

VALUE IMPACT of HEALTH CENTERS

California's 52nd District

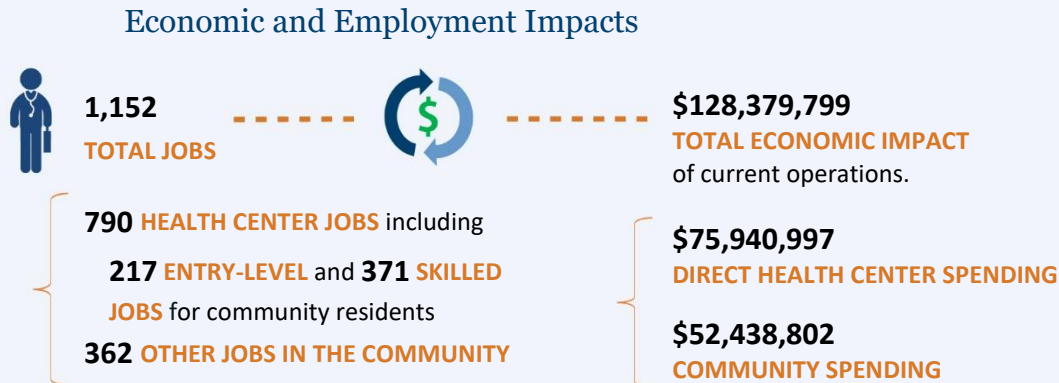


Five Federally Qualified Health Centers and other safety-net clinics provide care to residents of **California's 52nd District**. They collectively provide tremendous value and impacts to their communities—from **JOB**S and **ECONOMIC STIMULUS** to local communities; **SAVINGS** to the health care system; **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 52nd Congressional District Health Centers Provide...

JOB

and other positive
impacts on the
ECONOMY

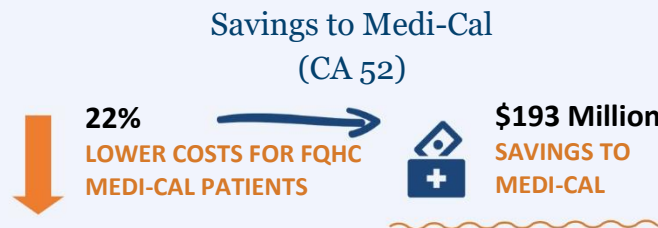


Tax Revenue Impacts

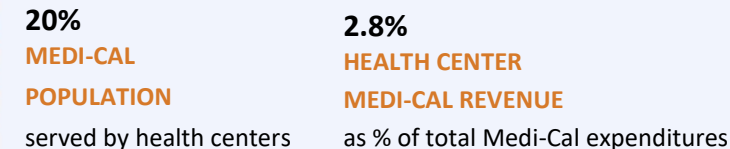


SAVINGS

to the health system

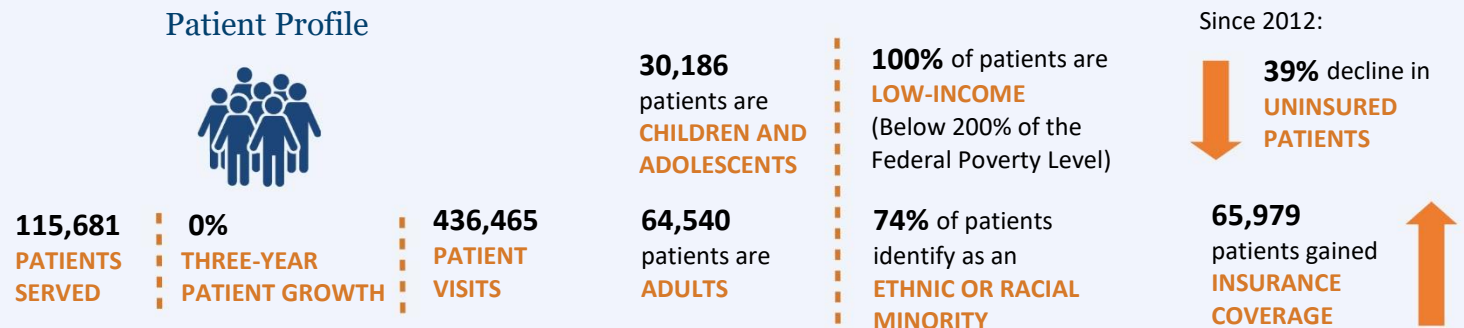


Statewide Medi-Cal Expenditures



ACCESS

to care for vulnerable
populations



COMPREHENSIVE COORDINATED CARE



86,703 patients received
MEDICAL CARE



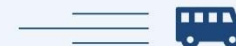
12,622 patients received
DENTAL CARE



9,180 patients received
**MENTAL HEALTH
CARE**



214 patients received
VISION CARE



6,752 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



4,630 patients
were diagnosed with
ASTHMA



2,809 patients
were diagnosed with
CORONARY ARTERY DISEASE



9,112 patients
were diagnosed with
DIABETES



15,184 patients
were diagnosed with
HYPERTENSION

Preventive Care



15,647 children received
WELL-CHILD VISITS



31,370 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

Electronic Health Records

80% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

60% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"

Patient-Centered Care



40% 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	84%	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	\$ 75,940,997	790
Indirect	\$ 21,653,651	135
Induced	\$ 30,785,151	228
Total	\$ 128,379,799	1,152

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

Summary of 2015 Tax Revenue

	Federal	State
Community Impact { Direct	\$10,426,723	\$2,303,602
Indirect	\$2,042,031	\$674,151
Induced	\$2,743,335	\$1,222,536
Total	\$15,212,089	\$4,200,289
Total Tax Impact		\$19,412,378

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HOW ECONOMIC IMPACT IS MEASURED

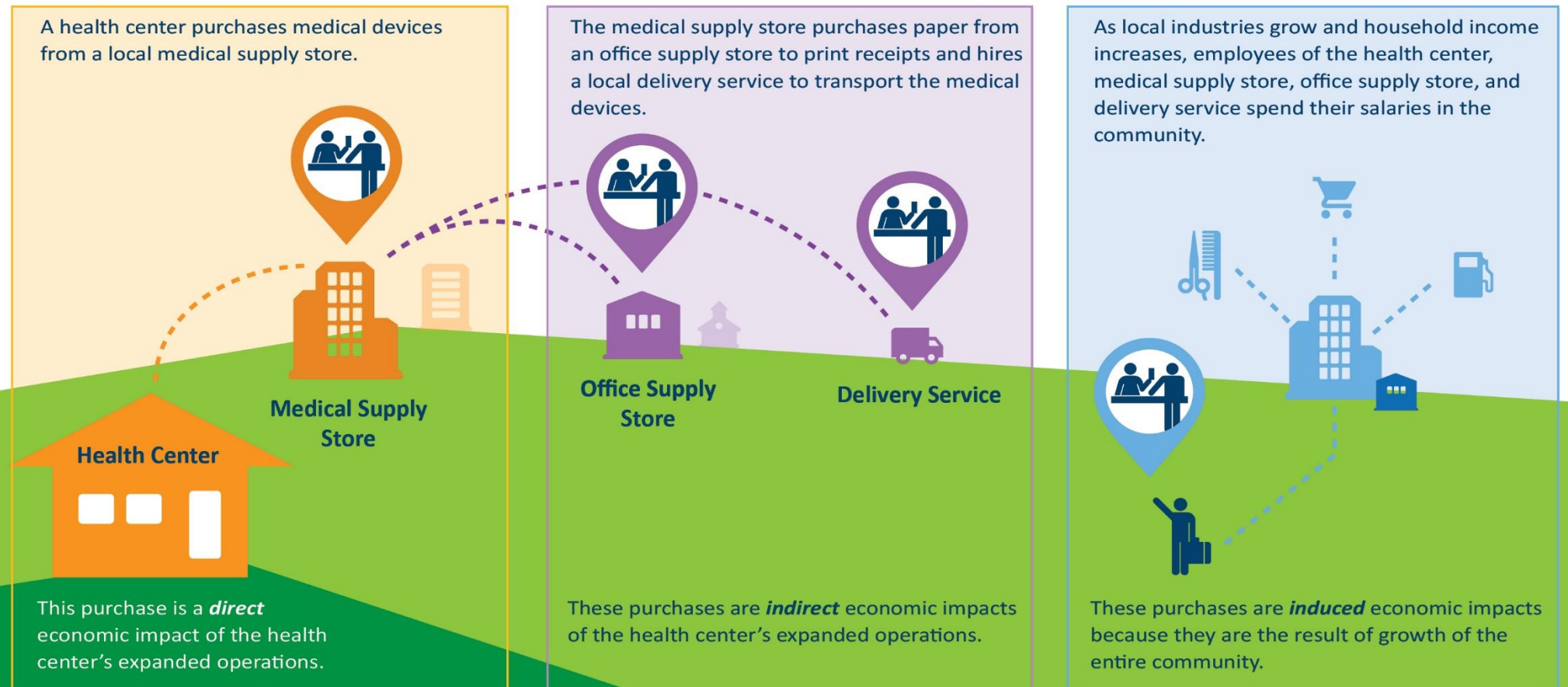
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with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

Operation Samahan Health Centers

Planned Parenthood of the Pacific Southwest

San Diego Family Care

San Ysidro Health Center

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.