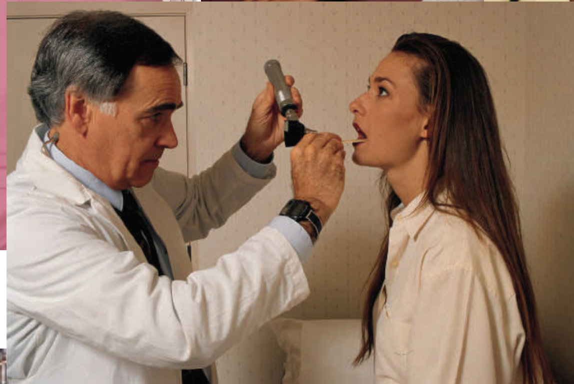
Economic Impact Analysis

The Economic Impact of Community Health Centers In The Philadelphia Area

December 2007



Prepared by:

In collaboration with:

ACKNOWLEDGEMENT

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EXECUTIVE SUMMARY

In December 2007, the Health Federation of Philadelphia, which represents a consortium of federally qualified community health centers, including those operated by the Philadelphia Department of Public Health, commissioned a study to determine the economic impact of its members on the city and surrounding suburban areas.

Eight of the nine member community health centers provided the data required for the analysis. **This report found that the eight Philadelphia area health centers had an overall economic impact of more than $202 million and supported more than 1,859 jobs in 2006**. This analysis clearly demonstrates that as a result of the combined effects of their multiple roles as service providers, employers and local businesses, health centers have a significant impact on community and economic development.

While health centers have long been recognized for the critical role they play in providing access to quality primary health care, the contributions health centers make to the economic viability and growth of the communities in which they are located are often less well known. In addition to providing essential health care services, **health centers provide direct employment for people in their communities, including critical entry-level jobs, training and career-building opportunities that are community-based**. **Health centers also purchase goods and services from local businesses and engage in capital development projects**. Every dollar spent and every job created by health centers has a direct impact on their local economies. **Health centers also serve as anchors for existing and new businesses and investments in the community**. In addition to the direct economic effects, health centers provide indirect and induced economic effects through their purchases of goods and services from other local business, representing the economic growth response by all local industries and individuals.

In addition to the economic effects generated by health centers through their regular business operations, many health centers also generate additional economic effects through capital projects and the resulting expansion of services. Every dollar spent on Philadelphia's health centers' capital expansions generates additional dollars and employment opportunities.

The Health Federation of Philadelphia, in collaboration with Capital Link developed this report to illustrate the impact Philadelphia health centers have on their local economies and to promote health centers as viable platforms for economic development locally, regionally, and at the state level. This report is intended for the financial and business community, state and federally elected officials, health center executive directors and board members, foundations, and other potential donors, so that they may better understand health centers and their full impact in the state of Philadelphia, in both economic and health outcome terms.

ECONOMIC IMPACT ANALYSIS RESULTS

In 2006, HFP's nine member community health centers, with 35 service delivery sites in the city and surrounding suburban counties, served 240,000 patients. Approximately 38% or 91,000 of their patients were uninsured in 2006. About 44% or 105,000 were enrolled in Medicaid/SCHIP. Fully 96% of health center patients have incomes under 200% of the federal poverty level. As such, the health centers play a critical role in the primary health care system, particularly for uninsured residents, low-income populations, and Medicaid recipients.

Summary of FY 2006 Total Economic Activity Stimulated by Philadelphia Community Health Centers' Current Operations

	Economic Impact (incl. Value -Added)	Value-Added (incl. personal income)	Employment
Direct	$ 113,040,527	$ 72,154,204	1,160
Indirect	$ 23,140,216	$ 13,844,321	187
Induced	$ 66,328,298	$ 41,904,079	513
Total	**$ 202,509,041**	**$ 127,902,604**	**1,859**

Prepared by Capital Link, Inc. using MIG, Inc. IMPLAN Software

The **direct** economic impact is defined as the total operating expenditures of the health centers. Industries producing goods and services for consumption, in this case the health centers, purchase goods and services from other producers. These other producers, in turn, purchase goods and services and so on, thereby generating an **indirect** economic impact. Effects of increased household spending are called **induced** economic impact**.**

To give an everyday example, imagine a health center that purchases waiting room chairs from a local furniture store (direct effect). The furniture store in turn purchases paper from an office supplies store to print receipts and a truck from a car dealer to make deliveries (indirect effect). The furniture store, the office supplies store and the car dealership all hire staff and pay them salaries to help run the various businesses. These employees spend their income on everyday purchases such as groceries, clothing, cars, and TVs (induced effect).

By analyzing the 2006 audited financial statements and 2006 employment information, we found that the 8 Philadelphia health centers supported the city, regional, and state economy in the following ways:

- Philadelphia's health centers had an overall economic impact of more than $202 million and supported 1,859 jobs in 2006.
- The 8 health centers injected over $113 million of operating expenditures directly into their local economies.
- These expenditures produced additional indirect and induced economic activity of over $89 million.

- The overall total output of $202 million includes almost $128 million in household purchasing power, e.g., the aggregate gain in household income within the communities the health centers serve.
- Philadelphia's health centers directly generated 1,160 full-time equivalent jobs and indirectly supported an additional 700 jobs as a result of their total operating expenditures.

The above economic impact analysis clearly demonstrates that as a result of the combined effects of their multiple roles as service providers, employers and local businesses, health centers have a significant community and economic development role in their communities. An investment in Philadelphia's health centers is an investment in the economic development of the communities they serve and the state as a whole.

Economic Impact of Capital Projects

In addition to the economic effects generated by health centers through their regular business operations, many health centers also generate additional economic effects through capital projects and the resulting expansion of services. When a health center undertakes a capital expansion and/or renovation project, a significant economic revitalization occurs within the local community. This economic impact has been demonstrated by health centers in various cities where additional "units of health care," new jobs and stimulated local businesses served as the immediate outcomes. In most instances, the capital developments and facility expansions of health centers act as catalysts for significant economic revitalizations within their local communities and serve as anchors in the communities. This "anchor concept" is similar to the effect a large department store has in a shopping mall – the health center attracts investment and other businesses to the community. These long-term economic stimulus effects will accrue in addition to the obvious benefit of increased health services to poor and low-income families and the ethnically diverse populations of the region.

Several health centers in Philadelphia have recently been engaged in significant capital development activity as they pursue the replacement or expansion of their existing buildings. Examples include the capital expansion projects undertaken by Delaware Valley Community Health, with a new Maria de los Santos Health Center at 5th and Allegheny; new and expanded sites recently opened by Family Practice and Counseling Network (Wissahickon Avenue and Southwest) and Esperanza Health Services (North 5th Street and Kensington and Allegheny); and a future new site for Spectrum Health Services in West Philadelphia. Every dollar spent on Philadelphia's health centers' capital expansions will generate additional dollars and additional employment opportunities.

These capital projects will contribute directly to increased economic activity, household earnings and jobs in the following ways:

1) Predevelopment technical assistance in areas such as feasibility studies, financial planning, capital campaign development, government approvals, architectural design and engineering assessments;
2) Local construction companies will be contracted to build the new sites;
3) Local companies will be used, when possible, to purchase equipment and supplies for clinical services, programs and administrative support that will be needed in the new expansions;
4) An increased number of employment opportunities will be available in health care and other industries; and
5) Increased revenues and reserves will result from providing additional "units of health care" i.e. visits.

ECONOMIC STIMULUS: HEALTH CENTERS AS COST EFFECTIVE AND HIGH-QUALITY HEALTH CARE PROVIDERS

Philadelphia's health centers and health centers across the country have proven to be not only quality providers, but also cost-effective providers. Health centers save significant amounts of money for their local and state economies by contributing to a healthier and more productive population and by spending every dollar in the most efficient way possible.

By focusing first on prevention, health centers save the health care system overall substantial dollars in avoided emergency room visits, medical treatment and hospitalization costs.

- National and regional studies show savings to the Medicaid program of more than 30% in annual spending per beneficiary.[3]
- As just one example, health centers saved the State of Michigan a total of $17.8 million in 2003-2004 by providing high quality care to Medicaid patients at a lower cost than Medicaid patients who did not have health centers as their primary care provider.[4]
- Other studies found the following: 1) that $1 invested in health center prenatal care provides $3 to $4 in savings for care to newborns and their mothers; and 2) $1 invested in health center diabetes management saves $3 to $4 in hospitalization costs for complications.[5]
- A federal study published in *Health Services Research* found that uninsured people living in close proximity to a Federally Qualified Health Center (federally funded community health center) were *less likely* to have an unmet medical need, postpone or delay seeking medical care, visit an emergency room, or stay in a hospital compared to other uninsured. [6]
- Medicaid beneficiaries relying on health centers for usual care were 19% less likely to use the emergency department for an ambulatory care sensitive (ACS)[7] condition and 11% less likely to be hospitalized for an ACS condition than Medicaid beneficiaries using outpatient and office-based physicians for usual care, even after controlling for case mix and other factors. [8]
- Uninsured people living within close proximity to an FQHC are less likely to have an unmet medical need, less likely to have postponed or delayed seeking needed care, more likely to have had a general medical visit, significantly less likely to have had an emergency room visit, and less likely to have a hospital stay compared to other uninsured. Thus, expanding health center capacity would reduce unmet need and increase the percent of uninsured with a usual source of care. At the same time, expanding health centers could improve the efficiency of the entire health care delivery system due to their ability to provide timely care and lower hospital and emergency room use, thereby offsetting the costs expanding health center capacity. [9]

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[3] NACHC Report "Insurance Coverage & a Regular Source of Care: Talking Points on the Need for Both." December 2003.

[4] McRae T. and Stampfly R. "An Evaluation of the Cost Effectiveness of Federally Qualified Health Centers (FQHCs) Operating in Michigan." October 2006 Institute for Health Care Studies at Michigan State University. www.mpca.net

[5] Center for Disease Control and Prevention (CDC) 2002.

[6] Health Services Research, Hadley J. and Cunningham P., October 2004.

[7] Non-urgent and therefore treatable in primary care settings. "Avoidable" emergency department visit.

[8] Falik M, Needleman J, Herbert R, et al. "Comparative Effectiveness of Health Centers as Regular Source of Care." January - March 2006 *Journal of Ambulatory Care Management* 29(1):24-35.

[9] Hadley J and Cunningham P. "Availability of Safety Net Providers and Access to Care of Uninsured Persons." October 2004 *Health Services Research* 39(5):1527-1546.

A publication entitled "The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use" released in April 2007 by the Association for Community Affiliated Plans (ACAP) and the National Association of Community Health Centers, Inc. (NACHC), reports that:

> With fewer primary health care options at their disposal, many Americans are turning to Emergency Departments (EDs) for non-urgent care or care that could have been avoided through timely use of primary care. ED visits are rising faster than population despite the fact that the actual number of EDs is declining.
>
> The ED is a more costly form of care than primary care settings. In fact, ED charges for minor, non-urgent problems may be two to five times higher than charges for a typical private physician office visit[10].
>
> This report finds that:
>
> - At least one-third of all ED visits are "avoidable", meaning, non-urgent or ambulatory care sensitive (ACS) and therefore treatable in primary care settings.
> - Over $18 billion dollars are wasted annually for avoidable ED visits. This includes an estimated $790 million spend annually by Pennsylvania on avoidable ED visits.
> - One-third of hospitals report being on ambulance diversion sometime during the year.
>
> Patients with a health care home are less likely to suffer a costly illness and go to the ED for care. Implementing programs that redirect Medicaid patients to appropriate primary care settings rather than to the ED for ACS visits may produce significant savings for Medicaid. Health centers could save Medicaid approximately $4 billion annually by reducing avoidable ED visits."

Another study[11] released in August of 2007 by NACHC in collaboration with the Robert Graham Center and Capital Link confirms that:

> Community Health Centers are a sound investment. This study shows that investing in Community Health Centers results in significant savings to the health care system and substantial economic benefit for the communities they serve.
>
> Key findings include:
>
> - Medical expenses for Community Health Center patients are 41% lower ($1,810 per person annually) compared to patients seen elsewhere. This is due to their patient-centered and high quality care, reducing reliance on expensive emergency rooms.
> - As a result, they save the health care system between $9.9 and $17.6 billion a year
> - Community Health Centers generate an overall economic impact of $12.6 billion, and they produce 143,000 jobs in some of the country's most economically deprived neighborhoods.

[10] Institute of Medicine (IOM)-Committee on the Future of Emergency Care in the United States Health System: Hospital-Based Emergency Care: At the Breaking Point. June 14, 2006

[11] Access Granted: The Primary Care Payoff. National Association of Community Health Centers, The Robert Graham Center, Capital Link, 2007

The Beginnings of the Health Center Movement Nationally

The concept of community-based health care came to prominence during the mid-1960s, driven by concerns over an increasing number of people without adequate access to basic health care, particularly in the inner cities and rural areas of the country. Many types of organizations identify themselves as "community health centers," "neighborhood health centers," "health centers" or "health clinics."

There are however, two main federally designated categories for health:

- Rural Health Centers (RHCs) and
- Federally Qualified Health Centers (FQHCs)

The FQHC category is further divided into two subgroups:

- "Section 330" community health centers (CHCs)- those that receive an annual federal operating grant from BPHC to subsidize the cost of providing care to the uninsured and/or medically underserved
- FQHC "Look-Alikes" - those that do not receive federal operating support but otherwise meet the definition of an FQHC

A fundamental quality of FQHCs is the involvement of the community in the governance of the center. Most FQHCs operate independently and all are governed by a community board of directors of which at least 51% are users of the health center's services.

All FQHCs are public or private non-profit entities, which provide comprehensive primary and preventive health care, including dental care and related social services to medically underserved individuals and families regardless of their abilities to pay. FQHCs serve children, families, the elderly, Medicaid and Medicare recipients, low-income uninsured and underinsured individuals, high-risk populations, farm workers and the homeless. They provide a wide range of cost-effective primary and preventive medical services as well as other services including health and nutrition counseling, translation and community outreach. According to the most recent Uniform Data System (UDS) data available from the federal Bureau of Primary Health Care (BPHC), over 1,000 Section 330 and FQHC Look-Alike community health centers served over 15 million patients in 2006.[12]

The Community Health Center Program was originally authorized under Section 330 of the U.S. Public Health Service Act, 42 USC, 254b. Section 330 was subsequently revised in 1996 by the Consolidated Health Centers Act, which combined the prior community health center program (Section 330e), the migrant health center program (Section 330g), health care for the homeless program (Section 330h), and the public housing primary care program (Section 330i). Though they each serve slightly different subgroups of medically underserved individuals, all of these health center types are currently known as "Section 330 health centers." Public Law 107-251, passed by Congress in October 2002 and titled "The Health Care Safety Net Amendments of 2002," amended

[12] 2006 UDS. US Health Center Fact Sheet, 2007,http://www.nachc.com/research/Files/US2006.pdf

the Public Health Service Act to reauthorize and strengthen the health center program and the National Health Service Corps.

There are certain other community-based primary care providers that do not entirely meet the federal definitions for FQHC, but are considered by the National Association of Community Health Centers (NACHC) and state Primary Care Associations (PCAs) to be safety-net providers. These providers are typically hospital-based clinics, state or county-owned clinics or stand-alone health centers that share many of the characteristics of FQHCs but are not formally designated as such.

Beyond the FQHC, FQHC "Look-Alike," and RHC organizations, there are also many other organizations that are community-based health providers. Examples of these types of organizations would be free clinics for the uninsured, family planning clinics, home health care agencies, etc., which do not provide a full range of comprehensive primary care services, but provide health care services to certain categories of "underserved" populations.

Health Center Categories

	Federally Qualified Health Center (FQHC)		**Rural Health Center (RHC)**
Criteria	*Section 330 Health Center*	*FQHC Look-Alike*	
Location	Urban or Rural.	Urban or Rural.	Rural.
Designation by	BPHC, through annual grant application.	Centers for Medicare & Medicaid Services (CMS), through annual recertification.	CMS, through annual renewal.
Designation Requirement	Must serve a defined geographical area or population, which is federally designated as a Medically Underserved Area (MUA) or Medically Underserved Population (MUP).	Must serve a defined geographical area or population, which is federally designated as a Medically Underserved Area (MUA) or Medically Underserved Population (MUP).	MUA, MUP, federally designated Health Professional Shortage Area (HPSA) or designation by the state's governor as underserved.
Corporate Structure	Non-profit entity.	Non-profit entity.	Non-profit or For-profit entity.
Board of Directors	Governing board with full authority over operations. Majority of board members must be users of center services.	Governing board with full authority over operations. Majority of board members must be users of center services.	No board required.
Management Staff	Must have at least an Executive Director, Clinical Director and a Finance Director.	Must have at least an Executive Director, Clinical Director and a Finance Director.	Not required.
Services	Must provide defined scope of comprehensive primary and preventive health services to include all lifecycle ages. Must also provide supplemental	Must provide defined scope of comprehensive primary and preventive health services to include all lifecycle ages. Must	Must be capable of delivering outpatient primary care services. Scope not defined, could be one or a combination

Criteria	Federally Qualified Health Center (FQHC) Section 330 Health Center	FQHC Look-Alike	Rural Health Center (RHC)
	services necessary to assure the effectiveness of the required primary health care services.	also provide supplemental services necessary to assure the effectiveness of the required primary health care services.	of primary care services.
340-B Pharmacy Program	Eligible for the federal 340B Drug Pricing Program, which provides significant savings on pharmaceuticals for patients of the health centers.	Eligible for the federal 340B Drug Pricing Program, which provides significant savings on pharmaceuticals for patients of the health centers.	Not eligible.
Financial Access	Services must be available to all regardless of ability to pay. Sliding-fee scale based on income must be in place.	Services must be available to all regardless of ability to pay. Sliding-fee scale based on income must be in place.	Not required.
After-Hours Coverage	Must be open at least 32 hours per week and provide professional coverage when practice is closed.	Must be open at least 32 hours per week and provide professional coverage when practice is closed.	Not required.
Audit and Reporting Requirements	Must conduct an annual audit that meets federal 330 compliance requirements. Must submit an annual Uniform Data System (UDS) report to the BPHC.	Must conduct an annual audit that meets federal compliance requirements.	Not required.
Financial Support	Section 330 operating grant to provide care to medically underserved.	No Federal Grant.	No Federal Grant.
Medical Malpractice Coverage	Eligibility for other federal programs/initiatives, e.g., Federal Tort Claims Act (FTCA) malpractice coverage of clinicians.	Not eligible.	Not eligible.

What Types of Services do Federally Qualified Health Centers Provide?

Services provided by Federally Qualified Health Centers (FQHCs) are available to people of all ages, regardless of financial, linguistic, cultural or geographic barriers to access. FQHCs often have multilingual staff and/or interpreters available on request to ensure high quality and culturally competent service to minority populations. They serve Medicaid and Medicare recipients, low-income uninsured and underinsured, high-risk populations and the elderly, as well as insured persons.

In general, FQHCs offer, or make available through contract with other providers, the following types of services:

General Primary Medical Care Services
Adolescent Health
Adult Medicine
Eye Care
Family Practice
Geriatric
Gynecology
Obstetrics
Pediatrics
Podiatry

Other Primary Medical Care Services
Diagnostic Laboratory
Diagnostic X-Ray Procedures
Emergency Medical Services
Urgent Medical Care
24-Hour Coverage
Family Planning
HIV Testing
Immunizations

Dental Care Services

Mental Health / Substance Abuse Services

Other Professional Services
Hearing Screening
Nutrition Services other than WIC
Occupational or Vocational Therapy
Physical Therapy
Pharmacy
Vision Screening
WIC Services
Smoking Prevention and Cessation Programs
Chronic Disease Management

Enabling Services
Case Management
Child Care (during visit to health center)
Discharge Planning
Eligibility Assistance
Employment/Educational Counseling
Environmental Health Risk Reduction
(via Detection and/or Alleviation)
Food Bank/Delivered Meals
Health Education
Housing Assistance
Interpretation/Translation Services
Nursing Home and Assisted Living Placement
Outreach
Transportation Assistance

What Challenges and Opportunities Do Health Centers Face?

Health centers, by virtue of their history and mission, are usually located in financially disadvantaged communities. Most health center patients have their care paid for by Medicaid, Medicare or federal grants for the uninsured. Health centers are struggling to absorb the swelling ranks of uninsured and underinsured clients who continue to increase at an alarming rate, far outpacing growth in federal grant funding.

Despite the challenging financial reality faced by many health centers, they are extremely resourceful and continue to survive in both good and bad economic times. As the sole providers of medical and social services in many instances, health centers are vital components of healthy communities and thus have strong community support. In addition to providing essential services, health centers also serve as economic engines. They are often the largest employers in their respective communities, and are anchors for attracting new businesses and investments into the communities, particularly during and after significant facility renovation or expansion projects.

Economic Impact Analysis Methodology

The key to quantifying economic impact is understanding the concept and application of the "multiplier effect." Within the field of economics, the multiplier effect is used to determine the impact of spending or investing in a defined economy. These are the indirect business effects of the health centers' business operations, which make the economic impact larger than just the direct effects by themselves. It is based on the principles of dollar turnover, and serves to quantify the economic impact and activity that results from each dollar entering, impacting and eventually leaving a defined economy. This results in increased production and expenditures, employment creation and attraction and retention of new residents, businesses and investments.

Description of IMPLAN

The US Department of Agriculture in conjunction with the Minnesota IMPLAN Group (MIG) developed (and MIG continues to refine) a complete integrated analysis tool for economic planning efforts called IMPLAN (IMpact analysis for PLANning). IMPLAN is a microcomputer-based system for constructing regional economic models. It generates input-output multipliers by geographic region and by industry combined with a county / state database (using the North American Industry Classification System (NAICS) developed jointly by the U.S., Canada, and Mexico to provide new comparability in statistics about business activity across North America) which allows the assessment of change in overall economic activity. IMPLAN can be used to estimate the impact of organizational projects and expenditures by industry on regional output, household earnings and jobs both inside and outside of a given industry. Consequently, IMPLAN (and similar economic databases) has been used nationally by economists, state and city planners, universities and others to gauge the economic impact of both for-profit and not-for-profit organizations' programs and projects on a local economy.

Standard Economic Multipliers

Within the IMPLAN database, the "Final Demand" effect is examined from the perspective of output (dollars), earnings (purchasing power) and employment (job creation). IMPLAN determines the multiplier effect of these three areas by generating an "Output Multiplier," "Earnings Multiplier" and "Employment Multiplier" for each industry within a defined geographic area.

Output Multiplier: measures the increase in total output generated in a defined regional economy for each dollar spent by a given industry

Value-added (Earnings) Multiplier: measures the earnings (purchasing power) that an industry generates, through payroll and the multiplier effect, for households employed by all industries within a defined area. Consequently, the Value-Added impact represents the amount of dollars that aggregate households in a given area will gain in household income based on the dollars put out into that community by a health center through operating expenditures.

Employment Multiplier: measures the number of jobs generated across all industries by the activity within a given industry. The multiplier produces an estimate of the total number of new

jobs that a local economy can support in all industries due to the dollars being injected into the community by the health center. In other words, the economic activity of the health center stimulates job growth because of the "snowballing" of the dollars expended.

Summarizing the Results

IMPLAN's output, earnings, and employment figures are aggregated based on direct, indirect and induced economic effects:

Direct effects*:* represents the response for a given industry (in this case Total Operating Expenditures of health centers).

Indirect effects*:* represents the response by all local industries caused by "the iteration of industries purchasing."

Induced effects*:* represents the response by all local industries to the expenditures of new household income generated by the direct and indirect effects.

APPENDIX C: **Health Center Organizations** and Sites **in Philadelphia (Health Federation members)**

Organizations

ChesPenn Health Services
2600 W. 9th Street
Chester, PA 19013
Ph: 610.485.3800
Fax: 610.485.4221
Executive Director: Michael G. Lucas
Medical Director: Rekha Yagnik, M.D.

Covenant House Health Services, Inc.
251 East Bringhurst Street
Philadelphia, PA 19144
Ph: 215.844.1020
Fax: 215.844.8147
Executive Director: Rosetta Smith
Medical Director:

Delaware Valley Community Health, Inc. (DVCH)
1420 Fairmount Avenue
Philadelphia, PA 19130
Ph: 215.684.5344
Fax: 215.232.4093
President/CEO: Patricia Deitch
Medical Director: A. Scott McNeal, D.O.

Esperanza Health Services
3156 Kensington Avenue
Philadelphia, PA 19123
Ph: 215-807-8614
Fax: 215- 807-8951
Executive Director: Susan Post
Medical Director: Bryan Hollinger, M.D.

Greater Philadelphia Health Action, Inc. (GPHA)
432 North 6th Street
Philadelphia, PA 19123
Ph: 215.925.2400
Fax: 215.925.9166
Executive Director: Ronald Heigler
Medical Director: Janet Young, M.D.

Philadelphia Department of Public Health
1101 Market Street, 8th Floor
Philadelphia, PA 19107
Ph: 215.685.4758
Fax: 215.685.5398
Director, Ambulatory Health Services: Thomas Storey, M.D.

Quality Community Health Care, Inc. (QCHC)
2501 West Lehigh Avenue
Philadelphia, PA 19132
Ph: 215.227.0300
Fax: 215.227.0302
Executive Director: Marcella Lingham
Medical Director: Jayne Brown, M.D.

Spectrum Health Services, Inc.
Progress Haddington Plaza
5619.25 Vine Street
Philadelphia, PA 19139
Ph: 215.471.2750
Fax: 215.471.1079
Chief Executive Officer: Phyllis Cater
Medical Director: Marisa Rogers, M.D.

The Family Practice & Counseling Network (FPCN)
4700 Wissahickon Ave
Building D, Suite 118
Philadelphia, PA 19144
Ph: 215.298.0405
Fax: 215.298.0405
Executive Director: Donna Torrisi
Primary Care Director: Lester Cohen

Sites

North Philadelphia

DVCH - Fairmount Health Center
1420 Fairmount Avenue
Philadelphia, PA 19130

DVCH- Maria de los Santos Health Center
5th Street & Allegheny Avenue
Philadelphia, PA 19133

DVCH-Parkview OB/Gyn
1331 East Wyoming Ave, Suite 2160
Philadelphia, PA 19124

Esperanza Health Services
3156 Kensington Avenue
Philadelphia, PA 19134

Esperanza Health – North 5th Street
2940 N. 5th St
Philadelphia, PA 19133

FPCN - Eleventh St. Family Health Services of Drexel University
850 N. 11th St.
Philadelphia, PA 19123

FPCN Abbotsford-Falls
4700 Wissahickon Ave
Building D, Suite 119
Philadelphia, PA 19144

GPHA Hunting Park Health Center
1999 Hunting Park Avenue
Philadelphia, PA 19140

Public Health - Health Center #5
1900 North 20th Street
Philadelphia, PA 19130

Public Health - Health Center #6
301 West Girard Avenue
Philadelphia, PA 19123

Public Health - Strawberry Mansion Health Center
2840 W. Dauphin Street
Philadelphia, PA 19121

QCHC Family Health Center
2501 West Lehigh Avenue
Philadelphia, PA 19132

QCHC – Finley
2813 West Diamond Street
Philadelphia, PA 19121

QCHC – Vaux
Vaux Middle School
23rd and Masters Streets
Philadelphia, PA 19121

QCHC – Meade
Meade Elementary School
1800 W. Oxford St
Philadelphia, PA 19121

QCHC – Cooke
Cooke Elementary School
1300 W. Louden St
Philadelphia, PA 19141

Spectrum - Broad Street Health Center
Progress Human Service Building
1415 North Broad Street
Philadelphia, PA 19122

West Philadelphia

FPCN - Health Annex
5803 Kingsessing Avenue
Philadelphia, PA 19143

GPHA - Woodland Avenue Medical Center
5000 Woodland Avenue
Philadelphia, PA 19143

Public Health - Health Center #3
555 South 43rd Street
Philadelphia, PA 19104

Public Health - Health Center #4
4400 Haverford Avenue
Philadelphia, PA 19121

Spectrum Health Services, Inc.
Progress Haddington Plaza
5619 Vine Street
Philadelphia, PA 19139

South Philadelphia

GPHA – 4th Street
1401 S. 4th Street, 4th floor
Philadelphia, PA 19147

GPHA - Southeast Health Center
800 Washington Avenue
Philadelphia, PA 19147

GPHA - Wilson Park Medical Center
2520 Snyder Avenue
Philadelphia, PA 19145

GPHA – Chinatown Medical Services
930 Washington Avenue
Philadelphia, PA 19140

Public Health - Health Center #2
1720 South Broad Street
Philadelphia, PA 19145

Northwest Philadelphia

Covenant House
251 East Bringhurst Street
Philadelphia, PA 19144

Public Health - Health Center #9
131 East Chelten Avenue
Philadelphia, PA 19144

Northeast Philadelphia

GPHA Frankford Health Center
4510 Frankford Avenue
Philadelphia, PA 19124

Public Health - Health Center #10
2230 Cottman Avenue
Philadelphia, PA 19149

Suburban sites:

ChesPenn - Community Center for Family Health
2600 W. 9th Street
Chester, PA 19013

ChesPenn - Eastside Health Center
125 E. 9th Street
Chester, PA 19013

ChesPenn - Coatesville
1029 E. Lincoln Highway
Coatesville, PA 19320

DVCH - Norristown Regional Health Center
55 E. Marshall Street
Norristown, PA 19401

The Health Federation of Philadelphia

The mission of the Health Federation of Philadelphia (HFP) is to improve access to and quality of health care services, particularly primary care, for underserved and vulnerable individuals and families. The Health Federation carries out its mission through activities that enhance effective service delivery, strengthen communities and support or coordinate the work of federally qualified health centers and other related organizations dedicated to a similar or complementary mission.

The Health Federation of Philadelphia, founded in 1983 as a non-profit corporation, represents a consortium of federally qualified community health centers, including those operated by the Philadelphia Department of Public Health. HFP supports its members in their efforts to deliver high quality, coordinated primary care services in medically underserved communities.

HFP works to identify critical unmet needs in Philadelphia's low-income neighborhoods and among its vulnerable populations. Further, HFP strives to find solutions by developing public and private sector partnerships, tracking resources and opportunities, searching for proven interventions or designing new approaches that expand the scope and integration of health-related services.

HFP's current activities include:

- extensive home visiting services for at-risk women, children and families
- an Early Head Start Program in the North Philadelphia Empowerment Zone that serves teen and young adult parents and their children
- a health-focused AmeriCorps program, known as the Philadelphia Health Corps
- HIV prevention, testing and counseling through the Women's Anonymous Test Site (WATS)
- coordination of AIDS-related services in communities served by the health centers
- The Resource Center, which provides health promotion materials for community-based programs
- a variety of public health training opportunities, ranging from skills training for community health workers to AIDS-related education for health care providers
- research, planning, coordination and development support of sound public health policies and programs
- design of operational or business solutions that enhance access to and/or efficiency of health care services
- quality management services including strategies to support public health core competencies and continuous quality improvement in health and human services

Capital Link

Capital Link, established in 1998, is a non-profit organization dedicated to assisting community health centers in accessing capital for building and equipment projects. Capital Link provides extensive technical assistance to health centers throughout the capital development process. From financial and market feasibility reviews to business plan and proposal development, Capital Link assists health centers in strengthening their abilities to plan and carry out successful capital projects. In addition to services provided to community health centers, Capital Link has working

relationships with local, state and federal agencies and organizations, which provide direct services to community health centers. Capital Link works in partnership with primary care associations, consultants and other entities interested in improving access to capital for health centers.

Capital Link was founded by the National Association of Community Health Centers, Community Health Center Capital Fund, Massachusetts League of Community Health Centers, Illinois Primary Health Care Association, North Carolina Primary Health Care Association and Texas Association of Community Health Centers. Capital Link receives funding and support from the Bureau of Primary Health Care and Tides Center in California.

Capital Link has several locations with a main office in Boston, Massachusetts and regional offices in California, District of Columbia, Louisiana, Maryland, Missouri, North Carolina, Washington and West Virginia. Capital Link's staff is comprised of highly-skilled professionals who possess a wealth of knowledge in the capital development field.

		For more information please go to ▼
CHIP	**Children's Health Insurance Program:** As part of the Federal Balanced Budget Act of 1997, Congress created the Children's Health Insurance Program (CHIP) as a way to encourage states to provide health insurance to uninsured children	www.in.gov/fssa/programs/chip/
CMS	**Centers for Medicare & Medicaid Services:** (formerly Health Care Financing Administration [HCFA]) oversees the federal Medicare and Medicaid programs.	www.cms.hhs.gov/
HPSA	**Health Professional Shortage Areas:** HPSA designations are based on the evaluation of shortage/underservice criteria established to qualify either geographic areas, population groups or facilities as having a shortage of primary health care providers, dentists or mental health professionals. Criteria to designate areas as HPSAs include: the geographic area is rational for the delivery of health services, a specified population-to-clinician ratio representing shortage is exceeded within the area, and resources in contiguous areas are over-utilized, excessively distant, or otherwise inaccessible. If a geographic area does not meet these criteria, but a population group within the area has access barriers, a population group designation may be appropriate. In some cases, individual facilities may be designated as HPSAs.	bphc.hrsa.gov/databases/newhpsa/newhpsa.cfm
Medicaid	Jointly funded, federal-state health insurance program for certain low-income and needy people.	www.cms.hhs.gov/medicaid/
Medicare	Provides health insurance to people age 65 and over, those who have permanent kidney failure and certain people with disabilities.	www.cms.hhs.gov/medicare/
MUA/P	**Medically Underserved Areas/Populations:** MUA/P designation is a prerequisite to obtaining grant awards to plan, develop and operate a community health center under Section 330 of the U.S. Public Health Service Act. This requirement means that before a health center can obtain Section 330 status, it needs to prove that the center will serve a medically underserved area or a medically underserved population. The designation is based on a scoring system (Index of Medical Underservice [IMU] score). Designation as an MUA or MUP does not mean that a health center will automatically receive federal funding. The scoring is based on primary care providers per 1,000 population, percentage of the population below poverty, infant mortality rate, and percentage of the population over 65.	

The Health Federation of Philadelphia
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