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**
- 11,412 TOTAL JOBS
- 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
- $1,712,882,446 TOTAL ECONOMIC IMPACT of current operations.
- $281 Million ANNUAL TAX REVENUES
- $91 Million STATE AND LOCAL TAX REVENUES
- $190 Million FEDERAL TAX REVENUES

**SAVINGS**
- 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**
- 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
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

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

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”

83,384 children received well-child visits

204,691 patients received immunizations and seasonal flu vaccines

100% of health centers met or exceeded at least one Healthy People 2020 goal for clinical performance

82% of centers recognized as patient-centered medical homes

2017 IMPLAN Online

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

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REFERENCES AND DATA SOURCES


5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.

6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.


Summary of 2017 Total Economic Activity

<table>
<thead>
<tr>
<th>Economic Impact</th>
<th>Employment (# of FTE’s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>6,226</td>
</tr>
<tr>
<td>Indirect</td>
<td>1,633</td>
</tr>
<tr>
<td>Induced</td>
<td>3,553</td>
</tr>
<tr>
<td>Total</td>
<td>11,412</td>
</tr>
</tbody>
</table>

Direct # of FTEs (employment) based on HRSA 2017 UDS state level data for FQHCs.

Summary of 2017 Tax Revenue

<table>
<thead>
<tr>
<th>Federal</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>State</td>
</tr>
<tr>
<td>Indirect</td>
<td>Induced</td>
</tr>
<tr>
<td>Induced</td>
<td>Total</td>
</tr>
<tr>
<td>Direct</td>
<td>$112,802,948</td>
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<tr>
<td>Indirect</td>
<td>$27,861,522</td>
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<tr>
<td>Induced</td>
<td>$49,759,166</td>
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<tr>
<td>Total</td>
<td>$190,423,636</td>
</tr>
<tr>
<td>Total Tax Impact</td>
<td>$281,170,158</td>
</tr>
</tbody>
</table>

*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).
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 2017 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.

These purchases are induced economic impacts because they are the result of a ripple effect through the entire community.

These purchases are indirect economic impacts of the health center’s operations.

This purchase is a direct economic impact of the health center’s operations.
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.