



Epi Data Tables

New York City Department of Health and Mental Hygiene

October 2013, No. 34

Federally Funded Health Centers in New York City

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Data Sources and Data Notes - see pages 2 and 3

To access the related Epi Data Brief, go to www.nyc.gov/html/doh/downloads/pdf/epi/databrief34.pdf

Data Sources

American Community Survey

The American Community Survey (ACS) is an ongoing nationwide survey that provides annual data. ACS 2011 1-year population estimates for New York City, New York State and United State were used for Table 2 only. When UDS Mapper data (see below) were used, 2011 population data provided by the UDS Mapper were used. For more detail about the ACS, see

http://www.census.gov/acs/www/about_the_survey/american_community_survey/ (accessed 6/19/13)

Community Health Survey

The Community Health Survey (CHS) is a telephone health survey of about 9,000 adults aged 18 and older, conducted annually by the Health Department. 2011 data are age-adjusted, except for age-specific estimates, to the US 2000 Standard population. For survey details, visit www.nyc.gov/health/survey.

HRSA Health Center Site Directory

The Health Resources and Services Administration (HRSA) Data Warehouse provides health center information and can generate reports with details such as site addresses. For more detail, see

<http://datawarehouse.hrsa.gov/sitesdetail.aspx>. (accessed 8/1/13)

HRSA Health Center Grantee UDS Reports

Federally funded health centers must submit data to HRSA's Bureau of Primary Health Care each calendar year via the Uniform Data System (UDS). Some of these data are subsequently made publicly available. For more information about UDS data elements, see HRSA's "UDS Reporting Instructions for Section 330 Grantees" for calendar year 2011:

<http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2011manual.pdf>

- United States 2011 data:
http://bphc.hrsa.gov/uds/doc/2011/National_Universal.pdf (accessed 8/21/13)
- New York State 2011 data:
http://bphc.hrsa.gov/uds/doc/2011/UDS_2011_Rollups_NY_Universal.pdf (accessed 8/21/13)
- New York City 2011 data:
The Community Health Care Association in New York State (CHCANYS) is the designated Primary Care Association for NYS and provided aggregate NYC data derived from 2011 UDS data. For further information about CHCANYS, visit <http://www.chcanys.org/>.

HRSA Individual Health Center Data

HRSA released selected uds data at the grantee (not site) level. See

<http://bphc.hrsa.gov/uds/view.aspx?q=rlg&year=2011> (accessed 8/21/13)

UDS Mapper

The Uniform Data System (UDS) Mapper is a publicly accessible online resource providing data on health center patients by zip code for the United States, derived from Health Center UDS reports. The UDS Mapper is funded by HRSA and directed by the Robert Graham Center. For more detail and 2011 data, visit udsmapper.org (accessed 6/6/13).

Data Notes

This report uses Uniform Data System (UDS) data aggregated from data submitted by federally funded health centers.

A health center grantee may operate one or more sites but grantees submit one UDS report totalling patient data for all of their federally funded sites; site-specific UDS data are not available.

When using HRSA UDS data this analysis considers patients to be NYC federally funded health center patients if they were served by a health center with sites in NYC. As health center grantees only report summary data for their federally funded sites in the UDS reporting system, the number of patients seen at non-NYC sites cannot be determined for the two New York State grantees that have sites both within NYC and elsewhere in New York State. One of these grantees has 18 of its 25 sites in NYC; based on 2012 HRSA data, approximately 65% of their patients live in NYC (<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=023710&state=NY>). The other grantee has only a seasonal (summer) site outside of NYC which provides services for its patients; based on 2012 HRSA data, approximately 98% of their patients live in NYC (<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=021210&state=NY>). Aggregate data for both of these grantees are included as NYC health center data.

When using UDS Mapper data, this analysis considers patients to be NYC health center patients if they were assigned to a zip code identified as located in NYC.

When completing the UDS, each grantee reports the number of federally funded health center patients by zip code. To minimize reporting burden, a grantee has the option of aggregating patients living in zip codes with 10 or fewer patients into an "other" category.

The UDS Mapper presents data by patient residential zip code derived from UDS data whereas HRSA's UDS reports present data by patients seen by each grantee. Therefore, the number of health center patients derived from HRSA UDS data and the number of health center patients derived from UDS Mapper data may differ.

Neighborhoods are defined using the United Hospital Fund (UHF) neighborhoods. For a map of NYC UHF neighborhoods, see http://www.nyc.gov/html/doh/downloads/pdf/survey/uhf_map_100604.pdf

Unless otherwise indicated, data are from 2011.

Health center penetration is the ratio of an area's total number of health center patients to the area's population or subpopulation as specified. Health center penetration of a low-income^e population is the maximum proportion of the low-income population who may be health center patients (i.e., if every health center patient is low-income). In actuality, not every health center patient is low-income; for example, in 2011, of NYC health center patients whose income was known, 87% were low-income. The concept of health center penetration of a low-income population is used to indicate potential unmet need in an area. Persons not served by a health center are not necessarily without health care (even if low-income or uninsured).

Low-income is defined as <200% of the federal poverty level.

Table 1. Federally funded health center grantees and sites, New York City, New York State and United States, 2013*Source: HRSA Health Center Site Directory (accessed 8/1/13)*

	United States	New York State	New York City ¹
Number of federally funded health center grantees	1220	61	34
Number of grantee service delivery sites ²	9139	614	367
Number of grantee primary care service delivery sites for the general public ³			106

New York City grantee service delivery sites by borough

Bronx	117
Brooklyn	102
Manhattan	108
Queens	32
Staten Island	8

New York City grantee primary care service delivery sites available to the general public by borough

Bronx	37
Brooklyn	34
Manhattan	21
Queens	12
Staten Island	2

¹ This analysis considers a grantee to be a NYC grantee if the organization has any sites in NYC. See Data Notes for further detail.² The number of delivery sites listed above excludes (a) administrative sites, (b) domestic violence shelters, (c) correctional sites and (d) look-alike sites.³ Excludes sites serving special populations (e.g., students, homeless), at special locations (e.g., schools, adult homes, mobile vans, shelters) or providing only services other than primary care (e.g., dental, mental health).

Table 2. Patients served by federally funded health centers, New York City, New York State and United States, 2011*Sources: HRSA Health Center Grantee UDS Reports 2011, American Community Survey 2011 1-year estimates*

	United States health center patients	New York State health center patients	New York City health center patients¹
Total number of patients served by federally funded health centers	20,224,757	1,489,141	837,383
Health center penetration ² of total area population ³	6.5%	7.7%	10.2%
Race and ethnicity			
Racial and/or ethnic minorities	58.5%	67.3%	78.1%
Non racial/ethnic minorities ⁴	35.5%	21.9%	10.8%
Unreported or refused (race/ethnicity) ⁵	6.0%	10.8%	11.0%
Best served in a language other than English	23.0%	21.0%	24.3%

¹ This analysis considers a grantee to be a NYC grantee if the organization has any sites in NYC. See Data Notes for further detail.² Health center penetration is the ratio of an area's total number of health center patients to the area's population or subpopulation as specified. See Data Notes for further detail.³ Health center penetration of total area population was calculated using total population estimates from American Community Survey 2011 1-year estimates.⁴ Non-racial/ethnic minorities are white non-Hispanic patients.⁵ Unreported or refused (race/ethnicity) includes patients whose race and ethnicity are unknown and patients who reported race as white but whose ethnicity is unknown.

Table 3. Federally funded health center patient health insurance (principal payor), New York City, New York State and United States (2011)

Source: HRSA Health Center Grantee UDS Reports 2011

	United States health center patients	New York State health center patients	New York City ¹ health center patients
Medicaid, CHIP and other public insurance ²	41.7%	50.6%	56.5%
Medicare	7.8%	7.0%	6.2%
Private or other insurance ³	14.1%	17.3%	13.7%
None/uninsured ⁴	36.4%	25.1%	23.5%

¹ This analysis considers a grantee to be a NYC grantee if the organization has any sites in NYC. See Data Notes for further detail.² Medicaid, Children's Health Insurance Program (CHIP) and other public insurance includes federal, state or local government health insurance programs except Medicare. Non-insurance government payments for health care, such as the Breast and Cervical Cancer Control Program (BCCCP) are not considered other public insurance.³ Private or other insurance includes employer-sponsored insurance, individually purchased insurance, insurance purchased for public employees, etc.⁴ None/uninsured includes patients with no medical insurance. Those with dental or vision insurance but no medical insurance are considered uninsured. Patients whose care is paid for (in whole or in part) by non-insurance third party payments (e.g., BCCCP, state or local indigent care pools) are considered uninsured.**Table 4. Federally funded health center patient income, New York City, New York State and United States (2011)**

Source: HRSA Health Center Grantee UDS Reports 2011

	United States health center patients		New York State health center patients		New York City ¹ health center patients	
	% of Total	% of Known	% of Total	% of Known	% of Total	% of Known
Total ≤ 200% of the Federal Poverty Level (FPL)	71.2%	92.8%	55.8%	87.9%	62.3%	85.6%
≤ 100% FPL	55.1%	71.8%	43.4%	68.5%	53.9%	73.9%
101-150% FPL	11.1%	14.4%	7.4%	11.6%	5.0%	6.9%
151-200% FPL	5.0%	6.5%	5.0%	7.8%	3.4%	4.7%
Over 200% FPL	5.5%	7.2%	7.6%	12.1%	10.5%	14.4%
Unknown	23.3%	-	36.6%	-	27.1%	-

¹ This analysis considers a grantee to be a NYC grantee if the organization has any sites in NYC. See Data Notes for further detail.

Table 5a. Population, low income population and federally funded health center patient population (#), New York City and New York State, 2011

Source: UDS Mapper 2011

	Population	Low-income¹ population	Health center patient population
New York State	19,309,344	5,772,547	1,445,137
New York City	8,175,663	3,093,545	789,710
Bronx	1,382,480	708,159	341,263
Brooklyn	2,504,700	1,072,448	217,661
Manhattan	1,577,385	495,754	129,497
Queens	2,242,368	710,804	83,866
Staten Island	468,730	106,380	17,423

¹ Low-income is defined as <200% of the federal poverty level.**Table 5b. Population, low income population and federally funded health center patient population (%) by borough, New York City, 2011**

Source: UDS Mapper 2011

	% of total NYC population	% of total NYC low-income¹ population	% of total NYC health center patient population
Bronx	16.9%	22.9%	43.2%
Brooklyn	30.6%	34.7%	27.6%
Manhattan	19.3%	16.0%	16.4%
Queens	27.4%	23.0%	10.6%
Staten Island	5.7%	3.4%	2.2%

¹ Low-income is defined as <200% of the federal poverty level.

Table 6. Populations served by federally funded health centers by neighborhood and income, New York City, 2011

Source: UDS Mapper 2011

Neighborhood	Population	% population who are low income¹	Health center penetration² of total population	Health center penetration² of low income¹ population
Kingsbridge and Riverdale	90,892	28.0%	4.3%	15.3%
The Northeast Bronx	190,668	30.5%	13.0%	42.8%
Fordham/Bronx Park	252,655	56.5%	15.8%	28.0%
Pelham/Throgs Neck	297,927	40.2%	18.0%	44.9%
The South Bronx	550,338	65.8%	39.8%	60.4%
Greenpoint	127,051	48.9%	14.2%	29.0%
Downtown Brooklyn/Heights/Slope	224,199	27.8%	9.9%	35.4%
Bedford Stuyvesant/Crown Heights	318,898	48.1%	10.7%	22.2%
East New York/New Lots	187,855	52.4%	8.2%	15.6%
Sunset Park	127,863	54.9%	28.5%	51.9%
Borough Park	331,983	47.1%	6.2%	13.1%
Flatbush	296,583	38.8%	6.4%	16.5%
Canarsie and Flatlands	195,027	26.2%	2.8%	10.9%
Bay Ridge/Bensonhurst	199,271	34.7%	7.0%	20.2%
Coney Island	285,502	38.8%	3.0%	7.7%
Williamsburg/Bushwick	210,468	58.9%	11.5%	19.5%
Washington Heights/Inwood	248,508	51.2%	6.4%	12.4%
Central Harlem	162,652	47.9%	12.4%	25.8%
East Harlem	109,972	56.8%	22.8%	40.1%
Upper West Side	220,080	20.2%	6.6%	32.4%
Upper East Side/Gramercy	355,484	12.5%	1.4%	11.5%
Chelsea/Greenwich Village	228,749	23.4%	8.1%	34.5%
Union Square/Lower Manhattan	251,940	33.9%	12.1%	35.7%
Long Island City/Astoria	204,715	35.2%	4.6%	13.2%
West Queens	425,492	39.9%	3.7%	9.4%
Flushing/Clearview	259,767	31.1%	3.7%	12.0%
Bayside/Little Neck/Fresh Meadows	184,803	24.6%	1.7%	6.8%
Ridgewood/Forest Hills	250,578	33.4%	2.0%	6.0%
Southwest Queens	270,542	31.8%	1.8%	5.5%
Jamaica	288,939	29.6%	5.8%	19.7%
Southeast Queens	242,554	18.7%	1.0%	5.1%
The Rockaways	114,978	36.8%	14.6%	39.6%
Northern Staten Island	194,035	32.0%	7.5%	23.4%
Southern Staten Island	274,695	16.1%	1.1%	6.5%

¹ Low-income is defined as <200% of the federal poverty level.² Health center penetration is the ratio of an area's total number of health center patients to the area's population or subpopulation as specified. See Data Notes for further detail.

Appendix 1. What are federally funded health centers?

The federal government provides financial support to certain ambulatory care facilities under Section 330 of the Public Health Services Act.¹ These facilities are community-based, public or private, non-profit health centers providing comprehensive primary care services to medically underserved areas or populations. Section 330 grants are awarded after a competitive application process and the entities awarded grants are known as Section 330 grantees or federally funded health centers.

Section 330 specifies several categories of grants: community health centers, residents of public housing, the homeless, and migrant workers; in addition, some health centers collaborate with schools to sponsor school-based health clinics. Regardless of the type of grant, Section 330 grantees cannot refuse patients on the basis of insurance status or ability to pay and thus are considered to be an important part of the health care safety net. The 2010 health care reform legislation, known as the Affordable Care Act, provides for additional \$11 billion in federal funding for health centers over five years.

Federally Qualified Health Centers (FQHCs)¹ are health care organizations that meet certain criteria for enhanced Medicaid and Medicare reimbursement by enrolling in Medicare and Medicaid via separate processes with the federal Centers for Medicare & Medicaid Services and the relevant state Medicaid agency respectively.² In practice the terms community health center, federally funded health center and FQHC are used interchangeably.³

To receive a Section 330 grant an organization must apply to the federal government in an open competitive process and must meet specific **requirements**, including:

- Provide comprehensive health and related services, either directly or by cooperative arrangement. Comprehensive services include primary, dental and mental health care, as well as pharmacy services. Related services include care management, insurance enrollment assistance, translation, transportation and health education.
- Be located in or serve a federally designated Medically Underserved Area or Population.⁴
- Have a sliding payment scale for patients under 200% of the federal poverty level and accept patients regardless of ability to pay or insurance status.
- Be a public or private nonprofit organization with at least 51% of the board of directors being users of the center.

Benefits of health center status include:

- Section 330 funding, to assist health centers with uncompensated costs, such as care for the uninsured.
- Upon enrollment with Medicaid and Medicare may receive enhanced Medicaid and Medicare reimbursement rates to assist with the cost of enhanced patient services.
- Discounts on outpatient prescription drugs.
- Eligibility for placement of health care professionals receiving federal support (e.g., National Health Service Corps Scholars and Loan Repayers).
- Medical malpractice coverage.

(continued)

Appendix 1. What are federally funded health centers? *(continued)*

Look-alikes⁵ (previously known as "FQHC Look-Alikes") are HRSA designated health center organizations that meet the requirements for FQHC status and qualify for some benefits of FQHC status (e.g., increased Medicaid reimbursement) but do not receive Section 330 grant funds. Look-alikes undergo a designation process similar to that of FQHCs but the look-alike designation process is non-competitive unlike the Section 330 process. Look-alikes may subsequently apply for Section 330 grant funding. HRSA UDS data for 2011 does not include look-alike data. This report does not include look-alike data or sites. As of 8/1/13 there were four look-alike sites operating in NYC.

¹ For more information about Section 330 , federally funded health centers and FQHCs, see bphc.hrsa.gov

² For more information about the types of organizations eligible to enroll in Medicare and Medicaid as FQHCs see <http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>

³ For more information about health center terminology, see <http://bphc.hrsa.gov/technicalassistance/healthcenterterminologysheet.pdf>

⁴ For a description of federally designated Medically Underserved Areas and Populations, see <http://bhpr.hrsa.gov/shortage/muaps/index.html>

⁵ For more information about look-alikes, see <http://bphc.hrsa.gov/policiesregulations/policies/fqhclookalikes.html>