



Urgent Care Center and Retail Health Clinic Use: United States, 2024

Robin A. Cohen, Ph.D., and Elizabeth M. Briones, Ph.D.

Key findings

Data from the National Health Interview Survey

- In 2024, 27.6% of people had at least one visit to an urgent care center and 19.0% had at least one visit to a retail health clinic in the past 12 months.
- Among adults ages 18–64, the percentage who had at least one visit to an urgent care center was lower among those living in large central metropolitan (26.6%) and nonmetropolitan (26.1%) areas compared with those living in large fringe metropolitan (31.5%) and medium and small metropolitan (30.6%) areas.
- Among all age groups, the percentage who had at least one visit to a retail health clinic was lower for those living in medium and small metropolitan and nonmetropolitan areas compared with those living in large central metropolitan and large fringe metropolitan areas.

Introduction

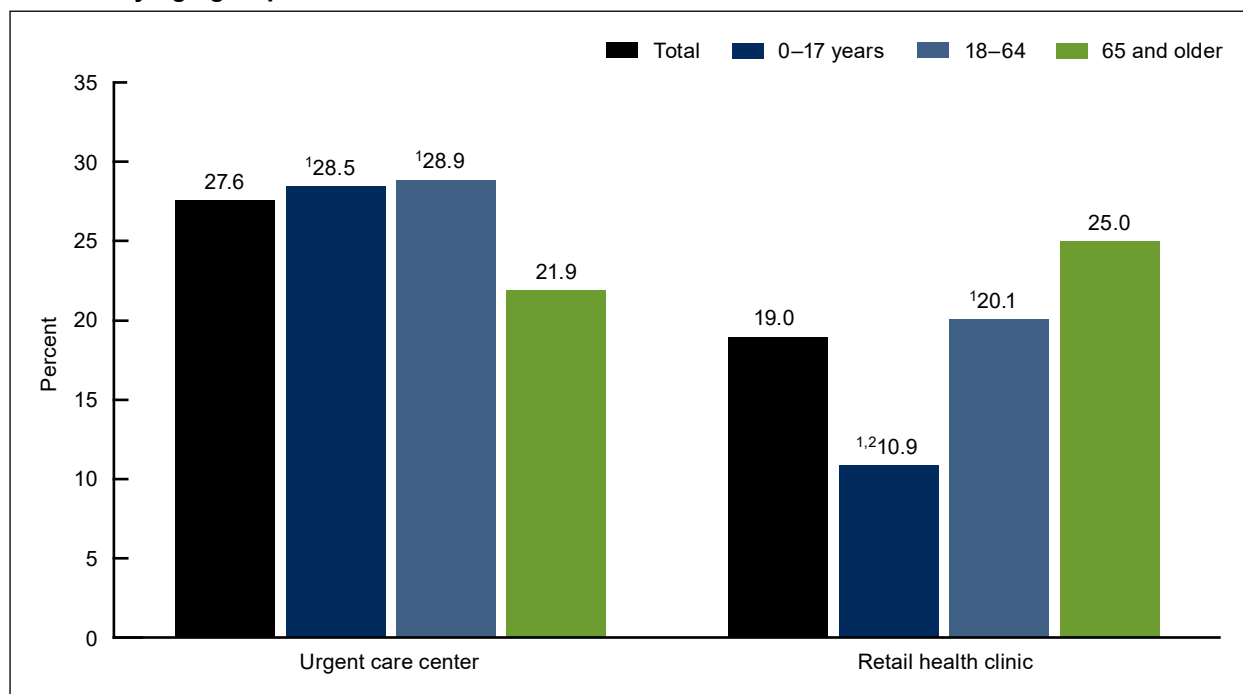
Both retail health clinics (RHCs) and urgent care centers (UCCs) have become mainstream access points for people seeking medical care. RHCs and UCCs offer similar, yet distinct, health services (1–4). RHCs address quick, uncomplicated health needs that can be served outside the doctor’s office or UCC. RHCs are typically staffed by nurse practitioners or physician assistants and are housed in pharmacies, grocery stores, or supercenters. UCCs are freestanding facilities designed to treat acute non-life-threatening injuries and illnesses, and most are staffed by a full-time, onsite licensed physician. This report provides estimates of RHC and UCC usage in the United States by age group and urbanization level.



UCC and RHC visits by age

- In 2024, 27.6% of people had at least one visit to a UCC in the past 12 months (Figure 1, Table 1). Children ages 0–17 years (28.5%) and adults 18–64 (28.9%) were more likely to have at least one visit to a UCC than adults 65 and older (21.9%).
- In 2024, 19.0% of people had at least one visit to an RHC in the past 12 months. RHC use in the past 12 months increased with age, from 10.9% among children to 20.1% among adults ages 18–64 to 25.0% among adults 65 and older.

Figure 1. Percentage of people who used urgent care centers and retail health clinics in the past 12 months, by age group: United States, 2024



¹Significantly different from adults age 65 and older ($p < 0.05$).

²Significantly different from adults ages 18–64 ($p < 0.05$).

NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

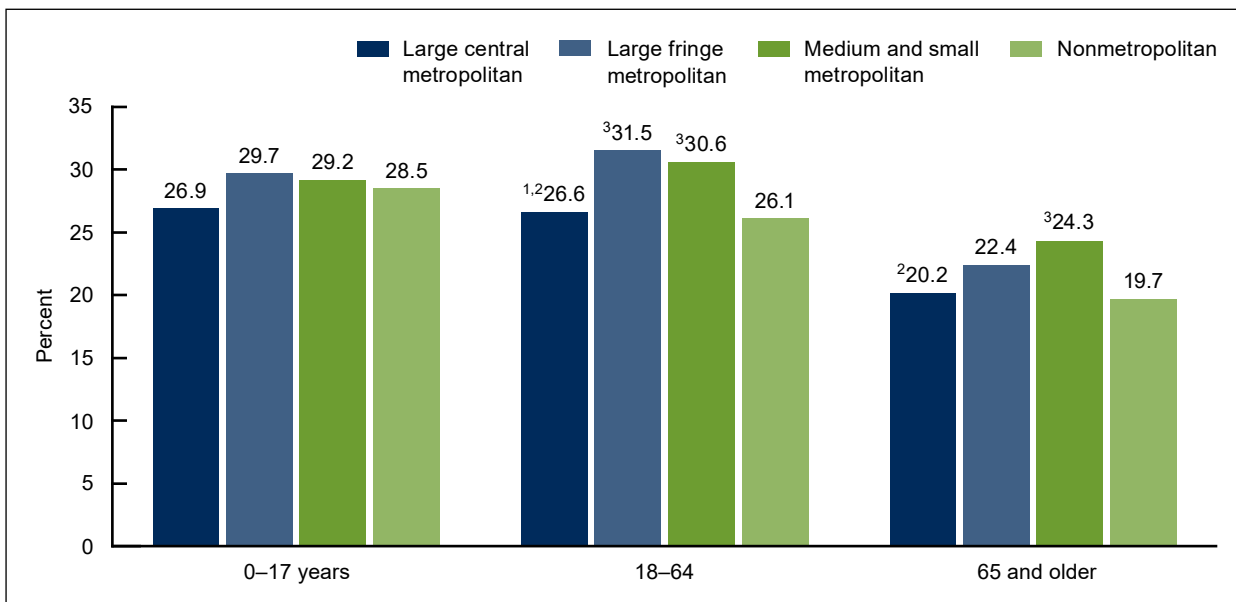
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

UCC visits by age and urbanization level

- No differences were seen in the percentage of children ages 0–17 years who had at least one visit to a UCC by level of urbanization (Figure 2, Table 2).
- Among adults ages 18–64, the percentage who had at least one visit to a UCC was lower among those living in large central metropolitan (26.6%) and nonmetropolitan (26.1%) areas compared with those living in large fringe metropolitan (31.5%) and medium and small metropolitan (30.6%) areas.
- Among adults age 65 and older, the percentage who had at least one visit to a UCC was lower among those living in large central metropolitan (20.2%) and nonmetropolitan

(19.7%) areas compared with those living in medium and small metropolitan (24.3%) areas. The observed differences with those living in large fringe metropolitan areas were not significant.

Figure 2. Percentage of people who had an urgent care center visit in the past 12 months, by age group and urbanization level: United States, 2024



¹Significantly different from large fringe metropolitan areas ($p < 0.05$).

²Significantly different from medium and small metropolitan areas ($p < 0.05$).

³Significantly different from nonmetropolitan areas ($p < 0.05$).

NOTES: Metropolitan status and size were determined using the 2023 National Center for Health Statistics Urban–Rural Classification Scheme for Counties. Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

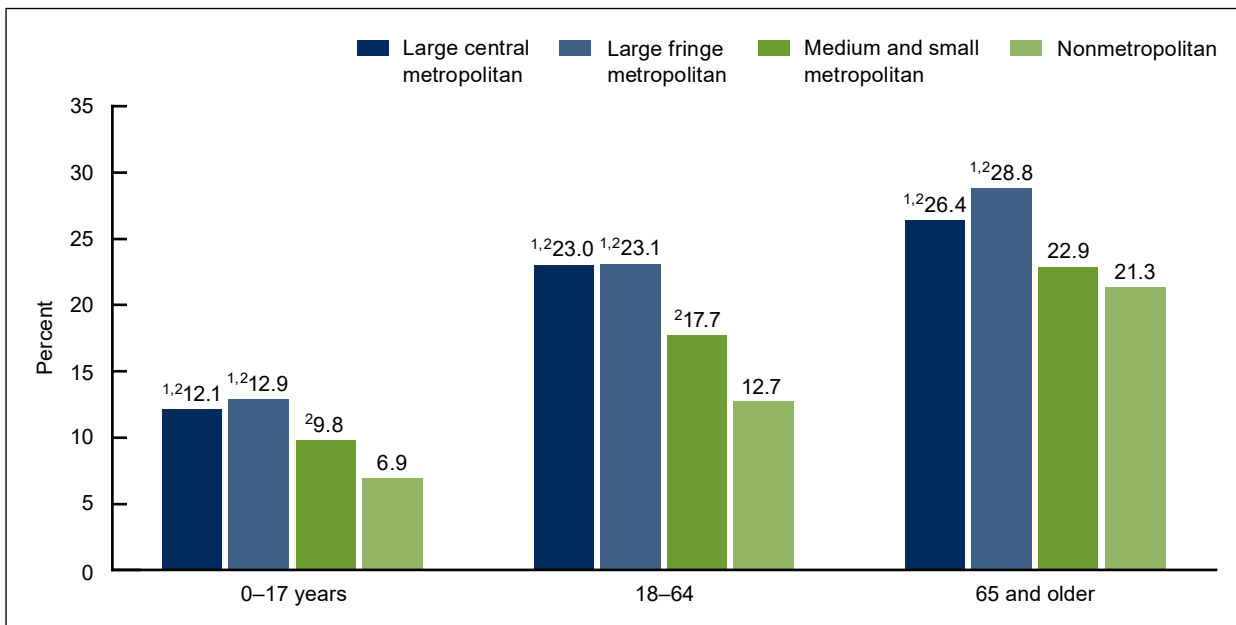
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

RHC visits by age and urbanization level

- The percentage of children ages 0–17 years who had at least one visit to an RHC was lowest among those living in nonmetropolitan areas (6.9%) compared with those living in large central metropolitan (12.1%), large fringe metropolitan (12.9%), and medium and small metropolitan (9.8%) areas (Figure 3, Table 3). Children living in medium and small metropolitan areas were less likely to have at least one visit to an RHC than those living in large central metropolitan and large fringe metropolitan areas.
- Among adults ages 18–64, the percentage who had at least one visit to an RHC was lowest among those living in nonmetropolitan areas (12.7%) compared with those living in large central metropolitan (23.0%), large fringe metropolitan (23.1%), and medium and small metropolitan (17.7%) areas. RHC use was also lower among adults living in medium and small metropolitan areas compared with those in large central metropolitan and large fringe metropolitan areas.
- Among adults age 65 and older, the percentage who had at least one visit to an RHC was lower among those living in medium and small metropolitan (22.9%) and

nonmetropolitan (21.3%) areas compared with those living in large central metropolitan (26.4%) and large fringe metropolitan (28.8%) areas.

Figure 3. Percentage of people who had a retail health clinic visit in the past 12 months, by age group and urbanization level: United States, 2024



¹Significantly different from medium and small metropolitan areas ($p < 0.05$).

²Significantly different from nonmetropolitan areas ($p < 0.05$).

NOTES: Metropolitan status and size were determined using the 2023 National Center for Health Statistics Urban–Rural Classification Scheme for Counties. Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Summary

In 2024, approximately 28% of people had at least one visit to a UCC in the past 12 months. Children and adults ages 18–64 were more likely to have at least one visit to a UCC than adults 65 and older. Among adults ages 18–64, those living in large central metropolitan and nonmetropolitan areas had lower UCC use compared with those living in large fringe metropolitan and medium and small metropolitan areas.

About 1 in 5 people had at least one visit to an RHC in the past 12 months. RHC use was relatively low among children (ranging from 7% to 13%) across the urbanization categories. However, among all three age groups, the percentage who had at least one visit to an RHC was higher among those living in large central metropolitan and large fringe metropolitan areas compared with those living in less populous areas. This finding aligns with data from the U.S. Census Bureau and the National Center for Health Statistics, which suggest that between 2018 and 2020, about 97% of RHCs were located in metropolitan areas (5).

Definitions

Retail health clinic (RHC): Based on responses to the survey question asked of adults and children, “Retail health clinics are located in a pharmacy, grocery store, or supercenter. During the past 12 months, how many times have [you/child’s name] gone to a retail health clinic about [your/their] health?” A person was classified as having used an RHC if they had at least one visit in the past 12 months.

Urgent care center (UCC): Based on responses to the survey question asked of adults and children, “An urgent care center is located in its own building or space. These centers can provide services such as X-rays and stitches. During the past 12 months, how many times have [you/child’s name] gone to an urgent care center about [your/their] health?” A person was classified as having used a UCC if they had at least one visit in the past 12 months.

Urbanization level: Metropolitan status and size were determined using the 2023 National Center for Health Statistics Urban–Rural Classification Scheme for Counties (6). Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties.

Data source and methods

This analysis used data from the 2024 National Health Interview Survey (NHIS) sample adult and sample child interview. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population and is conducted continuously throughout the year by the National Center for Health Statistics. Interviews are typically initiated face-to-face in respondents’ homes, with follow-ups conducted by telephone as needed. The response rates for the sample child and sample adult interviews were 45.8% and 47.9%, respectively (7). In 2024, NHIS updated the questionnaire content on RHC and UCC visits by splitting them into two separate questions. For more information about NHIS, visit: www.cdc.gov/nchs/nhis.

Point estimates and corresponding confidence intervals for this analysis were calculated using SAS-callable SUDAAN software (8) to account for the complex sample design of NHIS. All estimates meet National Center for Health Statistics data presentation standards for proportions (9). Differences between percentages were evaluated using two-sided significance tests at the 0.05 level.

About the authors

Robin A. Cohen and Elizabeth M. Briones are with the National Center for Health Statistics, Division of Health Interview Statistics.

References

1. RAND Corporation. The evolving role of retail clinics. Santa Monica (CA): RAND Corporation. 2016. Available from: https://www.rand.org/pubs/research_briefs/RB9491-2.html.
2. Martsof G, Fingar KR, Coffey R, Kandrack R, Charland T, Eibner C, et al. Association between the opening of retail clinics and low-acuity emergency department visits. *Ann Emerg Med*. 2017 Apr;69(4):397.
3. Allen L, Cummings JR, Hockenberry JM. The impact of urgent care centers on nonemergent emergency department visits. *Health Serv Res*. 2021;56(4):721–30. DOI: www.dx.doi.org/10.1111/1475-6773.13631.
4. Massachusetts Health Policy Commission. DataPoints Issue 23: Update on trends in urgent care centers and retail clinics, part 1. Boston (MA): Massachusetts Health Policy Commission. 2022 Aug. Available from: <https://masshpc.gov/publications/datapoints-series/issue-23-update-trends-urgent-care-centers-and-retail-clinics-part-1>.
5. Zawacki A, Marshall J, Cherry D, Yin X, Ward BW. Is there a retail health clinic near you? U.S. Census Bureau. 2023 Mar. Available from: <https://www.census.gov/library/stories/2023/03/retail-health-clinics-near-you.html>.
6. National Center for Health Statistics. NCHS urban–rural classification scheme for counties. Available from: <https://www.cdc.gov/nchs/data-analysis-tools/urban-rural.html>.
7. National Center for Health Statistics. National Health Interview Survey, 2024 survey description. 2025. Available from: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2024/srvydesc-508.pdf.
8. RTI International. SUDAAN (Release 11.0.3) [software].
9. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez JF Jr, et al. National Center for Health Statistics data presentation standards for proportions. *National Center for Health Statistics. Vital Health Stat 2*. 2017 Aug;(175):1–22.

Figure tables

Data table for Figure 1. Percentage of people who used urgent care centers and retail health clinics in the past 12 months, by age group: United States, 2024

Age group (years)	Urgent care center	Retail health clinic
	Percent (95% confidence interval)	
Total	27.6 (26.9–28.2)	19.0 (18.4–19.6)
0–17 years	¹ 28.5 (27.3–29.8)	^{1,2} 10.9 (10.1–11.7)
18–64	¹ 28.9 (28.1–29.7)	¹ 20.1 (19.4–20.9)
65 and older	21.9 (20.9–22.9)	25.0 (23.9–26.1)

¹Significantly different from adults age 65 and older ($p < 0.05$).
²Significantly different from adults ages 18–64 ($p < 0.05$).
 NOTE: Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
 SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 2. Percentage of people who had an urgent care center visit in the past 12 months, by age group and urbanization level: United States, 2024

Age group (years) and urbanization level	Percent (95% confidence interval)
0–17 years:	
Large central metropolitan	26.9 (24.8–29.0)
Large fringe metropolitan	29.7 (27.2–32.3)
Medium and small metropolitan	29.2 (26.9–31.7)
Nonmetropolitan	28.5 (25.6–31.6)
18–64:	
Large central metropolitan	^{1,2} 26.6 (25.2–28.0)
Large fringe metropolitan	³ 31.5 (29.8–33.1)
Medium and small metropolitan	³ 30.6 (29.0–32.3)
Nonmetropolitan	26.1 (23.8–28.4)
65 and older:	
Large central metropolitan	² 20.2 (18.3–22.1)
Large fringe metropolitan	22.4 (20.5–24.3)
Medium and small metropolitan	³ 24.3 (22.3–26.4)
Nonmetropolitan	19.7 (17.8–21.6)

¹Significantly different from large fringe metropolitan areas ($p < 0.05$).
²Significantly different from medium and small metropolitan areas ($p < 0.05$).
³Significantly different from nonmetropolitan areas ($p < 0.05$).
 NOTES: Metropolitan status and size were determined using the 2023 National Center for Health Statistics Urban–Rural Classification Scheme for Counties. Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 people and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.
 SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.

Data table for Figure 3. Percentage of people who had a retail health clinic visit in the past 12 months, by age group and urbanization level: United States, 2024

Age group (years) and urbanization level	Percent (95% confidence interval)
0–17 years:	
Large central metropolitan	^{1,2} 12.1 (10.7–13.6)
Large fringe metropolitan	^{1,2} 12.9 (11.2–14.7)
Medium and small metropolitan	² 9.8 (8.4–11.3)
Nonmetropolitan	6.9 (5.3–8.7)
18–64:	
Large central metropolitan	^{1,2} 23.0 (21.8–24.2)
Large fringe metropolitan	^{1,2} 23.1 (21.7–24.6)
Medium and small metropolitan	² 17.7 (16.3–19.1)
Nonmetropolitan	12.7 (11.0–14.7)
65 and older:	
Large central metropolitan	^{1,2} 26.4 (24.3–28.7)
Large fringe metropolitan	^{1,2} 28.8 (26.6–31.0)
Medium and small metropolitan	22.9 (20.9–24.9)
Nonmetropolitan	21.3 (18.6–24.2)
¹ Significantly different from medium and small metropolitan areas ($p < 0.05$). ² Significantly different from nonmetropolitan areas ($p < 0.05$). NOTES: Metropolitan status and size were determined using the 2023 National Center for Health Statistics Urban–Rural Classification Scheme for Counties. Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 people and 50,000–249,999 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. SOURCE: National Center for Health Statistics, National Health Interview Survey, 2024.	

Suggested citation

Cohen RA, Briones EM. Urgent care center and retail health clinic use: United States, 2024. NCHS Data Brief. 2026 May;(562):1–9. DOI: <https://dx.doi.org/10.15620/cdc/252447>.

Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

National Center for Health Statistics

Carolyn M. Greene, M.D., *Acting Director*
Amy M. Branum, Ph.D., *Associate Director for Science*

Division of Health Interview Statistics

Stephen J. Blumberg, Ph.D., *Director*

Anjel Vahratian, Ph.D., M.P.H., *Associate Director for Science*

For email updates on NCHS publication releases, subscribe online:

www.cdc.gov/nchs/updates.

For questions or general information about NCHS:

Tel: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348

Internet: www.cdc.gov/nchs | Online request form: www.cdc.gov/info

ISSN 1941-4927 Print ed. | ISSN 1941-4935 Online ed.

CS364525