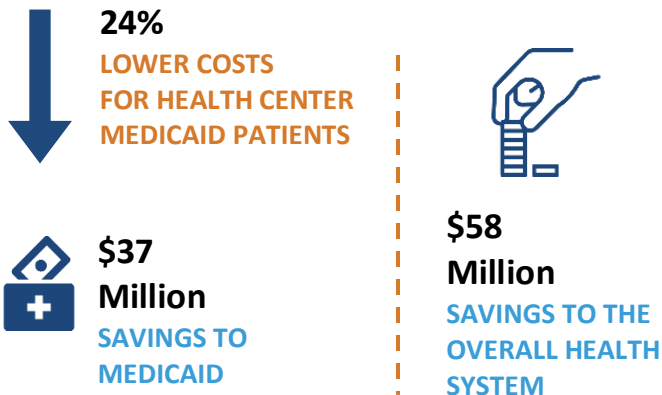


The Value and Impact of California's District 52

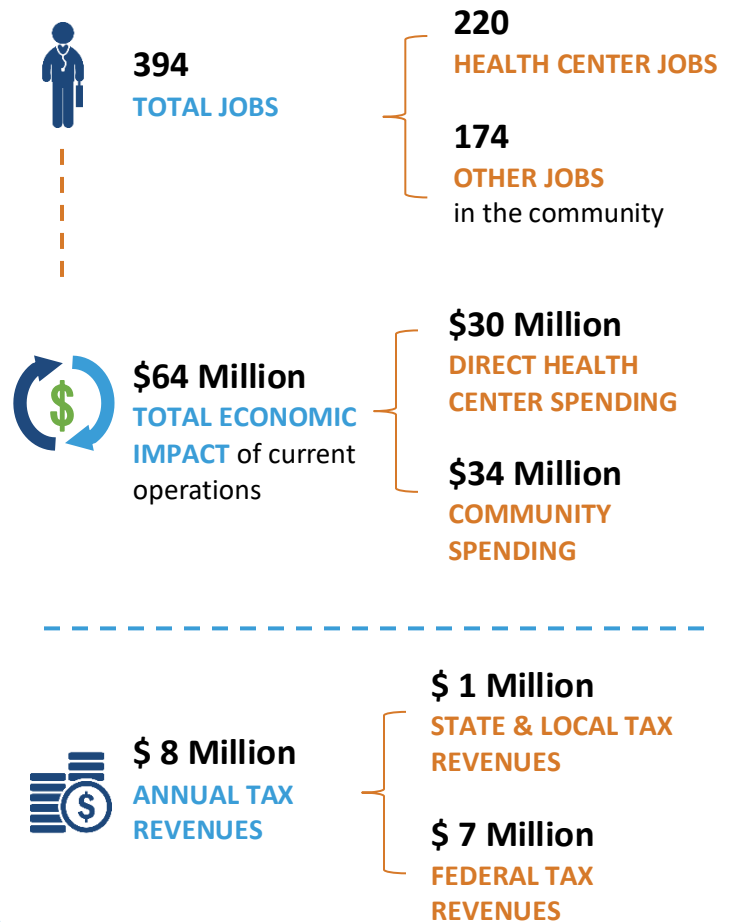
Four Community Health Centers in California's District 52 provide tremendous value and impact to the communities they serve through the CARE FOR VULNERABLE POPULATIONS, SAVINGS TO THE SYSTEM, ECONOMIC STIMULUS, and STATE-OF-THE-ART PRACTICES and INTEGRATED CARE with a focus on MANAGING CHRONIC CONDITIONS,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

This report highlights their 2020 savings and contributions.

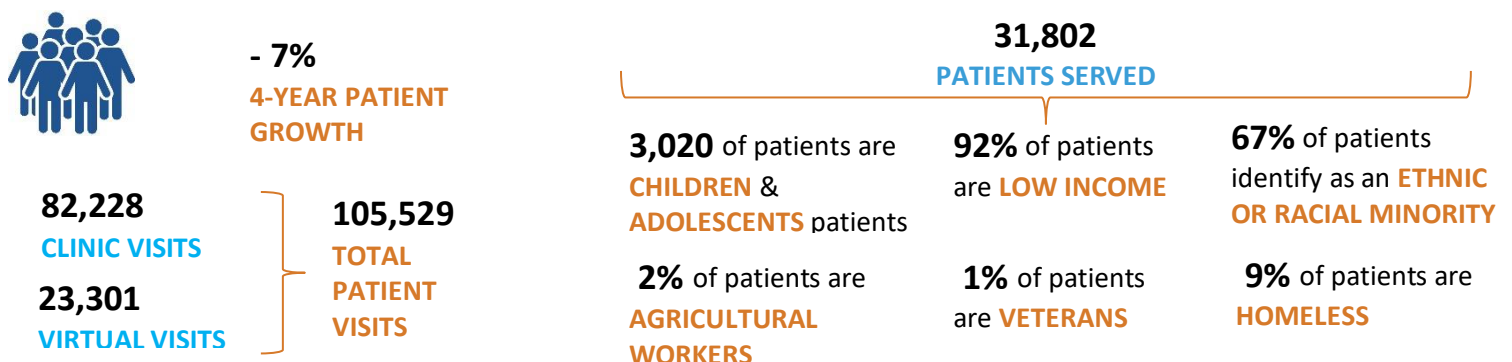
SAVINGS TO THE SYSTEM



ECONOMIC STIMULUS



CARE FOR VULNERABLE POPULATIONS



INTEGRATED CARE



30,552 patients received **MEDICAL** care



1,781 patients received **DENTAL** care



1,380 patients received **BEHAVIORAL HEALTH** care



14 patients received **VISION** care



355 patients received at least one **ENABLING SERVICE** (nonclinical 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



562 patients were diagnosed with **ASTHMA**



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



1,808 patients were diagnosed with **DIABETES**



3,161 patients were diagnosed with **HYPERTENSION**

PREVENTIVE CARE



883 children attended **WELL-CHILD VISITS**



4,315 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 **PROMOTING INTEROPERABILITY PROGRAM**



100% 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 2020 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2020 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 2020 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.capl原因ink.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, 2020 Uniform Data System. Note: UDS data collection for telehealth began in 2016.
- Quality Health Outcomes: Bureau of Primary Health Care, HRSA, DHHS, 2020 Uniform Data System, and relevant Healthy People 2020 targets at 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 2020 ECONOMIC STIMULUS | | | |
|-----------------------------------|--------------|---------------------|-------------------------|
| | | Economic Impact | Employment (# of FTEs*) |
| Community Impact | Direct | \$29,843,412 | 220 |
| | Indirect | \$12,004,043 | 62 |
| | Induced | \$21,762,020 | 112 |
| | Total | \$63,609,475 | 394 |

| SUMMARY OF 2020 TAX REVENUE | | | |
|-----------------------------|--------------|--------------------|------------------|
| | | Federal | State |
| Community Impact | Direct | \$5,616,072 | \$-377,730 |
| | Indirect | \$981,176 | \$288,170 |
| | Induced | \$1,000,620 | \$940,475 |
| | Total | \$7,597,868 | \$850,915 |
| Total Tax Impact | | \$8,448,783 | |

ACKNOWLEDGEMENTS

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 over 16,000 health center audited financial statements from 2005 to 2020, incorporating nearly 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.capl原因ink.org.

HEALTH CENTERS INCLUDED IN THIS ANALYSIS

1. Neighborhood Healthcare
2. Planned Parenthood of the Pacific Southwest
3. Samahan Health Centers
4. St. Vincent de Paul Village Family Health Center