

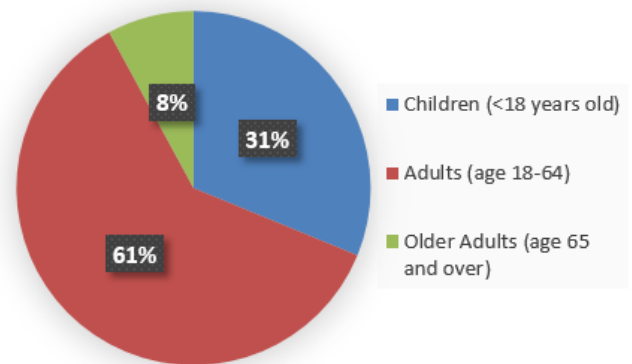
Federally Qualified Health Centers Improve Access to Help Save Lives



Federally Qualified Health Centers (FQHCs) are an integral part of the health care safety-net, providing access to affordable primary care services for nearly 26 million uninsured or underinsured Americans – many of whom have cancer. Roughly 1 in 12 people in the U.S – including 1 in 10 children, 1 in 6 rural residents, and more than 330,000 veterans – are served by FQHCs.¹ The centers are non-profit, community-directed, and serve high need rural and urban communities that face obstacles to health care, including cost and lack of insurance, as well as geographic and language barriers. FQHCs provide access to quality preventive and primary care services that are critical for cancer patients, survivors, and those who will be diagnosed with cancer. Fundamentally, FQHCs:²

- Deliver care in communities with elevated poverty rates, higher rates of infant mortality, and fewer practicing physicians;
- Provide culturally competent and comprehensive primary, preventive, and other health care services, including behavioral health, case management, translation, and transportation to improve access to care;
- Provide services to all residents, regardless of insurance or ability to pay;
- Tailor services to fit the needs of the community;
- Reduce disparities in health coverage;
- Reduce the need for other ambulatory and hospital-based medical care, thereby lowering overall medical costs.

FQHCs Serve Americans of All Ages



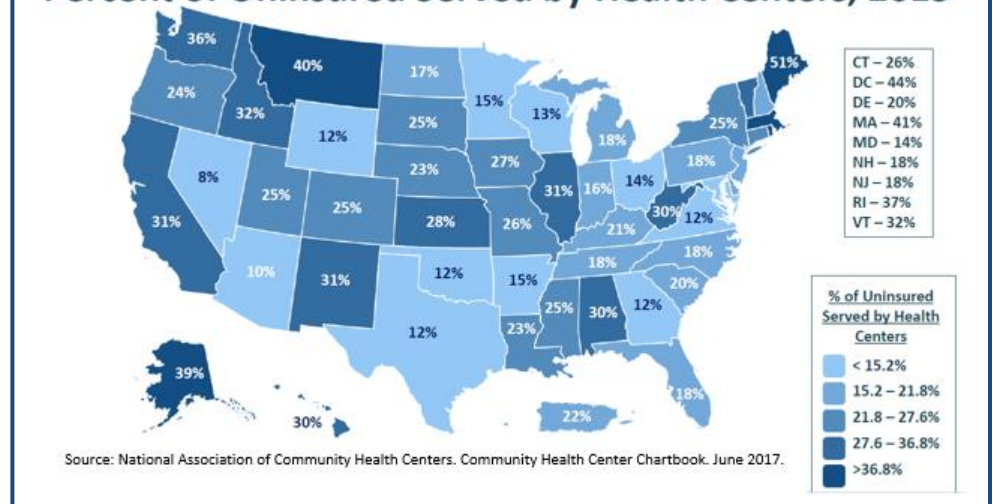
Source: 2015 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

Did You Know?

Health Centers served 1 in 5 uninsured Americans in 2015.



Percent of Uninsured Served by Health Centers, 2015



FQHCs are Essential for Cancer Prevention and Primary Care

FQHCs provide essential preventive services and timely care to cancer patients and their families. In fact, health center patients are more likely to receive mammograms, Pap Smears, and colorectal cancer screening than non-health center patients nationally.³

FQHCs are Efficient and Cost-Effective

- FQHCs generate savings for the health care system by reducing costly emergency department (ED) visits and hospital stays.
 - Patients in health centers have been found to have 24 percent lower spending across all services (e.g., primary care, prescription drug spending, inpatient admissions, inpatient care, and ED use) than non-health center patients.⁴
 - FQHCs provide preventive services – including cancer screenings (e.g., breast, cervical, and colorectal cancer screenings) and tobacco screening and cessation counseling – to help diagnose and manage complex, chronic conditions earlier when they are cheaper and outcomes are better.
- FQHCs offer integrative care, such as oral health, vision, behavior health, transportation, language, case management, and health education services, to ensure patients receive timely and accessible care that improve health outcomes and reduce medical costs over time.⁵

Percent of Health Center Patients Reporting Receipt of Cancer Screenings ⁶	
Physical Exam (Past 2 years)	83%
Cervical Cancer Screening	91%
Breast Cancer Screening	84%
Colorectal Cancer Screening	Colonoscopy 58% Fecal Occult Blood Test 50%

Did You Know?

FQHCs are a partner in the 80% by 2018 campaign, in which more than 1,000 organizations across the U.S. are working toward the shared goal of 80% screened for colorectal cancer by 2018. Nearly 280,000 more FQHC patients were screened for colorectal cancer in 2015 as compared to 2014!⁷

ACS CAN's Position

The American Cancer Society Cancer Action Network (ACS CAN) strongly supports Federally Qualified Health Centers and opposes cuts in federal funding. The Health Center Trust Fund will expire on September 30, 2017, reducing funds for FQHCs by up to 70 percent, resulting in potential cuts in vital health services and forcing some centers to close. It is imperative that health centers have adequate funding to continue providing needed preventive and primary care to underserved cancer patients and survivors. ACS CAN strongly supports the reauthorization of the mandatory Health Center Trust Fund for FY 2018.

¹ Sigounas G. *Celebrating America's health centers: The key to healthier communities*. Published August 14, 2017. Accessed August 2017. <https://www.hhs.gov/blog/2017/08/14/recognizing-and-celebrating-health-centers-week.html>.

² Health Resources & Services Administration. *What is a Health Center?* Accessed August 2017. <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.

³ National Association of Community Health Centers. *Community Health Center Chartbook*. June 2017. Accessed August 2017. <http://www.nachc.org/wp-content/uploads/2017/06/Chartbook2017.pdf>.

⁴ Nocon RS, Lee SM, Sharma R, Ngo-Metzger Q, Mukamel DB, et al. Health care use and spending for Medicaid enrollees in Federally Qualified Health Centers versus other primary care settings. *Am J Public Health*. 2016; 106(11):1981-89.

⁵ Health Resources & Services Administration. *Health Center Program Factsheet*. Published March 2017. Accessed August 2017. <https://www.bphc.hrsa.gov/about/healthcenterfactsheet.pdf>.

⁶ Health Resources & Services Administration. *2014 Health Center Patient Survey Dashboard*. Accessed August 2017. <https://bphc.hrsa.gov/datareporting/research/hcpsurvey/dashboard.html>.

⁷ National Colorectal Cancer Roundtable. *CRC screening rates climb 4% in FQHCs in 2015*. Accessed August 2017. <http://ncct.org/crc-screening-rates-climb-4-in-fqhc-in-2015/>.