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Urban Health Plan, New York

Community Health Centers: Making America Healthier One Community At A Time

America's Community Health Centers (CHCs) provide primary and preventive care for patients most impacted by the chronic disease epidemic and access barriers

due to geography or income. CHCs are **nonprofit, community-governed** organizations accountable to **local** community needs. For 60 years, CHCs have built **trust** in communities by providing **effective, affordable, and comprehensive primary and preventive care**. CHCs are the health care home for **32.5 million patients**, including many of America's medically underserved communities:¹

- **20 million people with low incomes** (at or below 200% FPL)²
- **10 million rural patients (1 in 5** of all rural residents)³
- 9.4 million children
- 3.8 million seniors
- 419 thousand veterans

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.**⁴

In 2023, CHCs treated:

- **3 million** patients with **diabetes** (**70%** of these patients achieved Hb A1c control, compared to 58% nationally)
- **5.7 million** patients with **hypertension** (**65%** achieved hypertension control, compared to 59% nationally)
- 9 million patients with obesity (72% of youth received BMI screening and received counseling on nutrition and physical activity)

CHCs provide **integrated mental health** and substance use disorder treatment. In 2023, CHCs treated:⁵

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

However, CHCs are still only meeting a fraction of the need; an estimated 10.3 million CHC patients are still in need of mental health services, and 5.4 million CHC patients need substance use disorder treatment.⁶

For 60 years, CHCs have built **trust** in communities by providing **effective**, **affordable**, **and comprehensive primary and preventive care**. **CHCs use an innovative care model to reduce costs and keep people healthy.** CHCs have developed a unique, **comprehensive primary care model** that leverages a teambased 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**.⁷

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

Mary's Center, Washington, DC

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%**.⁸

The Congressional Budget Office estimates that investing an additional \$20.4 billion in CHCs over 10 years would **reduce Medicare and Medicaid spending by \$11.4 billion** by improving health and reducing ED visits, hospitalizations, and utilization of costly specialty care.⁹

A 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 grant 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 as Medicine programs at CHCs
 - Invest in rural CHCs to prevent clinic closures and ensure rural health care access
- **Invest** in the **primary care workforce** to address shortages, especially in rural areas:
 - Fund the National Health Service Corps at \$950 million annually to support the next generation of primary care providers
 - Expanding the Teaching Health Center Graduate Medical Education program to \$300 million annually to invest in the future of community-based primary care training for physicians
- Protect 340B to ensure patients have access to affordable treatments
- Protect Medicaid for the patients who need it most and the CHCs that provide affordable care
- **Expand Telehealth** to improve access to care, especially in hard-to-reach areas

Sources:

- ¹ Health Resources and Services Administration. Uniform Data System 2023. https://data.hrsa.gov/tools/data-reporting/program-data
 ² KFF. Distribution of the Total Population by Federal Poverty Level. https://www.kff.org/state-category/demographics-and-the-economy/peoplein-poverty/
- Note: The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$24,526 in 2023.
- ³ USDA Economic Research Service. Rural America at a Glance: 2024 Edition https://www.ers.usda.gov/publications/pub-details?pubid=110350 ⁴ National Association of Community Health Centers. Community Health Center Chartbook. https://www.nachc.org/resource/community-healthcenter-chartbook/
- ⁵ Health Resources and Services Administration. Uniform Data System 2023. https://data.hrsa.gov/tools/data-reporting/program-data
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- ⁹ Congressional Budget Office. Bipartisan Primary Care and Health Workforce Act. Health Affairs. https://www.healthaffairs.org/content/ forefront/cbo-score-bipartisan-primary-care-and-health-workforce-act-recognizes-value-primary

