

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 **2016 contributions** are shown below.

Southern California Health Centers Provide...

JOBS and other positive impacts on the ECONOMY



10,066
TOTAL JOBS



\$1,346,803,318
TOTAL ECONOMIC IMPACT
of current operations.

\$217 Million
ANNUAL TAX REVENUES



5,728 HEALTH CENTER JOBS including
1,364 ENTRY-LEVEL and **2,727 SKILLED**
JOBS for community residents
4,338 OTHER JOBS IN THE COMMUNITY

\$652,121,443
DIRECT HEALTH CENTER SPENDING
\$694,681,875
COMMUNITY SPENDING

\$69 Million
STATE AND LOCAL TAX REVENUES
\$147 Million
FEDERAL TAX REVENUES

SAVINGS to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$ 1.02 billion
SAVINGS TO
MEDI-CAL



\$ 1.38 Billion
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS to care for vulnerable populations



755,016
PATIENTS
SERVED

18%
FOUR-YEAR
PATIENT GROWTH

2,926,747
PATIENT
VISITS

219,556
patients are
CHILDREN AND
ADOLESCENTS

535,460
patients are
ADULTS

90% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

74% of patients
identify as an
ETHNIC OR RACIAL
MINORITY

Since 2012:

275,092
patients gained
INSURANCE
COVERAGE

COMPREHENSIVE COORDINATED CARE



619,662 patients
received **MEDICAL CARE**



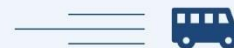
178,049 patients
received **DENTAL CARE**



31,719 patients received
MENTAL HEALTH CARE



14,773 patients
received
VISION CARE



104,436 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



20,665 patients were
diagnosed with
ASTHMA



12,450 patients were
diagnosed with
CORONARY ARTERY DISEASE



50,324 patients were
diagnosed with
DIABETES



78,157 patients were
diagnosed with
HYPERTENSION



81,417 children received
WELL-CHILD VISITS



190,284 patients
received
IMMUNIZATIONS and
SEASONAL FLU VACCINES

STATE-OF-THE-ART PRACTICE

76% of health centers have installed and currently use an
ELECTRONIC HEALTH RECORD (EHR)

71% of health centers are currently participating in the
Centers for Medicare and Medicaid Services (CMS)
EHR INCENTIVE PROGRAM "MEANINGFUL USE"



53% 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



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REFERENCES AND DATA SOURCES

1. Access to Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2016 Uniform Data System.
2. Savings to Medi-Cal: Nocon et al. *Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings*. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
3. Savings to the Health System: NACHC Fact Sheet: *Health Centers and Medicaid*, December, 2016.
4. Economic and Employment Impacts: Calculated by Capital Link using 2016 IMPLAN Online.
5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2016 Uniform Data System.
6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2016 Uniform Data System.
7. Quality Health Outcomes: Calculated by Capital Link based on 2016 Uniform Data System information and relevant Healthy People 2020 targets found at <https://www.healthypeople.gov/2020/data-search>.

Summary of 2016 Total Economic Activity

Stimulated by Current Operations of

		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$ 652,121,443	5,728
	Indirect	\$ 244,648,578	1,435
	Induced	\$ 450,033,297	2,903
	Total	\$1,346,803,318	10,066

Direct # of FTEs (employment) based on HRSA 2016 UDS state level data for FQHCs.

Summary of 2016 Tax Revenue

		Federal	State
Community Impact	Direct	\$86,111,549	\$27,526,357
	Indirect	\$22,551,455	\$11,923,042
	Induced	\$38,603,844	\$30,046,274
	Total	\$147,266,848	\$69,495,673
Total Tax Impact		\$216,762,521	

*Full-Time Equivalent (FTE) of 1.0 means that the person is equivalent to a full-time worker. In an organization that has a 40-hour work week, a person who works 20 hours per week (i.e. 50 percent time) is reported as "0.5 FTE." FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as "0.33 FTE" (4 months/12 months).

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HOW ECONOMIC IMPACT IS MEASURED

Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with a county/state database. It is widely used by economists, state and city planners, universities and others to estimate the impact of projects and expenditures on the local economy. This analysis was conducted using 2015 IMPLAN Online.

WHAT ARE DIRECT AND COMMUNITY IMPACTS?

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

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

Community impacts can be induced, resulting from **purchases of local goods and services at a household level made by employees of the health center and suppliers.**

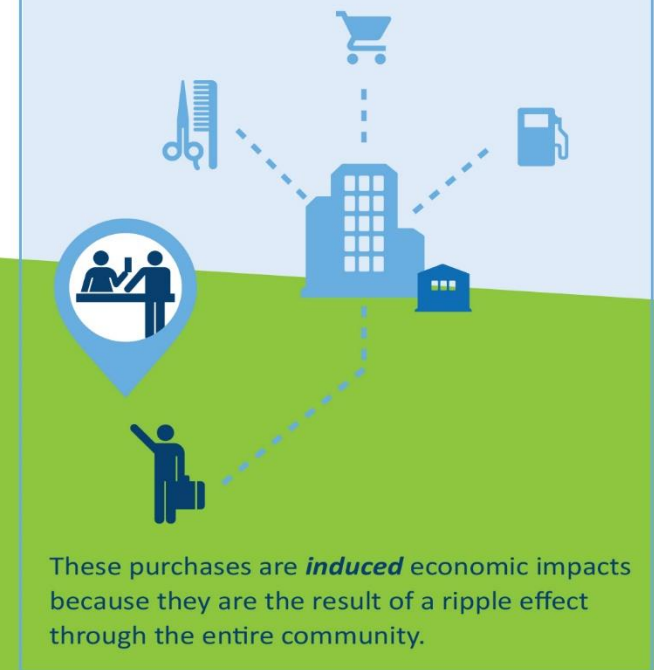
A health center purchases medical devices from a local medical supply store.



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



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



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COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

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