



Community Health Centers

Meeting America's
Most Pressing Needs



NATIONAL ASSOCIATION OF

Community Health Centers

NACHC

Our Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.

Please note: The term "Community Health Center" (or "health center") is generically used in this brochure to refer to patient-directed health care organizations which receive (or are eligible to receive) federal funding under Section 330 of the U.S. Public Health Service Act.

March 2009

A Message for America

America's Health Centers – comprised of Community, Migrant, Health Care for the Homeless, and Health Care in Public Housing Health Centers – are on an unprecedented path to strengthen the health safety net for our nation's most medically vulnerable people. Setting out to build on decades of success, these community-based, community-driven health centers are working to ensure that all Americans have access to a primary care medical home and a quality health system in their community.

The need is great.

- 45.7 million Americans are uninsured¹ and the number has been steadily rising.
- About 60 million people, many of whom do have health insurance, have no accessible primary care health care home because of a local shortage of doctors.²
- Too many mothers do not get timely prenatal care – and many children are not fully immunized, nor are they screened at an early age for hearing, vision, and speech.
- Today, America's Health Centers serve more than 18 million people.³ With enhanced support and partnership from the federal government, they recently completed the largest expansion in their history – adding 1,200 new sites and expansions to reach 6 million new patients.

But, in these difficult economic times, America's unmet health needs are growing – and there is much more to do as the nation searches for ways to meet rising health care costs, stem increasing rates of chronic diseases, and bring greater quality and value into the health system.

Determined to meet these challenges, America's Health Centers have launched **ACCESS for All America**, an ambitious plan to preserve, strengthen and expand our nation's community health system into the future. Their goal: to serve 30 million people by 2015 – nearly twice the number served today – and, ultimately, all medically underserved people.

My hope is that you will read on to learn more about our health centers and why they are a crucial part of the solution to our growing crisis in health care. See how America's Health Centers are uniquely positioned to do more for the nation – and why communities, businesses, and increasing numbers of lawmakers from all political persuasions are coming to the conclusion that America needs more health centers NOW.



Tom Van Coverden

Thomas J. Van Coverden

President and Chief Executive Officer

National Association of Community Health Centers

1 *Income, Poverty, and Health Insurance Coverage in the United States: 2007*. August 2008: U.S. Census Bureau, Current Population Reports, P60-235, <http://www.census.gov/prod/2008pubs/p60-235.pdf>.

2 NACHC and the Robert Graham Center. *Access Denied: A Look at America's Medically Disenfranchised*. March 2007. <http://www.nachc.com/research-reports.cfm>

3 NACHC. 2008. Based on 2007 HRSA/BPHC Uniform Data System, estimates from survey data of non-federally funded health centers and national data sources. Data extrapolated to August 2008.



“[T]he community health center model has proven effective not only in increasing access to care, but in improving health outcomes for the often higher-risk populations they serve.”

The Institute of Medicine

Why the Nation Needs Health Centers

The toll of unmet medical need is incalculable but an all too familiar story. An expectant mother needs prenatal care and the nearest OB-GYN is 50 miles away in either direction. A child with a tooth infection must wait for months to see the only dentist in town who accepts public insurance. A factory worker who put off seeing a doctor in order to work extra shifts is laid off and left without insurance anyway. For the many who have no insurance or who are underinsured – even finding a doctor who will provide the care they need is a huge and growing problem.

When people are sick and are forced to delay care because they do not have access to a doctor, or cannot afford one, their illness can escalate and require more costly care. This affects everyone.

America's Health Centers are uniquely positioned to address this problem. With a focus on prevention and health education, health centers treat people before they get sick. For patients who suffer from chronic illnesses, health centers help them to manage their disease and lead healthier lives. They bring doctors and other skilled health professionals to medically underserved

communities. Their doors are open to everyone – irrespective of income, insurance, ethnicity or gender. And because they are community-driven, health centers – unlike other providers – are focused on addressing a host of diverse patient and community health needs.

All told, there are some 1,200 community health centers providing care through more than 7,000 service locations. While each center responds to local needs, they are united in a mission to deliver quality, cost-effective care that can be accessed by those who need it.

“[I]t is not often that we are presented such a clear win-win situation: a program that meets critical needs while reducing expenditures by more than it costs. No wonder federal auditors consistently rate Community Health Centers as one of the most efficient uses of federal funds.”

Sen. Bernard Sanders (I-VT) and Congressman James Clyburn (D-SC)
January 2009

A Unique Model of Health Care That Emphasizes...

Quality ■ America's Health Centers are governed by volunteer consumer boards with a patient majority – a rarity in the health care marketplace. That helps to ensure that the care provided is responsive and culturally appropriate to pressing needs within the community.

Health center patients report satisfaction ratings as high as 99 percent because they have unfettered access to a range of health care services that are easy to navigate.¹ Those comprehensive primary and preventive health services most often include physician, dental, nurse, laboratory, X-ray, pharmacy, obstetrics, child and adult medicine, as well as specialty and inpatient referral and follow-up.

Most health centers offer evening and weekend hours to accommodate working families, provide care at multiple sites where people live and work, and operate mobile clinics to reach people who are hardest to reach, including migrant farm workers, the homeless, and the frail elderly.

Cost-Effectiveness ■ Unlike other health care providers, health centers charge patients who are not covered by public or private insurance on a sliding fee scale based on income. They bill Medicare and Medicaid, as well as private insurers, for services provided to covered patients. Federal, state, and local governments support health centers by providing subsidies to help cover the cost of services provided to the uninsured.

The bottom line is that no one is turned away or denied medical care at a health center because of lack of insurance or income. Removing these barriers helps to keep people healthier and provides significant savings to the health care system by reducing the risk for long-term health problems and the potential for costly hospitalization.

1 Roby D, et al. *Exploring Healthcare Quality and Effectiveness at Federally-Funded Community Health Centers: Results from the Patient Experience Evaluation Report System (1993-2001)*. <http://www.nachc.com/client/documents/research/PEERSreportfinal0226.pdf>.

2 NACHC. 2008. Based on 2007 HRSA/BPHC Uniform Data System, estimates from survey data of non-federally funded health centers and national data sources. Data extrapolated to August 2008.

America's
Health Centers
Serve ²

- **1 in 7 uninsured persons in America, including 1 in 5 low-income uninsured**
- **1 in 8 Medicaid beneficiaries**
- **1 in 3 people living below the poverty line**
- **1 in 4 low-income minorities**
- **1 in 7 rural residents**

Access ■ When people face barriers to getting the health care they need, they most often go without. Health centers break down those barriers by understanding how the lack of insurance as well as language and culture, homelessness, poverty, geographic distances, and even environmental issues, can stand in the way of people seeking medical care.

Health centers integrate quality primary care with aggressive outreach, education, counseling, translation, transportation services, and other social services. They reach deep into America's medically underserved communities, ensuring that people have access not only to medical treatment but a continuum of coordinated care and vital support services that can lead to more positive health outcomes and healthier behaviors and lifestyles.



“I have no idea where else I would go for health care. It’s important to have someplace where poor people who don’t have insurance can come and not be afraid of being turned away.”

Shirley Dorsey
Health center patient, Baltimore, MD

“Not only do we save lives, but we also keep down health costs and ease the burden on hospital emergency rooms for avoidable visits that could have been treated elsewhere.”

Doreen Bradshaw, Executive Director
Shasta Consortium of Community Health Centers
Redding, CA



“Prevention should be the nation’s number one priority in health care. We need to be moving from a treatment-based health system to a preventive system – with emphasis on keeping people from getting sick in the first place.”

Acting Surgeon General Steven K. Galson
NACHC Policy and Issues Forum, March 2008

Health Centers Make A Positive Difference

Raising the Standard of Chronic Care

Health centers are proven leaders in formulating best practices in the treatment of chronic disease, which carries a high price tag. According to research cited in *JAMA: The Journal of the American Medical Association*, health centers deliver better continuity of care than private physicians in hospital outpatient facilities.¹ The Institute of Medicine (IOM) and the U.S. Government Accountability Office (GAO) cite health centers as models for screening, diagnosing, and managing chronic conditions such as asthma, diabetes, cardiovascular disease, and HIV/AIDS.²

Reducing Health Disparities

A landmark study by George Washington University credits health centers for reducing racial and ethnic disparities in key areas such as infant mortality, prenatal care and tuberculosis.³ Both the IOM and the GAO have recognized the success of health centers in helping close the gaps in health care.

Healthier Babies

Women of low socioeconomic status who receive care at health centers have a lower incidence of babies born with low birth weights. There would be 17,100 fewer low

birth weight babies born annually if the trend at health centers could be achieved nationally.⁴

Saving Dollars Without Sacrificing Quality

Health centers prove every day that health care does not have to be complicated or expensive to work well. Their patients have a true health care “home” where a range of primary and preventive care services can be found under one roof.

A study by Johns Hopkins University shows that the quality of care at health centers is as good as, or better than that of, other primary health care providers.⁵ Uninsured people who live near a health center are less likely to have an unmet medical need, less likely to postpone or delay health care, and less likely to visit an emergency room.

Average medical expenses for health center patients are 41 percent lower than for patients who seek medical care elsewhere, and health centers save the health care system between \$9.9 billion and \$17.6 billion a year.⁶ That is why the White House Office of Management and Budget rated health centers as one of the top and most effective federal programs.

1 Politzer, R, et al. “Inequality in America: The Contribution of Health Centers in Reducing and Eliminating Disparities in Access to Care.” 2001. *Medical Care Research and Review* 58(2):234-248. Based on Community Health Center User Survey, 2002’ Preliminary Tables, August 2004; and National Health Interview Survey, 2002.

2 Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press.

3 Shin P, Jones K, and Rosenbaum S. *Reducing Racial and Ethnic Health Disparities: Estimating the Impact of High Health Center Penetration in Low Income Communities*. September 2003. Prepared for the National Association of Community Health Centers.

4 Shi, L, et al. “America’s health centers: Reducing racial and ethnic disparities in perinatal care and birth outcomes.” 2004. *Health Services Research*, 39(6), Part I, 1881-1901.

5 Hicks LS, et al. “The Quality of Chronic Disease Care in US Community Health Centers.” November/December 2006. *Health Affairs* 25(6):1713-1723.

6 NACHC, Capital Link and the Robert Graham Center. *Access Granted: The Primary Care Payoff*. August 2007. <http://www.nachc.com/research-reports.cfm>.



“The [health center reauthorization] legislation passed today will not only improve the health of our communities, but serve as part of a comprehensive solution to solving our nation's health care crisis.”

Congressman Edward Whitfield (R-KY), June 4, 2008

The Vision: ACCESS for All America

Imagine a health care system in which every person in America has access to comprehensive primary health care, regardless of their ability to pay, while at the same time the cost of care actually goes down.

America has the opportunity to make this dream a reality through **ACCESS for All America**, the bold plan launched by America's Health Centers to serve 30 million patients by 2015, including nearly 12 million of the nation's uninsured and others who may have insurance but no health care home.

And once health centers reach the ACCESS goal, the cost savings created for the entire health care system could grow up to \$40 billion annually.¹

What the health center experience has clearly demonstrated is that with minimal investment, the nation can not only expand access, but also achieve cost savings. It requires far more than giving everyone a health insurance card. People also must have a primary care medical home in their community where they can readily access the type of care health centers provide.

¹ NACHC, the Robert Graham Center and Capital Link. *Access Granted: The Primary Care Payoff*. August 2007. <http://www.nachc.com/research-reports.cfm>.

“...Community Health Centers offer a model that delivers efficient community-based care that can save money. It's worth considering if this model has a bigger role to play in our health care system.”

The Burlington Free Press (VT), July 20, 2007

“Our health centers have the know-how, the experience and capability. For health reform to succeed in America, there needs to be a strong primary care component – plus an accessible community health system to deliver that care.”

Lil Anderson, NACHC Chair
National Farmworker Health Conference, May 2008

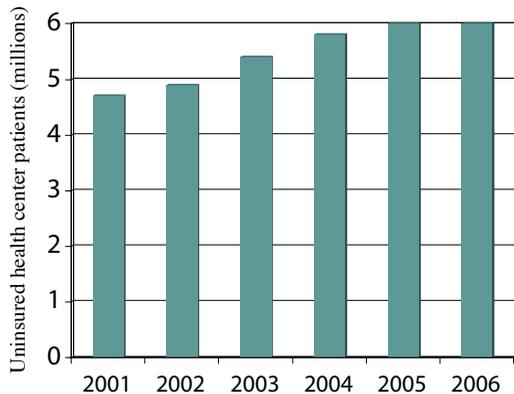


“We ought to be paying for care that promotes health, prevents complications and keeps health care costs down. It’s what you do in Community Health Centers.”

Kerry Weems, Acting Administrator
Centers for Medicare and Medicaid Services
NACHC Policy and Issues Forum, March 2008

The Challenge

In these difficult times, the nation cannot afford to neglect the health of millions of people who are shut out of the health care system. We must do better – and we can do better.



Close to 50 million people in America are uninsured, and experts predict by the end of the decade that number could reach as high as 60 million – that’s one of every five.¹ In addition, health disparities are widening for African Americans, Hispanic Americans, Asian Americans, American Indians and other racial and ethnic minorities.

Between 2000 and 2007, 67 percent more people received care at health centers – the most significant and rapid growth in patients in the program’s history. The growth in underserved and uninsured patients is nonetheless greatly outpacing the growth of health centers.

Yet, America’s Health Centers are being called upon by local, state, and federal governments – as well as communities that don’t have a health center – to do more. Greater investment is needed to strengthen and expand the health center infrastructure.

Health centers are uniquely positioned and ready to meet the challenge:

- Health centers serve as the health care home for more than 18 million people in 7,000 communities in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.
- 50,000 dedicated health care professionals are serving at health centers located in designated underserved or acute provider shortage areas.
- 25,000 committed volunteer board members, comprised of consumers and business, civic and community leaders, are sharing their expertise and assisting their health centers to leverage support for growth and development of the nation’s health safety net.
- 70,000 community residents are part of the support and outreach teams health centers employ and who contribute to the success of health center programs – energizing and mobilizing communities to work for health and prevention.
- With a total operating budget of more than \$9 billion, the nation’s health centers collectively generate \$12.6 billion in economic benefits annually for economically depressed rural and urban communities.²

1 Congressional Budget Office. *How Many People Lack Health Insurance and for How Long?* May 2003. <http://www.cbo.gov/ftpdocs/42xx/doc4210/05-12-Uninsured.pdf>.

2 NACHC and Capital Link. *Access Capital: New Opportunities for Meeting America’s Primary Care Infrastructure Needs.* March 2008. <http://www.nachc.com/research-reports.cfm>.



“I never felt more accomplished than when a woman came back in for a follow-up appointment and said that this was the first time in her life that she looked forward to going to the doctor’s office without being embarrassed or frightened.”

Gail Baldwin, MD, Medical Director
Lake Superior Community Health Center
Superior, Wisconsin
Congressional Briefing, March 2007

“Our concept of health is to make social change, to build the institutions that can make social change, and keep it going.”

H. Jack Geiger, MD
Interview in the documentary, *Out in the Rural, A Health Center in Mississippi*

The Legacy

Health centers owe their existence to a remarkable turn of events in U.S. history, and to a number of determined community health activists who fought more than 40 years ago to improve the lives of Americans living in deep poverty and in desperate need of health care.

Among these heroes was H. Jack Geiger, a young doctor and civil rights activist who, while studying in South Africa, witnessed how a unique community-based health care model had brought about astonishing health improvements for the poorest citizens of that country.

Moving on the opportunity presented by President Johnson's major "War on Poverty" initiatives in the early 1960s, Dr. Geiger and other health care pioneers submitted proposals to the federal Office of Economic Opportunity to establish health centers in medically underserved inner city and rural areas of the country based on the same health care model Geiger had studied in South Africa. Funding for the first two "Neighborhood Health Centers" (as they were then called) – one in Boston, Massachusetts, and the other in Mount Bayou, Mississippi – was approved in 1965, and the Community Health Centers Program was launched.

The health center model that emerged combined local resources with federal funds. The formula not only empowered communities but also proved that affordable, accessible health care produces compounding benefits.

Today over 1,200 health centers in 7,000 communities across America serve as the health care home for over 18 million people and are recognized as a critical part of the nation's health delivery system. Every day, health centers are meeting escalating health needs and bringing doctors and needed health facilities into medically underserved communities to address costly and devastating health problems such as diabetes, asthma, HIV/AIDS, and substance addiction. Since their earliest beginnings over four decades ago, health centers continue to represent what is right and good in America's health care.

"[Health centers are] a likely feature of any health care deal struck by Congress and the Obama administration."

New York Times, December 2008



Investing in America's Health Care Future

America's Health Centers are vital to all aspects of the nation's health care system, working in partnership with their communities in the delivery of quality health care. They also serve as economic engines in the community—providing jobs, purchasing goods and services, and bringing in capital development. And they serve as a crucial training ground for young students, dedicated professionals and volunteers to become health care leaders – for today and for the future.

Health centers welcome your support and participation.

Corporate America

- Work with health centers to strengthen the health safety net and to promote a community health system focused on disease prevention and good public health.

Policymakers

- Engage in mutual dialogue to foster health policy solutions that will bring better health to people and communities.

Local, State, and Federal Governments

- Support and strengthen health centers as the foundation of a cost-effective health safety net system that meets local, state, and national needs.

Health Professionals/ Academic and Other Institutions

- Connect with health centers to develop and promote health services research and training and bring about the best quality care possible.

Philanthropic Organizations

- Invest in America's Health Centers for innovative health delivery approaches that can meet community health problems.

Committed Volunteers

- Everyone can participate and invest in the health of a community by volunteering at a local health center.

Health Center Friends & Partners

340 B Coalition
AARP
Academic Family Medicine Advocacy Alliance
Access to Benefits for Prescription Drugs (ABC-RX) Coalition
AFL-CIO
America's Promise Alliance
American Academy of Allergy Asthma & Immunology
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Colleges of Osteopathic Medicine
American College of Genetics
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Physicians
American Dental Association
American Dental Education Association
American Health Care Association
American Legacy Foundation
American Medical Student Association
American Optometric Association
American Osteopathic Association
American Psychological Association
American Public Health Association
American Red Cross
American Solutions for Business
Americares
AmeriCorps Alums
AmeriCorps*VISTA (California and New York)
Association for Community Affiliated Plans
Association of Academic Health Centers
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations
Association of Clinicians for the Underserved
Association of Minority Health Professions Schools
Association of State and Territorial Health Officials
Astra Zeneca LP
A.T. Still University - School of Dentistry and Oral Health/ School of Osteopathic Medicine in Arizona
Bayer Diagnostics
BKD, LLP
California Volunteers
Capital Link
Center for Health and Health Care in Schools
Center for School Mental Health Assistance - University of Maryland School of Medicine
Central Valley Health Network
Children's Dental Health Project
Commonwealth Fund, The
Community Campus Partnerships in Health
Community Health Ventures
Congressional Black Caucus Foundation
Congressional Hispanic Caucus Initiative
Corporation for National and Community Service
Corps Network, The
Covidien
Direct Relief International
Farmworker Health Services, Inc.
Farmworker Justice
FH Community Health
First Focus
George Washington University, The School of Public Health and Health Services/Geiger-Gibson Program in Community Health Policy
Goodwin & Company
Health and Medicine Counsel of Washington
Health Information Management and Systems Society
Health Leadership Council
Healthy Communities Access Coalition
Institute for Business and Home Safety
Internet2
Johns Hopkins University Press
Johnson & Johnson
Kaiser Permanente Community Benefit
Kansas City University of Medicine and Biosciences
Lippincott Williams & Wilkins
MD & DDS Resources, Inc.
MassMutual Financial Group
Midwest Clinicians Network
Migrant Clinicians Network
Migrant Health Promotions
Migrant Legal Action, Inc.
Mobile Health Clinics Network
Morehouse School of Medicine – National Center for Primary Care
NAACP Voter Empowerment Program
National and Community Service Coalition
National AHEC (Area Health Education Centers) Organization-Rhode Island
Area Health Education Center
National Assembly on School-Based Health Care
National Association of Children's Hospitals
National Association of City and County Health Officials
National Association of Counties
National Association of Public Hospitals and Health Systems
National Association of Rural Health Clinics
National Center for Farmworker Health
National Committee for Quality Assurance
National Council for Community Behavioral Healthcare
National Council of La Raza
National Council on Aging
National eHealth Collaborative
National Health Care for the Homeless Council
National Health Law Program
National Hispanic Medical Association
National Kidney Foundation
National Medical Association
National Priorities Partnership
National Quality Forum
National Rural Health Association
New York Commission on National and Community Service
OneStar Foundation
Operation USA
Partnership for Clear Health Communication
Partnership for Medicaid
Partnership for Primary Care Workforce
Pfizer Inc.
PhRMA
RCHN Community Health Foundation
Risk Management and Patient Safety Institute
Robert Graham Center, The
Robert Wood Johnson Foundation
Center-University of New Mexico
Health Sciences Center
Roche
RSMcGladrey
Save the Children
ServiceNation
Society of Teachers of Family Medicine
Special Olympics
Staff Care, Inc.
Teva Pharmaceutical Industries Ltd.
United Health Foundation
U.S. Census Bureau
U.S. Conference of Mayors
U.S. Department of Health and Human Services
• Agency for Healthcare Research and Quality
• Centers for Disease Control and Prevention
• Centers for Medicare and Medicaid Services
• Health Resources and Services Administration
■ Bureau of Health Professions
■ Bureau of Primary Health Care
• Indian Health Services
Universal American
University of California – Center for Health Policy Research
University of Connecticut Urban Health Scholars
Vision Service Plan – Sight for Students
Voices for National Service
Volunteer Florida
W. K. Kellogg Foundation

NACHC

Join Us

Health care is an investment in America's future. We hope that you will team up with our innovative community health leaders and partners who have demonstrated that we can meet the challenge in health care and build stronger and healthier communities. Join us in partnership – and give more Americans a chance for healthy and productive lives.

The National Association of Community Health Centers (NACHC) represents Community, Migrant, and Homeless Health Centers as well as Public Housing Health Centers and other Federally Qualified Health Centers. Founded in 1971, NACHC is a nonprofit organization providing advocacy, education, training, and technical assistance to health centers in support of their mission to provide quality health care to underserved populations.

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