The Value and Impact of Alexander Valley Healthcare

Health centers provide tremendous value and impact to the communities they serve, including **JOBS** and **ECONOMIC STIMULUS**, **SAVINGS** to Medicaid, and **ACCESS** to care for vulnerable populations.

This report highlights Alexander Valley

Healthcare's 2018 contributions and savings.

SAVINGS TO THE SYSTEM



22%
LOWER COSTS
FOR HEALTH CENTER

FOR HEALTH CENTER MEDICAID PATIENTS



\$ 4 Million SAVINGS TO MEDICAID



\$ 7 Million SAVINGS TO THE OVERALL HEALTH SYSTEM

ECONOMIC STIMULUS



77TOTAL JOBS

44
HEALTH CENTER JOBS

33

OTHER JOBS in the community



\$11.2 Million
TOTAL ECONOMIC
IMPACT of current

operations

\$ 5.4 Million

DIRECT HEALTH
CENTER SPENDING

\$ 5.8 Million

COMMUNITY SPENDING



\$ 1.8 Million ANNUAL TAX REVENUES \$ 0.6 Million

STATE & LOCAL TAX REVENUES

\$ 1.2 Million

FEDERAL TAX
REVENUES

CARE FOR VULNERABLE POPULATIONS



4,122
PATIENTS
SERVED

22,867 PATIENT

VISITS

9.7%

4-YEAR PATIENT GROWTH

88.1% of patients are **LOW INCOME**

1,086 of patients are CHILDREN & ADOLESCENTS

51.9% of patients identify as an ETHNIC OR RACIAL MINORITY

2.4% of patients are **VETERANS**

5.8% of patients are AGRICULTURAL WORKERS

2.2% of patients are **HOMELESS**

Capital Link prepared this Value & Impact report using 2018 health center audited financial statements and Uniform Data System information. Economic impact was measured using 2017 IMPLAN Online.



Alexander Valley Healthcare

REFERENCES AND DATA SOURCES

- Economic Stimulus: Economic impact was measured using 2017 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.
- 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.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2017 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).

S	UMMARY OF 2018 ECONO	OMIC STIMULUS
	Economic Impact	Employment (# of FTEs*)
Direct	\$5,370,025	44
Community Indirect	\$1,991,308	11
Impact Induced	\$3,843,191	22
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Total	\$11,204,524	77
Total	\$11,204,524 SUMMARY OF 2018	
Total		
Total	SUMMARY OF 2018	3 TAX REVENUE
	SUMMARY OF 2018 Federal	3 TAX REVENUE State
Direct	SUMMARY OF 2018 Federal \$746,941	State \$214,867
Direct Community Indirect	SUMMARY OF 2018 Federal \$746,941 \$184,582	State \$214,867 \$98,154

About Capital Link

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 20 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 almost 10,000 health center audited financial statements from 2005 to 2017, incorporating approximately 75% of all health centers nationally in any given year. This proprietary database is the only one of its kind as it exclusively contains health center information and enables us to provide information and insights tailored to the industry. For more information, visit us at www.caplink.org.