

# VALUE IMPACT of HEALTH CENTERS

## California's 36th District



**Four** Federally Qualified Health Centers and other safety-net clinics provide care to residents of **California's 36th District**. They collectively provide tremendous value and impacts to their communities—from JOBS and ECONOMIC STIMULUS to local communities; SAVINGS to the health care system; ACCESS to care for vulnerable populations; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2015 contributions** are shown below.

California's 36th Congressional District Health Centers Provide...

### JOBS and other positive impacts on the ECONOMY



**1,425**  
TOTAL JOBS



**\$158,893,739**  
TOTAL ECONOMIC IMPACT  
of current operations.

**931 HEALTH CENTER JOBS** including  
**243 ENTRY-LEVEL** and **446 SKILLED**  
JOBS for community residents  
**494 OTHER JOBS IN THE COMMUNITY**

**\$101,146,373**  
DIRECT HEALTH CENTER SPENDING  
**\$57,747,366**  
COMMUNITY SPENDING

### Tax Revenue Impacts

**\$23.8 Million**  
ANNUAL TAX REVENUES



**\$5.16 Million**  
STATE AND LOCAL TAX REVENUES

**\$18.64 Million**  
FEDERAL TAX REVENUES

### SAVINGS to the health system

#### Savings to Medi-Cal (CA 36)



**22%**  
LOWER COSTS FOR FQHC  
MEDI-CAL PATIENTS



**\$252 Million**  
SAVINGS TO  
MEDI-CAL

#### Statewide Medi-Cal Expenditures

**20%**  
MEDI-CAL  
POPULATION  
served by health centers

**2.8%**  
HEALTH CENTER  
MEDI-CAL REVENUE  
as % of total Medi-Cal expenditures

### ACCESS to care for vulnerable populations

#### Patient Profile



**145,416**  
PATIENTS  
SERVED

**13%**  
THREE-YEAR  
PATIENT GROWTH

**568,315**  
PATIENT  
VISITS

**50,542**  
patients are  
CHILDREN AND  
ADOLESCENTS

**80,398**  
patients are  
ADULTS

**100%** of patients are  
**LOW-INCOME**  
(Below 200% of the  
Federal Poverty Level)

**74%** of patients  
identify as an  
**ETHNIC OR RACIAL**  
MINORITY

Since 2012:



**50%** decline in  
**UNINSURED**  
PATIENTS

**96,611**  
patients gained  
**INSURANCE**  
COVERAGE



## COMPREHENSIVE COORDINATED CARE

### A Range of Services



**111,479** patients received  
**MEDICAL CARE**



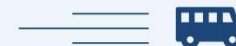
**27,081** patients received  
**DENTAL CARE**



**8,359** patients received  
**MENTAL HEALTH CARE**



**32** patients received  
**VISION CARE**



**21,109** 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

### Chronic Disease Management



**5,493** patients  
were diagnosed with  
**ASTHMA**



**2,881** patients  
were diagnosed with  
**CORONARY ARTERY DISEASE**



**9,592** patients  
were diagnosed with  
**DIABETES**



**14,874** patients  
were diagnosed with  
**HYPERTENSION**

### Preventive Care



**22,606** children received  
**WELL-CHILD VISITS**



**35,048** patients received  
**IMMUNIZATIONS** and  
**SEASONAL FLU VACCINES**

## STATE-OF-THE-ART PRACTICE

### Electronic Health Records

**75%** 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"**

### Patient-Centered Care



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

## QUALITY HEALTH OUTCOMES

### Clinical Performance

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



CLINICAL QUALITY  
MEASURES



IMPROVED HEALTH  
OUTCOMES



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### REFERENCES AND DATA SOURCES

1. Access to Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2015 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 2015 IMPLAN Online.
5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2015 Uniform Data System.
6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2015 Uniform Data System.
7. Quality Health Outcomes: Calculated by Capital Link based on 2015 Uniform Data System information and relevant Healthy People 2020 targets found at <https://www.healthypeople.gov/2020/data-search>.

\*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).

### Distribution of Population

	CHC Population	National Population
Under 100% Poverty	80%	71%
Under 200% Poverty	100%	92%
Uninsured	24%	24%
Medicaid	49%	49%
Medicare	9%	9%
Privately Insured	17%	17%

### Summary of 2015 Total Economic Activity

Stimulated by Current Health Center Operations

	Economic Impact	Employment (# of FTEs*)
Community Impact { Direct	\$ 101,146,373	931
Indirect	\$ 18,256,541	167
Induced	\$ 39,490,825	326
<b>Total</b>	<b>\$ 158,893,739</b>	<b>1,425</b>

Direct # of FTEs (employment) based on HRSA 2015 UDS data for FQHCs.

### Summary of 2015 Tax Revenue

	Federal	State
Community Impact { Direct	\$13,808,368	\$2,945,878
Indirect	\$1,525,733	\$566,183
Induced	\$3,309,617	\$1,647,025
<b>Total</b>	<b>\$18,643,718</b>	<b>\$5,159,086</b>
<b>Total Tax Impact</b>		<b>\$23,802,804</b>

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### HOW ECONOMIC IMPACT IS MEASURED

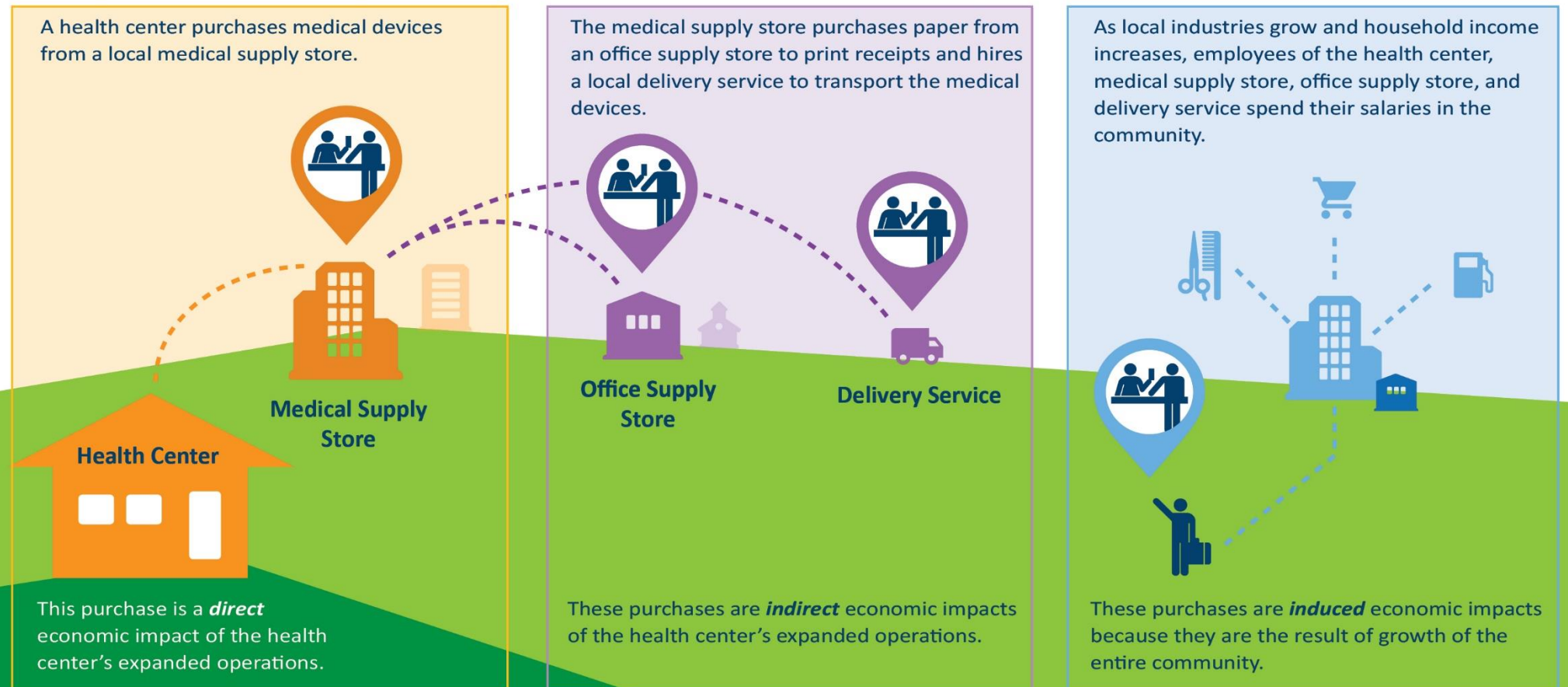
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with 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 2015 IMPLAN Online.

### WHAT ARE DIRECT AND COMMUNITY IMPACTS?

Direct impacts result from **health center expenditures associated with expanded 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.**



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### COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health

Clinicas de Salud del Pueblo, Inc.

Neighborhood Healthcare

Planned Parenthood of the Pacific Southwest

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 18 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).