

Community Health Centers Past, Present, and Future: Building on 50 Years of Success

MARCH 2015



NATIONAL ASSOCIATION OF
Community Health Centers

Fifty years ago, the nation's first Community Health Centers demonstrated that locally governed healthcare can improve lives while lowering costs. These pioneer Health Centers launched a national movement that today provides affordable, high-quality, primary and preventive care to millions of people and reduces the need for costlier forms of care. This enduring model of care has been and remains unique: mission-driven, located where care is most needed, open to all regardless of ability to pay, and governed by local patient-majority boards.

As we celebrate Community Health Centers' 50th Anniversary in 2015, they are projected to serve 28 million patients by the end of the year. These patients receive care through 1,300 Health Center organizations in more than 9,200 rural and urban underserved communities. Health Centers integrate medical services with oral health, behavioral health, pharmacy, vision care, and other key services. They improve access to care by removing barriers related to cost, lack of insurance, distance, or language. Although all Health Centers must meet the same federal operating requirements, each Health Center is unique, adapting to meet their respective communities' specific needs and preferences.

Decades of research reveal a strong record of accomplishments. Health Centers are more accessible than other providers to patients who are new, uninsured, or have Medicaid.¹ **Health Centers' patient outcomes meet or exceed those of other primary care providers,** even though their patient populations are challenged with

more complex health needs.² Health Center care reduces mortality, health disparities, and risk of low birth weight.³ At the same time, Health Centers **generate \$24 billion a year in savings to the healthcare system** through efficient patient management.⁴ They also **create jobs** and generate an estimated \$26.5 billion in needed economic activity to economically distressed communities.⁵

At the heart of these accomplishments is the sustained public investment that strengthened and expanded Community Health Centers over the course of five decades. Federal support has also positively impacted the U.S. healthcare system. Health Center funding and capacity have been proven to lower emergency department utilization and hospitalizations among populations that historically experience access challenges, including patients who are low-income, Medicaid-enrolled, uninsured, and living in rural communities.⁶

It is this record of accomplishment that has drawn bipartisan support for the Health Center Program in Congress and in the White House. However, the current threat to federal Health Center funding jeopardizes Health Centers' ability to sustain and grow these successes in access, outcomes, and cost. As this policy report will demonstrate, **losses in federal funding would dramatically unravel recent progress,** resulting in a loss of access for millions of patients and layoffs of clinicians and other key personnel at a time when demand for primary care is increasing. There is too much at stake to turn back now.



Community Health Centers Yesterday and Today: A Bipartisan Legacy of Support, Investment and Growth



President Lyndon B. Johnson signs the Economic Opportunity Act of 1964

The Birth of Community Health Centers

The Community Health Center movement was born out of the civil rights and social justice movements of the 1960s with a clear mission that endures today: to provide healthcare to underserved communities where there are few or no options for care. Driven by the vision of Drs. Jack Geiger and Count Gibson, early Health Centers provided quality healthcare, governed by the community itself, to those in need regardless of their ability to pay.



**PRESIDENT
GEORGE W. BUSH
- APRIL 2000**

**"I SUPPORT INCREASING THE
NUMBER OF COMMUNITY
HEALTH CENTERS ACROSS**

**AMERICA. HEALTH CENTERS ARE
COMMUNITY-OWNED, LOCALLY
ADMINISTERED MEDICAL CLINICS WHERE
PEOPLE CAN RECEIVE PREVENTIVE CARE,
FREE VACCINE CLINICS, HEALTH ALERTS,
DISEASE SCREENING, AND COUNSELING.
THEY HAVE BECOME AMERICA'S HEALTHCARE
SAFETY NET."**

The first Health Centers were established in 1965 in inner-city neighborhoods and rural communities, starting in Mound Bayou, Miss. and Dorchester, Mass. As many gained coverage through Medicare and Medicaid, Health Centers became the access part of the healthcare equation, turning the promise of coverage into the reality of high-quality care.

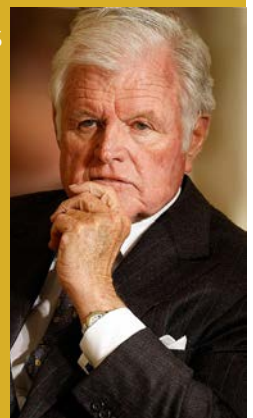
Bipartisan Support Leads to Growth

Even during those early days, Health Centers proved their value as a worthwhile investment. That value was recognized with bipartisan support from Congress which brought Health Centers to more communities and allowed them to integrate additional services beyond conventional medicine to improve population health.

In 1975, ten years after its inception, the Health Center Program was authorized for the first time in federal law and placed under what later became the Department of Health and Human Services. By that year, there were more than 100 Health Centers serving 2 million patients, thanks to additional investment championed by U.S. Sen. Edward Kennedy (D-Mass.), with the support of Sen. Jacob Javits (R-N.Y.).

SEN. TED KENNEDY (D-MASS.) - 1999

**"WHAT IMPRESSES ME THE MOST IS
THE ABILITY OF HEALTH CENTERS
TO DELIVER COMPREHENSIVE
PRIMARY AND PREVENTIVE CARE
IN A COST-EFFECTIVE MANNER TO
POPULATIONS IN THE HARD-TO-
REACH COMMUNITIES. CENTERS
ARE ABLE TO DO THIS, IN PART,
BECAUSE THEY ARE COMMUNITY
ORGANIZATIONS GOVERNED BY
CONSUMER BOARDS AND
OPERATED ON A LOCAL LEVEL. THIS PUTS THEM
IN TOUCH WITH THE NEEDS OF THE LOCAL
POPULATION. HEALTH CENTERS ARE NON-PROFIT-
THEY DON'T PUT THEIR BOTTOM LINE AHEAD OF
THEIR VISION OF DELIVERING QUALITY CARE TO
AMERICANS MOST IN NEED."**





PRESIDENT BARACK OBAMA – 2014

“IN SMALL TOWNS AND BIG CITIES, HEALTH CENTERS SERVE AS A TRUSTED NETWORK, CONNECTING PATIENTS WITH COMMUNITY RESOURCES....HEALTH CENTERS EMPHASIZE EDUCATION AND HEALTHY LIFESTYLES, AND THEY HELP REDUCE RACIAL AND ETHNIC DISPARITIES IN CARE. THEY LIFT UP FAMILIES AND CREATE JOBS THAT POWER LOCAL ECONOMIES.”

Throughout the 1980s and 1990s, Health Centers continued to preserve the direct federal-local connection at the heart of the model, despite efforts to shift more control and limited resources over to the states. Efforts to improve access to care among the medically underserved were complemented by regulatory innovations. These included the 340B Drug Pricing Program, which provided Health Centers access to certain pharmaceuticals at significantly reduced prices; the Federal Tort Claims Act, which extended medical liability coverage to Health Centers and subsequently freed up more resources for patient care; and the establishment of Health Center services as guaranteed benefits under Medicare and Medicaid.

By the year 2000, Health Centers had grown to serve 10 million people in communities across the United States. Under President George W. Bush, the number of patients served almost doubled as a result of his Health Center Expansion Initiative, a centerpiece of the administration’s healthcare agenda. The Bush Initiative called for more than 1,200 new Health Center sites as well as service expansions in the areas of mental health, substance abuse, and oral health. Health Centers were hailed as one of the most effective federal programs by both the White House Office of Management and Budget⁷ and the Institute of Medicine, which cited Health Centers as “stellar models” of primary care practice to be emulated across the nation.⁸ During this period, the Health Center Program was reauthorized twice by Congress, leading to continued and increased investment.

Sustaining Health Centers’ Impact

Expansion has continued during the last six years, first with resources invested in Health Centers through the American

SEN. ROY BLUNT (R-MO.) - 2014

“COMMUNITY HEALTH CENTERS HAVE BECOME THE NATION’S LARGEST PRIMARY CARE NETWORK, AND MILLIONS OF AMERICANS CANNOT AFFORD TO LOSE ACCESS TO THE QUALITY, COST-EFFECTIVE CARE THEY PROVIDE. WE NEED TO WORK TOGETHER TO FIND A RESPONSIBLE WAY TO ENSURE OUR NATION’S COMMUNITY HEALTH CENTERS CAN STAY OPEN FOR THE MILLIONS OF AMERICANS WHO RELY ON THEM.”



Recovery and Reinvestment Act (ARRA) of 2009, which provided needed investments in new facilities, expanded operations, and electronic health records (EHR) during the economic downturn. The most significant investments came in 2010 through the establishment of a new Health Center Fund, providing \$11 billion in dedicated funding to support both operational and capital costs to supplement Health Centers’ 2010 discretionary funding levels. The Fund was spread out over five years, and also called for targeted investments in workforce capacity through the national Health Service Corps (NHSC). But in 2011, Congress cut \$600 million to Health Centers’ discretionary levels, requiring the use of the Health Center Fund to “backfill” that loss of funding. With the Fund set to expire in 2015, Congress must address the resulting shortfall and ensure that millions of current patients do not lose access to their local Health Center.

50 Years of Community Health Centers: Policy Milestones Driving Access to Care



Years of Making Change Happen

First
“Neighborhood
Health Centers”
begin serving
patients in
Dorchester,
Mass.; Mound
Bayou, Miss.;
Denver, Colo.;
Chicago, Ill.; and
New York, N.Y.

Health Centers
first authorized
under Sections
329 and 330 of
the Public Health
Service Act

Congress enacts
Primary Care
Block Grant, a
voluntary option
for states to
consolidate
Health Center
funding

Congress repeals
Primary Care
Block Grant,
returning Health
Centers to a
model of local
control with
federal support

Congress defines
guaranteed
“Federally
Qualified Health
Center” services
under Medicaid;
follows suit in
Medicare a year
later

President George
H.W. Bush
proposes Health
Center expansion.

Congress extends
coverage under the
Federal Tort Claims
Act (FTCA) for
Health Centers and
their clinicians



President
Richard Nixon
signs National
Health Service
Corps (NHSC)
into law;
clinicians placed
in underserved
communities

President Jimmy
Carter calls
for first major
Health Center
expansion as
part of his Rural
Health Initiative

President Ronald
Reagan signs
Emergency Jobs
Bill; includes
targeted funding
for Health
Centers to
drive economic
activity

Stewart B.
McKinney
Homeless
Assistance Act
establishes
Health Care for
the Homeless
program

Ryan White CARE
Act passes, Health
Centers expand
services for persons
living with HIV/
AIDS.

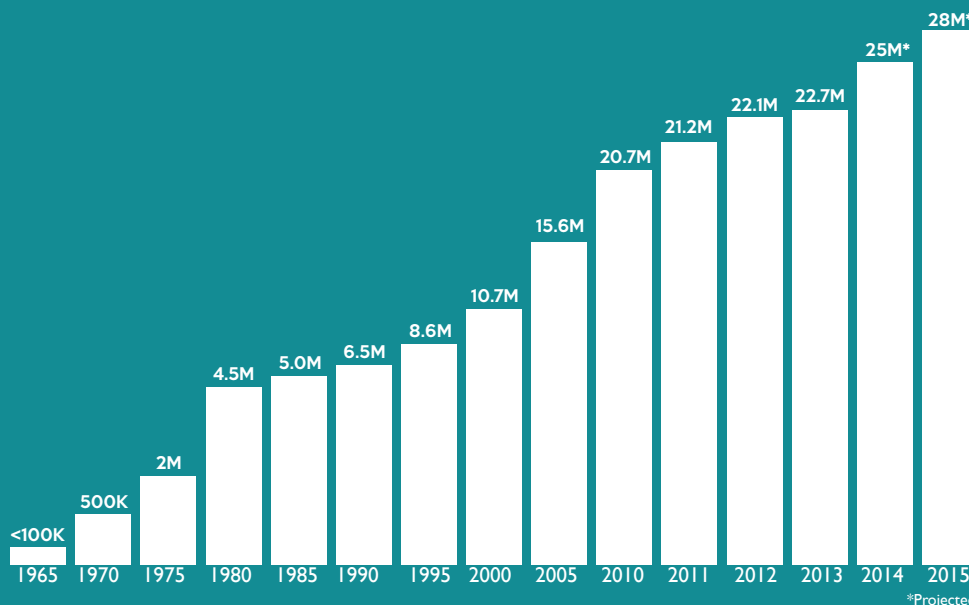
Public Housing
Primary Care
program is
established





HEALTH CENTER PATIENT COUNT OVER THE YEARS

Total patient counts represent federally funded Health Centers and Federally Qualified Health Center Look-Alikes.



*Projected

Community HealthCorps Program begins placing volunteers in Health Centers to assist with outreach, insurance enrollment, patient education, and other services

President George W. Bush calls for a five-year Health Center Growth Initiative, setting a target of 1,200 new or expanded sites

Congress adopts "Deal Amendment," reinforcing Health Centers' Medicaid PPS methodology

American Recovery and Reinvestment Act (ARRA) invests \$2 billion in new or upgraded buildings and Electronic Health Records

Congress slashes federal discretionary spending, makes unprecedented \$600 million cut to base funding for Health Centers

Health Center Fund slated to end, threatening to reverse progress made in expanding primary care services



1995
 Congress establishes Prospective Payment System (PPS) to provide Health Centers predictable, reasonable Medicaid payments

2001
 Congress unanimously reauthorizes the Health Center Program.

Medicare Modernization Act establishes fair and reasonable payments to Health Centers serving seniors

2002
 Health Centers and NHSC reauthorized with overwhelming bipartisan support

2009
 Health Center Fund established to provide \$11 billion over five years.

Congress also boosts NHSC funding and creates Teaching Health Center Graduate Medical Education Program to train future Health Center physicians

2010
 Health Centers begin receiving bundled payments under Medicare, known as a Prospective Payment System.

Congress appropriates final year of Health Center Fund



Community Health Centers Today: Improve Access to Care



America's Health Centers operate in communities otherwise facing a lack of healthcare service. Health Centers ensure that access to primary and preventive care is a reality for people most in need.



Deliver Care Across the Nation



To All Who Need it



In 2013, Health Centers served
over 23 million patients.

By the end of 2015, they are
projected to serve nearly
28 million patients.



have family
incomes below
200% of the FPL
(\$47,100 for a
family of four)



are under
age 18



are covered
by Medicaid



are uninsured



are covered by
Medicare

Health Centers serve large numbers of the
nation's most vulnerable, including:



More than 40% of patient visits are
for **chronic conditions** such as diabetes, mental health concerns,
heart disease, and hypertension.

America's Health Centers
also proudly provide care to
268,021 veterans, a **32%**
increase since 2009.








Community Health Centers Today: Improve Health Outcomes



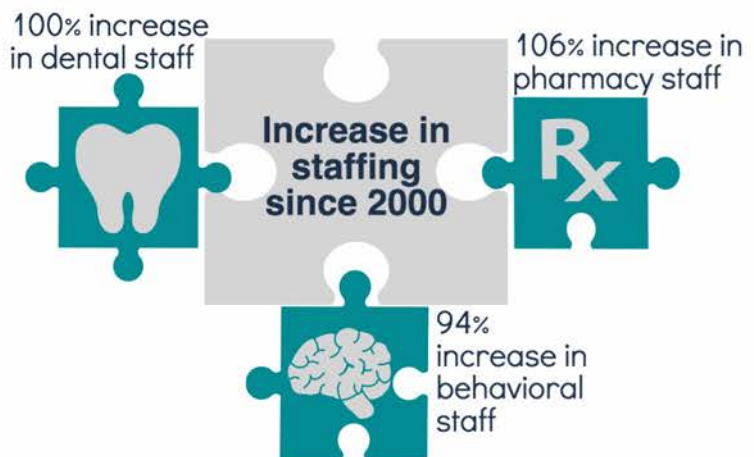
Deliver high-quality care

Health Center patient outcomes meet or exceed those of other primary care providers, despite serving more patients with chronic illness and complex health needs. Health Centers' high-quality and accessible care delivers results for their high risk patients and improves health while narrowing disparities.

-  **22% more screenings** for diabetes, hypertension, breast, and cervical cancer.
-  Health Centers **lower mortality rates up to 13%** among patients age 50+.
-  **98%** of Health Center patients report **high satisfaction with care received.**
-  **80%** of Health Centers exceed a high performance benchmark for diabetes control.
-  **Rates of low birth weight are lower** among Health Center patients – 7.5% vs. 8.2% among all U.S. low income.

Provide integrated care, all under one roof

Health Centers' successes are directly tied to their model of comprehensive care. They integrate medical, dental, behavioral, pharmacy, vision, and other services that facilitate access to care and improve health, ensuring patients benefit from extensive primary and preventive care services easily and affordably.



59% of Health Centers have been recognized as **patient-centered medical homes**  a **98%** increase since 2009.

96% of Health Centers utilize **Electronic Health Records**, up from 25% in 2006. 

Community Health Centers Today: Deliver Cost Effective Care



 Health Centers deliver significant **returns on investment**

 Health Centers **save \$24 billion** for the healthcare system through effective patient care management.

 Health Centers bring an influx of **\$26.5 billion in economic activity** to the communities they serve.

\$11 is generated in total economic activity for every \$1 of federal funding invested in Health Centers. 

 Health Centers bring **savings to Medicaid & Medicare**

Total costs for Health Center **patients with Medicaid are \$414 less** than those served by other providers.

Health Centers **lower Medicare spending by up to 30%.**

 Health Centers produce savings **across the country**

California
Health Center Medicaid managed care patients have:

- 64% lower** rates of multi-day hospital admission
- 18% lower** rates of ER visits
- 25% fewer** inpatient bed days than patients at other providers.

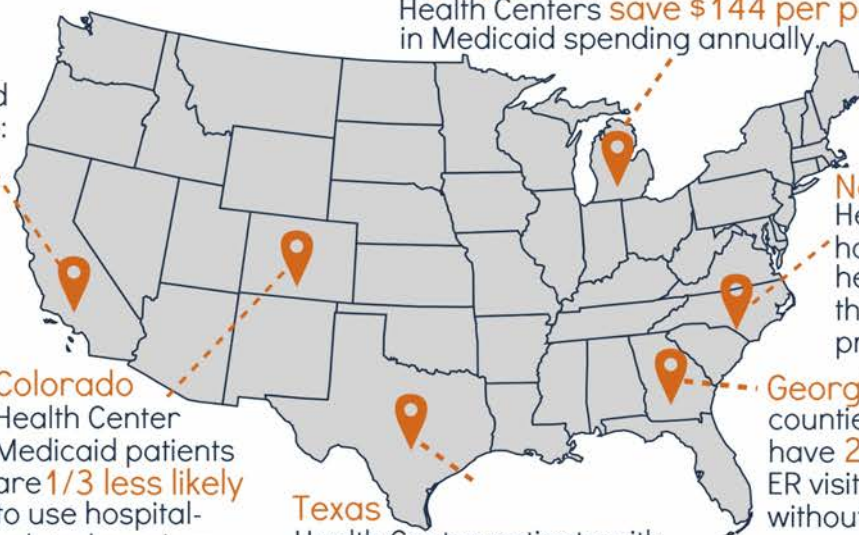
Colorado
Health Center Medicaid patients are **1/3 less likely** to use hospital-related services than other Medicaid patients.

Texas
Health Center patients with Medicaid have **\$384 less in total costs** compared to those served by office-based physicians.

Michigan
Health Centers **save \$144 per patient** in Medicaid spending annually.

North Carolina
Health Center patients have **62% lower** healthcare spending than patients of other providers.

Georgia
counties with Health Centers have **25% fewer** uninsured ER visits than counties without a Health Center.



Community Health Centers Tomorrow: Progress at Risk



An Enduring Model of Care

The Health Center Program today is a fundamental building block of the U.S. healthcare delivery system. What began as an innovative social experiment during the mid-1960s has evolved into the largest primary care network in the country, already serving more than 23 million patients while lowering healthcare costs. Health Centers' comprehensive model serves as an ideal source of care for community residents of all income levels, while their accessibility provides an option for care for the working poor, un- and under-insured, racial/ethnic minorities, rural populations, and the chronically ill. Health Centers also remove barriers to care experienced by both Medicaid and privately insured patients struggling with high out-of-pocket costs, who often cannot find providers willing to serve them.⁹

A cornerstone to the success of the Health Center delivery model is sustained public support to meet the demand for care and prevent costly illnesses. Federal investments allow communities to bring healthcare services to areas where they are needed most and provide a foundation for every Health Center to leverage other revenue to meet the community's unique needs.

Federal investments also result in significant returns. Health Centers save the U.S. healthcare system more than \$24 billion every year through the efficient management of patient care needs.⁴ In addition, Health Centers bring needed economic resources to low-income communities, generating \$11 in total economic activity for every \$1 invested.⁵ Health Centers are also important employers, providing nearly 157,000 full time positions¹⁰ and creating nearly 112,000 other local jobs through the purchase of goods and services.⁵

Federal Investment at Risk

Recognizing Health Centers' critical role as a primary healthcare system, Congress in 2009 created the mandatory Health Center Fund, infusing \$9.5 billion in operational funding and \$1.5 billion in one-time capital support to grow the program over existing discretionary funding levels. Between FY2010 and 2015, the Health Center Fund has



Health Center leaders brief Congress on the impact of the Health Center Funding Cliff

expanded the reach of Health Centers into more communities that need care. To serve additional patients, Health Centers hired more staff, opened more sites, extended hours, and expanded services, such as dental, health education, behavioral health, and much more.

But the full potential of this investment has not been realized. In FY2011, Congress cut \$600 million annually from the Health Centers' discretionary funding, using the Fund to backfill these cuts, rather than expand access. This reduction, which amounted to \$3 billion over five years, resulted in 5 million fewer patients being served each year than originally intended. This reduction was compounded by additional cuts made to Health Center funding as a result of sequestration. And without action by Congress, the Health Center Fund is slated to expire at the end of FY2015, leaving only discretionary funding to cover the program's operations – **a reduction of approximately 70 percent in federal funding for all existing Health Centers that would force them to close sites, layoff staff, and reduce services.** The impact of this immense funding cut would be felt most acutely by the current patients who would lose access to their regular healthcare providers.



Impact of the Health Center Funding Cliff

Adequate funding is necessary to maintain Health Centers' current capacity and commitment to reach 28 million patients by the end of 2015 (Figure 1). This includes the 206,000 jobs that ensure patients have comprehensive care (Figure 2). The more patients served, the more Health Centers can contribute to reduced utilization of costly services, such as the emergency department and inpatient care. Yet as Figures 1 and 2 demonstrate, the Health Center Funding Cliff would dramatically alter the course of access to care in Health Centers, sharply reducing capacity and employment. **If the cliff is not addressed by Congress, within the first year an estimated 7.4 million patients would no longer be able to access their healthcare practitioner at their local Health Center, and nearly 57,000 clinicians and staff would be laid off. By 2020, 9.8 million fewer patients could be served and more than 82,000 staffing positions unfilled. The Department of Health and Human Services has projected that the cliff would mean closure of more than 2,000 health center sites.**

Figure 1

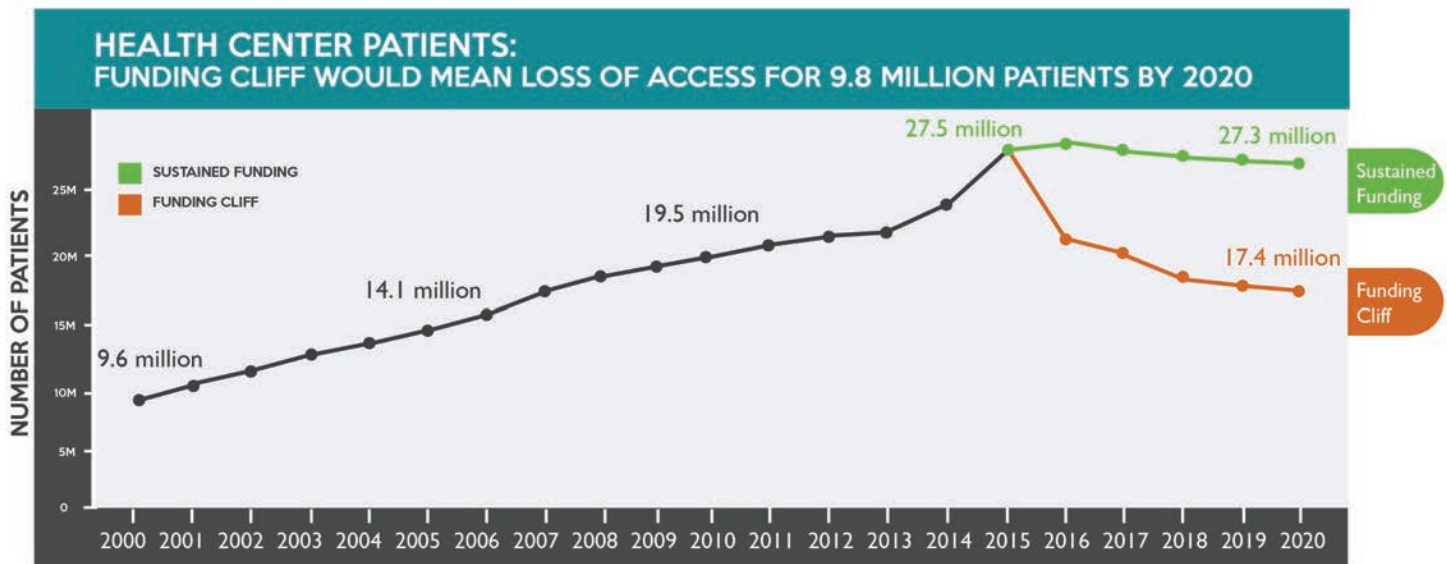
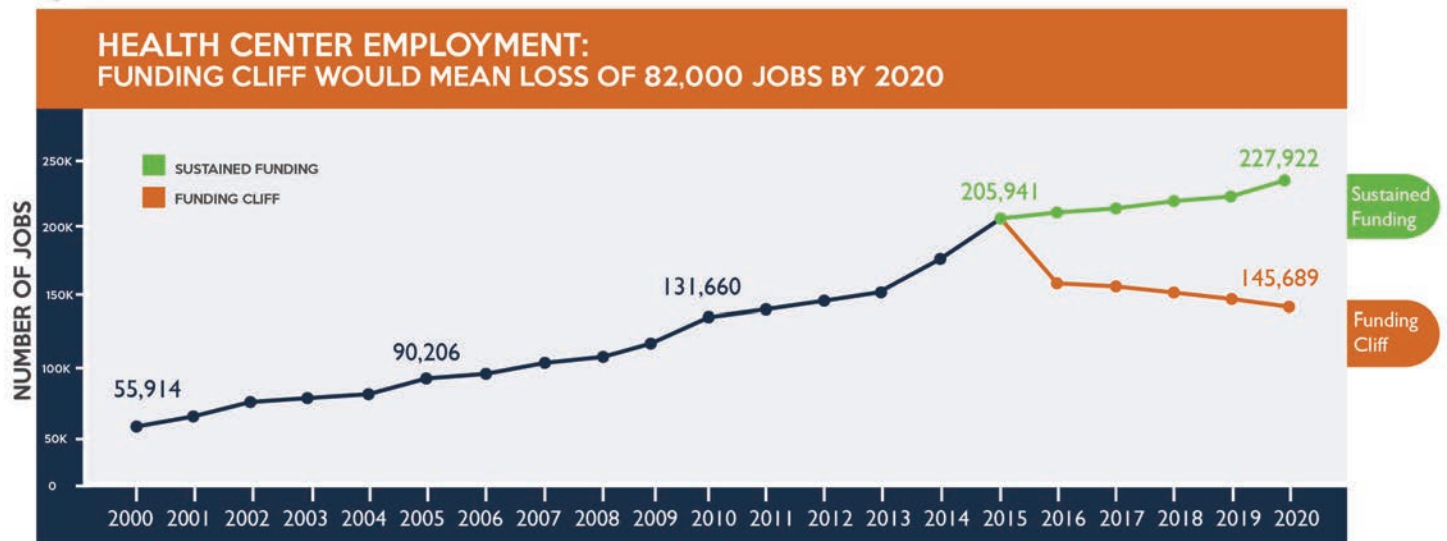


Figure 2



Sources and Notes: Includes actual and predicted estimates of patients served by and full-time equivalent (FTE) jobs at federally-funded Health Centers only. Patient and FTE counts prior to 2014 come from the Uniform Data System, maintained by the Health Resources and Services Administration (HRSA). Projections based on HRSA data and NACHC analysis of operational capacity as determined by available funding.





Su Clinica event on August 16, 2014. Courtesy of Su Clinica in Harlingen, TX.

Health Centers now face a Funding Cliff; mandatory funding for Health Centers is scheduled to end in September 2015. With only discretionary funding at current levels, Health Centers would experience cuts in funding of up to 70 percent, leading to closures of sites, staff layoffs, and elimination of healthcare access in some of the nation's most vulnerable communities. This would reverse the trend of fifty years of bipartisan investment in Health Centers and would occur just as the demand for primary and preventive care is growing.

In order to maintain Health Centers' viability and successes in providing access, creating jobs, and delivering quality care and savings, **Congress should act immediately to address the funding shortfall for Health Centers that threatens access to care.**

Sustaining Community Health Centers also depends on the availability of a sufficient clinical workforce. This means that Congress should also continue funding vitally important primary care workforce development programs. Without action by Congress this year, the **National Health Service Corps**, which provides scholarships and loan repayment to more than 10,000 clinicians in rural and underserved areas, would cease to exist along with the innovative **Teaching Health Centers** program, which focuses on growing the supply of primary care providers trained in community-based settings.

Taken together, the potential expiration of funding for these three programs constitutes a Primary Care Funding Cliff that threatens the stability and sustainability of our healthcare system. Failing to fix this cliff would send the country in the wrong direction by reducing primary care capacity and causing costs to spiral upward. **It is up to Congress to resolve the Primary Care Funding Cliff, sustain what has been gained over fifty years, and set a course toward a better healthcare system grounded in patient-centered, community-based care.**

Footnotes and References

¹ Saloner B, et al. The availability of new patient appointments for primary care at federally qualified health centers: Findings from an audit study. The Urban Institute. 2014. Hing E, Hooker RS, Ashman JJ. Primary health care in community health centers and comparison with office-based practice. *J Community Health*. 2011 Jun;36(3):406-13. Shi L, et al. Characteristics of ambulatory care patients and services: A comparison of community health centers and physicians' offices. *J Health Care Poor Underserved*. 2010; 21(4):1169 – 83.

² Goldman L, et al. Federally qualified health centers and private practice performance on ambulatory care measures. *Am J Prev Med*. 2012;43(2):142-149. Shi L, et al. Characteristics of ambulatory care patients and services: A comparison of community health centers and physicians' offices. *J Health Care Poor Underserved*. 2010;21(4):1169 – 83.

³ Bailey MJ, Goodman-Bacon A. The war on poverty's experiment in public medicine: Community health centers and the mortality of older Americans. October 2014. NBER Working Paper No. 20653. Available at <http://www.nber.org/papers/w20653>. Shi L, et al. Reducing disparities in access to primary care and patient satisfaction with care: The role of health centers. *J Health Care Poor Underserved*. 2013;24(1):56-66. Shi L, et al. America's Health Centers: Reducing racial and

ethnic disparities in perinatal care and birth outcomes. *Health Serv Res.* 2004 Dec;39(6): 1881-901. Shin P, Jones K, Rosenbaum S. Reducing racial and ethnic health disparities: Estimating the impact of high health center penetration in low-income communities. September 2003. Prepared for NACHC.

⁴ Ku L, et al. Using primary care to bend the cost curve: Estimating the impact of a health center expansion of health care costs. Policy Research Brief No. 14. September 2009. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University.

⁵ NACHC, Capital Link. National economic and community impact of the health center program. Infographic #0814. August 2014. Available at <http://www.nachc.com/research>.

⁶ Laiteerapong N, 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 Serv Res.* 2014;49(5):1498-1518. McMorrow S, Zuckerman S. Expanding federal funding to community health centers slows decline in access for low-income adults. *Health Serv Res.* 2014 Jun;49(3):992-1010. Rust G, et al. Presence of a community health center and uninsured emergency department visit rates in rural counties. *J Rural Health.* 2009;25(1):8-16. Cunningham P. What accounts for differences in the use of hospital emergency departments across U.S. communities? *Health Aff.* 2006;25(5):w324-w336. Hadley J, Cunningham P. Availability of safety net providers and access to care of uninsured persons. *Health Serv Res.* 2004;39(5):1527-1546.

⁷ Office of Management and Budget, 2007 Program Assessment Rating Tool. Available at <http://www.whitehouse.gov/omb/expectmore/summary/10000274.2007.html>.

⁸ Institute of Medicine. *Fostering Rapid Advances in Health Care: Learning from System Demonstrations.* 2002. Washington (DC): National Academies Press (US).

⁹ Collins SR, et al. Too high a price: Out-of-Pocket health care costs in the United States. *The Commonwealth Fund.* Nov 2014;1784(29). Decker S. In 2011 nearly one-third of physicians said they would not accept new Medicaid patients, but rising fees may help. *Health Aff.* 2012;31(8):1673-1679.

¹⁰ 2013 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

Page 6

2013 and 2009 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

NACHC. *A Sketch of Community Health Centers: Chartbook.* December 2014. Available at www.nachc.com/research.

Page 7

Bailey MJ, Goodman-Bacon A. The war on poverty's experiment in public medicine: Community health centers and the mortality of older Americans. October 2014. NBER Working Paper No. 20653. Available at <http://www.nber.org/papers/w20653>.

2013 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Shin P, et al. Quality of care in community health centers and factors associated with performance. Kaiser Commission on Medicaid and the Uninsured Report #8447 (June 2013). Available at <http://kff.org>.

Shi L, et al. Reducing disparities in access to primary care and patient satisfaction with care: The role of health centers. *J Health Care Poor Underserved.* 2013 Feb;24(1):56-66.

Dor A, et al. Uninsured and Medicaid patients' access to preventive care: Comparison of health centers and other primary care providers August 2008. Research Brief #4. RHCN Community Health Foundation.

Shields AE, et al. Adoption of health information technology in community health centers: results of a national survey. *Health Aff.* 2007 Sep-Oct;26(5):1373-83.

Shi L, et al. America's Health Centers: Reducing racial and ethnic disparities in perinatal care and birth outcomes. *Health Serv Res.* 2004 Dec;39(6): 1881-901.

Page 8

Health Resources and Services Administration, forthcoming research.

Mundt C, Yuan S. An evaluation of the cost efficiency of Federally Qualified Health Centers (FQHCs) and FQHC look-alikes operating in Michigan. October 2014. The Institute for Health Policy at Michigan State University.

NACHC, Capital Link. National economic and community impact of the health center program. Infographic #0814. August 2014. Available at <http://www.nachc.com/research>.

Sharma R, Lebrun-Harris LA, Ngo-Metzger Q. Costs and clinical quality among Medicare beneficiaries: Associations with health center penetration of low-income residents. *Medicare Medicaid Res Rev.* 2014 Sep 8;4(3).

California Primary Care Association. Value of community health centers study: Partnership HealthPlan of California case study. January 2013. Available at <http://www.cpga.org>.

Rothkopf J, et al. Medicaid patients seen at federally qualified health centers use hospital services less than those seen by private providers. *Health Aff.* 2011 July;30(7): 1335 – 42.

Texas Association of Community Health Centers. Comparative costs of community health centers and other usual sources of primary care: The Texas story. 2011. Available at www.tachc.org

Richard P, et al. Bending the cost curve in North Carolina: The experience of community health centers. Policy Research Brief #24. August 2011. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University.

Ku L, et al. Using primary care to bend the cost curve: Estimating the impact of a health center expansion of health care costs. Policy Research Brief No. 14. September 2009. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University.

Rust G, et al. Presence of a community health center and uninsured emergency department visit rates in rural counties. *J Rural Health.* 2009 Winter;25(1):8-16.

CONTACT US



NATIONAL ASSOCIATION OF
Community Health Centers

7501 Wisconsin Ave, Suite 1100W
Bethesda, MD 20814

301-347-0400
www.nachc.com
Twitter: @NACHC

