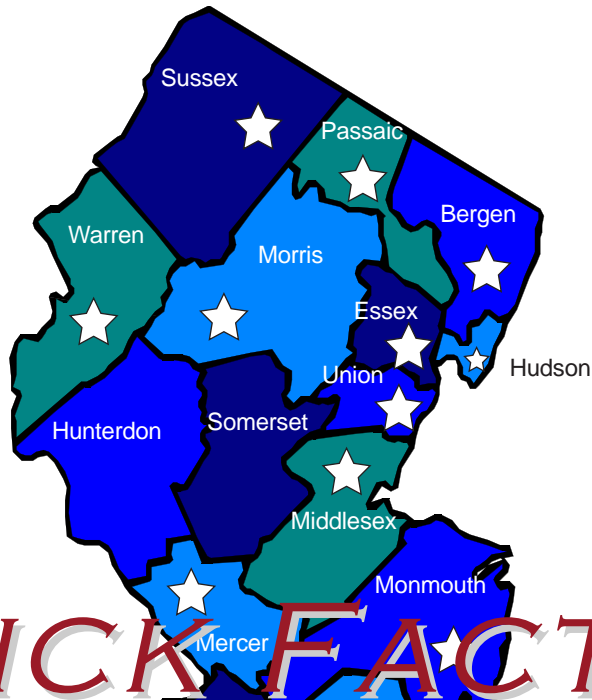
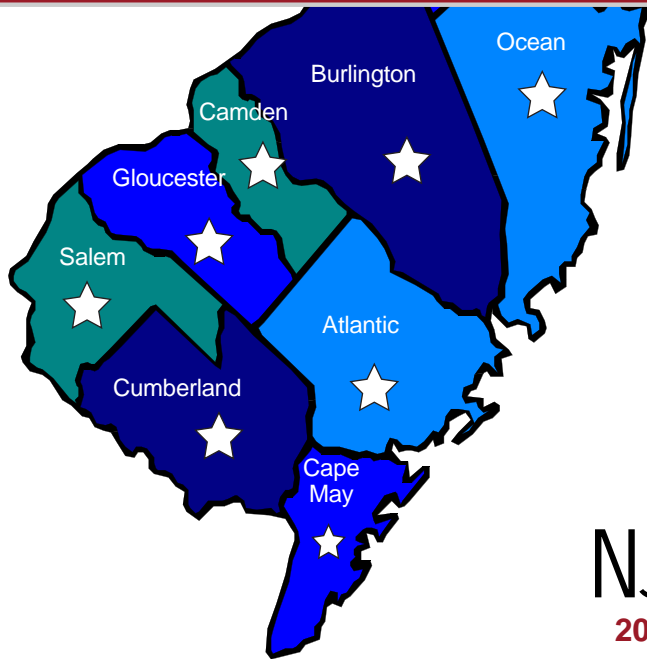


New Jersey's Federally Qualified Health Centers

"Your Community, Your Health, Our Commitment."



QUICK FACTS



NJPCA
2009 Edition



Source: NACHC, 2008. Based on Bureau of Primary Health Care, HRSA, DHHS, 2007 UniformData System. State statistics can be found at: www.bphc.hrsa.gov/uds/data.htm



**Health Center Costs of Care
Annual Average Cost per patient**

	<u>Cost</u>
Medical Costs per Medical Patient	\$444
Dental Cost per Dental Patient	\$297

**Percent of Health Centers Providing
Select Services Onsite***

Professional Services

General Primary Medical Care	100%
Prenatal Care	78%
Preventive Dental Care	72%
Mental Health Treatment/Counseling	89%
Substance Abuse Treatment/ Counseling	56%
Hearing Screening	94%
Vision Screening	100%
Pharmacy	6%

Preventive Services

Smoking Cessation Program	56%
HIV Testing and Counseling	94%
Glycosylated Hemoglobin Measurement, Diabetes	89%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	67%
Weight Reduction Program	61%

Enabling Services

Case Management	94%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	94%
Transportation	50%
Outstationed Eligibility Workers	78%

Average Cost per Patient Visit

Medical Cost per Medical Patient Visit	\$142
Dental Cost per Dental Patient Visit	\$139

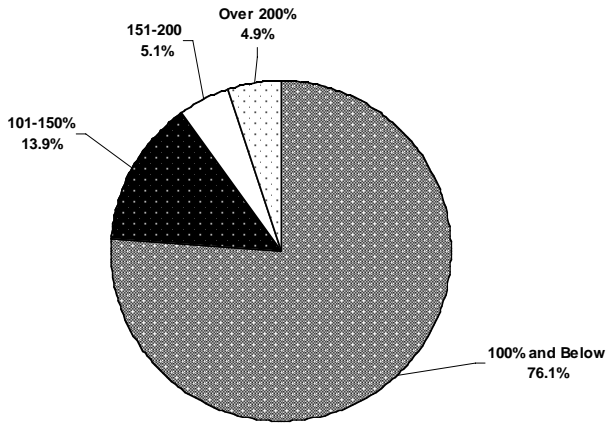
**Patient Visits and Patients by Selected
Primary Diagnoses and Services**

	<u>Patient Visits</u>	<u>Patients</u>
Medical Conditions		
Hypertension	66,789	28,115
Diabetes mellitus	47,634	15,635
Heart Disease (Selected)	6,759	2,845
Asthma	19,371	11,020
Depression & Other Mood Disorders	13,150	5,051
All Mental Health & Substance Abuse	37,888	N/A
Preventive Services		
Health Supervision Ages 0-11*	123,702	57,287
Selected Immunizations#	112,230	57,827
Pap Test	49,021	37,231
Mammogram	6,330	6,190
HIV Test	7,912	5,086
Oral Dental Exams	83,917	56,127

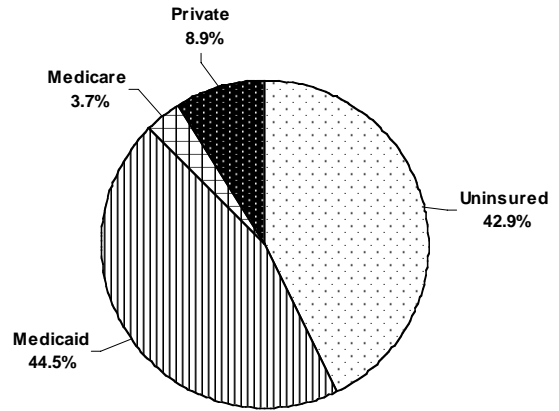
*Well child visits: # includes DPT, MMR, oral polio vaccine, influenza, Hepatitis B, HIB.

New Jersey's Key Health Center Statistics

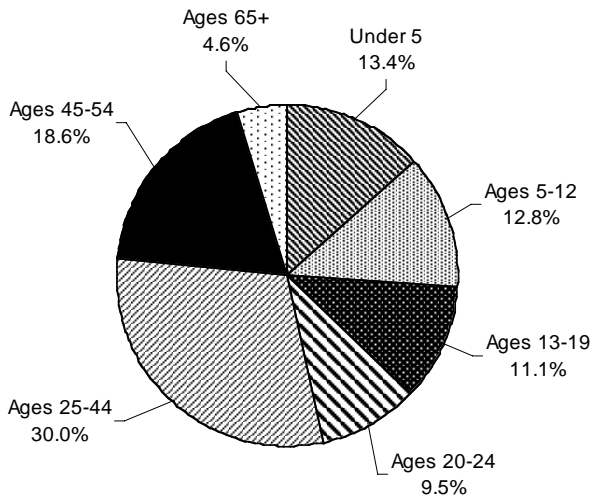
Health Center Patients by Income Levels, 2007



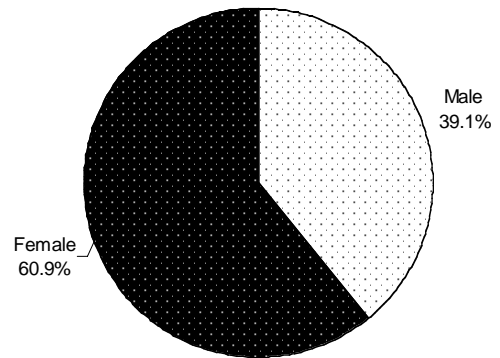
Health Center Patients by Insurance Status, 2007



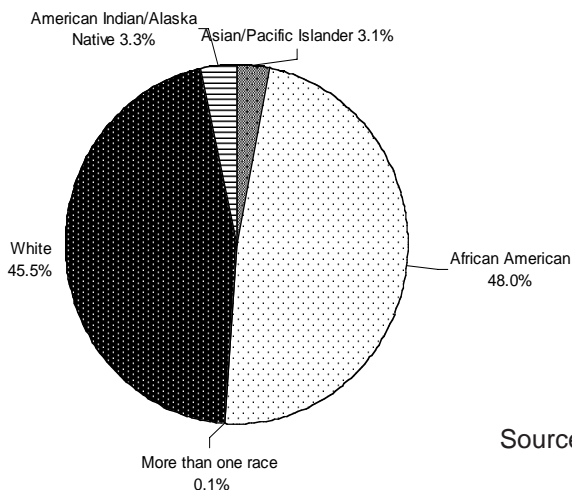
Health Center Patients by Age, 2007



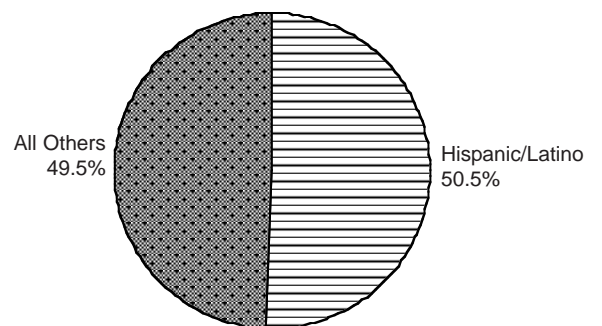
Health Center Patients by Gender, 2007



Health Center Patients by Race, 2007



Health Center Patients by Ethnicity, 2007



Source for all charts: 2007 UDS Data

New Jersey's

FEDERALLY QUALIFIED HEALTH CENTERS

3



“QUICK FACTS”

<input type="checkbox"/> Number of Health Centers	19
<input type="checkbox"/> Number of Health Center Sites	99
<input type="checkbox"/> Number of Primary Care Sites	71
<input type="checkbox"/> Number of School Based	23
<input type="checkbox"/> Mobile Unit(s)	5

County Locations:

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Union, Sussex, Warren

<input type="checkbox"/> Number of Persons Served	366,785
<input type="checkbox"/> Total Health Center Patient Visits	1,133,366
<input type="checkbox"/> Number of Health Center Staff	1,800
<input type="checkbox"/> Number of Physicians	181
<input type="checkbox"/> Number of dentists	53

Revenue by Source

-Bureau of Primary Health Care	\$32,977,896
-Medicare	\$3,824,288
-Medicaid	\$66,037,540
-State Uncompensated Care Funds	\$40,000,000
-Other Third Party Funds	\$3,473,371
-Other	<u>\$33,116,237</u>

Total Revenues

\$179,429,332



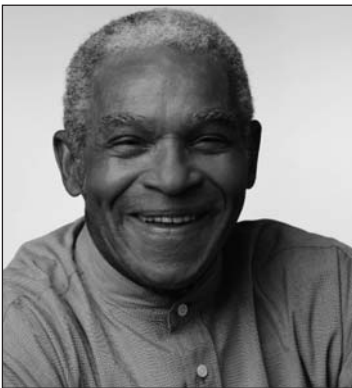
In 2008, health centers were the family doctor and medical home for 366,785 individuals in the state of New Jersey.

For more than 40 years, health centers have provided high-quality, affordable primary care and prevention services to the nation's most vulnerable populations - people who even if insured would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak and their greater levels of complex health care needs. Health centers improve access to care for millions of

Americans regardless of their insurance status or ability to pay. They offer services that many other providers do not, such as transportation, translation, and culturally sensitive health care that can overcome common barriers. Their costs of care rank among the lowest, and they reduce the need for more expensive hospital in-patient and specialty care, saving billions of dollars for taxpayers.

WHAT IS A HEALTH CENTER?

Community health centers: Originally known as neighborhood health centers in the mid-1960's, community health centers are authorized under Section 330(A) of the Public Health Services Act. Community health centers provide comprehensive primary medical care services with a culturally sensitive, family-oriented focus to anyone needing care regardless of ability to pay. These centers tailor their services to meet the specific needs of the community and its special populations that for the most part include the homeless, migrant and seasonal farm workers, HIV/AIDS patients, the underserved and the uninsured. In addition, users of health center services make up a majority of centers' governing boards. There are 19 health centers in New Jersey.



Migrant health centers: The Migrant Health Act was passed in 1962 to provide a broad array of medical and support services to migrant and seasonal farm workers and their families. Migrant centers are linked with existing social services organizations, and normally provide bicultural/bilingual health services based on culturally appropriate protocols. There are two community health centers in New Jersey that also qualify as migrant health centers.

Health Care for the Homeless (HCH) programs: Established under the Homeless Assistance Act of 1987 and also authorized under the Public Health Service Act, the HCH programs are intended to improve health access for homeless people to primary health care. HCH programs deliver services in shelters and soup kitchens, on the streets, and in other places where homeless individuals are found. In New Jersey, there are currently five health centers that qualify as a homeless health center program.

Federally Qualified Health Center "look-alikes": Some centers meet the same basic qualifications as regular FQHCs. But these centers are not funded FQHCs. However, because they look like FQHCs, they receive the same Medicaid and Medicare reimbursement structure.

HISTORY OF NEW JERSEY'S HEALTH CENTERS

New Jersey has 19 Federally Qualified Health Centers (FQHCs) with 99 satellites located throughout the State of New Jersey. These centers provide comprehensive, community-based, preventive, and primary care services in high need urban and rural areas. In 2008 they provided over 1,133,366 medical and dental visits. They are federally mandated to provide 24-hour coverage for their patients and FQHCs' physicians are required to have admitting privileges at local hospitals to provide continuity of care for the high-risk populations served by the centers.

According to 2008 data, 42% of the FQHC users are uninsured, and 45% are covered by Medicaid. These centers serve as the essential safety net for more than 366,785 people in New Jersey, who are, for the most part, uninsured, vulnerable and medically underserved. Without these centers and programs, many citizens in New Jersey would face major social, financial, geographic, and language barriers in obtaining health care. In the early 90's, health centers began to see declines in their Medicaid populations, but steady increases in the uninsured population. Many providers are now competing to provide care to the Medicaid population, but no other provider besides the FQHC has stepped to the forefront to take on the challenge of care to the uninsured. In the last four years, the FQHCs in New Jersey have seen a steady increase in their uninsured patients.

Around the country, the number of uninsured has grown from just under 36 million in 1990 to 45.7 million by

2007.¹ Over 1.3 million of those uninsured reside in New Jersey² and need basic primary and preventive care. Many of the other characteristics of the health centers in New Jersey are:

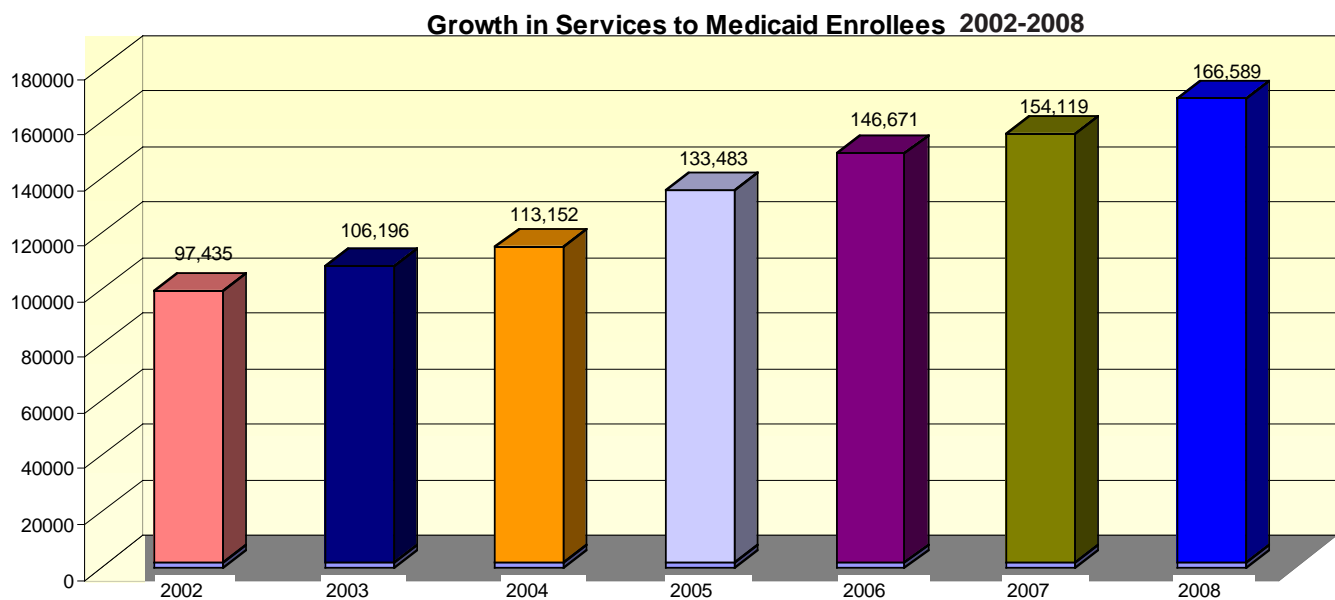
- Health centers are all located in medically underserved communities which have been designated as such by the federal government. In New Jersey, these are in mostly isolated rural areas and inner-city communities.
- The majority of the patients seen at the health centers (more than 70%) are children and women of childbearing age. Many are members of families that lack any type of health insurance.
- Health centers provide a broad array of services...dental...well baby care...school-based services...preventive screenings for cancer and other chronic illnesses...confidential testing services...family planning services and health education services. In fact, FQHCs are the models for successful one stop shopping facilities.
- Approximately 366,785 health center patients flow through FQHCs in a given year.

HOW ARE FQHCs FUNDED?

Medicaid funds account for more than one-third of FQHC budgets. Other sources include federal categorical program, state and local funding, third party payments, patient fees and Medicare. The NJPCA along with other primary care associations around the country are working with federal legislators to ensure that any new Medicaid reform recognize and preserve the safety net infrastructure for low-income families.

WHAT SERVICES DO FQHCs PROVIDE?

Health centers provide a wide range of preventive, primary, and acute care medical services. Because centers serve low-income people who face a variety of barriers to care, health centers often provide ancillary services,



Source: Self reporting by health centers and UDS data

¹Center on Budget and Policy Priorities. "Poverty and Share of Americans without Health Insurance...." August 26, 2008, p.1. Available at www.cbpp.org/8-26-08pov.htm.

²Kaiser State Health Facts 2006-2007, available at www.statehealthfacts.org.

such as transportation, outreach, and translation. The following services are commonly offered by health center programs:

- Primary and preventive health care services such as treatment for medical problems, immunizations, prenatal care, cancer screening, well-child check-ups, and dental exams and services.
- Disease screening and control.
- Diagnostic laboratory and radiological services.
- Emergency medical services.
- Referrals to other providers of health and social services, such as substance abuse and mental health services.
- Services that reduce access barriers, including transportation, outreach, patient education, and translation.
- Case management of specialty and inpatient services.
- Pharmaceutical services, as appropriate.
- Patient education and outreach for services such as childhood immunization and prenatal care.
- Other services, as appropriate, for the population served such as bilingual providers, and HIV screenings, social services and vision.



DO FEDERALLY QUALIFIED HEALTH CENTERS IMPROVE PATIENT'S HEALTH?

The effectiveness and quality of care provided by community health centers have been well documented in the literature. A report issued in late 2002 by the National Academy of Sciences' Institute of Medicine praised health centers for their "strong track record in chronic care management, electronic patient registries, and performance measurement [that] contribute to providing care that is at least as good as, and in many cases superior to, the overall health system in terms of better quality and lower costs," and recommended them as models for delivery of primary health care.

Health center uninsured and Medicaid patients report better primary care experiences in terms of access, having a regular source of care, and comprehensiveness than uninsured and Medicaid patients nationally.³ A study of Medicaid beneficiaries in 4 states found that beneficiaries who received care at the health centers had one third less emergency department (ED) visits and hospitalizations for ambulatory care sensitive (ACS) conditions than patients who received care from other providers.⁴ Also, communities with a health center site are likely to have fewer (33% less) visits to the ED than communities that do not have a health center.⁵

Several of our FQHCs have been accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations). This accreditation attests to the high level of quality that is provided in these centers. More centers will apply to go through the accreditation process this year. The evidence is compelling that health centers provide quality primary and preventive health care to their communities. Hospitals, HMOs and other organizations interested in serving low-income clients should see the advantages, fiscal and otherwise, of partnering with health centers to provide clients with a comprehensive scope of health care services.

³Shi L. and Stevens GD. "The Role of Community Health Centers in Delivering Primary Care to the Uninsured." April-June 2007. *Journal of Ambulatory Care Management*, 30(2):159-170.

⁴Falik M. et al. "Comparative Effectiveness of Health Centers as Regular Source of Care." Jan-March 2006. *Journal of Ambulatory Care Management*. 29(1): 24-35.

⁵Rust George, et al. "Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural counties." *Journal of Rural Health*. Winter 2009, 25(1):8-16.

ARE FEDERALLY QUALIFIED HEALTH CENTERS COST EFFECTIVE?

Several recent studies show that Medicaid patients who use health centers regularly cost states significantly less than patients treated by private primary care doctors, health maintenance organizations, and hospital outpatient departments. Cost savings come from decreased hospital outpatient departments, decreased hospital admissions rates and inpatient days, lower prescriptions drug costs, fewer laboratory tests, and few emergency room visits. Several studies have found that health centers save the Medicaid program more than 30% in annual spending per beneficiary due to reduced specialty care referrals and fewer hospital admissions. Diabetic and asthmatic patients who were regular health center users had 62 percent and 44 percent lower inpatient costs, respectively.

WHO ARE OUR CLIENTS?

Community health centers are built around the needs of our patients. Our populations come from many different backgrounds, speak many different languages, and have many different needs.

SOME CLIENTS SHARE THEIR STORIES. . .



Dwayne Swaggard, 43, became a member of the AtlantiCare Health Services shelter in Atlantic City when he enrolled in a fourteen month spiritual program at the AtlantiCare Mission in August 2005. Those who are enrolled in this program at the Mission attend one-hour classes five days a week in which they study the Bible and have open discussions about their spiritual beliefs and problems. Being a part of this program has helped Dwayne tremendously, especially because he has been able to get rid of his addiction to drugs. Prior to enrolling in the program, he had lived with this addiction for 25 years. As Dwayne stresses, during those years, none of the rehab programs that he entered were able to help him, but the spiritual program at the mission finally worked. To give back a little to the place that has helped him so much, Dwayne helps by doing laundry at the Center. While in the program, he was diagnosed with both high blood pressure and cholesterol in June, 2006. But as he is already a resident at the center, the health care that he receives there helps to keep his high blood pressure and cholesterol in check.



Zufall Health Center has always been the preferred source of medical care for 55-year Maria Rebellon and her family. Her family includes not only her husband Walter and her three daughters, but a string of foster children that she has lovingly taken care of from time to time, and the ones she cares for now. So her bond with the health center is strong and longstanding. The first time she visited the Zufall Health Center was in 1991. Back then, the center was known as Dover Community Clinic and shared office space with the Office of Hispanic Affairs. Dr. Robert Zufall, founder and the sole provider at the clinic then, provided medical care for her older daughter Dahiana. He detected some health problems which treated in a timely manner, ensured a normal and healthy life for

Dahiana. Now at 25, Dahiana has completed her education and works as a social worker at the Zufall Health Center. The primary inspiration behind Dahiana's choice of profession was the care she received from Dr. Zufall when she was only eight years old.

Maria's younger daughters, Nicole 12 and Ebony 10, and her foster children continue to get their well and sick care visits at the center. Maria is very satisfied with the care she herself and her family receive at the Center. According to Maria, the Health Center treats her with respect; she gets proper treatment, and the services are fast and affordable.



Latasha Barnes (22) and her boyfriend James (25) always visit the Henry J. Austin Health Center for their primary care needs. Latasha was referred to the center by her mother, Elaine Jenkins, who is an employee at the health center. Latasha started coming to the health center two years ago (2004) for routine gynecological and dental care visits. She was also suffering from stomach ulcer at that time which was diagnosed at the center. Latasha speaks very highly of the doctors that took care of her ulcer, especially the one that found her the right doctor and took care of everything when her ulcer was diagnosed. Since then, she has been ulcer free, and recently became pregnant and received her pre-natal care at Henry

J. Austin. Now a new Mom at the age of 22, Latasha and her boyfriend bring their newborn son (Ja'quaye) to the center for his well care and other visits. According to James, Latasha's boyfriend, he likes to come to the center because "you don't feel any hostility when you come here." He had gone to private doctors before visiting Henry J. and did not feel very comfortable there.



Victor Guasp, 52, first came to Southern Jersey Family Medical Centers sometime in 2005. He currently lives in a migrant camp in southern Jersey and had first learned about the Center through the Center's Outreach Program. Initially, Victor came to the Center for eye screenings for his children. Shortly after seeking care for his children, Victor was hospitalized with heart problems. It was determined that he would require surgery. Until surgery can be arranged, Victor is under the care of the SJFMC and his primary course of treatment is medication. He has been concerned about the medicine he requires as it is quite expensive. The outreach worker at the Center's Elmer site has been extremely helpful in helping Victor with his

medications. She has filed applications for assistance. In the meantime, she sees that his medication is paid for with funds raised through the Center's fundraising activities. Victor has never had to go without his medicine.

When asked what he likes most about the Center, Victor says he likes everything. He is the most agreeable man with a twinkle in his eye and a smile for everyone. Victor has made a point to tell some of the other workers that he lives with about the Center. He is grateful for all that the Center has done for him and would like others to know that such a place exists.



Maria Aguilar, a 52-year old Hispanic housekeeper came to Long Branch from Central America in 1974 to join her husband who was working as a union laborer. Life was good for them. They had two sons, they were both gainfully employed, she as a housekeeper, and her husband as a union laborer with good health insurance and good benefits. For her, the good life ended with divorce from her husband in 1989. With the divorce went her health insurance, her lifeline to quality and affordable health care, so she thought. From 1989-1999, she had no health insurance of any kind. "I avoided going to the doctor," she said. "I had aches and pains but I was afraid to go to the doctor because I had no money to pay for it." Maria first came to Monmouth Health Center in the Fall of 1999. By then, she had been feeling sick for several months and was looking forward to any relief the providers could give her. But even before she saw the doctors and nurses, she saw a financial counselor that introduced her to Medicaid. Maria also met with other staff that answered her questions and helped her to feel at home. "All the time I was afraid to come because my English wasn't good and I didn't think anyone would be able to understand me. But they had translators and people to help me. I was so grateful." In the summer of 2000, Maria was scheduled for a routine mammogram. The mammogram revealed a lump in her right breast. The biopsy revealed a malignant growth. In October 2000, the lump was removed at the Cancer Center at Monmouth Medical Center, the only hospital in Long Branch. Maria is now a 6-year cancer survivor. "Monmouth Health Center saved my life. I wouldn't be alive if they had not sent me for the mammogram. The doctors listen to you here, they take time with you. The nurses, the girls at the front desk, they are all so good to me," she said tearfully.



Luberta Wade has had a long standing relationship with the Eric B. Chandler Health Center (EBC). She became a patient of the center when she was only 18 years old and the relationship hasn't been severed since. In the early 70's, she became severely overweight and needed a bypass surgery. The first surgery wasn't successful; so her physician at EBC convinced her to have a gastric bypass surgery.

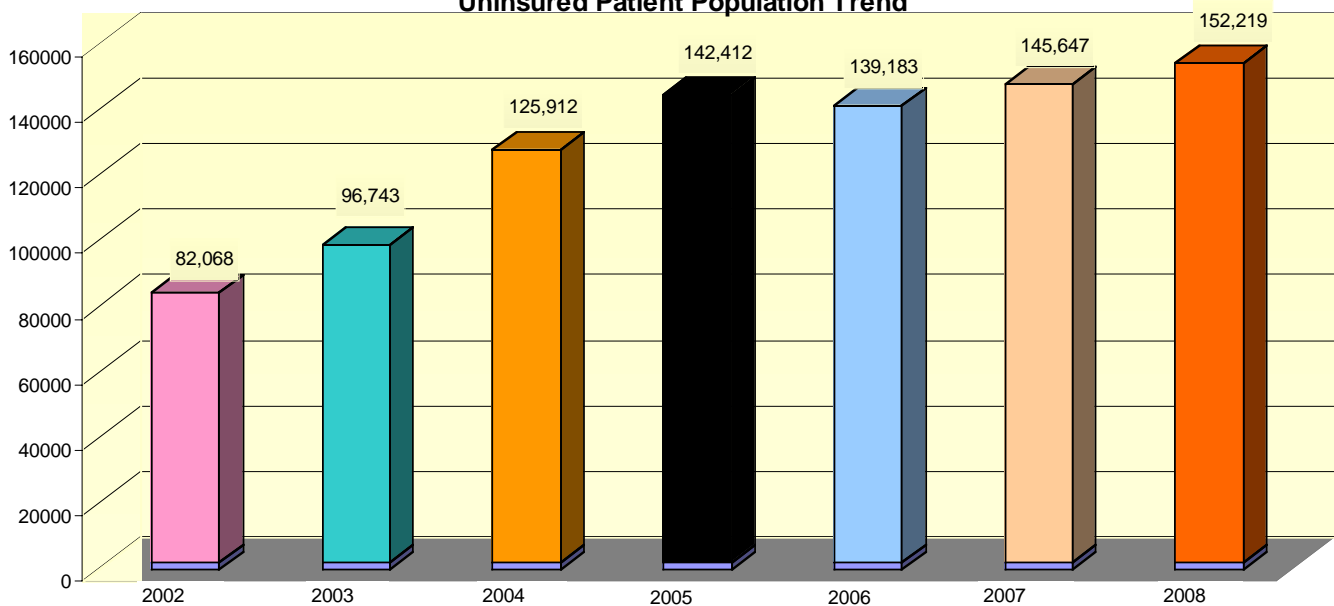
Luberta believes this second surgery changed her life; it made her live again. Now at 61, mother of 5 children and grandmother to 21, Luberta continues to be a patient at the Center. All her grand children receive their dental care and treatment at the Center just as her children did when they were young. Luberta can not stop talking about the quality dental care she receives at the Center. According to Luberta, the dentist at EBC and her two assistants take excellent care of her; the quality of care is such that most of Luberta's friends believe that her dentures are her own teeth.



Sixty one year old Richard Hagen is single and currently works as a part-time school guard. He has been on SSI and Medicaid for the last 10 years. He was diagnosed with liver cirrhosis and Hepatitis C 10 years ago in Virginia. He moved to New Jersey in 1999 and currently resides in the Atlantic City area. Richard heard about AtlantiCare Health Services at his local church and decided to come here for his medical problems. He recalls visiting AtlantiCare Health services for the first time on December 2nd, 2004, and he has been a patient ever since.

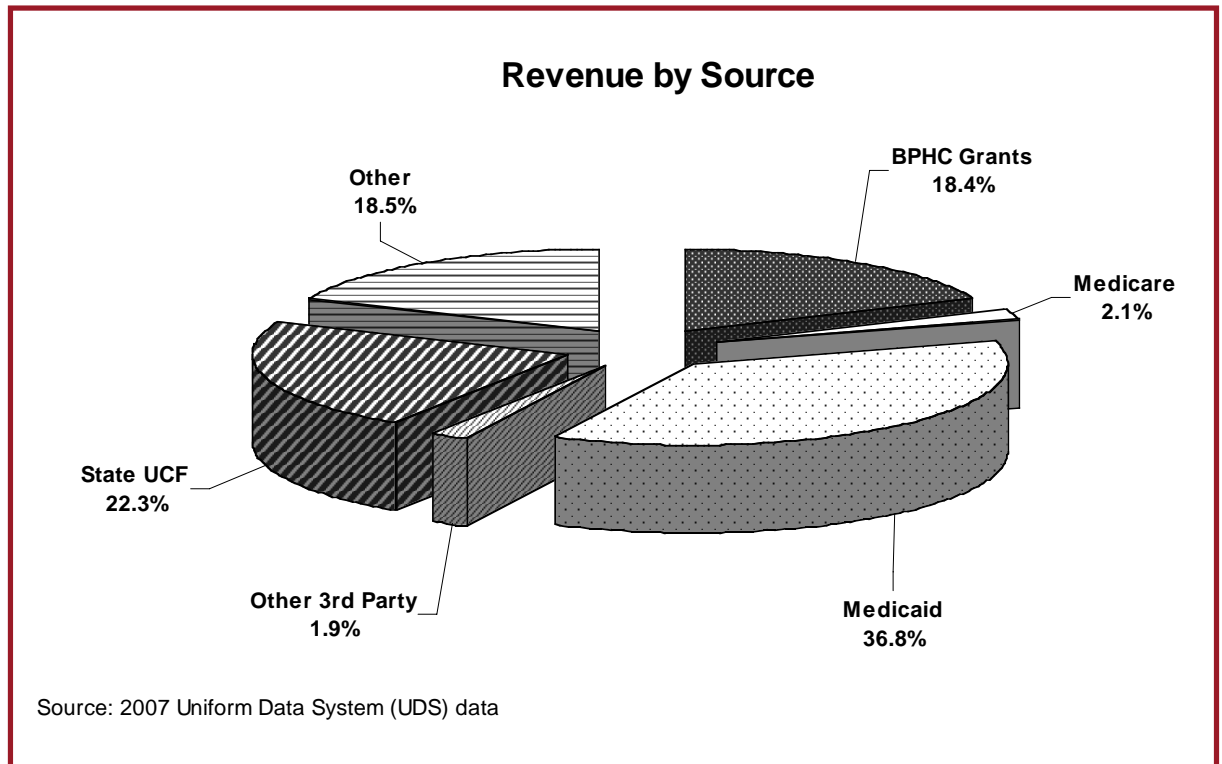
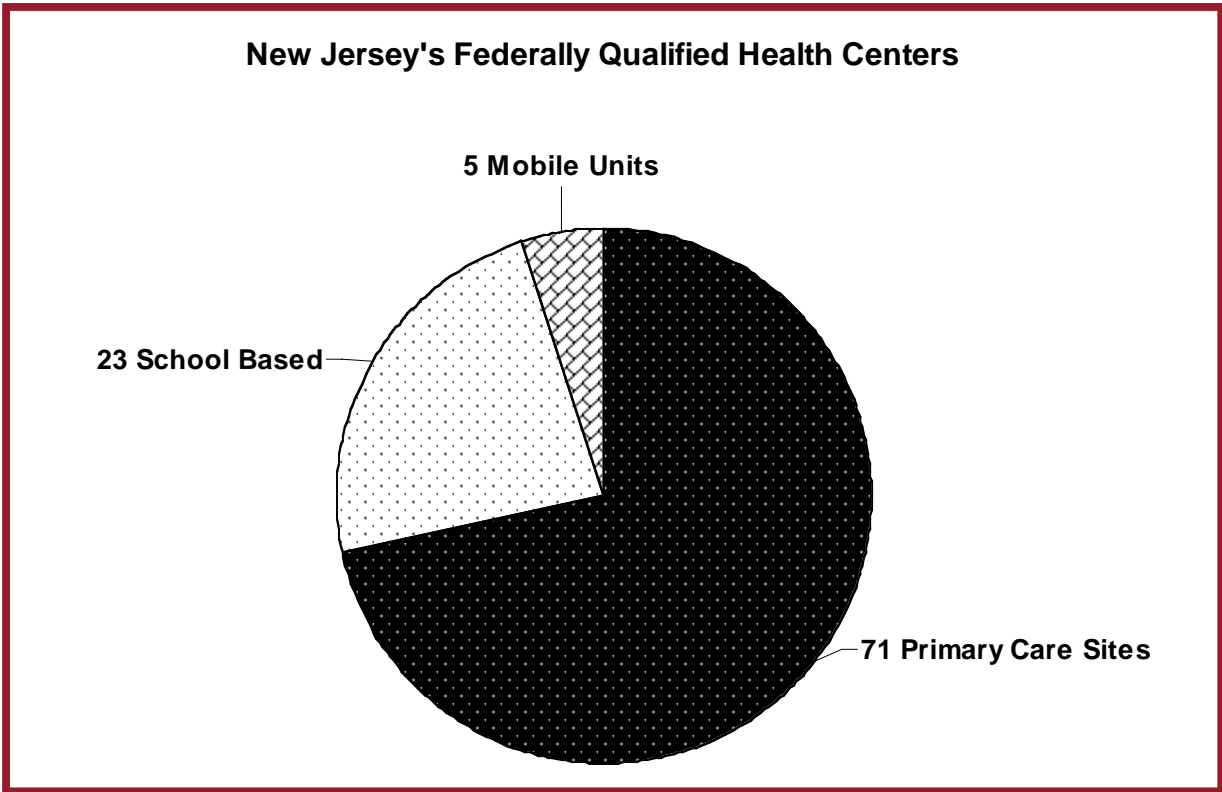
Now, looking forward to a liver transplant as soon as a match is found he says, "if it wasn't for this place, it wouldn't happen." He speaks very highly of the healthcare staff at AtlantiCare who has taken wonderful care of him ever since he started coming to the center.

Uninsured Patient Population Trend



Source: Self-reporting by health centers and UDS data

New Jersey's Federally Qualified Community Health Centers



New Jersey Primary Care Association FQHC Sites and Patients Served List (2008)

CENTER	TOTAL MEDICAID (FAMILY CARE INCLUDED)	TOTAL MEDICARE	TOTAL UNINSURED	ALL OTHER	TOTAL
AtlantiCare Health Services	1,225	295	1,603	139	3,262
CAMcare Health Corporation	18,281	1,522	8,679	3,674	32,156
Community Health Care	17,759	2,113	16,528	6,645	43,045
Eric B. Chandler Health Center	5,740	473	6,292	648	13,153
Henry J. Austin Health Center	8,232	1,009	6,975	1,965	18,181
Horizon Health Center	7,619	239	3,269	1,227	12,354
Jewish Renaissance Medical Center	7,112	397	4,645	1,493	13,647
Metropolitan Family Health Network	5,832	521	3,165	2,803	12,321
Monmouth Family Health Center	6,892	472	3,407	567	11,338
Neighborhood Health Center Plainfield	11,574	849	9,871	2,394	24,688
Newark Community Health Centers, Inc.	6,584	980	9,379	1,393	18,336
Newark Homeless Health Care	238	4	2,375	0	2,617
North Hudson CAC	24,781	1,709	30,911	3,783	61,184
Ocean Health Initiatives, Inc.	11,647	588	7,214	494	19,943
Paterson Community Health Center	8,043	644	8,348	1,277	18,312
Southern Jersey Family Medical Centers	18,846	810	19,395	5,733	44,784
VNA of Central Jersey CHC	3,422	371	3,522	276	7,591
Project H.O.P.E.	1,021	73	517	0	1,611
Zufall Health Center	1,741	166	6,124	231	8,262
TOTALS	166,589	13,235	152,219	34,742	366,785

Source: Self reporting by health centers

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