

The Value and Impact of HopeHealth, Inc.

The health center provides tremendous value and impact to the communities it serves through **ECONOMIC STIMULUS**, **SAVINGS TO THE SYSTEM**, and **CARE FOR VULNERABLE POPULATIONS**. As an economic stimulus, the health center generates jobs, supports local businesses, and fosters economic growth through both direct and indirect spending. By offering cost-effective care, it reduces the financial burden on the healthcare system. The health center fosters a healthier, more resilient community while contributing to a sustainable economy.

This report highlights the **HopeHealth, Inc. 2024 savings and contributions** to the community.

ECONOMIC STIMULUS



645	926	1,571
HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
\$182.3 M	\$150.4 M	\$332.7 M
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT OF CURRENT OPERATIONS
\$7.2 M	\$31.0 M	\$38.2 M
STATE & LOCAL TAX REVENUES	FEDERAL TAX REVENUES	ANNUAL TAX REVENUES

SAVINGS TO THE SYSTEM



24%	\$33.4 M	\$90.5 M
LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM

CARE FOR VULNERABLE POPULATIONS



9.6%	266,515	3,585	270,100
4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	TOTAL VISITS

59,287		
PATIENTS SERVED		
14.9%	64.3%	63.0%
CHILDREN & ADOLESCENTS	LOW INCOME	IDENTIFY AS AN ETHNIC OR RACIAL MINORITY
239	1,448	1,634
AGRICULTURAL WORKERS	VETERANS	HOMELESS

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SUMMARY OF 2024 ECONOMIC IMPACT AND TAX REVENUE

As health centers expand, their expenditures and the resulting economic impact grow substantially. In 2024 alone, the health center contributed an estimated **\$332.7 M** to the economy. The table below highlights their overall economic impact and employment contributions.

The tax impacts of the health center are shared across state, local, and federal governments. These revenues are generated through multiple channels, including employee compensation, proprietor income, indirect business taxes, household spending, and corporate contributions, as reflected in the modeled impact.

		Employment (# of FTEs)	Economic Impact	State & Local Tax Revenues	Federal Tax Revenues
Community Impact	Direct	645	\$182,302,673	\$2,866,022	\$19,234,286
	Indirect	491	\$73,686,156	\$1,639,905	\$6,046,353
	Induced	435	\$76,717,764	\$2,707,708	\$5,738,689
	Total	1,571	\$332,706,593	\$7,213,635	\$31,019,328
				\$38,232,963	

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, 2024 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).

ACKNOWLEDGEMENTS

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 2024, incorporating nearly 85% of all health centers nationally in any given year. This proprietary database also includes UDS data from 2005 through 2024, enabling us to provide information and insights tailored to the industry. For more information, visit us at www.caplink.org.