



NATIONAL ASSOCIATION OF  
Community Health Centers®

# 2020-2022 IMPACT REPORT



## ON THE ROAD TO NACHC OF THE FUTURE



“ When the story of this pandemic is finally written, you’re going to stand out among its heroes. ”

**U.S. PRESIDENT JOSEPH R. BIDEN**

“ The COVID-19 pandemic challenged the health and well-being of America like few moments in our nation’s history. Despite uncertainties and difficulties of the past two years, the National Association of Community Health Centers faced the challenges of the pandemic face first. You rose to the occasion, standing on the frontlines in communities across our country, displaying true courage in fearful times... on behalf of a grateful nation, I say thank you. ”

**U.S. HOUSE SPEAKER  
KEVIN MCCARTHY (R-CA)**



# OUR VISION

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.

## NACHC's STRATEGIC PILLARS

- 

**Equity and Social Justice**

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

**Empowered Infrastructure**

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center Movement, notably consumer boards and NACHC itself
- 

**Skilled and Mission-driven Workforce**

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served
- 

**Reliable and Sustainable Funding**

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services
- 

**Improved Care Models**

Update and improve care models to meet the evolving needs of the communities served
- 

**Supportive Partnerships**

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

# our MESSAGE to you

For Community Health Centers, the period 2020-2022 was marked by unprecedented challenge and change. Health centers demonstrated the strengths of a nationwide network of community health providers by confronting the challenges presented by the COVID-19 pandemic head-on in rural and urban, medically under-served communities. Together with NACHC, Community Health Centers stood resolute in our shared mission to save lives and lead the nation towards addressing health inequities in the future **by always putting patients first.**

## HEALTH CENTERS DELIVERED FOR THE NATION

- **Community Health Centers stepped forward as trusted community partners during the COVID-19 pandemic.** Health centers ensured equitable access to COVID education, testing, and vaccines. By 2022, health centers **administered more than 23 million vaccines**, reaching many vulnerable populations, including the elderly, the unhoused, military veterans, and low-income essential workers upon whom the economy depends.
- **Community Health Centers moved rapidly to implement telehealth and virtual care to ensure equitable access.** During a period of public quarantine lockdowns and fear, health centers quickly expanded use of virtual care to provide essential primary care services. **Health center virtual visits increased 6,000%** growing from 478,333 in 2019 to 28,550,608 in 2020. In total, the number of health centers offering virtual visits grew from 592 in 2019 to 1,362 in 2022, an increase of 130%.
- **Community Health Centers strengthened ties with the broader health care community.** Health centers coordinated response strategies with local and state public health agencies for hard hit communities and **initiated the building of integrated and coordinated systems of care** to better protect and improve community health.

NACHC enhanced collaboration in collecting and sharing data to identify and target problems and to align strategies with partner State/Regional Primary Care Associations (S/RPCAs) and health center controlled networks (HCCNS). With data and strong input provided to the White House, lawmakers, and government partners, **NACHC kept health center priorities front and center in the ongoing public policy dialogue.**



## STRATEGIC FOCUS – COLLABORATION AND ADVOCACY PAVED THE WAY FORWARD

**Progress was made on all fronts because the Community Health Center Movement pulled together.** Health centers prioritized patient and community needs, and focus shifted towards addressing critical resource, supply, and workforce deficiencies to meet those needs. This unified position laid the groundwork for an historic investment in health centers, to include the \$7.6 billion American Rescue Plan (ARP). Support from ARP served as a lifeline to health centers. Funding enabled them to strengthen infrastructure, enhance operational capacity in technology and workforce, expand programs and services in behavioral health, maternal health, substance use treatment and LGBTQ+ services, and avoid closure.



**NACHC takes pride in the support and investment health centers have earned.** Accomplishments speak to the dedication of clinical teams and staff who stood strong as responders during the pandemic. It also speaks to the commitment of health center leaders, Board members, and Grassroots Advocates whose work and voices raised awareness of the consequences of health inequities.

## NACHC OF THE FUTURE

During the tumultuous pandemic, NACHC's work focused on addressing health disparities and building a stronger NACHC for the future. NACHC worked in partnership with health centers as agents of social change, dedicated to justice and equity in health care.

The conditions in communities demanded collective strength and a powerful unified voice to successfully carry forward NACHC's vision for community health. To ensure effective leadership into the future, NACHC undertook a large-scale organizational assessment of strengths and weaknesses. The assessment **focused on member needs, improving operational effectiveness, and creating pathways for staff retention and professional development -- all with an eye toward equity, diversity, and inclusivity.**

In addition, based on recommendations of a broad cross-section of stakeholders, NACHC set forth foundational pillars to serve as guideposts for the Community Health Center Movement and position health centers as leaders in the nation's health system. The pillars reaffirm NACHC's commitment to integrity, equity, and social justice in all facets of our governance policies, operations, and programs.

## MOVING FORWARD

**Community Health Centers are positioned better than any other time in history.** Today there is renewed recognition and support of the value and need for a trusted patient-governed system of primary care anchored in communities to improve health and address longstanding health inequities.


**Together, we have made extraordinary progress.** The Community Health Center Movement delivered on expectations, strengthening the collective voice on issues impacting the health and lives of 30 million patients. Health centers grew resources and created partnerships to spur initiatives and innovation in health care delivery. NACHC strengthened trainings and support services to help **all** health centers succeed. And NACHC took decisive internal structural steps to ensure it can lead a united movement into the future.

**The goal is to carry forward the momentum.** Collectively there is more that can and must be done to improve the health of the nation's communities. NACHC stands ready to build on its proud 50-year legacy and advance the mission by preserving, strengthening, and expanding the impact of health centers in the U.S.


On behalf of the NACHC board, officers, and the over 30 million patients we serve, we offer our heartfelt gratitude to the entire health center community – S/RPCAs, HCCNs, Grassroots Advocates, Community Stakeholders, and valued Partners for your committed service leading the nation to a healthier and stronger future for ALL.

**#WeAreNACHC. We are #NACHCstrong.**



  
Michael A. Holmes  
Board Chair



  
Rachel A. Gonzales-Hanson  
Interim President & CEO

“ Our nation’s health centers work every day to provide exceptional care in the highest need communities in the country. More than 30 million patients now receive care through community health centers, including people who are uninsured, those who are pregnant, rural residents, agricultural workers, individuals experiencing homelessness, and others struggling to afford a regular source of care. Health centers deftly pivoted to address COVID-19 and continue to develop innovations to prepare for the challenges ahead. We thank health centers, your community leaders and your tireless staff for your service and commitment to high quality care.”

**CAROLE JOHNSON, ADMINISTRATOR**  
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

“ Working hand in hand with the public health community, you played a crucial role in successfully carrying out the largest adult vaccination program in U.S. history, with over 22 million vaccines administered by your health centers, and over 70 percent to people of racial and ethnic minorities... All of these vaccine successes were possible because of your trusted relationships with the diverse communities you serve. Again, because you were close enough and trusted enough to have asked and answered the questions of the community. And you saved countless lives.”

**DR. ROCHELLE WALENSKY**  
DIRECTOR, CENTERS FOR DISEASE CONTROL AND PREVENTION

# executive COMMITTEE



**MICHAEL A. HOLMES**  
CHAIR OF THE BOARD



**PALOMA HERNANDEZ, MS, MPH**  
CHAIR-ELECT OF THE BOARD



**LATHRAN J. WOODARD**  
IMMEDIATE PAST CHAIR  
OF THE BOARD



**HENRY TAYLOR, MPA**  
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**KIMBERLY CHANG, MD, MPH**  
VICE-SPEAKER OF THE HOUSE



**SUE VEER, MBA**  
SECRETARY



**JOHN SANTISTEVAN**  
TREASURER



**VIRGINIA "GINGER" FUATA**  
CONSUMER/BOARD MEMBER  
REPRESENTATIVE



**JANA EUBANK**  
PARLIAMENTARIAN

# organizational HIGHLIGHTS

1

NACHC advocated for increased health center funding from ARP, which passed in early March 2021. This included **\$7.6 billion** dollars specifically to health centers. NACHC's advocacy also led to **\$1 billion** appropriated for health center construction and renovation projects.

2

NACHC's two-way communications with the White House and federal agencies facilitated direct shipments of vaccines to health centers. To date, health centers have **administered over 23 million COVID-19 vaccines and 21.2 million tests.**

3

60% of health centers participated in the Health Resources and Services Administration (HRSA) COVID test kit distribution program, handing out over **10 million at-home test kits and 670,000 masks.**

4

NACHC successfully pivoted to virtual and hybrid conferences, meetings, and educational offerings during the pandemic to accommodate COVID-19 health, safety, and travel restrictions, **providing critical training to thousands of health center staff and advocates.**

5

After experiencing a slight dip after the pandemic, NACHC membership has rebounded beyond pre-pandemic levels to **820 members.**

6

During the pandemic, NACHC maintained support from existing partners and developed new partnerships. **Revenues from grants and foundation funding increased.**

7

NACHC commissioned an independent and comprehensive organizational assessment and **developed a new and improved strategic plan** with a renewed focus on justice, equality, diversity, and inclusion.





# LEADERSHIP

## in uncertain times

**NACHC acted quickly to minimize the impact of COVID-19 restrictions on the delivery of vital trainings and critical communications.** NACHC pivoted to virtual conferences, and scheduled zoom meetings with Health Resources and Service Administration (HRSA) and other administration officials, PCAs, and HCCNs to ensure health centers stayed connected, fully informed, and updated on issues pertaining to the evolving health care environment. As the public health crisis subsided, NACHC returned to hybrid and in-person conferences.

In 2022 attendance records were shattered at all NACHC major conferences:

- ▶ Second Largest Community Health Institute (CHI) & EXPO
- ▶ Largest Agricultural Worker Health Conference
- ▶ Largest online attendance at the Policy and Issues Forum (P&I), with featured video remarks from President Joe Biden
- ▶ Largest Financial, Operations Management & Information Technology (FOM/IT) Conference
- ▶ Largest PCA/HCCN Conference

During this same period NACHC transitioned from a majority-based in person work environment to a remote work environment and delivered numerous virtual engagement activities designed to cultivate an environment where staff felt connected, included, and valued.



# public policy

## IMPACT

NACHC worked with bipartisan congressional leaders to secure a record-setting one-time investment in community health centers of \$7.6 billion to test, vaccinate, and treat patients during the COVID-19 epidemic. Bilateral support for the long term growth and sustainability of health centers continues to grow as the nation recognizes the value of a strong public health infrastructure.

### OTHER POLICY HIGHLIGHTS INCLUDE:

- Health centers received annual appropriation increases, including a **\$110 million increase in FY23**. This new funding supports health centers through targeted initiatives, such as expanding school-based health centers and cancer screenings.
- NACHC advocated for increased funding for the next generation of health center providers to combat ongoing workforce retention and recruitment challenges. This resulted in **increased funding for the National Health Service Corps, Nurse Corps Scholarship and Loan Repayment programs**, as well as other behavioral health workforce development programs.
- NACHC worked to build bipartisan support for the MOBILE Health Care Act to promote greater access across communities through mobile clinics. The legislation won overwhelming support in the House and Senate. Thanks to this law health centers can use **New Access Point funding to purchase or expand mobile units** without having to also apply for a permanent brick and mortar site.
- Congress unanimously supported the permanent extension of **Federal Tort Claims Act coverage for Volunteer Health Professionals (VHPs)**, a key NACHC legislative priority. VHPs have been instrumental in providing critical services at over 100 health centers across the country, including COVID-19 testing and treatment, immunizations, and other primary care services.
- NACHC worked closely with 340B Champions to support multiple efforts in the House to protect the 340B program for health centers. **Advocacy efforts generated support from 114 Democrats and Republicans to co-sponsor the PROTECT 340B Act**, bipartisan legislation introduced by Representatives David McKinley (R-WV) and Abigail Spanberger (D-VA) to crack down on discriminatory contracting practices from pharmaceutical benefit managers.
- The Inflation Reduction Act included several provisions to benefit health center Medicare patients, including a \$35 cap on a monthly supply of insulin and a yearly \$2,000 out-of-pocket cap on prescription drug costs starting in 2025. Additionally, Affordable Care Act subsidies for individuals and families in the marketplace were extended until 2025. The package includes environmental provisions health centers can leverage, such as clean energy tax credits and environmental and climate justice grants.



**NACHC advocated for key policies that benefit health centers and their patients as part of the FY23 year-end Omnibus legislation.** In addition to health center funding, this package included provisions to expand Medicaid and Medicare coverage for vulnerable populations to improve health equity and improve outcomes:

- ▶ Expanded Medicare coverage for licensed marriage and family therapists and licensed professional counselors;
- ▶ Extension of telehealth benefits, including audio-only for Medicare beneficiaries, until December 31, 2024;
- ▶ Funding for Puerto Rico's Medicaid Program until September 30, 2027, and permanent enhanced Medicaid funding for all other territories;
- ▶ Investments in 12 months of Medicaid postpartum coverage for pregnant women;
- ▶ Multi-year extensions of programs essential for child health and access to home and community-based services, including CHIP extensions through FY2029, the Medicaid Money Follows the Person Program, and the spousal impoverishment protections through September 30, 2027; and
- ▶ Funding for Medicaid and CHIP access to health care for justice-involved to maintain coverage and connection to services.



Informed the Centers for Medicare and Medicaid Services (CMS) on the unique challenges facing health centers complying with new Good Faith Estimate requirements. CMS later issued new guidance specifically for health centers to incorporate the sliding fee scale for uninsured and self-pay patients receiving a good faith estimate.



NACHC submitted **12 regulatory comments to the Biden Administration to advance the health center policy agenda.**

#### **FACT SHEETS AND INFOGRAPHICS:**

- ▶ **America's Health Centers**  
*(A snapshot of 2021 health center program data)*
- ▶ **340B: Funding Health Equity**  
*(How 340B program savings support health center efforts to improve health equity)*
- ▶ **Community Health Center Funding**  
*(An economic analysis of inflation-adjusted per capita funding since 2015)*

#### **RESEARCH REPORTS:**

- ▶ **Current State of the Health Center Workforce: Pandemic Challenges and Policy Solutions to Strengthen the Workforce of the Future**  
*(Summary of NACHC's 2022 research on the health center workforce, including pandemic related challenges and potential policy solutions)*
- ▶ **Community Health Center Chartbook 2022**  
*(In-depth analysis of health center program data)*
- ▶ **Health Centers Are Addressing America's Mental Health Crisis**  
*(Description of behavioral health services at health centers)*
- ▶ **340B: A Critical Program for Health Centers**  
*(Summary of NACHC's 2022 research on the impact of the 340B program on health centers and patients)*

## a **BOLD GRASSROOTS** strategy

Community Health Center advocacy strategically cultivates relational power and distributed leadership with the people most impacted – over 31 million patients and staff. NACHC collaborated with S/RPCAs, HCCNs, and other partners to build and mobilize a multi-generational grassroots movement.

A few measures of advocacy engagement include:

- ▶ **Nearly 296,000 actions taken by advocates from 2020–2022** via email, in addition to hundreds of Congressional visits virtually and in-person.
- ▶ **49 states and Puerto Rico participated in community organizing and mobilizing training** and hundreds more participated an additional skill-building session or additional skill-building sessions.
- ▶ **Developed advocacy resources and training** specifically for Consumer Board Members to increase leadership.
- ▶ **71 advocacy leaders nominated by their peers as MVPs and Hall of Fame award recipients.**

### ADVOCACY CENTERS OF EXCELLENCE (ACE)

Community Health Centers and state associations are building a culture of advocacy – applying their hallmark patient care innovation to advocacy. 73 health centers have applied and fulfilled the requirements to be an ACE.

### LEVERAGING THE BEST TOOLS IN THE INDUSTRY

- ▶ **NACHC used Gather Voices to increase the capacity of health center stakeholders to share their stories with lawmakers.** Over 120 advocates recorded messages on how their health centers uniquely serve their communities and why Congress must continue to invest in policies and funding that support health centers.
- ▶ **NACHC developed Advocacy 101 Interactive Toolkits to facilitate health centers advocacy work.** The toolkit featured short-form videos, social media graphics, and sample messaging designed to quickly and effectively engage with stakeholders on critical advocacy priorities.
- ▶ **NACHC joined the Partnership for a More Perfect Union initiative of the Congressional Management Foundation.** Monthly webinars share best practices based on data from Members of Congress and are available to all health center advocates.





## ADVOCACY LEADERSHIP PROGRAM (ALP)

ALP is a skill-building curriculum that provides training, resources/tools, and hands-on experience to emerging leaders as they work to grow advocacy engagement within their health centers, PCAs, and communities. To make participation equitable, ALP transitioned to an online learning forum with two cohorts per year, each lasting five months. Each cohort starts with a half-day online workshop covering Health Center Advocacy 101 topics and opportunities for peer networking. Monthly educational webinars highlight additional topics including creating a culture of advocacy, storytelling, and communications for advocacy, and tips for engaging with elected officials. At the end of each cohort, participants present a final project highlighting an advocacy-related action plan to implement in their organization. Interest in ALP has grown consistently, with the capacity to engage up to 100 participants annually. Participants in 2022 represented 42 Community Health Centers and six PCAs across 25 states and the District of Columbia.





# telling OUR STORY



**Stories of innovation and courage among frontline health center staff drew headlines during the COVID-19 pandemic.** NACHC’s objective was to tell the health center story authentically, bring visibility to conditions in underserved communities, and define the role of health centers in the public eye as critical players and leaders in the nation’s health delivery system.

“The default is panic,” Anthony Fortenberry, Chief Nursing Officer at Callen-Lorde Community Health Center in New York City, told the *New York Times*. “Especially in this kind of situation, where we are in way over our heads-- I think the last thing that everyone needs from me is to show uncertainty.”

*“We are being exposed to a new way of practicing medicine,”* said Dr. Nikhil Hemady, the Chief Medical Officer of Honor Community Health, in Oakland County, MI, described in an interview with Talking Points Memo. *“The way I look at it is that we are at war. We are truly practicing medicine like we are at war.”*

“I’ve met with doctors, nurses, and staff, and I’ve listened to their stories. I’ve heard about the moments of both hardship and hope. And I’ve seen their resolve and determination to save lives in the face of some of the biggest challenges our nation has ever faced. Each time I visit a health center, I feel the same: that anyone, rich or poor, young or old, would enjoy walking through the doors of this place. Because you feel like you are being treated with dignity and respect, and by professionals that care.”

**Xavier Becerra**

SECRETARY,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Over the course of the pandemic, from 2020 to 2022 **Community Health Centers were mentioned in every national media venue:** The New York Times, The Washington Post, C-SPAN, CBS, NBC, USA TODAY, TIME magazine, Roll Call, Politico, Wall Street Journal, U.S. News & World Report, CNN, National Public Radio and the Associated Press.

In addition to pitching stories, NACHC launched a podcast series, “Health Centers on the Frontlines,” featuring testimonials from health center doctors, nurses, and CEOs about the impact of the COVID-19 pandemic on their centers, patients, and staff. Podcast episodes were downloaded over 2,000 times.

The New York Times Magazine

FEATURE

## A Shadow Medical Safety Net, Stretched to the Limit

In New York City and around the country, community health centers — which serve vulnerable, hard-to-reach populations — are being strained like never before.



# making a difference in **PUBLIC HEALTH**

## **LEARNING AND EXTENDING OUR REACH**

NACHC staff served in advisory roles with the White House Task Forces for COVID-19 and mpox, the Infectious Disease Society of America (IDSA), HRSA, the Centers for Disease Control and Prevention (CDC), the National Coalition of STD Directors, the Association of State and Territorial Health Officials (ASTHO), the National COVID Cohort Collaborative, the American Academy of Physical Medicine and Rehabilitation (AAPM&R), NACHC's LGBTQ Health Task Force, and other advocacy stakeholders. Working in collaboration with these government and organizational leaders NACHC produced deliverables to help arm health centers with the right tools:

**The COVID-19 Communications Toolkit offered training and technical assistance to health centers in multiple languages, followed by eight issues of targeted COVID-19 Response & Recovery in Action e-newsletters and launch of the COVID-19 Vaccines & Kids pilot campaign.**

**An army of Vaccine Ambassadors including community health workers and peer-to-peer educators were trained to build vaccine confidence among patients in transitional housing.**

**Webinars provided strength to health centers' combatting vaccine misinformation and disinformation related to substance abuse disorder - reaching 6,526 people across 14 states.**

**Six Care Teams Digest e-newsletter issues were distributed nationwide, targeting critical themes defined by health center care teams.**

## **INVESTMENT IN WORKFORCE**

**State-of-the-art training and resources in best practices targeted pathways for a successful care team workforce.**

- ▶ NACHC offered workforce core competencies for integrated health center care teams to address the full range of emerging clinical issues that arise, with a commitment to evidence, equity, and inclusion.
- ▶ 204 new Clinical Directors trained in three virtual sessions covering the core competences for effective leadership.
- ▶ 4,826 registrants across all 50 states participated in NACHC webinars featuring real-time solutions to health center concerns and strategies to promote workforce wellness and healing.
- ▶ The Clinical Leaders Coaching Program launched to address a clear need for peer-to-peer leadership coaching.

**NACHC and AT Still University (ATSU)** have partnered for the past two decades to prepare healers for work with Community Health Centers. ATSU has grown to seven colleges that include two medical schools, two dental schools, and two physician assistant programs. Highlights include:

- ▶ NACHC/ATSU held their 23rd provider recruitment fair.
- ▶ The 50th health center clinical learning hub partnership was established, bringing the number of students learning-in-place, at health centers to over 700.
- ▶ Health centers endorsed their 1,299th Hometown Scholars applicant, with a 'CHC Heart' to ATSU's medical, dental, or PA schools.

## INVESTMENT IN QUALITY CARE AND VALUE

- **Value Transformation and System Change advanced value-driven care** for better health outcomes, better patient and staff experiences, greater health equity, and lower costs (the Quintuple Aim).
- **Over 700 health centers, PCAs, HCCNs, and National Training and Technical Assistance Partners (NTTAPs) participated in NACHC's Elevate** national learning forum for NACHC's Value Transformation Framework (VTF).
- NACHC's Elevate national learning forum now includes nearly **half of all health centers nationally**, representing **more than 50%** of all health center patients.
- **6 Action Guides, 24 microlearnings and 10 field examples** updated to support care teams with value-driven care for COVID-19, heart health, diabetes, cancer, and more.
- **11 Up-to-date reimbursement tip sheets** created or updated, spanning various care and management.

## INTEGRATION OF SERVICES

**Evidence-based, culturally-informed, practices are scaled through NACHC's clinical integration projects**, guided by subject experts from around the country. The aim is to develop or expand models of care that move us toward the Quintuple Aim. In 2021-2022:

- Invested over **\$4.6 million in clinical projects** with **152** health centers in **38** states and with **23** different PCAs and HCCNs.
- Developed innovative care models using multi-state strategies to reach high-risk patients through telehealth and other means for HIV care, pediatric weight management, adult immunizations, reproductive health, and cardiovascular health.
- **1,425 participants** engaged in Six Million Hearts® Learning Labs.
- **9,048 participants** engaged through **15 Learning Communities** involving health center staff, expert faculty and coaches.
- **3 mobile apps** were created for Fast Healthcare Interoperability Resources (FHIR), a new telehealth product for Adolescent Sexual and Reproductive Health, and peer-reviewed journal articles.
- Creation of two health center resource guides on telehealth and tobacco cessation.

## INVESTMENT IN INFORMATICS AND ACTIONABLE DATA

- **Efficiencies in patient and care team data are created with clinical informatics.** NACHC's Clinical Informatics team guides health center staff to improve patient care by more efficiently using Electronic Health Records (EHR), HIT tools, and data management.
- Created **9 Data Dictionaries** to specify data collected, field names, value sets, and codes for EHR data in NACHC's data warehouse.
- NACHC's master data management system now systematically describes demographic, SDOH, clinical, and outcomes data for **3 million health center patients**.
- Educational tools and an Informatics Learning Community for enhanced **Data Dashboards managed by health centers, PCAs, HCCNs, and Departments of Health** launched to improve health equity, conduct targeted vaccine outreach, and reduce health disparities.
- **FHIR Implementation Guide on HIV Testing based on CDC Guidelines** published by NACHC for effective clinical decision support.
- NACHC created an **Implementation Guide for the capture and use of Occupational Data for Health (ODH) in partnership with the National Institute for Occupational Safety and Health (NIOSH)**.
- Closed care gaps in postpartum and maternal care with an **implementation toolkit that identifies 7 measures of postpartum quality** based on data from more than 100,000 births.
- A **registry to track COVID-19 testing, diagnoses, treatment, vaccination, and outcomes using more than 1 million patient records**, revealed that health center patients were significantly more likely than the general public to test positive for COVID-19 (17%).
- **Successfully deployed FHIR Care Plan tool** used by 32 mobile community health workers who **documented more than 35,000 encounters resulting in 30,000 vaccinations**.

# meeting **EMERGING PUBLIC HEALTH ISSUES**

Recognizing that a changing world and climate impact the social drivers of health, NACHC launched a new Population Health division. Key issues of focus include pollution, wildfires, extreme heat, flooding, storms, as well as health equity, food insecurity and the compounding effects of structural racism on health.

- NACHC focused attention on Value Based Care, Social Drivers of Health, and Environmental Health/Climate Change.
- NACHC conducted a cross-divisional assessment of resources to support health centers transitioning to Value Based Care and alternative payment models.
- NACHC developed Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE), with a 58% growth in users over the last two years.
- With the support of a Robert Wood Johnson Foundation (RWJF), NACHC designed Sprints, Community of Practice, and Listening Sessions focused on addressing racism and health equity.
- NACHC participated in the Institute for Healthcare Improvement's Rise to Health Coalition: Actions for Equity in Health Care.
- Partnership in RWJF- Raising the Bar Initiative launched to advance equity in health care.
- NACHC participated with ecoAmerica to bring their Climate for Health Ambassador program to health centers. The Climate for Health Ambassador Program consists of a free interactive training that emphasizes the links between climate and health.
- NACHC Environmental Health & Climate Change Interest Group created.
- NACHC participated in a White House Strategy Group on Hunger, Nutrition, and Health; and the Cardinal Health Food Rx Grant Program to improve health outcomes by addressing food insecurity.





# cutting edge **TRAININGS** for the **HEALTH CENTER CONSTITUENCY**

NACHC strengthened and developed educational tools, trainings, and technical assistance to meet growing member and stakeholder needs during the COVID-19 pandemic.

- Delivered 275 training events and reached **40,000 health center learners.**
- Convened and facilitated **35 national PCA leadership calls with HRSA/Bureau of Primary Health Care (BPHC)** senior staff to discuss and provide timely, critical feedback on COVID-specific topics.
- **Coordinated 21 NTTAPs**, on behalf of HRSA, to ensure collaborative and collective delivery of surveillance and assessments of training needs as reported by 1482 individual health center staff representing 36% of health centers during the pandemic.
- Vetted and curated the posting of **600 pandemic technical assistance resources on the national Health Center Resource Clearinghouse website, reaching 36,000.**
- **Strengthened the Health Center Resource Clearinghouse organizational structure:** improved search functionality, and established a presence on social media, resulting in increased usage and disseminated resources to health center staff and Boards.
- **Implemented new technology to expand training delivery modalities**, pivoting to more accessible all-virtual online formats, including the conversion of 50 in-person trainings to the virtual setting.
- Increased integration of adult learning techniques and audience engagement tools into the all-virtual training environment, including polls, discussion questions, scenario-based games, and facilitated networking, reaching **3,800 virtual event registrants.**
- Facilitated **20 online learning communities to support health center staff** in connecting with one another in a secure, peer-based environment and “on-demand anytime” communication platform.
- Developed, designed and produced relevant, “just in time” **asynchronous micro-learning and self-paced e-learning products** reaching 600 health center professionals.





# partnerships to FOSTER DEVELOPMENT AND INNOVATION

NACHC raised nearly \$24 million from private and corporate foundations, with more than half (56%) directly supporting health centers, PCAs, and HCCNs. The funds further supported NACHC's programming including policy, training and technical assistance, clinical affairs, innovation, research, communications, operations, and public health priorities.

- Grants were awarded from a diverse group including, Abbott, BD, CVS Health Foundation, Centene, Direct Relief, Door Dash, Henry Schein Cares Foundation, Johnson & Johnson Foundation, MacKenzie Scott, The Pew Charitable Trusts, RCHN Community Health Foundation, Robert Wood Johnson Foundation, Siemens Foundation, and TD Bank.
- NACHC launched the Center for Community Health Innovation (CCHI) with the support of a generous grant from the RCHN Community Health Foundation. CCHI's mission is to serve as a catalyst for innovation at America's Community Health Centers and to help advance future-focused approaches that increase access to affordable, equitable, quality health care for all.
- CCHI launched a new **Innovation** blog series to highlight Innovation resources and opportunities.
- CCHI hosted a "**Workforce of the Future Challenge**" focused on youth engagement programs. Five health center finalists were awarded an IDEO-U scholarship, and one winner received a \$10,000 prize. CCHI disseminated "Innovation Spotlights" about each finalist and produced a Workforce Innovation Guide.
- Direct Relief provided more than \$120 million in medications and supplies to more than 750 health centers since 2021, and more than \$20 million in direct cash grants. NACHC partnered with Direct Relief and their "Power for Health" initiative to provide solar panels and back up batteries to bring energy resilience to health centers in vulnerable areas.
- In partnership with NACHC, the Leon Lowenstein Foundation funded CCHI to host a Mobile Unit Innovations Challenge in 2022, which awarded six health centers with \$10,000 each to support their programs.
- In collaboration with the White House, Door Dash and Direct Relief, NACHC facilitated the distribution of \$2 million in Door Dash gift cards to approximately 1,000 health centers in 2021. Gift cards were used as vaccination incentives and for staff meals.

## LEVERAGING PARTNERSHIPS & FUNDING FOR MOBILIZATION

- ▶ NACHC and twelve National Health Center Week corporate sponsors provided over 300 sponsorships to local health centers to celebrate all they do to serve their communities. Elected officials, local businesses, patients, and community leaders were invited to nearly 4000 National Health Center Week events nationwide.
- ▶ With a grant from Community Catalyst, NACHC created two sets of videos and social media assets. The first set of interactive videos focused on the Medicaid Coverage Gap, to increase understanding of Medicaid's role in keeping communities healthy and safe and decrease stigma. The second set, Medicaid and Public Health Emergency unwinding, video, and social media assets, focused on increasing awareness among patients and providers of steps patients need to take to maintain benefits.
- ▶ New HRSA guidance and NACHC partnership with Vot-ER provided tools to increase health center provider and patient accessibility to voter registration materials. Vot-ER recently awarded over 50 mini-grants to health centers to increase voter registration capacity.

# building **NACHC** of the Future

NACHC convened NACHC of the Future (NOTF), comprised of member representatives with diverse perspectives, as well as NACHC Board and staff, to consider a range of issues, how to approach them, what to prioritize, and how to measure outcomes. These considerations and conversations were held in the context of NACHC's Strategic Pillars while acknowledging the concurrent redesign of NACHC's organizational chart. The objective of this convening included:

- ▶ Identifying the social, political, government, and industry trends that impact NACHC and its members' work;
- ▶ Reviewing NACHC's current vision, adjusting as needed, and committing to the updated vision;
- ▶ Defining the culture of advocacy and the policy priorities that will be needed to guide health centers and the community health center movement; and
- ▶ Highlight metrics, actions, and owners [NACHC Staff, Health Centers, PCAs, HCCNs] that will advance NACHC's Strategic Pillars.

NOTF took place over two days in June, 2022, alternating between general sessions and breakouts. The sessions were designed to engender trust and foster transparency about NACHC's goals and Strategic Pillars, produce tangible outcomes. Nationally recognized practitioners and thought leaders contributed their experience and expertise to inspire and inform participants' time together.



# creating a **DIVERSE, EQUITABLE** and **INCLUSIVE WORKPLACE**

COVID-19, the murder of George Floyd, and social unrest brought a racial reckoning across America. Not unlike other organizations rooted in the civil rights movement, NACHC addressed our own DEI concerns.

- NACHC commissioned an externally facilitated Climate Survey and Dialogues to assess staff perceptions of diversity, equity, and inclusion within the organization.
- Established an internal staff led NACHC Diversity, Equity, and Inclusion (DEI) workgroup that meets monthly with the CEO.
- Facilitated comprehensive assessment of NACHC's organization and structure.
- Formed an organizational assessment staff advisory group.
- Staff led DEI work group defined issues that must be addressed from organizational assessment and staff surveys, including a performance improvement plan and strategies to measure progress.
- Created a NACHC Board Task Force on Undoing Racism.
- Launched the NACHC Organizational Development Team (ODT) tasked with coordinating solution-focused activities that are regularly monitored and shared with staff and board.
- Hired a human resources consultant to assess salaries and recommend interim salary adjustments to address pay inequities in advance of a comprehensive compensation and performance evaluation redesign.
- Assessed supervisor training needs for staff.
- Consultants hired to guide DEI and Organization Healing & Wellness.
- Conducted a two-day All Staff Convergence Retreat focused on organizational culture and enhancing cross divisional work.



# STATEMENT OF ACTIVITIES

## FOR THE YEAR ENDED JUNE 30, 2022

### REVENUE WITHOUT DONOR RESTRICTIONS

Grants and Contracts	28,682,058	53%
Membership Dues	15,261,567	28%
Conferences, Conventions and Forums	5,845,201	11%
Contributions	4,133,307	8%
Interest and other income, net	166,994	0%
Net assets released from donor restrictions	143,152	0%

**Total revenue without donor restrictions**      **54,232,279**      **100%**

### EXPENSES

Program Services	42,060,790	90%
Supporting Services:		
Management and General	3,400,224	7%
Fundraising	535,913	1%
Membership	765,407	2%

**Total expenses**      **46,762,334**      **100%**

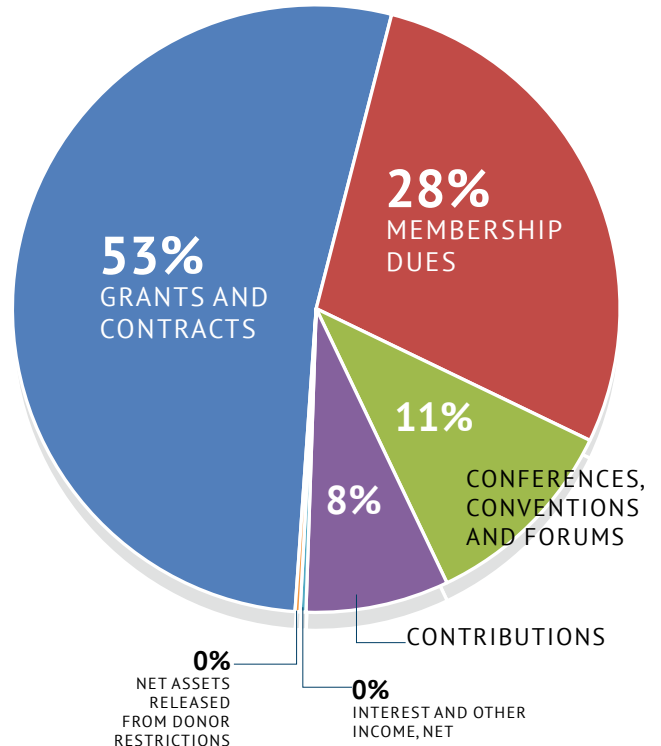
**Changes in net assets without restrictions**      **7,469,945**

### REVENUE WITH DONOR RESTRICTIONS

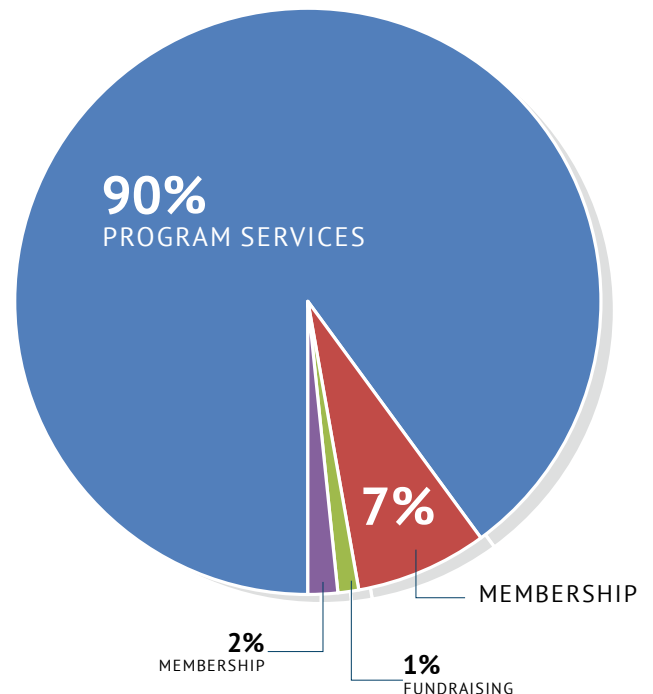
Contributions	137,500
Sponsorships	33,142
Net Assets Released from Donor Restriction	(143,142)
Changes in net assets with donor restrictions	27,500

**TOTAL CHANGES IN NET ASSETS**      **\$7,497,445**

## REVENUE



## EXPENSE



# Health Center Controlled Networks and Primary Care Associations:

- \*+ ALABAMA PRIMARY HEALTH CARE ASSOCIATION
- ALAMEDA HEALTH CONSORTIUM/COMMUNITY HEALTH CENTER NETWORK
- \*+ ALASKA PRIMARY CARE ASSOCIATION
- \* ALLIANCECHICAGO
- + ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS
- \* ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.
- \*+ ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO INC
- \*+ ASSOCIATION FOR UTAH COMMUNITY HEALTH
- + BI-STATE PRIMARY CARE ASSOCIATION
- \* COMMUNITY HEALTH ACCESS NETWORK INC / BI-STATE PRIMARY CARE ASSOCIATION
- \* COMMUNITY HEALTH ACCESS NETWORK INC / BREAKWATER HEALTH NETWORK
- + CALIFORNIA PRIMARY CARE ASSOCIATION
- CENEVIA HEALTH BUSINESS SERVICES
- \* COALITION OF ORANGE COUNTY COMMUNITY CLINICS
- + COLORADO COMMUNITY HEALTH NETWORK
- \* COLORADO COMMUNITY MANAGED CARE NETWORK
- \*+ COMMUNITY CARE NETWORK OF KANSAS
- \* COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY
- \* COMMUNITY HEALTH ACCESS NETWORK INC
- COMMUNITY HEALTH BEST PRACTICES LLC
- + COMMUNITY HEALTH ASSOC. OF MOUNTAIN/PLAIN STATES (Region VIII CHAMPS)
- \*+ COMMUNITY HEALTH CARE ASSOCIATION OF NEW YORK STATE, INC.
- \*+ COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT, INC.
- + COMMUNITY HEALTH CARE ASSOCIATION OF THE DAKOTAS
- + COMMUNITY HEALTH CENTER ASSOCIATION OF MISSISSIPPI
- \*+ COMMUNITY HEALTH CENTERS OF ARKANSAS INC
- COMMUNITY HEALTH CENTERS ALLIANCE
- COMMUNITY HEALTH INTEGRATED PARTNERSHIP
- \* COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS
- \* COUNCIL OF COMMUNITY CLINICS
- + DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION
- \* DELAWARE HEALTH NET, INC.
- + FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS
- \* GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE, INC.
- + GEORGIA PRIMARY CARE ASSOCIATION
- \*+ HAWAII PRIMARY CARE ASSOCIATION
- HEALTH ALLIANCE OF NORTHERN CALIFORNIA
- + HEALTH CENTER ASSOCIATION OF NEBRASKA
- \* HEALTH CENTER NETWORK OF NEW YORK, INC.
- \* HEALTH CHOICE NETWORK, INC.
- \* 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
- + IOWA PRIMARY CARE ASSOCIATION
- \* KENTUCKY HEALTH CENTER NETWORK INCORPORATED
- + KENTUCKY PRIMARY CARE ASSOCIATION
- \*+ LOUISIANA PRIMARY CARE ASSOCIATION
- \*+ MAINE PRIMARY CARE ASSOCIATION
- \*+ MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS
- \*+ MICHIGAN PRIMARY CARE ASSOCIATION
- + MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS
- + MINNESOTA ASSOCIATION OF COMMUNITY HEALTH CENTERS
- \* MISSISSIPPI HEALTH SAFE NET
- \* MISSOURI COALITION FOR PRIMARY HEALTH CARE
- + MISSOURI PRIMARY HEALTH CARE ASSOCIATION
- \*+ MONTANA PRIMARY CARE ASSOCIATION
- \* NEIGHBORHOOD HEALTH CARE NETWORK



- + NEVADA PRIMARY CARE ASSOCIATION
- + NEW JERSEY PRIMARY CARE ASSOCIATION
- \*+ NEW MEXICO PRIMARY CARE ASSOCIATION
- \*+ NORTH CAROLINA COMMUNITY HEALTH CENTER ASSOCIATION
- + NORTHWEST REGIONAL PRIMARY CARE ASSOCIATION (Reg X NWRPCA)
- \* OCHIN, INC.
- \*+ OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.
- \* OHIO SHARED INFORMATION SERVICES, INC.
- + OKLAHOMA PRIMARY CARE ASSOCIATION
- + OREGON PRIMARY CARE ASSOCIATION
- + PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS
- \* PRIMARY HEALTH CARE ASSOCIATION OF S.C., THE
- \* PUBLIC HEALTH MANAGEMENT CORPORATION
- \* REDWOOD COMMUNITY HEALTH COALITION
- + RHODE ISLAND HEALTH CENTER ASSOCIATION
- \* SOONERVERSE, INC.
- + SOUTH CAROLINA PRIMARY CARE ASSOCIATION
- \*+ TENNESSEE PRIMARY CARE ASSOCIATION
- \*+ TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS
- + VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION
- \* VIRGINIA PRIMARY CARE ASSOCIATION INC
- + WASHINGTON ASSOCIATION FOR COMMUNITY HEALTH
- \*+ WEST VIRGINIA PRIMARY CARE ASSOCIATION
- \*+ WISCONSIN PRIMARY HEALTH CARE ASSOCIATION
- + WYOMING PRIMARY CARE ASSOCIATION
- + PACIFIC ISLANDS PRIMARY CARE ASSOCIATION

Please note that the HCCNs preceded with an asterisk (\*) reflect the Fiscal Year 2022 HRSA HCCN Awards recipient names as of 8/1/2022. <https://bphc.hrsa.gov/funding/funding-opportunities/health-center-controlled-networks-hccn/fy-2022-awards> . These names may differ from the operational HCCN organizational name. PCA Organizations listed below are marked with a (+).

As of January 1, 2023



# Partners and Supporters

## **ACADEMIA**

A.T. Still University  
The George Washington University, Geiger Gibson Center  
Georgetown University  
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

## **CORPORATE SOCIAL RESPONSIBILITY OFFICES AND CORPORATE FOUNDATIONS**

Abbott  
BD  
BNY Mellon  
Cardinal Health  
Centene  
Door Dash  
CVS Health Foundation  
Henry Schein Cares Foundation  
Johnson & Johnson Foundation  
Micron  
Pfizer  
Quest Diagnostics  
Siemens Foundation  
TD Bank

## **EMERGENCY MANAGEMENT PARTNERS**

Americares  
Direct Relief  
PCA Emergency Management Advisory Coalition

## **FEDERAL AGENCIES**

Agency for Healthcare Research and Quality  
Centers For Disease Control and Prevention  
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

## **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  
Community Health Center, Inc. (CHC, Inc.)  
Corporation for Supportive Housing (CSH)  
Farmworker Justice (FJ)  
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)  
School-Based Health Alliance

## **PRIVATE FOUNDATIONS / PHILANTHROPY**

The Kresge Foundation  
Leon Lowenstein Foundation  
Mackenzie Scott  
The Pew Charitable Trusts  
RCHN Community Health Foundation  
Robert Wood Johnson Foundation



“Community Health Centers  
are the best case for  
philanthropy that exists  
in the United States”

*Thomas Tighe*  
*Direct Relief President & CEO*



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