



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

2023 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.



2023 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

The past year has brought many significant changes for the North Carolina Association of Free and Charitable Clinics. I completed my first full calendar year as CEO, and we expanded the NCAFCC staff from four to six positions by adding an administrative assistant and a project director to better meet the needs of our clinics.

And following two years of generous support from the General Assembly in the form of federal COVID-relief pass-through funding, we received our first-ever state appropriation of \$11.2 million to provide health care to the most vulnerable in our state.

In December, the long-anticipated expansion of Medicaid finally became a reality, making an estimated 600,000 individuals eligible for coverage! As excited as we are with this expansion, we know there are an estimated 700,000 remaining uninsured that still need free and charitable clinics to provide access to health care. And our members continue to provide high-quality health care to the uninsured in their communities.

As you look over our annual report, you will see that NCAFCC members in 2023 provided over **200,000 provider visits** for nearly **80,000 unduplicated patients**. With operational expenses totaling a little over \$55 million, our members provided to their communities more than **\$364 million in healthcare services!** For every \$1 our members spent, their patients received \$5.57 in health-care services. But more importantly, these members provide these services with passion and compassion which leaves patients feeling valued and cared for.

As I mentioned in last year's report, providing health care, behavioral health and dental services would not be possible without the support of the many partners who care about enhancing community health throughout North Carolina – the hospitals, community organizations, foundations, public health leaders, advocates, colleges and universities and our elected officials. We are so proud to share our 2023 Annual Report to highlight the work of our members!

April Cook, NCAFCC CEO



2023 NCAFCC ANNUAL SURVEY MAJOR FINDINGS

- **Patient Volume:**
 - The total number of patients served = 75,814 (**67 members reported**)
 - The total number of patient provider visits = 200,108 – includes medical, behavioral/mental health & dental visits (**59 members reported**)
- **Number of Volunteers: (63 members reported)**
 - Total number of volunteers = 10,655
 - Total number of hours volunteers worked = 183,057 hours
- **Value of Services (63 members reported)**
 - Total Value of Services to Community-At-Large (Patients & others in the community) = \$364,214,235
 - Of the total value, 57 members reported providing prescription medications at a value of \$186,312,023
 - Value of Services per Patient = \$3,940.18
 - For every \$1 spent, \$5.57 in healthcare services were provided.
 - Estimated hospital emergency department diversion savings was \$372,625,810***
- **Diabetes: Hemoglobin A1c Poor Control: (52 members reported, *n = 7,268)**
 - 25.2% of diabetic patients most recent A1c level was > 9% or no A1c test was performed during the year.
**2023 NC HRSA reported 26.74% of diabetic patients with A1c level > 9% or no A1c test was performed during the year.
- **Controlling High Blood Pressure: (52 members reported, *n = 10,890)**
 - 62.6% of patients with a diagnosis of hypertension, last blood pressure measurement was < 140/90.
**2023 NC HRSA reported, 66.02% 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.

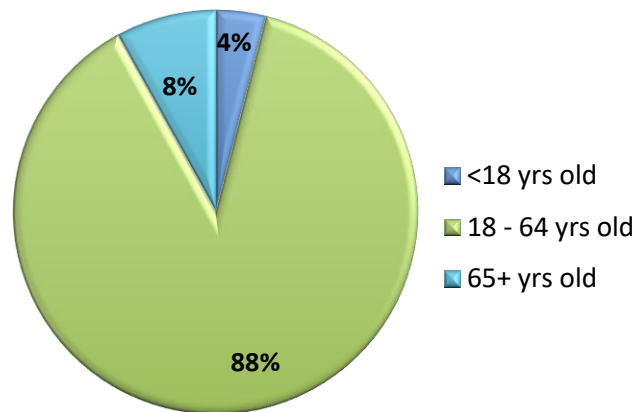
**2023 NC HRSA Program Data <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>

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

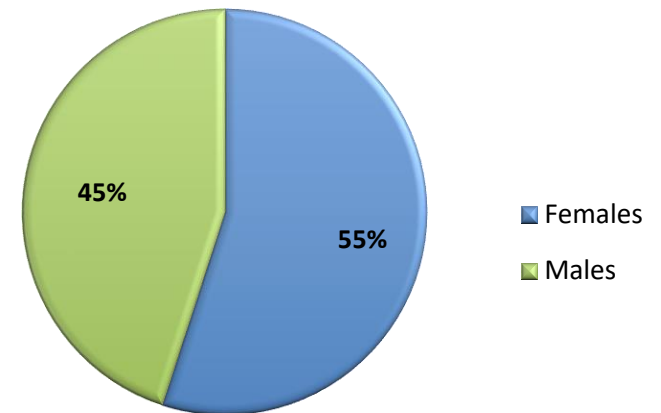
FREE AND CHARITABLE CLINICS' PATIENTS

67 members reported serving a total of 75,814 patients

AGE



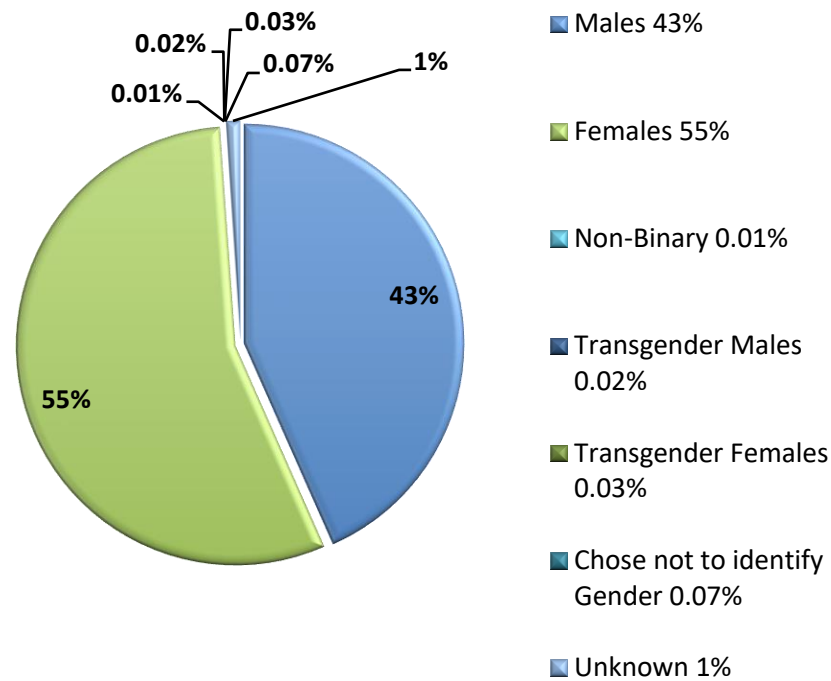
SEX ASSIGNED AT BIRTH



FREE AND CHARITABLE CLINICS' PATIENTS

38 of the 67 reporting members also reported

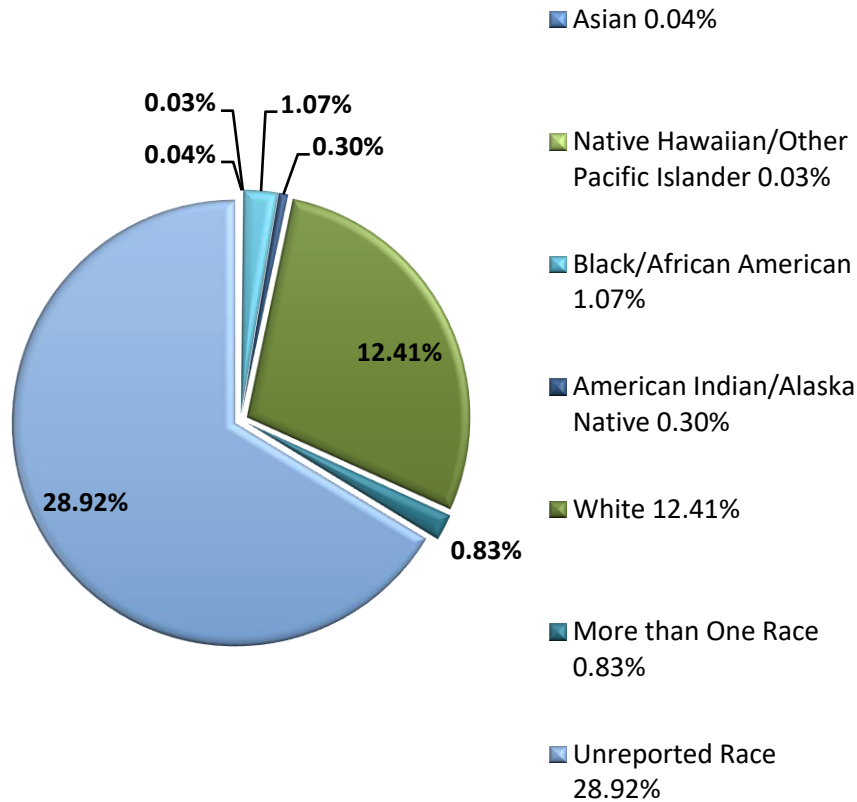
% of Patients by Gender Identity



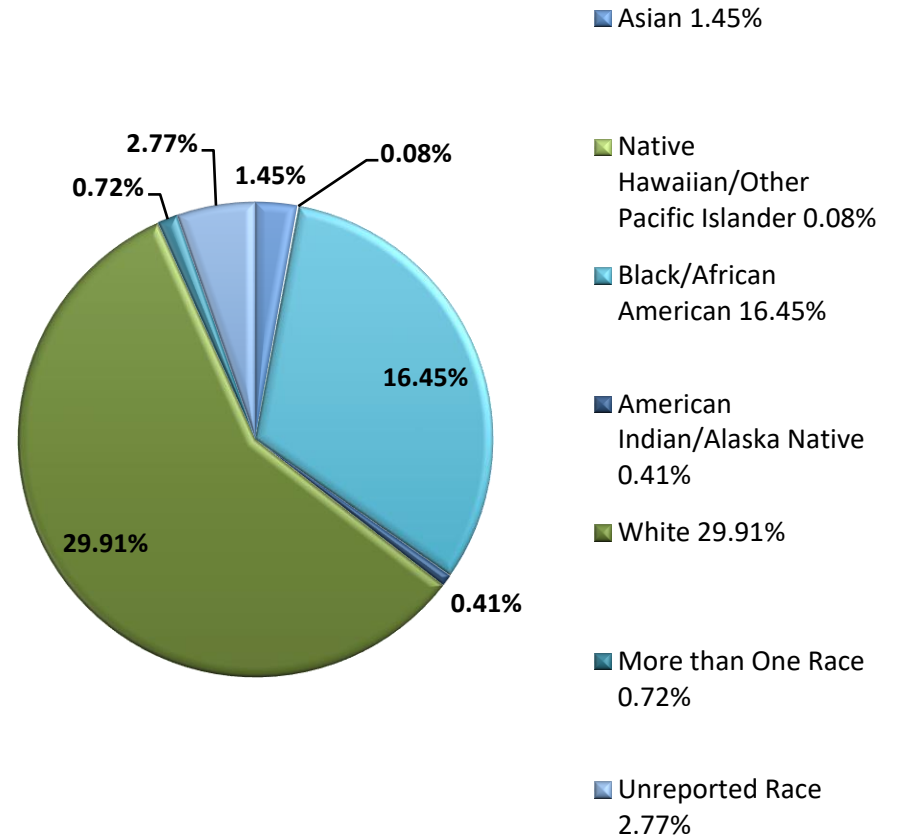
FREE AND CHARITABLE CLINICS' PATIENTS

Ethnicity & Race

Hispanic/Latino 43.6%



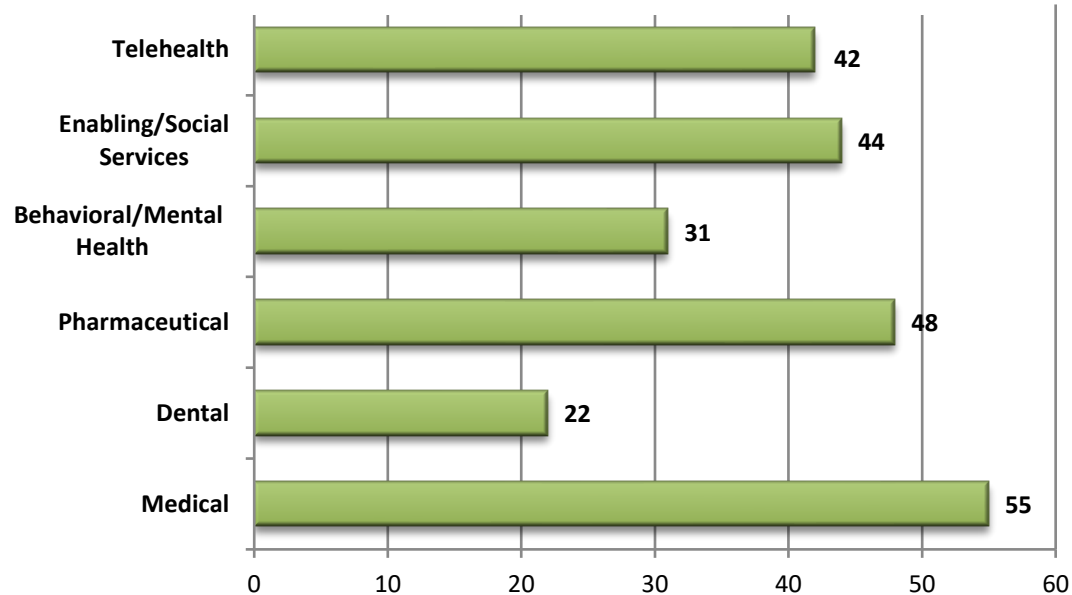
Non-Hispanic/Latino 51.8%



Unreported Ethnicity and Race 4.6%

FREE AND CHARITABLE CLINICS' SERVICES & OPERATIONS

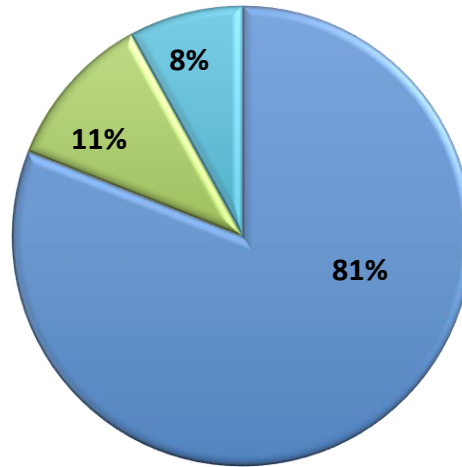
**SERVICES PROVIDED (On-site &/Or Off-site)
(By Number of Members)**



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	2,498	1,768	855	297	939
Average/Week	38	33	29	19	27
Number of Member Sites Reporting	66	54	29	16	35

FREE AND CHARITABLE CLINICS' VOLUME

PATIENT VISITS
(Percentage By Type of Visit)

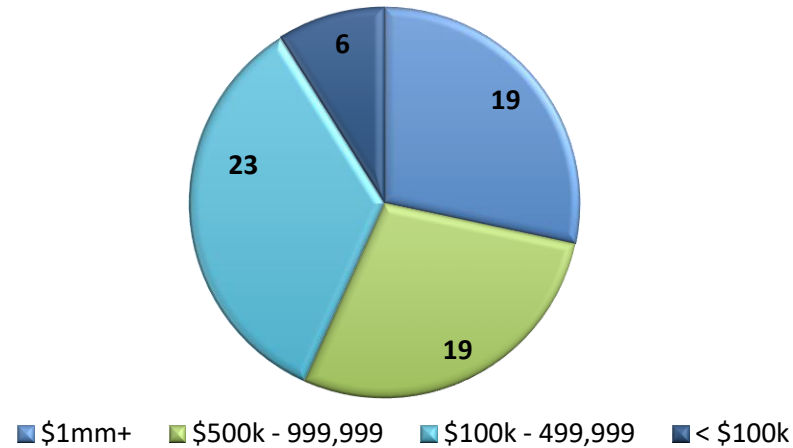


■ Medical Visits
 ■ Behavioral/Mental Health Visits
 ■ Dental Visits

Clinic Volume	Unduplicated Patients 67 members reported	Medical Visits 55 members reported	Behavioral/Mental Health Visits 31 members reported	Dental Visits 22 members reported	Total Patient Visits 59 members reported	Total Value of Prescription Medications 57 members reported
Total	75,814	161,452	22,834	15,822	200,108	\$186,313,023
Average	1,132	2,935	737	719	3,392	\$3,268,632

FREE AND CHARITABLE CLINICS' VALUE OF INVESTMENT (VOI)

ANNUAL OPERATING EXPENSE
(Per number of 67 members reporting)



	Total Value of Services *	Operational Expense	VOI**
Total	\$364,214,235	\$55,090,865	\$5.57
Average	\$5,436,033	\$822,252	\$5.57

FOR EVERY \$1 SPENT, NCAFCC MEMBERS PROVIDED \$5.57 IN HEALTHCARE SERVICES TO THEIR COMMUNITIES

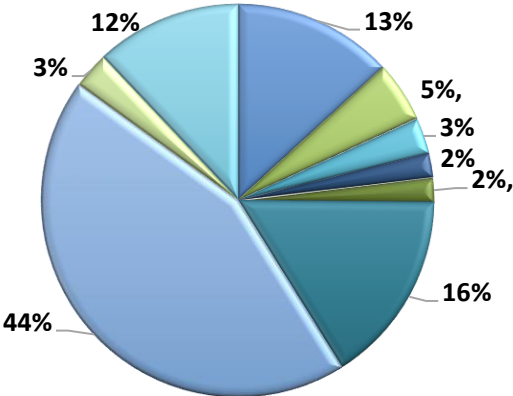
*Services arranged for and/or directly provided by NCAFCC's member organizations and includes value of prescription medications

**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 3%
- Corp./Business 2%
- United Way 2%
- Foundation Grants 16%
- Federal, State & Local 44%
- Hospital Support 3%
- Other 12%

Income by Source	Donations	Fundraising	Churches and Civic Groups	Corporations and Businesses	United Way	Foundation Grants	Federal, State and Local	Hospital Support	Other
Total	\$7,982,306	\$2,908,079	\$2,125,299	\$1,506,162	\$962,701	\$10,197,628	\$26,907,866	\$2,038,970	\$7,271,588
Average	\$124,724	\$72,702	43,373	\$39,636	\$30,084	\$182,101	\$420,435	\$81,559	\$148,400
Number of Members Reporting	64	40	49	38	32	56	64	25	49

FREE AND CHARITABLE CLINICS STAFFING

Number of Staff Positions (Full-Time)	Physicians	APPs (PAs & NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Full-Time Staff (All Positions)
Total/Year	8	33	74	13	23	3	15	52	476
Average/Year	1	1	2	1	2	1	2	1	8
Number of Members Reporting	8	26	30	11	12	3	7	52	61

Number of Staff Positions (Part-Time)	Physicians	APPs (PAs & NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Part-Time Staff (All Positions)
Total/Year	18	51	53	38	19	9	24	4	408
Average/Year	1	2	2	1	1	2	2	1	7
Number of Members Reporting	15	27	25	27	14	5	12	4	57

FREE AND CHARITABLE CLINICS VOLUNTEERS

Number of Volunteers	Physicians	APPs (PAs and NPs)	Nurses, CMAs & CNAs	Pharmacists	Pharm-Techs	Dentists	Hygienists & DAs	Executive Director-CEO	Total Volunteers (All Positions)
Total/Year	532	150	424	145	126	185	205	5	10,655
Average/Year	11	5	11	5	7	12	19	1	169
Number of Members Reporting	48	31	38	29	17	16	11	4	63

Volunteers	Hours Worked
Total for Year	183,057
Average for Year	2,906
Number of Members Reporting	63

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 2023, 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 2023 measurement year.
- 18 – 75 years of age, and
- Had at least one medical visit during the 2023 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 2023 measurement year,
- 18 – 85 years of age,
- Had at least one medical visit during the 2023 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.

DIABETES: Hemoglobin A1c Poor Control

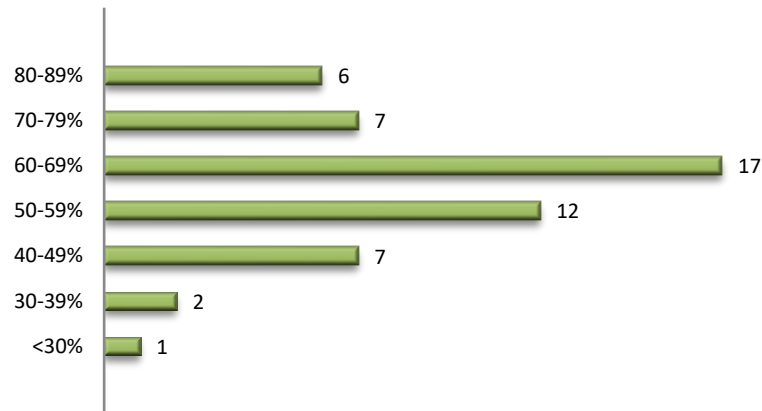
For 2023, 52 members providing direct chronic care management services reported outcomes for 7,268 diabetic patients:

- 3.9% of patients did not have an A1c level performed during the measurement year
- 21.3% of patients most recent A1c level was > 9.0%
- Total of 25.2% 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%

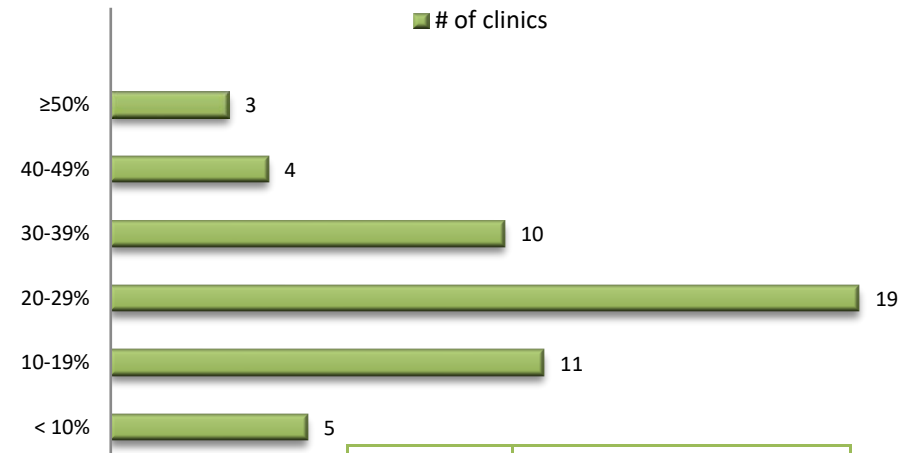
■ # of clinics



Year	2023
Range	0.0% – 86.8%
NCA FCC Average	62.1%

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

■ # of clinics



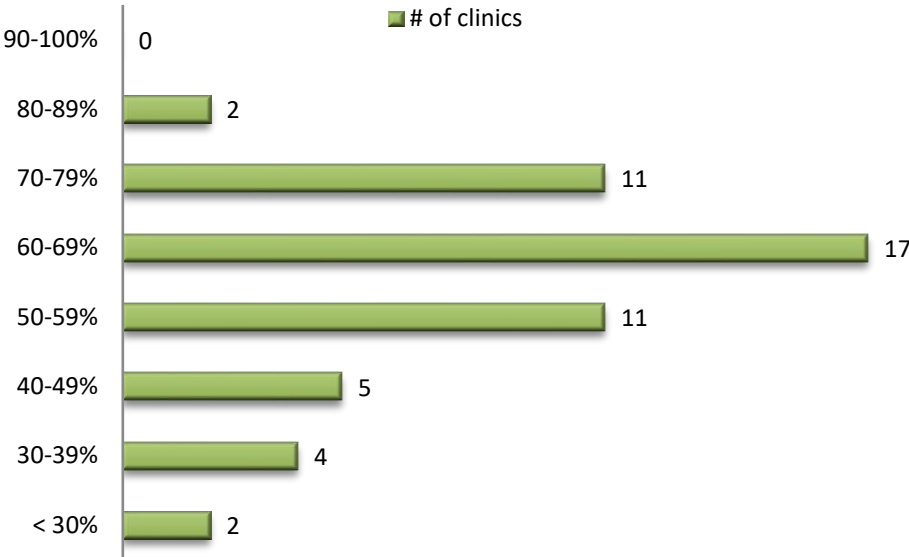
Year	2023
Range	8.5% - 63.6%
NCA FCC Average	25.2%

HYPERTENSION – Controlling High Blood Pressure

For 2023, 52 members providing direct chronic care management services reported outcomes for 10,890 hypertensive (HTN) patients:

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

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



Year	2023
Range	23.6% - 82.1%
NCAFCC Average	62.6%

FREE AND CHARITABLE CLINIC'S 2023 TOP PERFORMERS

NCAFCC TOP 10% PER QUALITY MEASURE

Diabetes: Hemoglobin A1c Poor Control (lower results signify better performance)
Percentage of Patients with A1c >9% or No A1c Test Performed

Community Health Services of Union County, Monroe
John P Murray Community Care Clinic, Albemarle
Matthews Free Medical Clinic, Matthews
St. Joseph Primary Care, Raleigh
The CARE Clinic, Fayetteville

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

Alliance Medical Ministry, Raleigh
Broad Street Clinic Foundation, Morehead City
DEAC Clinic, Winston Salem
Mustard Seed Community Health, Greensboro
Shepherds Care Clinic, Zebulon
The CARE Clinic, Fayetteville

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

(lower results signify better performance)

Ethnicity and Race <u>Hispanic/Latino</u>	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 % of Pts.
Asian	3	33.3%	1	0%
Native Hawaiian	1	0%	1	0%
Other Pacific Islander	0	NA	5	0%
Black/African American	20	20%	35	42.9%
American Indian/Alaska Native	26	19.2%	13	38.5%
White	1,145	30.9%	1,042	30.3%
More than One Race	124	27.4%	129	24.8%
Unreported/Refused to Report Race	2,529	23.5%	2,212	28.1%
SUBTOTAL HISPANIC/LATINO	3,848	25.9%	3,438	28.8%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

(lower results signify better performance)

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 Total # of Pts.
Asian	114	14.9%	109	22.0%
Native Hawaiian	4	25.0%	4	50.0%
Other Pacific Islander	8	25.0%	7	14.3%
Black/African American	1241	25.8%	1,466	26.9%
American Indian/Alaska Native	18	16.7%	7	42.9%
White	1597	22.2%	1,771	21.7%
More than One Race	36	22.2%	39	20.5%
Unreported/Refused to Report Race	83	13.3%	90	31.3%
SUBTOTAL NON-HISPANIC/LATINO	3,101	23.1%	3,493	24.1%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

(lower results signify better performance)

Unreported/Refused to Report Ethnicity AND Race	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 % of Pts.
Unreported/Refused to Report Ethnicity & Race	319	37.6%	145	24.8%

TOTAL ALL DIABETIC PATIENTS	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 % of Pts.
Total All Diabetic Patients	7,268	*25.2%	7,076	26.4%

*Improvement from 2022

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

Ethnicity and Race <u>Hispanic/Latino</u>	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts	2022 % of Pts.
Asian	1	100%	2	100%
Native Hawaiian	5	80%	2	50%
Other Pacific Islander	0	NA	12	75%
Black/African American	35	65.7	37	59.5%
American Indian/Alaska Native	27	92.6%	19	47.4%
White	1,266	56.0%	1,203	54.9%
More than One Race	130	66.2%	144	67.4%
Unreported/Refused to Report Race	2,802	67.9%	2,580	61.9%
SUBTOTAL HISPANIC/LATINO	4,266	64.5%	3,999	59.9%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts	2022 % of Pts.
Asian	142	68.3%	128	60.2%
Native Hawaiian	5	80.0%	4	50.0%
Other Pacific Islander	9	66.7%	9	66.7%
Black/African American	2,439	59.7%	2,760	53.6%
American Indian/Alaska Native	29	58.6%	20	75.0%
White	3,149	62.1%	3,109	61.5%
More than One Race	55	58.2%	56	66.1%
Unreported/Refused to Report Race	124	69.4%	129	53.5%
SUBTOTAL NON-HISPANIC/LATINO	5,953	61.4%	6,215	57.8%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC – 2023 Compared to 2022

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

Unreported/Refused to Report Ethnicity AND Race	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 % of Pts.
Unreported/Refused to Report Ethnicity & Race	671	61.7%	225	56.0%

TOTAL ALL HYPERTENSIVE PATIENTS	2023 Total # of Pts.	2023 % of Pts.	2022 Total # of Pts.	2022 % of Pts.
Total All Hypertensive Patients	10,890	*62.6%	10,439	58.6%

*Improvement from 2022

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

(lower results signify better performance)

Ethnicity and Race <u>Hispanic/Latino</u>	2023 NCAFCC	2023 NC HRSA Health Centers
Asian	33.3%	Not Reported
Native Hawaiian	0%	Not Reported
Other Pacific Islander	NA	73.68%
Black/African American	20.0%	28.28%
American Indian/Alaska Native	19.2%	29.54%
White	30.9%	32.21%
More than One Race	27.4%	35.38%
Unreported/Refused to Report Race	23.5%	35.79%
SUBTOTAL HISPANIC/LATINO	25.9%	33.45%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

(lower results signify better performance)

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2023 NCAFCC	2023 NC HRSA Health Centers
Asian	14.9%	19.60%
Native Hawaiian	25.0%	Not reported
Other Pacific Islander	25.0%	42.42%
Black/African American	25.8%	26.18%
American Indian/Alaska Native	16.7%	24.83%
White	22.2%	22.49%
More than One Race	22.2%	29.65%
Unreported/Refused to Report Race	13.3%	30.58%
SUBTOTAL NON-HISPANIC/LATINO	23.1%	24.37%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

(lower results signify better performance)

Unreported/Refused to Report Ethnicity AND Race	2023 NCAFCC	2023 NC HRSA Health Centers
Unreported/Refused to Report Ethnicity & Race	37.6%	30.10%

TOTAL ALL DIABETIC PATIENTS	2023 NCAFCC	*2023 NC HRSA Health Centers	**2023 NC DHHS ORH
Total All Diabetic Patients	25.2%	26.74%	28.1%

- <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>
 - <https://www.ncdhhs.gov/2023-performance-measures-across-programs/download>
- **Reported as controlled diabetes, for purpose of this report inverted results to illustrate A1c poor control

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

Ethnicity and Race <u>Hispanic/Latino</u>	2023 NCAFCC	2023 NC HRSA Health Centers
Asian	100%	Not Reported
Native Hawaiian	80.0%	62.86%
Other Pacific Islander	NA	Not Reported
Black/African American	65.7%	59.09%
American Indian/Alaska Native	92.6%	58.94%
White	56.0%	65.88%
More than One Race	66.2%	64.53%
Unreported/Refused to Report Race	67.9%	60.30%
SUBTOTAL HISPANIC/LATINO	64.5%	67.53%

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

Ethnicity and Race <u>Non-Hispanic/Latino</u>	2023 NCAFCC	2023 NC HRSA Health Centers
Asian	68.3%	*68.67%
Native Hawaiian	80.0%	68.33%
Other Pacific Islander	66.7%	59.46%
Black/African American	59.7%	60.83%
American Indian/Alaska Native	58.6%	58.82%
White	62.1%	70.45%
More than One Race	58.2%	61.28%
Unreported/Refused to Report Race	69.4%	63.70%
SUBTOTAL NON-HISPANIC/LATINO	61.4%	65.88%

- * For purpose of this report NC HRSA Health Center Asian results were combined (Asian Indian, Vietnamese, and Other Asian)

FREE AND CHARITABLE CLINICS IN COMPARISON

NCAFCC Compared to Others

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

Unreported Refused to Report Ethnicity AND Race	2023 NCAFCC	2023 NC HRSA Health Centers
Unreported/Refused to Report Ethnicity & Race	61.7%	63.46%

TOTAL ALL HYPERTENSIVE PATIENTS	2023 NCAFCC	2023 NC HRSA Health Centers	**2023 NC DHHS ORH
Total All Hypertensive Patients	62.6%	66.02%	66.1%

- <https://data.hrsa.gov/tools/data-reporting/program-data/state/NC>
- <https://www.ncdhhs.gov/2023-performance-measures-across-programs/download>
 **Reported as controlled HTN, BP measure ≤ 140/90

2023 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, Franklin
Community Clinic of High Point
Cook Community Clinic, Huntersville
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
Mariam Clinic, Cary
MERC Clinic, New Bern
NC MedAssist, Charlotte
Open Door Clinic of Alamance Co., Burlington
Senior Pharmacy Program, New Bern
Shelter Health Services, Charlotte
Student Health Action Coalition, Carrboro
Vecinos, Cullowhee

Alliance Medical Ministry, Raleigh
Camino Clinic, Charlotte
The CARE Clinic, Fayetteville
Chatham CARES Community Pharmacy, Siler City
Community Care Clinic, Boone
Community Care Clinic of Highlands-Cashiers
Community Free Clinic, Concord
Crisis Control Ministry Pharmacy, Winston-Salem
Fifth Street Ministries, Statesville
Good Samaritan Clinic, Morganton
Hands of Hope Clinic, Yadkinville
HealthReach Community Clinic, Mooresville
Hope Clinic, Bayboro
John P. Murray Community Care Clinic, Albemarle
Matthew Free Clinic, Matthews
Moore Free & Charitable Clinic, Southern Pines
New Hope Clinic, Southport
Pitt Co. Care Clinic, Greenville
Senior PharmAssist, Durham
Shepherd's Care Medical Clinic, Zebulon
Surry Medical Ministries, Mt. Airy
Wake Smiles, Raleigh

Blue Ridge Free Dental Clinic, Cashiers
Campbell University Community Clinic, Lillington
Care Ring, Charlotte
Christ Community Clinic, Wilmington
Community Care Clinic of Dare, Nags
Community Care Clinic of Rowan, Salisbury
Community Health Services of Union Co., Monroe
Davidson Medical Ministries, Lexington
Free Clinic of Rockingham Co., Reidsville
Grace Clinic, Elkin
HealthNet Albemarle, Elizabeth City
Helping Hand Clinic, Sanford
Hope Community Clinic, Charlotte
Local Start Dental, Durham
Medication Assistance Program, Greensboro
Mustard Seed Community Health, Greensboro
New Stories Health & Wellness, Winston-Salem
Samaritan Health Center, Durham
Shalom Project, Winston-Salem
St. Joseph Primary Care, Raleigh
Urban Ministries Open Door Clinic, Raleigh
Wayne Action Teams for Community Health, Goldsboro

Atrium Health Wake Forest Baptist Mobile Clinic, Winston-Salem

*67 of 69 NCAFCC members completed the 2023 NCAFCC Annual Survey

WITH GREAT APPRECIATION



Kate B. Reynolds
Charitable Trust
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of Free & Charitable Clinics
Medical | Pharmacy | Dental | Social Services

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