



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.

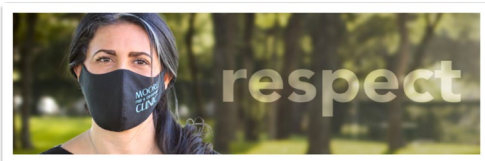
### **Our Vision**

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.

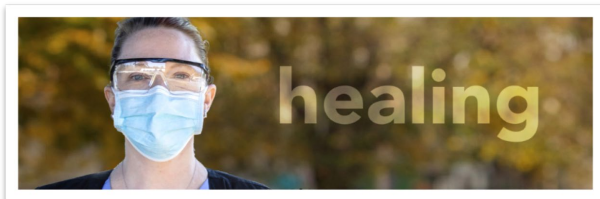
The NCAFCC Annual Survey process reflects our dedication to helping and improving the health of the medically underserved in North Carolina. It is our hope to build upon earlier achievements while expanding our vision to create new ones. It is our belief that the free and charitable clinics in North 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.

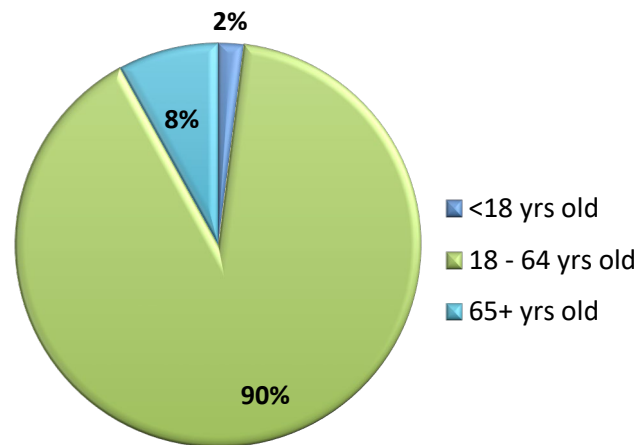
\*\*2022 NC HRSA Program Data <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>

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

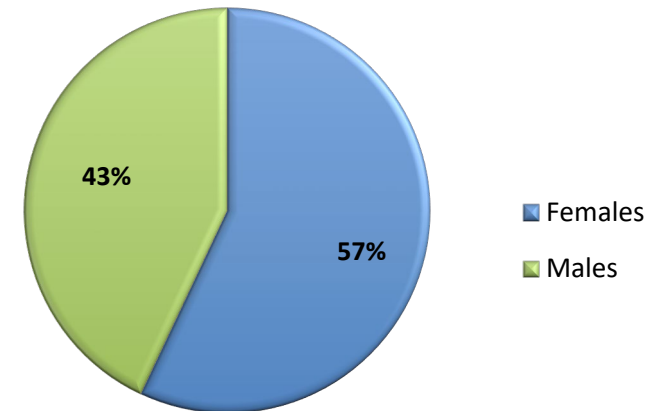
## FREE AND CHARITABLE CLINICS' PATIENTS

68 members reported serving a total of 80,090 patients

**AGE**



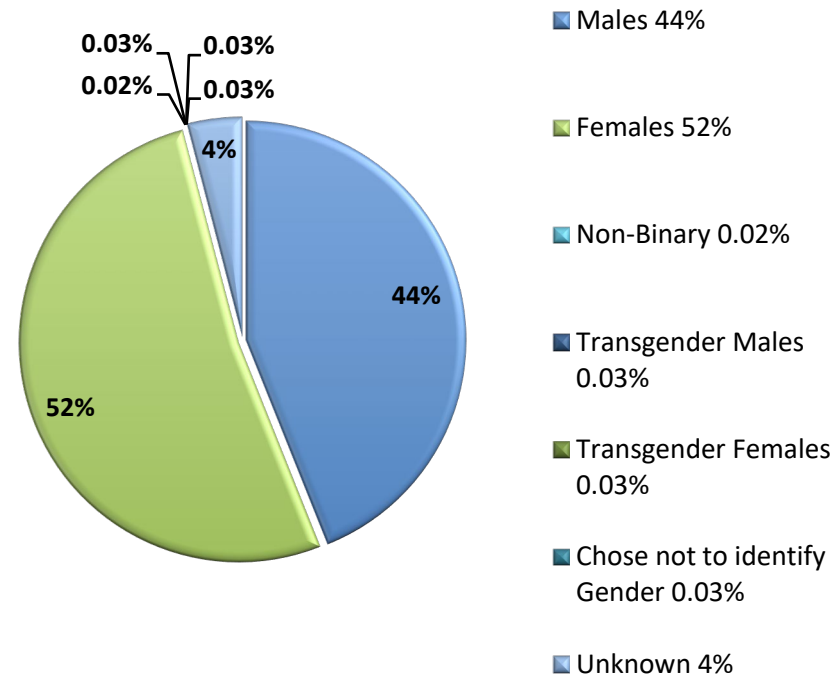
**SEX ASSIGNED AT BIRTH**



## FREE AND CHARITABLE CLINICS' PATIENTS

36 of the 68 reporting members also reported

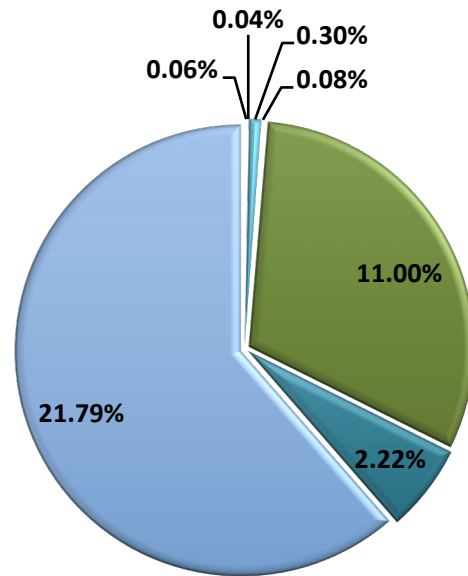
### % of Patients by Gender Identity



## FREE AND CHARITABLE CLINICS' PATIENTS

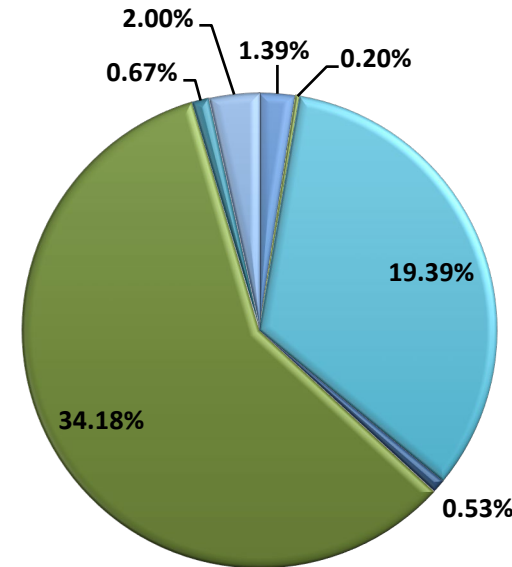
### Ethnicity & Race

## 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%

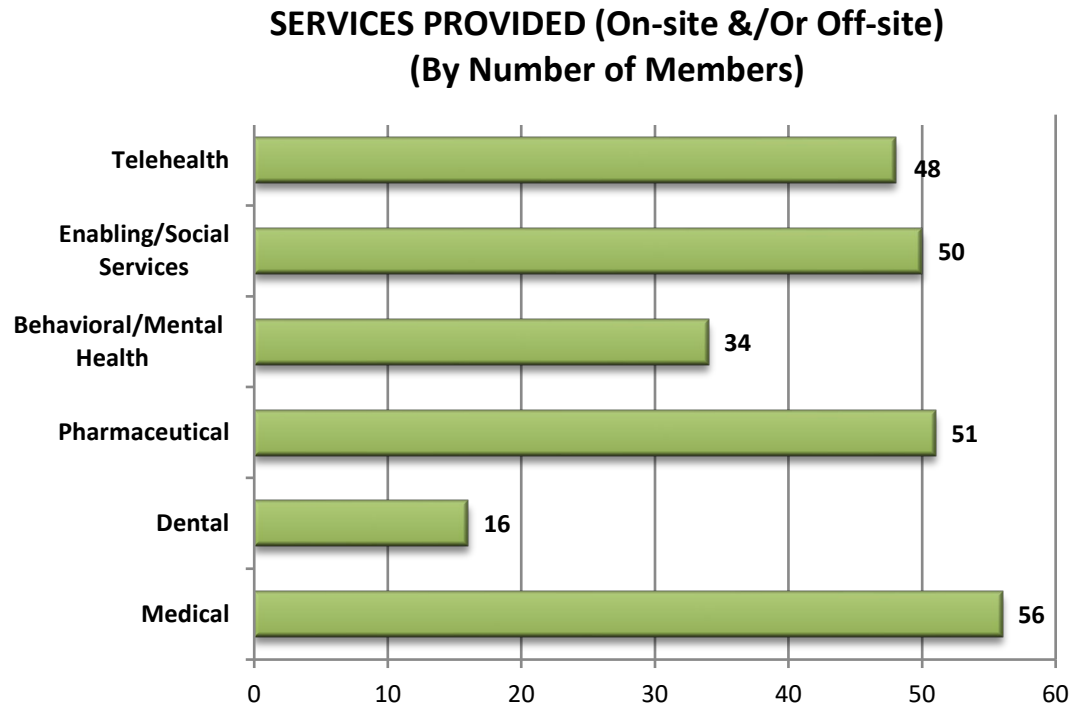


- Asian 1.39%
- Native Hawaiian/Other Pacific Islander 0.20%
- Black/African American 19.39%
- American Indian/Alaska Native 0.53%
- White 34.18%
- More than One Race 0.67%
- Unreported Race 2.00%

## Unreported Ethnicity and Race 6.1%



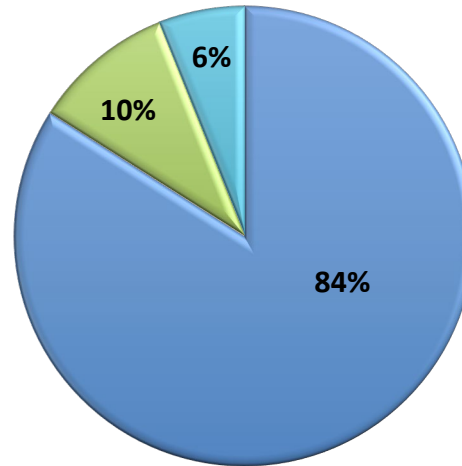
# FREE AND CHARITABLE CLINICS' SERVICES & OPERATIONS



| 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)

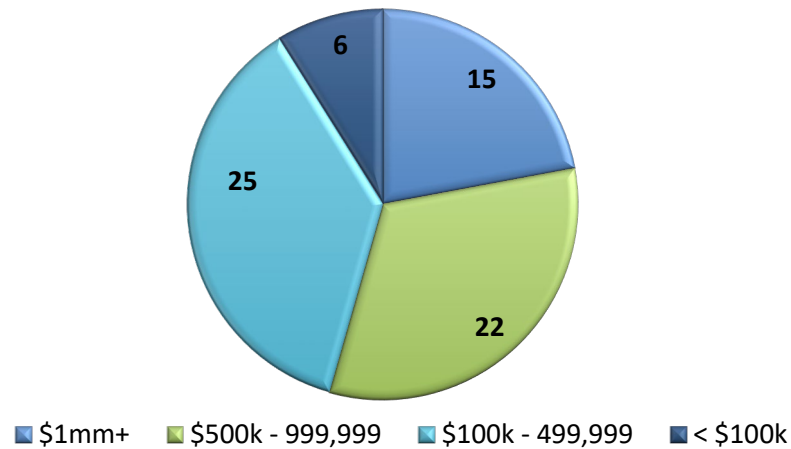


■ Medical Visits   
 ■ Behavioral/Mental Health Visits   
 ■ Dental Visits

| Clinic Volume  | Unduplicated Patients<br>68 members reported | Medical Visits<br>56 members reported | Behavioral/Mental Health Visits<br>34 members reported | Dental Visits<br>24 members reported | Total Patient Visits<br>60 members reported | Total Value of Prescription Medications<br>58 members reported |
|----------------|--|---------------------------------------|--|--------------------------------------|---|--|
| <b>Total</b>   | 80,090                                       | 168,224                               | 19,124   | 12,395                               | 199,743                                     | \$189,462,861  |
| <b>Average</b> | 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**  |
|----------------|---------------------------|---------------------|--------|
| <b>Total</b>   | \$347,321,434             | \$54,094,981        | \$5.42 |
| <b>Average</b> | \$5,107,668               | \$795,514           | \$5.42 |

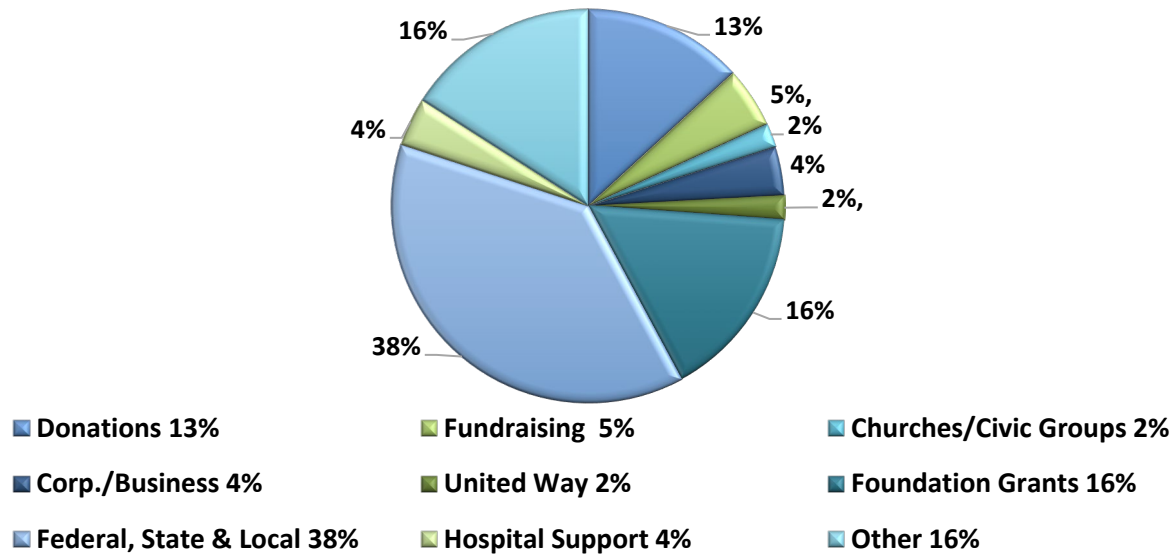
**FOR EVERY \$1 SPENT, NCAFFC MEMBERS PROVIDED \$5.42 IN HEALTHCARE SERVICES TO THEIR COMMUNITIES**

\*Includes services arranged for and/or directly provided by NCAFFC'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)



| Income by Source                   | Donations   | Fundraising | Churches and Civic Groups | Corporations and Businesses | United Way  | Foundation Grants | Federal, State and Local | Hospital Support | Other        |
|------------------------------------|-------------|-------------|---------------------------|-----------------------------|-------------|-------------------|--------------------------|------------------|--------------|
| <b>Total</b>                       | \$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 |
| <b>Average</b>                     | \$132,773   | \$71,383    | 28,890                    | \$53,378                    | \$40,889    | \$158,063         | \$376,232                | \$93,054         | \$196,739    |
| <b>Number of Members Reporting</b> | 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) |
|------------------------------------|------------|-------------------------|---------------------|-------------|-------------|----------|------------------|------------------------|----------------------------------|
| <b>Total/Year</b>                  | 463        | 103                     | 490                 | 146         | 108         | 174      | 212              | 3                      | 8,147                            |
| <b>Average/Year</b>                | 9          | 3                       | 12                  | 5           | 5           | 12       | 24               | 1                      | 131                              |
| <b>Number of Members Reporting</b> | 49         | 37                      | 40                  | 32          | 21          | 15       | 9                | 3                      | 62                               |

| Volunteers                         | Hours Worked |
|------------------------------------|--------------|
| <b>Total for Year</b>              | 181,521      |
| <b>Average for Year</b>            | 2,928        |
| <b>Number of Members Reporting</b> | 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 30<sup>th</sup> 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

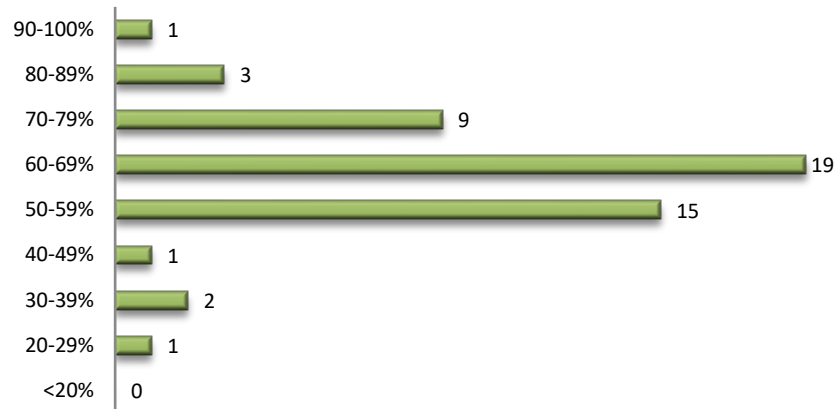
For 2022, 51 members providing direct chronic care management services reported outcomes for 7,076 diabetic patients:

- 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%

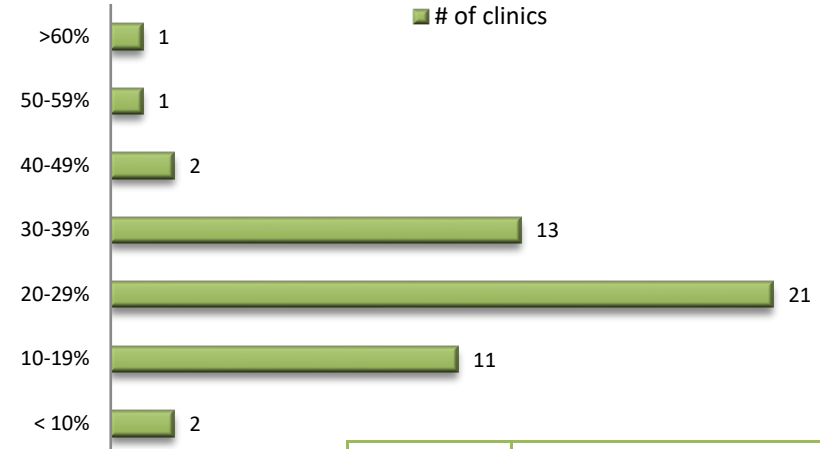
■ # of clinics



| Year           | 2022          |
|----------------|---------------|
| Range          | 24.1% - 90.9% |
| NCAFCC Average | 62.1%         |

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

■ # of clinics



| Year           | 2022         |
|----------------|--------------|
| Range          | 6.1% - 64.7% |
| NCAFCC Average | 26.4%        |

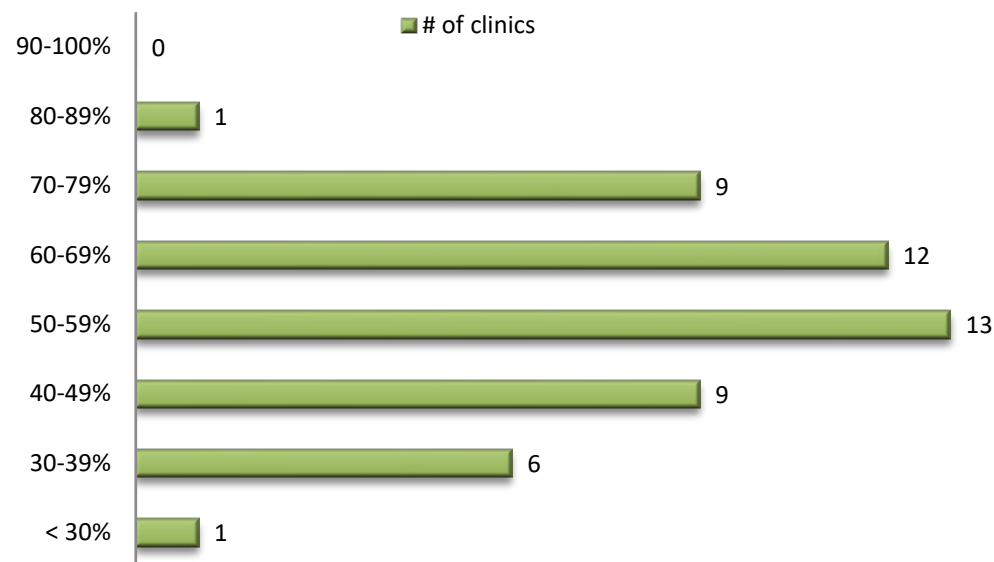


# HYPERTENSION – Controlling High Blood Pressure

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<br><u>Hispanic/Latino</u> | 2022<br>Total #<br>of Pts. | 2022<br>% of<br>Pts. | 2021<br>Total #<br>of Pts. | 2021<br>% of<br>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%                |
| <b>SUBTOTAL HISPANIC/LATINO</b>              | <b>3,438</b>               | <b>28.8%</b>         | <b>2,517</b>               | <b>30.2%</b>         |

## 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

| <b>Ethnicity and Race<br/><u>Non-Hispanic/Latino</u></b> | <b>2022<br/>Total #<br/>of Pts.</b> | <b>2022<br/>% of<br/>Pts.</b> | <b>2021<br/>Total #<br/>of Pts.</b> | <b>2021<br/>Total #<br/>of Pts.</b> |
|--|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------------|
| 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%                               |
| <b>SUBTOTAL NON-HISPANIC/LATINO</b>                      | <b>3,493</b>                        | <b>24.1%</b>                  | <b>3,335</b>                        | <b>27.9%</b>                        |

## 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<br>Total #<br>of Pts. | 2022<br>% of<br>Pts. | 2021<br>Total #<br>of Pts. | 2021<br>% of<br>Pts. |
|---|----------------------------|----------------------|----------------------------|----------------------|
| Unreported/Refused to Report Ethnicity & Race   | 145                        | 24.8%                | 113                        | 37.2%                |

| TOTAL ALL DIABETIC PATIENTS | 2022<br>Total #<br>of Pts. | 2022<br>% of<br>Pts. | 2021<br>Total #<br>of Pts. | 2021<br>% of<br>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<br><u>Hispanic/Latino</u> | 2022<br>Total #<br>of Pts. | 2022<br>% of<br>Pts. | 2021<br>Total #<br>of Pts | 2021<br>% of<br>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%                |
| <b>SUBTOTAL HISPANIC/LATINO</b>              | <b>3,999</b>               | <b>59.9%</b>         | <b>2,684</b>              | <b>61.0%</b>         |

## FREE AND CHARITABLE CLINICS IN COMPARISON

### NCAFCC – 2022 Compared 2021

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

| <b>Ethnicity and Race<br/><u>Non-Hispanic/Latino</u></b> | <b>2022<br/>Total #<br/>of Pts.</b> | <b>2022<br/>% of<br/>Pts.</b> | <b>2021<br/>Total #<br/>of Pts</b> | <b>2021<br/>% of<br/>Pts.</b> |
|--|-------------------------------------|-------------------------------|------------------------------------|-------------------------------|
| 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%                         |
| <b>SUBTOTAL NON-HISPANIC/LATINO</b>                      | <b>6,215</b>                        | <b>57.8%</b>                  | <b>5,653</b>                       | <b>53.4%</b>                  |

## 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<br>Total #<br>of Pts. | 2022<br>% of<br>Pts. | 2021<br>Total #<br>of Pts. | 2021<br>% of<br>Pts. |
|---|----------------------------|----------------------|----------------------------|----------------------|
| Unreported/Refused to Report Ethnicity & Race   | 225                        | 56.0%                | 304                        | 53%                  |

| TOTAL ALL HYPERTENSIVE PATIENTS | 2022<br>Total #<br>of Pts. | 2022<br>% of Pts. | 2021<br>Total #<br>of Pts. | 2021<br>% of<br>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<br><u>Hispanic/Latino</u> | 2022<br>NCAFCC | 2022<br>NC HRSA<br>Health<br>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%                               |
| <b>SUBTOTAL HISPANIC/LATINO</b>              | <b>28.8%</b>   | <b>33.04%</b>                        |

## 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<br><u>Non-Hispanic/Latino</u> | 2022<br>NCAFFC | 2022<br>NC HRSA<br>Health<br>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%                               |
| <b>SUBTOTAL NON-HISPANIC/LATINO</b>              | <b>24.1%</b>   | <b>26.39%</b>                        |

## 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<br>NCA FCC | 2022<br>NC HRSA Health<br>Centers |
|---|-----------------|-----------------------------------|
| Unreported/Refused to Report Ethnicity & Race   | 24.8%           | 31.72%                            |

| TOTAL ALL DIABETIC PATIENTS | 2022<br>NCA FCC | 2022<br>NC HRSA<br>Health<br>Centers | 2021<br>HEDIS<br>Medicaid HMO | 2021<br>HEDIS<br>Commercial<br>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<br><u>Hispanic/Latino</u> | 2022<br>NCAFFC | 2022<br>NC HRSA<br>Health<br>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%                               |
| <b>SUBTOTAL HISPANIC/LATINO</b>              | <b>59.9%</b>   | <b>61.76%</b>                        |

## FREE AND CHARITABLE CLINICS IN COMPARISON

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

| Ethnicity and Race<br><u>Non-Hispanic/Latino</u> | 2022<br>NCAFFC | 2021<br>NC HRSA<br>Health<br>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%                               |
| <b>SUBTOTAL NON-HISPANIC/LATINO</b>              | <b>57.8%</b>   | <b>63.06%</b>                        |

## FREE AND CHARITABLE CLINICS IN COMPARISON

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

| Unreported Refused to Report Ethnicity AND Race | 2022<br>NCAFCC | 2022<br>NC HRSA Health<br>Centers |
|---|----------------|-----------------------------------|
| Unreported/Refused to Report Ethnicity & Race   | 56.0%          | 46.50%                            |

| TOTAL ALL HYPERTENSIVE PATIENTS | 2022<br>NCAFCC | 2022<br>NC HRSA<br>Health<br>Centers | 2021<br>HEDIS<br>Medicaid HMO | 2021<br>HEDIS<br>Commercial<br>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

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

Wayne Action Teams for Community Health (WATCH), Goldsboro

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

## WITH GREAT APPRECIATION



Kate B. Reynolds  
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of Free & Charitable Clinics

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