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 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 52nd Congressional District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



362 OTHER JOBS IN THE COMMUNITY

\$19.41 Million
ANNUAL TAX REVENUES

Tax Revenue Impacts

\$4.2 Million
STATE AND LOCAL TAX REVENUES

\$15.21 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



Statewide Medi-Cal Expenditures

2.8%

HEALTH CENTER

as % of total Medi-Cal expenditures

ACCESS to care for vulnerable populations



MEDI-CAL PATIENTS

30,186
patients are
CHILDREN AND
ADOLESCENTS

20%

MEDI-CAL

POPULATION

served by health centers

\$52,438,802

MEDI-CAL

COMMUNITY SPENDING

64,540 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:

MEDI-CAL REVENUE



65,979
patients gained
INSURANCE
COVERAGE



COMPREHENSIVE COORDINATED CARE

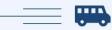
A Range of Services



86,703 patients received **MEDICAL CARE**



12,622 patients received **DENTAL CARE**



6,752 patients received at least one **ENABLING SERVICE** to overcome barriers to care



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



214 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



4,630 patients were diagnosed with **ASTHMA**



2,809 patients were diagnosed with CORONARY ARTERY DISEASE



15,647 children received **WELL-CHILD VISITS**

Preventive Care



31,370 patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES**



9,112 patients were diagnosed with DIABETES



15,184 patients were diagnosed with **HYPERTENSION**

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



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 52nd 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	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

		Direct
Community _	$\left\{ \right]$	Indirect
Impact		Induced
		Total

Economic Impact	Employment (# of FTEs*)
\$ 75,940,997	790
\$ 21,653,651	135
\$ 30,785,151	228
\$ 128,379,799	1,152

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

Summary of 2015 Tax Revenue

Total Tax Impact		\$19,412,378	
	Total	\$15,212,089	\$4,200,289
Impact	Induced	\$2,743,335	\$1,222,536
Community	Indirect	\$2,042,031	\$674,151
	Direct	\$10,426,723	\$2,303,602
		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 52nd 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?

Medical Supply

Store

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

A health center purchases medical devices

from a local medical supply store.

Health Center

This purchase is a direct

economic impact of the health

center's expanded operations.

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

The medical supply store purchases paper from an office supply store to print receipts and hires a local delivery service to transport the medical



Office Supply Store

devices.

Delivery Service

These purchases are *indirect* economic impacts of the health center's expanded operations.

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.*

As local industries grow and household income increases, employees of the health center, medical supply store, office supply store, and delivery service spend their salaries in the community.



These purchases are *induced* economic impacts because they are the result of growth of the entire community.

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California's 52nd District

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.