The Value and Impact of the **District of Columbia Health Center Program**

Nine District of Columbia 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

ECONOMIC STIMULUS		
2,302	806	3,108
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$411.2 M	\$179.6 M	\$590.8 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$0.0 M	\$46.8 M	\$46.8 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM		
24%	\$246.2 M	\$350.8 M
LOWER COSTS FOR HEALTH	SAVINGS TO	SAVINGS TO THE OVERALL
CENTER MEDICAID	MEDICAID	HEALTH SYSTEM
PATIENTS		

CA	ARE FOR VULNER	ABLE POPULATION	S
(1.7%)	676,993	212,493	889,486
4-YEAR	CLINIC	VIRTUAL	TOTAL
PATIENT GROWTH	VISITS	VISITS	VISITS

186,621					
PATIENTS SERVED					
25.8% 86.9% 94.4%					
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY			
45	1,013	11,659			
AGRICULTURAL WORKERS	VETERANS	HOMELESS			



The Value and Impact of the District of Columbia Health Center Program

	INTEGRATED CARE	
164,602	41,487	3,721
PATIENTS RECEIVED	PATIENTS RECEIVED	PATIENTS RECEIVED
MEDICAL CARE	DENTAL CARE	VISION CARE
18,734	1,969	14,706
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				
12,402	4,	078	6,578	
PATIENTS WITH ASTHMA		ITS WITH DISEASE	PATIENTS WITH HIV	
17,082	68.2%	33,205	62.5%	
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED	

F	PREVENTATIVE CARE		
	27,163	59,767	
	CHILDREN ATTENDED	PATIENTS RECEIVED IMMUNIZATIONS AND	
	WELL-CHILD VISITS	SEASONAL FLU VACCINES	

STATE-OF-THE-ART PRACTICES				
22.2%	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)		



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SUMMARY OF 2023 ECONOMIC IMPACT AND TAX REVENUE

			\$46,75	8.560	
	Total	3,108	\$590,833,044	\$0	\$46,758,560
Impact	Induced	243	\$55,802,368	\$0	\$3,961,960
Community	Indirect	563	\$123,862,057	\$0	\$8,999,124
	Direct	2,302	\$411,168,620	\$0	\$33,797,476
		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues

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 <u>www.caplink.org</u>.

