

# The Value and Impact of Health Center Partners of Southern California

Four **California's 52nd District** health centers provide tremendous value and impact to the communities they serve through, including **CARE FOR VULNERABLE POPULATIONS, SAVINGS TO THE SYSTEM, ECONOMIC STIMULUS, and STATE-OF-THE-ART PRACTICES and INTEGRATED CARE** with a focus on **MANAGING CHRONIC CONDITIONS, PREVENTATIVE CARE, and QUALITY HEALTH OUTCOMES.**

This report highlights their **2019 savings and contributions.**

## SAVINGS TO THE SYSTEM

**24%**  
LOWER COSTS  
FOR HEALTH CENTER  
MEDICAID PATIENTS

**\$41 Million**  
SAVINGS TO  
MEDICAID



**\$66 Million**  
SAVINGS TO THE  
OVERALL HEALTH  
SYSTEM

## ECONOMIC STIMULUS



**569**  
TOTAL JOBS

**261**  
HEALTH CENTER JOBS

**308**  
OTHER JOBS  
in the community



**\$114 Million**  
TOTAL ECONOMIC  
IMPACT of current  
operations

**\$57 Million**  
DIRECT HEALTH  
CENTER SPENDING

**\$57 Million**  
COMMUNITY  
SPENDING



**\$14 Million**  
ANNUAL TAX  
REVENUES

**\$ 3 Million**  
STATE & LOCAL TAX  
REVENUES

**\$11 Million**  
FEDERAL TAX REVENUES

## CARE FOR VULNERABLE POPULATIONS



**36,772**  
PATIENTS SERVED

**93%** of patients  
are **LOW INCOME**

**66%** of patients  
identify as an **ETHNIC  
OR RACIAL MINORITY**

**2%** of patients are  
**AGRICULTURAL  
WORKERS**

**119,829**  
PATIENT  
VISITS

**0%**  
4-YEAR PATIENT  
GROWTH

**3,574** of patients  
are **CHILDREN &  
ADOLESCENTS**

**1%** of patients  
are **VETERANS**

**8%** of patients  
are **HOMELESS**

## INTEGRATED CARE



**35,059** patients received **MEDICAL** care



**2,388** patients received **DENTAL** care



**1,774** patients received **BEHAVIORAL HEALTH** care



**35** patients received **VISION** care



**1,335** patients received at least one **ENABLING SERVICE** to overcome barriers to care

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

## MANAGING CHRONIC CONDITIONS



**593** patients were diagnosed with **ASTHMA**



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



**1,934** patients were diagnosed with **DIABETES**



**3,428** patients were diagnosed with **HYPERTENSION**

## PREVENTIVE CARE



**1,112** children attended **WELL-CHILD VISITS**



**4,807** patients received **IMMUNIZATIONS** and **SEASONAL FLU VACCINES**

## STATE-OF-THE-ART PRACTICES



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

**85%** of health centers are currently participating in the Centers for Medicare and Medicaid Services **EHR INCENTIVE PROGRAM "MEANINGFUL USE"**



**25%** of health centers are using **TELEHEALTH TO PROVIDE REMOTE CLINICAL CARE SERVICES**

## QUALITY HEALTH OUTCOMES

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



Capital Link prepared this Value & Impact report using 2019 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2019 IMPLAN Online.

## REFERENCES AND DATA SOURCES

- Savings to the System: 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.
- Economic Stimulus: Economic impact was measured using 2019 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, [www.IMPLAN.com](http://www.IMPLAN.com). Learn more at [www.caplink.org/how-economic-impact-is-measured](http://www.caplink.org/how-economic-impact-is-measured).
- “Low Income” refers to those who earn below 200% of federal poverty level guidelines.
- Care for Vulnerable Populations, Integrated Care, Managing Chronic Conditions, State-of-the-Art Practices: Bureau of Primary Health Care, HRSA, DHHS, 2019 Uniform Data System. Note: UDS data collection for telehealth began in 2016.
- Quality Health Outcomes: Bureau of Primary Health Care, HRSA, DHHS, 2019 Uniform Data System, and relevant Healthy People 2020 targets at [www.healthypeople.gov/2020/data-search](http://www.healthypeople.gov/2020/data-search).
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full 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).

| SUMMARY OF 2019 ECONOMIC STIMULUS |              |                      |                         |
|-----------------------------------|--------------|----------------------|-------------------------|
|                                   |              | Economic Impact      | Employment (# of FTEs*) |
| Community Impact                  | Direct       | \$56,679,994         | 261                     |
|                                   | Indirect     | \$21,356,062         | 113                     |
|                                   | Induced      | \$36,043,634         | 195                     |
|                                   | <b>Total</b> | <b>\$114,079,690</b> | <b>569</b>              |

  

| SUMMARY OF 2019 TAX REVENUE |              |                     |                    |
|-----------------------------|--------------|---------------------|--------------------|
|                             |              | Federal             | State              |
| Community Impact            | Direct       | \$6,341,631         | \$1,584,257        |
|                             | Indirect     | \$1,759,475         | \$597,865          |
|                             | Induced      | \$2,617,252         | \$1,327,302        |
|                             | <b>Total</b> | <b>\$10,718,358</b> | <b>\$3,509,424</b> |
| <b>Total Tax Impact</b>     |              | <b>\$14,227,782</b> |                    |

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This report was created by Capital Link and funded by Health Center Partners of Southern California for its members.

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 25 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace. Capital Link maintains a database of nearly 15,000 health center audited financial statements from 2005 to 2019, incorporating approximately 85% of all health centers nationally in any given year. This proprietary database is the only one of its kind as it exclusively contains health center information and enables us to provide information and insights tailored to the industry. For more information, visit us at [www.caplink.org](http://www.caplink.org).

## HEALTH CENTERS INCLUDED IN THIS ANALYSIS

Neighborhood Healthcare

Planned Parenthood of the Pacific Southwest

Samahan Health Centers

Village Family Health Center