VALUE (+) IMPACT of HEALTH CENTERS California's 49th District



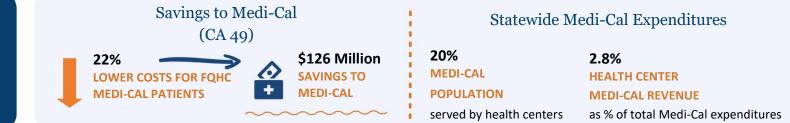
Three Federally Qualified Health Centers and other safety-net clinics provide care to residents of **California's 49th District.** They collectively provide tremendous value and impacts to their communities—from JOBS and ECONOMIC STIMULUS to local communities; SAVINGS to the health care system; ACCESS 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 49th Congressional District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



SAVINGS to the health system



ACCESS
to care for vulnerable
populations



27,662
patients are
CHILDREN AND
ADOLESCENTS

52,244 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:



35,007
patients gained
INSURANCE
COVERAGE



COMPREHENSIVE COORDINATED CARE

A Range of Services



68,798 patients received **MEDICAL CARE**



16,931 patients received **DENTAL CARE**



16,860 patients received at least one **ENABLING SERVICE** to overcome barriers to care



2,272 patients received **MENTAL HEALTH CARE**



2,393 patients received

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



2,809 patients were diagnosed with **ASTHMA**



1.417 patients were diagnosed with **CORONARY ARTERY DISEASE**



12,567 children received **WELL-CHILD VISITS**

Preventive Care



27,782 patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES**



6,188 patients were diagnosed with DIABETES



8,832 patients were diagnosed with **HYPERTENSION**

STATE-OF-THE-ART **PRACTICE**

QUALITY HEALTH

OUTCOMES

Electronic Health Records

67% of health centers have installed and currently use an **ELECTRONIC HEALTH RECORD (EHR)**

67% of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS) **EHR INCENTIVE PROGRAM "MEANINGFUL USE"**

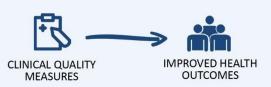
Patient-Centered Care



67% of centers recognized as PATIENT-CENTERED MEDICAL HOMES

Clinical Performance

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



Capital Link prepared this Value (Impact report using 2015 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2015 IMPLAN Online.



For more information, visit us online: www.caplink.org

California's 49th District

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.

Distribution of Population

	CHC Population	National Population
Under 100% Poverty	79%	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

	Total
Impact	Induced
Community _	Indirect
	Direct

Employment (# of FTEs*)
698
104
214
1,016

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

Summary of 2015 Tax Revenue

Total Tax Impact		\$17,792,190		
	Total	\$13,811,944	\$3,980,246	
Impact	Induced	\$2,666,157	\$1,235,088	
Community _	Indirect	\$1,641,163	\$518,823	
	Direct	\$9,504,624	\$2,226,335	
		Federal	State	

^{*}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).

California's 49th District

HOW ECONOMIC IMPACT IS MEASURED

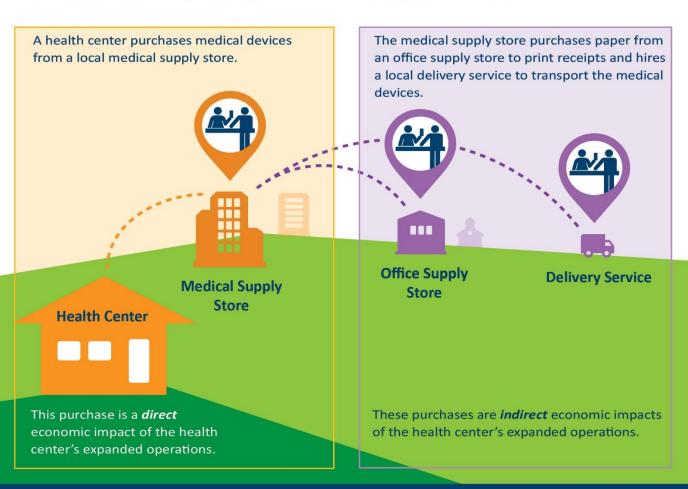
Using IMPLAN, integrated economic modeling software, this analysis applies the "multiplier effect" to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with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





COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

North County Health Services

Vista Community Clinic

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.