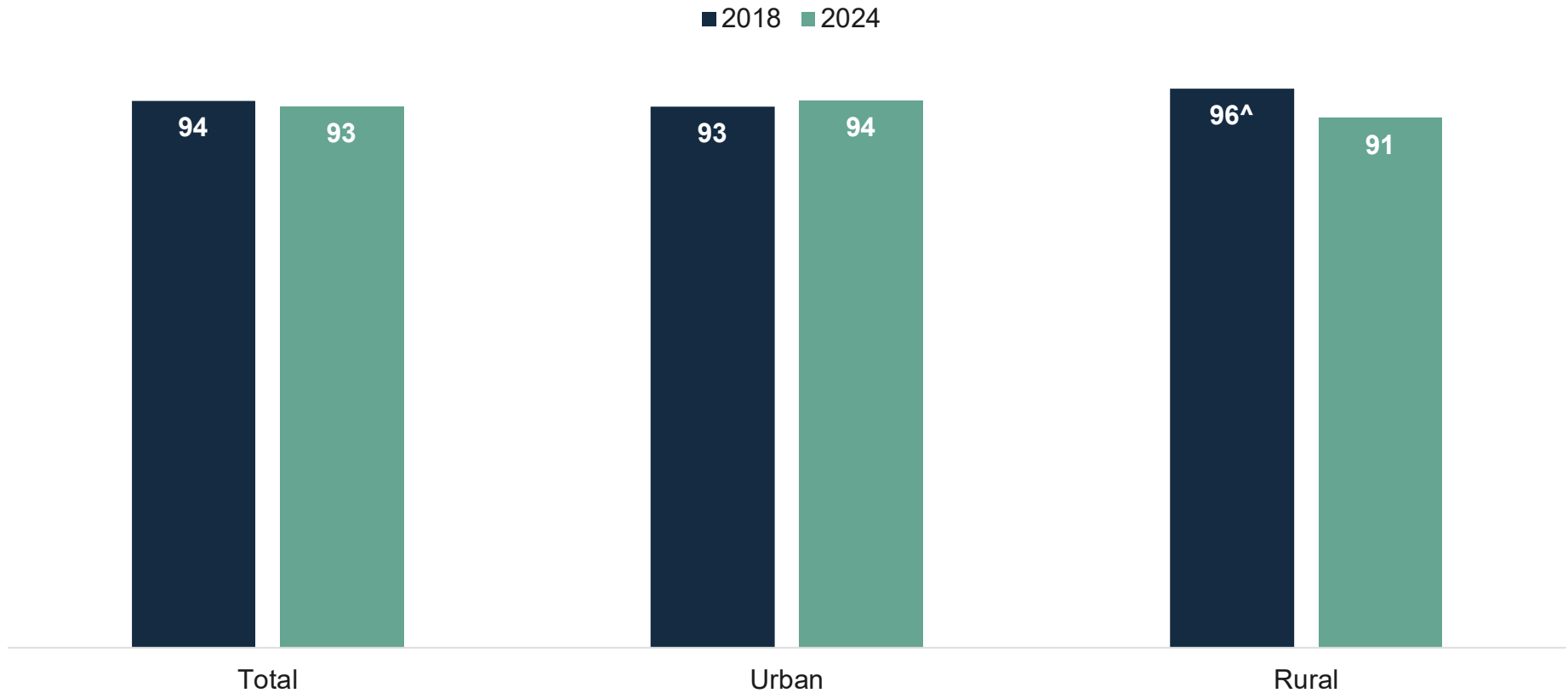


In 2018 and 2024, nearly all community health centers offer extended hours for patients to receive care.

Percent who responded “yes” when asked if regular or well visits can be scheduled in early morning hours, evening hours, and/or weekend hours at their largest site

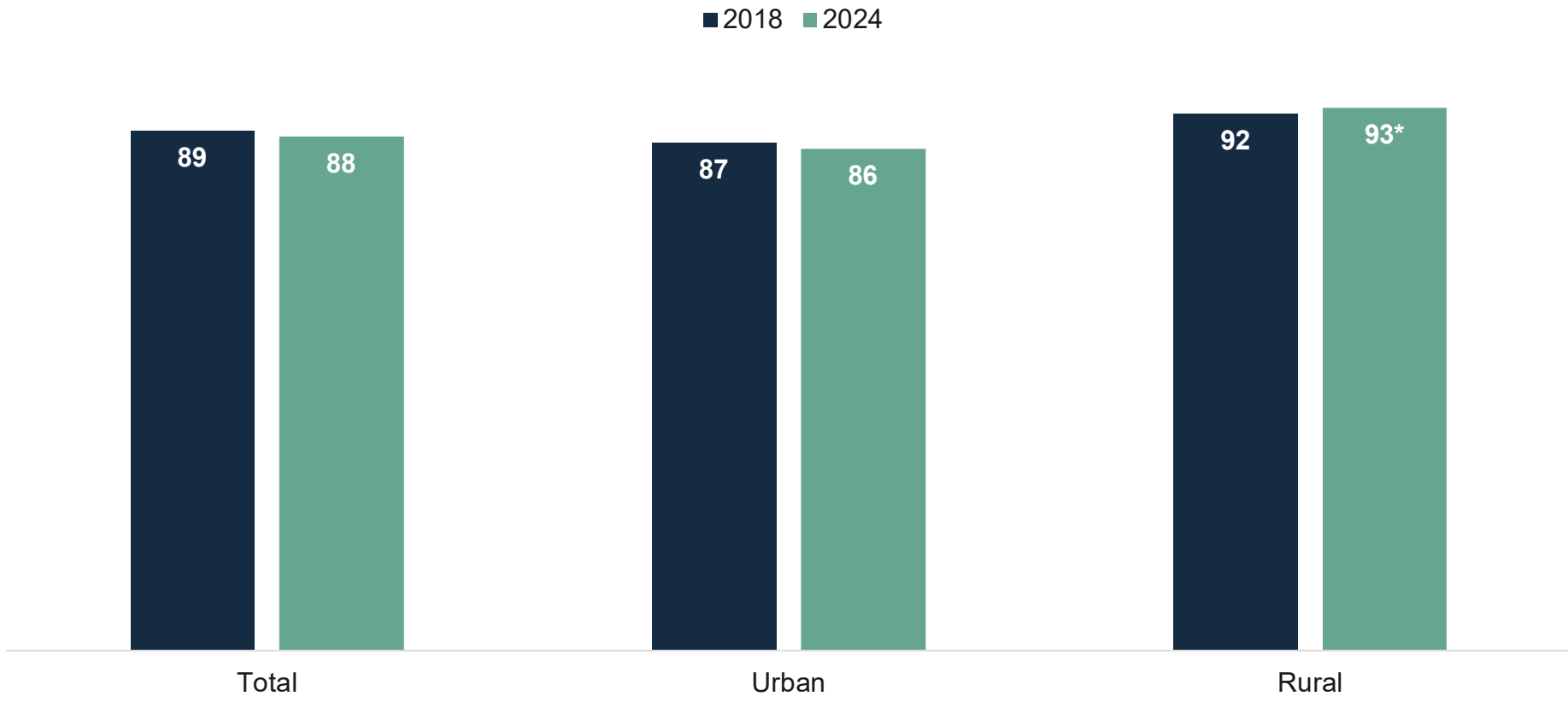


Notes: 2018: total n=657; urban n=434; rural n=223. 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. ^ Differences across years are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).

Almost all rural community health centers offer same- or next-day appointments to patients.

Percent who responded that patients are “usually” or “often” able to receive a same- or next-day appointment when they request one, at their largest site



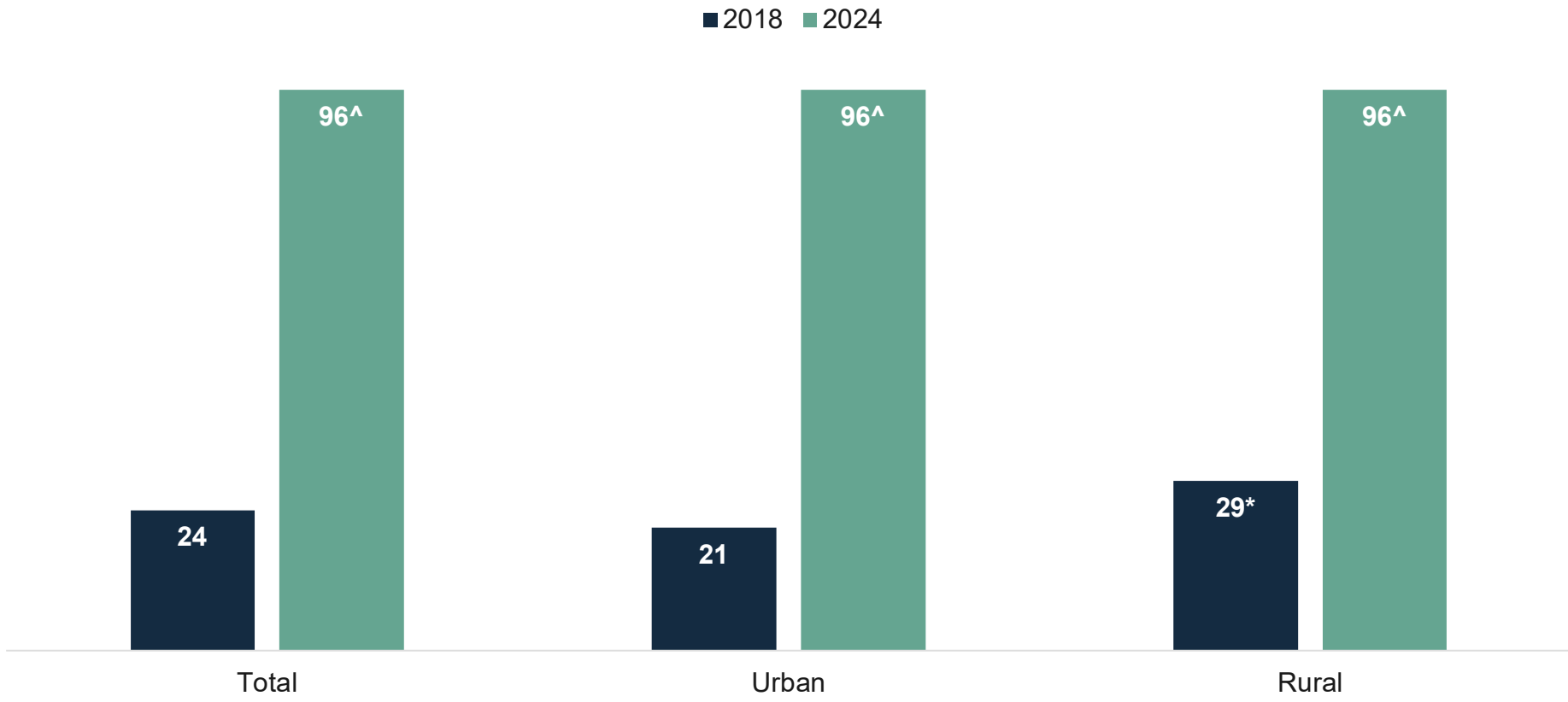
Notes: 2018: total n=657; urban n=434; rural n=223. 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences within years (e.g., urban versus rural) are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).



Since 2018, availability of telehealth has skyrocketed in both urban and rural settings.

Percent who responded “yes” when asked if their largest site offers patients the option to use telehealth or telemedicine for non-face-to-face visits with health care providers



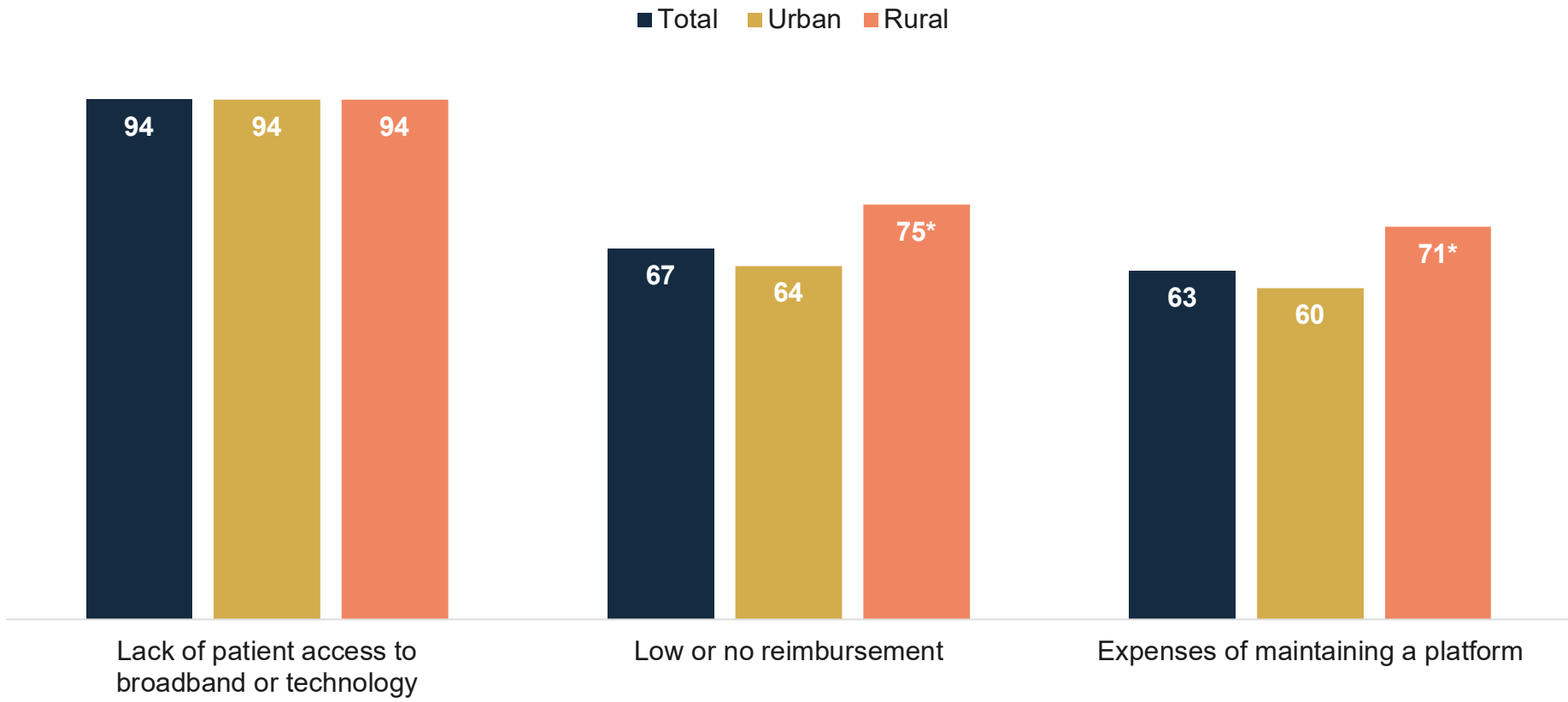
Notes: 2018: total n=657; urban n=434; rural n=223. 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences within years (e.g., urban versus rural) are statistically significant at the p<0.05 level. ^ Differences across years are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).



Lack of patient access to necessary technology is a challenge to community health centers providing telehealth in 2024.

Percent who responded that each of the following was a “major challenge” or “minor challenge” when using telehealth at their largest site:

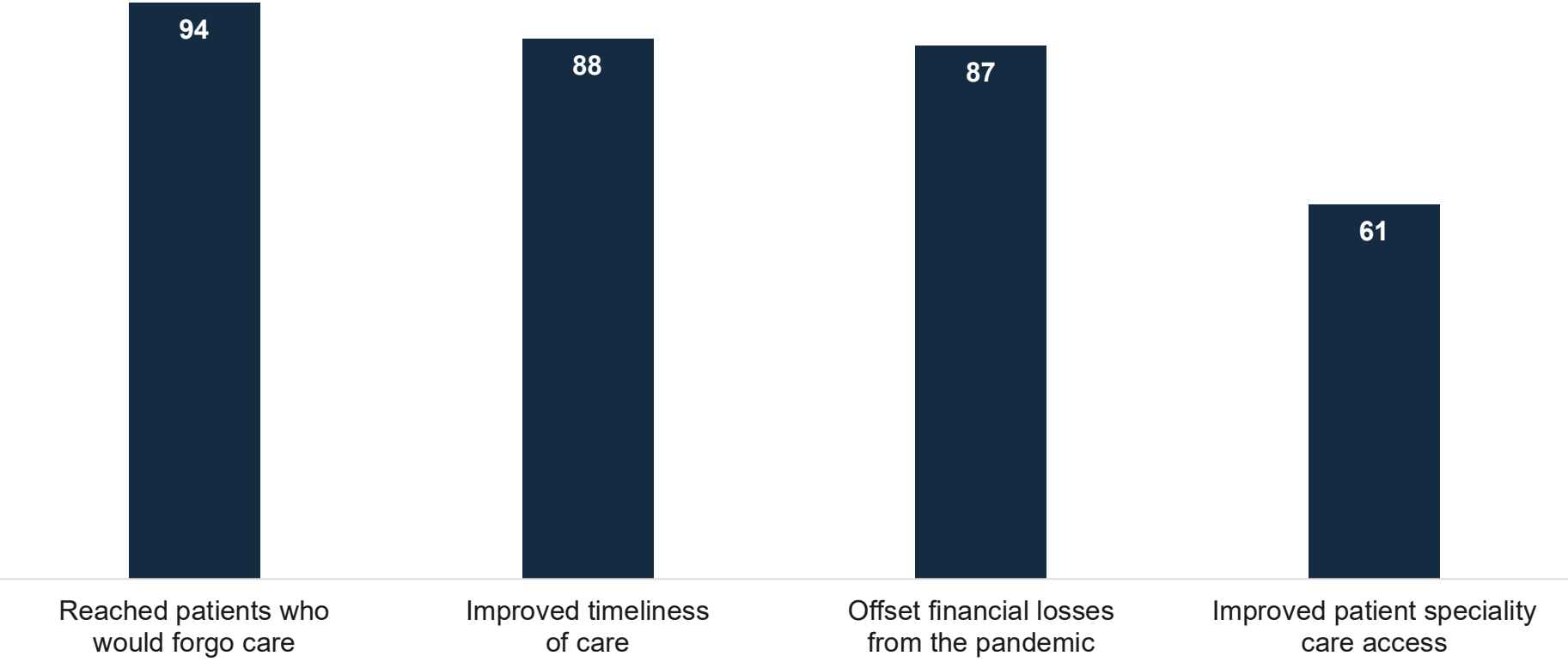


Notes: 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences between urban and rural, within categories, are statistically significant at the p<0.05 level.
Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).



In 2024, telehealth allows community health centers to reach more patients and provide more timely care.

Percent who responded “yes, to a great extent” or “yes, to some extent” when asked if telehealth has . . .



Note: 2024: total n=737.

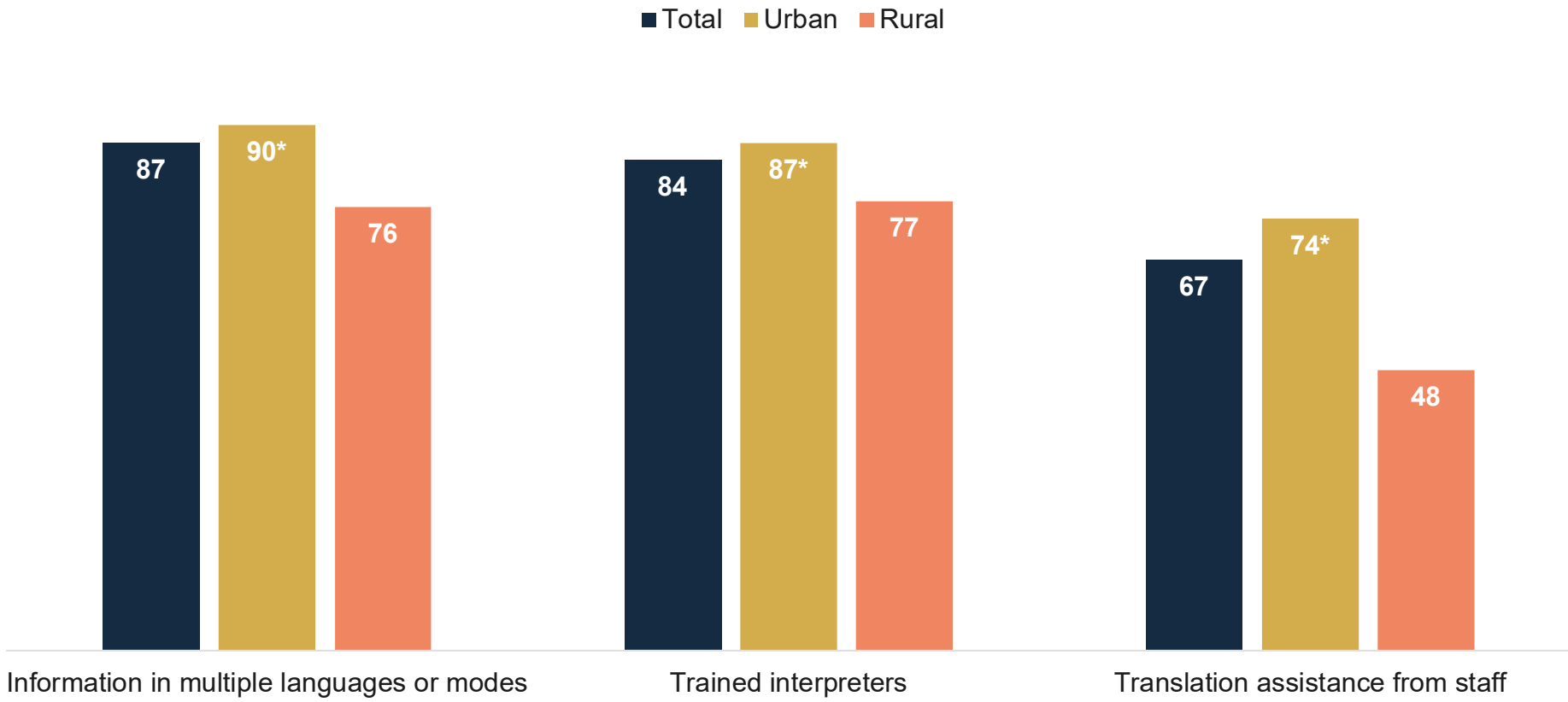
Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).

Source: Celli Horstman et al., *Community Health Centers' Progress and Challenges in Meeting Patients' Essential Primary Care Needs: Findings from the Commonwealth Fund 2024 National Survey of Federally Qualified Health Centers* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/wmta-a282>



In 2024, most community health centers provide information to their patients in multiple languages or modes and have trained interpreters available.

Percent who responded that their largest site “usually” or “often” provides the following:

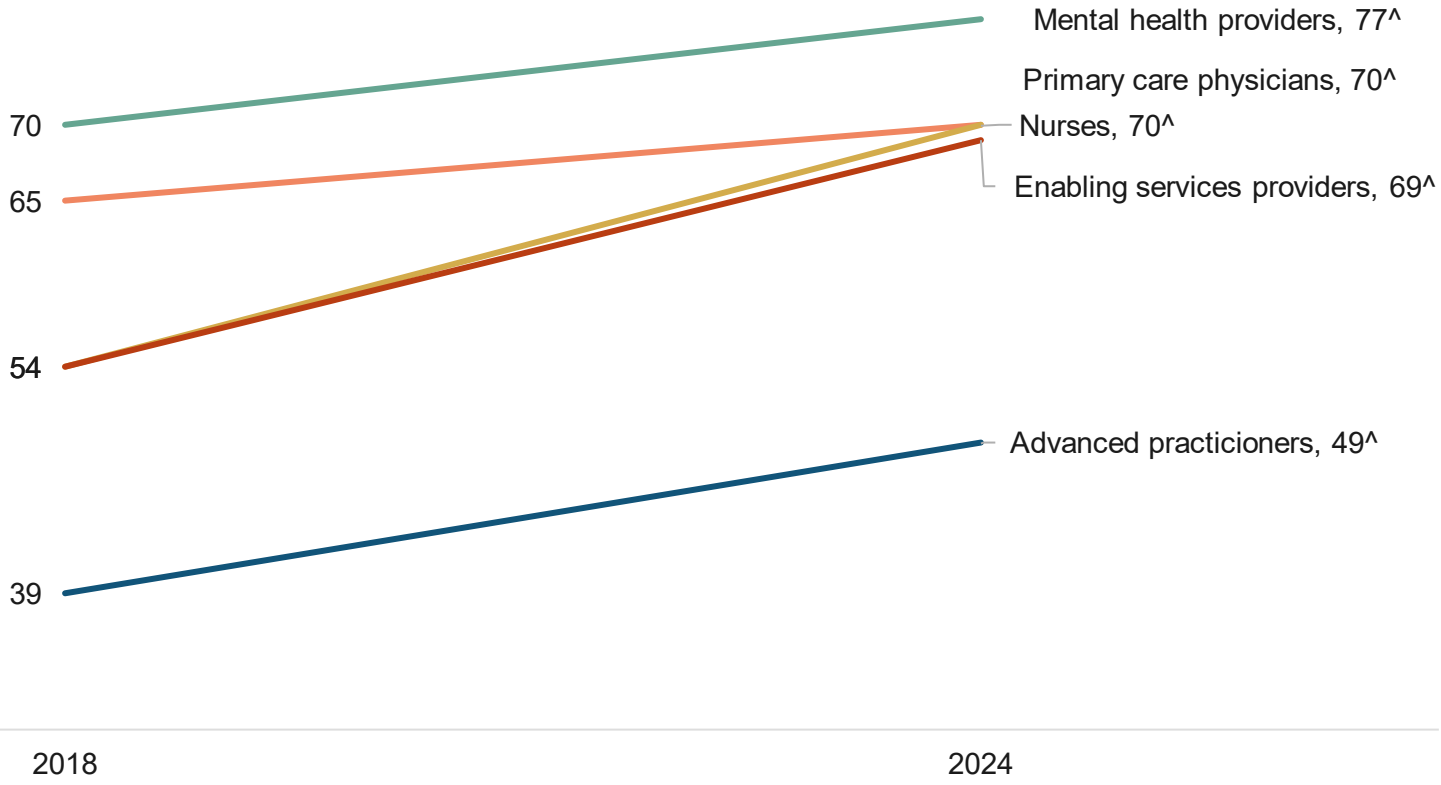


Notes: 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences between urban and rural, within categories, are statistically significant at the p<0.05 level. Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).



Since 2018, community health center workforce shortages have increased for all types of providers.

Percent who responded “yes” when asked if there are currently shortages of the following types of personnel at their largest site:



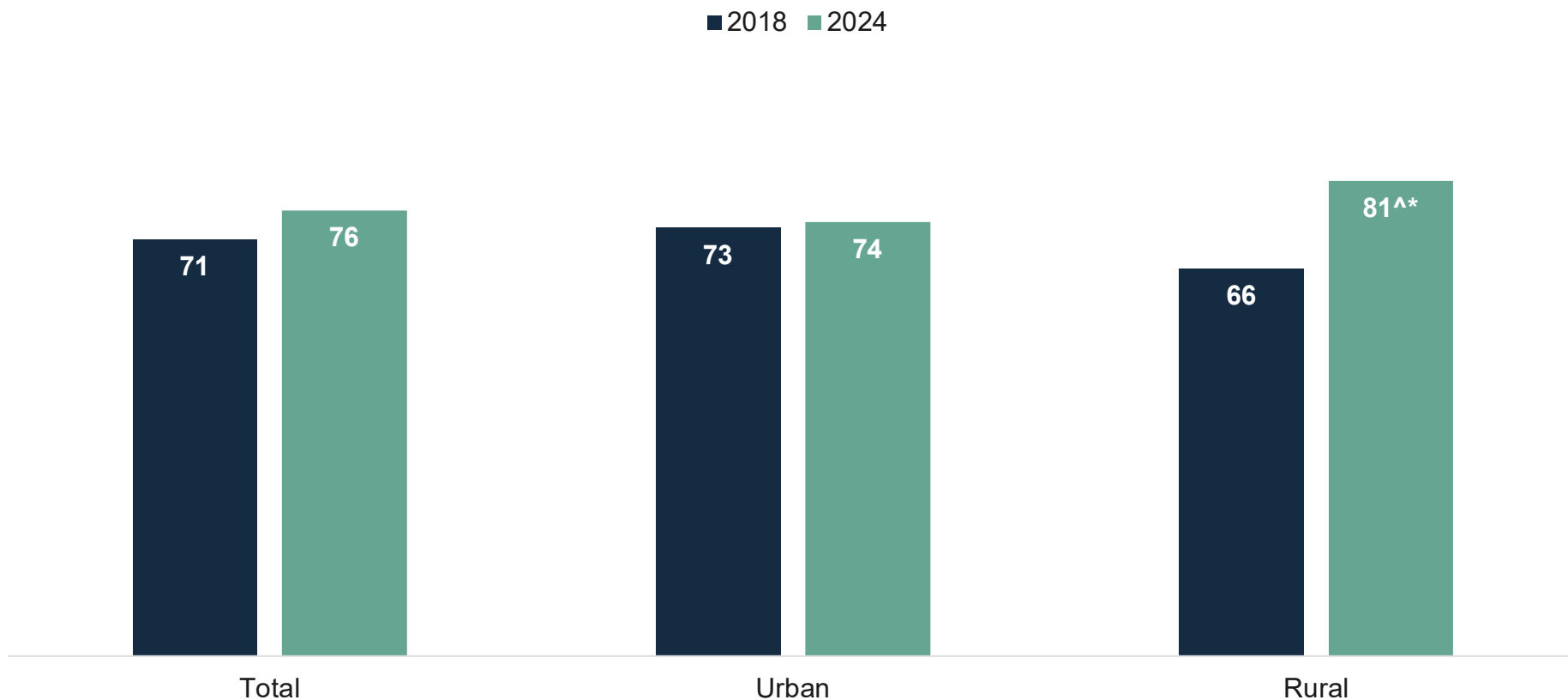
Notes: 2018: total n=657. 2024: total n=737. [^] Differences across years are statistically significant at the p<0.05 level. Advanced practitioners includes nurse practitioners, certified nurse midwives, and physician assistants. Mental health providers includes licensed psychiatrists and substance use disorder counselors. Enabling services providers includes benefit and insurance eligibility counselors, social workers, and community health workers.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).



In 2024, over three-fourths of community health centers screen all their patients for behavioral health needs.

Percent who responded that “all patients” are screened and assessed for emotional or behavioral health needs at their largest site

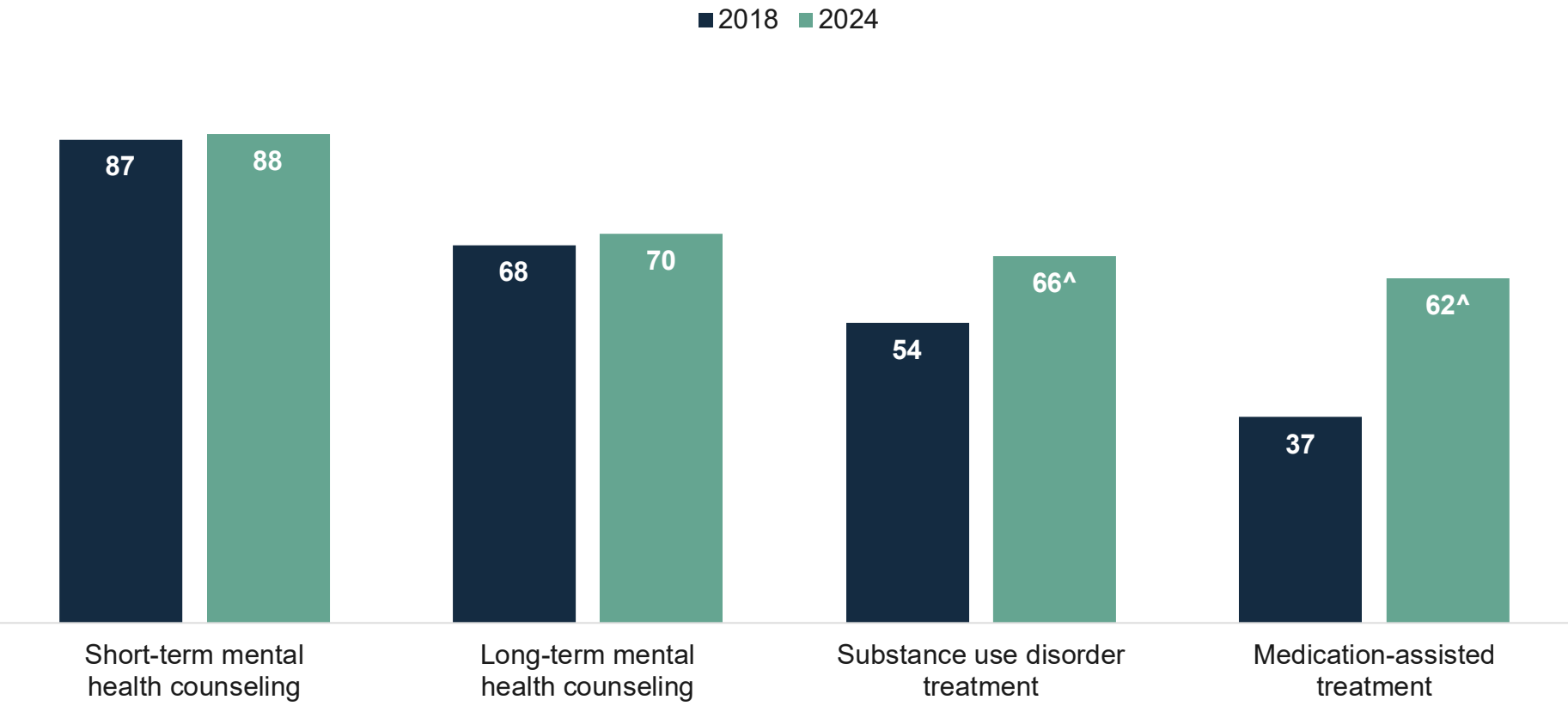


Notes: 2018: total n=657; urban n=434; rural n=223. 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences within years (e.g., urban versus rural) are statistically significant at the $p < 0.05$ level. ^ Differences across years are statistically significant at the $p < 0.05$ level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).

More community health centers offer in-person substance use disorder services, including medication-assisted treatment, in 2024 than in 2018.

Percent who responded that their largest site “usually” or “often” has the following services available onsite for patients with emotional or behavioral health needs:



Notes: 2018: total n=657. 2024: total n=737. ^ Differences across years are statistically significant at the p<0.05 level.

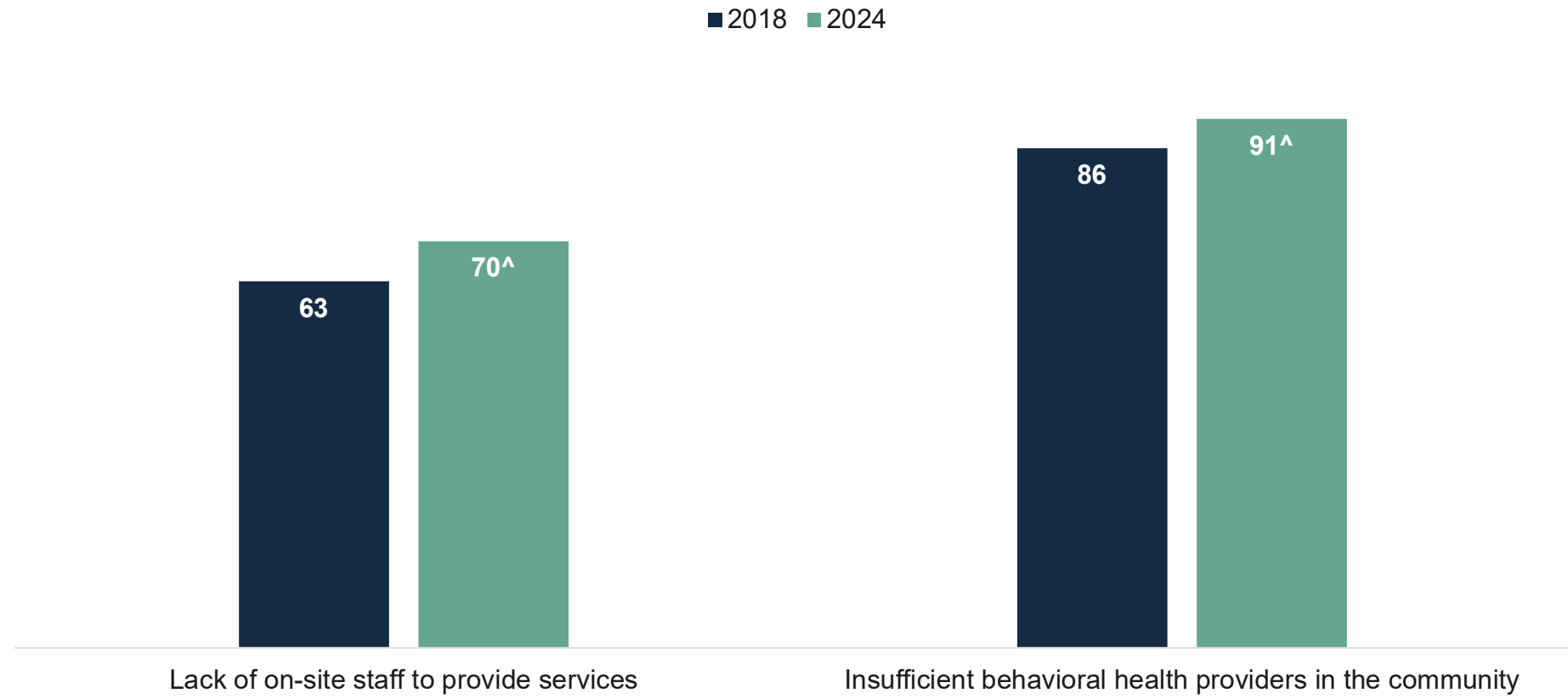
Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).

Source: Celli Horstman et al., *Community Health Centers' Progress and Challenges in Meeting Patients' Essential Primary Care Needs: Findings from the Commonwealth Fund 2024 National Survey of Federally Qualified Health Centers* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/wmta-a282>



In 2024, more community health centers struggle with a lack of behavioral health specialists on-site and in the community.

Percent who responded that each of the following was a “major challenge” or “minor challenge” when identifying and helping to address patients’ emotional or behavioral health needs at their largest site:



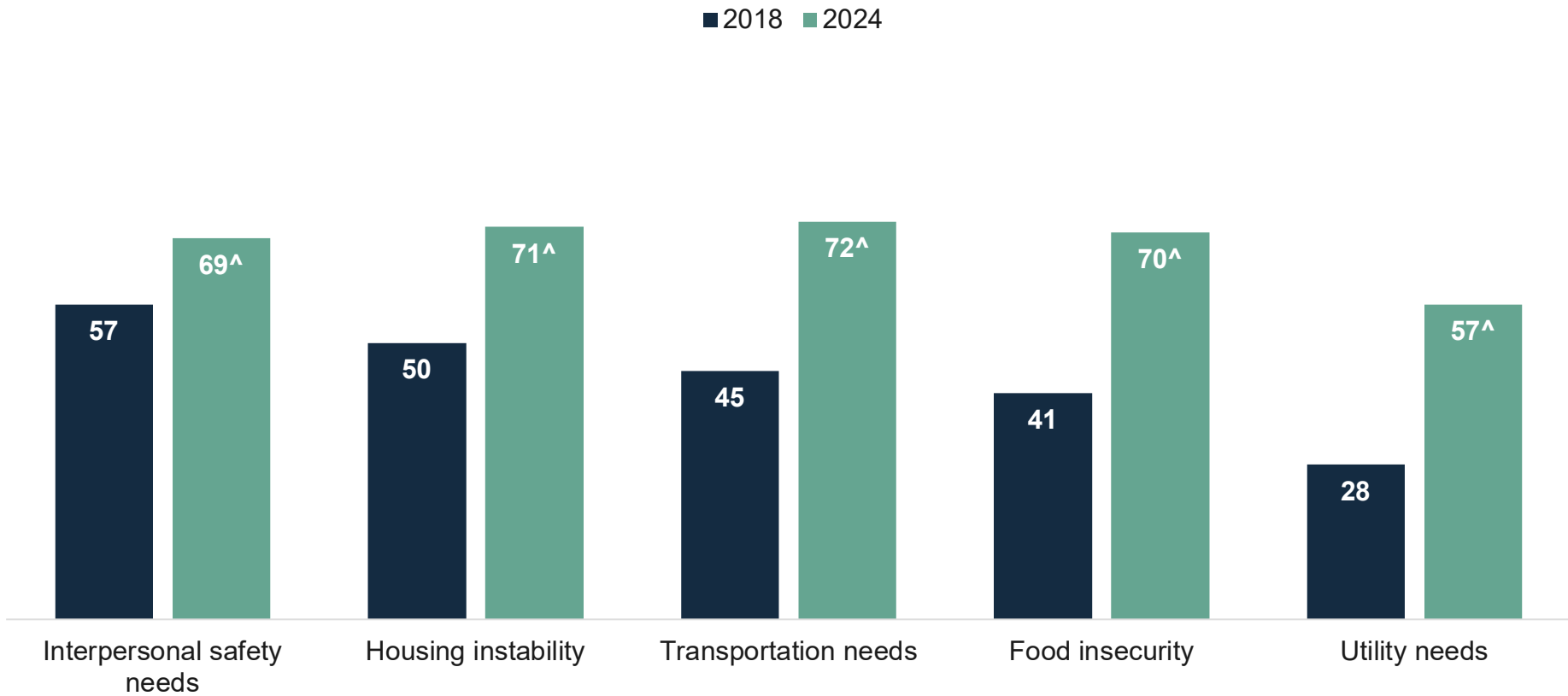
Notes: 2018: total n=657. 2024: total n=737. ^ Differences across years are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).



Community health centers are far more likely to screen their patients for a range of social and economic needs in 2024 compared to 2018.

Percent who responded that they “routinely” screen for the following social needs at their largest site:

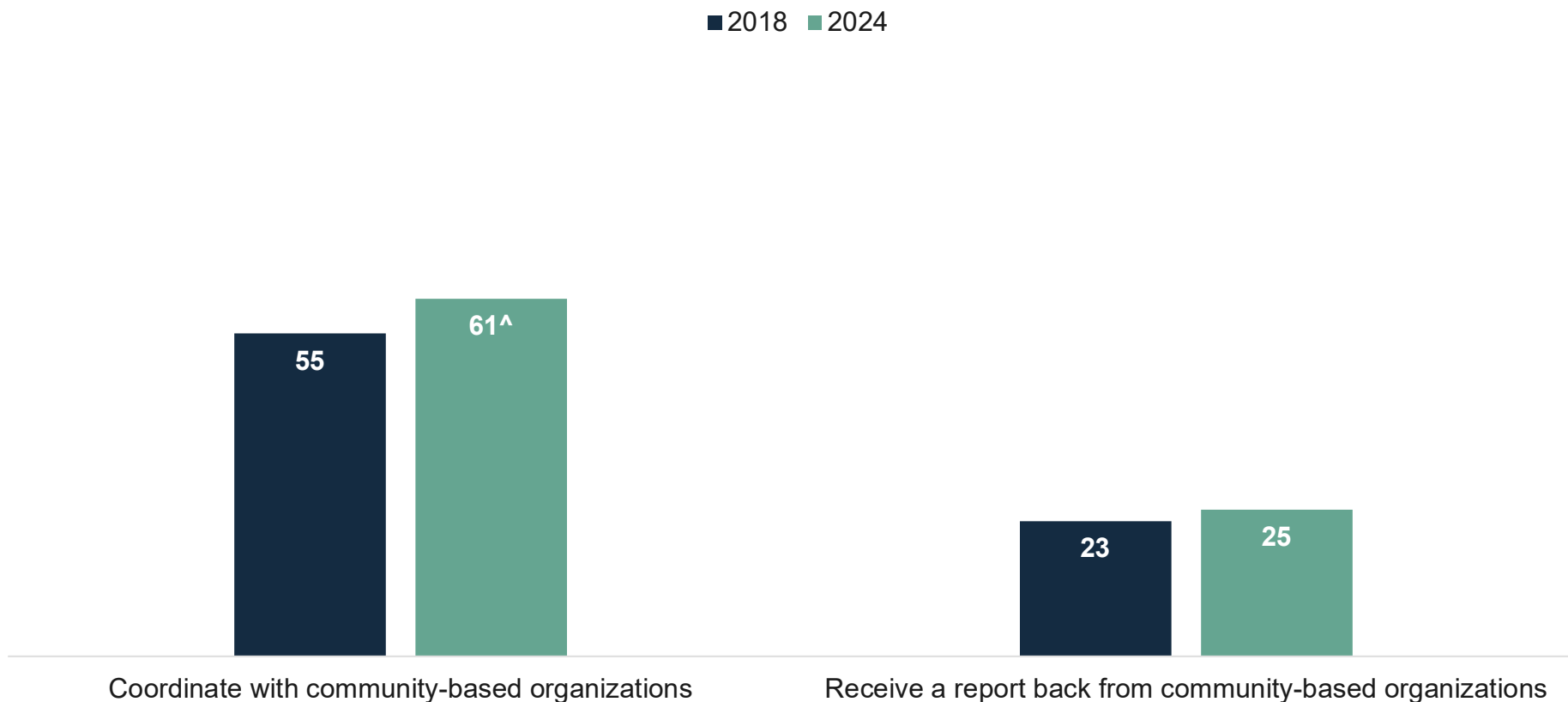


Notes: 2018: total n=657. 2024: total n=737. ^ Differences across years are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).

Many community health centers coordinate patient care with community-based organizations, but few receive updates from these organizations about the care their patients receive.

Percent who responded that providers or staff at their largest site “usually” or “often” . . .

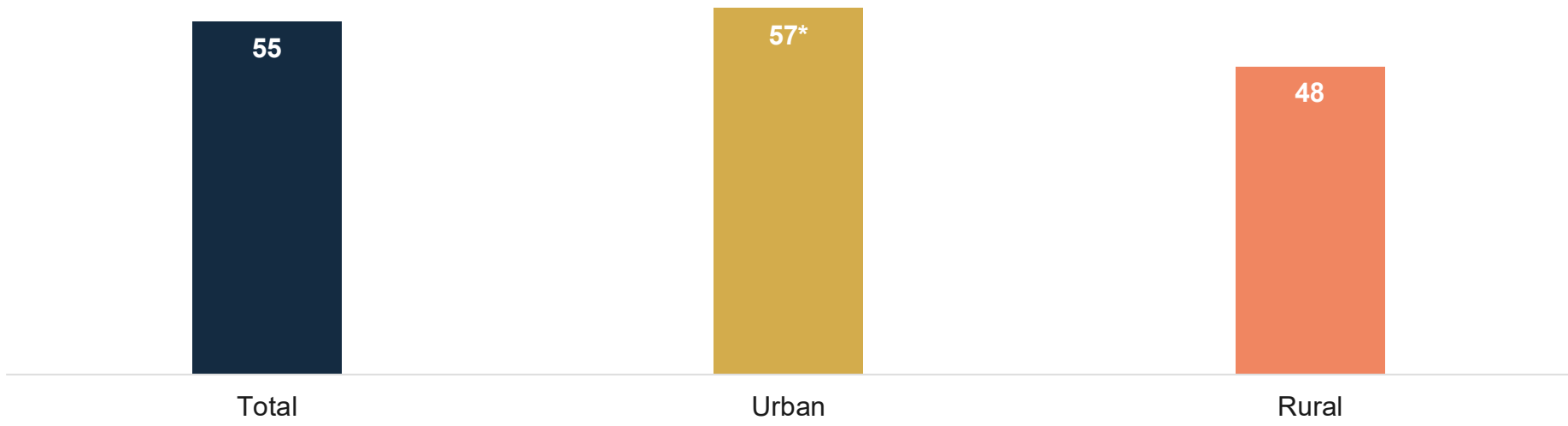


Notes: 2018: total n=657. 2024: total n=737. [^] Differences across years are statistically significant at the p<0.05 level.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2018 and 2024).

In 2024, urban community health centers are more likely to provide direct social services than are rural centers.

Percent who responded “yes” when asked if their largest site directly provides any social services to address patients’ social needs, such as a food pantry or housing vouchers

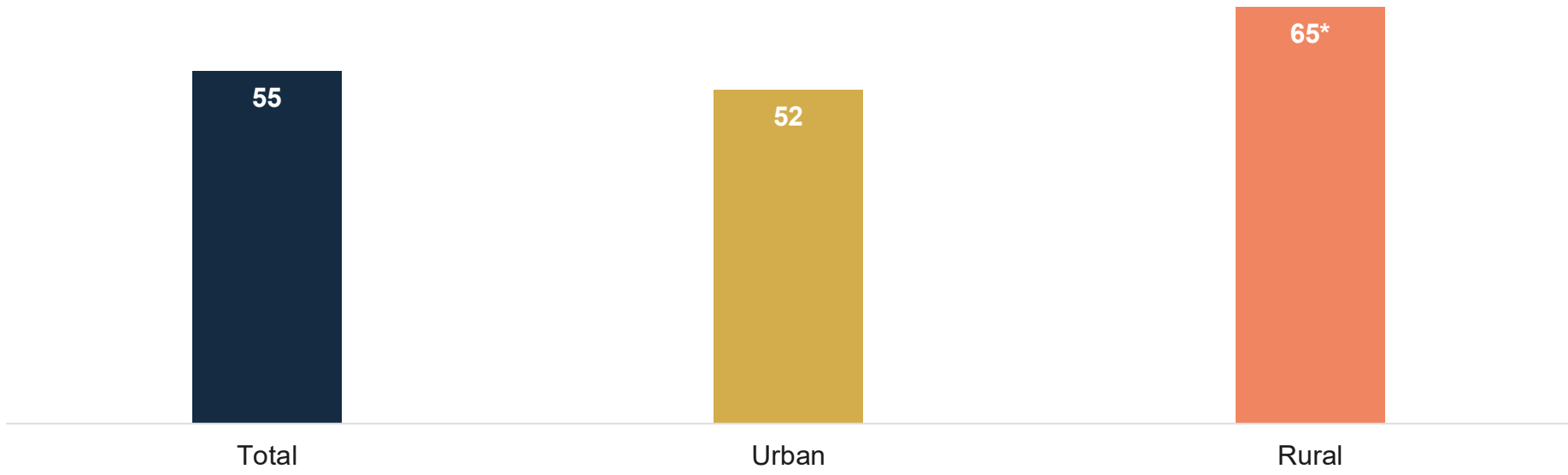


Notes: 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences between urban and rural are statistically significant at the p<0.05 level.
Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).



In 2024, rural community health centers are more likely to provide complex care management than are urban centers.

Percent who responded that they think patients “usually” or “often” receive complex care management from a dedicated care manager at their largest site

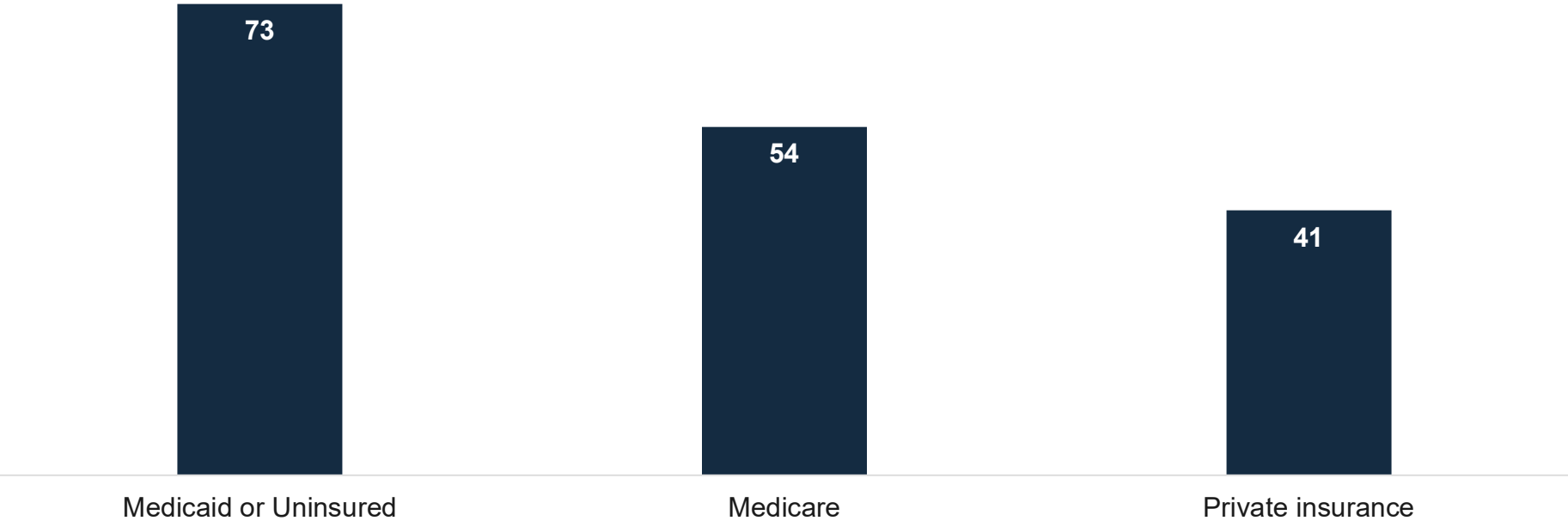


Notes: 2024: total n=737; urban n=541; rural n=196. Urban includes suburban centers. * Differences between urban and rural are statistically significant at the p<0.05 level.
Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).



In 2024, most community health centers struggle to obtain specialist or subspecialist appointments for uninsured patients and those enrolled in Medicaid.

Percent who responded that it was “somewhat difficult” or “very difficult” for providers to obtain timely appointments for office visits with specialists or subspecialists outside their health care organization, for patients with each of the following types of coverage:



Notes: 2024: total n=737; Medicaid or uninsured n=536; Medicare n=401; private insurance n=303.

Data: Commonwealth Fund National Survey of Federally Qualified Health Centers (2024).

Source: Celli Horstman et al., *Community Health Centers' Progress and Challenges in Meeting Patients' Essential Primary Care Needs: Findings from the Commonwealth Fund 2024 National Survey of Federally Qualified Health Centers* (Commonwealth Fund, Aug. 2024). <https://doi.org/10.26099/wmta-a282>

