### The Value and Impact of the

### North Carolina Health Center Program

Forty Three North Carolina 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**

6,522	6,593 13,115	
HEALTH CENTER	OTHER	TOTAL
JOBS	JOBS	JOBS
\$924.1 M	\$1.4 B	\$2.3 B
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$55.5 M	\$220.8 M	\$276.4 M
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX
REVENUES	REVENUES	REVENUES



#### **SAVINGS TO THE SYSTEM**

24%	\$477.1 M	\$1.2 B
LOWER COSTS FOR HEALTH	SAVINGS TO	SAVINGS TO THE OVERALL
CENTER MEDICAID	MEDICAID	HEALTH SYSTEM
PATIENTS		



#### CARE FOR VULNERABLE POPULATIONS

11.7%	2,488,313	153,292	2,641,605
4-YEAR	CLINIC	VIRTUAL	TOTAL
PATIENT GROWTH	VISITS	VISITS	VISITS

762,380					
	PATIENTS SERVED				
20.7% 90.6% 59.1%					
CHILDREN & ADOLESCENTS	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY				
40,677	11,673	16,334			
AGRICULTURAL WORKERS	VETERANS	HOMELESS			



# North Carolina Health Center Program



### **INTEGRATED CARE**

645,455	108,765	1,102
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
66,072	9,252	79,199
PATIENTS RECEIVED	PATIENTS RECEIVED	PATIENTS RECEIVED
BEHAVIORAL HEALTH CARE	SUBSTANCE USE DISORDER	AT LEAST ONE ENABLING
	SERVICES	SERVICE TO OVERCOME
		BARRIERS TO CARE



### **MANAGING CHRONIC CONDITIONS**

31,961	42,107	5,053
PATIENTS WITH	PATIENTS WITH	PATIENTS WITH
ASTHMA	HEART DISEASE	HIV

107,301	73.2%	206,581	65.5%
PATIENTS WITH	PATIENTS WITH	PATIENTS WITH	PATIENTS WITH
DIABETES	DIABETES	HYPERTENSION	HYPERTENSION
	CONTROLLED		CONTROLLED



### PREVENTATIVE CARE

58,141	142,518
CHILDREN ATTENDED	PATIENTS RECEIVED IMMUNIZATIONS AND
WELL-CHILD VISITS	SEASONAL FLU VACCINES



### **STATE-OF-THE-ART PRACTICES**

69.8%	100.0%	100%
HEALTH CENTERS	HEALTH CENTERS	HEALTH CENTERS HAVE
PROVIDING	PROVIDING TELEHEALTH	INSTALLED AND
PHARMACY SERVICES	CARE	CURRENTLY USE AN
		ELECTRONIC HEALTH
		RECORD (EHR)



## North Carolina Health Center Program

#### **SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE**

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
	Direct	6,522	\$924,077,937	\$15,554,481	\$109,320,387
Community	Indirect	2,454	\$475,577,326	\$11,349,509	\$41,427,496
Impact	Induced	4,139	\$888,253,762	\$28,625,546	\$70,074,426
	Total	13,115	\$2,287,909,025	\$55,529,535	\$220,822,309
			\$276,3	51,845	

#### **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.

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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 <a href="https://www.caplink.org">www.caplink.org</a>.

