

FAMILY HEALTHCARE NETWORK'S STORY

Providing quality health care for all.

Family HealthCare Network (FHCN) is a nonprofit community-based organization, with a core mission to provide quality health care for all.

The organization is governed by a volunteer Board of Directors, and has developed a comprehensive, patient-centered health care delivery model across Central California. Family HealthCare Network now operates out of 50 sites throughout Tulare, Kings and Fresno Counties, with health centers located in Cutler-Orosi, Delano, Dinuba, Exeter, Farmersville, Fresno, Goshen, Hanford, Ivanhoe, Pixley, Porterville, Reedley, Selma, Springville, Squaw Valley, Strathmore, Three Rivers, Terra Bella, Traver, Tulare, Visalia, and Woodlake.

Family HealthCare Network also operates a Mobile Health and Dental program to help provide quality health care for people who live in surrounding rural communities. Additional services include a Community Resource Building in Porterville, a Food Pantry in our Hanford Health Center, and a Reading Rx Program through our Visalia Book Store, The Book Nook.

Family HealthCare Network's roots date back to 1976, starting out as a small outpatient health center in Porterville that focused on serving the farmworker community. Today, the Network has grown into a multi-site primary health care network, serving nearly a quarter-million patients throughout Fresno, Tulare, and Kings Counties. The Network represents the 2nd-largest Federally Qualified Health Center (FQHC) in California, as well as the 2nd-largest in the United States in terms of overall patients served, and stands as a national model of value and effectiveness in reducing health disparities and improving the health status of communities in need. Family HealthCare Network serves more agriculture workers than any other FQHC in the United States.

Family HealthCare Network's patient-centered delivery model offers a full array of coordinated services to meet the needs of an entire family. Primary and specialty services provided within the Network include family medicine, obstetrics and gynecology, pediatrics, adult and children's dentistry, internal medicine, behavioral health, pharmacy, optometry, chiropractic care, podiatry, and 27 additional services.

The organization has earned a reputation for excellence statewide and nationally. Family HealthCare Network is dually recognized by The Joint Commission for demonstrating compliance with the commission's high standards for health care quality and safety, and certified with The Joint Commission's Gold Seal of Approval® as a Primary Care Medical Home. Family HealthCare Network represents an elite group of health care providers throughout the country to earn this national recognition for quality, safety, and excellence.

For over 47 years, FHCN has advanced the development of community-based primary health care delivery systems to address the health care needs of under-served and vulnerable populations. Family HealthCare Network is driven and committed to improving the quality of life throughout the communities we serve.



FAMILY HEALTHCARE NETWORK'S AFFILIATIONS

Advancing community health care for 47 years.

Family HealthCare Network has made a commitment to cultivating a new generation of leaders in the Central Valley's medical and dental fields. Family HealthCare Network has maintained partnerships with universities across the United States to bring talented providers to the Central Valley.

- Family HealthCare Network serves as a Community Campus in California for students from A.T. Still University's (ATSU) School of Osteopathic Medicine based in Mesa, Arizona.
- A.T. Still University students are embedded at the organization's health centers where they study, train and complete their clinical rotations during their last three years of medical school. FHCN extended its partnership with the university and has established a Physician Assistant Program.
- FHCN also maintains a partnership with New York University Langone Dental Medicine, based in Brooklyn, New York that establishes a dental residency program at FHCN health centers. The dental residency program is a 1-year advanced training program with the option of a second year extension and places dental residents in community health center sites for comprehensive general dentistry training.
- In 2015, FHCN received accreditation from the Commission on Dental Accreditation as a clinical training site for NYU Langone Dental Medicine Postdoctoral Residency Program. In 2018, FHCN established an affiliation agreement with the UCSF Fresno Medical Education program to train residents and fellows within our health centers.

Executive Leadership



Kerry Hydash, MPA
President & CEO



Chad Vawter, MBA
Deputy CEO & Senior VP



Marisol de la Vega Cardoso
Senior VP of Administrative Services



Stacey Beachy
VP of Marketing & Public Relations



Jay Kelley, MHA
VP of Information Systems



Scott Li
VP of Managed Care



Adam Marks
VP of Multidisciplinary Clinical Services



Nicole Ozburn
VP of Human Resources



Norma Verduzco, MPA
VP of Operations

Board of Directors



Minnetta Costa
Chair



John Zapalac
Vice Chair



Michael Botello
Secretary



Sandi Miller
Treasurer



Emzy Cope
Board Member



Teresa de la Rosa
Board Member



Vivian Del Toro
Board Member



Michelle Dewees
Board Member



Olivia Gamboa
Board Member



Maria Gonzalez
Board Member

2ND
LARGEST
FQHC IN THE
NATION*

2ND
LARGEST
FQHC IN THE
STATE

OVER
2,000
EMPLOYEES

*For patients served.

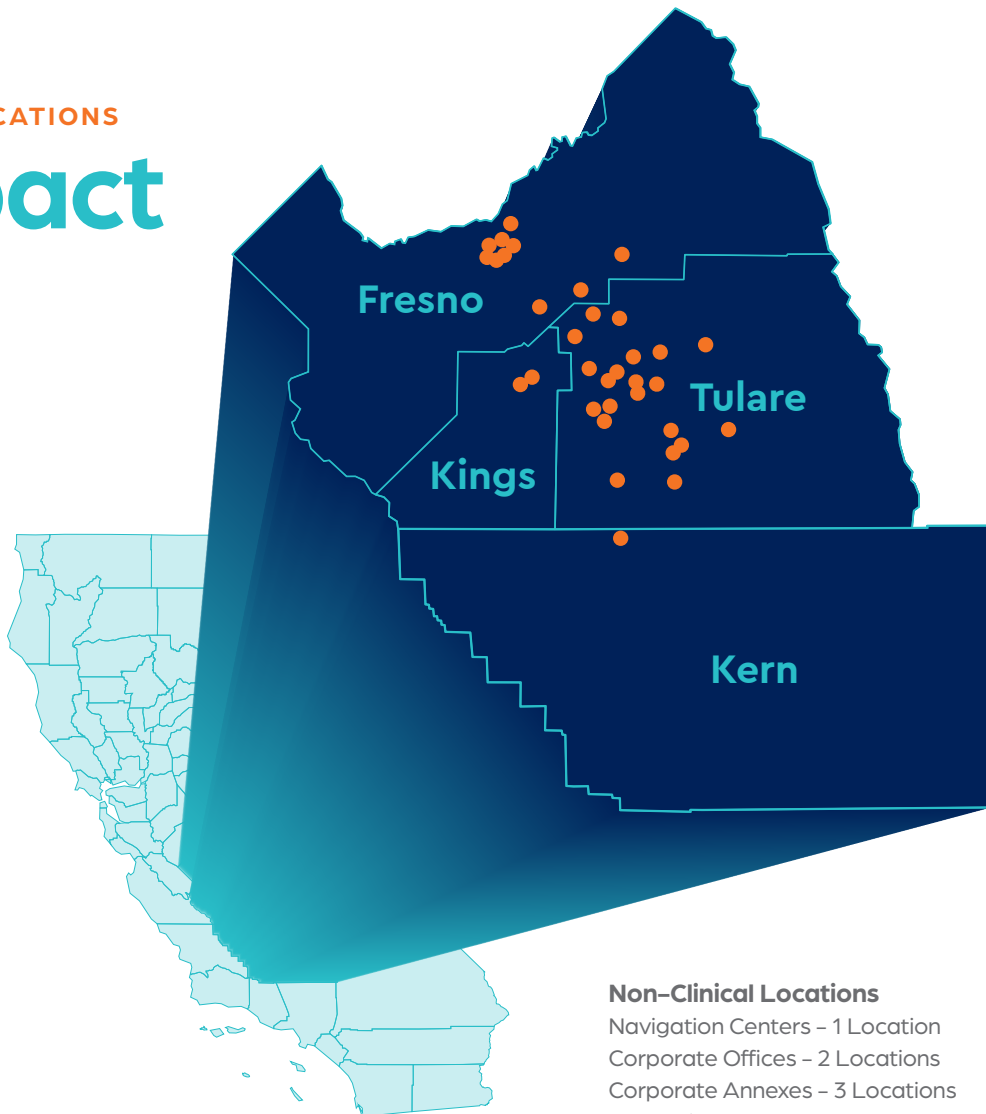


OUR HEALTH CENTER LOCATIONS

Our Impact

Serving Kings, Tulare & Fresno Counties

- Cutler-Orosi
- Delano
- Dinuba
- Exeter
- Farmersville – 2 Locations
- Fresno – 9 Locations
- Goshen
- Hanford – 2 Locations
- Ivanhoe
- Mobile Dental Health Center
- Mobile Medical Health Center
- Pixley
- Porterville – 3 Locations
- Reedley
- Selma
- Springville
- Strathmore
- Squaw Valley
- Terra Bella
- Three Rivers
- Traver
- Tulare – 3 Locations
- Visalia – 4 Locations
- Woodlake

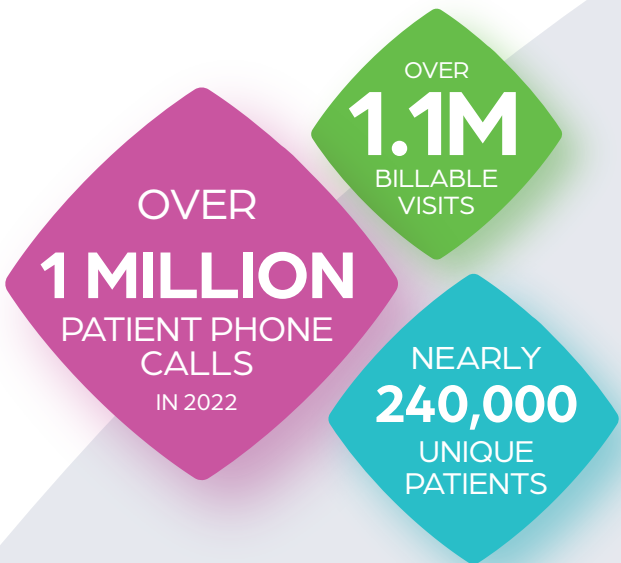


Non-Clinical Locations

- Navigation Centers – 1 Location
- Corporate Offices – 2 Locations
- Corporate Annexes – 3 Locations
- Porterville Resource Center
- The Book Nook

Our Services

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Adult & Children’s Dentistry
- Behavioral Health
- Chiropractic Care
- Optometry
- Pharmacy
- Podiatry
- On-Site Lab Services
- Imaging/Ultrasound
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- Ophthalmology
- Orthopedic Surgery
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery
- Telemedicine
- Nutritional Counseling
- Health Education
- Eligibility Assistance
- Translation/Interpretation
- Transportation
- Case Management
- Community Health & Outreach



Our Health Center Locations

Serving Kings, Tulare & Fresno Counties

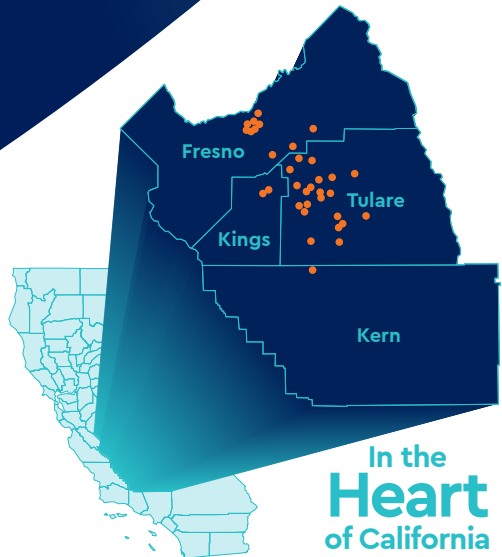
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Our Mission

Provide quality
health care
for all.



fhn.org |   

In the
Heart
of California

Care Centered on You

Services Include

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Adult & Children's Dentistry
- Behavioral Health
- Chiropractic Care
- Optometry
- Pharmacy
- Podiatry
- On-Site Lab Services
- Imaging/Ultrasound
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- Dermatology
- Endocrinology
- Gastroenterology
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fhc.org |   

The Value and Impact of Family HealthCare Network

Health centers provide tremendous value and impact to the communities they serve through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights the **Family HealthCare Network 2022 savings and contributions**, as well as pandemic response data through **June 02, 2023**.



ECONOMIC STIMULUS

1,555	1,210	2,765
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$226.3 M	\$246.0 M	\$472.3 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$17.6 M	\$53.1 M	\$70.7 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

22%	\$382.5 M	\$476.5 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM



PANDEMIC RESPONSE

FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
88,805	15,230	84.2%
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
36,523	90.4%
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES



CARE FOR VULNERABLE POPULATIONS

9.9%	1,015,063	97,221	1,112,284
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

The Value and Impact of Family HealthCare Network

235,786		
PATIENTS SERVED		
35.2%	95.0%	82.4%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
90,615	1,373	1,195
AGRICULTURAL WORKERS	VETERANS	HOMELESS

SUMMARY OF 2022 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
<i>Community Impact</i>	Direct	1,555	\$226,258,096	\$7,790,146	\$34,757,670
	Indirect	413	\$79,588,543	\$2,539,273	\$6,580,415
	Induced	797	\$166,394,273	\$7,263,980	\$11,726,267
	Total	2,765	\$472,240,912	\$17,593,399	\$53,064,353
				\$70,657,753	

REFERENCES AND DATA SOURCES

- Savings to the System: Nocon 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: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2021 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.capl原因ink.org/how-economic-impact-is-measured.
- “Low Income” refers to those with earnings at or below 200% of federal poverty guidelines.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2022 Uniform Data System.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as “0.5 FTE.” FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as “0.33 FTE” (4 months/12 months).
- COVID tests and vaccines data comes from data reported by health centers from the HRSA Health Center COVID-19 Survey. Learn more at <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data>.

ACKNOWLEDGEMENTS

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for nearly 30 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace.

Capital Link maintains a database of over 21,000 health center audited financial statements from 2005 to 2022, incorporating nearly 80% of all health centers nationally in any given year. This proprietary database also includes UDS data from 2005 through 2022, enabling us to provide information and insights tailored to the industry. For more information, visit us at www.capl原因ink.org.



What are Community Health Centers?

Community Health Centers deliver **high-quality, affordable care** to patients and **reduce costs** for America’s healthcare system. Health centers are **consumer-governed** and patient-centered health care organizations that provide **cost-effective primary care** in **medically underserved communities**. Health centers provide care to all patients regardless of income and insurance status by offering services on a **sliding-fee scale**. Health centers **improve access to primary care** and integrated specialty services such as **preventive, behavioral, substance use treatment, oral, vision and pharmacy** services. Additionally, health centers offer a host of ancillary services to support patients’ needs around food insecurity, housing, transportation, language access, and other **social drivers of health**. Health centers...

- Serve as the health care home for over **30 million patients** in over **14,000 communities** across the country
- Reduce health care costs, **saving** an average of **24% per Medicaid patient** compared to other providers
- **Integrate medical, specialty and social services** such as mental health, substance use treatment, oral health, case management, translation services, transportation, and employment services
- Create **270,000 jobs** and generate an estimated **\$84.8 billion in total economic activity** in local communities
- Provide care to **389,000 veterans, 1.3 million** patients experiencing homelessness, **3.3 million** adults over age 65, and **1 in 8 children**

Health Centers in the United States

US Health Centers

Total Grantees	1373
Service Delivery Sites	14276
% Rural	42%
% with MAT Services	71%
% Utilizing Telehealth	99%

US Patients

Children	8,635,363
Older adults	3,289,246
Patients experiencing homelessness	1,294,327
Veterans	388,939
Agricultural workers	1,015,162
Racial/ethnic minority	14,882,623
Total patients	30,193,278

US Services and Staff

Physicians	14,858
NPs/PAs/CNMs	16,134
Nurses	20,877
Behavioral Health Specialists	17,415
Pharmacy	7,095
Dental	18,749
Vision	1,020
Enabling Services	25,615
Other	2,109
Total FTEs*	271,781

	Health Center Population	State Population
Income < 100% FPL	44%	13%
Income < 200% FPL	15%	16%
Uninsured	20%	9%
Medicaid	48%	21%
Medicare	11%	14%
Dually Eligible	4%	
Private Insurance	20%	55%

US Health Center Economic Impact

Health centers in US created **508,412 jobs** and generated **\$84,795,916,439 in total economic activity** in 2021.

Notes: State data include only health centers receiving Health Center Program Section 330 grants. **Sources:** 2021 Uniform Data System, BPHC, HRSA, DHHS. 2021 American Community Survey 1-Year Estimates, U.S. Census Bureau. Detailed sources are available at <http://www.nachc.org/research-and-data/state-level-data-maps/>.

AMERICA'S HEALTH CENTERS

AUGUST 2022

Community health centers are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.

In 2021, for the first time in a single year, health centers served over

30 million patients

Over 1,400 Community Health Centers and Look-alike organizations provided care at more than 14,000 locations across the country in 2021.

1 in 11 Americans are health center patients, of whom:

20% are **uninsured**

59% are **publicly insured**

90% are **low-income**

65% are members of racial and/or ethnic **minority groups**

42% live in **rural communities**

Health centers are the health care home for many of America's historically underserved communities, including:



1 in 5

UNINSURED AMERICANS



1 in 3

AMERICANS LIVING IN POVERTY



1 in 5

RURAL AMERICANS



1.3 million

PEOPLE EXPERIENCING HOMELESSNESS



8.6 million

CHILDREN



nearly
400,000
VETERANS



3.3 million

ELDERLY PATIENTS

HEALTH CENTERS ARE PLAYING A PIVOTAL ROLE IN FIGHTING THE COVID-19 PANDEMIC BY ENSURING EQUAL ACCESS TO PREVENTION AND TREATMENT

To date, health centers have administered...

22.2 million vaccines

72% of which have gone to patients of racial/ethnic minority backgrounds

20 million tests

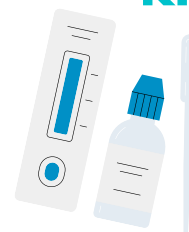
61% of which have gone to patients of racial/ethnic minority backgrounds

...and distributed:

7.2 million N95 masks



7.9 million at-home test kits



Health centers **expand access** to high-quality, comprehensive services, including:

TELEHEALTH SERVICES

29 million virtual visits

DENTAL SERVICES

5.7 million patients

MENTAL HEALTH SERVICES

2.7 million patients

SUBSTANCE USE TREATMENT

285,000 patients

MEDICATION-ASSISTED TREATMENT

184,000 patients

FOR OPIOID USE DISORDER

HEALTH CENTERS DRIVE ECONOMIC GROWTH



270,000
EMPLOYEES (FTE)



\$63 billion
ECONOMIC ACTIVITY
GENERATED IN
COMMUNITIES SERVED



\$24 billion
SAVINGS TO THE
HEALTH SYSTEM
ANNUALLY

The Backbone of Our Country's Healthcare

MARCH 2022

The Community Health Center workforce is the cornerstone of the comprehensive, high-quality primary care received by nearly 30 million patients at 14,000 delivery sites nationwide. Over 40% of delivery sites are located in rural and frontier communities, and care provided at Community Health Centers saves the US health care system more than \$24 billion per year.¹

Dedicated care teams are the backbone of the Community Health Center program, which are comprised of physicians, nurses, dentists, optometrists, social workers, case managers, medical assistants, and others who are deeply committed to the health and well-being of the communities they serve.




According to a recent report by the National Academies of Sciences, Engineering, and Medicine (NASEM), entitled *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*,

"High-quality primary care is best provided by a team of clinicians and others who are organized, supported, and accountable to meet the needs of the people and the communities they serve. Team-based care improves health care quality, use, and costs among chronically ill patients, and it also leads to lower burnout in primary care."² Community Health Centers have embraced this approach and are leaders in team-based care.

Yet, like many health care providers, the Community Health Center workforce has experienced immense strain due to the COVID-19 pandemic. Continued federal investment in current primary care workforce programs is essential to respond to these challenges. There is also a need for policy changes that help to diversify and strengthen the current and future Community Health Center workforce.

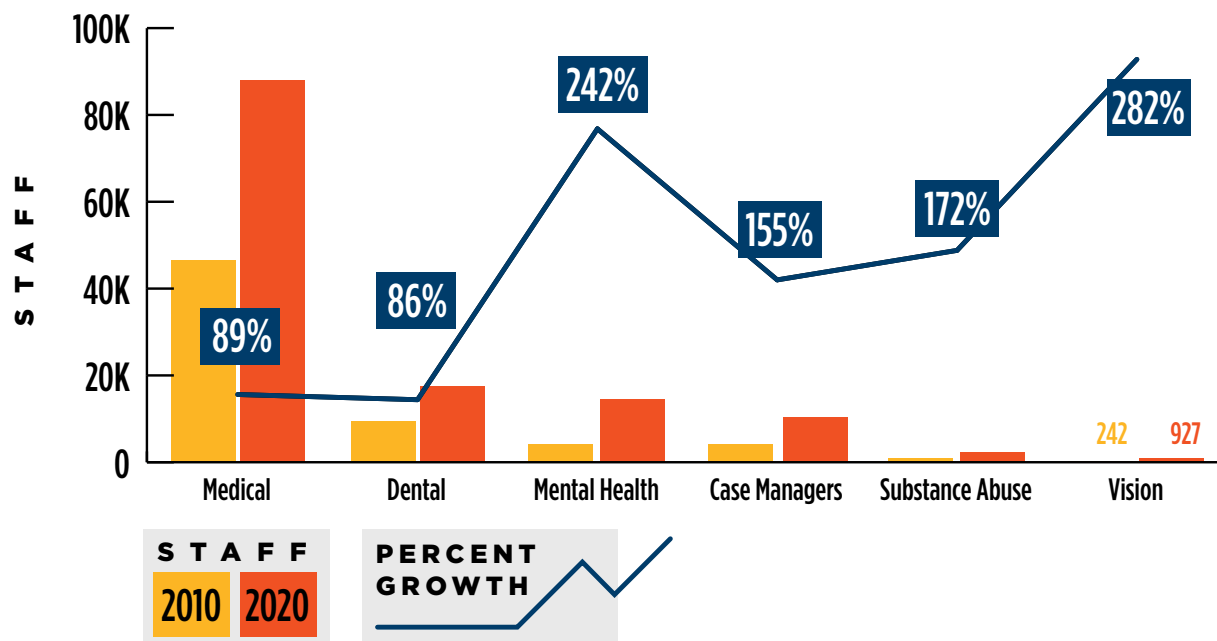
This brief explores some of those key programs and policy suggestions, but first explores the key staff roles within a health center, how the workforce has grown over time, and the important work that health centers have done throughout the past year.

Community Health Centers...

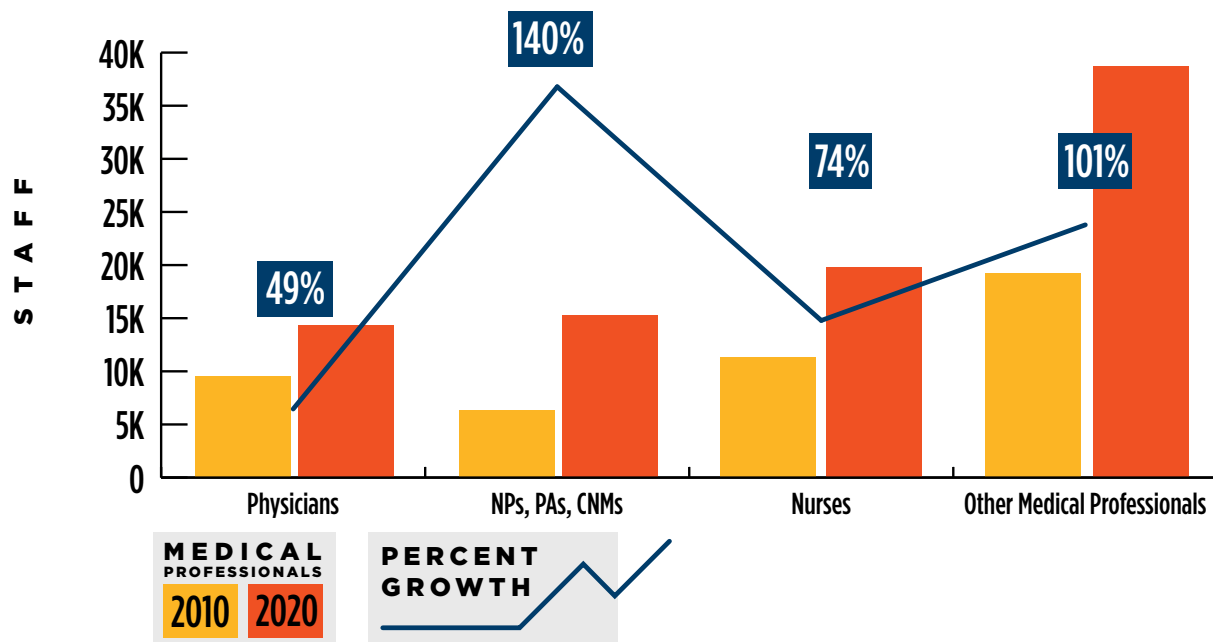
-  ...care for nearly **29 million** people annually...
-  ...and half of the **14,000 sites** are located in rural and frontier communities...
-  ...saving the health care system **\$24 billion.**



GROWTH IN HEALTH CENTER STAFF, 2010-2020



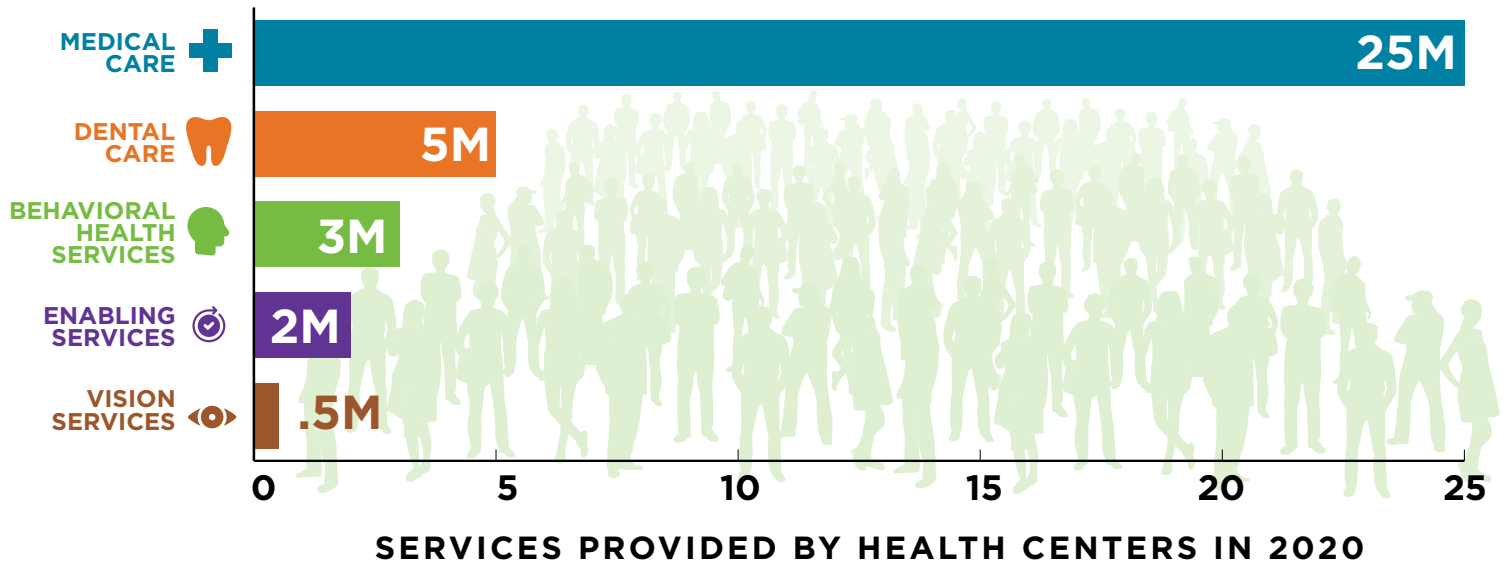
MEDICAL PROFESSIONALS' GROWTH OVER THE PAST DECADE



Community Health Center Workforce & Services Over the Past Decade

The Community Health Center workforce has expanded dramatically over the past decade from 132,000 staff in 2010 to 255,000 staff in 2020, which has allowed them to increase the number of patients they serve by almost 50% during this time. The Community Health Center workforce responded to pre-COVID public health crises such as the opioid epidemic with a 242% increase in behavioral health services and a

four-fold increase in the number of providers eligible to prescribe Medication Assisted Therapy since 2010. Community Health Centers also experienced a 282% increase in vision services provided during this time. These service expansions have enabled Community Health Centers to be a full medical home for their patients and address patients' health and wellbeing needs holistically.



The overall growth of medical care professionals is comprised of a 50% growth in physicians, 140% growth in NPs, PAs, and CNMs, a 75% growth in nurses, and a 100% growth in other medical professionals.

Community Health Center Workforce & Services During the COVID-19 Pandemic

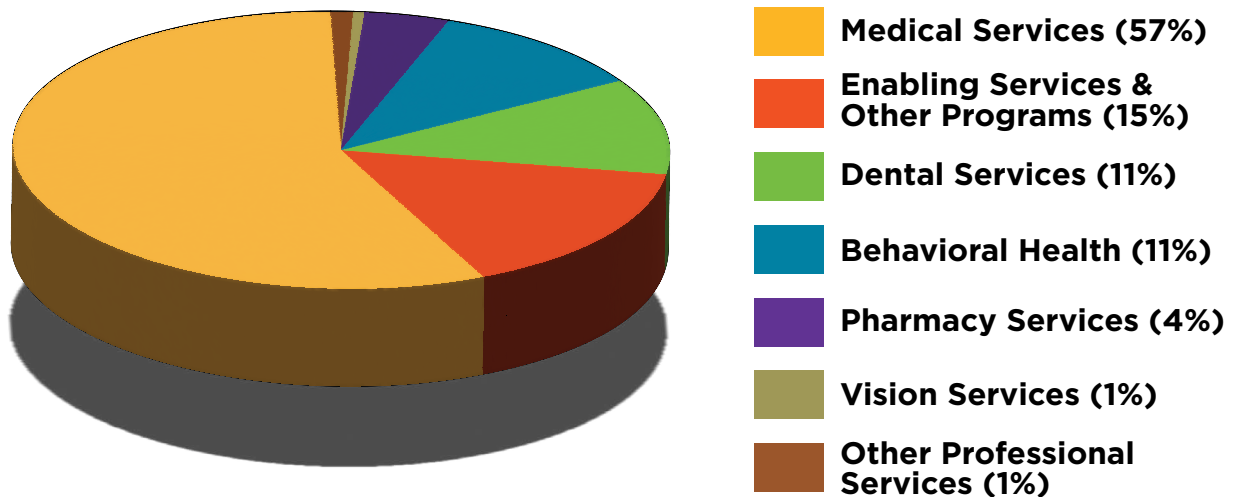
The Community Health Center workforce has been on the frontlines of the COVID-19 pandemic by testing, treating, and vaccinating hundreds of thousands of people each week. Despite demands of the pandemic as well as unprecedented rates of workforce attrition, Community Health Center personnel have still provided:

- Medical care to 25 million patients, which includes managing chronic conditions such as

- hypertension, diabetes and depression, pre-natal and post-partum services, and providing adults and children with prevention and wellness care,
- Dental care to 5 million patients, which includes oral exams, restorative care, and prevention services such as fluoride treatment for children,
- Behavioral health services to nearly 3 million patients, which includes substance use services, counseling, and primary care management of conditions such as anxiety and depression,
- Pharmacy services which include prescriptions and medication management,
- Vision services to half a million patients, and
- Enabling services such as interpretation, case management, transportation, and eligibility assistance and other services to address social determinants of health for 2 million patients.

HEALTH CENTER CARE TEAM STAFF PROVIDE A BROAD ARRAY OF SERVICES

Total Care Team: 155,595 Full-Time Equivalent (FTE)



The Community Health Center workforce enabled health centers to provide dental services at 82% of their locations, pharmacy services at 49%, and vision services at 26% of all health centers. This amounts to 25% more health centers providing pharmacy services and 50% more health centers providing vision services since 2010.

In 2020, the health center workforce grew by less than 1 percent from 2019. Driving this increase was a nearly 9% growth in staff dedicated to treating substance use disorders and a 7% increase in staff focused on mental health conditions. Behavioral health continues to be a significant need for communities served by health centers and these increases are reflective of that and the ongoing behavioral health challenges the country has faced due to the pandemic. For example, in the past year, health centers saw dramatic increases in the number of patients receiving Medication Assisted Treatment (MAT), the number of providers eligible to prescribe MAT, and the health centers providing MAT to patients.

Community Health Centers' Role Workforce Training and Development

Community Health Centers are a living example of Objective 3 of the National Academies of Sciences, Engineering, and Medicine (NASEM) report Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care to “Train primary care teams where people live and work”.

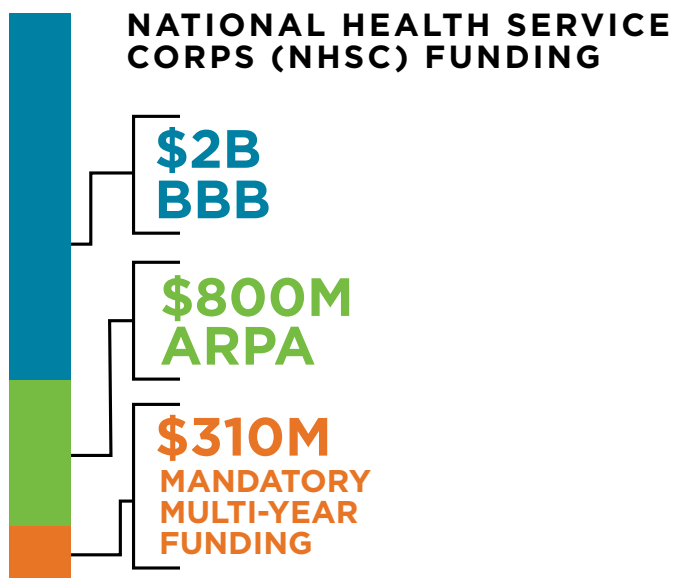
KEY PROGRAMS AND POLICY RECOMMENDATIONS

The future of Community Health Centers' workforce is uncertain. Amidst struggles related to the COVID-19 pandemic, the majority of health centers reported losing anywhere between 5-50% of their staff in 2021 and experienced the highest attrition rates among their nurses, administrative staff, and other medical staff.³

To incentivize more staff to join the health center workforce and to be able to support their growing patient population, we must invest in the following workforce programs and support other policies that will augment the health center workforce and ensure medically underserved communities across the country have access to care.

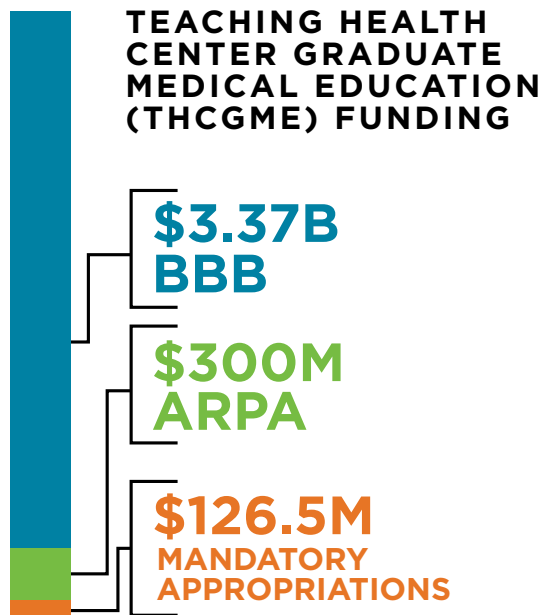
- The **National Health Service Corps (NHSC)** connects primary health care clinicians to people with limited access to healthcare in high-need areas. Their 19,000 clinicians serve at more than 10,000 community health centers, providing care to nearly 21 million patients, a third of which live in rural areas.

The **National Health Service Corps** has been funded in a variety of ways in recent years. Mandatory multi-year funding was established as part of the Community Health Center Fund. Congress most recently reauthorized the \$310 million in mandatory funding for fiscal years 2021-2023 as part of the FY2021 Consolidated Appropriations Act. This funding supplements an additional \$120 million in discretionary funding. Most recently, Congress provided \$800 million for the program through the American Rescue Plan Act (ARPA) in March 2021. An additional \$2 billion is under consideration as part of the Build Back Better Act (BBB), which has passed the House and is awaiting action in the Senate.



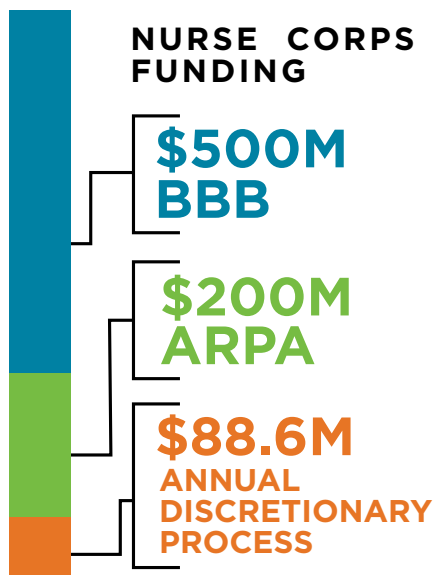
- The **Teaching Health Center Graduate Medical Education (THCGME)** supports primary care medical and dental residency programs in outpatient community settings, the majority of which are Community Health Centers in rural and/or medically underserved communities.⁴ Since 2011, this program has facilitated the training of 1,150 primary care physicians and dentists, and in 2020-2021, the program trained nearly 800 medical and dental residents at community-based sites in 25 states.

Similar to the NHSC, the **THCGME** program is funded through mandatory appropriations at \$126.5 million through 2023. THCGME received a \$330 million supplemental funding increase through the ARPA. Successful passage of BBB will include a program investment of \$3.37 billion.



- **Nurse Corps Scholarship Program** pays student tuition, fees, and other educational costs in exchange for a commitment to working at Critical Shortage Facilities such as Community Health Centers after graduation.⁵

Funding for the **Nurse Corps** typically only comes through the annual discretionary process, which is at \$88.6 million for the current fiscal year. Nurse Corps funding was increased by an additional \$200 million in the ARPA and will receive an additional \$500 million if BBB becomes law.



There are other important HRSA programs and funding sources that benefit the Community Health Center workforce. For example, HRSA recently began supporting Postgraduate Nurse Practitioner Residency programs - this training model was de-

veloped at a Community Health Center and there are now 250 programs in 42 states. The program provides an additional year of structured, intensive clinical training for nurse practitioners at Community Health Centers or other safety net providers. Experience to date shows high retention rates with jobs in similar settings upon completion of training in Community Health Centers or other safety net providers. Furthermore, HRSA's Title VII and Title VIII health professions education and training programs assist in the recruitment, training, and support of public health practitioners, nurses, geriatricians, mental health providers, and other front-line health care workers.

Other Federal and State Policy Options

While funding for existing federal programs is incredibly important, there are additional federal and state policy solutions to help alleviate short- and long-term workforce challenges facing health centers. Below are several options, some of which were contained in the NASEM report that could be explored on the federal levels.

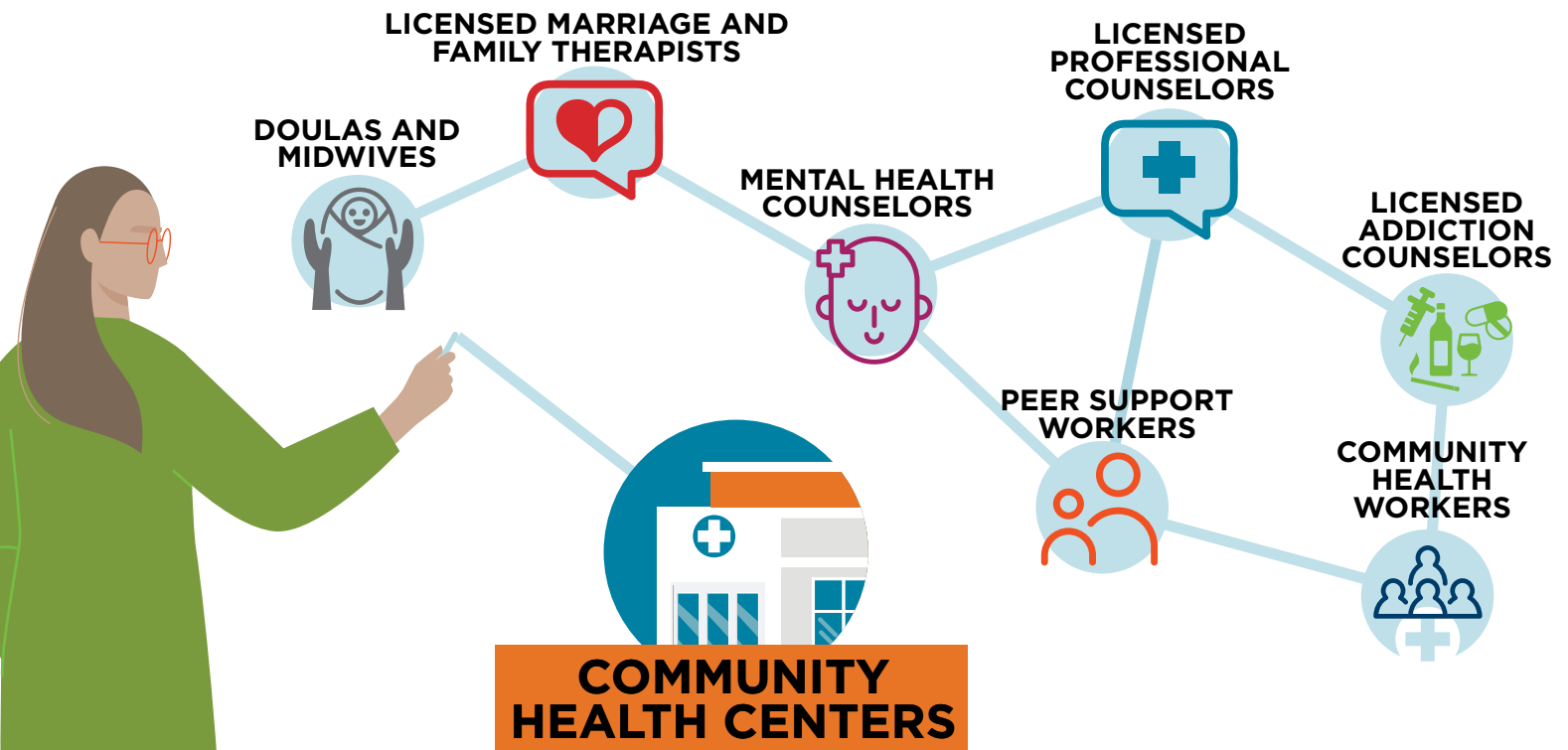
Redesigning Graduate Medical Education (GME)

NACHC agrees with the NASEM report's recommendation to redesign graduate medical education. In particular, the report states that the Department of Health and Human Services should do the following:

- Support training primary care clinicians in community settings.
- Expand the distribution of training sites to better meet the needs of communities and populations, particularly in rural and underserved areas.
- Prioritize effective HRSA models for existing GME funding redistribution and sustained discretionary funding.
- Modify GME funding to support training all members of the interprofessional primary care team, including nurse practitioners, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.

Implement Value-based Payment for Team-based Care

The NASEM report also calls upon the health care system to "Pay for primary care teams to care for people, not doctors to deliver services." NASEM report authors recognize the complexity of the current payment system, and it will likely take some time to develop and implement alternative payment models which fully recognize team-based care. In the interim, it will be important to expand the list of billable providers.



EXPANDING THE LIST OF BILLABLE PROVIDERS

Including additional provider types will help facilitate coordination with health care providers, connect patients with community-based services, address social determinants of health, and provide health education.

Expand List of Billable Providers on Integrated Care Teams

Community Health Centers depend upon a network of over 255,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. The currently limited list of reimbursable health care providers is a particular barrier for health centers, especially in behavioral and maternal health care, trying to serve medically underserved communities. Potential options include adding the following roles to the list of FQHC Core Providers:

- Licensed Marriage and Family Therapists
- Peer Support Workers
- Community Health Workers
- Licensed Addiction Counselors
- Licensed Professional Counselors
- Mental Health Counselors
- Doulas and Midwives

Recognizing these additional provider types will help facilitate care coordination with health care providers, connect patients with community-based services, and support Community Health Center efforts to address social determinants of health. In addition, reimbursement must recognize activities such as

interdisciplinary team training and other support services patients need to navigate complex and siloed care as well as connect with other community resources.

Strengthen Federal Support for State-Based Workforce Expansion Efforts:

States have a sizable ability to impact workforce policy priorities. Examples include easing state scope of practice laws and regulations to enable more allied health care providers – such as nurse practitioners, physician assistants and dental therapists – to provide more services to patients; establishing state Medicaid reimbursement for non-clinical staff like CHWs; and greater flexibility in laws and regulations related to interstate practice for various provider types. Congress and the Biden Administration should work to create stronger incentives through federal for states that choose to adopt these and other more flexible workforce policies.

Community Health Center Workforce Well-Being

A 2019 NASEM report noted that studies estimate between 35% and 54% of nurses and physicians have substantial symptoms of burnout, and the range

for medical students and residents is between 45% and 60%.⁶ These trends have worsened during the current pandemic, putting a new emphasis on health care workers' well-being. In addition to integrated team-based primary care, there are a number of policy solutions that can alleviate clinician burnout:

- Investments in programs like **Oregon Wellness** focus on the mental well-being of health care providers. The Oregon Wellness program offers eight one-hour therapy sessions a year to health care professionals.
- Funding for research and demonstration programs that are focused on health care workforce well-being as well as investments specific to the Community Health Center workforce.

Community Health Centers have made great strides in providing wraparound health care to medically underserved communities throughout the nation, largely due to their committed and innovative workforce. The Community Health Center workforce continues to provide high-quality care to nearly 29 million people annually, even in times of extreme duress such as the COVID-19 pandemic. To be able to continue caring for medically underserved populations, investment in workforce programs is crucial to ensure the Community Health Center workforce of the future.

Sources

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- 3 Responses gathered from 275 health centers to poll conducted on 11/21/2021.
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- 6 Dyrbye, L. N., T. D. Shanafelt, C. A. Sinsky, P. F. Cipriano, J. Bhatt, A. Ommaya, C. P. West, and D. Meyers. 2017. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC



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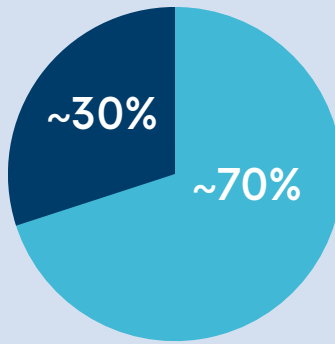
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FEDERAL HEALTH CENTER FUNDING 101

Each year, Congress decides how our tax money will be spent by debating which programs should receive funding and how much. Community Health Centers have received federal grant funding for decades thanks to **bipartisan Congressional support.**

ANNUAL APPROPRIATIONS

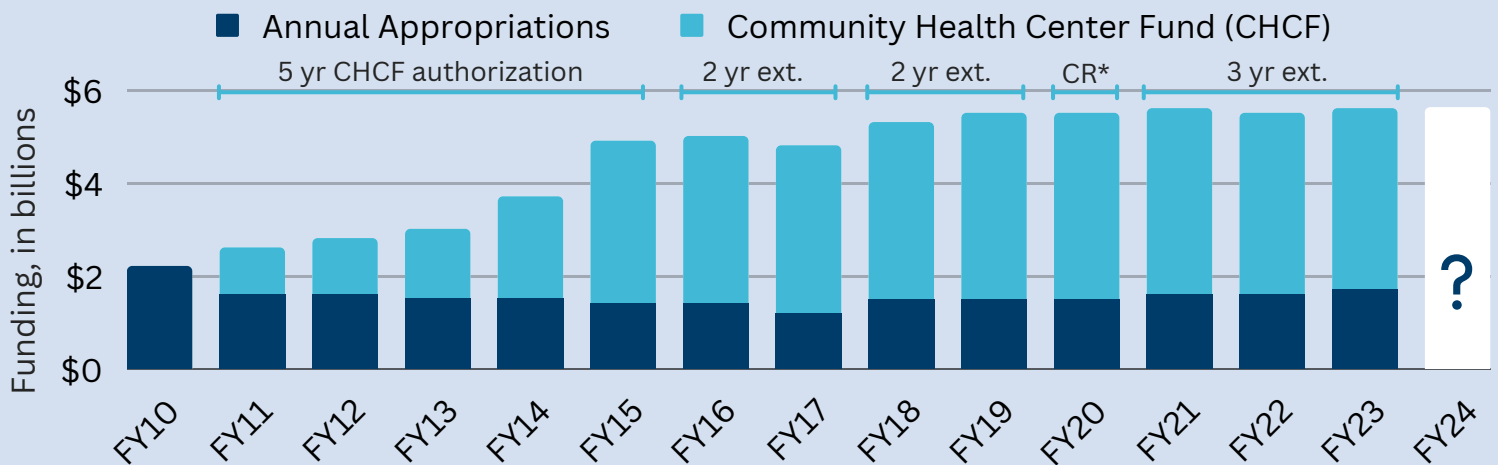
- Funding allocated year-to-year by the Appropriations Committees
- Also called “discretionary funding”
- Bipartisan letter of support for FY24 funding was signed by 266 Representatives and 63 Senators in spring 2023



COMMUNITY HEALTH CENTER FUND (CHCF)

- Funding allocated in multi-year chunks for program stability (indicated in the chart below)
- Also called “base funding”
- Congress passed a bipartisan bill in 2020 for three years of funding

HEALTH CENTER FUNDING



HEALTH CENTERS RELY ON FEDERAL FUNDING TO...



Expand access to health care in underserved communities



Provide affordable care to uninsured patients



Provide enabling services like education and transportation

HEALTH CENTERS NEED YOUR VOICE!

Congress must vote to authorize *both* the CHCF *and* annual appropriations for Community Health Centers by September 30th, 2023. [Click here](#) to support health centers by asking your Member of Congress to vote YES for continued health center funding.

*CR = Continuing Resolution

Questions? Contact us: research@nachc.org



FOR IMMEDIATE RELEASE:
AUGUST 3, 2023

MEDIA CONTACT
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Back to School Health Fair Returns to Cutler-Orosi on August 5th
Family HealthCare Network's Annual Event Will Hand Out 500 Backpacks

CUTLER, CA AUGUST 5, 2023— Family HealthCare Network is thrilled to announce the return of its 22nd Annual Cutler-Orosi Back to School Health Fair on Saturday, August 5th at the Cutler-Orosi Sports Complex. The event kicks off at 8:00am, offering backpacks with school supplies for children in grades K-12.

This year marks FHCN's 8th year of distributing backpacks during the Back to School Health Fair, as we anticipate handing out our 4000th backpack during the event. Each backpack will be filled with school supplies and will be handed out on a first-come, first-serve basis. No registration is required prior to the event, but backpacks will be limited to students between the grades of K-12. In addition to handing out backpacks, FHCN team members will remain on site at the Cutler-Orosi Sports Complex to provide the latest health information, offer vital health screenings to anyone in attendance, and introduce alternative beverage choices through our Rethink Your Drink campaign.

Family HealthCare Network's Back to School Health Fair is made possible through our partnerships with the Cutler-Orosi School District, the Cutler-Orosi Lions Club, Tulare County Board of Supervisor Eddie Valero, and the Tulare County Health and Human Services Agency. We're also grateful to our media partners Radio Lazer and Telemundo for helping us to put on the event.

Event Details

Where: Cutler-Orosi Sports Complex, Rd 128, Cutler, CA 93615

When: August 5th, 8:00am-11:00am

About Family HealthCare Network:

At Family HealthCare Network, our mission is to provide quality health care to all. As a private nonprofit Federally Qualified Health Center, FHCN includes 48 sites and over 300 clinical providers throughout Tulare, Fresno, and Kings Counties. Our services include family medicine, obstetrics and gynecology, pediatrics, adult and children's dentistry, pharmacy, internal medicine, behavioral health, nutritional counseling, health education, case management, community health and outreach, and eligibility assistance.

Family HealthCare Network is dually recognized by The Joint Commission with its Gold Seal of Approval® for Patient Quality and Safety and as a Patient Centered Primary Medical Home.

For more information, call 1-877-960-3426, visit [our website](#), Like us on [Facebook](#) and follow us on [Twitter](#).

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FOR IMMEDIATE RELEASE:
AUGUST 8, 2023

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Family HealthCare Network Food Pantry Opens Inside Hanford Health Center
Unique Innovation from FHCN and KCOA will Address Food Insecurity

HANFORD, CA AUGUST 10, 2023— Family HealthCare Network (FHCN) is excited to announce the opening of our new food pantry, located inside of our Hanford health center at 250 W 5th Street. In partnership with Kings Community Action Organization (KCAO), this food pantry represents a first of its kind for both companies, aimed at serving patients who struggle with food insecurity and are often unable to access healthy foods.

Our new Hanford food pantry represents a key strategic effort by FHCN and KCAO to address the social determinants of health and food insecurity in Kings County. Because chronic health conditions and long-term health outcomes are significantly impacted by nutrition, this partnership serves as a vital link to the health of our communities. Patients of FHCN's Hanford health center who report as food insecure will have access to quality dairy products, local fresh fruit and vegetables, meat, and non-perishable foods. The food pantry is set up like a community market, offering our patients a dignified experience that is similar to shopping in a grocery store.

Family HealthCare Network and Kings Community Action Organization will host a celebratory ribbon-cutting event on August 10th at 12:30pm.

The food pantry is now open on Tuesdays, Wednesdays, and Thursdays from 9:00am-3:00pm for patients who qualify.

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FOR IMMEDIATE RELEASE:
AUGUST 30, 2023

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Local Author Brings Memoir Trilogy “I Made Lemonade” to The Book Nook
Ela Pandya’s Memoir Spans from Her Childhood in India to Motherhood in America

VISALIA, CA SEPTEMBER 1, 2023— Local author Ela Pandya brings the final piece of her three-part memoir series to The Book Nook this week, as part of Visalia’s monthly First Friday Art Walk event. Pandya, who relocated to the United States after an arranged marriage to an American man, has traced her entire life through Parts One and Two of I Made Lemonade. Now The Book Nook is proud to spotlight Part Three of her much-anticipated memoir series.

In Parts One and Two of her I Made Lemonade memoir series, Pandya traced through her remarkable history from India to the United States. In Part One, she navigated through the conflicts of an arranged marriage, her immigration to the United States, and a new life as a mother in a new country. Part Two covers Pandya’s pursuit of equality, the intricacies of her multicultural family, and her determination to better understand her children’s own educational opportunities. Now in Part Three, Pandya dives into the complexities of America’s healthcare industry, the life of a surgeon’s wife, and how she balanced her core beliefs across a family that blended two distinctly different cultures.

“I actually had to stop writing for two years between Parts Two and Three,” said Pandya. “Part Three is so much closer to where I’m at with my life right now. Sometimes, it becomes an everyday struggle to confront your past, but I believe that challenges make you stronger and better. And I hold onto that belief as tightly as I possibly can each day.”

I Made Lemonade Parts One, Two and Three are available now at The Book Nook, which opened its doors in October 2022. Owned and operated as a division of Family HealthCare Network, The Book Nook serves as the newest addition to FHCN’s literacy initiative with the goal of increasing literacy rates throughout Visalia and the surrounding communities. Since opening its doors, The Book Nook has served as a platform for local artists and authors to introduce themselves to a larger audience and share their work with people of the surrounding community.

Event Details: First Friday Art Walk @ The Book Nook

Where: 114 W Main Street, Suite 102

When: Friday September 1st, 6:00-7:00pm

About Family HealthCare Network:

At Family HealthCare Network, our mission is to provide quality health care to all. As a private nonprofit Federally Qualified Health Center, FHCN includes 48 sites and over 300 clinical providers throughout Tulare, Fresno, and Kings Counties. Our services include family medicine, obstetrics and gynecology, pediatrics, adult and children's dentistry, pharmacy, internal medicine, behavioral health, nutritional counseling, health education, case management, community health and outreach, and eligibility assistance.

Family HealthCare Network is recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home and is dually recognized by The Joint Commission with its Gold Seal of Approval® for Patient Quality and Safety and as a Patient Centered Primary Medical Home.

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FOR IMMEDIATE RELEASE:
SEPTEMBER 19, 2023

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FHCN, Burton School District Partner to Empower Students to “Be Future Ready”
Annual Event Will Fortify Local Sophomores with Skills for Post-School Success

PORTERVILLE, CA SEPTEMBER 21, 2023— Family HealthCare Network and Burton School District are pleased to announce the 3rd Annual “Be Future Ready” Conference, to help local sophomores gain skills they will need to succeed in the workforce after high school graduation. The event will be held on Thursday, September 21st at 9:00 am at the Tulare County Office of Education (TCOE).

Local sophomores will spend their day gaining insight into the modern work world by learning key skills like resume building, financial literacy, and social media safety. Each student will also have a chance to enter raffles for prizes and will be given several free gifts—including one of 160 specialty t-shirts, sponsored by Family HealthCare Network (FHCN). Burton School District’s mission is to empower confident and successful students—whether they choose to attend college or enter the workforce after high school.

Previous “Be Future Ready” Conferences have included noteworthy presenters and speakers from organizations including the Porterville Police Department and Valley Strong Bank, as well as local business owners, educators, and hiring professionals.

Event Details: TCOE Redwood Conference Center, 6200 S Mooney Blvd, Visalia
When: Thursday, September 21, 9:00am – 2:30pm

For additional information, please contact Irene Ortega at 559-544-3944.

About Family HealthCare Network:

At Family HealthCare Network, our mission is to provide quality health care to all. As a private nonprofit Federally Qualified Health Center, FHCN includes 45 sites and over 300 clinical providers throughout Tulare, Fresno, and Kings Counties. Our services include family medicine, obstetrics and gynecology, pediatrics, adult and children’s dentistry, pharmacy, internal medicine, behavioral health, nutritional counseling, health education, case management, community health and outreach, and eligibility assistance.

FHCN is recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home and is dually recognized by The Joint Commission with its Gold Seal of Approval® for Patient Quality and Safety and as a Patient Centered Primary Medical Home.

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