

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 41st 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 **2016 contributions** are shown below.

California's 41st District Health Centers Provide...

JOBS

and other positive impacts on the

ECONOMY



518
TOTAL JOBS



\$72,498,433
TOTAL ECONOMIC IMPACT
of current operations.

\$11 Million
ANNUAL TAX REVENUES



275 HEALTH CENTER JOBS including
74 ENTRY-LEVEL and **133 SKILLED JOBS** for
community residents
243 OTHER JOBS IN THE COMMUNITY

\$41,698,308
DIRECT HEALTH CENTER SPENDING
\$30,800,125
COMMUNITY SPENDING

\$ 4 Million
STATE AND LOCAL TAX REVENUES
\$ 7 Million
FEDERAL TAX REVENUES

SAVINGS

to the health system



22%
LOWER COSTS FOR HEALTH
CENTER MEDI-CAL PATIENTS



\$69 Million
SAVINGS TO
MEDI-CAL



\$132 Million
SAVINGS TO THE OVERALL
HEALTH SYSTEM

ACCESS

to care for vulnerable
populations



60,979
PATIENTS
SERVED

26%
FOUR-YEAR
PATIENT GROWTH

205,298
PATIENT
VISITS

14,299
patients are
**CHILDREN AND
ADOLESCENTS**

46,680
patients are
ADULTS

88% of patients are
LOW-INCOME
(Below 200% of the
Federal Poverty Level)

75% of patients
identify as an
**ETHNIC OR RACIAL
MINORITY**

Since 2012:

8,906
patients gained
**INSURANCE
COVERAGE**

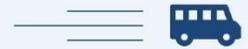
COMPREHENSIVE COORDINATED CARE



25,963 patients received **MEDICAL CARE**



12,426 patients received **DENTAL CARE**



4,901 patients received at least one **ENABLING SERVICE** to overcome barriers to care



1,294 patients received **MENTAL HEALTH CARE**



2,481 patients received **VISION CARE**

In addition, patients received non-clinical services to connect them to community resources such as **HOUSING, JOB TRAINING, AND CHILD CARE**

PREVENTIVE CARE and CHRONIC DISEASE MANAGEMENT



969 patients were diagnosed with **ASTHMA**



480 patients were diagnosed with **CORONARY ARTERY DISEASE**



4,628 children received **WELL-CHILD VISITS**



2,235 patients were diagnosed with **DIABETES**



3,407 patients were diagnosed with **HYPERTENSION**



8,859 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"**



50% of centers recognized as **PATIENT-CENTERED MEDICAL HOMES**

QUALITY HEALTH OUTCOMES



80% 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	\$ 41,698,308	275
	Indirect	\$ 9,986,324	81
	Induced	\$ 20,813,801	162
	Total	\$ 72,498,433	518

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

Summary of 2016 Tax Revenue

		Federal	State
Community Impact	Direct	\$4,878,141	\$1,656,241
	Indirect	\$767,216	\$589,778
	Induced	\$1,627,570	\$1,617,165
	Total	\$7,272,927	\$3,863,184
Total Tax Impact		\$11,136,111	

*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.*

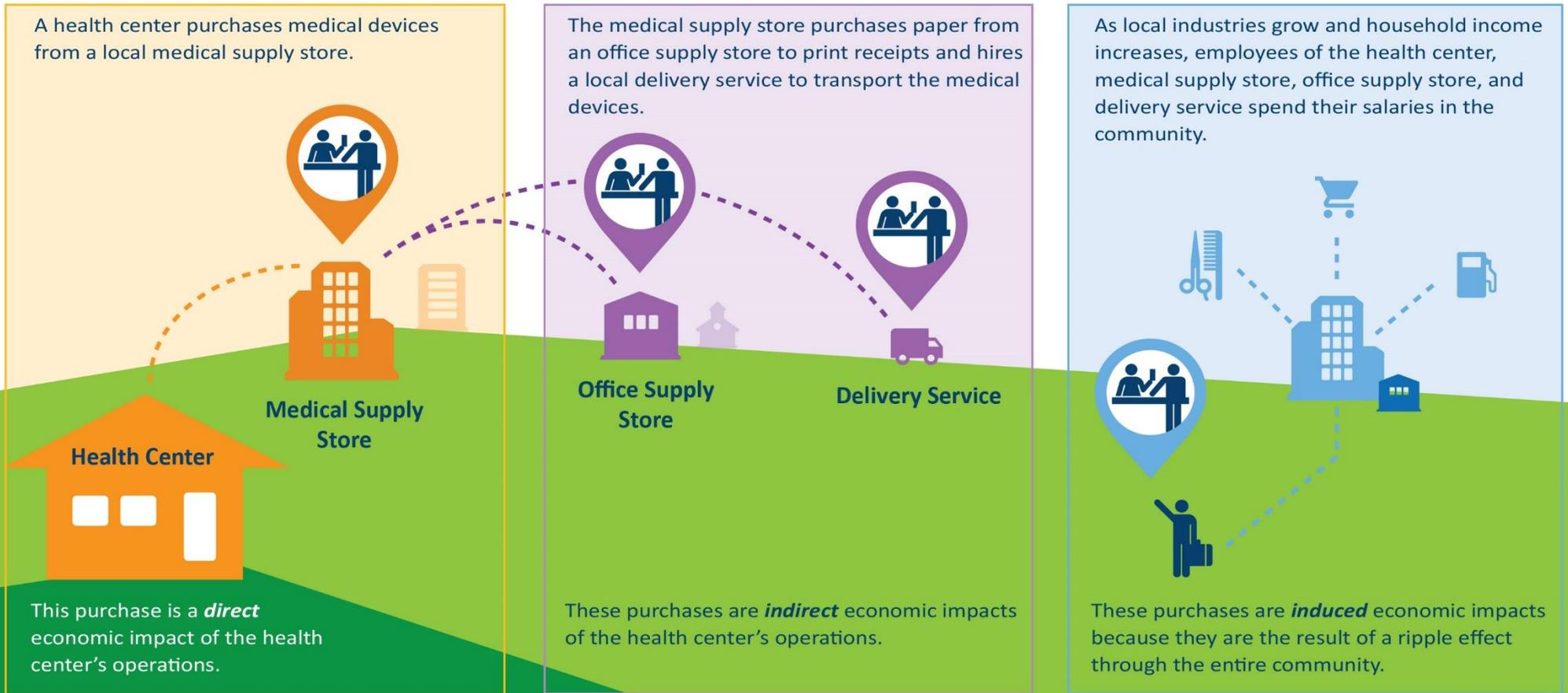
Community impacts can be indirect, resulting from *purchases of local goods and services, and jobs in other industries.*

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.



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.