ABOUT AMERICA’S ESSENTIAL HOSPITALS

America’s Essential Hospitals is the leading association and champion for hospitals dedicated to equitable, high-quality care for all, including those who face social and financial barriers to care. Since 1981, America’s Essential Hospitals has advanced policies and programs that promote health, health care access, and equity. We support our more than 300 members with advocacy, policy development, research, education, and leadership development. Communities depend on essential hospitals for care across the continuum, health care workforce training, research, public health and health equity, and other services. Essential hospitals innovate and adapt to lead all of health care toward better outcomes and value.

America’s Essential Hospitals has a rich history and long record of accomplishments. Since its inception, America’s Essential Hospitals has been recognized for its advocacy and expertise on issues related to care for historically marginalized people and communities. The association also strives to transform care for these populations through its research and education arm, Essential Hospitals Institute.

AUTHORS:

Dayna Clark, MPH
Kalpana Ramiah, DrPH, MSc
Jamie Taylor, MPP
Megan Greig

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ABOUT ESSENTIAL HOSPITALS INSTITUTE

Essential Hospitals Institute is the research, education, dissemination, and leadership development arm of America’s Essential Hospitals. The Institute supports the nation’s essential hospitals as they provide high-quality, equitable, and affordable care to their communities. Working with members of America’s Essential Hospitals, we identify promising practices from the field, conduct research, disseminate innovative strategies, and help our members improve their organizational performance. We do all of this with an eye toward improving individual and population health, especially for vulnerable people.

Foreword

Essential Data tells the story, through numbers and words, of how essential hospitals care for underrepresented people and marginalized communities across the country. This annual data summary illustrates the vital role our more than 300 members play as they meet their mission to ensure access to high-quality health care for all. But this year’s report stands apart from its predecessors: It reflects one of the most challenging times in our history, as the world dealt with an unprecedented public health crisis.

Essential hospitals historically have been on the front lines of crises nationwide, and the COVID-19 pandemic was no exception. Due to their shared mission of serving all people, the nation’s essential hospitals cared disproportionately for those on whom the pandemic took its heaviest toll: people of color and communities that face persistent socioeconomic and structural barriers to care. Throughout the public health emergency, essential hospitals have faced case surges that overwhelmed their capacity, as well as supply and personnel shortages.

Amid this challenging time, the association celebrated 40 years as the preeminent voice for hospitals with a mission to care for marginalized populations and ensure access to care in underserved communities.

The pandemic further highlighted the importance of essential hospitals’ shared commitment to exceptional care, access for all, and front-line leadership across the health care landscape.

Beyond their primary role caring for people who face social and economic hardships, essential hospitals:

• provide specialized, lifesaving services, such as level I trauma and neonatal intensive care, emergency psychiatric services, and burn treatment;

• train the next generation of health care professionals to ensure the community’s supply of doctors, nurses, and other caregivers meets demand;

• deliver comprehensive, coordinated care across large ambulatory networks to bring services to where patients live and work; and

• meet public health needs by improving population health and preparing for and responding to natural disasters and other crises.

Our members provide these innovative services and training programs while operating on margins that are about 40 percent of those at other hospitals nationwide. But these financial constraints do not deter their work; in fact, their limited means drive essential hospitals’ innovative work to create and implement cutting-edge programs.

More than ever, our hospitals are essential to millions of people and their communities. This report shares the story of the essential people and communities they serve. Thank you for reading it.

BRUCE SIEGEL, MD, MPH
President and CEO
America’s Essential Hospitals
This report offers a snapshot of America’s Essential Hospitals members. The report primarily features data collected through the association’s 2020 Annual Member Characteristics Survey, which was sent to 108 health systems representing 244 member hospitals, with responses from 62 systems representing 138 hospitals. The survey excluded hospitals that joined the membership after the survey’s launch. Essential Hospitals Institute, the research and education arm of the association, provided technical support and analysis of survey results. Additional data from the American Hospital Association’s 2020 Annual Survey of Hospitals, the Centers for Medicare & Medicaid Services’ fiscal year 2020 Hospital Cost Report, the Centers for Disease Control and Prevention WONDER database, America’s Essential Hospitals 2019 Essential Hospitals Population Health Survey, as well as data from the American Community Survey, U. S. Department of Housing and Urban Development, U. S. Department of Agriculture, and U.S. Bureau of Economic Analysis were used to support this report’s findings.

Note: Because some images in this document predate the onset of COVID-19 in the United States, they might not portray the use of personal protective equipment.

Left: A nurse at Natividad Medical Center, in Salinas, Calif., administers the COVID-19 vaccine to a patient.
ESSENTIAL DATA 2022

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Oregon Health & Science University, in Portland, Ore., is the state’s only academic health center. As an essential hospital, its breakthrough research leads to new cures, new standards of care, and a better understanding of the basic science that drives biomedical discovery.
Doctors perform rounds at Zuckerberg San Francisco General Hospital and Trauma Center.
Essential hospitals’ mission to care for all people, including underrepresented and marginalized populations, make them providers of choice for communities of virtually every background. People of color made up 54 percent of member discharges in 2020. Three-quarters of essential hospitals’ patients in 2020 were uninsured or covered by Medicaid or Medicare; more than 8 percent were eligible for both Medicaid and Medicare. Just one in five inpatient discharges and one in four outpatient visits at essential hospitals that year were covered by commercial insurance.

Essential hospitals rely on a patchwork of financial support and resources to sustain access to care and meet their mission. The disparity between payments for commercially insured patients and those covered by public programs—or not covered at all—presents a severe financial challenge to our member hospitals. Essential hospitals face the impossible task of offsetting losses from public program underpayments and charity care. In 2020, the American Hospital Association (AHA) estimates U.S. hospitals received nearly $100.4 billion less than the cost of the care they provided to Medicare and Medicaid beneficiaries, putting patients’ access to care at risk.¹

We take care of all types of patients, from all walks of life.

TARNESA MARTIN, RN
Patient resource and community advocate, Hurley Medical Center, Flint, Mich.

FIGURE 1
Inpatient Discharges by Race and Ethnicity
Members of America’s Essential Hospitals, 2020

RACE

15.2% OTHER
3.3% UNKNOWN
2.8% ASIAN
54.2% WHITE
24.6% BLACK

ETHNICITY

9.3% UNKNOWN
25% HISPANIC
65.7% NON-HISPANIC

Note: Numbers might not add up to 100 percent due to rounding

FIGURE 2
Dually Eligible Patients
Members of America’s Essential Hospitals, 2020

8.1%
OF DISCHARGES FROM ESSENTIAL HOSPITALS ARE PATIENTS DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID

5.4%
OF OUTPATIENT VISITS ARE DUALLY ELIGIBLE

FIGURE 3
Inpatient and Outpatient Utilization by Payer Mix
Members of America’s Essential Hospitals, 2020

INPATIENT

3.9% OTHER
14.3% MEDICARE MANAGED CARE
6.7% SELF-PAY
20.3% MEDICARE FEE-FOR-SERVICE
20.8% COMMERCIAL INSURANCE
22.9% MEDICAID MANAGED CARE
11.1% MEDICAID FEE-FOR-SERVICE

OUTPATIENT

7.7% OTHER
11% MEDICARE MANAGED CARE
11.4% SELF-PAY
16% MEDICARE FEE-FOR-SERVICE
28.2% COMMERCIAL INSURANCE
20% MEDICAID MANAGED CARE
5.7% MEDICAID FEE-FOR-SERVICE

Note: Numbers might not add up to 100 percent due to rounding
Committed to Underserved Communities

Marginalized people across the country rely on the routine and lifesaving services provided by essential hospitals. Many of our members are the only facilities offering level I trauma care, burn units, and neonatal intensive care services in their service area. Our members have a unique relationship with underrepresented people and populations. To meet their mission of access for all people, including those facing severe financial challenges, essential hospitals provide high levels of uncompensated and unreimbursed care. In 2020, our members, about 5 percent of all U.S. hospitals, provided $7.4 billion in charity care—27.2 percent of all charity care nationwide. Without Medicaid disproportionate share hospital (DSH) payments, overall member margins would have sunk to a 0.1 percent loss. Essential hospitals last year reported $225 million in Medicare bad debt, which accounts for nearly 13 percent of all Medicare bad debt. Our members had an average of $1.1 million in Medicare bad debt, compared with nearly $554,000 at other hospitals nationwide.

In 2020, members of America’s Essential Hospitals continued to operate with margins significantly lower than the rest of the hospital industry. Essential hospitals had an average aggregate margin of 3.2 percent compared with the 7.7 percent margin when accounting for all hospitals nationwide. Without Medicaid disproportionate share hospital (DSH) payments, overall member margins would have sunk to a 0.1 percent loss. Essential hospitals last year reported $225 million in Medicare bad debt, which accounts for nearly 13 percent of all Medicare bad debt. Our members had an average of $1.1 million in Medicare bad debt, compared with nearly $554,000 at other hospitals nationwide.

When I think of the organization and its members, I think of service to vulnerable populations.

CHRISTINE CAPITO BURCH
Executive director of the National Association of Public Hospitals (now called America’s Essential Hospitals), 1990–2010

“...When I think of the organization and its members, I think of service to vulnerable populations.

CHRISTINE CAPITO BURCH
Executive director of the National Association of Public Hospitals (now called America’s Essential Hospitals), 1990–2010

“...
**Meeting Patients Where They Are**

Essential hospitals are anchors in their communities. In 2020, members of America’s Essential Hospitals provided nonemergency outpatient care to 78.8 million patients and treated 13.2 million patients in their emergency departments. They averaged more than 17,000 inpatient discharges per hospital—2.7 times more than the inpatient volume of other acute-care hospitals nationwide.

In communities that otherwise would lack access to care, essential hospitals reach outside their walls to meet this need. Our members have a median of 10 ambulatory care locations, half of which are off campus. More than half our members participate in accountable care organizations (ACOs), agreeing to be held accountable for the quality, cost, and overall care of beneficiaries assigned to them. This high rate of participation shows essential hospitals’ strong commitment to coordinating care among providers to improve quality and lower costs.

The COVID-19 pandemic revealed the value of telehealth services to improve care and expand access. Amid the pandemic, essential hospitals built on their investment in this technology, offering routine and specialized care via telehealth, remote patient monitoring after discharge, and remote chronic care management at rates about double that of other acute-care hospitals.

Essential hospitals are positioned to lead on health care as it addresses the issues of equity, social determinants of health, and population health.

**TOM TRAYLOR**
Former America’s Essential Hospitals board chair; senior strategic advisor, corporate affiliate member Sellers Dorsey

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**FIGURE 7**

**Average Inpatient and Outpatient Utilization**
Members of America’s Essential Hospitals versus Acute-Care Hospitals Nationwide, 2020

**FIGURE 8**

**Beyond Their Walls**
Members of America’s Essential Hospitals, 2020
Amid the pandemic, association member Boston Medical Center used an ambulance vaccination program to get routine pediatric immunizations to communities in need.
Next Generation Essential Providers

Essential hospitals are dedicated to training the next generation of health care professionals. About eight in 10 essential hospitals are teaching institutions.1

On average, essential hospitals trained nearly three times as many physicians as other U.S. teaching hospitals. Our members also trained 32 percent more physicians beyond their federal funding cap than other U.S. teaching hospitals.2,4 Further, nearly one in 10 allied health professionals trained in an acute-care facility received their training at a member hospital.3 Allied health professionals—such as medical technologists, occupational and physical therapists, radiographers, and speech language pathologists—use evidence-based practices to diagnose and treat acute and chronic diseases; promote preventive medicine and wellness; and support health care systems in various settings.

FIGURE 10
Number of Physicians Trained
Members of America’s Essential Hospitals versus Other Acute-Care Hospitals, 2020

Each member teaching hospital trained an average of 244 physicians in 2020.

Other U.S. teaching hospitals each trained an average of 90 physicians.

FIGURE 11
Number of Physicians Trained above Federal Funding Cap
Members of America’s Essential Hospitals versus Other Acute-Care Hospitals, 2020

Of the 244 physicians, 59 were trained beyond supported federal graduate medical education (GME) funding.

Other U.S. teaching hospitals trained less than one third of that number—19 were trained beyond supported federal GME funding.
Care on the Front Lines

In 2020, the country faced a public health emergency that devastated communities and changed history. Essential hospitals were among the first to respond to rising COVID-19 cases in 2020, and they remain on the front lines of the public health emergency. As they shifted and focused more resources on this rising health threat, essential hospitals also faced the challenge of maintaining highly specialized emergency and intensive care. Communities rely on the complex care essential hospitals provide, including trauma, burn, psychiatric, and neonatal and pediatric intensive care. Essential hospitals account for a third of the nation’s level I trauma centers, designed to care for every aspect of severe injury and lead trauma research and education. In addition, emergency psychiatric services are available at almost three-quarters of our members, compared with about a third of nonmembers that provide such care.3

FIGURE 12
Specialty Care Services
Members of America’s Essential Hospitals, 2020

- 40.2% of the nation’s burn care beds are operated by essential hospitals
- 32.9% of the nation’s level I trauma centers are at essential hospitals
- 27% of pediatric intensive care beds are at essential hospitals

ESSENTIAL HOSPITALS OPERATE MORE THAN 6,000 PSYCHIATRIC CARE BEDS AND 3,300 NICU BEDS

FIGURE 13
Hospitals Providing Emergency Psychiatric Services
Members of America’s Essential Hospitals versus Other Acute-Care Hospitals Nationwide, 2020

72.1% MEMBERS
39.8% NONMEMBERS

From the AIDS epidemic to the COVID-19 pandemic, from providing maternal health care to addressing food insecurity, our members have been on the front lines providing care to those affected by social determinants of health.

BRUCE SIEGEL, MD, MPH
President and CEO, America’s Essential Hospitals
David Summers, RN, the trauma nurse outreach coordinator for the Health Care District of Palm Beach County, in Florida, educates community members about fall prevention at a health fair.
Meeting Social Needs

Essential hospitals provide high-quality care in a wide variety of communities—from the nation’s largest cities to broad rural regions, where high rates of poverty, homelessness, food insecurity, structural racism, and other socioeconomic barriers put health at risk. In communities served by essential hospitals, an estimated 15.8 million individuals live below the federal poverty line, and more than 10.8 million are uninsured. Out of America’s Essential Hospitals in 2020, 10.8 million people in our communities lived below the poverty line, and 15.8 million people were uninsured. Members of America’s Essential Hospitals, 2020

10.8 million
PEOPLE IN OUR COMMUNITIES HAVE NO HEALTH INSURANCE

15.8 million
PEOPLE IN OUR COMMUNITIES LIVE BELOW THE POVERTY LINE

7.5 million
PEOPLE SERVED BY ESSENTIAL HOSPITALS HAVE LIMITED ACCESS TO HEALTHY FOOD

370,000
PEOPLE ARE EXPERIENCING HOMELESSNESS IN OUR COMMUNITIES

We have seen that food insecurity leads to the inability to get food [patients] need, to take the medications that they need, because they’re making a choice between this or that. It leads to depression, it leads to an inability to be productive in our communities.

DEANNA MINUS-VINCENT, MPA
Executive vice president and chief social justice and accountability officer, RWJBarnabas Health

To overcome these overwhelming challenges, many essential hospitals—about 65 percent—participate in a state initiative to mitigate social determinants of health. More than half are part of initiatives to improve health literacy, more than 60 percent work with initiatives to mitigate food insecurity, and nearly 70 percent are part of initiatives to motivate healthy behaviors among their patient populations. Two-thirds of these state initiatives are part of a Medicaid Section 1115 waiver program, while about half are part of a managed care contracting arrangement.

389,027
TOTAL BIRTHS AT ESSENTIAL HOSPITALS

Meeting Social Needs

FIGURE 15
Economic Needs in Essential Communities
Members of America’s Essential Hospitals, 2020

FIGURE 14
Social Needs in Essential Communities
Members of America’s Essential Hospitals, 2020

FIGURE 16
Births
Members of America’s Essential Hospitals, 2020
Building Healthy Communities

Essential hospitals provide central sources of care, jobs, and services—anchoring their communities. They are in a unique position to influence patients’ social, economic, and environmental circumstances. These factors can account for up to half of what determines their health. Essential hospitals use their innovative population health programs to change the course of upstream factors, improving the overall health of a population. About half of our members have a formal relationship with a local health department—that is, a relationship in which state or local government operates or is closely affiliated with the hospital. Further, some essential hospitals are the health department in their community. An additional 50 percent of our members informally meet or share information with a health department through advisory committees, planning groups, or other mechanisms. Given their diverse patient populations, essential hospitals prioritize the collection of race, ethnicity, and language information during care delivery and use this data to reduce health disparities. Eight out of 10 member hospitals offer linguistic services. Patients at essential hospitals rely on the culturally and linguistically appropriate care that only our members can provide.

Amid staggering financial challenges, essential hospitals continue to build up their local economies. Our member hospitals serve communities with higher rates of unemployment—5.7 percent on average—than nonmember hospitals. The average essential hospital employed 3,172 people in 2020. Together, our members accounted for 739,160 jobs nationwide and contributed to $146.7 billion in economic activity. On average, member hospitals report $637.8 million in yearly expenditures, stimulating nearly $1.3 billion in economic activity in their respective states.

Almost all of our members—97.6 percent—partner with other hospitals or health systems, or with an external federally qualified health center, community health center, or free clinic. In addition, nearly 86 percent partner with external behavioral health clinics, 70 percent have relationships with an external respite care facility, and more than half partner with retail clinics, such as CVS, Walgreens, and Rite Aid.

More and more organizations are looking to address the health of a population or a community, but [essential hospitals] have really been doing that for decades, because we’ve been responsible for the health of the indigent population, the Medicaid population, and populations for which other organizations aren’t accountable.

CHRISTY NEUHOFF, JD, MBA
Senior vice president and chief legal officer, St. Luke’s Health System, Boise, Idaho

FIGURE 17
Relationships with Local Health Departments
Members of America’s Essential Hospitals, 2020

98.8%
OF MEMBERS HAVE A RELATIONSHIP WITH THEIR LOCAL HEALTH DEPARTMENT

82.5%
OF MEMBER HOSPITALS SHARE DATA WITH PUBLIC HEALTH DEPARTMENTS FOR THE PURPOSE OF POPULATION HEALTH IMPROVEMENT

FIGURE 18
Data Sharing for Population Health Improvement Purposes
Members of America’s Essential Hospitals, 2019

84%
MEMBER HOSPITALS

60%
NONMEMBER HOSPITALS

FIGURE 19
Linguistic Services
Members of America’s Essential Hospitals versus Other Acute-Care Hospitals Nationwide, 2020

FIGURE 20
Employment and Economic Impact
Members of America’s Essential Hospitals, 2020

739,160
TOTAL EMPLOYED BY ESSENTIAL HOSPITALS

3,172
AVERAGE EMPLOYED BY EACH ESSENTIAL HOSPITAL

1,617,552
CONTRIBUTION TO TOTAL JOBS IN STATE ECONOMIES

6,942
AVERAGE CONTRIBUTION TO TOTAL JOBS IN STATE ECONOMIES PER HOSPITAL

$146.7 BILLION
TOTAL EXPENDITURES BY ESSENTIAL HOSPITALS

$637.8 MILLION
AVERAGE EXPENDITURES IN STATE ECONOMIES PER ESSENTIAL HOSPITAL

$298 BILLION
TOTAL EFFECT OF EXPENDITURES ON TOTAL OUTPUT IN STATE ECONOMY

$1.3 BILLION
AVERAGE EFFECT OF EXPENDITURES ON TOTAL OUTPUT IN STATE ECONOMY PER HOSPITAL
22.2% of members require their investment portfolios to target their local communities.

61.1% of members have policies to invest in local supply chain procurement.

75% of members have policies to invest in local hiring and workforce development.

64.6% of essential hospitals participate in a state initiative to address social determinants of health.

58.5% of essential hospitals address health literacy through state initiatives.

60.4% of essential hospitals mitigate food insecurity through state initiatives.

69.8% of essential hospitals promote healthy behaviors through state initiatives.
Like many essential hospitals, Parkland Health & Hospital System, in Dallas, established a drive-up COVID-19 testing site.
The COVID-19 pandemic has taken an unprecedented toll on the patients essential hospitals serve—people of color and others who experience socioeconomic and structural barriers to care. Because sociodemographic factors greatly influence a person’s health status, essential hospitals’ patients are most at risk of COVID-19, which is especially harmful to those with underlying health conditions.

Essential hospitals have gone above and beyond in responding to the pandemic by realigning capacity and suspending elective procedures to accommodate more COVID-19 patients; distributing vaccines through innovative programs to overcome hesitancy, including among historically underrepresented populations; and providing telehealth services to patients and to support other hospitals. Throughout the pandemic, hospitals filling a safety net role faced case surges that overwhelmed their capacity, supply and personnel shortages, and an uncertain financial future.

In response, member hospitals extended their reach by providing services beyond their walls, including at patients’ homes. Between January 31, 2020, and June 30, 2021, most essential hospitals reported using alternative care sites to provide care. Seventy-one percent of essential hospitals set up a COVID-19 testing site, and 67 percent set up vaccine sites. Essential hospitals administered more than 7.3 million vaccine doses during this period. A quarter of essential hospitals set up mobile clinics to reach at-risk communities, and 15 percent opened field hospitals to treat COVID-19 patients.

A third of essential hospitals were operating at more than 100 percent inpatient capacity from January 31, 2020, to June 30, 2021. More than half of our member hospitals operated at more than 90 percent capacity during the same period. Nearly all essential hospitals—98 percent—had to employ temporary staff to fill staffing shortages amid the pandemic. Forty-one percent used government assistance to address staffing shortages.

The pandemic has shown us where the gaps are in our health care system.

MINI SWIFT, MD, MPH
Vice president for population health, Alameda Health System, Oakland, Calif.

Within a week of the Dec. 11, 2020, emergency use authorization of the first COVID-19 vaccine, Erie County Medical Center, an essential hospital in Buffalo, N.Y., began vaccinating its front-line caregivers.
Essential Data 2022

**Glossary**

**Bad Debt:** Financial toll of services for which hospitals anticipated but did not receive payment.

**Charity Care:** The amount of care provided under hospital-defined policies to offer services at no cost to individuals who meet predetermined financial criteria and are unable to pay.

**Collaboration:** The exchange of information, altering of activities, sharing of resources, and enhancement of capacity of another organization for mutual benefit and to achieve a common purpose.

**Cooperation:** The exchange of information, altering of activities, and sharing of resources for mutual benefit and to achieve a common purpose.

**Coordination:** The exchange of information and altering of activities for mutual benefit and to achieve a common purpose.

**Disproportionate Share Hospital (DSH) Payments:** Payments made by Medicare or a state’s Medicaid Program to hospitals that serve a disproportionate share of low-income patients. These payments are in addition to the regular payments such hospitals receive for providing care to Medicare and Medicaid beneficiaries. Medicare DSH payments are based on a federal statutory qualifying formula and payment methodology. Medicaid DSH payments are based on certain minimum federal criteria, but qualifying formulas and payment methodologies are largely determined by states.

**Dual Eligibility:** Beneficiaries enrolled in both Medicare and Medicaid. Dually eligible individuals are enrolled in Medicare Part A (hospital insurance) or Part B (medical insurance), as well as full Medicaid benefits or Medicare Savings Programs administered by a state.

**Economic Impact:** The economic impact analysis measures the effect of essential hospital spending and employment on their local and state communities. Using Bureau of Economic Analysis economic multipliers, we measure how every dollar spent by an essential hospital and every employee results in additional spending and employment in local and state economies.

**Hospital Operating Margin:** A measure of the financial condition of a hospital. It is calculated as the difference between the total operating revenues and total expenses divided by total operating revenue.

**Medicaid:** A program jointly funded by the federal and state governments to provide health coverage to those who qualify on the basis of income and eligibility, e.g., low-income families with children, low-income elderly, and people with disabilities. Many states also extend coverage to groups that meet higher income limits or to certain medically needy populations. Through waivers, some states have expanded coverage even further. In 2010, the Affordable Care Act gave states the additional option to expand their Medicaid program to residents at or below 138 percent of the federal poverty level.

**Medicare:** A federal program that provides health coverage for individuals 65 and older, for certain disabled individuals younger than 65, and for people with end-stage renal disease. Medicare has four main components. Medicare Part A provides payments for inpatient hospital care, skilled nursing care, some home-health services, and hospice care. Medicare Part B provides payments for physician services, outpatient hospital care, and other medical services not covered by Part A. Medicare Part A and Part B together are known as “original Medicare.” Medicare Part C, also known as Medicare Advantage, is offered by private health care organizations. Medicare Advantage plans cover all services under Parts A and B and usually offer additional benefits.

Medicare Part D provides payments for prescription drugs and is offered by private health care organizations. Medicare Part C plans often include coverage for Medicare Part D.

**Networking:** The exchange of information for mutual benefit.

**Outpatient Visits:** Can include emergency department visits, clinic visits, outpatient surgery, and ancillary visits, such as labs and radiology.

**Uncompensated Care Charges:** The sum of charity care charges and bad debt.

**Uncompensated Care Costs:** Losses on patient care. Uncompensated care costs are calculated by multiplying the uncompensated care charges by the cost-to-charge ratio.

**Endnotes**

4. Physicians is defined as U.S. medical and dental residents; Teaching hospitals are defined as having at least one resident in training.

ESSENTIAL DATA 2022
FIGURE SOURCES.

Figure 1: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 2: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 3: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.


Figure 8: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.


Limited access to healthy food was defined as low-income individuals who live more than one mile from a supermarket in urban areas and more than 10 miles in rural areas.


A community is defined using data from the 2018 CMS Hospital Service Area File as ZIP codes in which approximately 80 percent of a hospital’s Medicare cases reside.

Figure 16: American Hospital Association. 2020 AHA Annual Survey. Health Forum LLC. 2021.

Figure 17: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 18: America’s Essential Hospitals. 2019 Essential Hospitals Population Health Survey. 2019.

Figure 19: American Hospital Association. 2020 AHA Annual Survey. Health Forum LLC. 2021.

Figure 20: 2020 BEA RIMS-II multipliers for hospitals, applied to 2020 American Hospital Association Annual Survey Data and 2020 Medicare Cost Report Data.

Figure 21: America’s Essential Hospitals. 2019 Essential Hospitals Population Health Survey. 2019.

Figure 22: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 23: America’s Essential Hospitals. 2019 Essential Hospitals Population Health Survey. 2019.

Figure 24: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 25: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

Figure 26: America’s Essential Hospitals. 2020 America’s Essential Hospitals Characteristics Survey. 2022.

1) Data from the 2020 AHA Annual Survey represents America’s Essential Hospitals acute-care member respondents (n=210) compared with other acute-care hospitals (n=4,343).

2) Data from the 2020 CMS Hospital Cost Reports represents America’s Essential Hospitals acute-care members (n=204) compared with other acute-care hospitals (n=3,299).