

The Value and Impact of California's Imperial County



Two California's Imperial County health center members provide tremendous value and impact to the communities they serve through **CARE FOR VULNERABLE POPULATIONS**, **SAVINGS TO THE SYSTEM**, **ECONOMIC STIMULUS**, **STATE-OF-THE-ART PRACTICES**, and **INTEGRATED CARE** with a focus on **MANAGING CHRONIC CONDITIONS**, **PREVENTATIVE CARE**, and **QUALITY HEALTH OUTCOMES**. They have also played a critical role in **PANDEMIC RESPONSE**, providing testing, vaccination, and care in-person and virtually, bolstering the public health infrastructure in their communities.

This report highlights their **2021 savings and contributions**, as well as pandemic response data through **December 30, 2022**.



ECONOMIC STIMULUS

388	276	664
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$51.6 M	\$56.1 M	\$107.7 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$4.0 M	\$12.1 M	\$16.1 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

22%	\$57.7 M	\$78.2 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

PANDEMIC RESPONSE



FQHCs play a critical public health role in pandemic response, targeting vulnerable populations and delivering:

TESTING		
27,446	37,475	32.0%
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES
VACCINES		
13,661	32.1%	
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES	



CARE FOR VULNERABLE POPULATIONS

1.1%	118,795	37,342	156,136
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS



40,574		
PATIENTS SERVED		
10.9%	33.4%	32.6%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
3,075	184	1,494
AGRICULTURAL WORKERS	VETERANS	HOMELESS



INTEGRATED CARE

35,576	6,600	1,369
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
1,803	337	118
PATIENTS RECEIVED BEHAVIORAL HEALTH CARE	PATIENTS RECEIVED SUBSTANCE USE DISORDER SERVICES	PATIENTS RECEIVED AT LEAST ONE ENABLING SERVICE TO OVERCOME BARRIERS TO CARE



MANAGING CHRONIC CONDITIONS

1,096	983	130
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV

4,838	22.9%	6,353	21.0%
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED



PREVENTATIVE CARE

5,209	11,244
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES



STATE-OF-THE-ART PRACTICES

50.0%	50.0%	(5.0%)
HEALTH CENTERS PROVIDING PHARMACY SERVICES	HEALTH CENTERS PROVIDING TELEHEALTH CARE	YEARLY GROWTH IN TELEHEALTH VISITS



SUMMARY OF 2021 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
<i>Community Impact</i>	Direct	388	\$51,585,943	\$1,776,122	\$7,924,610
	Indirect	94	\$18,145,870	\$578,944	\$1,500,308
	Induced	182	\$37,937,230	\$1,656,158	\$2,673,542
	Total	664	\$107,669,044	\$4,011,225	\$12,098,461
				\$16,109,686	

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 2021 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.caplink.org/how-economic-impact-is-measured.
- “Low Income” refers to those with earnings at or below 200% of federal poverty guidelines.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2020 Uniform Data System.
- 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).
- COVID tests and vaccines data comes from data reported by health centers from the HRSA Health Center COVID-19 Survey. Learn more at <https://bphc.hrsa.gov/emergency-response/coronavirus-health-center-data>.

ACKNOWLEDGEMENTS

This report was created by Capital Link and funded by **California's Imperial County** 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 2021, incorporating nearly 85% of all health centers nationally in any given year. This proprietary database also includes UDS data from 2005 through 2021, enabling us to provide information and insights tailored to the industry.

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HEALTH CENTERS INCLUDED IN THIS ANALYSIS

1. Inncare
2. Planned Parenthood of the Pacific Southwest