

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**



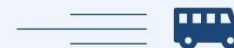
158,722 patients
received **DENTAL CARE**



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

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REFERENCES AND DATA SOURCES

1. Access to Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2017 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 2017 IMPLAN Online.
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.
7. Quality Health Outcomes: Calculated by Capital Link based on 2017 Uniform Data System information and relevant Healthy People 2020 targets found at <https://www.healthypeople.gov/2020/data-search>.

Summary of 2017 Total Economic Activity

Stimulated by Current Operations of Sixteen

| | | Economic Impact | Employment (# of FTEs*) |
|------------------|--------------|------------------------|-------------------------|
| Community Impact | Direct | \$ 623,631,136 | 4,834 |
| | Indirect | \$ 183,840,294 | 1,061 |
| | Induced | \$ 346,582,158 | 2,303 |
| | Total | \$1,154,053,588 | 8,198 |

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

Summary of 2017 Tax Revenue

| | | Federal | State |
|-------------------------|--------------|----------------------|---------------------|
| Community Impact | Direct | \$84,778,720 | \$25,345,789 |
| | Indirect | \$15,925,366 | \$9,192,241 |
| | Induced | \$27,855,001 | \$25,414,135 |
| | Total | \$128,559,087 | \$59,952,165 |
| Total Tax Impact | | \$188,511,252 | |

*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 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.**

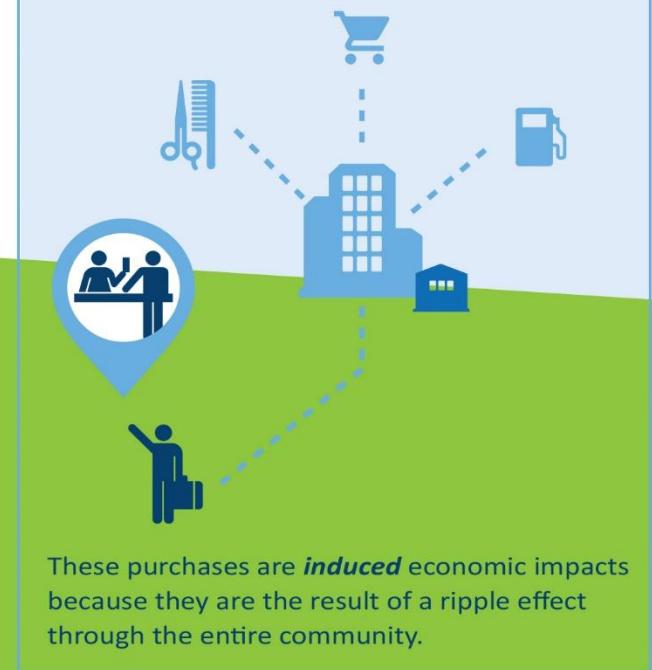
A health center purchases medical devices from a local medical supply store.



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.



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COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Borrego Health
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 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.