

KEY MILESTONES FOR COMMUNITY HEALTH CENTERS YESTERDAY TODAY & TOMORROW

The community health center model was developed to remove traditional barriers to care such as transportation, language, literacy, financing, and race. The goal is to provide high quality, equitable health services in communities where access to doctors and essential health services is otherwise limited.

YESTERDAY

The existence of America's Health Centers begins with

- **Civil rights activists of the 1960s** who fought to improve the health and lives of Americans living in extreme poverty.
 - Physician activists H. Jack Geiger and Count D. Gibson Jr. recognized the value of the community health center model in South Africa and envisioned how a similar model could offer astonishing health improvements for America's poverty-stricken citizens. They noted that without accessible health care "the poor get sicker, and the sick get poorer."
 - They pushed to include health centers as part of President Lyndon B. Johnson's War on Poverty initiative within the Federal Office of Economic Opportunity.
- **In 1965**, the first "Neighborhood Health Centers" opened in Dorchester, MA and Mound Bayou, MS. This was the launch of a revolution in the Community Health Center Program. A goal was set to open 1000 health centers around the country by 1973.
- **In 1971**, the National Association of Community Health Centers (NACHC) was established to validate the growing number of community health centers and promote efficient, high quality, affordable, and comprehensive health care for everyone.
- **By 1996**, Section 330 of the Public Health Service Act established a permanent Health Center Program including services for migrant workers, the homeless, and residents of public housing. Funding was established through the Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC) of the U.S. Department of Health and Human Services (HHS).

To learn more about the living history of health centers, visit the Mass League of Community Health Center's [history pages](#), RCHN Community Health Foundation's [CHronicles](#), The Community Health Center Story or [HRSA's Health Center Program: Impact and Growth](#) | [Bureau of Primary Health Care \(hrsa.gov\)](#)

TODAY

Community Health Centers are now...

- **The most comprehensive, wide-spread, and effective primary care network in America**, caring for over 29 million people (1 in 11) through more than 13,500 sites across almost 1400 health centers in America. No patient is turned away, regardless of insurance status or ability to pay. Health centers serve:
 - A growing proportion of adults over age 65
 - 1 in 3 people living in poverty
 - 1 in 5 rural residents
 - 1 in 9 children (885,000 in schools)
 - 1.3 million people without housing
 - Almost 1 million agricultural workers
 - More than 375,000 Veterans
- **Better at narrowing health disparities** than primary care doctors in private practice, especially on ambulatory care quality measures – even when patients have more co-morbidities.
- **Saving the health care system \$24 billion annually with lower per-patient costs** and saving Medicaid 24% per patient, on average.
- **Providing full service, life-long care**, including dental care, psychiatry/mental health care, pharmacy, primary care, pediatric care, prenatal care/family planning, geriatric care, nutrition services, LGBTQIA+ care, and addiction services among other supports for needs like housing and transportation.
- **Uniquely tailored to improve health equity and meet the needs of the community** with consumer-majority governing boards.
- **Leading the nation's transition to value-based care** for better health outcomes, better staff and patient experiences, better equity, and lower costs (the Quintuple Aim).
- **Stimulating national economic growth and employment**, leading to \$63.4 billion in economic activity and 455,000 jobs in 2019.
- **Addressing public health emergencies as front-line responders**, as evidenced by the critical role health centers played in COVID-19 testing, prevention, treatment, and vaccination; addressing the opioid crisis; and in HIV care and prevention.

TOMORROW

Health centers will utilize training and technical assistance to:

- **Renew their commitment to equity and social justice**, leveraging and adapting data and funding to address racism and implicit bias within the health care system, communities, and organizations.
- **Place greater emphasis on strategies that address the social determinants of health.**
- **Develop a highly skilled, adaptive, mission-driven workforce that reflects communities served.**
 - NACHC, health centers, Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs) and other partners work together to cultivate a diverse and high-performing workforce with relevant, future-facing training, and opportunities for growth.
- **Cultivate broader, more functional, and more meaningful partnerships** that advance the mission of community-driven governing boards within the markets where they operate.
- **Enhance data capture and utilization with the adoption of innovative technology** to improve efficiency, access, and outcomes.
- **Work to establish reliable and sustainable funding** to meet increasing demands for their services.
- **Continue to handle emerging health threats.**

SOURCES:

- 2020 Uniform Data System

- Nocon et al. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. AJPH. November 2016. 106(11): 1981-1989

- Leavitt Partners in collaboration with NACHC based on Bureau of Economic Analysis RIMS II Industry-Specific Multipliers for Ambulatory Health Care Services.