

The Value and Impact of Community Health Best Practices, LLC

PROVIDING VALUE & IMPACT FOR COMMUNITIES WE SERVE

Community Health Center Best Practices, LLC is a nonprofit network of **17** leading Federally Qualified Health Centers (FQHCs) partnering to improve the health of communities across **11 states and Puerto Rico**. We provide comprehensive primary care and behavioral health services to all patients regardless of their ability to pay. Many of our patients are uninsured, underinsured, or insured through Medicaid or Medicare.

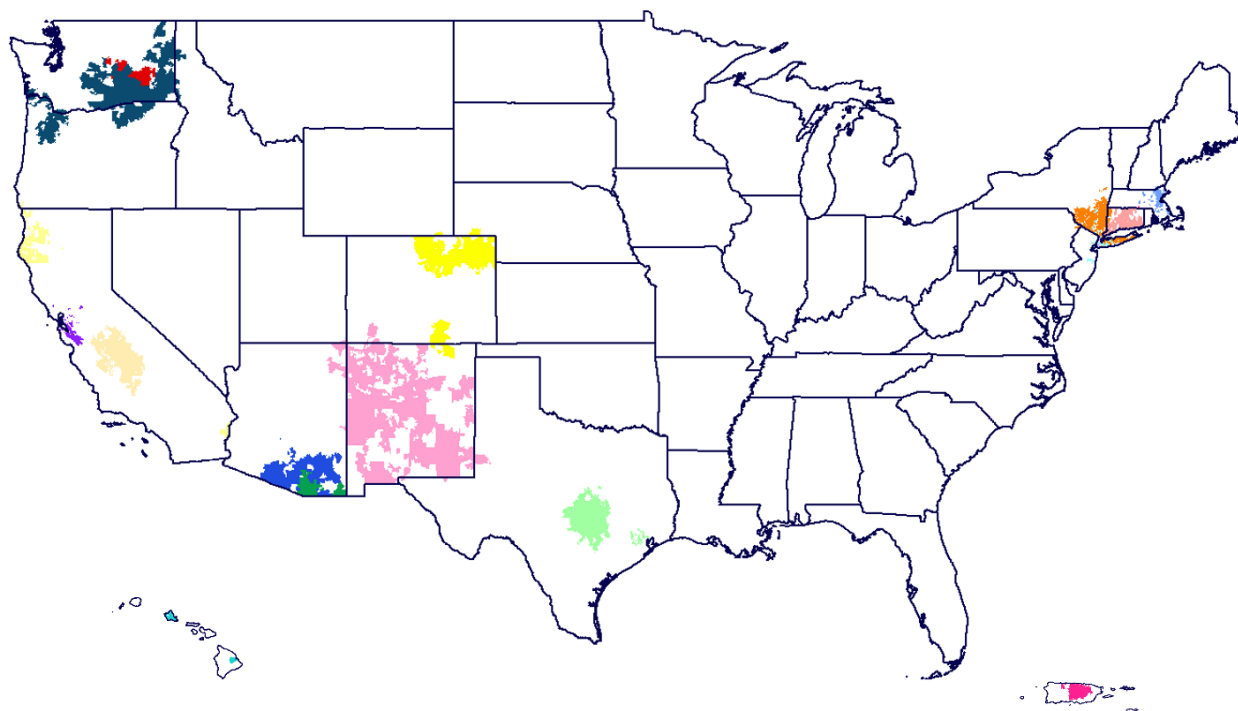
As individual FQHCs, and as a network, we provide tremendous value and impact for our communities, as described in this report.

IN 2021, WE:

SERVED 1-IN-18 FQHC PATIENTS NATIONALLY

EMPLOYED 1-IN-18 FQHC STAFF MEMBERS

OPERATED 628 SITES



- Community Health Center, Inc. CT
- Columbia Basin Health Association WA
- East Boston Neighborhood Health Center MA
- El Rio Community Health Center AZ
- Family Health Centers at NYU Langone NY
- Family Healthcare Network CA
- Lone Star Circle of Care TX
- Mariposa Community Health Center AZ
- Morris Heights Health Center NY
- North East Medical Services CA
- Open Door Community Health Centers CA
- Presbyterian Medical Services NM
- Salud Family Health Centers CO
- Salud Integral en la Montana, Inc. PR
- Sun River Health NY
- Waianae Coast Comprehensive Health Center HI
- Yakima Valley Farm Workers Clinic WA

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Seventeen Community Health Best Practices, LLC 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 **November 4, 2022.**



ECONOMIC STIMULUS

15,901	14,979	30,881
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$2.4B	\$2.6B	\$5.0B
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$30.4M	\$576.8M	\$607.2M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

24%	\$2.2B	\$3.2B
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		
1,551,000	1,014,429	69.9%
TOTAL IN-PERSON COVID TESTS	AT-HOME SELF-TEST DISTRIBUTION	FOR RACIAL/ETHNIC MINORITIES

VACCINES	
1,631,949	66.4%
TOTAL COVID VACCINES	FOR RACIAL/ETHNIC MINORITIES



CARE FOR VULNERABLE POPULATIONS

8.3%	5,829,446	1,973,498	7,802,944
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

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1,705,258		
PATIENTS SERVED		
31.4%	91.2%	76.5%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
160,946	14,542	72,682
AGRICULTURAL WORKERS	VETERANS	HOMELESS



INTEGRATED CARE

1,494,407	355,762	67,183
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
156,970	9,442	103,019
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

80,360	44,550	9,722
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV

149,551	67.0%	310,992	62.5%
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED



PREVENTATIVE CARE

229,426	555,886
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES



STATE-OF-THE-ART PRACTICES

94.1%	100.0%
HEALTH CENTERS PROVIDING PHARMACY SERVICES	HEALTH CENTERS PROVIDING TELEHEALTH CARE

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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	15,901	\$2,418,193,544	\$(58,609,911)	\$440,997,941
	Indirect	6,621	\$1,103,329,419	\$25,650,556	\$66,920,343
	Induced	8,359	\$1,528,809,389	\$63,397,930	\$68,875,972
	Total	30,881	\$5,050,332,352	\$30,438,574	\$576,794,256
				\$607,232,830	

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.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 **Community Health Best Practices, LLC** 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.caplink.org.

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HEALTH CENTERS INCLUDED IN THIS ANALYSIS

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