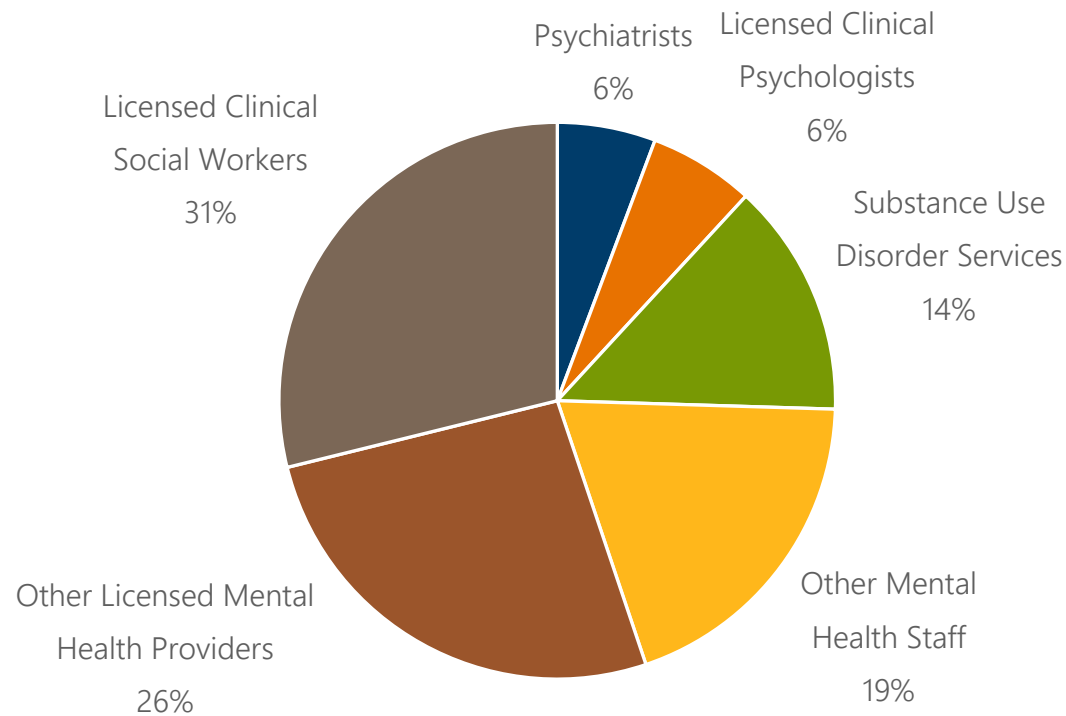
Notes: National figure includes all 1,385 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Binned by quartile for states and territories shown. Based on the number of health centers employing more than 0 full-time equivalent dental staff.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-11

Health Center Behavioral Health Staff, 2019

Total: 15,679 Full-Time Equivalent



* Total Care Team is shown in Figure 5-2.

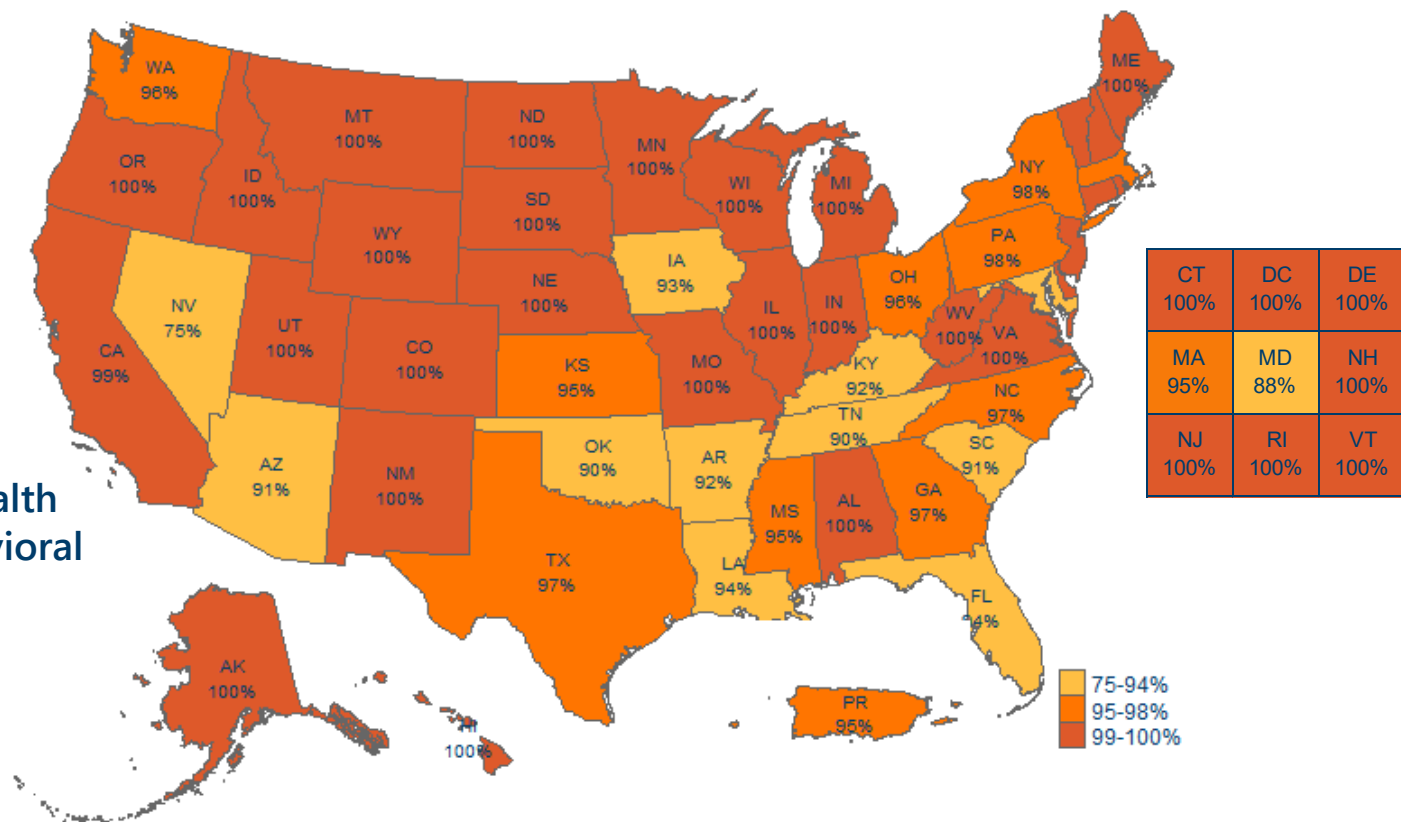
Note: Percentages may not add to 100% due to rounding.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-12

Percent of Health Centers Offering Behavioral Health Services Onsite, 2019

Nationally, 97% of health centers provide behavioral health services onsite.



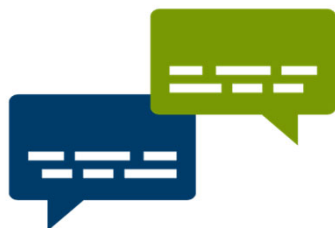
Notes: National figure includes all 1,385 health centers in every state, territory, and D.C. Some territories are not shown in the map above. Behavioral Health includes mental health and substance abuse services. Percentages offering services onsite calculated by including all health centers with more than 0 full-time equivalents for each service.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-13

Health Centers Have Responded to an Increasing Need for Substance Use Disorder (SUD) Treatment and Therapy By Building Their Capacity and Integrating Care

Health centers have **tripled** their behavioral health staff over the past 10 years.



There are **7,100** health center physicians, certified nurse practitioners, and physician assistants with authorization to provide **medication-assisted treatment** for opioid addiction.



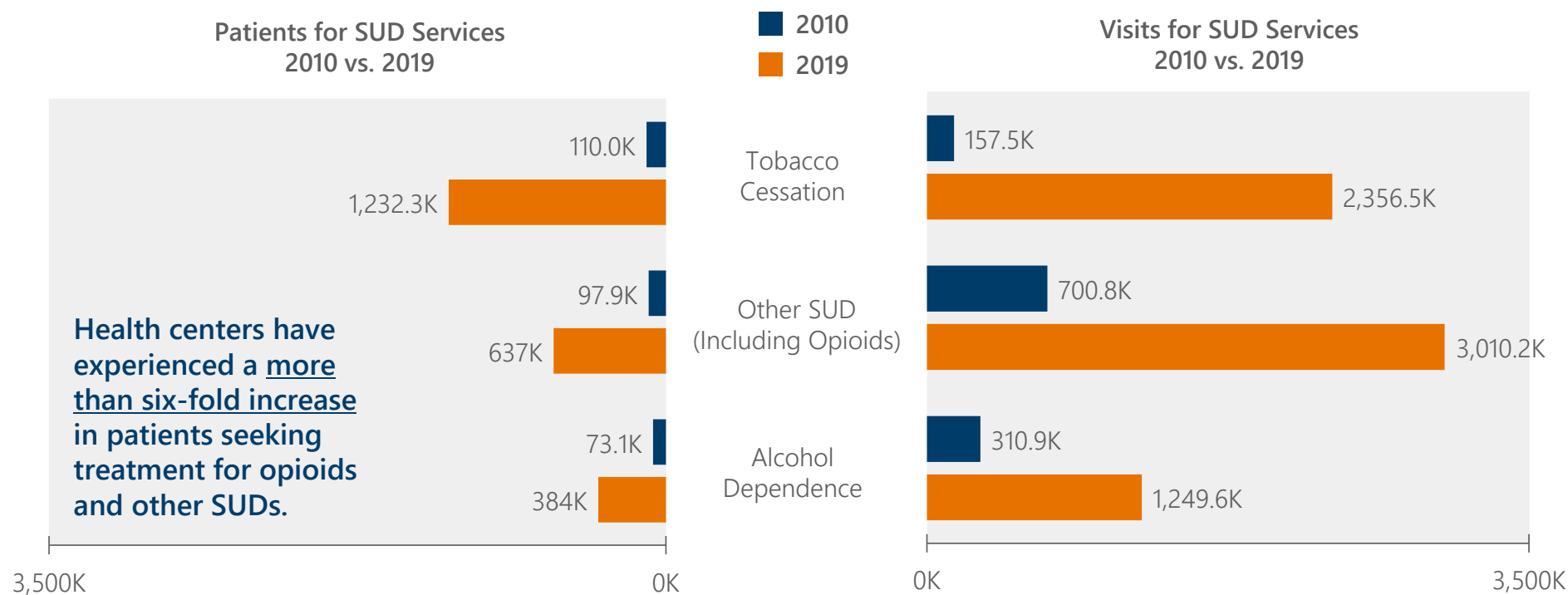
Health center providers performed evidence-based screening, intervention, and referral procedure (SBIRT) for **more than 1.3 million** patients in 2019.



Nearly **143,000** patients received medication-assisted treatment for opioid use disorder in 2019.

Figure 5-14

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

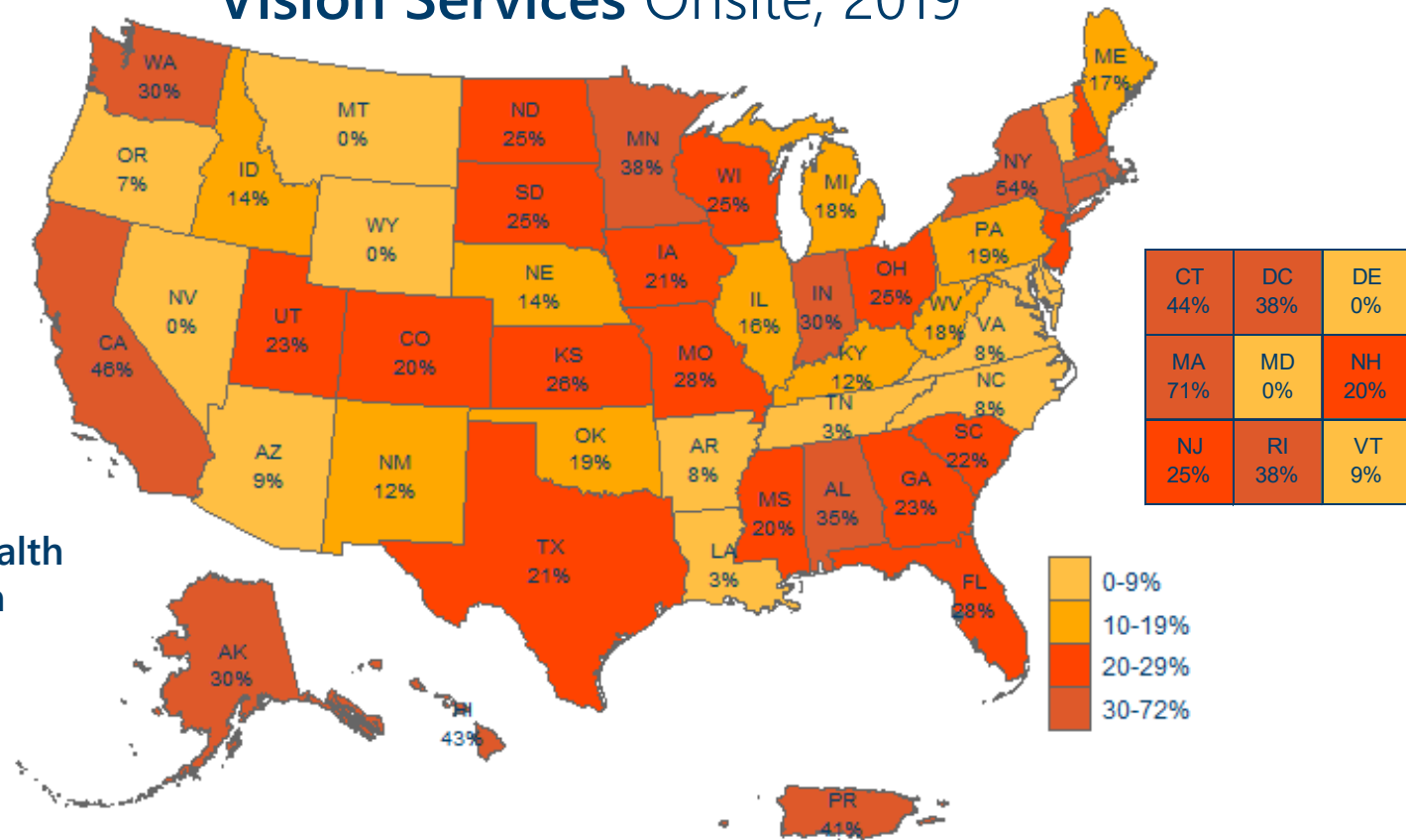


K = Thousands

Source: 2010 & 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-15

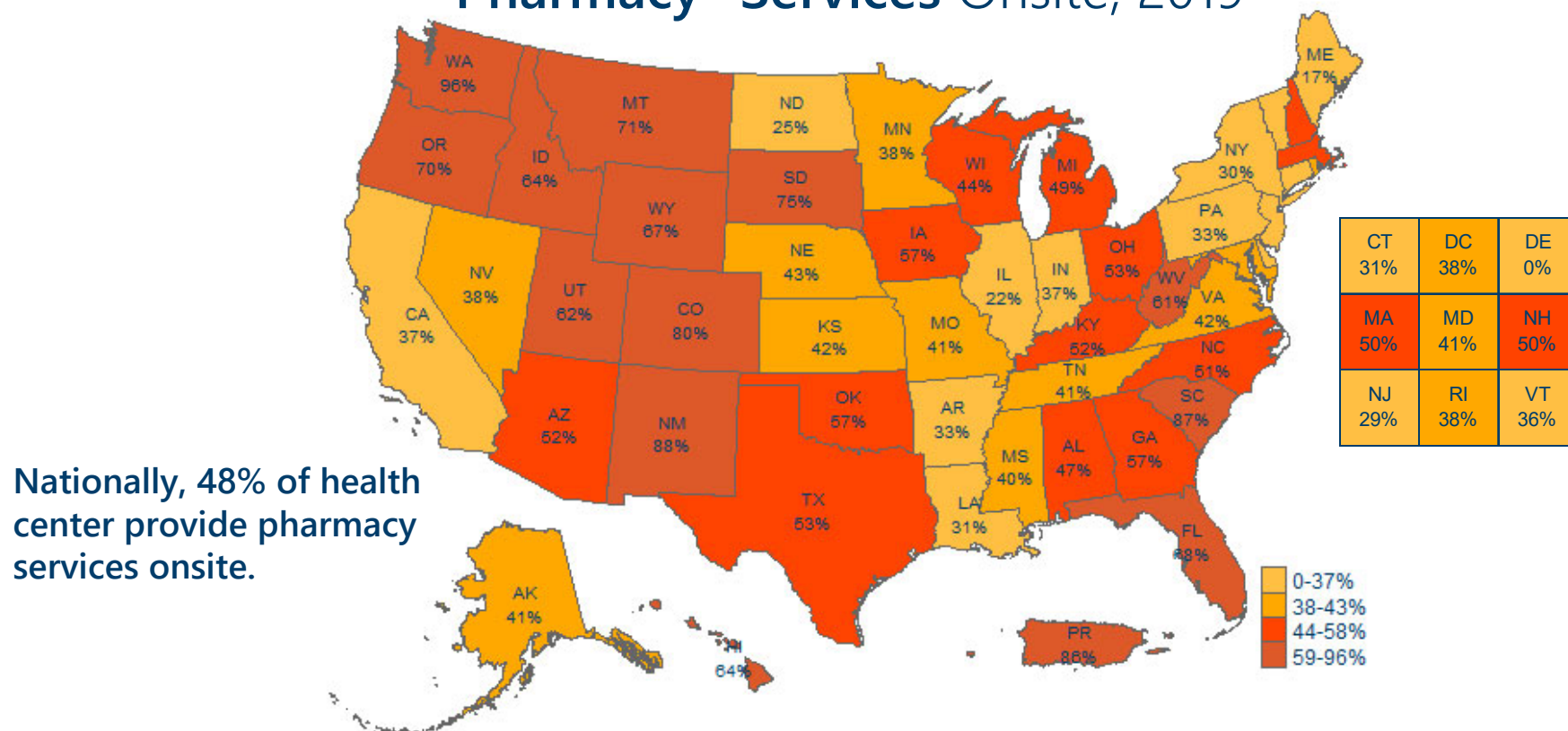
Percent of Health Centers Offering Vision Services Onsite, 2019



Notes: National figure includes all 1,385 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. Based on the number of health centers employing more than 0 full-time equivalent vision staff.
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-16

Percent of Health Centers Offering Pharmacy* Services Onsite, 2019



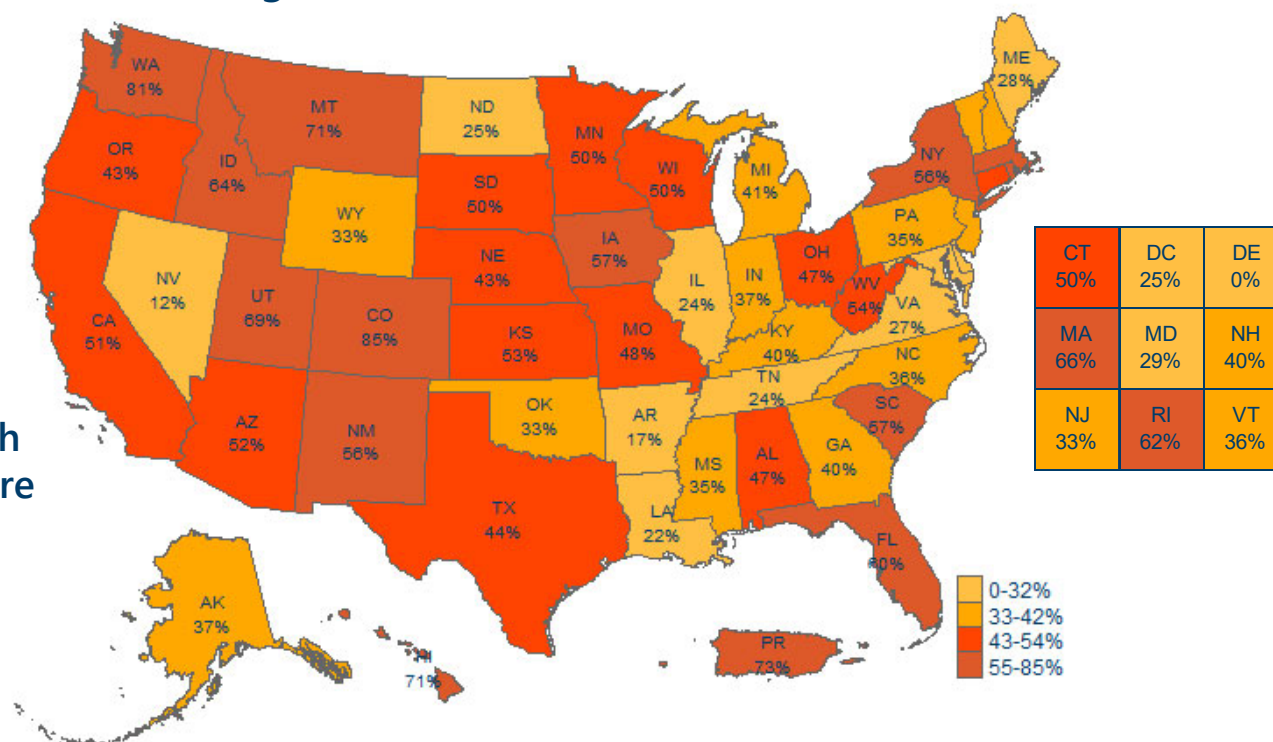
* Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

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 1,385 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: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-17

Percent of Health Centers **Four or More Services** Onsite,
in Addition to Medical Care
(Services include Case Management, Dental, Behavioral Health, Vision, and Pharmacy*)



Nationally, 45% of health centers offer four or more services in addition to medical care.

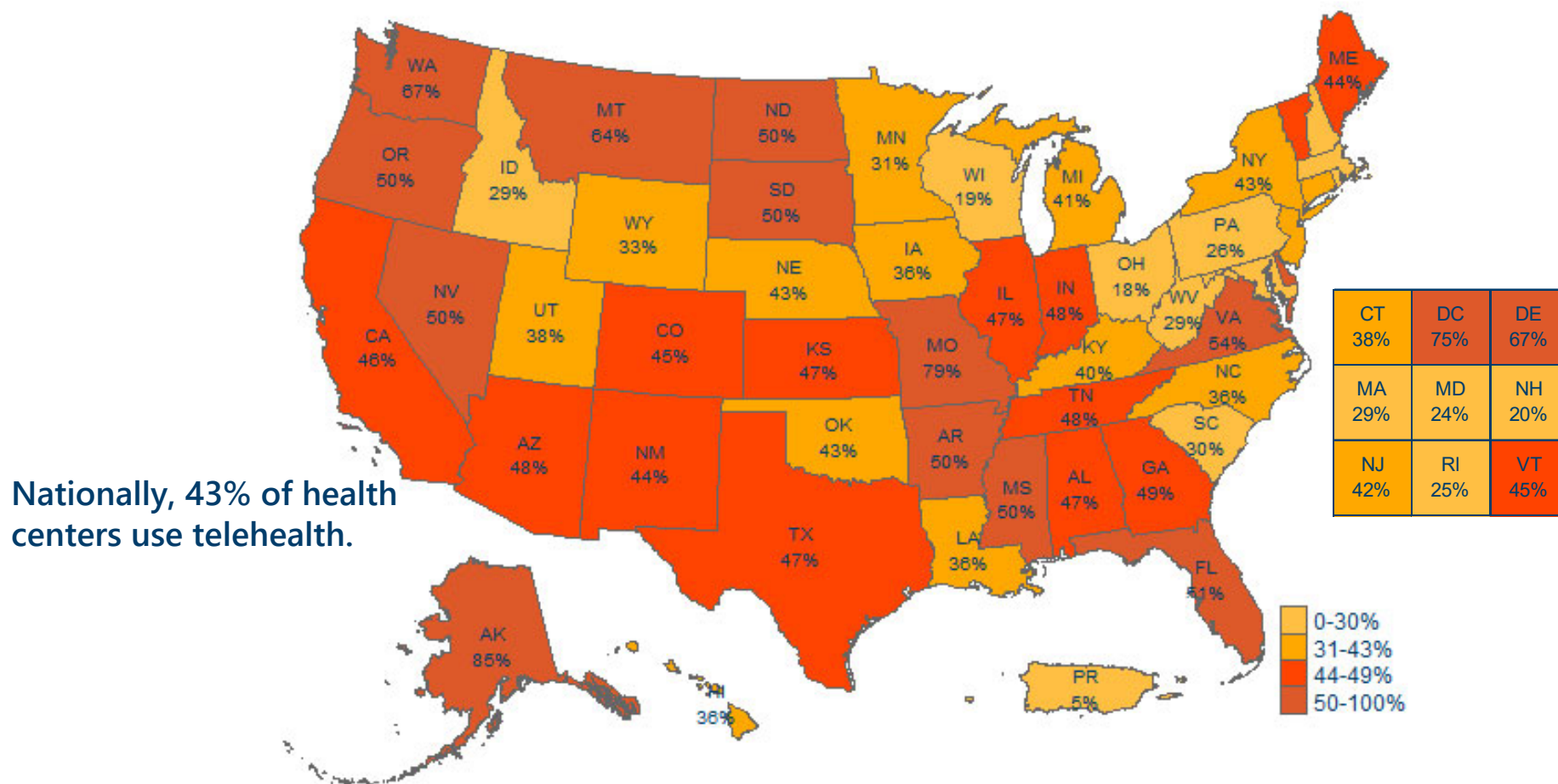
* Pharmacy services only include staff employed by health centers and do not include contract pharmacies operating in health center sites.

Notes: National figure includes all 1,385 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: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-18

Percent of Health Centers Using Telehealth, 2019

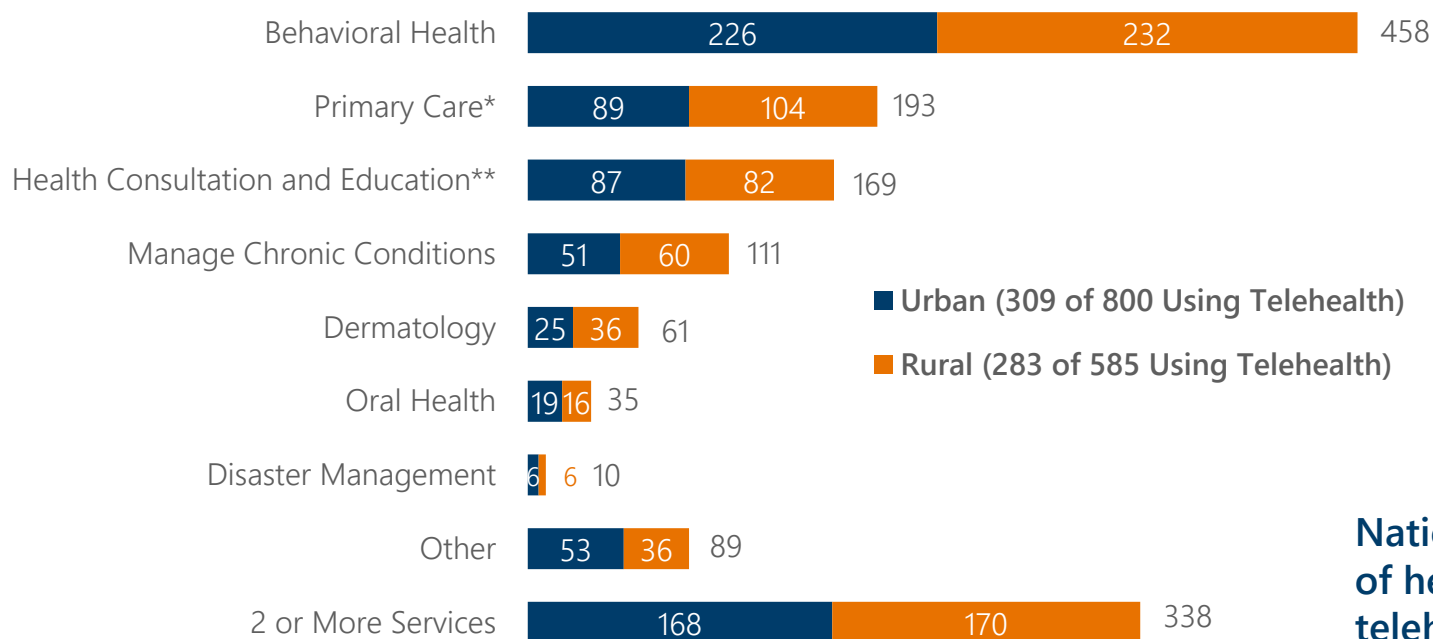


Notes: National figure includes all 1,385 health centers in every state, territory, and D.C. Some territories are not shown in the map above.
 Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-19

Health Centers are Using Telehealth to Expand Access to Needed Services

Number of Health Centers Offering Selected Telehealth Services by Urban/Rural Status, 2019



Nationally, 592 (43%) of health centers use telehealth for a variety of services.

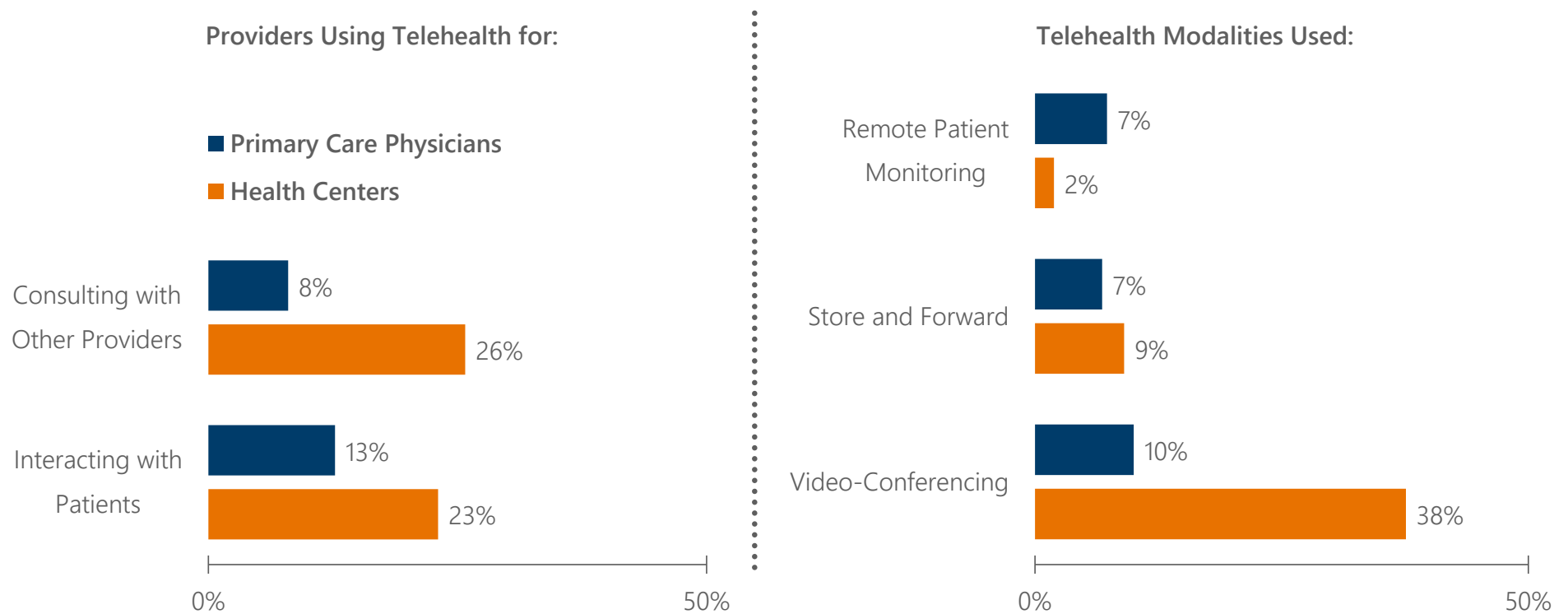
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

*Primary care includes radiology

**Health Consultation and Education includes consumer health education, provider-to-provider consultation, nutrition and dietary consultation

Figure 5-20

Health Centers are Adopting Innovative Telehealth Services At Higher Rates than Other Primary Care Providers



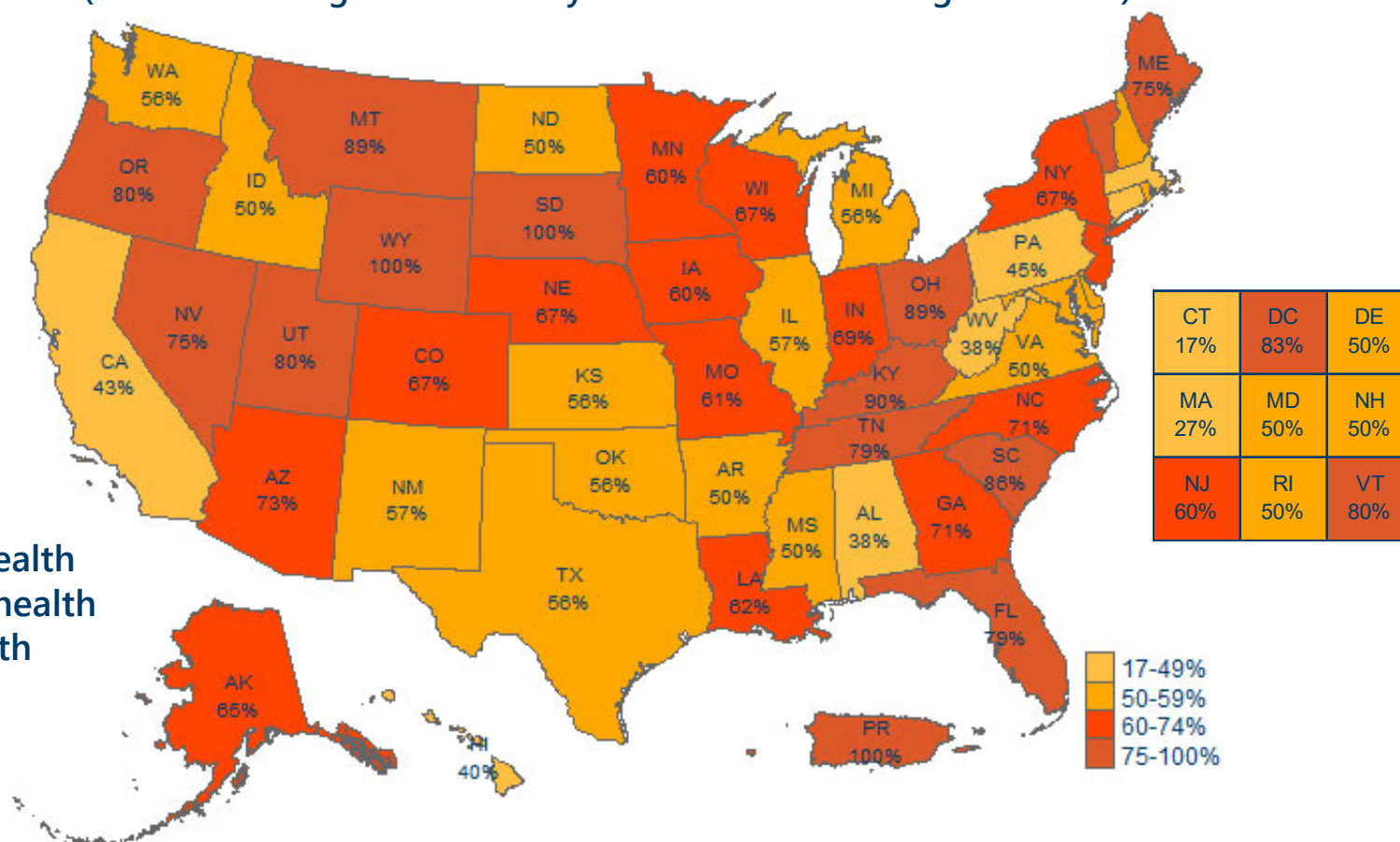
Note: Percentages for health centers base on all health centers, including those that do or do not use telehealth in 2018.

Sources: (1) 2018 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kane, C. K. and Gillis, K. The Use of Telemedicine by Physicians: Still the Exception Rather than the Rule. Health Affairs 37(12). December 2018.

Figure 5-21

Percent of Health Centers Using Telehealth for Interacting with Patients, 2019

(Note: Percentages include only health centers utilizing telehealth)

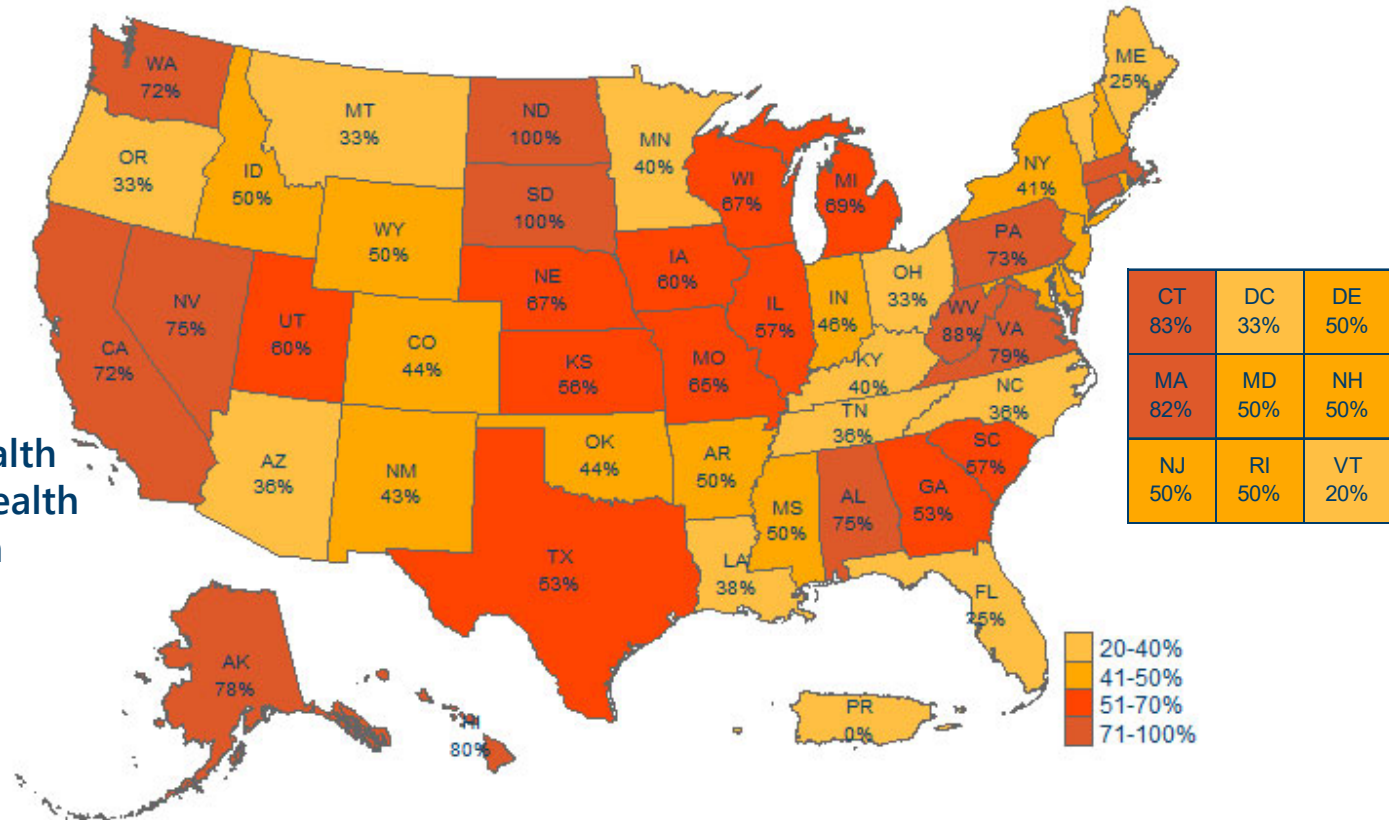


Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-22

Percent of Health Centers Using Telehealth for eConsults With Other Providers, 2019

(Note: Percentages include only health centers utilizing telehealth)

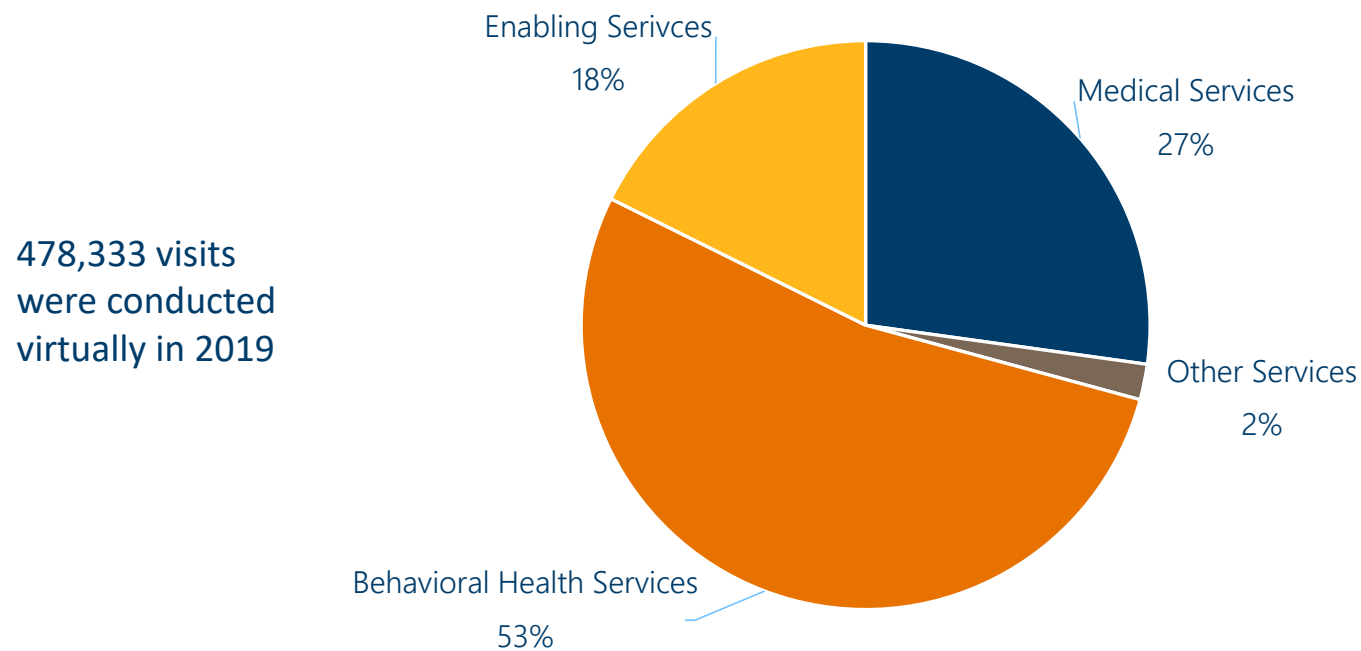


Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-23

Behavioral Health Services Were the Most Common Services Delivered Virtually by Health Centers in 2019

Percent of Virtual Visits by Service



Note: Behavioral health includes services for mental health and substance use disorder; Enabling services includes case management and education specialist services; Other services includes vision, dental, and other professional services.

Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Section 6

Challenges in Meeting Demand for Care

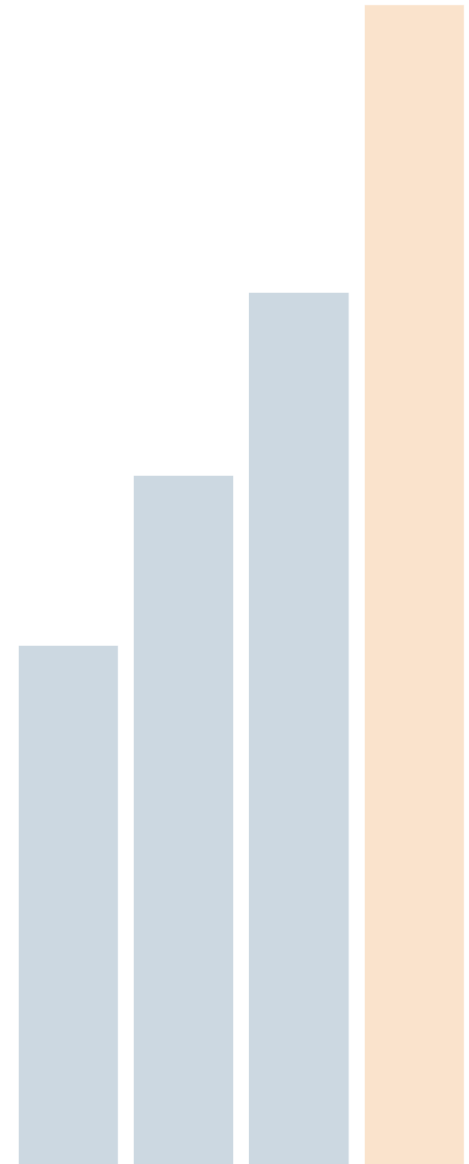
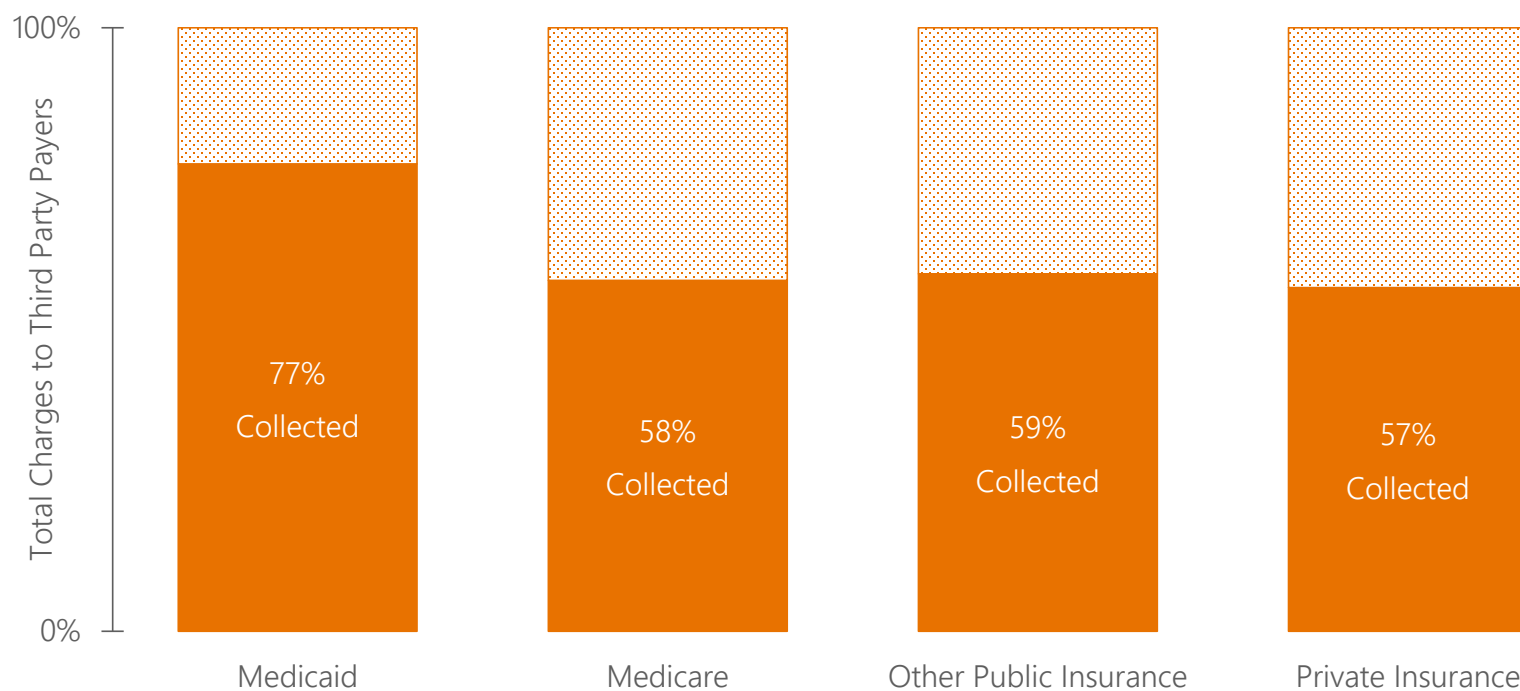


Figure 6-1

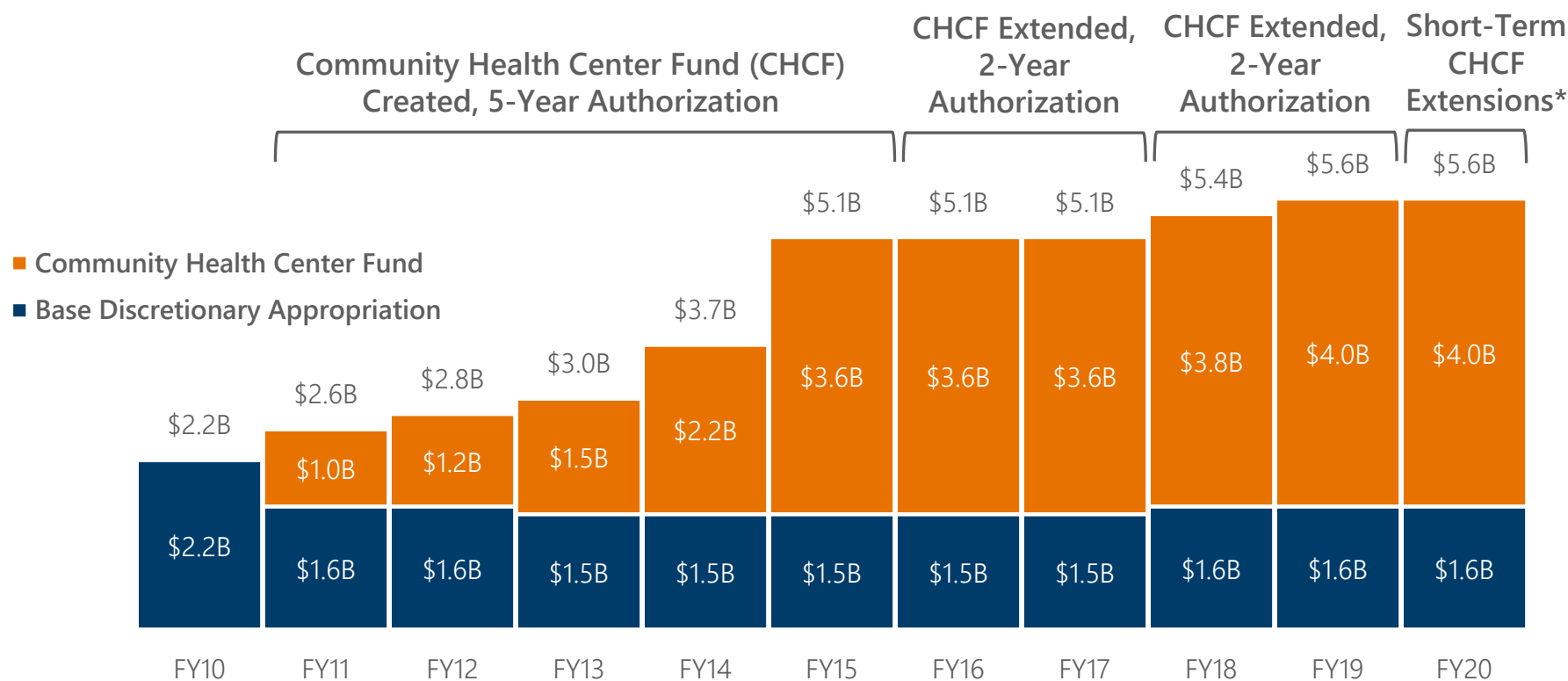
Payments from Third Party Payers are Less than Cost



Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 6-2

Federal Health Center Appropriation History, FY10-FY20



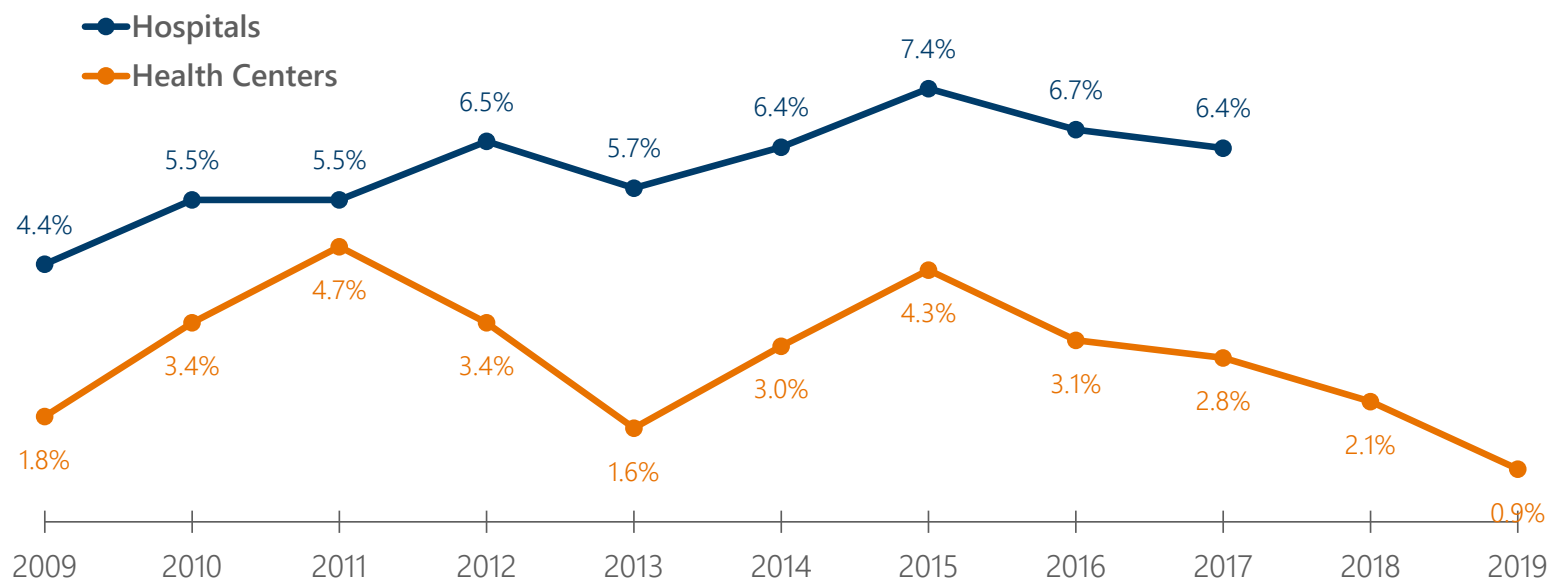
B = Billions.

*Includes Continuing Resolutions and Health Extender Legislation; Health center mandatory funding for FY20 was not the result of a full reauthorization of the Community Health Center Fund (CHCF), but was covered by a collection of short-term extensions of the previous authorization of the CHCF which occurred in 2018 and initially expired on September 30, 2019.

Source: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally-funded health centers only.

Figure 6-3

Health Center Operating Margins Are Less than Hospital Operating Margins

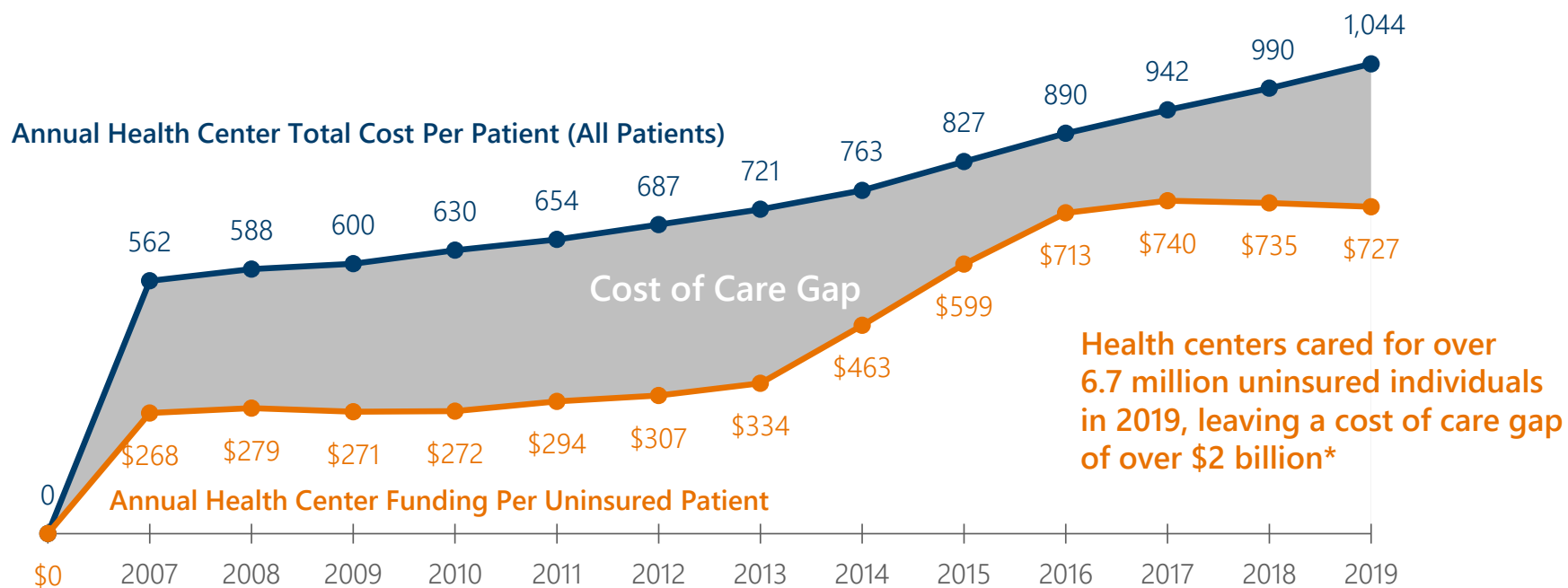


Note: Operating margin data for hospitals after 2016 are unavailable.

Sources: (1) 2009 - 2019 Uniform Data System. Bureau of Primary Health Care, HRSA. DHHS. (2) American Hospital Association. Trendwatch Chartbook 2019: Trends Affecting Hospitals and Health Systems. Supplementary Data Tables. Table 4.3: Hospital Operating Revenue and Expenses per Adjusted Admission, 1994 - 2017.

Figure 6-4

Health Center Funding Per Uninsured Patient Is Well Below Total Per Patient Cost



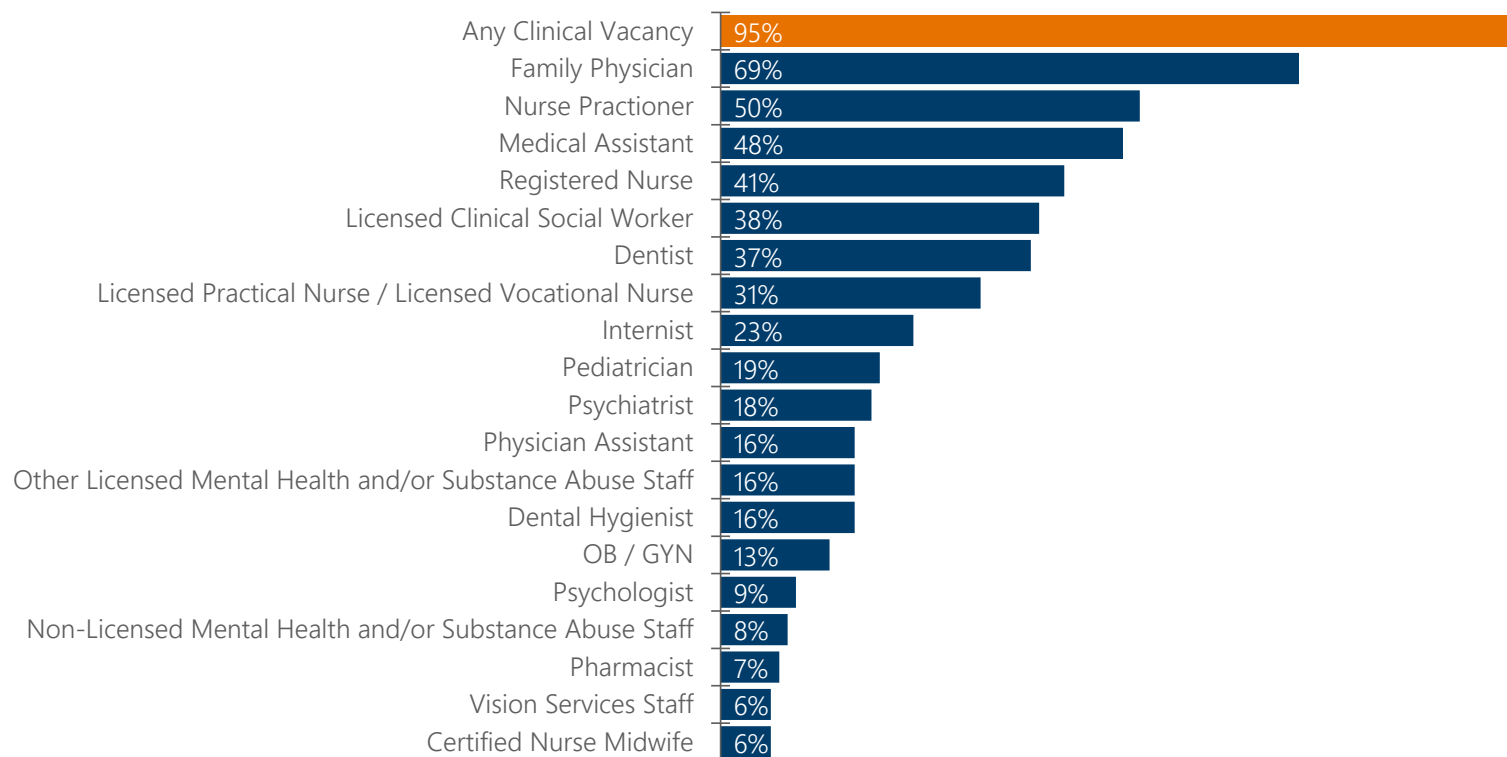
* Calculated by taking the difference between 2019 health center total cost per patient (all patients) and 2019 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2019.

Source: 2008 - 2019 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

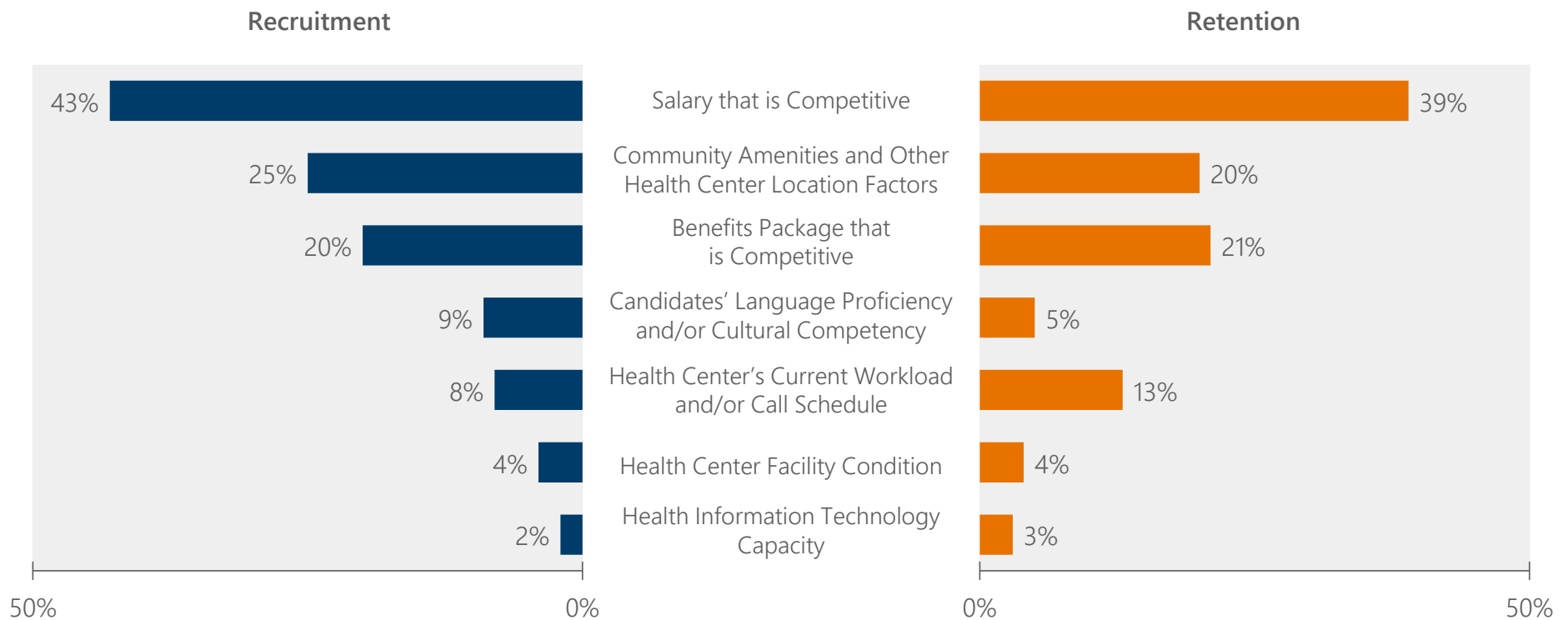


Source: NACHC. Staffing the Safety Net: Building the Primary Care Workforce at America's Health Centers. 2016. Available from: <http://www.nachc.org/research-and-data/>

Figure 6-6

Health Centers Have Unique Challenges Recruiting and Retaining Staff

Percent of Health Centers Reporting Specific Challenges for Recruitment and Retention

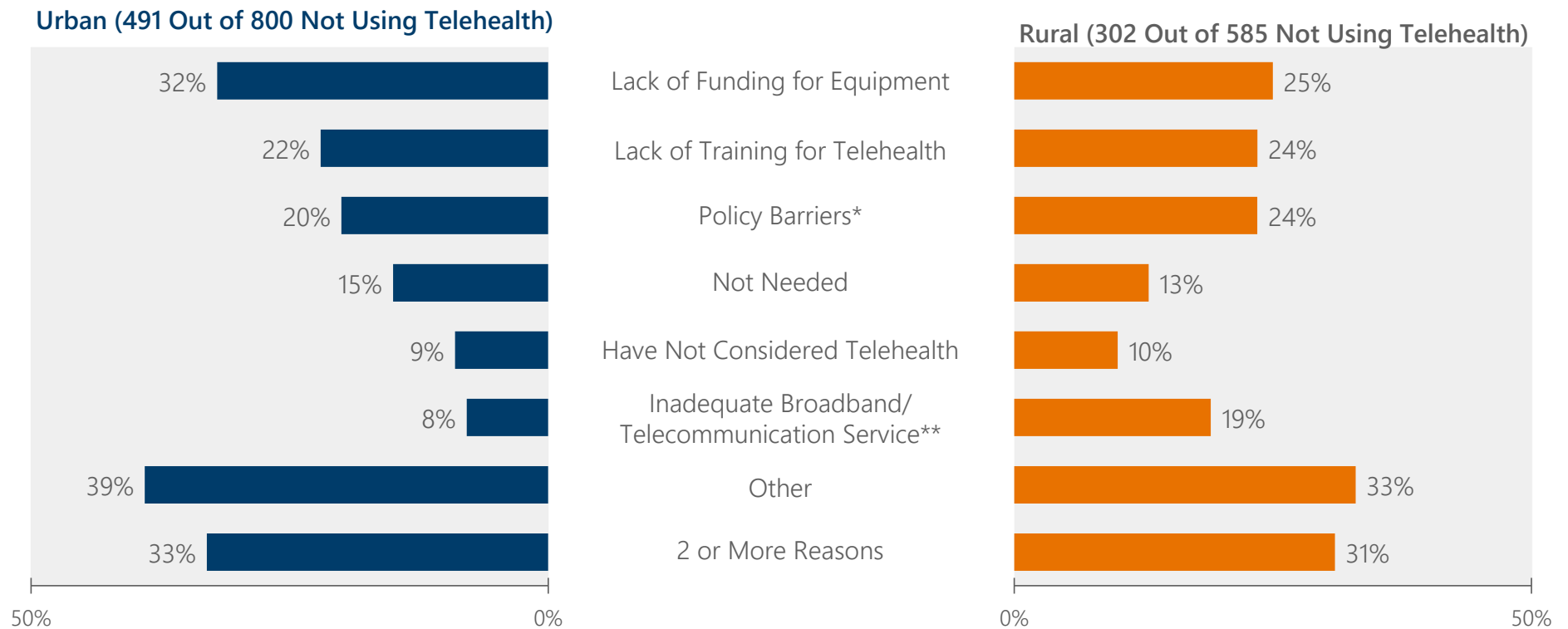


Source: NACHC. Staffing the Safety Net: Building the Primary Care Workforce at America's Health Centers. 2016. Retrieved from: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>

Figure 6-7

Health Centers Face Barriers to Offering Telehealth Services

Percent of Health Centers that Do Not Use Telehealth Reporting Specific Barriers, 2019



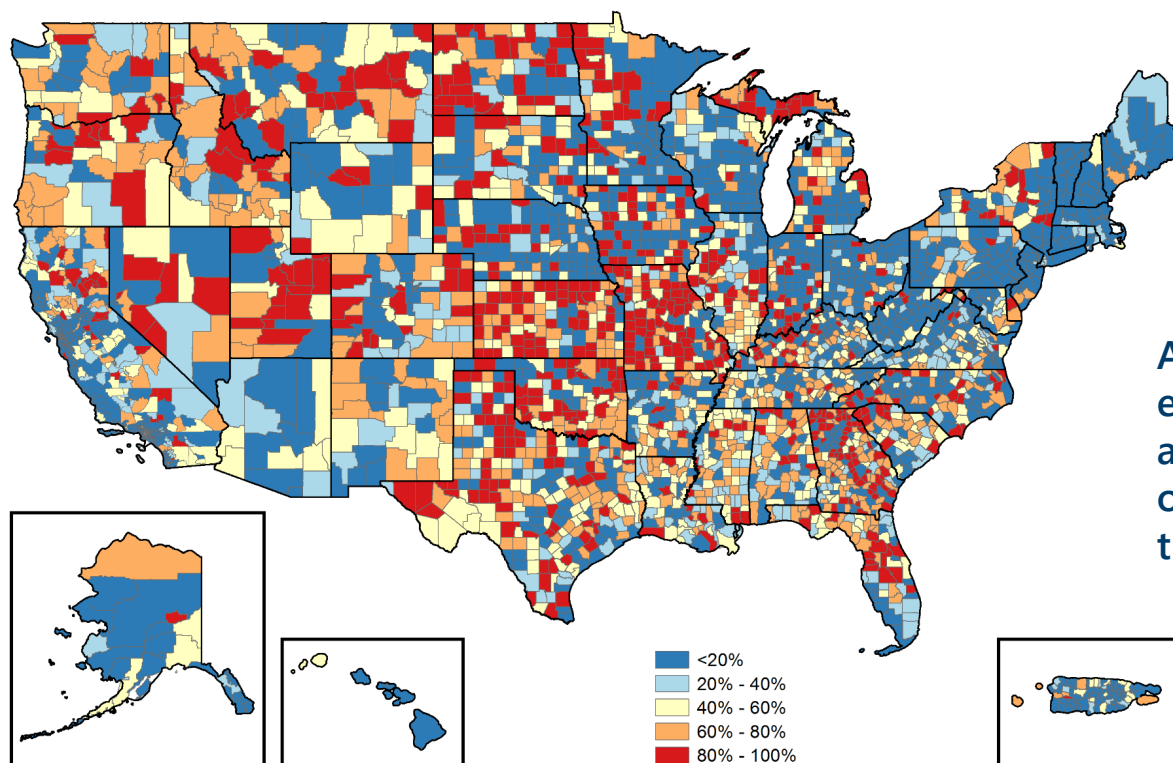
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

*Policy barriers include lack of or limited reimbursement; credentialing, licensing, or privileging; or privacy and security.

**Inadequate broadband/telecommunication service includes cost of service or lack of infrastructure.

Figure 6-8

Estimated Percent of County Residents Experiencing Shortages of Primary Care Physicians



As of 2013, 62 million people experience inadequate or no access to primary care because of shortages of physicians in their communities.

Sources: Created by The Robert Graham Center (2014). U.S. Census 2010; HRSA Data Warehouse 2014 HPSA and MUA/P shapefiles; AMA Masterfile 2013; UDS Mapper 2014. The Medically Disenfranchised and the Shortage of Primary Care: The Role of Health Centers in Improving Access to Care. NACHC. March 2014. Retrieved from: <http://www.nachc.org/wp-content/uploads/2015/11/MDFS.pdf>

Figure 6-9

Health Center Capital Project Plans and Funding Needs



As of 2021, 97% of health centers had plans to initiate capital projects within the next several years. **These plans represent more than 2,000 capital projects.**

These planned projects are estimated to cost \$17.5 billion, resulting in **38.5 million patients by 2025**

However, almost half of health centers report they are uncertain they can secure funding for these planned projects.



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