A Sketch of Community Health Centers

Chart Book 2012
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This chartbook includes data from Health Centers who meet the Community, Migrant, and Public Housing Health Center grant requirements and receive federal funding from the Bureau of Primary Health Care. Therefore, unless otherwise noted, this chartbook does not always include data from a category of Health Centers that does not receive these funds, known as Look-Alikes. Data reflected in this chartbook may consequently underreport the volume of health care delivered by health centers. There are approximately 100 Look-Alikes across the United States.
The National Association of Community Health Centers (NACHC) is pleased to present *A Sketch of Community Health Centers*, an overview of the federal Health Center Program and the communities they serve. Health Centers began over forty years ago as part of President Lyndon B. Johnson’s declared “War on Poverty.” Their aim then, as it is now, is to **provide affordable, high quality and comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay.** A growing number of health centers also provide dental, behavioral, pharmacy, and other needed supplemental services. No two health centers are alike but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed.

Health centers play a critical role in the health care system as the **health care home to over 20 million** people. Across the country health centers produce positive results for their patients and for the communities they serve. They stand as evidence that communities can improve health, reduce health disparities, and deal with a multitude of costly and significant health and social problems – including substance abuse, HIV/AIDS, mental illness, and homelessness – if they have the resources and leadership to do so.

The Health Center Program has been very successful over the years in providing vital health care services to those in need. However, the program faces many looming challenges. Rising costs, narrowing revenue streams, and steady increases of newly uninsured and chronically ill patients threaten health centers’ ability to meet growing need. **Federal and state support is critically important** to keep pace with rising costs and escalating health care needs.

Who health centers serve, what they do, and their impressive record of accomplishment in keeping communities healthy, is represented in the following charts.

*Includes patients of federally-funded health centers, non-federally funded health centers (health center “look-alikes”), and expected patient growth for 2012.
Section I:
Who Health Centers Serve
Figure 1.1

Health Centers Serve...

• 1 in 7 Medicaid beneficiaries

• 1 in 7 uninsured persons, including
  – 1 in 5 low income uninsured

• 1 in 3 individuals in poverty
  – 1 in 4 minority individuals in poverty

• 1 in 7 rural Americans

Figure 1.2
Health Center Patients Are Predominately Low Income

*Please refer to sources and methodology at the end for more information
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Note: Federal Poverty Level (FPL) for a family of three in 2010 was $17,600. (See http://aspe.hhs.gov/poverty/08poverty.shtml.) Based on percent known. Percents may not total 100% due to rounding.
Figure 1.3
Most Health Center Patients are Members of Racial and Ethnic Minorities, 2010

Race

- Black/African American: 26%
- More than One Race: 4%
- American Indian/Alaska Native: 1%
- Asian/Hawaiian/Pacific Islander: 5%
- White: 64%

Ethnicity

- Hispanic/Latino(a): 34%
- Non-Hispanic/Latino(a): 66%

*Please refer to sources and methodology at the end for more information
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Note: Based on percent known. Percents may not total 100% due to rounding.
Figure 1.4

Most Health Center Patients are Uninsured or Publicly Insured

- Medicaid/SCHIP: 38%
- Medicare: 7%
- Other Public: 3%
- Medicaid: 7%
- Private: 14%
- Uninsured: 38%

Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Note: Percents may not total 100% due to rounding.
Health Center Patient Mix Is Unique Among Ambulatory Care Providers

Notes: Other public includes non-Medicaid SCHIP and other state-funded insurance programs.
Figure 1.6
Health Centers Serve Patients Throughout the Life Cycle

- Under 5: 11%
- Ages 65+: 7%
- Ages 45-64: 23%
- Ages 13-19: 11%
- Ages 5-12: 13%
- Ages 25-44: 27%
- Ages 20-24: 8%

Note: Percents may not total 100% due to rounding.
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Patients are Disproportionately Poor, Uninsured, and Publicly-Insured, 2010

Health Center Patients are Disproportionately Racial/Ethnic Minorities, 2010

Figure 1.9

Health Centers Are More Likely to Treat Patients with Chronic Illnesses Compared to Other Primary Care Physicians

Percentage of Physician Visits Involving Patients with Common Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Health Centers</th>
<th>Physician Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>18%***</td>
<td>14%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15%***</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>8%**</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Statistical significance measures compared to value for private physician offices; *** p < .01 , ** p < .05, * p < .10

"Common chronic conditions" include visits where the primary diagnosis listed for the visit is an ICD-9-CM diagnosis code for hypertension, asthma, diabetes, heart disease, and selected psychotic conditions and other psychoses. Excludes visits classified as "pre/post surgical," all visits to non-primary care physicians, and any visits where the patient did not see a physician.
Section II: Health Center Growth
Figure 2.1
The Number of Health Centers Receiving Federal Health Center Grants Has Increased Dramatically

106% growth since 1990

Source: Federally-funded health centers only. 1990-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 2.2

The Number of Health Center Patients Continues to Increase

103% growth since 2000

Source: Federally-funded health centers only. 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
The Number of Health Center Patient Visits Continues to Increase

101% growth since 2000

Source: Federally-funded health centers only. 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
The Number of Uninsured and Medicaid Health Center Patients Continues to Grow at Faster Rate than Other Patients

Source: Federally-funded health centers only. 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
The Number of Health Center Low Income* Patients Is Growing Faster than the Number of Low Income Nationally, 2000-2010

* Patients under 200% of poverty.
Figure 2.6

The Number of Health Center Medicaid Patients Grew Faster than the Number of Medicaid Beneficiaries Nationally, 2000-2010

Percent Increase

<table>
<thead>
<tr>
<th>Health Center Medicaid</th>
<th>Medicaid Nationally</th>
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<tr>
<td>133%</td>
<td>58%</td>
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</table>

Figure 2.7
The Number of Health Center Uninsured Patients Grew Faster than the Number of Uninsured Nationally, 2000-2010

NACHC analysis. (2012). 2010 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS,
The Numbers of Patients with Chronic Conditions Is Rapidly Rising at Health Centers, 2000-2010

Source: Federally-funded health centers only. 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 2.9
The Number of Chronic Condition Visits at Health Centers Has Increased, 2005 - 2010

<table>
<thead>
<tr>
<th></th>
<th>Asthma</th>
<th>Depression</th>
<th>Diabetes</th>
<th>Hypertension</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>0.8</td>
<td>1.2</td>
<td>0.8</td>
<td>2.7</td>
</tr>
<tr>
<td>2006</td>
<td>0.8</td>
<td>1.4</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>2007</td>
<td>0.8</td>
<td>1.6</td>
<td>0.8</td>
<td>3.5</td>
</tr>
<tr>
<td>2008</td>
<td>0.9</td>
<td>1.7</td>
<td>0.9</td>
<td>3.2</td>
</tr>
<tr>
<td>2009</td>
<td>1.0</td>
<td>2.0</td>
<td>1.0</td>
<td>4.1</td>
</tr>
<tr>
<td>2010</td>
<td>0.9</td>
<td>2.3</td>
<td>0.9</td>
<td>4.2</td>
</tr>
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</table>

Section: III
Access to Care
Figure 3.1

Health Centers Have Higher Rates of Accepting New Patients Regardless of Insurance Coverage Compared to Other Primary Care Providers

Health Center Uninsured Patients Are Half as Likely to Go Without Care as the Uninsured Nationally

Source: Shi, L and Stevens, GD. “The Role of Community Health Centers in Delivering Primary Care to the Underserved.” April-June 2007 JACM 30(2):159-170.
Figure 3.3

Health Center Uninsured and Medicaid Patients are More Likely to Have a Usual Source of Care than the U.S. Privately Insured

% Reporting They Have a Usual Source of Care

<table>
<thead>
<tr>
<th></th>
<th>Health Center Uninsured</th>
<th>Health Center Medicaid</th>
<th>US Privately Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Reporting</td>
<td>96%</td>
<td>99%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Sources: Health center data from Shi, L and Stevens, GD. “The Role of Community Health Centers in Delivering Primary Care to the Underserved.” April-June 2007 JACM 30(2):159-170.
National data from Kaiser Commission on Medicaid and the Uninsured analysis of 2010 NHIS data. Found in “5 Basic Facts on the Uninsured” (2012)
Figure 3.4

Health Center Uninsured Patients are Twice as Likely To Get the Care They Need than Uninsured Nationally

Figure 3.5
Percent of Low Income, Uninsured Served by Health Centers, 2010

Note: Under 200% of poverty.
Figure 3.6
The Percent of Medicaid Beneficiaries Served by Health Centers, 2008

Section IV: Preventive Services
Health Centers Provide a Broad Array of Services

Medical Care 73%
Dental 12%
Vision 1%
Enabling 7%
Behavioral Health 8%

Total = 77 million encounters in 2010

* Encounters for enabling services include visits to case managers and health educators.
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 4.2
Health Centers Have Experienced Tremendous Growth in the Number of Patients and Visits for Medical, Dental, and Mental Health Care, 2000-2010

Source: UDS, HRSA. Note: Mental health does not include substance abuse.
Figure 4.3

Health Centers Provide More Preventive Services than Other Primary Care Providers

- Patient Visits to Other Providers vs. Health Center Patients Visits

- Asthma Education for Asthmatic Patients: 15% vs. 24%
- Tobacco Cessation Education for Smoking Patients: 19% vs. 33%
- Pap Smears in least 3 years: 81% vs. 85%
- Immunizations for 65 years and older: 65% vs. 70%
- Health Education: 37% vs. 51%

Health Center Patients with Hypertension Are More Likely to Receive Counseling About Diet, Exercise, and Taking Medications than Their National Counterparts

*Source: Health Resources and Services Administration, Primary Health Care Patient Survey. Based on data for adults, aged 18–64, from 2009 BPHC Patient Survey and National Health Interview Survey, 2008.

*p<0.05
Health Center Patients with Hypertension are More Likely to Comply to Counseling About Diet, Exercise, and Taking Medications than their National Counterparts

*88% - 94% - 86% - 93% - 72% - 83% - 58% - 95%

Diet* Salt* Exercise* Taking Medication

Health Center Patients Low Income Nationally

*p<0.05

Source: Health Resources and Services Administration, Primary Health Care Patient Survey. Based on data for adults, aged 18–64, from 2009 BPHC Patient Survey and National Health Interview Survey, 2008.
Section V: High Quality Care and Reducing Health Disparities
Figure 5.1
Health Centers Reduce Disparities in Access to Mammograms

Note: Rates calculated for women over the age of 50 receiving a mammogram over the last 2 years. All categories are statistically significant at the p < 0.05 level.
Source: Health Resources and Services Administration, Primary Health Care Patient Survey. Based on data for adult women, aged 50-74, from 2009 BPHC Patient Survey and National Health Interview Survey, 2008.
Health Centers Also Reduce Disparities in Access to Pap Tests

Note: Rates calculated for Pap smear screening in last 3 years. Health Center rate significantly lower at the \( p < 0.05 \) level.

Source: Health Resources and Services Administration, Primary Health Care Patient Survey. Based on data for adult women, aged 21–64, from 2009 BPHC Patient Survey and National Health Interview Survey, 2008.
Health Centers Also Reduce Disparities in Access to Colorectal Cancer Screening

Note: Health Center rate significantly lower at the p < 0.05 level except for Hispanic where there is no significance.
Source: Health Resources and Services Administration, Primary Health Care Patient Survey. Based on data for individuals, aged 50-74, from 2009 BPHC Patient Survey and National Health Interview Survey, 2008.
Health Center Patients Have Lower Rates of Low Birth Weight than the U.S. Average

Source: U.S. rates from National Center for Health Statistics (NCHS)
Based on Bureau of Primary Health Care, HRSA, DHHS, 2000-2010 Uniform Data System.
Figure 5.5
Health Center Patients Have Lower Rates of Low Birth Weight than Their U.S. Counterparts

Figure 5.6
More Health Center Patients Prefer to Be Served in Languages Other than English Every Year

80% Increase Since 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Number in Millions</th>
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<tbody>
<tr>
<td>2000</td>
<td>2.6</td>
</tr>
<tr>
<td>2001</td>
<td>2.9</td>
</tr>
<tr>
<td>2002</td>
<td>3.3</td>
</tr>
<tr>
<td>2003</td>
<td>3.6</td>
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<td>2004</td>
<td>3.8</td>
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<tr>
<td>2005</td>
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<td>2006</td>
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<td>2007</td>
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<td>2008</td>
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<td>2009</td>
<td>4.6</td>
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<tr>
<td>2010</td>
<td>4.7</td>
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</tbody>
</table>

Source: Federally-funded health centers only. 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Section VI: Cost-Effective Care and Economic Impact
Figure 6.1

Health Centers Save $1,263 Per Patient Per Year

Figure 6.2
Community Health Centers’ Economic Impact by State, 2009

Source: The Economic Impact Analysis was prepared by Capital Link with MIG, Inc. IMPLAN Software Version 3.0, 2008 structural matrices, 2008 state-specific multipliers, and data from 2009 Uniform Data System.
### Health Center Economic Impact by State, 2009

<table>
<thead>
<tr>
<th>State</th>
<th>Economic Impact</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>$194,609,172</td>
</tr>
<tr>
<td>Alaska</td>
<td>$209,528,820</td>
</tr>
<tr>
<td>Arizona</td>
<td>$436,393,978</td>
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<tr>
<td>Arkansas</td>
<td>$107,631,335</td>
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<tr>
<td>California</td>
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<td>Colorado</td>
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<td>Connecticut</td>
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<td>Delaware</td>
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<td>District of Columbia</td>
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<td>Florida</td>
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<td>Illinois</td>
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<td>Indiana</td>
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<td>Washington</td>
<td>$934,705,298</td>
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<td>West Virginia</td>
<td>$308,218,227</td>
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<td>Wisconsin</td>
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<td>Wyoming</td>
<td>$21,280,348</td>
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<tr>
<td><strong>United States</strong></td>
<td><strong>$19,669,972,831</strong></td>
</tr>
</tbody>
</table>

**Source:** NACHC & Capital Link, Community Health Centers Lead the Primary Care Revolution, 2010. For more detailed explanation of methodology, see Appendix B in NACHC, Access Granted: The Primary Care Payoff, 2007 [www.nachc.com/research](http://www.nachc.com/research).
Figure 6.4

Large urban health center generates a total economic impact of $21.6 million for its local community, while the average small rural health center generates about $3.9 million.

<table>
<thead>
<tr>
<th></th>
<th>Large Urban Health Center</th>
<th>Small Rural Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Economic Impact</td>
<td>Employment (Full Time Equivalents)</td>
</tr>
<tr>
<td>Direct</td>
<td>$12,252,801</td>
<td>187</td>
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<td>Indirect</td>
<td>$2,273,314</td>
<td>24</td>
</tr>
<tr>
<td>Induced</td>
<td>$7,114,112</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>$21,640,227</td>
<td>281</td>
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</tbody>
</table>

Note: Total Economic Impact includes Value-Added Impact. Actual health center with an annual budget of $12.3 million (large) and $3.3 million (small), based on Capital Link’s financial information database. Each Full Time Equivalent (FTE) denotes one full time employee. Total FTEs denote total workforce generated by health centers. For more information see the full report at www.nachc.com/research.

Figure 6.5
Health Centers Could Save Over $18 Billion Annually By Preventing Avoidable ER Visits

### Annual Wasted Expenditures on Avoidable Emergency Department Visits, 2006

<table>
<thead>
<tr>
<th>State</th>
<th>Expenditures ($)</th>
<th>State</th>
<th>Expenditures ($)</th>
<th>State</th>
<th>Expenditures ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>$ 319,400,854</td>
<td>Kentucky</td>
<td>$ 353,798,163</td>
<td>North Dakota</td>
<td>$ 41,491,015</td>
</tr>
<tr>
<td>Alaska</td>
<td>$ 32,732,965</td>
<td>Louisiana</td>
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<td>$ 36,360,931</td>
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</tbody>
</table>

**United States $18,445,991,718**

Section VII:
Health Centers’ Financial Health
Figure 7.1
Health Center Costs of Care Grow Slower than National Health Expenditures, 2000-2010

Sources: Centers for Medicaid and Medicare Services, Office of the Actuary. National Health Expenditures Aggregate, Per Capita Amounts, Percent Distribution, and Average Annual Percent Change: Selected Calendar Years 1960 - 2010. Based on 2000-2010 Uniform Data System, Bureau of Primary Health Care, HRSA, HHS.
Health Center Funding Per Uninsured Patient Has Remained Constant as the Costs of Care Rises

Figure 7.2

Note: Not adjusted for inflation. Federal appropriations are for consolidated health centers under PHSA Section 330.
Source: Federally-funded health centers only. 2001 - 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Payments from Third Party Payers Are Less than Cost

Note: Health centers are non-profits, and thus charges are a proxy for costs.
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Center Operating Margins are Less than Hospital Operating Margins

Figure 7.5

Medicaid Revenue is Directly Proportional to Medicaid Patients, 2010

Notes: Percents may not total 100% due to rounding.
Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Health Centers’ Revenue Sources Do Not Resemble Those of Private Physicians

Figure 7.6

Health Center
- 10.0% Self-Pay/Uninsured
- 11.6% Other Public
- 4.5% Medicare
- 9.9% Medicaid/SCHIP
- 64.0% Private Insurance

Private Physicians
- 64.0% Self-Pay/Uninsured
- 6.8% Other Public
- 25.3% Medicare
- 15.5% Medicaid/SCHIP

Source: Private Physician data: 2009 National Ambulatory Medical Care Survey (visits). NACHC, 2012. Based on Bureau of Primary Health Care, HRSA, DHHS, 2010 Uniform Data System. Note: Private Physicians does not equal 100% due to reporting in NAMCS.
Figure 7.7
Medicaid Revenue as Part of Health Centers’ Total Revenue, 2010

Source: NACHC, 2012. Based on Bureau of Primary Health Care, HRSA, DHHS, 2010 Uniform Data System
Federal Health Center Appropriation History, 2002-2010

Note: Federal appropriations are for consolidated health centers under PHSA Section 330. Federally funded health centers only.
35 States Will Provide Funding to Health Centers in SFY2012

Figure 7.9

- None
- $1.9 million or less
- $2 million - $15 million
- $29 million - $65 million
- Pending

Figure 7.10

State Funding to Health Centers, FY12

• 35 states will receive a total of $335 million
  ➢ $60 million, or 15% less than reported in FY11.
  ➢ State funding for health centers has been steadily declining for the fourth year in a row and FY12 represents a seven year low at a time of significantly rising needs.

FY12 Funding:
• Increased in 7 states
  (AR,GA,MA,NJ,NM,VT,WY)
• Decreased in 20 states
  (AK,CO,DE,FL,HI,IN,IA,KS,MI,MN,MO,NE,NH, NY,OK,PA,UT,WA,WV, WI)
• Remained level in 8 states
  (IL,MA,MS,NC,OH,RI,TN,VA,)
• No funding in 14 states and the District of Colombia
  (AL,AZ,CA,D.C.,ID,KY,LA,ME,MT,NV,ND,OR,PR,SC,SD)

(Pending: CT and TX)

Section VIII: Staffing / Workforce
Health Centers Utilize Multiple Health Professionals with Varied Skills to Increase Capacity, 2010

**Figure 8.1**

Health Centers Clinicians

- Physicians: 29%
- Nurses: 34%
- Nurse Practitioners: 12%
- Family Physicians: 45%
- Certified Nurse Midwives: 2%
- Physician Assistants: 6%
- Dentists: 9%
- Pharmacy Personnel: 8%

Health Centers Physician Specialties

- General Practitioners/Internists: 20%
- OB/GYNs: 9%
- General Pediatricians: 19%
- Psychiatrists: 4%
- Other Specialists: 4%

Source: Federally-funded health centers only. 2010 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Figure 8.2
The Number of Health Center Medical Providers Has More Than Doubled

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>4,803</td>
<td>9,592</td>
</tr>
<tr>
<td>NP, PA, CNM</td>
<td>2,615</td>
<td>6,362</td>
</tr>
<tr>
<td>Nurses</td>
<td>6,378</td>
<td>11,365</td>
</tr>
<tr>
<td>Total Medical Care Providers</td>
<td>19,310</td>
<td>43,830</td>
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</tbody>
</table>

Note: NP, PA, CNM stands for Nurse Practitioner, Physician Assistants, Certified Nurse Midwives. Total Medical Care Providers includes physicians, NP, PA, CNM, nurses, and other medical personnel.
Source: NACHC analysis of Bureau of Primary Health Care, HRSA, DHHS, 2010 Uniform Data Systems (UDS).
Health Centers Twice as Likely to Use Non-Physician Clinicians than Other Providers

Note: Statistically Different (p < .01)

Figure 8.4

Health Centers Use More Non-Physician Clinicians than Other Providers

Note: Statistically Different (p < .01)
Figure 8.5
Health Centers Need Between 47,801 and 54,488 Primary Care Providers to Reach 30 Million Patients

* Nurse Practitioners, Physician Assistants, Certified Nurse Midwives.
Figure 8.6
Percent of Grantees Relying on Federal and State Workforce Programs, 2004

Note: Dentists not included.
Section IX:
Remaining Challenges and Unmet Needs
Figure 9.1

Health Centers Are Not Present in at Least a Quarter of the Counties with Unfavorable Primary Care Needs

Note: Counties with Unfavorable Primary Care Needs were identified by being in the either bottom or top quintile depending on the primary needs indicator. Low-Income map presents census tracts, but analysis for this figure was conducted at the county-level. Source: NACHC, Health Wanted 2012. NACHC analysis of data obtained from University of Wisconsin Population Health Institute County Health Rankings 2011; U.S. Census Bureau; and HRSA.
Figure 9.2
60 Million People Are Medically Disenfranchised

Percent of State Population Without Access to a Primary Care Provider, 2005

National Average = 19.4%

Note: Does not subtract health center patients as state and U.S. medically disenfranchised figures do.
Figure 9.3
Too Few Medical School Graduates Enter Primary Care, 1998-2006

*Includes primary care
Figure 9.4
Health Centers Experience Primary Care Physician Vacancy Rates, 2004

<table>
<thead>
<tr>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physicians/General Practitioner</td>
<td>20.8%</td>
<td>15.7%</td>
</tr>
<tr>
<td>OBGYN</td>
<td>13.3%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Internist</td>
<td>9.1%</td>
<td>8.8%</td>
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<tr>
<td>Pediatrician</td>
<td>8.8%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>22.6%</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

Figure 9.5
Health Centers Experience Vacancies in Other Clinician Positions, 2004

Figure 9.6
Health Center Federal Grants Are Not Increasing at the Same Rate as the Costs of Caring for the Uninsured over the Last Five Years

Note: Uninsured patient costs were calculated assuming that the percentage of patients are proportional to patient costs. Federal Grant as a Percentage of Uninsured Health Center Patient Costs was calculated as federal grant revenue divided by uninsured patient costs.

Source: NACHC 2011. Based on 2006-2010 Uniform Data Systems, Bureau of Primary Care, HRSA, DHHS.
More than a Third of Health Centers Need to Build or Purchase Additional Facilities, 2008-2015

- Build/Purchase Replacement Facility: 36%
- Build/Purchase Additional Facility: 37%
- Expand Facility: 5%
- Other Major Capital Projects (incl HIT): 10%
- Equipment: 8%
- Renovate Facility: 4%
- Other Major Capital Projects (incl HIT): 10%

Total: $10.5 billion