



NACHC P&I | March 2019

HCP Member Packet

@HCPSOCAL
#ValueCHCs

This Book Belongs To: _____



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AGENDA

Tentative

March 26, 2019

HCP Member Prep Dinner Meeting | 6:00 p.m.

Sorriso Bistro, 2311 Calvert Street, Washington DC 20008

March 27, 2019

HCP's Legislative Visits Day #1

CPCA Delegation Meeting | 7:00 p.m.

March 28, 2019

HCP's Legislative Visits Day #2

NACHC's Healthcare Leadership Reception and Awards | 6:00 p.m.

March 29-31, 2019

Conference and NACHC Committee Meetings

Schedule will be updated online here: www.HCPSOCAL.org/2019pi



HCP Staff Contact Info

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HCP P&I Webpage

www.HCPSOCAL.org/2019pi



Section 1

HCP Materials



MEMBER PROFILE 2019



HEALTH CENTER PARTNERS
of Southern California

3710 Ruffin Road San Diego, CA 92123
Advocacy@HCPSOCAL.org | 619.542.4300
www.HCPSOCAL.org

Overview

Health Center Partners of Southern California consists of four companies (Family of Companies) that work collaboratively to help our members improve operational efficiencies and deliver high quality health care to improve the lives of southern California families. A champion for community health care, our Family of Companies blends its years of experience, richly talented staff and deep knowledge of our members to deliver programs, resources, and advocacy designed to enrich the patient experience.

Each of our health center member teams are unique in their journey to fulfilling the mission. Some are small and mighty, wearing various hats to fulfill program requirements and create access to care, while others are large with multiple service lines and geographic locations. All work diligently to ensure access to care for southern Californian families. Seven of our member organizations are within the largest 25 health centers in California (n=177), based on patients served. (Borrego, San Ysidro Health, Vista Community Clinic, Neighborhood Healthcare, North County Health Services, Clinicas de Salud Del Pueblo and La Maestra Community Health Centers.)

Common challenges faced by HCP members

Workforce – difficult to recruit and compete in all domains: medical, dental, behavioral health; also for various levels of staff from physicians and nurses to medical assistants.

State Barriers – (delays and inefficiencies – licensing, reconciliation; along with state policies – State Plan Amendment Concerns, inconsistent Audits & Investigations, threats to 340B discount drug program, lack of same day billing for mental health).

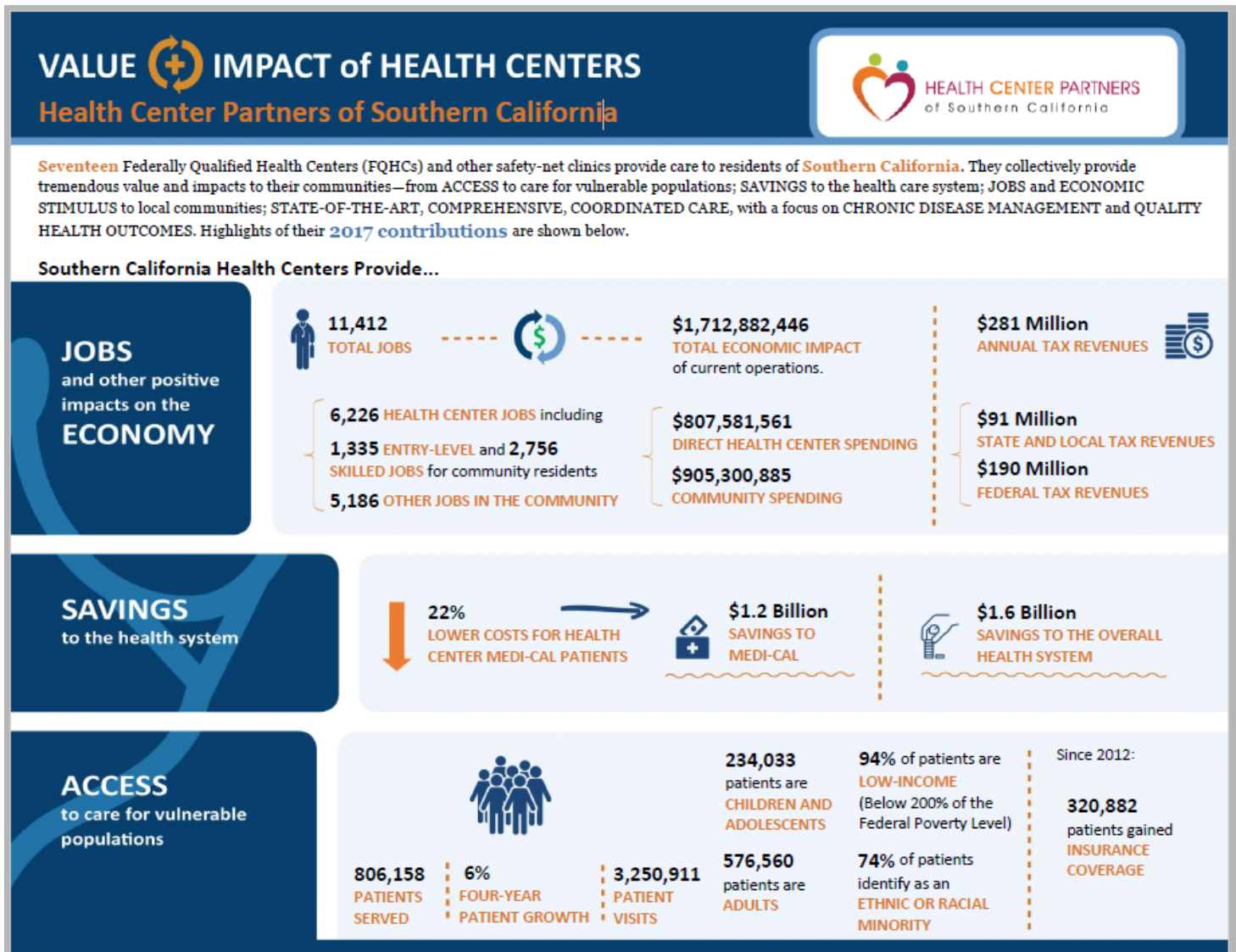
Anxiety over Technology – Data needs, cybersecurity, protecting health information, telehealth, interoperability.

Federal Barriers & Uncertainty in the overall health environment (Medicaid Block Grants, Value Based Care, Funding Cliff).

This report provides a snapshot of the 17-member organizations of Health Center Partners.



CHCs: A Vital Part of the Economy in Local Communities



Capital Link prepared this report using 2017 UDS data & IMPLAN online.
St. Vincent de Paul Village Health Center data is included,
as a member of IHP.

[Click Here to Read Full Report](#)



Expanding Access to Special Populations

Designation to Serve Homeless

Clinicas
La Maestra
Samahan

Designation to Serve Migrants

Clinicas
NCHS

Designation to Serve Public Housing

Clinicas
NCHS
SYH
La Maestra
Borrego

Indian Health Services

SIHC
IHC
SDAIC
Sycuan

Funding Cliff Impact: HRSA Grants in Full HCP Membership

- COMMUNITY HEALTH SYSTEMS, INC. **\$4,180,727**
- SAN DIEGO FAMILY CARE **\$2,244,716**
- LA MAESTRA FAMILY CLINIC, INC. **\$5,147,909**
- CLINICAS DE SALUD DEL PUEBLO, INC. **\$7,031,165**
- IMPERIAL BEACH COMMUNITY CLINIC **\$1,839,878**
- VISTA COMMUNITY CLINIC **\$6,440,902**
- SAMAHAN HEALTH **\$2,828,107**
- NEIGHBORHOOD HEALTHCARE **\$6,546,161**
- NORTH COUNTY HEALTH PROJECT, INC. **\$9,157,161**
- BORREGO COMMUNITY HEALTH FOUNDATION **\$4,210,174**
- MOUNTAIN HEALTH & COMMUNITY SERVICES, INC. **\$1,542,288**
- SAN DIEGO AMERICAN INDIAN HEALTH CENTER INC **\$1,165,224**
- CENTRO DE SALUD DE LA COMUNIDAD SAN YSIDRO, INC **\$10,085,28**

**Total HRSA
for HCP:
\$62,419,692**

HCP Members - Annual Patients Served

Under 25,000

IB
MH
Samahn
SDAIC
IHC

25,000 - 50,000

SDFC
La Maestra
CHSI

50,001 - 100,000

Clinicas
NH
NCHS
SYH
VCC

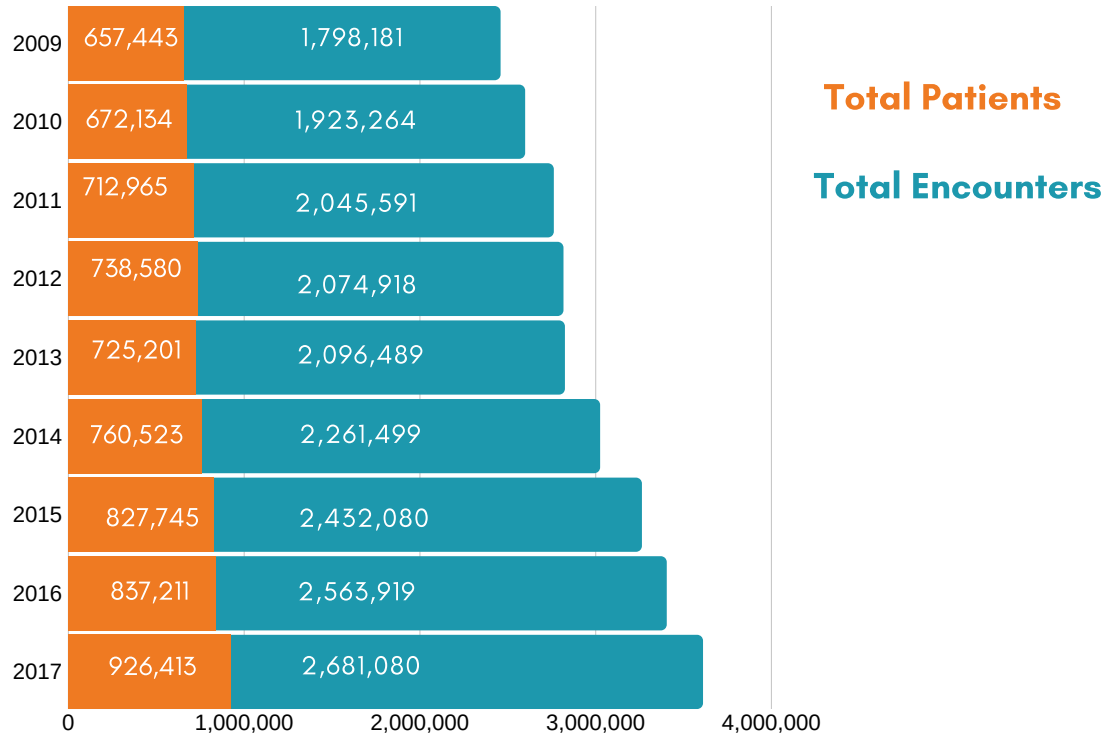
100,000+

Borrego
PPPSW

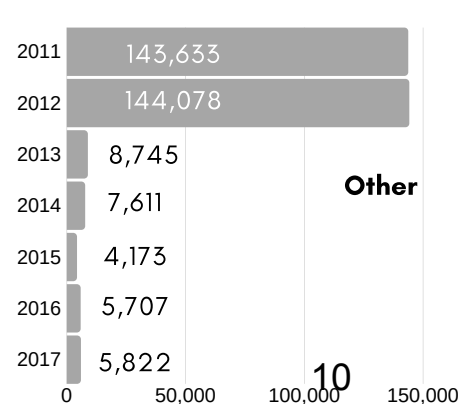
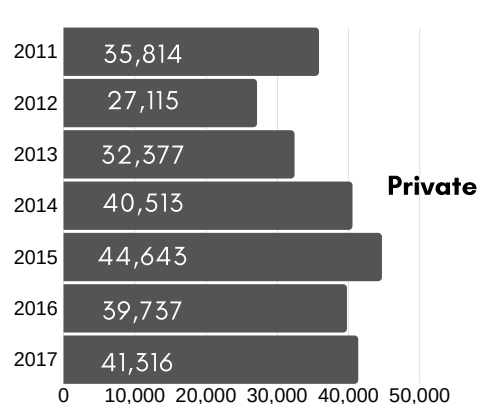
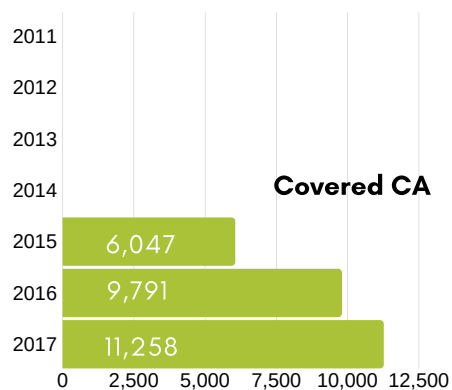
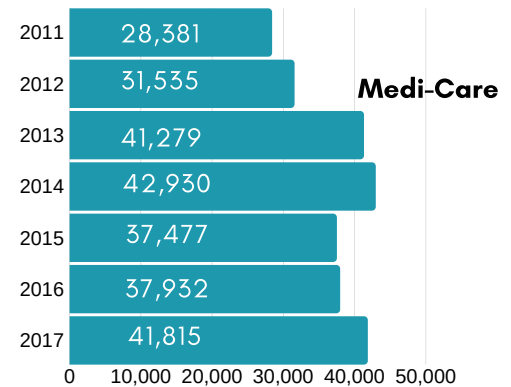
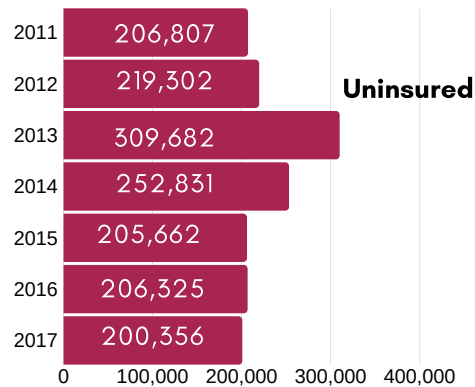
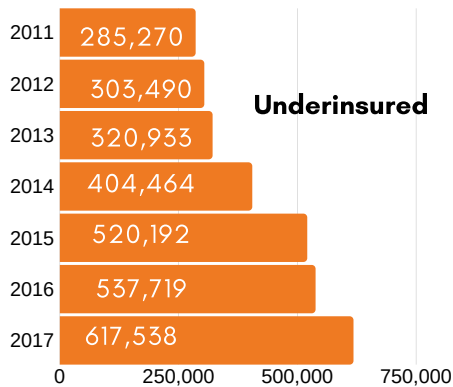
**Total Patients
806,158 (UDS)
926,413 (OSPHD)**

HCP Members - Trending Data

Source:
 OSPHD Annual Utilization of Primary Care Clinics, 2017



Patient Coverage Comparison





CEO - Mikia Wallace

Patients - 177,458

Staff - 719

Budget - \$220m

BH was founded in 1982 and has grown rapidly since obtaining their first HRSA grant. BH now operates 25 sites within San Diego, Riverside and San Bernadino Counties and serves more than 177,000 patients. BH represents primarily rural areas with the greatest concentration of sites in Riverside County. Six sites are exclusively dental, and sixteen sites offer telehealth services.

Federal Districts- 36,41,42,50,53
 State Senate - 28,31,38
 State Assembly- 42,56,60,61,67,71,75,79



CEO - Yvonne Bell

HCP Board Rep - Claudia Galvez

Patients - 53,438

Staff - 380

Budget - \$46m

In 1970, CDSDP became the first federally funded migrant health center in the United States. Clinicas operates 10 health centers and 4 dental clinics, along with several WIC programs. While they are the only member representing Imperial County, they also have sites in Riverside County.

Federal Districts - 36,51
 State Senate- 28,31,38,39
 State Assembly - 42,56



CEO - Lori Holeman

Patients - 27,866

Staff - 161

Budget - \$21m

CHSI was founded in 1974 and currently has six locations covering the counties of Riverside, San Bernardino, and San Diego. Each location comprises of a Medical Clinic and a Dental Clinic. Some locations have an Optometric Clinic as well as a Mental Health clinic.

Federal Districts - 41,50
 State Senate - 31,38
 State Assembly - 60,61,75



Federal District- 50
 State Senate- 38
 State Assembly- 75

CEO - Steve Gold

Patients - 9,559

Staff - 74

Budget -

Established in 1970, IHC is a consortium of nine tribes and operates two sites: Valley Center and Santa Ysabel, both in San Diego County. Medical, Dental and Behavioral Health Services are offered in both locations. Outreach and prevention services are offered through the IHC mobile fleet. Funded by Indian Health Services (Dept. of the Interior). Tribes Served: Inaja-Cosmit, La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma, Rincon, San Pasqual, Santa Ysabel.



Federal District - 51
 State Senate- 40
 State Assembly - 78

CEO - Connie Kirk

Patients - 9,835

Staff - 74

Budget - \$8.6m

Founded in 1971, Imperial Beach operates two health center sites in the South Bay of San Diego County, providing medical and behavioral health services. IB operated as a small community clinic for 30 years before earning FQHC status in 2006



LA MAESTRA
COMMUNITY HEALTH CENTERS
 City Heights · El Cajon · National City · Lemon Grove

Federal Districts- 50,51,53
 State Senate- 38,40
 State Assembly- 71,79,80

CEO - Zara Marselian

Patients - 53,477

Staff - 383

Budget - \$38m

Founded in 1991, LMCHC operates four medical clinics, seven dental sites, three school-based health centers and a mobile unit in San Diego County. LMCHC has a long history of providing care to refugees and immigrants, beginning as the La Maestra Amnesty Center to help City Heights residents gain citizenship. Currently, their patient population represents immigrants from over 60 countries.



Federal Districts - 50,51,53
 State Senate- 38,39,40
 State Assembly- 71,75,78,80

CEO - Judith Shaplin
Patients - 7,866
Staff - 74
Budget - \$9.8m

Founded in 1975, Mountain Health now operates four primary care clinics in San Diego County. As a rural health center, services also include a community center in Campo. The community center serves a critical role for nutrition, offering a food pantry as well as home food delivery for seniors. MH is a key partner with emergency responders in this fire prone area.



Federal Districts - 36,42,50,53
 State Senate- 28,38
 State Assembly- 42,67,71,75

CEO - Rakesh Patel, MD
Patients - 65,399
Staff - 483
Budget - \$64m

NH was founded in 1969 and now provides services at fourteen clinic sites throughout San Diego and Riverside counties. Four of the sites provide dental care and six sites offer chiropractic services. Last year, NH expanded behavioral health services to all its clinic sites.



We're here for you.

a california *health+* center

Federal Districts - 41,49,50
 State Senate - 31,36,38
 State Assembly - 61,71,75,76

CEO - Barbara Kennedy
Patients - 65,357
Staff - 586
Budget - \$71m

Founded in 1971 to serve rural areas of North County, NCHS received a Migrant Health Center grant in 1973. Since then the health center has grown to thirteen sites in San Diego and Riverside Counties. 16% of NCHS patients are migrant/seasonal workers. In addition to medical and dental sites, NCHS also offers WIC services in both counties.



CEO – Darrah Johnson
HCP Board Rep – Lori Keim
Patients – 182,375
Staff – 394
Budget – \$55m

Federal Districts– 36,41,49,50,51,52,53
 State Senate – 28,31,36,38,39,40
 State Assembly – 42,56,61,71,75,76,77,78,79,80

Planned Parenthood of the Pacific Southwest provides access to medical services in San Diego, Riverside and Imperial Counties since 1963. They operate 17 clinic sites offering a full range of reproductive health care services and comprehensive education programs for women and men. PPPSW medical services have expanded in the past year to include gynecological surgeries for women with fibroids and urinary issues.



CEO – Joe Garbanzos
Patients – 13,782
Staff – 126
Budget – \$12.7m

Federal Districts – 51,52
 State Senate – 39,40
 State Assembly – 77,79,80

Founded in 1973, Samahan Health evolved from a free clinic designed provide culturally sensitive services to Filipino and Latino residents in downtown San Diego. Since that time, they have expanded to seven sites throughout San Diego County and offer a full range of medical, dental and behavioral health services. Samahan Health was received FQHC designation in 2013.



Administrator – Dona James
Patients – 4,281
Staff – 36
Budget – \$5.7m

Federal District – 53
 State Senate – 39
 State Assembly – 78

SDAIC was founded in 1979 to provide access to community-based health care for urban American Indians that was rooted in traditional cultural values. Since that time, SDAIHC has been designated as a FQHC and welcomes all patients regardless of ethnic background or tribal affiliations to its expanded campus in San Diego County.


SAN DIEGO FAMILY CARE
A California Non-Profit Corporation
CEO – Roberta Feinberg
Patients – 27,621
Staff – 173
Budget – \$22m

Federal Districts – 51,53

State Senate – 39,40

State Assembly – 78,80

Established in 1972, San Diego Family Care operates nine clinic sites in San Diego County, including three school-based clinics inside elementary and middle schools. They offer a full range of medical, dental and behavioral health services. Nearly 30% of the patient population served are children.


**SAN YSIDRO
HEALTH**
CEO – Kevin Mattson
Patients – 94,225
Staff – 998
Budget – \$149m

 Federal Districts – 51,53
 State Senate – 38,39,40
 State Assembly – 71,79,80

San Ysidro Health was established in 1969 by several women in search of medical services for their children. Celebrating its 50th year, the clinic has expanded to 34 sites across San Diego County including a senior health center and one of California's eleven PACE (Program of All-inclusive Care for Elderly) programs.


CEO – Carolina Manzano
Patients – 5,871
Staff – 120
Budget

 Federal District – 51
 State Senate – 40
 State Assembly – 71

SIHC evolved from a satellite site of Indian Health Council of Pauma Valley. Five years later, SIHC incorporated and relocated to Barona until their permanent location was built in 1987. Today SIHC is a consortium serving seven tribes: Barona, Campo, Ewiiapaayp, Jamul, La Posta, Manzanita and Viejas and offers a range of medical, dental and social services for residents of rural San Diego County.



Federal District -
 State Senate -
 Sate Assembly -

Deputy Director - Brianna Sandoval

Patients - 2,568

Staff - 55

Budget -

The Sycuan Medical Dental Center is owned and operated by the Sycuan Band of the Kumeyaay Nation, a sovereign Native American tribe. The facility offers high quality health care services to the members of the Sycuan Band, other Native Americans, Sycuan employees, and the general public.



Federal Districts -42,49
 State Senate -28,36
 Sate Assembly - 67,76

CEO - Fernando Sanudo

Patients - 65,781

Staff - 440

Budget - \$58m

VCC first opened in the basement of a local animal shelter in 1972. Since then, the health center has expanded to eight sites in San Diego, Riverside and Orange Counties. VCC was designated FQHC in 2002 and offers a variety of family empowerment opportunities. To increase access to oral health services, VCC operates a mobile dental unit.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Seventeen Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **Southern California**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

Southern California Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



11,412
TOTAL JOBS



\$1,712,882,446
TOTAL ECONOMIC IMPACT
of current operations.

\$281 Million
ANNUAL TAX REVENUES



6,226 HEALTH CENTER JOBS including
1,335 ENTRY-LEVEL and **2,756**
SKILLED JOBS for community residents
5,186 OTHER JOBS IN THE COMMUNITY

\$807,581,561
DIRECT HEALTH CENTER SPENDING
\$905,300,885
COMMUNITY SPENDING

\$91 Million
STATE AND LOCAL TAX REVENUES
\$190 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$1.2 Billion
SAVINGS TO
MEDI-CAL



\$1.6 Billion
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



806,158
PATIENTS
SERVED

6%
FOUR-YEAR
PATIENT GROWTH

3,250,911
PATIENT
VISITS

234,033
patients are
CHILDREN AND
ADOLESCENTS

576,560
patients are
ADULTS

94% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

74% of patients
identify as an
ETHNIC OR RACIAL
MINORITY

Since 2012:

320,882
patients gained
INSURANCE
COVERAGE

18

COMPREHENSIVE COORDINATED CARE



634,252 patients
received **MEDICAL CARE**



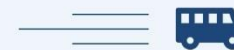
234,403 patients
received **DENTAL CARE**



38,691 patients received
MENTAL HEALTH CARE



17,920 patients
received
VISION CARE



79,091 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



21,538 patients were
diagnosed with
ASTHMA



12,416 patients were
diagnosed with
CORONARY ARTERY DISEASE



51,107 patients were
diagnosed with
DIABETES



81,346 patients were
diagnosed with
HYPERTENSION



83,384 children received
WELL-CHILD VISITS



204,691 patients
received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

82% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

76% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



76% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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


CLINICAL QUALITY
MEASURES




IMPROVED HEALTH
OUTCOMES



COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Clinicas de Salud del Pueblo, Inc.
Community Health Systems, Inc.
Imperial Beach Community Clinic
Indian Health Council, Inc.
La Maestra Community Health Centers
Mountain Health
Neighborhood Healthcare
North County Health Services
Planned Parenthood of the Pacific Southwest
Samahan Health Centers
San Diego American Indian Health Center
San Diego Family Care
San Ysidro Health
Southern Indian Health Council, Inc.
St Vincent de Paul Village
Vista Community Clinic

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.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Sixteen Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's San Diego County**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's San Diego County Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



8,198
TOTAL JOBS



\$1,154,053,588
TOTAL ECONOMIC IMPACT
of current operations.

\$189 Million
ANNUAL TAX REVENUES



4,834 HEALTH CENTER JOBS including
1045 ENTRY-LEVEL and **2134 SKILLED**
JOBS for community residents
3,364 OTHER JOBS IN THE COMMUNITY

\$623,631,136
DIRECT HEALTH CENTER SPENDING
\$530,422,452
COMMUNITY SPENDING

\$60 Million
STATE AND LOCAL TAX REVENUES
\$129 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$835 Million
SAVINGS TO
MEDI-CAL



\$1.1 Billion
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



577,707
PATIENTS
SERVED

6%
FOUR-YEAR
PATIENT GROWTH

2,372,792
PATIENT
VISITS

168,826
patients are
CHILDREN AND
ADOLESCENTS

413,316
patients are
ADULTS

94% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

73% of patients
identify as an
ETHNIC OR RACIAL
MINORITY

Since 2012:

209,201
patients gained
INSURANCE
COVERAGE

COMPREHENSIVE COORDINATED CARE



466,410 patients
received **MEDICAL CARE**



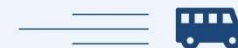
158,722 patients
received **DENTAL CARE**



31,309 patients received
MENTAL HEALTH CARE



15,217 patients
received
VISION CARE



56,461 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



16,479 patients were
diagnosed with
ASTHMA



9,749 patients were
diagnosed with
CORONARY ARTERY DISEASE



38,386 patients were
diagnosed with
DIABETES



63,488 patients were
diagnosed with
HYPERTENSION



62,725 children received
WELL-CHILD VISITS



166,286 patients
received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

81% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

75% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



75% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

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COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Community Health Systems, Inc.
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Mountain Health
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Planned Parenthood of the Pacific Southwest
Samahan Health Centers
San Diego American Indian Health Center
San Diego Family Care
San Ysidro Health
Southern Indian Health Council, Inc.
St Vincent de Paul Village
Vista Community Clinic

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Seven Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's Riverside County**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's Riverside County Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



1,781
TOTAL JOBS



\$248,080,930
TOTAL ECONOMIC IMPACT
of current operations.

\$39.1 Million
ANNUAL TAX REVENUES



1,041 HEALTH CENTER JOBS including
214 ENTRY-LEVEL and **461 SKILLED JOBS**
for community residents
740 OTHER JOBS IN THE COMMUNITY

\$146,902,320
DIRECT HEALTH CENTER SPENDING
\$101,178,610
COMMUNITY SPENDING

\$12.7 Million
STATE AND LOCAL TAX REVENUES
\$26.4 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$293 Million
SAVINGS TO
MEDI-CAL



\$363 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



182,873
PATIENTS
SERVED

4%
FOUR-YEAR
PATIENT GROWTH

717,419
PATIENT
VISITS

51,116
patients are
**CHILDREN AND
ADOLESCENTS**

131,758
patients are
ADULTS

94% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

71% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

91,005
patients gained
**INSURANCE
COVERAGE**

24

COMPREHENSIVE COORDINATED CARE



126,562 patients
received **MEDICAL CARE**



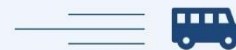
67,303 patients
received **DENTAL CARE**



5,356 patients received
MENTAL HEALTH CARE



2,674 patients received
VISION CARE



22,516 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



3,308 patients were
diagnosed with
ASTHMA



1,824 patients were
diagnosed with
CORONARY ARTERY DISEASE



7,865 patients were
diagnosed with
DIABETES



11,407 patients were
diagnosed with
HYPERTENSION



14,914 children received
WELL-CHILD VISITS



27,625 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

86% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

86% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



86% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES



COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Clinicas de Salud del Pueblo, Inc.
Community Health Systems, Inc.
Neighborhood Healthcare
North County Health Services
Planned Parenthood of the Pacific Southwest
Vista Community Clinic

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 20 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.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Two Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's Imperial County**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's Imperial County Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



513
TOTAL JOBS



\$60,709,703
TOTAL ECONOMIC IMPACT
of current operations.

\$9.5 Million
ANNUAL TAX REVENUES



351 HEALTH CENTER JOBS including
76 ENTRY-LEVEL and **161 SKILLED JOBS** for
community residents
162 OTHER JOBS IN THE COMMUNITY

\$37,048,106
DIRECT HEALTH CENTER SPENDING
\$23,661,597
COMMUNITY SPENDING

\$ 3.1 Million
STATE AND LOCAL TAX REVENUES
\$ 6.4 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$67 Million
SAVINGS TO
MEDI-CAL



\$88 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



45,578
PATIENTS
SERVED

- 1%
FOUR-YEAR
PATIENT GROWTH

160,700
PATIENT
VISITS

14,092
patients are
**CHILDREN AND
ADOLESCENTS**

31,486
patients are
ADULTS

95% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

92% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

20,676
patients gained
**INSURANCE
COVERAGE**

27

COMPREHENSIVE COORDINATED CARE



41,280 patients
received **MEDICAL CARE**



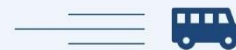
8,378 patients
received **DENTAL CARE**



2,026 patients received
MENTAL HEALTH CARE



30 patients received
VISION CARE



114 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



1,751 patients were
diagnosed with
ASTHMA



843 patients were diagnosed
with
CORONARY ARTERY DISEASE



5,745 children received
WELL-CHILD VISITS



4,857 patients were
diagnosed with
DIABETES



6,451 patients were
diagnosed with
HYPERTENSION



10,780 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

50% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

50% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



50% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES



COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Clinicas de Salud del Pueblo, Inc.

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 20 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.



Section 2

NACHC / CPCA Materials

HEALTH CENTERS

are consumer-driven and patient-centered organizations that serve as a comprehensive and cost effective primary health care option for America's most underserved communities. Health centers serve everyone, regardless of ability to pay or insurance status. They increase access to health care and provide integrated services based on the unique needs of the communities they serve.

There are **four key components** that define health centers & help them reach America's most underserved communities

1

Located in Areas of High Need

Designated as medically underserved areas or populations by the federal government

2

Comprehensive Set of Services

Based on community needs, health centers offer medical, dental, vision, behavioral health, and enabling services

3

Open to Everyone

Regardless of insurance status or ability to pay, and offer sliding fee scale options to low-income patients

4

Patient-Majority Governing Boards

At least 51% of every health center's governing board must be made up of patients

Who do Health Centers Serve?

In 2018, health centers will serve

over 28 million patients

including:

over **13 million** people in poverty

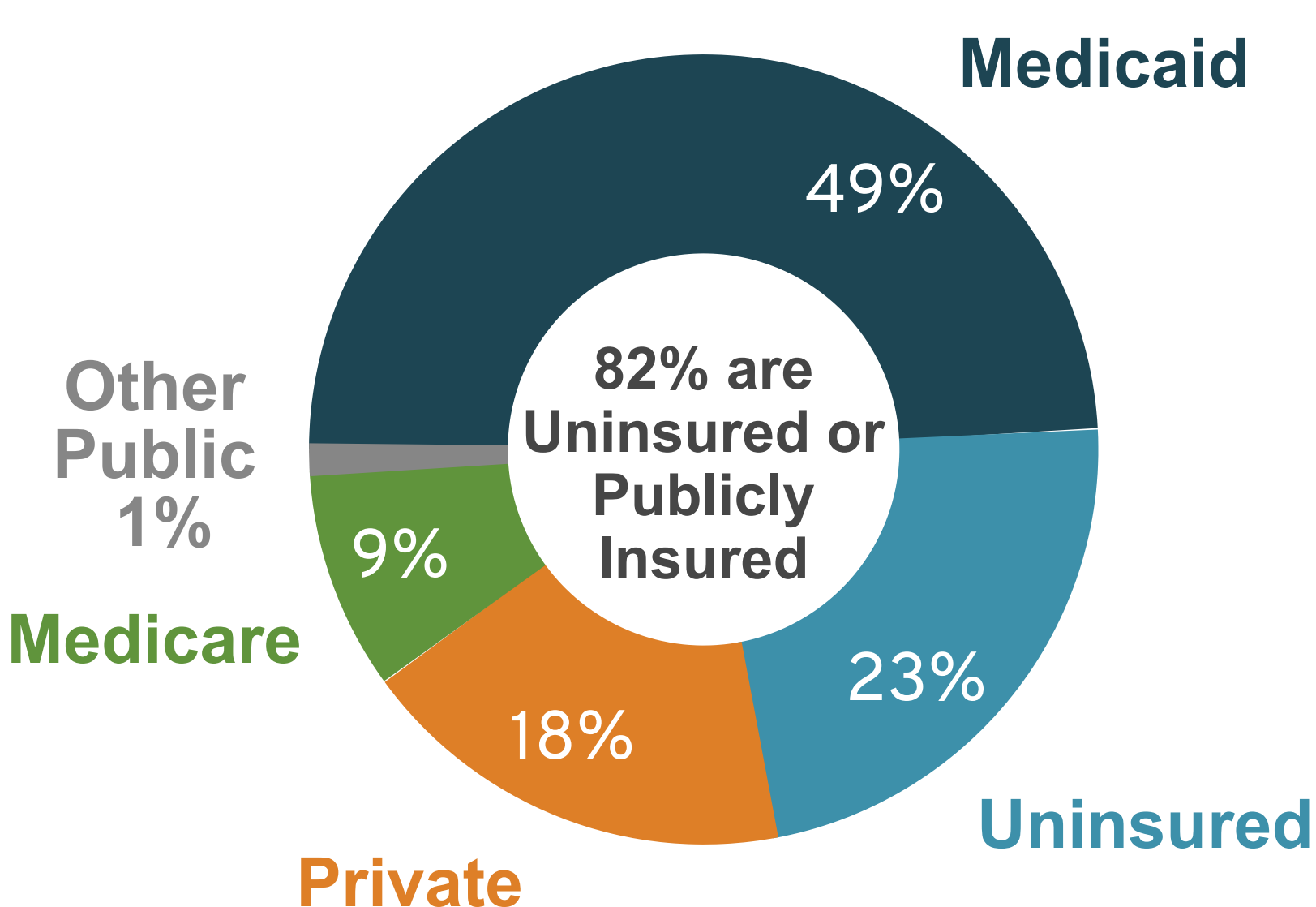
8.4 million children

1.4 million homeless patients

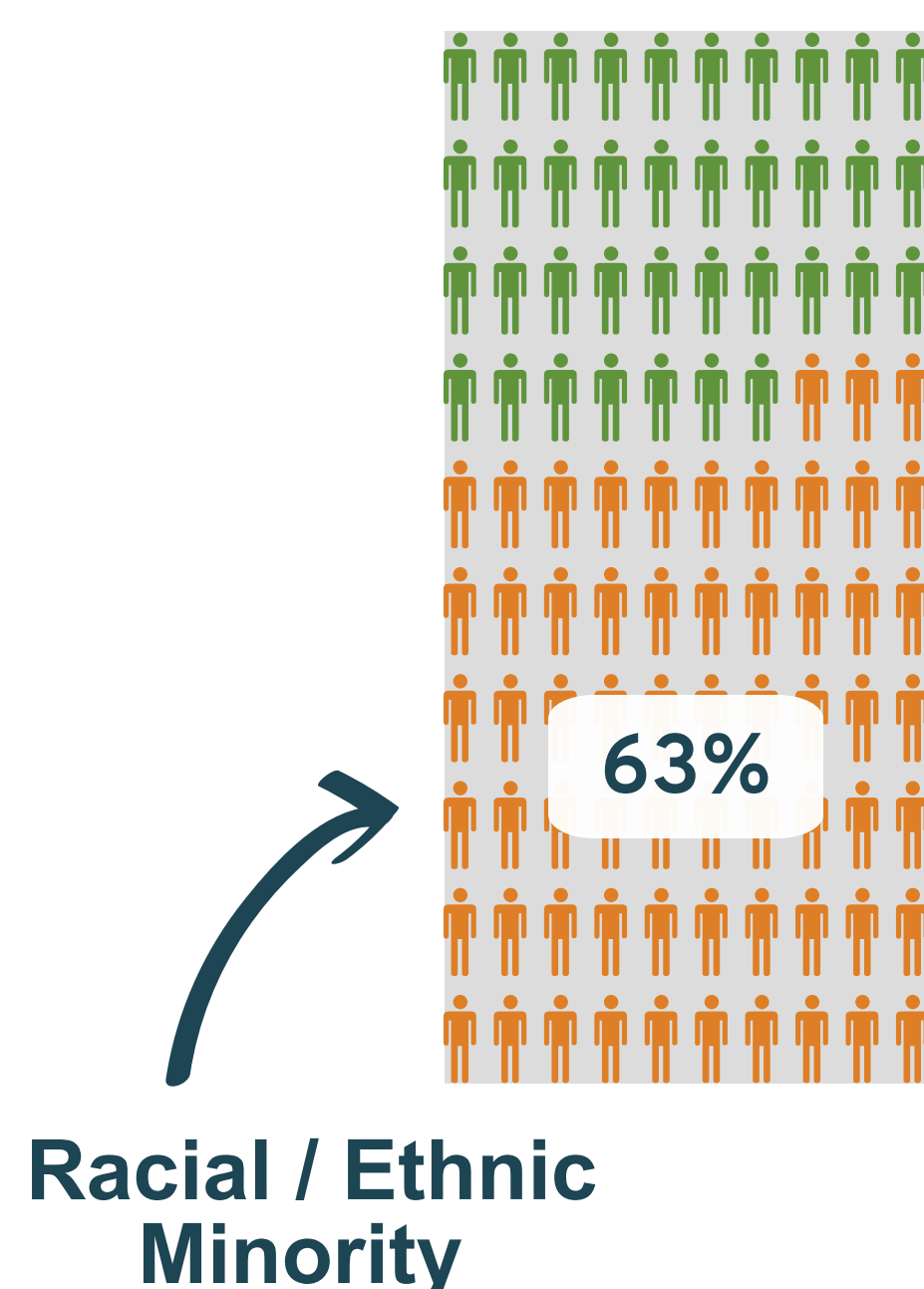
nearly **1 million** agricultural workers

over **350,000** veterans

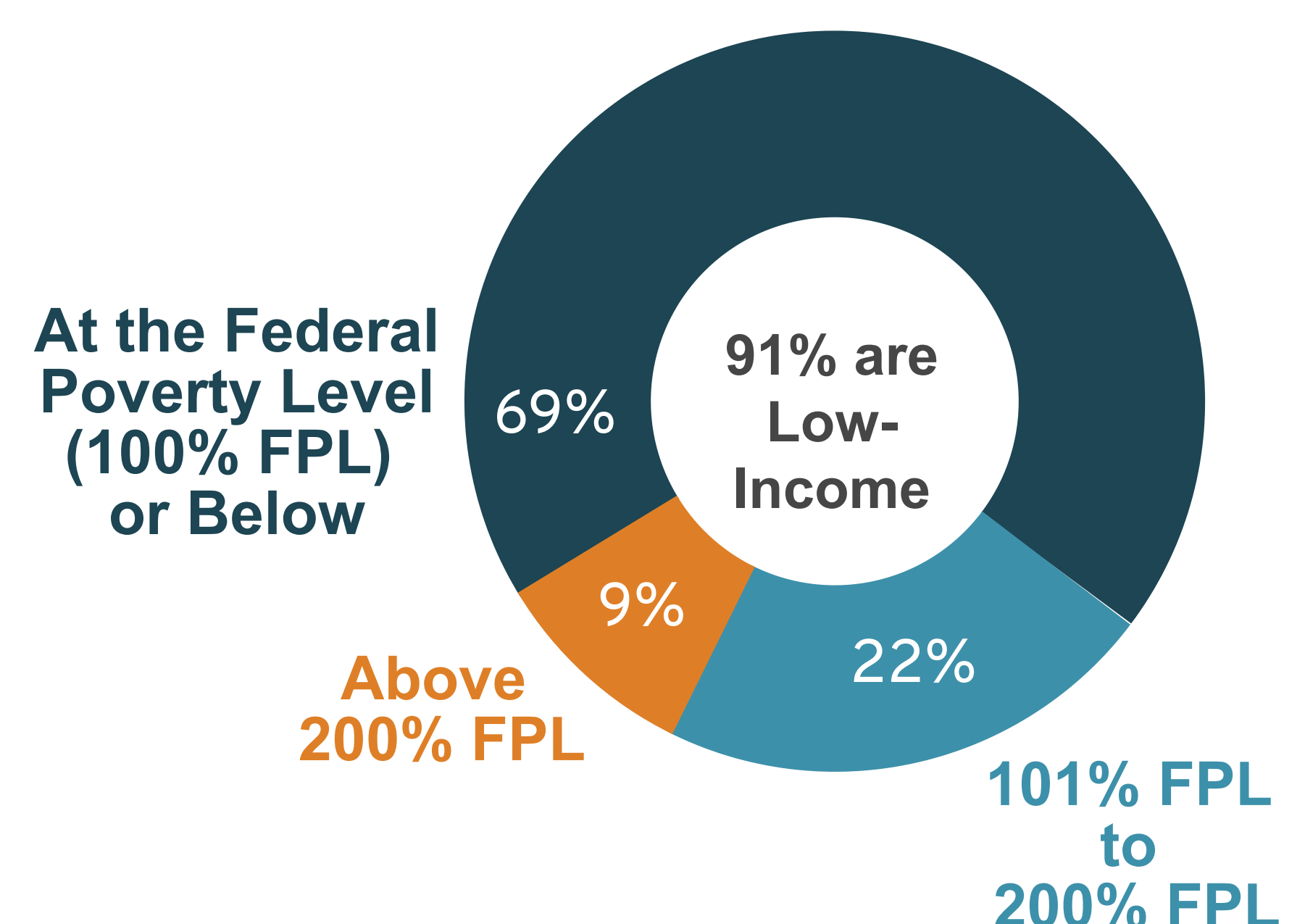
Most Health Center Patients Are Uninsured or Publicly Insured (2017)



Most Health Center Patients Are Members of Racial & Ethnic Minority Groups (2017)



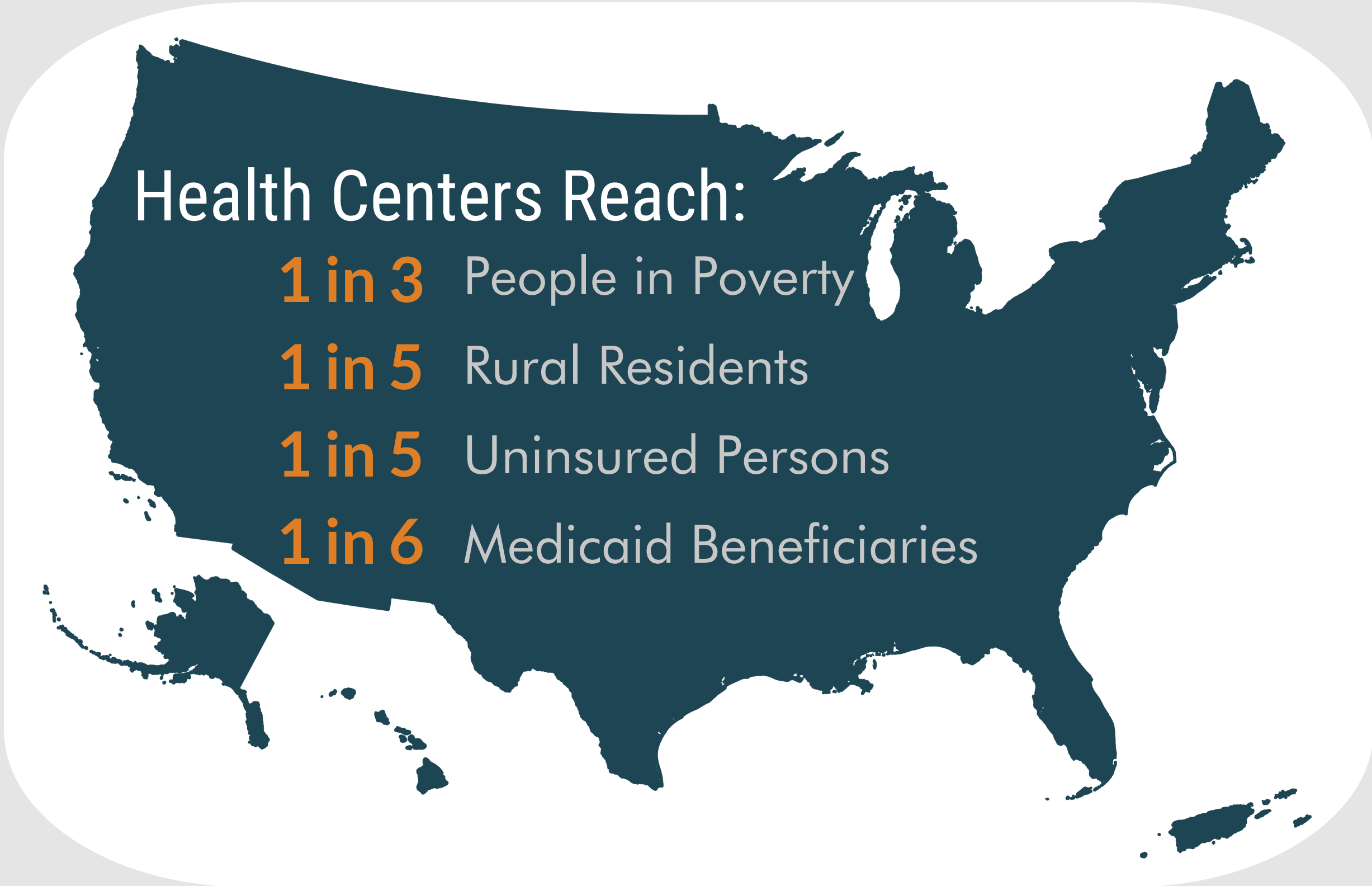
Most Health Center Patients Are Low-Income (2017)



Health Centers Reach Into America's Most Underserved Communities

There are nearly 1,400 health center organizations operating over 11,000 service delivery locations in every state and territory

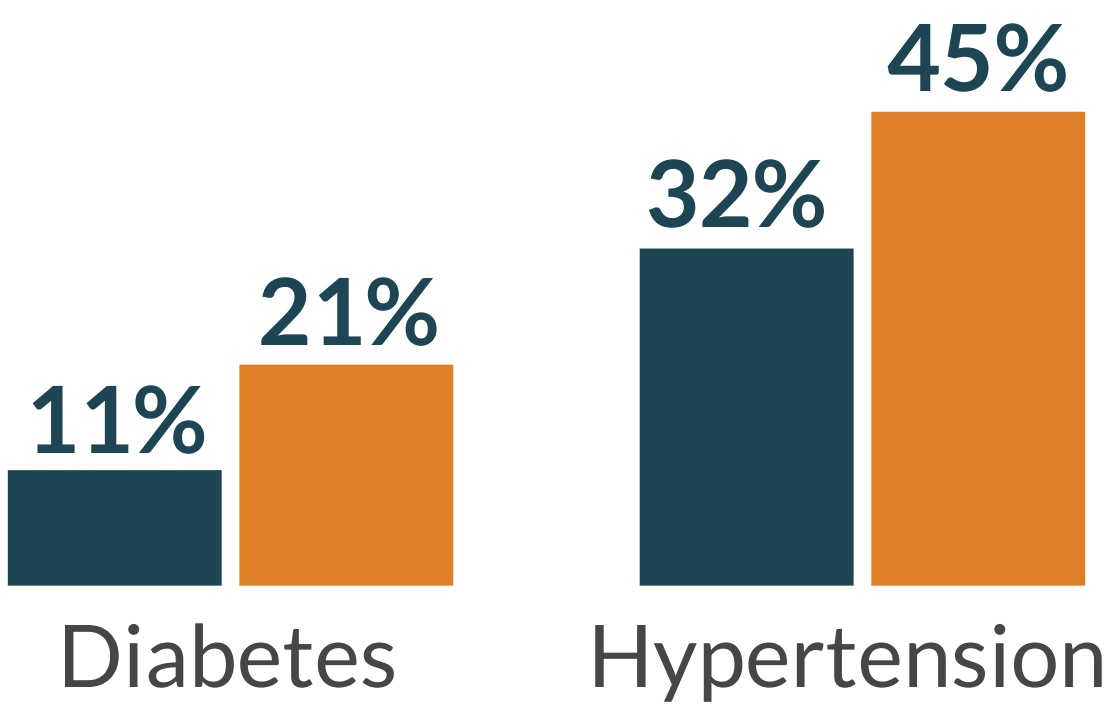
Of these,
44% Are Rural Health Centers



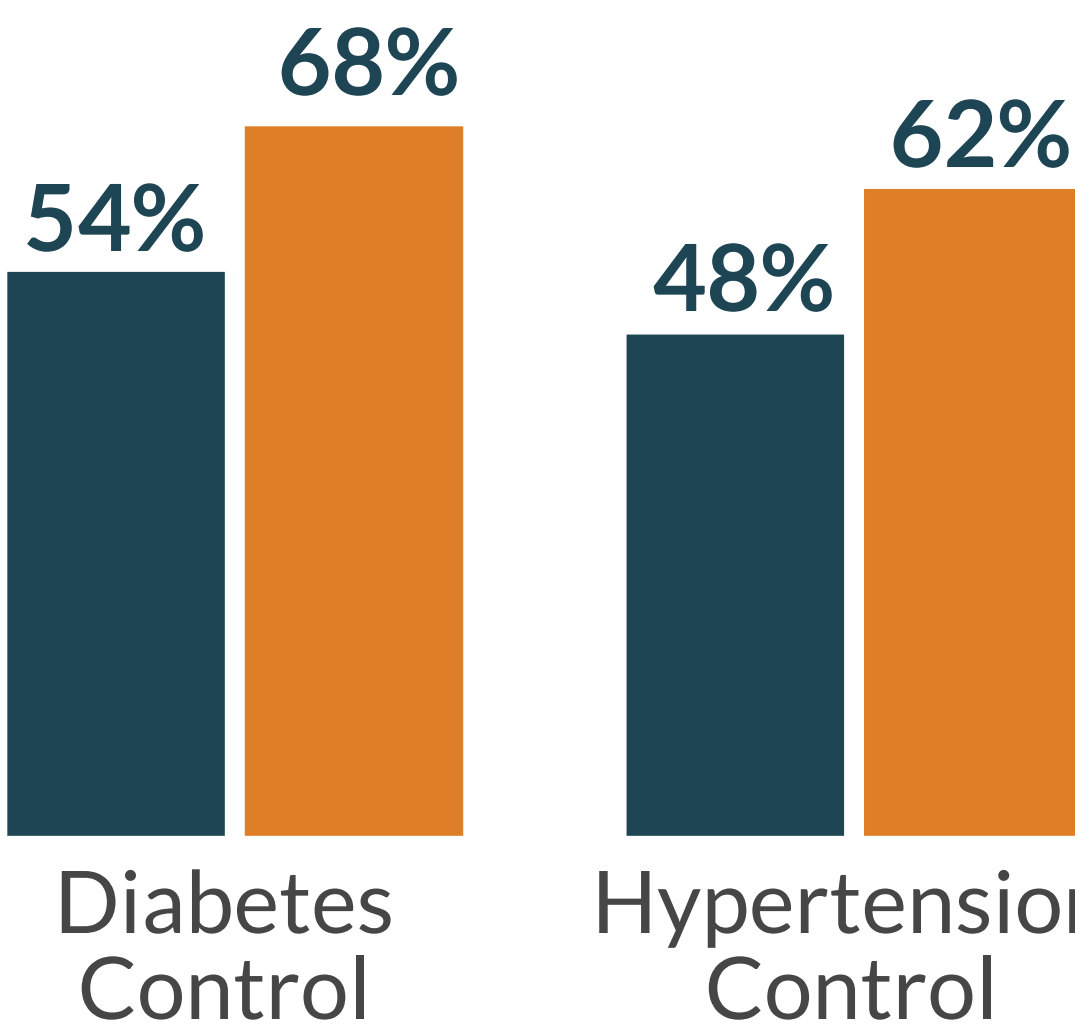
Health Centers' Impact On Patients

Many Patients Present to Health Centers With Chronic Conditions

% of Adults Reporting Ever Being Told They Have:



And Health Center Patients Have Higher Rates of Diabetes & Hypertension Control



■ National ■ Health Center

Health centers perform **better on ambulatory care quality measures** compared to private physicians & are **narrowing health disparities**

Health Centers Create Savings & Promote Economic Growth

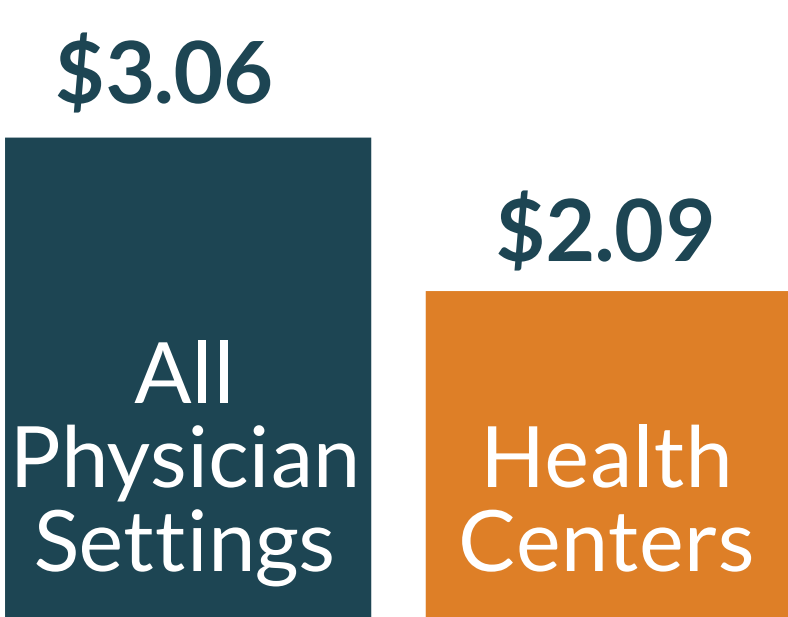
Health centers **employ over 220,000 people** of all skill & education levels, including health professionals, administration & facility & support staff

In total, these staff provide over **110 million patient visits** annually

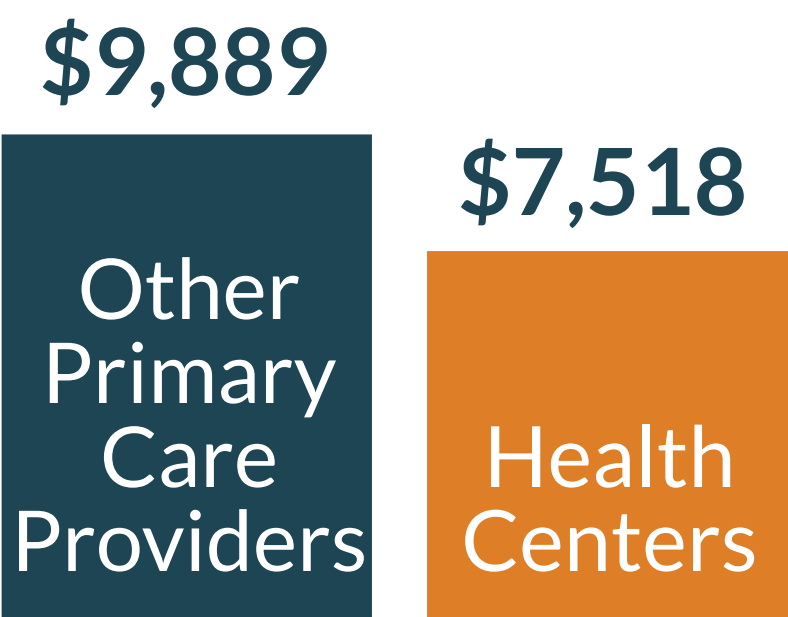
Health centers create **\$45.6 billion in total economic activity** each year within America's most underserved communities

Health Centers Save The Health Care System
\$24 Billion Annually

Health Centers' Average Daily Cost Per Patient is Lower



Health Centers, on Average, Save Over \$2,300 (24%) Per Medicaid Patient



COMMUNITY HEALTH CENTERS

2018/2019 PROFILE

Patients



California

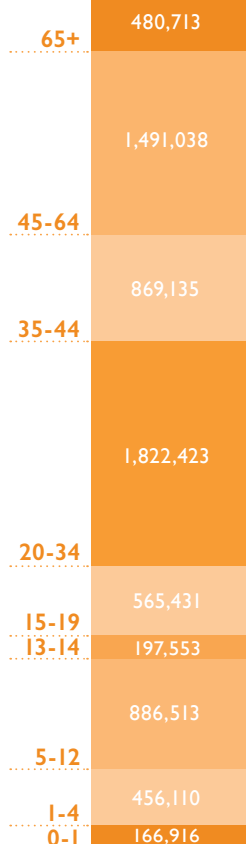
1 out of 6 Californians served by community health centers

PATIENTS
6.9
MILLION

ENCOUNTERS
22.5
MILLION



By Age



By Gender



Special Populations

Non-English Speaking



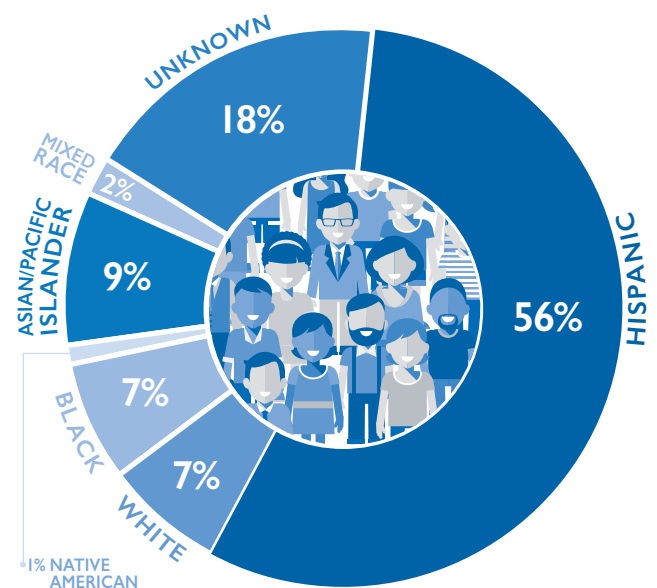
35%

ENCOUNTERS
2,209,019

PATIENTS
634,668

Migratory Workers

By Race | Ethnicity



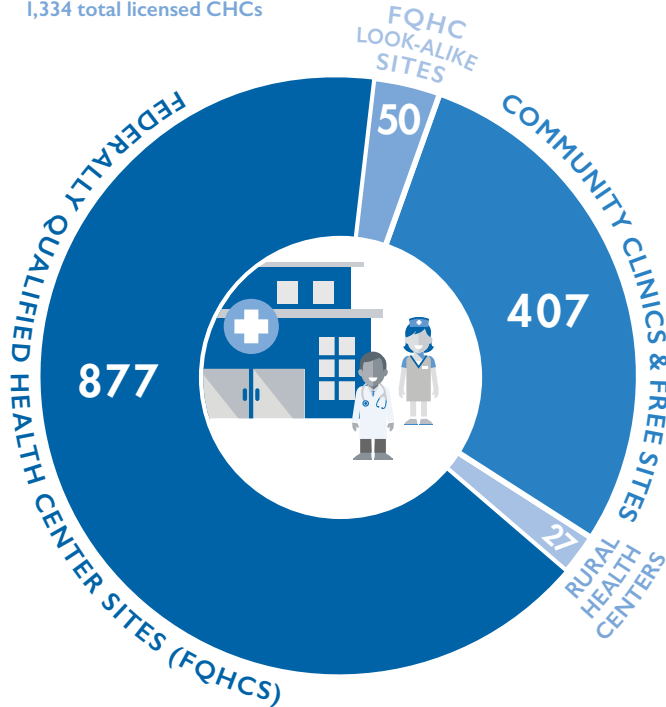
CALIFORNIA PRIMARY CARE ASSOCIATION

COMMUNITY HEALTH CENTERS

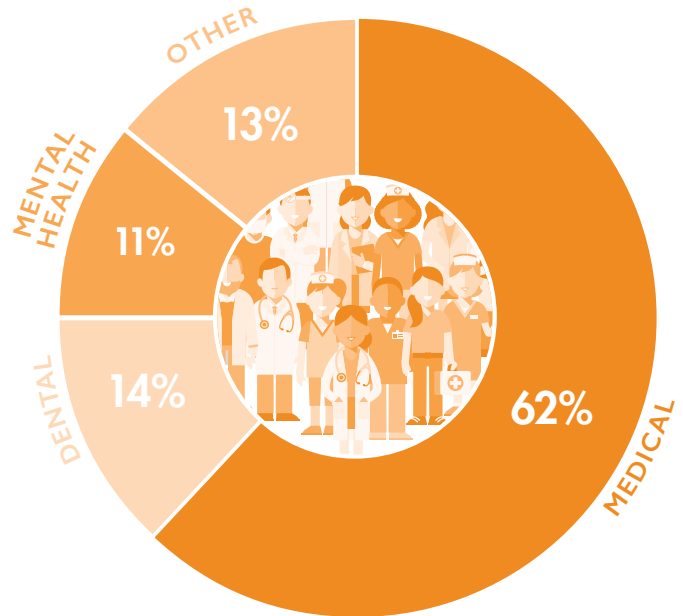
2018/2019 PROFILE

Clinic Types

1,334 total licensed CHCs

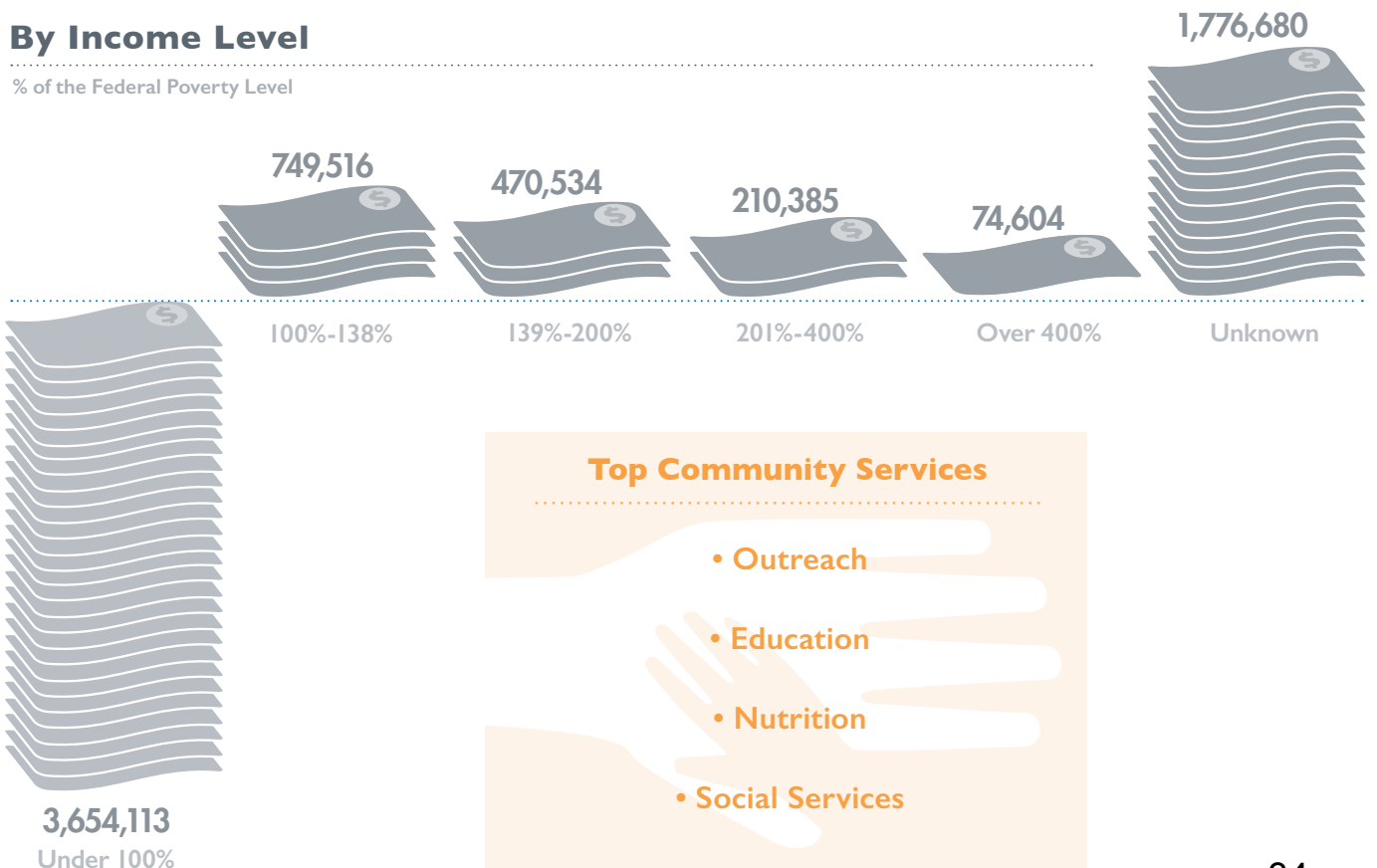


Clinical Services



By Income Level

% of the Federal Poverty Level



Top Community Services

- Outreach
- Education
- Nutrition
- Social Services

2018 California Statewide Profile of Community Health Centers



The Clinics

Not-for-profit community health centers (CHCs) share a common mission to serve everybody who walks through their doors, regardless of their ability to pay. CHCs are an essential segment of the safety net. In many California counties, they are responsible for providing a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.

Demographics

Patients	6,935,832
Female	4,262,714
Male	2,673,118
19 Years & Under	2,272,523
Encounters	22,497,170

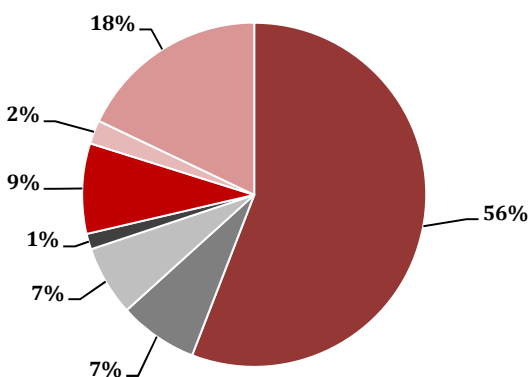
Poverty Levels

Under 100%	3,654,113
100 - 138%	749,516
139 - 200%	470,534
201 - 400%	210,385
Over 400%	74,604
Unknown	1,776,680

Age

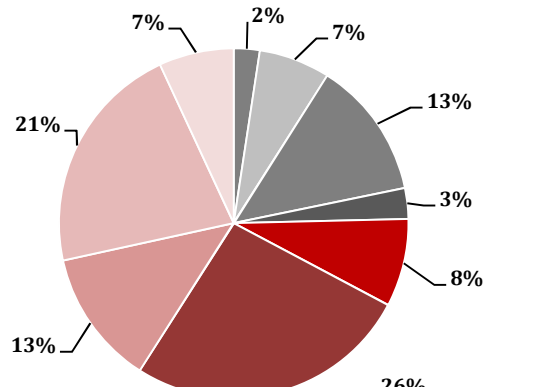
Less than 1 Year	166,916
1 - 4 Years	456,110
5 - 12 Years	886,513
13 - 14 Years	197,553
15 - 19 Years	565,431
20 - 34 Years	1,822,423
35 - 44 Years	869,135
45 - 64 Years	1,491,038
More than 65 Years	480,713

RACE/ETHNICITY



■ Hispanic
 ■ White (non-hispanic)
 ■ Black
 ■ Native American
 ■ Asian/Pacific Islander
 ■ Mixed Race
 ■ Other Unknown

AGE



■ Less than 1 Year
 ■ 1 - 4 Years
 ■ 5 - 12 Years
 ■ 13 - 14 Years
 ■ 15 - 19 Years
 ■ 20 - 34 Years
 ■ 35 - 44 Years
 ■ 45 - 64 Years
 ■ More than 65 Years

Race

Hispanic	3,874,372
White (non-hispanic)	515,190
Black	456,472
Native American	102,475
Asian/Pacific Islander	588,754
Mixed Race	154,727
Other Unknown	1,243,842

Ethnicity

Hispanic	3,874,372
Non-Hispanic	2,666,223
Unknown	395,237

Language

Primary Language Not English 35%

AG/Migratory Workers

Patients	634,668
Encounters	2,209,019

2018 California Statewide Profile of Community Health Centers



The Services

Services	Provider FTEs		Encounters		Top Community Services
Medical*	5,244	62%	15,939,113	71%	Outreach
Dental**	1,187	14%	3,686,936	16%	Education
Mental Health***	915	11%	1,084,798	5%	Nutrition
Other****	1,177	14%	1,786,323	8%	Social Services
TOTAL	8,523		22,497,170		

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

**Dentists and Registered Dental Hygienists.

***Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers.

****Other providers billable to Medi-Cal and other CPSP providers not listed.

Revenue and Utilization by Payment Source

Program	Patients**		Encounters		Patient Revenue	
Medicare	415,905	6%	1,801,235	8%	Gross Revenue (charged)	\$6,478,137,789
Medi-Cal	4,177,268	60%	14,126,640	63%	Write-Offs	\$2,432,053,837
Private Insurance	545,145	8%	1,476,337	7%	Net Revenue (collected)	\$4,046,083,952
Covered California	75,422	1%	236,787	1%		
All County***	220,232	3%	975,222	4%		
Uninsured Services****	1,418,581	20%	1,979,063	9%		
PACE	7,846	0%		0%		
Other Payers	75,433	1%	343,747	2%		
BCCCP**	53,856	1%	90,937	0%		
CHDP**	227,346	3%	338,691	2%		
Family PACT**	529,686	8%	956,144	4%		
Other Episodic Programs**	91,576	1%	172,367	1%		
TOTAL	6,935,832		22,497,170		TOTAL OPERATING REVENUE	\$5,571,791,252

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

***All County includes County Indigent/CMSP/MISP, Health Way LA, Alameda Alliance for Health and all encounters in which a county program not listed has reimbursed the clinic.

****Uninsured Services include Self-Pay/Sliding Fee patients who were uninsured and responsible for paying the full amount of charges or a discounted amount.

Other Operating Revenue

Federal Funds	\$	751,008,740
State Funds	\$	35,730,619
County/Local Funds	\$	166,216,266
Private	\$	119,009,654
Donations/Contributions	\$	57,719,569
Other	\$	396,022,452

Clinic Types

Federally Qualified Health Center Sites (FQHC)	877
FQHC Look-Alike Sites	50
Community Clinics, Indian Health Center Sites & Free	407
Rural Health Center Sites (95-210 RHC)	27
*Total Number of CCHCs	1334

*Total Number of CCHCs include only sites specified in subdivision (a) of Section 1204 of the CA Health and Safety code as "Primary Care Clinics".

Total Other Operating Rev \$ 1,525,707,300

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



Section 3

Talking Points /

Policy Papers



Community Health Center FUNDING

Sustaining and Growing Health Centers
to Meet Rising Demand

Federal grant funding for the Health Center program currently comes from **two sources** that combine to support the federal Section 330 grant that all health centers receive:

\$1.63b in Annual Discretionary Appropriations

&

\$4.0b in the Community Health Centers Fund
will expire on 9/30/19 without Congressional action

HOW YOU CAN HELP...

Co-Sponsor at least one piece of legislation to extend long term and stable funding for the Community Health Center Fund:



S. 106, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)

Provides 5 years of funding for the CHCF including 4% annual growth (\$4.2B in FY20 through \$5.0B in FY24).

S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)

Provides 5 years of level funding for the CHCF 0% annual growth (\$4B/year FY20-24).

Community Health Center and Primary Care Workforce Expansion Act (Sanders, Clyburn)

Provides 5 years of funding for the CHCF including 10% annual growth (\$5.6B in FY20 through \$8.2B in FY24).



**Health Center Partners of Southern California proudly represents
17 community health centers in San Diego, Riverside and Imperial Counties.**

March 2019 Talking Points

Recruiting, Training and Retaining the Best Workforce

Co-sponsor legislation to extend long-term and stable funding for the National Health Service Corps and Teaching Health Centers Programs.

- Federal and state workforce programs enable health centers to overcome persistent national clinician shortages and other staffing challenges, particularly in rural and medically-underserved areas. **Funding for two of these programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME), will expire on September 30, 2019, without Congressional action.**
- **The THC model uniquely trains providers directly in underserved communities, improving their understanding of the issues facing health center patients and increasing the chances they will chose to practice in these communities.** In the 2017-18 academic year, THCGME supported the training of 732 residents in 57 health centers in 24 states. Since it began in 2011, the program has supported the training of over 630 new primary care physicians and dentists who have graduated and entered the workforce.
- **The NHSC supports roughly 11,000 clinicians in urban and rural communities. More than half of all NHSC placements are at health centers.** Thousands of additional applicants to join the NHSC go unfunded each year. Increased funding would boost the number of approved applicants, extending this opportunity to additional underserved communities.

Support a Strong Medicaid (Medi-Cal) Program

Preserve a strong Medicaid program and the FQHCs Prospective Payment System (PPS).

- **Medicaid is a critical program for community health centers (CHCs) and their patients.**
 - Half of all health center patients are covered by Medicaid.
 - Medicaid payments represent health centers' largest revenue source.
- **Legislators must ensure** state and federal policy changes account for the statutory requirements placed on CHCs and the unique needs of our patients.
- **PPS ensures predictability and stability** for CHCs while saving Medicaid money.

Integrated Behavioral Health & Substance Use Treatment

Support CHCs ability to improve access to and delivery of high quality, cost effective behavioral health and substance use disorder (SUD) treatment.

- **CHCs serve 1 in 6 Americans in rural communities**, where the opioid epidemic has hit the hardest.
- **Each CHC is required to serve all patients regardless of ability to pay or insurance status.** Uninsured and low-income people often cannot afford SUD treatment. CHCs offer full access to a wide range of affordable, high quality services, including alcohol and drug counseling, pain management and Medication Assisted Treatment (MAT) for opioid addiction.
- **CHCs support targeted and sustainable investments** and policy changes to continue to meet this challenge.

Telehealth

Support CHCs further utilization of telehealth services alongside sustainable reimbursement.

- **Telehealth has proven to result in better outcomes for patients**, making it a crucial tool to deliver comprehensive primary health care for all populations.
- **CHCs serve 1 in 6 Americans living in rural communities.** Telehealth programs are especially critical in rural areas, where many residents can face long distances between home and health provider, particularly specialized providers. In rural communities, nearly half (46%) of CHCs utilized telehealth for services outside the center.

340B Drug Discount Pricing Program

Community Health Centers need continued, assured access to 340B to sustain their essential model of care.

- **The 340B Program provides CHCs access to outpatient drugs** at reduced prices, ensuring low-income patients have **ACCESS** to **AFFORDABLE** prescription drugs.
- **CHCs reinvest savings** into improving quality of care, extending hours, hiring additional staff and expanding services.
- **CHCs are subjected to detailed programmatic and reporting requirements** and federal oversight which guide their participation in the 340B program.



Community Health Center Funding Appropriations



An Annual Investment in a Successful Model

Sustaining and Growing Health Centers to Meet Rising Demand

Federal grant funding for the Health Center program currently comes from two sources that combine to support the federal Section 330 grant that all health centers receive:

- **\$1.63 billion in annual discretionary appropriations** and
- \$4.0 billion in the Community Health Centers Fund (CHCF).

For decades, Congress has made an annual bipartisan investment that provides the foundation for the health center model of care. This investment is critical to the success of health centers as they meet growing demand and respond to changing health care needs of their communities. Further, a number of independent studies have shown that health centers consistently save money – resulting in fewer emergency room visits, fewer inpatient hospitalizations and readmissions, and reduced length of stays.

Specifically, health centers rely on Section 330 grant funding to:

- provide high-quality, cost-effective primary medical care, dental, behavioral health, pharmacy, and vision care for more than 28 million patients in rural and urban communities – 1.4 million of whom are experiencing homelessness and 23% of whom are uninsured;
- expand their facilities, open new sites, and broaden their services to meet unmet need in areas with limited access to care;
- invest in services that enable patients to receive care, including transportation, care coordination, and translation and interpretation services.
- respond to emerging health care needs, including providing care to some of the hardest to reach urban and rural populations across America impacted by the opioid epidemic. Specifically, in 2017 health centers provided 5.7 million visits for patients with substance use disorders, 65,000 of whom received Medication-Assisted Treatment (MAT).

How you can help: Provide predictable and stable discretionary Section 330 federal grant funding for Community Health Centers in the FY20 Labor, Health and Human Services, Education and Related Agencies Appropriations bill by:

1. Signing the **DeGette-Bilirakis** letter in the House and the **Wicker-Stabenow** letter in the Senate.
2. Requesting **level discretionary funding (\$1.63 billion)** in individual submission letters to Appropriators.



Reauthorizing Investment in a Successful Model

Sustaining and Growing Health Centers to Meet Rising Demand

Federal grant funding for the Health Center program currently comes from two sources:

- \$1.63 billion in annual discretionary appropriations and
- **\$4.0 billion in the Community Health Centers Fund (CHCF) - which will expire on September 30, 2019 without Congressional action.**

Federal investments supporting the health center system of **care must be sustained in a long term and stable manner** to ensure health centers' ability to plan for the future, recruit staff, and expand services for patients, as well as to reduce the uncertainty caused by year-to-year renewals of this critical investment in access to care.

Health centers deliver an excellent return on this federal investment:

- They **reach individuals with the greatest difficulty accessing or affording health care services**, including those with chronic disease at risk for costly health complications, and guarantee them access to high quality care, improving health outcomes and narrowing health disparities.
- Health centers are efficient and **save the health care system \$24 billion every year**, reducing unnecessary inpatient hospitalizations and ER use.
- As local, non-profit businesses, health centers promote economic growth in distressed communities, generating \$54.6 billion in total economic activity each year and employing over 220,000 people across the country. **In fact, every \$1 in federal 330 investments generates \$5.73 in economic activity.**

How you can help: Cosponsor at least one piece of legislation to extend long term and stable funding for the Community Health Center Fund:

- **S. 106, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)** - provides 5 years of funding for the CHCF including ~4% annual growth (\$4.2B in FY20 through \$5.0B in FY24).
- **S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)** - provides 5 years of level funding for the CHCF (\$4B/year FY20-24).
- **Community Health Center and Primary Care Workforce Expansion Act (Sanders, Clyburn)** - provides 5 years of funding for the CHCF including ~10% annual growth (\$5.6B in FY20 through \$8.2B in FY24).



Community Health Centers

2019 Federal Policy Issues in Brief

Health Centers are an American success story. They demonstrate that communities can improve health, reduce health disparities, generate taxpayer savings, and effectively address a multitude of costly and significant public health and social problems, including substance use disorder, mental illness, veterans access to care, natural disasters, and homelessness.

Over the last decade, **Congress has affirmed the crucial role that health centers play** in ensuring access to quality primary and preventive care for millions by investing in health centers. Today, that investment includes mandatory and discretionary federal grant funds, both of which need to be extended this year, alongside funding for critical workforce programs.

Additionally, health centers serve as a committed partner on the following issues:

Enhancing Care through the 340B Drug Pricing Program.

Health centers successfully utilize the 340B program, ensuring that patients can buy their medications at affordable prices; and that health centers can reinvest the savings into improved quality of care and expanded services for all patients.

Health centers support *ensuring continued access to the 340B program to sustain their essential model of care.*

Protecting a Robust Medicaid Program.

Medicaid is a critical program for health centers and their patients:

- Half of all health center patients are covered by Medicaid
- Medicaid payments represent health centers' largest revenue source

Health centers support *preserving a strong Medicaid program including the unique and cost effective FQHC PPS payment methodology.*

Taking Action to Prevent and Treat Substance Use Disorders.

As communities across America cope with a dramatic increase in substance use disorders, including opioid addiction, health centers are leaders in integrating medical, dental and behavioral health care, along with other services, to respond to the pressing need for enhanced care. **Health centers support** *targeted and sustainable investments and policy changes to continue to meet this challenge.*

Expanding Access through Telehealth.

Telehealth offers great benefits to patients and providers in both rural and urban areas alike, especially when workforce shortages and geography present barriers to accessing care. **Health centers support** *further utilization of telehealth services alongside sustainable reimbursement.*



Recruiting, Training, and Retaining the Best

Growing Today's Primary Care Workforce to Meet
Tomorrow's Health Care Needs

Community Health Centers depend upon a network of over 220,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. Better access to primary and preventive care is associated with improved outcomes and lower costs. Health centers must attract, train, and recruit an integrated, multidisciplinary workforce to provide high quality care.

Federal and state workforce programs enable health centers to overcome persistent national clinician shortages and other staffing challenges, particularly in rural and medically-underserved areas. **Funding for two of these programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME), will expire on September 30, 2019, without Congressional action.**

- **The NHSC supports roughly 11,000 clinicians in urban, rural, and frontier communities. More than half of all NHSC placements are at health centers.** Thousands of additional applications to join the NHSC go unfunded each year. Increased funding would boost the number of approved applications, extending this opportunity to additional underserved communities
- **The THC model uniquely trains providers directly in underserved communities, improving their understanding of the issues facing health center patients and increasing the chances they will chose to practice in these communities after they finish their training.** In the 2017-2018 academic year, THCGME supported the training of 732 residents in 57 health centers in 24 states. Since it began in 2011, the program has supported the training of over 630 new primary care physicians and dentists who have graduated and entered the workforce.

How you can help: Cosponsor legislation to extend long term and stable funding for the National Health Service Corps and Teaching Health Centers Programs, including:

1. **S. 304, Training the Next Generation of Primary Doctors Act (Collins/Tester/Capito/Jones)** - includes 5 years of enhanced funding for THCGME and a pathway for increasing the number of residents trained.
2. **S. 106, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)** - includes 5 years of funding for the NHSC with ~4% annual growth (\$325m in FY20 - \$385m in FY24).
3. **S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)** - includes 5 years of level funding for the NHSC (\$310m/year) and THCGME (\$126.5m/year)
4. **Community Health Center and Primary Care Workforce Expansion Act (Sanders, Clyburn)** - includes 5 years of funding for the NHSC with ~10% annual growth (\$850m in FY20 - \$1.24B in FY24).

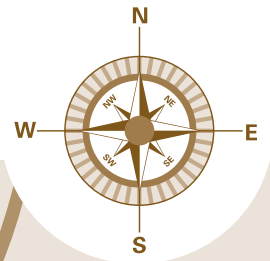


Section 4

Members of Congress Materials

U.S. CAPITOL

Visitor Center



Legend

- | | | | |
|--|--------------------------|--|---------------|
| | Accessible Entrance | | Elevators |
| | Accessible Route | | Parking |
| | Visitor Services Shuttle | | Bus Pick-Up |
| | Circulator Bus Stop | | Bus Drop-Off |
| | | | Metro Station |



HCP/HQP/IHP Membership Congressional Districts

36	41	42	49	50	51	52	53
Rep Raul Ruiz	Rep Mark Takano	Rep Ken Calvert	Rep Mike Levin	Rep Duncan Hunter	Rep Juan Vargas	Rep Scott Peters	Rep Susan Davis
BH	BH	BH	BH	BH	BH	NHCare	BH
CDSDP	CHSI	NHCare	NCHS	CHSI	CDSDP	PPPSW	La Maestra
NHCare	NCHS	VCC	PPPSW	IHC	IBCC	Father Joe's	MTN
PPPSW	PPPSW		VCC	La Maestra	LaMaestra	SAM	NHCare
				MTN	MTN		PPPSW
				NHCare	SAM		SDAIHC
				NCHS	PPPSW		SDFC
				PPPSW	SDFC		SYH
					SYH		
					SIHC		



Raul Ruiz, M.D. (Democrat, D-36)

Serves: Riverside County
Website: <https://ruiz.house.gov/>
Twitter: @CongressmanRuiz
D.C. Office: 2342 Rayburn HOB

HCP Members in District:

- Borrego
- Clinicas
- Neighborhood
- PPPSW

Committees

- House Energy and Commerce

Subcommittees

- Environment
- Energy and Commerce
- Communications and Technology
- Oversight and Investigations

BIO

U.S. Representative Raul Ruiz, M.D., grew up in the community of Coachella, California, where both of his parents were farmworkers.

Dr. Ruiz achieved his lifelong dream of becoming a physician through public education. After graduating from Coachella Valley High School, Dr. Ruiz graduated magna cum laude from UCLA. He went on to Harvard University, where he earned his Medical Degree, as well as a Masters of Public Policy from the Kennedy School of Government and a Masters of Public Health from the School of Public Health, becoming the first Latino to earn three graduate degrees from Harvard University. He completed his Residency in Emergency Medicine at the University of Pittsburgh and a Fellowship in International Emergency Medicine at Brigham and Women's Hospital. During his training, Dr. Ruiz served as a consultant to the Ministries of Health of both Serbia and El Salvador.

Dr. Ruiz returned home after completing his medical training and began working as an Emergency Room doctor at Eisenhower Medical Center. Recognizing the physician shortage crisis in the Coachella Valley, Dr. Ruiz started a pre-medical mentorship program for young aspiring doctors, which has grown to include over 100 local students.

The program became part of the University of California, Riverside School of Medicine, where Dr. Ruiz served as a Senior Associate Dean. Through the group Volunteers in Medicine, he helped to open a free clinic to help underserved communities in the Coachella Valley.

In 2010, Dr. Ruiz started the Coachella Valley Healthcare Initiative, which brought together stakeholders from across the region to address the local healthcare crisis. He has also worked internationally in the medical community. In 2010, Dr. Ruiz flew to Haiti immediately following the 2010 earthquake and served as the Medical Director for the J/P Haitian Relief Organization. The U.S. Army's 82nd Airborne awarded him the Commanders Award for Public Service for his work.

Dr. Ruiz continued his work as an Emergency Room Doctor until he was elected to the U.S. House of Representatives in 2012.

He represents California's 36th District, which includes the entire Coachella Valley, as well as the cities of Banning, Beaumont, Blythe, Hemet and San Jacinto. He resides in Palm Desert, CA.

Dr. Ruiz currently serves on the House Energy and Commerce Committee.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Four Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's 36th District**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 36th District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



1,005
TOTAL JOBS



\$147,374,154
TOTAL ECONOMIC IMPACT
of current operations.

\$23 Million
ANNUAL TAX REVENUES



584 HEALTH CENTER JOBS including
121 ENTRY-LEVEL and **278 SKILLED JOBS**
for community residents
421 OTHER JOBS IN THE COMMUNITY

\$93,165,506
DIRECT HEALTH CENTER SPENDING
\$54,208,648
COMMUNITY SPENDING

\$ 7 Million
STATE AND LOCAL TAX REVENUES
\$16 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$192 Million
SAVINGS TO
MEDI-CAL



\$223 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



107,942
PATIENTS
SERVED

3%
FOUR-YEAR
PATIENT GROWTH

463,691
PATIENT
VISITS

34,233
patients are
**CHILDREN AND
ADOLESCENTS**

73,709
patients are
ADULTS

96% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

72% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

70,569
patients gained
**INSURANCE
COVERAGE**

50

COMPREHENSIVE COORDINATED CARE



64,068 patients
received **MEDICAL CARE**



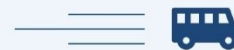
50,911 patients
received **DENTAL CARE**



2,616 patients received
MENTAL HEALTH CARE



162 patients received
VISION CARE



18,586 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



1,893 patients were
diagnosed with
ASTHMA



1,022 patients were
diagnosed with
CORONARY ARTERY DISEASE



4,290 patients were
diagnosed with
DIABETES



6,251 patients were
diagnosed with
HYPERTENSION



9,133 children received
WELL-CHILD VISITS



14,521 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

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"



75% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Clinicas de Salud del Pueblo, Inc.
Neighborhood Healthcare
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.



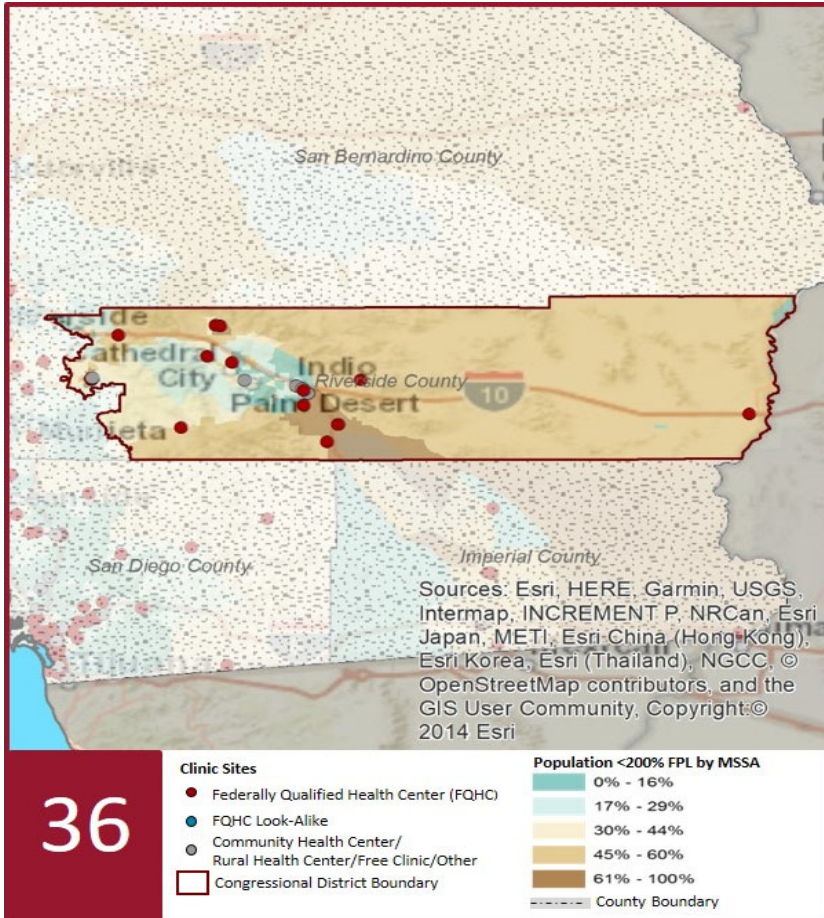
2019 Profile of Community Health Centers Congressional District 36

Representative Raul Ruiz



The Clinics

Community Health Centers (CHCs) are nonprofit health care practices located in low income and medically underserved areas. CHCs share a common mission to serve everyone who walks through their doors, regardless of their ability to pay. The term CHC include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety net. In many California Counties, they provide a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.



Clinic Types

Total Number of CHCs	21
Federally Qualified Health Center Sites (FQHC)	16
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	4

Demographics

Patients	138,761	
Male	55,369	40%
Female	83,392	60%
19 Years & Under	48,167	35%
Encounters	476,402	

Poverty Level

Under 100%	61,126	44%
100 - 138%	14,072	10%
139 - 200%	7,671	6%
201 - 400%	4,792	3%
Over 400%	2,139	2%
Unknown	48,961	35%

Age

Less than 1 Year	2,366	2%
1 - 4 Years	8,464	6%
5 - 12 Years	21,055	15%
13 - 14 Years	4,381	3%
15 - 19 Years	11,901	9%
20 - 34 Years	34,366	25%
35 - 44 Years	17,174	12%
45 - 64 Years	31,508	23%
More than 65 Years	7,546	5%

Race

White (non-hispanic)	69,979	50%
Black	5,807	4%
Native American	2,142	2%
Asian/Pacific Islander	3,381	2%
More than one Race	1,443	1%
Other/ Unknown	56,009	40%

Ethnicity

Hispanic	89,049	64%
Non-Hispanic	24,182	17%
Unknown	25,530	18%
AG/Migratory Workers		
Patients	5,793	4%
Encounters	23,117	5%

Language

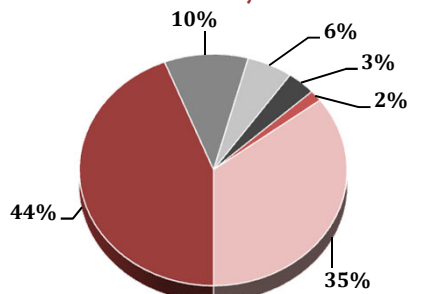
Primary Language Not English	37%
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2019 Profile of Community Health Centers Congressional District 36

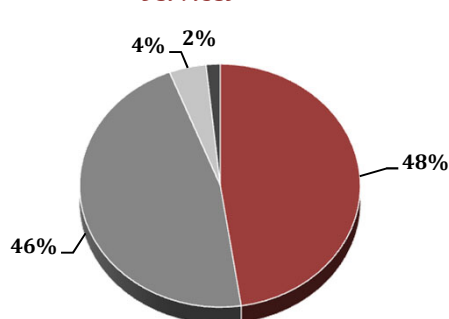
Representative Raul Ruiz



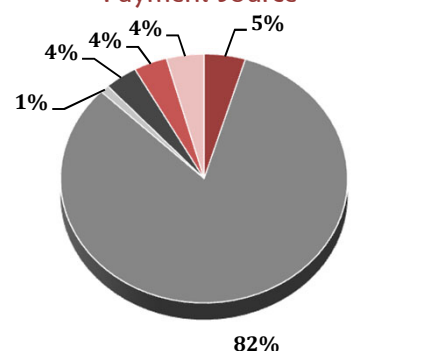
Federal Poverty Level



Services



Payment Source



■ Under 100% ■ 100 - 138% ■ 139 - 200%
■ 201 - 400% ■ OVER 400% ■ Unknown

■ Medical ■ Dental ■ Mental Health ■ Other

■ Medicare ■ Medi-Cal ■ Other Public
■ Private Insurance ■ Uninsured ■ Other

% of CHCs providing other significant services

Vision Services	0%
Basic Lab Services	57%
Radiology Services	24%
Pharmacy Services	24%
Urgent Care Services	14%
Substance Abuse Services	10%
Women's Health Services	43%

Services	Provider FTEs	Encounters
Medical*	68.9 64%	226,837 48%
Dental**	14.6 13%	221,541 47%
Mental Health***	16.9 16%	20,233 4%
Other****	7.8 7%	7,791 2%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. **Other providers billable to Medi-Cal and other CPSP providers not listed.

Revenue and Utilization by Payment Source

Program	Patients**	Encounters
Medicare	4,743 3%	22,168 5%
Medi-Cal	109,288 79%	393,621 83%
Other Public	1,100 1%	4,912 1%
Private Insurance	6,519 5%	17,613 4%
Uninsured Services	16,575 12%	17,875 4%
Covered California	205 0%	527 0%
PACE	- 0%	- 0%
Other	331 0%	503 0%
BCCCP**	1,892 1%	2,515 1%
CHDP**	664 0%	1,524 0%
Family PACT**	8,020 6%	15,144 3%

Gross Patient Revenue (charged)

\$143,134,684

Net Patient Revenue (collected)

\$101,844,724

Other Operating Revenue

Federal Funds	\$ 9,491,409
State Funds	\$ 49,072
County/Local Funds	\$ 217,779
Private	\$ 1,738,306
Donations/Contributions	\$ 106,922
Other	\$ 376,376

TOTAL OPERATING REVENUE

\$113,824,588

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



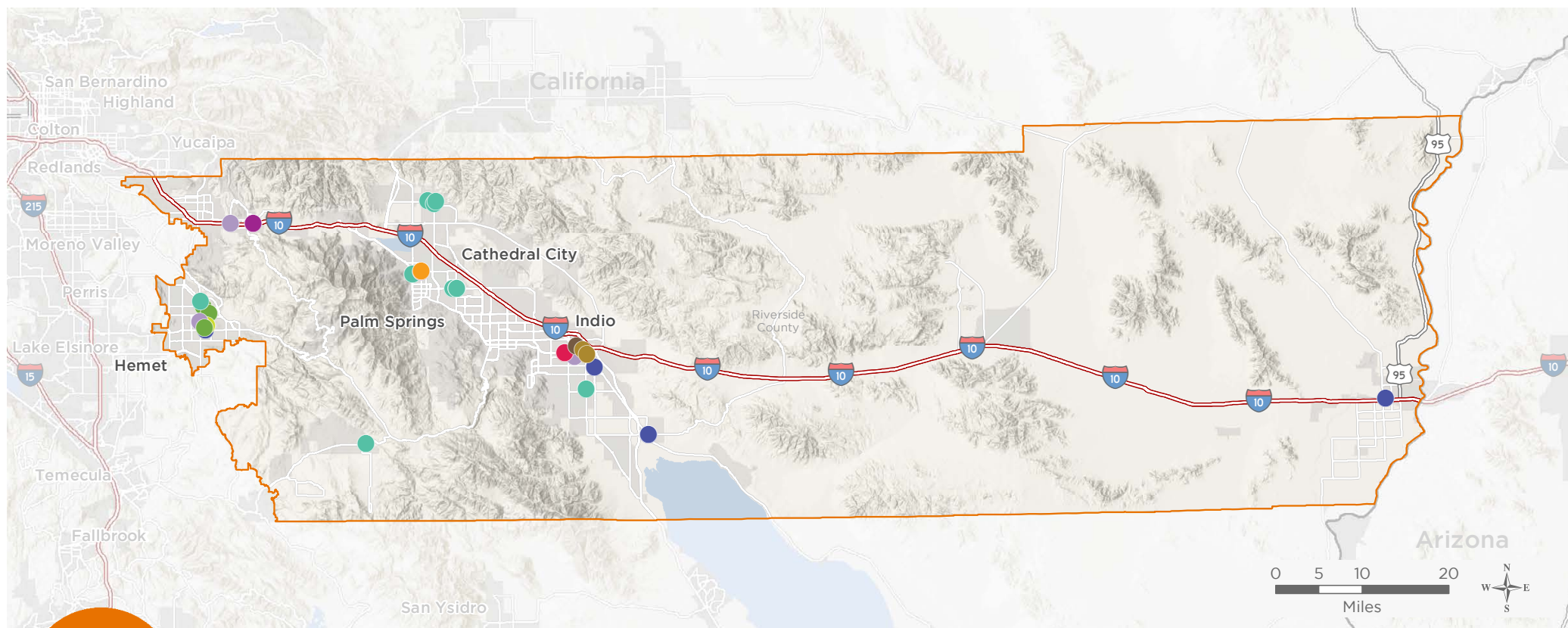
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Raul Ruiz

116th United States Congress

California's **36TH** Congressional District

The 10 federally-funded health center organizations with a presence in California's 36th Congressional District leverage **\$31,250,483** in federal investments to serve **418,362** patients.



34

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

 Federally-funded site
(each color represents one organization)

 116th Congressional District Boundaries

 Major Highways

 Highways

 Major Roads

 County Boundaries

 City or Town

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.

© National Association of Community Health Centers, 2019. For more information, please contact federalaffairs@nachc.org.

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**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **BORREGO COMMUNITY HEALTH FOUNDATION**

Anza Community Health Center - 58581 US Highway 371 Ste Fgh Anza, CA 92539-9331
Borrego Health Specialty Care Center - 12520 Palm Dr Desert Hot Springs, CA 92240-4559
Centro Medico Cathedral City - 69175 Ramon Rd Bldg A Cathedral City, CA 92234-3344
Centro Medico Coachella - 55497 Van Buren St Thermal, CA 92274-9412
Centro Medico Mobile Clinic - 55497 Van Buren St Coachella, CA 92236
Desert Hot Springs Community Medical Center - Main Campus - 66675 Pierson Blvd Desert Hot Springs, CA 92240-3737
Desert Hot Springs Health And Wellness Center - 11750 Cholla Dr Ste B Desert Hot Springs, CA 92240-3066
Desert Oasis Women's Health Center - 1180 N Indian Canyon Dr Ste W300 Palm Springs, CA 92262-4809
Mobile Dental Trailer #1 - 69175 Ramon Rd Bldg A Cathedral City, CA 92234-3344
Mobile Dental Trailer #2 - 69175 Ramon Rd Bldg A Cathedral City, CA 92234-3344
Mobile Dental Unit #3 - 69175 Ramon Rd Bldg A Cathedral City, CA 92234-3344
San Jacinto Health Center - 651 N State St San Jacinto, CA 92583-6573
Stonewall Medical Center - 68555 Ramon Rd Cathedral City, CA 92234

● **CENTRAL CITY COMMUNITY HEALTH CENTER, INC.**

Central City Community Health Center - Indio - 81709 Doctor Carreon Blvd Ste D1 Indio, CA 92201-5578
Central City Community Health Center - Indio 2 - 81709 Doctor Carreon Blvd Indio, CA 92201

● **CLINICAS DE SALUD DEL PUEBLO, INC.**

Blythe Health Clinic - 321 W Hobsonway Ste C Blythe, CA 92225-1651
Coachella Health Clinic - 50249 Cesar Chavez St Ste K Coachella, CA 92236-1530
Hemet Medical and Dental Center - 1023 E Florida Ave Hemet, CA 92543-4510
Mecca Dental Clinic - 91275 66th Ave Mecca, CA 92254
Mecca Health Clinic - 91275 66th Ave Mecca, CA 92254

● **DESERT AIDS PROJECT INC.**

Desert AIDS Project, Inc. - 1695 N Sunrise Way Palm Springs, CA 92262-3701

34

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **INLAND BEHAVIORAL & HEALTH SERVICES, INC.**
Banning Family Community Health Center - 1070 E Ramsey St Banning, CA 92220-5924

● **NEIGHBORHOOD HEALTHCARE**
Neighborhood Healthcare - Devonshire Avenue - 903 E Devonshire Ave Ste D Hemet, CA 92543-3097
San Jacinto Preschool - 257 S Grand Army Ave San Jacinto, CA 92583-3322
San Jacinto Preschool - Hyatt - 465 El Monte St San Jacinto, CA 92583-5187

● **RIVERSIDE COUNTY HEALTH SYSTEM**
Banning Family Care Center - 3055 W Ramsey St Banning, CA 92220-3781
Hemet Family Care Center - 880 N State St Hemet, CA 92543-1459
Indio Family Care Center - 47923 Oasis St Indio, CA 92201-9203
Palm Springs Family Care Center - 1515 N Sunrise Way Palm Springs, CA 92262-5398

● **SAC HEALTH SYSTEM**
SAC Health System Indio Clinic - 82934 Civic Center Dr Indio, CA 92201-4308

● **TRI-STATE COMMUNITY HEALTHCARE CENTER**
Tri-State Community Healthcare Center- Hemet - 540 N San Jacinto St Ste Q Hemet, CA 92543-3154

● **URBAN COMMUNITY ACTION PROJECTS**
H2H Primary Care Clinic - 84110 Manila Ave # B Indio, CA 92201-7128
Health to Hope Clinics, Coachella Valley Rescue Mission - 47470 Van Buren St Indio, CA 92201-7139
Martha's Village & Kitchen - 83791 Date Ave Ste A Indio, CA 92201-4737



Mark Takano (Democrat, D-41)

Serves: Riverside County

Website: <https://takano.house.gov/>

Twitter: @RepMarkTakano

D.C. Office: 420 Cannon HOB

HCP Members in District

- Borrego
- CHSI
- North County
- PPSW

Committees

- Veterans Affairs Committee (Chairman)
- Education and Labor Committee

Subcommittees

- Workforce Protections
- Higher Education & Workforce Development
- Economic Opportunity
- Health

Caucuses

- LGBT Equality (Co-chair)
- Progressive (Vice-Chair)
- Asian Pacific American (Vice-Chair)
- Work for Warriors (Co-Chair)
- Deaf Caucus (Co-Chair)
- Maker Caucus (Co-Chair)
- Congressional Battery Energy Storage Caucus (Co-Chair)
- U.S.-Japan Friendship Commission
- Small Business
- HIV/AIDS
- Diabetes
- Kidney
- Alzheimer's
- P3
- Hepatitis
- Wire and Wire Products
- Small Brewers
- Deadliest Cancers
- Affordable Medicines
- Army Aviation
- National Guard and Reserve
- Veterans Jobs
- History
- Tom Lantos Human Rights Commission
- American Sikh
- Japan
- Democratic Israel Working Group
- US Philippines Friendship
- Out of Poverty
- Black Men and Boys
- International Conservation
- Automotive and Motorsports
- Foster Youth
- Baby
- Humanities
- Olympic and Paralympic
- Renewable Energy and Efficiency
- Public Transportation
- Water Caucus

BIO/Background

For more than twenty years, Mark Takano has worked to improve the lives of Riverside County residents, both as an elected official and as a teacher at Rialto High School.

Born and raised in Riverside, Mark's commitment to public service began at an early age. His family roots in Riverside go back to his grandparents who, along with his parents, were removed from their respective homes and sent to Japanese American Internment camps during World War II. After the war, these two families settled in Riverside County to rebuild their lives.

Mark attended La Sierra High School in the Alvord Unified School District, and in 1979 he graduated as the school's valedictorian. Mark attended Harvard College and received his bachelor's degree in Government in 1983. As a student, he bused tables to help make ends meet. During his senior year, he organized a transcontinental bicycle ride to benefit the international development agency Oxfam America.

Upon graduation, Mark returned home to Riverside and began teaching in the Rialto Unified School District in 1988. As a classroom teacher, Mark confronted the challenges in our public education system daily.

In 1990, Mark was elected to the Riverside Community College District's Board of Trustees. At RCC, Mark worked with Republicans and Democrats to improve higher education for young people and job training opportunities for adults seeking to learn a new skill or start a new career. He was elected Board President in 1991 and helped the Board and the District gain stability and direction amid serious fiscal challenges.

In 2012, Mark became the first openly gay person of color to be elected to Congress.

Mark Takano represents the people of Riverside, Moreno Valley, Jurupa Valley and Perris in the United States House of Representatives. He serves as Chairman of the House Committee on Veterans' Affairs, and as a member of the Education and Workforce Committee.

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60

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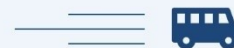
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PERFORMANCE**



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Community Health Systems, Inc.
North County Health Services
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.



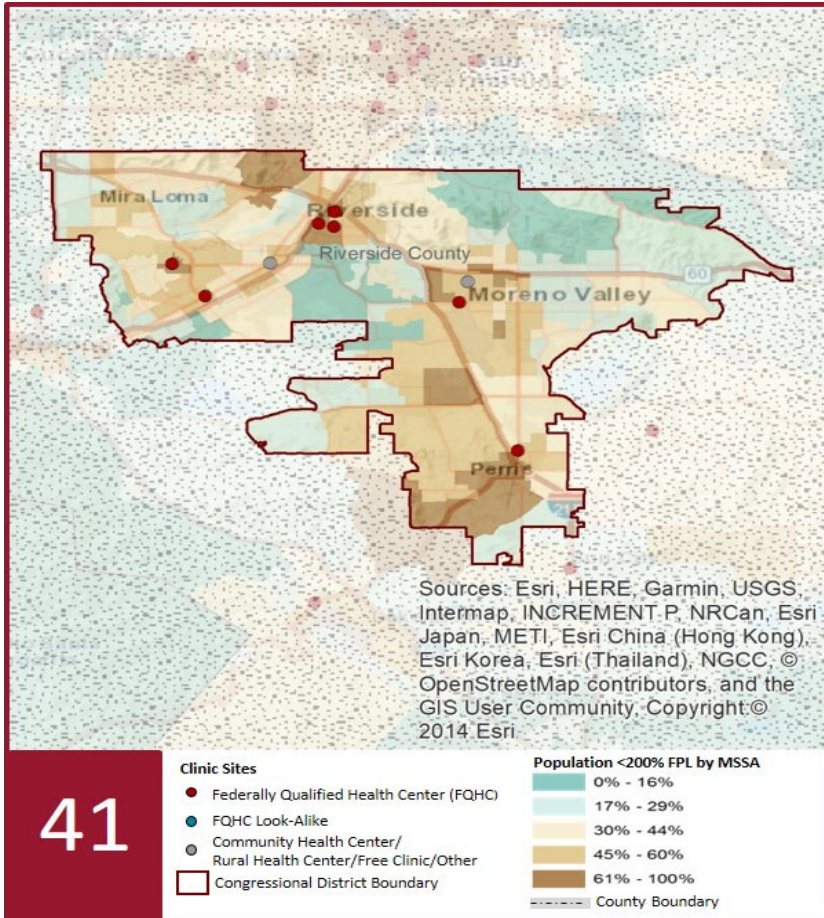
2019 Profile of Community Health Centers Congressional District 41

Representative Mark Takano



The Clinics

Community Health Centers (CHCs) are nonprofit health care practices located in low income and medically underserved areas. CHCs share a common mission to serve everyone who walks through their doors, regardless of their ability to pay. The term CHC include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety net. In many California Counties, they provide a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.



Clinic Types

Total Number of CHCs	11
Federally Qualified Health Center Sites (FQHC)	9
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	0

Demographics

Patients	72,041	
Male	22,591	31%
Female	49,450	69%
19 Years & Under	18,008	25%
Encounters	198,558	

Poverty Level

Under 100%	34,948	49%
100 - 138%	19,996	28%
139 - 200%	4,088	6%
201 - 400%	2,279	3%
Over 400%	702	1%
Unknown	10,028	14%

Age

Less than 1 Year	776	1%
1 - 4 Years	2,684	4%
5 - 12 Years	7,098	10%
13 - 14 Years	1,367	2%
15 - 19 Years	6,083	8%
20 - 34 Years	31,390	44%
35 - 44 Years	9,260	13%
45 - 64 Years	11,370	16%
More than 65 Years	2,013	3%

Race

White (non-hispanic)	41,026	57%
Black	7,269	10%
Native American	587	1%
Asian/Pacific Islander	2,130	3%
More than one Race	872	1%
Other/ Unknown	20,157	28%

Ethnicity

Hispanic	41,002	57%
Non-Hispanic	21,925	30%
Unknown	9,114	13%
AG/Migratory Workers		
Patients	256	0%
Encounters	949	0%

Language

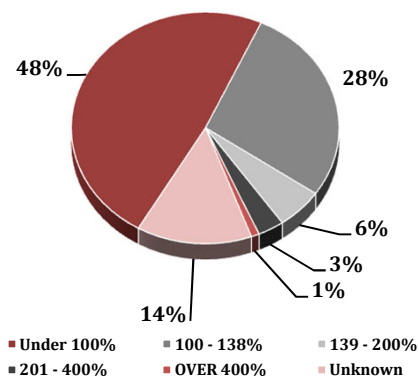
Primary Language Not English	19%
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2019 Profile of Community Health Centers Congressional District 41

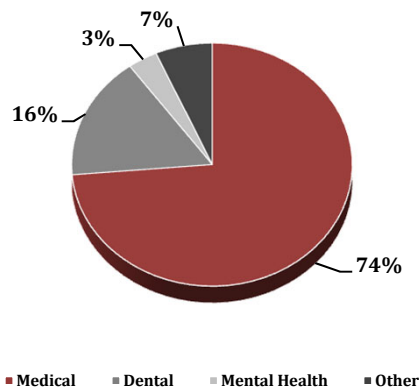
Representative Mark Takano



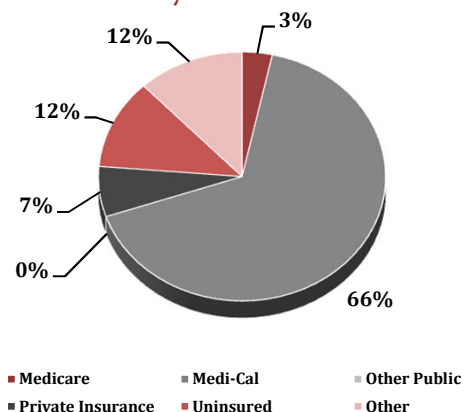
Federal Poverty Level



Services



Payment Source



Services

Provider FTEs

Encounters

Medical*	45.5	71%	146,240	74%
Dental**	8.1	13%	32,500	16%
Mental Health***	8.3	13%	6,784	3%
Other****	2.5	4%	13,034	7%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. **Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	18%
Basic Lab Services	73%
Radiology Services	18%
Pharmacy Services	27%
Urgent Care Services	27%
Substance Abuse Services	27%
Women's Health Services	45%

Revenue and Utilization by Payment Source

Program	Patients**		Encounters	
Medicare	1,406	2%	6,726	3%
Medi-Cal	45,457	63%	131,806	66%
Other Public	2	0%	2	0%
Private Insurance	5,594	8%	12,970	7%
Uninsured Services	18,991	26%	23,158	12%
Covered California	240	0%	964	0%
PACE	-	0%	-	0%
Other	351	0%	199	0%
BCCCP**	851	1%	1,149	1%
CHDP**	-	0%	-	0%
Family PACT**	12,794	18%	21,584	11%

Gross Patient Revenue (charged)

\$45,298,009

Net Patient Revenue (collected)

\$26,617,326

Other Operating Revenue

Federal Funds	\$ 7,807,209
State Funds	\$ 90,647
County/Local Funds	\$ 225,648
Private	\$ 1,048,165
Donations/Contributions	\$ 200,558
Other	\$ 520,023

TOTAL OPERATING REVENUE

\$36,509,576

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



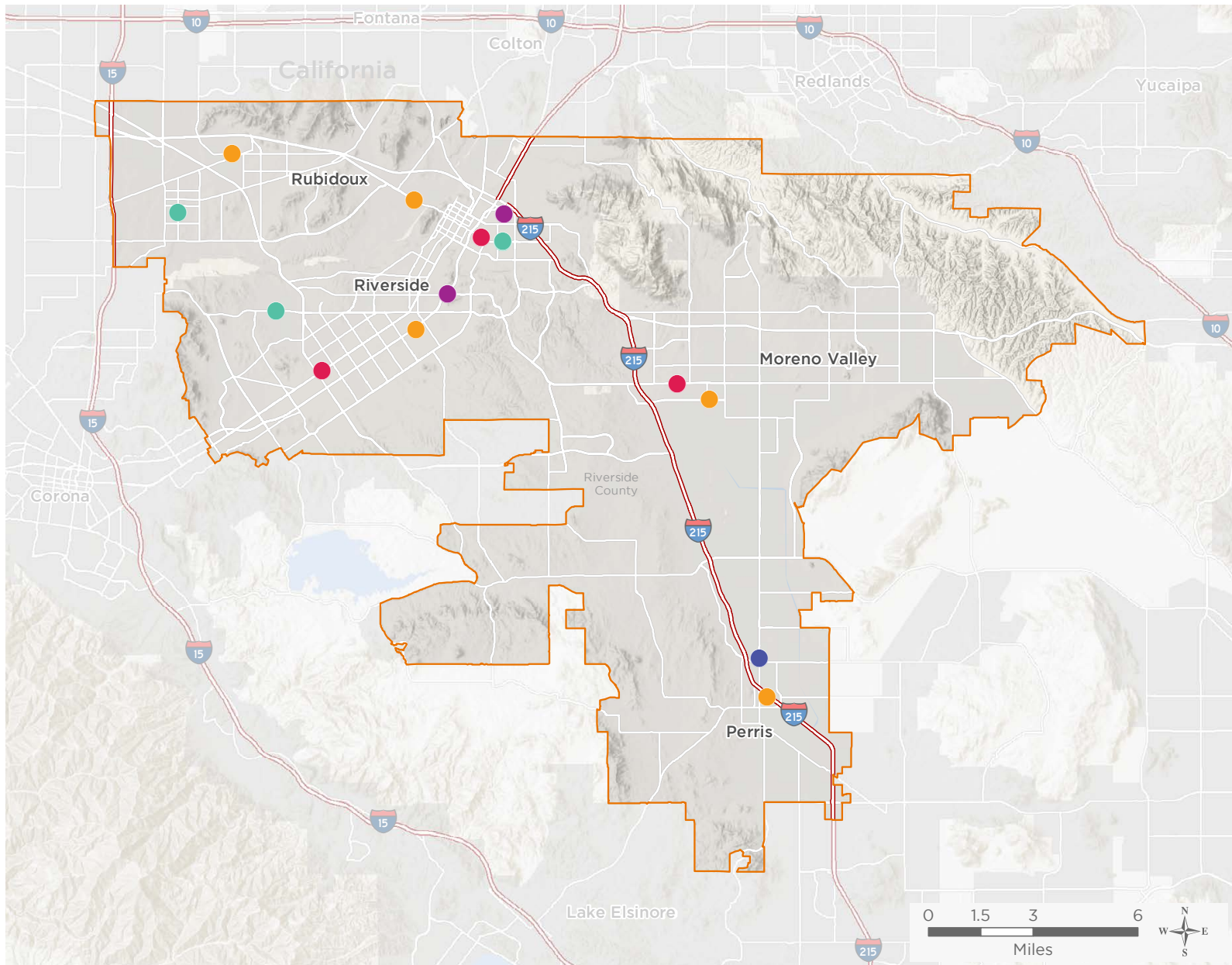
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Mark Takano

116th United States Congress

California's **41ST** Congressional District

The 5 federally-funded health center organizations with a presence in California's 41st Congressional District leverage **\$21,207,611** in federal investments to serve **317,878** patients.



Federally-funded site
(each color represents one organization)

Major Highways
 Highways
 Major Roads

116th Congressional District Boundaries

County Boundaries
 City or Town

18

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.



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**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

BORREGO COMMUNITY HEALTH FOUNDATION

Arlanza Family Health Center - 8856 Arlington Ave Riverside, CA 92503-1365
Eastside Family Health Center - 1970 University Ave Riverside, CA 92507-5202
Eastside Health Center Building B - 1971 University Ave Riverside, CA 92507-5263
Mobile Unit #4 - Riverside - 1970 University Ave Riverside, CA 92507-5202
Troth Street Elementary Clinic - 5565 Troth St Jurupa Valley, CA 91752-2204

COMMUNITY HEALTH SYSTEMS, INC.

Magnolia Community Health Center - 9380 Magnolia Ave Riverside, CA 92503-3749
Moreno Valley Family Health Center - 22675 Alessandro Blvd Moreno Valley, CA 92553-8551
University Community Health Center - 2933 University Ave Riverside, CA 92507-4243

NORTH COUNTY HEALTH PROJECT, INC.

NCHS Perris Health Center - 1675 N Perris Blvd Ste G1 Perris, CA 92571-4748

RIVERSIDE COUNTY HEALTH SYSTEM

Jurupa Family Care Center - 9415 Mission Blvd Riverside, CA 92509-2661
Moreno Valley Community Health Center - 23520 Cactus Ave Moreno Valley, CA 92553-8906
Perris Family Care Center - 308 E San Jacinto Ave Perris, CA 92570-2878
Riverside Neighborhood Health Center - 7140 Indiana Ave Riverside, CA 92504-4544
Rubidoux Family Care Center - 5256 Mission Blvd Riverside, CA 92509-4624

URBAN COMMUNITY ACTION PROJECTS

Health in Motion Mobile Clinic Van - 3399 Central Ave Riverside, CA 92506-1456
Health To Hope Clinics - Mobile Unit # 3 - 2880 Hulen Pl Riverside, CA 92507-2606
Health to Hope Clinics - Mobile Unit 2 - 3399 Central Ave Riverside, CA 92506-1456
Health to Hope Clinics Riverside Access Center - 2880 Hulen Pl Riverside, CA 92507-2606



Ken Calvert (Republican, D-42)

Serves: Riverside County

Website: <https://calvert.house.gov/>

Twitter: @KenCalvert

D.C. Office: 2205 Rayburn Building

HCP Members in District

- Borrego
- Neighborhood
- Vista

Committee

- Appropriations

Subcommittees

- Defense
- Interior and the Environment
- Energy and Water

Caucuses

- | | |
|---|--|
| <ul style="list-style-type: none">• Manufactured Housing (Co-Chair)• Generic Drug Equity (Co-Chair)• Fight and Control Methamphetamine (Co-Chair)• Air Force• Alzheimer's Taskforce• Animal Protection• Armenian Caucus• Autism Research and Education• Baltic• Beef• Boating• Border• Border Security• Hydrogen• Immigration Reform• India• International Anti-Piracy• International Conservation• Internet• Military Mental Health Missing and Exploited Children's• Moroccan | <ul style="list-style-type: none">• Canada• Cancer• Coastal• Cystic Fibrosis• Diabetes• Electronic Warfare• Fetal Alcohol Syndrome• Fire• Friends of Denmark• Goods Movement• Heart and Stroke Coalition• Hellenic• Human Rights
• Korea• Law Enforcement• Long Range Strike• Medical Technology• Military Youth Programs
• Modeling & Simulation Training
• NASA |
|---|--|

Updated March 2019

- National Guard and Reserve Components
- Native American
- Navy-Marine Corps
- Real Estate
- Renewable Energy and Energy Efficiency
- Shipbuilding
- Special Operations Forces
- Specialty Crop
- Sportsmen's
- STEM
- Suburban Agenda
- Travel and Tourism
- United Kingdom
- Unmanned Aircraft Systems
- Western
- Wine
- Zero Capital Gains Tax

BIO

Ken Calvert, a lifelong resident of Riverside County and 17-year small business owner in the restaurant and real estate industries, represents the 42nd Congressional District of southern California. Calvert was born on June 8, 1953 and attended neighborhood public schools, graduating from Corona High School in 1971. He attended two years at Chaffey College and then enrolled at San Diego State University, where he graduated in 1975 with a Bachelor of Arts degree in Economics. Throughout his life, Ken has been actively involved and served in leadership roles with several local community volunteer organizations, including the Corona Chamber of Commerce, the Corona Rotary, and the Corona-Norco Family YMCA.

The 42nd District encompasses the western edge of Riverside County including the cities of Eastvale, Norco, Corona, Lake Elsinore, Wildomar, Canyon Lake, Menifee, Murrieta and a portion of Temecula.

Rep. Calvert was first elected to the House of Representatives in 1992 and is one of the most senior members serving in the legislative body. Rep. Calvert is the Dean of the California Republican Delegation.

In the 116th Congress, Rep. Calvert continues to serve on the House Appropriations Committee where he is the Ranking Member of the Defense Subcommittee. Rep. Calvert also serves on the Energy and Water Subcommittee.

In the 116th Congress, Rep. Calvert's legislative priorities includes: enacting pro-growth policies that will help strengthen our economy for American families; supporting the men and women serving in our military around the world; fixing our broken immigration system by restoring the rule of law and making the use of E-Verify mandatory for all employers in the U.S.; honoring promises made to our veterans, advocating for NIH research for cures for our most deadly diseases; creating long-term solutions to California's water challenges; reducing the time it takes to build infrastructure projects by making common sense, bi-partisan reforms to our environmental laws; funding the development of the life-saving Earthquake Early Warning System; and, much more.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Three Federally Qualified Health Centers (FQHCs) 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 ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 42nd District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



75
TOTAL JOBS



\$8,896,061
TOTAL ECONOMIC IMPACT
of current operations.

\$ 1.4 Million
ANNUAL TAX REVENUES



49 HEALTH CENTER JOBS including
11 ENTRY-LEVEL and **25 SKILLED JOBS** for
community residents
26 OTHER JOBS IN THE COMMUNITY

\$5,369,854
DIRECT HEALTH CENTER SPENDING
\$3,526,207
COMMUNITY SPENDING

\$ 0.4 Million
STATE AND LOCAL TAX REVENUES
\$ 1 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$ 9 Million
SAVINGS TO
MEDI-CAL



\$12 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



5,957
PATIENTS
SERVED

4%
FOUR-YEAR
PATIENT GROWTH

25,650
PATIENT
VISITS

1,892
patients are
**CHILDREN AND
ADOLESCENTS**

4,065
patients are
ADULTS

89% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

64% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

2,777
patients gained
**INSURANCE
COVERAGE**

69

COMPREHENSIVE COORDINATED CARE



4,834 patients received
MEDICAL CARE



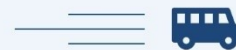
1,458 patients
received **DENTAL CARE**



405 patients received
MENTAL HEALTH CARE



230 patients received
VISION CARE



745 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



210 patients were
diagnosed with
ASTHMA



119 patients were diagnosed
with
CORONARY ARTERY DISEASE



826 children received
WELL-CHILD VISITS



475 patients were
diagnosed with
DIABETES



719 patients were
diagnosed with
HYPERTENSION



2,235 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

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"



100% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES



COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Neighborhood Healthcare
Vista Community Clinic

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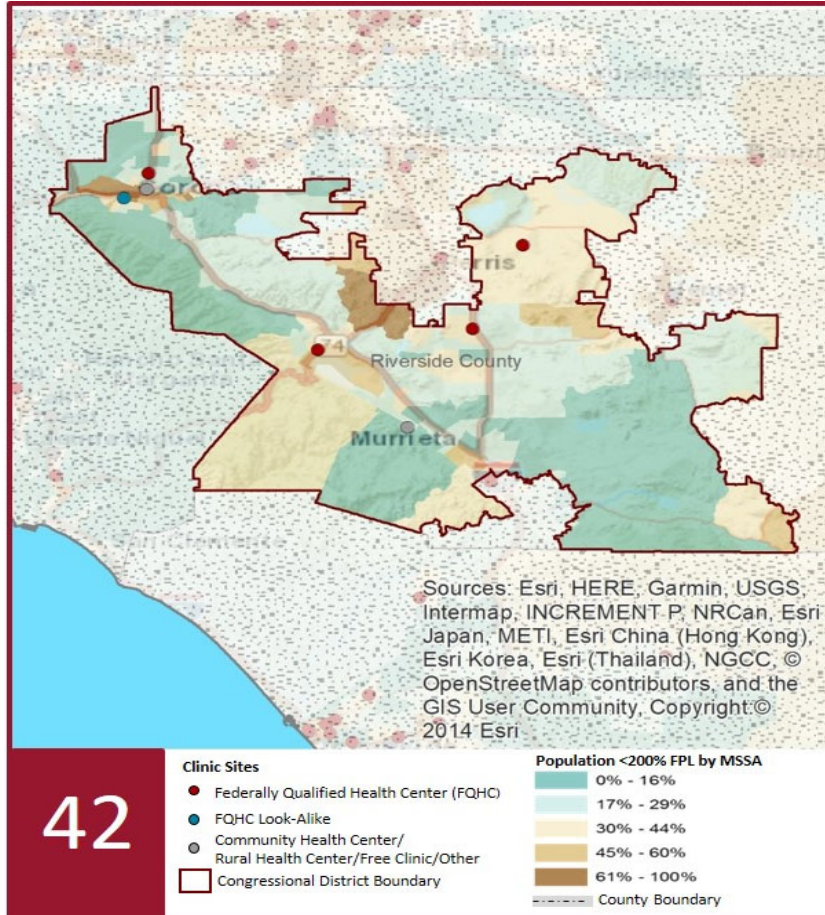
2019 Profile of Community Health Centers Congressional District 42

Representative Ken Calvert



The Clinics

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Clinic Types

Total Number of CHCs	7
Federally Qualified Health Center Sites (FQHC)	4
FQHC Look-Alike Sites	1
Rural Health Center Sites (95-210 RHC)	1

Demographics

Patients	19,152	
Male	7,499	39%
Female	11,653	61%
19 Years & Under	6,093	32%
Encounters	75,931	

Poverty Level

Under 100%	12,479	65%
100 - 138%	2,735	14%
139 - 200%	638	3%
201 - 400%	603	3%
Over 400%	61	0%
Unknown	2,636	14%

Age

Less than 1 Year	238	1%
1 - 4 Years	1,358	7%
5 - 12 Years	2,664	14%
13 - 14 Years	536	3%
15 - 19 Years	1,297	7%
20 - 34 Years	4,547	24%
35 - 44 Years	2,696	14%
45 - 64 Years	4,887	26%
More than 65 Years	929	5%

Race

White (non-hispanic)	12,982	68%
Black	657	3%
Native American	86	0%
Asian/Pacific Islander	1,088	6%
More than one Race	565	3%
Other/ Unknown	3,774	20%

Ethnicity

Hispanic	11,076	58%
Non-Hispanic	6,121	32%
Unknown	1,955	10%
AG/Migratory Workers		
Patients	248	1%
Encounters	897	1%

Language

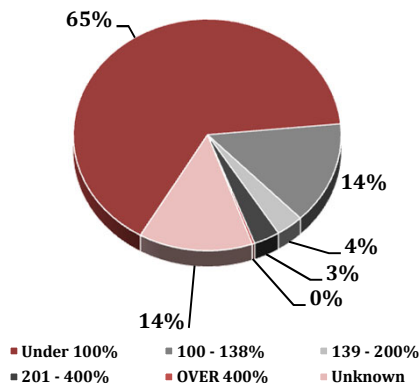
Primary Language Not English	31%
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2019 Profile of Community Health Centers Congressional District 42

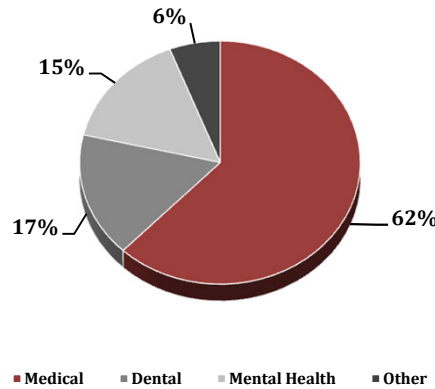
Representative Ken Calvert



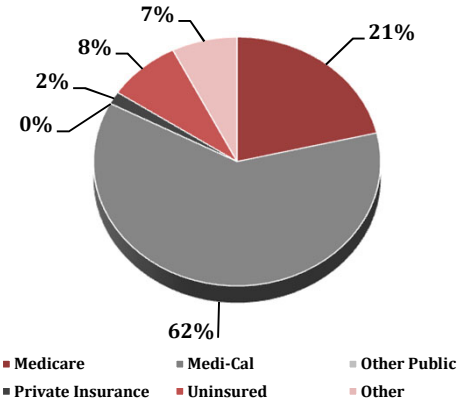
Federal Poverty Level



Services



Payment Source



Services

Provider FTEs

Encounters

Medical*	16.8	58%	47,166	62%
Dental**	6.3	22%	12,554	17%
Mental Health***	3.5	12%	11,772	16%
Other****	2.4	8%	4,439	6%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. **Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	0%
Basic Lab Services	29%
Radiology Services	0%
Pharmacy Services	0%
Urgent Care Services	0%
Substance Abuse Services	14%
Women's Health Services	71%

Revenue and Utilization by Payment Source

Program	Patients**		Encounters	
Medicare	1,841	10%	16,181	21%
Medi-Cal	12,814	67%	46,628	61%
Other Public	2	0%	5	0%
Private Insurance	482	3%	1,232	2%
Uninsured Services	3,870	20%	6,278	8%
Covered California	143	1%	373	0%
PACE	-	0%	-	0%
Other	-	0%	-	0%
BCCCP**	179	1%	271	0%
CHDP**	2,057	11%	3,276	4%
Family PACT**	2,071	11%	1,687	2%

Gross Patient Revenue (charged)

\$18,140,427

Net Patient Revenue (collected)

\$11,070,216

Other Operating Revenue

Federal Funds	\$	1,466,841
State Funds	\$	16,360
County/Local Funds	\$	17,298
Private	\$	37,152
Donations/Contributions	\$	468,925
Other	\$	875,900

TOTAL OPERATING REVENUE

\$13,952,692

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

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Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



116th United States Congress

California's 42ND Congressional District

NUMBER OF DELIVERY SITES IN CONGRESSIONAL DISTRICT

-  **Federally-funded site**
(each color represents one organization)
 -  **Major Highways**
 -  **Highways**
 -  **Major Roads**
 -  **116th Congressional District Boundaries**
 -  **County Boundaries**
 -  **City or Town**

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.



8

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

- BORREGO COMMUNITY HEALTH FOUNDATION**
Jay Hoffman Health Center - 29490 Lakeview Ave Nuevo, CA 92567-9705
- CENTRAL CITY COMMUNITY HEALTH CENTER, INC.**
Central City Community Health Center - Mobile Medical Unit #4 - 1860 Hamner Ave Norco, CA 92860-2945
Central City Community Health Center - Norco - 1860 Hamner Ave Norco, CA 92860-2945
- NEIGHBORHOOD HEALTHCARE**
Neighborhood Healthcare - Menifee - 26926 Cherry Hills Blvd Ste B Menifee, CA 92586-2500
- RIVERSIDE COUNTY HEALTH SYSTEM**
Corona Community Health Center - 2813 S Main St Corona, CA 92882-5942
Lake Elsinore Family Care Center - 2499 E Lakeshore Dr Lake Elsinore, CA 92530-4446
- VISTA COMMUNITY CLINIC**
VCC Mobile Dental Clinic - Lake Elsinore - 30195 Fraser Dr Lake Elsinore, CA 92530-7006
VCC: Lake Elsinore - 30195 Fraser Dr Lake Elsinore, CA 92530-7006



Mike Levin (Democrat, D-49)

Serving: San Diego and Orange County

Website: <https://mikelevin.house.gov/>

Twitter: @RepMikeLevin

D.C. Office: 1626 Longworth HOB

HCP Members in District

- North County
- PPPSW
- Vista
- Borrego

Committees

- Veterans' Affairs
- Natural Resources
- Climate Crisis

Subcommittees

- Chair, Economic Opportunity
- Health
- Water, Oceans, and Wildlife
- Energy and Mineral Resources

Caucuses

- Progressive
- Hispanic
- Sustainable Energy and Environment

BIO

Mike was raised in South Orange County, where he attended public elementary and junior high schools. Mike spent his high school years in Los Angeles at Loyola High and then went to Stanford University, where he was honored to serve as student body president. After college, Mike served in the Coro Fellows Program and then attended Duke University School of Law. After law school, he served as Executive Director of the Democratic Party of Orange County, and has worked as an attorney focused on environmental and energy regulatory compliance and government affairs.

Mike is a passionate believer in clean energy and has over a decade of experience in the industry, helping to accelerate the transition towards more sustainable power generation and transportation options. Mike has served for several years on the board of the Center for Sustainable Energy, based in San Diego, and co-founded Sustain OC in Orange County. For his work in clean energy, Mike was named to the OC METRO 40 under 40.

On top of championing environmental policies, Mike will fight for Medicare for All, affordable higher education, preventing gun violence, protecting Social Security, a woman's right to choose, and a \$15 federal minimum wage.

Mike lives in San Juan Capistrano with his wife, Chrissy, a graduate of the University of Arizona and Wharton School at the University of Pennsylvania, and their two children, ages 6 and 4.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Three Federally Qualified Health Centers (FQHCs) 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 ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 49th District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



1,287
TOTAL JOBS



\$159,662,418
TOTAL ECONOMIC IMPACT
of current operations.

\$27 Million
ANNUAL TAX REVENUES



860 HEALTH CENTER JOBS including
191 ENTRY-LEVEL and **408 SKILLED JOBS**
for community residents
427 OTHER JOBS IN THE COMMUNITY

\$92,165,491
DIRECT HEALTH CENTER SPENDING
\$67,496,927
COMMUNITY SPENDING

\$ 8 Million
STATE AND LOCAL TAX REVENUES
\$19 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$138 Million
SAVINGS TO
MEDI-CAL



\$191 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



101,869
PATIENTS
SERVED

0%
FOUR-YEAR
PATIENT GROWTH

414,469
PATIENT
VISITS

32,291
patients are
**CHILDREN AND
ADOLESCENTS**
69,578
patients are
ADULTS

96% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)
68% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:
28,746
patients gained
**INSURANCE
COVERAGE**
78

COMPREHENSIVE COORDINATED CARE



87,352 patients
received **MEDICAL CARE**



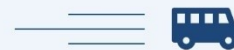
23,378 patients
received **DENTAL CARE**



5,320 patients received
MENTAL HEALTH CARE



5,910 patients received
VISION CARE



15,689 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



3,264 patients were
diagnosed with
ASTHMA



1,513 patients were
diagnosed with
CORONARY ARTERY DISEASE



14,365 children received
WELL-CHILD VISITS



6,821 patients were
diagnosed with
DIABETES



10,549 patients were
diagnosed with
HYPERTENSION



39,934 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

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"



67% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

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COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

North County Health Services
Planned Parenthood of the Pacific Southwest
Vista Community Clinic

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.



2019 Profile of Community Health Centers Congressional District 49

Representative Mike Levin

Clinic Types

Total Number of CHCs	16
Federally Qualified Health Center Sites (FQHC)	14
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	0

Demographics

Patients	136,324	
Male	49,822	37%
Female	86,502	63%
19 Years & Under	43,708	32%
Encounters	406,550	

Poverty Level

Under 100%	94,524	69%
100 - 138%	17,052	13%
139 - 200%	10,611	8%
201 - 400%	3,616	3%
Over 400%	992	1%
Unknown	9,529	7%

Age

Less than 1 Year	3,999	3%
1 - 4 Years	8,765	6%
5 - 12 Years	17,237	13%
13 - 14 Years	3,552	3%
15 - 19 Years	10,155	7%
20 - 34 Years	37,756	28%
35 - 44 Years	17,990	13%
45 - 64 Years	31,044	23%
More than 65 Years	5,826	4%

Race

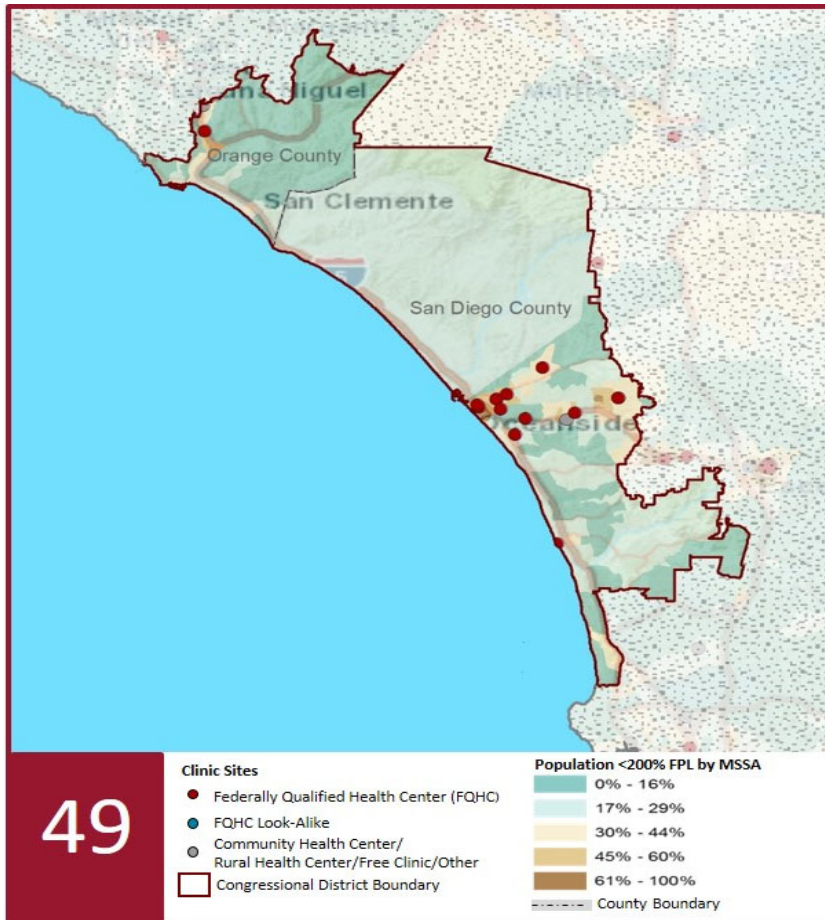
White (non-hispanic)	99,277	73%
Black	3,562	3%
Native American	430	0%
Asian/Pacific Islander	4,581	3%
More than one Race	4,038	3%
Other/ Unknown	24,436	18%

Ethnicity

Hispanic	75,305	55%
Non-Hispanic	54,303	40%
Unknown	6,716	5%
AG/Migratory Workers		
Patients	11,410	8%
Encounters	32,827	8%

Language

Primary Language Not English	33%
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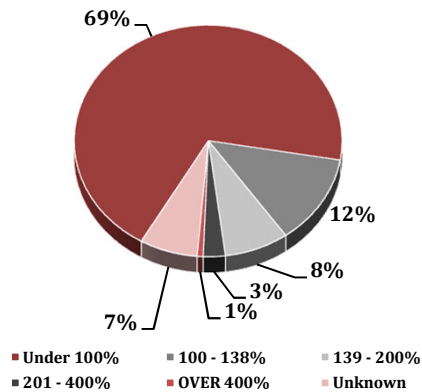


2019 Profile of Community Health Centers Congressional District 49

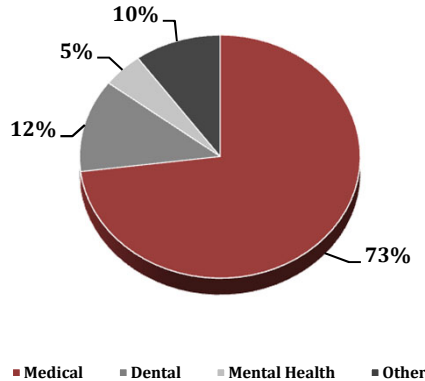
Representative Mike Levin



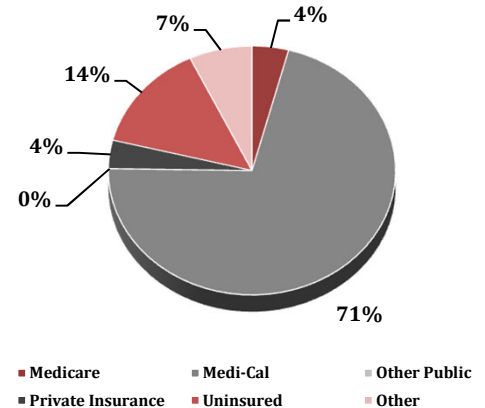
Federal Poverty Level



Services



Payment Source



Services

Provider FTEs

Encounters

Medical*	89.6	60%	296,837	73%
Dental**	21.0	14%	50,188	12%
Mental Health***	14.3	10%	19,033	5%
Other****	24.4	16%	40,492	10%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. *Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	13%
Basic Lab Services	44%
Radiology Services	13%
Pharmacy Services	25%
Urgent Care Services	13%
Substance Abuse Services	6%
Women's Health Services	63%

Revenue and Utilization by Payment Source

Program	Patients**	Encounters
Medicare	4,904 4%	16,743 4%
Medi-Cal	80,924 59%	289,127 71%
Other Public	- 0%	66 0%
Private Insurance	5,845 4%	14,927 4%
Uninsured Services	41,841 31%	56,819 14%
Covered California	2,656 2%	7,210 2%
PACE	- 0%	- 0%
Other	154 0%	396 0%
BCCCP**	3,492 3%	4,612 1%
CHDP**	1,913 1%	2,201 1%
Family PACT**	9,239 7%	14,449 4%

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Gross Patient Revenue (charged)

\$93,467,995

Net Patient Revenue (collected)

\$68,272,180

Other Operating Revenue

Federal Funds	\$ 15,233,257
State Funds	\$ 920,655
County/Local Funds	\$ 3,010,997
Private	\$ 5,123,367
Donations/Contributions	\$ 1,336,905
Other	\$ 2,032,734

TOTAL OPERATING REVENUE

\$95,930,095

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



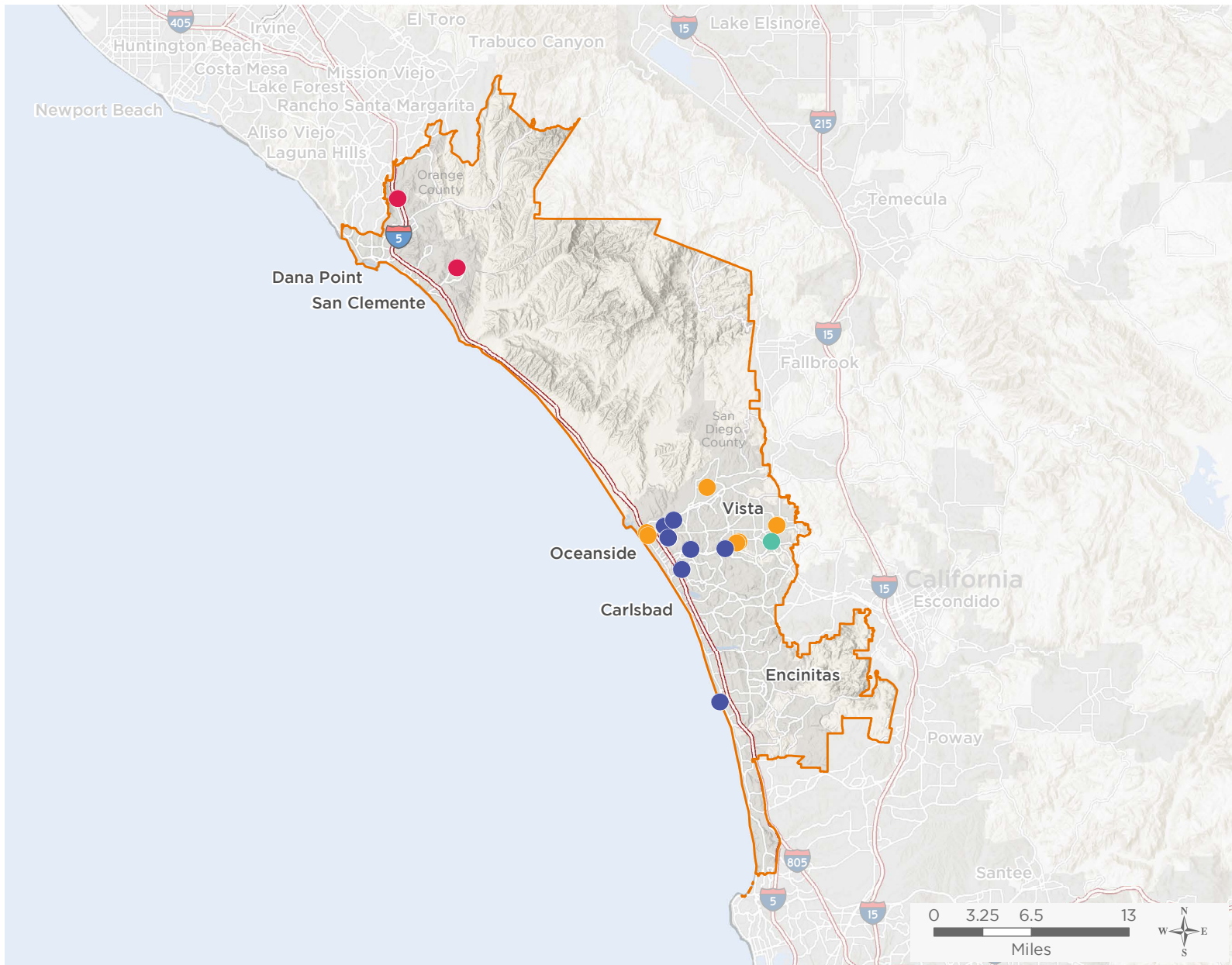
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Mike Levin

116th United States Congress

California's **49TH** Congressional District

The 4 federally-funded health center organizations with a presence in California's 49th Congressional District leverage **\$23,148,741** in federal investments to serve **323,920** patients.



20

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

- Federally-funded site
(each color represents one organization)
- 116th Congressional District Boundaries
- Major Highways
- Highways
- Major Roads
- County Boundaries
- City or Town

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.



20

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

BORREGO COMMUNITY HEALTH FOUNDATION

Vista Village Pediatrics - 950 Civic Center Dr Ste A Vista, CA 92083-5208

CAMINO HEALTH CENTER

Camino Health Center - 30300 Camino Capistrano San Juan Capistrano, CA 92675-1304

Camino Health Center - San Clemente - 1031 Avenida Pico San Clemente, CA 92673-6352

NORTH COUNTY HEALTH PROJECT, INC.

NCHS Carlsbad Family Medicine - 1295 Carlsbad Village Dr Ste 100 Carlsbad, CA 92008-1950

NCHS Encinitas Health Center - 1130 2nd St Encinitas, CA 92024-5008

NCHS La Mision Family Health Center - 3220 Mission Ave Ste 1 Oceanside, CA 92058-1354

NCHS Mission Mesa Pediatrics - 2210 Mesa Dr Ste 300 Oceanside, CA 92054-3701

NCHS Mission Mesa Women's Health - Satellite - 161 Thunder Dr Ste 210 Vista, CA 92083-6052

NCHS Mission Mesa Women's Health Center - 2210 Mesa Dr Ste 5 Oceanside, CA 92054-3701

NCHS Oceanside Dental - 2216 S El Camino Real Ste 121 Oceanside, CA 92054-6356

NCHS Oceanside Health Center - 605 Crouch St Oceanside, CA 92054-4415

NCHS Oceanside Specialty Health Center - 619 Crouch St Ste 100 Oceanside, CA 92054-4460

Oceanside WIC Office - 2210 Mesa Dr Ste 12 Oceanside, CA 92054-3700

VISTA COMMUNITY CLINIC

VCC Mobile Dental Clinic - 1000 Vale Terrace Dr Vista, CA 92084-5218

VCC: Grapevine - 134 Grapevine Rd Vista, CA 92083-4004

VCC: Horne - 517 N Horne St Oceanside, CA 92054-2518

VCC: North River - 4700 N River Rd Oceanside, CA 92057-6043

VCC: Vale Terrace - 1000 Vale Terrace Dr Vista, CA 92084-5218

VCC: Durian Pediatrics - 105 Durian St Ste A Vista, CA 92083-6206

VCC: Pier View - 818 Pier View Way Oceanside, CA 92054-2803



Duncan Hunter (Republican, D-50)

Serves: San Diego County

Website: <https://hunter.house.gov>

Twitter: @Rep_Hunter

D.C. Office: 2429 Rayburn HOB

HCP Members in District

- Borrego
- CHSI
- Indian Health
- La Maestra
- Mountain
- Neighborhood
- North County
- PPPSW

Caucus

- Wine Co-Chair
- Cut Flower Co-Chair
- National Guard & Reserve Components
- The House Oceans
- Diabetes
- Republican Study Committee
- Sportsman
- House Small Brewers
- China
- House General Aviation
- Ports
- Unmanned Systems
- Shipbuilding
- Native American
- e-TECH
- Pro-Life
- Immigration Reform
- Textile
- Navy & Marine Corps
- Azerbaijan
- House Border Security
- Congressional Caucus of Poland
- Job Corps

BIO

Congressman Duncan D. Hunter represents California's 50th Congressional District consisting of East and Northern County San Diego. In 2008, Hunter was elected to his first term in the House of Representatives, succeeding his father, Duncan L. Hunter, who retired after serving 14 consecutive terms in Congress.

Hunter is a native of San Diego. He graduated from Granite Hills High School in El Cajon and earned a degree in Business Administration from San Diego State University. Hunter worked to pay for his education by creating websites and programming databases and ecommerce systems for high-tech companies. Immediately after graduation, he went to work full time in San Diego as a Business Analyst.

Soon after our nation was attacked on September 11, 2001, Hunter quit his job and joined the United States Marine Corps. Hunter entered active service as a Lieutenant in 2002 and excelled in the area of field artillery, much like his grandfather, Robert O. Hunter, who was a Marine Corps artillery officer in World War II.

Over the course of his service career, Hunter served three combat tours overseas: two in Iraq and one in Afghanistan. In 2003, Hunter deployed to Iraq with the 1st Marine Division. Hunter completed his second tour in 2004, where he and his fellow Marines were at the center of combat operations in Fallujah, Iraq.

In September 2005, four years after he quit his job and joined the Marine Corps, Hunter was honorably discharged from active military service and started a successful residential development company. Still a Marine Reservist, he was promoted to the rank of Captain in 2006, and to the rank of Major in 2012.

Less than two years before Hunter was elected, he was recalled to active duty and deployed to Afghanistan. Hunter returned home after more than six months on the front lines and, with the support of the San Diego community, became the first Marine combat veteran of the wars in Iraq and Afghanistan elected to Congress.

Hunter is a strong conservative who is committed to strengthening national security, enforcing our borders, creating opportunities for American workers and protecting the interests of taxpayers. He is also a strong proponent of the Second Amendment, protecting traditional marriage and the rights of the unborn.

Congressman Hunter and his wife live in Alpine, California. They are the proud parents of three children: Duncan, Elizabeth and Sarah.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Eight Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's 50th District**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 50th District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



1,788
TOTAL JOBS



\$222,079,042
TOTAL ECONOMIC IMPACT
of current operations.

\$38 Million
ANNUAL TAX REVENUES



1,229 HEALTH CENTER JOBS including
275 ENTRY-LEVEL and **524 SKILLED JOBS**
for community residents
559 OTHER JOBS IN THE COMMUNITY

\$139,234,578
DIRECT HEALTH CENTER SPENDING
\$82,844,464
COMMUNITY SPENDING

\$12 Million
STATE AND LOCAL TAX REVENUES
\$26 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$199 Million
SAVINGS TO
MEDI-CAL



\$253 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



129,026
PATIENTS
SERVED

4%
FOUR-YEAR
PATIENT GROWTH

598,029
PATIENT
VISITS

38,801
patients are
**CHILDREN AND
ADOLESCENTS**

93,892
patients are
ADULTS

89% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

65% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

56,723
patients gained
**INSURANCE
COVERAGE**

87

COMPREHENSIVE COORDINATED CARE



115,645 patients
received **MEDICAL CARE**



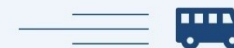
29,162 patients
received **DENTAL CARE**



10,476 patients received
MENTAL HEALTH CARE



1,957 patients received
VISION CARE



10,579 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



4,307 patients were
diagnosed with
ASTHMA



2,491 patients were
diagnosed with
CORONARY ARTERY DISEASE



9,306 patients were
diagnosed with
DIABETES



14,615 patients were
diagnosed with
HYPERTENSION



16,647 children received
WELL-CHILD VISITS



43,150 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

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

88% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



75% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



88% of health centers met or exceeded at least one
**HEALTHY PEOPLE 2020 GOAL FOR CLINICAL
PERFORMANCE**


CLINICAL QUALITY
MEASURES




IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



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Driving Successful Health
Center Growth

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

COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
Community Health Systems, Inc.
Indian Health Council, Inc.
La Maestra Community Health Centers
Mountain Health
Neighborhood Healthcare
North County Health Services
Planned Parenthood of the Pacific Southwest

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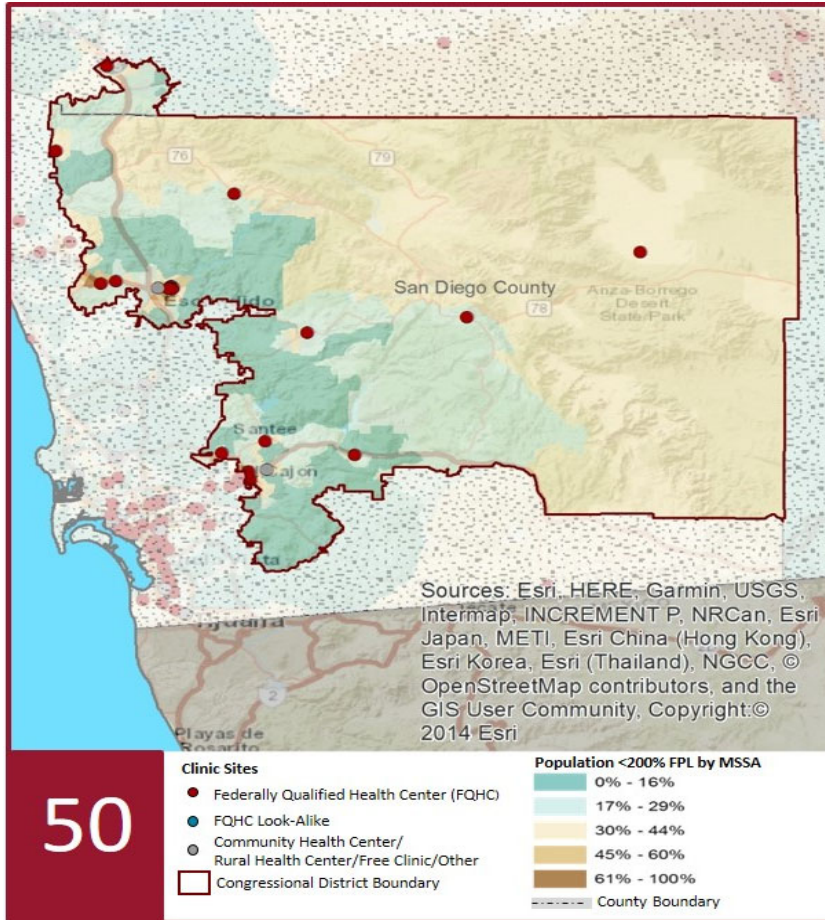
2019 Profile of Community Health Centers Congressional District 50

Representative Duncan D Hunter



The Clinics

Community Health Centers (CHCs) are nonprofit health care practices located in low income and medically underserved areas. CHCs share a common mission to serve everyone who walks through their doors, regardless of their ability to pay. The term CHC include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety net. In many California Counties, they provide a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.



Clinic Types

Total Number of CHCs	23
Federally Qualified Health Center Sites (FQHC)	21
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	3

Demographics

Patients	152,742	
Male	55,761	37%
Female	96,981	63%
19 Years & Under	49,620	32%
Encounters	522,111	

Poverty Level

Under 100%	76,500	50%
100 - 138%	21,597	14%
139 - 200%	10,668	7%
201 - 400%	16,028	10%
Over 400%	1,725	1%
Unknown	26,224	17%

Age

Less than 1 Year	3,760	2%
1 - 4 Years	9,892	6%
5 - 12 Years	19,034	12%
13 - 14 Years	4,293	3%
15 - 19 Years	12,641	8%
20 - 34 Years	42,742	28%
35 - 44 Years	19,047	12%
45 - 64 Years	32,295	21%
More than 65 Years	9,038	6%

Race

White (non-hispanic)	94,308	62%
Black	3,884	3%
Native American	834	1%
Asian/Pacific Islander	5,397	4%
More than one Race	3,875	3%
Other/ Unknown	44,444	29%

Ethnicity

Hispanic	83,598	55%
Non-Hispanic	55,600	36%
Unknown	13,544	9%
AG/Migratory Workers		
Patients	6,525	4%
Encounters	23,999	5%

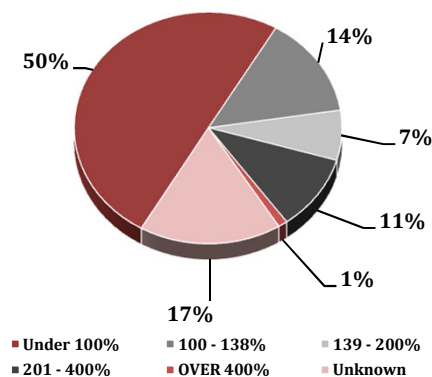
Language

Primary Language Not English	39%
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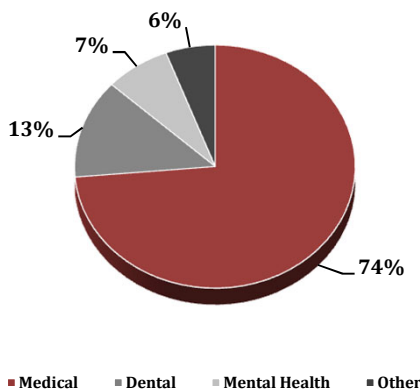
2019 Profile of Community Health Centers Congressional District 50

Representative Duncan D Hunter

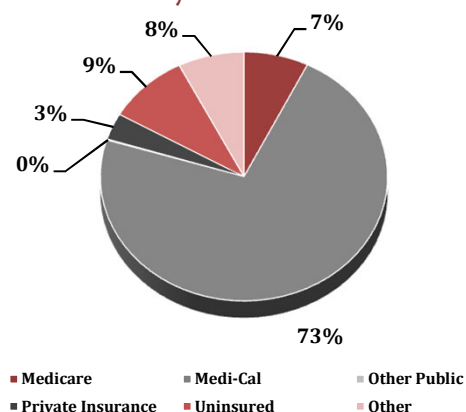
Federal Poverty Level



Services



Payment Source



Services	Provider FTEs		Encounters	
Medical*	106.6	61%	384,332	74%
Dental**	23.9	14%	68,829	13%
Mental Health***	27.0	15%	39,158	7%
Other****	18.1	10%	29,792	6%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. *Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	4%
Basic Lab Services	70%
Radiology Services	26%
Pharmacy Services	26%
Urgent Care Services	13%
Substance Abuse Services	4%
Women's Health Services	70%

Revenue and Utilization by Payment Source

Program	Patients**		Encounters	
Medicare	8,331	5%	38,027	7%
Medi-Cal	97,139	64%	378,289	72%
Other Public	88	0%	668	0%
Private Insurance	7,008	5%	17,895	3%
Uninsured Services	37,676	25%	48,297	9%
Covered California	2,082	1%	6,947	1%
PACE	-	0%	-	0%
Other	418	0%	820	0%
BCCCP**	3,028	2%	3,723	1%
CHDP**	2,107	1%	3,685	1%
Family PACT**	14,026	9%	23,760	5%

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Gross Patient Revenue (charged)

\$121,039,560

Net Patient Revenue (collected)

\$83,770,810

Other Operating Revenue

Federal Funds	\$	12,338,237
State Funds	\$	181,749
County/Local Funds	\$	156,949
Private	\$	5,277,301
Donations/Contributions	\$	236,414
Other	\$	5,249,105

TOTAL OPERATING REVENUE

\$107,210,565

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



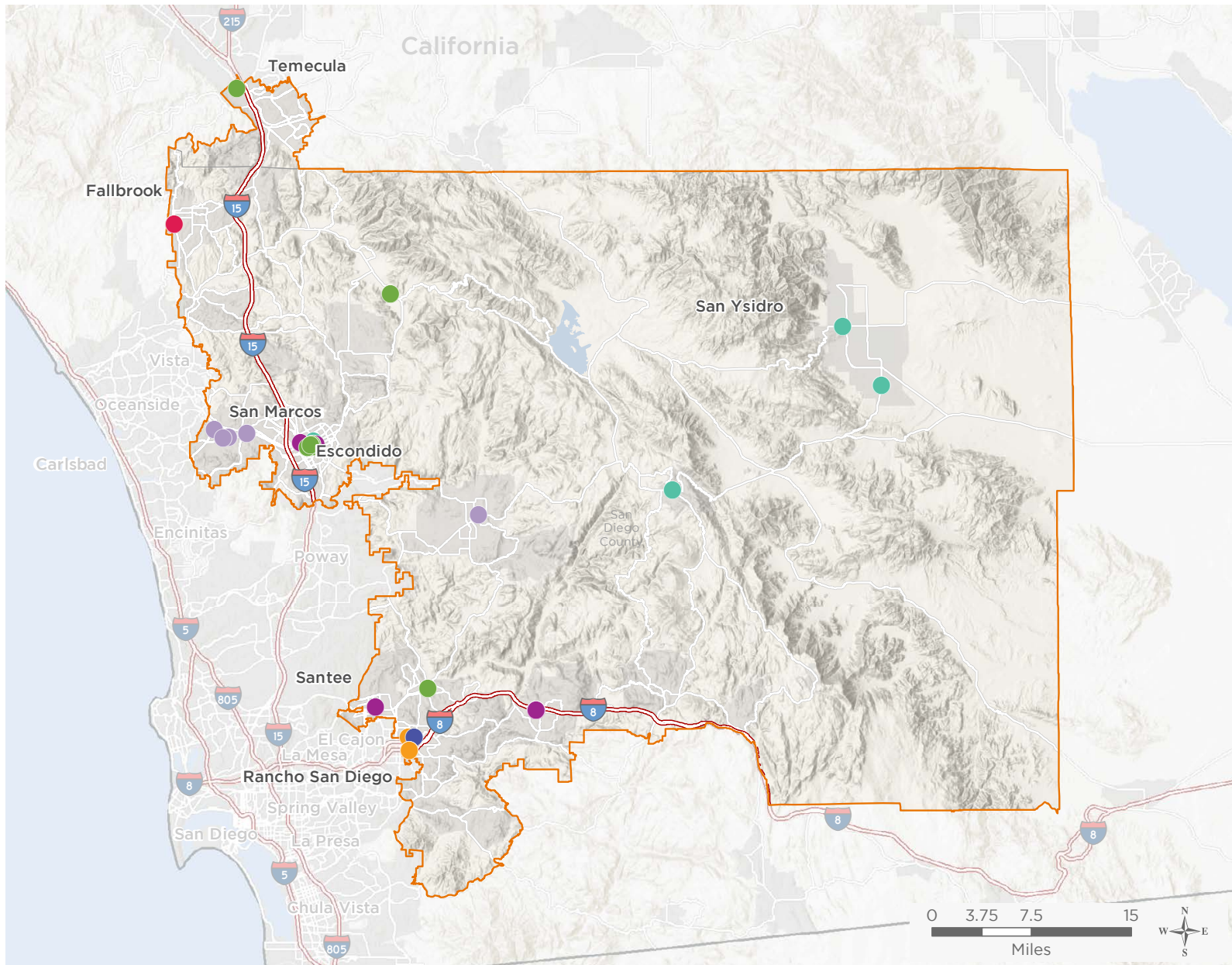
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Duncan D. Hunter

116th United States Congress

California's **50TH** Congressional District

The 7 federally-funded health center organizations with a presence in California's 50th Congressional District leverage **\$48,761,267** in federal investments to serve **529,749** patients.



37

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

 Federally-funded site
(each color represents one organization)

 Major Highways

 Highways

 Major Roads

 116th Congressional
District Boundaries

 County Boundaries

 City or Town

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.

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NUMBER OF DELIVERY SITES IN CONGRESSIONAL DISTRICT

(main organization in bold)

BORREGO COMMUNITY HEALTH FOUNDATION

Borrego Community Health Foundation - 4343 Yaqui Pass Rd Borrego Springs, CA 92004
Borrego Medical Center - 4343 Yaqui Pass Rd Borrego Springs, CA 92004
Centro Medico Escondido - 1121 E Washington Ave Escondido, CA 92025-2214
Julian Medical Center - 2721 Washington St Julian, CA 92036
Woolcott Dental Clinic - 590 Palm Canyon Dr Ste 212 Borrego Springs, CA 92004-4000

COMMUNITY HEALTH SYSTEMS, INC.

Fallbrook Family Health Center - 1328 S Mission Rd Fallbrook, CA 92028-4006

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

Health and Developmental Services Center - East Region - 1234 Broadway El Cajon, CA 92021-4901

LA MAESTRA FAMILY CLINIC, INC.

La Maestra El Cajon Dental Clinic - 183 S 1st St El Cajon, CA 92019-4795
La Maestra El Cajon Medical Clinic - 165 S 1st St El Cajon, CA 92019-4795
La Maestra El Cajon Pharmacy - 165 S 1st St Ste 1B El Cajon, CA 92019-4795
La Maestra El Cajon Primary Care Clinic - 1032 Broadway El Cajon, CA 92021-7416

MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.

Alpine Family Medicine - 1620 Alpine Blvd Ste 119B Alpine, CA 91901-1104
Alpine Family Medicine Suite 107-109 - 1620 Alpine Blvd STE 107 Alpine, CA 91901-1103
Alpine Family Medicine Suite 110 - 1620 Alpine Blvd Ste 110 Alpine, CA 91901-1103
Alpine Family Medicine Suite 111 - 1620 Alpine Blvd Ste 111 Alpine, CA 91901-1103
Alpine Family Medicine Suite 114 - 1620 Alpine Blvd Ste 114 Alpine, CA 91901-1103
Alpine Family Medicine Suite 116-118 - 1620 Alpine Blvd Ste 116-118 Alpine, CA 91901-1102
Escondido Family Medicine - 255 N Ash St Ste 101 Escondido, CA 92027-3069
North Inland Family Medicine - 125 W Mission Ave Ste 105 Escondido, CA 92025-1721
Santee Family Medicine - 120 Town Center Pkwy Santee, CA 92071-5801

NEIGHBORHOOD HEALTHCARE

Neighborhood Healthcare - Grand Avenue - 1001 E Grand Ave Escondido, CA 92025-4604
Neighborhood Healthcare - Escondido - 460 N Elm St Escondido, CA 92025-3002
Neighborhood Healthcare - Fallbrook - 1309 S Mission Rd Ste B Fallbrook, CA 92028-4168
Neighborhood Healthcare - Lakeside Dental - 10039 Vine St Ste B Lakeside, CA 92040-3122
Neighborhood Healthcare - Lakeside Medical - 10039 Vine St Ste A Lakeside, CA 92040-3122
Neighborhood Healthcare - Pauma Valley - 16650 Highway 76 Pauma Valley, CA 92061-9524
NEIGHBORHOOD HEALTHCARE - Pediatrics - 426 N Date St Escondido, CA 92025-3409
Neighborhood Healthcare - Prenatal - 488 E Valley Pkwy Ste 404 Escondido, CA 92025-3379
Neighborhood Healthcare - Temecula - 41840 Enterprise Cir N Temecula, CA 92590-5654
Neighborhood Healthcare - Valley Parkway - 728 E Valley Pkwy Escondido, CA 92025-3052
Ray M. Dickinson Wellness Center - 425 N Date St Ste 203 Escondido, CA 92025-3413



NATIONAL ASSOCIATION OF
Community Health Centers

Representative Duncan D. Hunter

116th United States Congress

California's **50TH** Congressional District

37

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **NORTH COUNTY HEALTH PROJECT, INC.**

California Pediatrics an Affiliate of NCHS - 1595 Grand Ave Ste 102 San Marcos, CA 92078-2450

Cognitive Health Science Centers (San Marcos); An Affiliate of NCHS - 960 W San Marcos Blvd San Marcos, CA 92078

NCHS Grand Ave Family Medicine - 727 W San Marcos Blvd San Marcos, CA 92078

NCHS Ramona Health Center - 217 Earlham St Ramona, CA 92065-1589

NCHS San Marcos Health Center - 150 Valpreda Rd San Marcos, CA 92069-2973

Salud Ambulante Mobile Clinic - 150 Valpreda Rd San Marcos, CA 92069-2973



Juan Vargas (Democrat, D-51)

Serves: San Diego and Imperial Counties

Website: <https://vargas.house.gov/>

Twitter: @RepJuanVargas

D.C. Office: 2244 Rayburn HOB

HCP Members in District

- Clinicas
- Imperial Beach
- La Maestra
- Mountain
- Samahan
- Borrego
- PPPSW
- SD Family Care
- San Ysidro
- Southern Indian

Committees

- Financial Services
- Foreign Affairs

Subcommittees

- Financial Institutions and Consumer Credit
- Oversight and Investigations

Caucuses

- Port
- Travel and Tourism
- LGBT Equality
- Hispanic
- Military Veterans
- New Democrats Coalition
- Native American
- U.S./Mexico Friendship
- Fire Services
- Innovation and Entrepreneurship
- Armenian
- Congressional High Tech
- Latino-Jewish Congressional
- Small Business
- House Guard/Reserve Component
- Asian Pacific American
- Border
- Rare Disease
- Addiction, Treatment, Recovery
- Blue Collar
- Vietnam

BIO/Background

Congressman Juan Vargas was raised on a chicken ranch in National City, in California's 51st District. He is one of ten children, born to his parents, Tomas and Celina Vargas on March 7, 1961. His father, Tomas, immigrated to the United States from Mexico in the late 1940s as part of the Bracero Program which brought millions of Mexican guest workers to the United States on short-term, primarily agricultural labor contracts, as part of a series of bi-lateral agreements between Mexico and the United States. Through the Bracero Program, Tomas became a legal resident and Juan's mother, Celina, went on to earn her U.S. Citizenship. Taught the value of hard work by his parents, Juan attained impressive academic credentials. He attended the University of San Diego on scholarship, graduated Magna Cum Laude receiving a Bachelor of Arts in Political Science in 1983. In

1987, Juan earned a Master of Humanities from Fordham University in New York City and in 1991 earned a Juris Doctorate from Harvard Law School, where he was a classmate of President Barack Obama. As a young adult, Juan entered the Jesuits, a Catholic religious order, where he worked with disadvantaged communities, including orphaned children and internally displaced people in the jungles of El Salvador. For years, his work with the Jesuits focused on the health and welfare of children and issues of social justice. Juan left the Jesuits in order to pursue family life. Two years later, he married Adrienne D'Ascoli and they returned to San Diego where Juan worked as an attorney with the law firm of Luce, Forward, Hamilton and Scripps. Although he enjoyed the practice of law, Juan decided to contribute to his community as a public official. Juan was elected to the San Diego City Council in 1993. On the Council, he assumed a leadership role in planning, funding, and advocating for public safety, municipal infrastructure and schools. During his eight-year tenure on the San Diego City Council Juan helped establish community-based policing, which has become a national model, fought tobacco advertising directed at children, and helped create the City of San Diego's 6-to-6 after-school program. He also sponsored a graffiti and home rehabilitation program, known as Operation Restore, which employed homeless individuals in an effort to improve and revitalize blighted homes and neighborhoods in San Diego's urban core. When President Bill Clinton ordered an invasion of Kosovo in 1999 to end a terrifying regime of "ethnic cleansing," Juan and Adrienne answered the President's call and took in a refugee Kosovar family into their home for nearly two years. The family is now thriving and independent, residing in the city of El Cajon. In 2000, Juan was elected by a wide margin to the California State Assembly. As the State Representative to the 79th Assembly District, Juan represented the southern portion of San Diego, the western portion of Chula Vista, and the cities of Coronado, Imperial Beach, and National City. In his first year as a State Legislator, Juan was appointed Assistant Majority Leader. Following the end of his term the State Assembly in 2006, Juan went on to serve as Vice President of External Affairs for Safeco Insurance and Vice President of Corporate Legal for Liberty Mutual Group. Both are home, auto, and small business insurance companies and, under these roles, he helped bring jobs to Southern California communities. In 2010, Juan answered the call to return to public service and was elected to the California State Senate. He represented the 40th California State Senate District, which includes the southern portion of San Diego County, portions of Riverside County, all of Imperial County and California's entire U.S.-Mexico border. As a State Senator, Juan worked tirelessly to ensure public safety and protect services to the poor and elderly. He was Chairman of the Banking and Financial Institutions Committee and served on the following committees: Education; Business, Professions and Economic Development; Public Employment and Retirement; Agriculture; the Joint Committee on Rules; and the Select Committee on Recovery, Reform and Re-Alignment. Juan was first elected to the United States Congress in 2012 with over 70 percent of the vote, the highest in both San Diego and Imperial counties. He represents California's 51st Congressional District which includes portions of San Diego County, all of Imperial County, and the entire U.S. - Mexico Border in California. In 2016, Juan was named one of the "Hardest-Working Members of Congress" for his close working relationship with the Obama Administration, his bipartisanship, and for his leadership on the Congressional Prayer Breakfast. Currently serving his third term in Congress, Juan serves on the Committee on Financial Services, including the Subcommittee on Financial Institutions and Consumer Credit and the Subcommittee on Oversight and Investigations.

Juan lives in San Diego with his wife, Adrienne, an Associate Vice President at San Diego State University, and his daughters, Rosa and Helena.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Nine Federally Qualified Health Centers (FQHCs) and other safety-net clinics provide care to residents of **California's 51st District**. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 51st District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



3,353
TOTAL JOBS



\$442,216,792
TOTAL ECONOMIC IMPACT
of current operations.

\$69 Million
ANNUAL TAX REVENUES



2,175 HEALTH CENTER JOBS including
499 ENTRY-LEVEL and **1,012 SKILLED JOBS**
for community residents
1,178 OTHER JOBS IN THE COMMUNITY

\$269,862,867
DIRECT HEALTH CENTER SPENDING
\$172,353,925
COMMUNITY SPENDING

\$23 Million
STATE AND LOCAL TAX REVENUES
\$46 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$319 Million
SAVINGS TO
MEDI-CAL



\$436 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



231,548
PATIENTS
SERVED

0%
FOUR-YEAR
PATIENT GROWTH

906,700
PATIENT
VISITS

71,130
patients are
**CHILDREN AND
ADOLESCENTS**

161,187
patients are
ADULTS

96% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

86% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

74,548
patients gained
**INSURANCE
COVERAGE**

97

COMPREHENSIVE COORDINATED CARE



189,601 patients
received **MEDICAL CARE**



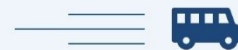
60,298 patients
received **DENTAL CARE**



12,052 patients received
MENTAL HEALTH CARE



6,039 patients received
VISION CARE



10,329 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



7,411 patients were
diagnosed with
ASTHMA



4,894 patients were
diagnosed with
CORONARY ARTERY DISEASE



21,062 patients were
diagnosed with
DIABETES



34,609 patients were
diagnosed with
HYPERTENSION



25,151 children received
WELL-CHILD VISITS



72,061 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

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"



78% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



89% of health centers met or exceeded at least one
**HEALTHY PEOPLE 2020 GOAL FOR CLINICAL
PERFORMANCE**



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Clinicas de Salud del Pueblo, Inc.
Imperial Beach Community Clinic
La Maestra Community Health Centers
Mountain Health
Planned Parenthood of the Pacific Southwest
Samahan Health Centers
San Diego Family Care
San Ysidro Health
Southern Indian Health Council, Inc.

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.



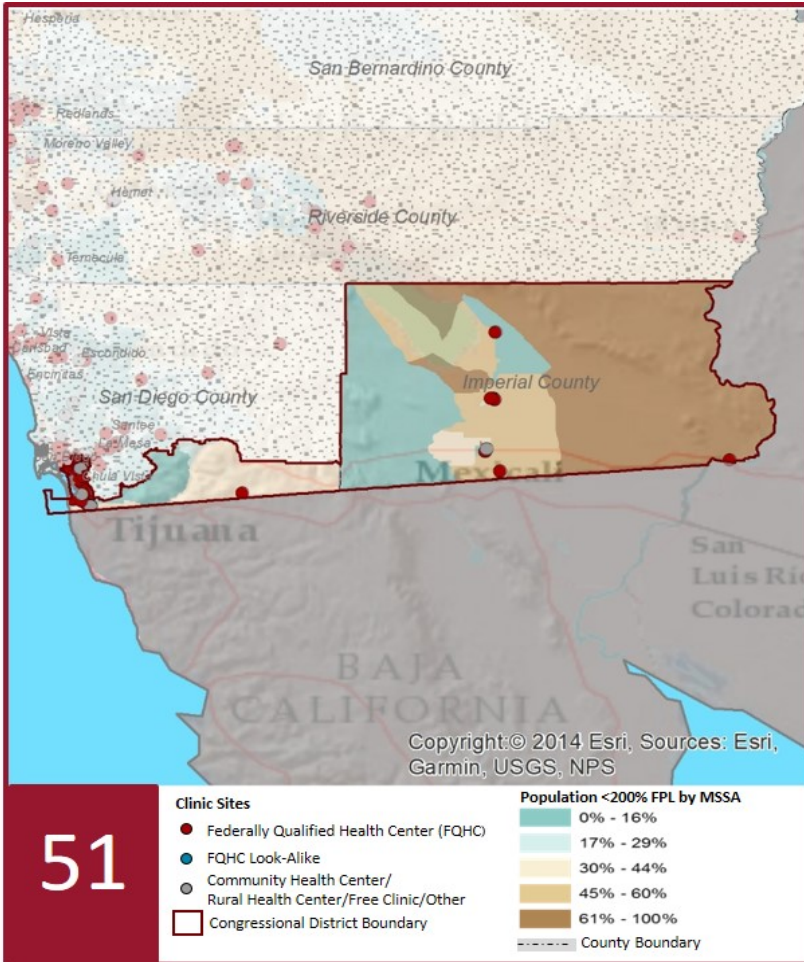
2019 Profile of Community Health Centers Congressional District 51

Representative Juan Vargas



The Clinics

Community Health Centers (CHCs) are nonprofit health care practices located in low income and medically underserved areas. CHCs share a common mission to serve everyone who walks through their doors, regardless of their ability to pay. The term CHC include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety net. In many California Counties, they provide a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.



Clinic Types

Total Number of CHCs	53
Federally Qualified Health Center Sites (FQHC)	44
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	0

Demographics

Patients	355,236	
Male	135,553	38%
Female	219,683	62%
19 Years & Under	114,776	32%
Encounters	1,248,247	

Poverty Level

Under 100%	235,242	66%
100 - 138%	37,025	10%
139 - 200%	19,422	5%
201 - 400%	7,230	2%
Over 400%	1,923	1%
Unknown	54,394	15%

Age

Less than 1 Year	9,068	3%
1 - 4 Years	24,992	7%
5 - 12 Years	43,399	12%
13 - 14 Years	9,425	3%
15 - 19 Years	27,892	8%
20 - 34 Years	89,804	25%
35 - 44 Years	40,259	11%
45 - 64 Years	82,000	23%
More than 65 Years	28,397	8%

Race

White (non-hispanic)	188,297	53%
Black	23,928	7%
Native American	1,257	0%
Asian/Pacific Islander	20,100	6%
More than one Race	6,676	2%
Other/ Unknown	114,978	32%

Ethnicity

Hispanic	255,364	72%
Non-Hispanic	90,606	26%
Unknown	9,266	3%
AG/Migratory Workers		
Patients	6,284	2%
Encounters	21,185	2%

Language

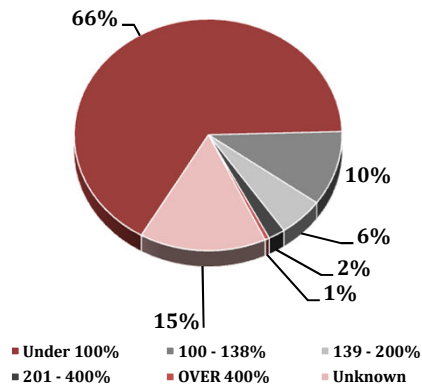
Primary Language Not English	40%
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2019 Profile of Community Health Centers Congressional District 51

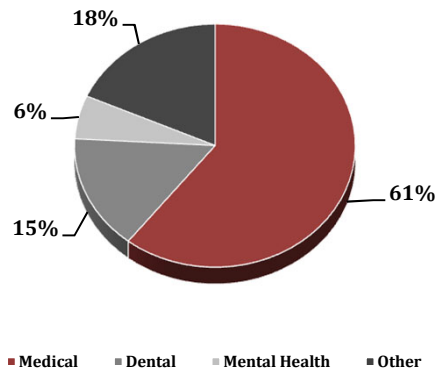
Representative Juan Vargas



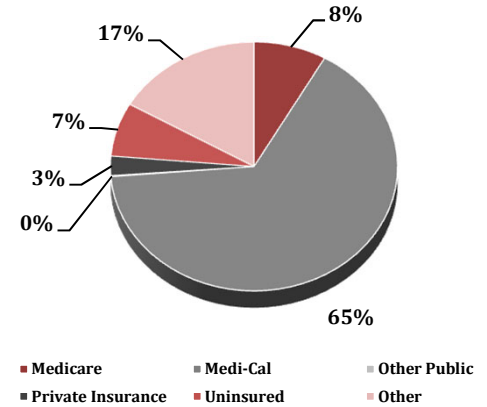
Federal Poverty Level



Services



Payment Source



Services	Provider FTEs		Encounters	
Medical*	244.4	54%	756,304	61%
Dental**	67.9	15%	190,893	15%
Mental Health***	57.6	13%	72,215	6%
Other****	83.2	18%	228,835	18%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. *Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	25%
Basic Lab Services	81%
Radiology Services	32%
Pharmacy Services	26%
Urgent Care Services	13%
Substance Abuse Services	25%
Women's Health Services	68%

Revenue and Utilization by Payment Source

Program	Patients**		Encounters	
Medicare	23,757	7%	100,521	8%
Medi-Cal	232,488	65%	804,283	64%
Other Public	61	0%	1,531	0%
Private Insurance	10,095	3%	30,916	2%
Uninsured Services	77,392	22%	85,675	7%
Covered California	5,814	2%	17,580	1%
PACE	334	0%	-	0%
Other	5,295	1%	123,655	10%
BCCCP**	3,276	1%	6,032	0%
CHDP**	13,976	4%	22,744	2%
Family PACT**	19,083	5%	34,662	3%

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Gross Patient Revenue (charged)

\$375,540,545

Net Patient Revenue (collected)

\$249,905,461

Other Operating Revenue

Federal Funds	\$ 46,973,626
State Funds	\$ 522,301
County/Local Funds	\$ 4,093,511
Private	\$ 4,249,072
Donations/Contributions	\$ 436,433
Other	\$ 11,072,098

TOTAL OPERATING REVENUE

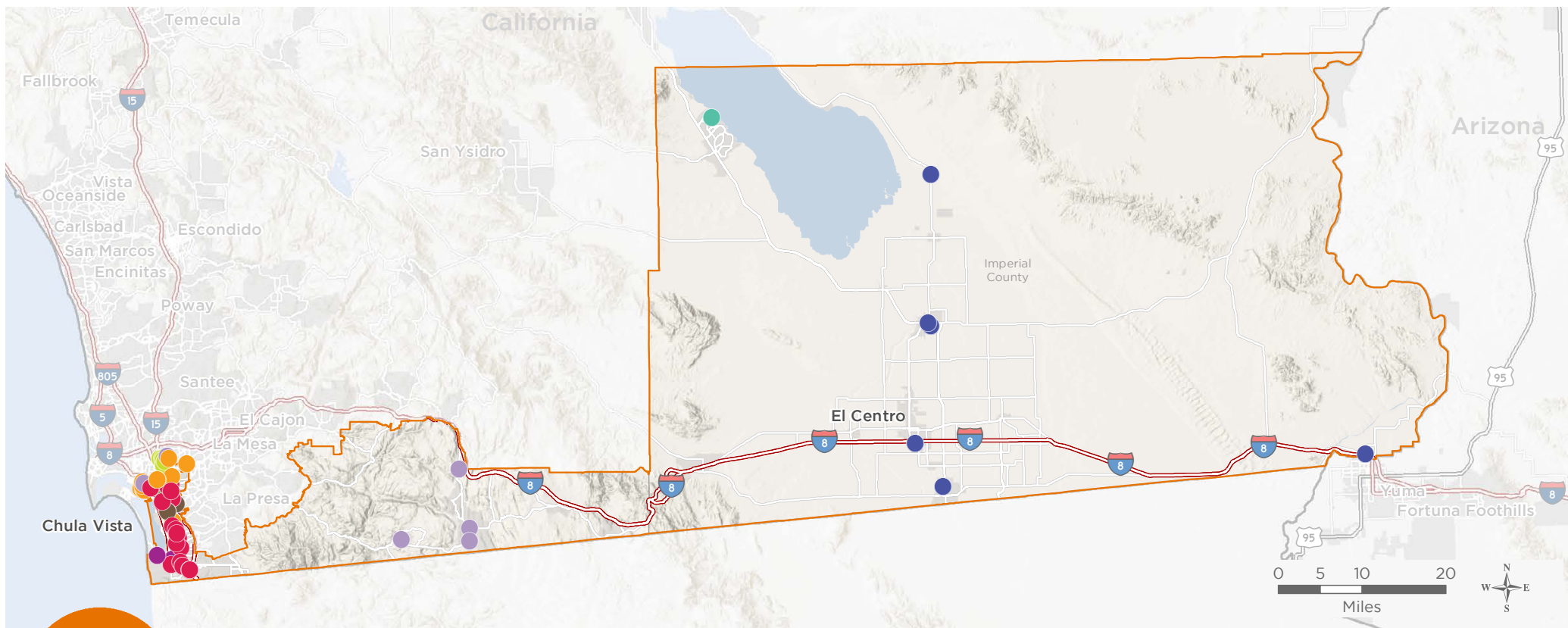
\$317,252,502

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



The 9 federally-funded health center organizations with a presence in California's 51st Congressional District leverage **\$52,906,360** in federal investments to serve **570,088** patients.



72

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**



Federally-funded site
(each color represents one organization)

116th Congressional District Boundaries

Major Highways

Highways

Major Roads

County Boundaries

City or Town

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.

72

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **BORREGO COMMUNITY HEALTH FOUNDATION**

Centro Medico Oasis - 88-775 Avenue 76 Ste 1 Thermal, CA 92274

● **CENTRO DE SALUD DE LA COMUNIDAD SAN YSIDRO, INC**

Chula Vista Medical Plaza - 678 Third Ave Chula Vista, CA 91910-5736

Chula Vista Pediatrics - 855 Third Ave Ste 2200 Chula Vista, CA 91911-1353

Comprehensive Health Center - Metro - 3177 Ocean View Blvd San Diego, CA 92113-1432

Euclid Family Health Center - 286 Euclid Ave Ste 302 San Diego, CA 92114-3613

Healthy Steps Mobile Clinic 1F - 4004 Beyer Blvd San Ysidro, CA 92173-2007

Healthy Steps Mobile Clinic 1G - 4004 Beyer Blvd San Ysidro, CA 92173-2007

King-Chavez Health Center - 950 S Euclid Ave San Diego, CA 92114-6201

Lincoln High School - 4777 Imperial Ave San Diego, CA 92113-2071

Maternal and Child Health Center - 4050 Beyer Blvd San Ysidro, CA 92173-2007

Mi Clinica - 1058 Third Ave Chula Vista, CA 91911-2009

National City Family Clinic - 1136 D Ave National City, CA 91950-3412

Otay Family Health Center - 1637 Third Ave Ste Bf Chula Vista, CA 91911-5823

Palomar High School - 480 Palomar St Chula Vista, CA 91911-3008

Paradise Hills Family Clinic - 2400 E 8th St Ste A National City, CA 91950-2956

Project LUNA - 450 Fourth Ave Ste 400 Chula Vista, CA 91910-4430

San Ysidro Adult Day Healthcare Center - 3364 Beyer Blvd San Diego, CA 92173-1322

San Ysidro Health Center - 4004 Beyer Blvd San Ysidro, CA 92173-2007

San Ysidro Senior Health Center and PACE - 3364 Beyer Blvd Ste 102 San Ysidro, CA 92173-1322

South Bay Family Health & Dental Center - 330 E 8th St # 340 National City, CA 91950-2312

Southwest High School - 1685 Hollister St San Diego, CA 92154-4548

Youth Enhancement Services - 3025 Beyer Blvd Ste 101 San Diego, CA 92154-3432

● **CLINICAS DE SALUD DEL PUEBLO, INC.**

Calexico Health Clinic - 223 W Cole Blvd Calexico, CA 92231-9722

Clinicas De Salud Del Pueblo Inc - 900 Main St Brawley, CA 92227-2630

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NUMBER OF DELIVERY SITES IN CONGRESSIONAL DISTRICT

(main organization in bold)

● **CLINICAS DE SALUD DEL PUEBLO, INC., cont.**

Clinicas De Salud Del Pueblo-Dental - 1166 K St Brawley, CA 92227-2737
El Centro Health Clinic - 651 Wake Ave El Centro, CA 92243-9490
Niland Health Clinic - 8027 Highway 111 Niland, CA 92257
Winterhaven Clinic - 2133 Winterhaven Dr Winterhaven, CA 92283

● **FAMILY HEALTH CENTERS OF SAN DIEGO, INC.**

Chula Vista Family Counseling Center - 248 Landis Ave Chula Vista, CA 91910-2609
Chula Vista Family Health Center - 251 Landis Ave Chula Vista, CA 91910-2628
Diamond Neighborhoods Family Health Center - 4725 Market St San Diego, CA 92102-4715
FamilyHealth - Center for Older Adults - 3420 College Ave San Diego, CA 92115-7134
FamilyHealth - Youth Counseling Center - 2130 National Ave San Diego, CA 92113-2209
FamilyHealth on Commercial - 2325 Commercial St Ste 1400 San Diego, CA 92113-1195
FHCSD Mobile Medical Unit II - 823 Gateway Center Way San Diego, CA 92102-4541
FHCSD Mobile Medical Unit III - 823 Gateway Center Way San Diego, CA 92102-4541
Healthy Development Services Center- Central Region - 2114 National Ave San Diego, CA 92113-2209
Ibarra Family Health Center - 4874 Polk Ave San Diego, CA 92105-2026
KidCare Express Mobile Medical Unit - 823 Gateway Center Way San Diego, CA 92102-4541
Laura's Place - 1861 Newton Ave San Diego, CA 92113-2117
Logan Heights Family Counseling Center - 2204 National Ave San Diego, CA 92113-3615
Logan Heights Family Health Center - 1809 National Ave San Diego, CA 92113-2113
Logan Heights Patient Care Support Services - 1827 Logan Ave Ste 2 San Diego, CA 92113-2137
National City Family Health Center - 1000 Euclid Ave National City, CA 91950-3856
Oak Park Family Health Center - 5160 Federal Blvd San Diego, CA 92105-5429
Rice Family Health Center - 352 L St Chula Vista, CA 91911-1208
Sherman Heights Family Health Center - 2391 Island Ave San Diego, CA 92102-2941

● **IMPERIAL BEACH COMMUNITY CLINIC**

Imperial Beach Health Center - 949 Palm Ave Imperial Beach, CA 91932-1503

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**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **IMPERIAL BEACH COMMUNITY CLINIC, cont.**

Nestor Community Health Center - 1016 Outer Rd San Diego, CA 92154-1351

● **LA MAESTRA FAMILY CLINIC, INC.**

La Maestra Dental Clinic - 4305 University Ave Ste 150 San Diego, CA 92105-1690

La Maestra Family Clinic - 4060 Fairmount Ave San Diego, CA 92105-1608

La Maestra Family Clinic, Inc - 4185 Fairmount Ave San Diego, CA 92105-1609

La Maestra Hope Clinic - 4171 Fairmount Ave San Diego, CA 92105-1609

La Maestra Mobile Medical and Dental Van - 4060 Fairmount Ave San Diego, CA 92105-1608

La Maestra Monroe Clark Middle School Clinic - 4388 Thorn St San Diego, CA 92105-4238

La Maestra National City Clinic - 217 Highland Ave National City, CA 91950-1518

La Maestra National City Pharmacy - 209 Highland Ave National City, CA 91950-1518

La Maestra Rosa Parks Elementary Clinic - 4510 Landis St San Diego, CA 92105-2822

● **MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.**

25th Street Family Medicine - 316 25th St San Diego, CA 92102-3016

Community Heights Family Medicine - 4690 El Cajon Blvd San Diego, CA 92115-4403

Mountain Empire Family Medicine - 31115 Highway 94 Campo, CA 91906-3133

Mountain Empire Jr/Sr High Sch - 3305 Buckman Springs Rd Pine Valley, CA 91962-4005

Mountain Health Family Medicine - 1388 Buckman Springs Rd Campo, CA 91906-2028

Potrero Elementary SBHC - 24875 Potrero Valley Rd Potrero, CA 91963-4110

● **OPERATION SAMAHAN**

Comm. Health Center (CHC), OSI - 2835 Highland Ave National City, CA 91950-7404

Granger School Hlth Ctr (GJH), OSI - 2101 Granger Ave Ste 101A National City, CA 91950-6208

National City Clinic (NC), OSI - 2743 Highland Ave National City, CA 91950-7410

72

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

● **SAN DIEGO FAMILY CARE**

Central Elementary School - 4063 Polk Ave San Diego, CA 92105-1436

Mid-City Community Clinic - 4290 Polk Ave San Diego, CA 92105-1524

Mid-City Community Clinic-Pediatrics - 4305 University Ave Ste 150 San Diego, CA 92105-1690

Monroe Clark Middle School - 4388 Thorn St San Diego, CA 92105-4238

Rosa Parks Elementary School - 4510 Landis St San Diego, CA 92105-2822



Scott Peters (Democrat, D-52)

Serves: San Diego County

Website: <https://scottpeters.house.gov>

Twitter: @RepScottPeters

D.C. Office: 2338 Rayburn Office Building

HCP Members in District

- Neighborhood
- PPPSW
- Father Joe's
- Samahan

Committees

- Energy & Commerce
- Budget

Caucuses

- New Democrat Coalition - Vice Chair
- Congressional Algae CoFounder & current CoChair
- Sustainable Energy & Environment - Chair of Climate Task Force
- Congressional Special Operations Forces (SOF) - CoChair
- Congressional Life Sciences- CoFounder and Co-Chair
- United Solutions- CoChair of Task Force on Promoting Economic Growth to Generate Revenue
- Asian Pacific American
- LGBT Equality
- Pro-Choice
- Gun Violence Prevention
- No Labels Problem Solvers
- Congressional Safe Climate
- Bipartisan Climate Solutions
- Grid Innovation
- Energy Saving Performance
- Renewable Energy & Efficiency
- International Conservation
- Congressional STEM Education
- Congressional STEAM
- Pre-K
- House Impact Aid Coalition
- Border
- PORTS
- Shipbuilding
- Navy & Marine Corps
- United Services Organization (USO)
- Military Family
- National Guard and Reserve
- Aerospace
- Cybersecurity
- Battery Storage
- Organic
- Biofuels
- Chemistry
- Biomedical Research
- Rare Disease
- Neuroscience
- Cancer Prevention
- Military Mental Health & Suicide Prevention
- Combat the Heroin Epidemic
- Mitochondrial Disease
- Diabetes
- Lupus
- Parkinson's
- High Technology
- Diversifying Tech
- Disaster Relief
- Military Youth Programs
- Engaging Community Support of Veterans
- Work for Warriors
- California Public Higher Education
- Career and Technical Education

- Maker
- Modeling and Simulation
- Manufacturing
- Candy
- The Service Economy
- Franchise
- E-Commerce
- California Democratic Delegation
- Financial Protection and Life Insurance
- Campaign Finance Reform
- FDI
- Rural Telecommunications
- Seniors Task Force
- Bike
- Travel and Tourism
- Cut Flower
- Federal TRIO
- Government Efficiency
- Reformers
- Animal Protection
- Arts
- Vietnam
- US- Philippines Friendship
- U.S.- Japan
- India
- Quiet Skies

BIO

Congressman Scott Peters serves California's 52nd Congressional District, which includes the cities of Coronado, Poway and most of northern San Diego. First elected in 2012, Scott has worked across the aisle to fix a broken Congress and stand up for San Diego's military and veterans community. Scott Peters currently serves on the House Energy and Commerce Committee, where he advocates for investment in basic scientific research, supports the military's goals to enhance their energy security, and fights for commonsense healthcare reforms that work for families and small business owners.

Scott Peters is a civic leader who has made improving the quality of life in San Diego his life's work. After a 15-year career as an environmental lawyer, Scott was elected to the San Diego City Council, where he later became the City's first City Council President. On the Council, Scott helped lead the \$2 billion redevelopment of downtown San Diego, the cleanup of the city's beaches and bays, and the completion of a number of major infrastructure projects. He also pursued greater accountability and efficiency in government through the creation of a new Council/Mayor form of government with an independent budget review function.

In 2001, the governor appointed Scott to the Commission on Tax Policy in the New Economy, and in 2002, the Speaker of the Assembly appointed Scott to the California Coastal Commission.

Scott also later served as chairman of the San Diego Unified Port District – a major economic engine that supports over 40,000 high-skill, high-wage jobs for San Diegans, with \$3.3 billion in direct regional economic impact.

Scott earned his undergraduate degree from Duke University (magna cum laude, Phi Beta Kappa) and worked as an economist for the United States Environmental Protection Agency before attending New York University School of Law. He and his wife of 29 years reside in the La Jolla neighborhood of San Diego, California, where they raised their son and daughter.

During his time in Congress, Scott has passed legislation to give the military the advanced technology it needs to fight terrorism and level the playing field for small businesses competing for government contracts, and has succeeded in getting the federal government to make changes to the homelessness funding formula that disadvantages San Diego. Ranked the 4th most independent Democrat in Congress by the National Journal, Scott Peters understands that business problems have bipartisan solutions, and is never afraid to work across party lines to build consensus and get things done.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Three Federally Qualified Health Centers (FQHCs) 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 ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 52nd District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



369
TOTAL JOBS



\$79,353,982
TOTAL ECONOMIC IMPACT
of current operations.

\$13 Million
ANNUAL TAX REVENUES



150 HEALTH CENTER JOBS including
20 ENTRY-LEVEL and **43 SKILLED JOBS** for
community residents
219 OTHER JOBS IN THE COMMUNITY

\$44,988,620
DIRECT HEALTH CENTER SPENDING
\$34,365,362
COMMUNITY SPENDING

\$ 4 Million
STATE AND LOCAL TAX REVENUES
\$ 9 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$26 Million
SAVINGS TO
MEDI-CAL



\$45 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



26,382
PATIENTS
SERVED

- 2%
FOUR-YEAR
PATIENT GROWTH

68,113
PATIENT
VISITS

1,898
patients are
**CHILDREN AND
ADOLESCENTS**

24,484
patients are
ADULTS

93% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

76% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

-457
patients gained
**INSURANCE
COVERAGE**

109

COMPREHENSIVE COORDINATED CARE



25,724 patients
received **MEDICAL CARE**



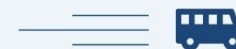
1,310 patients
received **DENTAL CARE**



917 patients received
MENTAL HEALTH CARE



45 patients received
VISION CARE



792 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



285 patients were
diagnosed with
ASTHMA



274 patients were diagnosed
with
CORONARY ARTERY DISEASE



341 children received
WELL-CHILD VISITS



954 patients were
diagnosed with
DIABETES



1,824 patients were
diagnosed with
HYPERTENSION



1,688 patients received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

100% 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"



33% of centers recognized as
PATIENT-CENTERED MEDICAL HOMES

QUALITY HEALTH OUTCOMES



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


CLINICAL QUALITY
MEASURES




IMPROVED HEALTH
OUTCOMES



COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Planned Parenthood of the Pacific Southwest
Samahan Health Centers
St Vincent de Paul Village

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.



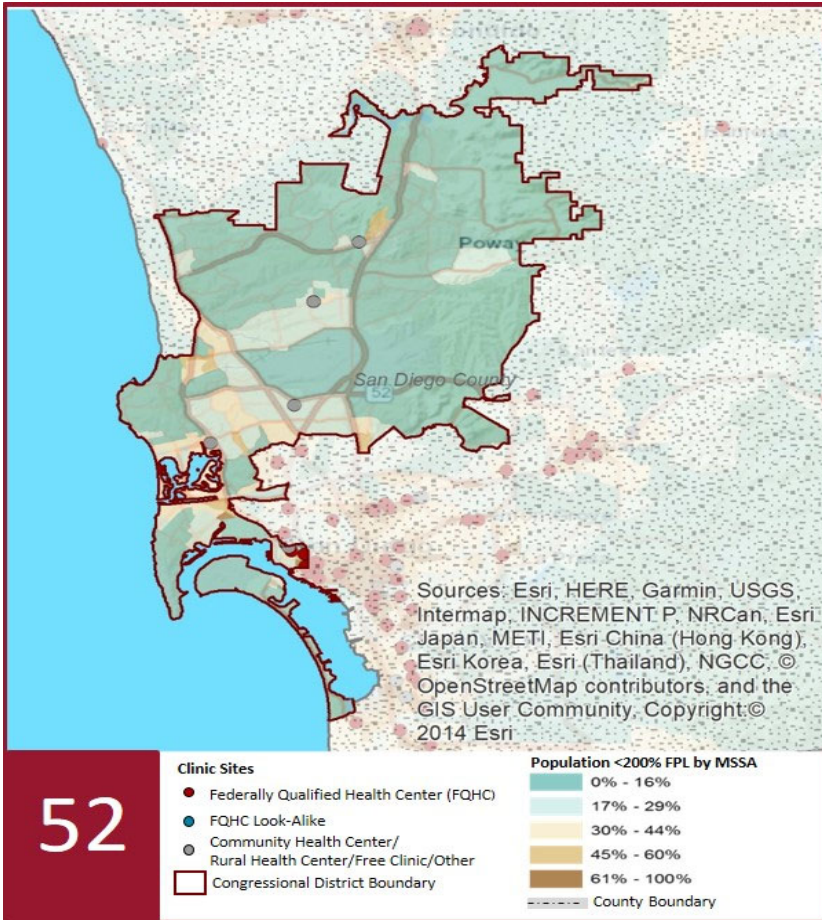
2019 Profile of Community Health Centers Congressional District 52

Representative Scott Peters



The Clinics

Community Health Centers (CHCs) are nonprofit health care practices located in low income and medically underserved areas. CHCs share a common mission to serve everyone who walks through their doors, regardless of their ability to pay. The term CHC include Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Migrant Health Centers, Rural and Frontier Health Centers, and Free Clinics. CHCs are an essential segment of the safety net. In many California Counties, they provide a significant proportion of comprehensive primary care services to those who are publicly subsidized or uninsured.



Clinic Types

Total Number of CHCs	10
Federally Qualified Health Center Sites (FQHC)	5
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	0

Demographics

Patients	51,501	
Male	15,419	30%
Female	36,082	70%
19 Years & Under	5,863	11%
Encounters	123,245	

Poverty Level

Under 100%	32,224	63%
100 - 138%	5,424	11%
139 - 200%	4,232	8%
201 - 400%	2,982	6%
Over 400%	1,149	2%
Unknown	5,490	11%

Age

Less than 1 Year	242	0%
1 - 4 Years	649	1%
5 - 12 Years	1,063	2%
13 - 14 Years	300	1%
15 - 19 Years	3,609	7%
20 - 34 Years	25,309	49%
35 - 44 Years	6,710	13%
45 - 64 Years	10,332	20%
More than 65 Years	3,287	6%

Race

White (non-hispanic)	29,391	57%
Black	3,559	7%
Native American	246	0%
Asian/Pacific Islander	7,453	14%
More than one Race	1,194	2%
Other/ Unknown	9,658	19%

Ethnicity

Hispanic	12,186	24%
Non-Hispanic	35,203	68%
Unknown	4,112	8%
AG/Migratory Workers		
Patients	1,439	3%
Encounters	5,146	4%

Language

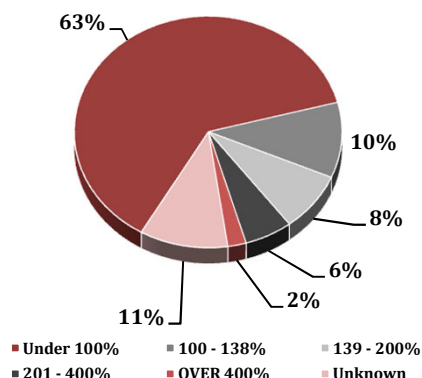
Primary Language Not English	9%
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2019 Profile of Community Health Centers Congressional District 52

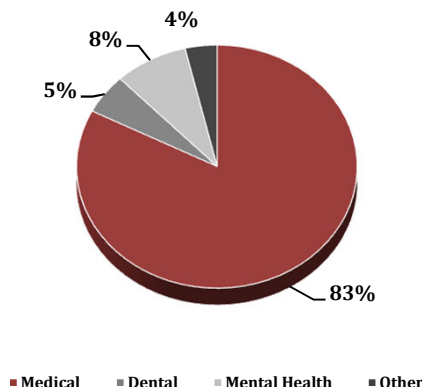
Representative Scott Peters



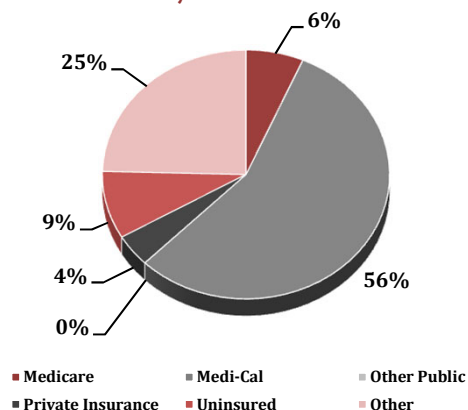
Federal Poverty Level



Services



Payment Source



Services	Provider FTEs	Encounters
Medical*	38.3 62%	101,724 83%
Dental**	3.9 6%	6,548 5%
Mental Health***	12.4 20%	10,429 8%
Other****	7.6 12%	4,544 4%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. *Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	10%
Basic Lab Services	80%
Radiology Services	30%
Pharmacy Services	30%
Urgent Care Services	10%
Substance Abuse Services	30%
Women's Health Services	80%

Revenue and Utilization by Payment Source

Program	Patients**	Encounters
Medicare	2,581 5%	7,996 6%
Medi-Cal	22,402 43%	68,925 56%
Other Public	2 0%	10 0%
Private Insurance	3,667 7%	5,175 4%
Uninsured Services	21,427 42%	10,828 9%
Covered California	1,299 3%	2,694 2%
PACE	- 0%	- 0%
Other	123 0%	1,427 1%
BCCCP**	259 1%	328 0%
CHDP**	8 0%	8 0%
Family PACT**	15,251 30%	25,854 21%

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Gross Patient Revenue (charged)

\$32,238,474

Net Patient Revenue (collected)

\$20,518,687

Other Operating Revenue

Federal Funds	\$ 6,337,893
State Funds	\$ -
County/Local Funds	\$ 15,114
Private	\$ 1,433,807
Donations/Contributions	\$ 837,447
Other	\$ 950,922

TOTAL OPERATING REVENUE

\$30,093,870

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



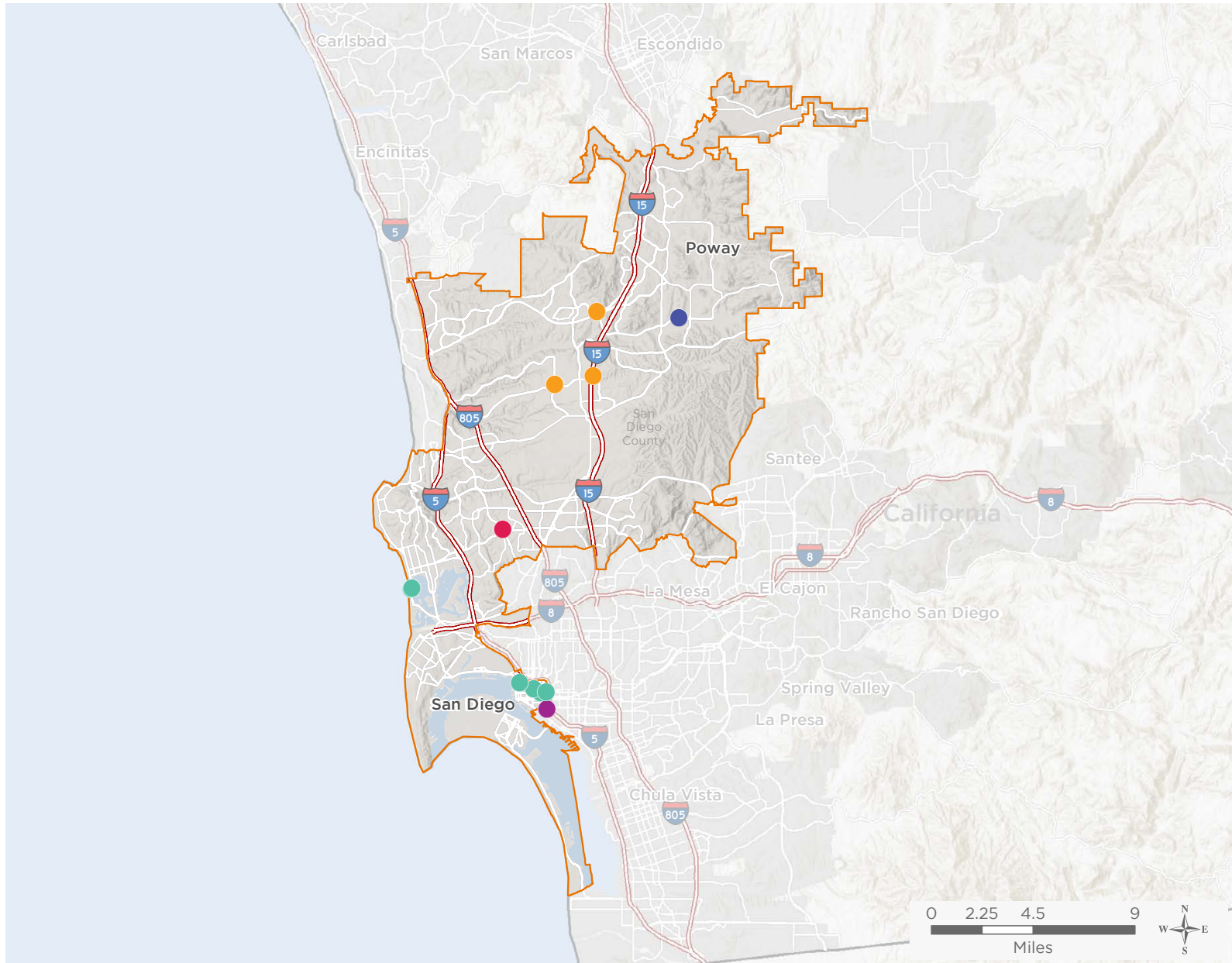
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Scott Peters

116th United States Congress

California's **52ND** Congressional District

The 5 federally-funded health center organizations with a presence in California's 52nd Congressional District leverage **\$30,050,837** in federal investments to serve **231,398** patients.



 Federally-funded site
(each color represents one organization)

 116th Congressional
District Boundaries

 Major Highways

 County Boundaries

 Highways

 City or Town

 Major Roads

13

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.

© National Association of Community Health Centers, 2019. For more information, please contact federalaffairs@nachc.org.



13

**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

(main organization in bold)

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

Beach Area Family Health Center - 3705 Mission Blvd San Diego, CA 92109-7104
Beach Area Women's Health Center - 3690 Mission Blvd San Diego, CA 92109-7368
Downtown Family Health Center at Connections - 1250 6th Ave Ste 100 San Diego, CA 92101-4368
Family Health Centers of San Diego- 1145 Broadway - 1145 Broadway San Diego, CA 92101-5611
FamilyHealth at City College - 1550 Broadway Ste 2 San Diego, CA 92101-5713
Monarch School - 808 W Cedar St San Diego, CA 92101-2411

HERALD CHRISTIAN HEALTH CENTER

HCHC San Diego - 4282 Genesee Ave Ste 102 San Diego, CA 92117-4986

NEIGHBORHOOD HEALTHCARE

Neighborhood Healthcare - Gold Family Health Center - 13010 Poway Rd Poway, CA 92064-4520

OPERATION SAMAHAN

Erma Road Hlth Ctr (ERM), OSI - 9855 Erma Rd Ste 105-106 San Diego, CA 92131-3001
Mira Mesa (MMM) Health Ctr, OSI #235 - 10737 Camino Ruiz Ste 235 San Diego, CA 92126-2375
Mira Mesa Dental (MMD) Health Ctr, OSI - 10737 Camino Ruiz Ste 138-140 San Diego, CA 92126-2359
Rancho Penasquitos (RPQ) Hlth Ctr, OSI - 9995 Carmel Mountain Rd STE B10 San Diego, CA 92129-2889

ST. VINCENT DE PAUL VILLAGE, INC

St Vincent de Paul Village Family Health Center - 15 16th St San Diego, CA 92101-7634



Susan Davis (Democrat, D-53)

Serving: San Diego County
Website: <https://susandavis.house.gov/>
Twitter: @RepSusanDavis
D.C. Office: 1214 Longworth HOB

HCP Members in District

- Borrego
- La Maestra
- Mountain
- Neighborhood
- PPPSW
- SD American Indian
- SD Family Care
- San Ysidro

Committees

- Education and Workforce
- Armed Services

Caucuses

- Navy-Marine Corps - Co-Founder & Co-Chair
- Explosive Ordnance Disposal (EOD) - Co-Chair
- Biomedical Research
- Alzheimer's Disease
- Pro-Choice
- California Democratic Congressional Delegation
- Autism Research and Education
- Arts
- Asian Pacific American
- Brain Injury
- Women's Issues
- Armenian Issues
- Hellenic Issues
- China
- Climate Change
- Coastal
- Coast Guard
- Cystic Fibrosis
- Friends of Animals
- Heart and Stroke
- Human Rights
- Internet
- Kidney
- LGBT Equality
- Mental Health
- Philanthropy
- Port Security
- Shipbuilding
- Soccer
- Taiwan
- Tobacco and Health
- Wildlife Refuge
- Zoo and Aquarium
- Friends of New Zealand
- Historic Preservation
- Congressional Biotechnology
- Impact Aid
- Mentoring
- House Nursing
- Oceans
- STEM Education
- International Conservation
- Working Families
- Modeling and Simulation
- New Democrat
- Pro-Choice
- Rare Disease
- Renewable Energy and Energy Efficiency
- Research and Development
- US-China Working Group
- Tennis

BIO

Susan attended public school in northern California. She graduated from the University of California at Berkeley with a degree in sociology. After college, she worked with at-risk youths in Israel and also lived on a kibbutz. Official Photo Susan returned to the United States and she earned her master's degree in social work at the University of North Carolina. When her husband Steve was stationed in Japan for his military service, Susan and their sons, Jeff and Ben, joined him. The Davis family later settled in mid-city San Diego in 1972 and Susan and Steve have lived in the same house ever since. Today, Susan and Steve are the proud grandparents of Henry, Jane, and Theo.

Prior to Congress, Susan served in the California State Assembly (1994-2000). She served three terms and focused on what would become her signature issues – education, health care, and consumer protection. She chaired the Committee on Consumer Protection, Government Efficiency, and Economic Development. In the House, as she has throughout her public service, Susan has approached legislating as a bipartisan consensus builder achieving legislative successes in education, military families and veterans support and health care. In addition to her state legislative experience, Susan brought to Congress nine years of experience as a member of the San Diego Unified Board of Education (1983-1992). As a senior member of the House Education and Labor Committee, Susan has played a key role in bringing reforms and improvements to primary, secondary and higher education. She wrote the law to provide flexibility to college students receiving work-study funds during natural disasters such as the recent fires in Southern California. In addition, she made work-study funds available to college students who work to educate the community in civic education and disaster preparedness. Susan is focusing on teacher quality because nothing is more important to a child's schooling than an inspiring teacher.

Susan is Chair of the Higher Education and Workforce Investment Subcommittee where her priorities for the Subcommittee are increasing access to a college degree, equal opportunity in education and the workplace, student safety, expanding apprenticeships, and emphasizing career and technical training – especially for women. Susan has long promoted the virtues of positive role models and passed legislation promoting youth mentoring. In the early 90's, she was the Executive Director of the Aaron Price Fellows program designed to teach multi-ethnic high school students leadership and citizenship skills. She has mentored many young people instilling in them a sense of community involvement and participation.

Representing San Diego, with its large military presence, Susan has been a strong advocate for military families. She also draws on her experience living overseas as her husband served in Japan in the Air Force. As a past Chairwoman and Ranking Member of the House Armed Services Subcommittee on Military Personnel, she has been at the forefront on issues that directly impact service members and their families, such as increases in pay and benefits, improved housing and a health care system worthy of their service and sacrifice. In 2010, the National Military Family Association recognized Susan for her work with military families and military spouses. Susan has worked to build on the foundation of her success in giving California women direct access to their OB/GYN. The Patient Protection and Affordable Care Act, enacted in 2010, contained many provisions championed by Susan – direct access to an OB/GYN, preserving access to crucial maternal health care for low-income women by ensuring Medicaid birth center facility fee payments, and making resources available a community-based approach to preventing new cases of type 2 Diabetes. As a former medical social worker, Susan recognizes the need for accessible and affordable quality health care. From her position on the Education and Workforce Committee, she will continue to work with her colleagues in finding ways to lower health care costs.

In Congress, Susan is a leader of an effort to include billions of dollars of new funding for the National Institutes of Health (NIH) to promote research, innovation, and discovery to find new ways to fight and cure diseases such as AIDS and cancer.

VALUE IMPACT of HEALTH CENTERS

Health Center Partners of Southern California



Eight Federally Qualified Health Centers (FQHCs) 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 ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their **2017 contributions** are shown below.

California's 53rd District Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



1,580
TOTAL JOBS



\$229,657,666
TOTAL ECONOMIC IMPACT
of current operations.

\$37 Million
ANNUAL TAX REVENUES



889 HEALTH CENTER JOBS including
184 ENTRY-LEVEL and **406 SKILLED JOBS**
for community residents
691 OTHER JOBS IN THE COMMUNITY

\$126,326,261
DIRECT HEALTH CENTER SPENDING
\$103,331,405
COMMUNITY SPENDING

\$12 Million
STATE AND LOCAL TAX REVENUES
\$25 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



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SAVINGS TO
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ACCESS to care for vulnerable populations



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SERVED

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FOUR-YEAR
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VISITS

42,654
patients are
**CHILDREN AND
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104,683
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94% of patients are
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(Below 200% of the
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70% of patients
identify as an
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**INSURANCE
COVERAGE**

118

COMPREHENSIVE COORDINATED CARE



101,163 patients
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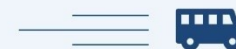
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19,775 patients received at least one
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100% of health centers are currently participating in the
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100% of health centers met or exceeded at least one
**HEALTHY PEOPLE 2020 GOAL FOR CLINICAL
PERFORMANCE**



CLINICAL QUALITY
MEASURES



IMPROVED HEALTH
OUTCOMES

Capital Link prepared this Value + Impact report using 2017
health center audited financial statements and Uniform Data
System information. Economic impact was measured using
2017 IMPLAN Online



CAPITAL LINK
Driving Successful Health
Center Growth

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

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COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
La Maestra Community Health Centers
Mountain Health
Neighborhood Healthcare
Planned Parenthood of the Pacific Southwest
San Diego American Indian Health Center
San Diego Family Care
San Ysidro Health

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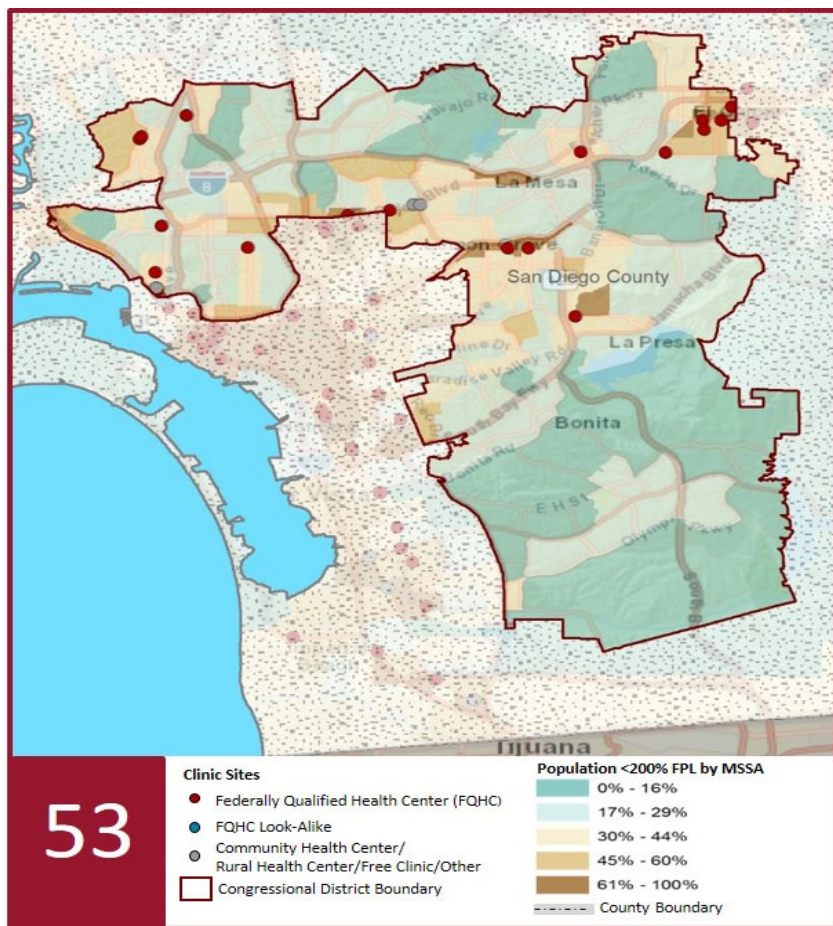
2019 Profile of Community Health Centers Congressional District 53

Representative Susan Davis



The Clinics

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Clinic Types

Total Number of CHCs	23
Federally Qualified Health Center Sites (FQHC)	18
FQHC Look-Alike Sites	0
Rural Health Center Sites (95-210 RHC)	0

Demographics

Patients	245,234	
Male	99,591	41%
Female	145,643	59%
19 Years & Under	68,236	28%
Encounters	864,607	

Poverty Level

Under 100%	143,433	58%
100 - 138%	19,624	8%
139 - 200%	11,772	5%
201 - 400%	5,342	2%
Over 400%	1,716	1%
Unknown	63,347	26%

Age

Less than 1 Year	5,159	2%
1 - 4 Years	14,731	6%
5 - 12 Years	26,371	11%
13 - 14 Years	5,641	2%
15 - 19 Years	16,334	7%
20 - 34 Years	71,205	29%
35 - 44 Years	32,657	13%
45 - 64 Years	58,186	24%
More than 65 Years	14,950	6%

Race

White (non-hispanic)	139,693	57%
Black	19,068	8%
Native American	2,725	1%
Asian/Pacific Islander	15,373	6%
More than one Race	5,098	2%
Other/ Unknown	63,277	26%

Ethnicity

Hispanic	91,447	37%
Non-Hispanic	117,283	48%
Unknown	36,504	15%
AG/Migratory Workers		
Patients	2,056	1%
Encounters	8,108	1%

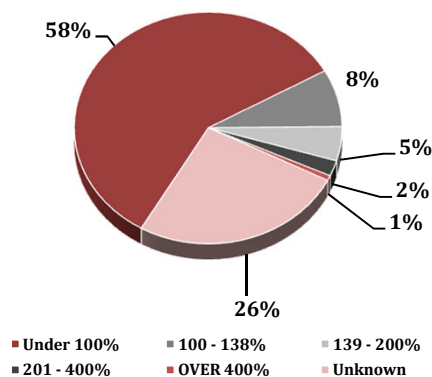
Language

Primary Language Not English	34%
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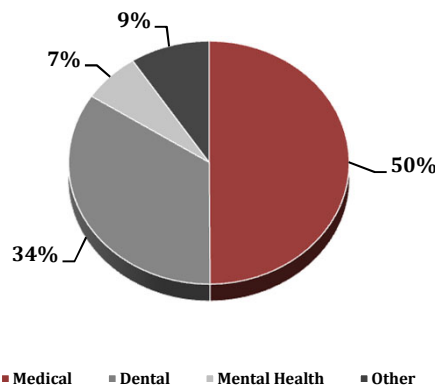
2019 Profile of Community Health Centers Congressional District 53

Representative Susan Davis

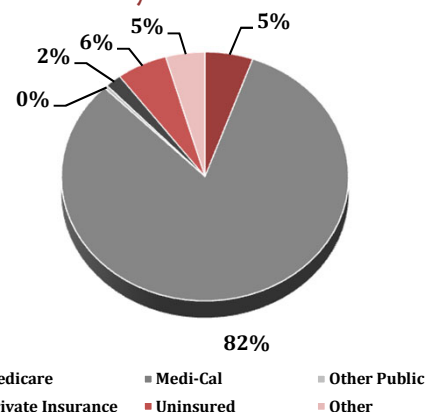
Federal Poverty Level



Services



Payment Source



Services

Provider FTEs

Encounters

Medical*	141.6	48%	431,488	50%
Dental**	34.5	12%	296,449	34%
Mental Health***	49.7	17%	57,403	7%
Other****	67.9	23%	79,267	9%

*Physicians; Physician Assistants; Family Nurse Practitioners; Certified Nurse Midwives and Visiting Nurses.

Psychiatrists; Clinical Psychologists; Licensed Clinical Social Workers. *Other providers billable to Medi-Cal and other CPSP providers not listed.

% of CHCs providing other significant services

Vision Services	17%
Basic Lab Services	78%
Radiology Services	9%
Pharmacy Services	26%
Urgent Care Services	4%
Substance Abuse Services	26%
Women's Health Services	78%

Revenue and Utilization by Payment Source

Program	Patients**	Encounters
Medicare	10,042 4%	45,586 5%
Medi-Cal	183,222 75%	693,604 80%
Other Public	7 0%	3,524 0%
Private Insurance	7,209 3%	15,331 2%
Uninsured Services	41,355 17%	48,170 6%
Covered California	2,957 1%	9,974 1%
PACE	366 0%	- 0%
Other	76 0%	148 0%
BCCCP**	1,623 1%	2,384 0%
CHDP**	1,178 0%	2,506 0%
Family PACT**	13,561 6%	22,362 3%

**Patient counts for Episodic programs (BCCCP, CHDP, Family PACT and Other Episodic Programs) are duplicated. Episodic Programs include Breast Cancer Programs such as the Breast Cancer Early Detection Program (BCCCP) and the Breast and Cervical Cancer Control Program (BCCCP); CHDP = Child Health and Disability Prevention Program; Family PACT = Family Planning Access Care and Treatment Program and other payers covered by a grant.

Gross Patient Revenue (charged)

\$304,294,455

Net Patient Revenue (collected)

\$213,337,747

Other Operating Revenue

Federal Funds	\$ 17,740,186
State Funds	\$ 1,526,699
County/Local Funds	\$ 6,473,082
Private	\$ 3,873,200
Donations/Contributions	\$ 746,806
Other	\$ 17,074,301

TOTAL OPERATING REVENUE

\$260,772,021

Because of their philosophy and by necessity, CCHCs have been vigilant about controlling the cost of care, and the untoward effects of deferred or neglected care, by promoting a broad range of preventive health services specifically targeted to the particular needs of their communities and patient populations. The Federal Office of Management and Budget has found the Health Center Program to be one of the ten most effective federal programs and the most effective program under the federal Health and Human Services Agency. Despite enormous challenges, CCHCs have persisted in their mission to serve their local communities.

Profile created by Jeanita Harris, Sr. Data Analyst, CPCA. Data is based on 2017 OSHPD AUR.



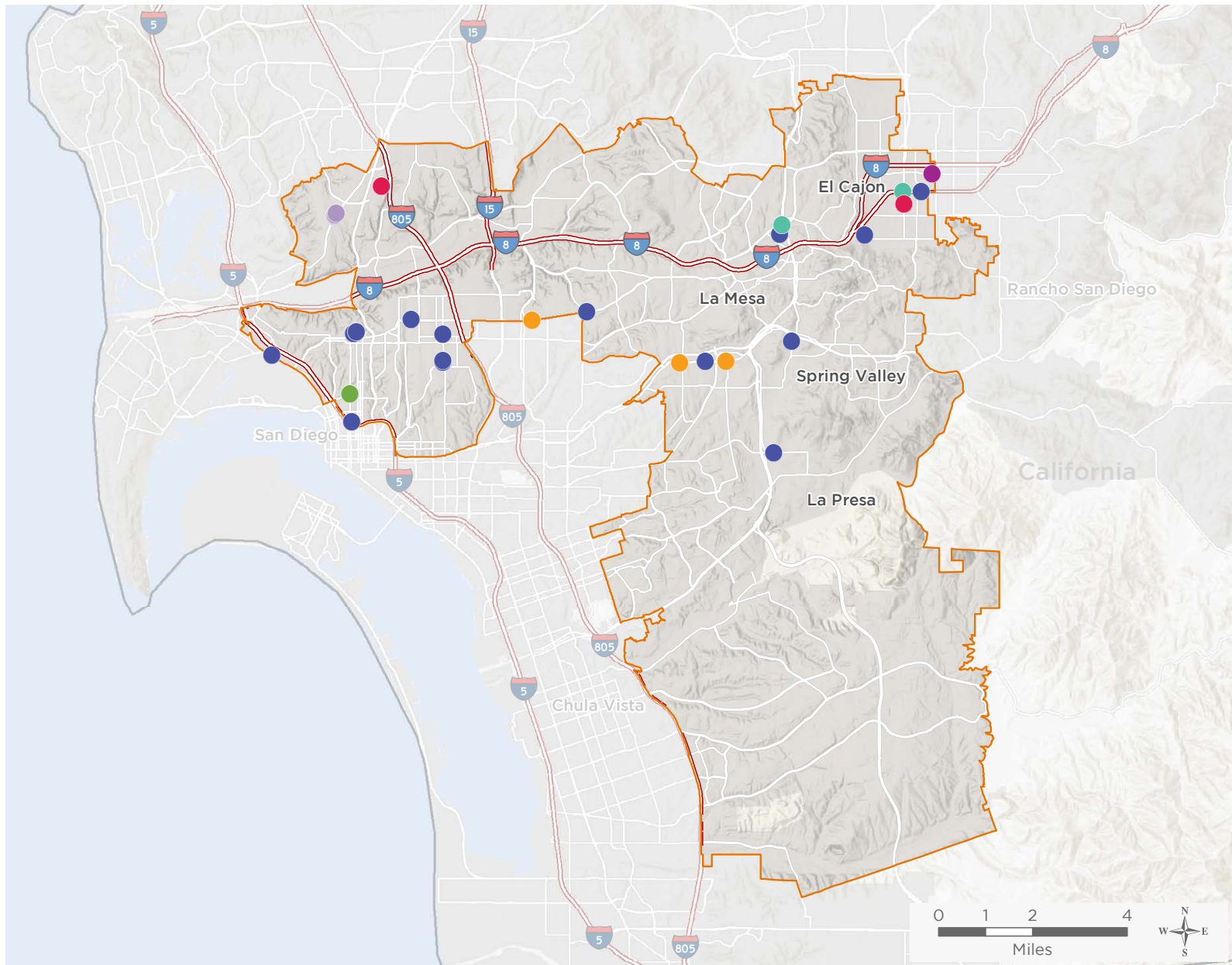
NATIONAL ASSOCIATION OF
Community Health Centers

Representative Susan Davis

116th United States Congress

California's **53RD** Congressional District

The 7 federally-funded health center organizations with a presence in California's 53rd Congressional District leverage **\$47,376,307** in federal investments to serve **554,787** patients.



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**NUMBER OF DELIVERY SITES IN
CONGRESSIONAL DISTRICT**

 Federally-funded site
(each color represents one organization)

 Major Highways

 Highways

 Major Roads

 116th Congressional
District Boundaries

 County Boundaries

 City or Town

Notes | Delivery sites represent locations of organizations funded by the federal Health Center Program. Some locations may overlap due to scale or may otherwise not be visible when mapped. Federal investments represent the total funding from the federal Health Center Program to grantees with a presence in the state in 2017.

Sources | Federally-Funded Delivery Site Locations: data.HRSA.gov, December 3, 2018.
Health Center Patients and Federal Funding | 2017 Uniform Data System, Bureau of Primary Health Care, HRSA.

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NUMBER OF DELIVERY SITES IN CONGRESSIONAL DISTRICT

(main organization in bold)

BORREGO COMMUNITY HEALTH FOUNDATION

Centro Medico El Cajon - 133 W Main St El Cajon, CA 92020-3315

La Mesa Pediatrics - 8881 Fletcher Pkwy Ste 200 La Mesa, CA 91942-3135

Women's Health And Wellness Center - 8851 Center Dr Ste 210 La Mesa, CA 91942-3045

CENTRO DE SALUD DE LA COMUNIDAD SAN YSIDRO, INC

Chaldean and Middle-Eastern Social Services - 436 S Magnolia Ave Ste 101 El Cajon, CA 92020-5219

San Diego Children's Dental Clinic - 8110 Birmingham Way San Diego, CA 92123-2758

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

Chase Avenue Family Health Center - 1111 W Chase Ave El Cajon, CA 92020-5710

City Heights Family Health Center - 5454 El Cajon Blvd San Diego, CA 92115-3621

El Cajon Family Health Center - 525 E Main St El Cajon, CA 92020-4007

Elm Street Family Health Center - 140 Elm St San Diego, CA 92101-2602

Grossmont Family Counseling Center - 8851 Center Dr Ste 312 La Mesa, CA 91942-3050

Grossmont Spring Valley Family Health Center - 8788 Jamacha Rd Spring Valley, CA 91977-4035

Hillcrest Family Health Center - 4094 4th Ave San Diego, CA 92103-2143

Hillcrest Family Health Center - Annex - 4065 3rd Ave San Diego, CA 92103-2184

HIV Prevention Center - 4040 30th St San Diego, CA 92104-2684

Lemon Grove Family Health Center - 7592 Broadway Lemon Grove, CA 91945-1604

North Park Behavioral Health Center - 2136 El Cajon Blvd San Diego, CA 92104-1102

North Park Family Health Center - 3544 30th St San Diego, CA 92104-4120

North Park Family Health Center II - 3514 30th St San Diego, CA 92104-4120

Spring Valley Family Counseling Center - 3845 Spring Dr Spring Valley, CA 91977-1030

Veterans Village of San Diego Clinic - 4141 Pacific Hwy San Diego, CA 92110-2030

LA MAESTRA FAMILY CLINIC, INC.

La Maestra Hoover High School Medical and Dental Clinic - 4474 El Cajon Blvd San Diego, CA 92115-4312

La Maestra Lemon Grove Clinic - 7967 Broadway Lemon Grove, CA 91945-1809

La Maestra Lemon Grove Dental Clinic - 7139 Broadway Lemon Grove, CA 91945-1408

NEIGHBORHOOD HEALTHCARE

Neighborhood Healthcare - El Cajon - 855 E Madison Ave El Cajon, CA 92020-3819

SAN DIEGO AMERICAN INDIAN HEALTH CENTER INC

San Diego American Indian Health Center - 2602 1st Ave San Diego, CA 92103-6529

San Diego American Indian Health Center - 2630 1st Ave San Diego, CA 92103-6599

SAN DIEGO FAMILY CARE

Linda Vista Health Care Center - 6973 Linda Vista Rd San Diego, CA 92111-6342

Linda Vista Health Care Center - 6979 Linda Vista Rd San Diego, CA 92111-6342

Linda Vista Health Care Center - 6985 Linda Vista Rd San Diego, CA 92111-6342

San Diego Family Care - 7011 Linda Vista Rd San Diego, CA 92111-6307

NOTES