



January 2025



Horizon Health, South Dakota

Community Health Centers: A Lifeline for Rural America

Rural communities face higher rates of chronic disease and lower life expectancy compared with their urban counterparts.¹ Patients in rural and remote areas face significant health care access challenges, such as primary care provider shortages, hospital closures, and greater travel distances to receive care.² Community Health Centers are critical to address the chronic disease and mental health crises in rural communities by improving access to primary and preventive care.

1 in 5 Rural Residents Rely on Community Health Centers (CHCs) for care.

CHCs serve as the primary care home for **10 million rural patients at 6,500 locations** in rural, and frontier communities across the nation.³ Rural centers represent 41% of all CHCs, which are a critical source of **comprehensive, affordable, high-quality primary care for rural populations.**

In 2023, **CHCs in rural communities served 10 million patients**, including:

- **84% with low incomes** (at or below 200% FPL)⁴
- **2.6 million children**
- **1.6 million seniors**
- **215,000 veterans**
- **235,000 patients experiencing homelessness**
- **1 million patients with diabetes**
 - **68%** achieved hemoglobin A1c control
- **2 million patients with hypertension**
 - **73%** achieved blood pressure control
- **3.3 million telehealth visits**

CHCs care for communities beyond the medical exam room to keep people healthy and reduce health care costs.

As **nonprofit** organizations governed by patient-majority volunteer boards, health centers are accountable to their **local** communities and ensure care is **affordable** and **effective** in meeting community needs. CHCs have developed a unique, **innovative primary care** model that lowers costs and addresses **health beyond the medical exam room**, including:

- **Mental health and substance use disorder services**
 - 72% of rural CHCs are certified to provide medication-assisted treatment for **Opioid Use Disorder**
- **Mobile health** through mobile clinics traveling to remote, low-population areas
- Resources, education, and peer-support for **mothers and children**

In 2023, CHCs in rural communities served

10 million patients

“

Our patients are anywhere from the farmer, the ranchers, the businesspeople, the veterans in our communities. We see everybody because, in fact, we're the only access to care within that community.

”

WADE ERICKSON, CEO,
HORIZON HEALTH, SD

- **Nutrition counseling**, “food pharmacies”, community gardens, and cooking and exercise classes
- **Job training**, medical respite housing, and more.

In many rural and hard-to-reach areas, CHCs are the only primary care providers left, and sometimes the only health care access point for dozens or hundreds of miles. Where other clinics have closed, unable to make a profit or keep the lights on, health centers remain to meet the need. These **CHCs are vital contributors to rural economies**,⁵ generating:

- **\$13.3 billion in spending** in rural communities in 2023
- **130,000 jobs** at rural CHCs in 2023, including:
 - **20,000** physicians, Nurses, NPs/PAs/CNMs
 - **11,000** behavioral health professionals (mental health and substance use treatment)
 - **7,000** dental services staff
 - **42,000** enabling services staff (case workers, community health workers, outreach workers, etc.)

CHCs are actively **training the next generation of rural health care providers**. CHCs provide aspiring clinicians with opportunities to train and work in rural communities across disciplines, with trainees including:⁶

- **3,200+** physicians
- **2,000+** registered nurses
- **1,600+** medical assistants

“ I want my kids to have the choice to stay and raise their families in our small rural hometown, and they shouldn’t have to sacrifice health care access to do that. Primary care is essential for families in our rural communities to survive and thrive. ”

WADE ERICKSON, CEO,
HORIZON HEALTH, SD

Rural CHC Policy Priorities:

- **Invest in rural CHCs** to prevent clinic closures and **maintain and expand access to essential primary and preventive care**
- **Expand** and deepen **mental health** and **substance use disorder services** at CHCs
- **Expand** and deepen **Food as Medicine** programs at CHCs
- **Expand Telehealth** to improve access to care, especially in hard-to-reach areas
- **Invest** in the **primary care workforce** training programs to address rural provider shortages
- **Protect 340B** to ensure patients have **access to affordable treatments** at local pharmacies
- **Protect Medicaid** for the patients who need it most and the CHCs that provide **affordable care**.

Sources:

¹ Rural Health Information Hub. Need for Addressing Chronic Disease in Rural Areas. <https://www.ruralhealthinfo.org/toolkits/chronic-disease/1/rural-need#:~:text=A%202017%20Morbidity%20and%20>

² Forvis Mazars. Exploring Opportunities to Improve Rural Healthcare Access & Outcomes. <https://www.forvismazars.us/forsights/2024/10/exploring-opportunities-to-improve-rural-healthcare-access-outcomes>

³ Health Resources and Services Administration. Uniform Data System 2023. <https://data.hrsa.gov/tools/data-reporting/program-data>

⁴ 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.

⁵ Capital Link. Value and Impact of Rural Health Center Program Participants. 2025.

⁶ Health Resources and Services Administration. Teaching Health Center Graduate Medical Education (THCGME): Expanding the Primary Care Workforce. <https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education>