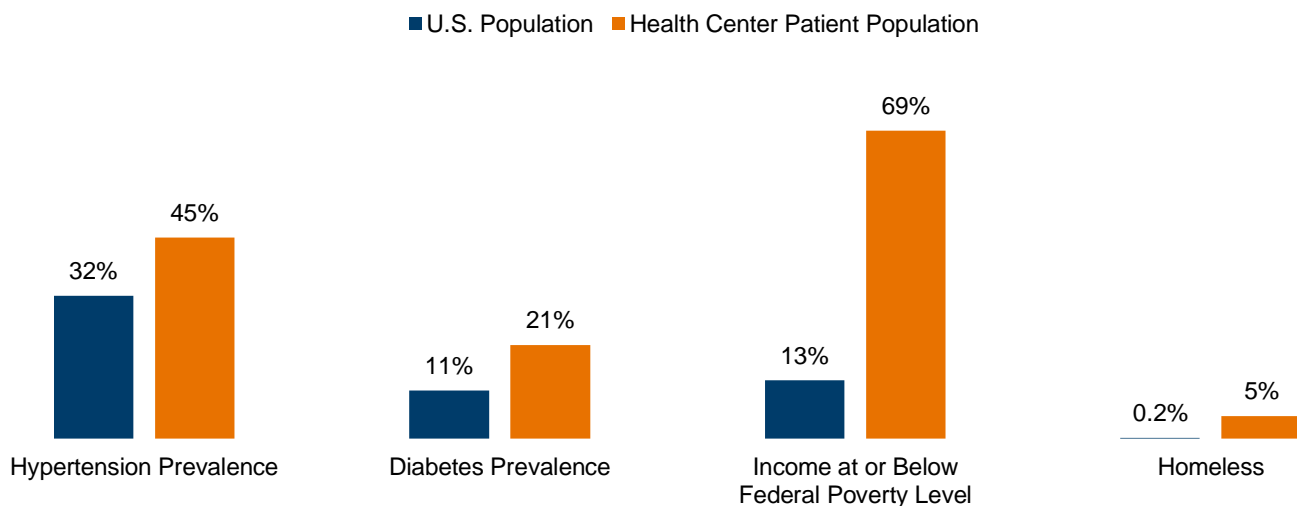


Health Centers are Providing Care to Growing Numbers of Patients with Complex Needs

Health centers are non-profit, primary and preventive care providers serving low-income and medically underserved communities.¹ Currently, there are over 1,400 Health Center Program organizations in every state, territory, and DC that collectively care for 28 million patients nation-wide.² Because of their focus on the medically underserved – communities and populations where there is demonstrable unmet need for health services³ – health center patients experience higher rates of chronic conditions, as well as higher rates of social risk factors associated with poorer health outcomes, like poverty and homelessness.^{4,5}

Health center patient populations are more complex because they have higher rates of chronic conditions and social risk factors associated with poorer health outcomes.

Percent of U.S. population vs. health center patient population for selected demographics, 2017⁴

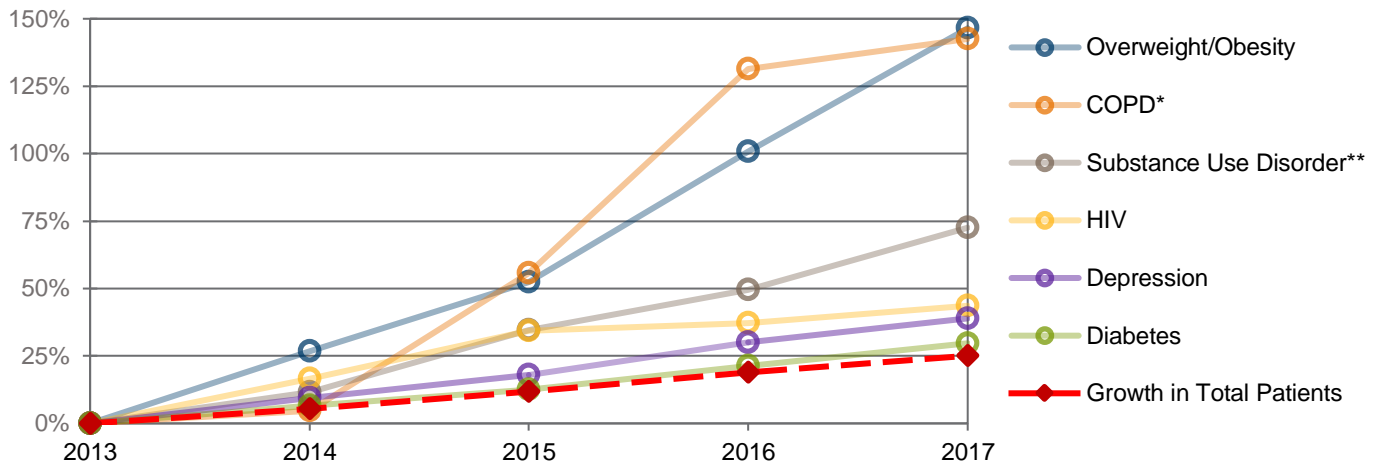


Increasing Rates of Chronic Conditions

Following the creation of the Community Health Center Fund in 2010, health centers began rapidly expanding to serve more medically underserved patients across the nation. From 2010 to 2017, the number of patients served by federally-funded health centers grew from 19.5 million to 27.2 million.⁶ Yet, growth in the number of patients with key chronic conditions outpaced patient growth overall, indicating that health centers are screening and treating more patients with these costly, complex chronic conditions, requiring more extensive health care management services. For example, the number of health center patients diagnosed as overweight/obese rose by 146% from 2013 to 2017,⁶ and this diagnosis is associated with an increased risk of other chronic conditions, such as diabetes, heart disease, and stroke.⁷ Several other key chronic conditions, including chronic obstructive pulmonary disease, substance use disorder, HIV, depression, and diabetes, follow a similar pattern shown in the chart below (next page).

The health center patient population has grown increasingly complex, with higher rates of chronic conditions than in previous years.

Percent growth in health center patients diagnosed with selected chronic conditions, 2013– 2017⁶



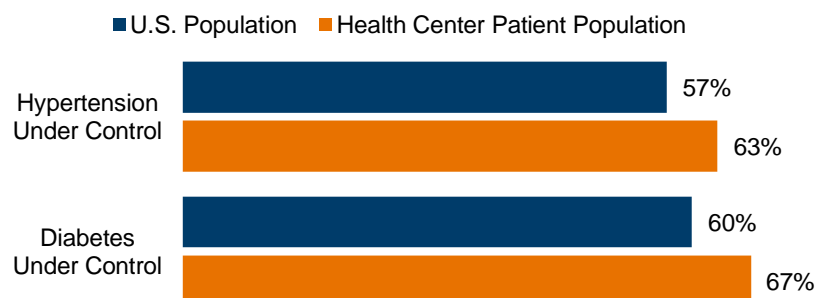
*COPD = chronic obstructive pulmonary disease
**Excludes tobacco and alcohol use disorders

Achieving Better Outcomes for Complex Patients

Given the complex needs of their medically underserved patients, health centers offer a comprehensive and affordable set of primary and preventive care, dental, behavioral health, pharmacy, and other “enabling” services that facilitate access to care and help patients make better-informed choices about their health care. The range of enabling services depend on the needs of each community, and often include care coordination, transportation, outreach, health education, and case management. By offering these comprehensive, integrated services regardless of patients’ insurance status or ability to pay, health centers can achieve better results for complex patients with chronic conditions and who face challenges affording or accessing health care.

The health center model achieves better outcomes for complex patients, even while serving patients with higher rates of chronic conditions and social risk factors.

Percent of population with hypertension and diabetes under control, 2017⁸



Sources and Notes: 1. In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC look-alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. 2. NACHC, 2018. Includes all patients of federally-funded health centers, non-federally-funded health centers, and expected patient growth for 2018. 3. This document uses the term “medically underserved communities and populations” to refer to medically underserved areas and populations (MUA/Ps). For more information on MUA/Ps, see the Bureau of Primary Health Care website, available from: <https://bhwh.hrsa.gov/shortage-designation/muap>. 4. NACHC. Community Health Center Chartbook. January 2019. Federally-funded health centers only. Available from: <http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/>. 5. Centers for Disease Control and Prevention. CDC Research on SDOH. Updated December 2017. Available from: <https://www.cdc.gov/socialdeterminants/research/index.htm>. 6. 2010-2017 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS. Federally-funded health centers only. 7. National Institute of Diabetes and Digestive and Kidney Diseases. Health Risks of Being Overweight. Updated February 2015. Available from: <https://www.niddk.nih.gov/health-information/weight-management/health-risks-overweight>. 8. Bureau of Primary Health Care, 2018. Health Center Program Fact Sheet. Available from: <http://www.nachc.org/wp-content/uploads/2019/01/Community-Health-Center-Chartbook-FINAL-1.28.19.pdf>.

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