



Horizon Health, South Dakota

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Community Health Centers: Reducing Chronic Disease and Lowering Costs through Preventive and Primary Care

Underinvestment in primary care is contributing to a chronic disease epidemic.

Primary care is the only health care component where increased supply is associated with better population health, yet **only 4.7% of health care spend in the U.S. goes towards primary care.**¹ Chronic underinvestment has contributed to a shortage of primary care providers and worsening population health. Research shows **100 million** people in the U.S. lack reliable access to primary care.² **Without primary care, minor health issues can spiral into life-threatening chronic diseases,** treatment for those diseases is uncoordinated, and utilization of ER and specialty care increases, driving up costs. **Over 60% of U.S. adults have at least one chronic disease, and over 40% have two or more.**³

The U.S. spends more on health care than any other country in the world, but its people experience the worst health outcomes of any comparable high-income nation. In 2023, the U.S. spent **\$4.9 trillion** on health care, with more than **75% of costs related to preventable chronic conditions** which remain the leading cause of death among adults.⁴

Community Health Centers (CHCs) serve 10% of the U.S. population, but represent roughly 1% of total annual health care spend in the U.S. By keeping people healthy, primary care doesn't just save lives – it saves money. Research estimates that **in 2023, primary care at CHCs saved Medicaid an estimated \$38.6 billion** by keeping patients healthy, preventing ER visits and hospitalizations, and reducing use of costly specialty services.⁵ **With additional investment, CHCs can address gaps in primary care and reverse the nation's chronic disease and mental health crises,** in communities who need it the most.

CHCs care for patients most impacted by chronic disease and those who face access barriers due to income or geography.

CHCs are the health care home for many of America's medically underserved communities, including:

- **20 million people with low incomes** (at or below 200% FPL)⁷
- **10 million rural patients (1 in 5 of all rural residents)**⁸
- **9.4 million children**
- **3.8 million seniors**
- **419 thousand veterans**

CHCs are the largest provider of primary care in the U.S., serving **32.5 million⁶** patients in 2023

CHC patients of working age (18-64) are **35% more likely to have a chronic condition**, and 31% more likely to have two or more chronic conditions compared to patients seeing private practice providers. Despite the complexities of their patient population, CHCs consistently achieve **positive health outcomes** for the people they serve, **surpassing national quality benchmarks**.⁹ In 2023, health centers treated:

- **3 million** patients with **diabetes**
 - **70%** of patients reached control over their hemoglobin A1c levels, leading to an estimated **\$19.6 billion** in health care savings.¹⁰
- **5.7 million** patients with **hypertension**
 - **65%** of patients achieved hypertension control leading to an estimated **\$7.1 billion** in health care savings.¹¹
- **9 million** patients with **obesity**
 - **72%** of youth (patients aged 3-17) received BMI screening *and* received counseling on nutrition and physical activity.

CHCs Provide Cost-Effective Care	
<p>Annual Per-Patient Cost of Diabetes Care</p> <p>Average cost of diabetes treatment: \$3,332¹²</p> <p>Estimated cost of untreated diabetes: \$12,022¹²</p> <p>Average cost of diabetes-related kidney failure: \$99,325¹⁵</p>	<p>Annual Per-Patient Cost of Hypertension Care</p> <p>Average cost of treatment for controlled hypertension: \$438¹³</p> <p>Estimated cost of untreated hypertension: \$2,500¹⁴</p> <p>Average cost of hospitalization for hypertension-related illness: \$21,094¹⁶</p>

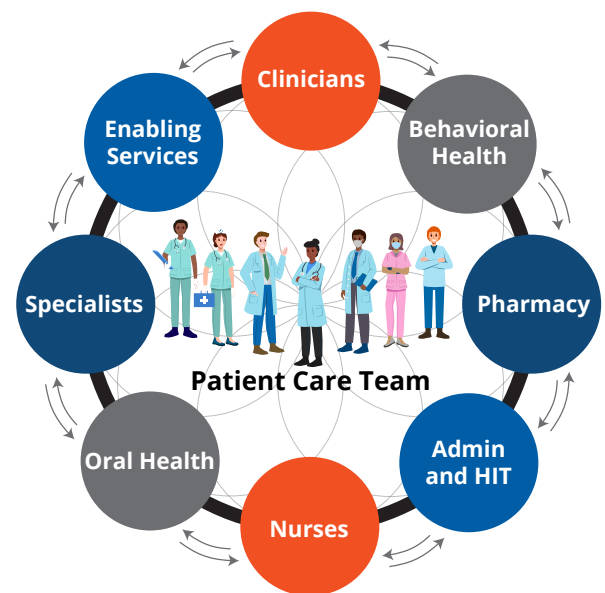
CHCs provide **integrated mental health** and substance use disorder treatment. In 2023, CHCs treated:

- **3 million people with depression and other mood disorders**
- **3.5 million people with anxiety disorders**
- **2.6 million people with a substance use disorder**

However, CHCs are still only meeting a fraction of the need for behavioral health services among existing patients due to a shortage of providers and lack of adequate reimbursement. An estimated 10.3 million CHC patients still need mental health services, and 5.3 million CHC patients need substance use disorder treatment.¹⁷

CHCs use an innovative and comprehensive care model to improve health and lower costs.

Research shows that **interprofessional primary care teams** can improve care quality, reduce health care costs, decrease clinician burnout, and improve the patient experience. CHCs have developed a unique, comprehensive care model that leverages a **team-based approach to care**. The **CHC workforce of 310,000+**



includes physicians, advanced practice professionals, nurses, behavioral and oral health professionals, vision specialists, case managers, and community health workers (CHWs). This comprehensive care team promotes health beyond the medical exam room which prevents illness and reduces health care costs.¹⁸

CHCs address health beyond the medical exam room with enabling services that help keep patients healthy and reduce health care costs. Enabling services can include **diet and nutrition counseling, cooking and exercise classes, education and peer support for new mothers, career counseling, and more.** In 2023, CHCs provided enabling services to **3 million patients** and employed **30,300** full-time equivalent employees – 16% of all CHC staff – dedicated to these services.

Innovation at CHCs: Food is Medicine

Example 1:

Coaching and Food distribution for Healthy Made Easy Program, White House Clinics, Richmond, Kentucky



Example 2:

Cooking classes, Asian Health Services, Oakland, California



CHCs can address the nation's primary care gaps with additional investment.

The Congressional Budget Office¹⁹ estimates that an additional \$20.4 billion federal investment in CHCs over 10 years would **reduce Medicare and Medicaid spending by \$11.4 billion.** This estimate reflects a growing body of evidence showing the **return on investment** in CHCs:

- Medicaid patients receiving care at CHCs have **fewer ER visits, hospitalizations and costly specialty care** for conditions that could be managed through primary care compared to non-CHC patients.²⁰
- Health center patients have **improved health status over time**, including measures showing improvement in diabetes and hypertension management, for both insured and uninsured patients.²
- Adult Medicaid beneficiaries' **total cost of care is 15% lower** for health center patients compared to those receiving care at physicians' offices and hospital outpatient clinics.²²
- **Children** receiving care at health centers have **35% lower annual medical expenditures** compared to non-CHC patients.²³

Thanks to strong bipartisan support, CHCs have been able to provide effective, affordable, and comprehensive care in the communities who need it the most. However, CHCs are struggling to keep their doors open in the face of a primary care provider shortage and unprecedented inflation in health care. Research shows that while CHC funding has remained steady since 2015, the per-capita, inflation-adjusted value of that **funding has decreased by 27%.**²⁴

CHCs stand ready to expand and deepen services in underserved communities; last year, the Health Resources and Services Administration (HRSA) received over 600 applications to create new CHC access points in underserved communities but lacks the resources to fund those projects. With additional investment, CHCs could expand their mental health and SUD services and reach more patients struggling with chronic diseases in communities that lack access to primary care.

An historic investment to expand patient access to primary and preventive care could reverse the chronic disease epidemic, address the mental health and substance use crises, and make America healthier than ever.

Action Congress Can Take:

- **Invest \$5.8 billion** in CHC base funding to:
 - **Maintain and expand patient access to foundational primary and preventive care**
 - **Expand and deepen mental health and substance use disorder services** at CHCs
 - **Expand and deepen Food is Medicine** programs at CHCs
 - **Invest in rural CHCs** to prevent clinic closures and ensure rural health care access

Sources:

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- ² Closing the Primary Care Gap
- ³ Benavidez GA, Zahnd WE, Hung P, Eberth JM. Chronic Disease Prevalence in the U.S.: Sociodemographic and Geographic Variations by Zip Code Tabulation Area. *Prev Chronic Dis* 2024;21:230267. DOI: <http://dx.doi.org/10.5888/pcd21.230267>.
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- ⁵ Capital Link. The Value and Impact of the National Health Center Program. 2025.
- ⁶ Health Resources and Services Administration. Uniform Data System 2023. <https://data.hrsa.gov/tools/data-reporting/program-data>
- ⁷ KFF. Distribution of the Total Population by Federal Poverty Level. <https://www.kff.org/state-category/demographics-and-the-economy/people-in-poverty/>
Note: The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$24,526 in 2023.
- ⁸ USDA Economic Research Service. Rural America at a Glance: 2024 Edition <https://www.ers.usda.gov/publications/pub-details?pubid=110350>
- ⁹ National Association of Community Health Centers. Community Health Center Chartbook. <https://www.nachc.org/resource/community-health-center-chartbook/>
- ¹⁰ Parker, ED, et al., Economic Costs of Diabetes in the U.S. in 2022. *Diabetes Care* 2 January 2024; 47 (1): 26–43 and <https://diabetesjournals.org/care/article/47/1/26/153797/Economic-Costs-of-Diabetes-in-the-U-S-in-2022>
Note: Calculation based on the cost of untreated diabetes cited below, and the assumption that without CHCs, 2.2 million patients diagnosed and treated for diabetes would have been left untreated.
- ¹¹ *Note: Calculation based on the cost of untreated hypertension cited below, and the assumption that without CHCs, 3.6 million patients diagnosed and treated for hypertension would have been left untreated.*
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- ¹³ Jacob V, et al., Economics of Team-based Care for Blood Pressure Control: Updated Community Guide Systematic Review. *American Journal of Preventive Medicine*. 2023, 65(4): 735-754. <https://doi.org/10.1016/j.amepre.2023.04.013>
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- ¹⁵ 2023 Annual report on health care expenditures for persons with ESRD. NIH/NIDDK. <https://usrds-adr.niddk.nih.gov/2023/end-stage-renal-disease/9-healthcare-expenditures-for-persons-with-esrd#:~:text=In%202020%2C%20the%20overall%20mean,Figures%209.11%20and%209.12c>.
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- ¹⁸ National Academies of Sciences, Engineering, and Medicine. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. <https://www.ncbi.nlm.nih.gov/books/NBK571818/>
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