

The Value and Impact of the New Hampshire Health Center Program

Ten New Hampshire Health Center Program participants 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.**

This report highlights their **2023 savings and contributions.**



ECONOMIC STIMULUS

1,083	627	1,710
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$142.3 M	\$119.4 M	\$261.7 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$3.3 M	\$27.0 M	\$30.3 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

24%	\$68.1 M	\$148.6 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM



CARE FOR VULNERABLE POPULATIONS

4.6%	332,984	36,040	369,024
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

92,418		
PATIENTS SERVED		
21.1%	69.7%	19.8%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
611	2,691	4,982
AGRICULTURAL WORKERS	VETERANS	HOMELESS

The Value and Impact of the New Hampshire Health Center Program



INTEGRATED CARE

82,394	8,022	1,744
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
10,750	2,181	5,736
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

4,825	5,034	52	
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV	
9,349	74.2%	21,734	71.9%
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED



PREVENTATIVE CARE

10,208	23,994
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES



STATE-OF-THE-ART PRACTICES

40.0%	100.0%	100%
HEALTH CENTERS PROVIDING PHARMACY SERVICES	HEALTH CENTERS PROVIDING TELEHEALTH CARE	HEALTH CENTERS HAVE INSTALLED AND CURRENTLY USE AN ELECTRONIC HEALTH RECORD (EHR)

The Value and Impact of the New Hampshire Health Center Program

SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
<i>Community Impact</i>	Direct	1,083	\$142,325,664	\$1,021,029	\$16,046,675
	Indirect	301	\$54,749,880	\$845,593	\$5,249,013
	Induced	326	\$64,654,466	\$1,394,878	\$5,727,780
	Total	1,710	\$261,730,010	\$3,261,500	\$27,023,468
				\$30,284,968	

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 2023 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, 2023 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).
- Integrated Care refers to comprehensive primary health care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services).
- The Health Center Program includes Federally Qualified Health Centers (FQHCs) receiving Section 330 funding and Look-Alikes.

ACKNOWLEDGEMENTS

This report was created by Capital Link and funded by the **National Association of Community Health Centers (NACHC)**.

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for nearly 30 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 21,000 health center audited financial statements from 2005 to 2023, incorporating more than 73% of all health centers nationally in any given year. This proprietary database also includes UDS data from 2005 through 2023, enabling us to provide information and insights tailored to the industry.

For more information, visit us at www.caplink.org.