

The Value and Impact of California's District 50



Four California's District 50 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



461
Total Jobs

282
Health Center Jobs
179
Other Jobs



\$70 M
Total Economic Impact
of current operations

\$36 M
Community Spending
\$34 M
Direct Health Center Spending



\$11 M
Annual Tax Revenues

\$3 M
State & Local Tax Revenues
\$8 M
Federal Tax Revenues



Savings to the System

22%

Lower Costs for Health Center Medicaid Patients



\$41 M

Savings To Medicaid



\$59 M

Savings to the Overall Health System



Pandemic Response

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

TESTING



10,451
Total In-Person Covid Tests



4,306
At-Home Self-Test Distribution



26%
For Racial/Ethnic Minorities

VACCINES



11,839
Total Covid Vaccines



28%
For Racial/Ethnic Minorities



Care for Vulnerable Patients



104,435
Total Visits

3% 4-Year Patient Growth



81,942
Clinic Visits



22,493
Virtual Visits



31,923
Patients Served



3%
Children & Adolescents



581
Agricultural Workers



42%
Low Income



201
Veterans



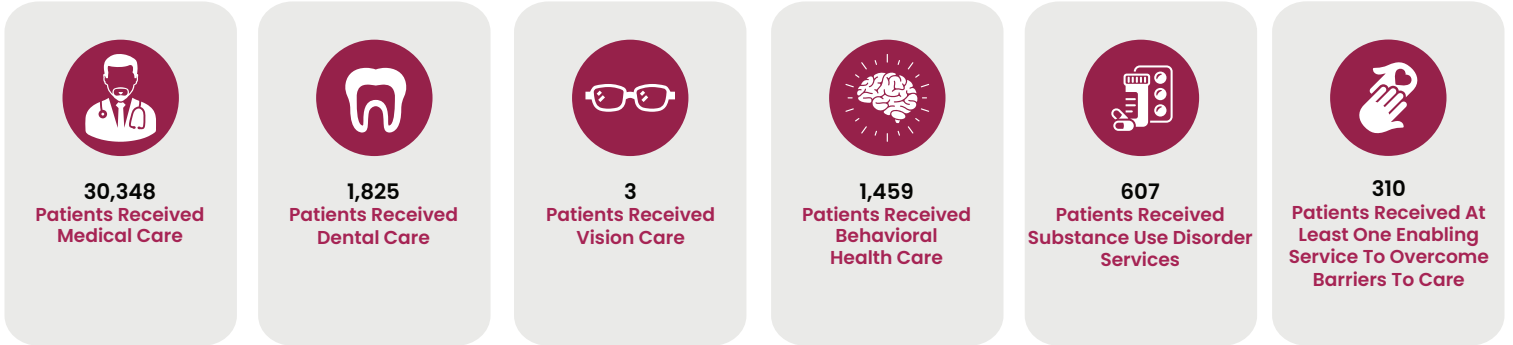
29%
Identify As An Ethnic Or Racial Minority



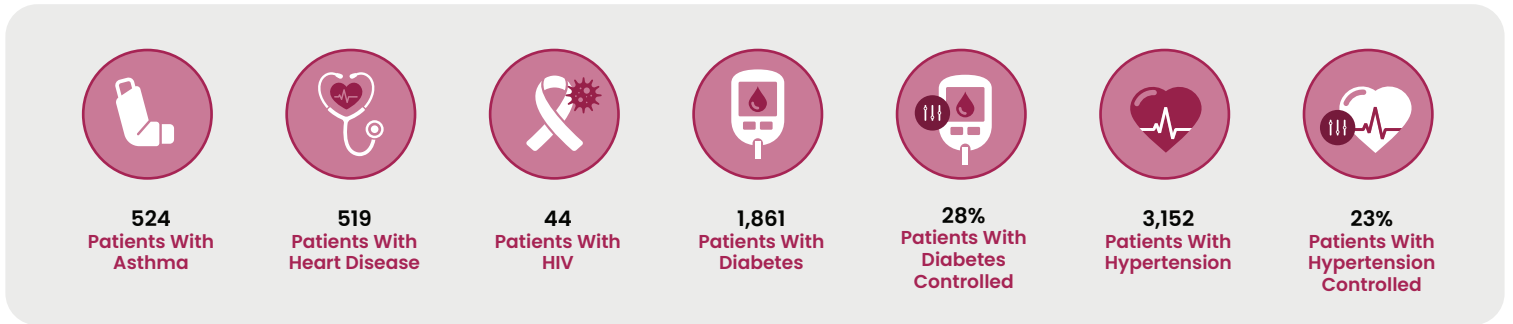
2,844
Homeless



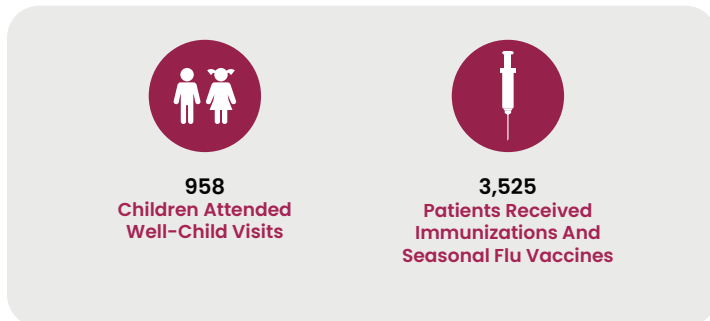
Integrated Care



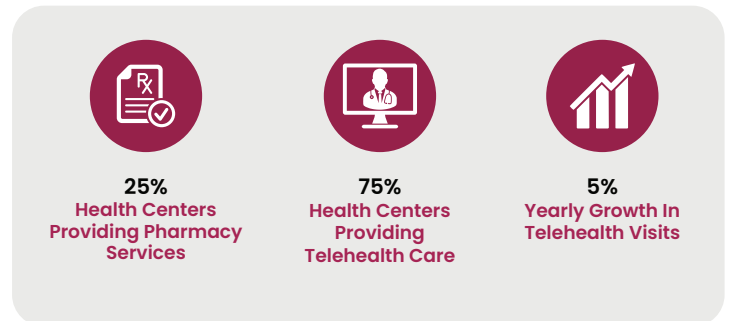
Managing Chronic Conditions



Preventive Care



State-of-the-Art Practices



Summary of 2021 Economic Impact and Tax Revenue

| | | Employment (# of FTEs) | Economic Impact | State & Local Tax Revenues | Federal Tax Revenues |
|-------------------------|--------------|------------------------|---------------------|----------------------------|----------------------|
| Community Impact | Direct | 282 | \$33,566,989 | \$1,155,723 | \$5,156,546 |
| | Indirect | 61 | \$11,807,523 | \$376,719 | \$976,251 |
| | Induced | 118 | \$24,685,767 | \$1,077,663 | \$1,739,675 |
| | Total | 461 | \$70,060,279 | \$2,610,105 | \$7,872,472 |
| | | | | \$10,482,577 | |



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.capl原因ink.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, 2021 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>.

Acknowledgments

This report was created by Capital Link and funded by **California's District 50** 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.

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. Village Family Health Center