



NATIONAL ASSOCIATION OF  
Community Health Centers

# Community Health Centers: Providers, Partners and Employers of Choice

2024 CHARTBOOK

## 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 it serves. The federal Health Center Program began over fifty years ago as part of President Lyndon B. Johnson's "War on Poverty." The aim of health centers, founded by leaders of the civil rights movement, is to provide affordable, high quality, comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay for services. In addition to medical care, health centers 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 31.5 million people. 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 their operations to respond to the emergency, while continuing to provide important primary care services. Their work during this time demonstrated the value of a strong, vibrant community health program. Across the country, health centers continue to produce positive results for their patients and for the communities they serve. 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.

# About this Chartbook



- ▶ The Community Health Center Chartbook highlights important data on Health Center Program Grantees and other Federally-Qualified Health Centers (FQHCs).
- ▶ Unless otherwise noted, the term “health center” refers 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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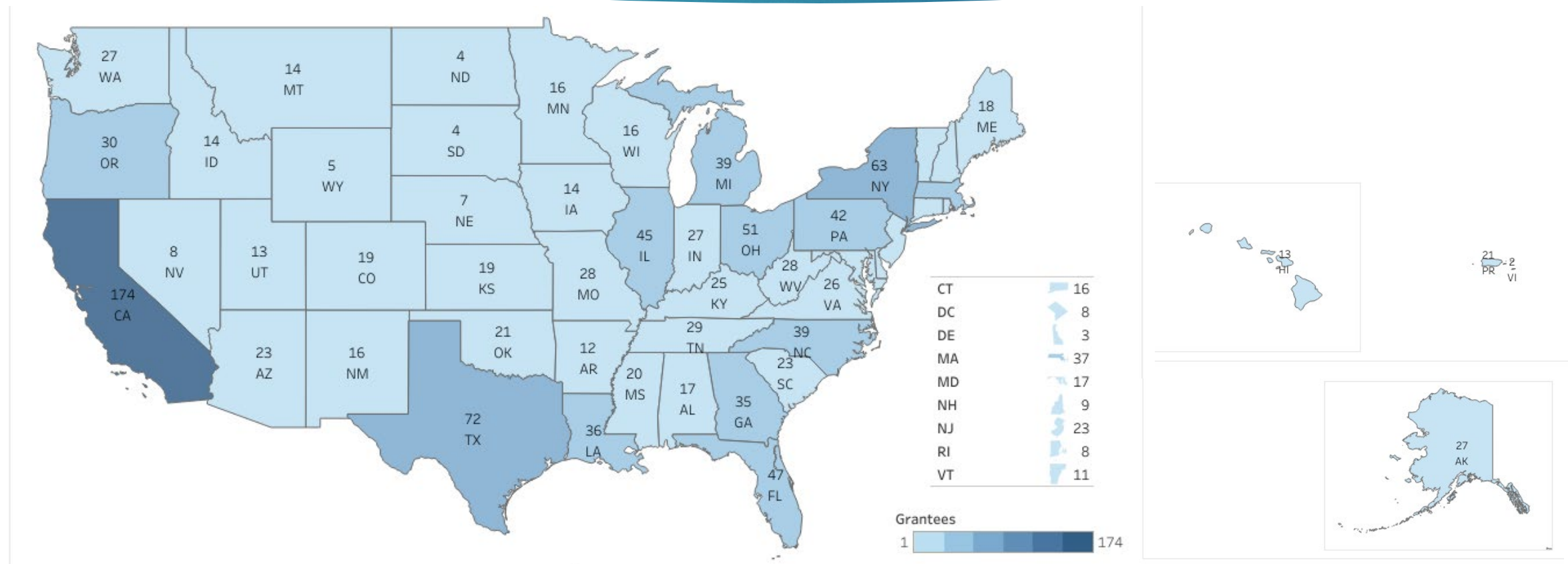


# Section One: Community Health Centers

PROVIDERS OF CHOICE FOR  
31.5 MILLION PATIENTS

Figure 1-1: Map of 1,370 Federally-Funded Health Centers

- ▶ There are 1,370 federally funded community health centers in the United States.
- ▶ Health centers are located in all 50 states and in DC, as well as American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and US Virgin Islands and the Freely Associated States (FAS) (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).



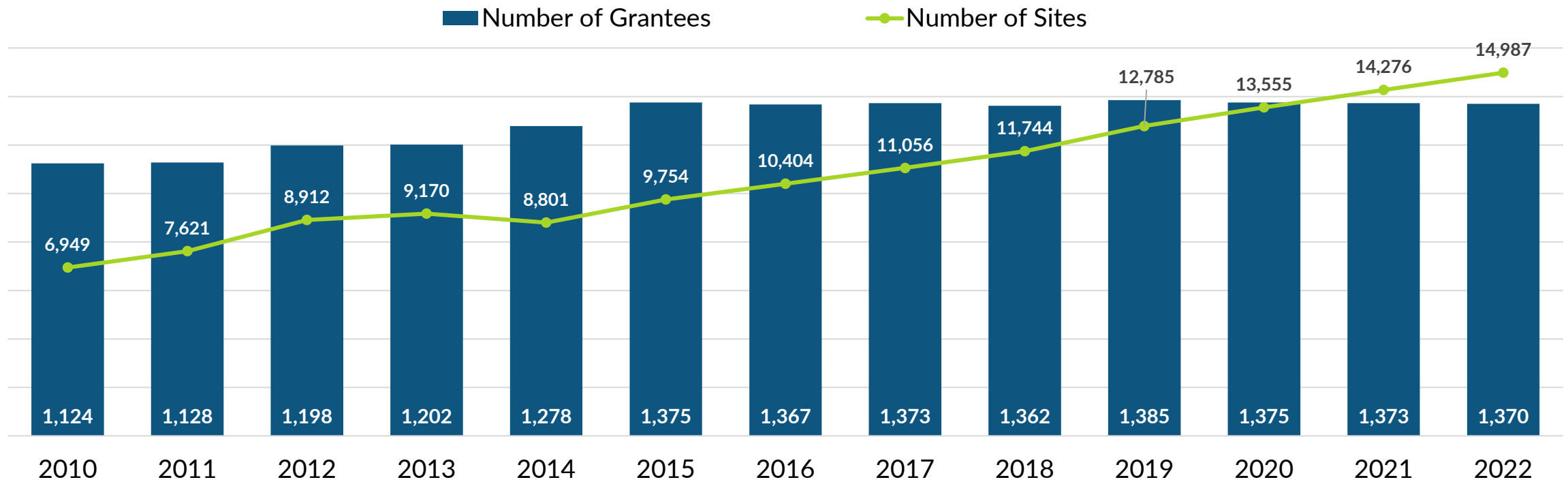
Notes: National figure includes health centers in every state and territory. Some territories are not shown in the map above.

Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.



Figure 1-2: Growth in Health Centers and Sites of Operation, 2010-2022

- ▶ Over the past year (2021-2022), the number of health centers declined slightly by -0.2% while the number of sites increased by 5%.
- ▶ The average number of sites per health center rose from 6.2 sites per health center in 2010 to 11 sites per health center in 2022.



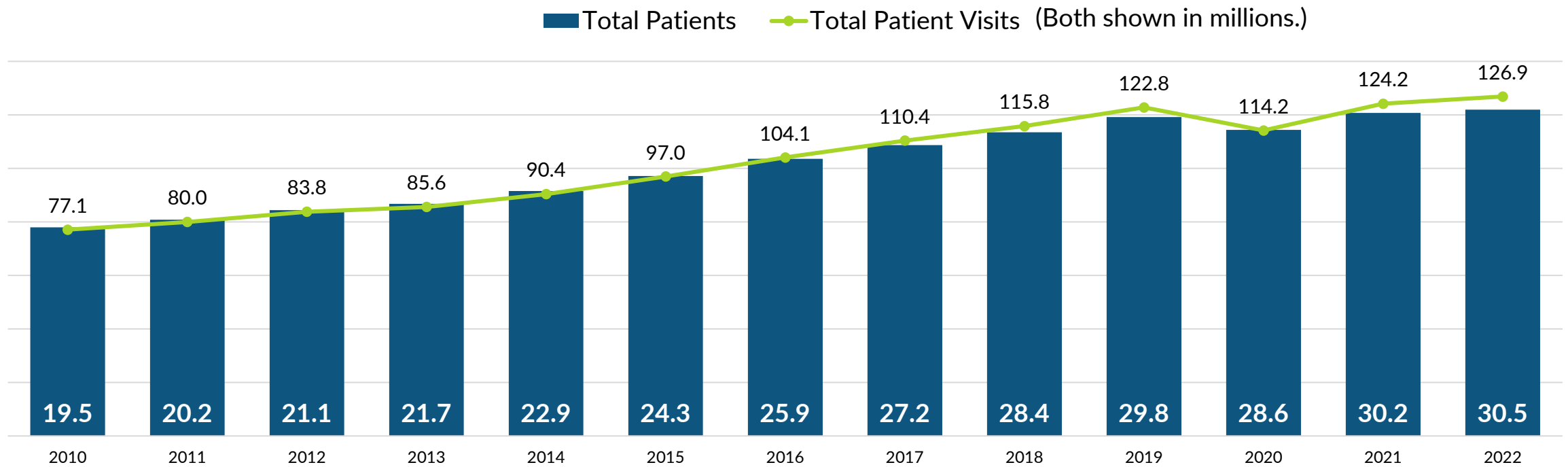
Source: 2010 - 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.



Figure 1-3: Growth in Health Center Patients and Visits, 2010 - 2022

- ▶ The number of patients served by health centers rose to 30.5 million (30,517,276) in 2022.
- ▶ Visits increased to an all-time high of 126.9 million (including 105,915,106 clinic visits and 21,021,683 virtual visits.)

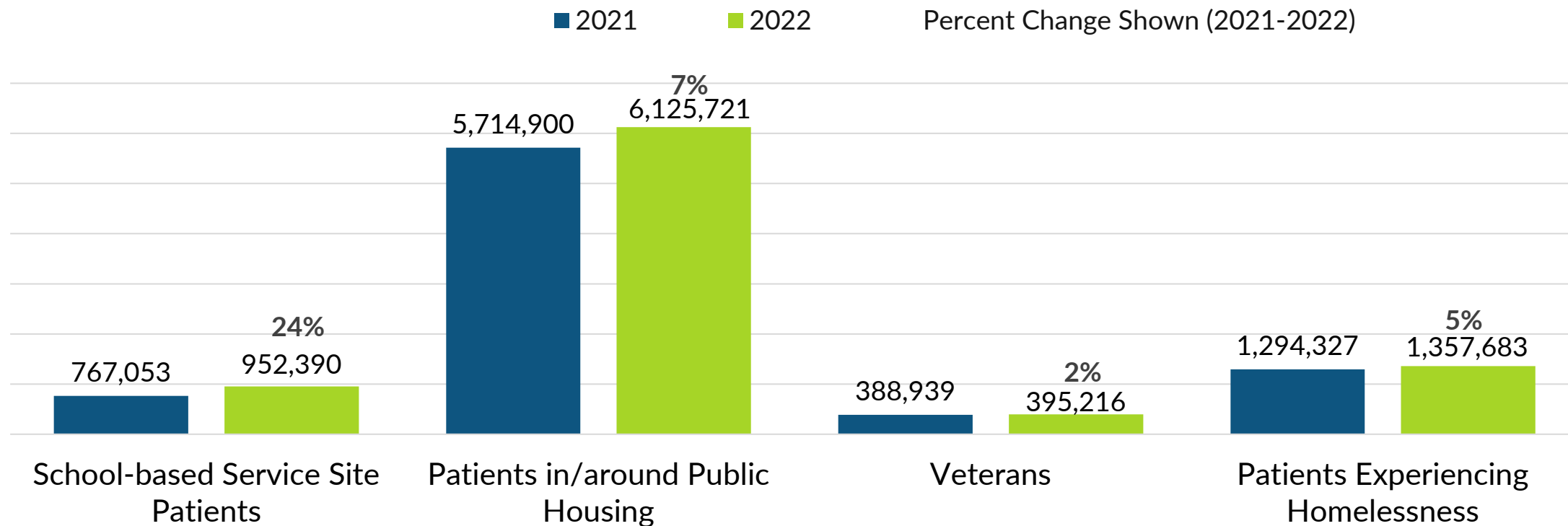
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Source: 2010 - 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-4: Growth in Health Centers and Sites of Operation, 2010-2022

- ▶ Between 2021 and 2022, the number of school-based service site patients increased by 24%.
- ▶ The number of patients in or around public housing sites increased by 7% and patients experiencing homelessness increased by 5%.
- ▶ The number of patients who are veterans increased 2%, double the rate of overall patient increase (1%).



Source: 2010 - 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

- ▶ Health centers have added 785 sites since 2021.
- ▶ The increasing number of sites is accompanied by a growth in staff. An additional 12,726 staff have joined the health center workforce since 2021.
- ▶ Health centers saw 324,000 more patients than were seen in 2021.



## Expanded Access (2021-2022):

**785** new sites

**12,726** more workforce staff

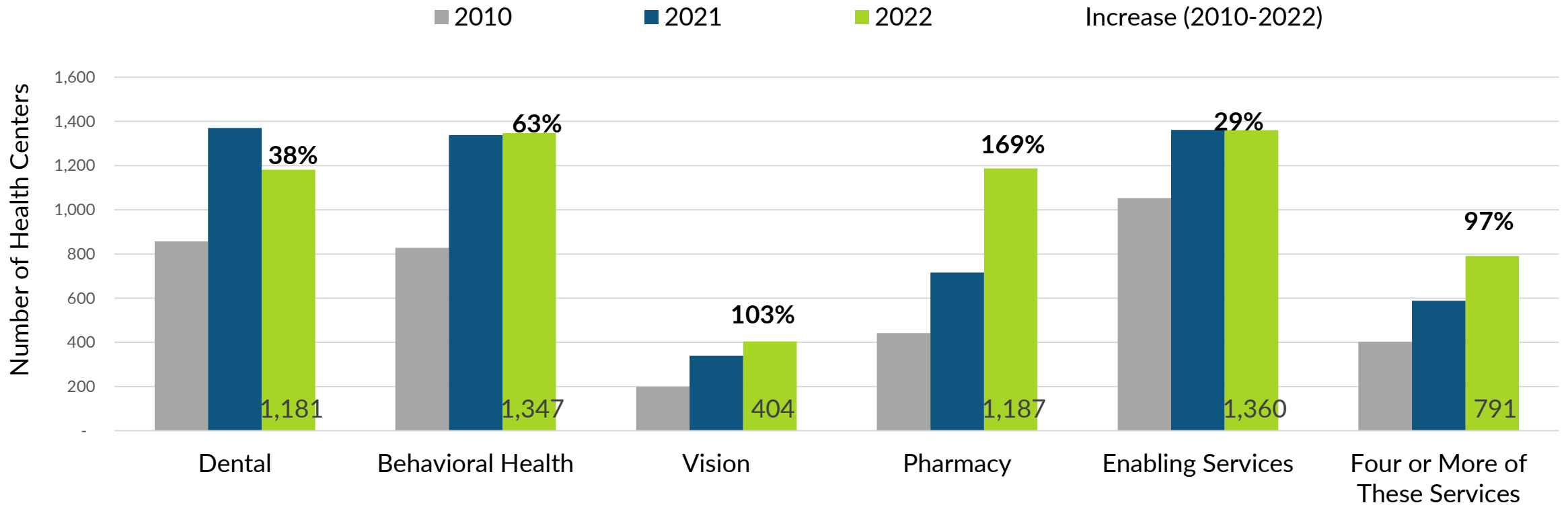
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**324,000** more patients

Figure 1-6: Health Centers Have Expanded Onsite Pharmacy, Vision Services, Dental and Behavioral Health

- ▶ Health centers increasingly offer a range of four or more types of services.
- ▶ An increasing number of health centers offer on-site pharmacy or vision services.
- ▶ Health centers offering dental services decreased 14% between 2021 and 2022.

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Enabling Services include case management, translation/interpretation, transportation, and/or health education.

Source: 2010-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

▶ Enabling Services at Health Centers 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





# Section Two: Patients

THE STARTING PLACE FOR  
IMPROVING HEALTH EQUITY  
AND HUMAN-CENTERED CARE

- ▶ Health centers serve 1 in 11 people in the U.S., 1 in 3 people living in poverty, and 1 in 4 racial and ethnic minorities.



1 in 3 People in Poverty



1 in 4 Racial and Ethnic Minorities



1 in 5 Uninsured Persons



1 in 6 Medicaid Beneficiaries



1 in 9 Children and Adolescents

Sources: 2022 Uniform Data System, HRSA, DHHS.

Racial and Ethnic Minorities - American Factfinder 2021 <https://www.census.gov/quickfacts/fact/table/US/PST045222>; Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic,

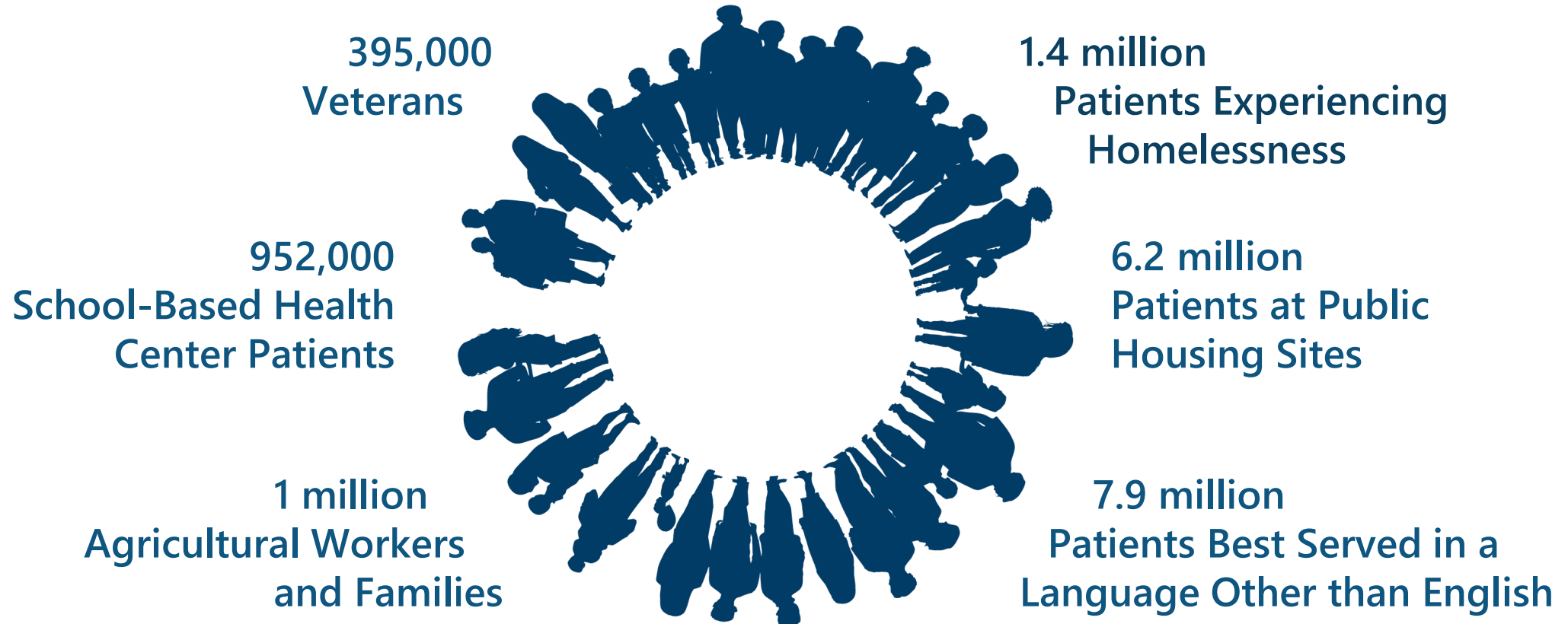
<https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>; Uninsured - Key Facts about the Uninsured Population

Jennifer Tolbert, Patrick Drake, and Anthony Damico, [https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=As%20a%20result%2C%20in%202022,record%20low%209.6%25%20in%202022.](https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=As%20a%20result%2C%20in%202022,record%20low%209.6%25%20in%202022.;);

Poverty - US Census [https://www.census.gov/library/publications/2022/demo/p60-277.html#:~:text=The%20official%20poverty%20rate%20in,and%20Table%20A%2D1\).](https://www.census.gov/library/publications/2022/demo/p60-277.html#:~:text=The%20official%20poverty%20rate%20in,and%20Table%20A%2D1).)

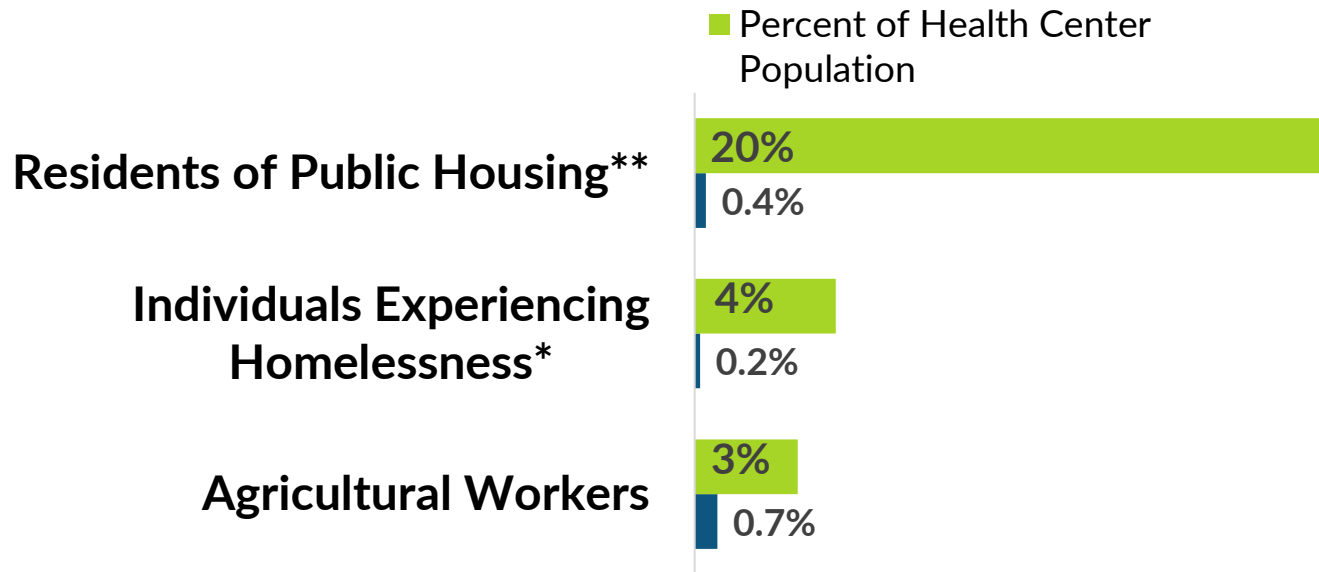
▶ Health Centers serve:

- ▶ Almost 8 million patients best served in language other than English.
- ▶ 1.4 million patients experiencing homelessness.
- ▶ Almost 400,000 Veterans.





- ◆ Residents of public housing and surrounding areas, individuals experiencing homelessness and agricultural workers each make up a larger proportion of the health center patient population than the U.S. population.



Sources: (1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Findings from the National Agricultural Workers Survey (NAWS). Agricultural-Worker Population Estimates,. (3) U.S. Department of Housing and Urban Development. The 2022 Annual Homeless Assessment Report (AHAR) to Congress, December 2022. (4) U.S. Department of Housing and Urban Development. Assisted Housing Dataset, 2022 Based on 2010 Census.

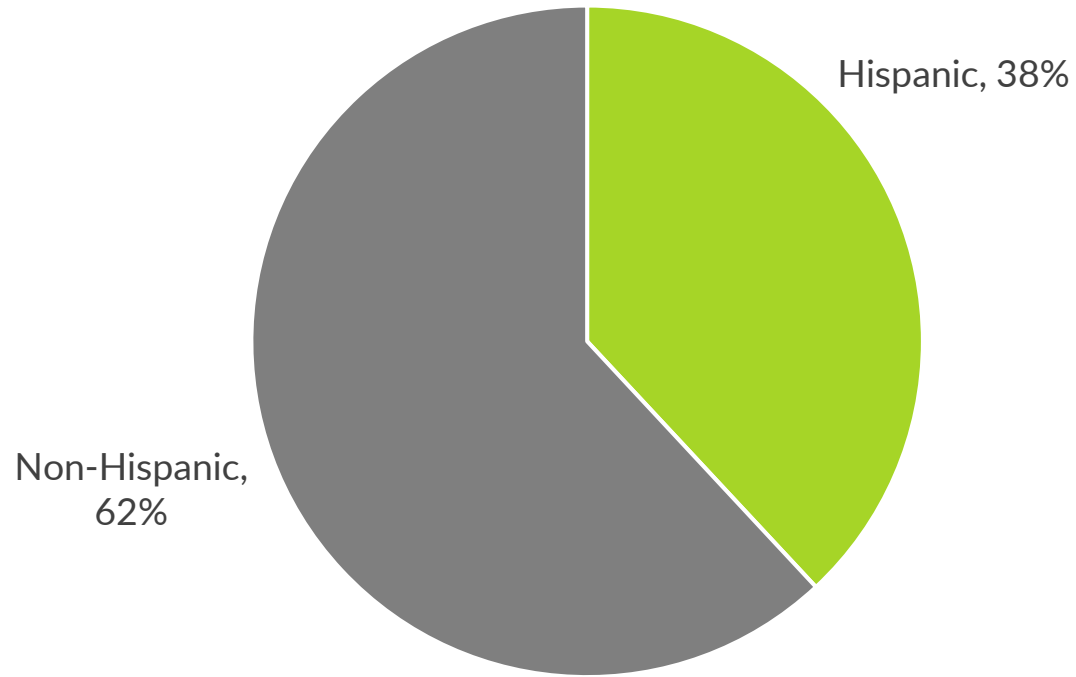
\*Number of individuals experiencing homelessness in the US reflects the point-in-time analysis.

\*\*Health center population defined as public housing patients includes all patients served at a health center located in or immediately accessible to a public housing site. National data includes the total number of people receiving housing assistance, including dependents, from all relevant HUD programs.

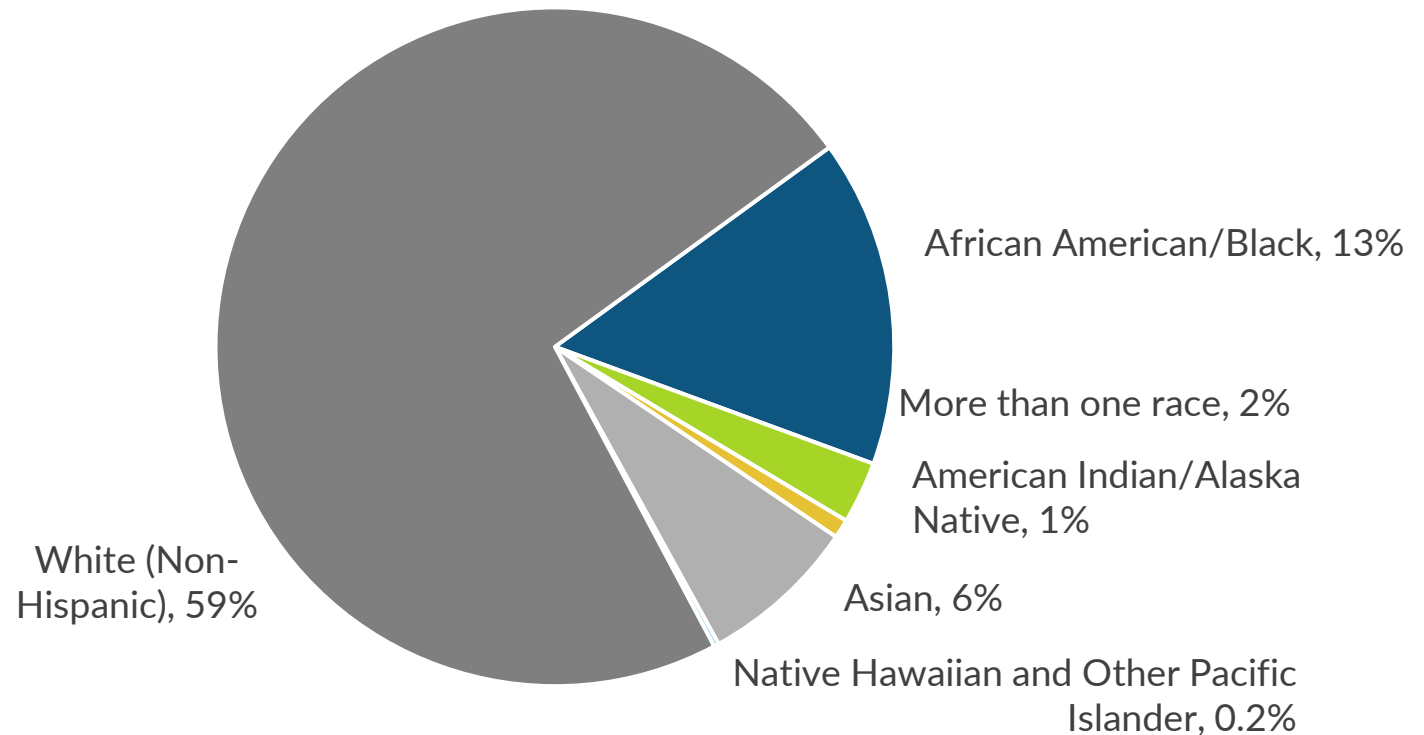
Figure 2-4: Health Center Patients' Race and Ethnicity

- ◆ More than one in three health center patients are Hispanic.
- ◆ About one in eight health center patients are Black (13%) and 6% are Asian.
- ◆ The majority of health center patients are white and non-Hispanic (59%).

### Patient Ethnicity



### Patient Race (Reported, non-Hispanic)

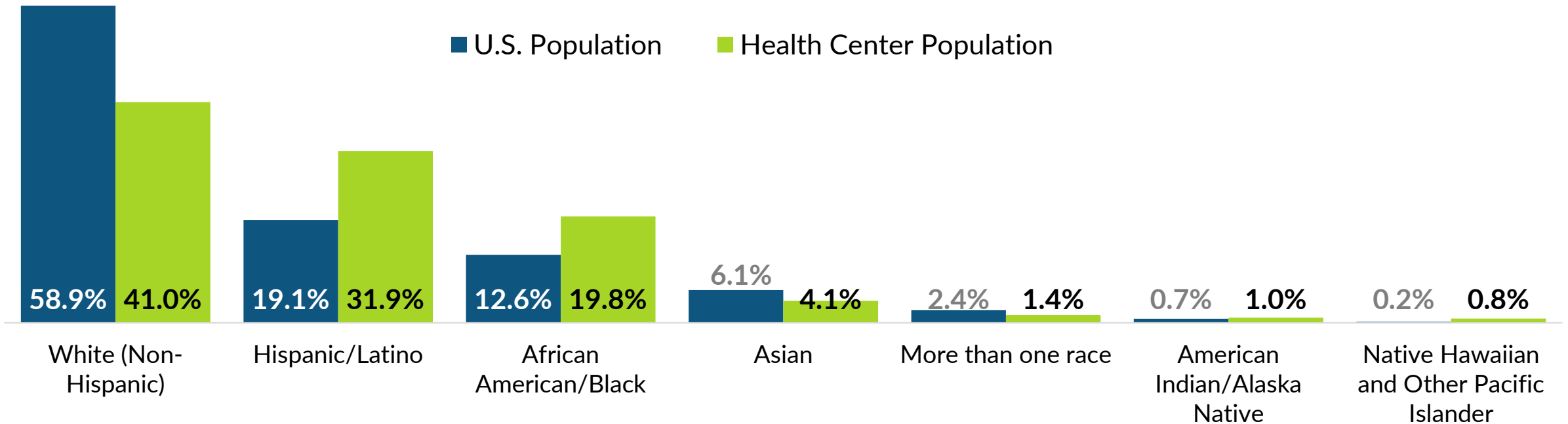


Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.



Figure 2-5: Health Center Patients are from Diverse Racial and Ethnic Backgrounds

- ▶ A health center patient is 50% more likely to be Hispanic/Latino as compared to the general population.
- ▶ One in five (20%) health center patients is African American/Black; one in eight (12.6%) Americans are African/American.
- ▶ 59% of health center patients have a racial and/or ethnic minority identity, as compared to 41% of the general U.S. population.



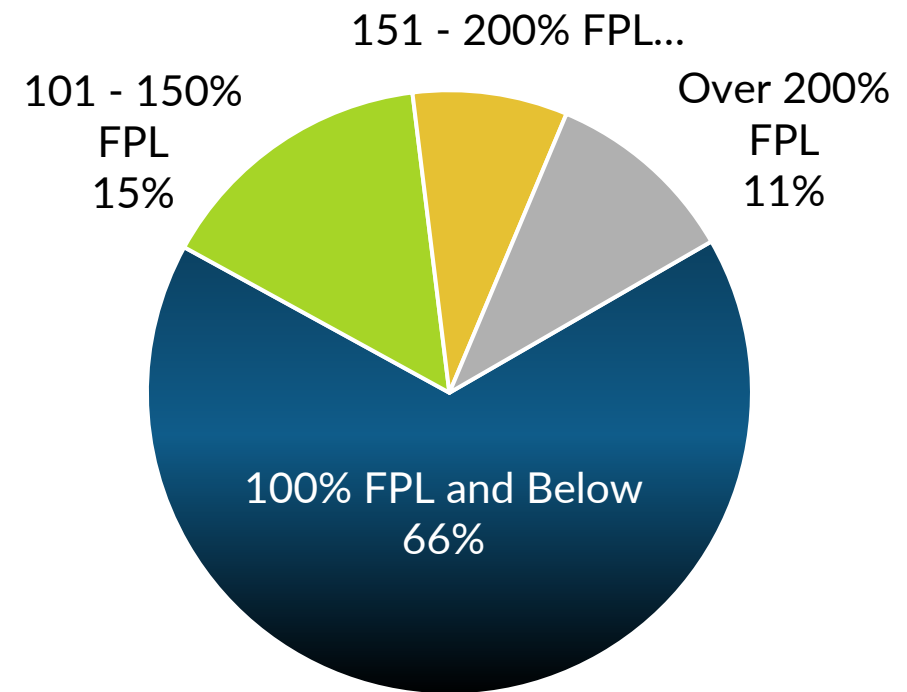
Notes: Figures do not add to 100%. Race and ethnicity are asked as separate questions. Percentages are based on known race and/or ethnicity.

Sources: (1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) US Census, 2022 <https://www.census.gov/quickfacts/fact/table/US/RHI725222#RHI725222>

Figure 2-6 :Health Centers Provide Affordable Care to All Patients Regardless of Income

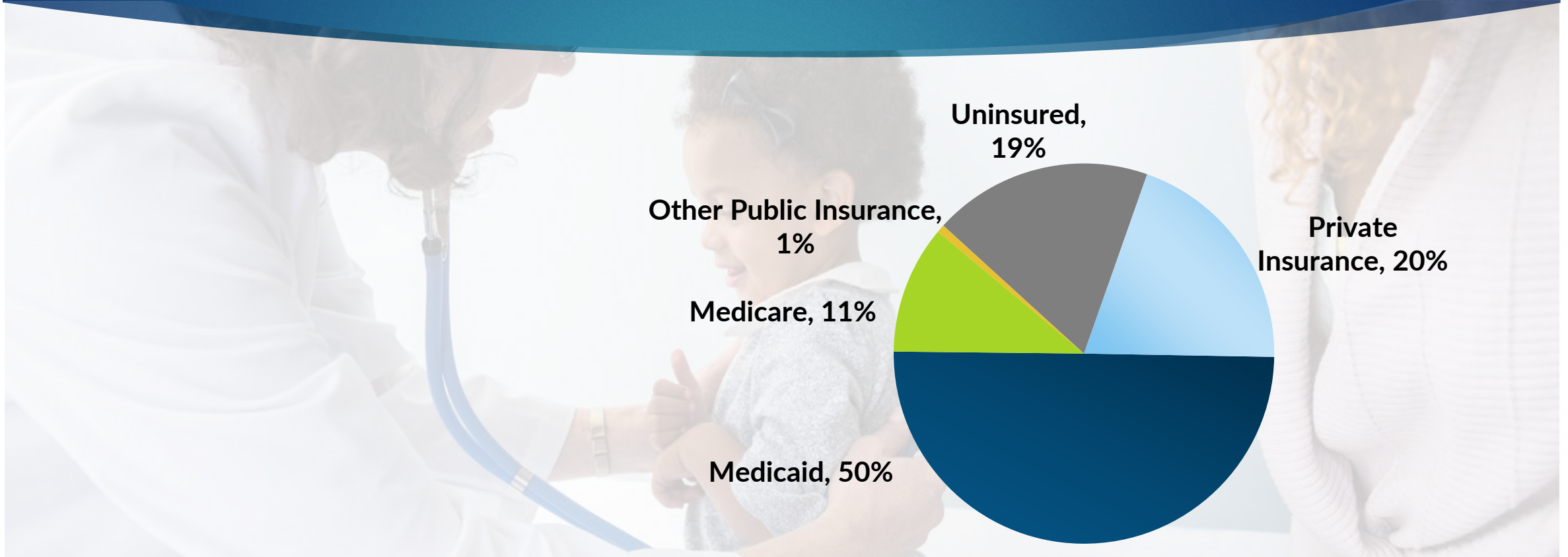
- ▶ Two out of three health center patients are at or below 100% of the Federal Poverty level (FPL).
- ▶ 90% of health center patients live at or below 200% of the FPL.

Persons in household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750



Source: 1) Department of Health & Human Services Federal Poverty Guidelines; 2)2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

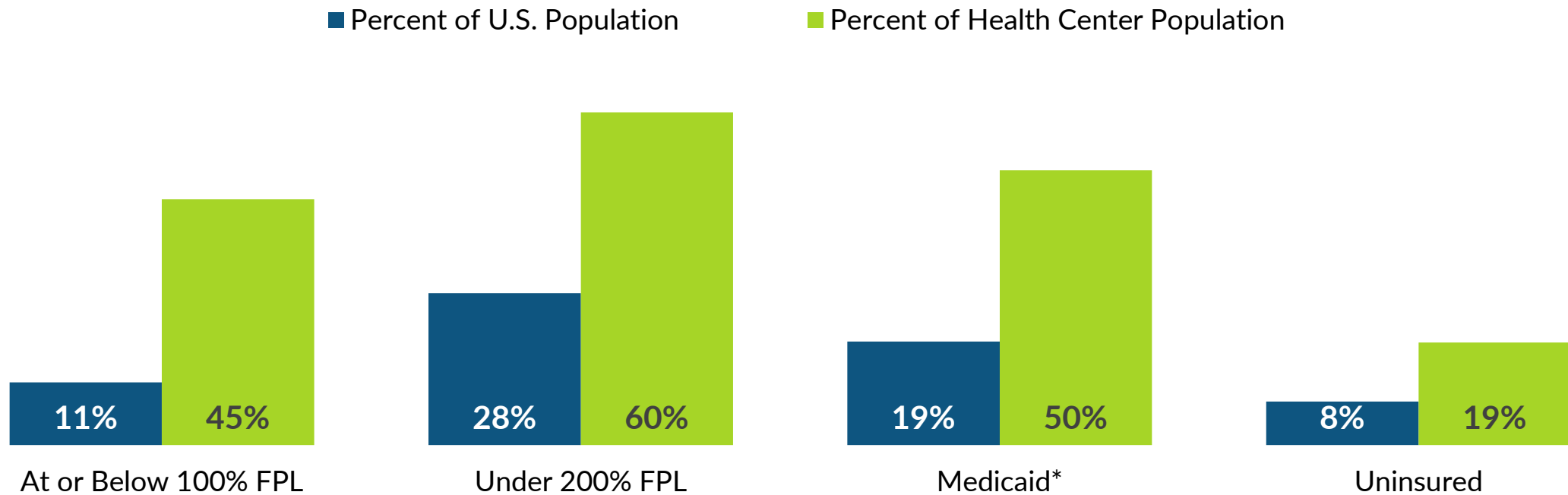
- ▶ 80% of health center patients are uninsured or publicly insured.
- ▶ Half of health center patients (50%) are Medicaid beneficiaries.
- ▶ One in five patients (20%) have private insurance.



Note: Percentage for “Other Public Insurance” includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid. Medicare includes dually eligible (Medicaid and Medicare).

Figure 2-8: Health Centers Serve a Disproportionate Share of Low-income and Uninsured Individuals in the U.S.

- ▶ Health center patients are four times more likely to have income at or below the Federal Poverty Level (FPL) and twice as likely to have income under 200% of FPL as compared to the U.S. population.
- ▶ Health center patients are more than twice as likely to be uninsured as compared to the U.S. population.



Note: FPL = Federal Poverty Level was \$13,590 per year for an individual in 2022. \* Medicaid alone and not in combination with other insurance.

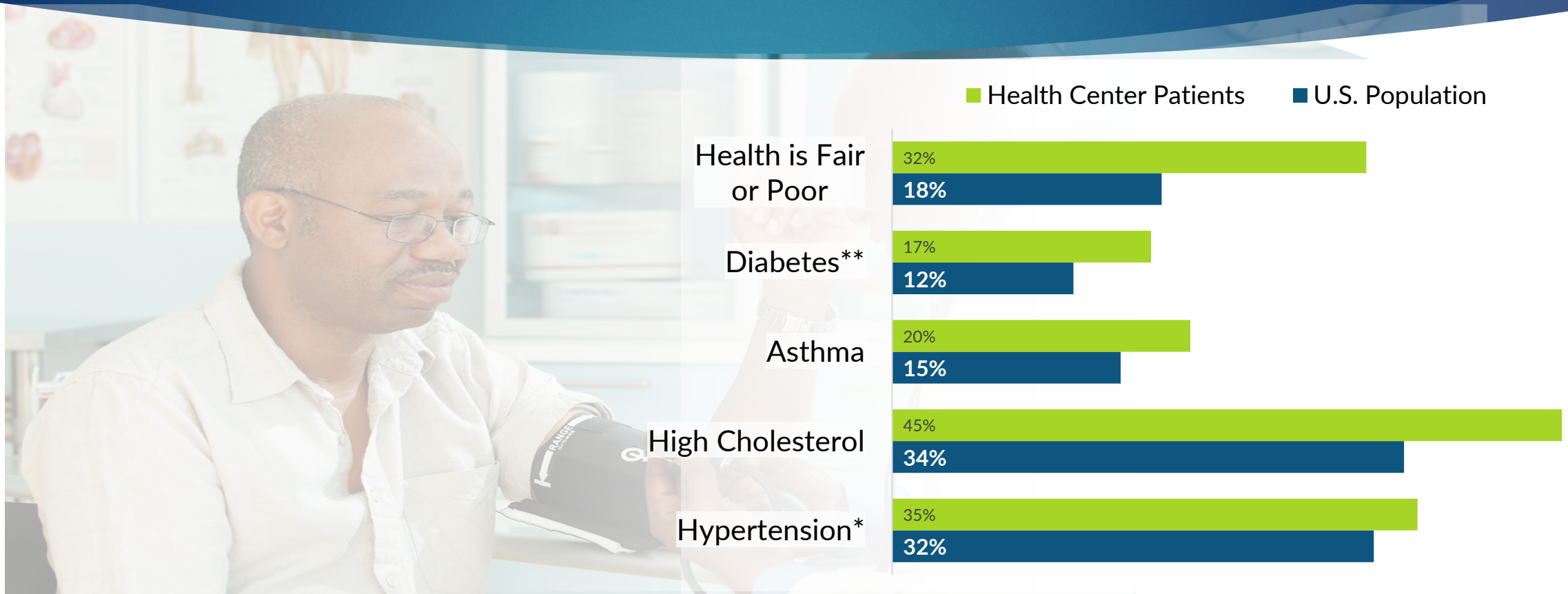
Sources: (1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

(2) U.S. Census Bureau, 2022 American Community Survey 1-Year Estimates, Tables S1701, S2704, S2701



Figure 2-9: Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population

- ▶ One in three health center patients report that their overall health as being fair or poor (32%), as compared to 18% of the overall population.
- ▶ Health center patients are more likely to have been diagnosed with diabetes mellitus, asthma, high cholesterol or hypertension as compared to the U.S. population.



Sources: (1) 2022 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2022; High Cholesterol and Hypertension taken from 2021 BRFSS.



Figure 2-10: Health Center Patient Age Distribution

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- ▶ Health centers saw over 8 million children (under the age of 18) in 2022.
- ▶ The percentage of patients who are under 18 declined slightly from 31% to 29% in (2021-2022).

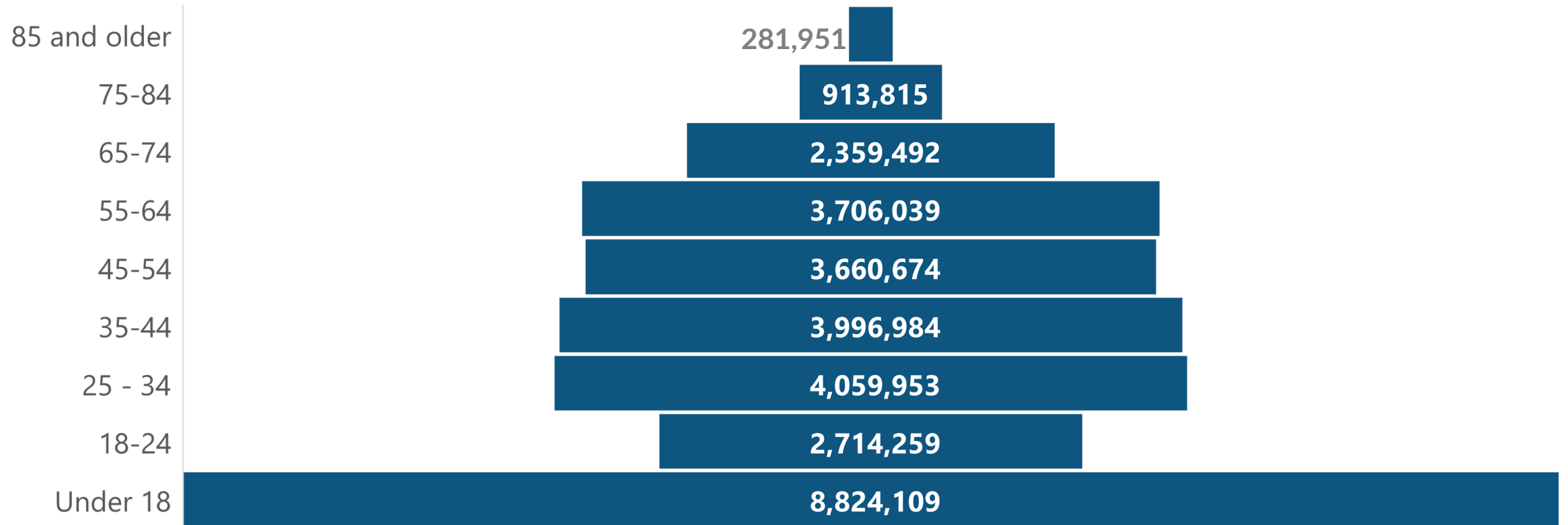
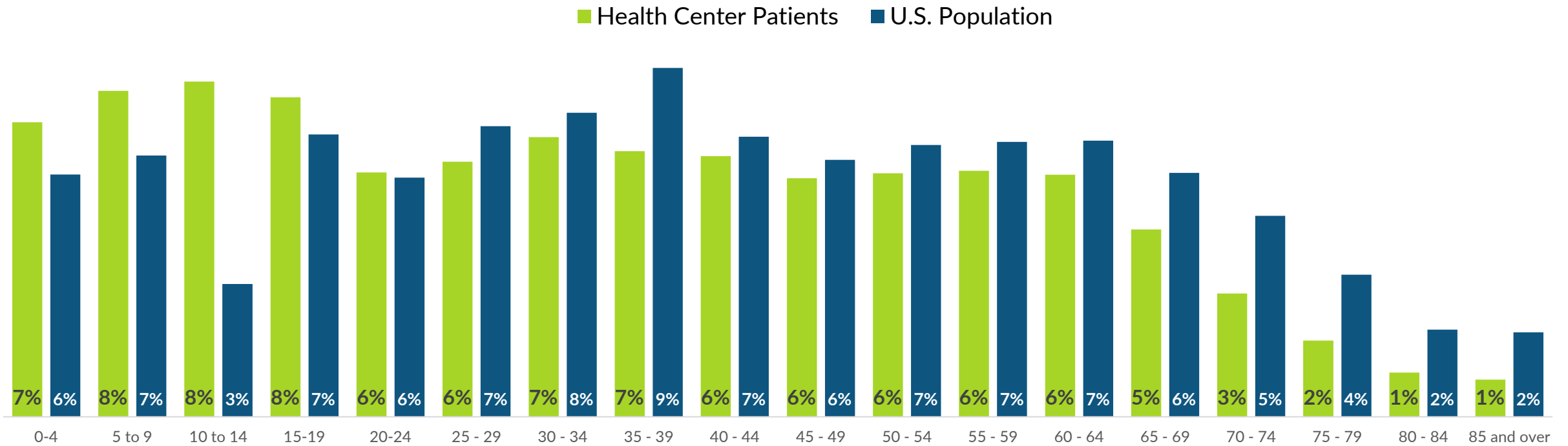


Figure 2-11: Health Center Patient Age Distribution in Comparison to U.S. Population

- ▶ Health center patients tend to be younger than the population overall.
- ▶ Children are over-represented as health center patients as compared to their proportion in the population, whereas after the age of 25, there is a decreasing representation of health center patients relative to the percentage of the age groups in the population.



Source: 1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. 2) U.S. Census 2022 Population Figures

Figure 2-12: Health Center Patients by Age Group, 2021 – 2022

- ▶ Health center patients who are 65 years of age and older increased by 8% over the past year (2021-2022).

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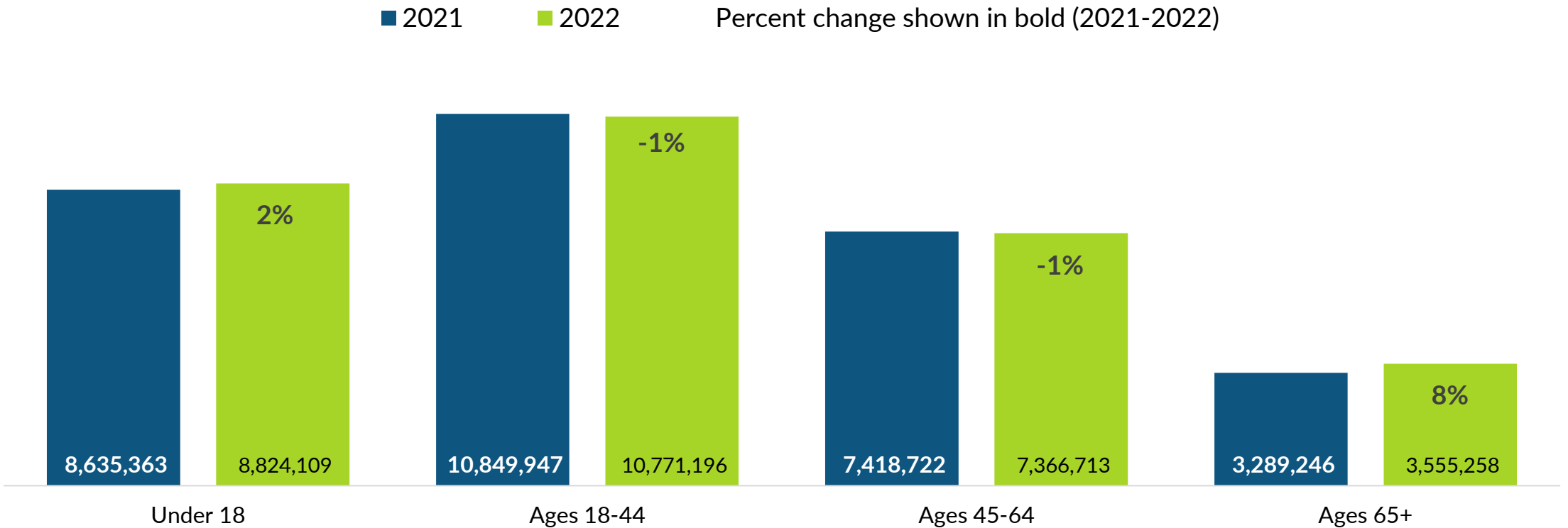
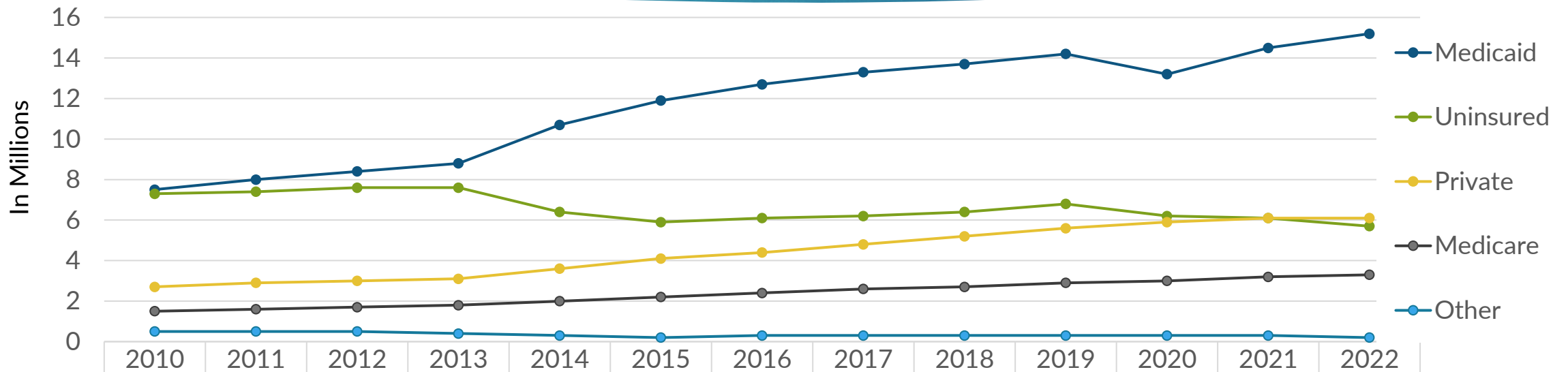


Figure 2-13: Health Center Patients by Insurance Status, 2010 – 2021

- ▶ The number of Medicaid, Medicare and private insurance patients at community health centers has roughly doubled since 2010.
- ▶ The number of health center patients who are Medicaid beneficiaries has increased by 5%, from 14.5 million in 2021 to 15.2 million in 2022.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Medicaid	7.5	8	8.4	8.8	10.7	11.9	12.7	13.3	13.7	14.2	13.2	14.5	15.2
Uninsured	7.3	7.4	7.6	7.6	6.4	5.9	6.1	6.2	6.4	6.8	6.2	6.1	5.7
Private	2.7	2.9	3	3.1	3.6	4.1	4.4	4.8	5.2	5.6	5.9	6.1	6.1
Medicare	1.5	1.6	1.7	1.8	2	2.2	2.4	2.6	2.7	2.9	3	3.2	3.3
Other	0.5	0.5	0.5	0.4	0.3	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.2

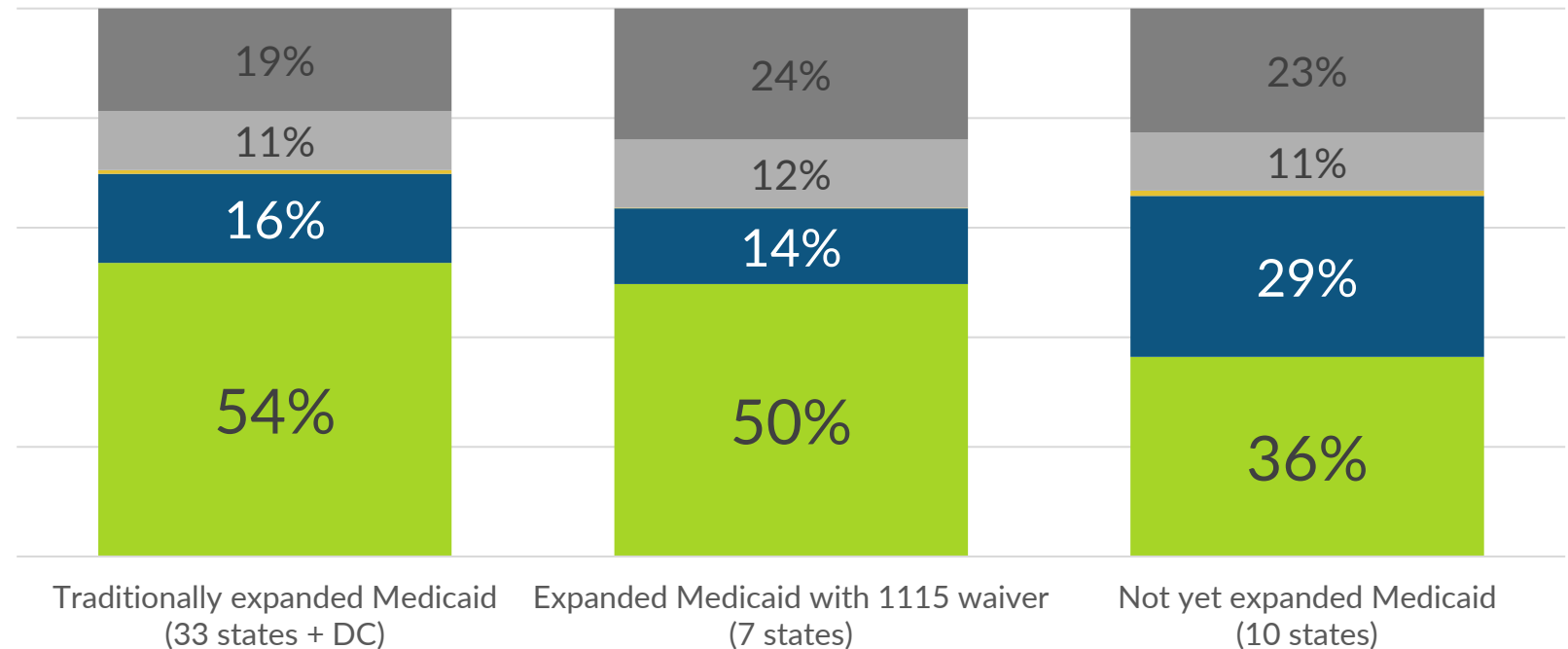
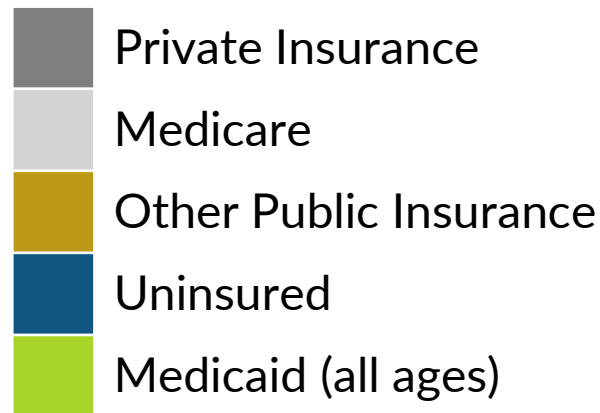
Source: 2010 - 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.



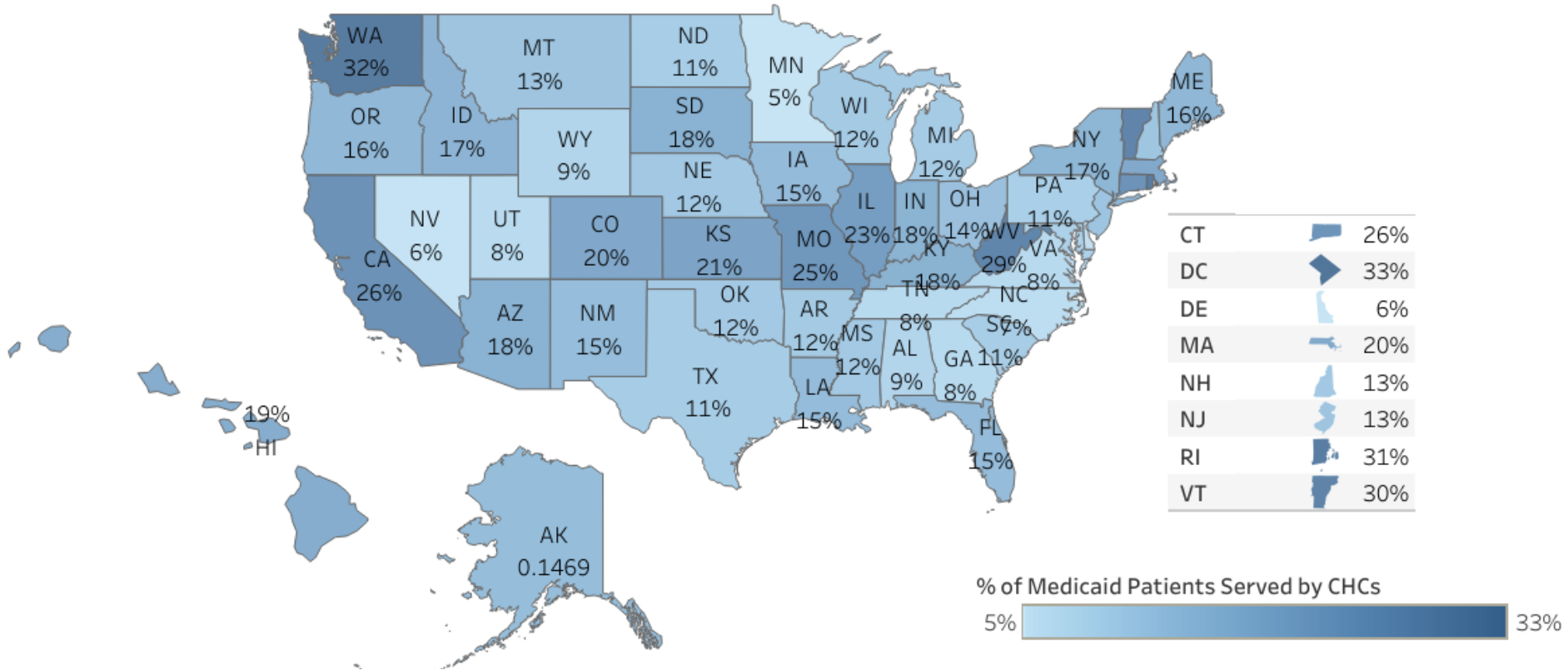
Figure 2-14: Health Center Patients are More Likely to be Uninsured in States without Medicaid Expansion

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- ▶ In states that have not expanded Medicaid coverage, 36% of health center patients are insured by Medicaid, compared with 54% in states that have expanded Medicaid and 50% in states with 1115 Waivers.
- ▶ In states without expanded Medicaid, health centers have twice the percentage of uninsured patients.



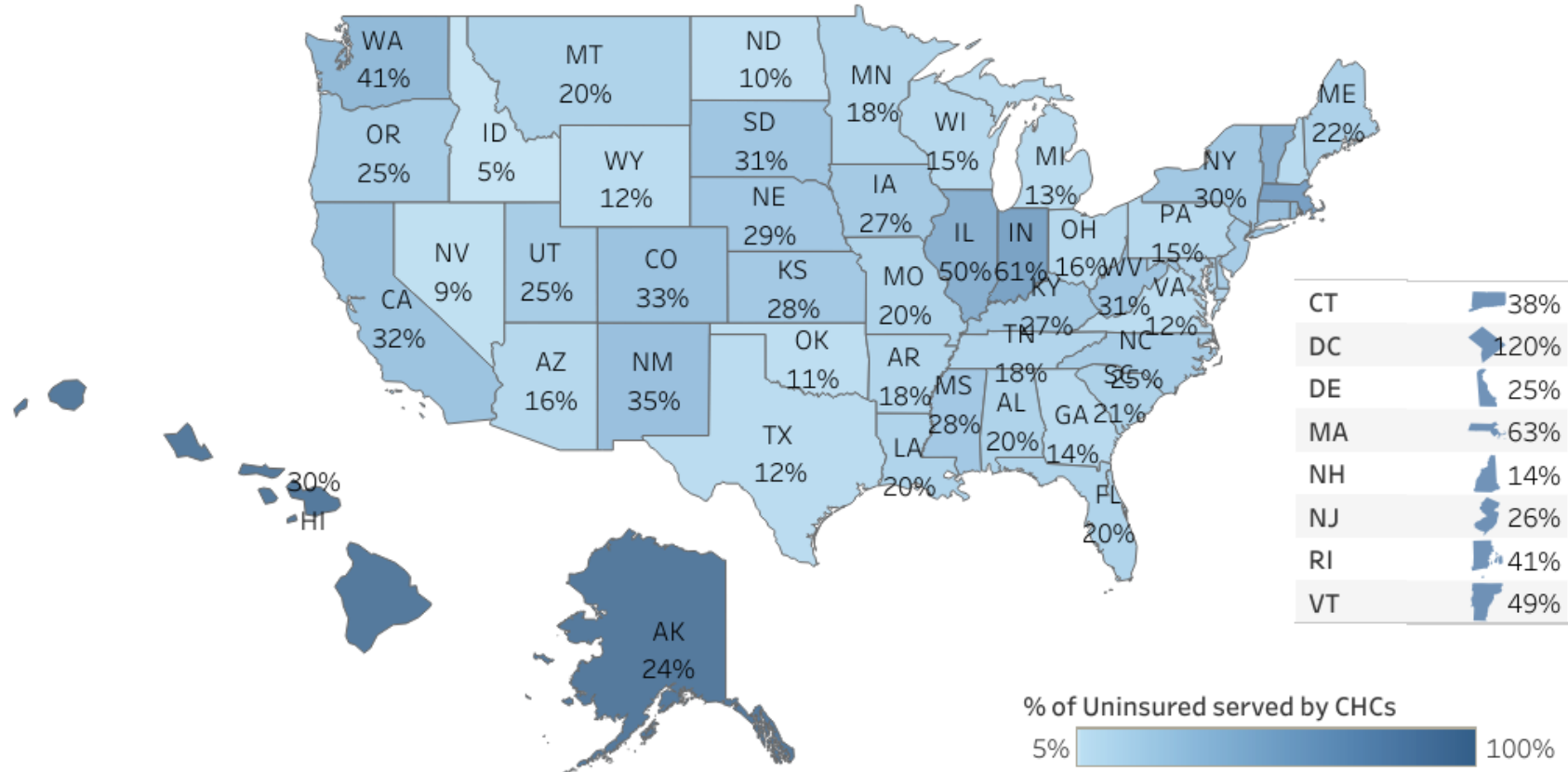
◆ Health centers provide care to roughly one in six Medicaid beneficiaries



Notes: Medicaid enrollee data for Puerto Rico and other island territories is currently unavailable. Please contact [research@nachc.org](mailto:research@nachc.org) with questions.

Sources: (1) 2022 Uniform Data System (UDS). Bureau of Primary Health Care, HRSA, BPHC. (2) State Medicaid and CHIP Applications, Eligibility, Determinations, and Enrollment Data, Centers for Medicare and Medicaid, 2022. Accessed via Data.Medicaid.gov in February 2023

▶ Health centers provide care to 21% of all uninsured individuals



▶ Notes: Data not available for DC, Puerto Rico, and other island territories. Please contact [research@nachc.org](mailto:research@nachc.org) with questions

▶ Sources: (1) 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation, Health Insurance Coverage of the Total Population, 2022.





# Section Three: Quality Measures

HEALTH CENTERS DELIVER HIGH QUALITY  
PRIMARY CARE AND PREVENTIVE MEASURES

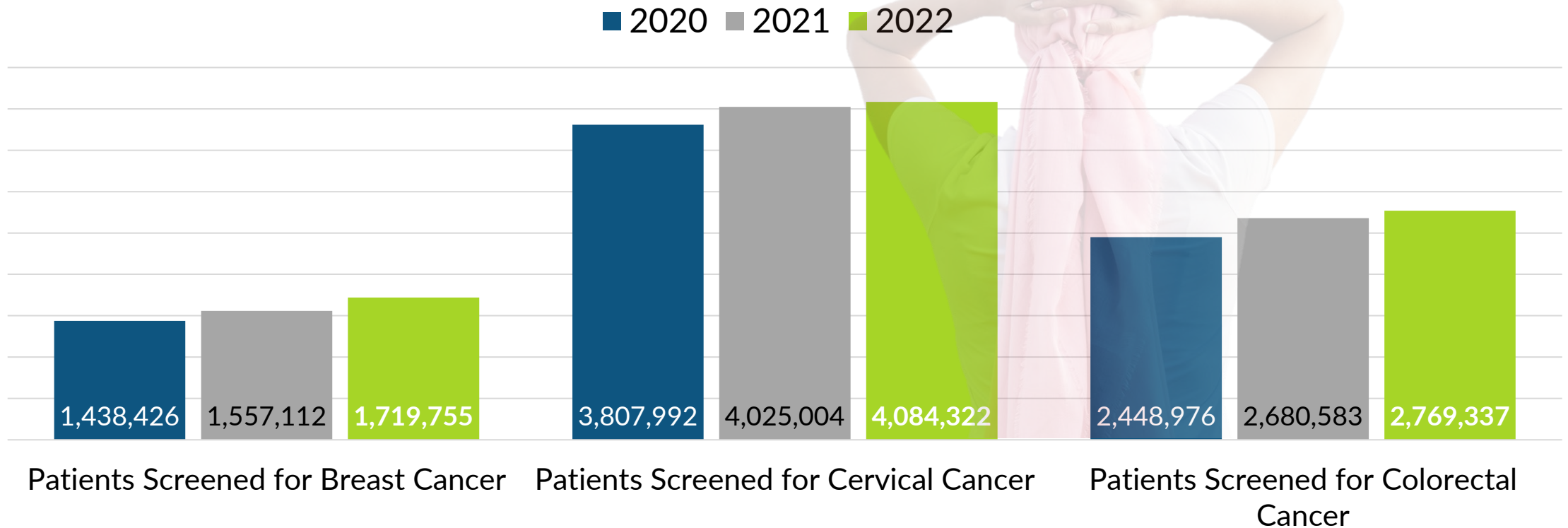




## Quality Measures: Screenings and Disease Prevention

Figure 3-1: Cancer Screenings Increase (2020-2022)

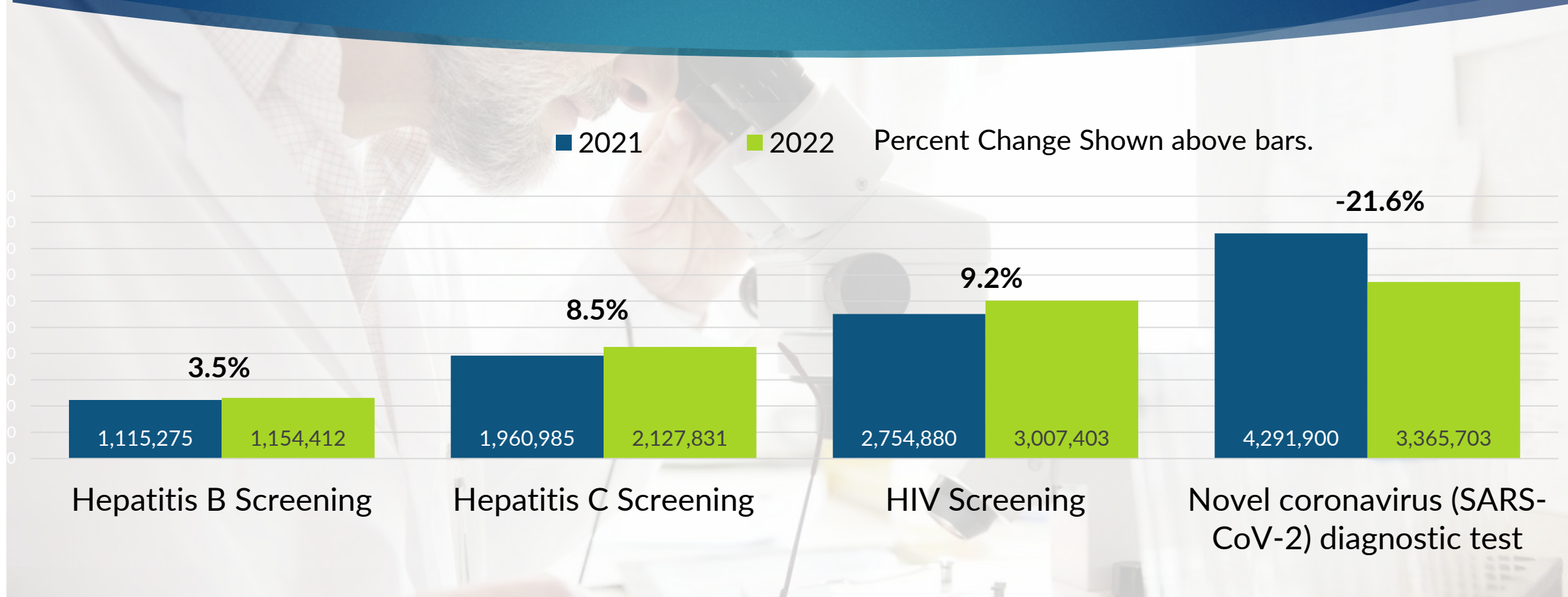
◆ In 2022, health centers leveraged Fiscal Year 2023 Accelerating Cancer Screening (AxCs) funding to screen an increased 163,000 patients were screened for breast cancer, 59,000 for cervical cancer, and 89,000 for colorectal cancer as compared with 2021.



Source: 2020-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.; 2022 Uniform Data System Trends Data Brief | September 2023  
<https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-trends-data-brief.pdf>

Figure 3-2: Hepatitis B, C and HIV Screenings Increase, COVID At-Home Testing Becomes Available (2021-2022)

- ◆ Health centers increased the number of HIV screenings by 9.2%, Hepatitis C and Hepatitis B screenings by 8.5% and 3.5% respectively.)
- ◆ Coronavirus testing decreased from 2021 levels as home testing become available. As part of an effort to promote equitable access to tests, the Biden administration set aside 25 million rapid at-home self-test kits (50 million tests) for distribution by health centers..

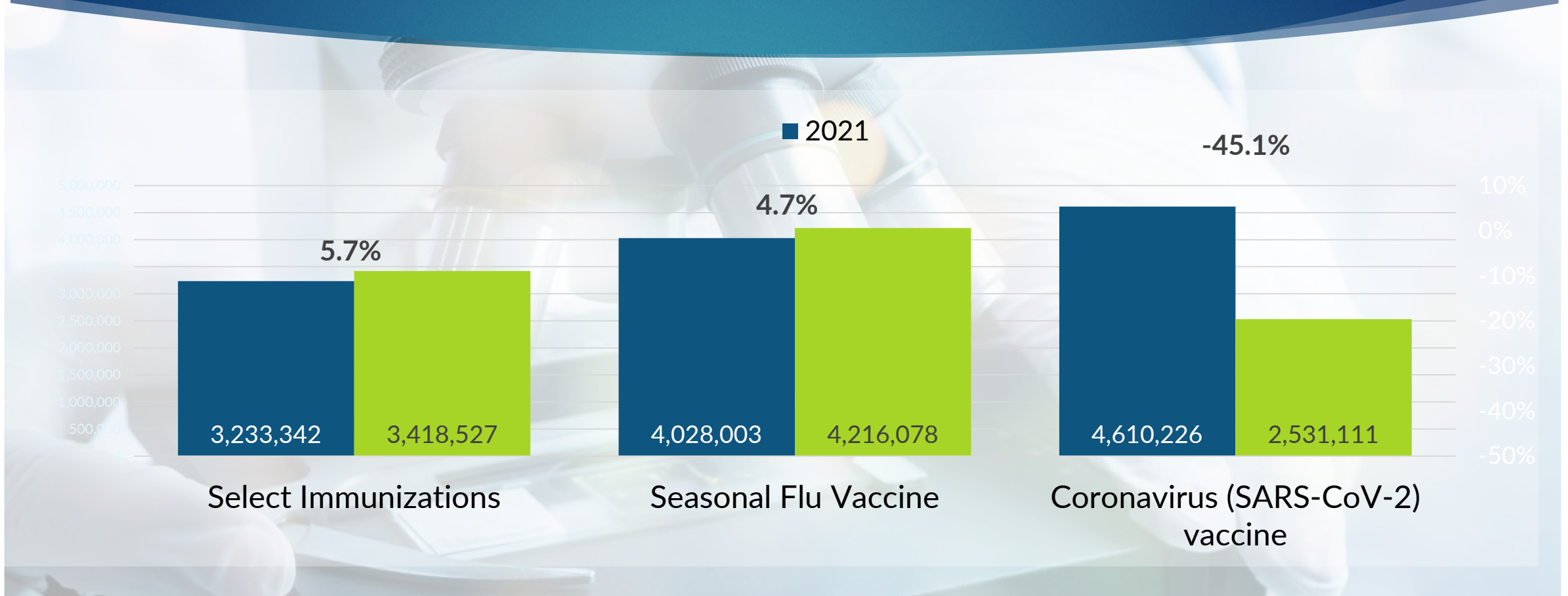


Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.



Figure 3-3: Preventive Care Increased for Flu, Select Immunizations 3(2021-2022)

- ◆ Seasonal flu vaccinations increased by almost 5% over the past year (2021-2022).
- ◆ Select immunizations (hepatitis A, haemophilus influenzae B (HiB), and measles, mumps, and rubella (MMR), among others) increased by over 5% since 2021.
- ◆ Coronavirus vaccinations decreased from 2021 levels as an increasing percentage of the population became vaccinated and booster became available.





- ▶ Health centers continue to be active in protecting communities from COVID-19.
- ▶ In October of 2023, over 200,000 patients were tested for COVID-19, over 200,000 test kits were distributed, and over 100,000 vaccines were administered, with almost 3 out of 5 (59%) going to racial and ethnic minorities.



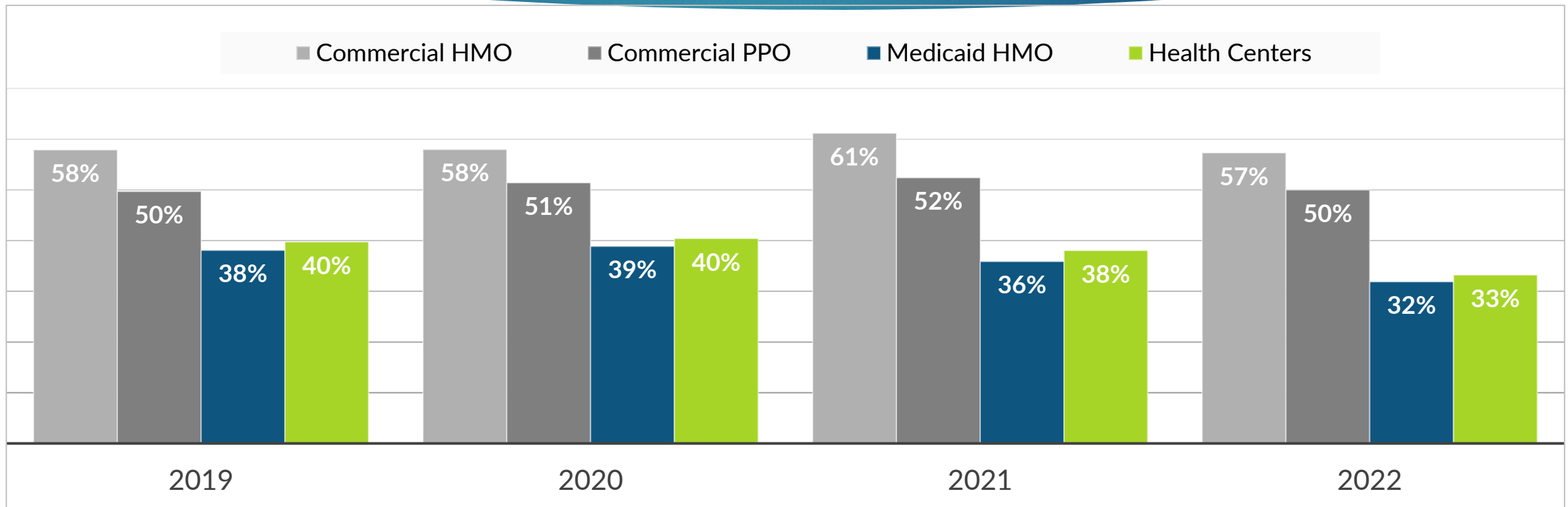
Metric	October 2023
Patients Tested for COVID-19, Virus Detection (PCR, antigen)	231,309
COVID-19 Vaccination Doses Administered	110,429
Percent of COVID-19 Vaccination Doses Administered to Racial and Ethnic Minorities	59.1%
Percent of Health Centers Hosting Community-Based Events (Mobile Vans, Pop-Up Clinics, School-Based Sites, or Family Vaccination Clinics)	21.7%
Number of Community-Based Events	1,900
Number of Collaboration Community-Based Events	843
Percent of Health Centers Distributing Test Kits from HRSA	42.9%
Percent of Health Centers Distributing Oral Antiviral Medication from HRSA	22.5%
Number of Test Kits Distributed through the HRSA COVID-19 Testing Supply Program	200,465
Number of Patients Who Received COVID-19 Oral Antiviral Medication	2,930
Percent of COVID-19 Oral Antiviral Medications Given to Racial and Ethnic Minorities	66.6%
Percent of COVID-19 Oral Antiviral Medications Given to Special Populations	40.6%

Source: Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey, Latest data as of October 2023. <https://bphc.hrsa.gov/data-reporting/health-center-covid-19-survey>

Image courtesy of <https://www.vecteezy.com/free-vector/covid>>Covid Vectors by Vecteezy

Figure 3-5: Health Centers Work to Alleviate Disparities in Vaccination Rates

- ◆ Health centers have childhood vaccination rates at age two comparable to or slightly higher than those of Medicaid HMOs.
- ◆ Lower rates of vaccination among children who are racial and ethnic minorities, living below the federal poverty level, without private health insurance, and in rural (non-MSA) areas have been demonstrated – populations disproportionately served by health centers.

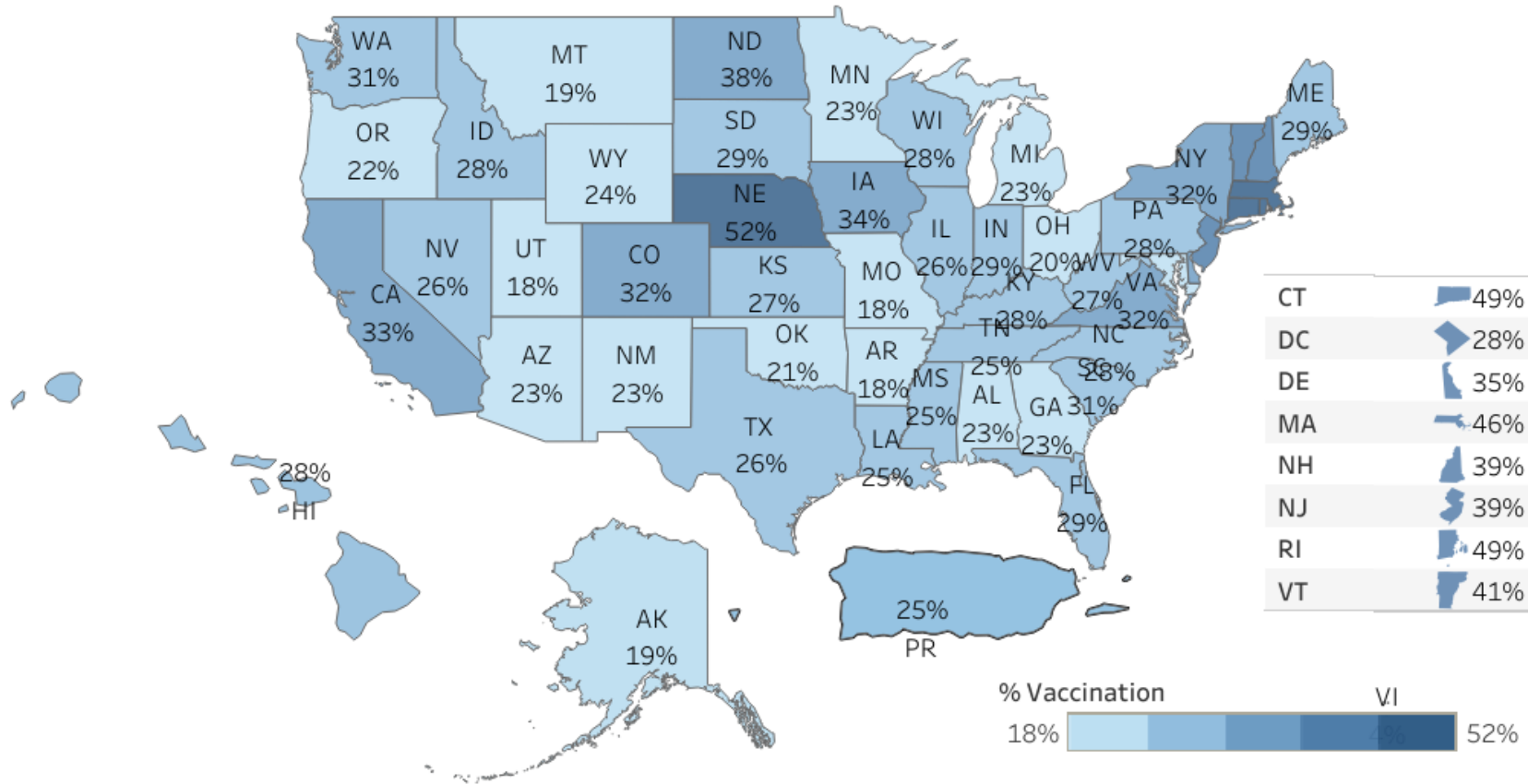


Sources: 1) HEDIS 2019-2022 <https://www.ncqa.org/hedis/measures/childhood-immunization-status/> 2)HRSA UDS 2022 3) Hill HA, Yankey D, Elam-Evans LD, Chen M, Singleton JA. Vaccination Coverage by Age 24 Months Among Children Born in 2019 and 2020 – National Immunization Survey-Child, United States, 2020–2022. MMWR Morb Mortal Wkly Rep 2023;72:1190–1196. DOI:

<http://dx.doi.org/10.15585/mmwr.mm7244a3>

Note: HEDIS definition is Childhood Immunization Status Combination 10. UDS includes Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

- ◆ The percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday varies widely by state, with clusters of states with lower vaccination rates in the southwestern regions.







## Quality Measures: Chronic Disease Management



Figure 3-7: Health Center Patients are Increasingly Complex

- ◆ Health centers saw an increasing number of patients with excess weight and obesity, diabetes mellitus, chronic lower respiratory diseases and asthma (2021-2022).
- ◆ Although the number of patients increased by 1% (2021-2022), the number of patients who are overweight or obese, have chronic lower respiratory diseases or heart disease each rose more than 5%.

45

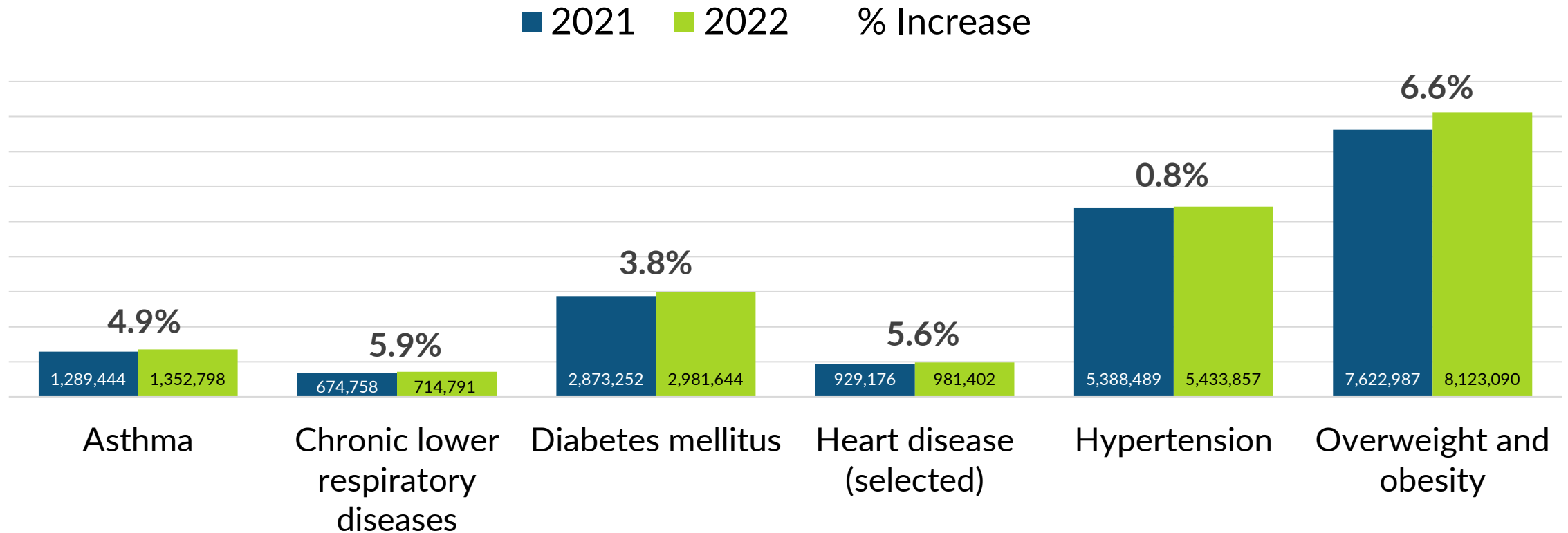
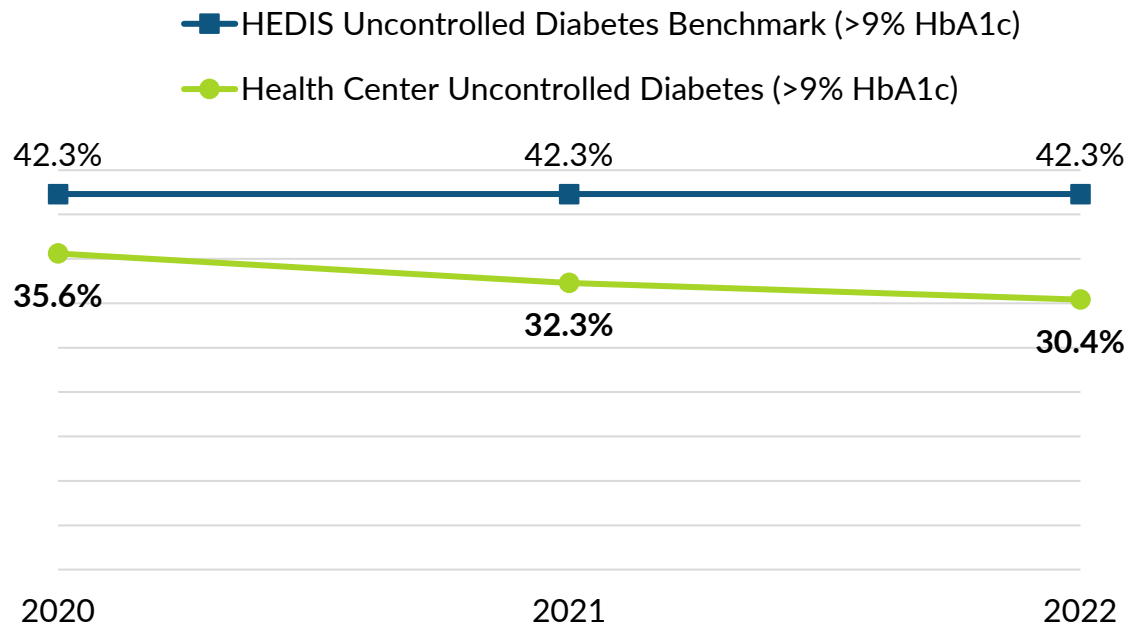


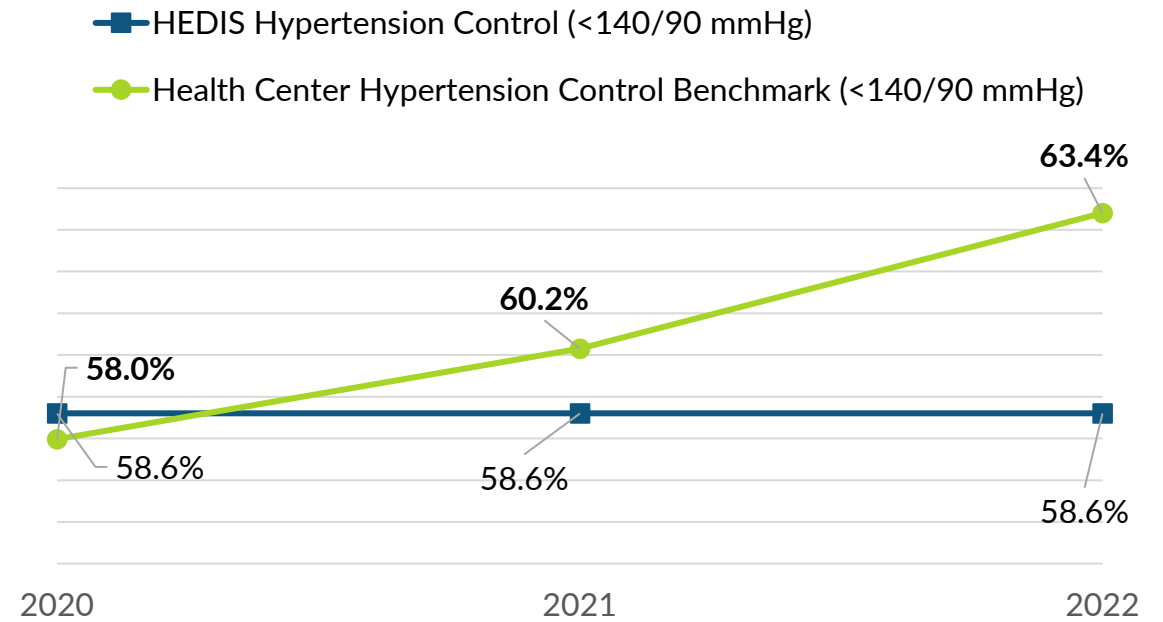
Figure 3-8: Health Centers Manage Chronic Diseases Above National Benchmarks

- ◆ Health centers exceeded Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks in 2022. 30% of health center patients with diabetes had uncontrolled diabetes, well under the HEDIS benchmark of 42%, and nearly two-thirds (63%) of health center patients diagnosed with hypertension had controlled blood pressure, exceeding the HEDIS benchmark of 59%.
- ◆ Health centers improved the clinical quality measures of hypertension and diabetes control in 2022.

### Diabetes (Inverse Measure)



### Hypertension



Sources:

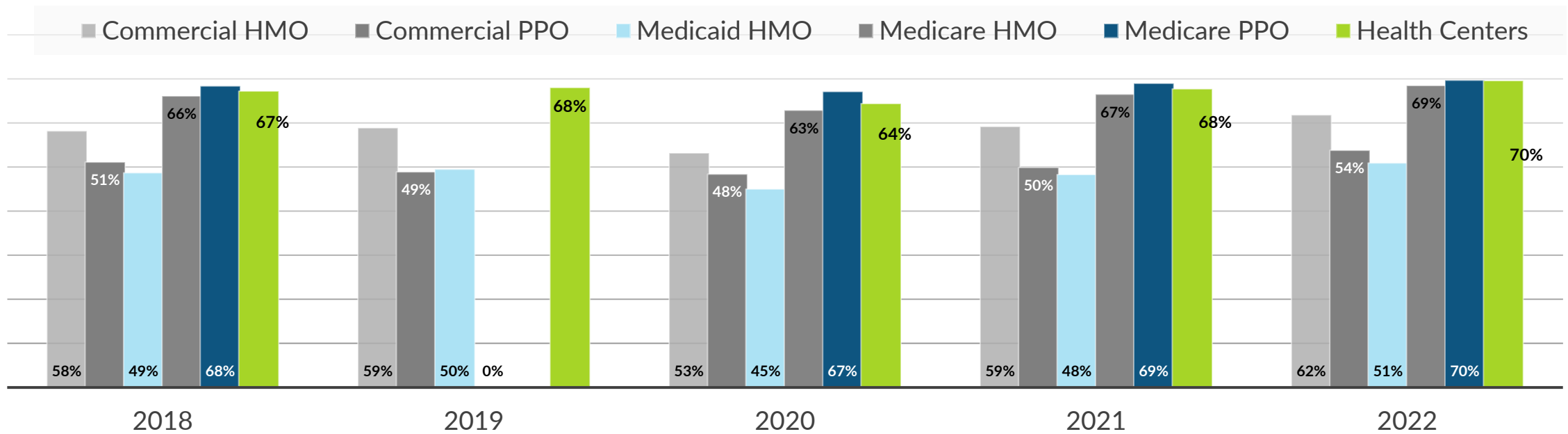
2020-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

[Healthcare Effectiveness Data and Information Set \(HEDIS\)](#), The National Committee for Quality Assurance, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

Figure 3-9: Health Center Patients with Diabetes are More Likely to have Controlled Their HbA1c Levels as Compared to Patients of Other Types of Providers

- ◆ Patients at community health centers with diabetes are more likely to have controlled their diabetes than patients at commercial HMOs or PPOs, Medicaid HMOs or Medicare HMOs or PPOs.
- ◆ The cost of medical care increases significantly for every 1% increase in a patient’s glycemic level (for HbA1c above 7%).<sup>7</sup> If health center patients with uncontrolled diabetes reduced their HbA1c by just 1.25%, the potential savings in medical costs could exceed \$3.44 billion over three years.<sup>3</sup>

### Diabetes Control (HbA1c <8.0%)



Source: Sources: 1) HEDIS (2018- 2022) <https://www.ncqa.org/hedis/measures/hemoglobin-a1c-control-for-patients-with-diabetes/> 2) 2018-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. 3) Gilmer TP, O'Connor PJ, Manning WG, Rush WA. The Cost to Health Plans of Poor Glycemic Control. Diabetes Care. 1997;20(12):1847-1853. doi:10.2337/ diacare.20.12.1847

- ◆ Evidence-based interventions have proven to help control diabetes and are consistent with ADA recommendations and the Guiding Principles for the Care of People with or at Risk for Diabetes.
- ◆ NACHC’s Value Transformation Framework can guide health centers in coupling diabetes-specific interventions with systems-level interventions to improve health equity, outcomes, improve patient and staff experience, and reduce costs (the Quintuple Aim).



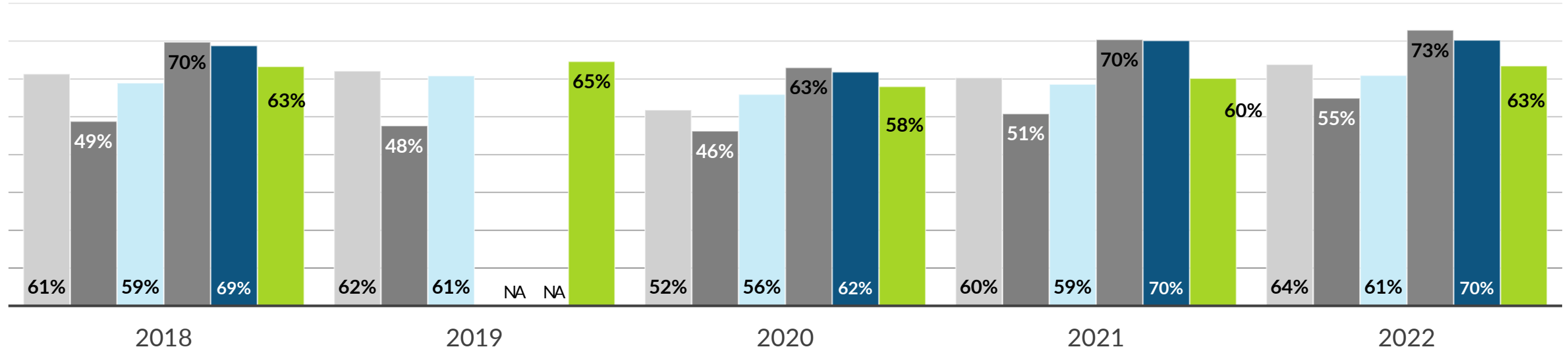


Figure 3-11: Health Center Patients with Diabetes are More Likely to have Controlled Their HbA1c Levels as Compared to Patients of Other Types of Providers

- ◆ High blood pressure, or hypertension, also known as the “silent killer,” increases the risk of heart disease and stroke, the leading causes of death in the United States.
- ◆ Health center patients with hypertension are more or about equally likely to have their blood pressure controlled (<140/90 mm Hg) as compared to commercial HMO or PPO, or Medicaid HMO patients.

### Controlling High Blood Pressure

■ Commerical HMO ■ Commercial PPO ■ Medicaid HMO ■ Medicare HMO ■ Medicare PPO ■ Health Centers



Source: Sources: Sources: 1) HEDIS (2018- 2022) <https://www.ncqa.org/hedis/measures/controlling-high-blood-pressure/> 2)2018-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

- ▶ During the pandemic, Miami Beach Community Health Center:
  - ▶ Maintained over 80% of patients' blood pressure control through the pandemic.
  - ▶ Increased the percentage of African American patients whose blood pressure is controlled (from 75% in January 2021 to 79.1% in June 2021).
  - ▶ Decreased the average systolic blood pressure of African American adults with uncontrolled hypertension from 146.8 to 141.6 mmHG (June 2020-June 2021).

Miami Beach Community Health Center (MBCHC) created a three-pillar approach to addressing hypertension and were able to maintain a blood pressure control rate through June 2021 of 80% for their full adult population and improved their blood pressure control to 79% for their African American population during the pandemic with enhanced use of telemedicine and enabling services.

#### Step 1: Fortify Hypertension Treatment Protocol

- Take multiple readings if blood pressure is greater than 140/90 mmHg, consider treatment intensification at every visit
- Follow-Up Visit Protocol:
  - SBP 140-159/DBP 90-99; 2-week follow-up
  - SBP 160/179/DBP 100-109; Weekly follow-up
  - SBP greater than 180/SBP greater than 110; 2-3-day follow-ups

#### Step 2: Advance Telemedicine:

- Educate providers and patients on importance of telemedicine.
- Train providers to conduct virtual visits.
- Provide automatic upper arm home blood pressure monitors to patients with diagnosed hypertension.

#### Step 3: Provide case management, building patient relationships by:

- Schedule visits
- Call when appointment is missed
- Check in on medication adherence
- Arrange transportation when needed

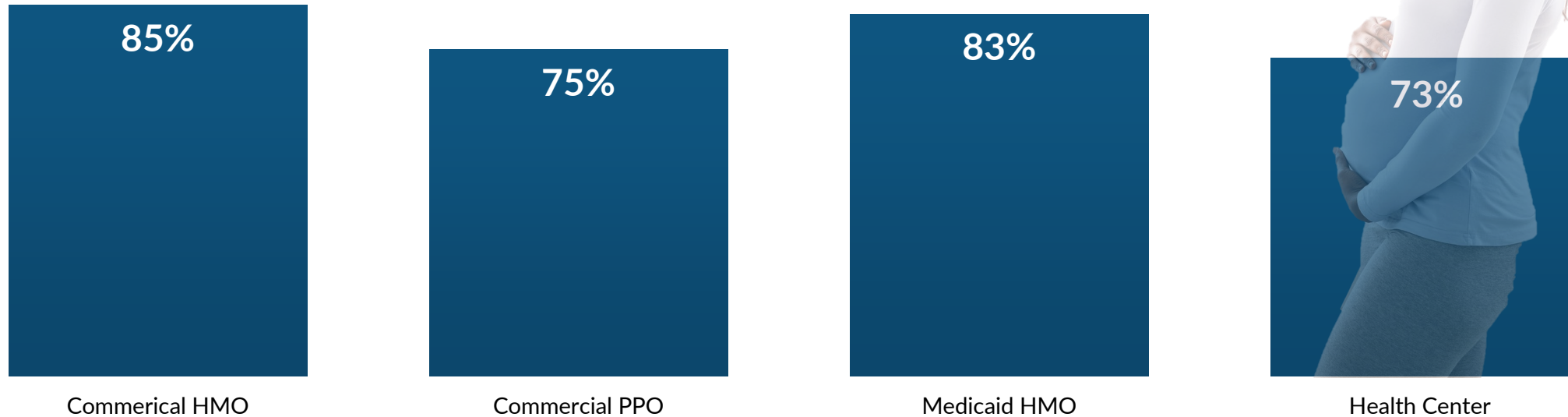


## Quality Measures: Prenatal and Infant Health

Figure 3-13: Health Centers Provide Prenatal Care During the First Trimester for Three in Four Prenatal Patients, A Rate Comparable to Commercial PPOs

- ◆ The percentage of patients receiving care in first trimester at health centers is comparable to that of commercial PPOs and slightly lower than at HMOs (commercial or Medicaid).
- ◆ Approximately three out of four prenatal care patients at health centers start receiving care during the first trimester of pregnancy

### Timeliness of Prenatal Care



Sources: 1) HEDIS 2022 <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/> 2) HRSA UDS 2022 \* Note: HEDIS includes prenatal care visits in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. UDS includes prenatal care patients who entered prenatal care during the first trimester only.



Figure 3-14: Low and Very Low-Weight Births By Race and Ethnicity and In Comparison to National Averages

◆ Health centers delivered a lower percentage of low or very low weight births for Black, Asian, Native Hawaiian and Hispanic patients in comparison to national averages.

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### Low and Very Low-Weight Births (Inverse Measure)

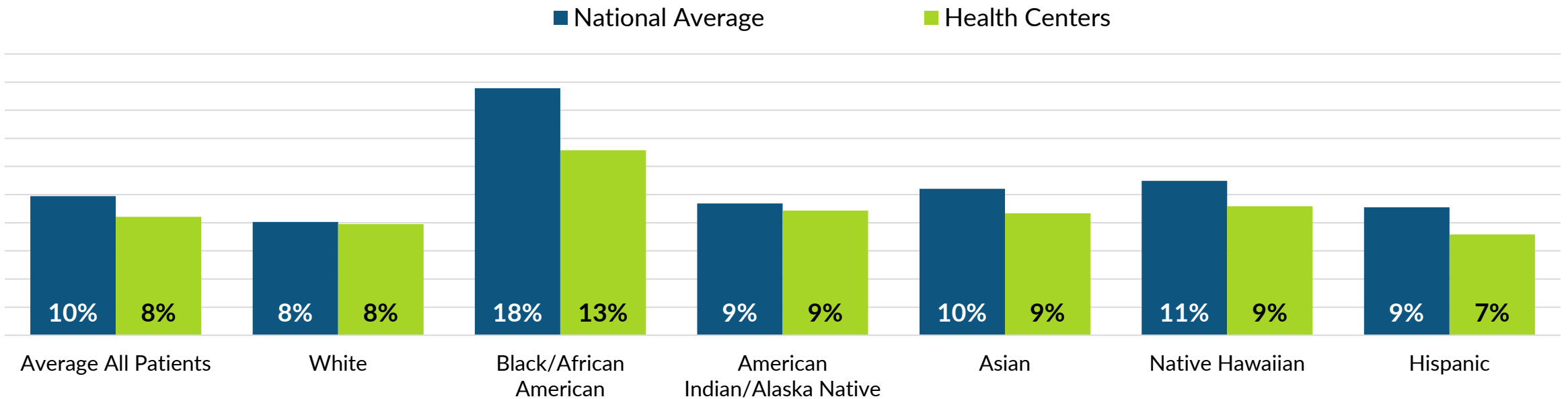


Figure 3-15: Well Child Visits Increase, 2020-2022

- ◆ The number of children seen at health centers increased by 8% between 2020 and 2022.
- ◆ The number of children receiving well-child visits increased by 15% (2020-2022).
- ◆ The percentage of child patients who receive well-child visits increased from 61% in 2020 to 64% in 2022.

54

## Patient Population Under the Age of 18 and Percent Receiving Well-Child Visits

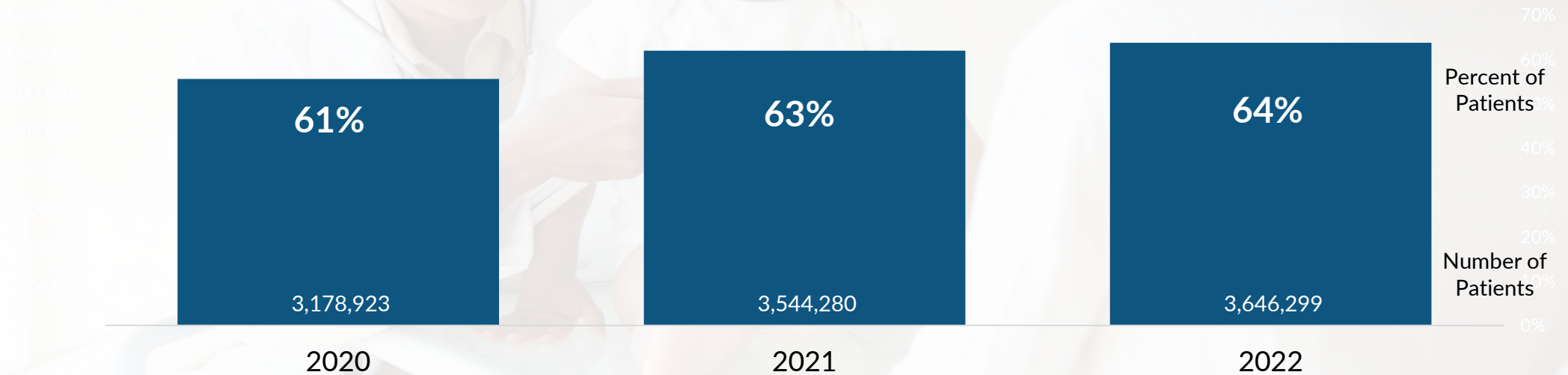
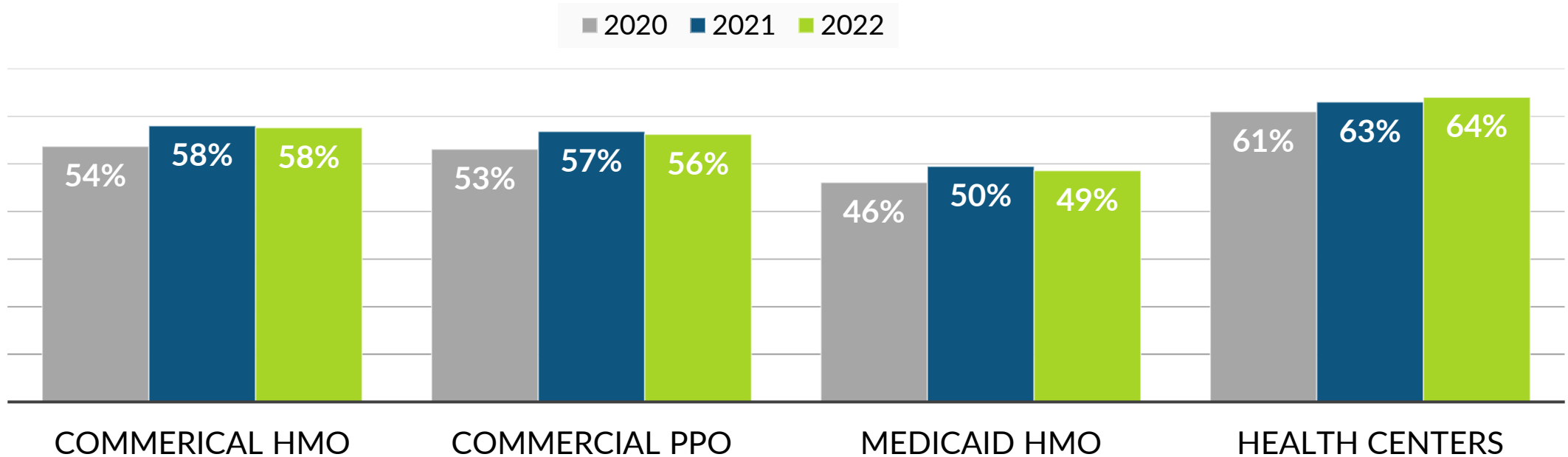


Figure 3-16: Well Child Visits More Common Health Centers than other Types of Providers, 2020-2022

- ◆ A higher percentage of patients receive well-child visits at community health centers than at commercial HMO, commercial PPO or Medicaid HMO providers.

55

### Child and Adolescent Well-Care Visits



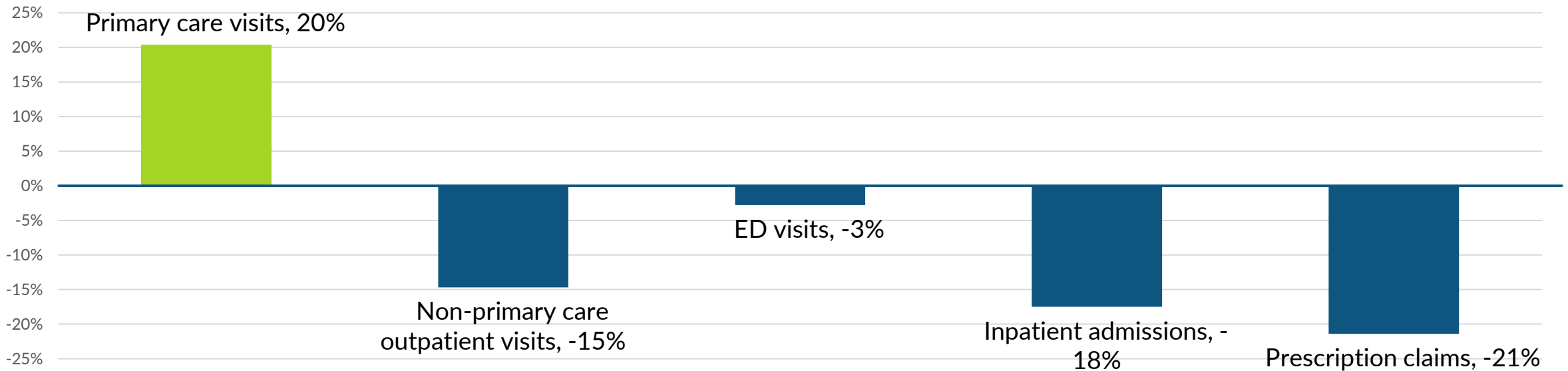
Sources: Sources: 1) HEDIS 2022 <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/> 2) 2020-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. \* Note: HEDIS includes child and adolescent visits for age 3-21 years, UDS includes age 0 through 11.

Figure 3-17: Health Centers Provide Pediatric Patients With More Primary Care Visits, Less Hospitalizations Compared to Non-Health Center Providers

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- ▶ Among Medicaid-enrolled children, health center patients had 20% more primary care visits, 15% fewer non-primary care outpatient visits, and 21% fewer prescription claims than non-health center patients.
- ▶ Although ED visits were similar across the two groups, health center patients had an 18% lower chance of hospitalization as compared to non-health center patients.

## Health Centers



## Non-Health Center Medicaid Providers





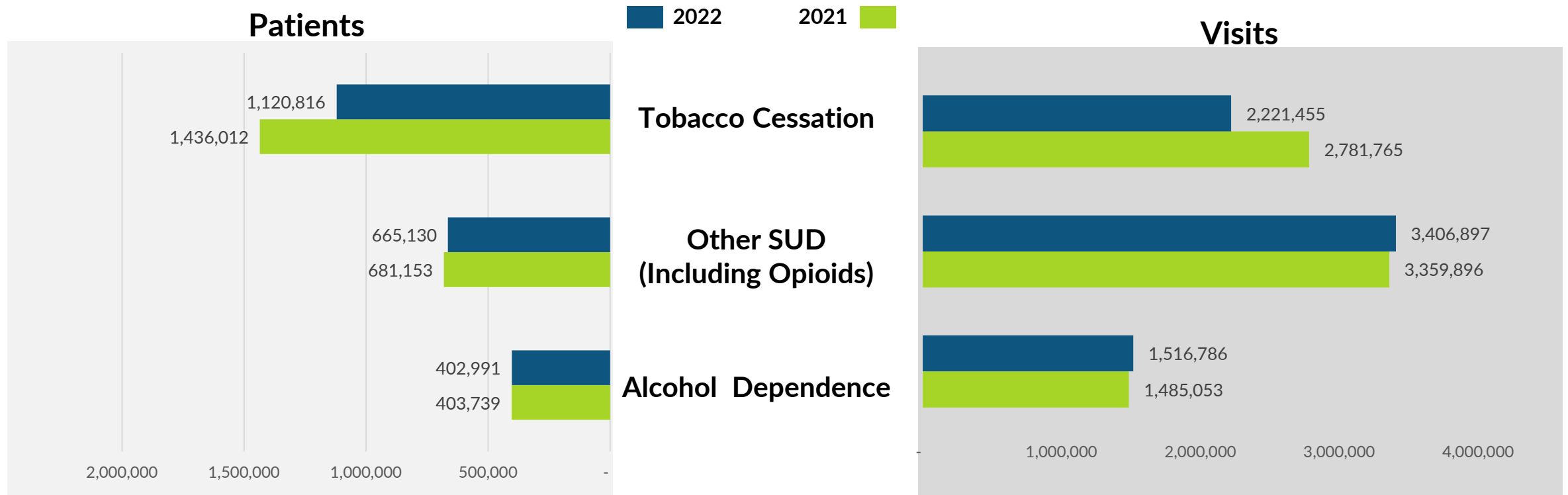
## Quality Measures: Behavioral Health and Substance Use Disorder Treatment

Figure 3-18: Health Centers are Seeing More Patients for Substance Use Disorder

▶ Tobacco Cessation patients increased by 28%, and visits by 25%.

58

### Change in SUD Patients and Visits, 2021 to 2022

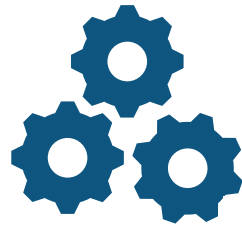


Source: 2021 & 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 3-19: Health Centers Are Expanding Substance Use Disorder (SUD) Treatment Services to Meet Increasing Needs

- ▶ Health centers served 2.7 million patients seeking mental health services.
- ▶ Health centers also provided substance use disorder services to nearly 300,000 patients and Medication-Assisted Treatment (MAT) services to nearly 194,000 patients in 2022.

Over 3 million patients sought mental health or substance use services at a health center in 2022.



Health centers performed evidence-based screening, intervention, and referral procedure (SBIRT) for almost 1.5 million patients in 2022.

10,331 health center providers are authorized to provide medication-assisted treatment for opioid addiction.



Almost 194,000 patients received medication-assisted treatment for opioid use disorder in 2022, an increase of 5% since 2021.





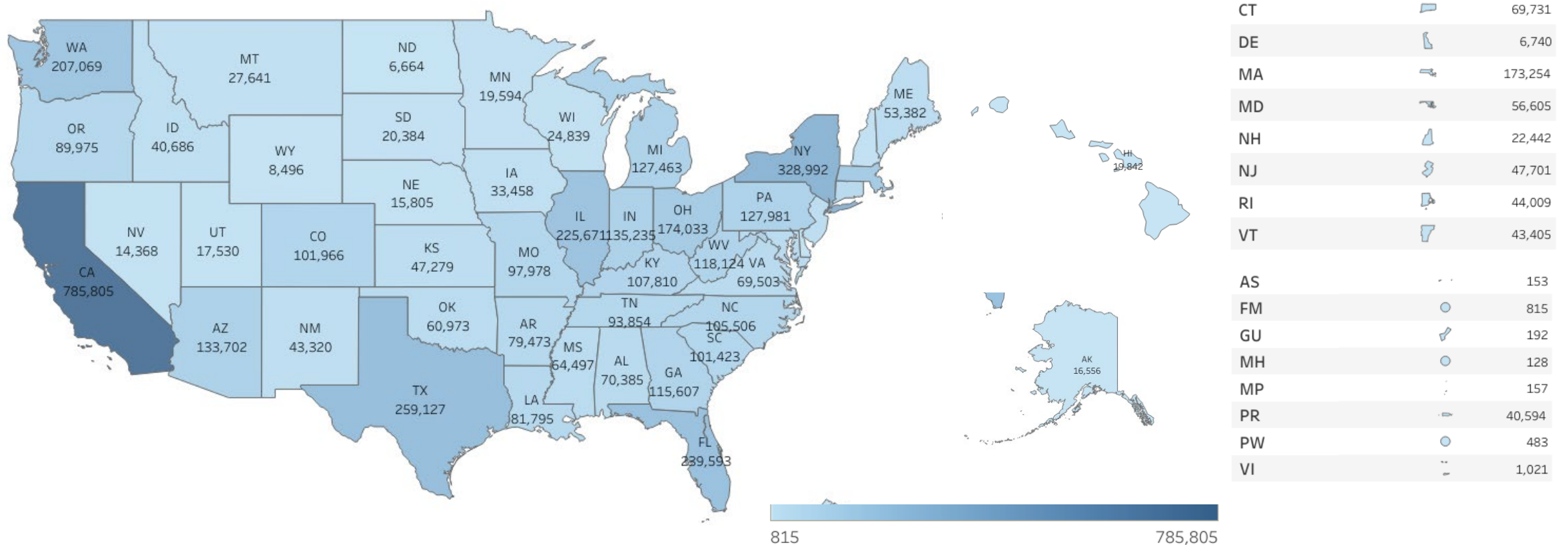
# Section Four: The Health Center Workforce

HEALTH CENTERS ARE  
THE EMPLOYERS OF CHOICE



Figure 4-1: Map of Community Health Center Employment Figures Nationwide.

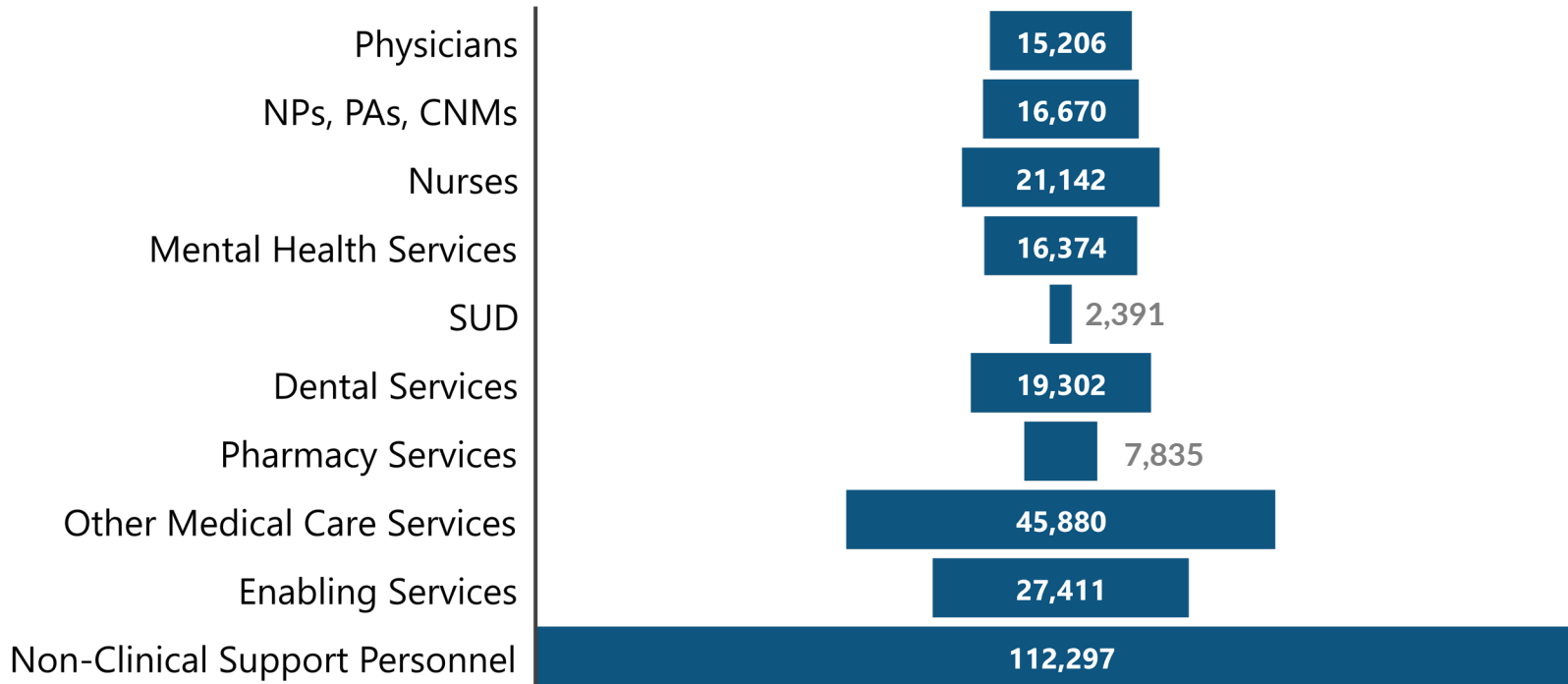
- ▶ Health centers provide almost 285,000 jobs across the country and are often major employers and economic drivers in underserved communities.



Sources: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 4-2: Health Centers Employed 284,507 FTEs in a Variety of Roles to Form Efficient and Effective Care Teams

- ▶ Health centers employed 284,507 FTE staff in 2022
- ▶ Non-clinical support personnel include the CEO, chief financial officer (CFO), chief information officer (CIO), chief medical officer (CMO), chief operations officer (COO), and human resources (HR) director, as well as other non-clinical support and office support personnel. Each plays an important role in the functioning of the care team.



Health centers were pioneers in the development of care teams to provide team-based, comprehensive care.

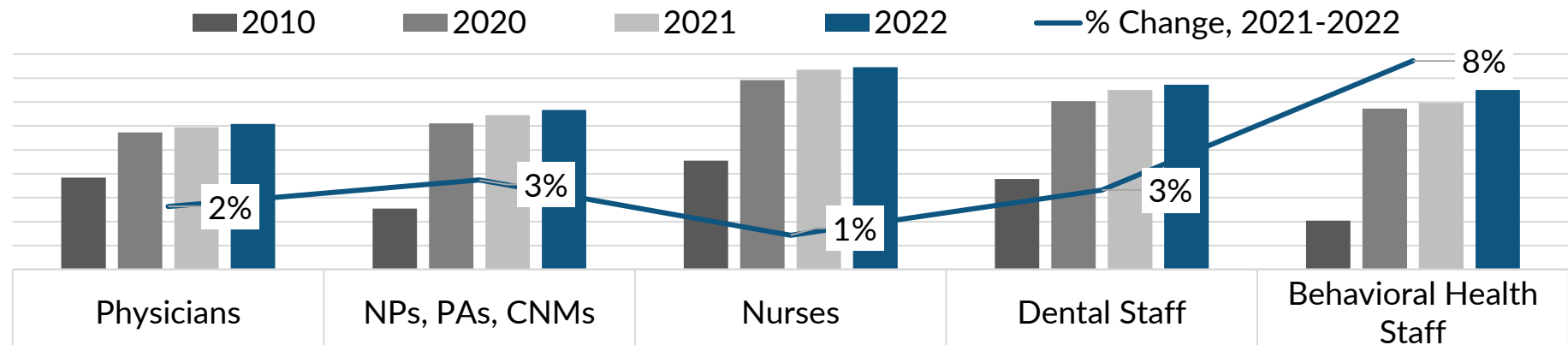
Interprofessional primary care teams can improve care quality, reduce health care costs, decrease clinician burnout, and improve the patient experience when teams share care responsibilities (Meyers et al., 2019).

Sources: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Meyers, D. J., A. T. Chien, K. H. Nguyen, Z. Li, S. J. Singer, and M. B. Rosenthal. 2019. Association of team-based primary care with health care utilization and costs among chronically ill patients. *JAMA Internal Medicine* 179(1):54–61. in National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

Figure 4-3: Growth in Health Center Clinical Staff, 2010 – 2022

- ▶ Despite the challenges of recruiting and retaining staff across the health care industry, health center staffing in most areas grew to meet the increasing patient needs.
- ▶ Behavioral health staff grew by 8% between 2021 and 2022 and dental staff grew by 3%.
- ▶ The increase in Nurse Practitioners, Physician Assistants, Certified Nurse Midwives (NPs, PAs and CNMs) was 50% greater than that of physicians (3% vs. 2%).



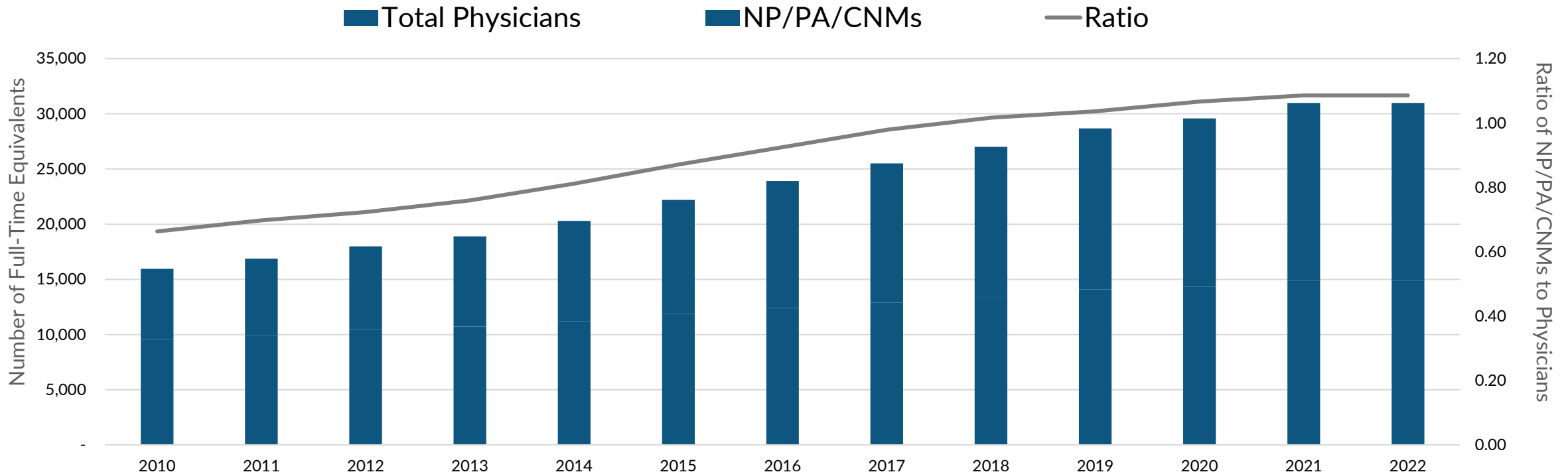
	Physicians	NPs, PAs, CNMs	Nurses	Dental Staff	Behavioral Health Staff
2010	9,592	6,362	11,365	9,452	5,095
2020	14,317	15,269	19,784	17,583	16,811
2021	14,858	16,134	20,877	18,749	17,415
2022	15,206	16,670	21,142	19,302	18,765
% Change, 2021-2022	2%	3%	1%	3%	8%

Note: Behavioral health staff includes mental health and substance abuse staff.

Source: 2010–2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

Figure 4-4: The Ratio of Non-Physician Providers to Physicians has been Increasing since 2010.

- ◆ Health Centers increased the ratio of non-physician providers to physicians
- ◆ Since 2018, health centers have employed an increasing number of NPs, PAs and CNMs (combined) per physician. The rate of increase appears to have stabilized at approximately 1.1 NPs, PAs, and CNMs per Physician since 2020.



▶ Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively.

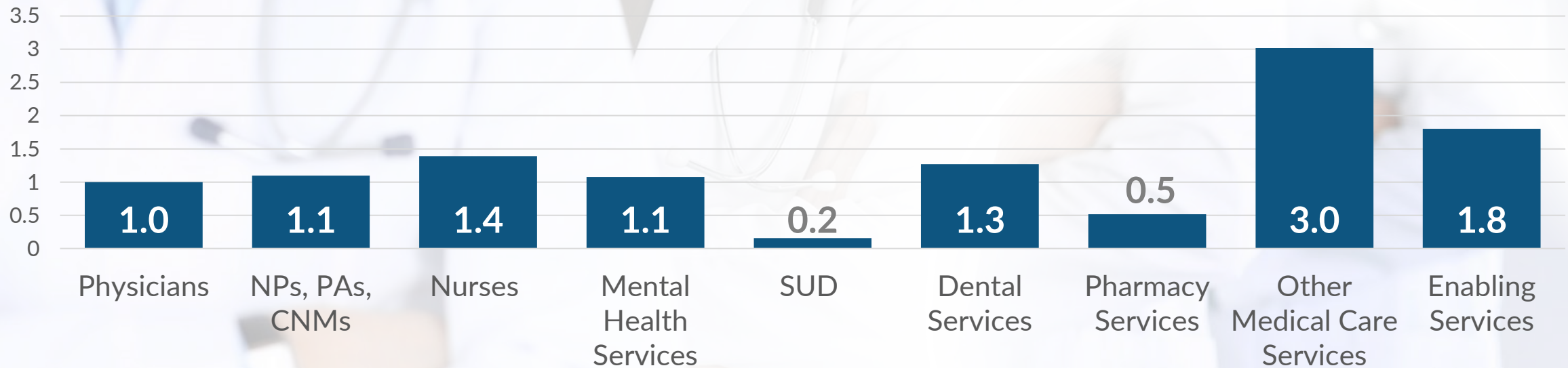
▶ Source: 2010 - 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.



Figure 4-5: Health Care Teams include High Ratios of Non-Physician Care Professionals to Physicians

- ▶ Health centers utilize an average of 1.8 enabling services staff, 1.4 nurses and 1.1 NP, PA or CNMs per physician.
- ▶ Three (3) other medical care services FTEs are employed for every physician. These include nurse aides/assistants, clinic aides/medical assistants, unlicensed interns and residents and EMS/EMT personnel.

### Ratios of Medical Service Staff FTEs per Physician



▶ Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

- ▶ Health Centers are Training a Health Care Workforce to Fill the Primary Care Gap
  - ▶ Over 58,000 skilled professionals received training or education at a community health center in 2022
  - ▶ The number of pre-graduate and post-graduate trainees increased by 12% between 2021 and 2022
  - ▶ 84% of health centers hosted pre- and/or post-graduate trainees in 2022, including 28 additional health centers since 2021.

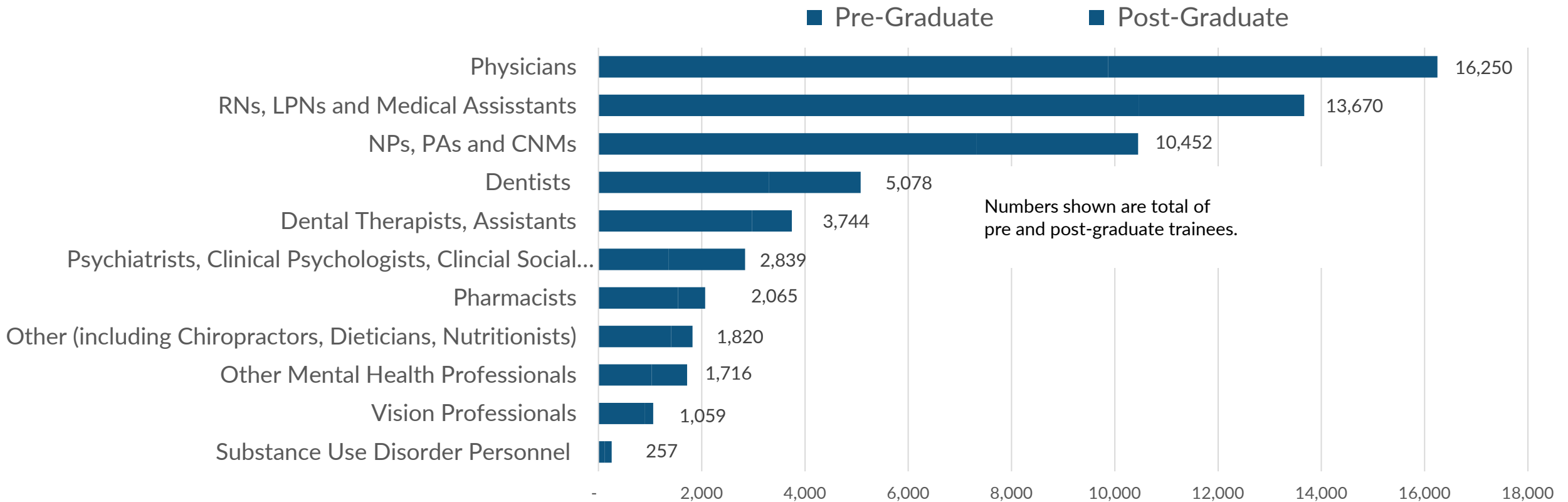
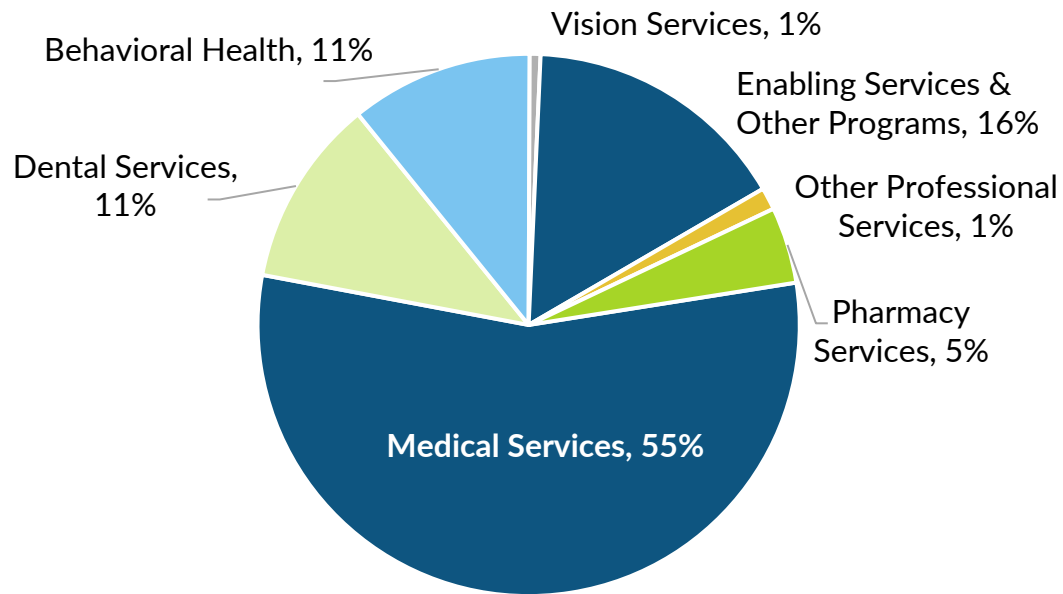


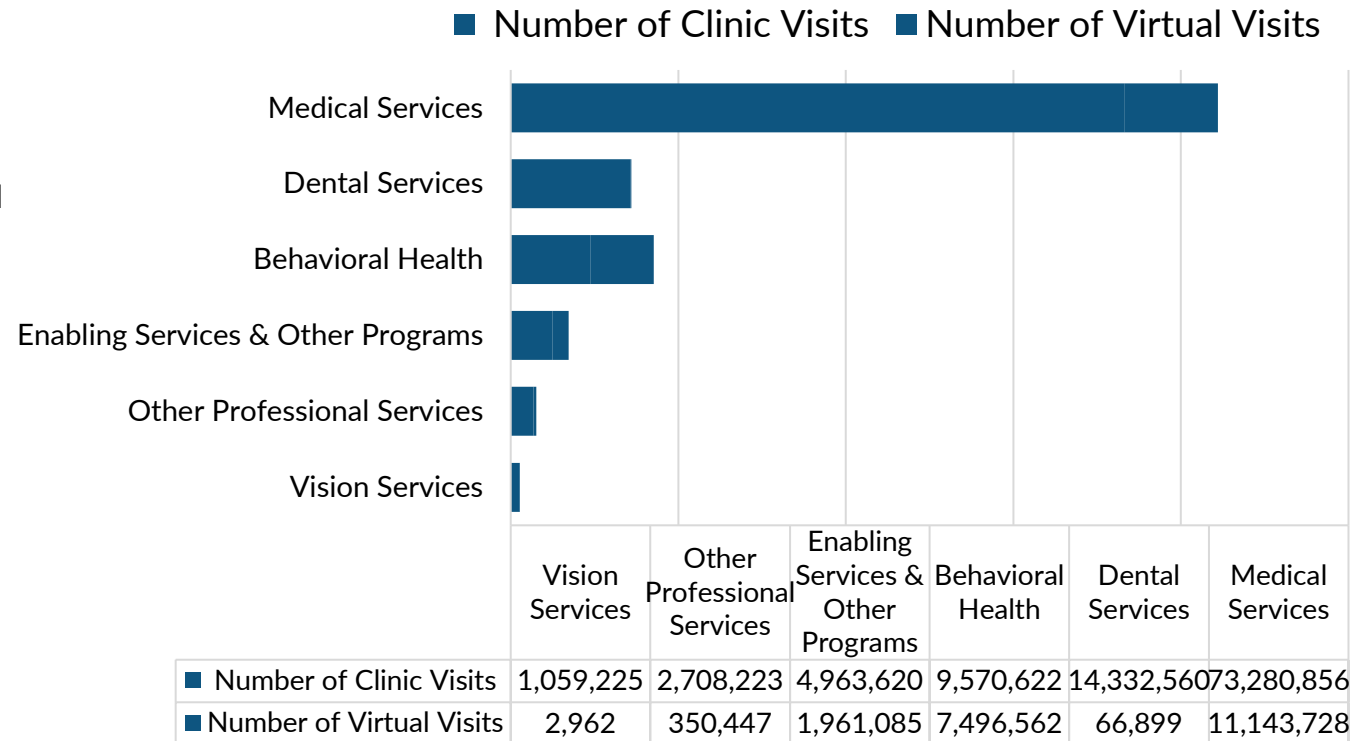
Figure 4-7: Health Centers Employ a Variety of Staff to Provide Over 125 Million In-Person and Virtual Visits

▶ 172,210 professional services FTEs provided over 125 million in-person and virtual visits in 2022 to more than 30.5 million (30,517,276) patients.

### Professional Services Staff



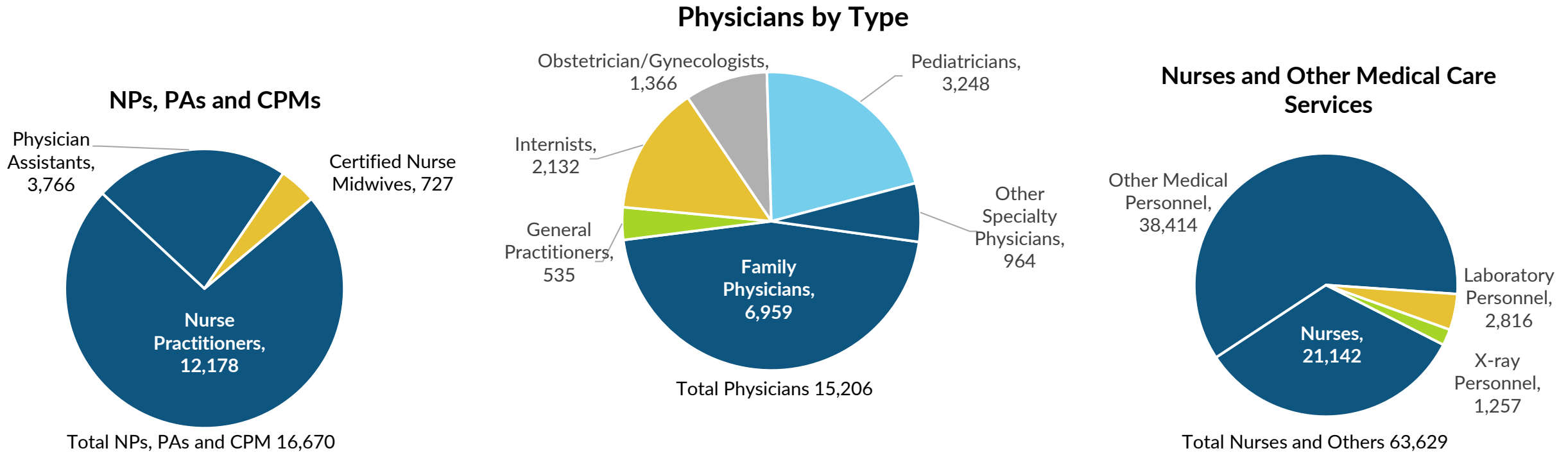
### Visits



Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 4-8: The Core Care Team Full-Time Equivalents (FTEs)

- ▶ Medical services staff comprise 55% of the care team.
- ▶ Health center medical services staff include 95,505 full-time equivalent (FTE)s.

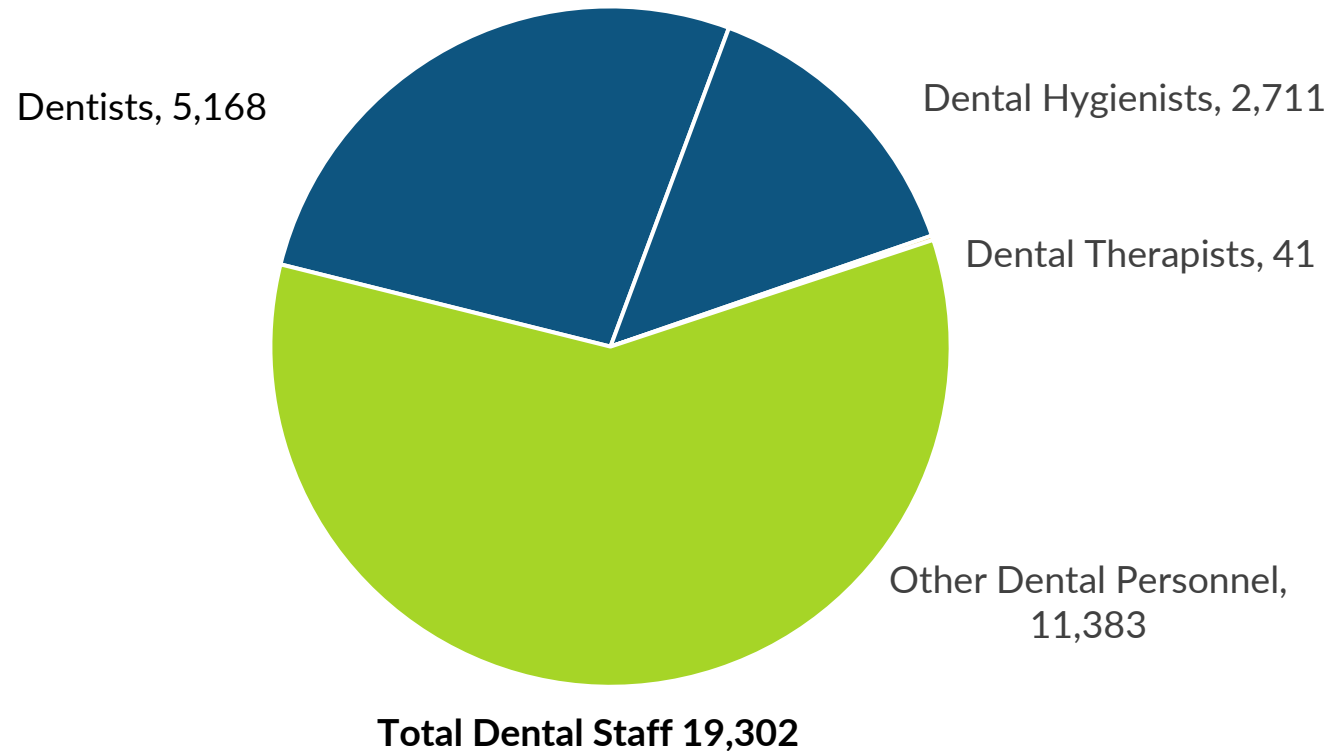


Notes: NP/PA/CNM stands for Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives. Other Medical Personnel include, but are not limited to, medical assistants, nurses' aides, laboratory personnel and X-Ray personnel.

Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.



- ▶ Dental staff comprise 11% of the care team.
- ▶ 82% of health centers offer dental services and collectively serve over 6 million (6,019,82) patients.
- ▶ Health centers performed 14,332,560 in-person dental visits and 66,899 virtual dental visits in 2022.



Note: Other dental personnel include dental assistants, advanced practice dental assistants, dental technicians, dental aides, dental students (including hygienist students)

Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 4-10: Health Center Behavioral Health Staff Full-Time Equivalents (FTEs)

- ▶ Behavioral health staff comprise 11% of the care team.
- ▶ Health centers conducted 8,331,108 in-person and 7,017,984 virtual mental health visits in 2022 with over 2.7 million (2,729,598) patients.
- ▶ Substance use disorder services staff conducted 1,239,514 in-person visits and 478,578 telehealth visits with 298,661 patients in 2022.

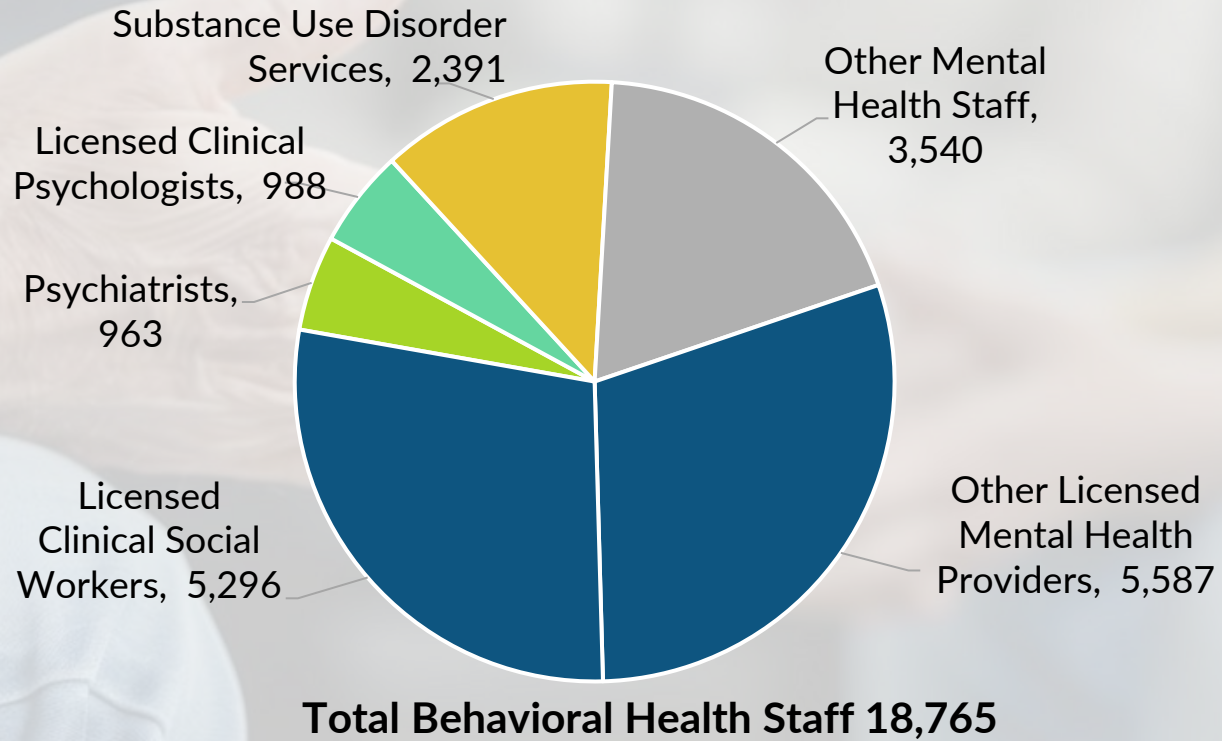


Figure 4-11: Health Center Vision Staff Full-time Equivalents (FTEs)

- ▶ Health centers employ 1,108 vision services staff, which represents an average 1% of the care team.
- ▶ Health center vision services staff conducted over 1 million (1,059,225) clinic visits, and 2,962 virtual vision visits with 828,014 patients in 2022.

71

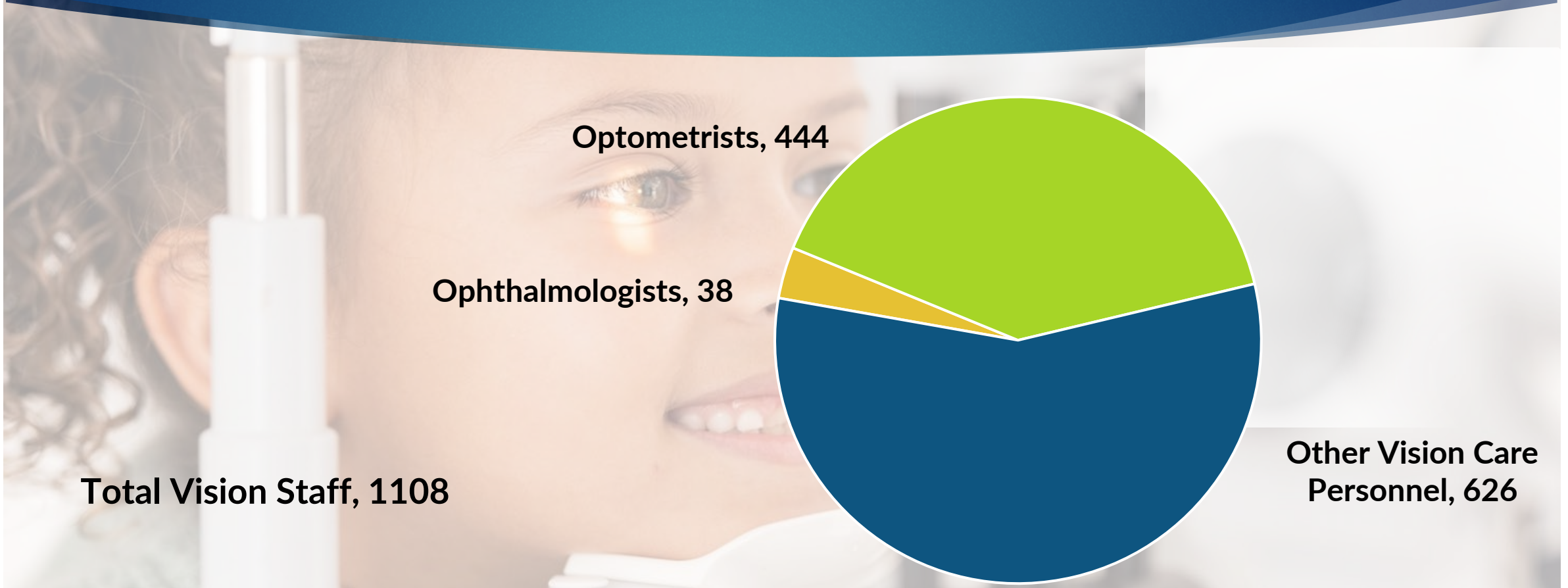
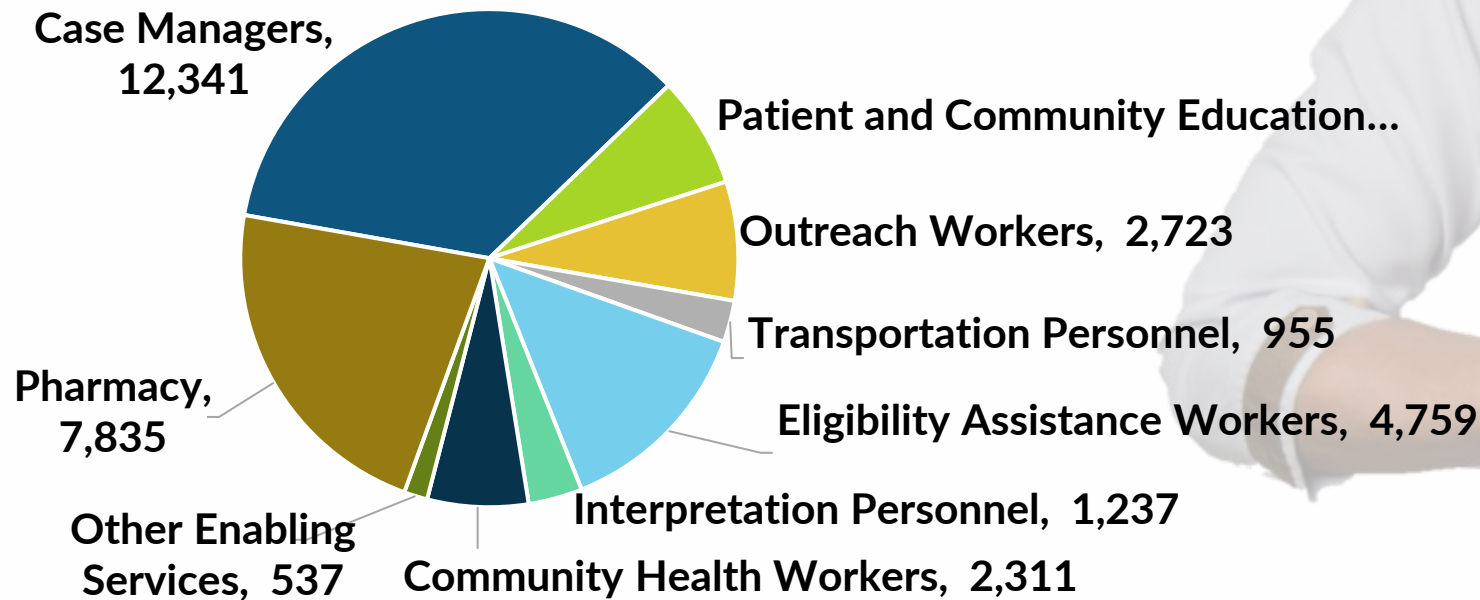




Figure 4-12: Health Center Enabling Services Staff

- ▶ Enabling services staff comprise 16% of the care team.
- ▶ Health centers conducted almost 7 million (6,924,705) enabling services visits, including 4,963,620 clinic visits and 1,961,085 virtual visits, offering enabling services to 2,377,210 patients in 2022.



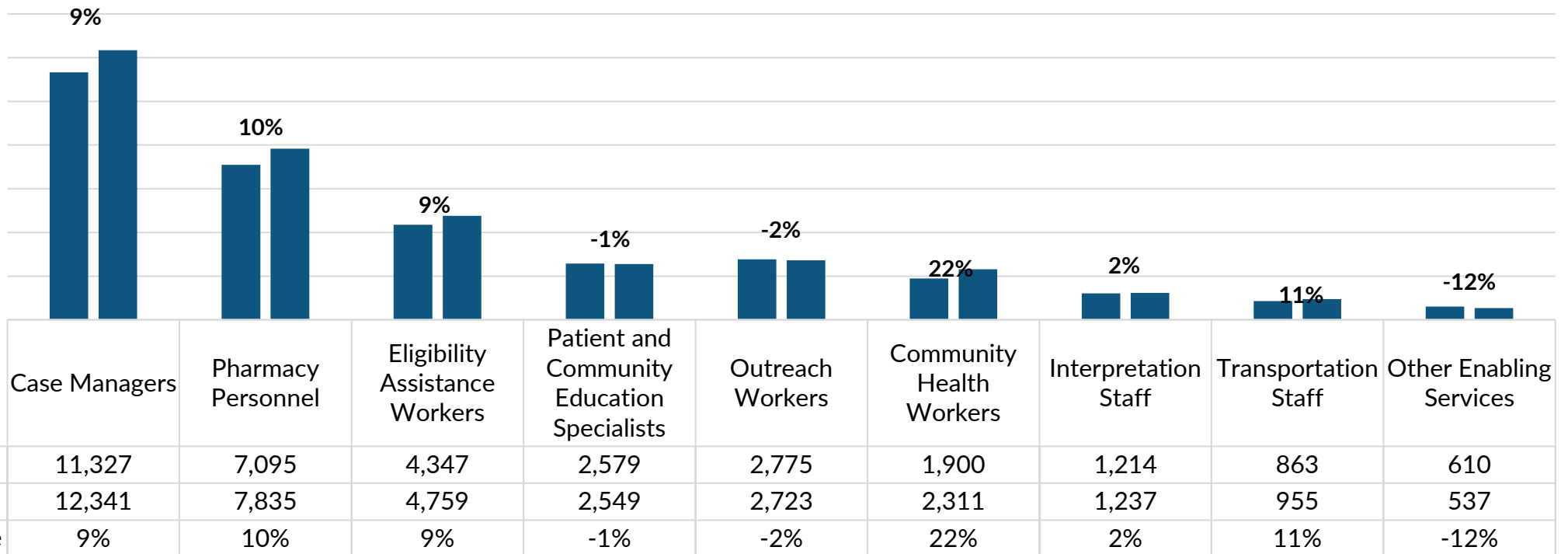
**Total Enabling Services Staff 35,246**



Figure 4-13: Health Center Enabling Services Staff Full-Time Equivalents, 2021-2022

- ▶ The number of Community Health Workers has increased by 22% in the past year (2021-2022), transportation staff increased by 11%, pharmacy personnel by 10% and case managers by 9%.
- ▶ Enabling services staff such as patient engagement specialists, health navigators and special program staff decreased by 12%, and outreach workers and patient and community education specialists each declined by 2% and 1% respectively.

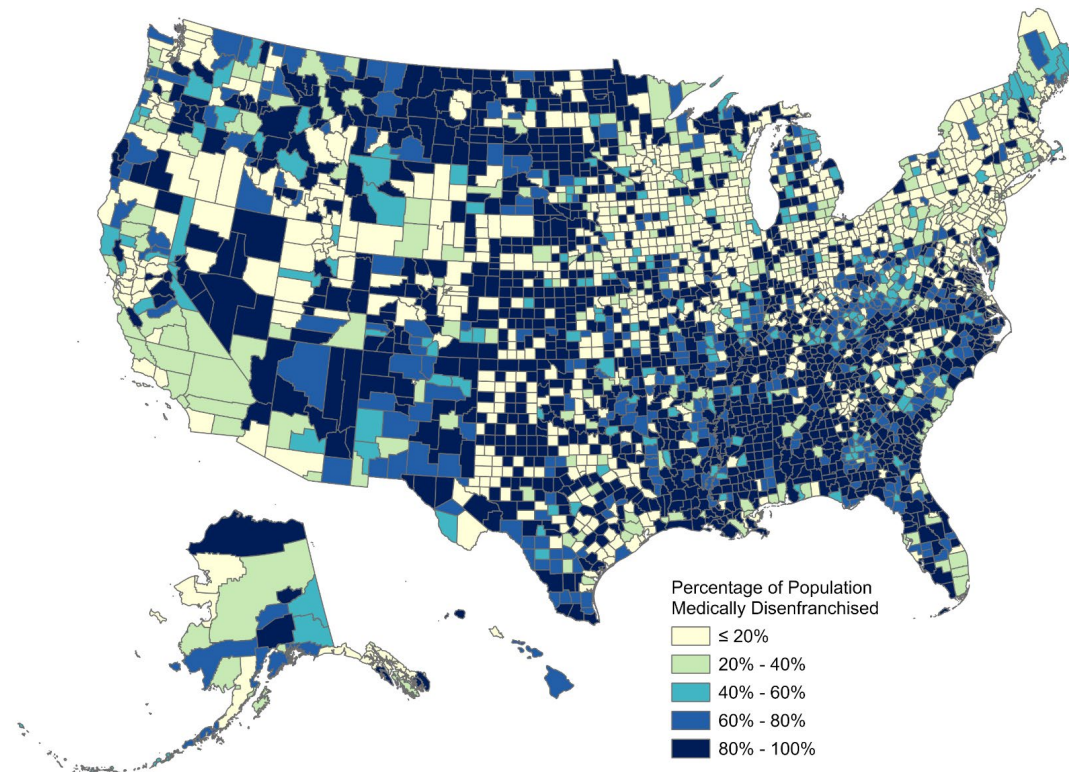
■ 2021 FTEs    ■ 2022 FTEs    Percent Change



- ▶ Financial opportunities at larger health care organizations was ranked by health center CEOs as the most common reason for staff departures, followed by pandemic stress.



- ▶ As of 2021, 106 million people are considered medically disenfranchised – meaning, they experience limited access to primary care due to a shortage of providers in their community.



Created by HealthLandscape at the American Academy of Family Physicians; commissioned by NACHC

Sources: (1) National Plan and Provider Enumeration System (NPPES), Centers for Medicare and Medicaid Services (CMS), 2022. (2) American Community Survey, 2016-2020. (3) HPSA and MUA/P shapefiles, HRSA Data Warehouse, July 2022. (4) American Medical Association Masterfile, 2022. (5) Provider Enrollment and Chain Ownership System (PECOS), CMS, 2022. (6) Uniform Data System, HRSA, DHHS, 2021; UDS Mapper 2021, accessed July 2022.



- ▶ AltaMed is a large community health center with 54 sites that serves almost 250,000 patients.
- ▶ Smaller health centers may consider partnering with larger CHCs or implementing smaller fellowship programs to train care team, administrative support services or enabling services staff.
- ▶ Creating a pipeline of health center employees enhances retention and offers opportunities for growth within the communities served.

### Nurse Practitioner Fellowship

AltaMed's Nurse Practitioner Fellowship program is a year-long postgraduate training program that offers NP fellows the opportunity to manage patient panels under the supervision of an experienced provider. They have 100% completion and retention rates for NP Fellows as full-time NPs. All of the program graduates are now preceptors.

#### Family Medicine Residency Program Rotations:

- Behavioral Health
- Youth Outreach
- Vulnerable Populations
- Medical Outreach
- Practice Management and Quality Improvement
- Advocacy
- HIV Services (Daniel Lara HIV Clinic)

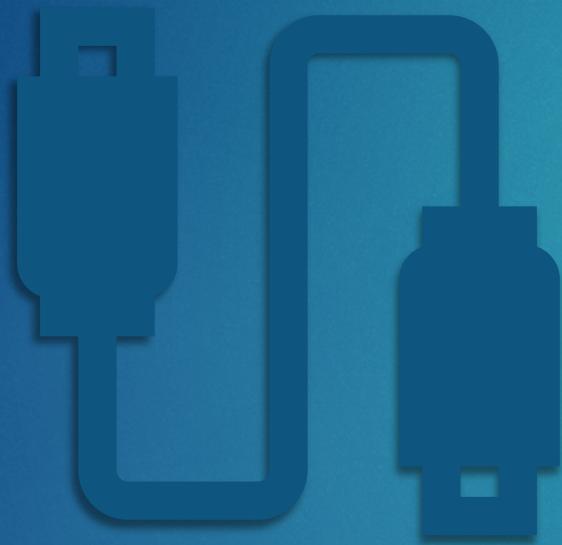


#### Sports Medicine Fellowships

AltaMed utilizes the popularity of sports medicine to attract primary care physicians by offering training in skills related to sports and exercise. Their fellowship rotation in this area consists of:

- High school team physician training
- Boxing, MMA, and marathon events
- Injury prevention and rehabilitation
- Musculoskeletal ultrasound



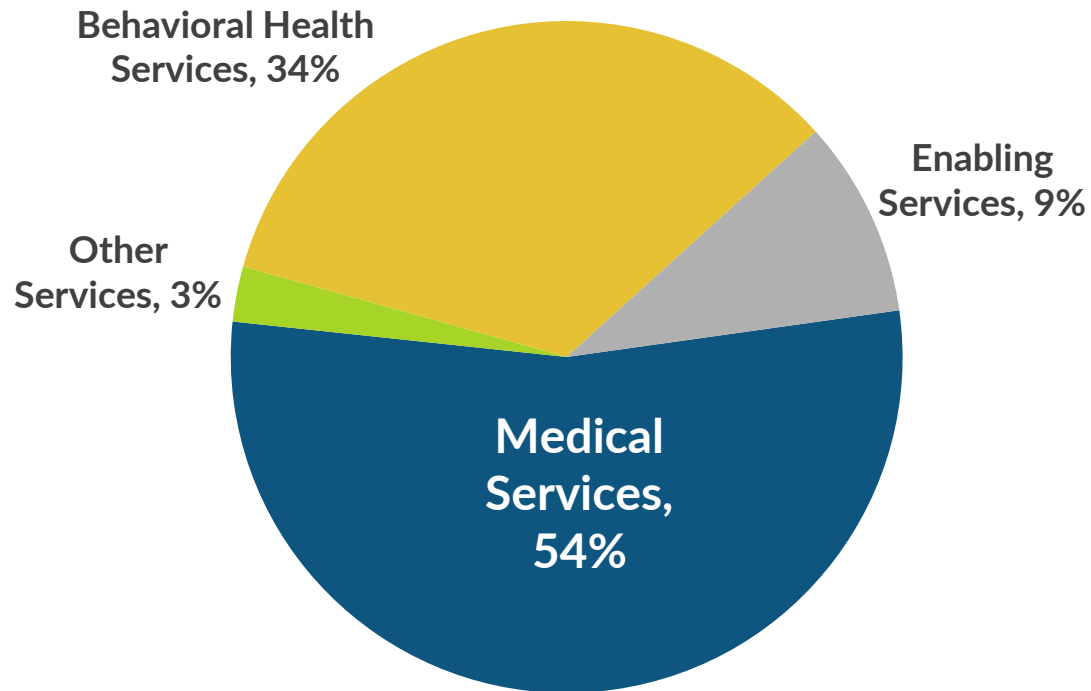


# Section Five: Telehealth, EHR Systems and Technology

HEALTH CENTERS CONNECT  
WITH PATIENTS AND PARTNERS

Figure 5-1: Health Centers Provide Multiple Services via Telehealth, 2022

- ◆ Health centers conducted 20.6 million virtual visits in 2022, a decrease of 21% since 2021 as patients return to in-person visits.
- ◆ About one in three virtual visits (34%) were behavioral health services.

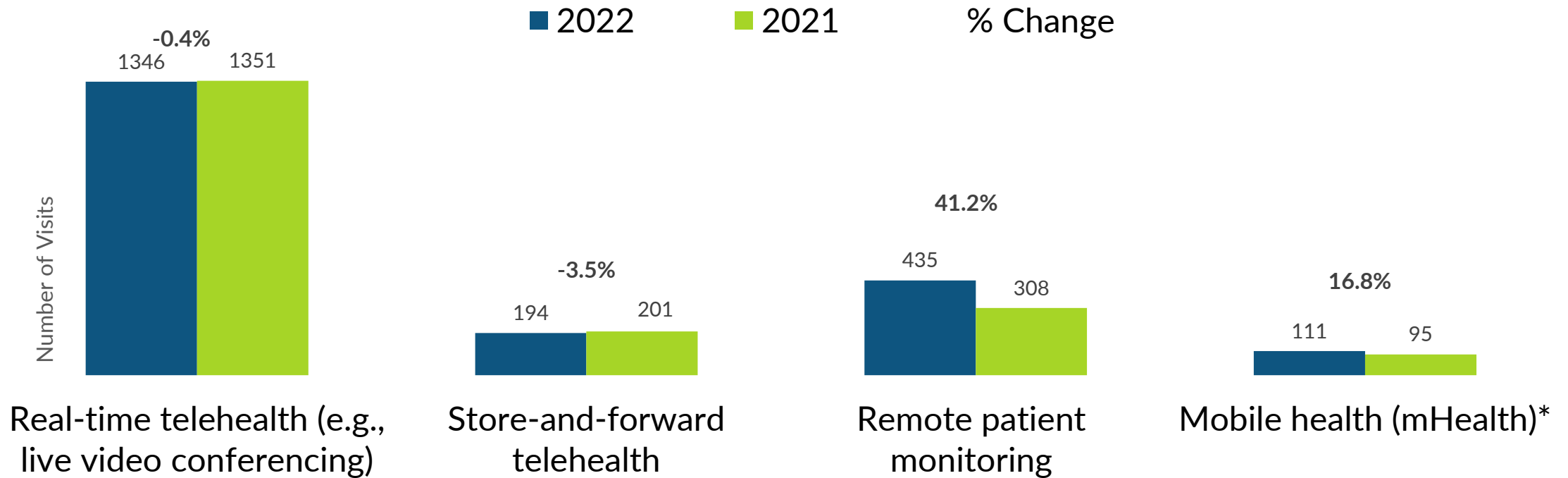


Note: Behavioral health includes services for mental health and substance use disorder treatment; Enabling services includes case management and education specialist services; Other services includes vision, dental, and other professional services.

Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-2: Changes in Telehealth Modalities, 2021-2022

- ▶ Remote patient monitoring increased 41% and mobile health increased by 17% over the past year.



Source: 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.



Figure 5-3: Health Centers Offering Specified Telehealth Services by Urban or Rural Location, 2022

- ◆ 99% of health centers (1,358 out of 1370) offer telehealth for one or more services through telehealth.
- ◆ Urban health centers are more likely than rural centers to offer many telehealth services, with the exceptions of provider-to-provider consultations, radiology and dermatology.

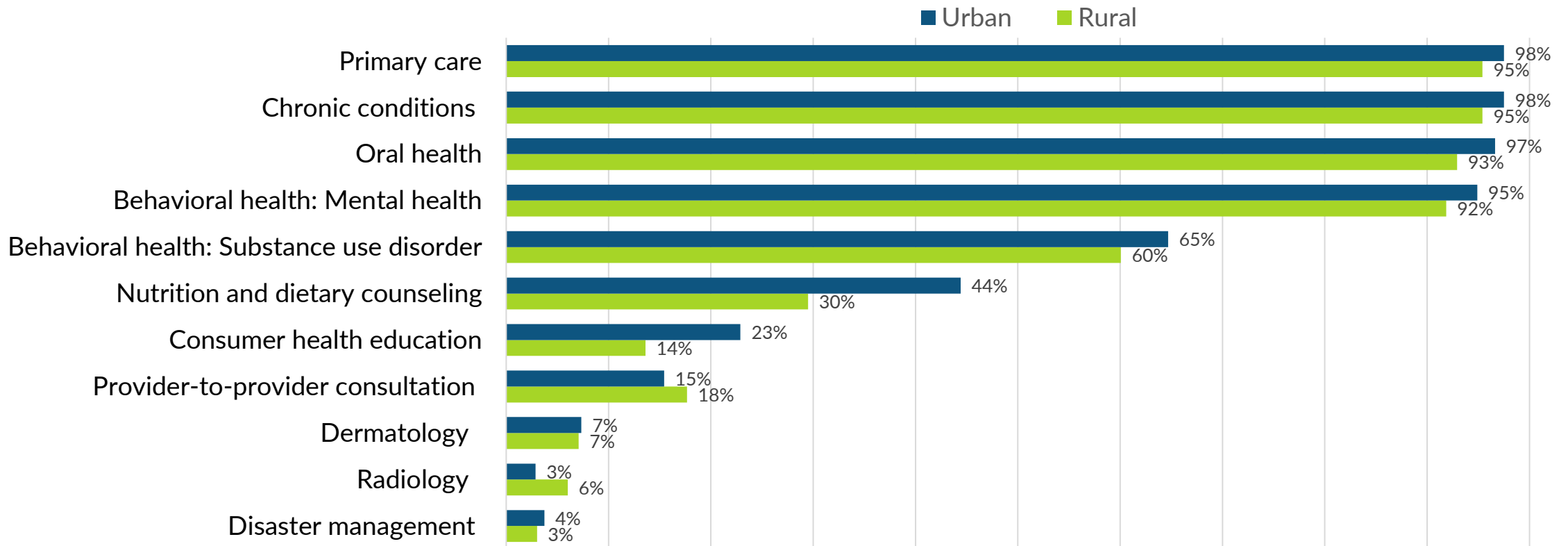




Figure 5-4: Telehealth Use in Rural and Urban Areas (2018-2022)

- ▶ Health centers' telehealth utilization surged during the pandemic emergency and remains high, even as in-person visits are restored.
- ▶ Overall, one in five health centers (20%) use telehealth to communicate with specialists outside the organization. And among rural health centers, one in four (24%) use telehealth for this purpose.

81

### % of Health Centers Offering Telehealth Services in Urban and Rural Locations

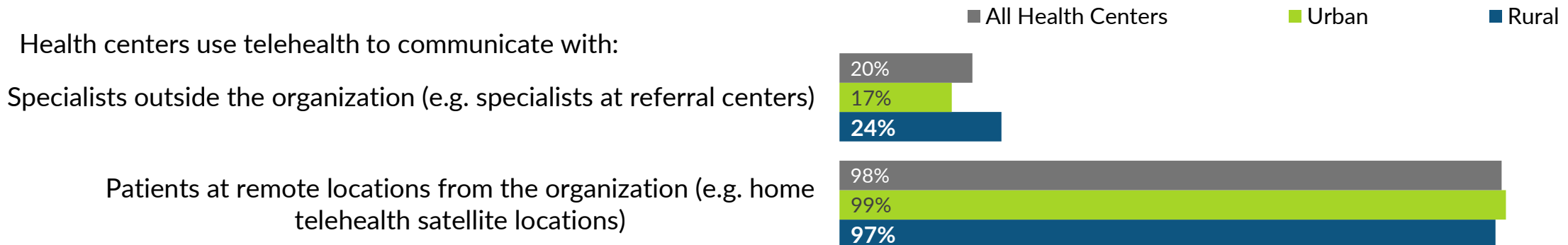
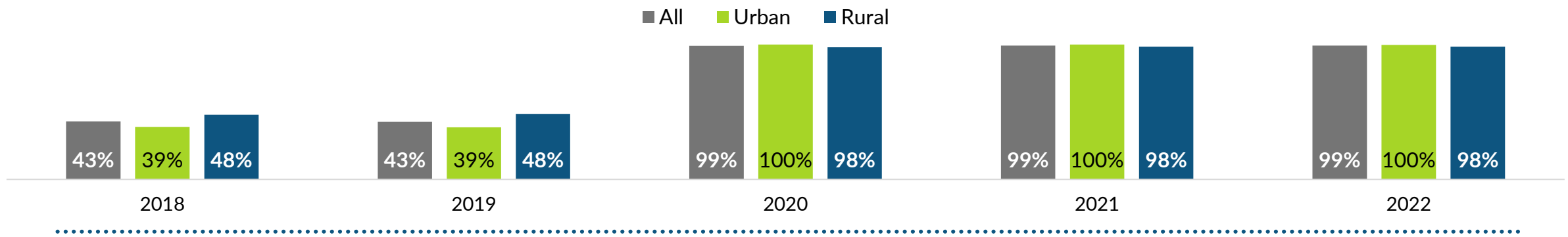
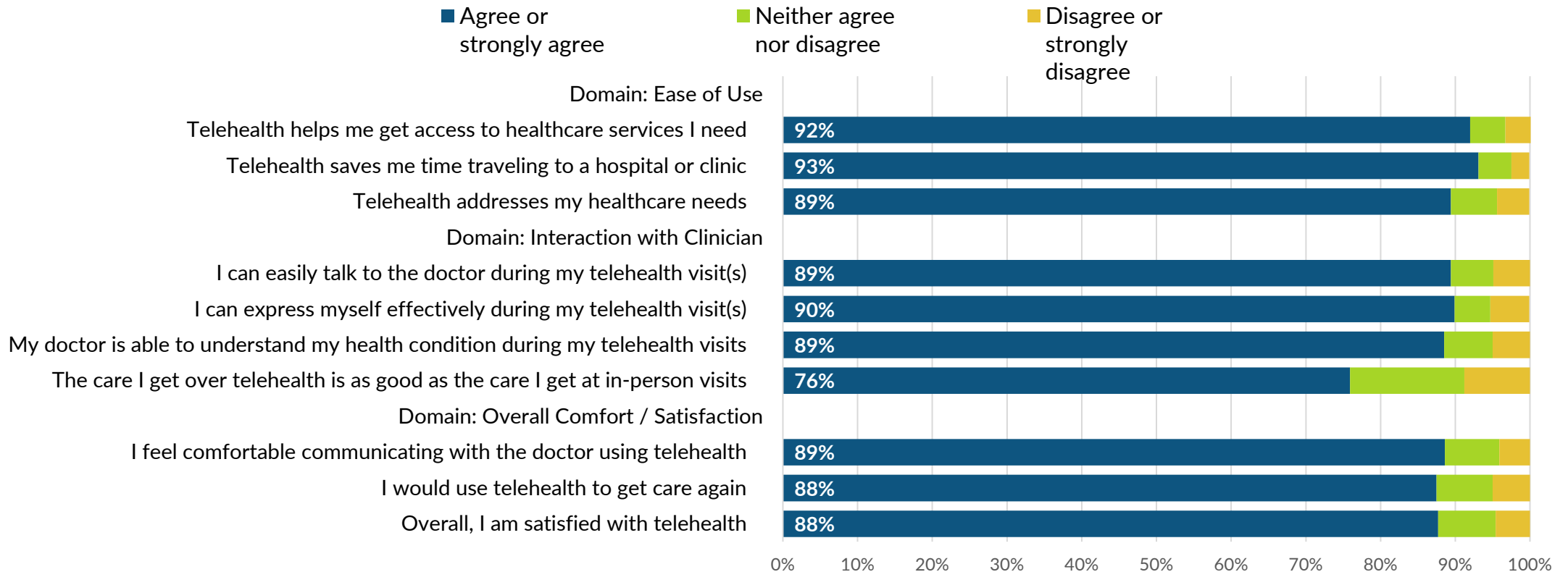


Figure 5-5: Perceptions of Telehealth Services at Community Health Centers

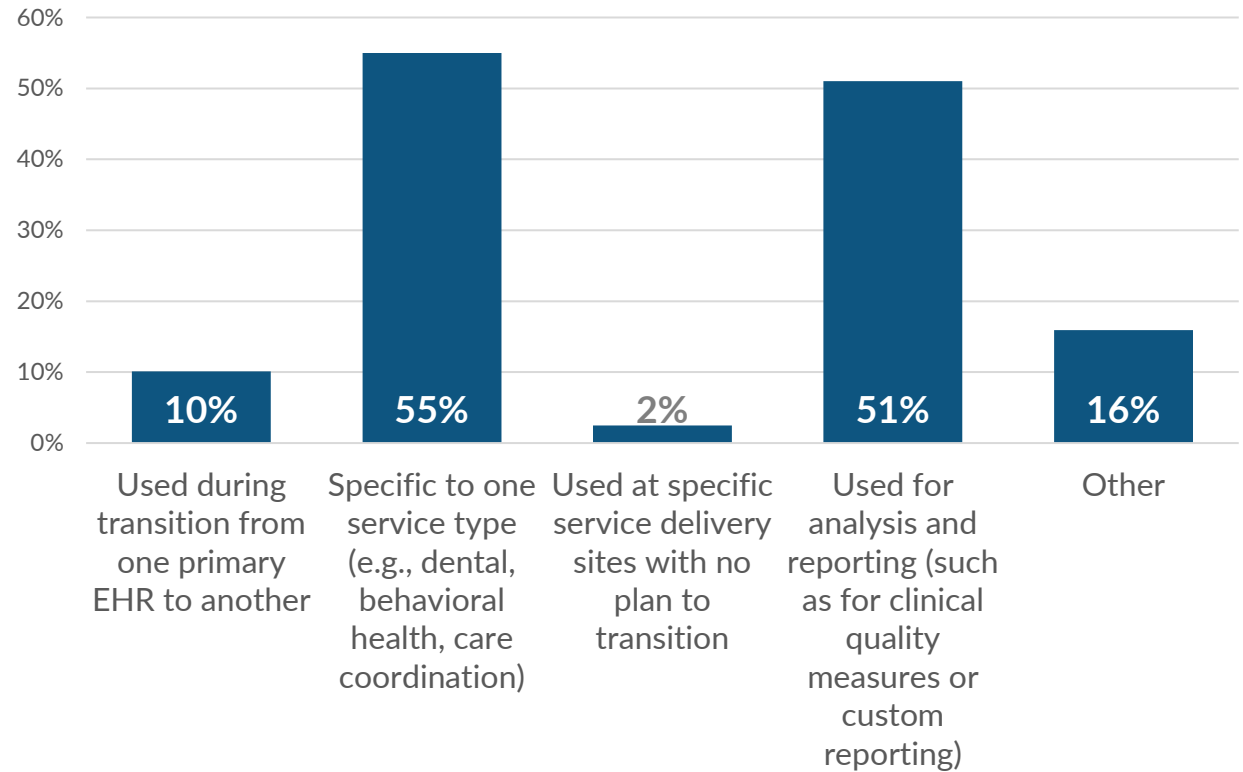
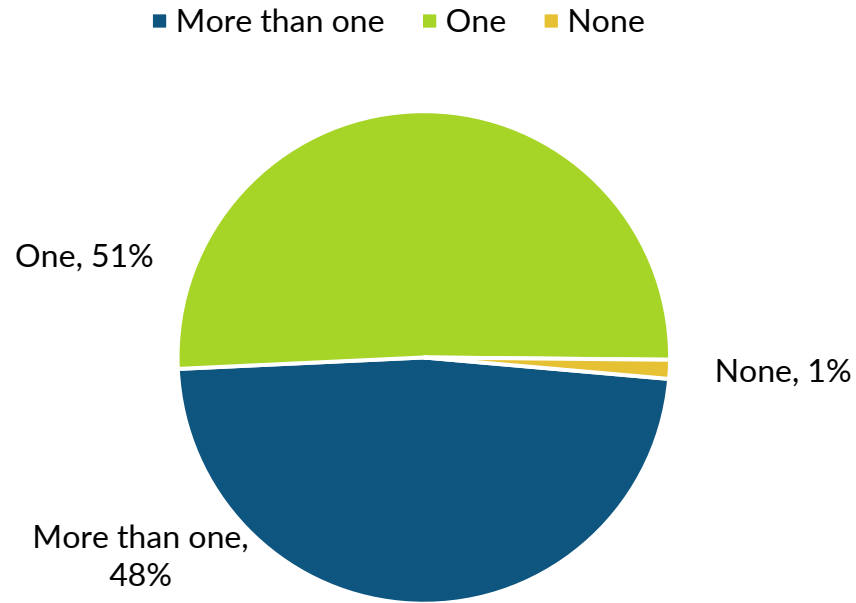
- ▶ High levels of satisfaction were observed across all domains
- ▶ Three out of four respondents agreed or strongly agreed that the care they received via telehealth was as good as that of an in-person visit.
- ▶ More than nine out of ten agreed that telehealth helped them get access to needed care or that telehealth saved them travel time.



Source: Assessing Patient Satisfaction with Telehealth at Community Health Centers: A Policy Brief National Association of Community Health Centers, JSI, 2023  
 Sample size: 1,764 health center patients, data weighted to age, gender, race and ethnicity relative to UDS 2022.

Figure 5-6: Health Centers Use Multiple EHR Systems to Fill a Variety of Needs

- ▶ Almost half of health centers use more than one EHR system across their organization.
- ▶ Among those who use multiple systems, more than half do so because they use systems specific to one service type (e.g. dental) or use a system specific to analysis and reporting.

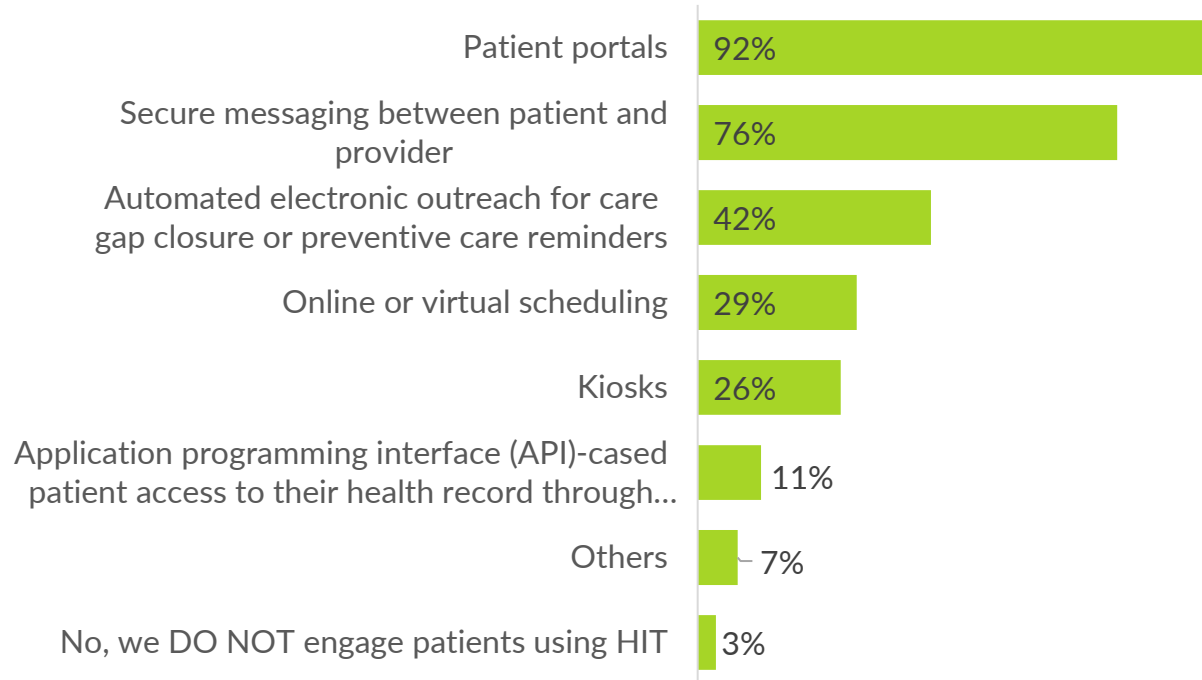


Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-7: Health Centers Use HIT to Connect with Patients and Partners

- ▶ Over half of health centers exchange electronic information with labs or imaging (86%), hospitals/emergency rooms (73%), a Health Information exchange (72%) or specialty providers (61%).
- ▶ Over nine out of ten health centers (92%) use electronic patient portals to engage with patients and 76% used secure messaging.

### Health centers use IT to engage patients through:



### Health centers use IT to exchange electronic clinical or patient information with:

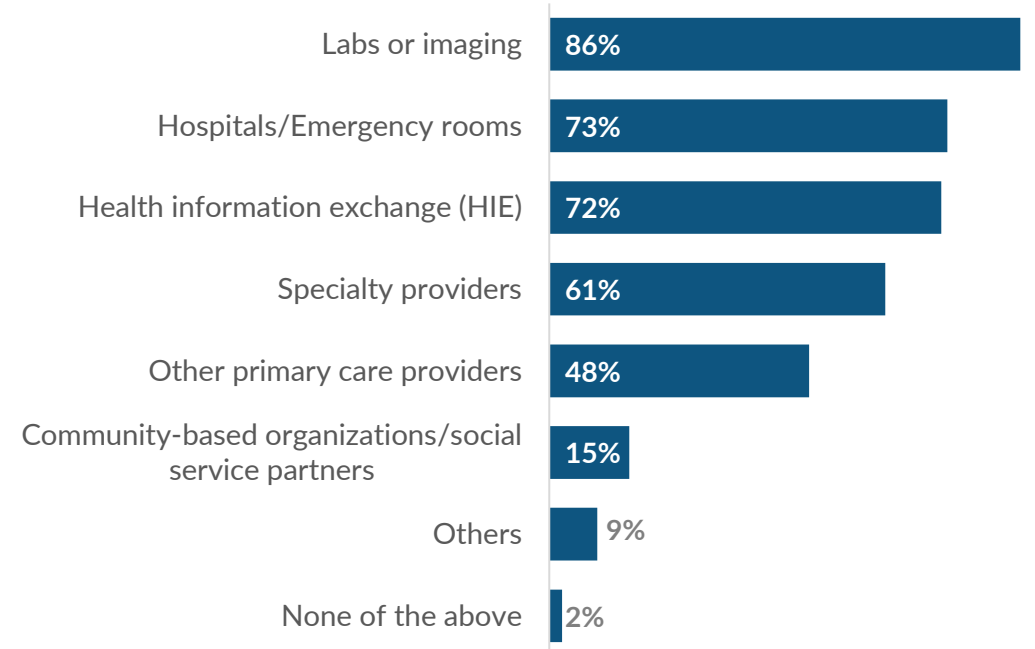




Figure 8: Health Centers Use HIT and EHR Data For Quality Improvements and More

- ▶ The vast majority of health centers use HIT and EHR data beyond direct patient care to provide quality improvement (99%), population health management (87%), program evaluation (77%) or research activities (27%).

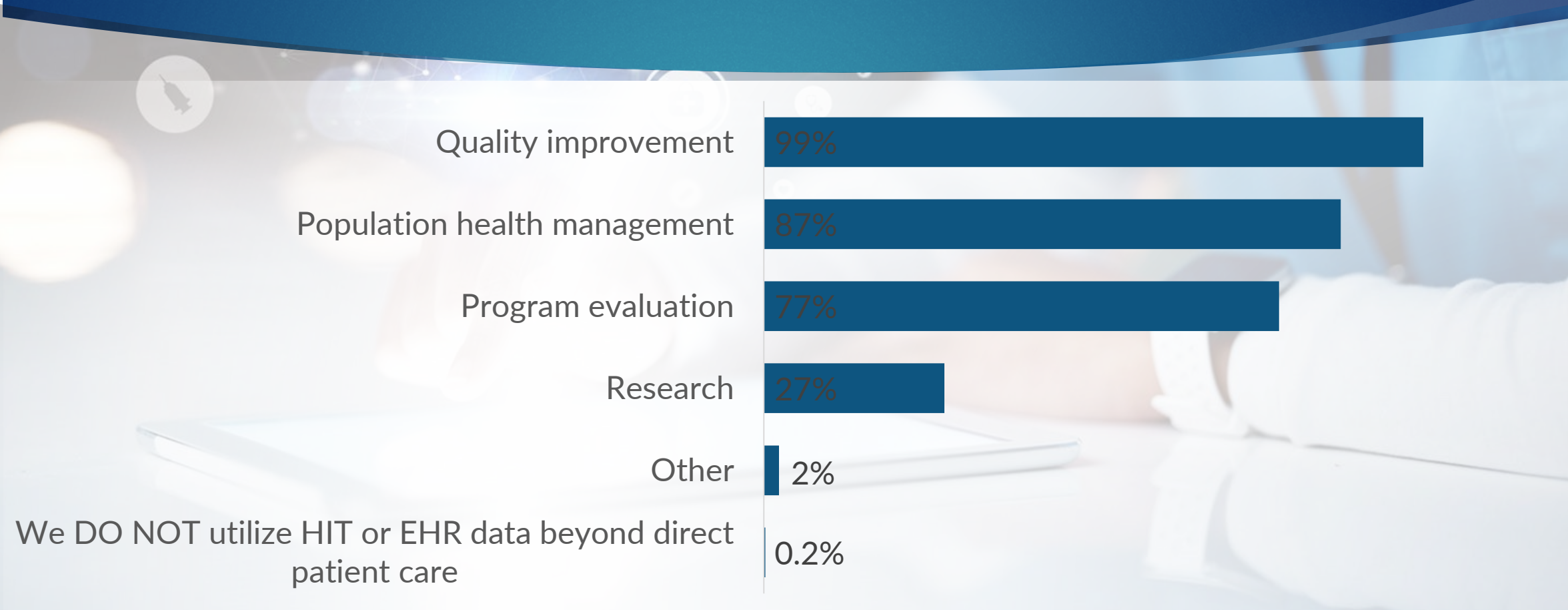
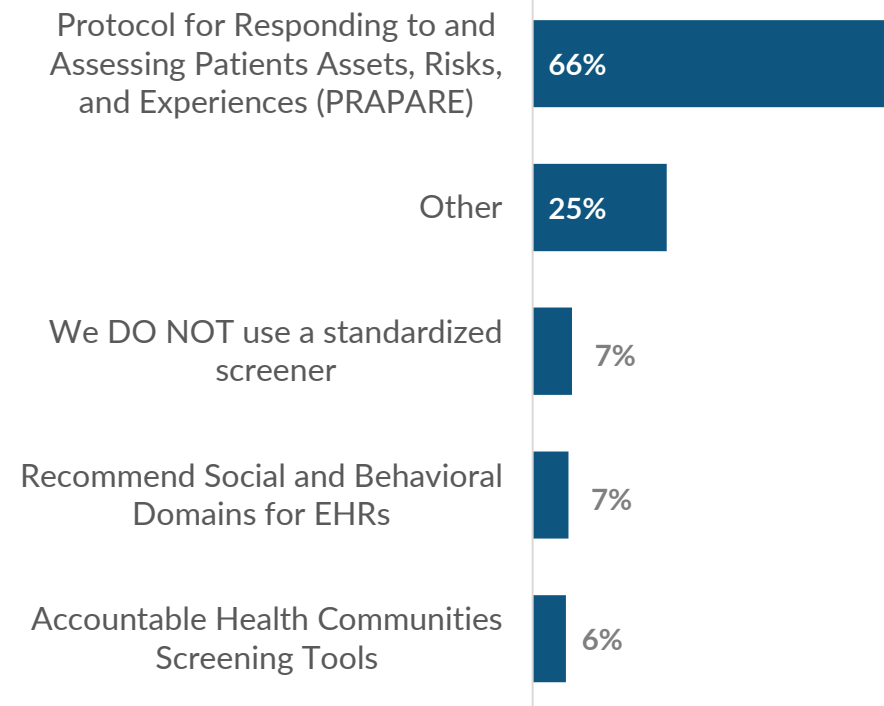
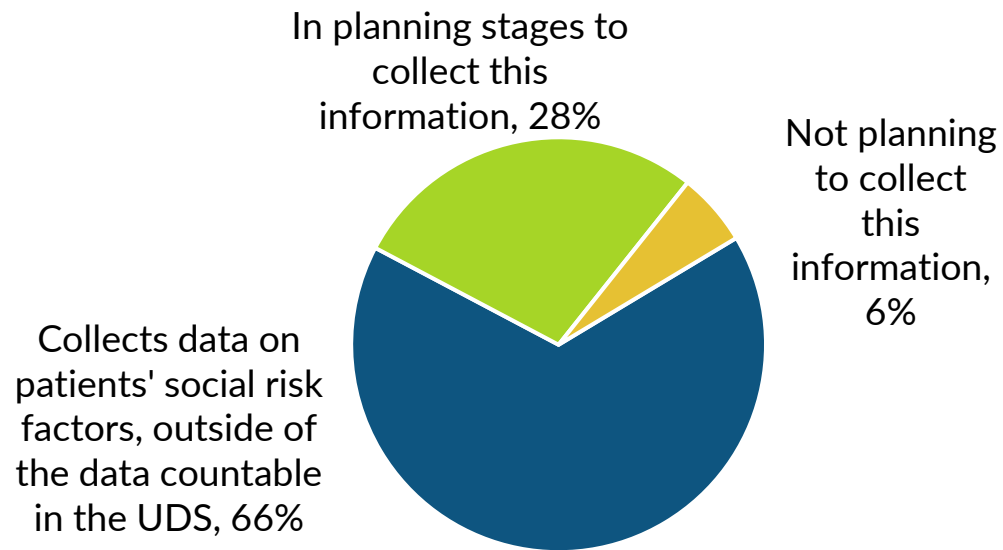


Figure 5-9: Health Centers Measure the Social Drivers of Health Using Prapare and Other Tools

- ▶ Two-thirds of health centers (66%) collect information about patients' social risk factors, in addition to the data reported through the Uniform Data System (UDS).
- ▶ Among those who collect information on social risk factors, two out of three (66%) use PRAPARE, the tool developed by the Association of Asian Pacific Community Health Organizations (AAPCHO) and National Association of Community Health Centers that measures social factors that impact health such as food insecurity.





# Section Six: Payment and Value

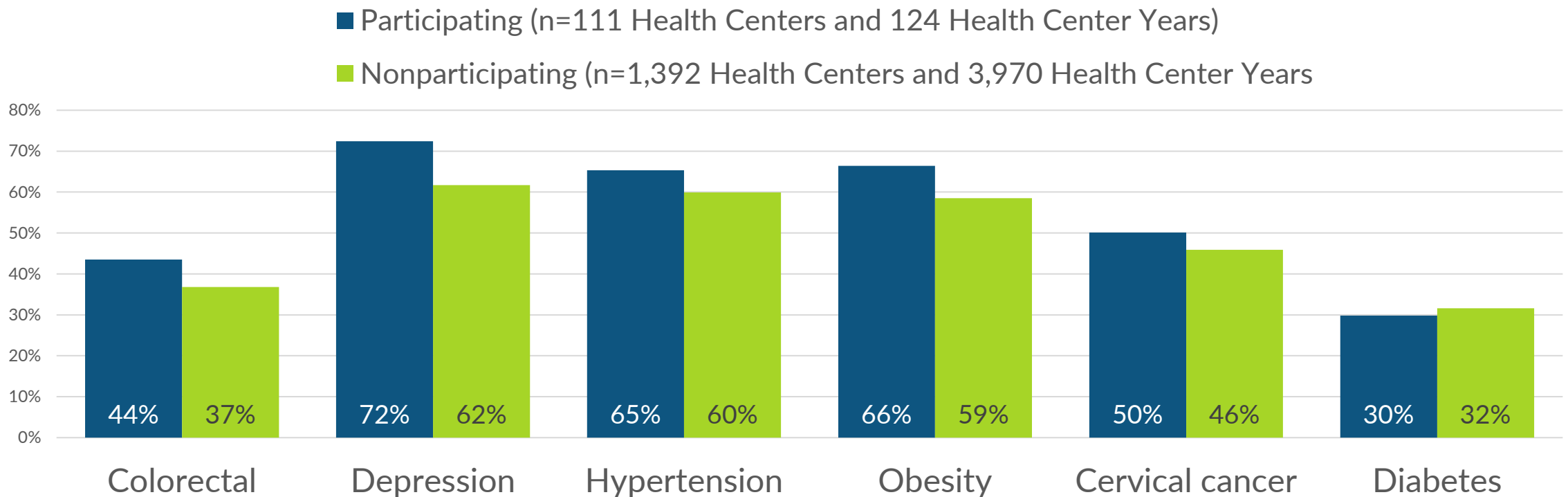
HEALTH CENTERS DELIVER HIGH QUALITY  
PRIMARY CARE TO COMPLEX PATIENTS  
AT A LOWER COST



Figure 6-1: Health Centers Applying Value Transformation Framework Increase Performance on a Variety of Clinical Measures

- ▶ Health centers participating in application of the Value Transformation Framework showed improvement across a range of preventive measures over 3 years of program implementation.
- ▶ Significant differences for participating health centers were noted for screening of colorectal cancer, depression, hypertension, obesity, and cervical cancer. Diabetes control was also slightly higher among the participating health centers although this result was not statistically significant at the .05 level.

88





- ▶ The Geiger Gibson Program in Community Health's Policy Brief outlined best practice recommendations from Primary Care Associations and community health centers in twelve states regarding the transition to value-based payment (VBP).

## Best Practices for Transitioning to Value-Based Care



Health centers have a unique obligation to uninsured patients and the community at large and this impacts their focus on care quality and community health.



VBP is seen as an opportunity to positively transform care for patients rather than to sustain ongoing systems of care.



Quality incentives are the easiest first step on the path to VBP and they enable health centers to better understand their data and staffing needs.

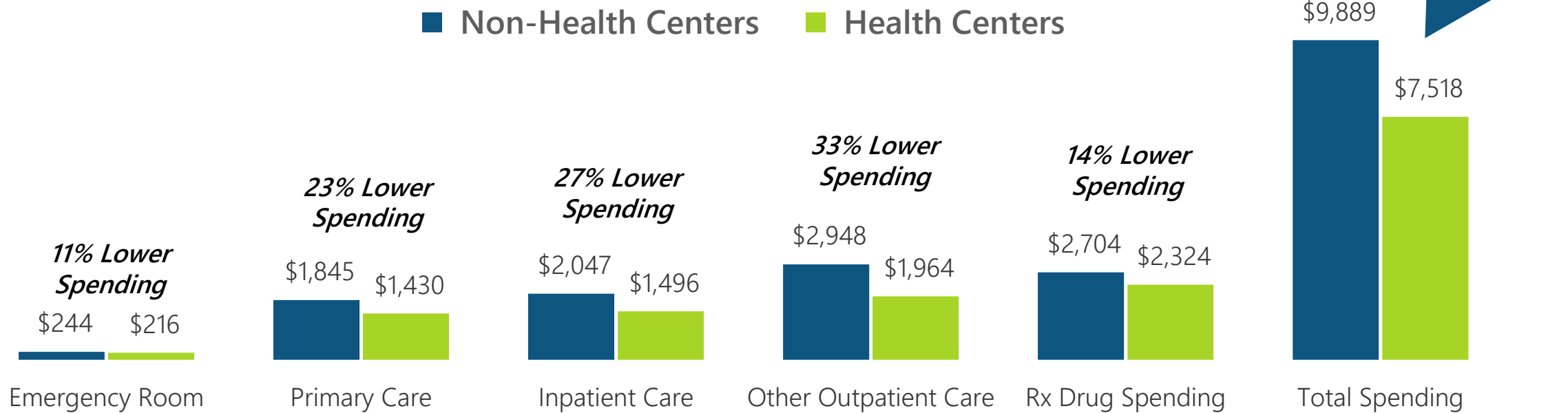


Good, detailed data and analytics are needed to understand the risks, including comparisons to current payment arrangements and needs. Good data provides leverage in negotiating reasonable rates and understanding risk.

Figure 6-3: Medicaid Spending in the U.S. Compared to Health Center Spending

90

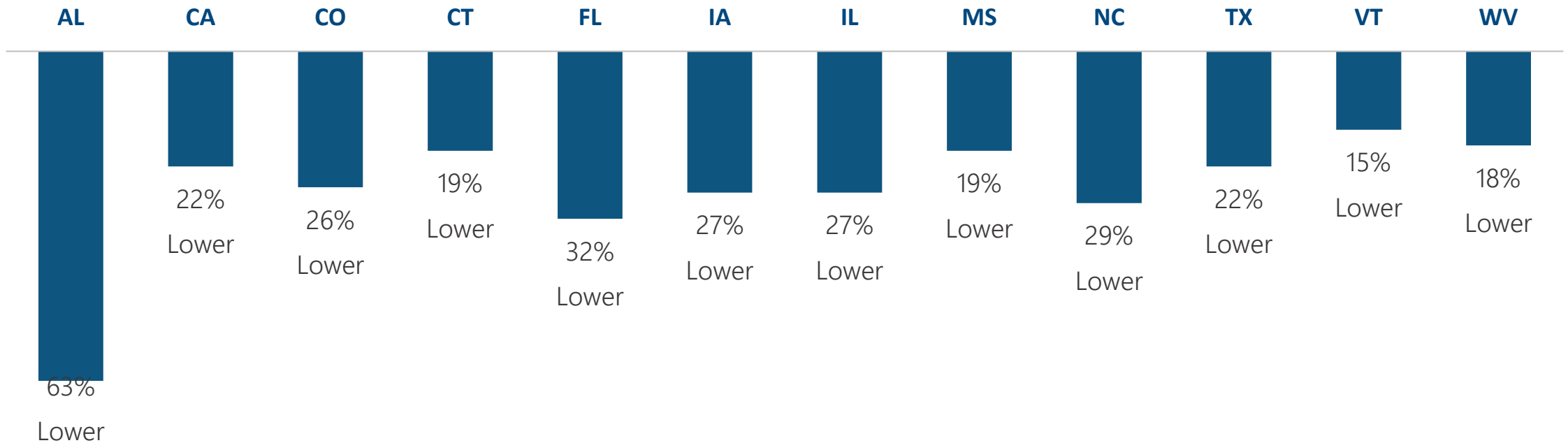
## ▶ Health Centers Save 24% Per Medicaid Patient Compared to Other Providers



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

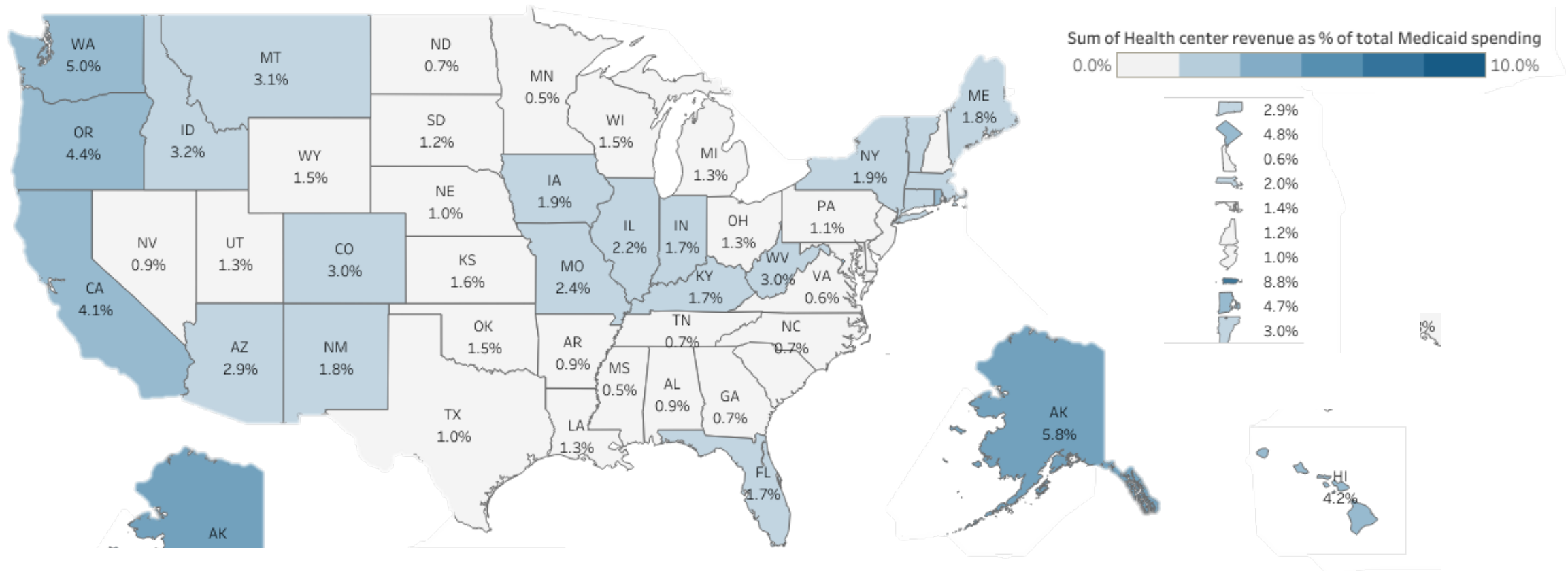
Source: Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. AJPH. November 2016. 106(11): 1981-1989.

## ▶ 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.

- ▶ Health centers serve 18% of all Medicaid beneficiaries.
- ▶ Health center revenue accounted for 2.1% of total Medicaid spending in 2022.



▶ Note: Medicaid expenditures do not include administrative costs, accounting adjustments or U.S. territories.

▶ Sources: (1) 2022 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Total Medicaid Spending FY 2022



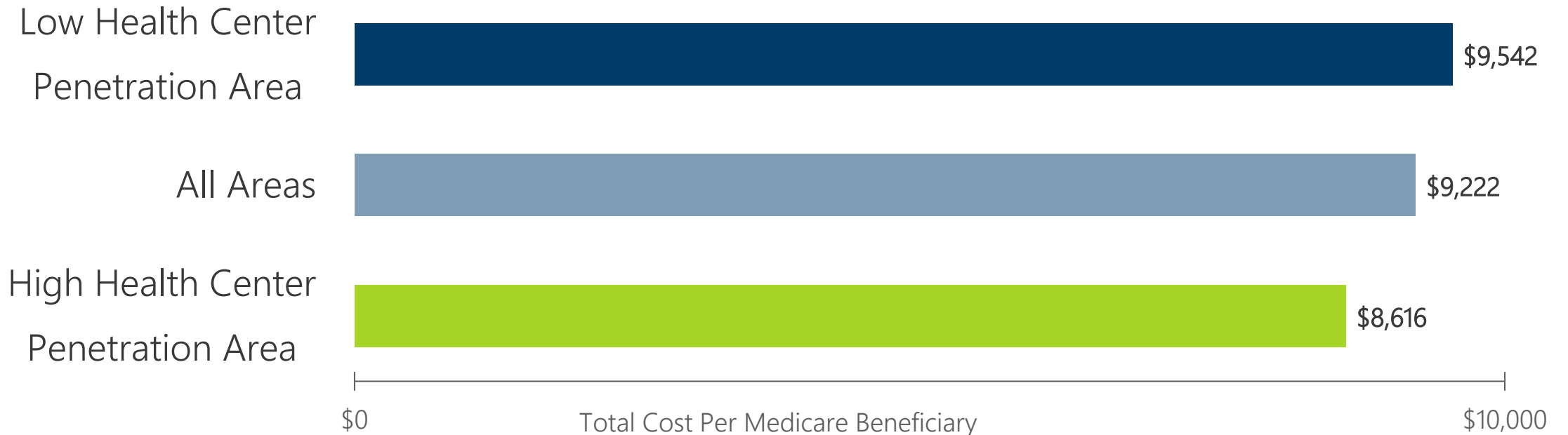
- ▶ Costs for health center Medicare patients are 10% lower than physician office patients and 30% lower than outpatient clinics.



Figure 6-7: High Health Center Penetration is Associated with Lower Medicare Spending Among Low-Income Residents

94

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



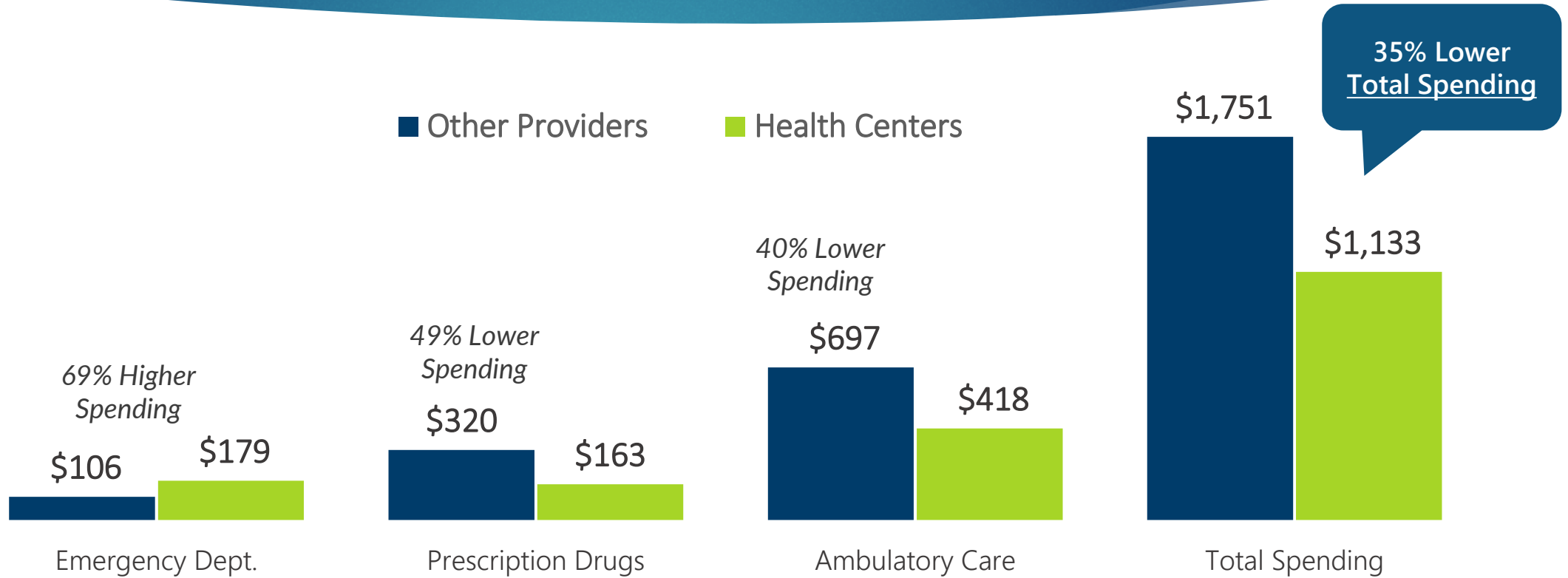
Note: High health center penetration corresponds to a 54% health center penetration rate among low-income residents; low health center penetration corresponds to 3% health center penetration rate among low-income residents; average health center penetration rate among low-income residents was 21%.

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.

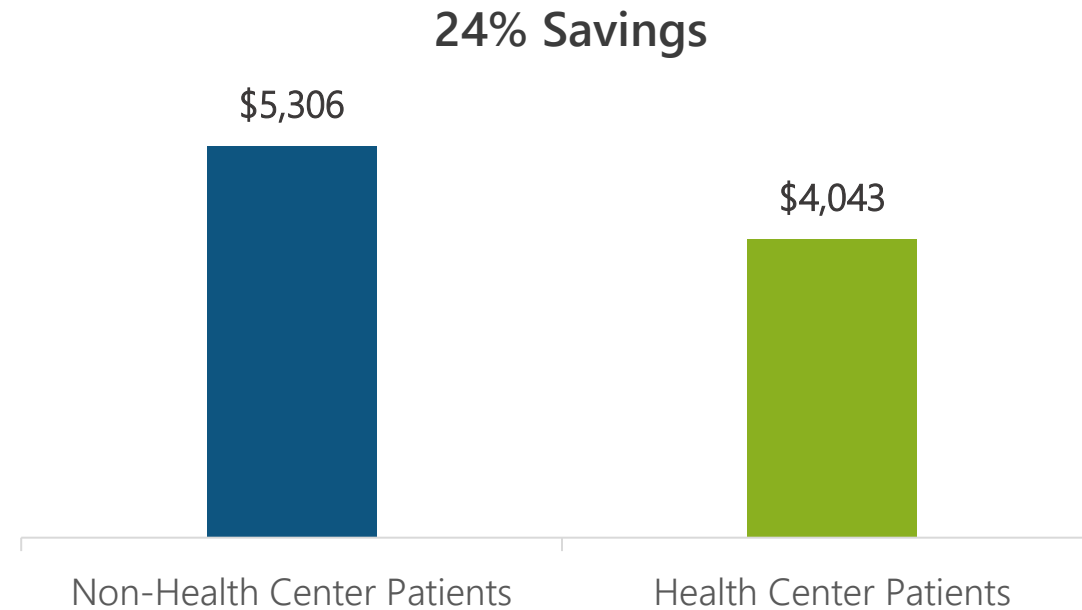
Figure 6-8 Health Centers Save 35% Per Child Compared to Other Providers

95

## ▶ Health Centers Save 35% per Child Compared to Other Providers



- ▶ Health centers saved Medicaid nearly \$2,400 per patient in total annual health care spending.
- ▶ The Health Center Program saved over \$10.1 billion\* in 2017 for Medicaid fee-for-service patients.

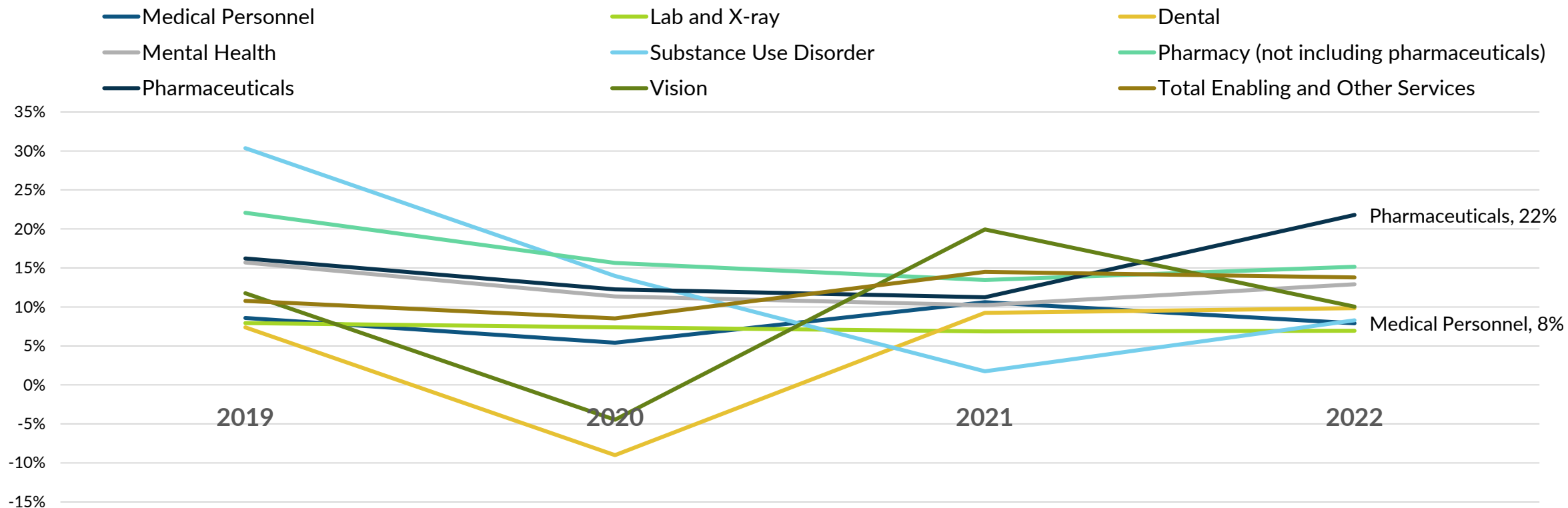


- ▶ Sources: NACHC analysis based on Ku et al. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion on Health Care Costs. GWU Department of Health Policy. Policy Research Brief No. 14. September 2009.
- ▶ November 2016 edition of The American Journal of Public Health. Nocon, Robert S. et al. "Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings." American Journal of Public Health, 2016 Nov; 106(11):1981-1989.



Figure 6-10: Total Cost After Allocation of Facility and Non-Clinical Support Services, Percent Increase

- ▶ The costs of pharmaceuticals rose 22%, while the cost of medical personnel rose 8% over the past year (2021-2022)
- ▶ The average Health Center's total accrued costs rose by 11% between 2021 and 2022 and have increased 45% since 2018.



▶ Source: 2018-2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

- ▶ Community health centers are responsible for over half a million jobs in their communities.
- ▶ They provide over \$34 billion in direct economic output, plus an additional \$50 billion in supported activity, plus a total 37.2 billion in direct and supported labor income.

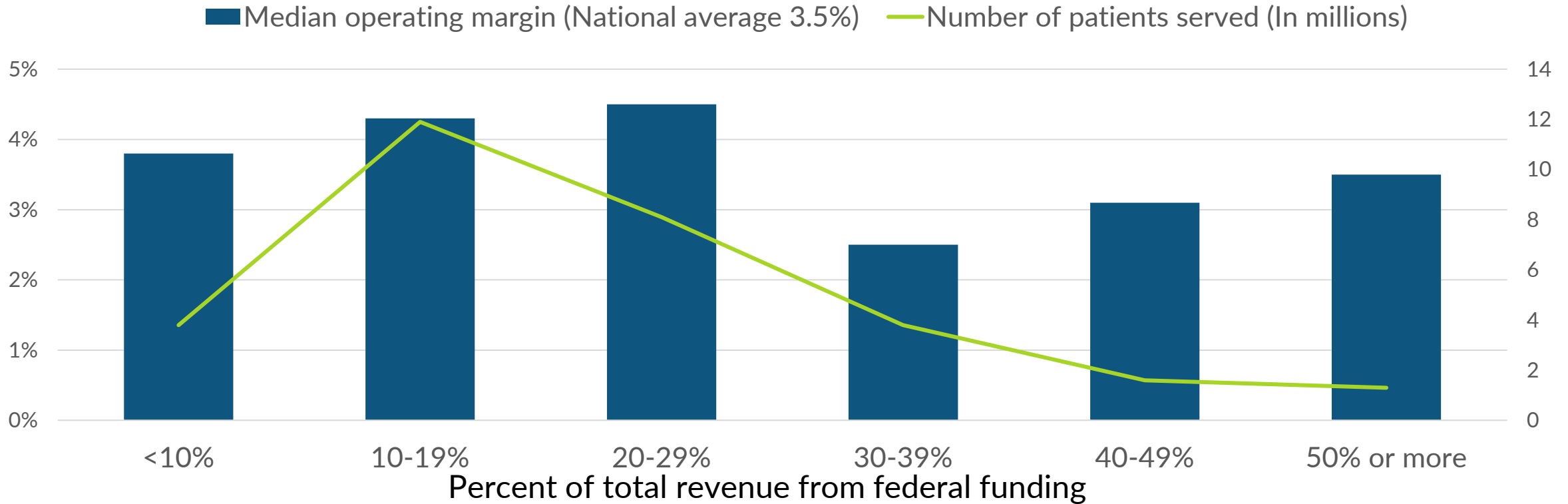


	Jobs	Economic Output	Labor Income
Direct Economic Activity	266,473	\$34.1 billion	\$20.6 billion
Economic Activity Supported by Community Health Centers	241,939	\$50.7 billion	\$16.6 billion
<b>Total</b>	<b>508,412</b>	<b>\$84.8 billion</b>	<b>\$37.2 billion</b>

Figure 6-12: Health Centers Operate on Small Operating Margins While Serving A Large Number Of Patients.

- ▶ Federal funding is critical to health center operations, and health centers that get the highest percentage of their revenue from federal funding have median operating margins under 4%.
- ▶ More than half of community health centers operate with margins below 5%.
- ▶ 11 million patients were served by health centers operating with negative margins in 2022.

99



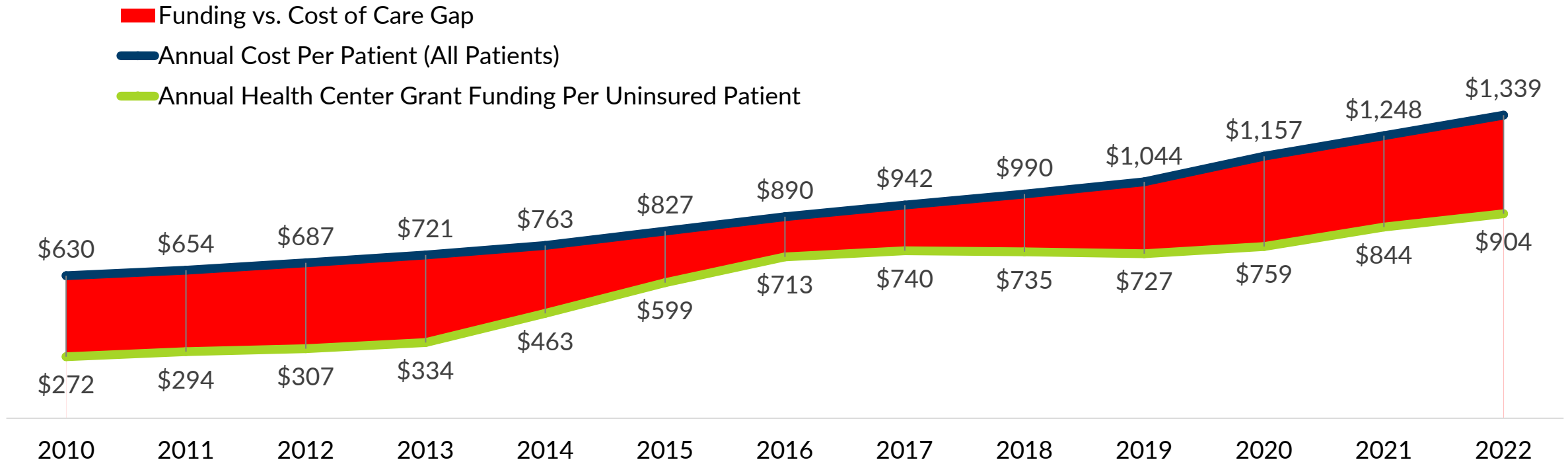
Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS; “Community Health Centers in Financial Jeopardy Without Sufficient Federal Funding”, Peter Shin, Feygele Jacobs and Rebecca Morris, January 2024 <https://geigergibson.publichealth.gwu.edu/community-health-centers-financial-jeopardy-without-sufficient-federal-funding>



Figure 6-13: Health Center Funding Per Uninsured Patient Is Below Per Patient Cost of Care

100

- ▶ Health centers cared for 5.7 million uninsured patients in 2022, creating a cost of care gap of approx. \$2.5 billion\*
- ▶ The cost of care gap has increased steadily since 2017.

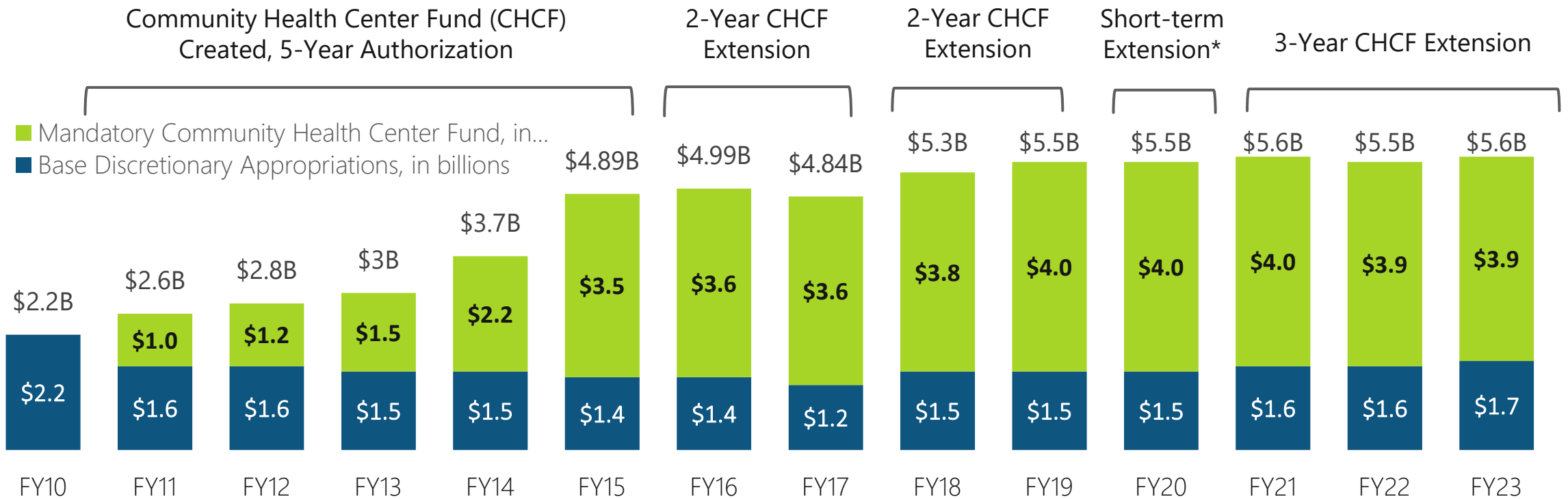


\*Calculated by taking the difference between cost per patient (all patients) and health center funding per uninsured patient, then multiplying by the number of health center uninsured patients. Source: 2010 - 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.



Figure 6-14: Federal Health Center Appropriation History, FY10-FY23

- ▶ Health center funding has not kept pace with inflation.
- ▶ Modest gains in funding in recent years are attributable to the extraordinary level of bipartisan support behind America’s community health centers.



Figures shown in billions.

\*Includes Continuing Resolutions and Health Extender Legislation; Health center mandatory funding for FY20 and the first quarter of FY21 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. Three-year extension passed in December 2020 provides mandatory funding through October 2023.

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For more information, email [research@nachc.org](mailto:research@nachc.org).



This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,695,756 with 0 percentage financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

Suggested Citation:

National Association of Community Health Centers. Community Health Center Chartbook. March 2023.