

# VALUE IMPACT of HEALTH CENTERS

## Health Center Partners of Southern California



**Sixteen** Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's San Diego County**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

### California's San Diego County Health Centers Provide...

#### JOBS and other positive impacts on the ECONOMY



**8,198**  
TOTAL JOBS



**\$1,154,053,588**  
TOTAL ECONOMIC IMPACT  
of current operations.

**\$189 Million**  
ANNUAL TAX REVENUES



**4,834 HEALTH CENTER JOBS** including  
**1045 ENTRY-LEVEL** and **2134 SKILLED JOBS** for community residents  
**3,364 OTHER JOBS IN THE COMMUNITY**

**\$623,631,136**  
DIRECT HEALTH CENTER SPENDING  
**\$530,422,452**  
COMMUNITY SPENDING

**\$60 Million**  
STATE AND LOCAL TAX REVENUES  
**\$129 Million**  
FEDERAL TAX REVENUES

#### SAVINGS to the health system



**22%**  
LOWER COSTS FOR HEALTH  
CENTER MEDI-CAL PATIENTS



**\$835 Million**  
SAVINGS TO  
MEDI-CAL



**\$1.1 Billion**  
SAVINGS TO THE OVERALL  
HEALTH SYSTEM

#### ACCESS to care for vulnerable populations



**577,707**  
PATIENTS  
SERVED

**6%**  
FOUR-YEAR  
PATIENT GROWTH

**2,372,792**  
PATIENT  
VISITS

**168,826**  
patients are  
**CHILDREN AND  
ADOLESCENTS**

**413,316**  
patients are  
**ADULTS**

**94%** of patients are  
**LOW-INCOME**  
(Below 200% of the  
Federal Poverty Level)

**73%** of patients  
identify as an  
**ETHNIC OR RACIAL  
MINORITY**

Since 2012:  
**209,201**  
patients gained  
**INSURANCE  
COVERAGE**

## COMPREHENSIVE COORDINATED CARE



**466,410** patients received **MEDICAL CARE**



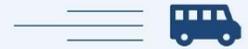
**158,722** patients received **DENTAL CARE**



**31,309** patients received **MENTAL HEALTH CARE**



**15,217** patients received **VISION CARE**



**56,461** patients received at least one **ENABLING SERVICE** to overcome barriers to care

In addition, patients received non-clinical services to connect them to community resources such as **HOUSING, JOB TRAINING, AND CHILD CARE**

## PREVENTIVE CARE and CHRONIC DISEASE MANAGEMENT



**16,479** patients were diagnosed with **ASTHMA**



**9,749** patients were diagnosed with **CORONARY ARTERY DISEASE**



**62,725** children received **WELL-CHILD VISITS**



**38,386** patients were diagnosed with **DIABETES**



**63,488** patients were diagnosed with **HYPERTENSION**



**166,286** patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES**

## STATE-OF-THE-ART PRACTICE

**81%** of health centers have installed and currently use an **ELECTRONIC HEALTH RECORD (EHR)**

**75%** of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS) **EHR INCENTIVE PROGRAM "MEANINGFUL USE"**



**75%** of centers recognized as **PATIENT-CENTERED MEDICAL HOMES**

## QUALITY HEALTH OUTCOMES



**100%** of health centers met or exceeded at least one **HEALTHY PEOPLE 2020 GOAL FOR CLINICAL PERFORMANCE**



CLINICAL QUALITY MEASURES



IMPROVED HEALTH OUTCOMES

Capital Link prepared this Value + Impact report using 2017 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2017 IMPLAN Online



**CAPITAL LINK**  
Driving Successful Health  
Center Growth

For more information, visit us online:  
[www.caplink.org](http://www.caplink.org)

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### REFERENCES AND DATA SOURCES

1. Access to Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.
2. Savings to Medi-Cal: Nocon et al. *Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings*. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
3. Savings to the Health System: NACHC Fact Sheet: *Health Centers and Medicaid*, December, 2016.
4. Economic and Employment Impacts: Calculated by Capital Link using 2017 IMPLAN Online.
5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.
6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.
7. Quality Health Outcomes: Calculated by Capital Link based on 2017 Uniform Data System information and relevant Healthy People 2020 targets found at <https://www.healthypeople.gov/2020/data-search>.

### Summary of 2017 Total Economic Activity

Stimulated by Current Operations of Sixteen

		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$ 623,631,136	4,834
	Indirect	\$ 183,840,294	1,061
	Induced	\$ 346,582,158	2,303
	<b>Total</b>	<b>\$1,154,053,588</b>	<b>8,198</b>

Direct # of FTEs (employment) based on HRSA 2017 UDS state level data for FQHCs.

### Summary of 2017 Tax Revenue

		Federal	State
Community Impact	Direct	\$84,778,720	\$25,345,789
	Indirect	\$15,925,366	\$9,192,241
	Induced	\$27,855,001	\$25,414,135
	<b>Total</b>	<b>\$128,559,087</b>	<b>\$59,952,165</b>
<b>Total Tax Impact</b>		<b>\$188,511,252</b>	

\*Full-Time Equivalent (FTE) of 1.0 means that the person is equivalent to a full-time worker. In an organization that has a 40-hour work week, a person who works 20 hours per week (i.e. 50 percent time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).

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### HOW ECONOMIC IMPACT IS MEASURED

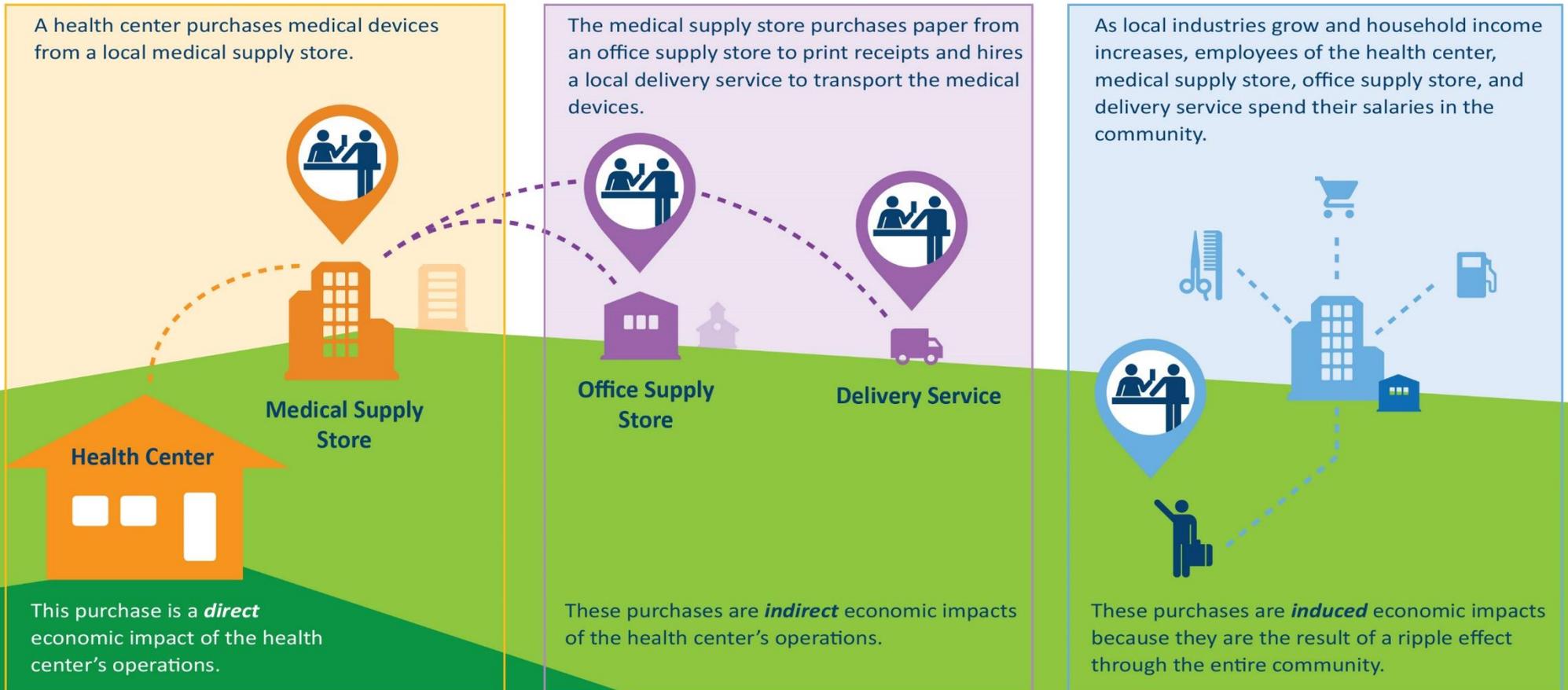
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with a county/state database. It is widely used by economists, state and city planners, universities and others to estimate the impact of projects and expenditures on the local economy. This analysis was conducted using 2017 IMPLAN Online.

### WHAT ARE DIRECT AND COMMUNITY IMPACTS?

Direct impacts result from *health center expenditures associated with operations, new facilities, and hiring.*

Community impacts can be indirect, resulting from *purchases of local goods and services, and jobs in other industries.*

Community impacts can be induced, resulting from *purchases of local goods and services at a household level made by employees of the health center and suppliers.*



### COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health  
Community Health Systems, Inc.  
Imperial Beach Community Clinic  
Indian Health Council, Inc.  
La Maestra Community Health Centers  
Mountain Health  
Neighborhood Healthcare  
North County Health Services  
Planned Parenthood of the Pacific Southwest  
Samahan Health Centers  
San Diego American Indian Health Center  
San Diego Family Care  
San Ysidro Health  
Southern Indian Health Council, Inc.  
St Vincent de Paul Village  
Vista Community Clinic

This report was developed by Capital Link, a non-profit organization that has worked with hundreds of health centers and Primary Care Associations for over 20 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance with the goal of supporting and expanding community-based health care. For more information, visit us online at [www.caplink.org](http://www.caplink.org).