

VALUE IMPACT of HEALTH CENTERS

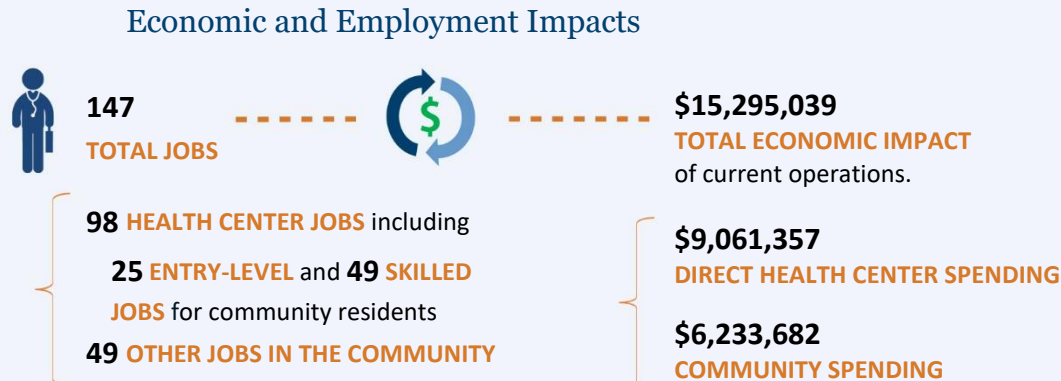
California's 42nd District



Two Federally Qualified Health Centers and other safety-net clinics provide care to residents of **California's 42nd District**. They collectively provide tremendous value and impacts to their communities—from **JOB**S 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 42nd Congressional District Health Centers Provide...

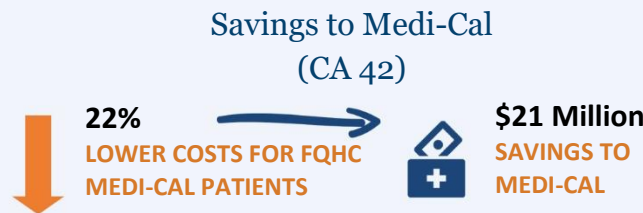
JOBS and other positive impacts on the **ECONOMY**



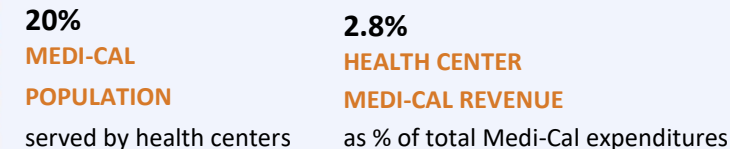
Tax Revenue Impacts



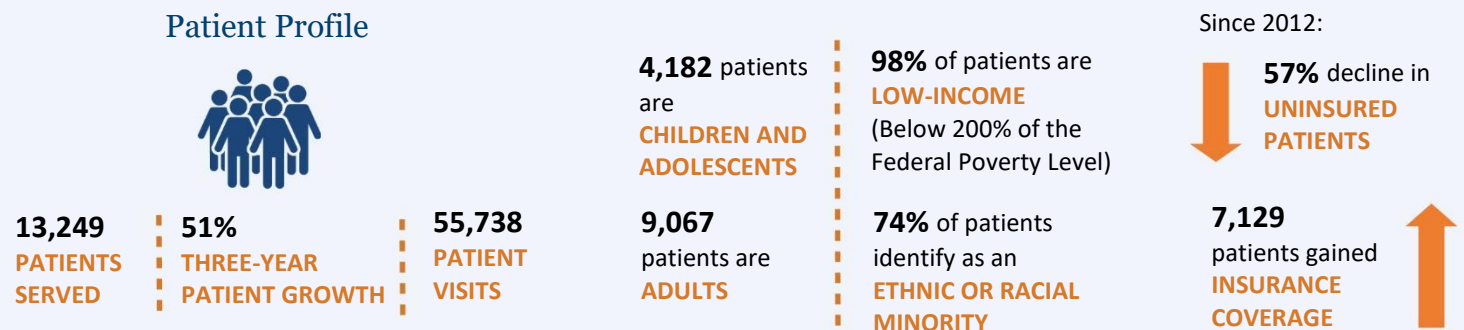
SAVINGS to the health system



Statewide Medi-Cal Expenditures



ACCESS to care for vulnerable populations



COMPREHENSIVE COORDINATED CARE

A Range of Services



12,103 patients received
MEDICAL CARE



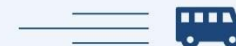
1,725 patients received
DENTAL CARE



1,365 patients received
MENTAL HEALTH CARE



patients received
VISION CARE



812 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



582 patients
were diagnosed with
ASTHMA



367 patients
were diagnosed with
CORONARY ARTERY DISEASE



1,174 patients
were diagnosed with
DIABETES



1,875 patients
were diagnosed with
HYPERTENSION

Preventive Care



2,195 children received
WELL-CHILD VISITS



4,243 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

Electronic Health Records

100% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

100% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"

Patient-Centered Care



100% 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	98%	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	\$ 9,061,357	98
Indirect	\$ 2,278,068	19
Induced	\$ 3,955,614	30
Total	\$ 15,295,039	147

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

Summary of 2015 Tax Revenue

	Federal	State
Community Impact { Direct	\$1,206,212	\$284,162
Indirect	\$184,040	\$70,931
Induced	\$316,652	\$169,330
Total	\$1,706,904	\$524,423
Total Tax Impact		\$2,231,327

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HOW ECONOMIC IMPACT IS MEASURED

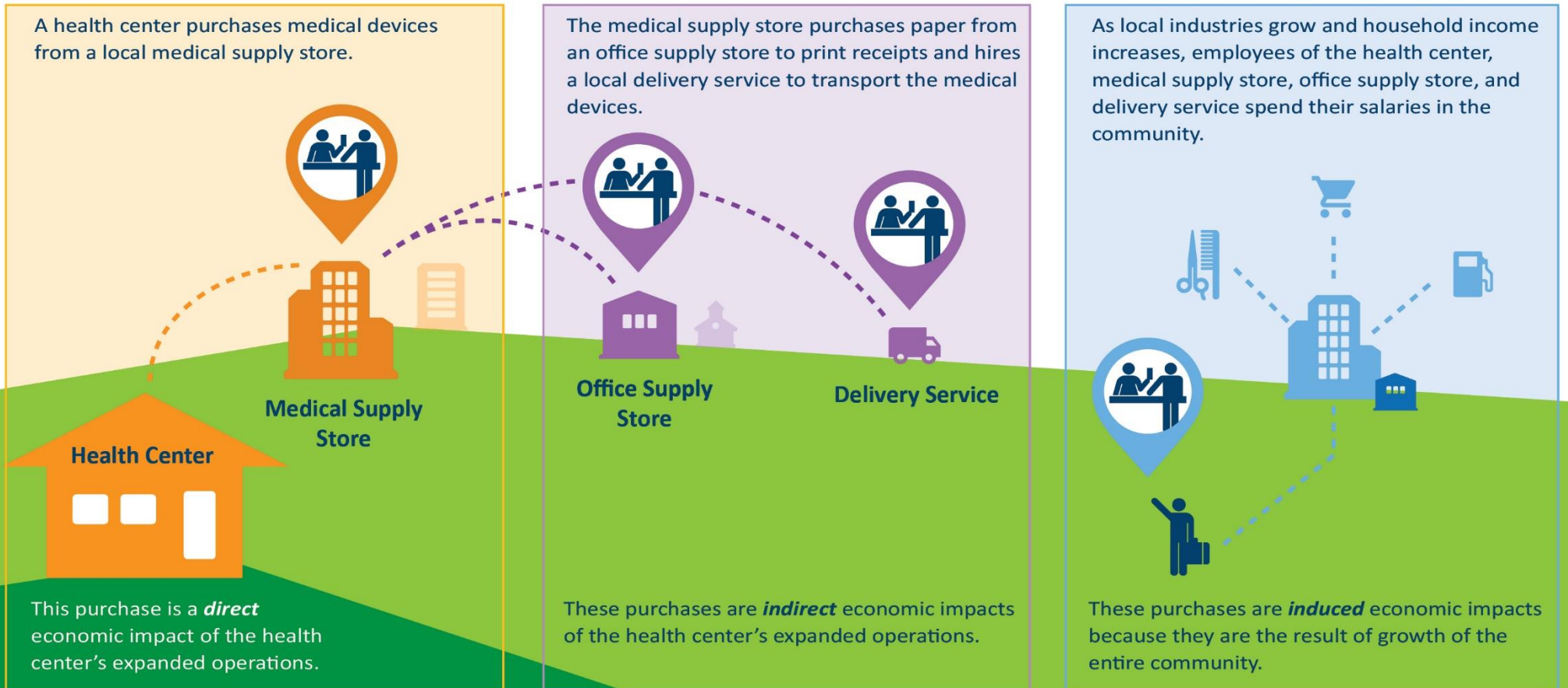
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with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

Neighborhood Healthcare

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.