

Health Center Program

Overview

For more than 50 years, health centers have delivered affordable, accessible, quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for America's most vulnerable populations. Health centers advance a model of coordinated, comprehensive, and patient-centered care, coordinating a wide range of medical, dental, mental health, substance use disorder, and patient support services. Today, nearly 1,400 health centers operate more than 11,000 service delivery sites that provide care in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

Increasing Access to Care

Health centers deliver care to the Nation's most vulnerable populations, and now, more than ever, the Nation's veterans.

Nearly **26 million people** – 1 in 12 nationwide – rely on a HRSA-funded health center for affordable, accessible primary health care, including:

- One in three people living in poverty nationwide
- One in six people living in rural communities
- One in ten children 17 years or younger nationwide
- More than 330,000 veterans – a 14% increase from 2014 – which is expected to increase as more health centers participate in the Veterans Choice Act



Improving Health Outcomes

Health centers focus on integrating care for their patients across the full range of services – not just medical but oral health, mental health, substance use disorder, and vision services. Health centers also deliver crucial services such as case management, transportation, and health education, which enable vulnerable populations to access care.

In 2016, health centers continued to serve as leaders in quality health care. Nearly all (99.6%) health centers demonstrated improvement on one or more clinical quality measure, including exceeding the national average in key diabetes and hypertension measures:

- 68% of health center patients have their diabetes controlled (national average 55%¹)
- 62% of hypertensive patients have their blood pressure controlled (national average 53%²)

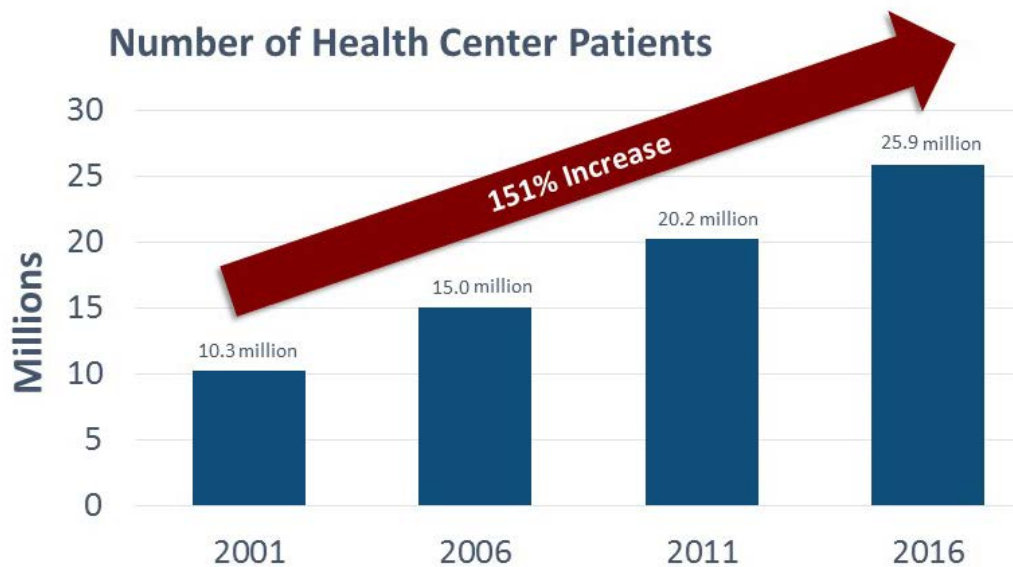
Health centers improve health outcomes by emphasizing the care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

Reducing Health Care Costs

Health centers reduce costs to health systems; the health center model of care has been shown to reduce the use of more costly providers of care, such as emergency departments and hospitals.³ A 2016 multi-state study found that health center patients had 24% lower spending as compared to non-health center patients across all services (e.g. 33% lower spending on specialty care, 25% fewer inpatient admissions, 27% lower spending on inpatient care); indicating that the Health Center Program provides a cost efficient setting for delivering quality primary care to Medicaid enrollees.⁴

Health Center Program Growth: 2001 – 2016

Between 2001-2016, the Health Center Program grew significantly in response to the need for affordable, high quality, comprehensive primary health care services in underserved communities. During this time, health centers increased the total number of patients served by more than 150% (15.6 million additional patients).



For more information on health centers, visit bphc.hrsa.gov
To locate a health center, visit: findahealthcenter.hrsa.gov

¹ NCHS Data Brief. Hypertension Prevalence and Control Among Adults. No. 220, November 2015.

² National Committee for Quality Assurance, The State of Health Care Quality (2015)

³ Laiteerapong, Neda et al. "Health Care Utilization and Receipt of Preventive Care for Patients Seen at Federally Funded Health Centers Compared to Other Sites of Primary Care." Health Services Research 49.5 (2014): 1498–1518.

⁴ Nocon, Robert S. et al. "Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings." American Journal of Public Health, 2016 Nov; 106(11):1981-1989.