

The Value and Impact of the Virginia Health Center Program

Twenty Seven 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

3,928	2,224	6,152
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$498.0 M	\$411.7 M	\$909.7 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$21.2 M	\$87.9 M	\$109.1 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES



SAVINGS TO THE SYSTEM

24%	\$387.4 M	\$689.2 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM



CARE FOR VULNERABLE POPULATIONS

8.7%	1,414,035	90,289	1,504,324
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

402,332		
PATIENTS SERVED		
24.3%	89.4%	55.1%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
10,596	8,798	10,759
AGRICULTURAL WORKERS	VETERANS	HOMELESS

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INTEGRATED CARE

355,542	76,058	2,472
PATIENTS RECEIVED MEDICAL CARE	PATIENTS RECEIVED DENTAL CARE	PATIENTS RECEIVED VISION CARE
29,879	2,756	21,070
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

20,486	20,023	2,384	
PATIENTS WITH ASTHMA	PATIENTS WITH HEART DISEASE	PATIENTS WITH HIV	
53,672	75.1%	110,790	66.3%
PATIENTS WITH DIABETES	PATIENTS WITH DIABETES CONTROLLED	PATIENTS WITH HYPERTENSION	PATIENTS WITH HYPERTENSION CONTROLLED



PREVENTATIVE CARE

46,017	117,943
CHILDREN ATTENDED WELL-CHILD VISITS	PATIENTS RECEIVED IMMUNIZATIONS AND SEASONAL FLU VACCINES



STATE-OF-THE-ART PRACTICES

55.6%	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)

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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	3,928	\$498,024,561	\$8,755,359	\$53,608,898
	Indirect	1,078	\$194,608,391	\$4,728,426	\$17,277,516
	Induced	1,146	\$217,074,216	\$7,775,800	\$16,994,781
	Total	6,152	\$909,707,168	\$21,259,585	\$87,881,195
				\$109,140,780	

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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