

The Value and Impact of California's District 51



Six California's District 51 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



1,782

Total Jobs

1,020
Health Center Jobs

762
Other Jobs



\$298 M

Total Economic Impact
of current operations

\$155 M
Community Spending

\$143 M
Direct Health Center Spending



\$44 M

Annual Tax Revenues

\$11 M
State & Local Tax Revenues

\$33 M
Federal Tax Revenues



Savings to the System

22%

Lower Costs for Health Center Medicaid Patients



\$149 M

Savings To Medicaid



\$198 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



48,660
Total In-Person Covid Tests



24,769
At-Home Self-Test Distribution



25%
For Racial/Ethnic Minorities

VACCINES



41,579
Total Covid Vaccines



26%
For Racial/Ethnic Minorities



Care for Vulnerable Patients



403,701
Total Visits

5% **4-Year Patient Growth**



274,415
Clinic Visits



129,286
Virtual Visits



101,599
Patients Served



9%
Children & Adolescents



1,529
Agricultural Workers



37%
Low Income



523
Veterans



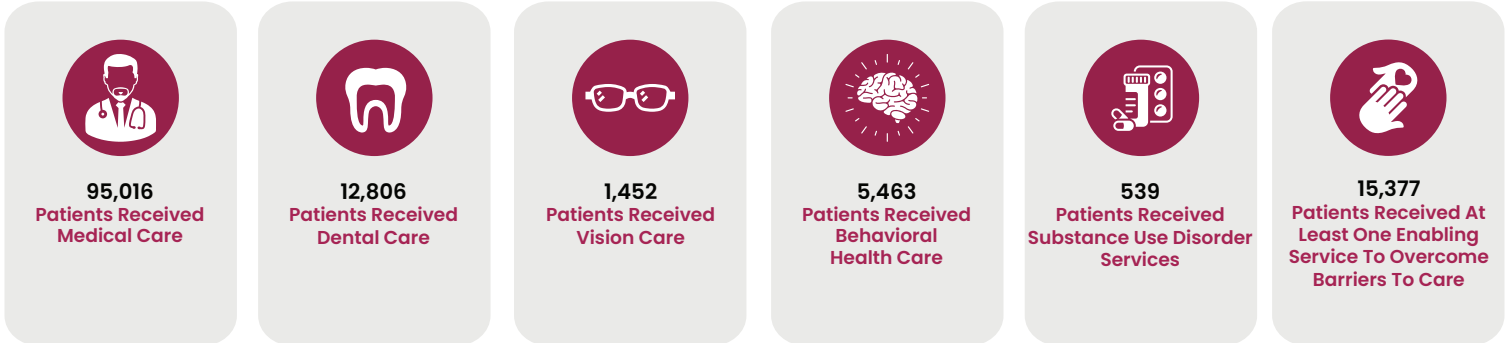
28%
Identify As An Ethnic Or Racial Minority



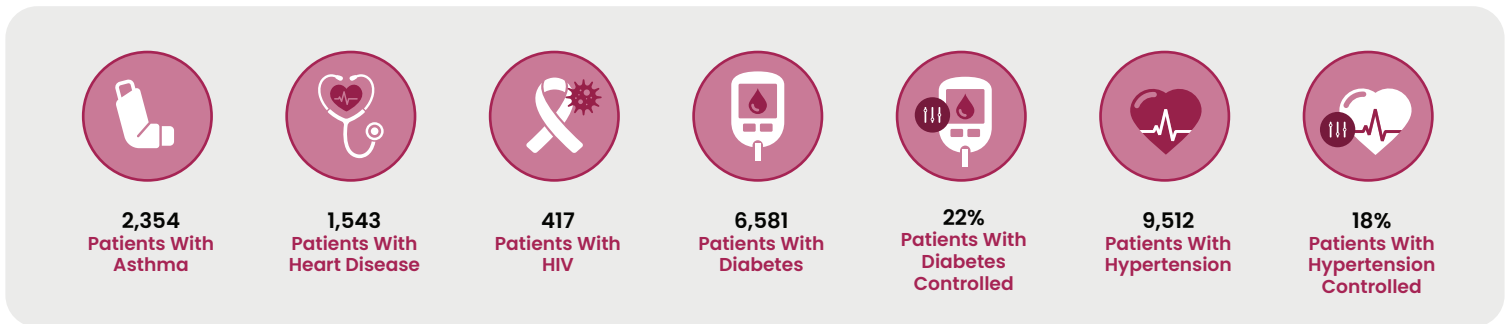
5,064
Homeless



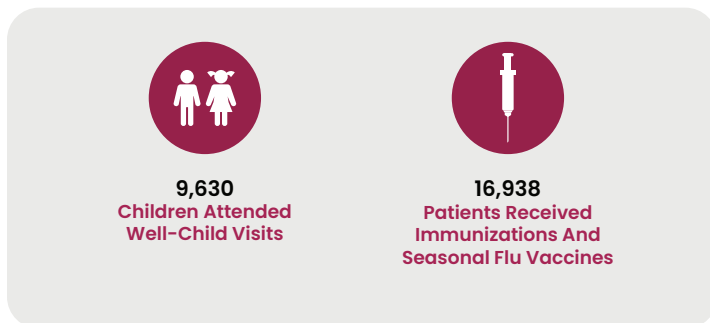
Integrated Care



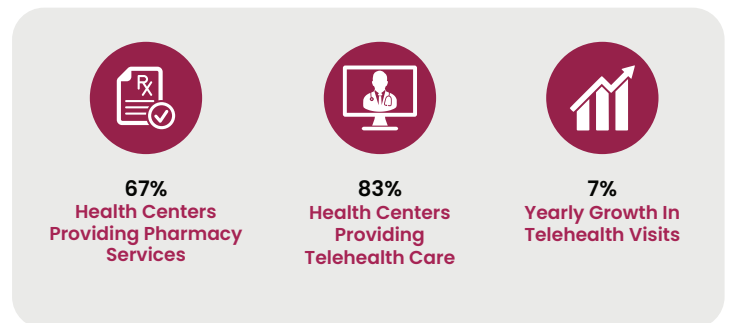
Managing Chronic Conditions



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	1,020	\$142,512,241	\$4,906,747	\$21,892,668
	Indirect	260	\$50,130,103	\$1,599,401	\$4,144,779
	Induced	502	\$104,806,065	\$4,575,333	\$7,385,975
	Total	1,782	\$297,448,408	\$11,081,481	\$33,423,422
				\$44,504,903	



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 51** 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. Borrego Health
2. Neighborhood Healthcare
3. Planned Parenthood of the Pacific Southwest
4. San Diego American Indian Health Center
5. San Diego Family Care
6. San Ysidro Health