

The Value and Impact of the West Virginia Health Center Program

Thirty One West Virginia 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

4,827	2,723	7,550
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$673.9 M	\$429.5 M	\$1,103.4 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$28.8 M	\$93.8 M	\$122.6 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

24%	\$456.3 M	\$922.9 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM



CARE FOR VULNERABLE POPULATIONS

21.6%	2,190,685	90,898	2,281,583
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

561,900		
PATIENTS SERVED		
24.6%	82.8%	7.5%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
1,156	11,827	13,276
AGRICULTURAL WORKERS	VETERANS	HOMELESS

The Value and Impact of the West Virginia Health Center Program



INTEGRATED CARE

516,772	74,372	11,739
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
41,498	4,801	23,978
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

22,768	34,752	425	
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV	
62,118	75.1%	135,190	71.6%
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED



PREVENTATIVE CARE

43,232	90,827
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES



STATE-OF-THE-ART PRACTICES

64.5%	96.8%	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 West Virginia 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	4,827	\$673,866,684	\$12,313,026	\$62,286,973
	Indirect	1,400	\$204,889,784	\$6,129,729	\$15,370,383
	Induced	1,323	\$224,688,089	\$10,338,745	\$16,199,513
	Total	7,550	\$1,103,444,557	\$28,781,499	\$93,856,869
				\$122,638,368	

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.