



North Carolina Association
of Free & Charitable Clinics
Medical | Pharmacy | Dental | Social Services

2022 Annual Survey Report

Improving the health and well-being of the uninsured
and underinsured in North Carolina

Our Mission

Support and advocate for our member organizations to
provide health care for the uninsured and underserved of North Carolina.

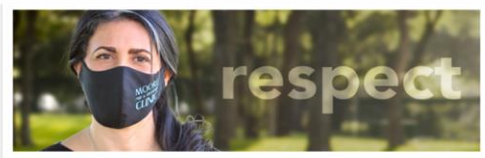
Our Vision

All people will have equitable access to quality health care, regardless of ability to pay.

The North Carolina Association of Free and Charitable Clinics (NCAFCC) Annual Survey allows our member organizations the opportunity to enhance their quality of care, strengthen their positions as health care safety-net providers and demonstrate to the philanthropic community that their investments “make a difference.”

NCAFCC was the first in the national free and charitable clinic sector to implement a measurable health outcomes program that underscores our commitment to provide quality care to our patients on par with the care insured individuals receive from private providers. We’ve come a long way since first implementing the NCAFCC Annual Survey and we’ve witnessed some remarkable achievements by our member organizations.

The NCAFCC Annual Survey process reflects our dedication to helping and improving the health of the medically underserved in North Carolina. It is our hope to build upon earlier achievements while expanding our vision to create new ones. It is our belief that the free and charitable clinics in North Carolina have a compelling story to tell and the NCAFCC Annual Survey continues to serve as a vital tool for telling that story.



2022 NCAFCC ANNUAL SURVEY RESULTS

Each year NCAFCC members complete the NCAFCC Annual Survey based on the prior year's services provided.

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Letter from Our CEO

North Carolina's free and charitable clinics have weathered unprecedented change and challenges over the past three years. We pivoted to meet the needs of our uninsured and underserved neighbors in communities across North Carolina throughout the pandemic. Today, as a statewide network of 70 clinics strong, we continue to reinvent ourselves in pursuit of our mission of providing access to health care for all North Carolinians regardless of ability to pay. It's energizing to look around the state and see our members building new dental clinics, expanding behavioral health services, adding mobile medical and dental units to expand our reach, and spearheading community health hubs that will bring medical, dental and social services under one roof. Clinics are also expanding their capacity to provide basic primary care to serve the estimated 700,000 residents of North Carolina who will remain ineligible for Medicaid post-expansion and continue to need the medical home our clinics provide.



None of these initiatives are possible without the support of the many partners who care about enhancing community health throughout North Carolina – the hospitals, community organizations, foundations, colleges and universities, public health leaders and advocates and elected officials at all levels. Indeed, as we confer with members about strategic priorities, the need to grow partnerships and expand collaboration with existing and new partners is one on which we are absolutely aligned. Our clinics serve more than 80,000 uninsured and underinsured North Carolinians, providing quality, cost-effective care that improves our patients' health and quality of life. But so many more need help. The North Carolina Association of Free and Charitable Clinics is proud to share highlights of our clinics' remarkable work in this Annual Report. Thanks to all of you – our members and partners – who are truly the change makers for our state's most vulnerable residents.

April Cook, NCAFCC CEO

2022 NCAFCC ANNUAL SURVEY MAJOR FINDINGS

- **Patient Volume:**
 - The total number of patients served = 80,090 **(68 members reported)**
 - The total number of patient provider visits = 199,743 – includes medical, behavioral/mental health & dental visits **(60 members reported)**
- **Number of Volunteers: (62 members reported)**
 - Total number of volunteers = 8,147
 - Total number of hours volunteers worked = 181,521 hours
- **Value of Services**
 - Total Value of Services to Community-At-Large (Patients & others in the community) = \$347,321,434
 - Value of Services per Patient = \$3,535.36
 - For every \$1 spent, \$5.42 in healthcare services were provided.
 - Value of Prescription Medications provided to patients = \$189,462,861 **(58 members reported)**
 - Estimated hospital emergency department diversion savings was \$358,482,840***
- **Diabetes: Hemoglobin A1c Poor Control: (51 members reported, *n = 7,076)**
 - 26.4% of diabetic patients most recent A1c level was > 9% or no A1c test was performed during the year.
**2022 NC HRSA reported 28.09% of diabetic patients with A1c level > 9% or no A1c test was performed during the year.
- **Controlling High Blood Pressure: (51 members reported, *n = 10,439)**
 - 58.6% of patients with a diagnosis of hypertension, last blood pressure measurement was < 140/90.
**2022 NC HRSA reported, 62.34% of patients with diagnosis of hypertension, last blood pressure measurement was < 140/90

*n = number of patients measured

**US Dept. of Health & Human Services – Human Resources & Services Administration (HRSA) <https://www.hrsa.gov/>. Community Health Centers (Federally Qualified Health Centers) track a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

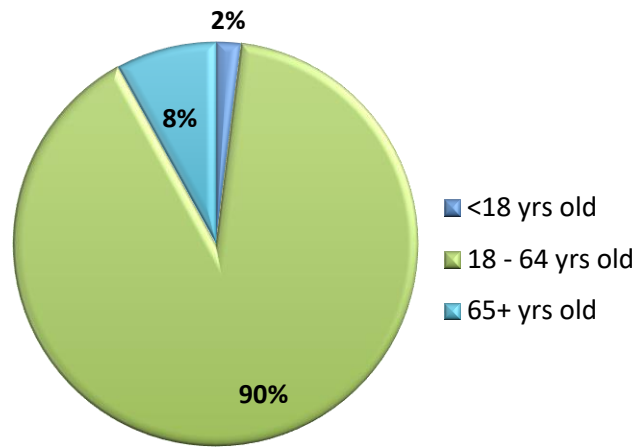
**2022 NC HRSA Program Data <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>

*** <https://www.shepscenter.unc.edu/data/nc-hospital-discharge-data/descriptive-statistics/>.

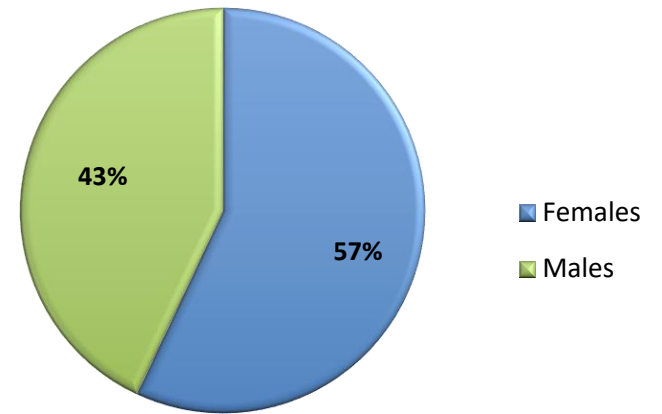
FREE AND CHARITABLE CLINICS' PATIENTS

68 members reported serving a total of 80,090 patients

AGE



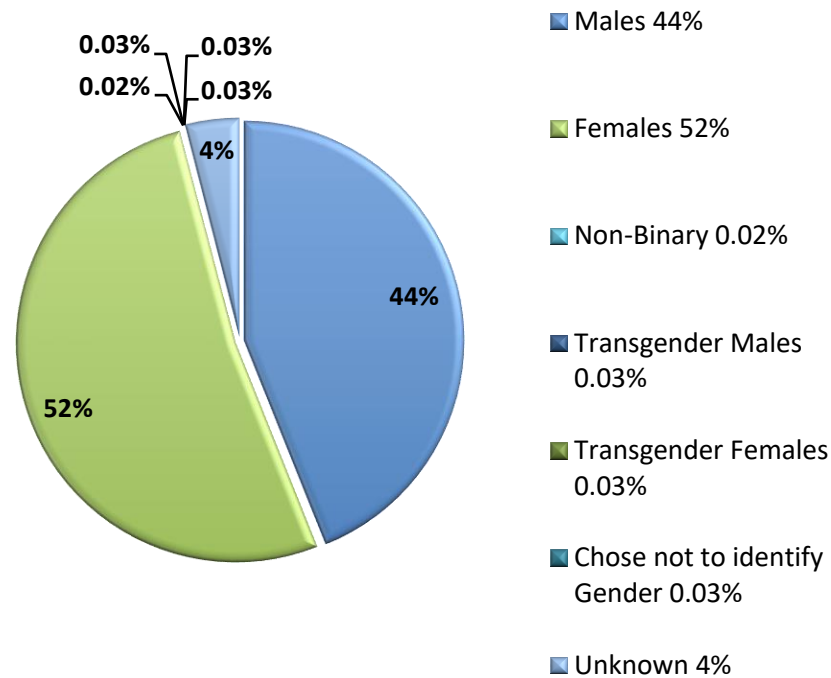
SEX ASSIGNED AT BIRTH



FREE AND CHARITABLE CLINICS' PATIENTS

36 of the 68 reporting members also reported

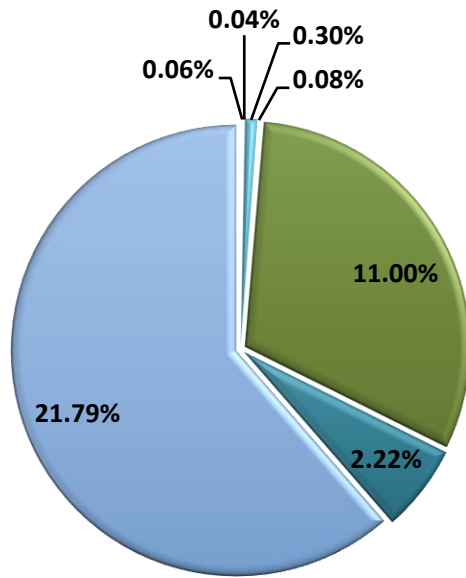
% of Patients by Gender Identity



FREE AND CHARITABLE CLINICS' PATIENTS

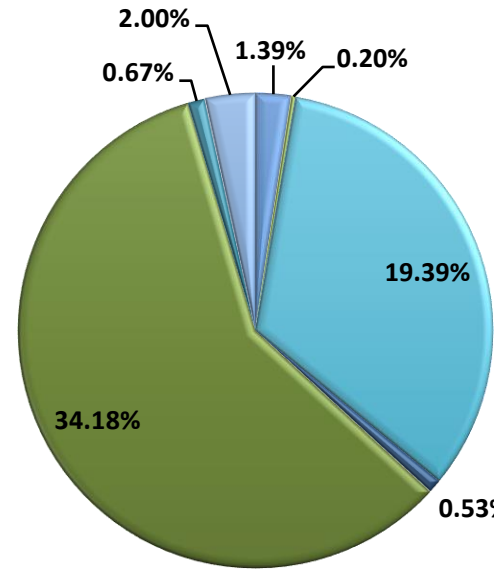
Ethnicity & Race

Hispanic/Latino 35.5%



- Asian 0.06%
- Native Hawaiian/Other Pacific Islander 0.04%
- Black/African American 0.30%
- American Indian/Alaska Native 0.08%
- White 11.00%
- More than One Race 2.22%
- Unreported Race 21.79%

Non-Hispanic/Latino 58.4%

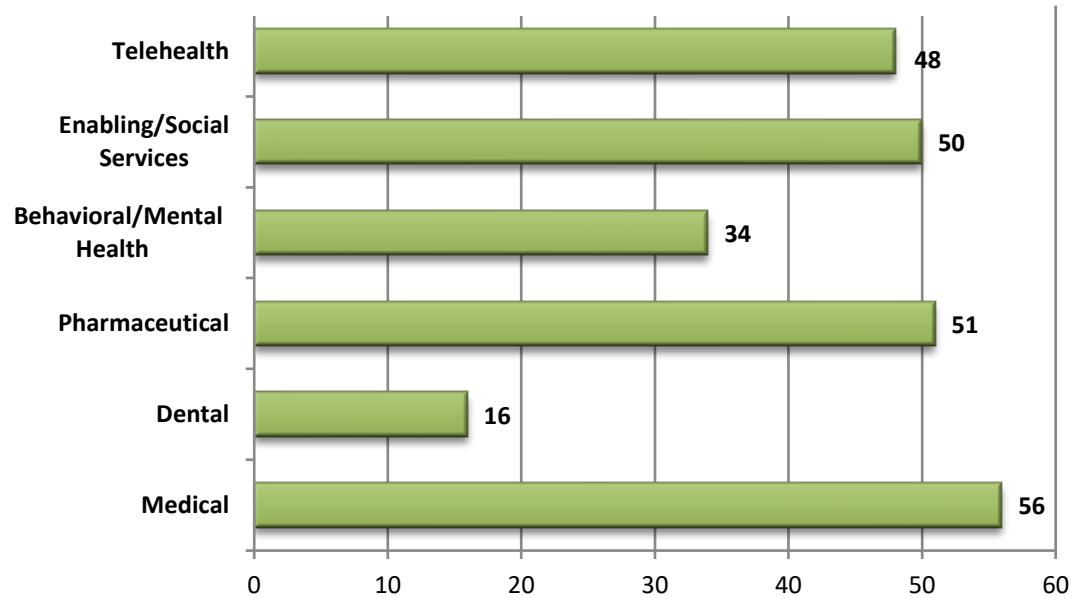


- Asian 1.39%
- Native Hawaiian/Other Pacific Islander 0.20%
- Black/African American 19.39%
- American Indian/Alaska Native 0.53%
- White 34.18%
- More than One Race 0.67%
- Unreported Race 2.0%

Unreported Ethnicity and Race 6.1%

FREE AND CHARITABLE CLINICS' SERVICES & OPERATIONS

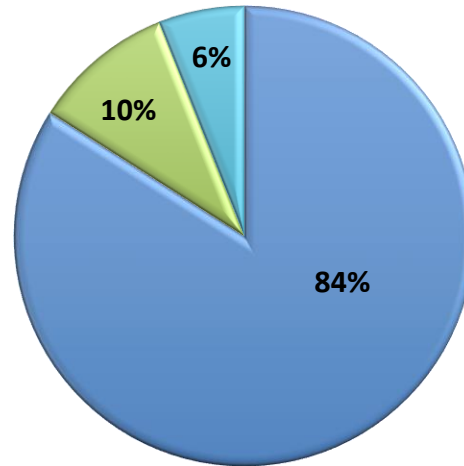
**SERVICES PROVIDED (On-site &/Or Off-site)
(By Number of Members)**



Operational Hours (On-site)	Administrative Hours (On-site)	Medical Hours (On-site)	Behavioral/Mental Health Hours (On-site)	Dental Hours (On-site)	Licensed Pharmacy Hours (On-site)
Total/Week	2,572	1,812	852	276	953
Average/Week	40	32	26	18	28
Number of Member Sites Reporting	65	56	33	15	34

FREE AND CHARITABLE CLINICS' VOLUME

PATIENT VISITS
(Percentage By Type of Visit)

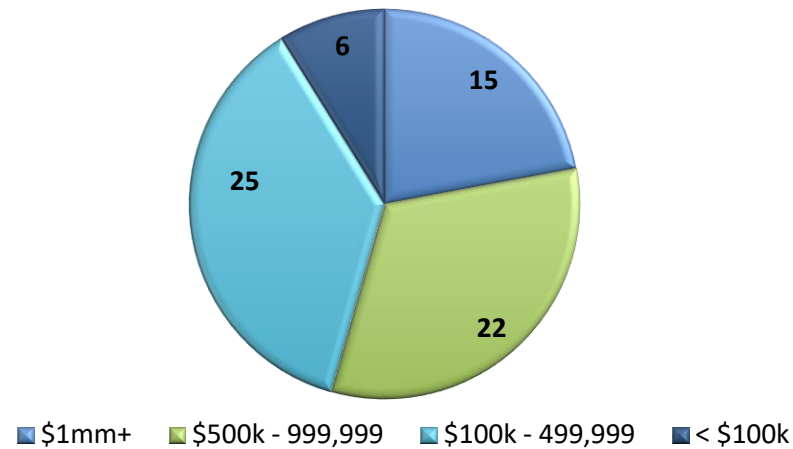


■ Medical Visits
 ■ Behavioral/Mental Health Visits
 ■ Dental Visits

Clinic Volume	Unduplicated Patients 68 members reported	Medical Visits 56 members reported	Behavioral/Mental Health Visits 34 members reported	Dental Visits 24 members reported	Total Patient Visits 60 members reported	Total Value of Prescription Medications 58 members reported
Total	80,090	168,224	19,124	12,395	199,743	\$189,462,861
Average	1,178	3,004	562	516	3,329	\$3,266,601

FREE AND CHARITABLE CLINICS' VALUE OF INVESTMENT (VOI)

ANNUAL OPERATING EXPENSE
(Per number of 68 members reporting)



	Total Value of Services *	Operational Expense	VOI**
Total	\$347,321,434	\$54,094,981	\$5.42
Average	\$5,107,668	\$795,514	\$5.42

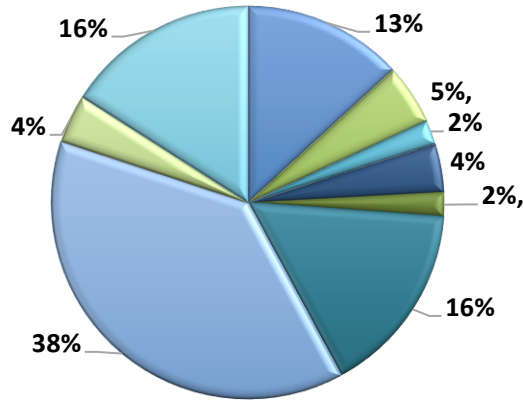
FOR EVERY \$1 SPENT, NCAFCC MEMBERS PROVIDED \$5.42 IN HEALTHCARE SERVICES TO THEIR COMMUNITIES

*Includes services arranged for and/or directly provided by NCAFCC's members.

**Total Value of Investment (VOI) = (Total Value of Service – Operational Expense / Operational Expense)

FREE AND CHARITABLE CLINICS' FINANCIAL SUPPORT

FINANCIAL RESOURCES (Percent of Income per Source)



- Donations 13%
- Fundraising 5%
- Churches/Civic Groups 2%
- Corp./Business 4%
- United Way 2%
- Foundation Grants 16%
- Federal, State & Local 38%
- Hospital Support 4%
- Other 16%

Income by Source	Donations	Fundraising	Churches and Civic Groups	Corporations and Businesses	United Way	Foundation Grants	Federal, State and Local	Hospital Support	Other
Total	\$8,364,691	\$3,140,856	\$1,502,258	\$2,295,271	\$1,308,462	\$10,274,118	\$23,702,616	\$2,605,500	\$10,033,672
Average	\$132,773	\$71,383	28,890	\$53,378	\$40,889	\$158,063	\$376,232	\$93,054	\$196,739
Number of Members Reporting	63	44	52	43	32	65	63	28	51

FREE AND CHARITABLE CLINICS STAFFING

Number of Staff Positions (Full-Time)	Physicians	Mid-Level (PAs & NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Full-Time Staff (All Positions)
Total/Year	6	37	91	18	25	2	11	50	466
Average/Year	1	1.5	3	1	2	1	2	1	8
Number of Members Reporting	5	24	31	15	13	2	7	50	59

Number of Staff Positions (Part-Time)	Physicians	Mid-Level (PAs & NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Part-Time Staff (All Positions)
Total/Year	19	47	43	30	19	10	15	4	315
Average/Year	1	2	2	1	1	2	2	1	6
Number of Members Reporting	15	24	23	21	13	5	10	4	55

FREE AND CHARITABLE CLINICS VOLUNTEERS

Number of Volunteers	Physicians	Mid-Level (PAs and NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Volunteers (All Positions)
Total/Year	463	103	490	146	108	174	212	3	8,147
Average/Year	9	3	12	5	5	12	24	1	131
Number of Members Reporting	49	37	40	32	21	15	9	3	62

Volunteers	Hours Worked
Total for Year	181,521
Average for Year	2,928
Number of Members Reporting	62

HEALTH OUTCOMES

Tracking and measuring health outcomes is an integral part of the survey and greatly contributes to the free and charitable clinic story. More than reporting numbers of patients and patient visits, it demonstrates that FCC's provide quality health care.

In 2022, members providing direct primary chronic care management to patients diagnosed with diabetes and/or hypertension were eligible to report health outcomes.

For those members that did not provide direct primary chronic care management, a supplemental process provided them with the opportunity to demonstrate their distinctive values and methods in promoting health outcomes.

METHODOLOGY

Diabetes Patient Criteria:

- Diagnosed with Type 1 or Type 2 diabetes, diagnosis may have been made during or prior to the 2022 measurement year.
- 18 – 75 years of age, and
- Had at least one medical visit during the 2022 measurement year.
- Exclusions: Patients with a diagnosis of secondary diabetes due to another condition, in hospice care, or age 64 or older with advanced illness and frailty.

Hypertensive Patient Criteria:

- Diagnosed with essential hypertension before June 30th of the 2022 measurement year,
- 18 – 85 years of age,
- Had at least one medical visit during the 2022 measurement year, and
- Blood pressure reading was performed by clinician or by remote monitoring device.
- Exclusions: Patients with evidence of end-stage renal disease (ESRD), dialysis or renal transplant; pregnancy, in hospice care, or age 66 or older with advanced illness and frailty.

Members measured health outcomes for their entire patient population or randomly selected 70 cohort patients that met the patient criteria for each diagnosis. Health outcomes were reported by ethnicity and race in an effort to identify and reduce disparities. Stratification aligns with HRSA's Federally Qualified Health Center's (FQHC) Uniform Data System reporting requirements.

DIABETES: Hemoglobin A1c Poor Control

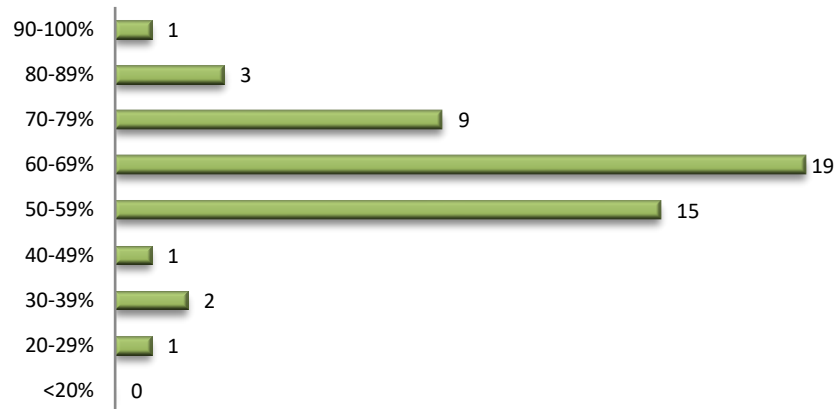
For 2022, 51 members providing direct chronic care management services reported outcomes for 7,076 diabetic patients:

- 4.7% of patients did not have an A1c level performed during the measurement year
- 21.7% of patients most recent A1c level was > 9.0%
- Total of 26.4% of patients exhibited poor A1c control (lower results signify better performance)

How members compare to each other (by percentage of patients)

MOST RECENT A1c < 8%

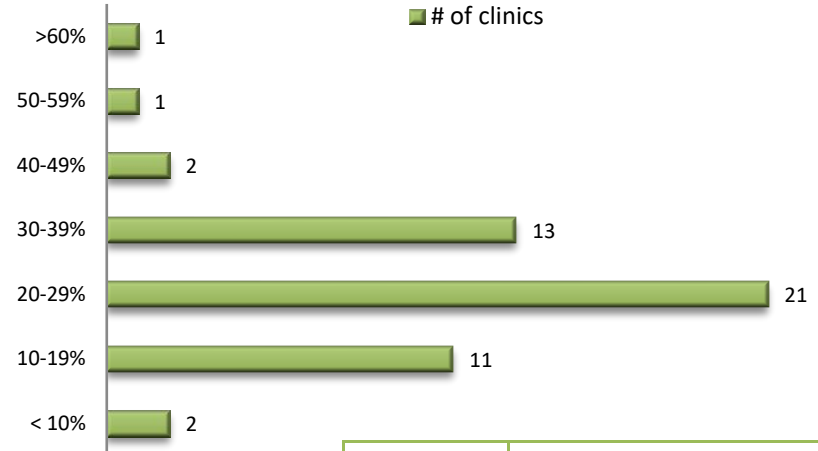
■ # of clinics



Year	2022
Range	24.1% - 90.9%
NCA FCC Average	62.1%

MOST RECENT A1c > 9.0% + A1c NOT PERFORMED (Poor Control)

■ # of clinics



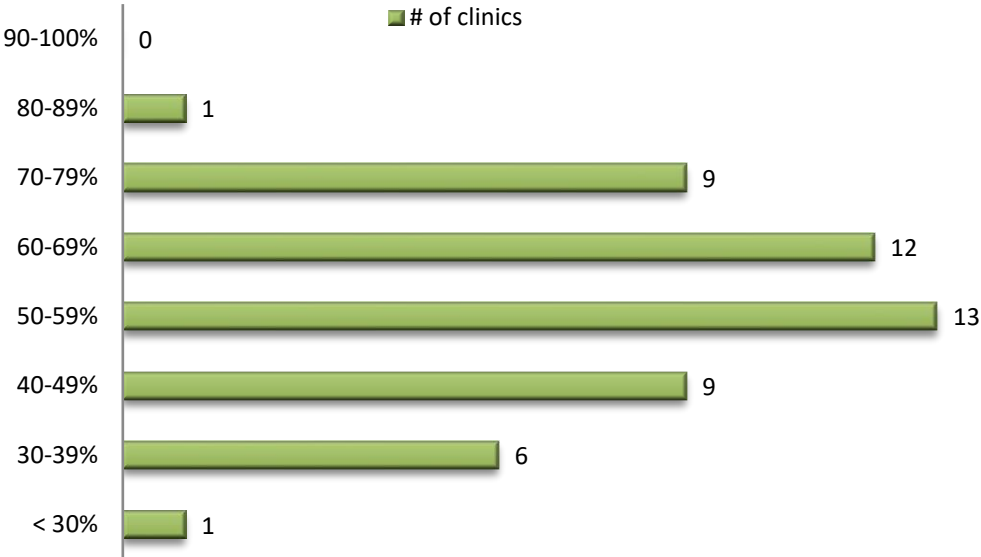
Year	2022
Range	6.1% - 64.7%
NCA FCC Average	26.4%

HYPERTENSION – Controlling High Blood Pressure

For 2022, 51 members providing direct chronic care management services reported outcomes for 10,439 hypertensive (HTN) patients:

How members compare to each other (by percentage of patients)

PERCENTAGE OF PATIENTS WHOSE LAST BP MEASURE WAS < 140/90



Year	2022
Range	28.6% – 80.0%
NCAFCC Average	58.6%

FREE AND CHARITABLE CLINIC'S 2022 TOP PERFORMERS NCAFCC TOP 10% PER QUALITY MEASURE

**Diabetes: Hemoglobin A1c Poor Control
Percentage of Patients with A1c >9% or No A1c Test Performed**

**Free Clinic of Rockingham County, Reidsville
Helping Hands Clinic of Caldwell County, Lenoir
John P Murray Community Care Clinic, Albemarle
Mariam Clinic, Cary
Matthews Free Medical Clinic, Matthews
The CARE Clinic, Fayetteville**

**Hypertension: Controlling High Blood Pressure
Percentage of Patients with last BP measure < 140/90**

**Albemarle Hospital Foundation – Community Care Clinic, Elizabeth City
Community Health Services of Union County, Monroe
Davidson Medical Ministries Clinic, Lexington
Mustard Seed Community Health, Greensboro
The CARE Clinic, Fayetteville**

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared to 2021

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Ethnicity and Race <u>Hispanic/Latino</u>	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 % of Pts.
Asian	1	0%	8	12.5%
Native Hawaiian	1	0%	0	NA
Other Pacific Islander	5	0%	2	100%
Black/African American	35	42.9%	26	38.5%
American Indian/Alaska Native	13	38.5%	18	66.7%
White	1,042	30.3%	947	33.1%
More than One Race	129	24.8%	535	30.1%
Unreported/Refused to Report Race	2,212	28.1%	981	26.5%
SUBTOTAL HISPANIC/LATINO	3,438	28.8%	2,517	30.2%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared to 2021

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 Total # of Pts.
Asian	109	22.0%	120	29.2%
Native Hawaiian	4	50.0%	1	100%
Other Pacific Islander	7	14.3%	9	33.3%
Black/African American	1,466	26.9%	1,371	29.2%
American Indian/Alaska Native	7	42.9%	16	25.0%
White	1,771	21.7%	1,741	26.9%
More than One Race	39	20.5%	38	28.9%
Unreported/Refused to Report Race	90	31.3%	38	18.4%
SUBTOTAL NON-HISPANIC/LATINO	3,493	24.1%	3,335	27.9%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared to 2021

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Unreported/Refused to Report Ethnicity AND Race	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 % of Pts.
Unreported/Refused to Report Ethnicity & Race	145	24.8%	113	37.2%

TOTAL ALL DIABETIC PATIENTS	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 % of Pts.
Total All Diabetic Patients	7,076	*26.4%	5,965	29.0%

*Improvement from 2021

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared to 2021

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Ethnicity and Race <u>Hispanic/Latino</u>	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts	2021 % of Pts.
Asian	2	100%	12	75%
Native Hawaiian	2	50%	1	100%
Other Pacific Islander	12	75%	1	100%
Black/African American	37	59.5%	27	48.1%
American Indian/Alaska Native	19	47.4%	16	68.8%
White	1,203	54.9%	1,049	54.2%
More than One Race	144	67.4%	152	65.1%
Unreported/Refused to Report Race	2,580	61.9%	1,426	65.5%
SUBTOTAL HISPANIC/LATINO	3,999	59.9%	2,684	61.0%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared 2021

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts	2021 % of Pts.
Asian	128	60.2%	157	59.9%
Native Hawaiian	4	50.0%	1	0%
Other Pacific Islander	9	66.7%	3	100%
Black/African American	2,760	53.6%	2,485	50.3%
American Indian/Alaska Native	20	75.0%	36	55.3%
White	3,109	61.5%	2,876	55.6%
More than One Race	56	66.1%	37	67.6%
Unreported/Refused to Report Race	129	53.5%	56	48.2%
SUBTOTAL NON-HISPANIC/LATINO	6,215	57.8%	5,653	53.4%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2022 Compared to 2021

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Unreported/Refused to Report Ethnicity AND Race	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 % of Pts.
Unreported/Refused to Report Ethnicity & Race	225	56.0%	304	53%

TOTAL ALL HYPERTENSIVE PATIENTS	2022 Total # of Pts.	2022 % of Pts.	2021 Total # of Pts.	2021 % of Pts.
Total All Hypertensive Patients	10,439	*58.6%	8,971	55.3%

*Improvement from 2021

FREE AND CHARITABLE CLINICS IN COMPARISON

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Ethnicity and Race <u>Hispanic/Latino</u>	2022 NCAFCC	2022 NC HRSA Health Centers
Asian	0%	37.74%
Native Hawaiian	0%	41.67%
Other Pacific Islander	0%	47.46%
Black/African American	42.9%	33.04%
American Indian/Alaska Native	38.5%	29.97%
White	30.3%	32.18%
More than One Race	24.8%	36.08%
Unreported/Refused to Report Race	28.1%	34.15%
SUBTOTAL HISPANIC/LATINO	28.8%	33.04%

FREE AND CHARITABLE CLINICS IN COMPARISON

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2022 NCAFFC	2022 NC HRSA Health Centers
Asian	22.0%	21.40%
Native Hawaiian	50.0%	Not reported
Other Pacific Islander	14.3%	Not reported
Black/African American	26.9%	28.19%
American Indian/Alaska Native	42.9%	22.89%
White	21.7%	24.66%
More than One Race	20.5%	29.02%
Unreported/Refused to Report Race	31.3%	30.25%
SUBTOTAL NON-HISPANIC/LATINO	24.1%	26.39%

FREE AND CHARITABLE CLINICS IN COMPARISON

Diabetes: Hemoglobin A1c Poor Control – Estimated Percentage of Patients with A1c >9% or No A1c Test Performed

Unreported/Refused to Report Ethnicity AND Race	2022 NCAFCC	2022 NC HRSA Health Centers
Unreported/Refused to Report Ethnicity & Race	24.8%	31.72%

TOTAL ALL DIABETIC PATIENTS	2022 NCAFCC	2022 NC HRSA Health Centers	2021 HEDIS Medicaid HMO	2021 HEDIS Commercial HMO Ins.
Total All Diabetic Patients	26.4%	28.09%	42.3%	30.7%

- <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>
- <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>
- 2022 HEDIS results were not available at the time of this publication. To be updated as made available.

FREE AND CHARITABLE CLINICS IN COMPARISON

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Ethnicity and Race <u>Hispanic/Latino</u>	2022 NCAFCC	2022 NC HRSA Health Centers
Asian	100%	72.13%
Native Hawaiian	50.0%	52.59%
Other Pacific Islander	75.0%	58.00%
Black/African American	59.5%	53.54%
American Indian/Alaska Native	47.4%	63.65%
White	54.9%	65.20%
More than One Race	67.4%	61.57%
Unreported/Refused to Report Race	61.9%	56.80%
SUBTOTAL HISPANIC/LATINO	59.9%	61.76%

FREE AND CHARITABLE CLINICS IN COMPARISON

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2022 NCAFCC	2021 NC HRSA Health Centers
Asian	60.2%	63.97%
Native Hawaiian	50.0%	62.26%
Other Pacific Islander	66.7%	66.13%
Black/African American	53.6%	58.92%
American Indian/Alaska Native	75.0%	59.85%
White	61.5%	67.74%
More than One Race	66.1%	59.82%
Unreported/Refused to Report Race	53.5%	48.22%
SUBTOTAL NON-HISPANIC/LATINO	57.8%	63.06%

FREE AND CHARITABLE CLINICS IN COMPARISON

Hypertension: Controlling High Blood Pressure – BP measure < 140/90

Unreported Refused to Report Ethnicity AND Race	2022 NCAFCC	2022 NC HRSA Health Centers
Unreported/Refused to Report Ethnicity & Race	56.0%	46.50%

TOTAL ALL HYPERTENSIVE PATIENTS	2022 NCAFCC	2022 NC HRSA Health Centers	2021 HEDIS Medicaid HMO	2021 HEDIS Commercial HMO Ins.
Total All Hypertensive Patients	58.6%	62.34%	58.6%	60.3%

- <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>
- <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>
- 2022 HEDIS results were not available at the time of this publication. To be updated as made available.

2022 NCAFCC Annual Survey Participating Members*

ABCCM Medical Ministry, Asheville
Broad Street Clinic, Morehead City
Cape Fear Clinic, Wilmington
Caring Community Clinic, Jacksonville
Community Care Center, Winston Salem
Community Care Clinic of Dare, Nags Head
Community Care Clinic of Rowan, Salisbury
Community Health Services of Union Co., Monroe
Delivering Equal Access to Care, Winston-Salem
The Free Clinics, Hendersonville
Greater Hickory CCM Medical Ministries
HealthQuest of Union Co., Monroe
Helping Hands Clinic, Lenoir
Hunger & Health Coalition, Boone
Local Start Dental, Durham
Medication Assistance Program, Greensboro
Mustard Seed Community Health, Greensboro
New Stories Health & Wellness, Winston-Salem
Samaritan Health Center, Durham
Senior PharmAssist, Durham
Shepherd's Care Medical Clinic, Zebulon
Urban Ministries Open Door Clinic, Raleigh
Atrium Health Wake Forest Baptist Mobile Clinic, Winston-Salem

Alliance Medical Ministry, Raleigh
Camino Clinic, Charlotte
The CARE Clinic, Fayetteville
Chatham CARES Community Pharmacy, Siler City
Community Care Clinic, Boone
Community Care Clinic, Franklin
Community Clinic of High Point
Crisis Control Ministry Pharmacy, Winston-Salem
Fifth Street Ministries, Statesville
Good Samaritan Clinic, Morganton
Greenville Community Shelter Clinic
HealthReach Community Clinic, Mooresville
Hope Clinic, Bayboro
John P. Murray Community Care Clinic, Albemarle
Mariam Clinic, Cary
MERCi Clinic, New Bern
NC MedAssist, Charlotte
Open Door Clinic of Alamance Co., Burlington
Scotland Community Clinic, Laurinburg
Shelter Health Services, Charlotte
St. Joseph Primary Care, Raleigh
Vecinos, Cullowhee

Wayne Action Teams for Community Health (WATCH), Goldsboro

Blue Ridge Free Dental Clinic, Cashiers
Campbell University Community Clinic, Lillington
Care Ring, Charlotte
Christ Community Clinic, Wilmington
Albemarle Hospital Foundation, Elizabeth City
Community Care Clinic of Highlands-Cashiers
Community Free Clinic, Concord
Davidson Medical Ministries, Lexington
Free Clinic of Rockingham Co., Reidsville
Grace Clinic, Elkin
Hands of Hope Clinic, Yadkinville
Helping Hand Clinic, Sanford
Hope Community Clinic, Charlotte
Lake Norman Community Health, Huntersville
Matthew Free Clinic, Matthews
Moore Free & Charitable Clinic, Southern Pines
New Hope Clinic, Southport
Pitt Co. Care Clinic, Greenville
Senior Pharmacy Program, New Bern
Shalom Project, Winston-Salem
Surry Medical Ministries, Mt. Airy
Wake Smiles, Raleigh

*68 of 70 NCAFCC members completed the 2022 NCAFCC Annual Survey

WITH GREAT APPRECIATION



**BlueCross BlueShield
of North Carolina**



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**Kate B. Reynolds
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North Carolina Association
of Free & Charitable Clinics

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