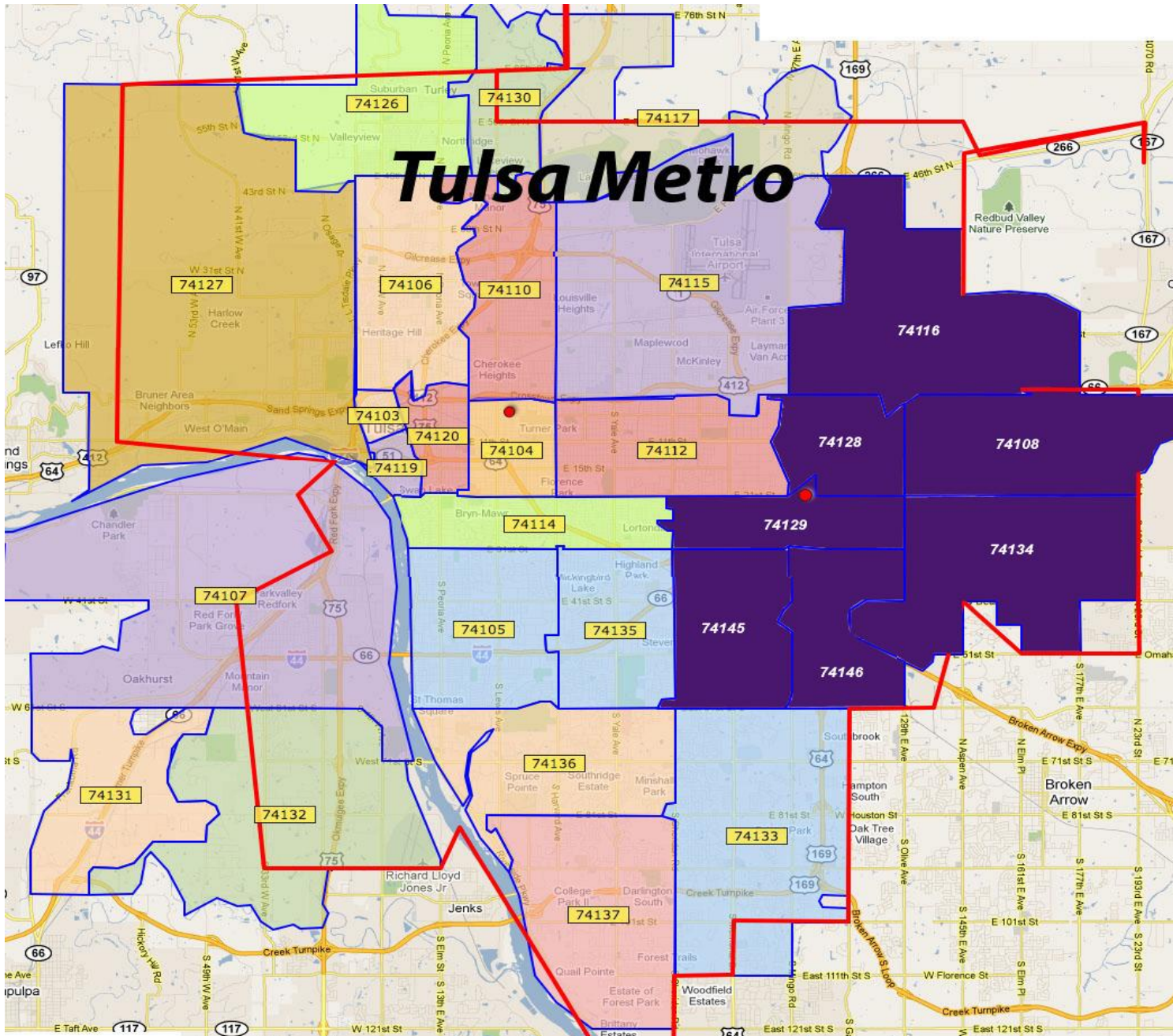




Vision 2025

Community Health Connection
East Clinic



History

- **2006:** Became a Federally Qualified Health Center
- **2006:** Opened East Clinic at 21st and Highway 169
- **2012:** Opened Kendall-Whittier Clinic Location
 - ❖ Received \$250,000 Community Development Block Grant

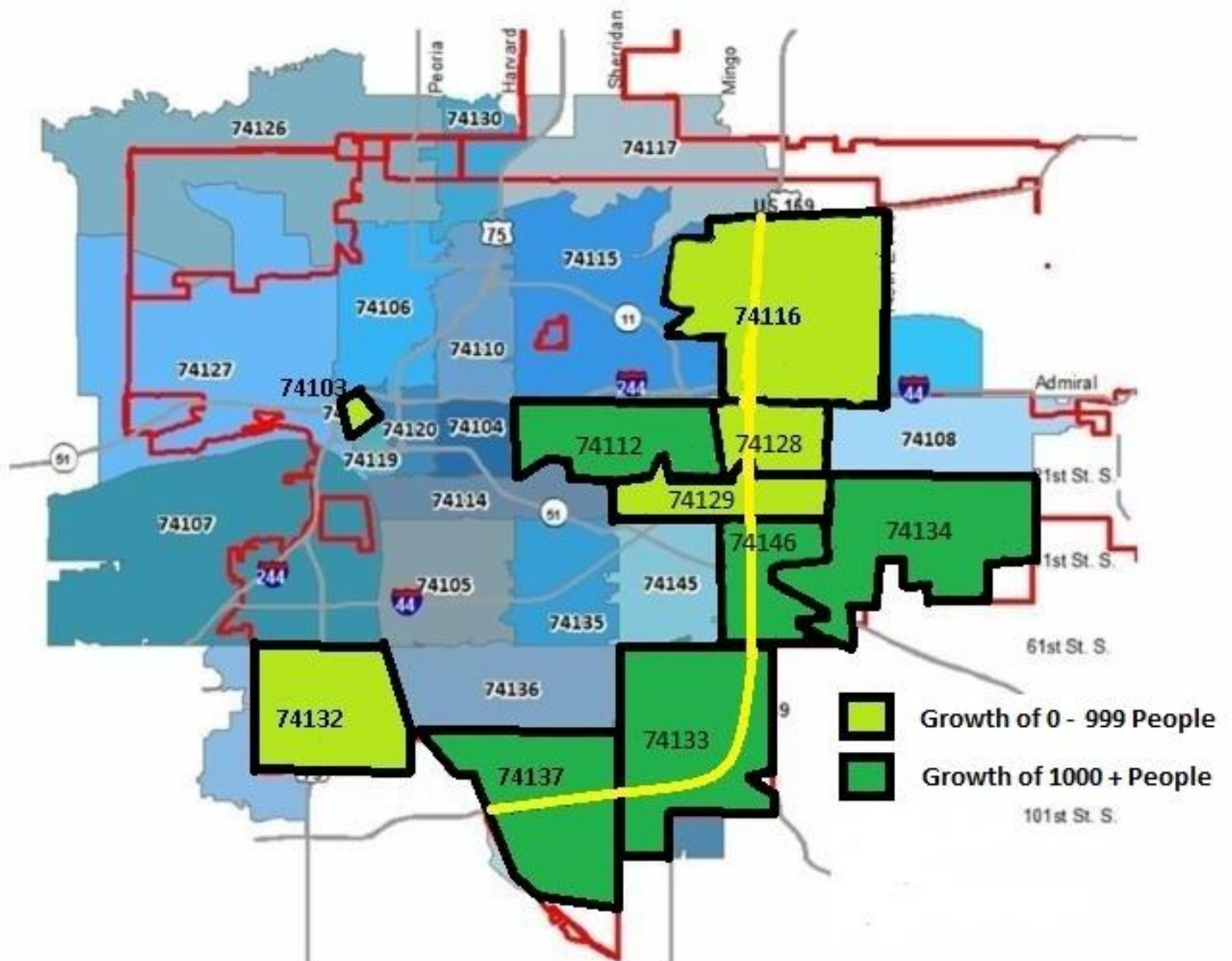
Today

- **Mission:** To Provide Quality and Accessible Healthcare Across All Life Cycles Regardless of the Patient's Ability to Pay
 - ❖ Not a Free Clinic
 - ❖ Services Offered on a Sliding Fee Scale Based on Household Income and the Number of People Living in the Household
- **CHC has 68 Employees**
 - ❖ 87% Clinical Staff
 - ❖ 13% Administrative Staff
 - ❖ All Nursing, Clinical Support Staff, Receptionists, and Referral Coordinators are Bilingual

Today

- **10,000 Patients Served in 2014**
 - ❖ 70% of Patients Request to be Served in their First Language—Spanish
 - ❖ Statistics Show that Health Outcomes are Increased when the Patient is Served in their First Language
- **13,000 Estimated Patients to be Served in 2015**
- **65% of Patients are Seen at the 21st Street Clinic**
- **70% of Patients Live Below 100% FPL in 2014**
 - ❖ \$24,250 for a family of 4
- **99% of Patients Live Below 200% FPL in 2014**

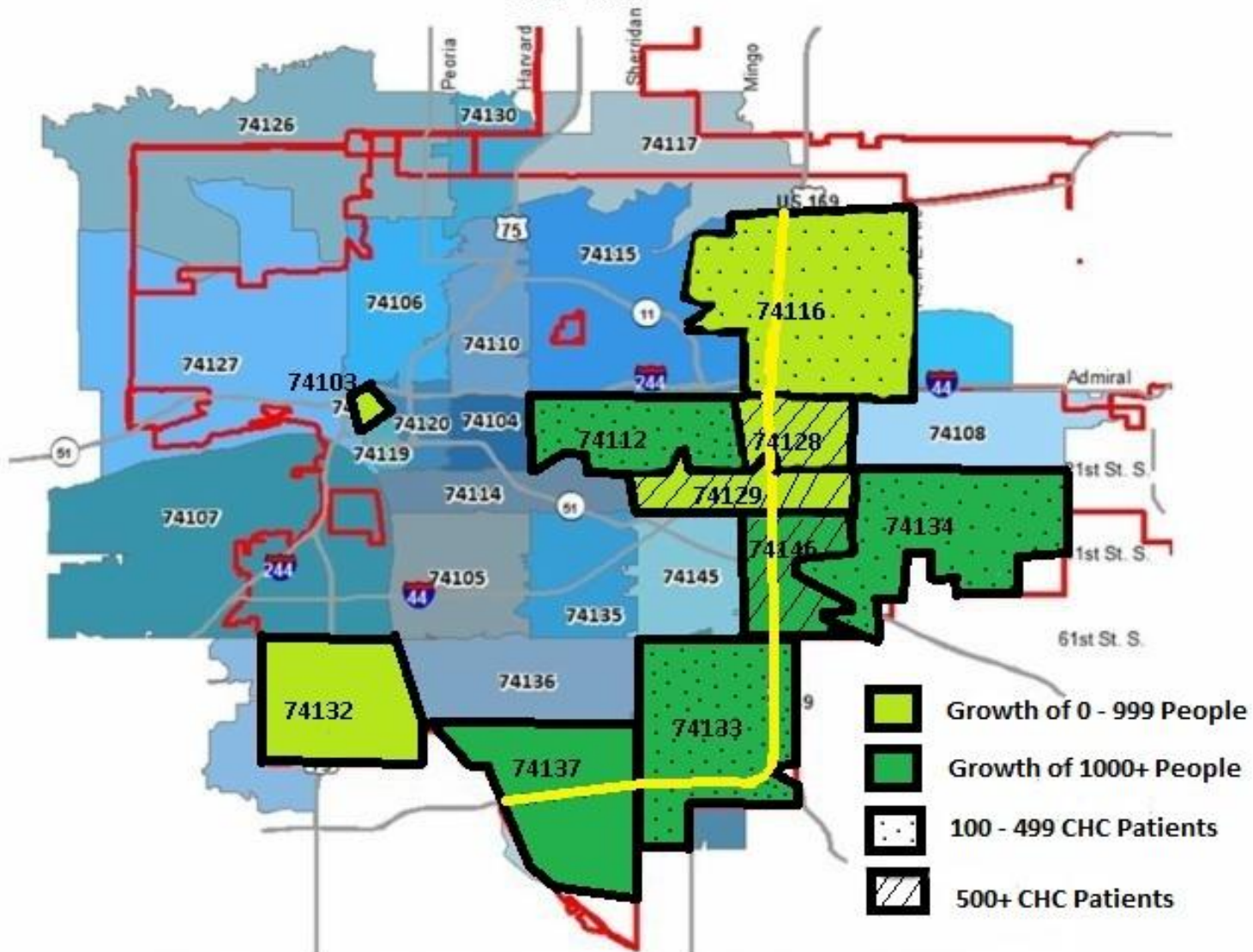
Areas of Growth for the City of Tulsa 2000 - 2010



Areas of Growth for the City of Tulsa

with Community Health Connection, Inc. Patient Service Areas

2000 - 2010



Statistics

- **Since Opening in 2006, CHC's Patients have increased from Less than 1,000 to 13,000 Anticipated in 2015**
- **At the Same Time, CHC has Demonstrated Very High Healthcare Outcomes**
 - ❖ **Access to Pre-Natal Care—5% Above State and National Averages**
 - ❖ **Childhood Immunizations—10% Above State Average**
 - ❖ **Asthma Treatment—10% Above State Average**
 - ❖ **Blood Pressure Control—10% Above State Average**
- **CHC Medical Director Requested to Share Best Practices in Coronary Artery Disease Treatment by OKPCA**
- **Recipient of the 2014 ONE Award for Excellence in Healthcare Services**

Current State

- CHC's Current Eastside Location at 9912 East 21st Street does not Meet the Space Requirements of our Current Patient Population, Let Alone the Anticipated Growth in Population and Patient Numbers
- Lease Rental is **\$6,744/Month**
- Triple Net Lease so all Utilities, Maintenance and Repairs are at CHC's Expense
- Almost **\$100,000** in Repairs Over the Past **4 Years**

Current State

- **Major Problems**
 - ❖ Sewage Line Break
 - ❖ Rooftop Unit Replacement
 - ❖ Ceiling Collapsed on a Doctor due to Roof Leaks
 - ❖ Roof Repairs
 - ❖ HVAC Vent Re-Configuration
 - ❖ Water Line Break
 - ❖ Discovery of Mold in Wall Boards
 - ❖ Black Glue Oozes from under Floor Linoleum
 - ❖ Clinic Closures for Repairs
- **Not a Healthy Environment**

Future State

- In Order to Meet the Growing Population and Demographics, CHC Must Relocate
- Owning Our Own Building Eliminates the Rental Expense as well as the Accelerating Maintenance and Repair Expenses
- A Larger Facility Allows CHC to Provide Expanded Services that Currently are Only Available on a Referral Basis

Future State

- **Expanded Services**

- ❖ Twice as Many Medical Exam Rooms
- ❖ Behavioral Health Offices
- ❖ X-Ray
- ❖ Mammography
- ❖ Optometry
- ❖ Preventative, Restorative & Emergency Dental Services
- ❖ In-House Pharmacy Open to the Neighborhood
- ❖ Transportation Services

11534 East 25th Street, Tulsa, OK 74129



Community Health Connection East



kinslow, keith & todd, inc.
architecture | interiors | engineering



Community Health Connection East

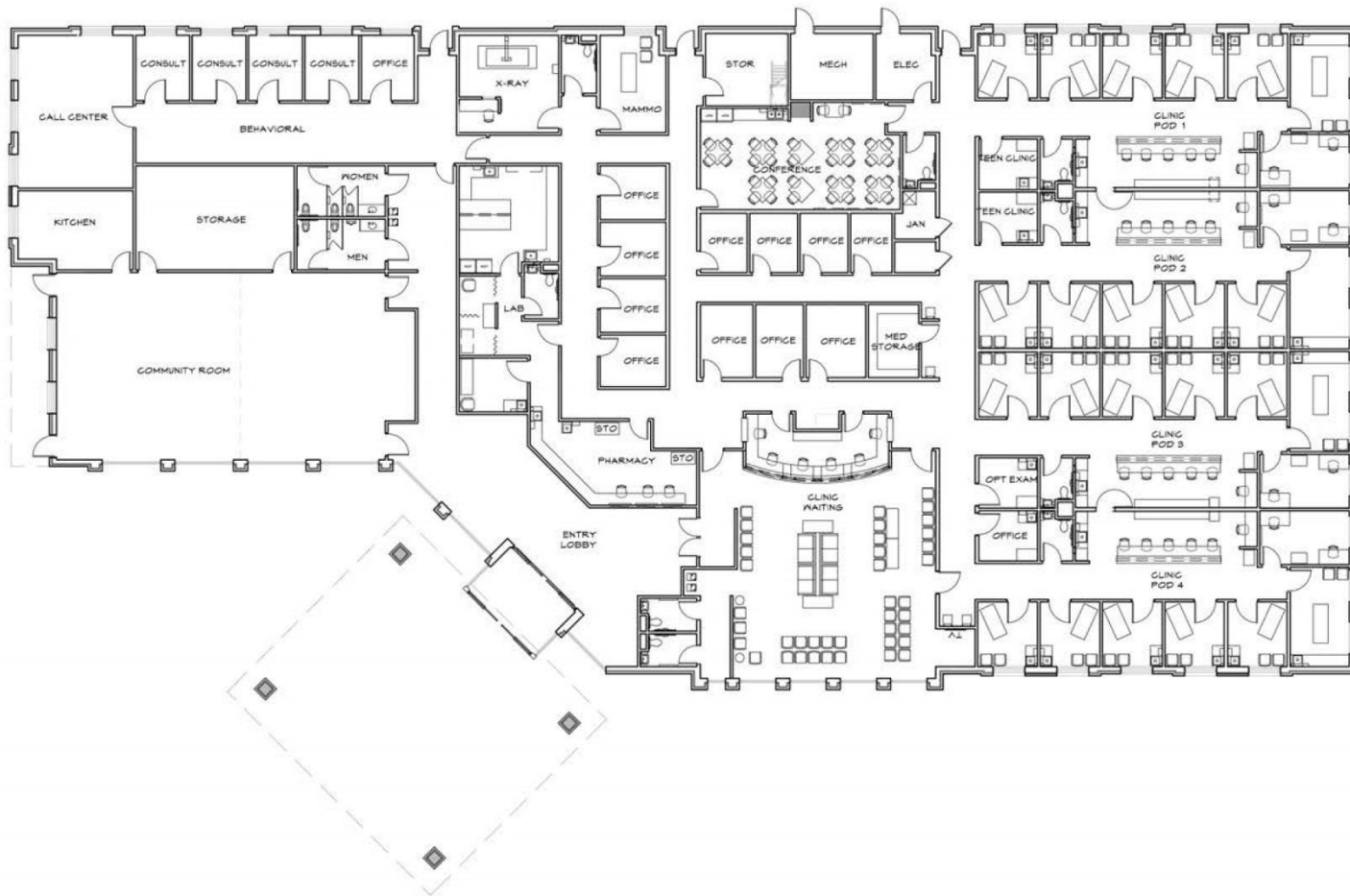


kinslow, keith & todd, inc.
architecture | interiors | engineering



Community Health Connection East





Community Health Connection East



PLAN NORTH



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Cost of Project

- Acquisition of Real Estate = \$1/year lease
- Construction-\$200/SF X 25,000 SF = **\$5,000,000**
- Architects, Engineers, Testing = **\$500,000**
- Furniture, Fixtures, Equipment = **\$3,150,000**
- Stop Light at 25th & Garnett = **\$900,000**
- Contingency = **\$950,000**
- **Total = \$10,500,000**

Federal Support for FQHCs is Almost Exclusively for Operations, Not Capital

Sustainability

- Loss in State Uncompensated Care Over the Past 3 Years Has Been Reduced From \$60 to \$8 Per Uninsured Visit
- New Location Will **Reduce Operating Expenses** For Rent and Repairs
- Larger Facility will Increase Patient Numbers which will **Increase Federal and SoonerCare Revenue**
- Expanded Services will **Increase Federal Support**
- In-House Pharmacy is a **New Revenue Stream**
- Increased Support from the **Philanthropic Community**

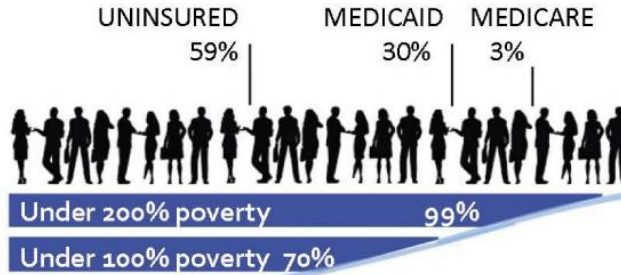
Economic Development and Sales Tax Generation

- **Majority of CHC Patients Operate their own Businesses or Work in the Hospitality Industry**
 - ❖ Landscaping
 - ❖ Construction
 - ❖ Other Trades
 - ❖ Hotel
 - ❖ Restaurant
- **A Growing and Healthy Population is Able to Learn, Work and be More Productive**

COMMUNITY IMPACT

In 2014, Community Health Connection provided

25,387
PATIENT ENCOUNTERS
to
9,976
PATIENTS



saving the system

\$13 MILLION
ANNUAL COST SAVINGS

Community Health Connection directly generated

ECONOMIC IMPACT

51 FULL-TIME JOBS

...and supported an additional

26 JOBS IN OTHER INDUSTRIES

77
TOTAL JOBS

\$4,642,484 Direct

\$8,118,642
TOTAL ECONOMIC IMPACT

\$3,476,158 Non-direct

TAX IMPACT

and contributed approximately

\$0.3 MILLION
State & Local Tax Revenue

\$0.8 MILLION
Federal Tax Revenue

\$1.1 MILLION
TOTAL TAX IMPACT

Connectivity and Transportation Choices

- **Project Includes 2 ADA Compliant, 12 Passenger plus 2 Wheelchair Capacity Vans**
- **New Site on 2 Bus Routes**
- **Neighborhoods within Walking Distance**
- **Located Adjacent to:**
 - ❖ Disney Elementary School
 - ❖ Community Action Project Early Childhood Center
 - ❖ Martin Regional Library
 - ❖ Hispanic Resource Center
 - ❖ McCullough Park
 - ❖ Potential Global Gardens

Health, Education, and Safety

- Continues to Reverse the Chronically Poor Public Health Statistics within Tulsa
- Responds to the Needs of the 100,000 Uninsured within the Tulsa Area
- Supports Public Health Education
- Making Tulsa a Healthier Community Improves the Safety and Security of all Tulsans
- Improves the Overall Quality of Life

Moving the Needle

- Project Anticipates Growing Needs of the Community for the Next 10 Years
- FQHCs Are Held to Continuous Improvement Healthcare Standards by HRSA
- Project Improves Quality and Utilization of McCullough Park
- Project Leverages the Investments in Other City Resources

Questions



COMMUNITY IMPACT

Community health centers provide high quality, cost-effective, patient-centered care to vulnerable populations. Health centers serve 1 in 7 Medicaid beneficiaries, almost 1 in 3 individuals in poverty, and 1 in 5 low-income, uninsured persons. Nationally, two-thirds of health center patients are members of racial or ethnic minorities, which places health centers at the center of the national effort to reduce racial disparities in health care.¹

Recent studies show that, on average, each patient receiving care at a health center saved the health care system 24%, annually.⁴ With 9,976 patients served by Community Health Connection in 2014, the estimated annual savings is \$13 million at \$1,263 saved per patient.⁵

ECONOMIC IMPACT

As health centers expand, their expenditures and corresponding economic impact also grow. In 2014 alone, Community Health Connection contributed about \$8 million dollars. The table to the right summarizes economic impact and employment.

TAX IMPACT

The tax impacts of Community Health Connection are divided into state/local governments and Federal government agencies.

Tax revenue is generated through employee compensation, proprietor income, indirect business taxes, households, and corporations based on the modeled impact.

Distribution of Population

	CHC Population	National Population ^{2,3}
Under 100% Poverty	70%	20%
Under 200% Poverty	99%	40%
Uninsured	59%	15%
Medicaid	30%	16%
Medicare	3%	16%

Summary of 2014 Total Economic Activity

Stimulated by Current Operations of Community Health Connection

	Economic Impact	Employment (# of FTEs*)
Direct	\$ 4,642,484	51
Indirect	\$ 989,755	8
Induced	\$ 2,486,403	18
Total	\$ 8,118,642	77

Direct # of FTEs (employment) based on HRSA 2014 UDS state level data for FQHCs.

Summary of 2014 Tax Impact

	Federal	State/Local
Direct	\$489,966	\$97,702
Indirect	\$78,862	\$46,915
Induced	\$183,102	\$144,898
Total	\$751,930	\$289,515
Total Tax Impact	\$1,041,445	

*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

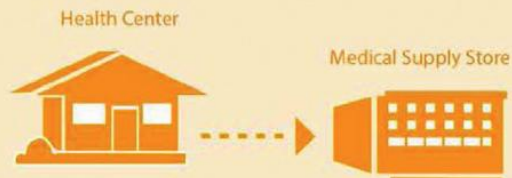
Using IMPLAN, integrated economic modeling software, this analysis applies the “multiplier effect” to capture the direct, indirect, and induced economic effects of health center business operations and capital project plans. IMPLAN generates multipliers by geographic region and by industry combined with 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 **IMPLAN Version 3, Trade Flows Model**.

WHAT ARE DIRECT, INDIRECT AND INDUCED IMPACTS?

DIRECT

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

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



This purchase is a **direct** economic impact of the health centers expanded operations.

INDIRECT

Indirect impacts result from **purchases of local goods, services, and labor made by health center suppliers.**

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.

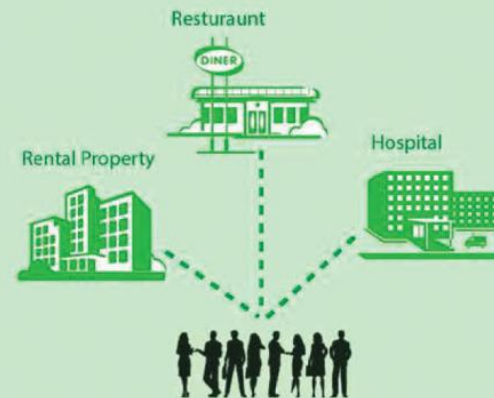


These purchases are **indirect** economic impacts of the health centers expanded operations.

INDUCED

Induced impacts result from **purchases of local goods and services at a household level made by employees of the health center and suppliers.**

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.



These purchases are **induced** economic impacts because they are the result of growth of the entire community.