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Visits to Health Centers, by Selected Characteristics: United States, 2023

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Abstract

Objective—This report presents national estimates of visits to health centers in the United States in 2023. Estimates are presented for selected characteristics and compared by age, sex, and race and ethnicity.

Methods—Estimates were calculated from the 2023 National Ambulatory Medical Care Survey Health Center Component. Data were collected from federally qualified health centers (FQHCs) and health center program look-alikes, which meet federal requirements but do not receive federal funding. Data were weighted to produce nationally representative estimates of visits to health centers in all 50 U.S. states and the District of Columbia.

Results—During 2023, an estimated 124.3 million visits were made to health centers in the United States, an overall rate of 376.4 visits per 1,000 people. The visit rate among females (467.0) was higher than for males (282.1). Visit rates were highest for Hispanic people (800.0) compared with White non-Hispanic (subsequently, White) (170.3), Black non-Hispanic (subsequently, Black) (399.4), and non-Hispanic people of other races (200.5). Differences in visit rates by age were not statistically significant. Diseases accounted for about one-half of health center visits (54.3%), and symptoms and signs accounted for 22.6% of visits. Examinations (12.6%) and screenings (10.1%) were also frequent reasons for health center visits. Endocrine diseases represented the most frequently mentioned disease category at health center visits (24.9%), overall and among adults age 45 and older. For visits by adults ages 18–44, mental health disorders represented the most common disease category (20.5%). Among visits by children and adolescents age 17 and younger, respiratory diseases (14.8%) and mental health disorders (13.1%) were the most common disease categories.

Conclusions—Females visited health centers at a higher rate than males. Hispanic and Black people visited health centers at a higher rate than White people. Visit characteristics differed by age.

Keywords: federally qualified health centers • reason for visit • National Ambulatory Medical Care Survey Health Center (NAMCS HC) Component

Introduction

Health centers are clinics that provide care throughout the United States, often in areas experiencing a shortage of health professionals (1). Health centers include both federally qualified health centers (FQHCs), which receive federal funding from the Health Resources and Services Administration (HRSA), and health center program look-alikes (LALs), which meet HRSA requirements but do not receive HRSA funding (2). In 2023, health centers provided care to more than 32 million patients (3). Health centers offer medical, vision, and dental services as well as preventive services (4,5). In 2023, 9.4 million children and 3.8 million patients age 65 and older visited health centers, and more than one in three health center patients was Hispanic (3,4). This report examines visit rates by age, sex, and race and Hispanic ethnicity. It also examines diagnosis categories and selected reasons for visits by age, sex, and race and ethnicity using data from the 2023 National Ambulatory Medical Care Survey Health Center (NAMCS HC) Component.

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NCHS reports can be downloaded from: https://www.cdc.gov/nchs/products/index.htm.

Methods

Data for this report are from the 2023 NAMCS HC Component, which consists of visit data from electronic health records (EHRs) from both FQHCs and LALs (2). Health centers were deemed ineligible if they: did not have an EHR system; did not provide healthcare services to the general U.S. population or only provided care to specific institutionalized populations such as prisoners, nursing home residents, or students; only provided dental services; or were located on a military installation or were outside the 50 states and the District of Columbia. Health centers were sampled for the NAMCS HC Component from a database provided to the National Center for Health Statistics by HRSA that contained a list of all health centers in the United States. Before developing the 2023 sample, all ineligible health centers were removed, which included 48 health centers that did not meet the inclusion criteria described above and 322 health centers that were already included in the 2021 and 2022 samples, so they could not be newly recruited in 2023. This yielded a sampling frame of 1,117 eligible health centers. Additional sampling design details for the NAMCS HC Component are described in detail elsewhere (6). In the 2023 NAMCS HC Component, 95 health centers participated out of the 315 health centers that were sampled, resulting in a response rate of 30.2% (unweighted). The response rate was calculated using the American Association for Public Opinion Research Response Rate 4 formula (7). In 2023, 64 health centers were newly recruited, of which 27 responded (42.2%). Additionally, of the 64 health centers that previously participated in 2022, 63 continued participation in 2023 (98.4%). Participating health centers submitted data for all visits that occurred at their delivery sites in 2023, which consisted of more than 9.0 million visits (unweighted).

Participating health centers provided visit data for all of 2023 via EHR submission, using the *HL7 CDA R2 Implementation Guide: National Health Care Surveys* (8), or by custom data extract (9). Patient demographics and visit information, including diagnoses, procedures, medications, laboratory results, and vital signs, were collected. Several processing steps followed: Patient identifiers were captured, which allowed NCHS to identify any duplicate records (as in visits by the same patient on the same day at the same health center) and create patient records and link to outside sources. Once identified, duplicative records were collapsed into a single record per patient per day at a given health center. These collapsed daily records are defined as visits in the NAMCS HC Component.

Diagnoses were captured in the EHR data using three different medical coding systems: *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM), *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM), and *Systematized Medical Nomenclature for Medicine–Clinical Terminology* (SNOMED CT). About 34% of all diagnoses were coded in ICD–9–CM and SNOMED and then translated into ICD–10–CM codes. In this report, ICD–10–CM codes were used to identify diagnosis categories and reasons for visit.

Diagnosis categories were identified using ICD–10–CM chapter definitions. Reasons for visit were defined by combining multiple ICD–10–CM codes, including codes across multiple ICD–10–CM chapters. Some of these categories were based on definitions used for health center data from previous years, although reasons for visits at that time were collected separately from diagnoses and coded according to "A Reason for Visit Classification for Ambulatory Care" (10,11). Also in previous years, some categories like visits for reproductive health and for injuries were collapsed and presented in an "Other" category due to small sample sizes leading to many unreliable estimates (9,10). Code descriptions and associated labels are provided in Tables 1 and 5. Diagnoses presented in the tables and figures include all diagnoses contained in the medical record and may include historical diagnoses established before the current visit. Categories are not mutually exclusive, so the same visit can be represented in multiple diagnosis categories and reasons for visit. Moreover, the primary diagnosis for each visit could not be distinguished from other diagnoses on the visit record.

Four age groups are used in this report: 0–17, 18–44, 45–64, and 65 and older. Patient race and Hispanic ethnicity were collected as separate variables and converted into a combined variable with categories of White non-Hispanic (subsequently, White); Black non-Hispanic (subsequently, Black); Hispanic; and non-Hispanic people of other races (subsequently, other races). Other races includes Asian, Native Hawaiian or Other Pacific Islander, American Indian and Alaska Native, and people of multiple races. These categories were collapsed and presented as other races due to small sample sizes leading to many unreliable estimates.

Weighting was conducted to account for sampling probabilities and nonresponse, resulting in nationally representative estimates of health center visits in all 50 states and the District of Columbia (12). For diagnosis and race and ethnicity variables, these data were missing from all visits submitted by some of the participating health centers. In these instances, health centers with complete missingness for variables of interest were excluded from analysis, and the visit weights were normalized to account for their exclusion. Normalized weights were calculated according to the following formula (9,12):

New weight = Original weight • (Sum of weights at all visits / Sum of weights at included visits)

Analyses for this report were conducted using data from the NAMCS HC Component restricted-use data file. A public use version of this file is available from: https://www.cdc.gov/nchs/namcs/documentation/about-the-data-2023.html#cdc_data_surveillance_section_3-health-center-component. Count estimates and measures of variance may differ between the restricted- and public-use files. Information on accessing the restricted-use data file is available from: https://www.cdc.gov/rdc/restricted-nchs-variables/namcs-nhamcs.html.

Data analyses were performed using the statistical packages SAS version 9.4 (SAS Institute, Cary, N.C.) and SAS-callable SUDAAN version

11.0 (RTI International, Research Triangle Park, N.C.). Differences in the distribution of selected characteristics of office-based physician visits were based on chi-square tests ($p < 0.05$). If a difference was found to be statistically significant, additional pairwise tests were performed. Statements of difference in paired estimates were based on two-tailed t tests with statistical significance at the $p < 0.05$ level. Terms such as "higher" or "lower" indicate that the differences were statistically significant. All estimates presented meet NCHS data presentation standards for proportions and rates (13,14). Estimates that did not meet these standards are removed from the tables and replaced with an asterisk.

Results

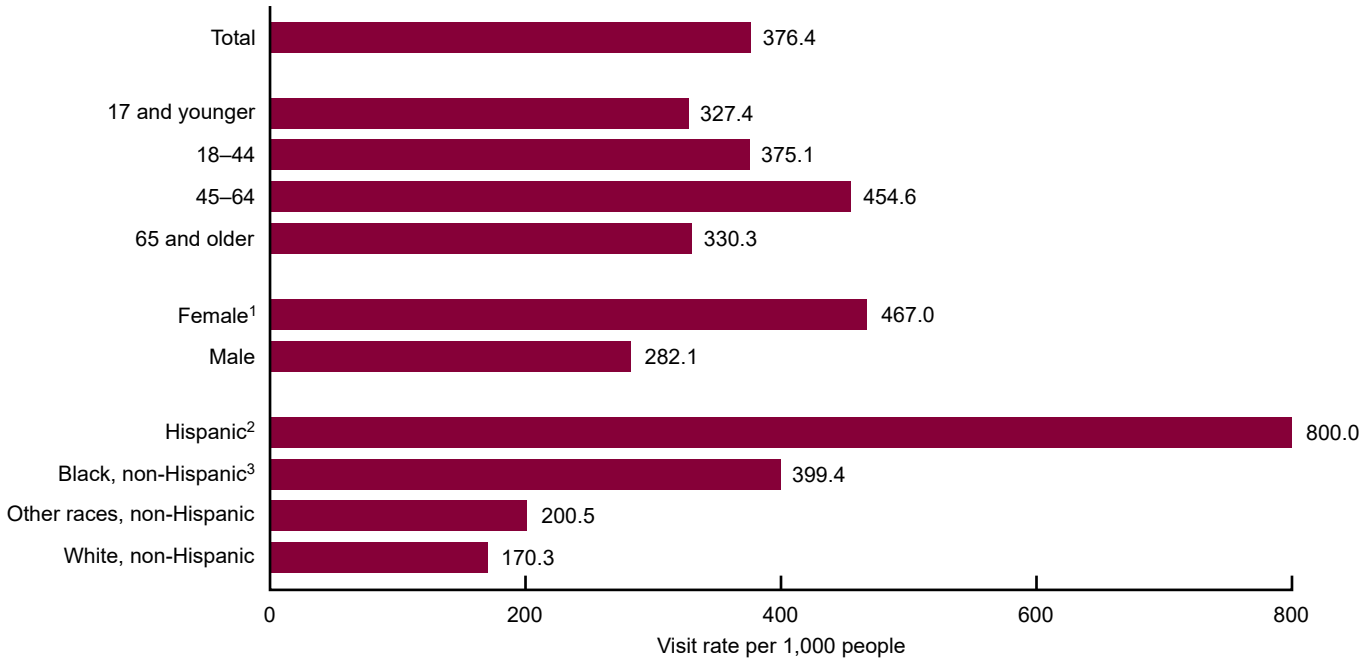
Health center visit rates varied by patient age, sex, and race and ethnicity

In 2023, an estimated 376.4 health center visits were made per 1,000 people (Figure 1). Visit rates were 327.4 per 1,000 children and adolescents age 17 and younger, 375.1 per 1,000 adults ages 18–44, 454.6 per 1,000 adults ages 45–64, and 330.3 per 1,000 adults age 65 and older. No statistical differences were seen in these visit rates by age group. The visit rate for females (467.0 visits per 1,000 females) was higher than the rate for males (282.1 visits per 1,000 males). Visit rates varied by race and ethnicity: Hispanic people had the highest rate at 800.0, and the visit rate for Black people (399.4) was higher than the rate for White people (170.3). No statistical differences were seen in the visit rates between other races and Black people or other races and White people.

Percentage of visits to health centers by major diagnosis categories

Diagnosis categories were defined using ICD–10–CM codes as shown in Table 1. Diagnosis categories are not mutually exclusive, so multiple diagnosis categories could have applied to the same visit. Factors influencing health status—a disease category including "persons encountering health services for examinations," or "in circumstances related to reproduction," among other reasons—accounted for 38.6% of all visits (Table 2). The most frequently observed diagnosis categories, with at least 10% of all health center visits with a diagnosis in that category, included endocrine diseases (24.9%), symptoms and signs (22.6%), mental health disorders (18.2%), circulatory diseases (14.6%), musculoskeletal diseases (12.9%), digestive diseases (11.6%), and respiratory diseases (11.3%). Percentages for these categories were similar for males and females.

Figure 1. Health center visit rates, by age group, sex, and race and ethnicity: United States, 2023



[1]Significantly different from male.
[2]Significantly different from all other categories.
[3]Significantly different from White non-Hispanic and Hispanic people.
NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers for which all race and ethnicity data were missing for all visits ($n = 18$) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 7,932,318 visits to 77 health centers. Visit rates are based on the July 1, 2023, set of estimates of the U.S. civilian noninstitutionalized population as developed by the U.S. Census Bureau Population Division. Sex was missing for 1.0% of visits, and missing values were excluded from the denominator for the subgroup analysis by sex.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Among children and adolescents age 17 and younger, diagnosis categories with at least 10% of health center visits included factors influencing health status (43.0%), symptoms and signs (17.8%), respiratory diseases (14.8%), and mental health disorders (13.1%) (Table 3). Among adults ages 18–44, the most frequently observed diagnosis categories at health center visits included factors influencing health status (40.2%), mental health disorders (20.5%), symptoms and signs (19.5%) and endocrine diseases (18.9%). Among older adults ages 45–64, the most frequently observed diagnosis categories at health center visits included factors influencing health status (35.6%), endocrine diseases (34.9%), symptoms and signs (26.1%), circulatory diseases (23.3%), mental health disorders (19.9%), musculoskeletal diseases (18.8%), digestive diseases (14.0%), respiratory diseases (11.5%), and nervous system diseases (11.0%). For adults age 65 and older, the most frequent diagnosis categories at health center visits included endocrine diseases (39.9%), factors influencing health status (35.6%), circulatory diseases (34.2%), symptoms and signs (28.5%), musculoskeletal diseases (24.1%), digestive diseases (16.8%), mental health disorders (16.0%), genitourinary diseases (14.4%), respiratory diseases (13.2%), and nervous system diseases (12.4%).

For all race and ethnicity groups, factors influencing health status accounted for the highest percentage of visits, from 33.0% among White people to 34.8% among Hispanic people (Table 4). Among visits by White people, the next most frequently observed diagnosis categories with at least 10% of all health center visits included mental health disorders (28.5%), endocrine diseases (27.3%), symptoms and signs (22.2%), circulatory diseases (16.5%), musculoskeletal diseases (14.1%), respiratory diseases (13.3%), and digestive diseases (11.8%). Among visits by Black people, the most frequently observed diagnosis categories with at least 10% of all health center visits included endocrine diseases (27.0%), symptoms and signs (20.0%), circulatory diseases (18.1%), mental health disorders (15.9%), musculoskeletal diseases (13.2%), and respiratory diseases (11.3%). Among visits by Hispanic people, the most frequently observed diagnosis categories with at least 10% of all health center visits included endocrine diseases (18.7%) and symptoms and signs (16.9%). Among visits by people of other races, endocrine diseases accounted for 24.5% of visits, followed by symptoms and signs (23.8%), circulatory diseases (14.5%), mental health disorders (11.5%), musculoskeletal diseases (11.3%), and respiratory diseases (10.4%).

Percentage of visits to health centers by selected reasons for visit

Health center visits were further examined by grouping ICD–10–CM codes into categories that describe the reasons for the visit, including diseases, symptoms and signs, screenings, examinations, immunizations, reproductive health, and injuries (Table 5). The same visit could include one or several of the reasons cited above. Diseases were the most frequently observed reason for visit, accounting for 54.3% of visits, followed by symptoms and signs at 22.6% (Figure 2, Table 6). Examinations occurred at 12.6% of visits, screenings at 10.1% of visits, and immunizations at 4.5% of visits. Injuries accounted for 3.6% of visits. A similar distribution was observed among males and females.

In examining the distribution of reasons for visit by age group, diseases were the most frequently observed reason for health center visits across all age groups, from 49.1% among children and adolescents age 17 and younger to 59.7% among adults ages 45–64. (Figure 3). Among children and adolescents age 17 and younger, in addition to diseases, the most frequent reasons for visit were examinations (25.9%), symptoms and signs (17.8%), and immunizations (10.1%). Among adults ages 18–44, symptoms and signs (19.5%) and reproductive health (19.5%) represented the next most frequent reasons for visits. Besides visits for diseases, symptoms and signs was the most frequent reason for visit among adults age 45 and older. Diseases or symptoms and signs were the most frequently observed reasons for visit across all race and ethnicity groups (Table 7).

Discussion

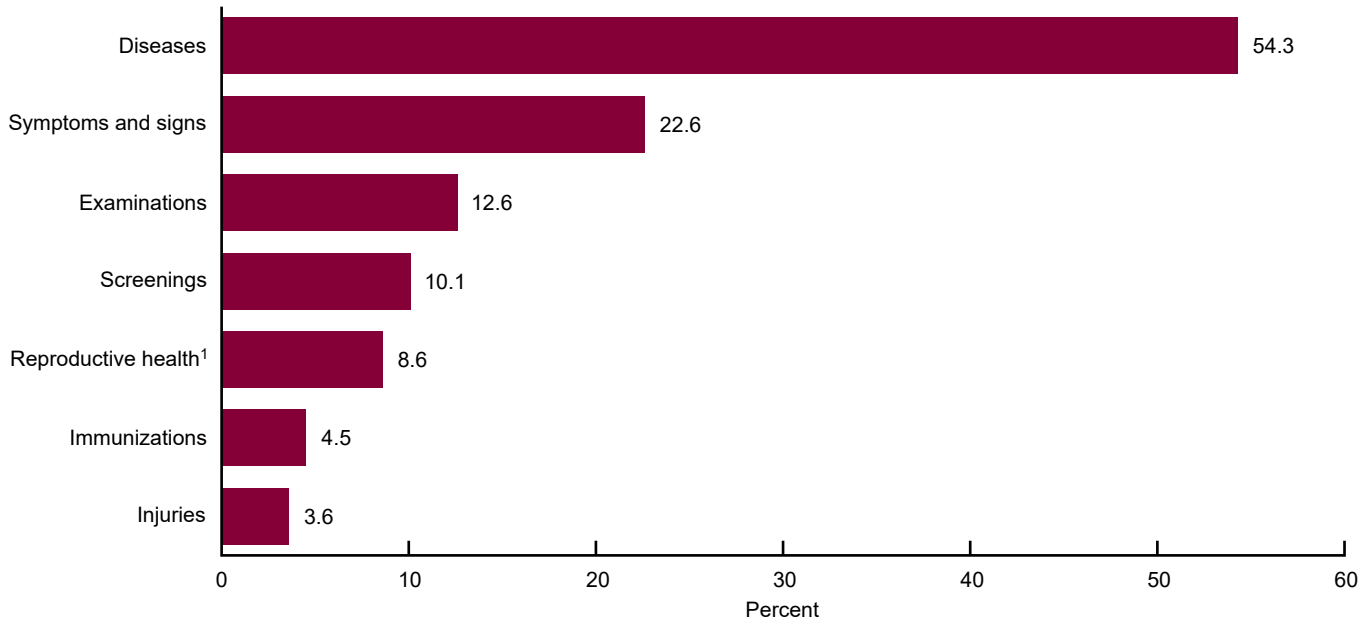
This report presents nationally representative estimates of visits made to health centers in the United States during 2023. The overall rate of health center visits among adults during 2023 was 376.4 visits per 1,000 people. The visit rate for females was higher than the rate for males. The visit rate was highest for Hispanic people (800.0), followed by Black people (399.4) and White people (170.3).

The distribution of diagnosis categories among health care visits followed the same pattern observed among visits to health centers in 2022 (9). Endocrine diseases were the most frequently observed diagnosis category at health center visits overall (24.9%) and among adults age 45 and older (34.9% among ages 45–64 and 39.9% among age 65 and over). Diabetes is the most common endocrine disease, with a higher prevalence among older adults in 2021–2023 (17.7% for ages 40–59 and 27.3% for age 60 and older) (15,16). Endocrine diseases were among the most frequently observed diagnosis category among all race and ethnicity groups.

Mental health disorders accounted for almost 20% of health center visits. Besides factors influencing health status, mental health disorders were the most frequent observed diagnosis category among White people. These findings are consistent with the prevalence of mental health disorders in the general population (17,18).

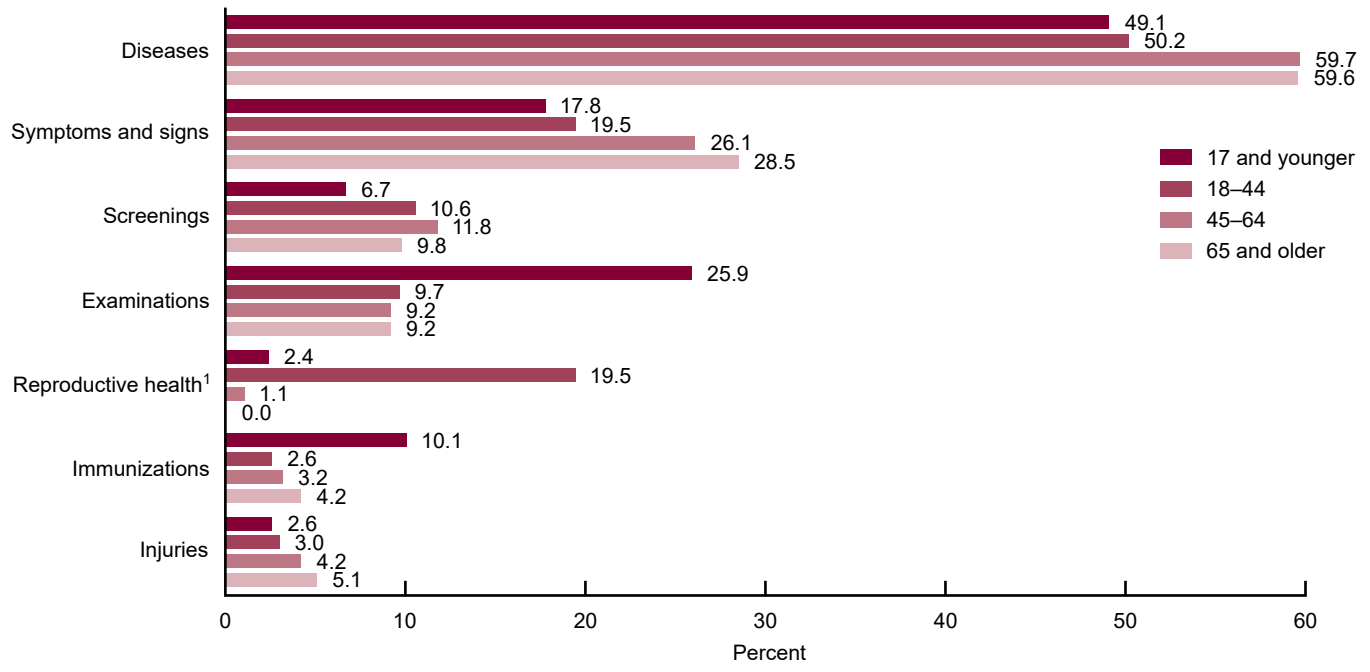
Respiratory diseases and mental health disorders were the most frequently observed diagnosis categories among children and adolescents age 17 and younger. Pediatric respiratory diseases, including asthma, bronchiolitis, influenza, and pneumonia, are common causes of hospitalization among children in the United States (19–22). More than 4.5 million children and adolescents (6.5%) had asthma in 2021 (23). During 2021–2022, 10% of children ages 3–17 had a diagnosis of anxiety, 7% of children ages 3–17 had a behavior disorder, and 4% of children ages 3–17 had current, diagnosed depression (24).

Figure 2. Percentage of visits to health centers, by selected reasons for visit: United States, 2023



[1]Estimates are for visits by females only.
NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers for which all diagnoses were missing for all visits (n = 4) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 8,800,755 visits to 91 health centers. Health center visits were categorized into reasons for visit using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple reason-for-visit categories; consequently, totals exceed 100%. See Table 3 in this report for ICD–10–CM codes associated with reasons for visit presented in this figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Figure 3. Percentage of visits to health centers, by selected reasons for visit and age group: United States, 2023



[1]Estimates are for visits by females only.
NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers for which all diagnoses were missing for all visits (n = 4) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 8,800,755 visits to 91 health centers. Health center visits were categorized into reasons for visit using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple reason-for-visit categories; consequently, totals within age groups exceed 100%. See Table 3 in this report for ICD–10–CM codes associated with reasons for visit presented in this figure.
SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Circulatory diseases accounted for almost 15% of health centers visits. About one-third of health center visits by adults age 65 and older resulted in a diagnosis of a circulatory disease (34.2%). This is consistent with the prevalence of cardiovascular diseases in the general population. About 48.6% of adults in the United States had cardiovascular diseases (including hypertension, ischemic heart disease, heart failure, or stroke) in 2020, and the prevalence increased with age (25). In 2023, heart disease was among the three leading causes of death in the United States (26).

Screenings and examinations were frequent reasons for health center visits. Data from HRSA have shown that clinical quality measures at health centers improved in 2023 compared with previous years (4), including increasing screening rates of cancer, diabetes, tobacco use, HIV, and depression. The number of patients seeking maternal health at health centers also increased in 2023 compared with previous years, according to HRSA data (1,4). Among younger women ages 18–44, reproductive health-related visits were the reason for almost one in five health center visits.

Several limitations should be considered when interpreting the results of this report. Data from this report should not be compared with NAMCS community health center data collected before 2021 because of the substantial change in data collection methodology (10). Starting in 2021, the NAMCS HC Component collected visit data from EHRs, and all visits from all providers at a sampled health center for the entire calendar year were collected. Data from this report also should not be compared to 2023 data collected from HRSA health center data (4). NAMCS HC Component provides visit- instead of patient-level data, making comparisons with HRSA data inaccurate.

Despite these limitations, this report presents nationally representative estimates of visits to health centers in the United States during 2023 and provides information about differences in the utilization of care at health centers by sex, age, and race and ethnicity.

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Table 1. Diagnosis categories and ICD–10–CM codes

Short description	Long description	ICD–10–CM codes
Infectious and parasitic diseases	Certain infectious and parasitic diseases	A00–B99
Neoplasms	Neoplasms	C00–D49
Blood and immune system diseases	Diseases of the blood and blood-forming organs and and certain disorders involving the immune mechanism	D50–D89
Endocrine diseases	Endocrine, nutritional and metabolic disease	E00–E89
Mental health disorders	Mental, behavioral and neurodevelopmental disorders	F01–F99
Nervous system diseases	Diseases of the nervous system	G00–G99
Eye diseases	Diseases of the eye and adnexa	H00–H59
Ear diseases	Diseases of the ear and mastoid process	H60–H95
Circulatory diseases	Diseases of the circulatory system	I00–I99
Respiratory diseases	Diseases of the respiratory system (includes COVID-19 and vaping-related disorders)	J00–J99, U070,U071,U099
Digestive diseases	Diseases of the digestive system	K00–K95
Skin and tissue diseases	Diseases of the skin and subcutaneous tissue	L00–L99
Musculoskeletal diseases	Diseases of the musculoskeletal and connective tissue	M00–M99
Genitourinary diseases	Diseases of the genitourinary system	N00–N99
Pregnancy, childbirth and puerperium	Pregnancy, childbirth and the puerperium	O00–O9A
Perinatal conditions	Certain conditions originating in the perinatal period	P00–P96
Birth defects and genetic issues	Congenital malformations, deformations and chromosomal abnormalities	Q00–Q99
Symptoms and signs	Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified	R00–R99
Injuries, poisonings and their effects	Injury, poisoning and certain other consequences of external causes	S00–T88
External causes of morbidity	External causes of morbidity	V00–Y99
Factors influencing health status	Factors influencing health status and contact with health services	Z00–Z99

SOURCE: *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM).

Table 2. Percentage of visits to health centers, by diagnosis category and sex: United States, 2023

Diagnosis category	Total		Male		Female	
	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval
Infectious and parasitic diseases	5.4	4.0–6.9	5.6	4.3–7.2	5.2	3.8–6.9
Neoplasms	2.5	1.4–3.9	2.1	1.2–3.4	2.7	1.6–4.2
Blood and immune system diseases	3.9	2.8–5.2	3.1	2.2–4.4	4.3	3.1–5.7
Endocrine diseases	24.9	19.8–30.5	25.4	20.4–31.0	24.7	19.5–30.5
Mental health disorders	18.2	13.9–23.1	18.6	14.4–23.5	17.9	13.6–22.9
Nervous system diseases	7.8	5.3–10.9	7.2	5.0–9.9	8.1	5.5–11.4
Eye diseases	4.7	2.8–8.0	4.8	2.9–7.4	4.6	2.6–7.4
Ear diseases	2.9	2.0–4.0	3.1	2.3–4.3	2.7	1.8–3.8
Circulatory diseases	14.6	11.1–18.6	16.8	13.0–21.0	13.4	10.1–17.5
Respiratory diseases	11.3	8.5–14.7	11.3	8.7–14.4	11.3	8.3–14.8
Digestive diseases	11.6	8.7–15.1	12.0	9.1–15.6	11.4	8.5–15.0
Skin and tissue diseases	6.6	4.6–9.0	6.6	4.6–9.1	6.5	4.5–8.9
Musculoskeletal diseases	12.9	9.7–16.8	11.9	9.0–15.3	13.6	10.0–17.8
Genitourinary diseases	9.0	6.7–11.8	6.6	4.7–8.9	10.5	7.9–13.6
Pregnancy, childbirth and puerperium[1]	3.2	2.1–4.7	…	…	3.2	2.1–4.7
Perinatal conditions	0.4	0.3–0.6	0.6	0.4–0.9	0.3	0.2–0.5
Birth defects and genetic issues	1.1	0.7–1.5	1.3	0.9–1.9	0.9	0.6–1.3
Symptoms and signs	22.6	17.4–28.4	22.4	17.3–28.2	22.6	17.5–28.5
Injuries, poisonings and their effects	3.2	2.3–4.4	3.4	2.5–4.5	3.1	2.2–4.3
External causes of morbidity	0.7	0.4–1.1	0.6	0.4–1.0	0.7	0.4–1.1
Factors influencing health status	38.6	31.0–46.6	36.9	29.8–44.5	39.6	31.8–47.9

… Category not applicable.
[1]Estimates are visits among females only.

NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers at which all diagnoses were missing for all visits (n = 4) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 8,800,755 visits made to 91 health centers. Health center visits were categorized into diagnosis chapters using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes that were recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple diagnosis chapters. Column totals exceed 100% because more than one diagnosis can be reported per visit. Sex was missing for 1.0% of visits, and missing values were excluded from the denominator for the subgroup analysis by sex. See Table 1 in this report for ICD–10–CM codes associated with disease categories presented in this table.

SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Table 3. Percentage of visits to health centers, by diagnosis category and age group: United States, 2023

Diagnosis category	17 and younger		18–44		45–64		65 and older	
	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval
Infectious and parasitic diseases	4.0	3.1–5.0	5.5	4.2–7.0	5.9	4.4–7.8	5.6	3.5–8.5
Neoplasms	0.5	0.4–0.8	1.2	0.8–1.8	3.4	2.1–5.2	5.7	2.8–10.2
Blood and immune system diseases	2.4	1.7–3.2	3.2	2.4–4.3	4.4	3.2–5.8	6.1	3.6–9.6
Endocrine diseases	8.1	6.5–9.9	18.9	14.9–23.4	34.9	27.6–42.7	39.9	29.9–50.4
Mental health disorders	13.1	10.3–16.3	20.5	16.0–25.7	19.9	14.9–25.7	16.0	10.6–22.6
Nervous system diseases	1.6	1.2–2.1	6.3	4.5–8.7	11.0	7.7–15.1	12.4	7.2–19.5
Eye diseases	5.3	4.1–7.4	2.5	1.7–3.8	4.8	3.0–8.1	*	*
Ear diseases	4.3	3.3–5.6	1.7	1.2–2.2	2.4	1.7–3.3	*	*
Circulatory diseases	0.5	0.4–0.7	6.1	4.5–8.2	23.3	17.6–29.7	34.2	25.2–44.2
Respiratory diseases	14.8	12.3–17.6	8.4	6.2–11.1	11.5	8.1–15.8	13.2	9.0–18.3
Digestive diseases	8.3	6.6–10.1	9.1	7.0–11.5	14.0	10.4–18.4	16.8	10.4–25.1
Skin and tissue diseases	8.0	5.9–10.5	5.5	3.9–7.5	6.2	4.5–8.4	7.9	4.6–12.5
Musculoskeletal diseases	2.7	2.1–3.3	8.6	6.6–11.0	18.8	14.3–23.9	24.1	16.2–33.6
Genitourinary diseases	2.6	2.0–3.3	9.1	7.2–11.3	10.4	7.7–13.5	14.4	8.9–21.4
Pregnancy, childbirth and puerperium[1]	0.6	0.4–0.8	7.5	5.1–10.7	0.3	0.1–0.5	…	…
Perinatal conditions	2.1	1.5–3.0	0.0	0.0–0.1	0.0	0.0–0.0	0.0	0.0–0.0
Birth defects and genetic issues	2.7	2.0–3.7	0.7	0.5–0.9	0.6	0.4–0.9	0.7	0.3–1.4
Symptoms and signs	17.8	14.3–21.6	19.5	15.4–24.1	26.1	20.0–33.1	28.5	19.5–38.9
Injuries, poisonings, and their effects	2.4	1.8–3.1	2.7	2.0–3.6	3.7	2.7–5.1	4.4	2.6–6.8
External causes of morbidity	0.4	0.2–0.6	0.5	0.3–0.8	0.8	0.5–1.2	1.3	0.6–2.3
Factors influencing health status	43.0	35.6–50.5	40.2	32.0–48.7	35.6	28.4–43.3	35.6	25.9–46.1

* Estimate does not meet National Center for Health Statistics standards of reliability.
… Category not applicable.
[1]Estimates are visits among females only.

NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers at which all diagnoses were missing for all visits ($n = 4$) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 8,800,755 visits made to 91 health centers. Health center visits were categorized into diagnosis chapters using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes that were recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple diagnosis chapters. Column totals exceed 100% because more than one diagnosis can be reported per visit. See Table 1 in this report for ICD–10–CM codes associated with disease categories presented in this table.

SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Table 4. Percentage of visits to health centers, by diagnosis category and race and ethnicity: United States, 2023

Diagnosis category	Hispanic		Black[1]		Other races[1]		White[1]	
	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval
Infectious and parasitic diseases	3.8	2.4–5.7	6.3	4.8–8.2	4.5	2.7–7.1	4.9	3.4–6.7
Neoplasms	1.2	0.7–2.1	1.9	1.1–3.1	2.2	0.9–4.4	2.3	1.4–3.4
Blood and immune system diseases	2.5	1.5–3.8	4.5	2.7–7.0	4.4	2.3–7.6	3.0	2.0–4.3
Endocrine diseases	18.7	12.1–27.0	27.0	20.4–34.5	24.5	14.2–37.5	27.3	21.5–33.6
Mental health disorders	8.7	5.5–12.8	15.9	11.5–21.2	11.5	7.3–17.1	28.5	21.0–36.9
Nervous system diseases	3.4	2.0–5.5	6.0	4.0–8.7	5.1	3.0–7.9	9.8	6.5–14.1
Eye diseases	3.7	1.8–6.6	3.8	2.2–6.1	*	*	2.3	1.5–3.4
Ear diseases	1.9	1.2–2.9	1.8	1.2–2.6	2.9	1.6–4.8	2.7	2.0–3.7
Circulatory diseases	8.4	5.4–12.3	18.1	14.0–22.8	14.5	7.9–23.8	16.5	11.6–22.5
Respiratory diseases	7.3	4.6–10.9	11.3	8.1–15.3	10.4	6.3–16.0	13.3	8.9–18.8
Digestive diseases	8.3	5.4–12.1	9.9	7.5–12.7	10.0	6.0–15.5	11.8	8.3–16.0
Skin and tissue diseases	4.4	2.6–6.7	6.0	4.1–8.4	7.4	3.9–12.6	5.6	3.9–7.6
Musculoskeletal diseases	7.4	4.5–11.2	13.2	9.6–17.6	11.3	6.5–17.9	14.1	10.4–18.6
Genitourinary diseases	6.5	4.1–9.5	8.8	6.6–11.4	8.0	4.3–13.3	8.1	5.7–11.1
Pregnancy, childbirth and puerperium[2]	3.0	1.6–5.1	2.5	1.3–4.2	3.7	2.0–6.2	1.5	0.9–2.3
Perinatal conditions	0.4	0.2–0.6	0.4	0.2–0.7	0.5	0.2–0.9	0.3	0.1–0.5
Birth defects and genetic issues	0.8	0.5–1.2	0.7	0.4–1.3	1.1	0.5–2.1	0.9	0.5–1.3
Symptoms and signs	16.9	11.0–24.3	20.0	15.6–25.2	23.8	13.8–36.4	22.2	16.3–29.1
Injuries, poisonings, and their effects	2.1	1.2–3.4	2.7	1.8–4.0	2.7	1.6–4.2	3.1	2.2–4.3
External causes of morbidity	0.3	0.2–0.6	0.4	0.3–0.6	0.4	0.1–1.0	0.4	0.3–0.5
Factors influencing health status	34.8	20.6–52.4	33.1	29.7–36.6	*	*	33.0	27.6–38.8

* Estimate does not meet National Center for Health Statistics standards of reliability.
[1]Race categories are non-Hispanic.
[2]Estimates are visits among females only.

NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers from all 50 states and the District of Columbia. Health centers at which all diagnoses and all race and ethnicity were missing for all visits ($n = 22$) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 6,694,441 visits to 73 health centers. Race and Hispanic ethnicity were missing from 13.1% (weighted) of included visits. Health center visits were categorized into diagnosis chapters using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes that were recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple diagnosis chapters. Column totals exceed 100% because more than one diagnosis can be reported per visit. See Table 1 for ICD–10–CM codes associated with disease categories presented in this table.

SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Table 5. Reasons for visit to health center and ICD–10–CM codes

Short description	Long description	ICD–10–CM codes
Diseases	Disease-related visit	A00–N99; P00–Q99; U070,U071,U099
Symptoms and signs	Symptoms, signs and abnormal clinical and laboratory findings-related visit	R00–R99
Screenings	Screening-related visit	Z11–Z13
Examinations	Examination or observation-related visit	Z00–Z09
Reproductive health	Maternal and reproductive health-related visit	Z3A, Z30–Z39; O00–O92
Immunizations	Immunization-related visit	Z23
Injuries	Injury-related visit	S00–T88; V00–Y99

SOURCE: *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM).

Table 6. Percentage of visits to health centers, by reasons for visit and sex: United States, 2023

Reason for visit	Total		Male		Female	
	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval
Diseases	54.3	44.7–63.6	56.3	46.5–65.8	53.2	43.7–62.6
Symptoms and signs	22.6	17.4–28.4	22.4	17.3–28.2	22.6	17.5–28.5
Screenings	10.1	7.0–13.8	9.6	6.7–13.2	10.4	7.2–14.4
Examinations	12.6	9.5–16.3	13.7	10.4–17.7	11.8	8.8–15.4
Reproductive health[1]	8.6	6.2–11.4	…	…	8.6	6.2–11.4
Immunizations	4.5	3.2–6.1	5.4	3.9–7.2	3.9	2.8–5.3
Injuries	3.6	2.6–5.0	3.8	2.8–5.0	3.5	2.5–4.9

… Category not applicable.
[1]Estimates are visits among females only.

NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers at which all diagnoses were missing for all visits (n = 4) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 8,800,755 visits to 91 health centers. Health center visits were categorized into diagnosis chapters using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes that were recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple reason-for-visit categories. Column totals exceed 100% because more than one diagnosis can be reported per visit. Sex was missing for 1.0% of visits, and missing values were excluded from the denominator for the subgroup analysis by sex. See Table 3 in this report for ICD–10–CM codes associated with reasons for visit presented in this table.

SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Table 7. Percentage of visits to health centers, by reasons for visit and race and ethnicity: United States, 2023

Reason for visit	Hispanic		Black[1]		Other races[1]		White[1]	
	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval	Percent	95% confidence interval
Diseases	*	*	57.1	51.1–63.0	*	*	59.3	50.3–67.9
Symptoms and signs	16.9	11.0–24.3	20.0	15.6–25.2	23.8	13.8–36.4	22.2	16.3–29.1
Screenings	*	*	8.1	6.4–10.0	7.8	4.2–13.0	8.0	4.9–12.2
Examinations	12.2	7.3–18.6	8.0	6.6–9.7	11.4	6.0–19.2	7.4	5.7–9.3
Reproductive health[2]	9.3	5.7–14.2	6.5	4.2–9.7	8.1	4.7–12.7	4.5	3.0–6.5
Immunizations	3.7	2.2–5.8	2.9	2.2–3.8	*	*	2.2	1.7–2.9
Injuries	2.3	1.3–3.7	3.0	2.0–4.3	3.0	1.7–4.7	3.4	2.4–4.6

* Estimate does not meet National Center for Health Statistics standards of reliability.
[1]Race categories are non-Hispanic.
[2]Estimates are visits among females only.

NOTES: In 2023, a total of 9,012,825 visits were made to 95 health centers, representing an estimated 124.3 million visits (weighted) to health centers in all 50 states and the District of Columbia. Health centers at which all diagnoses and all race and ethnicity were missing for all visits (n = 22) were excluded, and visit weights for the remaining health centers were normalized to account for those excluded, resulting in 6,694,441 visits to 73 health centers. Race and Hispanic ethnicity were missing from 13.1% (weighted) of included visits. Health center visits were categorized into diagnosis chapters using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) codes that were recorded in electronic health records. Categories are not mutually exclusive, so the same visit can be represented in multiple reason-for-visit categories. Column totals exceed 100% because more than one diagnosis can be reported per visit. See Table 3 in this report for ICD–10–CM codes associated with reasons for visit presented in this table.

SOURCE: National Center for Health Statistics, National Ambulatory Medical Care Survey Health Center Component, 2023.

Technical Notes

Definitions

Diagnosis categories—Based on *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) (27). Diagnosis chapters and the codes used to define them include:

- Certain infectious and parasitic diseases (A00–B99)
- Neoplasms (C00–D49)
- Blood-related and immune system diseases and certain disorders involving the immune mechanism (D50–D89)
- Certain endocrine, nutritional and metabolic diseases (E00–E89)
- Mental, Behavioral and Neurodevelopmental Disorders (F01–F99)
- Diseases of the nervous system (G00–G99)
- Diseases of the eye and adnexa (H00–H59)
- Diseases of the ear and mastoid process (H60–H95)
- Diseases of the circulatory system (I00–I99)
- Diseases of the respiratory system (includes COVID-19 and vaping-related disorders) (J00–J99; U070; U071; U099)
- Diseases of the digestive system (K00–K95)
- Diseases of the skin and subcutaneous tissue (L00–L99)
- Diseases of the musculoskeletal and connective tissue (M00–M99)
- Diseases of the genitourinary system (N00–N99)
- Pregnancy, childbirth and the puerperium (O00–O9A)
- Conditions originating around birth (P00–P96)
- Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00–R99)
- Injury, poisoning and certain other consequences of external causes (S00–T88)
- External causes of morbidity (V00–Y99)
- Factors influencing health status and contact with health services (Z00–Z99)

Reasons for visit—Defined by combining multiple ICD–10–CM codes, including codes across multiple ICD–10–CM chapters:

- Diseases—A health center visit with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): A00–N99; P00–Q99, U070, U071, and U099.
- Examinations—A health center visit with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): Z00–Z09.
- Immunizations—A health center visit with the code of Z23 in any of the diagnosis fields from ICD–10–CM (27).
- Injuries—A health center visit with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): S00–T88; V00–Y99.
- Maternal and reproductive health—A health center visit among women with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): O00–O92, Z3A, Z30–Z39.
- Screenings—A health center visit with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): Z11–Z13.
- Symptoms and signs—A health center visit with any of the following codes in any of the diagnosis fields from ICD–10–CM (27): R00–R99.

Visit rates—Calculated by dividing the number of visits by estimates of the U.S. civilian noninstitutionalized population (obtained from the U.S. Census Bureau's Population Division) for selected characteristics including age group, sex, and race and ethnicity.

Weight normalization—In some instances, health centers did not provide information about diagnosis or race and ethnicity for any of their visits. Health centers were excluded if at least one of these variables was missing for all visits. Consequently, visit weights for the remaining health centers were normalized to account for health centers that were excluded. Normalized weights were calculated according to the following formula:

New weight = Original weight • (Sum of weights at all visits / Sum of weights at included visits)

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