# VALUE (+) IMPACT of HEALTH CENTERS California's 53rd District



Nine Federally Qualified Health Centers and other safety-net clinics provide care to residents of **California's 53rd 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 53rd Congressional District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



Tax Revenue Impacts

\$19.95 Million



\$4.43 Million

**STATE AND LOCAL TAX REVENUES** 

\$15.52 Million

**FEDERAL TAX REVENUES** 

**SAVINGS** to the health system



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

**MEDI-CAL PATIENTS** 

**417** OTHER JOBS IN THE COMMUNITY



106,259
PATIENTS
SERVED

8% THREE-YEAR PATIENT GROWTH 413,016
PATIENT
VISITS

28,363
patients are
CHILDREN AND
ADOLESCENTS

**COMMUNITY SPENDING** 

**MEDI-CAL** 

**51,012** 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:



**62,866**patients gained INSURANCE COVERAGE



# COMPREHENSIVE COORDINATED CARE

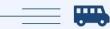
### A Range of Services



**60,321** patients received MEDICAL CARE



**21,517** patients received **DENTAL CARE** 



**20,012** patients received at least one **ENABLING SERVICE** to overcome barriers to care



**5,624** patients received MENTAL HEALTH CARE



**1,692** patients received VISION 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



**3,275** patients were diagnosed with **ASTHMA** 



**1,766** patients were diagnosed with **CORONARY ARTERY DISEASE** 



12,015 children received WELL-CHILD VISITS

**Preventive Care** 



24,498 patients received IMMUNIZATIONS and SEASONAL FLU VACCINES



**6,059** patients were diagnosed with **DIABETES** 



**9,910** patients were diagnosed with HYPERTENSION

# STATE-OF-THE-ART PRACTICE

**QUALITY HEALTH** 

**OUTCOMES** 

### **Electronic Health Records**

**89%** of health centers have installed and currently use an **ELECTRONIC HEALTH RECORD (EHR)** 

**78%** of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS) EHR INCENTIVE PROGRAM "MEANINGFUL USE"

#### Patient-Centered Care



56% 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 53rd 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 <a href="https://www.healthypeople.gov/2020/data-search">https://www.healthypeople.gov/2020/data-search</a>.

#### **Distribution of Population**

|                    | <b>CHC Population</b> | <b>National Population</b> |
|--------------------|-----------------------|----------------------------|
| Under 100% Poverty | 86%                   | 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   |
|             |          |

| Economic Impact | Employment (# of FTEs*) |  |
|-----------------|-------------------------|--|
| \$ 74,498,539   | 790                     |  |
| \$ 19,073,511   | 128                     |  |
| \$ 39,355,881   | 289                     |  |
| \$ 132,927,931  | 1,207                   |  |

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

#### **Summary of 2015 Tax Revenue**

| To        | tal Tax Impact | \$19         | 9,949,850   |
|-----------|----------------|--------------|-------------|
|           | Total          | \$15,522,493 | \$4,427,357 |
| Impact    | Induced        | \$3,559,212  | \$1,573,784 |
| Community | Indirect       | \$1,850,965  | \$605,767   |
|           | Direct         | \$10,112,316 | \$2,247,806 |
|           |                | Federal      | State       |

<sup>\*</sup>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 53rd 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 devices.



Office Supply Store

**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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# COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health

La Maestra Community Health Centers

Planned Parenthood of the Pacific Southwest

Neighborhood Healthcare

San Diego American Indian Health Center

San Diego Family Care

San Ysidro Health Center

**Operation Samahan Health Centers** 

Mountain Health

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 <a href="https://www.caplink.org">www.caplink.org</a>.