Thirteen Federally Qualified Health Center (FQHC) and Hospital Licensed Health Center organizations. They collectively provide tremendous value and impacts to their communities—from ACCESS to care for vulnerable populations; SAVINGS to the health care system; JOBS and ECONOMIC STIMULUS to local communities; STATE-OF-THE-ART, COMPREHENSIVE, COORDINATED CARE, with a focus on CHRONIC DISEASE MANAGEMENT and QUALITY HEALTH OUTCOMES. Highlights of their 2017 contributions are shown below.

Utah Health Centers Provide...

**JOBS**
- 2,226 TOTAL JOBS
- 1,115 HEALTH CENTER JOBS
- 1,111 OTHER JOBS IN THE COMMUNITY

**TOTAL ECONOMIC IMPACT**
- $297,451,237 of current operations.
- $142,784,962 DIRECT HEALTH CENTER SPENDING
- $154,666,275 COMMUNITY SPENDING

**ANNUAL TAX REVENUES**
- $39 Million
- $10 Million STATE AND LOCAL TAX REVENUES
- $29 Million FEDERAL TAX REVENUES

**SAVINGS**
- 24% LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS
- $52 Million SAVINGS TO MEDICAID
- $223 Million SAVINGS TO THE OVERALL HEALTH SYSTEM

**ACCESS**
- 158,920 PATIENTS SERVED
- 526,281 PATIENT VISITS

**49,484** patients are CHILDREN AND ADOLESCENTS

**109,436** patients are ADULTS

95% of patients are LOW-INCOME (Below 200% of the Federal Poverty Level)

59% of patients identify as an ETHNIC OR RACIAL MINORITY
### Comprehensive Coordinated Care

- **138,692** patients received **Medical Care**
- **24,231** patients received **Dental Care**
- **18,098** patients received at least one **Enabling Service** to overcome barriers to care
  - In addition, patients received non-clinical services to connect them to community resources such as **Housing, Job Training, and Child Care**
- **7,150** patients received **Mental Health Care**
- **3,501** patients received **Vision Care**

### Preventive Care and Chronic Disease Management

- **5,086** patients were diagnosed with **Asthma**
- **2,385** patients were diagnosed with **Coronary Artery Disease**
- **17,062** children received **Well-Child Visits**
- **13,011** patients were diagnosed with **Diabetes**
- **17,760** patients were diagnosed with **Hypertension**
- **35,899** patients received **Immunizations** and **Seasonal Flu Vaccines**

### State-of-the-Art Practice

- **100%** of health centers have installed and currently use an **Electronic Health Record (EHR)**
- **85%** of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS) **EHR Incentive Program “Meaningful Use”**
- **77%** of centers recognized as **Patient-Centered Medical Homes**

### Quality Health Outcomes

- **100%** of health centers met or exceeded at least one **Healthy People 2020 Goal for Clinical Performance**
- **100%** of centers recognized as **Patient-Centered Medical Homes**
- **77%** of centers participating in the **Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program “Meaningful Use”**
- **100%** of health centers have installed and currently use an **Electronic Health Record (EHR)**
- **85%** of health centers are currently participating in the Centers for Medicare and Medicaid Services (CMS) **EHR Incentive Program “Meaningful Use”**

Capital Link prepared this Value + Impact report using 2017 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2016 IMPLAN Online.

For more information, visit us online: [www.caplink.org](http://www.caplink.org)

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REFERENCE AND DATA SOURCES


5. Comprehensive Coordinated Care: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.

6. Preventive Care and Chronic Disease Management: Bureau of Primary Health Care, HRSA, DHHS, 2017 Uniform Data System.


*Full-Time Equivalent (FTE) of 1.0 means that the person is equivalent to a full-time worker. In an organization that has a 40-hour work week, a person who works 20 hours per week (i.e. 50 percent 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).
HOW ECONOMIC IMPACT IS MEASURED

Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with a county/state database. It is widely used by economists, state and city planners, universities and others to estimate the impact of projects and expenditures on the local economy. This analysis was conducted using 2016 IMPLAN Online.

WHAT ARE DIRECT AND COMMUNITY IMPACTS?

- **Direct impacts** result from **health center expenditures associated with operations, new facilities, and hiring.**

  A health center purchases medical devices from a local medical supply store.

- **Indirect** impacts are the consequences of the original investment. These purchases are **indirect** economic impacts of the health center’s operations.

  The medical supply store purchases paper from an office supply store to print receipts and hires a local delivery service to transport the medical devices.

- **Induced** impacts are the result of the multiplier effect and are **induced** economic impacts because they are the result of a ripple effect through the entire community.

  As local industries grow and household income increases, employees of the health center, medical supply store, office supply store, and delivery service spend their salaries in the community.
COMMUNITY HEALTH CENTERS INCLUDED IN THIS ANALYSIS
Bear Lake Community Health Center, Inc.
Carbon Medical Services Association, Inc.
Community Health Centers, Inc. (Salt Lake City, UT)
Enterprise Valley Medical Clinic, Inc.
Family Health Center
Green River Medical Center
Midtown Community Health Center, Inc.
Mountainlands Community Family Health Center, Inc.
Paiute Indian Tribe Of Utah, The
Utah Navajo Health System, Inc.
Utah Partners for Health
Wasatch Homeless Health Care Program, Inc., dba Fourth Street Clinic
Wayne Community Health Center, Inc.

This report was developed by Capital Link, a non-profit organization that has worked with hundreds of health centers and Primary Care Associations for over 18 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance with the goal of supporting and expanding community-based health care. For more information, visit us online at www.caplink.org.