The Value and Impact of the

South Carolina Health Center Program

Twenty Four South 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

4,779	4,038	8,817	
HEALTH CENTER	OTHER	TOTAL	
JOBS	JOBS	JOBS	
\$795.0 M	\$655.9 M	\$1.5 B	
DIRECT HEALTH CENTER	COMMUNITY	TOTAL ECONOMIC IMPACT	
SPENDING	SPENDING	OF CURRENT OPERATIONS	
\$31.4 M	\$135.3 M	\$166.7 M	
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX	
REVENUES	REVENUES	REVENUES	



SAVINGS TO THE SYSTEM

24%	\$332.9 M	\$716.5 M
LOWER COSTS FOR HEALTH	SAVINGSTO	SAVINGS TO THE OVERALL
CENTER MEDICAID	MEDICAID	HEALTH SYSTEM
PATIENTS		



CARE FOR VULNERABLE POPULATIONS

4.4%	1,798,130	96,659	1,894,789
4-YEAR	CLINIC	VIRTUAL	TOTAL
PATIENT GROWTH	VISITS	VISITS	VISITS

444,147				
PATIENTS SERVED				
25.3% 86.2% 65.5%				
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY		
10,507	8,641	10,705		
AGRICULTURAL WORKERS	VETERANS	HOMELESS		



South Carolina Health Center Program



INTEGRATED CARE

407,076	38,914	9,154
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
32,989	5,083	68,189
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

23,770	21,370	6,550
PATIENTS WITH	PATIENTS WITH	PATIENTS WITH
ASTHMA	HEART DISEASE	HIV

67,923	75.2 %	144,605	66.7%
PATIENTS WITH	PATIENTS WITH	PATIENTS WITH	PATIENTS WITH
DIABETES	DIABETES	HYPERTENSION	HYPERTENSION
DIABETES	DIABETES CONTROLLED	HYPERTENSION	HYPERTE



PREVENTATIVE CARE

50,838	105,051	
CHILDREN ATTENDED	PATIENTS RECEIVED IMMUNIZATIONS AND	
WELL-CHILD VISITS	SEASONAL FLU VACCINES	



STATE-OF-THE-ART PRACTICES

87.5%	100.0%	95.8%	
HEALTH CENTERS	HEALTH CENTERS	HEALTH CENTERS HAVE	
PROVIDING	PROVIDING TELEHEALTH	INSTALLED AND	
PHARMACY SERVICES	CARE	CURRENTLY USE AN	
		ELECTRONIC HEALTH	
		RECORD (EHR)	



South 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	4,779	\$794,986,047	\$12,498,157	\$83,876,933
Community	Indirect	2,140	\$321,330,812	\$7,151,303	\$26,366,954
Impact	Induced	1,898	\$334,551,055	\$11,807,780	\$25,025,293
	Total	8,817	\$1,450,867,915	\$31,457,240	\$135,269,179
			\$166,7	26,419	

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.

