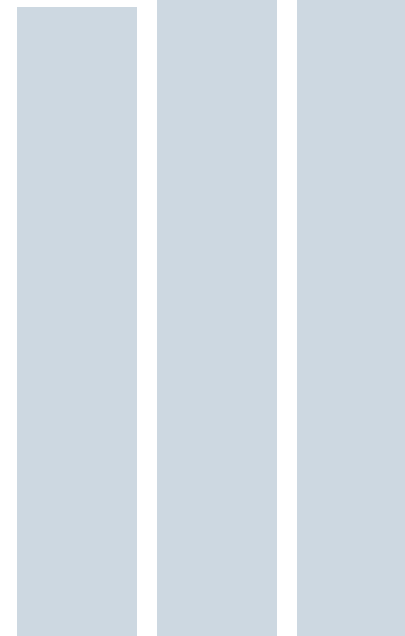


Community

Health

Center

Chartbook 2023



About Community Health Centers

The National Association of Community Health Centers (NACHC) is pleased to present the Community Health Center Chartbook, an overview of the Health Center Program and the communities they serve. 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 30 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 test and vaccinate hundreds of thousands of patients each month, while continuing to provide important primary care services. Their work during this time has been vital to slowing the virus's spread and reopening communities. Across the country, health centers produce positive results for their patients and for the communities they serve. 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 research and data on Health Center Program Grantees and other Federally-Qualified Health Centers (FQHCs). In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”). Data and research sources can be found at the bottom of each figure. Most slides draw from the Uniform Data System (UDS) maintained by the Bureau of Primary Health Care, HRSA, DHHS. UDS data included in this chartbook are limited to health centers that meet the federal grant requirements and receive federal funding from the Bureau of Primary Health Care. For more information about UDS data, visit <https://bphc.hrsa.gov/uds/datacenter.aspx>.

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Section 1

Who Health Centers Serve

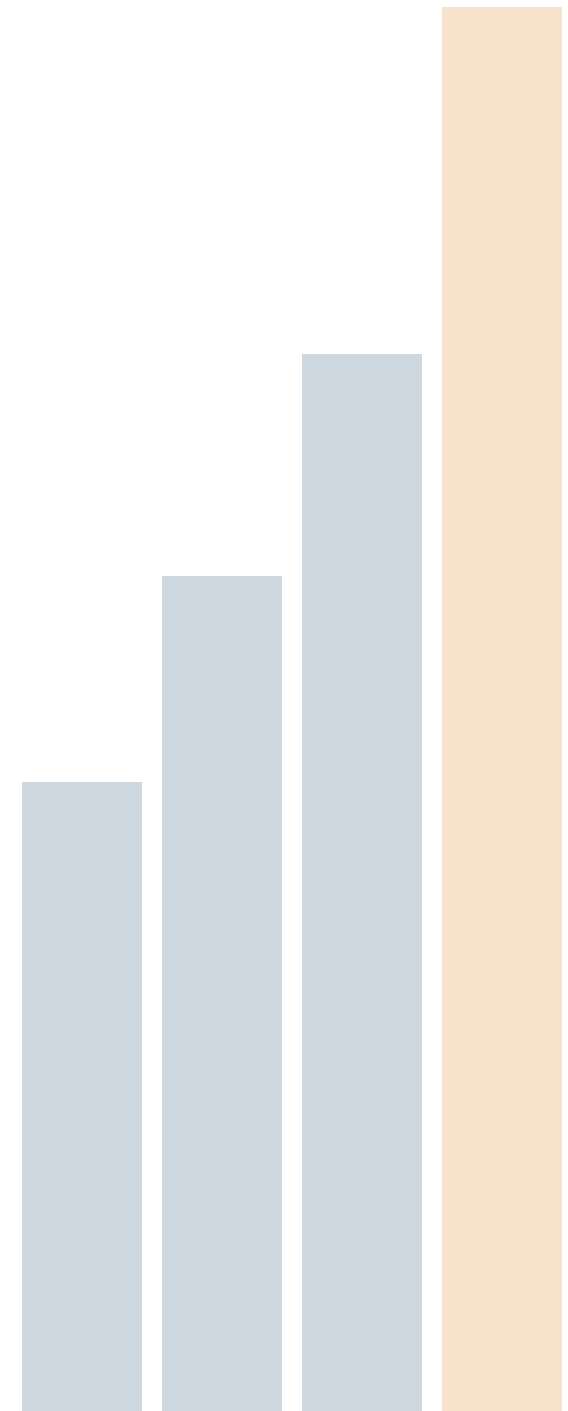


Figure 1-1

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



Figure 1-2

Health Centers Serve Populations with Complex Needs

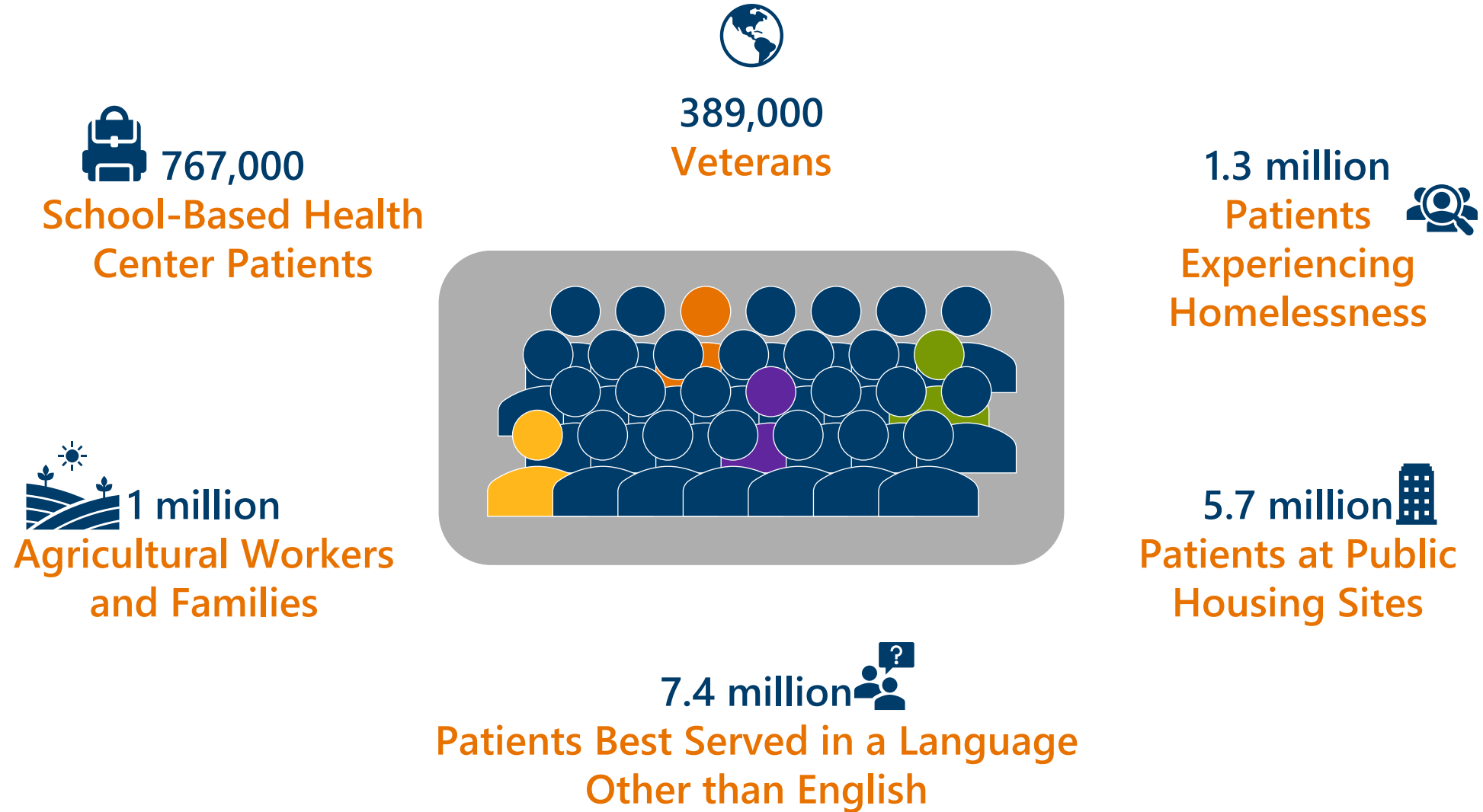
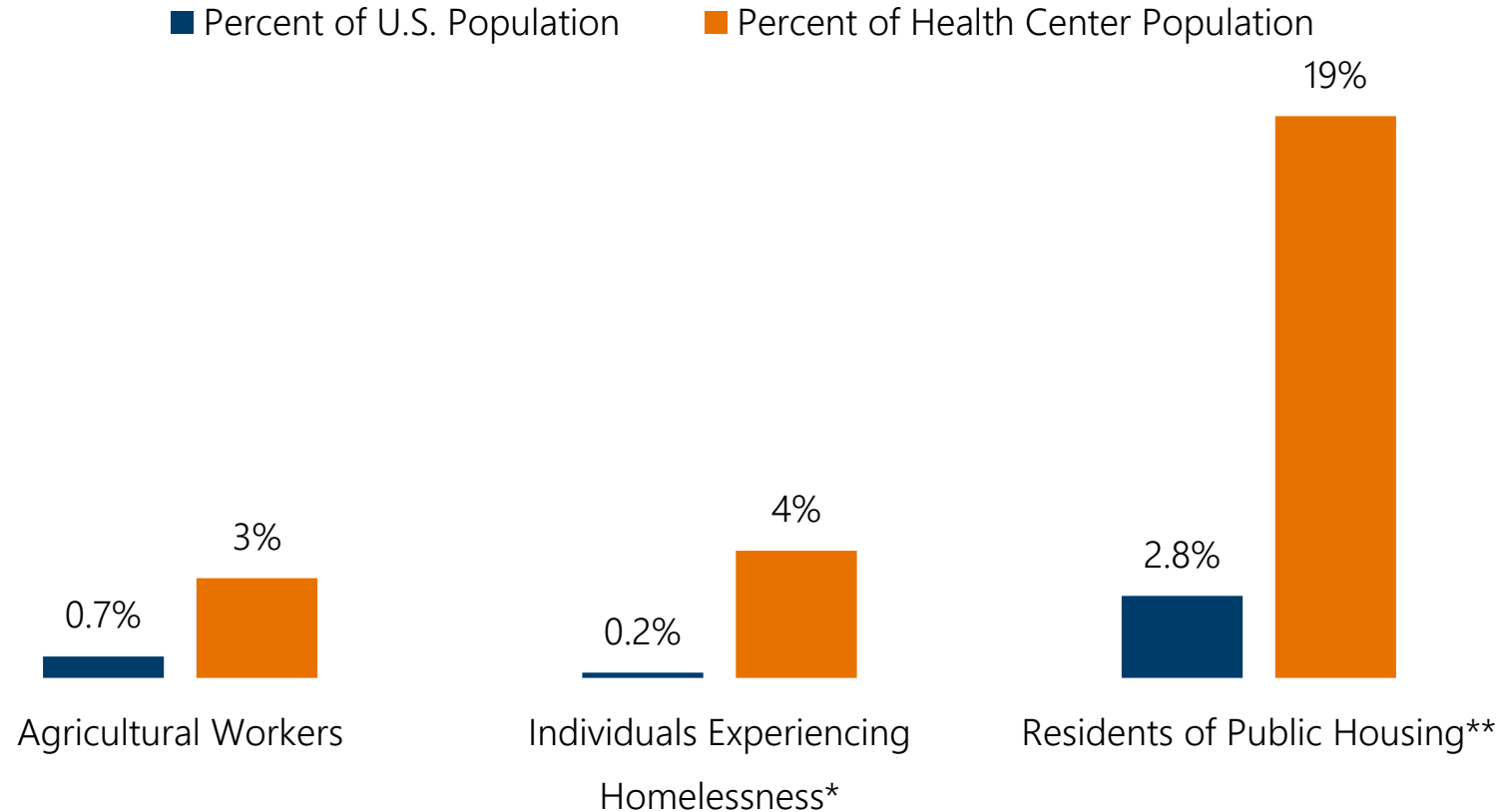


Figure 1-3

Health Centers Serve a Disproportionate Share of Populations with Complex Needs



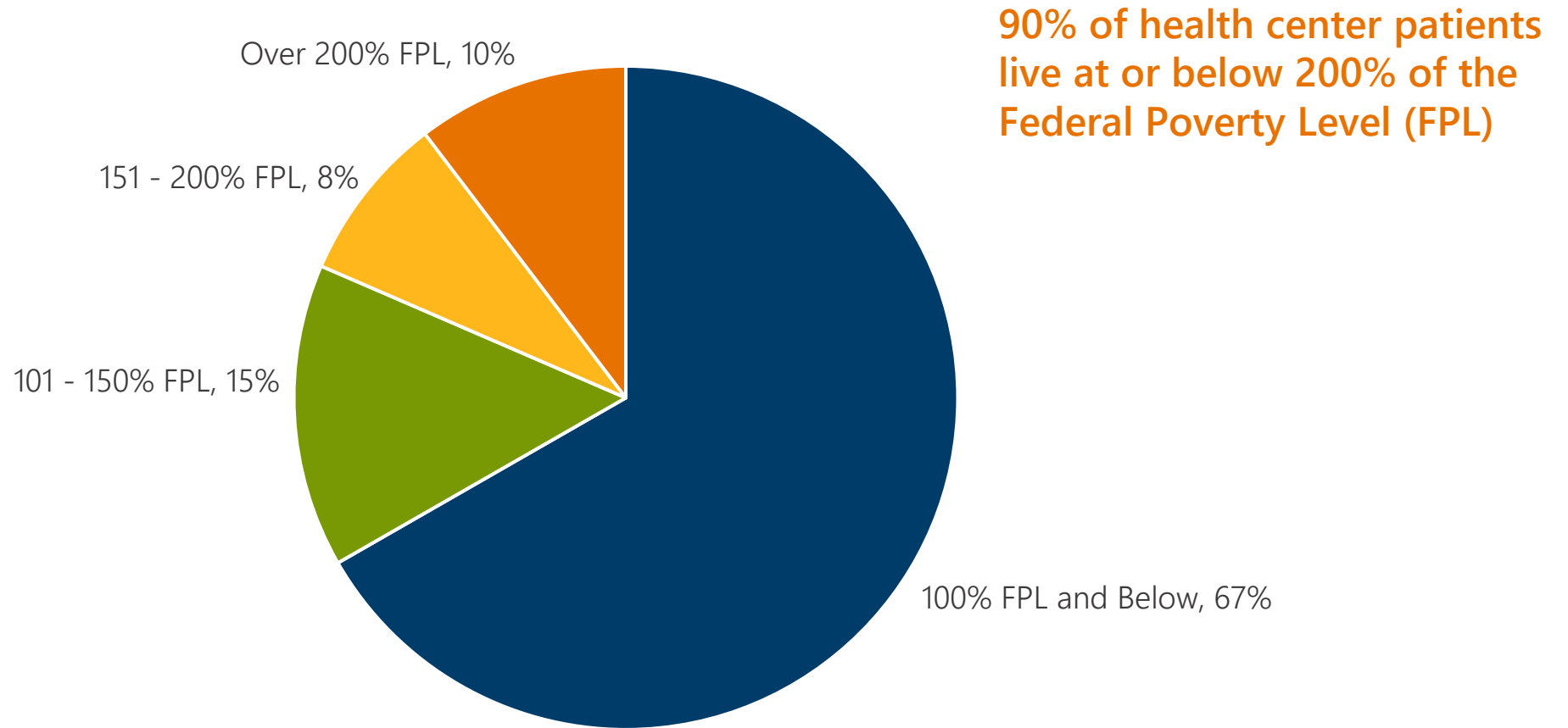
*Number of individuals experiencing homelessness in the US reflects the point-in-time analysis, and therefore may be an underrepresentation.

**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.

Sources: (1) 2021 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, 2021 Based on 2010 Census.

Figure 1-4

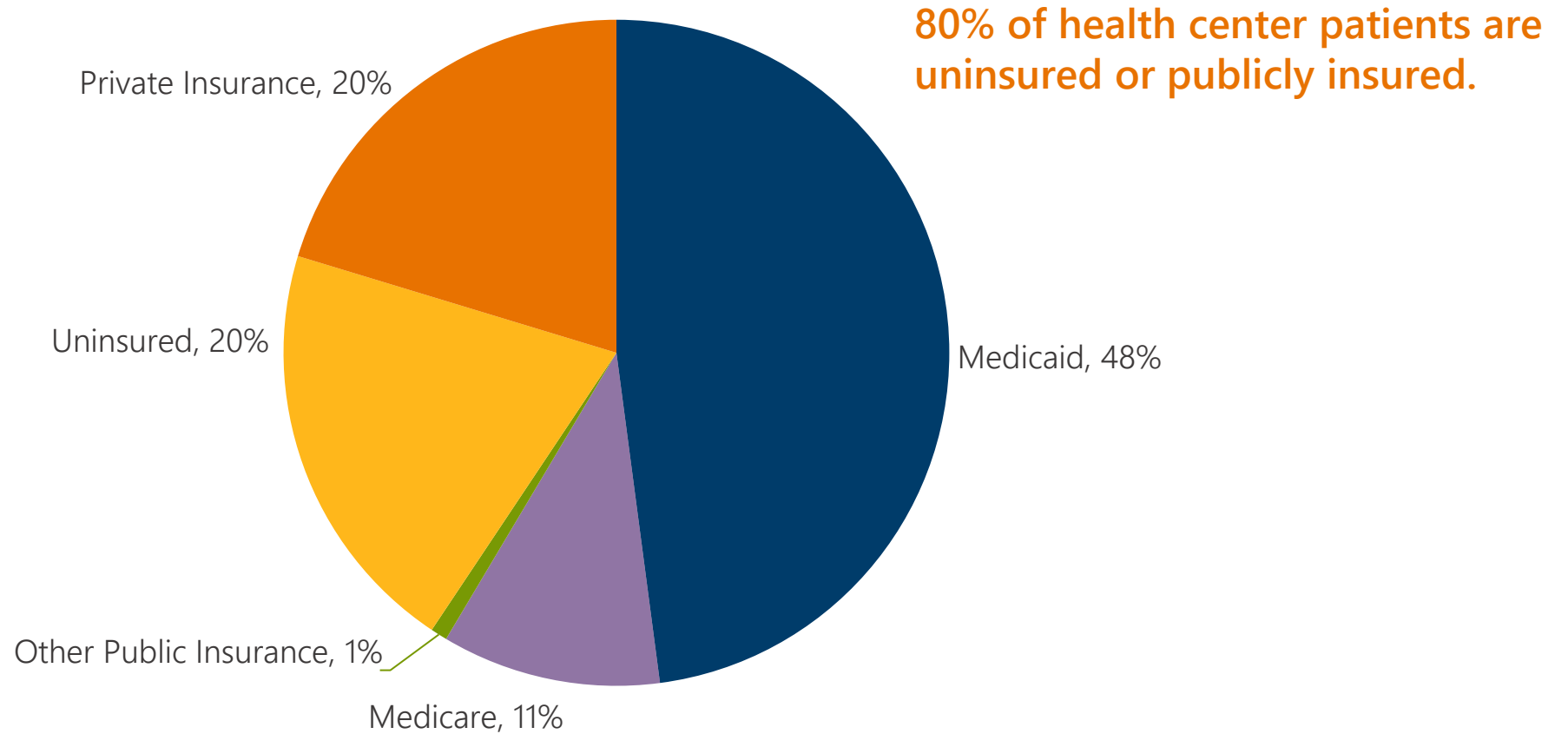
Health Centers Provide Affordable Care to All Patients Regardless of Income



Note: FPL = federal poverty level, which was \$12,880 per year for an individual in 2021. Percentages of health center patients in each category are based on patients with known income. Source: 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-5

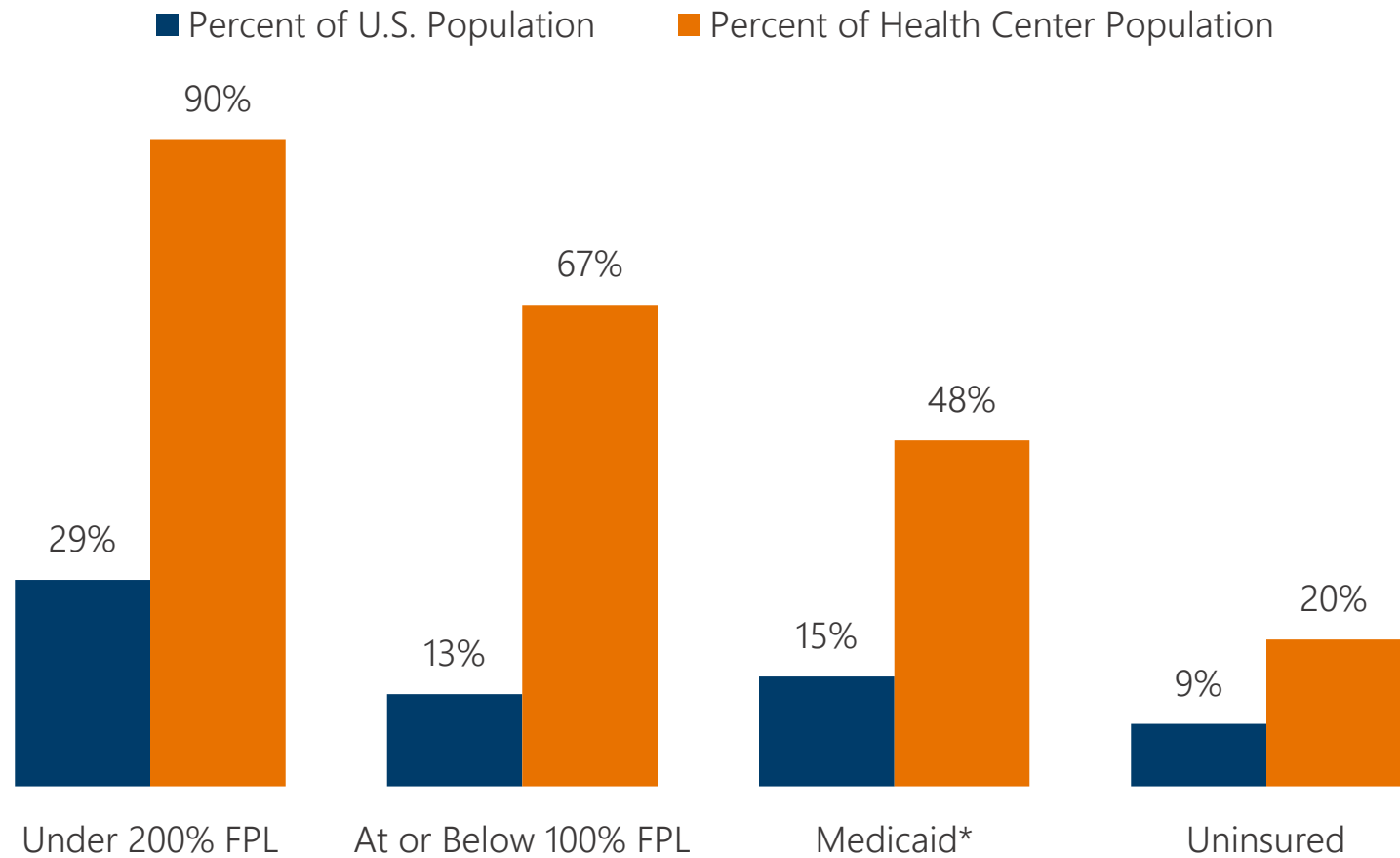
Health Centers Serve all Patients Regardless of Insurance Status



Note: Percentage for "Other Public Insurance" includes non-Medicaid CHIP, or coverage where states contract CHIP through private third-party payers and not Medicaid.
Source: 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-6

Health Centers Serve a Disproportionate Share of Low-income and Uninsured Individuals in the US

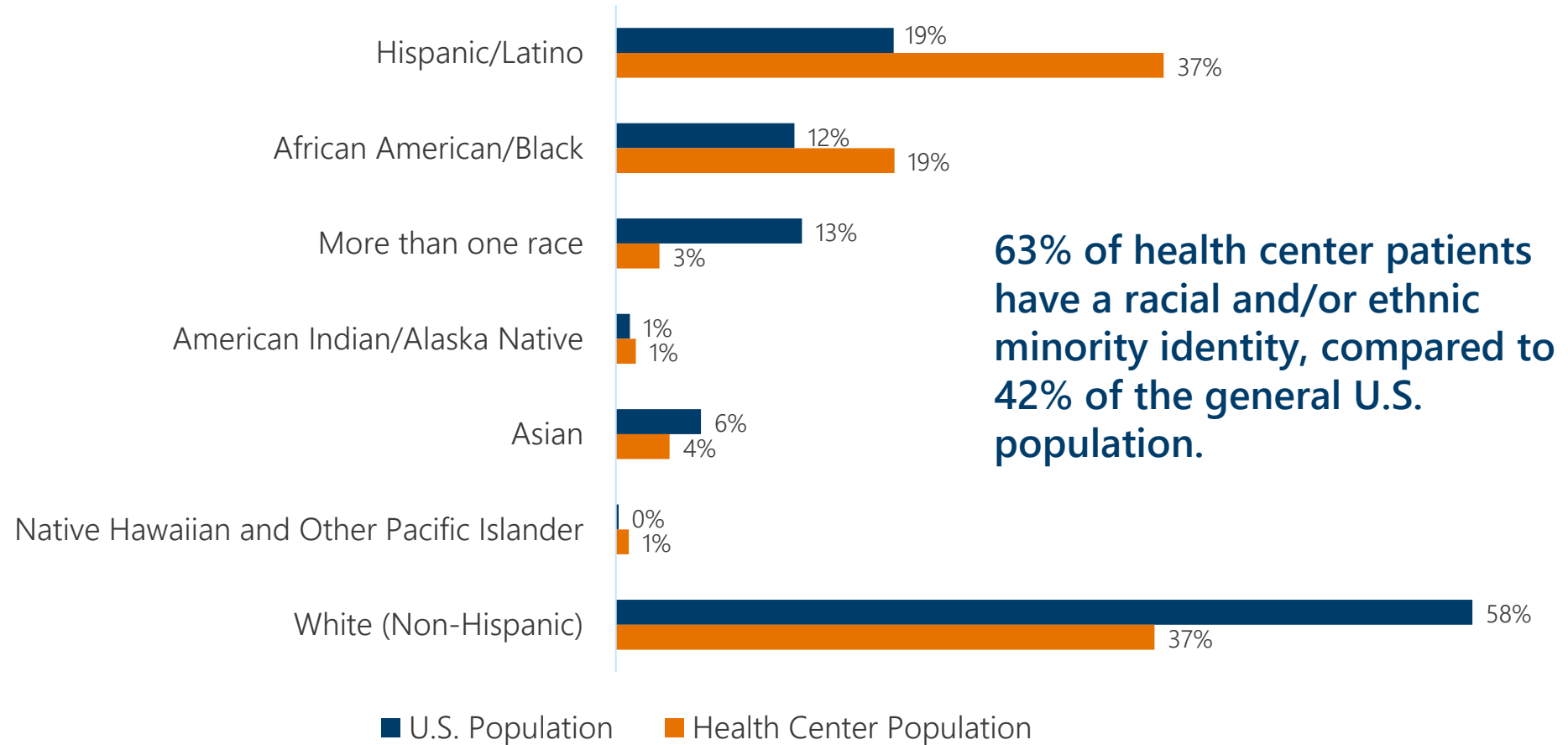


Note: FPL = federal poverty level, which was \$12,880 per year for an individual in 2021. * Medicaid alone and not in combination with other insurance.

Sources: (1) 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates, Tables S1701, S2704, S2701

Figure 1-7

Health Center Patients are from Diverse Racial and Ethnic Backgrounds

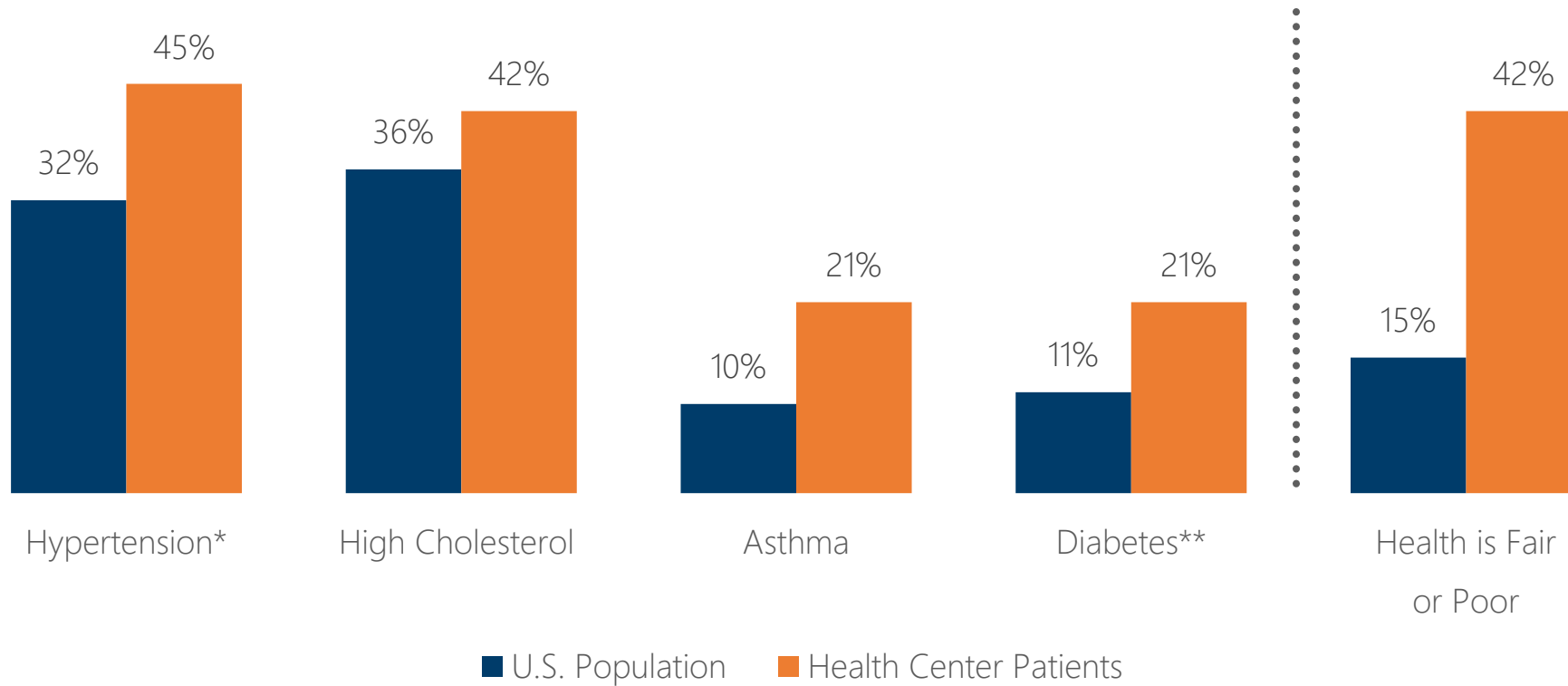


Notes: Figures may not add to 100% due to rounding, and patients of Hispanic ethnicity may identify with another racial category. Percentages are based on known race and/or ethnicity. Sources: (1) 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2021 ACS 1-Year Experimental Data Table

Figure 1-8

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

Percent of Adults Reporting:



*Reflects 140/90 mmHg threshold for hypertension

**Other than during pregnancy.

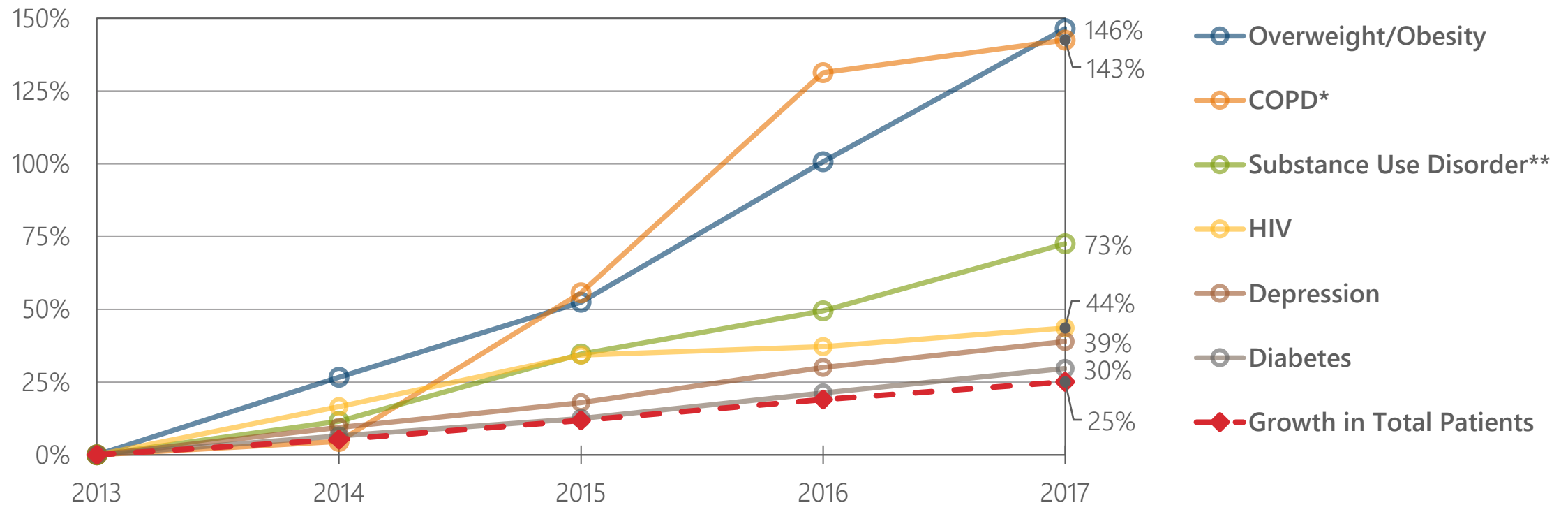
Sources: (1) 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2021.

Note: The Health Center Patient Survey is currently underway, and this chart will be updated once data becomes available.

Figure 1-9

Health Center Patients are Growing Increasingly Complex, with Higher Rates of Chronic Conditions than in Previous Years

Percent Growth in Health Center Patients Diagnosed with Selected Chronic Conditions, 2013 - 2017

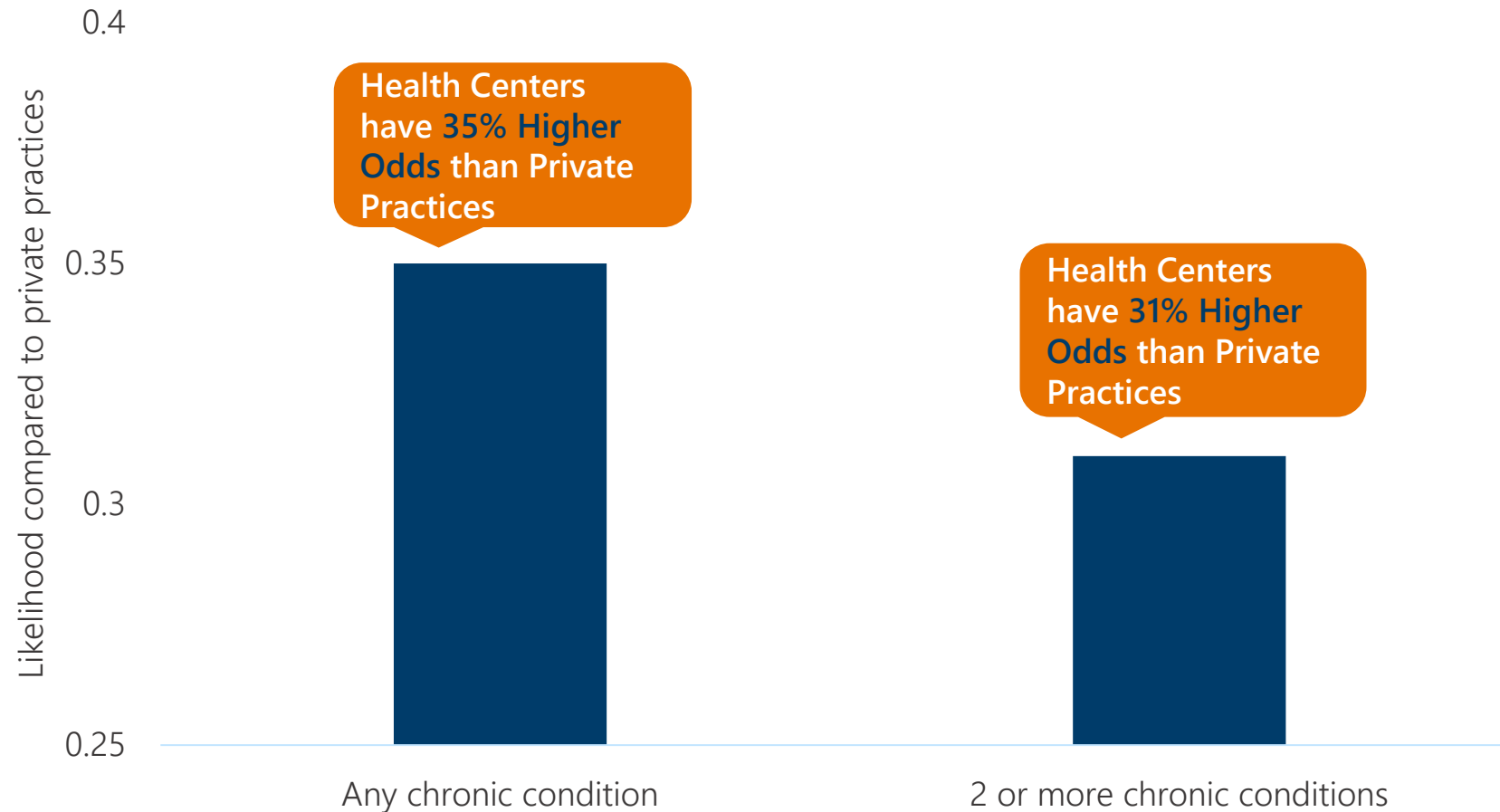


* COPD = chronic obstructive pulmonary disease

** Excludes tobacco and alcohol use disorders

Figure 1-10

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



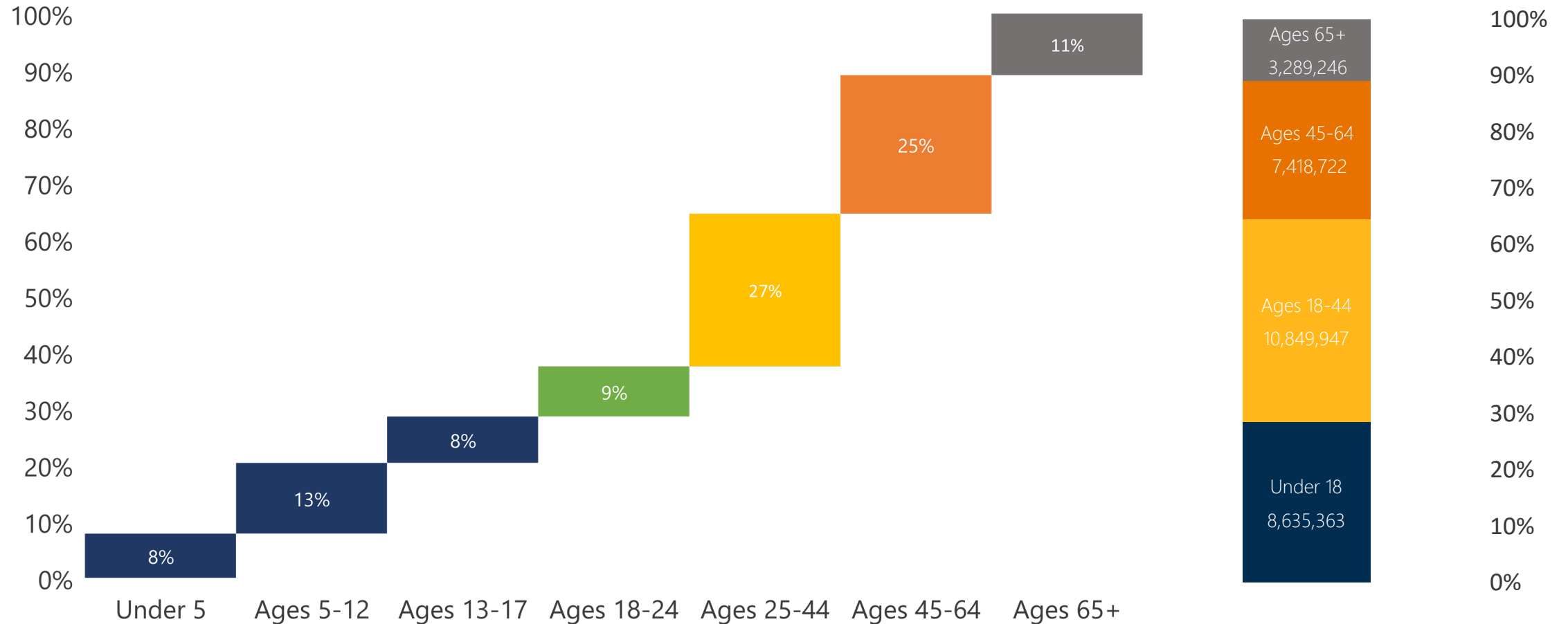
Note: Rates are based on primary care and mental health visits.

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

Figure 1-11

Health Centers Serve Patients Throughout the Life Cycle

Selected Age Groups, Represented Two Ways

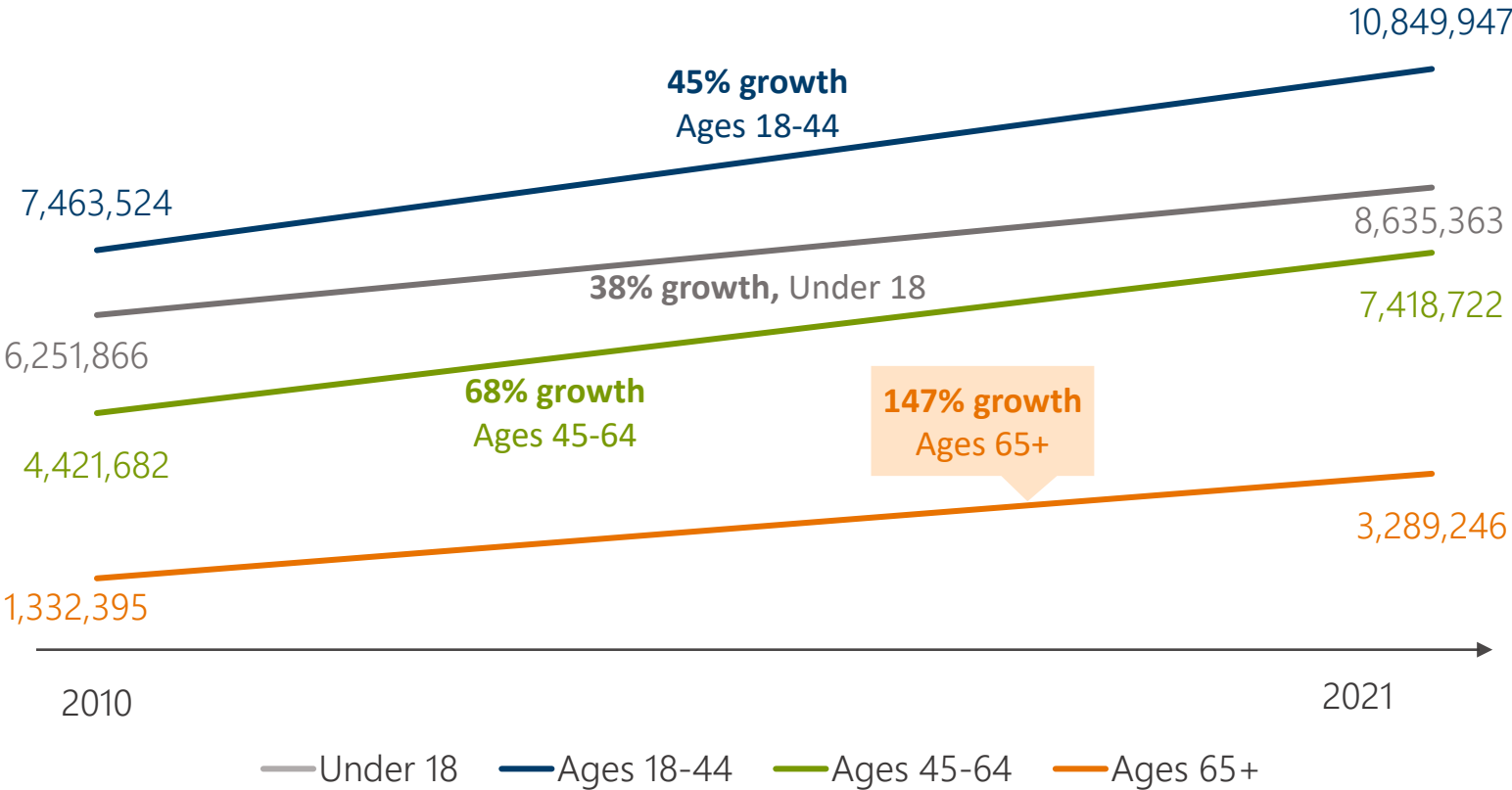


Source: 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 1-12

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

Number of Health Center Patients by Age Group, 2010 – 2020



Source: 2010 & 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Section 2

Expanding Access to Care

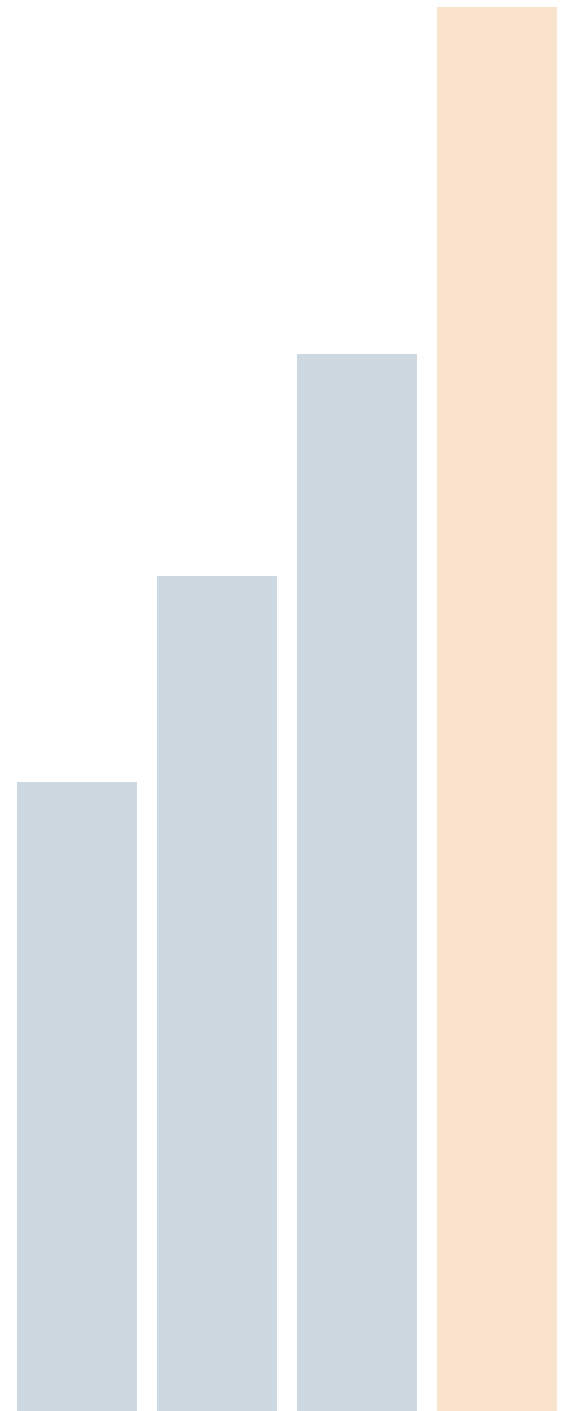
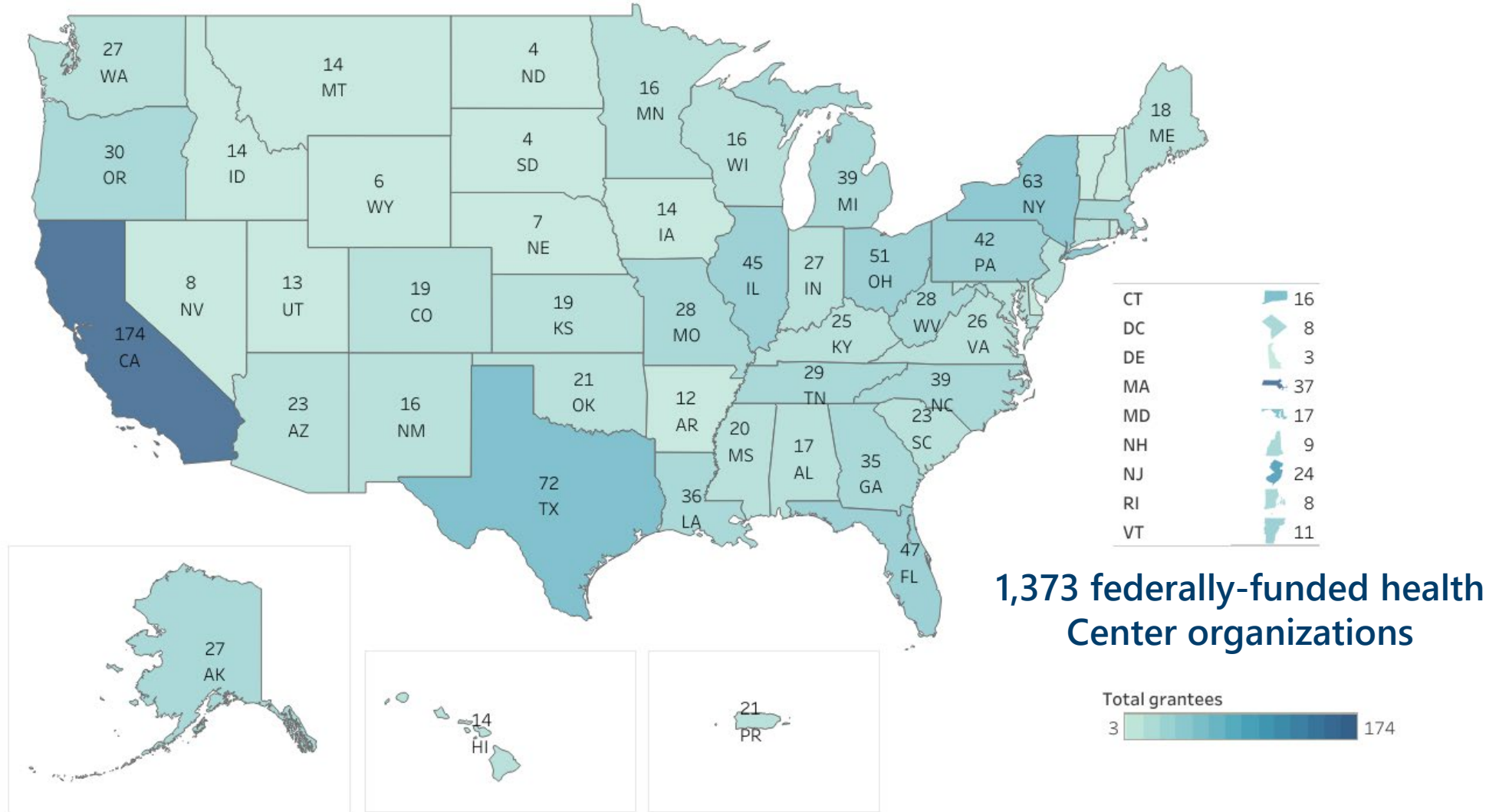


Figure 2-1

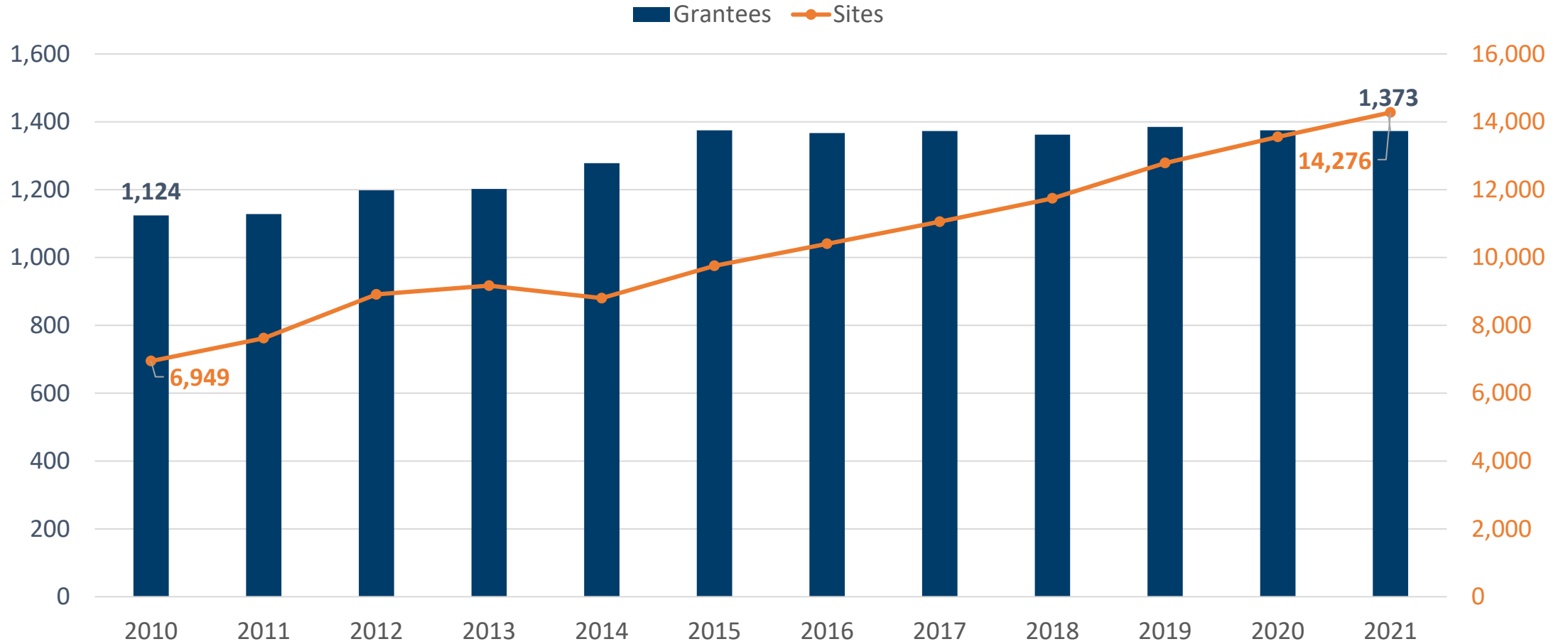
Federally-Funded Health Center Organizations, 2021



Notes: National figure includes health centers in every state and territory. Some territories are not shown in the map above.
Source: 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-2

Growth in Health Center Organizations and Sites, 2010 - 2021



Source: 2010 - 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-3

Growth in Health Center Patients and Visits, 2010 - 2021

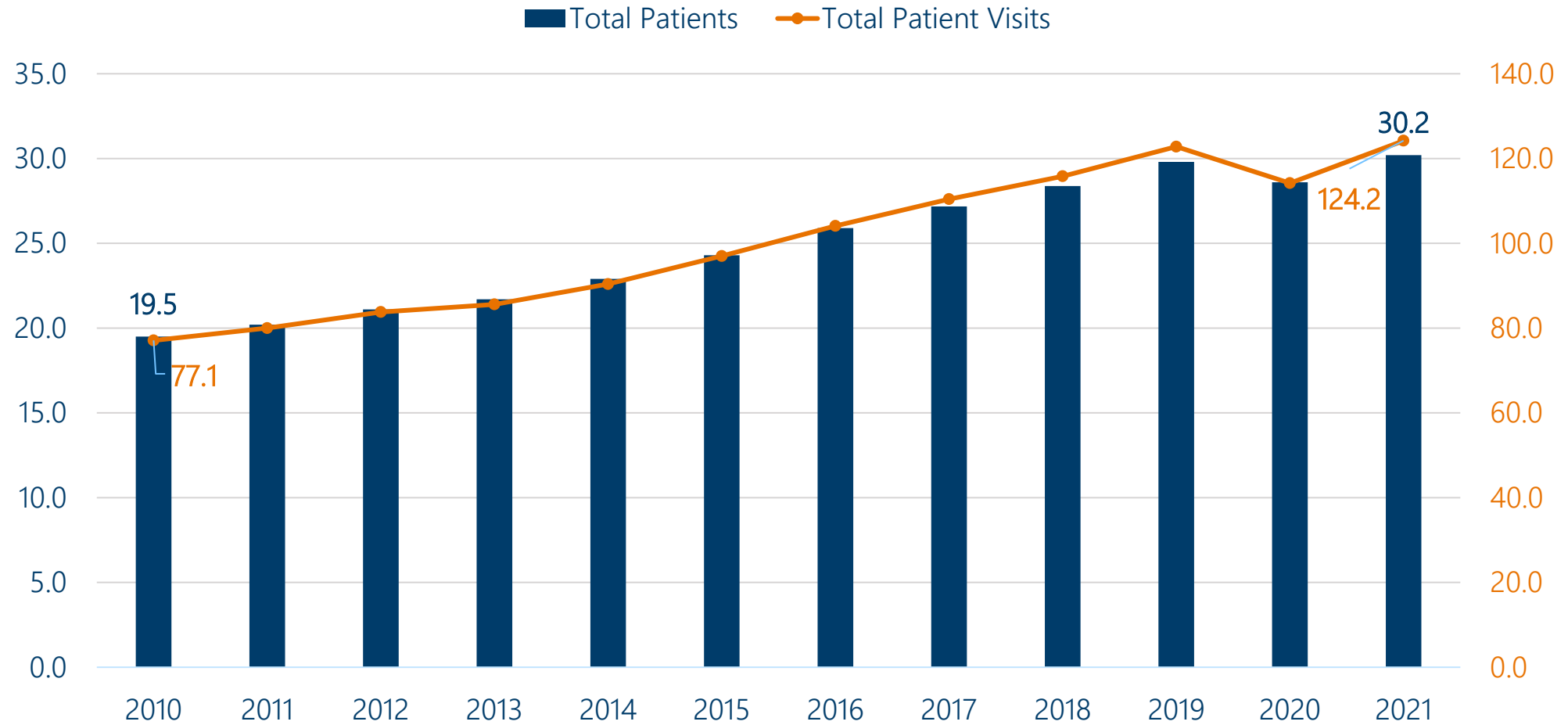
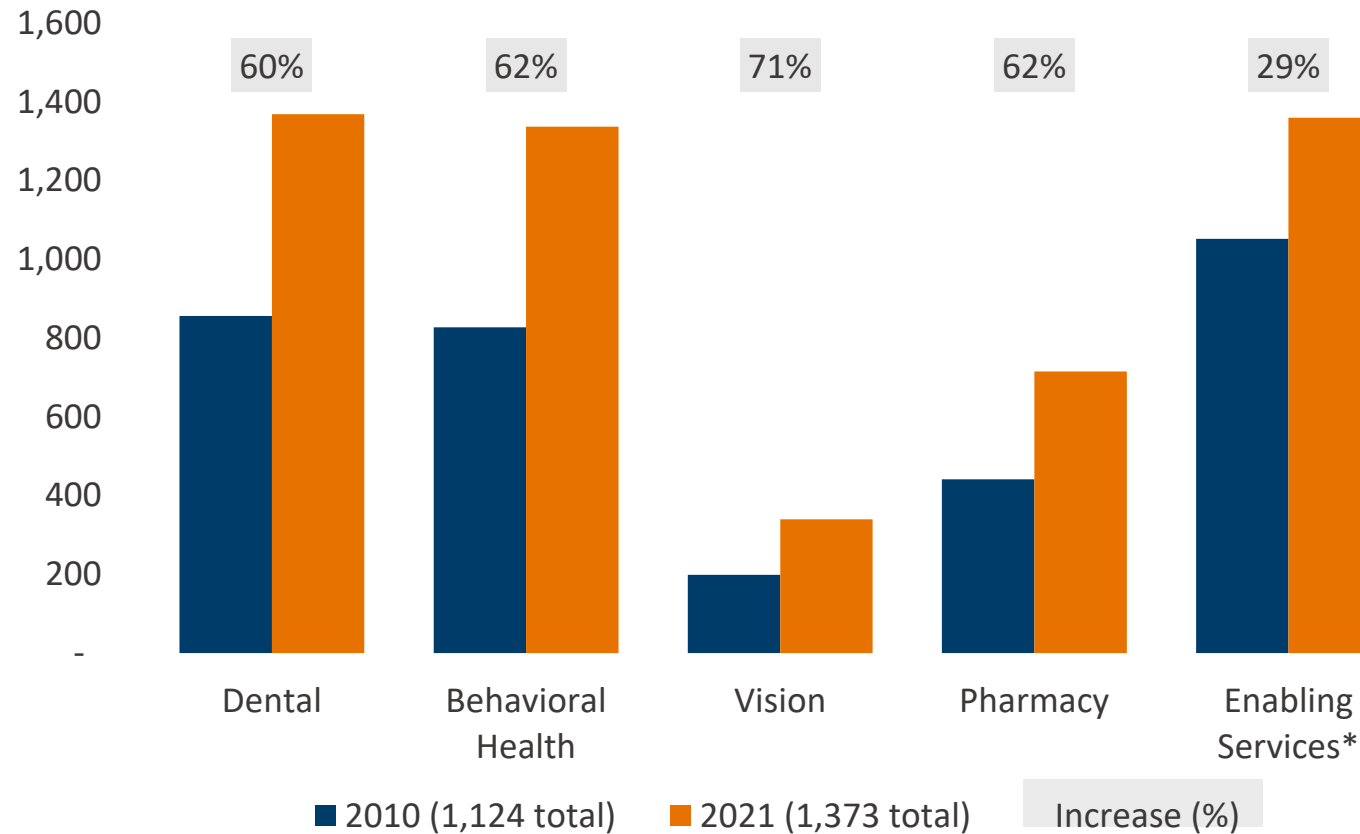


Figure 2-4

Health Centers Have Expanded Onsite Services

Number of Health Centers Employing Staff (Full-time Equivalent) for Selected Services



* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education.
Source: 2010 & 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 2-5

Health Center Physicians Accept Medicaid Reimbursement at Higher Rates than Other Providers

Expected Source of Payment

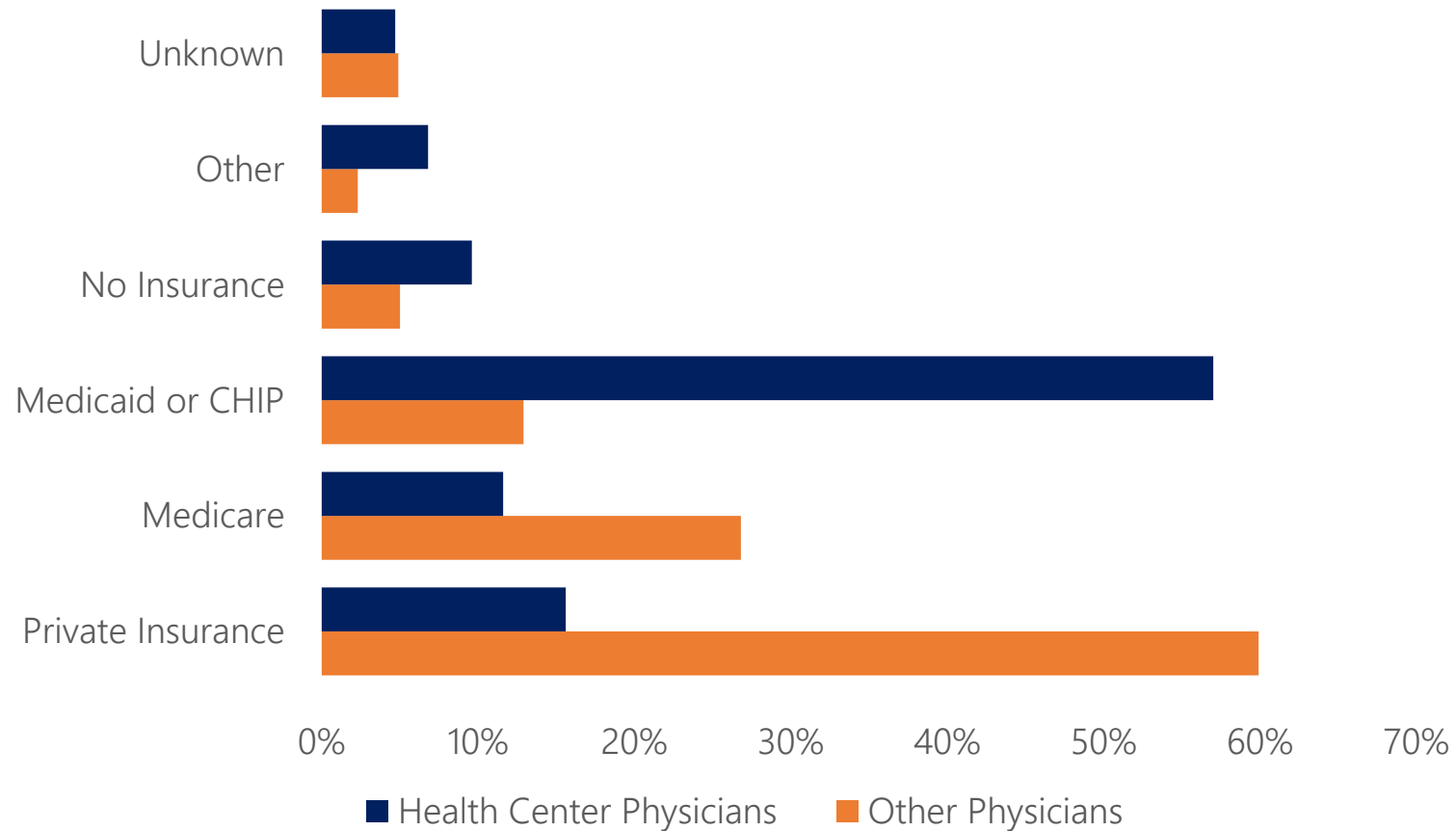


Figure 2-6

Health Center Patients by Insurance Status, 2010 – 2021 (In Millions)

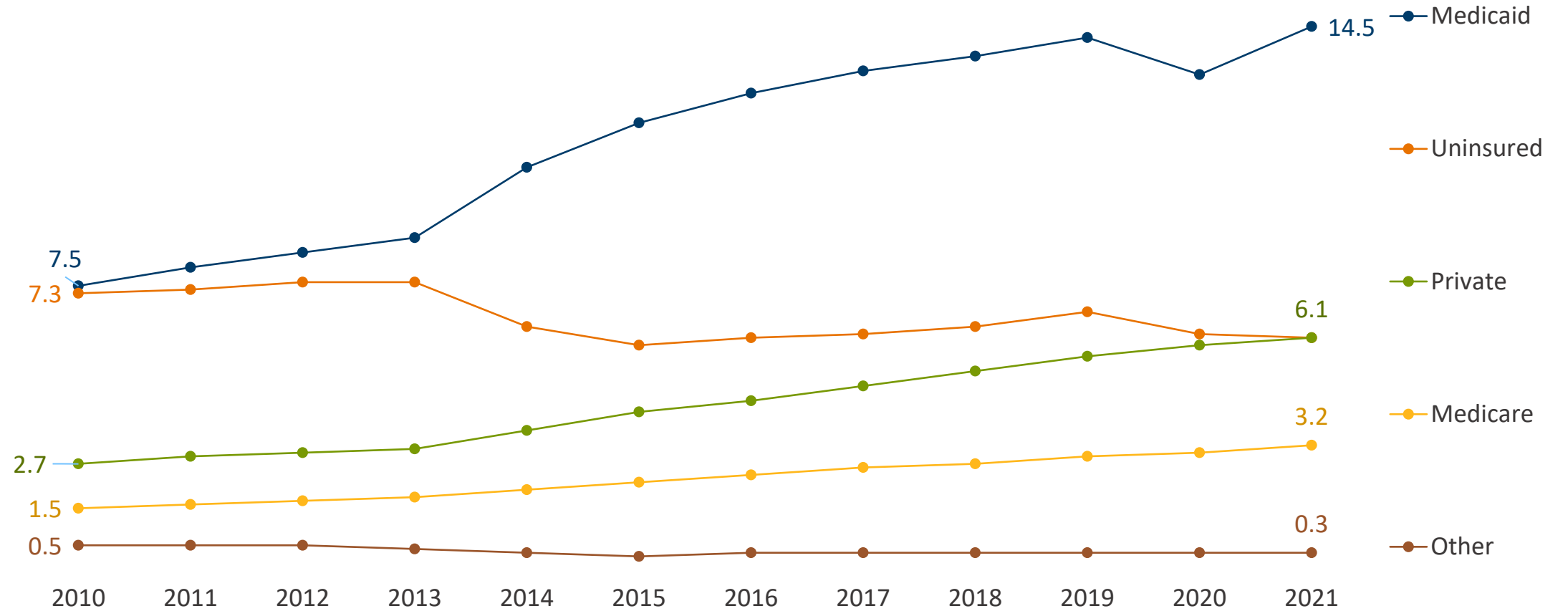
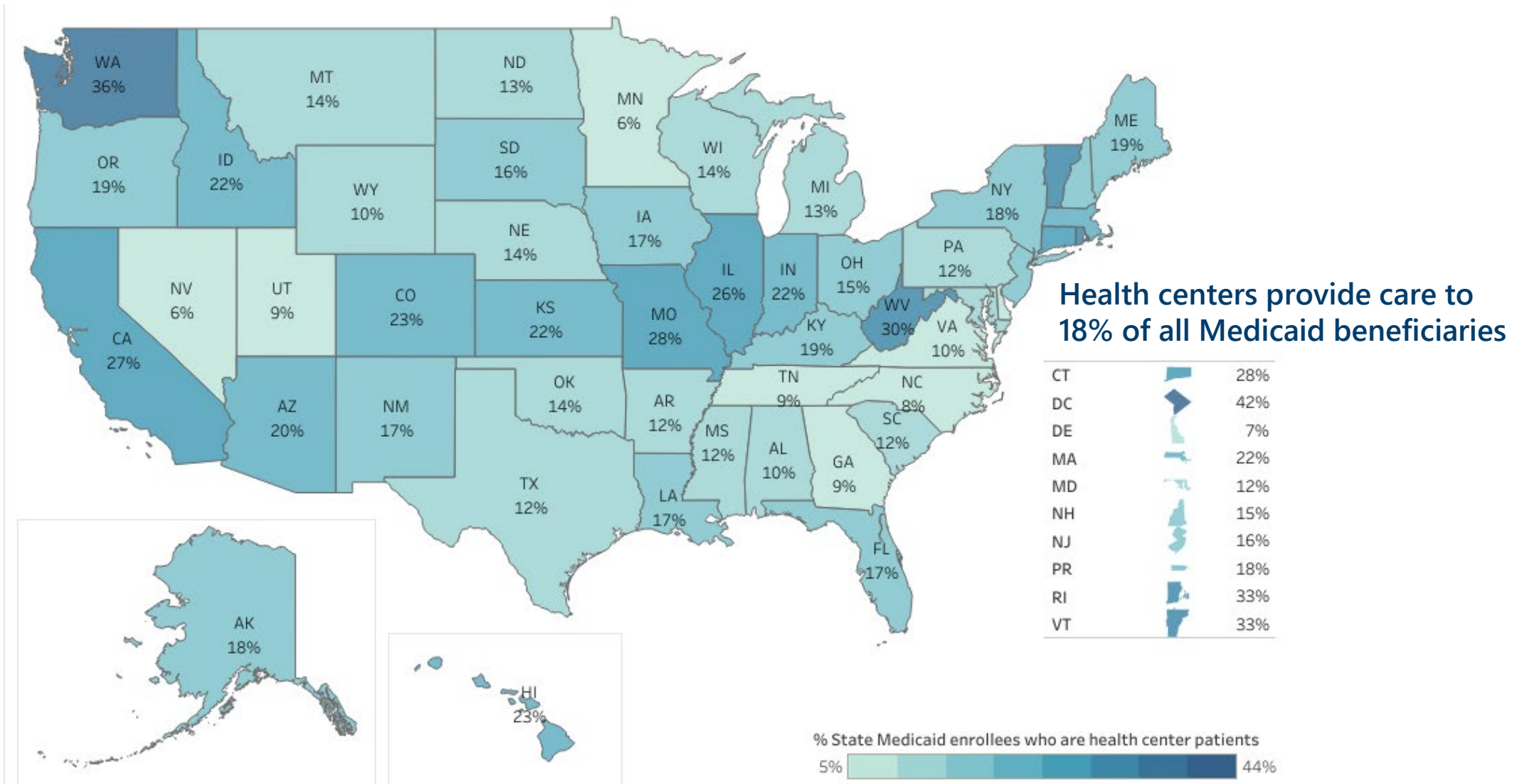


Figure 2-7

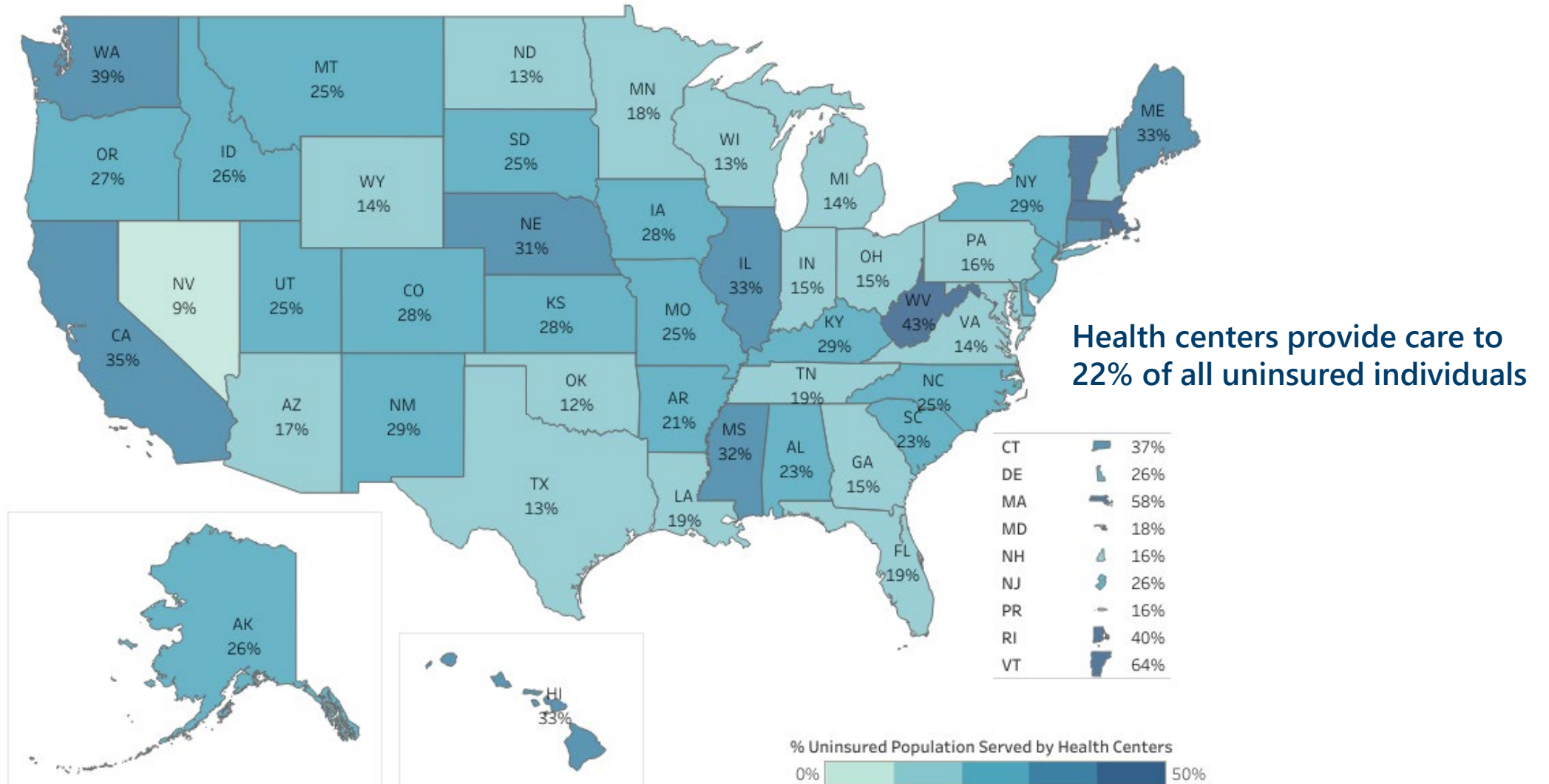
Percent of Medicaid Beneficiaries Served by Health Centers, 2021



Notes: Medicaid enrollee data for island territories is currently unavailable. Please contact research@nachc.org with questions
Sources: NACHC, Analysis of (1) 2021 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, 2021. Accessed via Data.Medicaid.gov in December 2022 (3) Puerto Rico Medicaid State Overview, Centers for Medicare and Medicaid. Accessed May 2023

Figure 2-8

Percent of the Uninsured Population Served by Health Centers, 2021



Notes: Data not available for DC and other island territories. Please contact research@nachc.org with questions

Sources: (1) 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation, Health Insurance Coverage of the Total Population, 2021. (3) Puerto Rico data taken from: American Community Survey 2021, Table S2701. United States Census Bureau.

Section 3

High Quality Care and Reducing Health Disparities



Figure 3-1

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

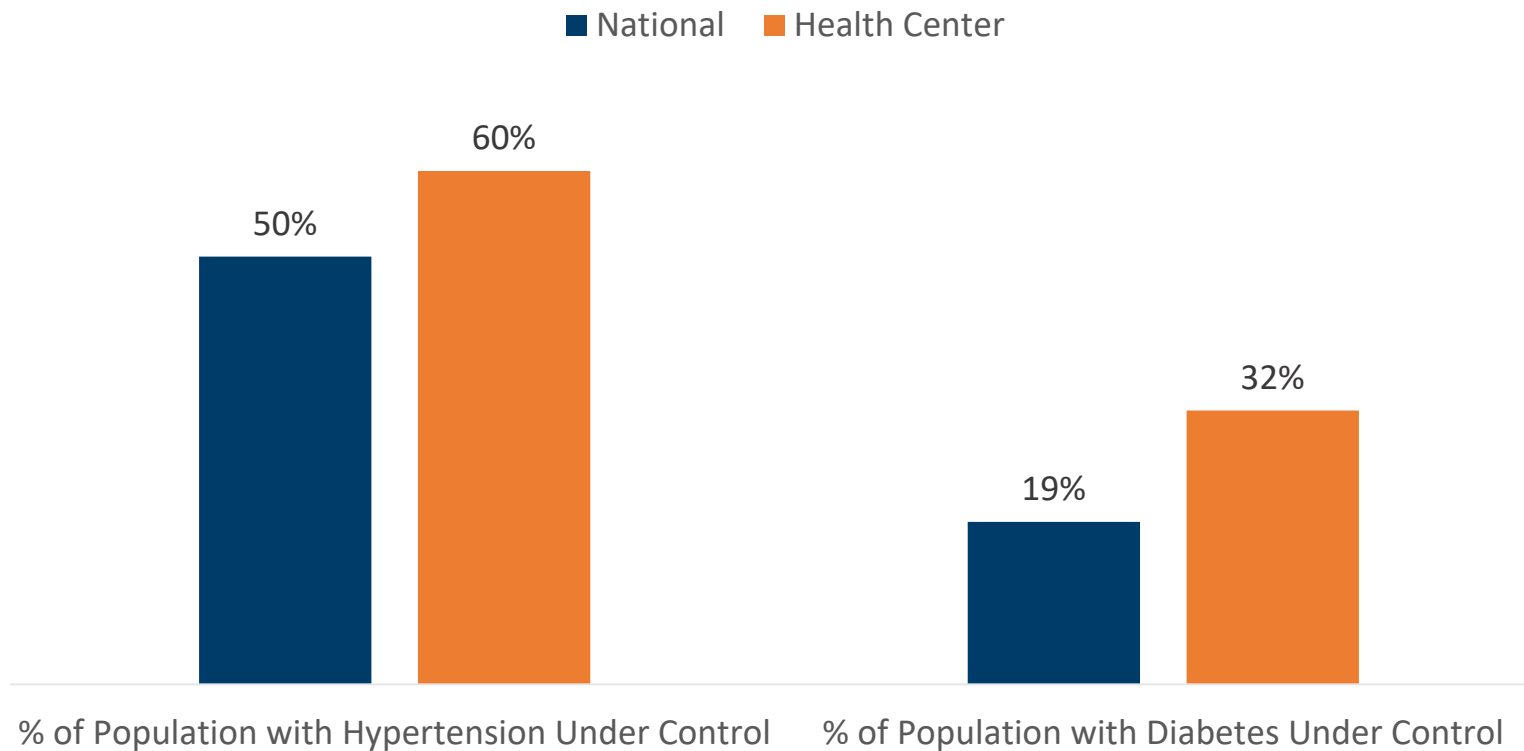


Figure 3-2

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

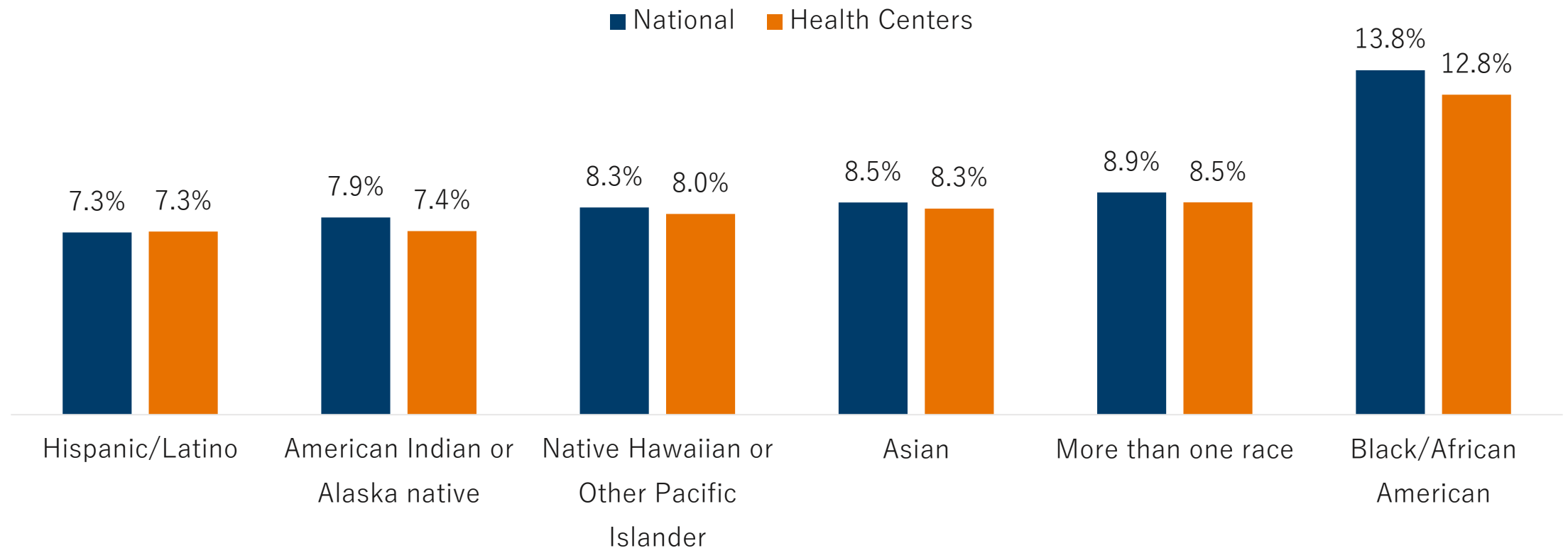


Figure 3-3

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**

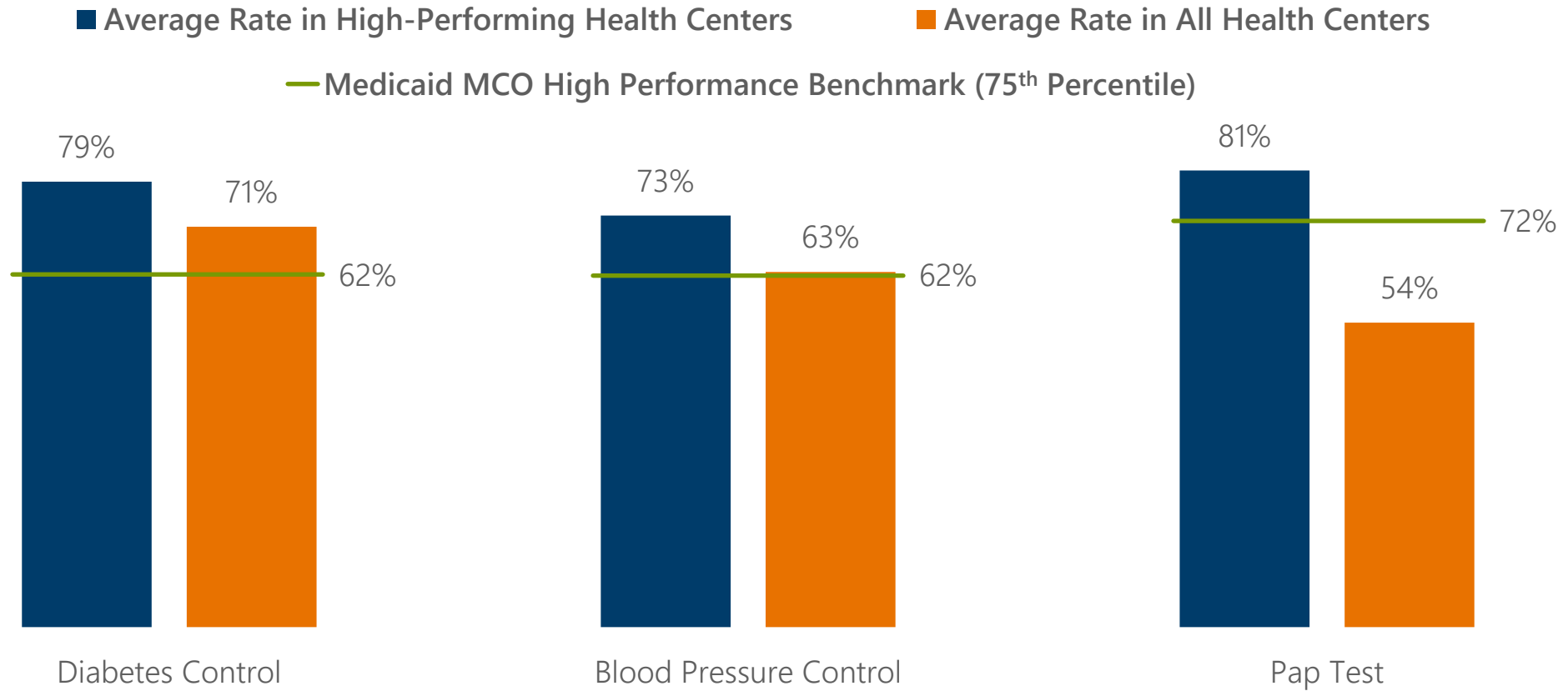
* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Note: This figure compares health center patients who used enabling services to patients that did not use enabling services.

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

Figure 3-4

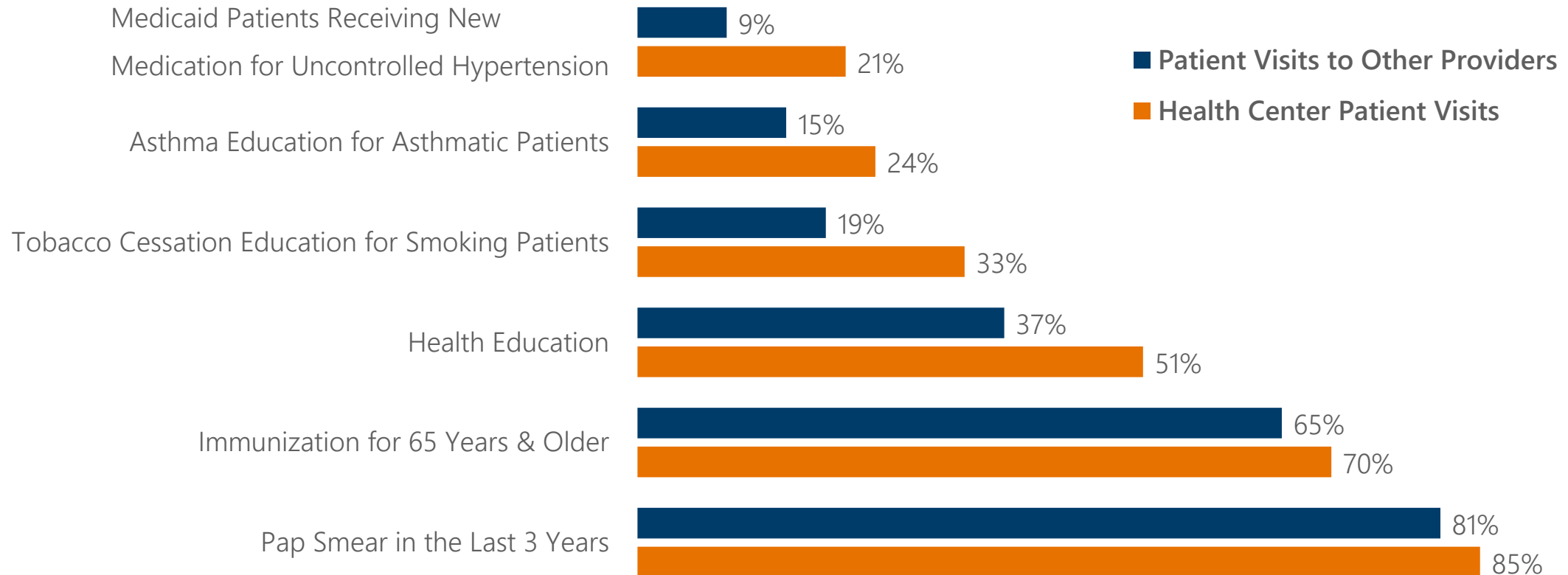
Health Centers Exceed Medicaid Managed Care Organization (MCO) High Performance Benchmark Scores



Notes: Quality measures include 1) control of diabetes (share of patients with diabetes with HbA1c between 7% and 9%), 2) control of hypertension (share of patients with hypertension with blood pressure < 140/90), 3) pap tests (share of female patients ages 24 – 64 who received Pap test within past three years).
Source: Shin P, Sharac J, Rosenbaum S, Paradise J. Quality of Care in Community Health Centers and Factors Associated with Performance. Kaiser Commission on Medicaid and the Uninsured Report #8447 (June 2013).

Figure 3-5

Health Centers Provide More Preventive Services than Other Primary Care Providers



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

Figure 3-6

Health Centers Reduce Unmet Health Care Needs

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

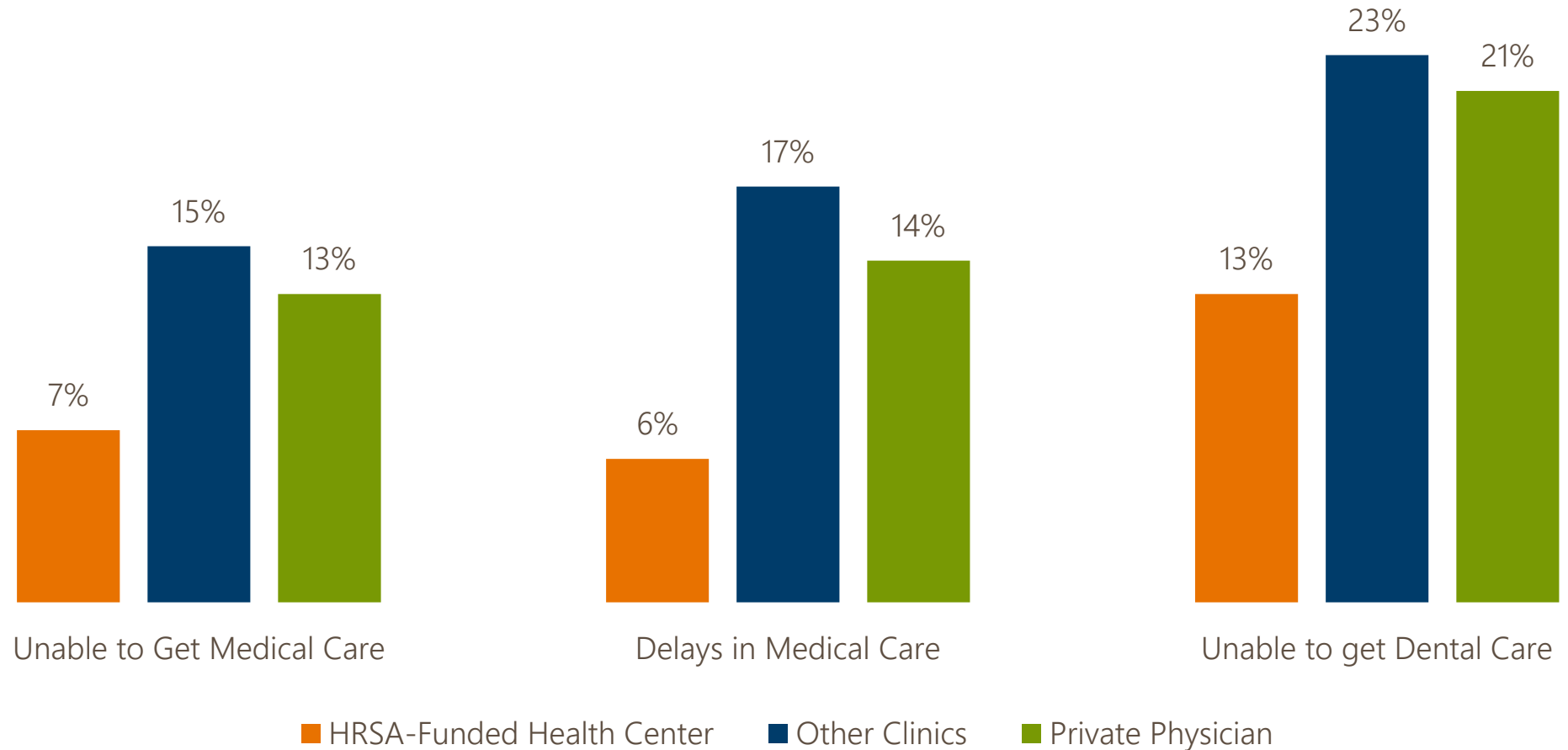
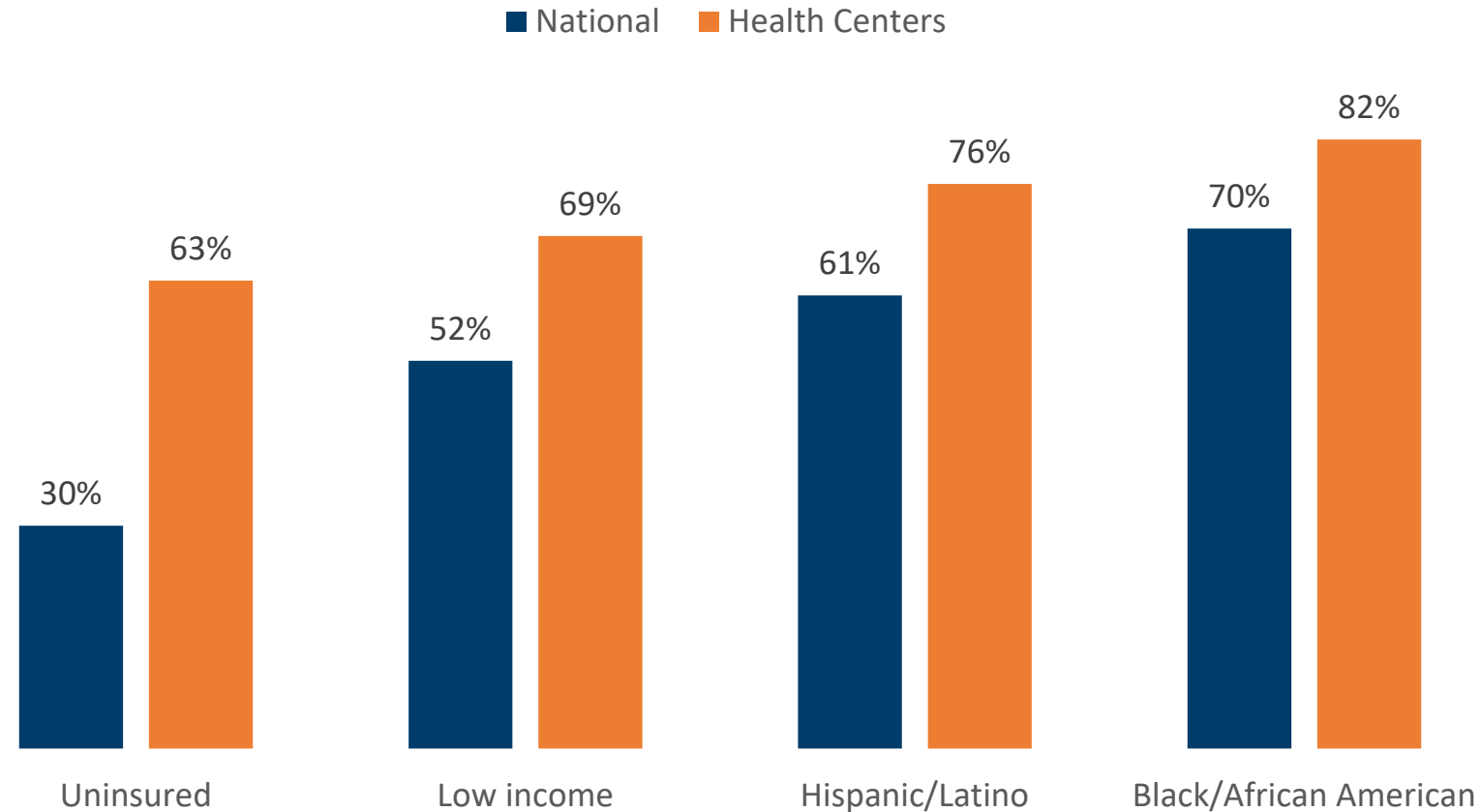


Figure 3-7

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

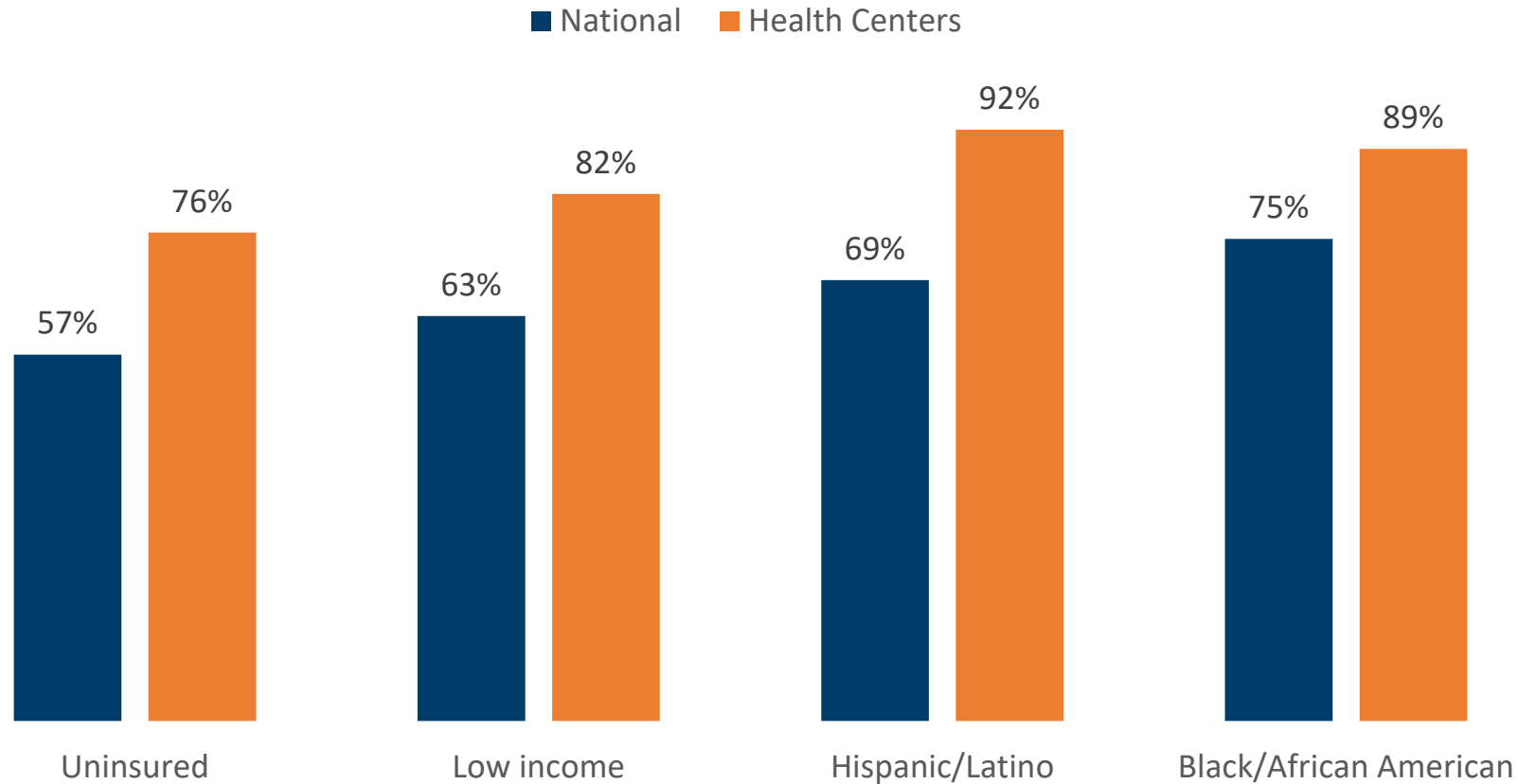


* Includes women below 100% FPL or at 100% FPL and below.

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

Figure 3-8

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

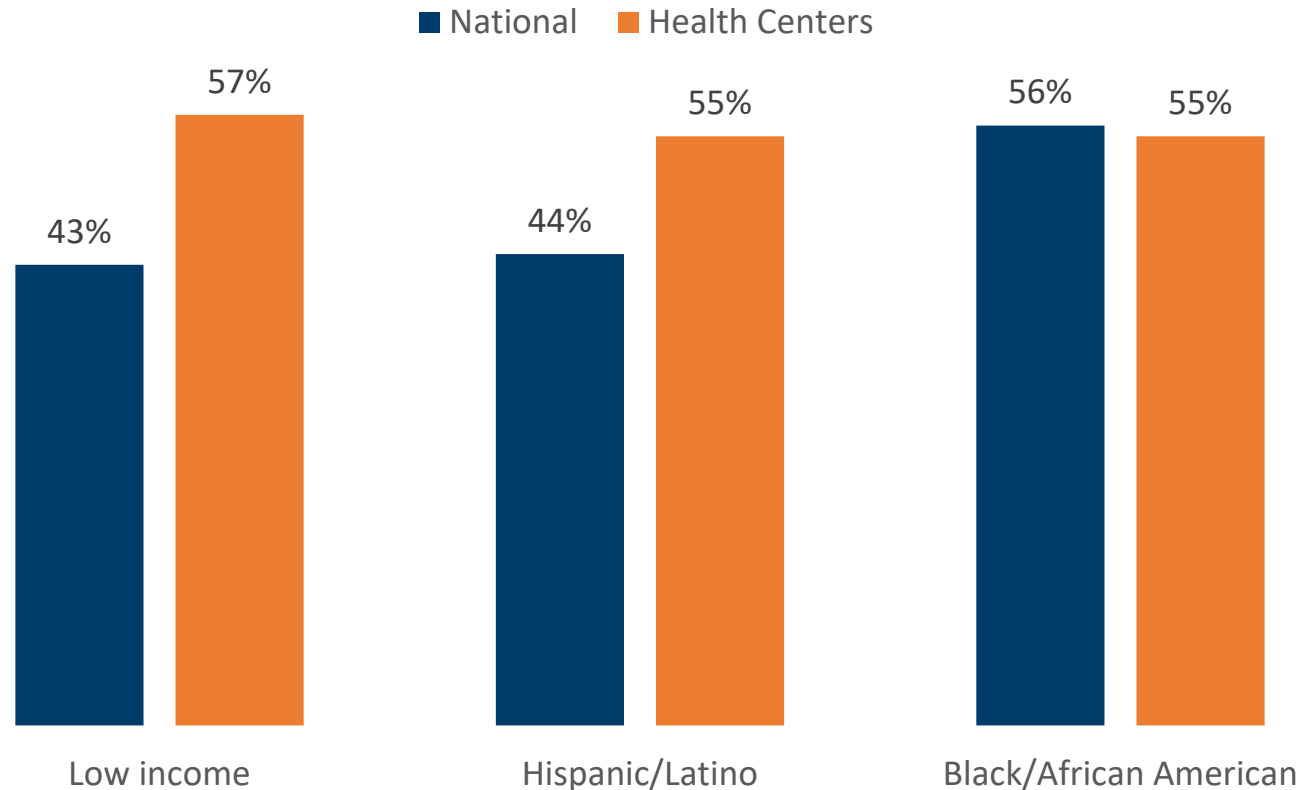


* Includes women below 100% FPL or at 100% FPL and below.

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

Figure 3-9

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



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

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

Section 4

Cost-Effective Care

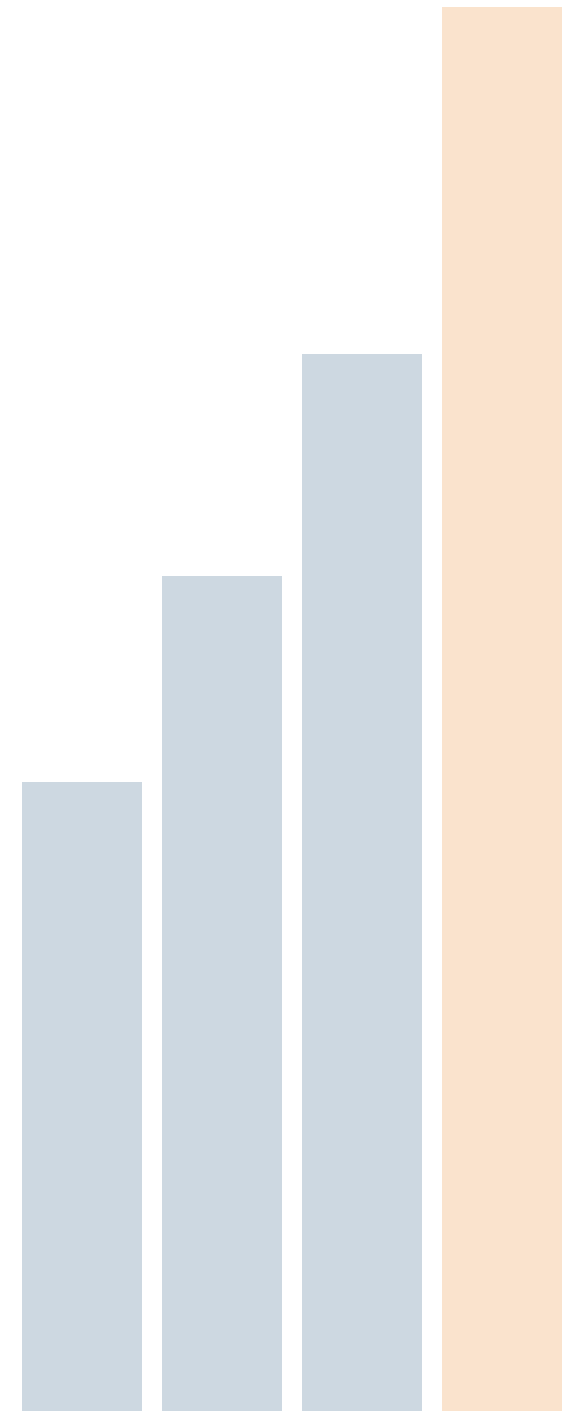


Figure 4-1

Health Centers are Participating in New Payment and Delivery System Models

Percent of Health Centers Reporting that Their Organization:

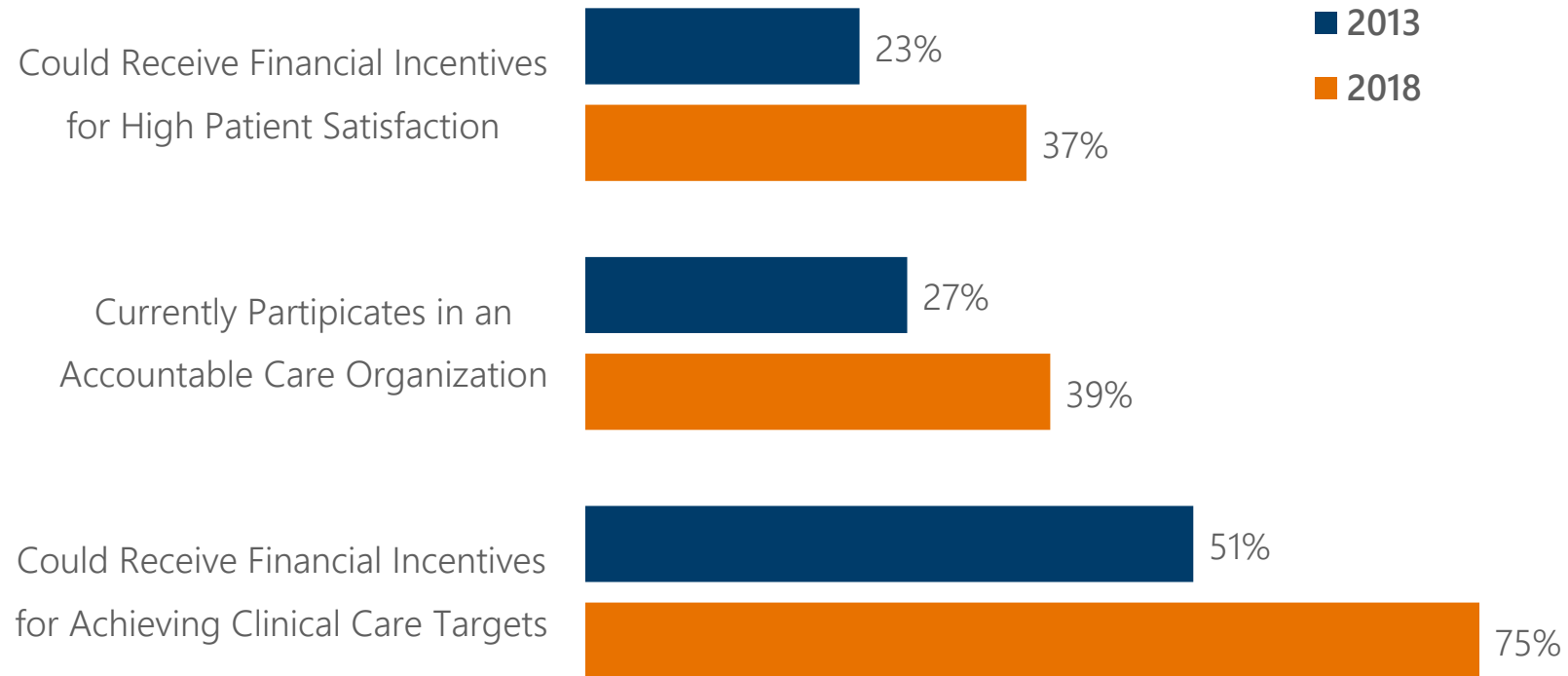
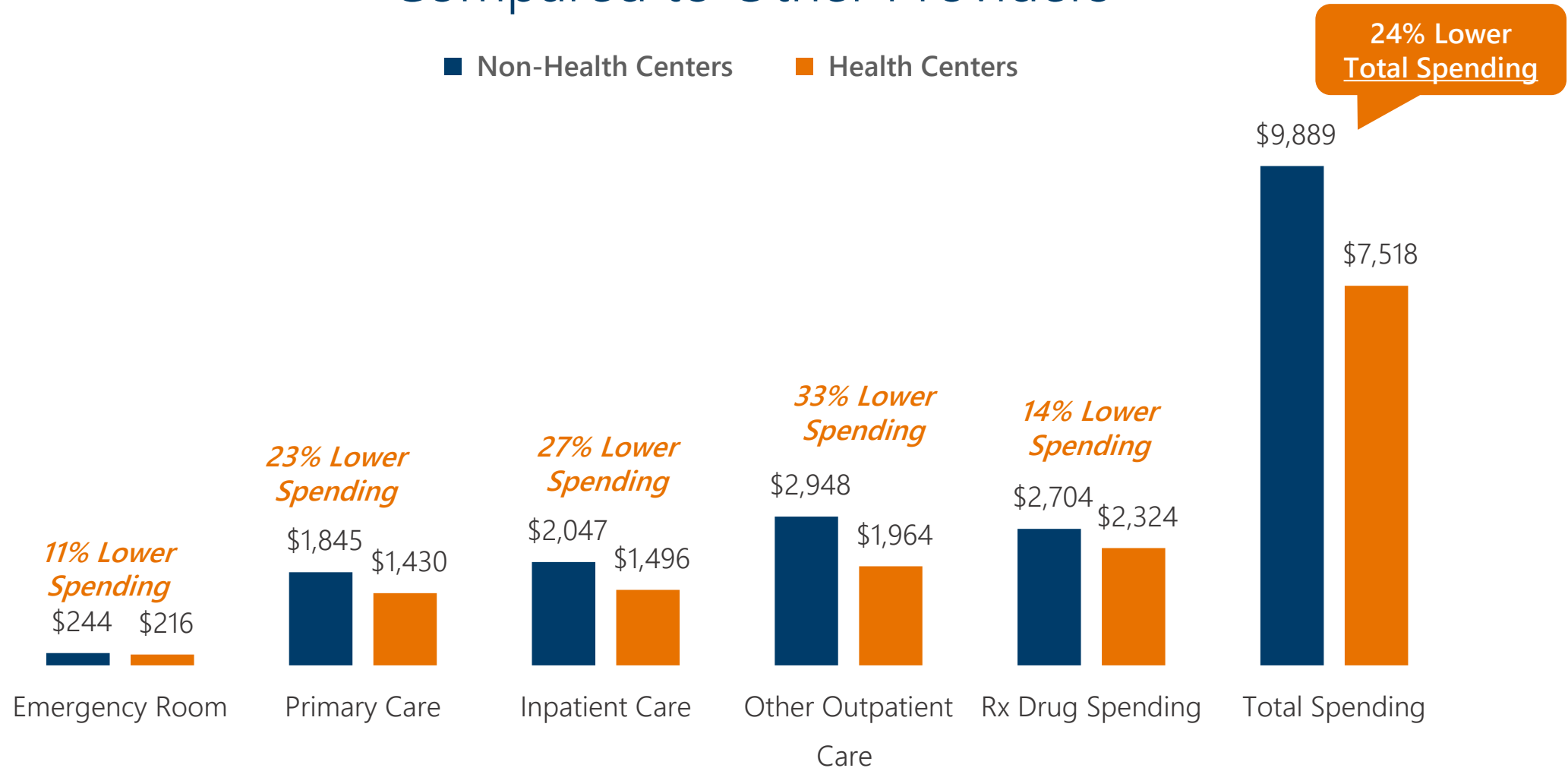


Figure 4-2

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

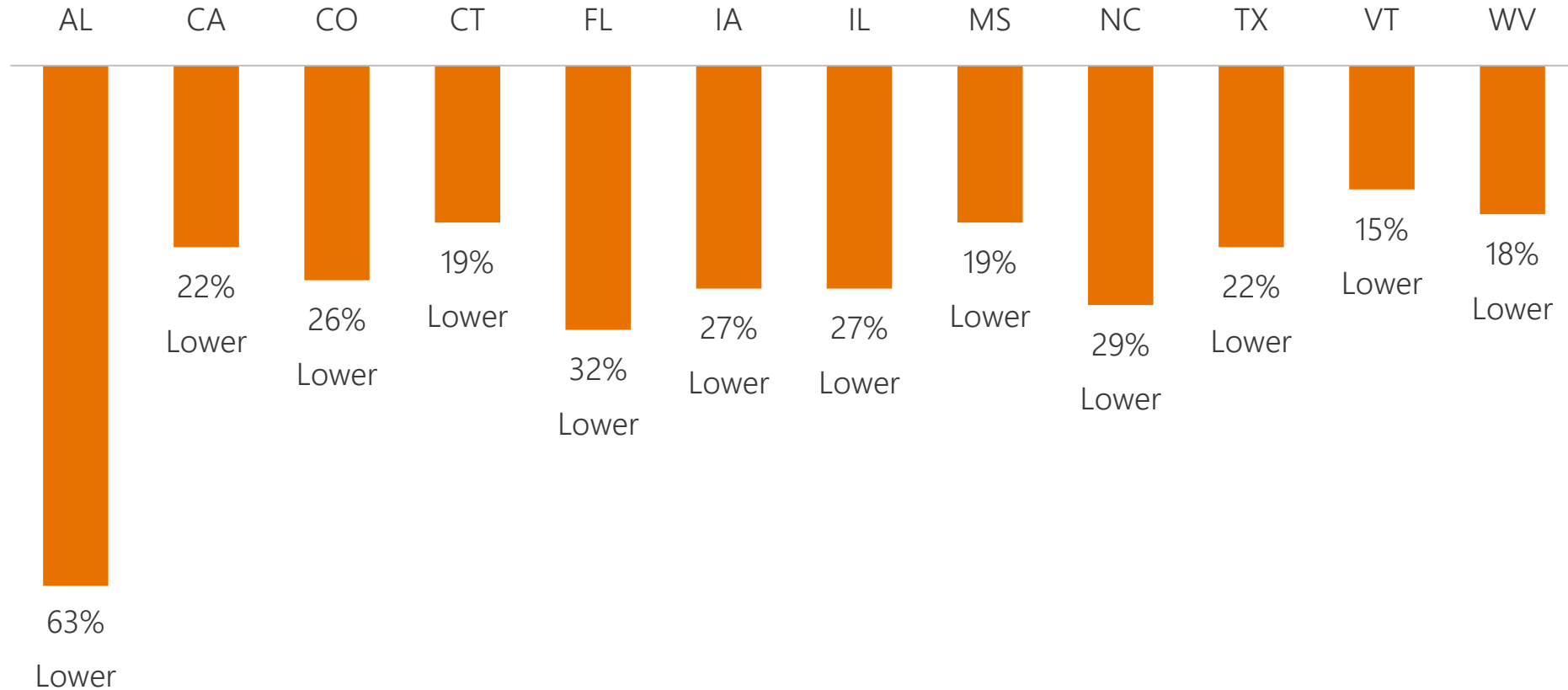


Note: Non-health centers include private physician offices and outpatient clinics.

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

Figure 4-3

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

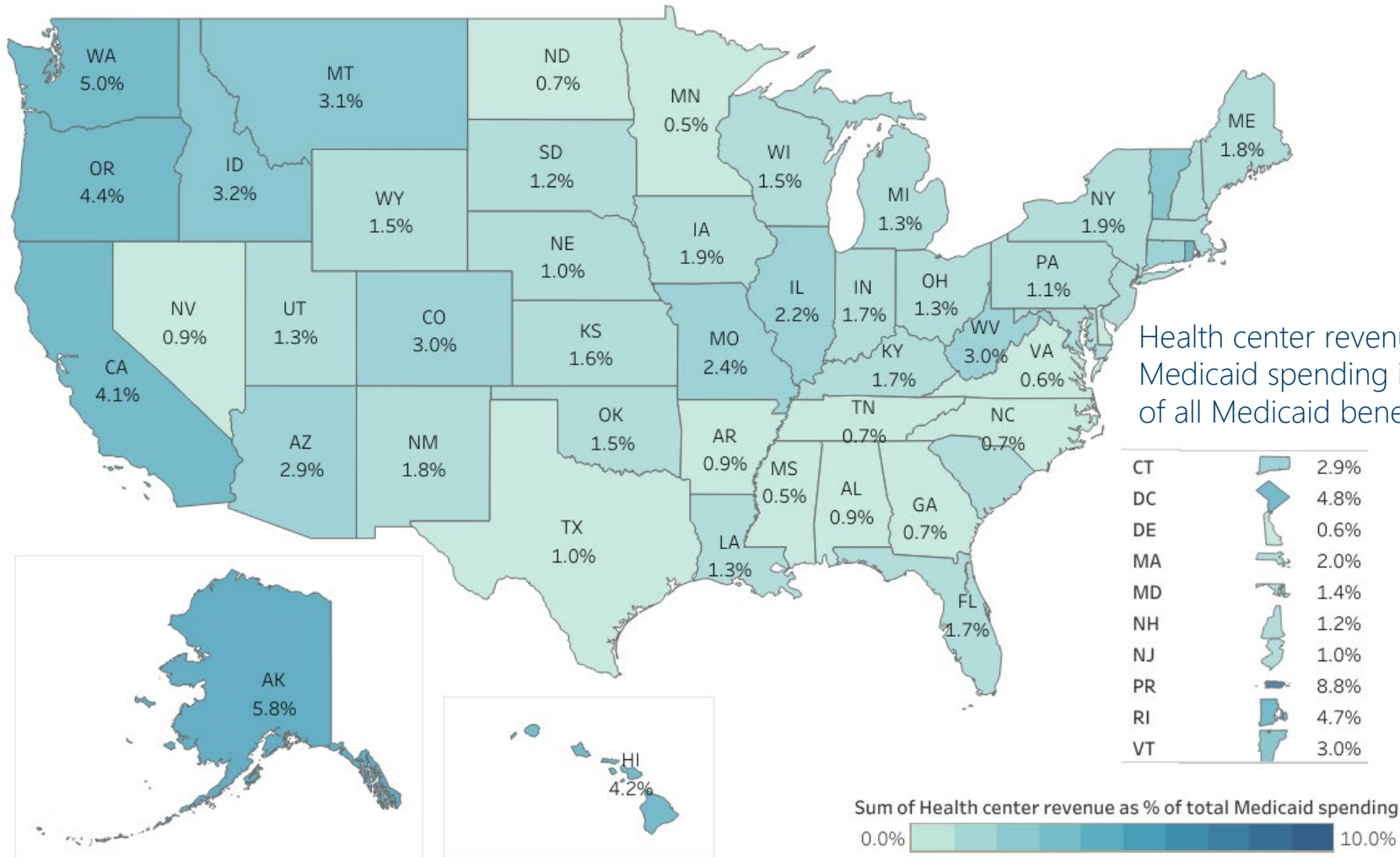


Notes: Other Providers (or “non-health centers”) include private physician offices and outpatient clinics. MT was included in the national-level analyses but did not have a large enough sample size to be included in the adjusted state-level analyses.

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

Figure 4-4

Health Center Medicaid Revenue as a Percent of Total State Medicaid Expenditures in 2021



Note: Medicaid expenditures do not include administrative costs, accounting adjustments or other U.S. territories.
Sources: (1) 2021 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Total Medicaid Spending FY 2021. (3) Medicaid and CHIP in Puerto Rico. MACPAC. February 2021.

Figure 4-5

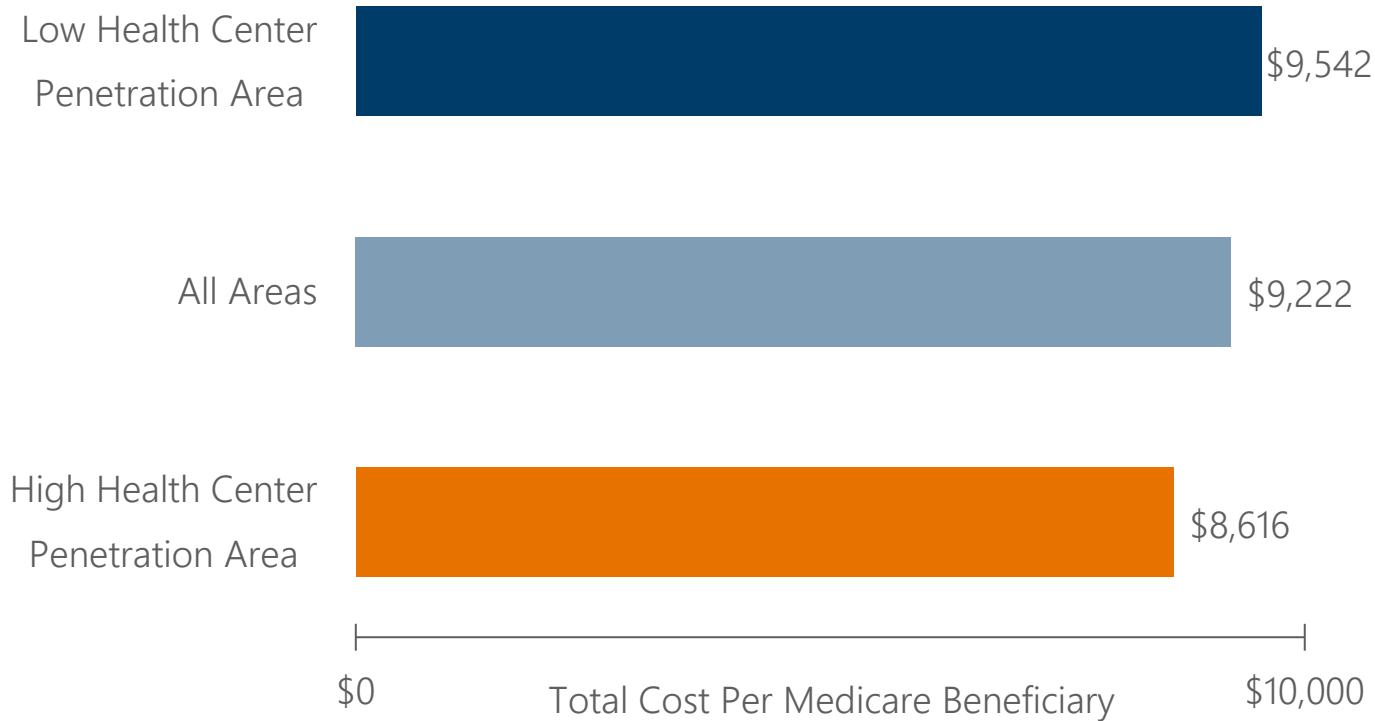
Health Center Medicare Patient Costs are Lower Compared to Patients of Other Providers



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

Figure 4-6

High Health Center Penetration is Associated with Lower Medicare Spending Among Low-Income Residents



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

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

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

Figure 4-7

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

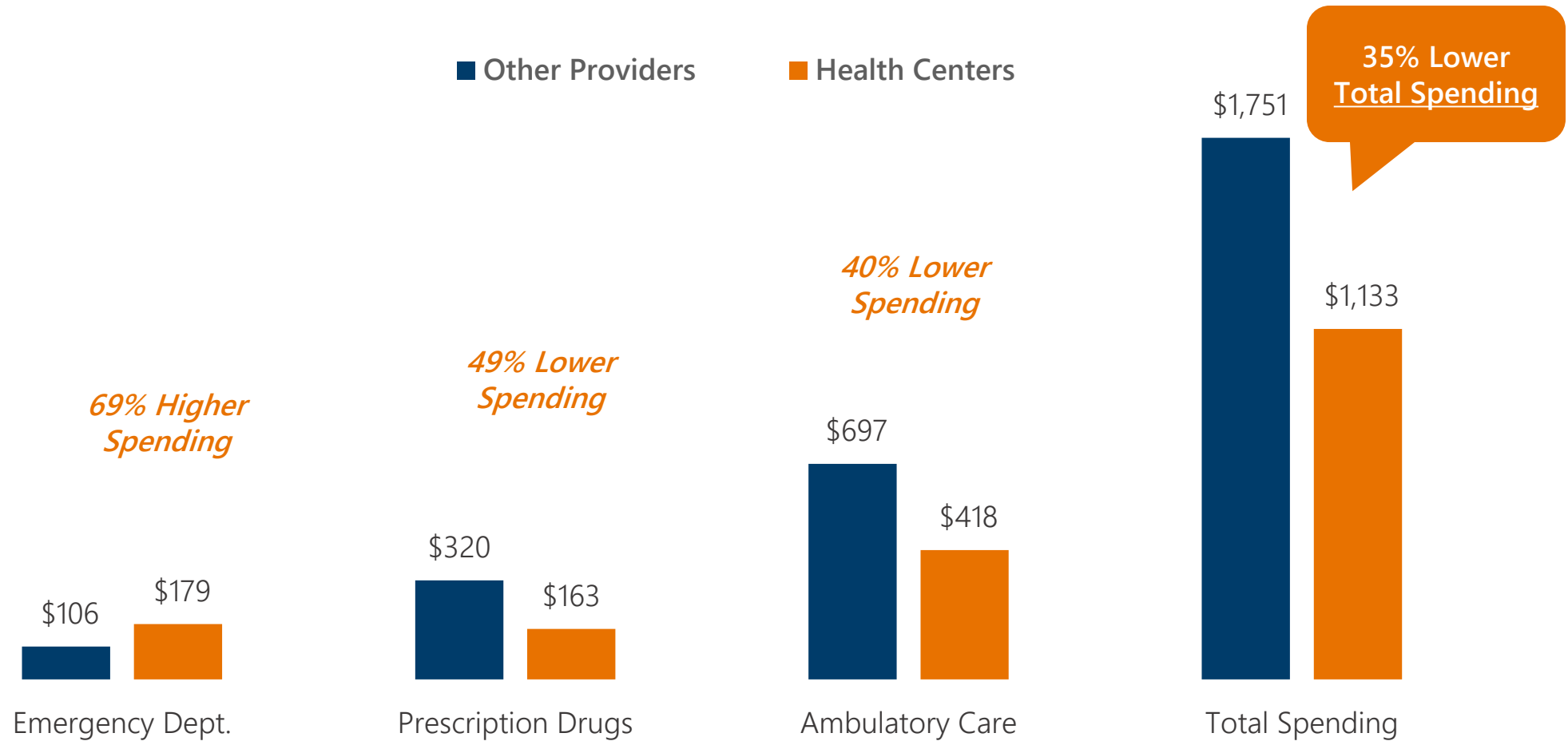
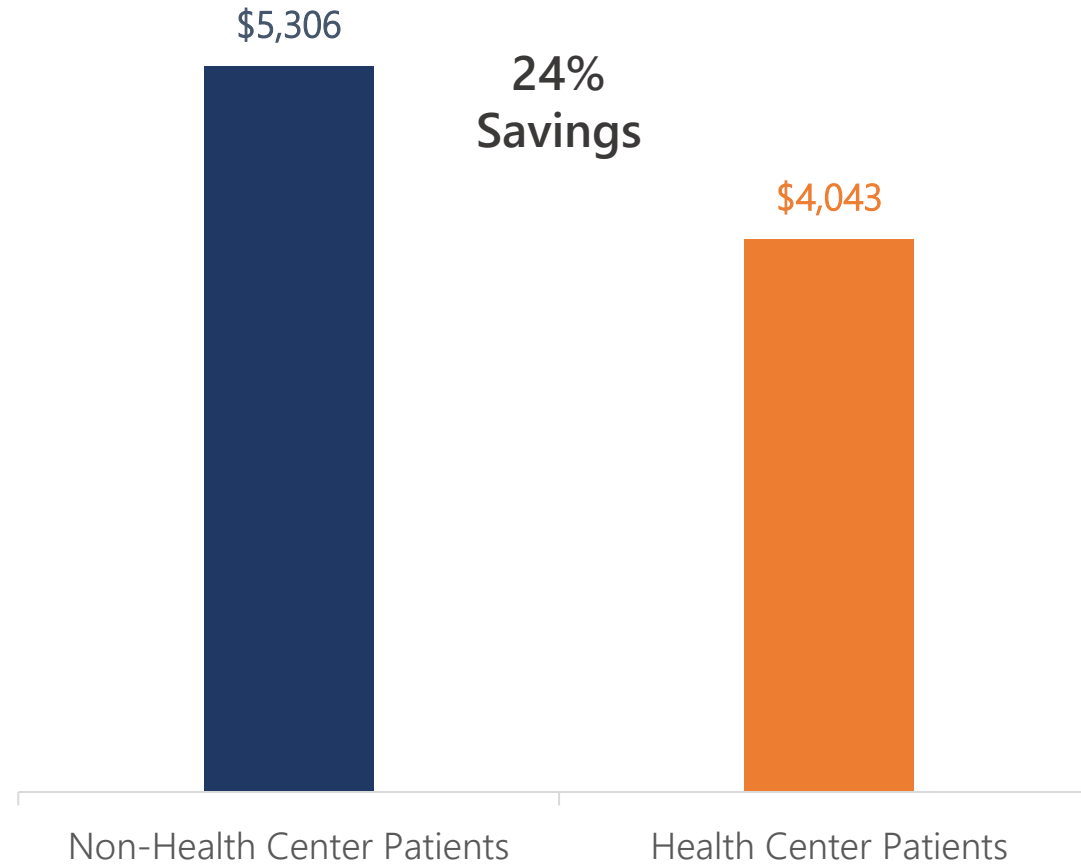


Figure 4-8

Health Centers Save \$1,263 Per Patient Per Year

Total Health Expenditures Per Patient Per Year



Section 5

Health Center Services and Staffing

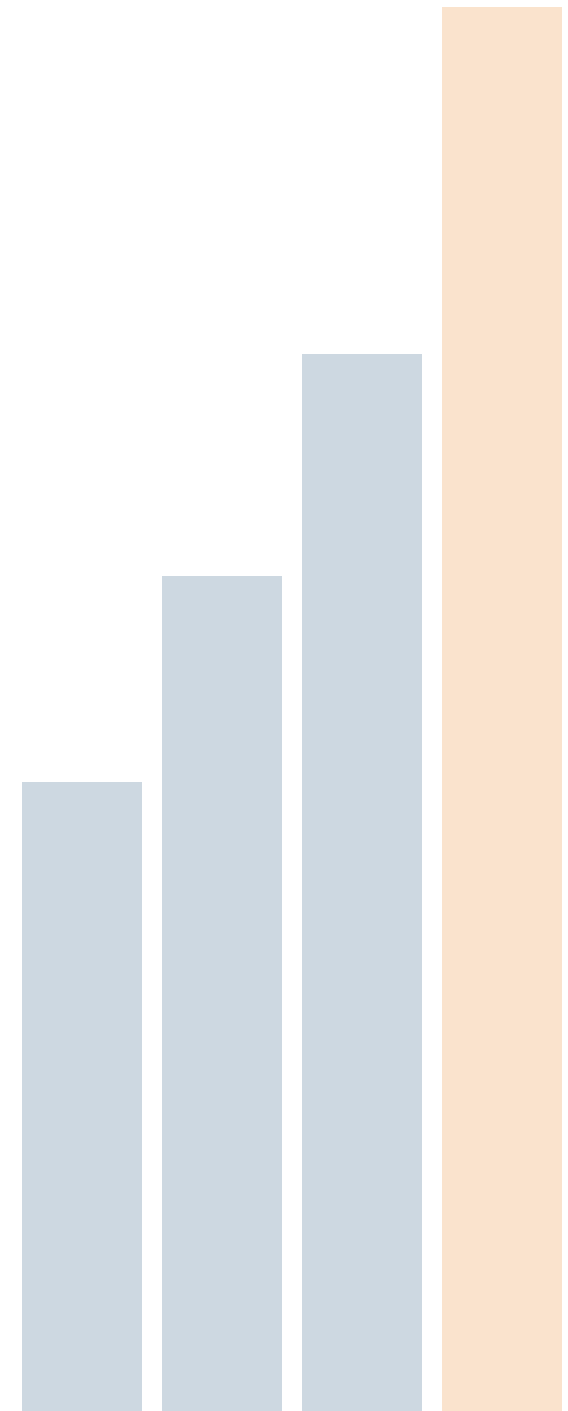
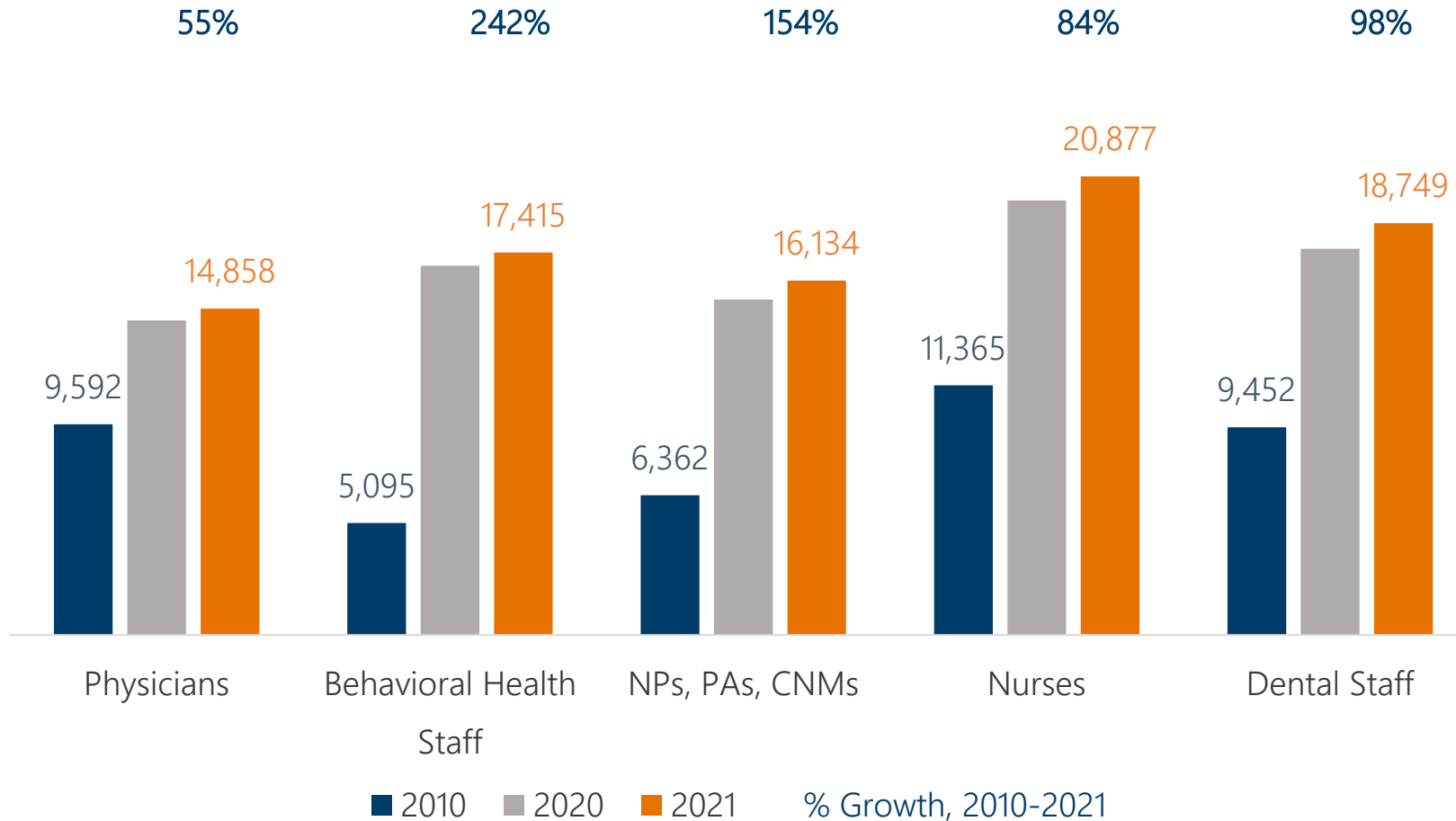


Figure 5-1

Growth in Health Center Clinical Staff, 2010 – 2021

In Full-Time Equivalent



Notes: NP, PA, CNM stand for Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, respectively. Behavioral health staff includes mental health and substance abuse staff.
Source: 2010, 2020, & 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

Figure 5-2

Health Center Care Team Staff Provide a Broad Array of Services

Total Care Team: 164,771 Full-Time Equivalent (FTE) Employees

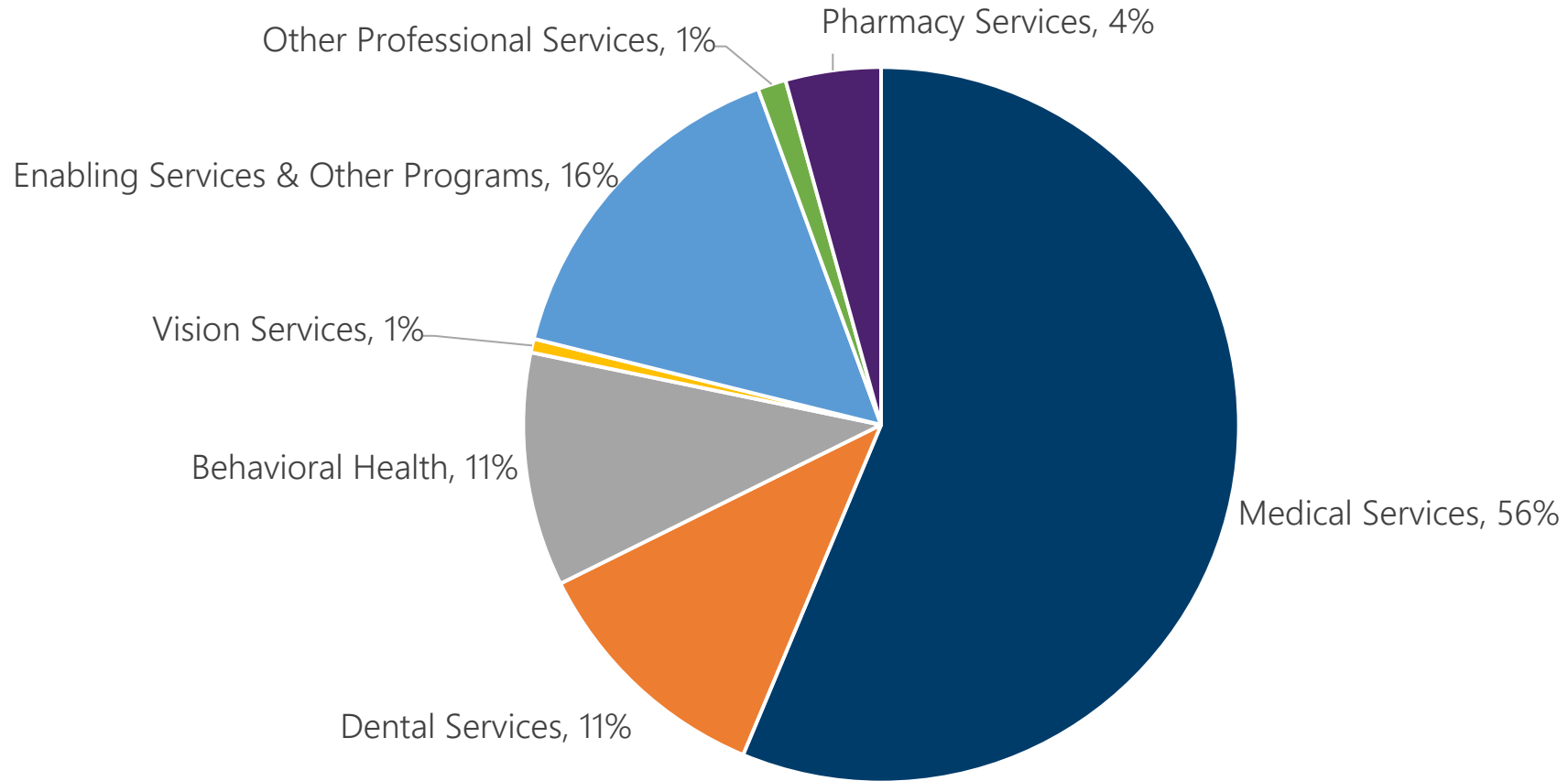
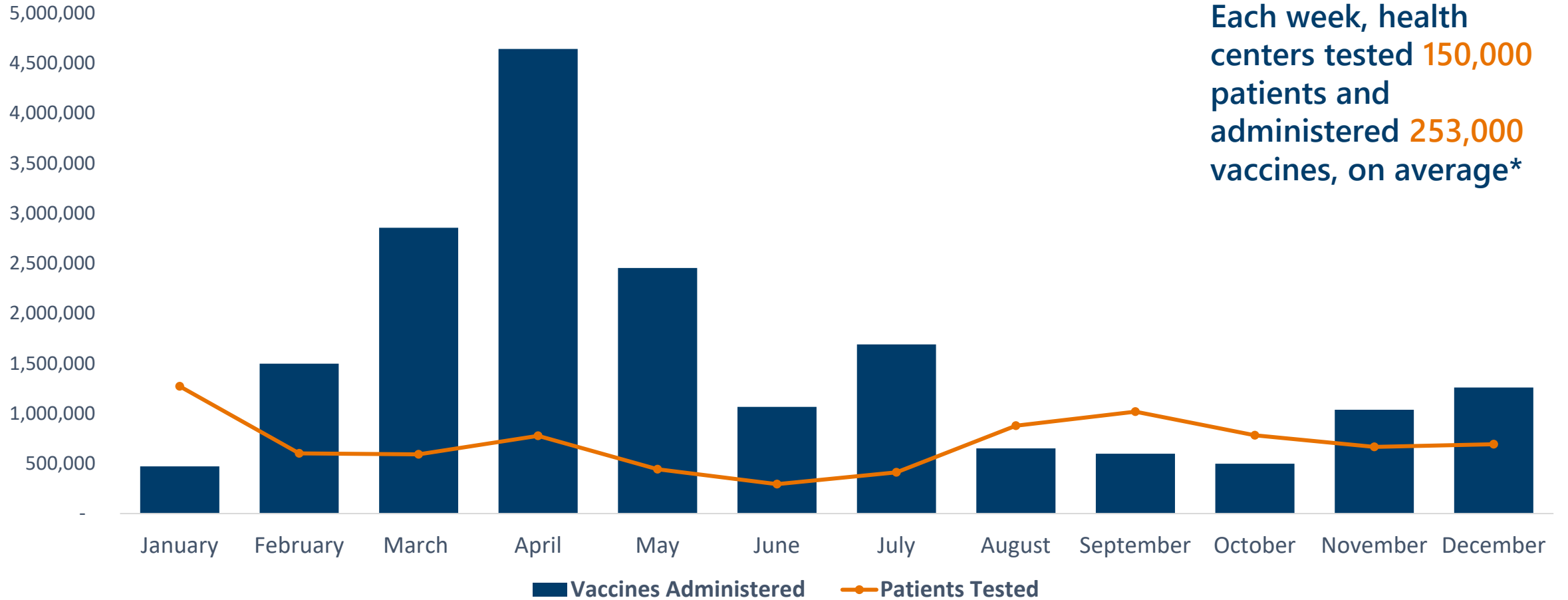


Figure 5-3

Health Centers Provided Thousands of COVID-19 Tests and Vaccines Each Week in 2021



*Percentages are based on an average of weekly data collected between January 1, 2021 and December 17, 2021; response rate varied from 56% to 72%.
Note: Survey data are preliminary and do not reflect all health centers. Some duplication of patients and staff tested from week to week may occur. For more information, please visit <https://bphc.hrsa.gov> or contact research@nachc.org.
Source: Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey.

Figure 5-4

Health Centers Have Played a Pivotal Role in Fighting the COVID-19 Pandemic

HEALTH CENTERS HAVE WORKED TO ENSURE **EQUAL ACCESS** TO COVID-19 **PREVENTION AND TREATMENT** FOR ALL PATIENTS

To date, health centers have administered...

22.2 million vaccines

72% of which have gone to patients of racial/ethnic minority backgrounds

20 million tests

61% of which have gone to patients of racial/ethnic minority backgrounds

...and distributed:

7.2 million N95 masks



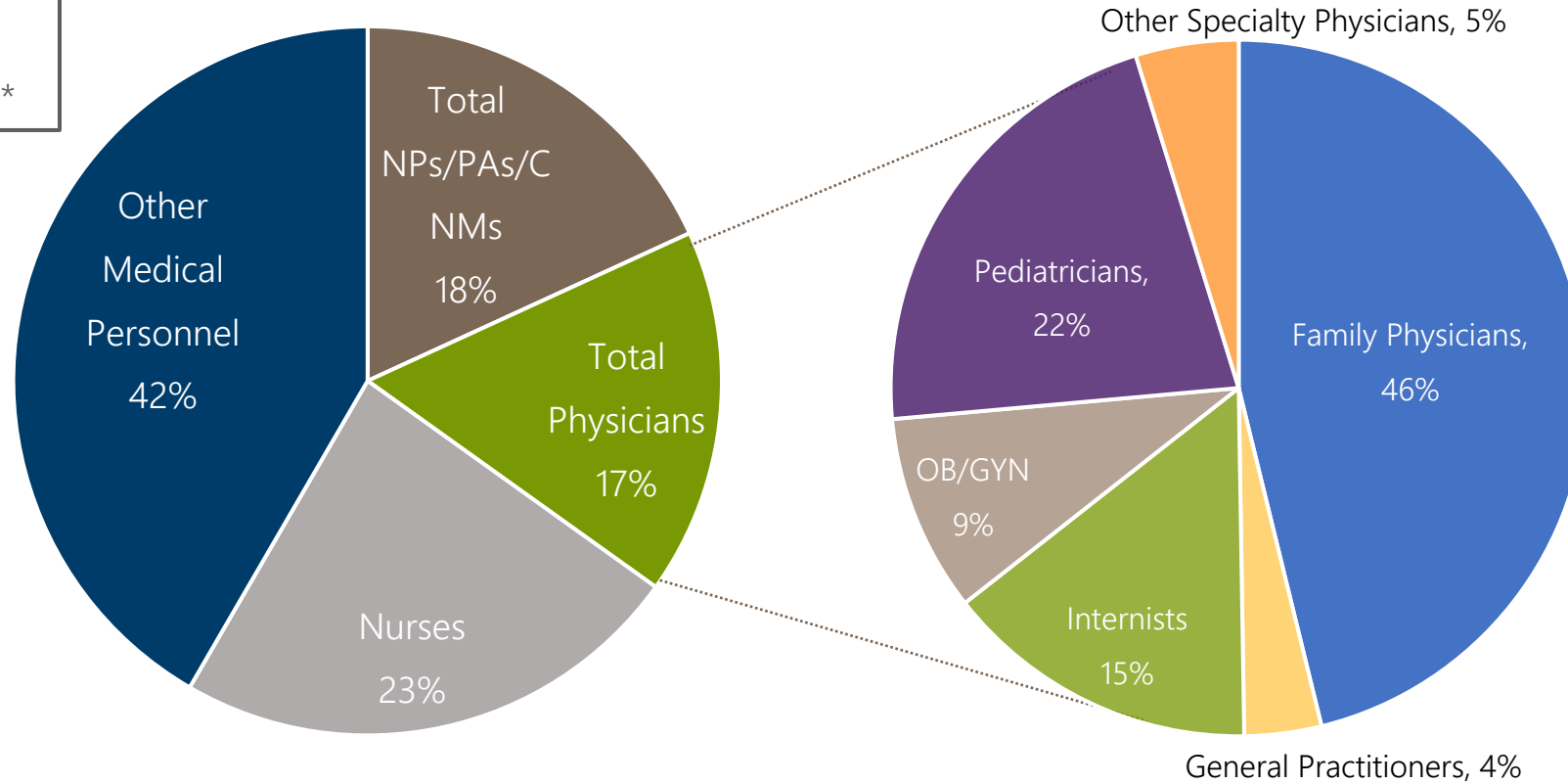
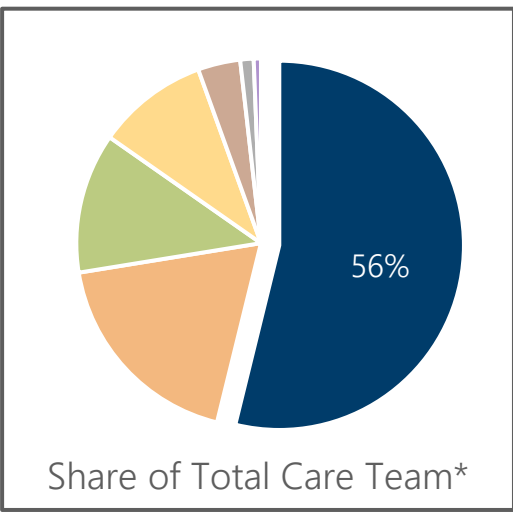
7.9 million at-home test kits



Figure 5-5

Health Center Medical Services Staff

Total Medical Team: 88,854 Full-Time Equivalent



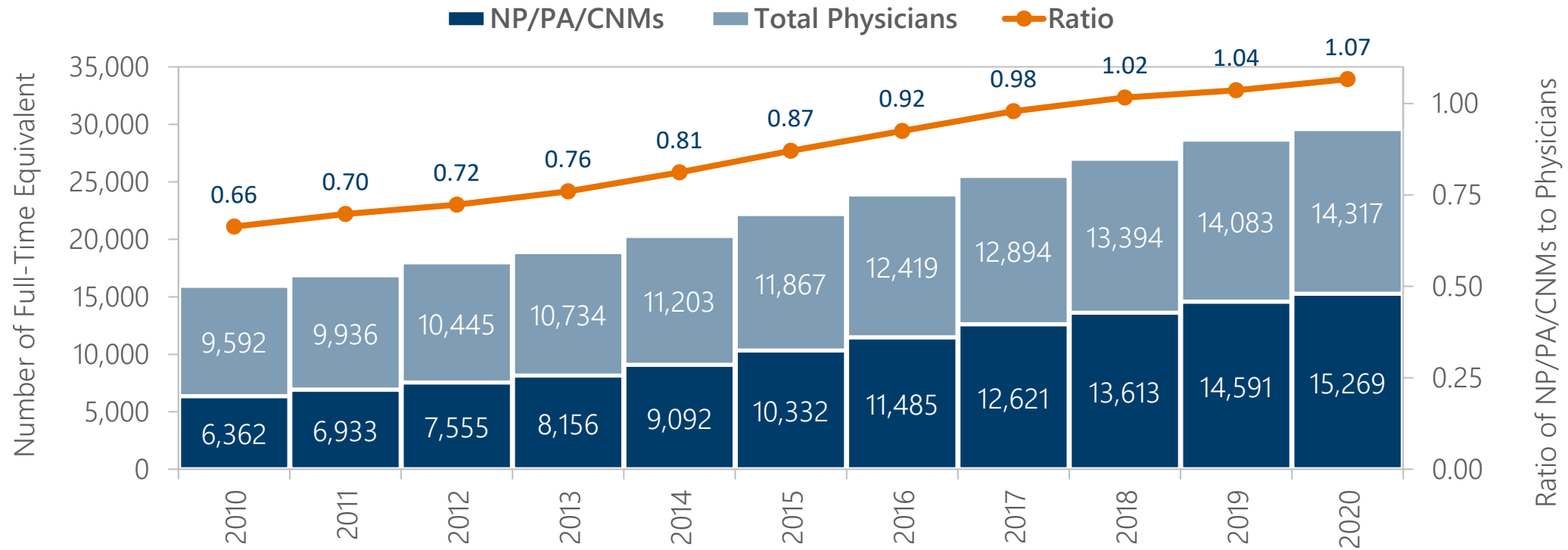
*Medical Services Staff represent 56% of the Total Care Team, as shown in Figure 5-2.

Notes: NP/PA/CNM stands for Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives. Other Medical Personnel include, but are not limited to, medical assistants, nurses' aides, laboratory personnel and X-Ray personnel. Percentages may not add to 100% due to rounding.

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

Figure 5-6

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



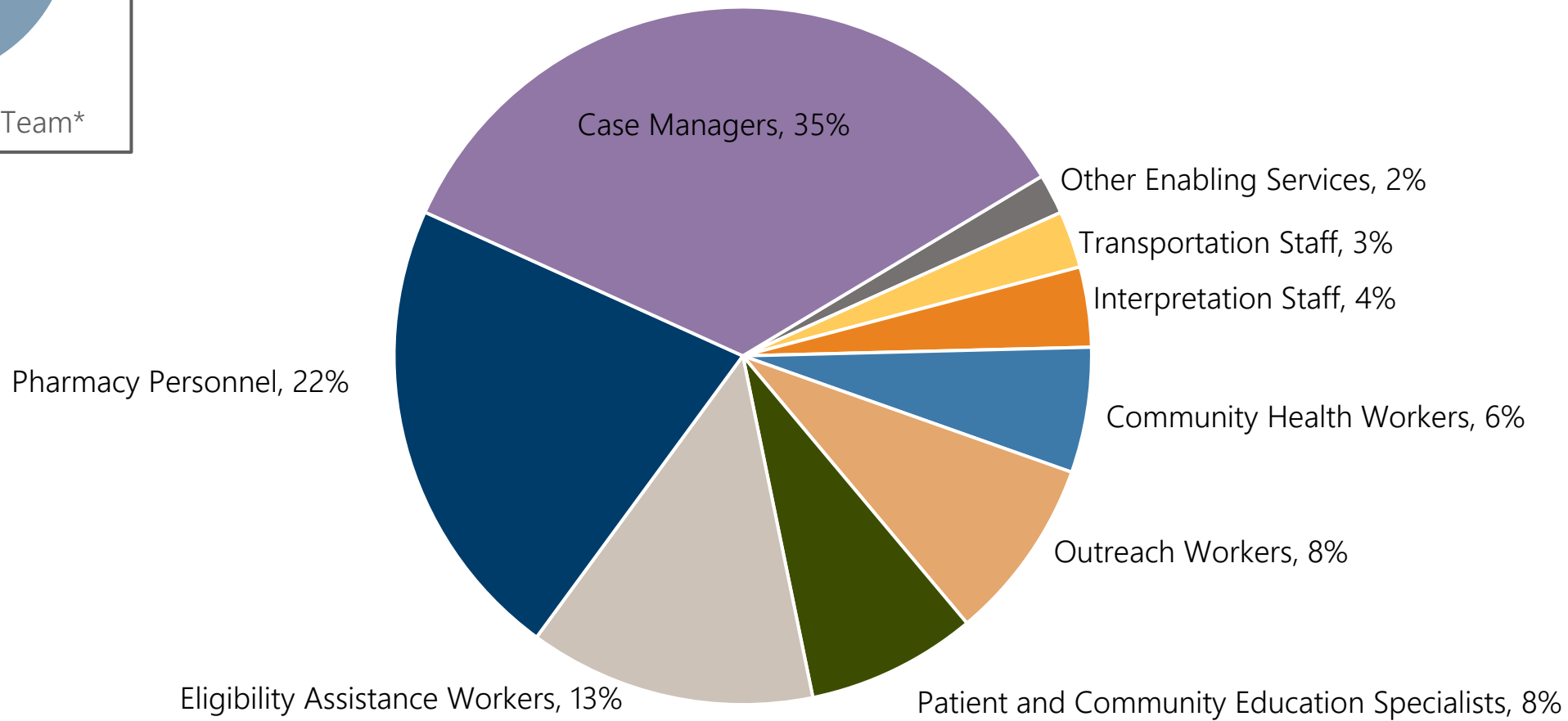
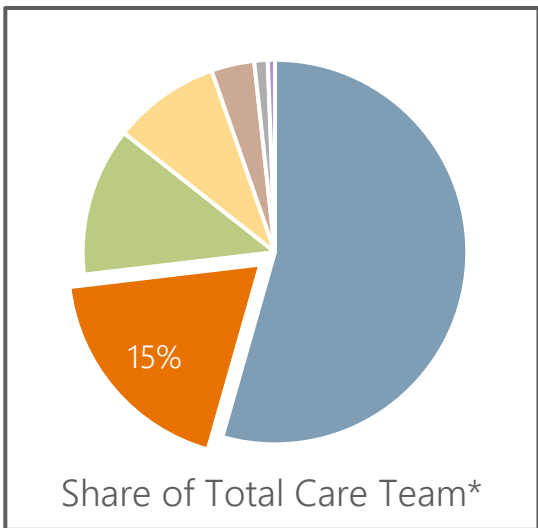
Since 2018, health centers have employed more NP/PA/CNMs than physicians.

Notes: NP, PA, and CNM stand for Nurse Practitioner, Physician Assistant, and Certified Nurse Midwife, respectively.
Source: 2010 - 2020 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-7

Health Center Enabling Services Staff

Total: 32,709 Full-Time Equivalent



*Enabling Services Staff represent 15% of the Total Care Team, shown in Figure 5-2.

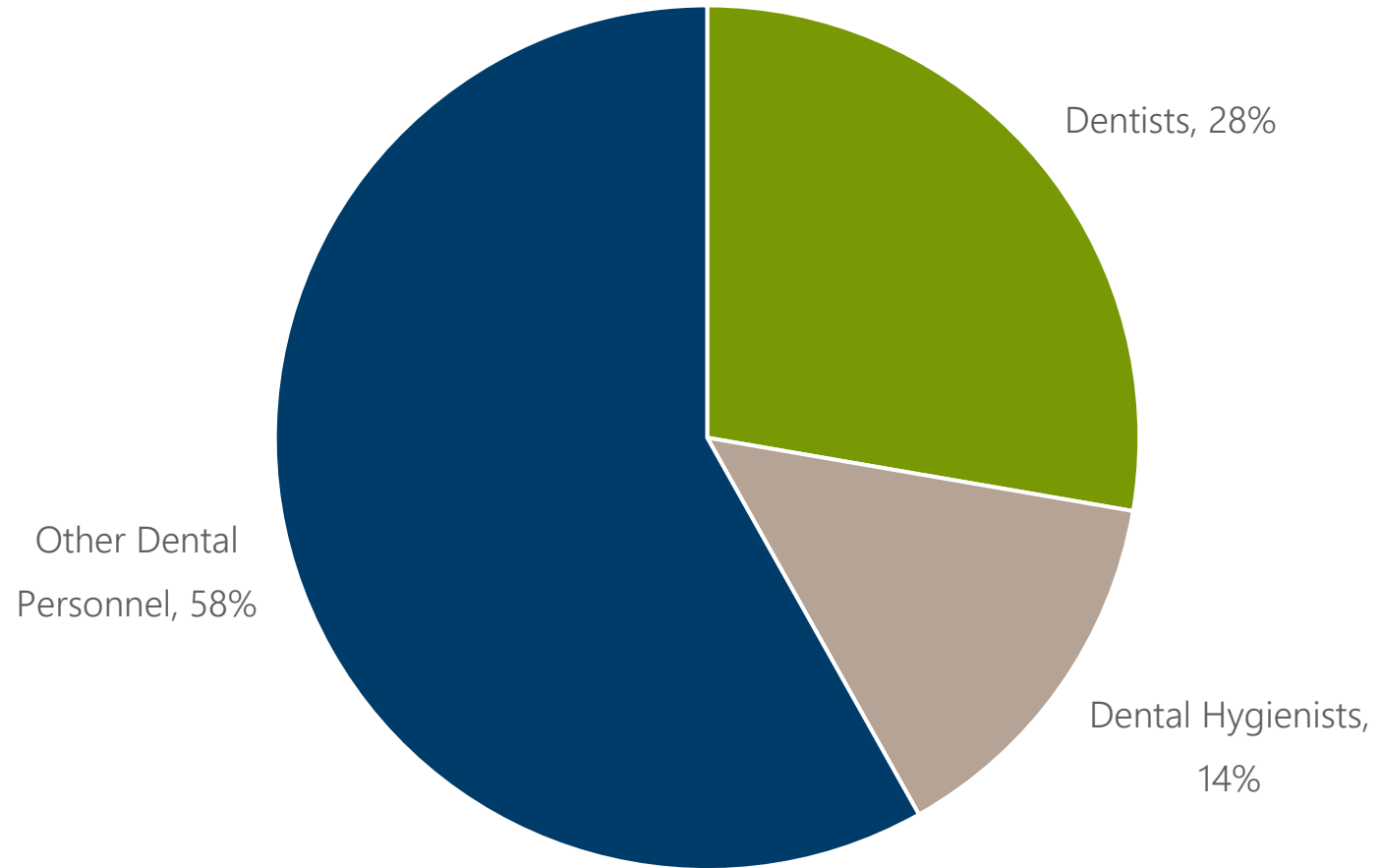
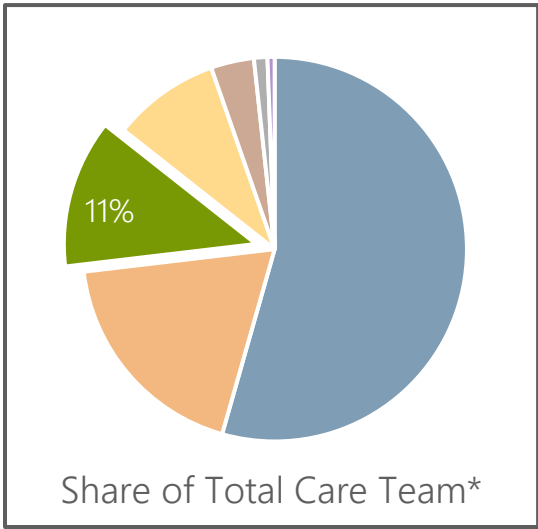
Note: Percentages may not add to 100% due to rounding.

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

Figure 5-8

Health Center Dental Staff

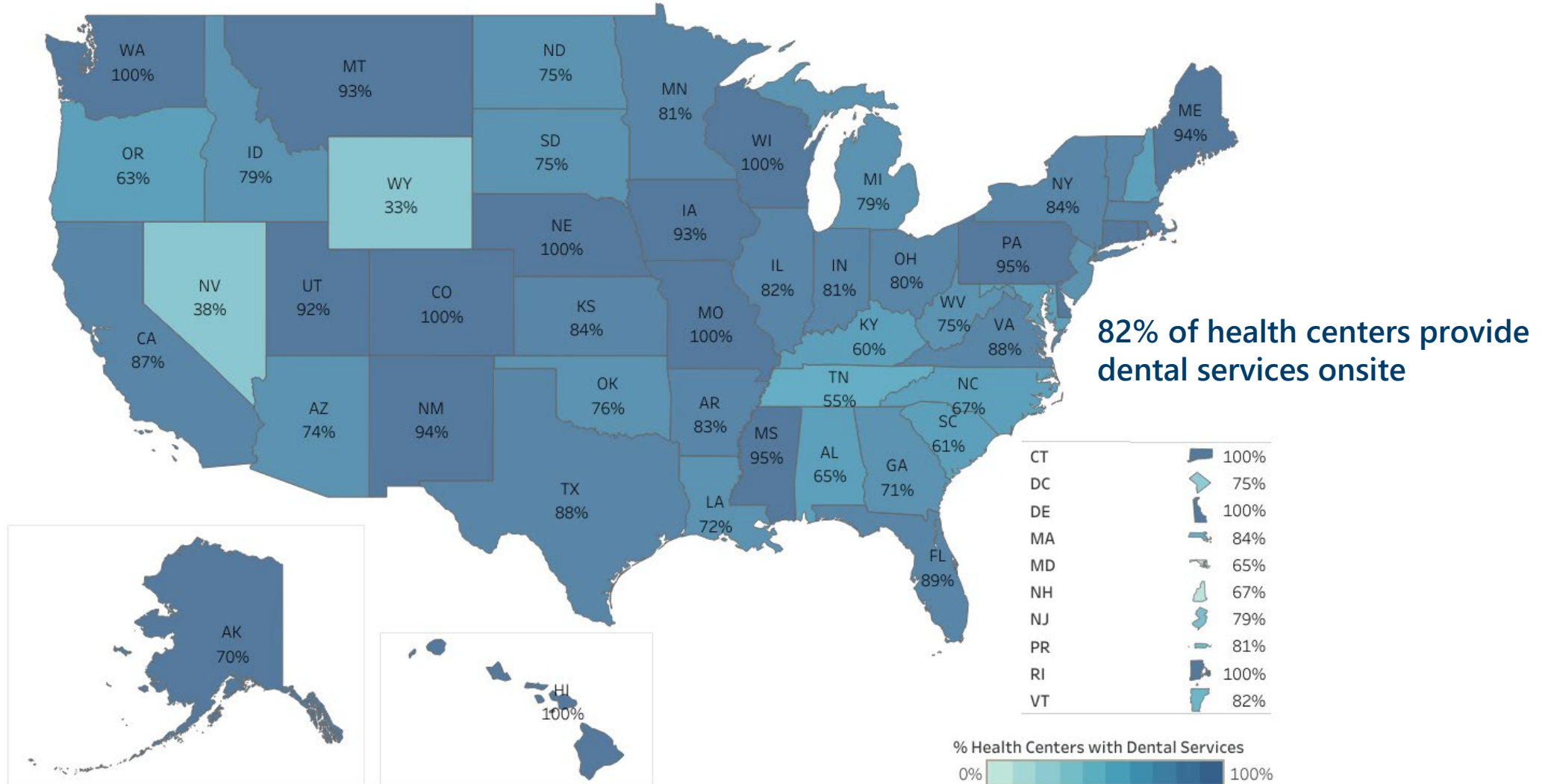
Total: 18,701 Full-Time Equivalent



*Dental staff represent 11% of the Total Care Team, shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2021 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-9

Health Centers with Dental Services Onsite, 2021

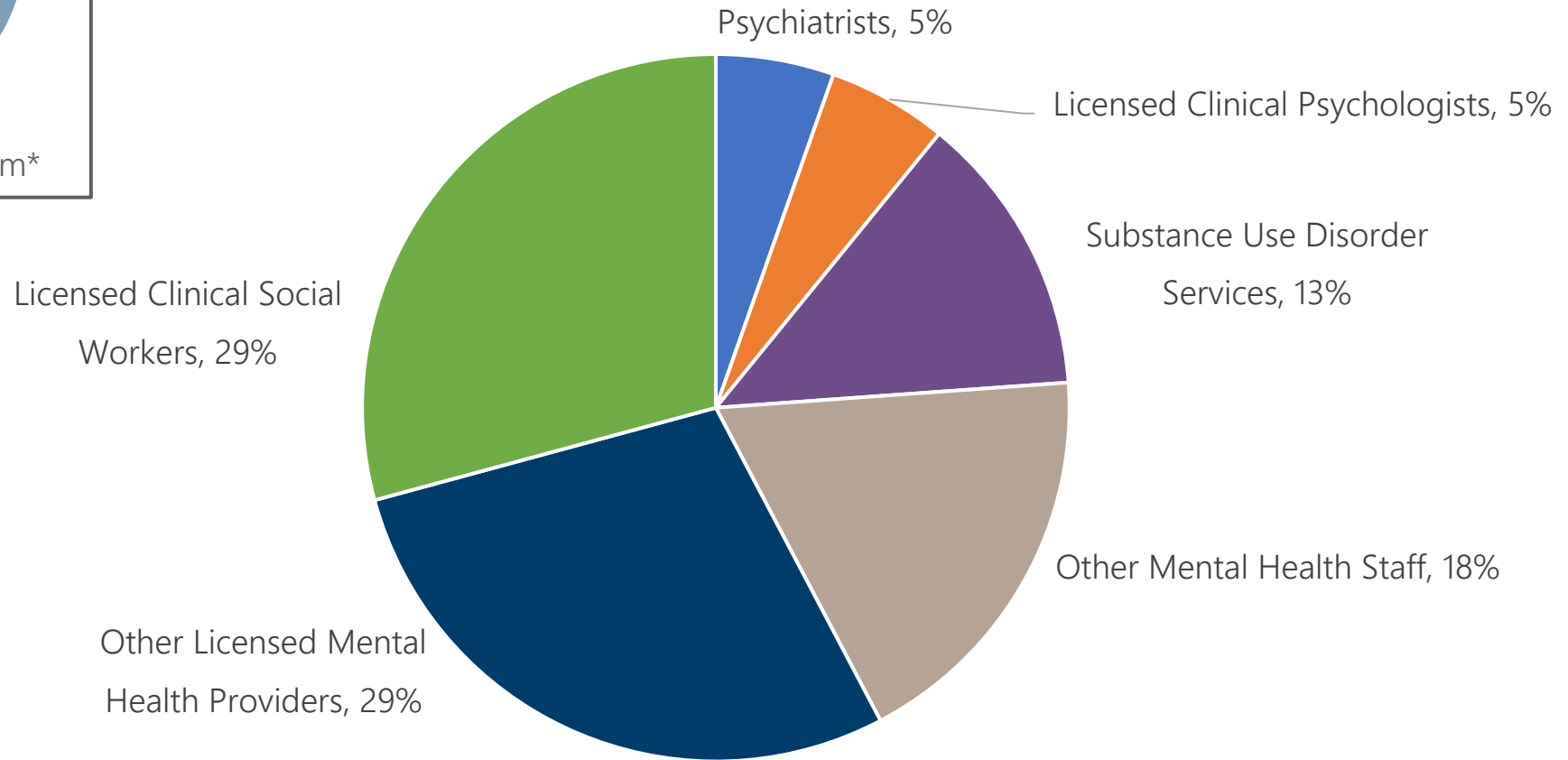
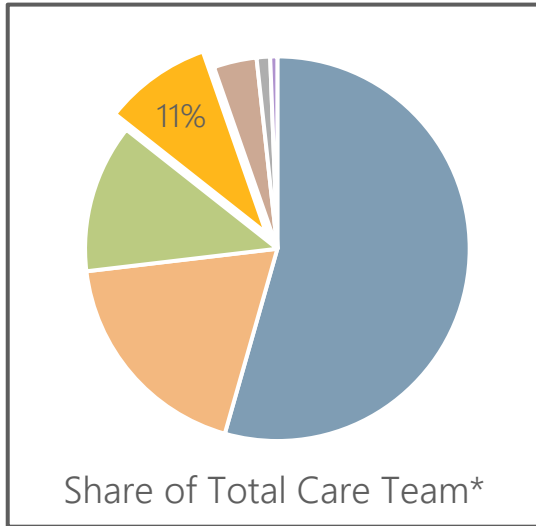


Notes: National figure includes all 1,373 health centers in every state, territory, and D.C. Some territories not shown in the map above. Analysis based on the number of health centers employing more than 0 full-time equivalent dental staff. Source: 2021 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-10

Health Center Behavioral Health Staff

Total: 17,415 Full-Time Equivalent



*Behavioral Health Staff represent 11% of the Total Care Team, shown in Figure 5-2.

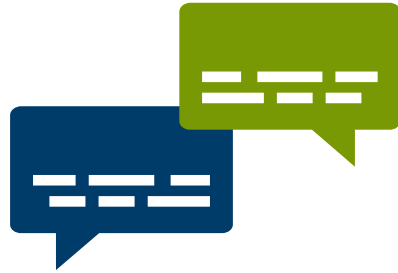
Note: Percentages may not add to 100% due to rounding.

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

Figure 5-11

Health Centers Are Responding to Increased Need for Substance Use Disorder (SUD) Treatment by Expanding Services

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



16,769 health center providers are authorized to provide **medication-assisted treatment** for opioid addiction.



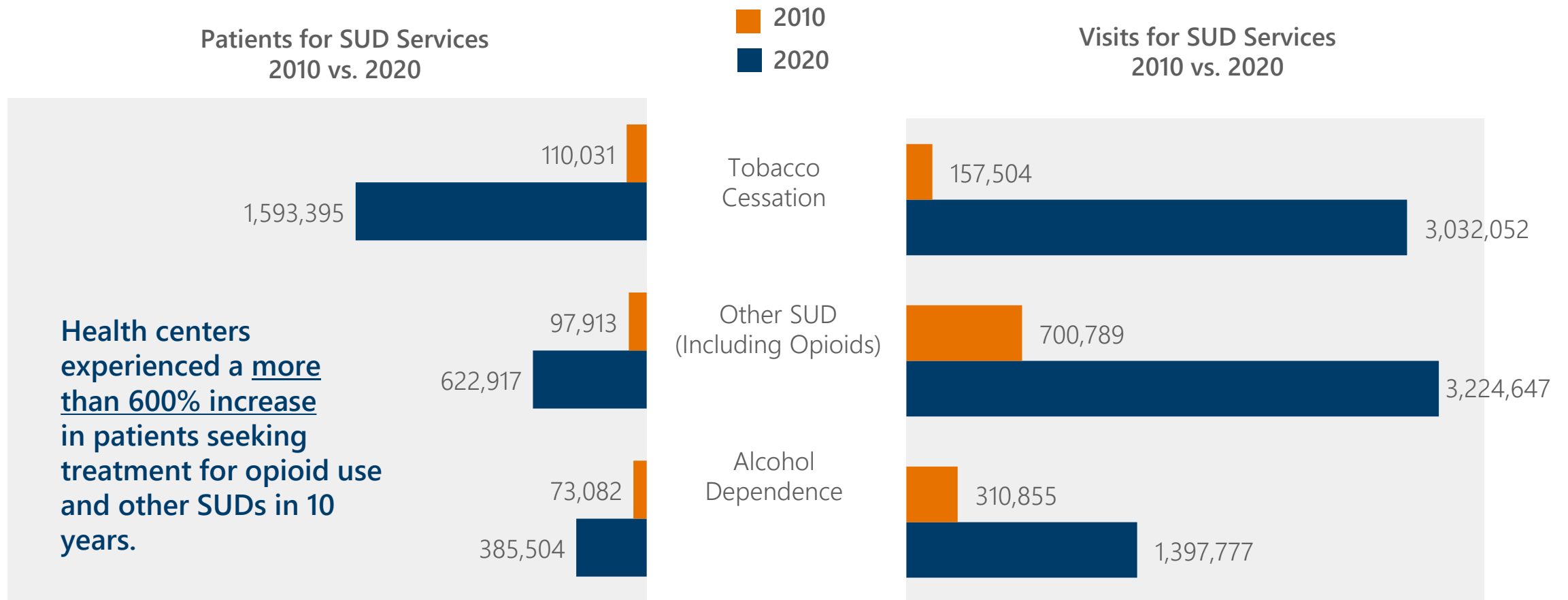
Health centers performed evidence-based screening, intervention, and referral procedure (SBIRT) for **1.5 million patients** in 2021.



Over **184,000 patients** received medication-assisted treatment for opioid use disorder in 2021.

Figure 5-12

Health Centers are Seeing More Patients for Substance Use Disorder (SUD) Treatment and Therapy

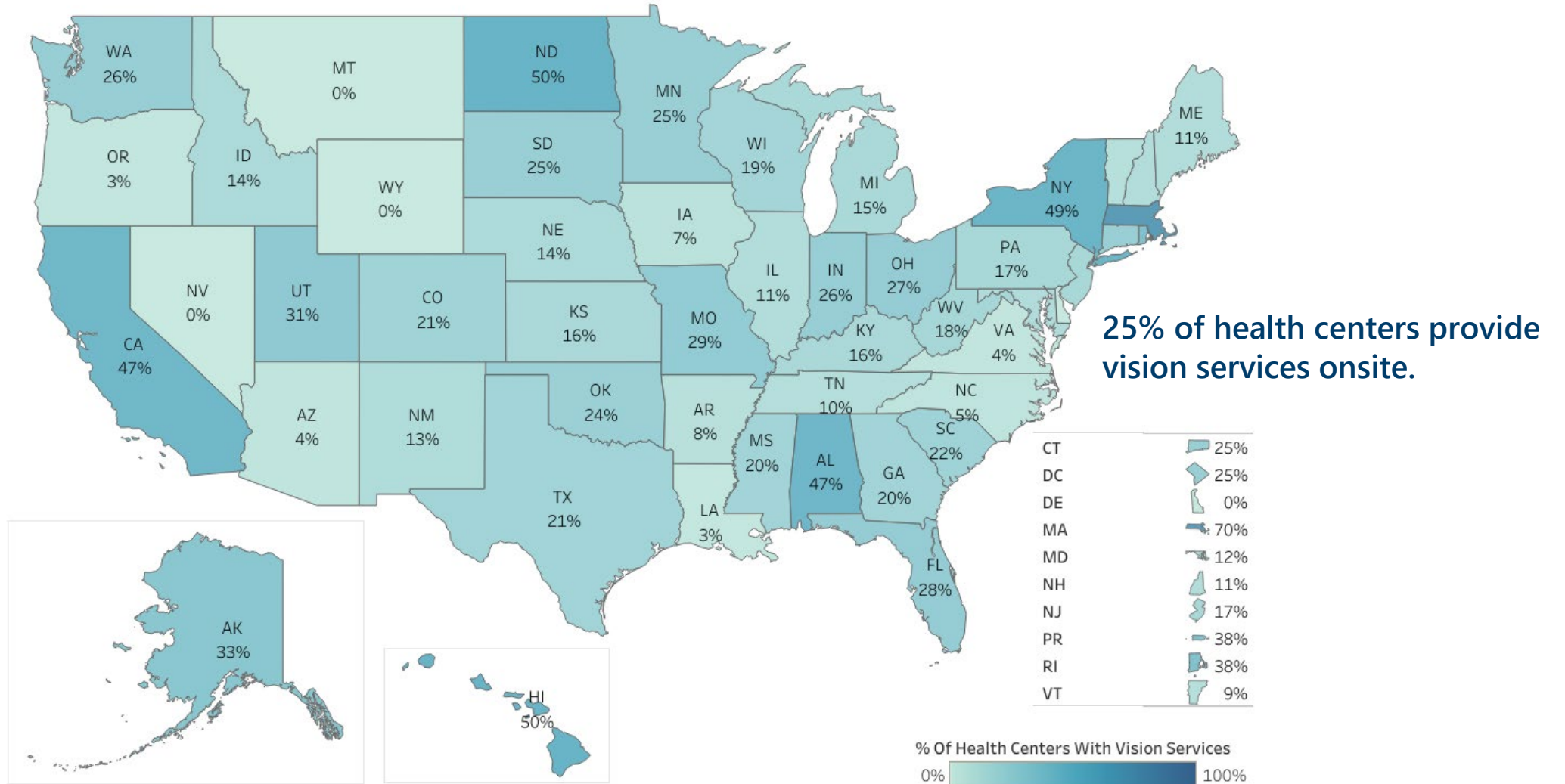


K = Thousands

Source: 2010 & 2020 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-13

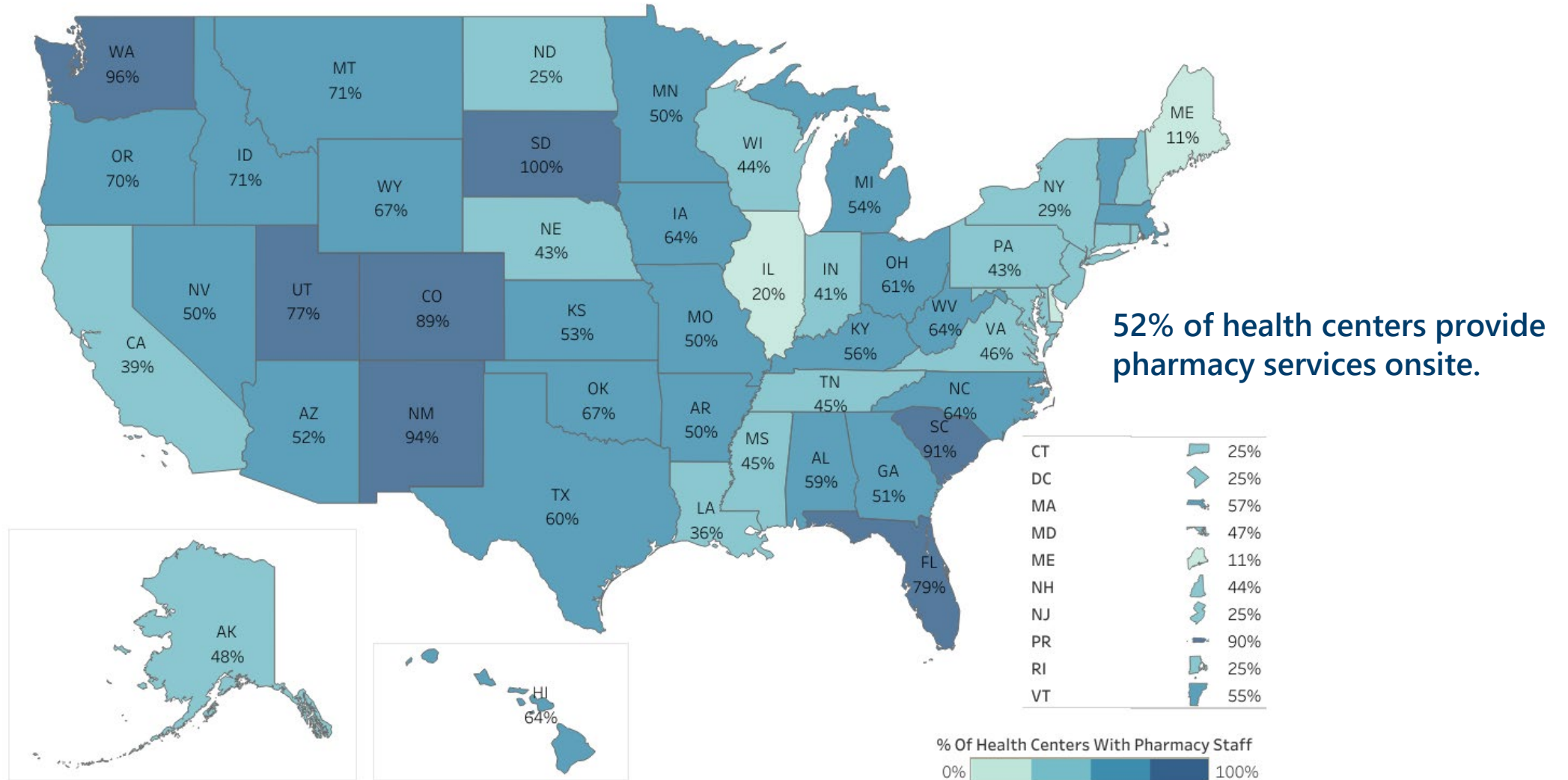
Health Centers with Vision Services Onsite, 2021



Notes: National figure includes all 1,373 health centers in every state, territory, and D.C. Some territories not shown in the map above. Analysis based on the number of health centers employing more than 0 full-time equivalent vision staff. Source: 2021 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-14

Health Centers with Pharmacy Services Onsite, 2021

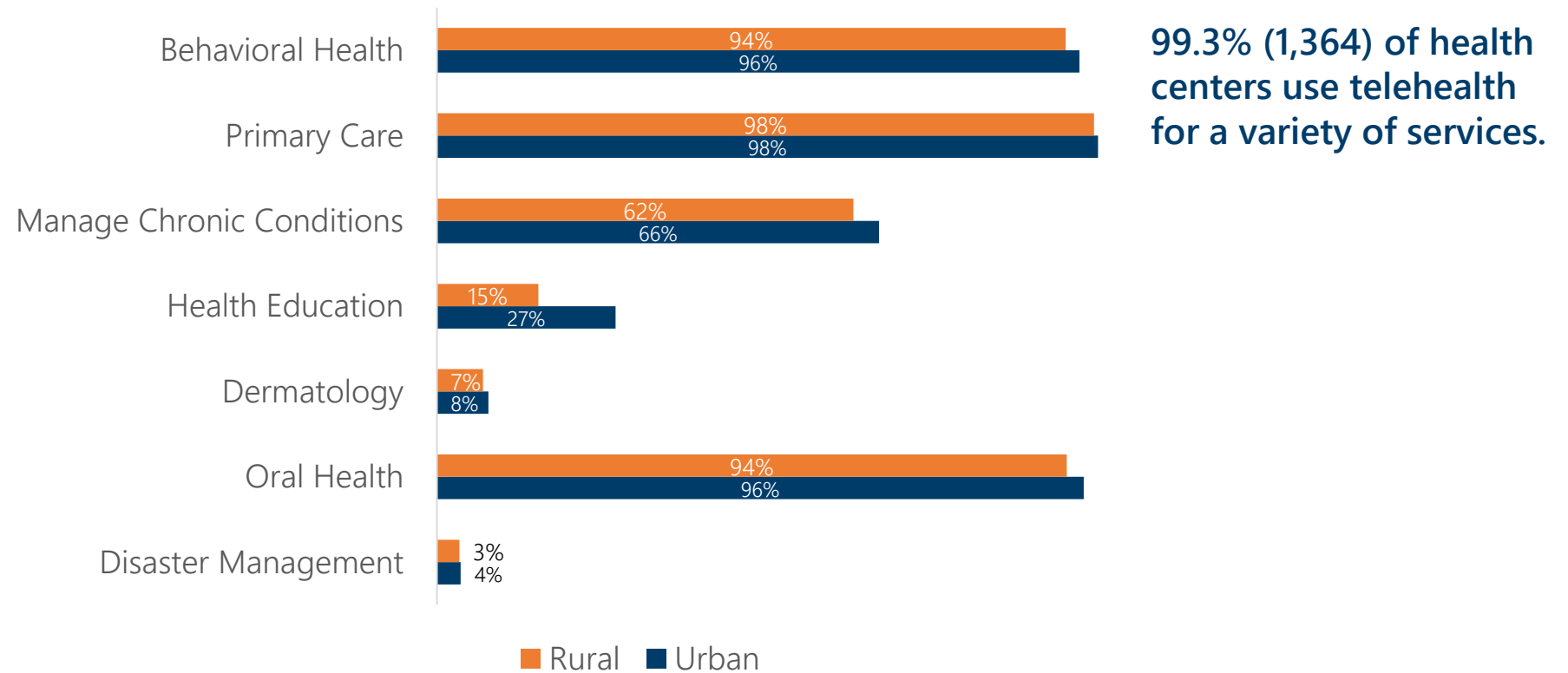


Notes: Delaware has zero onsite pharmacy services (not shown). National figure includes all 1,373 health centers in every state, territory, and D.C. Some territories not shown in the map above. Analysis based on the number of health centers employing more than 0 full-time equivalent pharmacy staff.
Source: 2021 Uniform Data System: Bureau of Primary Health Care, HRSA, DHHS.

Figure 5-15

Health Centers are Using Telehealth to Expand Access to Needed Services

Health Centers Offering Selected Telehealth Services by Location, 2021



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

*Primary care includes radiology

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

Figure 5-16

Health Centers' Telehealth Utilization Increased Dramatically from 2018 - 2021

% of Health Centers Offering Telehealth Services by Location

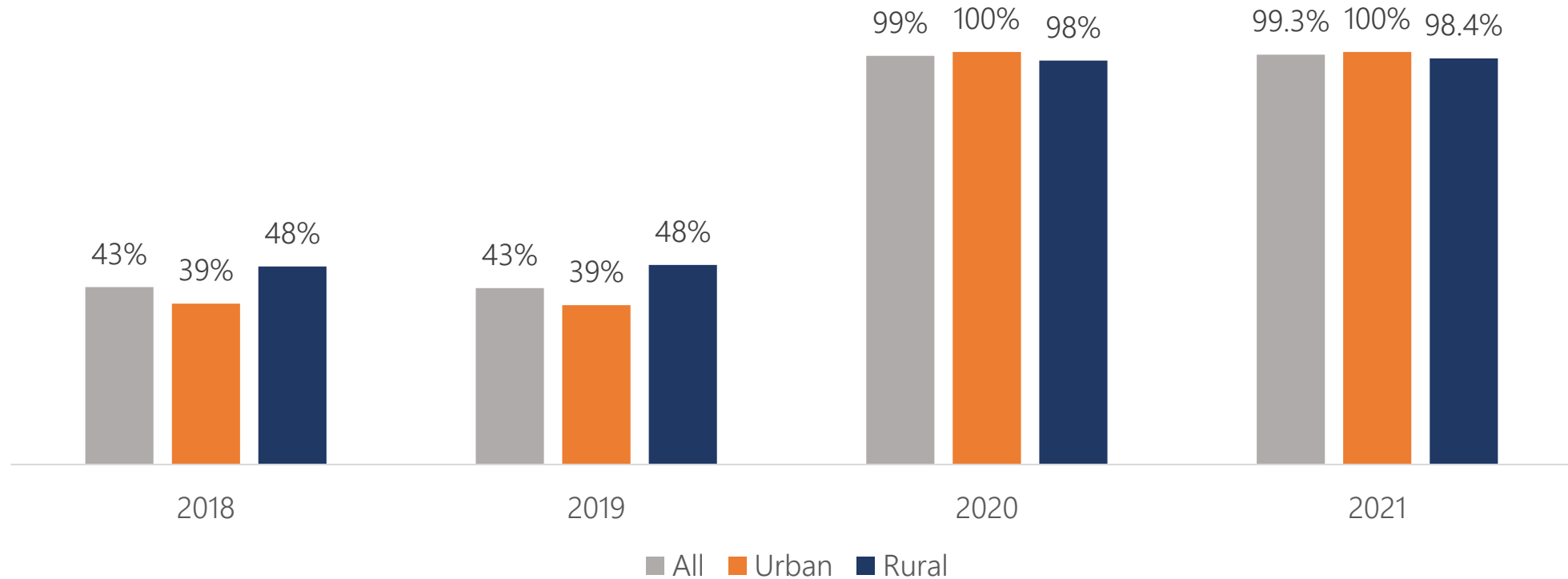
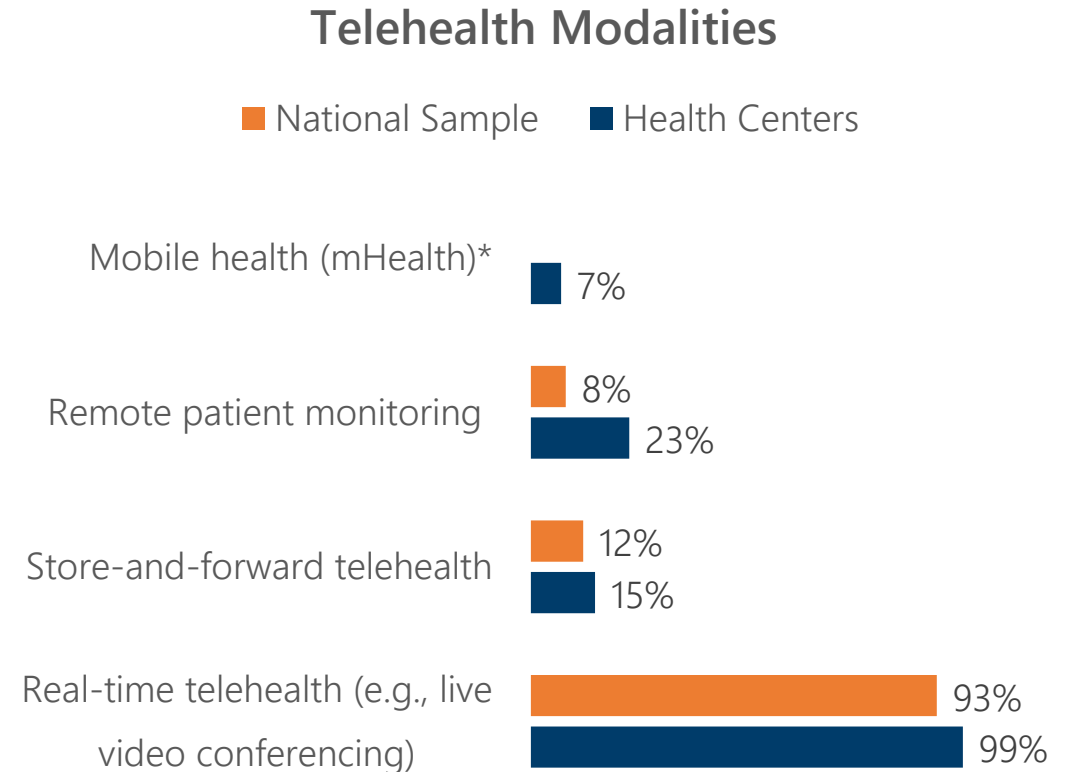
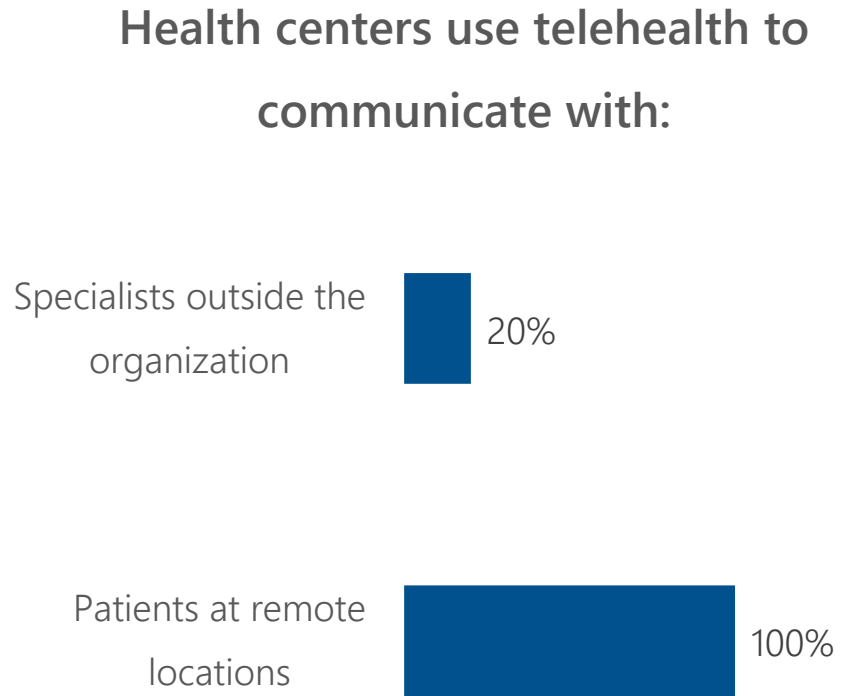


Figure 5-17

Health Centers are Leaders in Telehealth Innovation



*National Sample Mobile health usage not available

Sources: (1) 2021 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. (2) American Medical Association. 2021 Telehealth Survey Report. Accessed February 2022

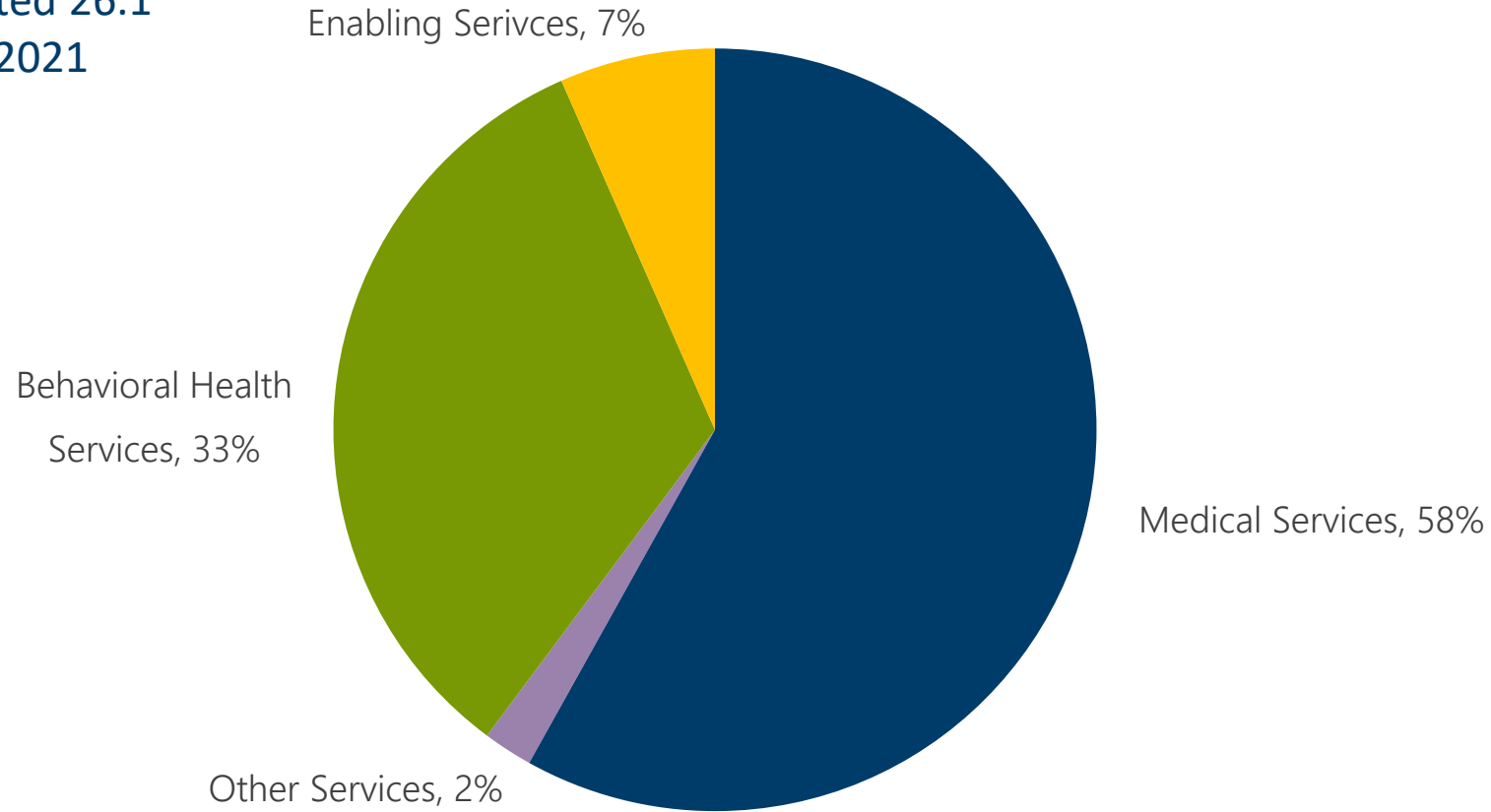
Note: National sample includes all provider types, including primary care physicians and specialists

Figure 5-18

Health Centers Provide Multiple Services via Telehealth, 2021

Virtual Visits by Service Type

Health centers conducted 26.1 million virtual visits in 2021



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

Section 6

Challenges in Meeting Demand for Care

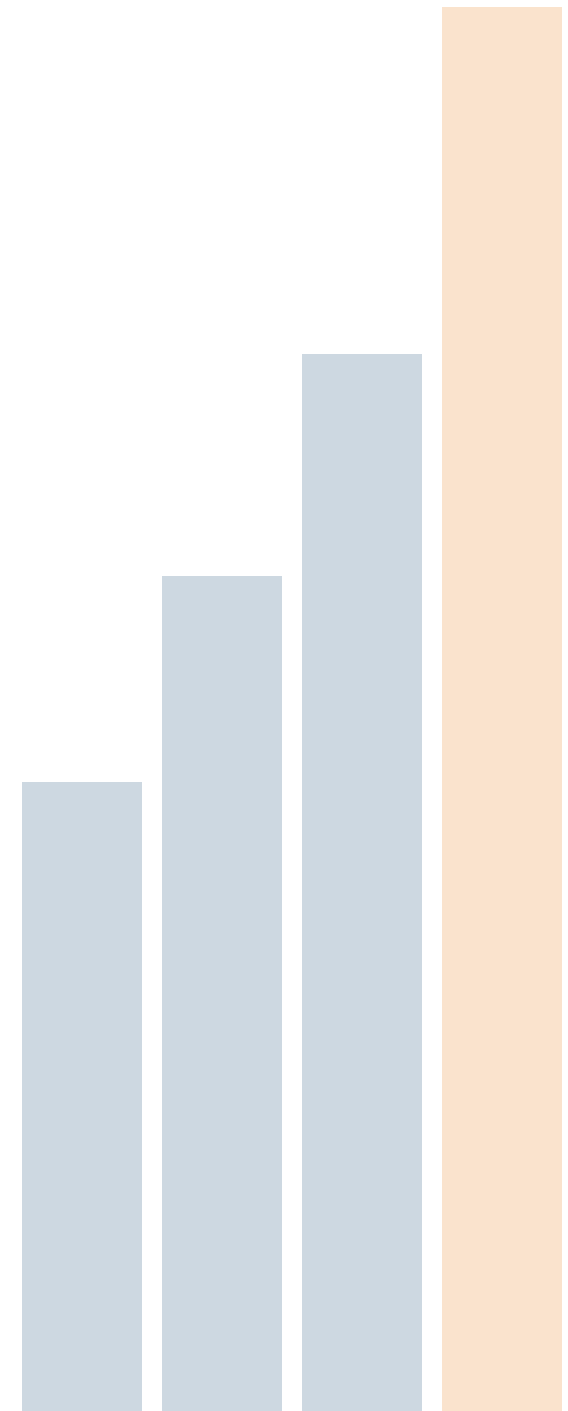
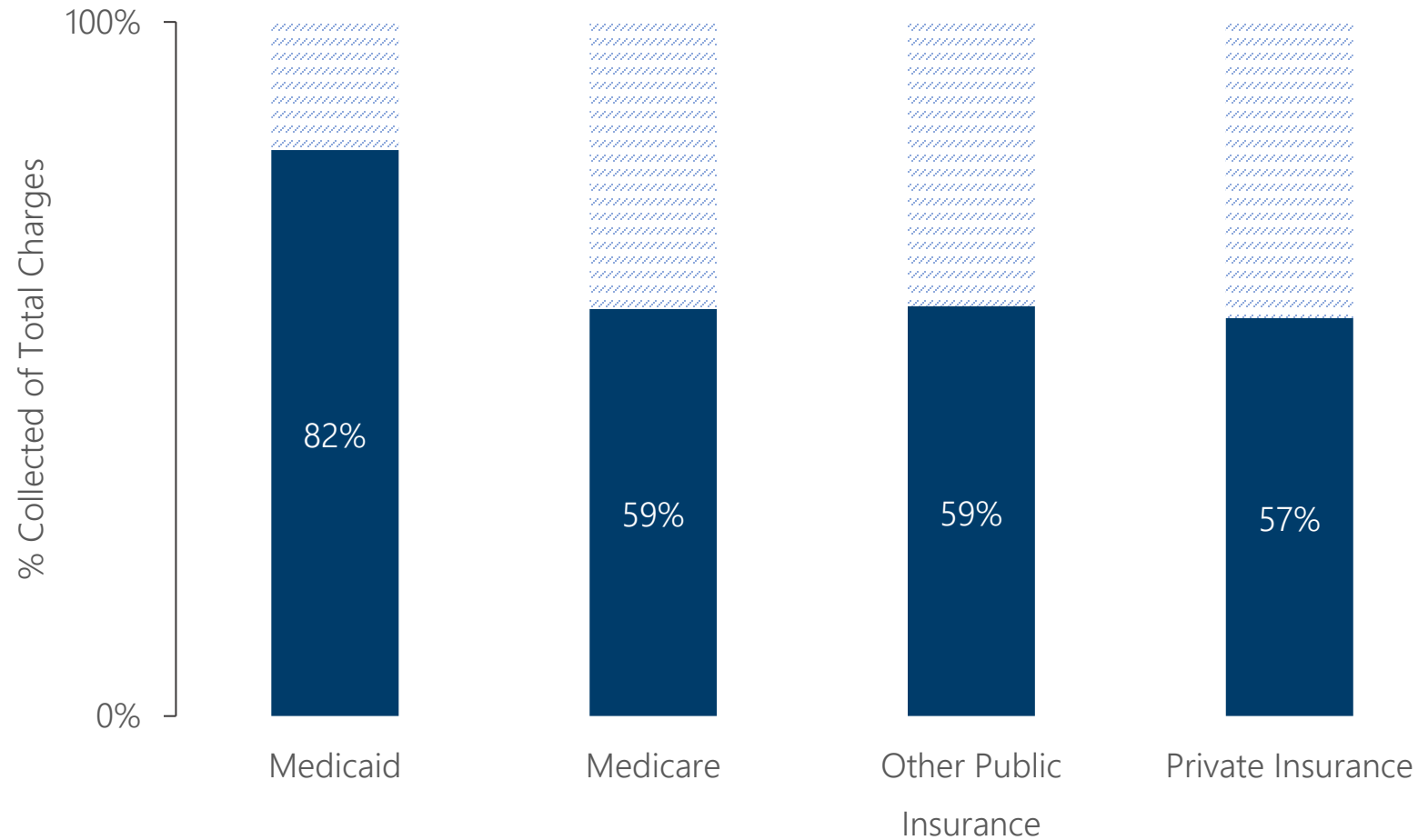


Figure 6-1

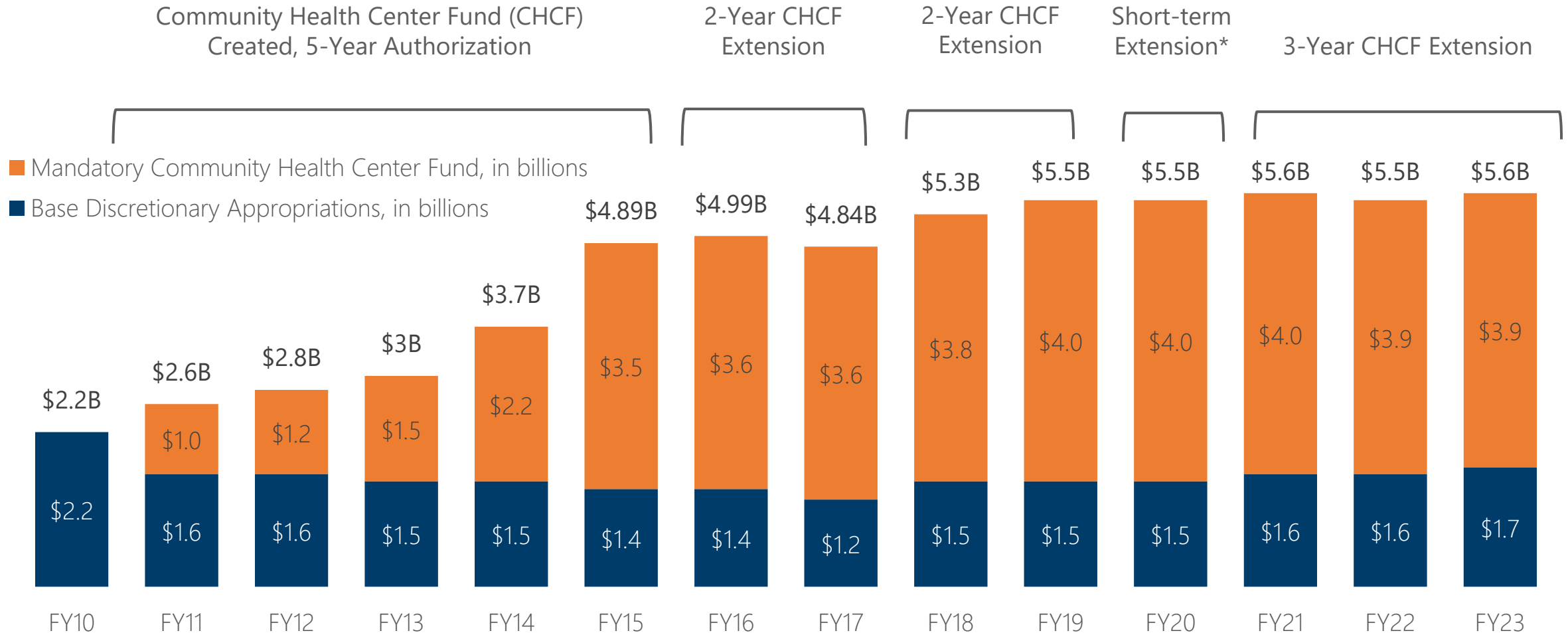
Payments from Third Party Payers are Less than Cost



Note: Health centers are not-for-profit organizations; charges to third party payers are a proxy for costs. % Collected represents the actual amount collected as a percent of total charges to third party payers.

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

Federal Health Center Appropriation History, FY10-FY23



B = Billions

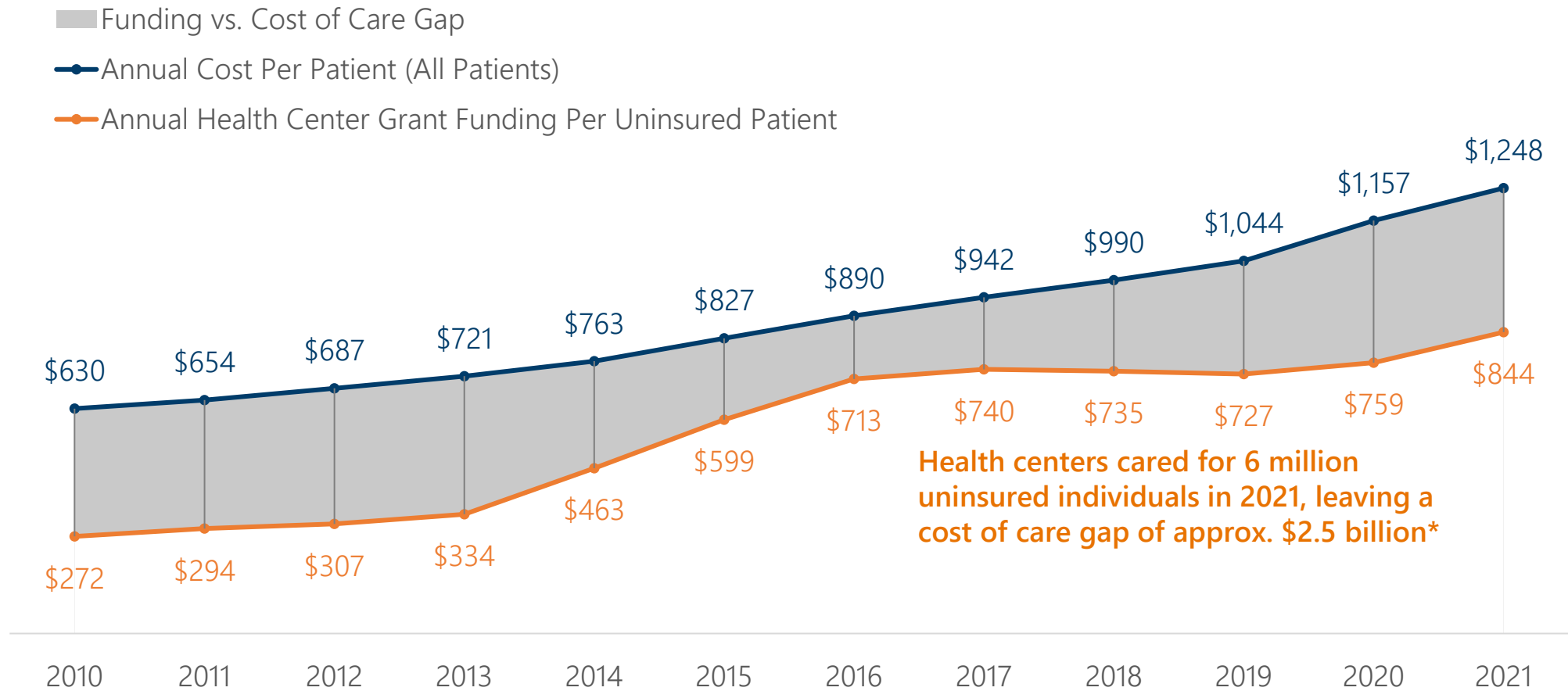
*Includes Continuing Resolutions and Health Extender Legislation; Health center mandatory funding for FY20 and the first quarter of FY21 was covered by a collection of short-term extensions of the previous authorization of the CHCF, which occurred in 2018 and initially expired on September 30, 2019. Three-year extension passed in December 2020 provides mandatory funding through October 2023.

Note: FY15 through FY23 mandatory funding reflects sequestration. FY23 funding reflects approximately \$95 million reduction due to sequestration.

Source: HHS Budget in Brief FY 2023, 2020, 2017, 2014, and 2011.

Figure 6-3

Health Center Funding Per Uninsured Patient Is Below Per Patient Cost of Care



*Calculated by taking the difference between 2021 cost per patient (all patients) and 2021 health center funding per uninsured patient, then multiplying by the number of health center uninsured patients in 2021.

Source: 2010 - 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Figure 6-4

Health Centers Experience Difficulty Recruiting and Retaining Staff

Rank the following categories in order of highest to lowest vacancy in the last 6 months:

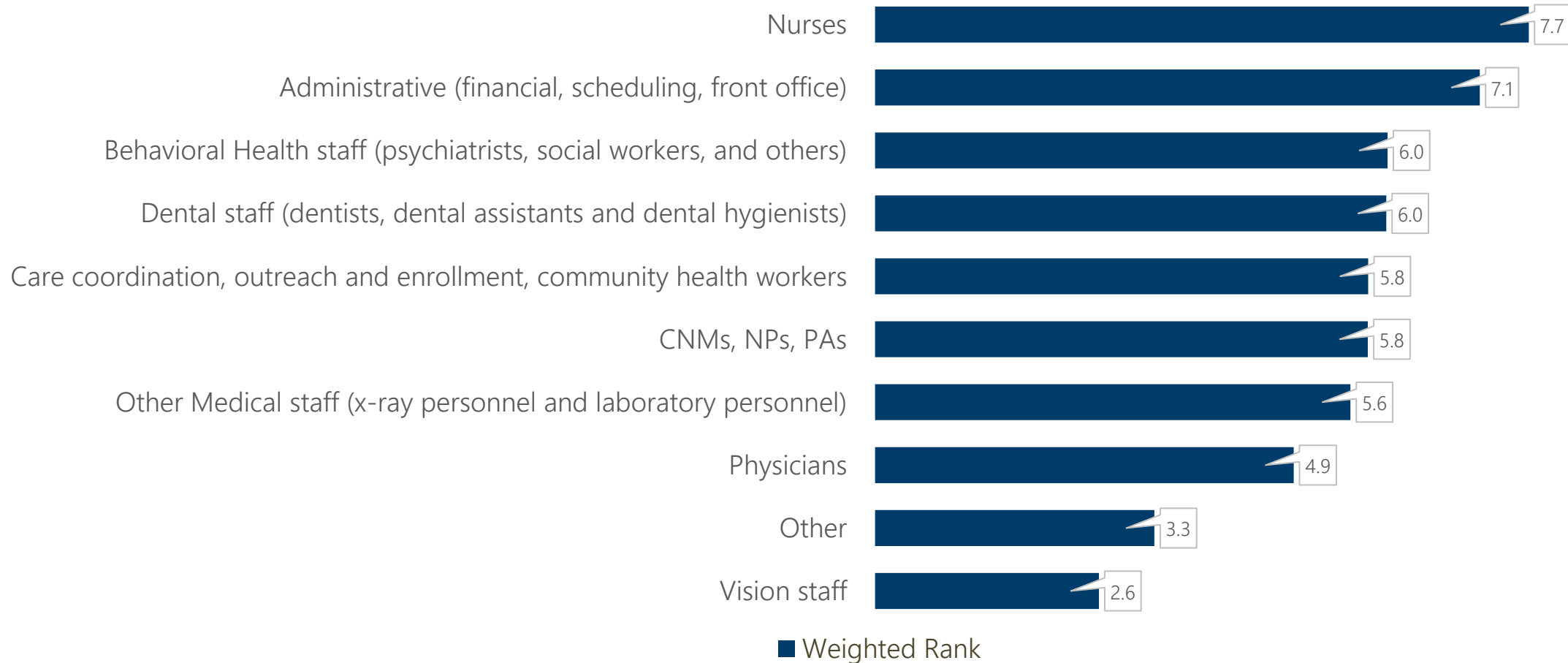


Figure 6-5

Health Centers Have Unique Challenges Recruiting and Retaining Staff

Percent of Health Centers Reporting Specific Challenges for Recruitment and Retention

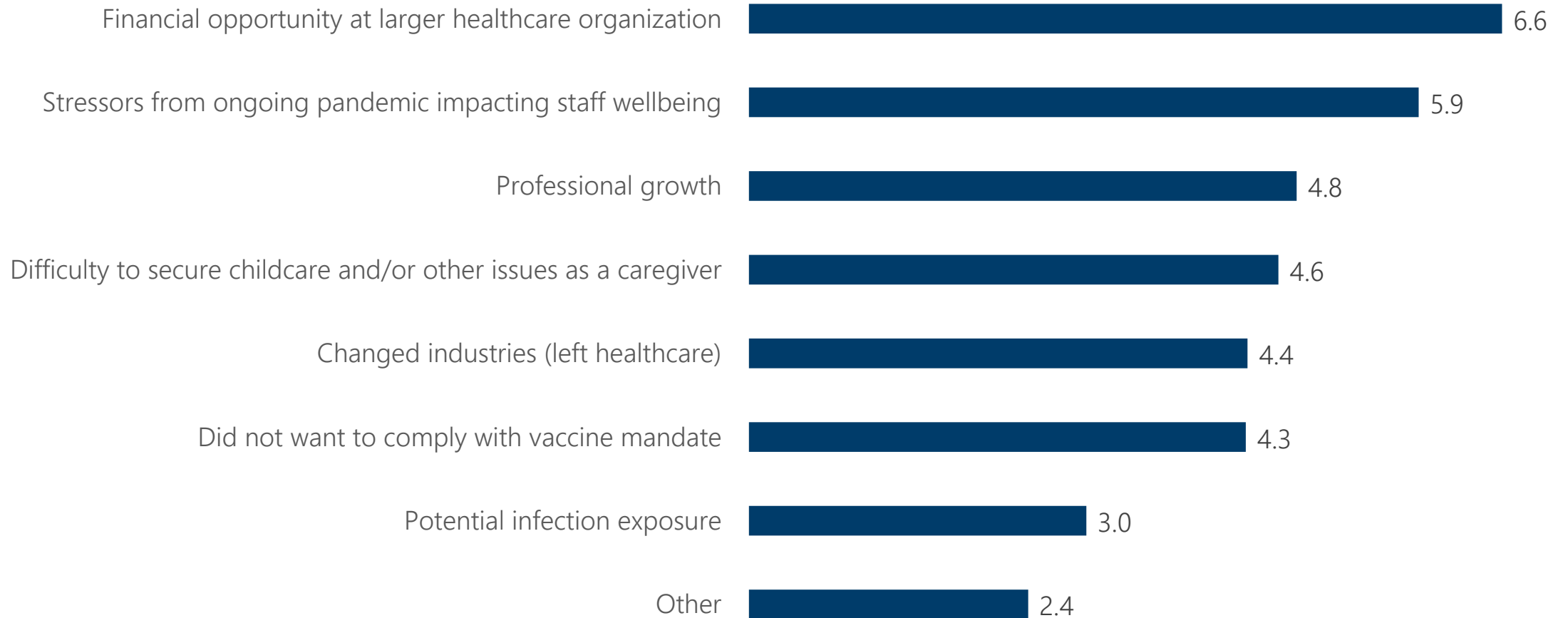
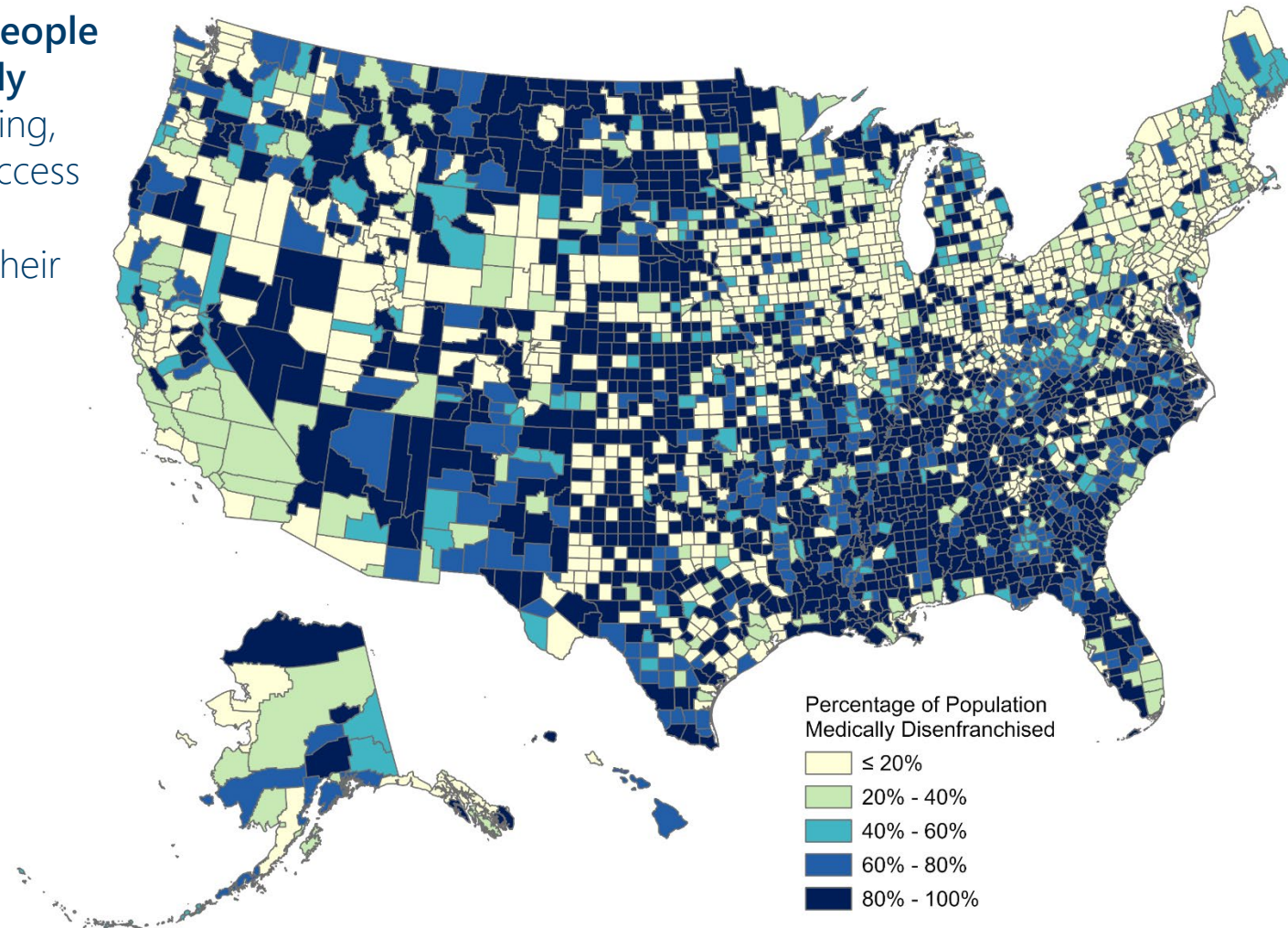


Figure 6-6

Estimated Percent of County Residents Experiencing Shortages of Primary Care Providers

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.



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For more information, email research@nachc.org.



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