



This Week in Primary Care The Community Health Centers Issue

Community health centers provide primary care to one in ten Americans. And they're [in trouble](#).

Community health centers (CHCs) [started](#) as a pilot project out of the Office of Economic Opportunity in 1965. Envisioned as a way to fight poverty and make good on the promises of the Civil Rights Movement, they combined one-on-one medical care with community-wide attention to nutrition, education, and jobs. Over the following decades, CHCs sprouted and flourished in over 1000 communities across the U.S., watered by federal funding and tended—[and governed](#)— by the communities who asked for them. CHCs' federal funding allows them to take care of everyone regardless of ability to pay, with comprehensive primary care and other services tailored to the needs of each community. Today, 32.5 million people— [one in ten](#) Americans— go to a CHC for their healthcare.

And now, CHCs face financial trouble. Their [three main sources of income](#) are federal grants (Section 330 funding), Medicaid payments, and savings on prescription drugs (340B drug program.) From 2010-2023, these were sufficient for CHCs to operate with a small positive margin on average, but [in 2024 the average margin flipped to negative](#) (-2.1%.) This year these challenges have multiplied, as reporter Shalina Chatlani [describes](#). Federal grant freezes in February forced some health centers to reduce hours or close. About 70% of CHCs' federal funding, the CHC Fund, expired September 30th and has hung in limbo during the government shutdown. Meanwhile, President Trump's July 4th domestic policy act is projected to lead many Americans to lose insurance, many of whom may turn to CHCs to ensure they continue to receive primary care.

The story of CHCs is the story of communities organizing and defending primary care for their neighbors through 60 years of political change. They are both an inspiration and core part of the plan for securing Primary Care for All Americans. If you want to make good on this vision for your own community, please watch the 11/4/25 Teach-In/Learn-In, [“So You Want To Start a Local Workgroup?”](#) and email admin@primarycareforallamericans.org to be put in touch with others in PC4AA in your area. And, please join us next week for our Teach-In/Learn-In with Dr. Jeffrey Geller, [“Kronos Health and ICGMV](#)

partnership: a successful financial model of integrated whole health for the underserved.”

NEXT WEEK: November 18th Teach-In/Learn-In!



Teach-In/Learn-In
Tuesday, November 18
8:30pm EDT



Dr. Jeffrey Geller
Kronos Health and
ICGMV Partnership:
A successful
financial model of
integrated whole
health for the
underserved

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about making primary care
accessible for all!*

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The nation's community health centers face money troubles

BY: SHALINA CHATLANI - OCTOBER 16, 2025 5:30 AM



NEW YORK – On a busy street in Queens, New York, just around the corner from a halal hot chicken sandwich restaurant and a barber shop, the Long Island City Health Center welcomes its patients into a brightly lit waiting room, painted baby blue and filled with soft white and gray seats.

A woman working behind the desk on a recent weekday answered one patient's questions in Spanish. Other patients came dressed in hijabs, kurtas or other traditional clothing from countries around the globe. A caseworker assigned to the center rolled one woman, wheelchair-bound because of a stroke, toward an examination room.

The Long Island City Health Center is part of a national network of [more than 1,300 community health centers](#), safety-net clinics that served more than 31 million patients in 2023, according to KFF, a health research nonprofit. The clinics are located in areas where there aren't many doctors or hospitals, and they provide care to all patients, regardless of their ability to pay.

[Read the Article](#)

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The Health Center Story Forty Years of Commitment

Bonnie Lefkowitz, MPA

Abstract: The first community health centers were established 40 years ago, with roots in the civil rights and social justice movements of the 1960s. As part of the federal War on Poverty, the centers combined preventive and primary care, social and support services, and consumer involvement. While most observers gave them little chance for survival, health centers beat back repeated efforts to cut funds or eliminate the program, grew exponentially, and were selected for further expansion. Possible reasons include provision of concrete, essential services, community ownership, bipartisan political support, interested and involved officials, unusually committed leadership, persistent need, and a record of effectiveness, quality, and cultural sensitivity. **Key words:** *access, civil rights, community health, community-oriented primary care, consumer governance, health disparities, holistic health, underserved populations, war on poverty*

[Read the Article](#)

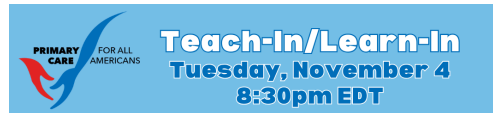
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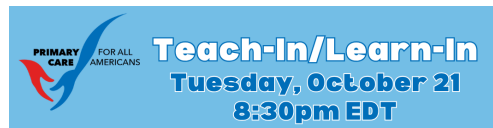
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Dr. Pedja Stojic & People Power Health
So You Want to Start a Local Workgroup?



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Steve Martin
What Works: Primary Care and Community Prevention

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Your support will help power the movement for primary care for all!

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We're hiring!

Primary Care for All Americans is searching for enthusiastic people for the following part-time roles. Depending on your qualifications, job descriptions may be combined or adjusted. Pay is \$20-\$30/hour, depending on experience. No experience is required, except where noted.

- The production associate will coordinate constituent relations, manage the mailing list, produce bi-weekly newsletters, manage the scheduling

of meetings for multiple committees and state and local workgroups, update the website, and help out in other ways that come up. Five hours per week.

- The communications associate will develop and nurture relationships with external partners, oversee internal and external communications, including social media, and contribute to the newsletter and website.

Please express your interest by emailing us:

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Become a Primary Care Champion!

We're excited to invite you to join us in making a meaningful difference in healthcare access for all Americans. By becoming a Primary Care Champion, you can support our vital work and help us create a healthier future for everyone.

Every contribution counts!

Together, we can drive impactful change in our communities.

Thank you for considering becoming a Primary Care Champion!

- Do you have a primary care story? Good or bad, **we want to hear it!**
- Follow PC4AA on **Instagram**, **Facebook**, and **LinkedIn!**
- We are looking for volunteers to work with our social media team! **Click here** if you are interested.
- Please **support PC4AA** in the fight for primary care for people, not for profit!

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Each issue we showcase how access to primary care makes people healthier, saves money, and can be the cornerstone of a healthcare system that puts people over profit. Was this newsletter forwarded to you? Do you believe in access to primary care for all Americans? **Click here to join our mailing list!**

[Invite a Friend to Join the Movement!](#)

Share Your Primary Care Story With Us!

Have you had an unfortunate experience trying to access primary care? A great experience with a primary care provider? Whether you are a patient, caretaker, or health care professional, we want to hear your story! How has access to primary care affected you and your family?

[Tell Us Your Story](#)

We may even ask you to share your story with our supporters in one of our Teach-In/Learn-Ins! You can watch Kristen's story for inspiration.



Watch Recordings of All Our Recent Teach-In/Learn-Ins

[PC4AA Videos](#)

The PC4AA Website is now available in Spanish!

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